



Joint statement from the Research and Clinical Committees of the ASA: Recommendations for research polysomnography during CoVID-19 pandemic

16 June 2020

Preamble

Sleep research is an important part of the ASA and is crucial for the future sleep health of the population. The CoVID-19 outbreak has led to cessation and reduction in research polysomnography across Australia and New Zealand. Due to the current very low rates of community transmission of CoVID-19 in Australia and New Zealand, we developed these recommendations to support research polysomnography to recommence in certain circumstances with careful consideration of potential aerosolisation risk (highest with positive airway pressure studies) and infection control. There is a balance between the need for sleep research to continue versus the need to protect research participants and staff.

Research Laboratory Sleep Studies (Level 1)

The ASA supports the recommencement of Level 1 polysomnography for adults and children. It remains vitally important to comply with the current government and hospital/university guidelines for infection control measures including stringent hand washing, physical distancing in public areas and reduced activity if indicated. Cleaning and disinfection guidelines from equipment manufacturers should always be strictly adhered to during this time.

- The ASA recommends Level 1 diagnostic sleep studies (low risk of viral aerosolization) be performed with pre-screening of participants (epidemiological risk factors, symptoms as per the latest government guidelines) and body temperature check to ensure they have no symptoms of a viral illness and are afebrile prior to testing. Mandibular advancement splint efficacy testing may also be performed for research purposes.
- The ASA recommends Level 1 positive airway pressure studies (CPAP/BiPAP/oxygen) may occur in Australia and New Zealand. This includes studies which utilise positive airway pressure (PAP) to assess upper airway physiology and respiratory control mechanisms. Pre-screening of participants (epidemiological risk factors, symptoms as per the latest government guidelines) and body temperature check should occur to ensure they have no symptoms of a viral illness and are afebrile prior to testing. Preventive measures to reduce infection risk should be undertaken and determined

collectively by the hospital/university in close consultation with sleep physicians and sleep scientists, with reference to current rates of community transmission of CoVID-19 in the local area and state. It is suggested that patients who undergo CPAP/NIV testing are advised to contact the research laboratory if they develop viral symptoms within 14 days after the sleep study.

Further information can be obtained by viewing the ASA webinar *Managing COVID-19 risks for NIV sleep studies* recorded on 25/5/20.

Meeting Recording:

https://us02web.zoom.us/rec/share/6lteJax-F1JQK_D92j0A6kDTofnX6a8hHRM-vJbzUrBmZql0EDiwdJEgda2NEcN

Access Password: sleep4U@home

Practical measures which may reduce risk should be considered, such as minimizing sleep scientist time in the room, turning off the PAP device before entering the room where appropriate (being mindful of rebreathing risk), use of non-vented mask with an exhalation port and viral/bacterial filter (if feasible) and careful cleaning of the room and surfaces after each study, including bed linen laundered to clinical standards.

Review of these recommendations is ongoing and subject to change depending on CoVID-19 infection rates and level of community transmission.

Research Home Sleep Studies (Level 2)

Remote set up for level 2 testing is preferable. However, this is not possible for all participants and laboratories. Due to reduced community transmission of CoVID-19, the ASA supports the recommencement of Level 2 studies with face to face set up. Similar, to Level 1 diagnostic studies, it is important to comply with current government, university and hospital guidelines for infection control measures including stringent hand washing, physical distancing in public areas and for reduced activity where indicated.

- The ASA recommends diagnostic home sleep studies with face to face set up can be performed with pre-screening of patients (epidemiological risk factors, symptoms as per the latest government guidelines) and body temperature check to ensure they have no symptoms of a viral illness and are afebrile prior to testing.