

Guidance for Procedural Areas Caring for Suspected or Confirmed COVID-19 Patients

In an effort to ensure safe and consistent practices during procedures for patients suspected or confirmed with COVID-19, team members will:

1. Ensure [appropriate PPE](#) is used for case.
2. Remove all non-essential items from procedure room and ensure all cabinets remain closed during the procedure, per [OR protocol](#).
3. Confirm pressure and ventilation status of procedure room with Duke Occupational and Environmental Safety Office (See table below). Note:
 - No requirement to switch from positive to negative pressure ventilation in procedural areas.
 - **No HEPA filter required if positive pressure rooms meet a minimum of 15 air exchanges per hour. A higher number of air exchanges is acceptable.**

*Recommended Wait Times Required for Removal of 99.9% of Airborne Contaminants
Based on Air Exchange Rates*

Room Air Exchanges	Time (Minutes)
5	83
10	41
15	28
20	21
25	17

4. Limit the number of personnel in room during aerosol-generating procedures (AGP).
 - Per the CDC, commonly performed medical procedures that are often considered AGP or that create uncontrolled respiratory secretions include:
 - bronchoscopy
 - cardiopulmonary resuscitation
 - endotracheal intubation and extubation
 - manual ventilation
 - non-invasive ventilation (e.g., BiPAP, CPAP)
 - open suctioning of airways
 - sputum induction
 - Based on the limited data available, it is uncertain whether aerosols generated from some procedures may be infectious, such as: nebulizer administration (aerosols may be derived from medication) and high-flow O2 delivery.
5. Wipe down high-touch surfaces within procedure area, if feasible, after procedure is complete.
 - Dedicated EVS personnel should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles.
 - For rooms with minimum of 15 air exchanges per hour, unless wearing N95 respirator or PAPR hood, staff should **wait at least 30 minutes** prior to entering room after AGP.
6. Perform room [cleaning and waste management](#).

Sources: CDC. *MMWR*. 1994; CDC Coronavirus 2019-nCoV Infection Control; Retrieved from: <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html>; Tran K, Cimon K, Severn M, Pessoa-Silva CL, Conly J (2012). Aerosol Generating Procedures and Risk of Transmission of Acute Respiratory Infections to Healthcare Workers: A Systematic Review. *PLoS ONE* 7(4).