



<i>Policy &amp; Procedure:</i>	<b>Aerosol Generating Medical Procedures (AGMP) in Residential Hospice during COVID-19 pandemic</b>		
<i>Performed by:</i>	All Residence Staff		
<i>Approved by:</i>	Medical Director and Director of Residence Care		
<i>Date Approved:</i>	November 2021	<i>Date Revised:</i>	May 2022
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**Purpose:** Hospices across Ontario including Hospice Care Ottawa (HCO) are committed to the prevention of transmission of infectious agents, including during aerosol generating medical procedures (AGMP). These measures are designed to prevent or limit exposure to droplets and aerosols during respiratory procedures that generate these particles.

**Policy:** Hospice staff must complete a Point of Care Risk Assessment (PCRA) (Appendix A) which is a component of routine practice conducted prior to any patient/client interaction to inform the selection of appropriate personal protective equipment, including decisions regarding the use of an N95 mask. When possible, the use of AGMP is avoided in Hospice. The benefit of the procedure versus the potential occupational risk of COVID-19 during the pandemic are to be carefully assessed. AGMP’s should not be performed at hospice without approval from Director of Residence Care and Medical Director/Site Lead.

**Definitions:**

**Aerosol:** Small droplets of moisture that may carry microorganisms. Aerosols may be light enough to remain suspended in the air for short periods of time, allowing inhalation of microorganisms.

**Aerosol generating medical or respiratory procedure (AGMP):** A procedure with the potential to generate a high volume of respiratory droplets and aerosols. The procedure may propel droplets over a radius of two meters.

**Point of Care Risk assessment (PCRA):** Evaluation of the interaction of the employees, the resident, and resident environment to assess the potential for exposure to an infectious disease.

**Background:**

**AGMPs that may be needed at hospice can include (but are not limited to):**

- CPAP and BIPAP
- Tracheostomy care
- Airway suctioning
- Cough assist machine
- Nebulizer therapy
- Oxygen via nasal prongs (>6L per minute)

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**Procedure:**

**Admission to hospice for ALL residents receiving continuous or intermittent AGMP**





- Require resident to have received 2 or more Covid-19 vaccines
- Require COVID-19 negative test resulted within 72 hours of admission (i.e no urgent community admissions for residents receiving AGMP without COVID-19 negative swab)
- Remain on contact and droplet precautions for duration of admission to hospice residence and complete a PCRA at every resident encounter
- Signage placed outside resident room, reminding staff to complete PCRA (see Appendix A)
- Place on HCO careplan that AGMP is occurring, staff to complete a PCRA to determine use of N95 in addition to droplet/contact precautions
- Volunteers can enter these resident rooms if COVID-19 is not suspected

**Hospice residents receiving AGMP in which COVID-19 is suspected or confirmed**

- Inform team leader and medical director or site lead of COVID-19 suspicion based on PCRA
- Repeat PCR COVID-19 testing if COVID-19 suspected, consider use of rapid testing while awaiting PCR results (case by case decision)
- Continue contact and droplet isolation
- Staff required to wear N95 mask regardless of PCRA given COVID-19 suspected until PCR negative (similar to any other patient at hospice not receiving AGMP)
- No volunteers within resident room.

<u>AGMPs</u>	<u>Potential AGMPs at Hospice Care Ottawa</u>	<u>Current List of Procedures that are NOT AGMPs</u>
Tracheotomy/Tracheostomy	✓	Collection of nasopharyngeal or throat swab
Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)	✓	Coughing, expectorated sputum

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Cough Assist	✓	
Nebulized Therapy	✓	Oral/mouth suctioning with Yankauer
Deep Suction and open Tracheal Suctioning	✓	Oral Hygiene
Humidification	✓	Chest physiotherapy
High flow nasal oxygen (high flow nasal cannula therapy) above 6L per minute	✓	Nasal Prongs  Low Flow 1-6L/m
Oxygen Delivery via Mustache Device	✓	Simple Mask  Low Flow 6-10L/m
Oxygen via Nasal Prongs >6L	✓	Non-Rebreather Mask (NRB)  Low Flow 10-15L/m
		Oxymask  Low Flow 1-15L/m
		Medications delivered by metre dosed inhaler (MDI) with spacer <ul style="list-style-type: none"> <li>• Ventolin MDI</li> </ul>

## Appendix A

# Point-of-Care Risk Assessment (PCRA)

The PCRA is a component of routine practice which should be conducted before every patient/client/resident (hereafter 'patient') interaction by a healthcare worker (HCW) to assess the likelihood of exposing themselves and/or others to infectious agents. This assessment informs the selection of appropriate actions and additional Personal Protective Equipment (PPE) to minimize the risk of exposure in addition to any Infection Prevention and Control recommendations already in place. This is a general tool, and risk assessments may vary from person to person. The questions and actions may need to be adapted for specific health care settings and roles.

## 1 Before each patient interaction, a healthcare worker must assess the following:



### THE PATIENT

- What are the patient's symptoms (e.g., frequent coughing or sneezing, unexplained fever, diarrhea)?
- Are there additional precautions (droplet, contact, airborne) for infectious agents in place?
- Is the patient able to practice respiratory etiquette and perform hand hygiene?
- Has the patient been recently screened for infectious symptoms (e.g., triage, daily symptom screening)?



