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REVISION HISTORY Date of Next Rev **Review Date Description of Change** No. Review Item 1: Added procedural areas (For noncovid 19 patients) Item 1: Added statement (For covid-19 suspect / confirmed patients) Please refer to the Interim guidelines on Inhalation Therapy in COVID-19 ER Item 2: Deleted last part of the statement September Edited tabulation with the following March 2021 1 2022 changes: a. Additional column for nebulization b. Allows AGP only in the Isolation room of new ER c. Deleted ABC in MICU 2 d. Added APW 2 Bed 15 as Isolation room

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1. Nebulization/Inhalation Therapy

Due to the risk of viral aerosolization and spread, the *routine* use of nebulization should be **AVOIDED** especially outside of airborne isolation protocol and or private/ single occupancy rooms. If bronchodilators are warranted, the use of metered dose inhalers (MDI) with spacers, dry powdered inhalers or soft mist inhalers is recommended. However, for patients who are unable to tolerate MDI use (ie. in exacerbation), nebulization can be administered if deemed necessary under the following circumstances:

For Non- COVID- 19 patients

Semi- private and service patients shall be transferred to single occupancy room. In the event that no single occupancy room is available, semi private patients may receive nebulization at designated rooms with the least patient density (3E room 354 A/B, 356 A/B, 3F room 358 and Bed 15/ Isolation Room at Adult Female Service Ward).

For COVID- 19 suspect/confirmed patients

Nebulization of Covid-19 suspect/confirmed patients shall be limited in private/isolation room including bed 19 & 20 of the Special ER (Covid-19 ER) or where negative pressure exists. All staff handling such patient and procedure, including Nurses and Respiratory Therapists, shall wear the appropriate PPE.

2. Chest Physiotherapy (CPT)

As a cough inducing procedure, chest physiotherapy should **not be done routinely** at this time. Only patients with significant need for such procedure shall be administered with CPT. Respiratory Therapists and Nurses shall wear appropriate PPE before carrying out the procedure. We recommend the use of electric percussors as oppose to manual chest tapping. CPT shall not be done for more that 5 minutes to minimize the exposure of healthcare workers to possible pathogens caused by the patient's coughing. Semi-private non-COVID-19 patients shall receive the procedure in designated rooms (3E 354 A/B, 356 A/B, 3F 358).

3. Non- Invasive Ventilation (NIV)

For patients in the non-COVID wards

NIV shall be done in single occupancy rooms, provided that SARS-COV2 RT-PCR/Gene Xpert test results are previously negative (ie. Post operative) and work-up/clinical picture is not suggestive of COVID-19. Otherwise, patient shall be transferred to COVID wards.

For patients in the COVID wards

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NIV shall be done in single occupancy rooms.

4. High Flow Oxygen Therapy

We strongly recommend that patients wear surgical masks on top of the HFO therapy nasal cannula to reduce aerosol transmission.

Respiratory Therapists shall use appropriate personal protective equipment (PPE) such as: particulate respirator NIOSH certified N95 mask or its equivalent, eye protection (safety goggles or face shield), long sleeved fluid resistant isolation gowns and unsterile gloves and observe standard precautions and hand hygiene in the conduct of any of the above procedures.

Please see attached tabulation on permissible AGP use for your reference:

WARD/ ICU	NIV	High Flow Oxygen (HFO)Therapy	Chest Physiotherapy	Nebulization
COVID-19 ER- Minor Surgery Room/ Isolation	V	V	V	V
New ER (Isolation room only)	V	\checkmark	$\sqrt{}$	$\sqrt{}$
Renal Unit	X	×	×	X
Single occupancy rooms, including ICU	V	V	V	V
MICU 2	×	×	×	×
Semi-private rooms	X	×	×	X
3E 354A/B, 356A/B, 3F 358	×	×	\checkmark	V
All Isolation Rooms (including APW 2 – Bed 15)	V	$\sqrt{}$	V	V
Service wards	×	×	×	×