



CORRECTIONAL SERVICE CANADA

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

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INTERIM REVISIONS TO CPAP PROCEDURES

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Document History

Document Date	Description of Revisions
May 5, 2020	The new document was tabled and approved by the National Medical Advisory Committee (NMAC) at the April 30, 2020 meeting.
July 13, 2020	No changes were recommended by NMAC at the June 4 & 25, 2020 meetings.
August 12, 2020	CSC received NMAC's support on the revised document, which was sent to the Committee members by email on July 31, 2020.
September 2020	Next review

Accountability

The Regional Leaders, Primary Care and an Infectious Disease specialist discussed strategies to mitigate the risks associated with CPAP use in correctional facilities during a COVID-19 pandemic. It was agreed that the use of CPAP should be reviewed when there is a COVID-19 outbreak in a CSC Institution.

The CPAP Interim Procedures were initially 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 best available public health information and generally accepted public health principles regarding the risks posed by the COVID-19 pandemic.

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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 may include cough, fever, difficulty breathing, and pneumonia in both lungs. COVID-19 can vary from being a mild, even unnoticed infection, to one that has serious long lasting health implications and a significant risk of ICU admission or death in those with chronic health conditions. There are currently no proven treatments to prevent or cure COVID-19 disease.

Transmission

Current epidemiologic information suggests that human-to-human transmission of COVID-19 can occur when an individual is in close contact with an infectious person. Coronaviruses are most commonly spread from an infected person through: respiratory droplets; close, prolonged personal contact; and touching an infected surface, then touching one's mouth, nose or eyes before washing hands. Coronavirus spread through airborne virus particles can occur through certain aerosol generating medical procedures (AGMPs) such as nebulized medications, high flow oxygen >6L and CPAP. Presently, there is an increased focus on the role that airborne transmission plays in the spread of COVID-19.

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. In fact, COVID-19 outbreaks at CSC institutions have recorded individuals who are asymptomatic but tested positive on 'mass' screening of the incarcerated population. 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 and the ability to continue CPAP use in the safest possible setting in the institution.

Guidance

Patients with Sleep Disordered Breathing (SDB) should have their use of CPAP reviewed during this COVID-19 pandemic to balance the medical necessity for its continued use against the risk of spreading the coronavirus to other individuals within a correctional institution.

The use of CPAP during a COVID-19 Pandemic

Institution with No COVID-19 Outbreak

Guidance:

- All patients should be informed that in the event of an outbreak, their use of CPAP will be reviewed and may be temporarily suspended unless considered a medical necessity by their healthcare team.

Institution with a COVID-19 Outbreak

Assessing the medical necessity for CPAP:

- The decision to continue the use of CPAP for a patient who is symptomatic or COVID-19 positive must be based on a review of the patient's medical history, consultation with the patient's specialist, consideration of the likelihood of a medical complication if CPAP is temporarily discontinued, and discussion and explanation with the patient;
- The most responsible provider (MRP) – i.e. the physician or nurse practitioner – for the patient may involve other members of the healthcare team, such as the Regional Physician Lead for Primary Care or the Chief of Health Service for the institution.

CPAP assessed as NOT a medical necessity:

- The decision and rationale to discontinue the use of CPAP must be discussed with the patient;
- The patient must be advised to monitor and report any change in symptoms to Health Services without delay;
- The patient must be seen by a nurse twice per week to assess for any deterioration, development of a complication, or patient concerns.

CPAP assessed as a medical necessity:

COVID-19 Positive or Symptomatic Patient:

- The patient **must be** moved to a negative pressure room or a room that has a portable HEPA Air Purifier unit;
- If access to either of these options is not possible, then the patient should be transferred to another CSC Institution that can provide this environment.

COVID-19 Negative Patient at an Outbreak Site:

- The patient should be moved to a negative pressure room or a room that has a portable HEPA Air Purifier unit;
- If neither room is available, then CPAP should be provided in the lowest risk area of the institution. The door to the room should remain closed during the use of CPAP and for 15 minutes post use to allow for virus settle time.
- Considerations when selecting the lowest risk area of the institution: ability to distance

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from all other inmates and particularly those identified as at higher risk of severe illness from COVID-19; ability to close door; optimal ventilation; etc.

Staff considerations regarding CPAP in the setting of a COVID-19 outbreak:

- All staff who may be required to see or assess the patient during CPAP use must be trained in the use of PPE for an AGMP;
- Any staff member entering the room must wear PPE, including a N95 mask; and
- Entry into the room during CPAP use must be minimized as much as possible.

Process for all patients in the setting of a COVID-19 outbreak:

1. Identify all patients in a region utilizing CPAP;
2. MRP to review history and assess risk;
3. MRP to consult patient's specialist where applicable;
4. MRP to speak to directly with the patient, explain rationale for decision on use of CPAP during COVID-19;
5. MRP to document discussion, decision and continued management in the patient's health record;
6. A regional/site list of all patients should be maintained.

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>