

NHS England  
[keith.willett@nhs.net](mailto:keith.willett@nhs.net)

(5W12) 5<sup>th</sup> Floor | Quarry House | Quarry Hill | Leeds | LS2 7UE

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[@nhs.net](mailto:@nhs.net) | [www.england.nhs.uk](http://www.england.nhs.uk)

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**From:** Susan Hopkins <[Susan.Hopkins@phe.gov.uk](mailto:Susan.Hopkins@phe.gov.uk)>

**Sent:** 06 March 2020 07:12

[See recipients listed above]

**Subject:** Re: OFFICIAL: RE: Clinical cell advice yesterday - not firmed today on webinar - issue with clinical advice

Thanks. Good list. And to keep as simple as possible across countries very happy to use this Lisa.  
Susan

On 5 Mar 2020, at 23:58, RITCHIE, Lisa (NHS NATIONAL SERVICES SCOTLAND) <[lisaritchie@nhs.net](mailto:lisaritchie@nhs.net)> wrote:

Thanks Susan,

The NHS Scotland position, as per previous email hyperlink:

**Which procedures are considered to be aerosol generating?**

The following procedures are currently considered to be AGPs:

- Intubation, extubation and related procedures e.g. manual ventilation and open suctioning.
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy.
- Surgery and post-mortem procedures involving high-speed devices.
- Some dental procedures (e.g. high-speed drilling).
- Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP).
- High-Frequency Oscillating Ventilation (HFOV)
- Induction of sputum

Kind regards,  
Lisa

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**From:** Susan Hopkins <[Susan.Hopkins@phe.gov.uk](mailto:Susan.Hopkins@phe.gov.uk)>

**Sent:** 05 March 2020 23:28

[See recipients listed above]

[See recipients listed above]

**Subject:** OFFICIAL: RE: Clinical cell advice yesterday - not firmed today on webinar - issue with clinical advice

**OFFICIAL**

The list I submitted to Keith as APG were

non-invasive ventilation, intubation and related procedures, cardiopulmonary resuscitation, bronchoscopy and autopsy [note autopsy covered in HSE guidance by the way]

Very happy for a consensus view on this.

We do need to put a list in so that people can go about their business without having to seek approval.

Susan

**Dr. Susan Hopkins**

Healthcare-Associated Infection & Antimicrobial Resistance Division

*Deputy Director, National Infection Service*

Public Health England

[susan.hopkins@phe.gov.uk](mailto:susan.hopkins@phe.gov.uk)

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HCAI & AMR Division Mission Statement:

To protect people from healthcare-associated and antimicrobial resistant infections, through world-leading public health microbiology, outbreak response, surveillance, research and interventions.

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**From:** RITCHIE, Lisa (NHS NATIONAL SERVICES SCOTLAND) [<mailto:lisaritchie@nhs.net>]

**Sent:** 05 March 2020 23:11

[See recipients listed above]

**Subject:** RE: Clinical cell advice yesterday - not firmed today on webinar - issue with clinical advice

Agreed.

[https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2893/documents/1\\_tbp-lr-agp-v1.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2893/documents/1_tbp-lr-agp-v1.pdf)

Nebulisation and chest physiotherapy performed independently are not considered to be AGPs. Nebulisation was previously included in WHO (2007) list of AGPs and reflected in the UK list at that time.<sup>2</sup> However, there is now published evidence that nebulisation and oxygen therapy (pressurised humidified O<sub>2</sub>) do not result in an increased risk of aerosols.<sup>4, 10</sup> During nebulisation, the aerosols produced are derived from the fluid in the nebuliser chamber and not from the patient. Whilst chest physiotherapy was reported to be associated with airborne influenza RNA during the 2009 H1N1 pandemic,<sup>8</sup> it has been found that chest physiotherapy increases