

Diagnostic Accreditation Program

**ACCREDITATION STANDARDS FOR
RELOCATION ASSESSMENT**

Polysomnography

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How to use this document

All diagnostic services that are relocating to a new address or within their existing building (e.g. facility is rebuilt on the same site) **must** proceed through the relocation assessment process and receive an accreditation award **prior** to service delivery and testing of equipment on people in the new location.

The relocation assessment process includes:

- the facility/service completing and submitting documentation that outlines the service profile, equipment, key individuals and their related qualifications, and other information as requested
- a DAP accreditation officer reviewing the submitted documentation and conducting an on-site visit of the new facility

During the relocation assessment process, the new facility is assessed to a partial selection of the Diagnostic Accreditation Program (DAP) Accreditation Standards. This document, Accreditation Standards for Relocation Assessment, identifies those standards that will be utilized by the DAP accreditation officer for conducting the relocation assessment. A facility preparing for a relocation assessment is strongly encouraged to review this document in their preparation, and to ensure all mandatory requirements have been fulfilled prior to scheduling the on-site assessment. It is also suggested that the facility/service reviews the complete, comprehensive set of DAP Accreditation Standards as these documents provide additional guidance and explanations that the facility may find useful.

Evidence of compliance with mandatory requirements is required for the facility to be eligible to receive an accreditation award for the new facility. Mandatory requirements are identified by a bold type **M**.

Accreditation award

All mandatory requirements must be fully implemented for a facility to be eligible for an accreditation award at their new location. If the new facility is not awarded accreditation, they are not permitted to commence service delivery. Service delivery may continue at the pre-existing location until such time as the new facility has fully implemented all mandatory requirements.

Facilities are encouraged to contact an accreditation specialist at the DAP for more information on proceeding through the relocation assessment process, and to arrange for an accreditation officer to conduct a relocation assessment.

Governance and leadership

Leadership

No.	Description
SGL2.0	<p>THE ACCOUNTABILITY AND RESPONSIBILITY FOR KEY LEADERSHIP FUNCTIONS IS ASSIGNED.</p> <p><i>Guidance: Functions may be assigned to an individual, leadership group or committee. An individual may be assigned to more than one key function.</i></p>
SGL2.2	<p>Responsibility for the clinical oversight of diagnostic service quality and safety is assigned and supported by the organization.</p> <p><i>Guidance: Clinical oversight describes a system through which an organization continually improves the quality of their services and safeguards high standards of care through an environment that promotes clinical excellence.</i></p>
SGL2.2.1	<p>M A senior medical leader is appointed with responsibility for the quality and safety of the medical practice within the diagnostic service.</p>
SGL2.2.3	<p>M Administrative and technical leaders are appointed with responsibility for the quality and safety of operational processes and technical operations within the diagnostic service.</p> <p><i>Intent: It is the expectation that the job descriptions of diagnostic service leaders include quality and safety responsibilities.</i></p>

Medical staff

Medical staff leadership

No.	Description
SMS1.0	A MEDICAL LEADER IS APPOINTED WITH ASSIGNED RESPONSIBILITIES AND ACCOUNTABILITIES FOR THE DIAGNOSTIC SERVICE.
SMS1.1	The medical leader has responsibility for medically related activities.
	The medical leader:
SMS1.1.6	M <ul style="list-style-type: none"> authorizes the implementation of technical/medical operational policies and procedures related to the diagnostic service

Remotely supervised facilities

Intent: Remotely supervised facilities provide services without medical leadership regularly on site. These facilities are typically small and located in remote communities where test interpretation is performed off-site at a larger facility or hospital.

No.	Description
SMS1.2	Medical leaders must visit the remotely supervised facility to assess the quality and safety of the service.
SMS1.2.1	M The medical leader visits the facility prior to assuming responsibility for medical leadership for a new service.
SMS1.3	Logs to record the medical leader or delegate visits to remotely supervised facilities are maintained.
SMS1.3.1	M A log is kept to record the visit of the medical leader or delegate to the diagnostic service.
SMS1.3.2	M Recommendations for improvement or required follow-up are recorded in the log.
SMS1.3.4	M The log is signed by the person conducting the visit.
SMS1.4	Roles of authority, responsibility and accountability are clearly defined and maintained at remotely supervised facilities.
SMS1.4.1	M The medical leader or designated interpreting physician maintains ongoing communication with the technical staff and test requestors.
SMS1.4.2	M Processes are in place to ensure the prompt availability of an interpreting physician for consultation whenever required.

