

COVID-19 - Respiratory Care Procedures for Adult Services

Proposed modifications to Respiratory Care Procedures during the COVID-19 pandemic outline indications for the use and precautions required for different oxygen delivery/ventilatory assist devices and standard procedures performed by Respiratory Therapy for patients in the following contact precautions categories:

1. Modified Contact/Droplet Precautions: COVID-19 **positive** patients and PUIs
2. Droplet or Airborne Precautions: COVID-19 **negative** patients or COVID-19 status **unknown** who require droplet or airborne precautions for other reasons
3. Contact Precautions and Standard Precautions: COVID-19 **negative** patients or COVID-19 status **unknown** who require contact precautions or standard precautions

Recommended conversion from nebulized to MDI delivery systems are outlined in detail in a separate reference (COVID-19 Emergency Therapeutic Interchange Reference)

Aerosol generating procedures: **N95, eye protection. If available, a CAPR may be used as an equivalent substitute.** Aerosol generating procedures outlined in this document include - intubation, extubation, non-invasive positive pressure ventilation, bag mask valve ventilation high flow nasal cannula > 6L/min, NT suctioning. See link below:

NON-aerosol generating procedures: **Surgical facemask and eye protection**

For therapies requiring Infection Control approval, call:

444-4773 (office hours), **255-2189** (after hours)

[For Medical Director Approval, please utilize Lifechart Secure Chat](#)

[AGP List](#)

[AGP Guidelines](#)

Current Practice	Pandemic Modifications
Modified Contact/Droplet Precautions (PUI and COVID-19 Positive)	
Nebulized Medication AGP - follow IC recommendations	MDI/DPI treatments only, non-intubated patients No Continuous Nebs Aerogen nebs for patients on ICU_ventilators only* N95 / eye protection
Oxygen Administration - NC, face	No Standard Large Volume Nebulizers

mask	Standard NC oxygen may be used NRB mask may be used short term but consider early intubation N95/ eye protection or CAPR must be worn
NIV, including transport on NIV AGP - follow IC recommendations	Circuit with filter only - N95/ eye protection
Vents	Dry Circuit with HMEF Heated Wire with High Efficiency Filter Travel vents with HMEF Surgical Mask / Eye protection N95/ eye protection
Transport	Standard NC up to 6lpm NIV BiPAP/CPAP with filtered circuit On Ventilator with filtered circuit NRB with Surgical mask over NRB Avoid use any other oxygen delivery device Filtered BVM device if intubated N95/ eye protection
Bag Mask Ventilation	Filter on BVM device. N95/ eye protection
Intubation / Extubation	CAPR if available OR N95/ eye protection must be worn
HFNC > 6lpm AGP - follow IC recommendations	Consult with practitioner for necessity N95/ eye protection Surgical face mask over cannula for all patients on HFNC when staff is in room
Sputum Induction	Only allowed if approved by infection control
Ventilator Suctioning	In-line only
NT Suction AGP - follow IC recommendations	Consult with practitioner for necessity, N95/eye protection
Chest Physiotherapy / Vibratory Device	Consult with practitioner for necessity - N95/ eye protection Add filter to vibratory device
MetaNeb / Cough Assist	- Not Allowed - Do Not Perform
Bedside PFT	- Not Allowed - Do Not Perform

Current Practice	Pandemic Modifications
Droplet, Contact/Droplet or Airborne Precautions (AND COVID-19 Negative or Unknown)	
Handheld Medication Nebulizers AGP - follow IC recommendations	MDI/DPI only, non-intubated patients HHN with Filter No Continuous Nebs unless approved by Medical Director of RT & Infection Control Aerogen nebs for vented patients only* N95 / eye protection

Oxygen Administration – NC, NRB	No Standard Large Volume Nebulizers Standard Practice
NIV, including transport on NIV AGP – follow IC recommendations	Circuit with Filter only NO home CPAP/BiPaP machines N95/ eye protection
Vents	Standard Practice Surgical mask/ eye protection Expiratory filters or HMEF required Home vents require HMEF (no heated wire circuit)
Intubation / Extubation	CAPR if available or N95/ eye protection must be worn
HFNC – AGP – follow IC recommendations	Standard Practice– N95/ eye protection Surgical face mask for all patients recommended when staff is in the room
Sputum Induction	Only allowed if approved by the Medical Director of RT and infection control on a case-by-case basis – N95/eye protection
Ventilator Suctioning	In-line only
NT Suction AGP – follow IC recommendations	Standard Practice - N95/ eye protection
Chest Physiotherapy / Vibratory Device	Consult with practitioner for necessity N95/ eye protection Add Filter to vibratory device
MetaNeb / Cough Assist	Only allowed if approved by the Medical Director of RT and infection control on a case-by-case basis N95/eye protection
Bedside PFT	Consult with practitioner for necessity N95/ eye protection

Current Practice	Pandemic Modifications
Contact Precautions and Standard Care (AND COVID-19 Negative or Unknown)	
Handheld Medication Nebulizers AGP – follow IC recommendations	MDI DPI if available Filtered Nebulizers only – use with care No Continuous Nebs unless approved by Medical Director of RT & Infection Control N95/ eye protection
Oxygen Administration – NC, NRB	No Standard Nebulizers unless approved by Medical Director RT & Infection Control (requires N95 eye protection) Standard Practice
NIV, including transport on NIV AGP – follow IC recommendations	Filtered Circuits only NO home CPAP/BiPaP machines N95/ eye protection
Vents	Standard Practice– Surgical Mask/ eye protection Expiratory Filters or HMEF required

Intubation / Extubation	CAPR if available or N95/ eye protection must be worn
HFNC AGP - follow IC recommendations	Standard Practice- N95/ eye protection Surgical face mask for all patients on HFNC when staff in the room
Sputum Induction AGP - follow IC recommendations	Only allowed if approved by the Medical Director of RT and infection control on a case-by-case basis - N95/ eye protection Allow pt to <u>self-treat</u> with HHN/expectorate
Ventilator Suctioning	In-line only
NT Suction AGP - follow IC recommendations	Standard Practice- N95/ eye protection
Chest Physiotherapy / Vibratory Device	Consult with practitioner for necessity N95/ eye protection
MetaNeb / Cough Assist AGP - follow IC recommendations	Only allowed if approved by the Medical Director of RT and infection control N95/ eye protection
Bedside PFT	Consult with practitioner for necessity N95/ eye protection

Pandemic Modifications

Other Nebulized Medications for Specific Patient Populations (nebulized medications deemed ESSENTIAL to care plan)

1. PH patients (medications including Tyvaso, inhaled epoprostenol, inhaled nitric oxide)
2. CF patients (medications include inhaled antibiotics, Pulmozyme, hypertonic saline)
3. Massive hemoptysis (inhaled tranexamic acid)

AGP - follow IC recommendations

CF and PH patients requiring nebulized medications MUST be tested for COVID-19 upon admission (ED or Floor)

- If Negative - Standard Practice N95/eye protection
- If Positive or results not available when medication is due - **N95/eye protection, negative pressure room if available. If not, portable HEPA filter in the room if available**

AGP - follow IC recommendations

Tranexamic acid administration:

- If Negative - Standard Practice N95/eye protection
- If Positive OR results not available when medication is due - **N95/eye protection, negative pressure room if available. If not, portable HEPA filter in the room if available**

AGP - follow IC recommendations

*Nebulizers may be used in mechanically ventilated patients on the Servo vents with appropriate filters. (Aerogen neb delivery system). This can be determined by the Respiratory Therapy Supervisor on call - 255-3520(RIH)

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