Purpose

This resource is intended to communicate interim recommendations during the COVID-19 pandemic, balancing benefit to clients with risk to others. This topic is limited to Continuous Positive Airway Pressure (CPAP) and Bi-Level Positive Airway Pressure (BPAP) for clients receiving continuing care services, including admissions to home living (HL), designated supportive living (DSL) or long term care (LTC). CPAP/BPAP are aerosol-generating medical procedures (AGMP), with or without the use of humidity. 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

1. **Decisions about additional precautions** (e.g., isolation or quarantine) upon admission will be risk-based, as per [CMOH Order 32-2020](#) and made in conjunction with a point-of-care risk assessment.
   - Prior to client admission/discharge/transfer to or from DSL or LTC, clients are screened for symptoms and risk of unknown exposure using [Form 21722](#) and [Form 21704](#).

2. **Exceptions to admission/transfer** to DSL or LTC while under investigation or confirmed outbreak are at the discretion of the zone MOH/designate as outlined in CMOH Order 32-2020.
   - Contact zone Transition Services for further direction regarding client suitability for admission.

3. CPAP/BPAP and heated high flow oxygen are not clinically indicated treatments for clients in **acute respiratory failure** within continuing care.

4. Consider review/revision of the **Goals of Care Designation (GCD)** order with clients. See: [Streamlined Goals of Care Designation Decision-Making for COVID-19](#).

**NOTE:** Consultations for CPAP/BPAP should include client/alternate decision-maker and the Most Responsible Health Practitioner (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, Physician, or Respirologist.

Follow established zone/program process for consultation with pulmonary specialist.
Initiating CPAP

The ability to initiate CPAP for clients with sleep disorders may be limited, based upon point-of-care risk assessment and access to necessary testing.

- Urgent referrals for therapy should be considered in consultation with MRHP.
- Providers and AHS RRTs may have restricted access to continuing care settings. This may result in limited availability of:
  - sleep studies, pulmonary function testing (including spirometry), or arterial blood gases (ABGs); and/or
  - CPAP provider and AHS RRT for support.

Initiating 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 BPAP provider and AHS staff will be required due to access restrictions at congregate settings (e.g., DSL, LTC).

Routine Practices

- 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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