SMS1.4.3 **M** The medical leader documents those tests that may be performed at remotely supervised facilities.

Medical staff credentialing

No.	Description
SMS2.0	THE DIAGNOSTIC SERVICE HAS QUALIFIED AND COMPETENT MEDICAL PRACTITIONERS.
SMS2.3	Polysomnography (PSG) services are provided by qualified and competent physicians.
SMS2.3.1	<p>M Physicians providing adult or pediatric diagnostic polysomnography services have the requisite credentials for privileges as outlined in the Provincial Privileging Dictionaries. Guidance: Polysomnography services are considered non-core privileges, depending on the relevant specialty; therefore may require further training, experience and demonstrated skills. Refer to http://bcmqi.ca/privileging-dictionaries/ for the requirements to perform diagnostic polysomnography.</p>

Human resources

Staff selection and retention

No.	Description
SHR2.0	THE DIAGNOSTIC SERVICE HAS PROCEDURES IN PLACE TO SELECT AND RETAIN QUALIFIED AND COMPETENT STAFF.
SHR2.1	The diagnostic facility has qualified and competent staff to deliver services.
SHR2.1.1	The diagnostic facility selects and recruits staff based on qualifications and experience (e.g. certification, academic preparation, knowledge, skills and reference checks).
SHR2.1.2	M Technical staff providing polysomnography services are certified by the Board of Registered Polysomnographic Technologists (BRPT); or
SHR2.1.3	M Technical staff providing polysomnography services are certified as registered polysomnographic technologists (RPSGT); or
SHR2.1.4	M Technical staff providing polysomnography services are graduates of an accredited training school of polysomnography and are eligible to undergo examination from the Board of Registered Polysomnographic Technologists (BRPT).

Staff orientation and training

No.	Description
SHR5.0	ORIENTATION, TRAINING AND CONTINUING EDUCATION FOR THE SAFE PROVISION OF QUALITY DIAGNOSTIC SERVICES IS PROVIDED.
SHR5.2	Orientation and ongoing training is provided to existing staff to uphold the quality and safety of the diagnostic service.
SHR5.2.1	M Orientation and training is provided to current staff in response to changing roles, technology, competency demands, laws and regulations or after an extended absence.

General safety

Management responsibilities

No.	Description
SSA1.0	POTENTIAL HAZARDS AND RISKS TO STAFF, PATIENTS AND VISITORS ARE MINIMIZED.
SSA1.2	A safety manual is readily available to staff that includes:
SSA1.2.1	<p>M</p> <ul style="list-style-type: none"> how to access first aid services and/or medical assistance for staff related injuries <i>Guidance: If the diagnostic service is part of a larger facility (over 50 staff), there must be immediate access to an Occupational First Aid Attendant (OFAA) with a minimum of a level 2 occupational first aid certificate. If the facility is self-contained, a level 1 OFAA is sufficient until the total staff surpasses 50. Detailed tables specifying the first aid requirements are found in the Occupational Health and Safety Regulation at the end of Part 3. It must be noted that medical facilities are NOT exempt from these requirements. Medical facilities may have staff take the appropriate OFA course but some leeway is provided to allow for existing qualification to be considered equivalent.</i>
SSA1.2.2	<p>M</p> <ul style="list-style-type: none"> the policy and procedure for investigating and reporting staff safety incidents including near misses
SSA1.2.3	<p>M</p> <ul style="list-style-type: none"> exposure control plans, based on existing occupational hazards
SSA1.2.4	<p>M</p> <ul style="list-style-type: none"> requirements for the use of personal protective and other safety equipment
SSA1.2.5	<p>M</p> <ul style="list-style-type: none"> Workplace Hazardous Materials Information System (WHMIS) program information
SSA1.2.6	<p>M</p> <ul style="list-style-type: none"> emergency evacuation plans
SSA1.2.7	<p>M</p> <ul style="list-style-type: none"> procedures to protect staff "working alone" or in "isolation" <i>Guidance: "Working alone or in isolation" is defined as working in circumstances where assistance would not be readily available to the worker in case of emergency or if the worker is injured or becomes unwell.</i>
SSA1.2.8	<p>M</p> <ul style="list-style-type: none"> procedures to manage violent and aggressive behaviour <i>Guidance: The procedure for dealing with the prevention of, and response to, incidents of violence must distinguish between incidents involving two workers ("improper conduct") and incidents of aggressive behaviour from a patient or member of the public ("violence"). All incidents of improper conduct and violence must be formally investigated, whether any injury occurred or not.</i>

