

## **Peak Respiratory Bodies recommend the use of spacers rather than nebulisers during the SARS CoV-2 pandemic**

Novel coronavirus disease 2019 (COVID-19) is an infectious disease caused by a newly discovered severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Since its identification in December 2019, COVID-19 has spread internationally and was declared a Public Health Emergency of International Concern by the World Health Organization (WHO) on 30 January 2020.

It is recognised that some respiratory therapies such as nebulisation, high flow oxygen, non-invasive ventilation, and the use of cough assist devices are aerosol generating procedures (AGPs) which have the potential of causing virus transmission to unprotected health care workers and other patients. It is also recognised that up to 30% of people infected by the SARS-CoV-2 virus can be minimally or asymptomatic, therefore can pose a silent threat to health care workers and people in the immediate vicinity if they received such aerosol generating procedures without appropriate protection.

While these therapies offer significant benefits to some patients, there are often viable alternative approaches to management that have less risk of transmitting viral infection. The overall risk can be mitigated by restricting the use of these high-risk therapies and using personal protective equipment (PPE). The Thoracic Society of Australia and New Zealand (TSANZ) and the Australian and New Zealand Society of Respiratory Science (ANZSRS) recommend the use of metered dose inhalers (MDI) and spacers rather than nebulisers wherever possible to minimise this risk. If nebulised treatment is given, health care workers must wear full PPE and disinfect the room (according to institution protocol) afterwards.

This approach is consistent with recent recommendations by national and international agencies.



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