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LETTERS TO THE EDITOR

Home sleep apnea testing in the era of COVID-19: a community perspective

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Sleep medicine programs in the New York City metropolitan area mostly suspended operations near the start of the COVID-19 pandemic surge in the Northeast; the last diagnostic sleep study in our group was completed on March 16, 2020. Our private practice multispecialty group of more than 800 providers relies on sleep medicine consultation, diagnostic testing, and treatment of sleep-disordered breathing to optimize health care delivery. This suite of services is particularly important for our population with obesity, for whom COVID-19 may carry a higher risk of morbidity and mortality,[1] a noteworthy observation echoed in my own experience working in the intensive care unit at our community hospital. The challenge is how to restart sleep services in a manner that is objectively safe and reassuring to patients and our referring providers. Specifically, we have addressed the screening of sleep referrals for COVID-19 signs and symptoms, the distribution of home sleep apnea testing (HSAT) devices, and the return of HSAT devices with disinfection for reuse.

Consistent with American Academy of Sleep Medicine recommendations,[2] telephone screening is completed before all HSAT visits for COVID-19 symptoms, including fever, cough, and shortness of breath. Patients are again screened for COVID-19 symptoms and a noninvasive temperature check is completed upon arrival for HSAT education and device pickup. Medical staff are screened similarly on a daily basis and are required to wear personal protective equipment with every patient.

Our sleep center's specific challenge has been to develop a process to minimize any risk of transmission of COVID-19 via contact with HSAT equipment. We communicated with 5 major manufacturers of HSAT devices (Alice Night One [Philips Respironics, Murrysville, Pennsylvania], Ares [Watermark Medical, West Palm Beach, Florida], Nox T3 [Nox Medical, Suwanee, Georgia], Apnealink [Resmed, San Diego, California], and Watchpat [Itamar Medical, Franklin, Massachusetts]) regarding disinfection procedures for COVID-19. All recommended quaternary alcohol-based cleaning, and several specifically recommended following Centers for Disease Control and Prevention guidance, which is not specific to HSAT equipment. Notably, none recommended changes to the disinfection process in response to COVID-19. The American Academy of Sleep Medicine also recommends waiting 72 hours between the reuse of HSAT devices based on data for SARS-CoV-2 surface stability on plastic surfaces.[2] With the availability of low-cost ultraviolet-C machines for sleep mask disinfection (eg, Lumin [3B Medical, Winter Haven, Florida], ~$250), we added this third step to our disinfection process along with recommended chemical disinfection and a 72-hour wait before reuse.

These steps to safely re-establish HSAT services are intended to lessen any potential anxiety that may limit access to HSAT. Our reopening protocols are designed for a community practice setting, where investing limited resources in disposable equipment as adopted at a large academic medical center[3] is not feasible. These protocols are thoughtful, exceed recommended standards, and have been initially well received by our community.

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DISCLOSURE STATEMENT

The author reports no conflicts of interest.