Removal of nebulised medications from the Aerosol Generating Procedures (AGP) list

decision document

Summary

The MoH IPC subgroup recommended the removal of nebulised medications from the Aerosol Generating Procedures (AGP) list based on a rapid review[1] undertaken by the National Services Scotland/ Health Protection Scotland team for the UK Emerging Respiratory Virus Threats Advisory Group (NERVTAG) and Public Health England (published on 12th May).

After due consideration and feedback from other clinical groups the MoH COVID TAG supports the removal of nebulised medications from the list of Aerosol Generating Procedures. This was approved at the 10 July 2020 MoH COVID TAG meeting.

Background

In light of recent evidence, the IPC subgroup proposed removing the use of nebulisers (for the administration of medication) from the national list of AGPs.

A recent rapid review was undertaken by the National Services Scotland/ Health Protection Scotland team for the UK Emerging Respiratory Virus Threats Advisory Group (NERVTAG) and Public Health England (published on 12th May).

The review described aimed to "assess the published scientific evidence and seek UK expert opinion to establish if the AGPs on the extant list continue to merit inclusion and whether additional procedures should be included".

The resulting list of medical procedures associated with increased risk of aerosol transmission of infectious respiratory particles, and therefore requiring airborne precautions, does not include nebulisation of medication. In addition, recent guidance from the World Health Organisation does not include nebulisers on the list of AGPs that have been associated with an increased risk of transmission of coronaviruses[2], stating "there is insufficient evidence to classify nebulizer therapy as an aerosol-generating procedure that is associated with transmission of COVID-19.

Discussion

The MOH Clinical subgroup was asked to comment and supported the proposal to remove nebulisation of medication from the AGP list. It is biological fluid aerosols that are the concern rather than all aerosols. Nebulisers do produce profuse aerosols of sterile fluid and medication. Nebulisers can incite coughing and infectious droplets, which is not of itself regarded as aerosol generating. Nevertheless, whenever practical nebulisation should be deferred in favour of metered dose inhaler (MDI) and spacer use, depending on patient tolerance and severity of exacerbation, which has been shown to be an effective alternative.

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[1] See attachment, with relevant sections highlighted: *NHS - Assessing the evidence base for medical procedures which create a higher risk of respiratory infection transmission from patient to healthcare worker 12th May, 2020*

[2] See page 4 of https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-2020.4

It is noted that the NZ Respiratory Clinical Leads group did not support the proposal to remove nebulisers from the list on the basis that the evidence for or against the fact that nebulisers are aerosol generating is lacking in quantity.

Decision

The MoH COVID TAG considered the recommendation and responses, and subsequently approved the removal of nebulisers from the AGP list at the 10 July 2020 meeting.

The decision to remove nebulisers is based on the rationale that it is the biological fluid aerosols that are the concern rather than all aerosols, and there is evidence that nebulisation does not result in an increased risk of patient generated aerosols[1]. Nebulisers do produce profuse aerosols of sterile fluid and medication. Nebulisers can incite coughing and infectious droplets, which is not of itself regarded as aerosol generating.

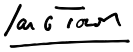
Therefore airborne precautions are not required when nebulised medication is administered to patients who are a probable or confirmed COVID-19 case, or who meet the clinical and Higher Index of Suspicion (HIS) criteria. Contact and Droplet precautions are required).

Next steps

Changes to the AGP list have significant practical implications and any change needs to be clearly communicated to relevant stakeholders, including various groups within the health sector (such as primary care, ARC, maternity, DHB and allied health providers) as well as the TAG subgroups.

All Ministry references to AGP list will need to be updated to exclude nebulisers (with references to abovementioned documents where necessary).

Dr Sally Roberts
Chair, IPC subgroup



Dr Ian Town
Chair, COVID TAG

Margareth Broodkoorn
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