Safe practices and equipment

No.	Description
SSA1.4	Chemicals are used, stored and disposed of safely.
SSA1.4.1	M Hazardous liquids such as corrosives are stored below eye level.
SSA1.4.2	M Containers for flammable liquids are kept as small as possible.
SSA1.4.3	M Containers for flammable liquids are kept closed when not in use.
SSA1.4.4	M Flammable liquids are stored in approved cabinets. <i>Guidance: Refer to the product Material Safety Data Sheets (MSDS) for handling and storage.</i>
SSA1.4.5	M MSDS is available and current for controlled substances subject to WHMIS regulations.
SSA1.4.6	M Controlled substances are labeled appropriately. <i>Guidance: This applies to both the original supplier issued container and any secondary containers that have a workplace label indicating: product name; safe handling procedures; and reference to MSDS.</i>
SSA1.5	Spills are handled effectively and safely. <i>Guidance: Based upon the chemicals and volumes used, the diagnostic service should consult with WorkSafeBC to determine if spill kits and/or spill control teams are required.</i>
SSA1.5.1	M Spill kits are readily available.
SSA1.6	Fire safety measures are implemented.
SSA1.6.1	M Appropriate fire extinguishing equipment and procedures are in place.
SSA1.7	Electrical safety measures are implemented.
SSA1.7.1	M Equipment complies with electrical safety regulatory requirements (e.g. Canadian Standards Association (CSA) or equivalent).
SSA1.8	Personal protective equipment is available for staff. <i>See also Infection Prevention and Control Accreditation Standards.</i>
SSA1.8.1	M Adequate and appropriate personal protective equipment is available to protect staff from chemical or biological hazards. <i>Guidance: Personal protective equipment may include gloves, lab coats/gowns and masks.</i>
SSA1.8.2	M Latex-free gloves are available to staff with latex sensitivities.
SSA1.9	There are mechanisms in place to prevent staff from assuming postures that could result in musculoskeletal injuries.

SSA1.9.1	M	Work place and equipment positioning reduce the risk of ergonomic distress disorders and accidents. <i>Guidance: If workers experience symptoms indicating a musculoskeletal injury, the employer must investigate and make appropriate changes to the work area.</i>
SSA1.9.4	M	Adequate assistance and transfer/lift devices are available when moving or lifting patients. <i>Guidance: Transfer/lift devices include "transavers," slider boards and ceiling or mobile patient lifts.</i>
SSA1.9.5	M	The weight limit of lifting equipment is clearly marked.
SSA1.10		Compressed gas is maintained and stored safely. <i>Guidance: An example of a compressed gas would be oxygen.</i>
SSA1.10.1	M	Gas cylinders are clearly labeled with the cylinder's contents.
SSA1.10.2	M	A pressure-reducing regulator or device is used for all compressed gas cylinders.
SSA1.10.3	M	Any gauge whose pointer does not go back to the zero point when pressure is removed is replaced.
SSA1.10.4	M	Adapters between cylinders and pressure reducing regulators are not used.
SSA1.10.5	M	Cylinders not in use are shut off and capped.
SSA1.10.6	M	Cylinders are secured by a holder or device specifically designed device and are protected from sources of damage (e.g. overhead hazards, high temperatures).
SSA1.10.7	M	Cylinder carts are used to move large cylinders and specifically designed cylinder holders are used to carry small cylinders.

