New PPE Practice for All Practice Areas: N-95¹ Respirator Use for All AGPs

UCSF Health has a multipronged approach to optimizing health care personnel safety during the COVID-19 pandemic. These protocols continue to evolve as COVID community transmission increases and supply of PPE becomes available.

Aerosol Generating Procedures (AGPs) present potential risk for exposure to respiratory pathogens, including COVID-19. To simplify decision-making and reduce risk of transmission, we recommend the use of N-95 or PAPR level of respiratory protection for ALL Aerosol Generating Procedures, regardless of infectious disease precautions, pending COVID-19 results, or past negative COVID-19 test results.

For ALL patients receiving an AGP, the ‘AGP In Progress’ sign (pictured below) should be posted at the entry to the patient care area:

- During procedure and for discrete procedures until the potential airborne contaminants have been removed: all health care workers entering the patient room should don either an N-95 with face shield or PAPR in addition to any other isolation precaution PPE required:
  - For clinical areas where the air exchange is identified, such as 15 minutes for an Operating Room, the ‘AGP in Progress’ sign should remain in effect for the duration of the known air change time
  - If the air changes per hour are not known, the default time should be 1 hour for removal of potential airborne contamination
- Document both the time the AGP procedure ended and the time the room is available after the end of procedure
- Remove the sign after the time the room becomes available time (i.e. 15 minutes for OR or 1 hour for the default timeframe)

As outlined in the Guidance for Use of Personal Protective Equipment for Aerosol Generating Procedures, AGPs include, but are not limited to:

- Non-invasive Ventilation (BiPAP/CPAP)
- Manual Ventilation
- High Frequency Ventilation
- Tracheostomy including suction/tube change
- High Flow Nasal Cannula
- Certain ENT procedures
- Pulmonary Function Tests
- Nebulized Medications
- Certain Dentistry Procedures
- Other high-risk procedures that should be considered AGPs include TEE and endoscopy
- Intubation
- Exubation
- Open Suction
- Bronchoscopy/BAL
- Laryngoscopy
- CPR
- Chest Physiotherapy
- Autopsy
- Sputum inductions
- Other high-risk procedures that should be considered AGPs include TEE and endoscopy
- COVID-19 testing is not considered an AGP, but health care workers should wear N-95 with eye protection (or PAPR), gloves, and gown for sample collection.

The following are not identified as AGP:

- Non-rebreather mask
- In-line succioning
- Suctioning the oropharynx
- Ongoing Mechanical Ventilation and not receiving AGP as noted above

To help preserve our supply of N95s, please follow reuse and extended use whenever possible and appropriate according to the Personal Protective Equipment Extended Use and Reuse Guidance. Specific to Novel Respiratory Isolation Precautions for COVID-19, adhere to the instructions for donning and doffing PPE for best practice guidance for donning and doffing PPE.

¹ Medical Clearance on file with Occupational Health Services and Annual Fit Testing are required to qualify for N95 respirator use

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UCSF PPE Resilience Workgroup