Continuing Care: Maintaining 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

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 receiving CPAP/BPAP:

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

- Continue all required therapies for clients, including aerosol-generating medical procedures (AGMP) such as CPAP/BPAP, mechanical cough assist, and lung volume recruitment (LVR).
    - In addition to continuous masking, staff must perform a Point of Care Risk Assessment as part of Routine Practices for all client interactions.

Under Investigation or Confirmed COVID-19 Outbreak

- Consider the following precautionary measures to reduce the risk of transmission of illness during AGMP, in consultation with Infection Prevention and Control (IPC) or zone Medical Officer of Health (MOH)/designate:
    - move asymptomatic clients receiving BPAP to a private room and continue care under routine practices; and
    - discontinue (hold) CPAP for asymptomatic clients with sleep disorders.
        - If CPAP is considered essential, consultation with the Most Responsible Healthcare Provider (MRHP) is required, and should include other healthcare professionals as indicated (e.g., pulmonary specialist).
            - In addition to continuous masking and other orders from the Chief Medical Officer of Health (CMOH), staff follow routine practices when caring for asymptomatic clients.
            - Consult IPC or zone MOH/designate regarding cohorting.
        - Prior to resuming CPAP (after hold) consult with MRHP and other

healthcare professionals as indicated (e.g., IPC, Registered Respiratory Therapist [RRT]).

- See: Respiratory Illness: Assessing the Need for Additional Precautions to determine when additional precautions such as private room, eye protection and N95 masks for AGMP are required.

CPAP: Client 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.

- Discontinue (hold) CPAP for sleep disorders, to reduce the risk of transmission of illness to others during AGMP.
  - If CPAP is considered essential and must be continued, consultation with the MRHP is required, and should include other healthcare professionals as indicated (e.g., pulmonary specialist).
  - Prior to resuming CPAP (after hold), consult with MRHP and other healthcare professionals as indicated (e.g., IPC, RRT).

- If CPAP is continued:
  - Appropriate personal protective equipment (PPE) is required during all client interactions, including eye protection and N95 mask when CPAP is in use and other AGMPs are performed.
  - Clients in DSL or LTC must be placed in a private room with a door. The door must remain closed when CPAP is in use.
    - Consider cohorting clients only when confirmed positive for COVID-19. Consult IPC or zone MOH/designate regarding cohorting.
  - Clients in home living should remain in a separate room with a door, away from family members. The door must remain closed when CPAP is in use.
  - Ensure client's CPAP mask (full face mask, nasal mask or nasal pillow mask) fits securely with very little leak.
    - Perform weekly equipment cleaning (i.e., "deep" cleaning) as per established process and/or manufacturer's recommendations.

Consultations for CPAP/BPAP should include client/alternate decision-maker and the 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.

BPAP: Client 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.

- BPAP for clients with neuromuscular or chest wall disease is life sustaining and must be maintained, in addition to mechanical cough assist, LVR and other therapies as prescribed.
  - Consultation with the Most Responsible Health Practitioner (MRHP) is recommended, and should include other healthcare professionals as indicated (e.g., pulmonary specialist), for ongoing care and treatment.
  - Appropriate personal protective equipment (PPE) is required during all client interactions, including eye protection and N95 mask when BPAP is in use and other AGMPs are performed.
  - Clients in DSL or LTC must be placed in a private room with a door. The door must remain closed while BPAP is in use.
    - Consider cohorting clients only when those clients are confirmed positive for COVID-19. Consult IPC or zone MOH/designate regarding cohorting.
  - Clients in home living should remain in a separate room, with a door, away from family members. The door must remain closed when BPAP is in use.
  - Ensure a good mask fit with very little leak; consider using a full face mask.
  - Perform weekly equipment cleaning (i.e., “deep” cleaning) as per established process and/or manufacturer’s recommendations.

- 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:
  - 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;
  - consultation with pulmonary specialist, Palliative & End of Life Care (PEOLC), and others as appropriate and available for care/symptom management; or
  - transfer to a higher level of care in accordance with established protocols including EMS COVID-19 Interim Guidance.

Consultations for CPAP/BPAP should include client/alternate decision-maker and the 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.

Planning for an admission/transfer to continuing care

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 MOH/designate prior to client move.

Prior to admission/transfer to a continuing care program, consider client care needs such as access to oxygen, Positive Airway Pressure (PAP) equipment, 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 provider(s) may assist.

- Access to and delivery of oxygen varies, depending on the capability of the environment.
    - 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.
    - 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 Bulletin.

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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