Appropriate physical environment

No.	Description
SSA2.0	THE DESIGN AND LAYOUT OF THE PHYSICAL SPACE ALLOWS SERVICE DELIVERY TO BE SAFE, EFFICIENT AND ACCESSIBLE FOR PATIENTS, VISITORS AND STAFF.
SSA2.1	The design and layout of the physical space meets laws, regulations and codes.
SSA2.1.2	M Emergency exit routes are marked and provide an unimpeded exit.
SSA2.3	The physical environment ensures patient safety and privacy.
SSA2.3.1	M Patient areas are safe and clean.
SSA2.3.2	M A secure and private location for changing clothing and for the temporary storage of personal items is available.
SSA2.3.3	M Furniture is safe for patient use.

SSA2.3.5	M	Patient information cannot be viewed by other patients or visitors.
SSA2.3.6	M	Patient privacy is not compromised during the diagnostic procedure.
SSA2.4		The design and layout of the space supports safe and appropriate service delivery.
SSA2.4.3	M	Security measures are in place to prevent theft and tampering of equipment, drugs, chemicals and confidential information. <i>Guidance: The threat of theft or tampering is assessed, and based upon that assessment appropriate security measures are implemented.</i>
SSA2.5		The physical environment meets the needs of staff.
SSA2.5.1	M	A secure and private location for changing clothing and for storage of personal belongings is available to staff.
SSA2.5.4	M	Storage and consumption of food and beverages is permitted in designated areas only.
SSA2.6		Sinks and eyewashes are available to staff.
SSA2.6.1	M	There are clearly labeled hand washing sinks.
SSA2.6.2	M	Hand washing sinks have unimpeded drainage (e.g. not stoppers).
SSA2.6.4	M	Eyewash stations are conveniently located and regularly flushed, when appropriate. <i>Guidance: Consult with WorkSafeBC to determine the type of eyewash station required based upon the chemicals used in the diagnostic service.</i>
SSA2.7		Lighting, temperature and ventilation is appropriate.
SSA2.7.1	M	Lighting provides sufficient illumination for safe working.
SSA2.7.2	M	Emergency lighting is available in the event of power failure. <i>Guidance: Emergency lighting units must be tested regularly.</i>

Patient safety

Creating a culture of patient safety

No.	Description
SPS1.0	THE DIAGNOSTIC SERVICE CREATES A CULTURE OF PATIENT SAFETY AND MAKES PATIENT SAFETY A PRIORITY.
SPS1.2	The activities of the diagnostic service ensure patient safety.
SPS1.2.4	M Mechanisms are in place to address patient sensitivities and allergies. <i>Guidance: At a minimum, latex-free products are made available for both patients and staff (e.g. tourniquets, gloves, bandages).</i>

Medication management and administration

No.	Description
SPS3.0	THE DIAGNOSTIC SERVICE HAS METHODS IN PLACE TO ENSURE THAT MEDICATION IS MANAGED AND ADMINISTERED TO PATIENTS SAFELY AND EFFECTIVELY.
SPS3.1	Medications are stored and disposed of safely.
SPS3.1.1	M Storage of medications complies with manufacturer's recommendations.
SPS3.1.2	M All stored medications are labeled with the contents, expiration date, and any warnings as applicable.

Medical emergencies

No.	Description
SPS5.0	THE DIAGNOSTIC SERVICE HAS PROCEDURES IN PLACE TO HANDLE MEDICAL EMERGENCIES.
SPS5.1	There are procedures to handle medical emergencies in a timely and effective manner.
SPS5.1.1	M There is a medical emergency response procedure in place.
SPS5.1.2	M Staff are familiar with the procedure(s) for responding to medical emergencies.

