



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, Washington 98504-5600

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**UPDATED GUIDANCE ABOUT AEROSOL GENERATING PROCEDURES
FOR LONG-TERM CARE SETTINGS**

Dear Administrator/Provider/Superintendent:

This letter is to share updated information about infection control precautions during and after Aerosol Generating Procedures (AGP) as it pertains to Long-Term Care (LTC) settings.

The Centers for Disease Control and Prevention (CDC) published recommendations for preventing spread of COVID-19 in *Interim Infection Prevention and Control [Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)*. Recommendations included AGP precautions for Healthcare Personnel working in counties with substantial or high COVID-19 transmission rates.

The Washington State Department of Health (DOH) published [updated AGP guidance](#) September 13, 2021, *Preventing Transmission of SARS-CoV-2 During Aerosol Generating and Other Procedures*. The DOH guidance pertains to AGP regardless of county transmission rates. The DOH guidance describes why and how AGPs result in risk to Healthcare Personnel, identifies commonly performed AGPs and clarifies precautions to take both during and after AGP, and includes guidance for vaccinated staff, visitors, residents, and clients.

How and Why AGPs Result in Risk to Healthcare Personnel

Some procedures result in high concentrations of tiny COVID-19 virus particles in the air (aerosols). The aerosols can remain suspended in the air for hours following the procedure. Breathing in COVID-19 aerosols can result in infection.

Commonly Performed AGPs

The DOH guidance lists commonly performed medical and workplace procedures that can place Healthcare Personnel at risk for COVID-19 infection. The most common AGP found in LTC settings are bi-level positive airway pressure ventilation (BiPAP) and continuous positive airway pressure (C-PAP). Nebulizers can be categorized as an AGP unless used with a high efficiency particulate air ([HEPA](#)) filter on the nebulizer.

Precautions during AGP

Prevention and protection measures during AGP include:

- Healthcare Personnel should wear a National Institute for Occupational Safety and Health (NIOSH) approved N95 respirator, eye protection, gloves, and a gown regardless of COVID-19 or vaccination status.

- Limit Healthcare Personnel present during the procedure to only those essential for care and procedure support. Visitors should not be present for the AGP.
- The door to the room should remain closed during the AGP.

Precautions after AGP

- Clean and disinfect procedure room surfaces promptly after AGP using a disinfectant from [EPA's List N](#).
- Potentially infectious aerosols can remain suspended in the air for hours following AGP, depending on air changes per hour. Facilities can consult CDC [ventilation and clearance rates](#) to determine air exchanges per hour to identify the clearance time. If air exchanges per hour are unknown, the room is considered to have aerosolized COVID-19 virus for a minimum of 3 hours following the procedure.
- Precautions must be taken for a minimum of 3 hours following the procedure or until air exchange clearance times have passed.
 - Anyone entering the room must wear a NIOSH approved N95 equivalent or better respirator
 - Non-Healthcare Personnel (patients, residents, visitor, etc.) should not enter following the AGP for 3 hours
 - The door should remain closed for 3 hours
- Fully vaccinated staff may enter a room before clearance time or before 3 hours have passed IF:
 - The resident or client receiving the AGP is not known or suspected of having COVID-19, and has not had any known exposure to COVID-19 in the 14 days prior to the procedure, AND
 - 100% of Healthcare Personnel in the healthcare setting are fully vaccinated or exempt per [Governor's Proclamation 21-14](#), AND
 - The resident or client is either fully vaccinated or has tested negative for COVID-19 within 24 hours of the AGP.
- Fully vaccinated residents, visitors, and other non-Healthcare Personnel may enter a room before clearance time or 3 hours have passed IF:
 - The resident or client receiving the AGP is not known or suspected of having COVID-19, and has not had any known exposure to COVID-19 in the 14 days prior to the procedure, AND
 - The residents, visitors, and other non- Healthcare Personnel are fully vaccinated, AND
 - The resident or client is either fully vaccinated or has tested negative for COVID-19 within 24 hours of the AGP.

FREQUENTLY ASKED QUESTIONS:

Do AGPs require a private room? There is no written guidance from DOH or CDC stating that residents with AGP require a private room. Consideration must be given to the vulnerability of the roommate. The safest approach is for both residents to be fully vaccinated. The setting must show how they assessed and mitigated the risk to roommates in relation to AGPs.

How do I determine the room ventilation clearance rates in my setting? Consult the building maintenance personnel or company. There are commercially available companies that assess building safety and efficiency, including ventilation.

Is signage required for AGPs? If so, what signage is required? LTC settings must develop procedures to protect clients, residents, and staff from workplace hazards (including respiratory infection). DOH created sample Aerosol Precautions [signage](#). LTC Settings should be able to

tell residents, clients, staff, and visitors when and where AGPs occur so they can select and wear the appropriate level of respiratory protection, including during the clearance time or 3 hours after AGP has occurred depending on which method the LTC setting is using.

What documentation must be shown to the department to demonstrate ventilation clearance rates? The setting must be able to show the number of air exchanges per hour for the room where the AGP occurs. If the setting knows the ventilation and filtration rate of the room, it may use CDC's [clearance rates under differing ventilation conditions](#) to determine the time a room should stay closed following AGP.

The continued transmission of the Delta Variant and high COVID-19 case rates in Washington State place residents, visitors, and staff (including RCS staff) at risk of infection. Please follow DOH guidance in relation to PPE and AGP.

Thank you for your continued commitment to resident health and safety. If you have any questions, please contact Katherine.Ander@dshs.wa.gov.

Sincerely,



Mike Anbesse, Director
Residential Care Services

DSHS: "Transforming Lives"