



AEROSOL GENERATING PROCEDURE (AGP) IN PROGRESS

Restrict Visitation

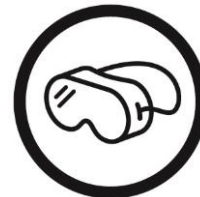
AGP Started	AGP Completed	Precautions End At*

*Follow Facility guidelines for airborne contamination removal times. See list of common AGPs on reverse side.

PRIOR TO ENTERING:



Use a NIOSH
respirator
(N95/PAPR/CAPR)



Wear eye protection
face shield or goggles



Door should remain closed during patient stay unless it impacts patient care (e.g., fall risk). Follow appropriate air exchanges times per facility after Aerosol Generating Procedures (AGP).

Sign to be removed once Precaution End Time has passed (Air Clearance Time has occurred)

Display outside door.

Sign to be removed once Precaution End Time has passed (Air Clearance Time has occurred)

Some procedures performed on patients are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking or breathing.

Procedures that could generate infectious aerosols should be performed cautiously.

The number of HCW present during the procedure should be limited to only those essential for patient care and procedures support.

Visitors should not be present for the procedure. If they must be (e.g. parent, caretaker), provide them with an unfitted N95.

Aerosol-generating procedures include but not limited to:

- **Open suctioning of airways**
- **Sputum induction**
- **Cardiopulmonary resuscitation**
- **Endotracheal intubation/Extubation**
- **Non-invasive ventilation (e.g. BiPAP, CPAP)**
- **Bronchoscopy**
- **Manual ventilation**

There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of AGPs for healthcare settings.

Follow your Facility policy for Air Changes per Hour (ACH) to determine when to end AGP Precautions. In general, if the ACHs are unknown, the door to the room should stay closed any anyone entering the room must wear a respirator for a minimum of 3 hours following the end of the AGP.