

**SESLHD COVID-19 BUSINESS RULE SESLHDBR/094**

<b>Name</b>	<b>Aerosol-generating interventions (AGI) for <u>respiratory or cardiac</u> conditions during the COVID-19 pandemic period</b>	
<b>What it is / In scope</b>	<p><u>Aerosol-generating therapies:</u></p> <ul style="list-style-type: none"> <li>• Non-invasive ventilation (NIV) including bilevel positive airway pressure therapy (Bi-PAP or VPAP)</li> <li>• Continuous positive airway pressure therapy (CPAP)</li> <li>• High flow nasal oxygen therapy(HFNO)</li> <li>• Nebulisers</li> <li>• Cough insufflator/exsufflator machine</li> </ul> <p><u>Aerosol-generating diagnostics:</u></p> <ul style="list-style-type: none"> <li>• Spirometry</li> <li>• Peak flow monitoring</li> </ul>	
<b>Risk Rating</b>	High	<b>Review Date</b> January 2022 or increase in COVID-19 risk status in healthcare settings
<b>Who it applies to</b>	<p><b><u>Includes:</u></b> Adult inpatients in general ward areas, Coronary Care Unit, Emergency Departments (ED), Outpatients and patients enrolled in Respiratory coordinated Care Programs (RCCP).</p> <p><b><u>Excludes:</u></b> Intensive Care, Recovery, Anaesthetics and Operating Theatres, Obstetrics, Paediatrics</p>	
<b>Why the need for CBR</b>	<p>To ensure a safe clinical environment for clinicians and patients.</p> <p>To minimise delay in initiating standard aerosol generating therapies/diagnostics in the treatment of respiratory or cardiac conditions.</p>	
<b>Risk Assessment</b>	<p>A risk assessment must be conducted prior to the initiation of any of the above aerosol-generating interventions.</p> <p>The documented risk assessment should be highlighted/flagged in the medical record by using a heading such as Risk Assessment for AGP.</p> <p>The documented Risk Assessment for APG in the medical record must state:</p> <ul style="list-style-type: none"> <li>• actual clinical benefit of the AGP or alternative therapies</li> <li>• the <b><u>patient's COVID-19 status</u></b></li> <li>• assess the clinical setting and the most appropriate <b><u>location</u></b> for the aerosol generating procedure (AGP) or investigation</li> <li>• type of accommodation and type of precautions according to CEC guidelines</li> <li>• consider in consultation with Infectious Diseases if a COVID rapid test is required</li> </ul>	

<b>Responsibility for conducting the risk assessment</b>	<p><b>Cardiology patients:</b> Consultant led discussion and risk assessment with Infectious Diseases.</p> <p><b>Respiratory patients:</b> Respiratory consultant led discussion and risk assessment.</p> <p><b>Patients in ED:</b> Where possible, an early discussion with the ED team should occur. When ICU admission is required the discussion should be extended to ICU.</p> <p><b>Community patients enrolled in Respiratory Coordinated Care (RCCP)</b> RCCP led discussion and risk assessment in consultation with Respiratory Consultant when needed.</p> <p>The results of the risk assessment must be documented in the medical record and specify the type of accommodation and precautions according to CEC guidelines.</p>
<b>Initiating NIV in ED</b>	<p>Commencement of NIV in ED should include a joint risk assessment with Respiratory or Cardiology, ICU (as required) and Infectious Diseases and include an agreed disposition destination.</p>
<b>Ceiling of Care</b>	<p>For adults being admitted to hospital a discussion regarding ceiling of care should be held either at the time of admission or as soon as practicable. This includes appropriate documentation of ceiling of care and resuscitation orders in the event of initial treatment failure.</p>
<b>Transmission based precautions</b>	<p>As per Clinical Excellence Commission guidelines. <a href="https://www.cec.health.nsw.gov.au/data/assets/pdf_file/0018/644004/COVID-19-IPAC-manual.pdf">https://www.cec.health.nsw.gov.au/data/assets/pdf_file/0018/644004/COVID-19-IPAC-manual.pdf</a></p>
<b>Selection of PPE</b>	<p>As per Clinical Excellence Commission guidelines. See links below <a href="https://www.cec.health.nsw.gov.au/data/assets/pdf_file/0018/644004/COVID-19-IPAC-manual.pdf">https://www.cec.health.nsw.gov.au/data/assets/pdf_file/0018/644004/COVID-19-IPAC-manual.pdf</a></p>
<b>Changes to practice: <u>Nurse / Allied Health initiated therapies</u></b>	<p>Ordinarily, in some clinical areas CPAP, bilevel NIV, prescription of nebulisers, spirometry and peak flow are nurse/allied health initiated. To optimise safety aerosol generating therapies and diagnostics will cease to be nurse/allied health initiated for the duration of the COVID-19 pandemic period.</p>
<b>Changes to practice: <u>Nebulisers</u></b>	<ul style="list-style-type: none"> <li>• Nurse/allied health initiated normal saline nebuliser prescription has been removed as a nurse initiated option in eMR.</li> <li>• All standing orders for nebulised medications have also been temporarily rescinded and removed from eMR.</li> <li>• Spacers and metered dose inhalers or dry powered devices are the recommended delivery system for inhaled medications.</li> <li>• The decision to use nebulisers can only be made by the Admitting Medical Consultant in conjunction with the NUM or Nursing Team Leader of the proposed location and Infectious Diseases.</li> <li>• With the exception of the ED Resus bays, all in scope clinical areas, should remove mask nebuliser set ups from stocked shelves for the duration of the COVID-19 pandemic period.</li> </ul>
<b>Changes to practice: <u>Management of</u></b>	<ul style="list-style-type: none"> <li>• Patients with a tracheostomy or laryngectomy requiring regular normal saline nebulisers /continuous humidification will require a risk assessment led by an Emergency, Respiratory or the attending medical consultant in conjunction with Infectious Diseases on appropriate transmission based precautions.</li> <li>• Site specific management of in-line suction and closed circuits will be described</li> </ul>

