FAQ: Updates to RRH AGP Policy March 2023

**What changed in the RRH AGP policy as of March 2023?**

1. Clarification of what is an AGP.

AGPs are now identified only as DESIGNATED AGPs. Procedures that may potentially have some risk are identified as Other procedures, but they are not considered AGPs.

1. Management of AGPs

The new policy requires wearing appropriate PPE and having environmental controls in place for designated AGPs on all patients, regardless of test result or community levels of COVID-19.

**Why did we change what we consider an AGP?**

At the start of the pandemic, many professional organizations and recommending bodies took a very conservative approach and identified many, many procedures as potentially aerosol-generating and risky for staff. Since that time, multiple peer-reviewed published reports have helped clarify procedures that pose a risk of transmission. The CDC and WHO have also specifically identified aerosol generating procedures posing an infection risk. At RRH, the AGP committee reviewed the literature and made the changes to our policy to ensure a safe environment for patients and staff doing procedures with identified risk, and minimize overburdening staff and resources.

**Why are we using N95s and environmental controls for all AGPs, regardless of patient status?**

Standardizing the process makes it easiest to avoid inadvertent exposure events. Using this “horizontal” approach has been proven to be effective in avoiding other infectious diseases when testing may be unreliable. This is the same approach that underlies Standard precautions: using gloves for contact with all blood and body fluids, regardless of known HIV or Hepatitis status. Wearing a respirator and having environmental controls in place for all AGPs avoids the concern of exposure to COVID-19, flu, or other respiratory illnesses.

**How should the room be cleaned following a designated AGP?**

The room should aerate following an AGP, allowing enough air exchanges to remove 99% of airborne-contaminants from the area. Anyone entering the room during the “aeration” period should wear a respirator. Aeration times depend on environmental condition. If the room is designed for airborne isolation: 20 mins. If a portable HEPA filter is being used, 30 mins (or according to filter’s manufacturer’s instructions for use). If a private room with closed door, 45-60 mins (number of air exchanges impacts aeration time (refer to Facilities for more information, see also [CDC guidance on air exchanges](https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1)). Following aeration, wear PPE per Standard precautions, and clean surfaces per standard protocols.

**How should the room be cleaned following other procedures (not designated AGPs)?**

Follow standard protocols. No aeration time is required.

**I’m doing a procedure that’s not on the list as a designated AGP, nor on the list for Other procedures with potential elevated transmission risk. What PPE should I wear?**

Follow Standard precautions: wear a mask and eye protection if you feel a patient may cough on you, and a gown and gloves if you believe your hands or clothes may come in contact with body fluids.

**I want to wear a respirator to do procedures that are not on the Designated AGP list nor the Other procedures list; am I allowed to?**

Yes, any staff member may wear a respirator for patient care.