

**Practice Policy for Performing Diagnostic Polysomnography During
the COVID-19 Pandemic**

Quality Assurance members and Medical Director will make sure the entire directive below is guided by the most up-to-date and available information from College of Physicians and Surgeons of Ontario, Independent Health Facility guidelines, Infection Prevention and Control guidelines from Public Health Ontario.

It is the responsibility of all staff of the sleep clinic (including, but not limited to, cleaning staff, administrative staff and technologists) as well as the physicians, medical director, technical director review and familiarize themselves with this policy and the required reading found at the end of this document).

This document will require routine review and updating in keeping with the evolution of the COVID-19 pandemic.

PROCEDURE OVERVIEW AND SUMMARY:

- The sleep laboratory remained closed during the times recommended by Public Health Ontario and the re-opening process will only commence once public health authorities signal it is safe to do so.
- What follows, is a summary of the procedures to be followed, but importantly a number of the elements of this procedure are elaborated on in the sections below and in the required reading found at the end of this document.

One week prior to a scheduled sleep study:

- 1.** The clinic administrative staff will schedule a sleep clinic visit (all visits will remain virtual, unless directed otherwise by the sleep physician). The purpose of this visit, is for the sleep physician to carry out an assessment with the following goals:
 - 2.** Does the sleep study remain indicated?
 - 3.** Are there medical concerns/comorbidities which would require cancelling this patient's study (high risk patient's for COVID-19 complications, for example)
 - 4.** Assess willingness for patient (and in pediatrics, the caregiver also) to attend the sleep study
 - 5.** Review risks/benefits of sleep study as it pertains to patient and in the setting of the COVID-19 pandemic
- No visitors to accompany patient's into the lab

- For pediatric patients, once these studies commence, only one caregiver will be permitted to attend the sleep study

At the time of confirmation of sleep study (ideally within 24 hours of sleep study) and on the night of the sleep study (Point of care risk assessment):

- The administrative staff will perform active screening, in keeping with public health Ontario guidelines, with the patient (over the phone) and caregiver (if applicable, ie. pediatric sleep studies).
- The night technologist will perform active screening in keeping with public health Ontario guidelines, with the patient (over the phone) and caregiver (if applicable, ie. pediatric sleep studies) upon patient arrival to the sleep clinic
- Patient's will enter the clinic, in a staggered fashion so that there is only one patient in clinic at a time; upon entry, patient's will be required to sanitize hands and apply a face mask (if arrive without one).
- Patient's will be taken directly to their room, prior to the arrival of the next patient
- Resumption of sleep studies will be done with a graded approach, starting at approximately 15-20% capacity until further discussion (to be reviewed every 1-3 weeks)

Evaluation of the Facility:

- Administrative staff and night technologists may be at risk, in the setting of aerosol or air droplets coming from a COVID-19 positive patient highlighting the importance of active screening practices, barriers (plexi-glass barriers, for example) and appropriate use of PPE all of which is outlined below
- If any staff member feels a patient could be COVID 19 positive, it has to be reported to medical director, Technical Director and sleep physician. They will provide further instructions. Finally, Medical Director will decide to report to public health of Ontario.

Environmental Cleaning Practices

- Remove items that cannot be effectively cleaned and disinfected from the facility waiting and examination rooms (i.e. toys, magazines, brochures, remote controls and other shared items).

- Implement an enhanced environmental cleaning program that includes both cleaning and disinfection of all surfaces within the facility environment.
- Diluted bleach solution or veridical disinfectants must be used to complete the disinfection step of cleaning and disinfecting surfaces. Health Canada Database should be reviewed to ensure cleaning agents being used are effective against COVID-19.
- Add any new chemicals to the WHMIS manual.
- Patient care/patient contact items must be cleaned and disinfected between each patient/use.
- Clean and disinfect high touch, non-patient care items and surfaces at least twice a day, or more frequently as use and circumstances warrant. Including but not limited to (these hard surfaces are to be wiped down with Cavi Wipes, which are approved by Health Canada as effective against COVID-19):
 - Door: Knobs, Panel
 - Office desks
 - Chairs, especially arm rests and levers for adjusting chair height and recline
 - Desktop computers, Clipboards, pens, keyboards, computer monitors, etc.
 - Telephones
 - Wall switches
 - Handles of the desk drawer
 - Handles
 - Filing cabinets
 - Floor
 - Plexi-glass barrier/sneeze guard
 - All hard surfaces of bed (ie. bed frame, head board, legs).

Restrooms: (to be cleaned after each use, unless otherwise specified)

- Sink and faucets
- Mirror, soap and towel dispenser
- Handrails

- Doorknobs and door panels (including stalls)
- For time being shower facility will be closed.

Break rooms:

- Seats
- Fridge/Freezer - door, handle, panels, touch controls
- Microwave – touch panel, door, handle
- Sinks and faucets
- Countertop
- Patient will bring their own water bottle.