<b><u>tracheostomy</u></b> <b><u>or</u></b> <b><u>laryngectomy</u></b>	in clinical business rules.
<b>Changes to practice:</b> <b><u>Domestic CPAP/Bi-level devices</u></b>	<ul style="list-style-type: none"> <li>• All inpatients usually on domestic CPAP/Bi-level devices should not use these therapies <b>until a risk assessment</b> is conducted by the attending medical consultant of the admitting team in conjunction with Infectious Diseases.</li> <li>• For patients admitted under Respiratory Medicine or who are being consulted by Respiratory Medicine, domestic CPAP/ bilevel NIV devices can be used once a risk assessment is completed and documented by, or discussed with, the respiratory consultant.</li> </ul>
<b>Changes to practice:</b> <b>spirometry</b>	<ul style="list-style-type: none"> <li>• Ward spirometry will only be performed if justified by clinical need and after risk assessment and discussion with a respiratory medical consultant</li> <li>• Choice of PPE and location will be determined during the risk assessment.</li> <li>• An in-line viral filter must be used.</li> </ul>
<b>When to use the CBR</b>	Prior to the commencement of aerosol generating therapies or diagnostics for the treatment of respiratory or cardiac conditions.
<b>Why the rule is necessary</b>	CPAP, bilevel NIV, HFNO, nebulisers and cough insufflator/exsufflator machines may increase the risk of transmission of respiratory infections to staff members and other patients as they are aerosol generating treatments. Given the current prevalence of COVID-19 in the community, restrictions should be implemented to reduce the risk of transmission of influenza-like illness AND COVID-19 within the hospital setting.
<b>Who is responsible</b>	General Managers and Clinical teams
<b>Executive Sponsors</b>	Cardiac Respiratory Stream Director
<b>Author</b>	Cardiac and Respiratory Clinical Stream Committee

## Revision and Approval History

Date	Revision Number	Author and Approval
June 2020	Draft	Draft business rule endorsed by Executive Sponsor
June 2020	0	Approved by Clinical and Quality Council. Published by Executive Services
July 2021	1	Minor review. Risk Assessment section reworded to improve clarity and to emphasise that patient location and required precautions, is determined on a case by case basis. Scope extended to include Respiratory Coordinated Care Program (RCCP) patients. Links to CEC & ACI documents refreshed. Approved by the Executive Sponsor.
August 2021	2	Respiratory Physiotherapy guidelines link updated. Approved by Executive Sponsor.

<b>Relevant Guidelines</b>	<b>Source</b>	<b>Link</b>
Aerosol generating respiratory therapies Nebulisers	ACI	<a href="https://aci.health.nsw.gov.au/__data/assets/pdf_file/0009/582822/ACI_Respiratory-High-risk-therapies_Nebulisers_V2.pdf">https://aci.health.nsw.gov.au/__data/assets/pdf_file/0009/582822/ACI_Respiratory-High-risk-therapies_Nebulisers_V2.pdf</a>
Respiratory Physiotherapy	ACI	<a href="https://www.health.nsw.gov.au/Infectious/covid-19/communities-of-practice/Documents/guide-respiratory-physiotherapy.pdf">https://www.health.nsw.gov.au/Infectious/covid-19/communities-of-practice/Documents/guide-respiratory-physiotherapy.pdf</a>
Transmission based precautions	CEC	<a href="http://www.cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control/transmission-based-precautions">http://www.cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control/transmission-based-precautions</a>
Personal Protective Equipment (PPE) guidelines	CEC	<a href="http://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0006/580218/Infection-Prevention-and-Control-COVID-19-Personal-Protective-Equipment.pdf">http://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0006/580218/Infection-Prevention-and-Control-COVID-19-Personal-Protective-Equipment.pdf</a>
COVID-19 Elective Surgery and Infection Prevention and Control precautions	ACSQHC	<a href="https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-elective-surgery-and-infection-prevention-and-control-precautions">https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-elective-surgery-and-infection-prevention-and-control-precautions</a>