

 <p style="text-align: center;"><b>C R E D I T • V A L L E Y</b> THE CREDIT VALLEY HOSPITAL</p>	<p>CLINICAL PRACTICE GUIDELINE</p>	<p>PROFESSIONAL PRACTICE</p>
<p><b>TITLE: Infection Control Guidelines for Use of Non-Invasive Ventilation (BiPAP) in the Emergency Department and Intensive Care Unit</b></p>		
<p><b>DATE OF ISSUE:</b> 2005 10 20</p>	<p><b>PAGE</b> 1 <b>OF</b> 4</p>	<p><b>NUMBER:</b> CPG 2-3</p>
<p><b>SUPERCEDES:</b> NEW</p>	<p><b>ISSUED BY:</b> _____ <b>TITLE:</b> Chief of Medical Staff</p>	
	<p><b>ISSUED BY:</b> _____ <b>TITLE:</b> President</p>	

**(I) Background**

The following information is meant as a guide to emergency physicians, intensivists, emergency nurses, respiratory therapists, internists, and other health care providers as to the appropriate use of BiPAP in the emergency department or intensive care unit.

**This information and recommendation may change with time** as the pattern of respiratory and other communicable illnesses in our community changes.

**(II) Definitions**

**A) Droplet and Contact Precautions (RCP)**

- for patients with febrile respiratory illness (FRI)
- includes community acquired pneumonia, exacerbation of asthma / COPD with fever, and fever without an identified source
- requires private room (NB: if private room not possible in ED, patient may be placed in regular treatment stretcher with curtains closed on both sides).
- good quality surgical/procedure mask; protective eyewear; single gown; single gloves; (face shields **required** for intubation; optional for general care)

**NB:** Does not require Stryker suit for intubation, but must be in a private room or resuscitation room with door closed during intubation. Non-essential personnel should be kept at least 1 m away from the patient.

**B) Airborne and Contact Precautions – Enhanced (RCPE) (formerly “Full SARS Precautions”)**

- for patients with respiratory or febrile illness AND epidemiological link to SARS / other virulent viruses OR part of a cluster of illness (see below);
- **will only occur as part of an outbreak condition as defined by Public Health:**
- requires negative pressure room or Nature’s Quarters
- N95 mask; goggles; double gown; double gloves; head cover / hood, face shield
- Stryker suit for intubation and other aerosol generating procedures

**C) Airborne Precautions**

- for patients with known / suspected active TB or other airborne respiratory illness (including Varicella (Chicken Pox) or disseminated Herpes Zoster)
- requires negative pressure room or private room with Nature’s Quarters
- N95 mask; gown; gloves
- ADD goggles / face shields for intubation

**D) Cluster of illness:**

- Two or more individuals in close contact (household contacts; co-workers (especially in health care setting), etc.) with similar constellation of symptoms of a respiratory or febrile illness.
- **Includes patients REGARDLESS OF SYMPTOMS from an institution with a declared outbreak** – for example, ANY patient REGARDLESS of symptoms from an institution with an outbreak should be treated with the appropriate precautions for that outbreak
- **NB: ALL patients should be asked about family / contacts with similar respiratory and/or febrile symptoms and travel history**

**NB: If you require a non-standard N95 mask, it is your responsibility to ensure that you maintain a supply available to you.**

**(III) Non-Invasive Ventilation and Intubation**

PATIENT TYPE / PRESENTATION	NON-INVASIVE VENTILATION (BiPAP)	INTUBATION
<b>Outbreak conditions – any acute respiratory illness</b>	<b>NOT PERMITTED!</b>	<ul style="list-style-type: none"> <li>• Negative pressure room</li> <li>• Stryker suit</li> <li>• <b>Airborne and Contact Precautions - Enhanced</b> for everyone in room.</li> </ul>
<b>NON-outbreak conditions – patients with febrile respiratory illness</b>	<b>NOT PERMITTED!</b>	<ul style="list-style-type: none"> <li>• In Resus 1 with doors closed. Ideally no patient in Resus 2. (NB: closed curtains NOT sufficient)</li> <li>• Following intubation, patient may be moved out of ED to ICU when bed available.</li> <li>• <b>Droplet and Contact Precautions</b> for <u>person(s) performing or assisting with intubation</u> <ul style="list-style-type: none"> <li>• <b>Including</b> mask</li> <li>• <b>Including</b> face shield</li> <li>• Does NOT require Stryker suit</li> </ul> </li> </ul>
<p><b>NON-Outbreak conditions - All other patients</b></p> <p><u>e.g.</u>, Trauma; overdose; primary cardiac arrest, CHF, COPD</p>	<p style="text-align: center;"><b>PERMITTED</b></p> <p>Recommended to be in isolation room, private room or Resus 1 with doors closed and no one Resus. 2</p>	<ul style="list-style-type: none"> <li>• Does not require a private room. Resus Room or Beds 11, 12, 14.</li> <li>• <b>Droplet and Contact Precautions</b> for <u>person(s) performing or assisting with intubation</u></li> </ul>

**Approval:**

Critical Care Committee:	November 4, 2005
Emergency Department Steering Committee:	November 15, 2005
General Medicine Steering Committee:	November 17, 2005
PPAC:	November 28, 2005
MPC:	November 2006
MAC:	December 2006

**References:**

1. Preventing Febrile Respiratory Illnesses (Provincial Infectious Diseases Advisory Committee, PIDAC), September 2005.