

UPDATED APRIL 8, 2020

The American Academy of Sleep Medicine is issuing the following updated guidance to help sleep medicine clinicians assess their sleep clinic and sleep center/laboratory 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 CDC documents for more comprehensive information.

Situation Summary

All 50 states have reported [cases of COVID-19 to the CDC](#), and most U.S. states are reporting some community spread.* While different parts of the country are seeing different levels of COVID-19 activity, the United States is in the acceleration phase of the pandemic. The CDC [expects that widespread transmission of COVID-19 will occur](#) in the U.S.

Federal & State Policies

To slow the spread of COVID-19, the U.S. federal government has issued a [nationwide policy of physical distancing](#) through at least April 30, recommending that people stay home as much as possible, avoid social gatherings, and avoid discretionary travel. The Centers for Medicare & Medicaid Services (CMS) [announced](#) its recommendation that all elective surgeries and non-essential* medical, surgical, and dental procedures should be delayed to promote physical distancing, preserve personal protective equipment (PPE), and free up the health care workforce* to care for the patients who are most in need. CMS also urged health care providers to encourage patients to remain home, unless there is an emergency. At the state level, the majority of governors have issued [executive orders](#) further restricting travel, work, and non-urgent medical care.

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.

Goals

- » Support physical distancing to reduce community transmission
- » Minimize patient, staff, and provider exposure to the virus
- » Preserve health care resources and reduce demand on the healthcare workforce
- » Maintain access to care and continuity of care
- » Promote public health and safety

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 or eliminate visitors.
- » Review with staff all procedures for [infection control](#), including cleaning and inspecting all patient-related equipment.
- » Actively monitor and secure personal protective equipment (PPE) supplies.
- » Ensure [appropriate use of PPE](#) by sleep technologists and clinic staff during patient interactions.
- » Use triage to prioritize care for those in urgent need, while keeping track of rescheduled or postponed visits, so that they can be accommodated when full services resume.
- » Prepare to communicate with patients and other stakeholders (e.g., payors, DME companies, employers) about the need to extend deadlines that may have been set for the completion of sleep study evaluation and follow-up visits. Note that CMS is waiving requirements for face-to-face and in-person encounters during this public health emergency. Consult with your contracted private payers for similar relaxation of requirements during this national emergency.

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

Sleep Clinic & Lab Strategies

The following recommendations are provided only as an advisory. Please seek additional guidance from state executive orders and local public health officials.

The AASM strongly urges all sleep clinicians to implement the following strategies for the time period recommended for physical distancing by current federal guidance, i.e., until at least April 30, 2020:

- » Postpone and reschedule in-lab administration of positive airway pressure (PAP) therapy (i.e., PAP titration studies and split-night studies) except in emergencies, in which case, [review the potential for aerosolization](#) and ensure technologists use appropriate PPE. Avoid PAP use in the clinic setting due to the risk of aerosolization.
- » Postpone and reschedule polysomnography (PSG) for children and adults except in emergencies.
Note: During this public health emergency, Medicare will cover PAP devices based on the clinician's assessment of the patient without requiring PSG or a home sleep apnea test (HSAT). However, CMS has not clarified what follow-up testing, if any, may be required after this public health emergency is over.
- » Restrict HSAT services according to the parameters described below.
- » Postpone and reschedule all non-emergency, in-person appointments; conduct visits via telemedicine.
- » Note: During this public health emergency, [Medicare is expanding coverage for telemedicine](#) services and waiving requirements for face-to-face or in-person encounters.
- » For emergency or unavoidable in-person visits, maintain recommended standards for [proper use of PPE](#) and follow the CDC's [transmission-based precautions](#).
- » When sleep medicine services are postponed, maintain communication so that patients' access to the medical team and continuity of care are preserved, and loss to follow-up is minimized.

HSAT SERVICE PARAMETERS

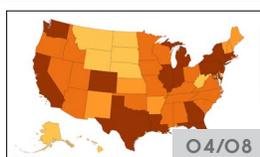
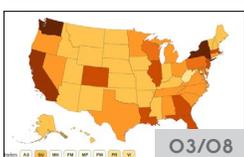
- » Consider using single-use, fully disposable devices and/or components.
- » Use an HSAT delivery service.
- » If using reusable devices, the units must be cleaned and sanitized according to CDC [disinfection standards](#). As an extra precaution during this public health emergency, it would be best to remove a reusable device from service for [at least 72 hours](#) in addition to disinfection before its next use.
- » Ensure that patients do not have to leave their home to receive or return the device.
- » Provide patients with access to instructional brochures, video or telemedicine consultations to ensure proper set-up, as well as safe handling of the package upon arrival.
- » Individuals responsible for cleaning reusable HSAT devices must wear [appropriate PPE](#).

*Definitions

COMMUNITY SPREAD: According to the CDC, minimal to moderate community spread involves multiple cases of COVID-19 in the community. Substantial community spread is defined as large-scale community transmission, health care staffing significantly impacted, multiple cases within communal settings.

ESSENTIAL HEALTH CARE WORKFORCE: The U.S. Department of Homeland Security has issued advisory guidance (not a federal directive or standard) describing the [Essential Critical Infrastructure Workforce](#), which includes health care providers among essential workers. Many state executive orders have expanded on this definition.

NON-ESSENTIAL CARE: Although CMS has provided some guidance, CDC has not provided a concise definition for non-essential care. The priority of sleep medicine clinicians should be to delay non-urgent care during the current acceleration phase of this public health emergency. For many patients who need in-lab PSG or PAP titration, their sleep studies can be delayed without placing their immediate health, safety or well-being at substantial risk. This decision depends on both the expertise of the clinician and the individual needs of the patient. Clinical judgment also is required to determine when sleep testing or in-person sleep care may be needed to address a medical urgency or emergency.



STATES REPORTING CASES OF COVID-19 TO CDC*

[View the latest information](#)

For questions or to provide feedback on this guidance, please contact the AASM at covid@aasm.org.