

23 April 2020

POSITION STATEMENT OF THE SOUTH AFRICAN THORACIC SOCIETY (SATS) ON THE USE OF NEBULISERS DURING THE COVID-19 PANDEMIC

The South African Thoracic Society, in line with international respiratory societies, recommends the use of a pressurised Metered Dose Inhaler (pMDI) with a spacer instead of nebulisation during the COVID-19 pandemic. The efficacy of a pMDI and spacer is equivalent to that of a nebulised drug and the potential risk of aerosolizing COVID-19 virus during the several minutes of the nebulising period should be minimised.

The act of delivering nebulized drugs increases the risk for aerosolisation and spread of infection.

If absolutely necessary such as in patients who are extremely distressed and who cannot use the pMDI with a spacer, nebulised treatment may be used with the requisite infection control and personal protective equipment for staff and the absence of other patients in the environment of the procedure.

Guidance on how to use the pMDI and spacer

- Usual drug and dose: salbutamol 800 µg (8 puffs) using pMDI administered via spacer.
- Shake the MDI and attach it to the spacer. The patient should place the mouthpiece of the spacer inside their mouth and seal tightly with their lips.
- Give one puff at time (co-ordinated with breath if possible).
- Allow patient to breath 4 breaths through the spacer between puffs, if coordination is a difficult.
- If no relief, repeat every 20–30 minutes in the first hour.
- Thereafter, repeat every 2–4 hours as needed in the EU.
- In patients with COPD exacerbations, 2 – 4 puffs of the short-acting anticholinergic ipratropium bromide pMDI can be used additionally 6hrly (if available).

Sterilization of the spacer device:

The spacer **must** be cleaned after each patient use by either:

- soaking in Biocide for 30 minutes, then rinsing with water and air drying or
- washing with soap and water, wiping down with 70% alcohol and air drying.

ISSUED BY THE EXECUTIVE COMMITTEE OF THE SOUTH AFRICAN THORACIC SOCIETY



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