Hand Hygiene & Respiratory Etiquette

Implement enhanced hand hygiene protocols including:

- When hands are visibly soiled, they must be cleaned with soap and water as opposed to using alcohol-based hand rub.
- Staff is expected to practice routine hand hygiene consistent with the World Health Organization’s “5 Moments for Hand Hygiene”:
 - before touching a patient
 - Before clean/aseptic procedures
 - After body fluid exposure or risk
 - After touching a patient
 - After touching patient surroundings
- Staff and patients must avoid touching their face and practice respiratory etiquette by coughing or sneezing into their elbow or covering coughs and sneezes with a facial tissue and then disposing of the tissue immediately.
- Patients should be asked to complete hand hygiene using soap and water or alcohol-based hand rub. Patients should be asked to perform hand hygiene at the following times:
 - Upon arrival at the practice setting
 - Before and after use of shared equipment
 - Prior to departure from the practice

Personal Protective Equipment (PPE)

- Ensure sufficient and appropriate PPE (includes masks, gowns, gloves and eye protection in the form of goggles or a face shield) are readily stocked and available to facilitate safe resumption of services.
- Ensure, as applicable, PPE (i.e. N95 masks) is appropriately fit-tested.
- Each staff member providing direct patient care, will be given a mask to use for the duration of their shift
- PPE must be 'donned' and 'doffed' in accordance with established and recommended protocols as per distributed educational videos and the training session which was provided for technologists, as arranged and organized by the technical director;
- If the mask requires removal, for example for eating/drinking, it's recommended to be removed, after performing hand hygiene, by carefully removing by the ear straps and placing it inside up, on a clean surface (for example a Tupperware)
- Technologist must ensure appropriate (2 meter) physical distancing when working at computer stations
- Implement enhanced PPE protocols that include requirements at beginning and end of shifts and lunchtimes.
- Ensure used PPE is appropriately disposed of.

Business Practices

- When confirming sleep study appointments, inform patients about public health measures and screen them for possible COVID symptoms prior to them attending the office. Patients with who have a positive screen: any COVID-19 symptom(s), should be referred to the self-assessment tool on the COVID-19.ontario.ca website and advised to contact telehealth Ontario and/or their primary care provider
- Treatment spaces, offices and waiting areas have been reconfigured to ensure physical distancing is maintained among patients, between patients and staff when not engaged in direct patient care, and among staff.

- Plexiglas sneeze guards have been installed in all tech and reception area.
- Admin will give 15 min time difference for night patient appointment
- Social distancing sign have been placed on floor.
- Arrange queuing and traffic flow to maximize physical distancing. Use visual cues like directional arrows and waiting spots if possible.
- Signage has been posted on the floor to ensure physical distancing and on the walls to inform in regards to hand hygiene and COVID-19 symptoms (passive screening)
- Unless necessary, ask patients to attend alone without family members, friends or caregivers.
- Limit exchange of paper with patients where possible implementing secure methods of electronic information and resource sharing.
- Hand sanitizer, tissue, hand soap will require routine checks to ensure adequate supply at all times
- Waste receptacles to be emptied twice daily, at minimum

Staff Safety

- All staff members are required to complete updated COVID-19 related IPAC modules which will be available May 28/2020.
- All staff (including technologists and administrative staff) as well as affiliated sleep physicians are to be screened at the time of entry into the facility; if a staff member screens positive, they should not arrive for work, the technical director/owner and medical director should be informed to decide on next steps
- Implement a management plan for staff COVID screening, including those who have been laboratory confirmed/suspected COVID but are now symptom free and returning to work Ensure staffs availability/needs are consistent with re-opening service levels.
- Implement a process for management of staff:
 - working at multiple facilities
 - travel (not carpooling – maintaining physical distancing)

- Document staff training on revised procedures and new COVID-19 protocols and directives as applicable; this includes, but is not limited to, the educational PPE videos which were distributed to staff, the technologist IPAC training arranged by Mr. Dhanju and the IPAC modules which were made available on May 28/2020; in addition to this, all staff are required to review this document and the required reading below;

Communication

- Technical Director along with Supervisor will ensure the compliance of all the precaution regarding COVID 19.
- Increase facility operational updates, including a process to communicate effectively (documented) to all facility staff; policies and procedures should be revisited every 1-3 weeks
- Communicate implemented protocols for patient selection and scheduling limits to all physicians/patients.

Future Planning

- Implement frequent facility management review of operations as the situation regarding COVID changes (adjusts, tighten, relax).
- QA Committee will conduct facility risk assessments on workload, backlog and new elective procedural rebooking strategies.

Facilities, Equipment, Consumables and Supplies

- Perform an assessment of the HVAC system to ensure it is operating as intended.
- Re-test medical equipment utilized for patient services (both testing and medical emergency management such as AED/defibrillator, oxygen, suction apparatuses, call bells, etc.).
- Minimize unnecessary equipment and supplies in the testing room
- Enhance supply chain management including, hazard analysis of critical control points (HACCP), minimization of touch points, disinfection protocols, etc. This is to include clearly defined and communicated/expectations established for staff.
- Implement appropriate supply/consumable inventory control processes. This includes review of all stock in-use dates and access to supply replenishment via vendors/distributing agencies.

