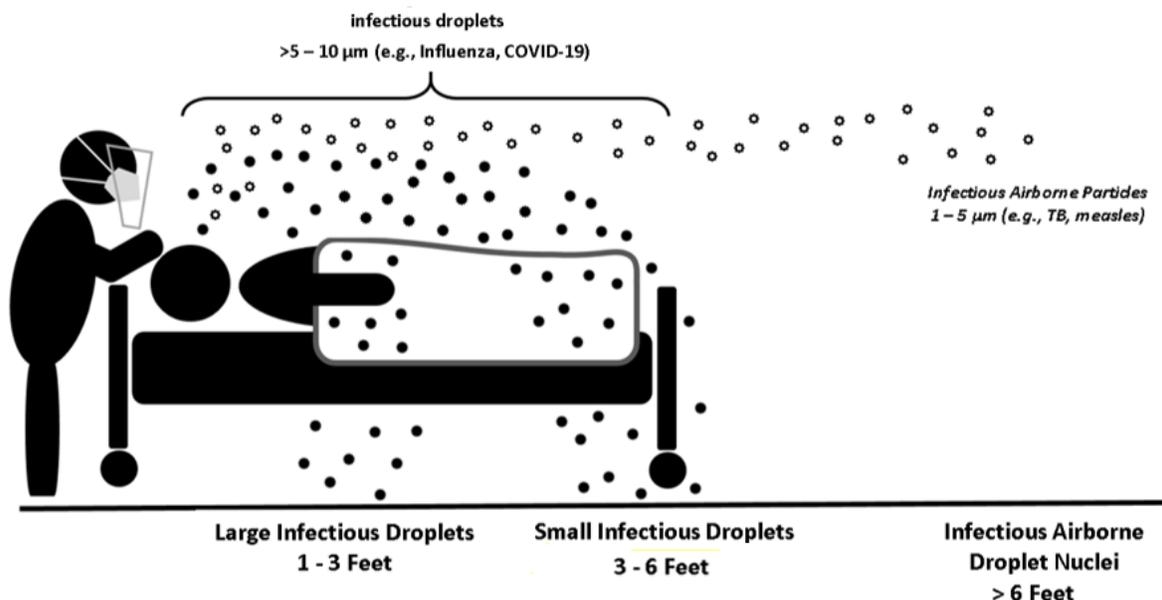




Staff Safety: Aerosol Generating Procedures Frequently Asked Questions (FAQs)

What is the difference between droplet and airborne transmission?

- COVID-19 is spread through droplets and close contact with respiratory secretions that are introduced through the mucus membranes of the eyes, nose, or mouth
 - Droplet transmission involves infectious drops of larger size ($>5 - 10 \mu\text{m}$) (e.g., Influenza, COVID-19), which are small enough to be invisible to the eye.
 - These droplets fall by gravity within a short distance after a cough or sneeze. Unlike airborne diseases, these droplets are too big and heavy to travel long distances or suspend in the air for a long period of time.
- Airborne transmission is the spread of infectious pathogens through very small particles ($<5 \mu\text{m}$) that can remain suspended in air over a long distance and time. (See the document called “FAQs for Staff – Aerosol Generating Procedures”)
 - Examples of pathogen known to be truly airborne spread are TB, measles, and chicken pox.



What are aerosol-generating procedures?

- Aerosol generating procedures (AGP) are procedures or treatments that have the potential to generate aerosols that can be suspended into the air as very fine particles within the local environment
- These fine particles can be inhaled by persons in very close proximity to the resident.
- When performing these procedures, all staff in the room must wear an N95 respirator
- The vast majority of resident care does not generate aerosols that require N95 respirators
- Procedures that can be aerosol generating and need N95 respirator protection include: (also see the document called “Aerosol Generating Procedures Protocol”)
 - Open airway suctioning (not in-line suctioning or suctioning of oral mucosa) such as tracheostomy suctioning
 - Cardiopulmonary resuscitation
 - Non-invasive positive pressure ventilation (BiPAP, CPAP)
 - Nebulizer therapy (use metered dose inhalers (MDI) instead, when possible)

What PPE do I wear when performing an AGP on a resident with COVID?

- During an AGP, all staff within the room should wear an N95 respirator plus eye protection (e.g. full face shield for splash barrier).
- Ensure only necessary people are in the room
- Gowns and gloves are also required for all COVID positive residents

After an AGP, how long should I wear the N95 respirator?

- The aerosol droplets produced during an AGP are localized to the immediate environment and short-lived.
- N95s are no longer necessary once the procedure is complete. All healthcare workers wearing an N95 respirator may transition back to a regular mask at the next room entry.
- You can reuse the N95 if you follow the guidance in the “N95 Reuse Protocol”

Where can I go to learn more?

- Visit the World Health Organization Scientific Brief on Transmission of SARS-CoV-2: <https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions>
- Refer to the **OC Nursing Home COVID-19 Infection Prevention Toolkit** for more information and additional FAQs at ucihealth.org/stopcovid