nova scotia health authority

COVID-19: Recommendations for the Use of CPAP or BiPAP Therapy for Obstructive Sleep Apnea or Hypoventilation Disorders in Long Term Care

For Patients with Pre-existing conditions for which CPAP or BiPAP has been prescribed chronically:

These recommendations take into account the need to reduce staff exposure to 1) aerosols that can come from CPAP or BiPAP and 2) potentially contaminated equipment. At a baseline, Routine Practices must be observed, including doing a point of care risk assessment prior to each encounter with the resident and performing hand hygiene according to the WHO Four Moments, as well as before donning and during and after doffing personal protective equipment.

For obstructive sleep apnea on CPAP therapy:

- In general, CPAP therapy is to be avoided for residents with obstructive sleep apnea.
- In some cases, the Medical Director in deliberation with the resident's attending physician may allow CPAP therapy to be used when the resident has severe pulmonary hypertension or intolerable symptoms without CPAP, AND
    - there is no known COVID-19 activity in the facility, AND
    - the patient has no symptoms consistent with COVID-19, AND
    - appropriate infection prevention and control measures are in place.
- The resident must undergo COVID -19 screening for symptoms as per the Nova Scotia Department of Health and Wellness COVID-19 Management in LTCFs Directive April 6, 2020/ Revised April 22, 2020 before each CPAP therapy.
- The resident must be in a single room with the door closed when CPAP is in use.
- Avoid using humidifier attachment and consider using Heat Moisture Exchange (HME) filter instead.
- Clean the machine, mask, and hose at least once daily. Follow the manufacturer's instructions for changing machine filters, and cleaning surfaces, mask and tubing.
- Masks and machines should not be shared between residents.
- If respiratory symptoms develop the CPAP therapy must be stopped. Deep cleaning of the mask and hose should be performed.
- Appropriate PPE as determined by the PCRA should be worn when staff are handling the equipment and entering the room when mask is on the resident and CPAP turned on.

For patients with hypoventilation disorders or complex sleep disordered breathing with left or right heart failure on chronic BiPAP therapy:

- In cases where the resident is non-adherent with the BiPAP therapy, or the therapy is not felt to be life sustaining or life extending – a pause in BiPAP therapy should occur, with regular evaluation of patient's condition for signs of worsening heart failure and decrease in baseline oxygen saturations.
- For all other BiPAP users, the following is recommended:
- The resident must undergo COVID -19 screening as per the Nova Scotia Department of Health and Wellness COVID-19 Management in LTCFs Directive April 6, 2020/revised April 22, 2020 before each BiPAP therapy:

- <u>COVID status Negative</u> –
    - The resident must be in a single room with the door closed when BiPap is in use.
    - Use BiPAP at night as prescribed.
    - Avoid using humidifier attachment and consider using Heat Moisture Exchange (HME) filter instead.
    - Clean the machine, mask, and hose at least once daily. Follow the manufacturer's instructions for changing machine filters, and cleaning surfaces, mask and tubing.
    - Masks and machines should not be shared between residents.
    - Appropriate PPE as determined by the PCRA should be worn when staff are handling the equipment and entering the room when mask is on the resident and BiPAP turned on.

- <u>COVID status unknown</u> – await COVID swab result prior to using BiPAP. Consider use of low flow oxygen for nocturnal hypoxemia, if patient not known to currently have raised carbon dioxide levels. Resident should be on droplet and contact precautions pending results of the swab.

- <u>COVID status Positive</u> – avoid use of BiPAP in the short term due to risk of aerosols being produced. Consider use of low flow oxygen for nocturnal hypoxemia, if patient not known to currently have raised carbon dioxide levels. Resident should be on droplet and contact precautions. If BiPAP cannot be avoided, the resident should be transferred to an acute care setting in the absence of a facility outbreak. If the resident is already housed on a COVID-19 outbreak unit and transfer to hospital is not possible, BiPAP may be continued with the resident in a single room with the door closed, and use of a fitted N95 respirator by staff

when in the room while the patient is on BiPAP and until two hours have elapsed after completion of BiPAP.