Sleep apnea diagnostic and treatment during the Covid-19 epidemic
Recommendations of the SIG “Sleep disordered breathing” of the Swiss Society of Pneumology, 27.03.20

1. Application of “Ordonnance 2 COVID-19” to sleep apnea patients

Different applications of the “ordonnance” have been observed among swiss practitioners and the SGP/SSP felt that it would be better to have a common interpretation.

Who should we investigate and in whom should we initiate a CPAP treatment?
In the context of covid-19 pandemic, it seems obvious that all non-urgent face to face consultations or investigations should be avoided. The SIG thus recommends that:

A. Diagnostic procedures (polygraphy and polysomnography) and treatment initiations should only be made in excessively sleepy patients, in whom untreated sleepiness generates a risk: for example sleepy drivers or machine operators. Other diagnostic tests should be postponed until the end of the federal restriction.

B. Follow-up consultations for CPAP should be made by telephone or videoconference. If not possible, they should be postponed until the end of the federal restriction.

If no remote solution is possible, only excessively sleepy patients in whom sleepiness generates a risk should be seen in person.

NB: CPAP adjustments and data download can be made for some CPAP brands remotely (via airview for example), which is ideal in the present situation.

2. Recommendations for CPAP patients positive for covid-19

Sleep apnea in itself is not considered as a risk factor for Covid-19 but these patients frequently have comorbidities that puts them in the high risk category (Hypertension, COPD, heart failure etc …)

CPAP treatment can also easily spread the virus in the room where it is used. In case of positive test for Covid-19 in a CPAP patient, we thus recommend

CPAP treatment at home in a Covid-19 positive patient
a. Inform the CPAP provider and the family doctor
b. Consider stopping CPAP treatment temporarily during the infection (until 48h after the symptoms resolve, minimum 10 days since the symptoms onset)

If CPAP treatment cannot be stopped, the patient should, if possible, sleep alone in a separate room, clean the mask on a daily basis, avoid air leaks and always stop the machine before removing the mask (and turned on only when the mask is worn).

d. Humidifier should be avoided since it will increase the risk of droplets spread
CPAP treatment in a **hospitalized** Covid-19 positive patient
   a. Consider stopping CPAP treatment temporarily when possible during the infection (until 48h after the symptoms resolve, minimum 10 days since the symptoms onset)
   b. If CPAP cannot be stopped, use a mask without intentional leak (either block them or use a “non-vented mask”) and a special filter in the air outlet with a “T” tube according to the pictures below
   c. The patients should ideally be alone in his room.
   d. The mask should be cleaned on a daily basis, air leaks avoided and the machine should be stopped before removing the mask (and turned on once the mask is worn).
   e. Humidifier should be avoided since it will increase the risk of droplets spread
   f. Protection of the care givers should include: FFP2 masks, gloves, disposable blouse +/- disposable head cap.

**NB:** If possible (depending on test availability), **all hospitalized CPAP users (symptomatic or not) should be tested for Covid-19 since there may be asymptomatic carriers.**
Special montage
Material needed
End of the aerosol mouthpipe ring connector

Allows to unite the calibrated leak and the filter

Filtre ATB