SESLHD COVID-19 BUSINESS RULE SESLHDBR/094

Name	**Aerosol generating treatments or diagnostics for respiratory or cardiac conditions (acute pulmonary oedema) during the COVID-19 pandemic period**		
What it is / In scope	Aerosol generating therapies: Non-invasive ventilation (NIV) including Bi-Level positive airway pressure (Bi-PAP) and Continuous positive airway pressure (CPAP) High flow nasal oxygen (HFNO) Nebulisers Aerosol generating diagnostics: Spirometry Peak flow monitoring		
Risk Rating	High	**Review Date**	Six months from publication
Who it applies to	Includes: Adult inpatients in general ward areas, Coronary Care Unit, Emergency Departments (ED) and Outpatients. Excludes: Intensive Care, Recovery, Anaesthetics and Operating Theatres, Obstetrics, Paediatrics.		
Why the need for CBR	To ensure a safe clinical environment for clinicians and patients. To minimise delay in initiating standard aerosol generating therapies/diagnostics in the treatment of respiratory or cardiac conditions (i.e. acute pulmonary oedema). This CBR will be reviewed in six months.		
What to do	Before initiating treatment or investigation a medical consultant led (Respiratory or Cardiology) discussion and risk assessment with Infectious Diseases should occur and be documented in the medical record. For a patient in ED, where possible, an early discussion with the ED team should occur. When ICU admission is required the discussion should be extended to ICU. The joint risk assessment should include: - actual clinical benefit or alternative therapies - patient assessment including a risk assessment of both the patient's COVID-19 status and the clinical setting of therapy - most appropriate location for the aerosol generating procedure (AGP) or investigation - selection of appropriate PPE according to CEC guidelines - consideration of the rapid test in consultation with ID		
Initiating NIV in ED	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.		
Ceiling of Care	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.		
Transmission	As per Clinical Excellence Commission guidelines. See links below		

based precautions	http://www.cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control/transmission-based-precautions
Selection of PPE	As per Clinical Excellence Commission guidelines. See links below http://www.cec.health.nsw.gov.au/keep-patients-safe/COVID-19/Personal-Protective-Equipment-PPE
Changes to practice: Nurse initiated therapies	Ordinarily, in some clinical areas CPAP, BiPAP, prescription of nebulisers, spirometry and peak flow are nurse-initiated. To optimise safety aerosol generating therapies and diagnostics will cease to be nurse-initiated for the duration of the COVID-19 pandemic period.
Changes to practice: Nebulisers	• Nurse-initiated normal saline nebuliser prescription has been removed as a nurse initiated option in eMR. • All standing orders for nebulised medications have also been temporarily rescinded and removed from eMR. • Spacers and metered dose inhalers or dry powered devices are the recommended delivery system for inhaled medications. • The decision to use nebulisers can only be made by the Admitting Medical Consultant caring for the patient in conjunction with the NUM or Nursing Team Leader of the proposed location and Infection Control clinicians. • 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.
Changes to practice: Management of tracheostomy or laryngectomy	• Patients with a tracheostomy or laryngectomy requiring regular normal saline nebulisers 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. • Site specific management of in-line suction and closed circuits will be described in clinical business rules.
Changes to practice: Domestic CPAP/Bi-level devices	• All inpatients usually on domestic CPAP/Bi-level devices should not use these therapies until a risk assessment is conducted by emergency, respiratory, cardiology or the attending medical consultant of the admitting team in conjunction with infectious diseases.
When to use the CBR	Prior to the commencement of aerosol generating therapies or diagnostics for the treatment of respiratory or cardiac conditions.
Why the rule is necessary	CPAP, BiPAP, HFNO and nebulisers 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.
Who is responsible	General Managers and Clinical teams
Executive Sponsors	Cardiac Respiratory Stream Director
Author	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

Relevant Guidelines	Source	Link
Aerosol generating respiratory therapies Non-invasive ventilation (NIV)	ACI	https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0009/573606/ACI_0399b-High-risk-therapies_NIV_v04.pdf
Aerosol generating respiratory therapies High flow nasal prong oxygen (HFNPO2)	ACI	https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0008/573605/ACI_0399a-COVID-High-risk-therapies-HFNP.pdf
Aerosol generating respiratory therapies Nebulisers	ACI	https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0006/573603/ACI_0399c-High-risk-therapies_Nebulisers_v04a.pdf
Transmission based precautions	CEC	http://www.cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control/transmission-based-precautions
Personal Protective Equipment (PPE) guidelines	CEC	http://www.cec.health.nsw.gov.au/keep-patients-safe/COVID-19/Personal-Protective-Equipment-PPE &
Personal Protective Equipment (PPE) guidelines	CEC	http://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0006/580218/Infection-Prevention-and-Control-COVID-19-Personal-Protective-Equipment.pdf
COVID-19 Elective Surgery and Infection Prevention and Control precautions	ACSQHC	https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-elective-surgery-and-infection-prevention-and-control-precautions