

IRISH SLEEP SOCIETY/IRISH THORACIC SOCIETY GUIDANCE ON SLEEP/Non-invasive VENTILATION (NIV) SERVICES AND CPAP/DOMICILIARY NIV USE for Obstructive sleep apnoea (OSA) OR obesity hypoventilation syndrome (OHS): SARS COVID-19 INFECTION

V3. 15/5/2020

As community transmission of COVID-19 in Ireland is decreasing, the goal of this updated guideline is to protect the health and safety of patients and staff by further reducing transmission through promotion of physical distancing and other infection prevention and control measures as we now reintroduce delivery of these services.

All Practitioners should remember that where a patient has a history of “sleepy driving” the driver must be advised of his/her responsibility to cease driving until satisfactory control of symptoms has been obtained. RSA Medical Fitness to Drive Guidelines Chapter 9.

Link: [Sláinte agus Tiomáint Medical Fitness to Drive ... - RSA.ie](#)

Sleep outpatients:

- Outpatients should be substituted by remote monitoring and virtual clinics/telephone consultation, except where deemed clinically necessary by the managing clinician.

Infection control:

- All clinics should follow HSE guidance on hand hygiene and physical distancing as per [HPSC Guidance](#).
- Hand sanitiser to be available to patients in waiting areas.
- Patients and staff to use hand gel before entering and leaving clinic rooms.
- PPE use by staff as per local hospital guidance. Non-hospital staff involved in the delivery of care to sleep/ventilation patients should also undergo appropriate training on the use of PPE.

Communications:

- When clinic visits are postponed ensure that patients can receive help during emergencies.
- When sleep studies/clinic visits are postponed/cancelled ensure the continuity of care can be restored once COVID-19 precautions are lifted.

Sleep Studies:

- For testing, all patients must be screened for potential symptoms of COVID-19 prior to their appointment and again at the time of testing.
- All inpatient testing should be performed in single rooms where available.
- If home testing is being performed, it is preferable to use sleep laboratory equipment where possible than arrange domiciliary testing through a third party. Equipment, analysis and reporting should conform to [ISS Practice Guidelines](#).
- Components of diagnostic equipment such as oro-nasal sensors should be disposable and single use. Reusable hardware should be cleaned/disinfected thoroughly after each patient use as per [HPSC Guidance](#).

- Individuals responsible for cleaning reusable diagnostic equipment must wear appropriate PPE as per local hospital guidance.

Initiation of CPAP/NIV therapy:

- CPAP/NIV is considered an AGP as per [HPSC guidance](#); where possible, CPAP/NIV should be initiated in the home setting rather than in the hospital setting.
- All patients must be screened for potential symptoms of COVID-19 prior to their appointment for CPAP/NIV initiation and again at time of treatment initiation as per local hospital guidance.
- Avoid operating CPAP/NIV in the clinic setting where possible due to the risk of aerosolization.
- If CPAP/NIV needs to be initiated in the hospital setting, pre-admission COVID-19 testing is advised and staff must wear appropriate PPE as per [HPSC guidance](#)
- Telemedicine solutions may help to ensure proper setup, mask fit and ongoing management of response to therapy.

CPAP/NIV maintenance:

- Patients should remove all water and humidifier reservoir (where possible) from device before returning device to CPAP suppliers.
- Collection of returned equipment should be directly to supplier rather than through regular mail or courier services.
- All returned CPAP/NIV equipment should be quarantined for 14 days prior to repair/servicing.
- Routine annual service of CPAP/NIV devices may be suspended at this time.
- Replacement of masks/headgear as mandated should continue as normal.

ADVICE FOR PATIENTS

Advice for patients using CPAP/NIV for OSA or OHS:

- Patients should follow general advice on [HSE website](#).
- Patients should continue to use CPAP/NIV at home as normal as To date there is no evidence that CPAP increases risk of COVID-19 or makes the illness worse
- If patient is unwell with symptoms suggestive of COVID-19 they should follow [HSE guidance](#) on household isolation and contact GP with view to swab testing.

If patient on CPAP/NIV is admitted to hospital with confirmed or suspected COVID-19:

- Patients should bring their devices to hospital with them.
- Patients should not use CPAP/NIV unless in isolation room and hospital staff instructs them to do so.
- Patients should use a non-vented mask with a filtered exhalation port in the tubing.
- Patients should not use the humidifier (increased droplet spread)

If patient on CPAP/NIV is admitted to hospital for unplanned non-COVID-19 care:

- Patients should bring their devices to hospital with them.
- Patients should not use CPAP/NIV unless in an isolation room and hospital staff instructs them to do so.
- Patients should use a non-vented mask with a filtered exhalation port in the tubing.
- Patients should not use the humidifier (increased droplet spread)

If patient on CPAP/NIV is admitted to hospital for planned non-COVID-19 care:

- Patients should inform the hospital prior to their admission that they use CPAP/NIV and if CPAP/NIV needs to be used in the hospital setting, pre-admission COVID testing is advised and staff must wear appropriate PPE as per [HPSC guidance](#)
- Patients should bring their devices to hospital with them.
- Patients should not use CPAP/NIV unless hospital staff instructs them to do so.