Continuing Care: Initiation of CPAP/BPAP During COVID-19 Pandemic Response

Purpose

This resource is intended to communicate interim recommendations during the COVID-19 pandemic, balancing benefit to clients with increased risk to others. This topic is limited to Continuous Positive Airway Pressure (CPAP) and Bi-Level Positive Airway Pressure (BPAP or BiPAP, referred to here as BPAP), for clients receiving continuing care services, including admissions to home living (HL), designated supportive living (DSL) or long term care (LTC). As information related to COVID-19 is evolving, the information presented here should be considered valid as of the date approved. These recommendations should be used in conjunction with clinical judgment.

Recommendations

- CPAP/BPAP and heated high flow oxygen are not clinically indicated treatments for clients in **acute respiratory failure** within continuing care.
- Consider review/revision of the Goals of Care Designation (GCD) order with the client. See: Streamlined Goals of Care Designation Decision-Making for COVID-19.
- Clients admitted or transferred to DSL or LTC should be placed on Contact and Droplet precautions for 14 days from arrival. Admission/transfers to DSL or LTC under investigation or confirmed outbreak must be discussed with zone Medical Officer of Health (MOH), prior to client move.

Consultations for CPAP/BPAP should include client/alternate decision-maker and the Most Responsible Healthcare Provider (MRHP), and may include other members of the care team. The MRHP may be AHS zone or local registered respiratory therapist (RRT) or team, client's nurse practitioner or physician, or client's Respirologist.
Follow established zone/program process for consultation with pulmonary specialist.

CPAP

- CPAP for clients with sleep disorders will not be initiated, to reduce the risk of transmission of illness during aerosol generating medical procedures (AGMP).
    - There will be no access to sleep studies, pulmonary function testing (including spirometry), or arterial blood gases (ABGs).
    - There may be limited access to providers and AHS RRTs for support.
- Only urgent referrals for therapy made by a Respirologist or authorized prescriber shall be considered at this time.

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BPAP

- If initiating BPAP is deemed essential (e.g., clients with neuromuscular or chest wall disease), refer to existing guidelines in the zone, established equipment and training support from local provider(s) and AHS RRT in the care setting.
    - In rural LTC, where no established agreement/contract exists for BPAP and/or oxygen, it is recommended that an agreement/contract with a provider be obtained.
    - Alberta Aids to Daily Living Respiratory Benefits Program should be followed for the provision of BPAP in HL and DSL. Some clients may have their own equipment already. See: Alberta Aids to Daily Living Bulletins.
- A collaborative approach between provider and AHS staff will be required due to current visitor restrictions at congregate settings.

Routine Practices

- In addition to continuous masking, staff must follow Routine Practices with every client interaction, regardless of their infectious status.
    - Perform a Point of Care Risk Assessment as a first step.
    - See: Respiratory Illness: Assessing the Need for Additional Precautions.

Resources

- Insite: https://insite.albertahealthservices.ca/tools/Page24291.aspx
- Continuing Care Connection (CCC): https://connection.albertahealthservices.ca
- Position Statement from the Canadian Thoracic Society (CTS)Sleep Disordered Breathing (SDB) Assembly Steering Committee

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