



## Standard pleural interventions are not high-risk aerosol generating procedures

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Copyright ©The authors 2021. For reproduction rights and permissions contact permissions@ersnet.org Received: 12 April 2021 Accepted: 14 June 2021	To the Editor: The nosocomial spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has focused attention on the risk of aerosol generating procedures (AGPs) in healthcare [1]. SARS-CoV-2 has been isolated from pleural fluid, which has the potential to infect staff or patients if viraemic fluid is aerosolised during procedures [2, 3]. However, evidence for aerosol generation from pleural procedures is very limited. Current guidelines for appropriate use of personal protective equipment (PPE) while performing pleural procedures are based on expert opinion and application of the precautionary principle [4]. We set out to quantify if pleural procedures generated appreciable aerosol (aerosolised liquid particles that have the potential to carry virus) compared to aerosol sampled during normal respiratory activities of breathing and coughing.

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