
Caring for Long-term Care Residents on CPAP/BiPaP During a COVID-19 Outbreak

CPAP and BiPAP are aerosol generating procedures (AGPs) that require the use of a negative pressure environment for residents with suspected/confirmed COVID-19 infection. If this cannot be provided, many residents who require only nocturnal CPAP or BiPAP will tolerate temporary substitution of 2-4 L oxygen via nasal cannula during sleep until isolation precautions are discontinued.* When considering a temporary wean of nocturnal CPAP or BiPAP to nasal cannula O₂, a trial wean is recommended to confirm tolerability of therapy.

Facilities should proactively identify which residents can tolerate a temporary wean from therapy prior to an outbreak. If an outbreak does occur in the facility, it may be advisable to transfer residents who cannot tolerate weaning to other facilities, unless the resident(s) have already had a direct exposure to COVID-19. In the event that appropriate placement cannot be found for a confirmed COVID-19 positive resident requiring an AGP, please immediately alert your HAI consultant to the situation. If you do not know your HAI consultant, you may email hai@utah.gov.

*Oxygen initiation should not disqualify residents from receiving monoclonal antibody therapy if used only for the purpose of weaning off of CPAP or BiPAP.

Note: The following recommendations are general guidelines to be implemented at the discretion of a physician or qualified medical provider.

Identify Appropriate Candidates

Weaning should only be considered if the CPAP/BiPAP is used solely during sleep. If any of the following conditions are present, weaning is not advisable unless conducted in a fully monitored setting:

- Resident is 18 years old or younger
- Moderate to severe Chronic Obstructive Pulmonary disease (COPD)
- Class III or IV congestive heart failure (CHF)
- Established or suspected diagnosis of central sleep apnea
- Recent increased oxygen requirements
- History of stroke (CVA) in the past 30 days
- Resident takes opiate medications and cannot tolerate temporary discontinuation
- Body Mass Index (BMI) > 50 OR BMI > 33 AND elevated serum bicarbonate
- Obesity hypoventilation syndrome

Obtain an Order

CPAP/BiPAP are medically prescribed therapies and cannot be discontinued, even temporarily, without an order from a physician or qualified provider.

Confirm Tolerability

Any of the following can be considered satisfactory evidence of tolerability:

- The resident is largely non-compliant with CPAP/BiPAP without report of adverse effects.
- A recent* sleep study or overnight oximetry test conducted without CPAP/BiPAP (with or without O2) demonstrated minimal risk.
- A recent* overnight hospitalization(s) with overnight oximetry monitoring without use of CPAP/BiPAP or ventilation demonstrated minimal risk.
- The facility may conduct their own tolerability test with pulse oximetry worn overnight.
 - The physician/provider sets appropriate goals for overnight heart rate and oxygen saturation.
 - Staff will check resident and record oximetry readings at least hourly during sleep. Preferably, monitoring equipment can also be set to alarm if it becomes dislodged or for readings outside of set goals.
 - After one night of demonstrated tolerability, monitoring may be discontinued.

*Within the past 12 months and no significant change in condition has occurred

Recommendations of the Long-Term Care Facility Subcommittee of the Utah Governor's COVID-19 Community Task Force