

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 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 the **Goals 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 Respirologist.

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 seal-checked KN95 or fit-tested N95 respirator masks in accordance with the AHS [Use of Masks During COVID-19](#) Directive.

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: COVID-19 and Personal Protective Equipment](#), ensure that a Point of Care Risk Assessment is completed for every client, every time, as part of [Routine Practices](#).
- Refer to AHS [Guide for Outbreak Prevention and Control in Long Term Care and Designated Supportive 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. *Note:* Additional precautions may be required if the client is deemed an asymptomatic close contact of a suspected¹, probable, or confirmed case of COVID-19.

Therapy	Continuing Care Setting Under Investigation or Confirmed Covid-19 Outbreak: Asymptomatic Client on CPAP/BPAP		
Client on BPAP	<p>Continue BPAP and all required therapies (<i>Required therapies include aerosol-generating medical procedures (AGMP) such as BPAP, mechanical cough assist, and lung volume recruitment (LVR).</i>)</p> <ul style="list-style-type: none"> • Move asymptomatic clients requiring BPAP to a private room, when possible • Staff provide care following Routine Practices 		
Client on CPAP	<p>Consult with MRHP to determine if CPAP is essential or non-essential (may also require consultation with pulmonary specialist)</p> <ul style="list-style-type: none"> • Staff provide care following Routine Practices <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Non-essential:</u> HOLD CPAP</p> <ul style="list-style-type: none"> • 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. </td> <td style="width: 50%; vertical-align: top;"> <p><u>Essential:</u> Continue CPAP</p> <ul style="list-style-type: none"> • Consultation with IPC and other health care professionals is required (e.g., pulmonary specialist, RRT) to continue therapy. </td> </tr> </table>	<p><u>Non-essential:</u> HOLD CPAP</p> <ul style="list-style-type: none"> • 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. 	<p><u>Essential:</u> Continue CPAP</p> <ul style="list-style-type: none"> • Consultation with IPC and other health care professionals is required (e.g., pulmonary specialist, RRT) to continue therapy.
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<p>Additional resources for congregate settings (e.g., DSL, LTC):</p> <ul style="list-style-type: none"> • Congregate Living Settings-Recommendations for Cohorting Clients during COVID-19 Outbreak • Guide for Outbreak Prevention and Control in Long Term Care and Designated Supportive Living Sites 			

¹Suspected - management of suspected cases of COVID-19 is consistent with the management of probable cases of COVID-19 in alignment with the definitions set out in the [Public health disease management guidelines : coronavirus – COVID-19 - Open Government \(alberta.ca\)](#).

Client on CPAP/BPAP suspected, probable or confirmed for COVID-19

Immediately implement [Modified Respiratory Precautions](#) for the client and roommate, if

Therapy	Client suspected, probable or confirmed with Covid-19		
<p>Client on BPAP</p>	<p>Continue BPAP and all required therapies (<i>Required therapies include aerosol-generating medical procedures (AGMP) such as BPAP, mechanical cough assist, and lung volume recruitment (LVR).</i>)</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ providing care and treatment in place under modified respiratory precautions, including eye protection and fit-tested N95 respirator (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. 		
<p>Client on CPAP</p>	<p>Consult with MRHP to determine if CPAP is essential or non-essential (may also require consultation with pulmonary specialist)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Non-essential:</u> HOLD CPAP</p> <ul style="list-style-type: none"> • 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. </td> <td style="width: 50%; vertical-align: top;"> <p><u>Essential:</u> Continue CPAP</p> <ul style="list-style-type: none"> • Consultation with IPC and other health care professionals is required (e.g., pulmonary specialist, RRT) to continue therapy. </td> </tr> </table>	<p><u>Non-essential:</u> HOLD CPAP</p> <ul style="list-style-type: none"> • 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. 	<p><u>Essential:</u> Continue CPAP</p> <ul style="list-style-type: none"> • Consultation with IPC and other health care professionals is required (e.g., pulmonary specialist, RRT) to continue therapy.
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<p>When Maintaining BPAP or CPAP</p>	<ul style="list-style-type: none"> • Health care providers don appropriate PPE for all client interactions, including eye protection and fit-tested N95 respirator (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. • Visitors to congregate settings must adhere to applicable guidance when AGMP is performed. 		

applicable, in accordance with [Interim IPC Recommendations COVID-19](#) and CMOH orders posted on [Protecting Residents at Congregate Care Facilities](#).

- **Room requirements for clients in DSL or LTC** are determined in accordance with [Respiratory Illness: Assessing the Need for Additional Precautions](#) and CMOH orders posted on [Protecting Residents at Congregate Care Facilities](#). See also:
 - [Congregate Living Settings-Recommendations for Cohorting Clients during COVID-19 Outbreak](#)
 - [Guide for Outbreak Prevention and Control in Long Term Care and Designated Supportive Living Sites](#).
- **Clients in HL should remain in a separate room**, with a door, away from family members. Door should be closed during AGMP.
 - For information on isolation or quarantine visit:
<https://www.albertahealthservices.ca/topics/Page17239.aspx>.

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 orders posted on [Protecting Residents at Congregate Care Facilities](#) 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** using [Form 21722](#).
- **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 orders posted on [Protecting Residents at Congregate Care Facilities](#).
 - 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](#).
 - [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

- Alberta Health guidelines and standards for congregate settings: <https://www.alberta.ca/protecting-residents-at-congregate-care-facilities.aspx>
- [COVID-19 Information for AHS Staff & Health Professionals | Alberta Health Services](#)
- 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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