



## BOA Guidance update on Aerosol Generating Procedures (AGPs)

2<sup>nd</sup> July 2020

A detailed evidence review has been performed by Health Protection Scotland [https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3055/documents/1\\_agp-sbar.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3055/documents/1_agp-sbar.pdf) that has been endorsed by NERVTAG (New and Emerging Respiratory Virus Threats Advisory Group). This is an expert advisory group of the Department of Health that advises the Chief Medical Officers.

This Review accepts that drilling, sawing and high speed or ultrasound cutters can generate aerosols. However, the review found that transmission of respiratory infection from patient to healthcare worker by this source has never been demonstrated. Therefore, unless high speed instrument cutting, sawing or drilling involves the respiratory tract or paranasal sinuses, then the PPE recommendations can be changed from the original guidance.

The most recent information from Public Health England's (PHE) infection prevention and control (IPC) CELL states that healthcare staff should make decisions based on the clinical situations that they face. We recommend that before undertaking any procedure, clinicians should assess the likely exposure to infectious agents and ensure that appropriate PPE is worn in order to provide adequate protection for the risks associated with the procedure being undertaken.

This means that it is no longer considered essential to use FFP3 masks as part of PPE for the surgical component of trauma and orthopaedic procedures. PHE makes no distinction as to whether the patient has tested COVID-19 positive or not. Therefore, this change in guidance can be applied to both acute Trauma and elective Orthopaedic procedures.

This is important to increase surgical capacity and to allow us to return to an optimal, safe, theatre capacity and to treat as many of our patients in urgent clinical need of Orthopaedic Surgery, as possible.

All changes in practice should be agreed with local IPC teams. We suggest that the level of PPE required will be influenced by factors including:

- Local COVID-19 disease prevalence  
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/latest>
- Effective Green pathway and facilities
- Pre-operative patient isolation
- Pre-operative patient RT-PCR swab test for viral RNA
- Pre-operative patient screening of contacts, residence, symptoms and documented temperature
- Healthcare worker risk factors and concerns