



Specific Accreditation Guidance

**ASA Standard for Sleep Disorders Services (March 2019)
Gap analysis**

March 2019

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ASA Standard for Sleep Disorders Services (2019) Gap analysis

Purpose and background information

This document serves as an informative guide correlating the clauses in *ASA Standard for Sleep Disorders Services 2019* with the previous 2016 version of the standard.

The structure of the standard is identical to the previous version with the main changes being updates to align with the current paediatric guidelines.

The Standard was revised by the ASA Paediatric Working Group and the Sleep Disorders Services Accreditation Advisory Committee (AAC) with the support of NATA.

With the exception of some clarification for paediatric services, most of the changes in the standard are of an editorial nature.

August 2016 Clause No.	March 2019 Clause No.	Emphasis of Change (New/Editorial/ minor/major)	Summary of <i>ASA Standard for Sleep Disorders Services (March 2019)</i>	Comments
1	1		Scope	No changes
2	2		Terminology and presentation	No changes
3	3		Terms and definition	No changes
			General requirements	
4.1.5(f)i	4.1.5(f)i	New		Addition of “ <i>In the case where services are provided to children (less than or equal to 15 years), there must be an identified Paediatric sleep physician with responsibilities to oversee services provided to children</i> ”
4.1.5(g)ii NOTE 3	4.1.5(g)ii NOTE 3	Editorial	New note	<i>Additional information “(a higher staffing ratio may be required for more complex patients/studies);”</i>
4.4.1	4.4.1	Editorial		Removal of “ <i>A personalised (telehealth is sufficient) clinical review by an appropriately trained sleep medical practitioner post PSG is strongly recommended.</i> ”
4.4.1(a)	4.4.1(a)	Minor		Addition of “ <i>consultant respiratory physician</i> ”.

4.4.1(b) NOTE	4.4.1(b) NOTE	Editorial		Removal of note
4.4.1(c)	4.4.1(c)	Minor		Addition of <i>“The evaluation includes considering whether the proposed sleep study environment is safe and appropriate for that child.”</i>
4.4.1(c) NOTE	4.4.1(c) NOTE	Editorial		Removal of note
5.1.1(a)	5.1.1(a)	Minor		Removal of <i>“clinical”</i>
		Minor		Addition of <i>“paediatric basic life support relevant to the age range and case mix of the patients studied is required.”</i>
5.1.2(b)	5.1.2(b)	Editorial		Removal of <i>“scientific/technical and nursing staff”</i> , changed to <i>“technical staff”</i> .
5.1.2(c)	5.1.2(c)	Editorial		“Scientist/technologist” changed to “technical staff”
		Minor		Addition of <i>“two (2) years’ experience in a relevant age-equivalent sleep disorders service”</i>
5.1.2(e)	5.1.2(e)	Minor		Removal of <i>“All staff working in a paediatric sleep service require specific training in working with children and young people.”</i>
5.1.3	5.1.3	Editorial		Clause heading changed to Training and Competence
5.1.3	5.1.3(a)	Minor		Reference to “competence” changed to “training”

		Minor		Addition of <i>“All staff working in a paediatric sleep service require specific training in working with infants, children and young people, commensurate with the duties they perform.”</i>
	5.1.3(b)	New		<i>“Following appropriate training the service must assess the competence of each person to perform assigned tasks according to established criteria.”</i>
	5.1.3(c)	New		<i>“Ongoing competence must be assessed periodically.”</i>
5.2.1(a)iv	5.2.1(a)v	Editorial		Moved to separate subclause - <i>“In the case of paediatric laboratories the bedroom must be child-safe and age-appropriate, with age-appropriate bedding for each patient. Sites for a parent to sleep in the child’s bedroom must be available. (6)”</i>
5.2.1(a)v	5.2.1(a)vi	Editorial		Clause renumbered
5.2.1(a)vi	5.2.1(a)vii	Editorial		Clause renumbered
5.2.1(a)vii	5.2.1(a)viii	Editorial		Clause renumbered
5.2.1(a)viii	5.2.1(a)ix	Editorial		Clause renumbered
5.2.1(a)ix	5.2.1(a)x	Editorial		Clause renumbered
5.2.1(a)x	5.2.1(a)xi	Editorial		Clause renumbered

