

Respiratory physiotherapy

COVID-19 advice



Some respiratory physiotherapy interventions generate a high level of aerosolised droplets that spread widely, which can increase the risk of transmission of respiratory viruses.

Please make sure respiratory physiotherapy techniques are the most appropriate intervention for your patient with acute respiratory viral illness (including COVID-19).

Remember

- Where respiratory physiotherapy interventions are considered essential, administer where possible in a negative pressure room 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. If this is not possible and respiratory physiotherapy needs to occur in the inpatient ward environment, please ensure curtains are drawn around the bed area to reduce the likelihood of any aerosolised droplet dispersion.
- Respiratory (chest) physiotherapy interventions include airway clearance techniques (active cycle of breathing technique, forced expiratory technique, percussion and vibrations, positive expiratory pressure (PEP) therapy (including bubble PEP), positioning and gravity assisted postural drainage, intra or extra pulmonary high frequency oscillation devices, autogenic drainage), secretion clearance removal (huff and cough, suctioning, assisted or stimulated cough manoeuvres, cough assist machine), and mobilisation and exercise prescription which may trigger a cough and/or sputum expectoration. Physiotherapy interventions should be performed using contact, droplet and airborne precautions.
- During techniques which may encourage or provoke a huff or cough, cough etiquette and hygiene is essential.
 - Teach techniques, staff then leave the room for huff and cough and continue to monitor outside the room if possible, e.g. via telephone.
 - If this is not possible, staff should be positioned ≥ 1.5 metres away and out of the 'blast zone' or line of cough.
 - Teach cough hygiene to patients, including encouraging turning of head away and coughing into elbow and/or encouraging 'catch your cough' with a tissue, then dispose of tissue and perform hand hygiene.

- Avoid nebulisation of bronchodilator medication or saline (refer to [Aerosol generating respiratory therapies: nebulisers](#)).
- Sputum induction should not be performed unless necessary. In this case, ascertain whether the patient is productive of sputum and able to clear sputum independently.
- 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. Refer to the [Clinical Excellence Commission Management of COVID-19 in Healthcare Settings](#) guidance document.



IMPORTANT: Prioritise respiratory physiotherapy interventions performed independently by the patient over therapist-delivered interventions to reduce the risk of transmission of viruses to health care workers.

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Developed by	Professor Jennifer Alison (University of Sydney, Sydney LHD), Dr Renae McNamara (University of Sydney, Woolcock Institute of Medical Research, South Eastern Sydney LHD), Clinical Associate Professor Lissa Spencer (Sydney LHD), Associate Professor Zoe McKeough (University of Sydney), Dr Marita Dale (University of Sydney), Dr Ling Ling Tsai (South Eastern Sydney LHD), Dr Mary Santos (South Eastern Sydney LHD), Helen Kulas (Respiratory Network Manager ACI)
Consultation	ACI Respiratory Network Executive, Professor Peter Wark (Clinical Lead, Respiratory COVID-19 Community of Practice, Senior Respiratory Staff Specialist, Hunter New England LHD), CEC
Endorsed by	Nigel Lyons
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Reviewed by	Professor Jennifer Alison (University of Sydney, Sydney LHD), Dr Renae McNamara (University of Sydney, Woolcock Institute of Medical Research, South Eastern Sydney LHD), Clinical Associate Professor Lissa Spencer (Sydney LHD), Associate Professor Zoe McKeough (University of Sydney), Dr Marita Dale (University of Sydney), Dr Ling Ling Tsai (South Eastern Sydney LHD), Dr Mary Santos (South Eastern Sydney LHD), Helen Kulas (Respiratory Network Manager ACI), Professor Vanessa MacDonald (University of Newcastle), Professor Peter Wark (HNELHD, HMRI)
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