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CLINICAL BULLETIN			
Bulletin #	Title		Date Issued
#2020-11-25-01	Aerosol-Generating Procedures in EMS		November 25, 2020
Superseded	Released By:	Source:	Pages
N/A	Maine EMS	Maine CDC, U.S. CDC	2
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This Clinical Bulletin is intended to support EMS Agencies and EMS Clinicians in determining which procedures performed in the scope of prehospital care are aerosol-generating procedures (AGPs). Please recall, along with patients who are PUIs or known positive for COVID-19 and patients who cannot comply with mask wearing, performing an AGP is the other indication to assume airborne-level precautions, including N95 respiratory protection, or greater, eye protection (i.e. goggles/face shield), gloves and gown. In an effort to clarify the list of AGPs, the MDPB has reviewed the CDC’s list of AGPs as well as guidance from other states, hospitals and health care system leaders.

The following compiles a list of known aerosol-generating procedures:

- ANY airway procedure (i.e., **intubation, surgical airway, King airway, LMA, manual ventilation, and tracheostomy care**)
- ANY **chest compression**
- ANY **airway suctioning** (including suctioning of an existing tracheostomy)
- ALL high-flow oxygen delivery procedures (**high-flow nasal cannula, non-rebreathers, nebulized medications, CPAP**). Please note, most guidance defines “high-flow oxygen” devices as those providing oxygen at a rate greater or equal to 15 LPM)

The following are procedures which are highly suspected by many clinical experts to generate aerosolized particles:

- **Insertion of OG tube**
- Use of **Nitrous Oxide**

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It is essential to recognize that the CDC states *“Development of a comprehensive list of AGPs for healthcare settings has not been possible, due to limitations in available data on which procedures may generate potentially infectious aerosols and the challenges in determining if reported transmissions during AGPs are due to aerosols or other exposures. There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of AGPs for healthcare settings.”*¹ Due to this, EMS Clinicians should assume airborne level PPE for all of the above listed procedures but should also feel comfortable assuming airborne level PPE if questions arise regarding the possibility of a procedure to generate aerosolized particles.

In addition, certain procedures may not directly generate aerosolized particles, but could lead to sneezing or coughing which WILL generate aerosolized particles. An example of such procedures includes the provision of intranasal medications. The MDPB also recognizes that some of the clinical circumstances in which patients may require intranasal medications, such as overdoses, patients may not be able to provide adequate history that would allow EMS clinicians to rule the patient out as a PUI. In these, or other settings, such as dementia, delirium, or other alterations in mental status, EMS clinicians are encouraged to assume airborne precautions.

Please contact Maine EMS for questions regarding this clinical bulletin.

The MDPB and Maine EMS thanks you for all your efforts to maintain the safety and health of Maine citizens during this pandemic.

1) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>