Reopening of Sleep Centers/Clinics: Sleep Technologist Considerations

By Kevin Asp, CRT, RPSGT
As public health professionals make the determination it’s safe to see patients and there are more relaxed stay-at-home restrictions, sleep technologist practices should strategically plan on how and when it’s best to reopen. They should take recommended guidance from relevant prominent authorities, such as the American Academy of Sleep Medicine (AASM) and the American Medical Association (AMA), on how to safely reopen their facilities.

The AASM issued this updated guidance in late April 2020 with the intention of assisting sleep center/clinic and laboratory operations in response to the COVID-19 (coronavirus) spread. It included guidance based on the Centers for Disease Control and Prevention’s (CDC’s) recommended mitigation strategies.

The AMA, which is the largest group of physicians and medical students in the U.S. and whose mission includes the betterment of public health, provided guidance and standards in May 2020 for physician practices, including sleep clinics and sleep centers, as recommended steps to take to prepare for their reopening.

Taking guidance from these authorities, sleep technologists and sleep centers should adhere to the following sleep technologist considerations and COVID19 recommendations for reopening of sleep clinics, and put them into place where and when applicable.

1. Processing and Cleaning of Home Sleep Apnea (HSAT) Testing Equipment

To limit COVID-19 exposure, as a sleep center, you should clean and disinfect your clinic thoroughly, and particularly high-touch surfaces including:

- Keyboards
- Desktops
- Mice
- Chairs
- Door handles
- Telephones
- Medical equipment and accessories

You must clean high-touch surfaces at least twice a day, as well as the waiting room and workstations.

Consider drop-shipping CPAP equipment to further reduce the risk of virus transmission and infection.

It’s advisable, and many sleep clinics are doing this, to wait 72 hours after receiving Home Sleep Apnea Testing (HSAT) equipment from patients before opening the sealed bag.

2. PPE Equipment and the Sleep Technologist

Your sleep center staff must use personal protective equipment (PPE) properly. They must always wear a surgical mask, unless they’re alone in an expanded work area or their own room with nobody else within six feet. They can remove their surgical masks intermittently and store them in a paper bag labeled with their name when they are not within six feet of other people.

The masks must be thrown away if they:

- No longer fit
- Break
- Become soiled
- Are past their recommended usage time frame

Staff must wear face shields or goggles, N95 masks, gowns, and gloves during procedures such as:

- When occupying the same room as patients using Positive Airway Pressure (PAP) devices

Staff may reuse their N95 masks five times (five days) and sanitize them with steam three times (two minutes in a microwave at high power or steamer with two ounces of water). They can wash face shields and goggles with water and soap or sanitize them with a Super Sani-Cloth or alcohol wipes. They must discard their gloves after each use.

Command strips or hooks can be placed outside the patient door to hang PPE supplies per patient per night.

To limit COVID-19 exposure, as a sleep center, you should clean and disinfect your clinic thoroughly

Evaluate your PPE requirements, consider alternatives like cloth masks, review what your current stockpile contains and what you’ll require in the future, and then place your orders. Have supplies delivered to your sleep center in advance so you are prepared to reopen. Deliveries may be sporadic and sufficient supplies are essential to manage your day-to-day plan.

3. Covid-19 Screening of Patients and Staff

Regular and proper screening for COVID-19 is essential for both patients and staff.

Screening Sleep Center Staff

Sleep technologists and other staff must be screened for COVID-19 symptoms regularly. They should take their temperatures twice daily, at a minimum, and report any symptoms, such as a cough, fever, or shortness of breath, indicative of a potential COVID-19 infection.
If your staff is symptomatic, send them home.
Adopt reduced and/or flexible scheduling to account for sleep staff needing to take time off due to quarantine or illness. Provide sufficient rest breaks if you’re working with a decreased level of staffing.

**Screening Patients**
You must screen all sleep center patients for potential COVID-19 symptoms before their in-person appointment, and once again when they arrive for their appointment, before they enter your clinic.

Pre-screen patients before appointments:
- Use patient portals, phone calls, or online self-assessment tools
- Review COVID-19 status
- Review COVID-19 symptoms like cough, fever, or shortness of breath
- Reschedule patients who are positive, showing symptoms, or pending COVID-19 testing.

Screen patients at the time of appointments:
- Check patients’ temperatures and screen them again for symptoms of COVID-19 and test status once they arrive at your sleep clinic.
- Reschedule patients who are positive, experiencing symptoms, or pending COVID-19 testing.
- Refer to clinical care or diagnostic testing as appropriate.

