

The use of placebo inhaler devices, peak flow meters and inspiratory flow meters in clinical practice

Practical Recommendations

Each trust and health care organisation in primary and secondary care must assess the *potential* risk of infection if placebo and spacer devices, peak flow and inspiratory flow meters are used for multiple patients. Infection risks may differ between primary and secondary care. There needs to be a considered balance of the implications of the potential risks and the requirements of clinical practice, with ownership of the risks accepted by the healthcare organisations. The risks must be re-assessed at appropriate intervals.

1. The consequences of *not* teaching or checking inhaler technique or using a peak flow meter must be considered in light of national clinical guideline recommendations.
2. Patients should be reminded to bring all their inhaler devices with them to each review appointment. Handing a reminder slip to patients each time may be helpful.
3. Standard principles of infection control should be applied. This includes hand hygiene *between* patients.
4. Placebo devices, spacer devices, peak flow meters or inspiratory flow meters should never be used for different patients if there is a known infection risk.
6. As far as *reasonably practicable*, all devices should be 'single patient use'.
7. If **placebo devices** are used for more than one patient, they must be decontaminated each time they are used.
 - Inhaler canisters and other devices that can be washed must be:
 - Disassembled where possible
 - Washed thoroughly, ideally in an ultrasound bath* or according to guidelines (NICE 2003)
 - Soaked for 1 hour in hypochlorite solution, 1000 parts per million (if there is potential for, but no visible blood the strength should be 10,000 parts per million) and
 - Dried thoroughly prior to further use.
 - Dry powder devices and device parts that cannot be washed should be decontaminated by thoroughly wiping with an appropriate alcohol wipe.
8. Spacer devices should be single patient use whenever practicably possible. If multiple patient use is unavoidable they must be decontaminated each time they are used as in section 7.
9. If the **same peak flow meter** is used for **different patients**:
 - A peak flow meter should be purchased that can be used 'between' patients**
 - Disposable mouthpieces with one way expiratory valves should always be used and an appropriate financial budget allocated for this purpose
 - These peak flow meters should be washed and dried according to the manufacturer's instructions.
10. Inspiratory flow meters should be used and cleaned according to manufacturers recommendations. Disposable mouthpieces with one way inspiratory valves should always be used and an appropriate financial budget allocated for this purpose.

References

National Institute for Clinical Excellence (NICE) (2003). Infection Control. Prevention of healthcare-associated infection in primary and community care. Clinical Guideline 2. NICE, London

*If an ultrasound bath is not available, manual washing procedures should be adhered to (NICE 2003).

** Peak flow meters can be obtained from NHS Logistics. These are not labelled for single patient use.

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