



CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



COVID -19: Interim Revisions to Continuous Positive Airway Pressure (CPAP) Procedures

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INTERIM REVISIONS TO CPAP PROCEDURES

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Accountability

The Regional Leaders, Primary Care and an Infectious Disease specialist discussed mitigation of the risks associated with CPAP use in correctional facility during a COVID-19 pandemic and it was agreed that the use of CPAP should be discontinued when there is a COVID-19 outbreak in CSC Institutions subject to exception as outlined below.

This policy was reviewed and approved by the National Medical Advisory Committee (NMAC) on April 30, 2020, and will be reviewed at least every 30 days by NMAC to ensure it remains consistent with the risks posed by the COVID-19 pandemic.

Background

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 has been declared a global pandemic. Those who are infected with COVID-19 may have little to no symptoms. Symptoms, similar to a cold or flu, may take up to 14 days to appear after exposure to COVID-19. Symptoms include cough, fever, difficulty breathing, and pneumonia in both lungs. There is currently no vaccine against or specific treatment for COVID-19.

Transmission

Current epidemiologic information suggests that human-to-human transmission of COVID-19 can occur when an individual is in close contact with a symptomatic case. Coronaviruses are most commonly spread from an infected person through: respiratory droplets; close, prolonged personal contact; and touching an infected area, then touching mouth, nose or eyes before washing hands. Coronavirus spread through airborne virus particles can occur through certain procedures such as nebulized medications, high flow oxygen >6L and CPAP. As such, CPAP is recognized as an aerosol generating medical procedure, AGMP, and should be discontinued in a COVID positive patient.

COVID-19 is spread in the community not only by those who have symptoms but also by asymptomatic individuals. In a closed community such as a correctional facility, it cannot be assumed that there are no asymptomatic individuals and hence caution needs to be exercised whether there are proven, suspected or no cases of COVID-19. During the COVID-19 pandemic, CSC is committed to continuing to provide healthcare to inmates at the highest standard possible while maintaining the safety of the overall correctional community of staff, contractors, and inmates. An individual decision about continued use of CPAP during COVID-19 pandemic needs to balance the risk of transmission against the potential harm to the patient. Factors to consider in this decision would be the medical necessity for the patient, the risk of significant harm to the patient, the community presence of COVID-19 and the ability to continue CPAP use in the safest possible setting in the institution.

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The use of CPAP during a COVID-19 Pandemic

NO COVID-19 Outbreak:

Institution single or a physically separate level on a multilevel site (no staff or inmate crossover/mixing)

Guidance:

- CPAP may continue to be used only if the community in which the institution is situated has a low presence of COVID-19 positive cases;
- All patients should be informed that in the event of an outbreak they would be required to discontinue their CPAP, unless specifically considered essential by their CSC physician/nurse practitioner or their respiratory specialist.

COVID-19 Outbreak

One positive COVID-19 case at an Institution is considered an outbreak.

Institution, Single or Multilevel (no physical separation of levels)

COVID positive or asymptomatic patient:

- CPAP should be discontinued;
- All patients should be monitored for clinical deterioration;
- Consideration should be given to transferring a patient who is COVID positive to a COVID Treatment Unit that has 24/7 nursing care for close monitoring;

Exception:

An exception to this guidance may be considered for an asymptomatic patient in an institution with a COVID outbreak. The essential need of the patient for CPAP must be agreed to by the Most Responsible Physician/Nurse Practitioner with advice from the patient's specialist in consultation with the Regional Physician Lead for Primary Care and the Chief of Health Services.

- The patient should be moved to a negative pressure room;
- There is appropriate training and N95 respirator fit-testing for all staff who may be required to see or assess the patient during CPAP use;
- Any staff member entering the room must be in PPE including an N95 mask.

Process for all patients:

- Identify all patients in a region utilizing CPAP;
- Primary Care physician to review history and assess risk;
- Physician/Nurse Practitioner to speak to patient, explain rationale for discontinuing CPAP during COVID-19;
- Nurse to monitor patient's condition twice/week, & contact physician if any concerns;
- A regional/site list of all patients should be maintained and documentation of the process should be noted on the list and in the patient's EMR.

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Resources

Position Statement from the Canadian Thoracic Society (CTS), Sleep Disordered Breathing (SDB) Assembly Steering Committee, Helping Canadian Health Care Providers to Optimize SDB Management For Their Patients During The COVID-19 Pandemic. April 16, 2020

1. Website: <https://cts-sct.ca/covid-19/>
2. Paper: <https://cts-sct.ca/wp-content/uploads/2020/04/Final-CTS-COVID-19-SDB-Position-Statement.pdf>

Government of Canada, Infection Prevention and Control for COVID-19: Interim Guidance for Long Term Care Homes <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html#a6.5>