

CPAP/BPAP in Continuing Care During Communicable Disease Response

Purpose

Continuous Positive Airway Pressure (CPAP) and Bi-Level Positive Airway Pressure (BPAP) are aerosol-generating medical procedures (AGMP). This resource provides recommendations for use of these therapies by individuals receiving continuing care services in Home and Community Care (HCC) programs and Continuing Care Homes (CCHs) during communicable disease outbreaks.

All recommendations should be used in conjunction with clinical judgment. Recommendations during a communicable disease outbreak aim to balance individual benefit with risk to others. Refer to the applicable continuing care [Outbreak Management](#) Guide and the [Aerosol-Generating Medical Procedure Guidance Tool](#) for detailed information and additional resources.

CPAP/BPAP General Recommendations

- Each individual's Goals of Care Designation (GCD) order should be reviewed on a regular basis in accordance with the AHS [Advance Care Planning and Goals of Care Designation Policy](#).
 - Discussions should include goals for treatment and considerations during a communicable disease outbreak.
 - Refer to: [Advance Care Planning/ Goals of Care](#) for more information.
- Consultations for CPAP/BPAP should include the individual and/or 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/local Registered Respiratory Therapist (RRT) or team, or the individual's Physician, Nurse Practitioner or Respiriologist.
 - Follow established zone/program process for consultation with a pulmonary specialist.

Staff providing continuing care services in HCC or CCH should bring/have access to an appropriate PPE in accordance with infection prevention and control recommendations and relevant operator policy (e.g., [Use of Masks to Prevent Transmission of COVID-19](#) Directive).

For more information
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**Seniors Health &
Continuing Care**



Policy, Practice, Access
& Case Management

CPAP/BPAP During Communicable Disease Outbreak

Initiating CPAP/BPAP During a Communicable Disease Outbreak

Initiating CPAP

The ability to initiate CPAP for residents with sleep disorders residing in a CCH may be limited during a communicable disease outbreak, based upon the level of activation of the emergency response, [Infection Prevention & Control Risk Assessment \(IPCRA\)](#) and access to necessary testing.

- Urgent referrals for therapy are considered in consultation with MRHP.
- Local service providers and AHS RRTs may have limited or restricted access to continuing care settings. This may result in limited availability to:
 - sleep studies, pulmonary function testing (including spirometry), or arterial blood gases (ABGs);
 - oxygen, supplies (e.g., masks) and equipment (e.g., CPAP); and
 - education and support.

The ability to initiate CPAP for individuals receiving HCC services in a private residence or supportive living accommodation may also be limited depending upon these same factors. Refer to zone/local guidance regarding initiation of therapies.

Initiating BPAP

If initiating BPAP is deemed essential (e.g., residents with neuromuscular or chest wall disease), refer to established guidance in the zone/local setting for equipment and training support from local service provider(s) and AHS RRTs.

- A collaborative approach between the service provider(s) and healthcare team is required in supportive living accommodations and CCHs (e.g., may need to provide some services virtually if any access restrictions are in place).

Maintaining CPAP/BPAP in HCC During a Communicable Disease Outbreak

Refer to [Outbreak Management](#) for the applicable outbreak guide and IPC, MOH/designate or AHS Public Health recommendations for HCC services.

- Staff perform an [IPC RA](#) for every interaction and don appropriate PPE for care interactions, including eye protection and fit-tested N95 respirator (mask) when CPAP/BPAP is in use.
- Individuals receiving HCC services in a private residence or supportive living accommodation should perform AGMP in a separate room with the door closed, away from family members or others, to reduce risk of transmission of illness.
- Ensure the individual's mask fits well with the least air leakage possible.
- Clean equipment as per established process and manufacturer's recommendations.

Maintaining CPAP/BPAP in a CCH During a Communicable Disease Outbreak

In consultation with IPC, zone MOH/designate or AHS Public Health Outbreak Team, consider the precautionary measures in the following tables to reduce the risk of transmission of illness during AGMP.

Maintaining CPAP/BPAP in a CCH During a Communicable Disease Outbreak Table

Therapy	Outbreak: Resident Asymptomatic on CPAP/BPAP	
Individual on BPAP	Continue BPAP and all required therapies (<i>Required therapies include AGMP such as BPAP, mechanical cough assist, and lung volume recruitment (LVR).</i>) <ul style="list-style-type: none"> Move asymptomatic individuals requiring BPAP to a private room, when possible. 	
Individual on CPAP	Consult with MRHP to determine if CPAP is non-essential or 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 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	<ul style="list-style-type: none"> Staff follow Routine Practices when caring for the resident, performing an IPC RA for every interaction. Adhere to symptom screening recommendations. Ensure the resident's mask fits well with the least air leakage possible. Clean equipment as per established process and manufacturer's recommendations. 	

Therapy	Outbreak: Resident Symptomatic or Confirmed with Respiratory Illness	
Individual on BPAP	Continue BPAP and all required therapies (<i>Required therapies include AGMP such as BPAP, mechanical cough assist, and lung volume recruitment (LVR).</i>) <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 resident is in acute respiratory failure, provide care in accordance with the individual's GCD order which may include, but not be limited to: <ul style="list-style-type: none"> providing care and treatment in place under additional precautions 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. 	
Individual on CPAP	Consult with MRHP to determine if CPAP is non-essential or 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 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	<ul style="list-style-type: none"> Don appropriate PPE for care interactions, including eye protection and fit-tested N95 respirator (mask) when CPAP/BPAP is in use. <ul style="list-style-type: none"> The door to the room must be closed or curtains drawn around the space during therapy, with the AGMP in progress sign posted on the door. Designated Family/ Support Person(s) should adhere to AGMP-Designated Family/ Support Person Access recommendations when continuous AGMP is in progress in a CCH. Ensure the resident's mask fits well with the least air leakage possible. Clean equipment as per established process and manufacturer's recommendations. 	