This guidance has been created in order to assist programs serving individuals diagnosed with obstructive sleep apnea understand the expectations of DDS regarding the treatment of obstructive sleep apnea.

**These requirements apply to 24-hour Residential and Shared Living settings. They also apply to Supported Living settings if health oversight is part of the paid services**.

**Obstructive Sleep Apnea:** Obstructive sleep apnea or sleep apnea is a condition that occurs when an individual’s airway is narrowed or partially blocked during sleep and limiting oxygen exchange during sleep. (See attached “Signs and Symptoms Sheet for “Snoring and Sleep Apnea”)

Sleep apnea is a significant medical condition that meets criteria for development of a Health Care Management Plan (Medical Treatment protocol), not unlike a seizure diagnosis or dysphagia.

**Significant medical conditions such as Obstructive Sleep Apnea require a health care management protocol:**

If a person has a medical condition that requires staff to perform specific actions steps to manage/treat and/or prevent a more serious health issue, the need for a protocol/management plan should be discussed with the Health Care Practitioner (HCP)\*. Part of this discussion with the HCP should include when the HCP or 911, need to be contacted if specific symptoms are observed. The plan should outline specifics in the following areas:

* Ongoing monitoring
* The series of actions being implemented to treat or prevent a more serious condition
* When and what to report to Supervisor and/or Health Care Provider
* When to access emergency medical services

***(Please see attached Sample Health care Protocol. Providers are free to use the standard form or their own form, provided that the above information is included.)***

**When CPAP/BiPAP Machine is Part of a Health Care / Medical Treatment Protocol for Sleep Apnea:**

**CPAP and BiPAP:**

The CPAP (Continuous Positive Airway Pressure) machine delivers a predetermined level of pressure which helps to keep the airway open under continuous pressure. This air pressure increases oxygen flow by keeping the airway open. The BiPAP (Bi-Level Positive Airway Pressure) machine delivers two levels of pressure, one when the individual breathes in and one when the individual breathes out. These machines are used to treat obstructive sleep apnea, sleep disorders, and severe respiratory distress such as chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF).

**Use Requirements:**

Each program is expected to have a Supportive/Protective Device Plan in place for any individual using a CPAP or BiPAP machine. The plan must include at least:

* A copy of the Health Care Provider (HCP) order
* Reason for use
* How to operate equipment including detailed responsibilities during various parts of the process:
	+ Bedtime
	+ Morning
	+ Weekly and biweekly cleanings
* How to clean and maintain equipment according to the manufacturer’s instructions.
* When and how to order new parts from the medical supply company.
* A plan for assuring compliance and, if necessary, desensitization to equipment.
* How use is documented
* Frequency of monitoring and observation during use

***(Please see attached Sample supportive protective device forms. Providers are free to use the standard form or their own form, provided that the above information is included. Be aware that cleaning instructions may differ between one device and another. Please follow manufacturer’s instructions.)***

**Additional Considerations:**

* Staff do not need to be MAP Certified in order to manage the CPAP or BiPAP machine. However, when oxygen is being used with the machine, direct care staff monitoring and assisting with the machine must be MAP certified and trained in the use of oxygen. A treatment sheet can be used to document use of CPAP or BiPAP if no oxygen is being used. If oxygen is being used, the use must be recorded on the MAR.
* Initial training in use of equipment, fitting and set up should be provided by the medical device supply company. Ongoing training and retraining can be done by the RN, LPN or trained supervisory staff.
* **It is essential that the device fit properly. If there is air leakage or the individual appears to be unable to tolerate the device, a return to the medical device supplier is warranted until the fit is correct, especially within the first 90 days.**
* Keep information about the machine, date of purchase, warranty and contact information for the medical supply company in a handy place in order to report problems with equipment or for reordering supplies.
* Always use distilled water in the humidifier chamber.
* Thorough oral care is important as use of the machine can cause dry mouth.
* The mask may be uncomfortable at first. Wearing it for short periods of time while awake may help with the adjustment.
* Use the machine only as ordered by the HCP
* If the machine is not functioning correctly or the power cord or plug is damaged do not attempt to repair it and do not use.
* If the Individual develops a nasal or ear infection it may be further irritated by use of the machine. Contact the Health Care Practitioner for further instruction immediately.
* Empty the humidifier chamber completely prior to any movement or transportation of the machine.
* Do not place machine parts in the dishwasher for cleaning.

Increase the frequency of cleaning the equipment to daily if the individual is suffering from an upper or lower respiratory infection.

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