

Guidance for Use of Personal Protective Equipment PPE and Room Criteria for Aerosol Generating Procedures

The following table provides guidance for determining the appropriate PPE and room criteria required for Aerosol Transmissible Diseases (ATDs) when performing Aerosol Generating Procedures (AGP). A PAPR is required for AGP for patients requiring airborne precautions.¹

		Airborne transmitted infections ² (e.g. TB, measles, varicella)		Novel respiratory isolation ⁴ Has signs/symptoms consistent with COVID-19 & undergoing evaluation, COVID-19 exposed, or confirmed or suspected/proven mpox		Asymptomatic with COVID-19 status unknown and/or test pending		All Others (Including patients with negative COVID tests)	
		PPE	Room criteria	PPE	Room criteria	PPE	Room criteria	PPE	Room criteria
Type of Procedure	Aerosol Generating Procedure	PAPR ³ and refer to isolation table	Airborne Isolation room	Fit tested N95 with eye protection (or PAPR ³), gown, gloves required	Airborne Isolation room preferred, when available ⁴	A medical mask and eye protection are required. An N95 can be worn. ⁵	Private patient room preferred	A medical mask is required. Plus follow Standard Precautions AND Other PPE required as per the isolation table. For all other situations, an N95 and/or eye protection can be worn. ⁵	Private patient room not necessary
	No aerosol generating procedure	PAPR ³ or fit tested N95, plus other PPE as per the isolation table			Private patient room with door closed ⁴				

Aerosol Generating Procedures (AGP) include but are not limited to:			COVID-19 testing: not considered an AGP. Wear N95 w/eye protection (or PAPR), gloves, gown for collection.
Endotracheal intubation procedure	CPR	Chest physiotherapy ⁶	Not an AGP: NG/OG placement, nasopharyngeal swab, suctioning the oropharynx, non-rebreather, face mask/face tent up to 15L, oxygen delivered via tracheostomy, NC with bubble humidification, in-line suctioning, mechanical ventilation with the circuit closed, HFNC, non-invasive ventilation, Venturi mask, endoscopy, TEE
Extubation procedure	Bronchoscopy/BAL	Pulmonary function tests	
Manual ventilation	Laryngoscopy	Autopsy	
Open suction and ventilator disconnects	Nebulized medications	Certain ENT and dentistry procedures	
Tracheostomy/laryngostoma with open suction, procedure/manipulation, ventilator disconnects	Sputum induction		

- 1) Per Cal-OSHA regulation [Title 8, Section 5199, \(a\) \(3\) \(B\)](#)
- 2) <https://www.dir.ca.gov/title8/5199a.html> and [isolation table](#)
- 3) If you are a healthcare worker with recent COVID-19 and are between days 5-10 from your symptom onset (or if asymptomatic from your COVID-19 positive test) please refer to Occupational Health Guidance for guidance on safe N95 and PAPR use.
- 4) **Novel Respiratory Isolation Precautions (NRI):** Fit tested N95/eye protection (or PAPR), gown, gloves for all patients. Place the patient in a private room with the door closed. If the patient is receiving an AGP preferentially place patient the airborne isolation room when available. Do not place any patient on NRI in a positively pressured room (e.g., protected environment rooms on 11/12 Long or C6 BMT and PICU rooms 1, 2, and 15).
- 5) Refer to this [guidance](#) for additional for additional details on healthcare personnel PPE use.
- 6) Chest physiotherapy includes intrapulmonary percussive ventilation (IPV), high frequency chest wall oscillation (vest), chest physical therapy (CPT), Freuqencer, Aerobika, pneumatic compression device

There are exceptions to the above guidance for required use of PAPR. In the following exemptions, an N95 may be worn in place of a PAPR: A) Emergent Patient Care that does not allow sufficient time to put on a PAPR, B) PAPR equipment interferes with the medical devices necessary to complete the required procedures or C) Call (415-885-3538) to report other potential exemptions for review and consideration.

Please contact the Medical Center Safety Office at MedicalCenterSafety@ucsf.edu or 415-885-3538 with any questions or concerns.

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