5.2.1(a)xi	5.2.1(a)xii	Editorial		Clause renumbered
5.2.1(a)xii	5.2.1(a)xiii	Editorial		Clause renumbered
	5.2.1(a)xiii	Major		Addition of <i>“and there must be clearly documented protocols for managing paediatric medical emergencies.”</i> and <i>“(including automated external defibrillation (AED))”</i>
5.2.1(a)xiii	5.2.1(a)xiv	Editorial		Clause renumbered
5.2.1(a)xiv	5.2.1(a)xv	Editorial		Clause renumbered
5.2.1(a)xv	5.2.1(a)xvi	Editorial		Clause renumbered
5.3.1 (c)	5.3.1 (a)	Editorial		<i>“Polysomnography software must allow for the recording and full disclosure of the raw signals”</i> moved to different clause.
5.3.1 (c)	5.3.1(b)	Major/New requirement		Reworded and additional requirement <i>“Audio-visual monitoring of patients (by infrared or low light video) must be recorded for paediatric patients and is desirable for adult patients.”</i>
5.3.1 (d)	5.3.1 (c)	Editorial		Clause moved
5.3.1 (e)	5.3.1 (d)	Editorial		Clause moved
5.3.1(b)	5.3.1 (e)	Editorial		Clause moved

	5.3.4.3	New		<i>“The service must have a documented process in place to verify signal quality when biological signal verification cannot be performed (e.g. paediatric).”</i>
5.4.2	5.4.2	Editorial		<p>Reworded to <i>“Where demand for services exceeds capacity, the service must have a system for prioritizing referrals, which includes timeframes for categorising and performing urgent studies and implementation of treatment. This should include a process for escalation of urgent referrals.”</i></p> <p>For example includes only adult patient case examples.</p>
5.5.1	5.5.1	Minor	New note	<p><i>Additional information</i></p> <p><i>“ Nap studies may be deemed appropriate in patients under 12 months of age, as determined by the Paediatric Sleep Physician.”</i></p>
5.7.1.1	5.7.1.1	Editorial		Removal of <i>“This includes the need for a thorough clinical history and examination of the patient prior to the PSG.”</i>
5.7.1.3	5.7.1.3	Editorial		Removal of <i>“Positive airway pressure is the mainstay of treatment for adult patients with a respiratory sleep disorder.”</i>

5.7.1.4	5.7.1.4	Major/New		Reworded to <i>“Where provisional prescriptions are provided to patients at the conclusion of a CPAP titration study before physician consultation/review, the service must have a documented policy and procedure which describes the processes for provisional prescriptions and for updating the provisional prescription with the final reported CPAP pressure and study result when available.”</i>
5.7.1.5	5.7.1.7	Editorial		Clause moved <i>“It is recognised that CPAP will not be a suitable therapy for all patients. The service should have a relationship with an appropriately trained dental practitioner for the construction of oral appliances and be able to refer patients to an ENT surgeon where surgical interventions are considered appropriate (19) (20) (21) (22).”</i>
	5.7.1.5	New		<i>“Paediatric services must have clear protocols in place for management of all forms of non-invasive ventilation and invasive ventilation provided by the service.”</i>
5.7.1.6	5.7.1.8	Editorial		Clause moved
5.7.1.7	5.7.1.9	Editorial		Clause moved

5.7.1.8	5.7.1.10	Editorial/New		Clause moved and new recommendation - <i>“Paediatric services should provide specialist behavioural sleep management services, including for Disorders of the Initiation and Maintenance of Sleep and Circadian Rhythm Disturbances. Procedures must be in place for referral of management of behavioural sleep problems to appropriate personnel where services cannot be provided in-house.”</i>
5.8	5.8	Editorial		Clause title changed to <i>“Analysis and reporting of results”</i>
5.8.3	5.8.4	Editorial		Part of the clause moved.
	5.8.3	Minor	New note	Additional information <i>“Note: Computerised analysis is not recommended for paediatric studies.”</i>
5.8.4	5.8.6	Editorial		Clauses moved
	5.8.5	New		<i>“For paediatric studies, technical staff analysing the study must be trained and deemed competent in paediatric analysis and the interpretation must be completed by a paediatric sleep physician.”</i>
5.8.5	5.8.7	Editorial		Clauses moved

5.8.5(d)	5.8.7(d)	Editorial		Subclause expanded to “include the date of the study and the date of the final report;”
5.8.6	5.8.8	Editorial		Clause moved
5.8.7	5.8.9	Editorial		Clause moved
5.8.8	5.8.10	Editorial		Clause moved
5.8.9	5.8.11	Editorial		Clause moved and renumbered
5.8.10	5.8.12	Editorial		Clause moved