CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

Position Statement

Aerosol Generating Medical Procedures During a Severe Cardio-Pulmonary Health Outbreak

Definition

Aerosol-generating medical procedures (AGMPs) are any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei. Examples include: non-invasive positive pressure ventilation (BIPAP, CPAP); endotracheal intubation; respiratory/airway suctioning; high-frequency oscillatory ventilation; tracheostomy care; chest physiotherapy; aerosolized or nebulized medication administration; diagnostic sputum induction; bronchoscopy procedure; autopsy of lung tissue.[1] This may also include: patients on oxygen concentrations of 50% or higher, bag-valve ventilation, extubation, tube or needle thoracostomy, aerosol humidity, spirometry & PFTs, circuit changes, HME (F) changes.[2]

CSRT Position

Only ***essential*** aerosol-generating procedures should be carried out for patients with febrile respiratory illness or suspected cardio-pulmonary health outbreaks and only those healthcare workers who are needed to perform the procedure should be present in the immediate vicinity. The preferred option would be to perform any potential aerosol-generating procedures in negative pressure isolation rooms (or, if not available, in other closed single patient areas). Procedures should be done by experienced staff, the number of people present in the room should be kept to a minimum and the use of equipment and techniques that minimize exposure to respiratory pathogens should be implemented. [2, 3]

Rationale

The CSRT strongly supports the safety of all respiratory therapists and the patients and clients that they care for. For this reason the CSRT recommends that respiratory therapists become familiar with, and implement the infection control and prevention guidelines put forth by international, national and provincial health organizations such as the World Health Organization (WHO), national Departments of Health (NHS), the Public Health Agency of Canada, and provincial regulatory bodies.

References

1. Public Health Agency of Canada. Guidance: Infection prevention and control measures for Health Care Workers in Acute Care Facilities, July 28, 2009 – accessed on October 1, 2009 at http://www.phac-aspc.gc.ca/alert-alerte/h1n1/hp-ps/ig_acf-ld_esa-eng.php

2. College of Respiratory Therapy of Ontario. Clinical Best Practice Guideline. Infection Prevention and Control. May 2008. – accessed on October 1, 2009 at http://www.crto.on.ca/pdf/PPG/Infection_Control_CBPG.pdf)

3. National Health Service, United Kingdom. Pandemic Influenza – Guidance for infection control and critical care. April 2008. Available at www.dh.gov.uk/pandemicflu

Other relevant reference materials

PIDAC Preventing Febrile Respiratory Illnesses
http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best_prac/bp_fri_080406.pdf

PIDAC Routine Practices and Additional Precautions in All Health Care Settings
http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best_prac/bp_routine.pdf

For Further Information

Public Health Agency of Canada - http://www.phac-aspc.gc.ca
Health Canada - http://www.hc-sc.gc.ca
World Health Organization - http://www.who.int/en

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