Situation: ALL pneumatic intussusception reductions (and other double contrast air enemas) are now being labeled as an aerosol generating procedure given there is a chance of fecal contamination and data shows coronavirus within the feces.

Background: Air enemas are performed at YNHH in pediatric patients with ileocolic intussusception and for select indications for adults. These procedures are considered aerosol generating as air enemas involve instillation of air under high pressure into the lower GI tract.

Assessment: Air enemas are now considered high risk procedures. Staff in the room with the patient will need proper protection and room precautions will be instituted.

Recommendation:
- Given the emergent nature of pediatric air enemas, such procedures cannot be deferred and will continued to be performed by radiology.

- During such procedures, all personnel in the fluoroscopy room who might be at any time of the procedure within 6 feet of the patient will don full PPE. Personnel within the room but more than 6 feet from the patient (e.g. at the control cubicle) wears surgical mask +/- facial shield (Full PPE not needed per infection control team).

- Room Closures
    -For ALL patients- The xray tech can change gloves but otherwise wear same PPE to perform deep clean after exam completion. Room will need to be shut down for **one hour** from time patient exits room.

- N95 mask should be used when available (surgical mask as substitute based on supplies) for any staff member participating in procedure (within 6 feet of patient). Radiologists can reach out to Radiology nursing or xray managers for fit-testing and to receive N95 as needed.
    -N95 mask and face shields MUST be saved and re-used by any radiologist given one for one entire shift. Recycle your N95 and facial mask at shift end. Recycling of surgical masks may also begin soon.
    -Minimize staff in room during procedure the best you can. This will allow for PPE resource conservation and keep staff as safe as possible.