

## Aerosol generating respiratory therapies

# NON-INVASIVE VENTILATION (NIV)



**Non-invasive ventilation (CPAP/BIPAP) generates a high level of aerosolised droplets that spread widely, and its use has been shown to increase the risk of transmission of respiratory viruses to healthcare workers.**

**Please make sure that non-invasive ventilation is the most appropriate intervention for your patient with acute respiratory viral illness (including COVID-19).**

### Remember

- Consider early intubation of hypoxic patients with suspected or confirmed COVID-19 to minimise the risk of cross-infection. NIV is of limited value in the context of pneumonia and is unlikely to be effective in the setting of COVID-19.
- There remains value in using NIV as a treatment for hypercapnoeic respiratory failure in the context of COPD, acute decompensation in neuromuscular disease, and obesity hypoventilation. NIV should be used in these patients if clinically indicated, remembering that these patients may be co-infected with COVID-19 or seasonal influenza.
- When starting NIV, please document a detailed management plan for review and cessation of NIV – including end of life planning when appropriate.
- When NIV is the only appropriate therapy, administer in a negative pressure or single room using contact, droplet and airborne precautions. If this is not possible then efforts should be made to move the patient to a negative pressure or single room as soon as possible.
- Any room which has had an aerosol generating procedure in it requires airborne precautions for a minimum of 30 minutes after. The exact time depends on air changes per hour. See page 4 of [Infection Prevention and Control Novel Coronavirus 2019 \(2019-nCoV\) – Hospital setting](#) from the Clinical Excellence commission.