

Sleep Medicine Diagnostic Facilities (SMD)

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Resuming service during Stage 0:

Guiding principles and assumptions

It is the responsibility of the Medical Director to follow all directives from the [CMOH](#) / AHS / CPSA current guidelines.

Evaluate facility services to identify those that could possibly lead to any complications which may lead to an intervention in the ER department or result in a hospital admission, placing a burden on services required during the pandemic.

Confirm that **no** new type of service (i.e. facility scope, surgical, procedural, sedation or anesthetic) has been added or implemented besides what your facility is **currently accredited for**.

Ensure all physicians providing services at your facility have CPSA approval specific to the services provided at your site.

Have a pandemic plan in place to revert to **if required**. This ensures the facility can respond to a resurgence/outbreak immediately.

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.

Virucidal disinfectants or diluted bleach solution must be used to complete the disinfection step of cleaning and disinfecting surfaces – check the [Health Canada database](#) to confirm that the virucide in use is 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 at least twice a day, or more frequently as use and circumstances warrant. Including but not limited to:

- Doorknobs/light switches
- Washrooms, sinks/faucets, hand sanitizer dispensers
- Treatment area counter tops
- Clipboards, pens, shared computers, telephones, keyboards and mobile devices

Cleaning of other surfaces in the facility environment that are not classified as high touch should occur when visibly soiled and at an increased frequency from past practice (e.g. cubicle curtains, legs and undersides of treatment beds etc.).

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 are 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 processing payment
 - Prior to departure from the practice

Ensure facility respiratory etiquette processes are aligned with CMOH/AHS/AH directives.

Personal protective equipment (PPE)

Ensure sufficient and appropriate PPE are readily stocked and available to facilitate safe resumption of services.

Alberta’s CMOH has mandated that health professionals must engage in continuous masking in long-term and continuing care settings. No similar order is currently in effect for primary care environments. However, [Alberta Health](#) and [Alberta Health Services](#) have recommended that health professionals engage in continuous masking using surgical/procedure masks in all patient care environments.

Ensure PPE (i.e. N95 masks) is appropriately fit-tested.

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 booking, inform patients about public health measures and screen them for possible COVID symptoms prior to them attending the office. Patients with COVID symptoms should be referred to the self-assessment tool on the [AH website](#).

Reconfigure treatment spaces, offices and waiting areas to ensure physical distancing is maintained among patients, between patients and staff when not engaged in direct patient care, and among staff.

Where feasible, a barrier (e.g. Plexiglas) should be installed to protect reception staff.

Organize in-person appointment times to limit the number of people in the facility at one time. Prioritize appointments based on urgency.

Arrange queuing and traffic flow to maximize physical distancing. Use visual cues like directional arrows and waiting spots if possible.

Unless necessary, ask patients to attend alone without family members, friends or caregivers.

Limit patients in the waiting area and set up seating so that [public health orders](#) can be adhered to both in terms of numbers of people and spacing between them. Establish clear signage for patient maximums allowed in the waiting room at one time.

Adopt alternative solutions to waiting in the office, such as asking patients to wait in their vehicles and text messaging or calling when appointments are ready.

When booking, inform patients about public health measures and screen them for possible COVID symptoms prior to them attending the office. Patients with COVID symptoms should be referred to the self-assessment tool on the [AH website](#).

Limit exchange of paper with patients where possible implementing secure methods of electronic information and resource sharing.

Consider contactless payment options.

Post information on the following topics in areas where it is likely to be seen by staff and patients;

- physical distancing;
- hand hygiene (hand washing and hand sanitizer use); and
- help limiting the spread of infection.

At a minimum this includes placing them at entrances, in all public/shared washrooms, and treatment areas.

Downloadable posters are available at the following link:

<https://www.alberta.ca/prevent-the-spread.aspx#toc-6>.

Staff safety

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 staff 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)

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.

Document staff training on revised procedures and new COVID-19 protocols and directives as applicable.

Communication

Consider appointing a working group or dedicated person to ensure compliance/keep abreast of CMOH/AHS/CPSA current COVID guidelines.

Increase facility operational updates, including a process to communicate effectively (documented) to all facility staff.

Communicate implemented protocols for patient selection and scheduling limits to all physicians/patients.

Implement a mechanism to communicate any changes to facility services or operations/processes.

Future planning

Implement frequent facility management review of operations post-COVID (adjust, tighten, relax).

Conduct facility risk assessments on workload, backlog and new elective procedural rebooking strategies.

Facilities, equipment, consumables & 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.

Confirm all equipment is ready to achieve optimal working status. Review PM schedule.

