Children's Health Ireland at Crumlin

MANAGEMENT OF INFANTS AND CHILDREN ON NIV FOR OBSTRUCTIVE SLEEP APNOEA DURING COVID19 PANDEMIC

As community transmission of COVID-19 increases there will be a significant impact on the provision of paediatric respiratory sleep services. The goal of this guideline is to protect the health and safety of patients and staff by reducing transmission through promotion of physical distancing and other infection prevention and control measures.

Out patients:

- All out patient clinics will now run as a virtual telephone clinic.
- Patients will be requested to be available by phone at the day and time of their appointment.

- Families should weigh the child on the morning of the clinic
- Families should Upload the data from their child's NIV device or contact the homecare provider to enable them to do this prior to their scheduled phone call.

Families are advised to continue to follow the HSE guidance on hand hygiene and social distancing.
https://www2.hse.ie/conditions/coronavirus/at-risk-groups.html

If the child has **any** respiratory symptoms families are advised to contact their GP to arrange testing for Covid-19 and adhere to self-isolation as per the HSE recommendations.

Sleep Studies:

All elective sleep studies have been postponed

Limited home oximetry and TOSCA studies will be considered on a case by case basis and on urgent clinical need. (as per Respiratory lab SOP and infection control)

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Children on NIV for OSA admitted with suspected or confirmed COVID-19

Any child admitted with respiratory symptoms should be considered COVID-19 positive until tested.

If test is negative and there is a high clinical index of suspicison continue to treat as COVID-19

Patients should bring in their own NIV device and masks

Do not use the NIV device until the patient is in isolation and aerolisation PPE precautions are in place AND the patient has been discussed with the respiratory consultant on call.

The requirement for nighttime NIV needs to be re-evaluated on a case by case basis during the admission.

If NIV is required for acute support this should only be done in a HDU setting.

Do not use the humidifier (increased droplet spread)

Consider using Total face masks and full face masks to limit leak.

The use of non-vented masks with a filtered exhalation port should only be considered in a HDU setting and under the supervision of the respiratory team or PICU.

It is imperative that on discharge the child receives their original vented mask and that **NO CHILD is discharged with a non-vented mask due to the risk of asphxiation.**

These guidelines may change with the evolving information during this pandemic.

References:

AASM "COVID -19 Mitigation Strategies for Sleep Clinics and Labs" Updated March 19, 2020

ITS Guidance on Sleep Services and CPAP use in OSAS or OHS: SARS COVID-19 V124/03/2020

NYP Guidelines for Respiratory Support of Suspected or Confirmed COVID-19 Patient: Non-invasive Ventilation, High Flow Nasal Cannula Oxygen, Invasive Ventilation and Patients with Tracheostomies March 22, 2020

Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations WHO scientific brief March 27, 2020

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