

	A09 - AEROSOL GENERATING MEDICAL PROCEDURES	
	POLICIES & PROCEDURES	
Version date: 2024-01-12	Effective Date: 2024-02-13 (0700)	

	PROHIBITED	
<ul style="list-style-type: none"> • KOWN / SUSPECTED COVID ³ <ul style="list-style-type: none"> ○ CPAP ventilation ○ PPV without a sealed airway 		

	PERMITTED WITH EXTENDED PPE ONLY	
<ul style="list-style-type: none"> • Intranasal & sublingual medication administration • Epinephrine by nebulizer for known or suspected croup • Salbutamol by nebulizer for asthma <u>up to 5 years of age</u> ⁴ • Neonatal resuscitation, including PPV <u>without</u> sealed airway ⁵ • Placement and maintenance of blind insertion airway (BIAD) & placement of gastric tube through BIAD • Abdominal / chest thrusts or suctioning of oropharynx for obstructed airway • Suctioning or replacement of tracheostomy tube • Foreign body removal from airway with finger sweep or forceps • Needle decompression or tube thoracostomy for tension pneumothorax • PPV without sealed airway (<i>excluding known / suspected COVID</i>) ⁶ • CPAP ventilation (<i>excluding known / suspected COVID</i>) ⁶ • PPV with sealed airway ⁷ 		

	PERMITTED	
<ul style="list-style-type: none"> • Chest compressions ⁸ • Defibrillation / cardioversion / transcutaneous pacing ⁸ • Oxygen delivery with maximum O₂ flow rate up to 15 liters per minute ⁹ 		

NOTES

1. Extended personal protective equipment (PPE) is required for any aerosol-generating medical procedures (AGMP) for patients known or reasonably suspected of having a potentially transmissible respiratory infection.

For the purposes of this protocol transmissible respiratory infections include all of the following conditions:

- Coronavirus disease 2019 (COVID-19)
- Influenza virus or influenza-like illness (ILI)
- Respiratory syncytial virus (RSV)
- Mycobacterium tuberculosis (TB)

2. Except for life-threatening situations, AGMP should be avoided in public spaces for these patients. If possible defer AGMP until the patient is in the ambulance. If it cannot be delayed, instruct bystanders to leave or move back as far as possible.

3. KNOWN / SUSPECTED COVID:

For the purposes of this protocol, a patient will be considered to have or possibly have COVID infection if they have tested positive in the preceding ten days by PCR or self-administered RAD, or if their status is unknown but COVID is reasonably suspected based on the patient's clinical presentation (appendix A) or known exposure.

A patient can be considered unlikely to have COVID infection if they have tested negative that day (by PCR or RAD administered by a health care provider) and the patient's status is unknown but COVID is reasonably not suspected based on circumstances leading up to the event.

4. For young children who may not cooperate with metered-dose inhaler (MDI) administration, the risk of aerosol generation is likely lower with nebulizer administration.
5. During newborn resuscitation positive pressure ventilation (PPV) can be performed without a sealed airway during newborn resuscitation, regardless of the mother's COVID status.
6. Do not perform continuous positive airway pressure (CPAP) ventilation or PPV without first sealing the airway in a patient with a known or suspected COVID infection.
7. If providing PPV with a sealed airway in a patient known or suspected to have COVID, inform receiving hospital staff prior to arrival.
8. During cardiopulmonary resuscitation (CPR) airway manipulation is the main source for generation of aerosols. Defibrillation and chest compressions are not considered significant causes of aerosol production.

If CPR may potentially be required during transport, paramedics should don extended PPE prior to transporting.

In the event of an unanticipated cardiac arrest if providers are not already wearing extended PPE, one paramedic will perform initial defibrillation and chest compressions, while the second individual steps back or exits the vehicle and dons extended PPE. Paramedics will then reverse roles to allow the other to don extended PPE.

9. Cover the patient's nose and mouth with a procedure mask over top of the oxygen delivery equipment.

LINKS

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| • C01 - BASIC RESUSCITATION | • E07 - ASTHMA / COPD |
| • C02 - ADVANCED RESUSCITATION | • E08 - ACUTE HEART FAILURE |
| • C11 - AIRWAY OBSTRUCTION | • E09 - RESPIRATORY DISTRESS OF UNKNOWN CAUSE |

APPROVED BY



Medical Director - Provincial EMS/PT



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VERSION CHANGES (refer to X01 for change tracking)

- Inclusion of influenza, ILI, RSV, and TB
- Correction of CPAP when COVID not suspected (removal of "on interfacility transfer")

APPENDIX A: SYMPTOMS & SIGNS SUSPICIOUS FOR COVID INFECTION

- Fever / chills
- Cough (or increased severity of chronic cough)
- Shortness of breath / difficulty breathing
- Hypoxemia / hypoxemia *
- Sore throat / hoarse voice *
- Runny nose
- Headache *
- Muscle aches *
- Loss of smell / taste
- Conjunctivitis
- Nausea / Loss of appetite
- Poor feeding in infants
- Diarrhea / vomiting for more than 24 hours
- Fatigue
- Skin rash of unknown cause

(*) Not due to trauma, exercise, or sport