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 for clients receiving CPAP/BPAP

Consider review/revision of theGoals of Care Designation (GCD) order with the client. 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 Respilologist.

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

In order to ensure all health care workers have access to appropriate PPE, Alberta Health Services staff attending congregate settings should bring an adequate supply of PPE including fit-tested N95 masks.

**Outbreak Prevention Phase: No clients or staff with COVID-19 symptoms**

Continue all required therapies for clients, including AGMP such as CPAP/BPAP, mechanical cough assist, and lung volume recruitment (LVR).

- In alignment with the Joint Statement, ensure that a Point of Care Risk Assessment is completed for every client, every time, as part of Routine Practices.

- Refer to AHS COVID-19 Guidelines: Outbreak Prevention, Control and Management in Congregate Living Sites.
Continuing Care Setting Under Investigation or Confirmed COVID-19 Outbreak: Asymptomatic Client on CPAP/BPAP

In consultation with Infection Prevention and Control (IPC) or zone Medical Officer of Health (MOH)/designate, consider the following precautionary measures in the table to reduce the risk of transmission of illness during AGMP.

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Continuing Care Setting Under Investigation or Confirmed Covid-19 Outbreak: Asymptomatic Client on CPAP/BPAP</th>
</tr>
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</table>
| Client on BPAP | Continue BPAP and all required therapies (Required therapies include aerosol-generating medical procedures (AGMP) such as BPAP, mechanical cough assist, and lung volume recruitment (LVR)).  
- Move asymptomatic clients requiring BPAP to a private room, when possible  
- Staff provide care following Routine Practices |
| Client on CPAP | Consult with MRHP to determine if CPAP is essential or non-essential (may also require consultation with pulmonary specialist)  
- Staff provide care following Routine Practices  
**Non-essential: HOLD CPAP**  
- Prior to resuming CPAP after hold, consult with MRHP and other health care professionals as needed (e.g., IPC, RRT) for client care and equipment management.  
**Essential: Continue CPAP**  
- Consultation with IPC and other health care professionals is required (e.g., pulmonary specialist, RRT) to continue therapy. |

Additional resources for congregate settings (e.g., DSL, LTC):  
- Congregate Living Settings-Recommendations for Cohorting Clients during COVID-19 Outbreak  
- COVID-19 Guidelines: Outbreak Prevention, Control and Management in Congregate Living Sites

Client on CPAP/BPAP under investigation or confirmed for COVID-19

Immediately implement Contact and Droplet precautions for the client and roommate, if applicable, in accordance with Interim IPC Recommendations COVID-19 and CMOH Order 03-2021 (as applicable).

- **Clients in HL should remain in a separate room**, with a door, away from family members. Door should be closed during AGMP.
- **Room requirements for clients in DSL or LTC** are determined in accordance with Respiratory Illness: Assessing the Need for Additional Precautions and CMOH Order 03-2021 (as applicable).
<table>
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<tr>
<th>Therapy</th>
<th>Client under investigation or confirmed with Covid-19</th>
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</table>
| **Client on BPAP**   | **Continue BPAP and all required therapies** *(Required therapies include aerosol-generating medical procedures (AGMP) such as BPAP, mechanical cough assist, and lung volume recruitment (LVR)).*  
|                      | • Consultation with MRHP is recommended, and should include other healthcare professionals as needed (e.g. pulmonary specialist) for ongoing care and treatment.  
|                      | • In the event the client is in acute respiratory failure, provide care in accordance with the client’s GCD order which may include, but not be limited to:  
|                      | o providing care and treatment in place under **contact and droplet precautions**, including eye protection and N95 mask when BPAP is in use and other AGMPs are performed;  
|                      | o consultation with pulmonary specialist, **Palliative & End of Life Care (PEOLC)**, and others as appropriate and available for care/symptom management; or  
|                      | o transfer to a higher level of care in accordance with established protocols. |
| **Client on CPAP**   | **Consult with MRHP to determine if CPAP is essential or non-essential** *(may also require consultation with pulmonary specialist)*  
|                      | **Non-essential: HOLD CPAP**  
|                      | • Prior to resuming CPAP after hold, consult with MRHP and other health care professionals as needed (e.g., IPC, RRT) for client care and equipment management. |
|                      | **Essential: Continue CPAP**  
|                      | • Consultation with IPC and other health care professionals is required (e.g., pulmonary specialist, RRT) to continue therapy. |
| **When Maintaining BPAP or CPAP** | **Appropriate PPE is required during all client interactions, including eye protection and N95 mask when CPAP/BPAP is in use and other AGMPs are performed.**  
|                      | • In DSL and LTC, door must be closed or curtains drawn around space during AGMP and [poster](#) displayed during therapy.  
|                      | • Ensure a good mask fit for the required therapy, with least leak possible  
|                      | • Perform equipment cleaning as per established process and/or manufacturer’s recommendations |

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**Additional resources for congregate settings (e.g., DSL, LTC):**

- [Congregate Living Settings-Recommendations for Cohorting Clients during COVID-19 Outbreak](#)  
- [COVID-19 Guidelines: Outbreak Prevention, Control and Management in Congregate Living Sites](#)
Planning for an admission/transfer to continuing care

Precautions

Decisions about additional precautions (e.g., isolation or quarantine) upon admission to continuing care are risk-based, as per CMOH Order 32-2020, CMOH Order 03-2021, 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.
- 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 and CMOH Order 03-2021.
  - Contact zone Transition Services for further direction regarding client suitability for admission.

Client Care Needs

Prior to admission/transfer to a continuing care program, consider client care needs such as access to oxygen, CPAP/BPAP equipment, room requirements, staff, and training (if needed). For changes in living options or transfers, RRTs from both sending and receiving sites/programs must coordinate client care needs prior to transition, with Transition Services. In settings where there is limited access to RRTs, local service provider(s) may assist. Possible barriers to client admission/transfer (e.g., access to PPE, room requirements) should be discussed with Transition Services.

Oxygen

- Access to and delivery of oxygen varies, depending on the capability of the environment.
  - Dry oxygen is not an AGMP (up to 15Lpm). See Continuing Care Oxygen Delivery Recommendations (also available on Continuing Care Connection [CCC]).
  - The availability of high flow oxygen is limited, as many sites do not have piped oxygen to wall outlets. Some settings utilize oxygen concentrators, oxygen cylinders or liquid oxygen. These devices may deliver low flow oxygen only.
  - The client may be required to pay for oxygen therapy in some circumstances (e.g. some hospice settings, or client doesn’t qualify for funding).
- For CPAP/BPAP, refer to existing guidelines in the zone, established equipment and training support from local provider(s) and AHS RRTs 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.
• See: Considerations for Use of PAP Machines in LTC.
  o 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 also: Alberta Aids to Daily Living Bulletins.

Resources

• Insite: https://insite.albertahealthservices.ca/tools/Page24291.aspx
• Continuing Care Connection (CCC): https://connection.albertahealthservices.ca
• Respiratory Management of Confirmed and Suspected Adult COVID-19 Patients
• Position Statement from the Canadian Thoracic Society (CTS) Sleep Disordered Breathing (SDB) Assembly Steering Committee

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