### THE TASK

- What type of task am I carrying out (e.g., providing direct face-to-face care, performing an [aerosol generating medical procedure](#) (AGMP), potential for contacting body fluids, personal care, non-clinical interaction)?
- Is additional equipment required to safely carry out the task (e.g., dressings, emesis basin)?
- Am I trained and ready for the task?



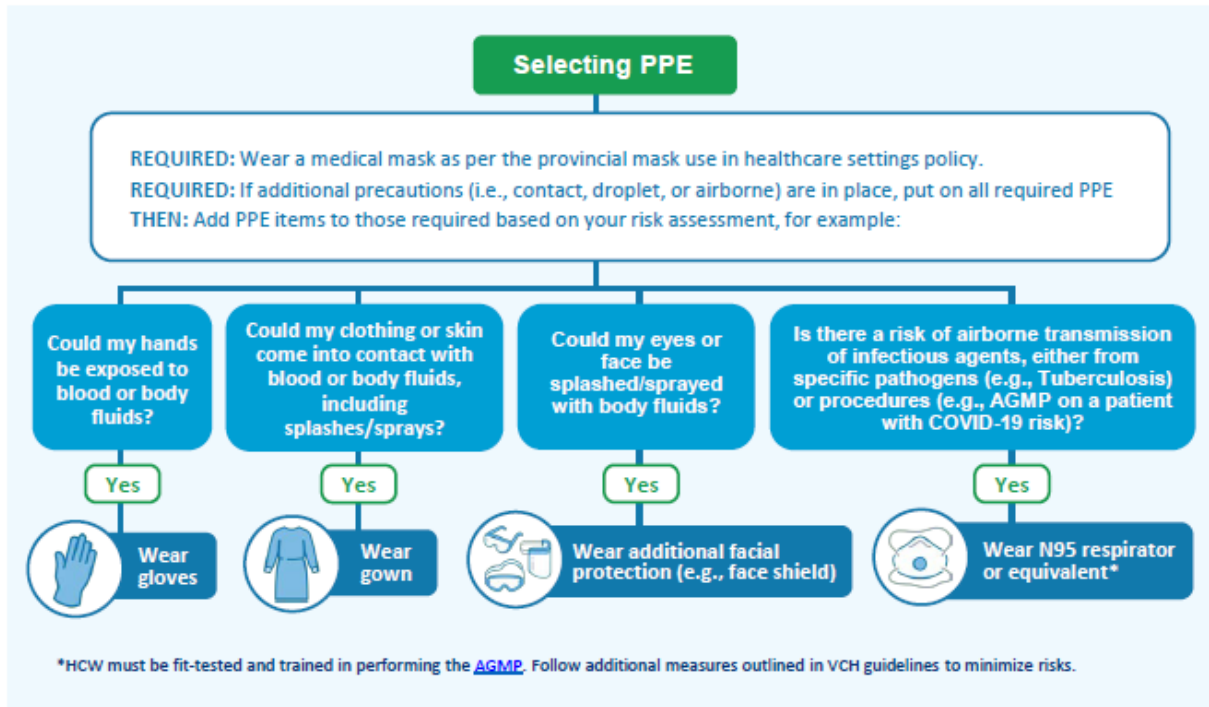
### THE ENVIRONMENT

- Are there potential hazards that may impact my task (e.g. ongoing AGMP, physical clutter)?
- Is there a risk to/from other individuals (e.g., shared rooms, mobile patients with infectious symptoms)?
- Is there enough space for physical distancing to be maintained?
- Can my planned work area be properly clean and disinfected?

## 2 Choose appropriate actions and PPE including the following:

- Hand hygiene** (e.g., before donning and after removing PPE items, before and after patient contact without PPE)
- Respiratory etiquette** (e.g., offer the patient a medical mask, support the patient to use tissues/their elbow to cover coughs)
- Personal space** (e.g., encourage the patient to respect other's personal space)
- Implement additional precautions if required** (e.g., droplet and contact precautions for COVID-19)
- Environmental and equipment cleaning and disinfection** (e.g., clean & disinfect environmental surfaces and reusable equipment between each use)
- Patient placement** (e.g., prioritize patients with risks for infectious agents to single rooms where possible)
- Select PPE items based on required additional precautions and your own risk assessment** - outlined on the following page.

## Point-of-Care-Risk Assessment (PCRA)



### 3 Incorporating PCRA and PPE choices in the care of patients with COVID-19:

#### HCW PPE requirements for care of ALL patients

- Use of medical masks in healthcare settings as outlined in the provincial policy on Mask Use in Healthcare Facilities During the COVID-19 Pandemic

#### Additional HCW PPE requirements for care of patients with suspected or confirmed COVID-19

- As a minimum, droplet and contact precautions must be implemented for all patient care
- If a HCW determines that a patient interaction presents an elevated risk of COVID-19 transmission on their individual PCRA, additional PPE (e.g., N95 respirators) are accessible
- Airborne, droplet, and contact precautions must be implemented when performing AGMPs on these patients