



## HOMES AND SENIORS SERVICES

### **POLICY & PROCEDURE NUMBER: 2.15**

**DEPARTMENT:** *Infection Control*

**SUBJECT:** Aerosol-Generating Medical  
Procedures (AGMPs)

**APPROVAL DATE:** November 2022

**REVISION DATE:**

**REVIEW DATE:**

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### **Purpose:**

Aerosol-generating medical procedures (AGMPs) are medical procedures that can generate aerosols as a result of artificial manipulation of a person's airway. Several types of AGMPs have been associated with an increased risk of TB or SARS transmission. Additional precautions to be used by staff when assisting with any AGMP.

### **Procedures Considered AGMPs:**

- Induction of sputum with nebulized saline
- High flow nasal oxygen (high flow therapy via nasal cannula)
- Non-invasive ventilation (NIV) e.g., Bi-level Positive Airway Pressure (BiPAP) Continuous Positive Airway Pressure ventilation (CPAP)
- Intubation, extubating and related procedures e.g. manual ventilation and open deep suctioning
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy
- Surgery using high speed devices in the respiratory tract
- Some dental procedures (e.g., high-speed drilling and ultrasonic scalers)
- High-Frequency Oscillating Ventilation (HFOV)

### **Procedure:**

- Point of Care Risk Assessment to be completed prior to initiation of AGMP in order to select appropriate PPE and environmental controls.
- Regardless of the resident's infection status the minimum PPE worn within two meters of an AGMP is eye protection and medical mask.
- In an emergency situation where this assessment is not possible, the highest level of protection (N95 respirator) should be used.

The following strategies should be applied to reduce the level of aerosol generation when performing aerosol-generating medical procedures for patients with **any signs or symptoms of respiratory illness:**

- If possible, discourage the use of nebulizing therapy.
- The number of personnel in the room limited to those required to perform the aerosol-generating medical procedure.



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- Appropriate ventilation (e.g., level of air filtration and direction of air flow) should be maintained.
- Single rooms (with the door closed and away from high-risk patients), should be used in settings where airborne infection isolation rooms are unavailable.
- N95 respirators worn by all personnel in the room during the procedure
- Aerosol-generating medical procedures limited to those that are medically necessary.
- Two hours must pass before staff should enter the room without wearing proper respiratory protection (i.e., N95 respirator).
- Aerosol-generating medical procedures should be anticipated and planned for.
- Staff to hang signage indicating AGMP's treatment in process and to wear appropriate PPE if entering the home. See: 2.15 a AGMP Poster – Form

#### Resources:

<https://www.albertahealthservices.ca/topics/Page17091.aspx>

Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings; Public Health Agency of Canada; September 2017.

IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19; Public Health Ontario; October 2022

Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022

<https://cts-sct.ca/wp-content/uploads/2020/04/Final-CTS-COVID-19-SDB-Position-Statement.pdf>