SPS5.1.3	M	The facility identifies staff who respond to emergencies and provides training in the use of emergency equipment.
SPS5.1.4	M	Emergency call systems are available in-patient care areas. <i>Guidance: Facilities should conduct a risk assessment to determine if and what emergency call systems are required (e.g. unattended patients, high-risk procedures, etc.).</i>
		Staff know how to access:
SPS5.1.5	M	<ul style="list-style-type: none"> • emergency medical services
SPS5.1.6	M	<ul style="list-style-type: none"> • emergency equipment and supplies

Infection prevention and control

Routine practices

No.	Description
SIPC2.0	ROUTINE PRACTICES FOR PREVENTING THE TRANSMISSION OF INFECTION ARE IMPLEMENTED. <i>Guidance: The term “routine practices” (or “standard precautions”) is used to describe a system to prevent transmission of infections in health-care settings. These practices are to be used at all times, with all patients regardless of diagnosis or infectious status.</i>
SIPC2.1	Hand hygiene is used to prevent and control the spread of infection. <i>Intent: Hand hygiene is the single most important activity for preventing the transmission of infections.</i>
SIPC2.1.7	M There are sufficient, readily accessible, designated hand hygiene sinks or other accessible forms of hand hygiene products.

Additional precautions

No.	Description
SIPC4.0	PATIENTS, STAFF AND VISITORS ARE PROTECTED FROM POTENTIAL OR KNOWN COMMUNICABLE DISEASES.
SIPC4.1	Additional precautions are used for patients with known or suspected communicable diseases. <i>Intent: Additional infection prevention and control precautions are necessary for specific pathogens or clinical presentations. Professional knowledge, skills and judgment are used to assess the potential routes of transmission and the appropriate additional precautions to be taken (e.g. contact, droplet or airborne precautions).</i>
SIPC4.1.6	M N95 respirators/masks are available for all staff who enter the procedure room if there is a known, or suspected airborne infection. <i>Guidance: Airborne transmission refers to transmission of infection by inhaling aerosols e.g. tuberculosis, measles, or chicken pox (varicella). This can occur when a patient coughs, sneezes, or talks. These infectious agents can be acquired by susceptible individuals who may be at some distance away from the source patient.</i>

SIPC5.0 BLOOD AND BODY FLUID EXPOSURE PRECAUTIONS ARE USED TO SAFEGUARD STAFF.**SIPC5.1 There is a defined follow-up process that addresses possible or actual blood and body fluid exposure.**

SIPC5.1.1 **M** There are documented policies and procedures for follow-up to blood and body fluid exposure.

SIPC5.2 Safe and effective practices are followed for the use and disposal of sharps.

SIPC5.2.1 **M** Safety engineered sharps or devices that have built in safety mechanisms are used.

SIPC5.2.3 **M** Used sharps are disposed of immediately in designated puncture resistant containers located in the immediate area where the sharp was used.

Guidance: In areas where sharps containers have not been mounted, portable sharps containers are used.

Cleaning of surfaces and ancillary medical equipment

No.	Description
SIPC6.0	THE PHYSICAL ENVIRONMENT OF THE DIAGNOSTIC SERVICE IS CLEAN.
SIPC6.1	Safe and effective cleaning of the physical environment is maintained.
SIPC6.1.2	M Equipment and surfaces in direct contact with a patient or blood and body fluid are cleaned and disinfected before use with another patient.
SIPC6.1.3	M A barrier (sheet or paper) is placed on the procedure table and changed between patients. Alternatively, the table is cleaned between patients.
SIPC6.2	The diagnostic service reduces the risk of infections associated with ancillary medical equipment.
SIPC6.2.1	M Routinely used patient testing equipment (e.g. tourniquets) are cleaned or discarded between patients.
SIPC6.2.2	M Single-use medical devices are not reprocessed. <i>Intent: The reuse of single-use devices can affect their safety, performance, and effectiveness and expose patients and staff to unnecessary risk.</i>

