

Updated recommendations for polysomnography during CoVID-19 pandemic: Recommencement of positive airway pressure (PAP) therapy studies.

28 May 2020

Preamble

Given that the spread of the CoVID-19 outbreak has slowed and the very low rates of community transmission of CoVID-19 in Australia and New Zealand it is now time to resume diagnostic **AND** treatment studies with careful consideration of aerosolisation risk and infection control. We must balance the community requirement for access to sleep services and the costs of delayed treatment against the need to protect patients and staff.

Laboratory sleep studies (Level 1)

Level 1 polysomnography may recommence for adults and children. It remains vitally important to comply with the current government and hospital/facility guidelines for infection control measures, physical distancing in public areas and reduced activity where indicated as per government requirements*. Cleaning and disinfection guidelines from equipment manufacturers should always be strictly adhered to during this time.

- The ASA recommends Level 1 diagnostic sleep studies be performed with pre-screening of patients (epidemiological risk factors, symptoms as per the latest government guidelines) and body temperature check to ensure they have no symptoms of a viral illness and are afebrile prior to testing. Patients should be prioritised based on the most urgent clinical need. Vigilance testing may be performed providing the previous infection control and reduced capacity guidelines are met.
- The ASA recommends Level 1 treatment initiation and effectiveness studies (CPAP/BiPAP/MAS/oxygen) may recommence in Australia and New Zealand. Pre-screening of patients (epidemiological risk factors, symptoms as per the latest government guidelines) and body temperature check should occur to ensure they have no symptoms of a viral illness and are afebrile prior to testing. The study should only be performed if it is the most clinically appropriate method to obtain the required information (e.g. remote PAP download is unhelpful). Preventive measures to reduce infection risk should be undertaken and determined collectively by the hospital/service (infectious disease/infection control), sleep physicians and sleep scientists, with reference to current rates of community transmission of CoVID-19 in the local area and state. It is recommended that standard (vented) masks be used

given that these are the masks that will be used by the patient at home. Another possibility is to use a non-vented mask with an expiratory port filter. It is suggested that patients who undergo CPAP/NIV testing are advised to contact the sleep laboratory if they develop viral symptoms within 14 days of the sleep study.

Further information can be obtained by viewing the ASA online forum ***Managing COVID-19 risks for NIV sleep studies*** recorded on 25 May 2020. Meeting Recording: https://us02web.zoom.us/rec/share/6lteJa_x-F1JQK_D92j0A6kDTofnX6a8hHRM-vJbzUrBmZql0EDiwdJEgda2NEcN Access Password: sleep4U@home

Practical measures which may reduce risk should be considered, such as minimising sleep scientist time in the room, turning off the PAP device before entering the room where appropriate (being mindful of rebreathing risk) and careful cleaning of the room and surfaces after each study.

Review of these recommendations is ongoing and subject to change depending on CoVID-19 infection rates and level of community transmission.

Home sleep studies (Level 2)

Remote set up for level 2 testing may continue, however this is not possible for all patients and laboratories. Due to reduced community transmission of CoVID-19, Level 2 studies with face to face set up may recommence as per previous recommendation from 5 May 2020. Similar to Level 1 diagnostic studies, it is important to comply with current government and hospital guidelines for infection control measures, physical distancing in public areas and for reduced activity where indicated as per government requirements*.

- The ASA recommends diagnostic home sleep studies with face to face set up can be performed with pre-screening of patients (epidemiological risk factors, symptoms as per the latest government guidelines) and body temperature check to ensure they have no symptoms of a viral illness and are afebrile prior to testing. Patients should be prioritised based on the most urgent clinical need. Compliance with reduced activity where indicated* is strongly recommended.

Home sleep studies (Level 2 for children, Levels 3 and 4 for children and adults)

The ASA submission to the Health Minister is still under consideration.

* In Australia there may be State or hospital restrictions in place on the number of elective procedures that can be performed.