

Aerosol Generating Procedures (AGP)

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Some procedures performed on patients are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These AGPs potentially put healthcare personnel and others at an increased risk for pathogen exposure and infection.

Medical procedures that are considered AGPs, or that create uncontrolled respiratory secretions, include but are not limited to:

- Open suctioning of airways
- Sputum induction
- Cardiopulmonary resuscitation (CPR)
- Endotracheal intubation and extubation
- Tracheotomy (e.g., tracheostomy replacement)
- Bipap/CPAP (requires negative pressure room)
- Manual ventilation
- Nebulizer administration
- Pulmonary Function testing
- High-flow oxygen modalities
- High-flow mixing devices
- Airway procedures and surgeries (e.g., ENT, thoracic, or transsphenoidal surgeries)
- Lung biopsy
- Lung ablation
- Bronchoscopy
- Laryngoscopy
- Endoscopy
- Thoracentesis
- Pleural Drain
- Chest tube for pneumothorax
- Bronchial artery embolization
- Bronchial stenting
- Nasogastric or oral gastric tube placement
- Gastrostomy
- Gastro-jejunostomy tube placement
- Jejunostomy
- Exercise Stress Test
- Echo Stress Test
- Autopsy, if oscillating bone saws are used

Specimen Collection

While nasopharyngeal and oropharyngeal swab specimen collection is not considered an AGP, [CDC](#) recommends that healthcare personnel collecting the specimen don N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.

Commonly performed medical procedures that are not considered AGPs include, but are not limited to:

- Nonrebreather, face mask, or face tent up to 15L
- Humidified trach mask up to 20L with in-line suction
- Routine trach care (e.g., replacing trach mask, changing trach dressing)
- In-line suctioning of endotracheal tube
- Routine Venturi mask without humidification
- Coughing
- Suctioning of oropharynx
- Incentive spirometry
- Cesarean delivery, post-partum hemorrhage, second stage of labor

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Personal Protective Equipment Recommended for AGPs:

Due to ongoing COVID-19 transmission in the community in Massachusetts, DPH recommends that HCP performing or providing direct care during the AGP on a patient who has an unknown COVID-19 status, wear full PPE, a N95 filtering facepiece respirator or higher, eye protection, isolation gown and gloves. Full PPE should also be used when caring for an individual who is presumed or confirmed to be infected with COVID-19. Please refer to DPH's Comprehensive PPE Guidance for additional detail about PPE use: <https://www.mass.gov/doc/comprehensive-personal-protective-equipment/download>

After completing an AGP, the procedure space should remain inactive for the time required for airborne-contaminant removal prior to cleaning and then beginning care of the next patient. The amount of time required for air-contaminant removal in exam rooms in the ambulatory setting is 21 minutes.

Reference

Massachusetts Department of Public Health. Update to Defining Aerosol Generating Procedures and Recommended PPE Memorandum, July 31, 2020.