Our Ref. : IPCC/C3/KHL/2011

27 April 2011

To : All Doctors & Staff

CIRCULAR

Guidelines on Nebulizer, BIPAP & CPAP usage

We have recently revised the above guidelines. They would be implemented on 3rd May, 2011. In brief, nebulizers, BIPAP or CPAP could be used in our hospital under the conditions stated in the above guidelines. If you have any questions, please do not hesitate to ask our ICNs or me. Thank you for your attention.

Yours Sincerely,

[Signature]

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KHL/ MC

Encl.: Guidelines on Management of Patients for Nebulizer/BIPAP/CPAP Treatment

c.c.: CEO, DMS, GM, CNO, DCNO(2), NO(ICN)
Guidelines on Management of Patients for Nebulizer/BIPAP/CPAP Treatment

Reputable health organizations such as World Health Organization (WHO) and Centre for Disease Control and Prevention (CDC) of USA have published their list of high risk aerosol-generating procedures which require airborne transmission precautions including the use of the N95 respirator. However in their guidelines, both nebulizers and non-invasive ventilation(NIV) procedures such as Bi-level Positive Airway Pressure (BIPAP) or Continuous Positive Airway Pressure(CPAP) are not considered as high risk aerosol-generating procedures.\textsuperscript{1-4} In fact WHO\textsuperscript{1,2} has stated specifically that for managing suspected or confirmed H1N1(2009) patients, only standard and droplet precautions are required for nebulizer or NIV treatment. Furthermore, it is an accepted practice that for patients with \textit{“no infectious respiratory diseases”}, only standard precautions are needed.\textsuperscript{1-2,4} Based on the above considerations, we have prepared an updated guideline for the hospital.

I. Definition

Patients with any of the following criteria could be classified as having \textit{“no infectious respiratory diseases”}

1. Clinically diagnosed by the clinician-in-charge as not suffering from an infectious respiratory disease
2. Fever with a known cause not related to a respiratory infection
3. No symptoms or signs of an influenza-like illness such as cough and/or sore throat.

II. Practice highlight

1. For patients classified as having \textit{“no infectious respiratory diseases”}
   1.1 Investigation: Nil
   1.2 Patient placement & Precautions:
      1.2.1 General Bed with screened enclosure for reason of privacy or in a Treatment Room
      1.2.2 Standard Precautions
2. For patients with \textit{“infectious respiratory disease”}
   2.1 Investigation:
      Nasopharyngeal Aspiration(NPA) or Nasopharyngeal Swab(NPS) MUST be collected for Influenza A directigen test before treatment
   2.2 Patient placement & Precautions:
      2.2.1 If the NPA/NPS is shown to be Influenza A Positive
         (a) Patient is placed in a single room
         (b) Standard & Droplet Precautions
      2.2.2 If the NPA/NPS is shown to be Influenza A Negative
         (a) General Bed with screened enclosure or Treatment Room
         (b) Keeping at least 1 meter distance separation between beds
         (c) Standard & Droplet Precautions

\textbf{NB:} When the patient has a specific diagnosis of an infectious disease, he/she must be managed according to the isolation policy of the hospital.

Reference:
1. CDC. Discussion of CDC’s Interim Guidance for Infection Control for care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting. Centres for Disease Control and Prevention, 2009.
2. WHO. Infection Prevention and control during health care for confirmed, probable, or suspected cases of pandemic (H1N1) 2009 virus infection and influenza-like illnesses. World Health Organization, 2009.

Infection Prevention & Control Committee 3 May 2011