Information management

Planning

No.	Description
SIM1.0	PLANS FOR MANAGING CLINICAL AND MANAGEMENT INFORMATION ARE EFFECTIVE, INTEGRATED AND COORDINATED. <i>Intent: Planning is one of the most critical components of information management and requires the collaborative involvement of all levels and areas of the organization. Planning includes the assessment of the system and resources necessary to implement and maintain the current and future information needs of the diagnostic service.</i>
SIM1.3	Users of information systems and processes (including paper-based) are provided training appropriate for their roles and responsibilities.
SIM1.3.1	M Training for users is provided prior to the use of information systems.
SIM3.0	CONTINUITY OF INFORMATION MANAGEMENT PROCESSES ENSURES THE AVAILABILITY OF INFORMATION.
SIM3.1	The diagnostic service is prepared for events that could impact the availability of information.
SIM3.1.3	M For computerized systems, database backup is performed daily and the backup is securely located in a separate physical location.
SIM3.1.4	M Data stored on-site and off-site is accessible, but protected from unauthorized access and safeguarded against harm (e.g. water, fire, etc.).
SIM3.2	Downtime procedures are available and communicated to staff. <i>Intent: Downtime procedures are required for both scheduled and unscheduled system downtime.</i>
SIM3.2.2	M Users know how to contact support staff in the event of system and/or equipment malfunction.

Confidentiality

No.	Description
SIM4.0	THE DIAGNOSTIC SERVICE PROTECTS THE CONFIDENTIALITY OF DATA AND INFORMATION.

SIM4.1	Patient confidentiality and information is protected through policies and procedures. <i>References: Freedom of Information and Protection of Privacy Act for the public sector and the BC Personal Information Protection Act for the private sector.</i> <i>Intent: Security and confidentiality of personal information must be protected when using electronic information systems. Network and software security protocols are required to protect the confidentiality of diagnostic reports and other data.</i>
SIM4.1.1	M Data access is restricted, controlled and monitored.
SIM4.1.7	M Generic login accounts are not used.

Medical records

The medical record is an important method of communication for all members of the health-care team. The patient's medical record contains all the clinical data and information related to the patient's diagnostic procedures. The patient's medical record functions not only as a historical record of a patient's diagnostic procedure, but also as a method of communication between physicians and staff. These records facilitate the continuity of care and aid in clinical decision-making. Medical records may be one component of the facility's health record.

No.	Description
SIM5.0	THE DIAGNOSTIC SERVICE MAINTAINS COMPLETE AND ACCURATE MEDICAL RECORDS. <i>See also Global Accreditation Standard, GS 4.0.</i>
SIM5.1	The medical record includes accurate patient identification information.
SIM5.1.1	M The facility uniquely identifies the patient and tests performed. <i>Guidance: There is a system for uniquely identifying patients and records used from the time the patient presents through all stages of testing. The facility ensures that correct patient identification is maintained on all records, including reports. Every patient has a unique facility-issued patient identifying number and each test is uniquely associated to that patient.</i>
SIM5.1.2	M The patient name, patient identifying number and facility name are clearly identified on the master file/patient medical record. <i>Guidance: The master patient file is appropriately identified for paper-based systems and the medical record for electronic systems.</i>

Document control

No.	Description
SIM6.0	<p>THE DIAGNOSTIC SERVICE DEFINES AND MAINTAINS PROCEDURES TO CONTROL KEY OPERATIONAL DOCUMENTS.</p> <p><i>Guidance: This standard refers to key documents such as operational policies and procedures. Documentation may be paper-based (e.g. manuals) or in electronic format.</i></p>
SIM6.2	<p>There are processes to address changes in procedures and documentation.</p>
SIM6.2.1	<p>M New or revised policies, procedures and protocols are communicated and available to staff.</p>

Equipment and supplies

Equipment

No.	Description
SES1.0	EQUIPMENT IS SAFELY OPERATED, MAINTAINED AND MONITORED IN A MANNER THAT ENSURES PERFORMANCE SPECIFICATIONS ARE MET.
SES1.2	Diagnostic equipment is appropriately operated.
SES1.2.1	M An orientation and training program is provided for all equipment to ensure safe, consistent, and accurate operation.
SES1.2.4	M Equipment operators have access to the manufacturer's operator manual for the specific equipment used in the facility.
SES1.2.5	M All equipment is located and stored in a safe and secure location.
SES1.3	The diagnostic service investigates and resolves problems involving all equipment.
SES1.3.2	M There is a list of service staff and their contact information.
SES2.0	EQUIPMENT TESTING IS PERFORMED PRIOR TO CLINICAL USE.
SES2.1	Safety testing is performed after purchase and prior to clinical use of equipment.
SES2.1.1	M New, replaced, or relocated equipment has safety testing performed prior to clinical use.
SES2.1.2	M The tester is independent of the manufacturer.

