

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 (nasal cannula and face mask oxygen, non-invasive positive pressure ventilation (NIV) and mechanical ventilation) 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.

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

For therapies requiring Infection Control approval, call **255-2189**

For Medical Director Approval, please utilize Lifechart Secure Chat

Current Practice	Pandemic Modifications
Modified Contact/Droplet Precautions (PUI and COVID-19 Positive)	
Nebulized Medication	<ul style="list-style-type: none">- MDI/DPI treatments only, non-intubated patients- No continuous nebs- Aerogen nebs for vented patients on Servo ventilators only* N95 / eye protection
Oxygen Administration – NC, face mask	<ul style="list-style-type: none">- Standard NC oxygen may be used- No Standard Nebulizers- NRB mask may be used short term but consider early intubation N95/ eye protection CAPR must be worn
NIV, including transport on NIV	<ul style="list-style-type: none">- Circuit with filter only – N95/ eye protection
Vents	<ul style="list-style-type: none">- Dry (if possible) with HMEF or appropriate expiratory filter- Heated Wire with High Efficiency Filter- Travel vents with HMEF – 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 Do not 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 -	- 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	- Consult with practitioner for necessity- N95/ eye protection
Chest Physiotherapy / Vibratory Device	-Consult with practitioner for necessity - N95/ eye protection
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/COVID-19 Status Unknown	
Handheld Medication Nebulizers	- 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*
Oxygen Administration - NC, NRB	- <u>No Standard Nebulizers unless approved by Medical Director RT & infection control (requires N95/eye protection)</u> - Standard Practice
NIV, including transport on NIV	- Circuit with Filter only - N95/ eye protection
Vents	- Standard Practice - Surgical mask/ eye protection
Intubation / Extubation	- CAPR if available or N95/ eye protection must be worn
HFNC -	- Standard Practice- N95/ eye protection Surgical face mask for all patients on HFNC 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	- Standard Practice - N95/ eye protection
Chest Physiotherapy / Vibratory Device	- Consult with practitioner for necessity- N95/ eye protection
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/COVID-19 Status Unknown)	
Handheld Medication Nebulizers	N95/ eye protection MDI DPI if available - Filtered Nebulizers only – use with care - No Continuous Nebs unless approved by Medical Director of RT & infection control
Oxygen Administration – NC, NRB	- No Standard Nebulizers <u>unless approved by Medical Director RT & infection control</u> - Standard Practice
NIV, including transport on NIV	- Circuit with Filter – N95/ eye protection
Vents	- Standard Practice- Surgical Mask/ eye protection
Intubation / Extubation	- CAPR if available or N95/ eye protection must be worn
HFNC	- Standard Practice- N95/ eye protection -Surgical face mask for all patients on HFNC when staff 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 Allow pt to <u>self-treat</u> with HHN/expectorate
Ventilator Suctioning	- In-line only
NT Suction	- Standard Practice- N95/ eye protection
Chest Physiotherapy / Vibratory Device	- Consult with practitioner for necessity- N95/ eye protection
MetaNeb / Cough Assist	- 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
<p>Other Nebulized Medications for Specific Patient Populations (nebulized medications deemed ESSENTIAL to care plan)</p> <ol style="list-style-type: none"> 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) <p><u>CF and PH patients requiring nebulized medications MUST be tested for COVID-19 upon admission (ED or Floor)</u></p> <p>- 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</p>

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**

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

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