Pre-Examination (Prior to sleep study)

- Two rooms will ready for each physician: not currently relevant as visits will remain virtual in keeping with current CPSO and MOH guidelines, other than case-by-case exceptions at discretion of the sleep physician;
- Reorganize testing schedules to include extra time for post-test / patient visit cleaning and decontamination procedures of the surfaces of the test equipment and environment.
- All patients to don mask upon entry into the lab if not current wearing one and sit a minimum of 2 meters from the next person. The physician should wear a mask as well.
- Revise Pre-examination Checklist for confirmation of asymptomatic patient status
 - Do not test any patients with COVID-19 (as per screening questionnaire) or flu like symptoms under any circumstances at this time. Symptomatic patients, on administrative staff screening, should be directed to the [COVID-19.ontario.ca](https://www.covid-19.ontario.ca) website's self assessment tool, telehealth Ontario and/or their primary care provider.
 - If a patient is noted to be symptomatic on screening with the night technologist and the patient is in the IHF at the time, the patient should be continue to wear the mask they would have already been provided and immediately separated from other staff and patient's by a minimum of 2 meters and should be placed a separate room. The medical director, technical director and sleep physician are to be notified to provide further instructions (may need to contact public health and arrange for further COVID-19 assessment). The room that the patient was kept in should not be used by any other individual/staff and will require thorough disinfection of all hard surfaces with appropriate anti-bacterial/anti-viral disinfecting agents and wipes.
 - COVID patients must not be tested for a minimum of 30 days post-infection and should have re-assessment with the sleep physician, prior to deciding on booking sleep study.
- Document temperature and symptoms on all asymptomatic patients undergoing testing. Informed Consent to include discussion about any additional risks related to COVID-19.

Examination

- Maximize the use of single-use consumables (the thermistor and nasal pressure transducer will be switched to single-use, in addition to those elements of the set-up which are already single-use) and dispose of the items with care; thoracic and abdominal belts are to be covered with a single-use plastic covering to reduce risk of contamination, but they will continue to be appropriately disinfected.
- Disposable gloves should be used at all times when testing. These should be discarded after each patient and after cleaning of any surfaces.
- Hand hygiene protocols followed before and after glove use
- It is recommended to continue postponing and rescheduling in-laboratory administration of PAP therapy, polysomnography (PSG) and split-night studies, except in emergencies. All patients scheduled to have any type of sleep study, must be seen by the sleep medicine physician in consultation first. The final approval for the performance of the study rests with the sleep medicine physician.
- In urgent settings if PAP therapy is to be initiated, appropriate PPE must be worn.
 - N95 mask
 - Eye protection must always be worn e.g. goggles or face shield
 - Disposable gloves should be used. These should be discarded after each patient and after cleaning of the surfaces.
 - Hand hygiene protocols followed before and after glove use.

Facility Safety and Emergency Planning

- Review medical emergency management response supplies for use with additional PPE included based on COVID guidelines.
- Perform mock drills for donning PPE for medical emergency management response.
- Perform performance checks on portable fire extinguishers.
- Label, follow WHMIS regulations on and update staff about any new WHMIS controlled materials. Assess facility emergency evacuation plan and muster point location based on COVID guidelines. If there are revisions, ensure staff training, procedure and applicable signage alterations.

Medical device reprocessing (MDR)

- Verify and document that all cleaning and sterilization equipment is in working order.
- Enhanced equipment cleaning protocols must be strictly adhered to.
- Single-use leads/equipment utilized when possible (including, but not limited to, thermal airflow and nasal pressure sensors).
- Technologist will need to disinfect all reusable elements of the study set-up one at a time
- Reusable leads and belts will be wiped and disinfected with anti-bacterial/anti-viral wipes (Cavi-wipes are effective against COVID-19, as per Health Canada Database and are the wipes used in this facility)
- Additionally, in keeping with existing protocols, some equipment is disinfected by submersion in a disinfecting solution (accel is used at this facility, which is also effective against COVID-19, as per Health Canada database).

REQUIRED ADDITIONAL READING:

- Modes of transmission of virus causing COVID-19: implications for IPC precautions and recommendations. <https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>
- COVID-19 mitigation strategies for sleep clinics and sleep centers – REOPENING. <https://aasm.org/covid-19-resources/covid-19-mitigation-strategies-sleep-clinics-labs/>
- AASM COVID-19 FAQ <https://aasm.org/covid-19-resources/covid-19-faq>
- Ministry of Health: COVID-19 Guidance: Independent health facilities: www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_ihf_guidance.pdf
- Ministry of Health: COVID-19 Operational Requirements: Health Sector Restart. http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf
- COVID-19 Directive #2 for Health care providers. <https://www.oha.com/Bulletins/Directive%202%20May%2026%202020.pdf>