Solutions and supplies

No.	Description
SES3.0	SOLUTIONS AND SUPPLIES ARE MONITORED IN A WAY THAT REDUCES OR ELIMINATES SHORTAGES AND WASTE.
SES3.1	The storage and monitoring of solutions and supplies ensures an effective inventory control system.
SES3.1.1	M Storage complies with manufacturer's recommendations.

Global polysomnography

Patient preparation

No.	Description
GS2.0	PATIENTS ARE APPROPRIATELY PREPARED FOR THE TEST BEING PERFORMED.
GS2.2	Pre-test information is collected and assessed prior to commencing the test.
GS2.2.2	M Processes ensure relevant prior tests are available for comparison. <i>Guidance: The criteria to obtain relevant prior tests are clearly defined by the medical leader to ensure processes are followed. In some instances relevant prior tests will need to be requested from external organizations.</i>

Procedures and documentation

No.	Description
GS3.0	STANDARDIZED PROCEDURES ARE USED IN DIAGNOSTIC FACILITIES TO OBTAIN TEST RESULTS.
GS3.2	The diagnostic facility ensures documentation is available to ensure consistency of testing. <i>Guidance: Documentation includes both electronic and paper-based systems.</i>
GS3.2.1	M All procedures are documented, communicated to, and available to staff performing the testing.

Medical record

No.	Description
GS4.0	THE MEDICAL RECORD IS CURRENT, ACCURATE AND CONTAINS RELEVANT TEST DETAILS.
GS4.1	Tests are labeled in a standardized way that allows for proper patient identification that include:
GS4.1.1	M <ul style="list-style-type: none"> patient first and last name
GS4.1.2	M <ul style="list-style-type: none"> second patient identifier (e.g. identifying number or date of birth)
GS4.1.3	M <ul style="list-style-type: none"> facility name

GS4.1.4	M	<ul style="list-style-type: none">• date and time of test
GS4.1.5	M	<ul style="list-style-type: none">• name of requesting physician
GS4.1.6	M	<ul style="list-style-type: none">• identification of recording individual (e.g. name or initials or other)
GS4.2		Comprehensive test details are recorded in the medical record that includes: <i>Intent: Test details may be recorded electronically or on written requisitions/worksheets. All details are made available to the interpreting physician.</i>
GS4.2.1	M	<ul style="list-style-type: none">• the patient requisition (paper or electronic format)

Polysomnography

Procedures

No.	Description
PSG2.0	NOCTURNAL TESTS ARE COMPREHENSIVE AND PROVIDE ALL THE NECESSARY INFORMATION.

Overnight sleep test - polysomnogram (PSG)

PSG2.1	Overnight sleep tests are standardized and recorded in a manner to ensure accurate results for interpretation.
PSG2.1.6	M Monitoring equipment ensures that each patient can be monitored without unavoidable interruption and allow patients to communicate with technical staff in the event they require assistance.

Pediatric PSG

PSG2.2	Pediatric testing is standardized and recorded in a manner that ensures accurate results for interpretation. <i>Guidance: Pediatric testing is performed using the same general procedures as for adults. However, age-appropriate factors are considered when performing overnight sleep tests.</i>
PSG2.2.5	M Resting furniture is available for the parent/guardian during testing.

PSG3.0 DAYTIME TESTS ARE COMPREHENSIVE AND PROVIDE ALL THE NECESSARY INFORMATION.

Multiple sleep latency tests (MSLT)

PSG3.1	Multiple Sleep Latency Tests (MSLT) are standardized and recorded in a manner that ensures accurate results for interpretation.
PSG3.1.1	M The overnight polysomnogram results are reviewed by the technologist prior to MSLT.

Maintenance of wakefulness tests (MWT)

PSG3.2	Maintenance of Wakefulness Tests (MWT) are standardized and recorded in a manner that ensures accurate results for interpretation.
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PSG3.2.3	M The patient is seated in a dimly lit room during the test.
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