**4. Keep Staff Workstations Consistent to Minimize Cross-Contamination**
Reduce person-person contact as much as you can. This includes during the staff screening process as staff members conducting temperature checks have been possible sources of workplace spread.
Consider rearranging open workspaces to increase how much distance is between individuals working.
Also, consider having dedicated patient rooms and workstations to reduce the number of individuals touching the same equipment. Maintain social distancing among sleep technologists and staff of at least six feet apart.

**5. Consider Negative Pressure Units for Patient Rooms**
Negative pressure rooms, also called Airborne Infection Isolation Rooms (AIIR), are especially critical when something such as COVID-19 hits. In healthcare settings, these rooms prevent infectious contaminant spread and maintain restricted spaces or sterile spaces. These rooms isolate patients with AIIR and protect individuals outside the rooms from exposure.
Negative pressure rooms use lower air pressure, allowing outdoor air into the segregated atmosphere, trapping and keeping possible harmful particles within the room by keeping the indoor air from leaving the immediate area.
Negative and positive pressure rooms are used as part of a large range of research and healthcare environments as they help keep conditions clean and contained in the smallest clinics to even the largest.

**6. Consider UV Lighting for Cleaning Rooms**
Some sleep centers can incorporate UV-C light into the system for maintaining a sterile environment. UV-C light can sterilize surfaces and decrease viruses, like COVID-19, in patient areas. Cleaning rooms using standard disinfectants is required prior to using UV-C light. This helps to protect your staff and your patients, ensuring thorough cleaning that can be documented.
As an added measure for infection-control, consider using air purifiers with HEPA filters. A HEPA filter assists to purify the room’s air and capture and destroy viruses, like the COVID-19 virus. You should use these at night in patient bedrooms as well as for Multiple Sleep Latency Tests (MSLT) during the day or for PAP fittings.
As an alternative when UV-C light sterilization is not available, you can...
turn a HEPA filter on at high speed for two hours using a timer and keeping the door closed to the room.

7. Utilize Telemedicine When Practical and Possible

You should consider using Registered Polysomnographic Technologists (RPSGT's) and telemedicine to provide patient education. This is an effective way to teach patients how to effectively use their devices (CPAP/BiPAP/APAP) while reducing staff exposure to droplet aerosolization. In addition, employ home sleep apnea tests (HSAT) when practical.

8. Limit Non-Patient Visitors

Post your visitor policy clearly for people who are not staff members or patients (including educators, vendors, service providers, etc.) on your website and outside your clinic's door. Reroute all visitors to virtual communication, using videoconference or phone calls, when feasible.

If you have visitors, technicians, or others, who absolutely must enter your sleep clinic physically, to do repair work, for example, ensure you designate a time that's outside of your sleep clinic's regular office hours to reduce interactions with:

- Sleep technologists
- Patients
- Staff members

Your sleep center should also have proper social distancing signage and six feet markings to remind staff and visitors to practice COVID-19 spread mitigation protocols. Hand sanitizers should be placed throughout your center and regular use should be encouraged. Place signage in the bathrooms to remind everyone to wash hands for at least 20 seconds.

9. Policies for Sleep Center Employees Diagnosed with COVID-19

If a sleep center staff member has a confirmed COVID-19 case, certain parties need to be notified within 24 hours, including:

- Management
- Staff
- Suppliers
- Contractors
- The local public health department or hospital command center

Anyone who has come into contact with the infected individuals should be notified. You should keep a record of this notification.

Employees with symptoms of COVID-19 should be asked to go home until their symptoms resolve; preferably 14 days since their symptom onset, or until they test negative for the virus.

Employees who leave work or stay at home because they're at particular risk of infecting other people with COVID-19 should not be disciplined, discharged, or otherwise retaliated against.

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If a sleep staff member does have a confirmed COVID-19 case, thoroughly clean and disinfect the sleep clinic before you allow any patients into your clinic. Clean and disinfect your clinic using low-level disinfection, like Opti-Cide Max spray or Super Sani-Cloth, which sufficiently destroys the COVID-19 virus. If available, treat the area with UV-C light.

In Summary

Sleep technologists should follow AASM guidelines to ensure the safety of their patients and themselves, and to help prevent the spread of COVID-19. Please note this guidance is not intended to be all-inclusive and will require modification to meet specific facility requirements, and/or as new developments or information regarding COVID-19 emerges.

KEVIN ASP, CRT, RPSGT, Because of the implementation of his best practices of Implementing Inbound Marketing in its Medical Practice, he turned the once stagnant online presence of Alaska Sleep Clinic to that of "The Most Trafficked Sleep Center Website in the World" in just 18 months time. He is the President and CEO of inboundMed and enjoys helping sleep centers across the globe grow their business through his unique vision and experience of over 27 years in sleep medicine.