Pre-examination

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.

Revise Pre-examination Checklist for confirmation of asymptomatic patient status

- Do not test any patients with COVID-19 or flu like symptoms under any circumstances at this time. Symptomatic patients must be isolated and those with confirmed COVID-19 must quarantine as per the direction of the CMOH
- COVID patients must not be tested for a minimum of 30 days post-infection

Document temperature and a 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 and dispose of the items with care.

Disposable gloves should be used at all times when testing. These should be discarded after each patient and after cleaning of the 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.

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.

Post-examination

Provide direction to patient escorts to wait in their cars or off-site until the examination is completed and patient is ready to leave.

Ensure single-use items are safely disposed of.

Enhanced equipment cleaning protocols must be strictly adhered to.

Facility safety & 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.

References

Alberta Chief Medical Officer of Health orders:

[CMOH Order 05-2020](#)

[CMOH Order 07-2020](#)

[CMOH order 16-2020 which amends CMOH Order 07-2020: 2020 COVID-19 response.](#)

Alberta Health Services:

[Interim IPC Recommendations COVID-19](#)

[Aerosol-Generating Medical Procedure Guidance Tool novel coronavirus \(COVID-19\)](#)

American Academy of Sleep Medicine:

[COVID-19 mitigation strategies for sleep clinics and sleep centers – REOPENING](#)

British Thoracic Society:

[Guidance regarding coronavirus \(COVID-19\) and Obstructive Sleep Apnoea \(OSA\): for people who routinely use continuous positive airway pressure \(CPAP\), their families and health care workers, 20 March 2020](#)

Canadian Thoracic Society:

[Sleep Disordered Breathing position statement](#)

College of Physicians and Surgeons of Alberta:

[CPSA's Advice to the Profession on Reopening Practice during COVID-19](#)

[CPSA Standards of Practice](#)

Resource organizations

[American Academy of Sleep Medicine](#)

[Canadian Thoracic Society](#)

[College and Association of Respiratory Therapists of Alberta](#)

[Canadian Society of Respiratory Therapists](#)

[European Respiratory Society](#)

Appendix A – Checklist

Facilities, equipment, consumables & supplies

| | |
|---|--------------------------|
| HVAC system assessment | <input type="checkbox"/> |
| Patient service medical equipment re-testing | <input type="checkbox"/> |
| Enhanced supply chain management processes | <input type="checkbox"/> |
| Enhanced Supply/consumable inventory control | <input type="checkbox"/> |
| Optimal operation status of all perioperative equipment and ancillary equipment | <input type="checkbox"/> |

Pre-examination

| | |
|--|--------------------------|
| Reorganization of testing schedules to include extra time | <input type="checkbox"/> |
| Implementation of patient PPE and physical distancing requirements | <input type="checkbox"/> |
| Revision of Pre-examination Checklist for confirmation of asymptomatic patient status | <input type="checkbox"/> |
| Documentation of temperature and a symptoms on all asymptomatic patients | <input type="checkbox"/> |
| Informed Consent - Inclusion of potential risks of completing procedure during pandemic COVID-19 | <input type="checkbox"/> |

Examination

| | |
|---|--------------------------|
| Protocol for use and disposal of single-use consumables | <input type="checkbox"/> |
| Protocol for use of gloves and hand hygiene before and after use | <input type="checkbox"/> |
| Policy for postponement and rescheduling of in-laboratory administration of PAP therapy, polysomnography (PSG) and split-night studies, except in emergencies | <input type="checkbox"/> |
| Protocols for use of appropriate PPE In urgent settings for PAP therapy | <input type="checkbox"/> |

Post-examination

| | |
|--|--------------------------|
| Ensure single-use items are safely disposed of | <input type="checkbox"/> |
| Enhanced equipment cleaning protocols must be strictly adhered to. | <input type="checkbox"/> |
| Provision of direction to patient escorts | <input type="checkbox"/> |

Facility safety & emergency planning

| | |
|--|--------------------------|
| Review medical emergency management response supplies | <input type="checkbox"/> |
| Perform mock drills for donning and doffing PPE | <input type="checkbox"/> |
| Complete performance checks on portable fire extinguishers | <input type="checkbox"/> |
| Update processes/training on any new WHMIS controlled materials | <input type="checkbox"/> |
| Revise facility emergency evacuation plan and staff training based on COVID guidelines | <input type="checkbox"/> |

Medical device reprocessing (MDR)

| | |
|--|--------------------------|
| Sterile package and instrument tray inspection | <input type="checkbox"/> |
| Optimal operation status of all cleaning and sterilization equipment | <input type="checkbox"/> |