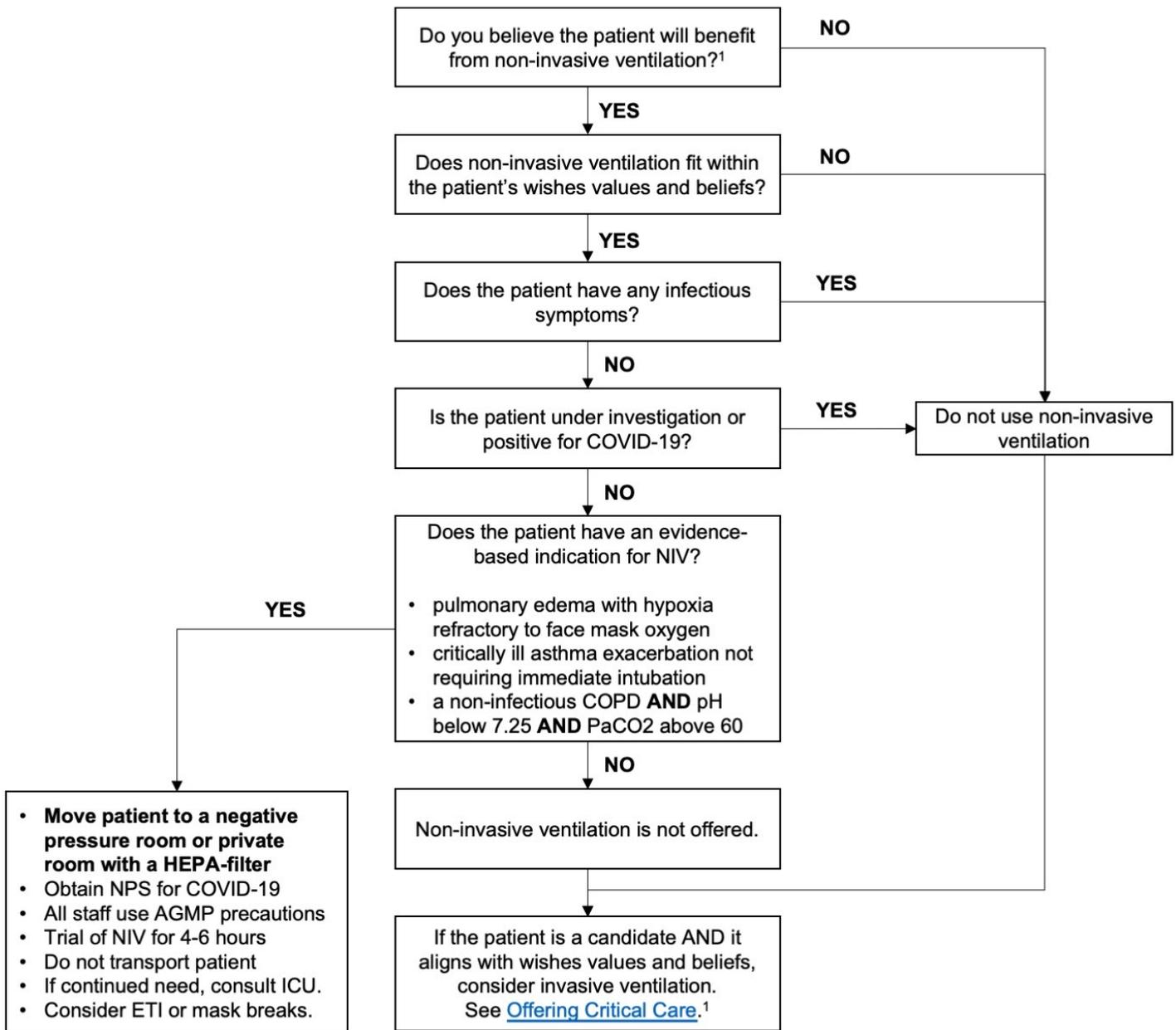


The COVID Clinical Response Committee (CCRC) has been asked to comment on the use of non-invasive ventilation and high-flow nasal cannula. Many of us are faced with questions about the use of non-invasive ventilation daily.

- 1. Any use of non-invasive ventilation (NIV = CPAP or BiPAP) or high flow nasal cannula (HFNC) is considered an aerosol-generating medical procedure (AGMP).**
- 2. Every use of NIV or HFNC (including home NIV) requires the following mandatory precautions:**
 - a. All patients must receive a nasopharyngeal swab (NPS) for COVID-19 regardless of symptoms at initiation.**
 - b. Use should be in AIIR (airborne infection isolation room) or NRPR-HEPA (negative relative pressure room with HEPA-filter), if available. The patient will not be transported while on these therapies.**
 - c. AGMP (Airbourne/contact/droplet) precautions must be undertaken for all staff entering the room.**
 - d. If HFNC is in use, the patient should wear a surgical mask if possible.**
- 3. NIV is currently not permitted for use in any patients with suspected or confirmed COVID.**
- 4. NIV may be used for evidence-based indications for a brief period of time in the ED (typically 4-6 hours) which include only (please review flow-chart below):**
 - a. Cardiogenic pulmonary edema without suspicion of infection**
 - b. Critically ill asthmatic not requiring immediate intubation**
 - c. Non-infectious exacerbation of chronic obstructive pulmonary disease (COPD).**
- 5. If the patient cannot be liberated from NIV following initial therapy (4-6 hours), critical care consultation is indicated.**
- 6. Home CPAP or BiPAP therapy:**
 - a. Many patients can have home CPAP or BiPAP suspended for 3-4 days without harm.**
 - b. If the hospital stay is longer or there are questions, we recommend a respiratory consultation and a COVID swab be performed.**
 - c. If the patient requires ongoing therapy, they require the same precautions as above.**
 - d. If the patient has two negative swabs 14 days apart with continued therapy, they may be converted to a room with contact/droplet precautions after Infection Prevention and Control (IPAC) consultation.**
- 7. We recommend IMT and CCRC both investigate the utility of helmet-based non-aerosol generating non-invasive therapy as a way to mitigate the potential for harm.**

This decision will be revisited as requested as needed.

Non-invasive Ventilation (NIV) (CPAP / BiPAP)



¹See [Offering Critical Care](#). If the patient will not benefit from a therapy, it should not be offered. NIV is not offered for palliative purpose (to relieve symptoms only) if the goal is patient comfort. There is no good evidence for this and a narcotic-based symptom strategy is preferred.