 <p><b>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</b></p>	Document Type	Document Code:
	<p><b>GUIDELINES</b></p>	GL-OED-ICP-075
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Document Title	Revision Number:	
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## I. STATEMENT

The spread of severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2) can occur through direct, indirect, or close contact with infected people through infected secretions such as saliva and respiratory secretions or their respiratory droplets, which are ejected when an infected person talks, sneezes, or coughs. Even though aerosol therapy is the principal procedure used for treating pulmonary diseases at healthcare and home settings, there is a possibility for generating fugitive emissions during therapy in the form of droplets and aerosols that may serve as a source of respiratory pathogens. Furthermore, aerosol therapy may stimulate both patients' and bystanders' cough and thus increase the probability of spreading the disease. These risks suggest that there is a possibility that nebulizer therapy in patients with COVID-19 infection can transmit potentially viable coronavirus to susceptible bystander hosts.

The Canadian Paediatric Society and the Global Initiative for Asthma (GINA) have both advised to avoid nebulizers when possible, to reduce the risk of spreading virus. Thus, nebulization in Covid- 19 ER shall be performed only to patients in acute exacerbation, very young patients, or patients with limitations in hand- breath coordination and cognitive dysfunction. Pressured Metered Dose Inhalers (MDI) via a spacer is preferred.

## II. OBJECTIVE


1. To establish infection control practices pre and post inhalation therapy procedure
2. To identify the correct personal protective equipment to be worn when executing inhalation therapy
3. To establish the guidelines to be followed in doing inhalation therapy in the Covid- 19 Emergency Room

## III. SCOPE

This document is intended to provide guidance to Physicians, Nurses, Respiratory Therapists and other concerned healthcare workers on the role and use of nebulization in the current pandemic, based on current evidence and understanding.

## IV. MATERIALS

Personal Protective Equipment  
 Coverall  
 Or Cap  
 Shoe Cover

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Safety Goggles

N95 Mask

Disposable Surgical Mask

Face shield

2 pairs of gloves

Nebulization accessories

Nebulizer kit

Nebulizer Machine/ Compressed Air Flowmeter with adapter


Bronchodilator Medication

Paper Towel

Small Plastic Bag

#### **IV. GUIDELINES**

1. Physician's orders for aerosol/ inhalation therapy shall be properly written in the patient's chart and carried out by the bedside nurse. Respiratory Therapists assigned in the Covid-19 Emergency room shall be notified through SMS or telephone call. The RT shall be responsible to acknowledge the notification.
2. The Respiratory Therapist shall wear the appropriate personal protective equipment before entering the Covid- 19 Emergency room. He shall bring all the needed accessories for the procedure.
3. The Respiratory Therapist shall validate the doctor's order through chart reading and take note of the medication order and frequency of treatment.
4. Only in the ER Bed numbers 19 and 20 shall the patients be allowed to receive inhalation/ aerosol therapy. Beds 19 and 20 shall provide enough isolation to minimize possible spread of aerosolized virus.
5. The Respiratory Therapist shall explain the procedure to the patient and shall give instruction for the correct performance of inhalation therapy. The Respiratory Therapist shall also ensure the proper and safe positioning of the patient prior to the start of the procedure.
6. The Respiratory Therapist shall stay at a safe distance from the patient while the procedure is ongoing.
7. After the procedure, the Respiratory Therapist shall clean and wrap the nebulizer kit with paper towel and small plastic bag.

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8. The Respiratory Therapist shall ask the Janitorial Service to wipe down the nebulizer machine before storing it in a safe place in the emergency room. The Respiratory Therapist shall also request surface disinfection of the area used for the therapy. The next procedure shall commence thirty (30) minutes after the first patient and only after disinfection.
9. The Respiratory Therapist shall attach an Inhalation Therapy flow Sheet in the Patient's chart and document the procedure done.
10. The Respiratory Therapist shall remove his used PPE at the doffing area, with strict observance of correct disposal of the soiled equipment. He shall also observe proper hand hygiene through hand washing and/ or hand rubbing with 70% alcohol.