

UPDATED MARCH 19, 2020

The American Academy of Sleep Medicine is issuing the following guidance to help sleep medicine clinicians assess their sleep clinic and sleep lab operations in response to the spread of the novel coronavirus ([COVID-19](#)). This guidance is based on the [mitigation strategies](#) recommended by the Centers for Disease Control and Prevention (CDC). Please refer to the CDC document for more comprehensive information.

Overview

The CDC notes that each community is unique, and appropriate mitigation strategies will vary based on the level of community transmission. Additional mitigation strategies may be recommended or required by the federal, state or local government, local and state public health departments, health systems, or individual institutions. However, [cases of COVID-19](#) have been reported in every state, and the CDC anticipates that [widespread transmission](#) of COVID-19 will occur in the U.S.

On March 18, 2020, the Centers for Medicare & Medicaid Services (CMS) [announced](#) that all elective surgeries and non-essential medical, surgical, and dental procedures should be delayed during this outbreak. The AASM strongly urges sleep clinicians to evaluate their sleep care services and delay all non-essential procedures.

**The following information is provided only as an advisory.
Please seek additional guidance from local public health officials.**

Values

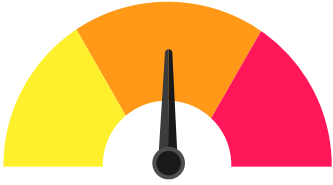
- » **CLINICAL JUDGMENT:** While evidence-based decision-making is the ideal standard, such evidence is only slowly emerging in this rapidly evolving public health emergency. Therefore, clinicians must rely on their expertise and clinical judgment when evidence is lacking.
- » **HEALTH & SAFETY:** Decision-making must promote and protect the health and safety of both patients and staff, with special consideration for those who are at [higher risk for severe illness](#).
- » **PUBLIC HEALTH:** Decisions also must take into consideration the public health needs of the local community.
- » **CAUTION:** When in doubt, err on the side of caution.

General Considerations

- » Encourage health care providers to self-quarantine if ill or if they have a known exposure.
- » Implement triage strategies for patients and staff prior to entrance to facilities to rapidly identify people with respiratory illness (e.g., temperature monitoring and symptom review of staff, phone triage before patient arrival, triage of patients upon arrival).
- » Strictly limit visitors to both sleep centers and sleep clinics.
- » Actively monitor and secure personal protective equipment (PPE) supplies.
- » Ensure appropriate use of PPE by sleep technologists and clinic staff during patient interactions.
- » Use telemedicine where available to limit non-essential, in-person visits.
- » Consider the use of disposable home sleep apnea test (HSAT) devices instead of traditional re-usable devices.
- » If clinic visits and sleep studies are cancelled, make sure communications systems are in place such that patients can receive help during emergencies and so that continuity of care can be restored once the COVID-19 precautions are lifted.
- » Review with staff all procedures for infection control, including cleaning and inspecting all patient-related equipment. These procedures should include sterilization, high-level disinfection, or the application of germicidal agents after each use according to the manufacturers' recommendations, federal and state health policy regulations, and institutional standards.

The goal of the following strategies is to promote social distancing, reduce transmission, reduce demand on the health care workforce, and promote the health and safety of patients and staff.

Sleep Clinic and Lab Strategies



COMMUNITY TRANSMISSION: **MINIMAL TO MODERATE**

- » Postpone in-lab administration of positive airway pressure (PAP) therapy (i.e., no PAP titration studies or split-night studies) and avoid PAP use in the clinic setting due to the risk of aerosolization.
- » Postpone diagnostic polysomnography (PSG) for children.
- » Postpone all PSG in older adults, those who are pregnant, and those with significant medical comorbidities (including heart disease, diabetes, lung disease, or any conditions that compromise the immune system).
- » Consider postponing all other diagnostic PSG.
- » Consider postponing all non-emergency, in-person clinic appointments unless conducted via telemedicine.
- » Consider use of disposable devices for HSAT during the pandemic.
- » Prepare to communicate with patients and other stakeholders (e.g., payors, DME companies, trucking companies) about the need to extend deadlines that may have been set for the completion of sleep study evaluation and follow-up visits. The AASM is advocating for the relaxation of payor requirements during this national emergency.



COMMUNITY TRANSMISSION: **SUBSTANTIAL**

- » Postpone PSG for all patients.
- » Postpone HSAT services unless using only disposable HSAT devices.
- » Postpone all non-emergency, in-person appointments unless conducted via telemedicine.
- » Keep the sleep clinic open for phone calls, telemedicine visits, and emergency in-person visits only.
- » Re-evaluate all sleep care services when community transmission of COVID-19 subsides.



STATES REPORTING CASES OF COVID-19 TO CDC*

[View the latest information](#)