

**Long-Term Care Interim Guidance
8/5/2020 (subject to change)**

Nebulizer Treatments for COVID19 Confirmed Positive or Suspected Cases

- **First, consult a healthcare provider to determine if metered-dose inhalers with spacer chambers are viable options for therapy instead of nebulizers.**
- If inhalers are not a viable option and nebulizers are the only option available, the following procedure will be followed for nebulizer treatments.
- Ideally, the resident should be in a single room. If no single rooms are available, roommate(s) should be removed from the room before administering nebulizer treatment to the resident.
- Cracking a window during treatment will allow air to circulate and reduce droplet particles.
- Another strategy to improve room ventilation and reduce air particles is to place a fan in the window. The fan should blow towards the outside (backward). The fan should run during the nebulizer treatment and for an additional 10 minutes post-procedure.
- **If a resident is unable to hold or self-administer nebulizer, healthcare staff must wear full PPE required for Droplet and Contact Precautions—fit tested N95 (if available) or facemask, eye protection (goggles, or face shield), gown, and gloves.**

If a resident can hold and self-administer nebulizer treatments, follow the procedure below. **Having the resident hold and self-administer the nebulizer treatment conserves gown use AND provides additional protection for the healthcare worker. If HCWs are administering the nebulizer treatment, full PPE is required including fit tested N95 masks (if available) or facemask, eye protection (goggles, or face shield), gown, and gloves.**

1. Gather supplies necessary for treatment
2. Perform hand hygiene (soap/water or alcohol-based hand rub)
3. Prepare nebulizer treatment
4. Perform hand hygiene (soap/water or alcohol-based hand rub)
5. Don (put on) N95 (if available) or facemask, goggles or face shield, and gloves (no gown required)
6. Draw curtain around the resident
7. Crack a window if able (even a small amount will help circulate air). Ideally, place a fan in the window (facing backward) and turn on the fan during the treatment.
8. If a resident can hold and self-administer nebulizer treatment, HCW may exit the room until treatment is complete
9. Remove PPE at the door unless the facility has implemented extended use strategies to conserve PPE. Gloves should be discarded at the store. N95 (if available) or facemasks and eye protection (goggles or face shield) may be worn with extended use.
10. Exit room and close door
11. Perform hand hygiene (soap/water or alcohol-based hand rub)

Post nebulizer treatment HCW will:

1. Perform hand hygiene (soap/water or alcohol-based hand rub)
2. Don (put on) N95 (if available) or facemask, eye protection (goggles or face shield), and gloves (no gown required if HCW leaves the room during treatment) unless already wearing them with extended use strategies.
3. Dispose of or put away treatment supplies.
4. Let the window stay cracked or leave the fan running for an additional 10 minutes post-procedure to reduce air particles.
5. Leave curtain drawn around the resident for 10 minutes if a window or fan was used during treatment. If no window was cracked or no fan was used, the curtain should remain around the resident for 1-hour before opening.
6. Roommates should not return to the room until the 10 minutes or 1-hour timeframe has lapsed (depending on if window or fan was used).
7. Remove PPE at the door unless the facility has implemented extended use strategies to conserve PPE. Gloves should be discarded at the store. N95 (if available) or facemasks and eye protection (goggles or face shield) may be worn with extended use.
8. Perform hand hygiene (soap/water or alcohol-based hand rub)
9. Exit room
10. After 10 min. or 1-hour timeframe has lapsed return to the room and disinfect all surfaces with EPA registered List N disinfectants. Routine cleaning of curtains per facility policy.

References

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