

Prioritization of Negative Pressure Rooms, when capacity is exceeded:

1. Intubation, extubation, and related procedures such as manual ventilation and open suctioning
2. Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
3. Bronchoscopy
4. Non-invasive ventilation (NIV) such as bi-level positive airway pressure (BiPAP) and continuous positive airway pressure ventilation (CPAP)
5. Nebulizer treatments (consider frequency)
6. Collection of sputum
7. High-frequency oscillating ventilation (HFOV)
8. High-flow nasal canula

Other Considerations:

- CPR and defibrillation carry a higher risk of aerosolizing virus, but are difficult events to predict.
- If you are performing an aerosol-generating procedure in a room without negative pressure, use a HEPA filter, if available, and use airborne precautions for 69 minutes following the aerosolizing procedure. See [TB Guidelines](#) for more information on air exchanges.
- There is increased risk of exposure to airborne contaminants, with manipulation of BiPAP and high-flow oxygen masks.

References: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338532/pdf/pone.0035797.pdf>