

Webinar Questions & Answers: COVID-19 – Real-time Experiences in the Trenches

Responses provided by Amanda Lynn Garlock, CRA, R.T.(R)(MR), Providence Regional Regional Medical Center, Everett, WA), Gina Greenwood, CRA, FAHRA (UW Health In Madison, WI), and Linda Massaro, RN, BSN, CHSP (Center for Diagnostic Imaging/Insight Imaging, GA)

Equipment:

1. Amanda (Providence) - How is service being handled for equipment that may go down? Assuming you have an increase in volume, there is a likelihood of increased downtime as well.

Answer: Providence in house bio-med in 24 hours per day. Providence hasn't changed much other than if the equipment is critical to COVID-19 patients, then we have the authorization to escalate faster if need be.

2. What are you doing for Terminal cleaning?

Answer: (UW Health) Thorough cleaning/disinfection of all surfaces including floors and re-useable equipment

3. What are the fan/circulation requirements you saw for your equipment?

Answer: They weren't requirements but we noticed that the GE and Epiq 5 units had fans with removable filters that when the filters were removed, the fans moved air at 1sf so the air was cleared of the machine in seconds making the possibility of viral spread negligible

4. How do you know if your portable equipment is ok to enter the room? Does the OEM Know?

Answer: Check with bio-med on fan rates for your portables. It is only a concern if the patient is a full airborne precaution at the time of imaging at this point.

5. How was the need to evaluate portable equipment -for compatibility identified for Amanda

Answer: This point was raised by one of Providence's lead x-ray technologists. Up to this point, no one had thought to ask the question and it was only raised due to the high level of isolation that was utilized on patient number 1 in our full bio-containment unit when we knew nothing of how COVID-19 was transmitted

6. Are you isolating the equipment (Ex-portable x-ray machine) that is used in confirmed cases? If not, what is the cleaning/draping protocol being used?

Answer: Providence is limiting the unites that we use for portables on our known inpatient COVID-19 cases just for ease of cleaning. At this time, Providence is following standard infection control protocol using greytop PDI wiped to clean all surfaces of the units.

Outpatient Center

1. Thank you. What about IDTF locations? Are they still imaging?

Answer: UW Health - outpatient locations are still imaging studies that are determined to be urgent.

Patient

1. What is considered a high temperature?

Answer: The cutoff that Providence is using for temperature for staff is 100.4

2. What are the current guidelines for hospital-based radiologists performing lower gi etc....patients requiring direct contact?

Answer: Providence is having the radiologists and hospitalists have more direct conversations regarding exam necessity. If the exam is truly necessary then the exam proceeds with whatever level of PPE the patient requires.

3. We have also postponed elective radiology studies, what have you done with routine Ultrasound, our health system hasn't stopped them coming in yet.

Answer: Currently Providence system has only elected to stop screening mammograms and sleep studies. All other studies are continuing, however, most patients are self-selecting to reschedule. UW Health is postponing all non-urgent care in Radiology. We've worked in collaboration with referring providers to have them provide information as to whether the exam is needed as it is scheduled or can be postponed for one month or postponed for greater than six weeks.

4. What is your process for transporting patients in hallways regarding PPE for staff and patients?

Answer: At Providence, transport wears the appropriate level of PPE for the roundtrip and the patient is draped with a gown and masked. Elevators are not shared and back or less traveled hallways are utilized when possible.

5. Has there been any difference in PPE requirements for suspected cases vs presumed cases?

Answer: (UW Health) PPE practices change rapidly. There have been many updates and it's a balancing act between protection and conservation. We are currently using masks and face shields for all direct patient care.

6. What is your policy for the post-imaging of a positive COVID-19? Does the department get shut down? Just disinfect?

Answer: (UW Health) Environmental Services does a terminal clean and the room is closed for one hour.

7. Are GI procedures considered "screening" or evaluated case by case?

Answer: (UW Health) Evaluated case by case.

8. How are you handling the ACR guidelines that were issued today regarding the recommendation to "reschedule non-urgent outpatient visits"?

Answer: UW Health is rescheduling non-urgent care.

Staffing:

1. If your schools and daycares have closed, how are you dealing with that for teammates that have no child care?

Answer: Providence has arranged emergency care services for all caregivers (per diems as well) that will qualify for a 100\$ per day reimbursement for childcare through April 30th. UW Health also implemented emergency care services. Many people are using family members.

2. Are you paying your employees if they get exposed and need to be quarantined while at work?

Answer: Providence's system has set up up to 80 hours of emergency PTO for caregivers who end up quarantined or put out sick due to illness during this crisis. UW Health if requiring quarantine we are paying employees.

3. Has anyone heard any recommendations on using masks for more than one patient?

Answer: Providence has issued our caregiver's face shields so that they can extend the life of their masks. They can wear a mask for up to 4 hours without visible soiling when used with a face shield. We are following the CDC guidelines for extending the life of PPE.

4. Are your facilities allowing pregnant technologists to remain on-site and work?

Answer: Providence and UW Health are allowing them to remain at work at this time.

5. Must staff show any or all these symptoms (fever, cough, SOB, sore throat, et)?

Answer: Providence - Staff must report any symptoms (Fever, cough, SOB, sore throat) at the beginning of each shift. Caregiver health will then determine if the symptoms warrant the employee needing to mask, leave for a pre-determined time, or quarantine and go for testing. UW Health – any symptoms.

6. What is being done with regards to paying employees if they are sent home

Answer: UW Health – if we are requiring quarantine, we are paying employees

7. How are you staggering staff?

Answer: Providence does not want their staff to potentially all get ill at the same time. However, we need to balance that with their availability of PTO and the need for income. UW Health has not been successful with this. It is something they considered earlier on, but it continues to be a work in progress.

Supplies:

1. We are an outpatient only facility and also running low on masks. What conservation methods do others recommend? Is there an online resource with recommended 'relaxed' PPE guidelines?

Answer: Recommend face shields to cover masks.

2. Has anyone heard any recommendations on using masks for more than one patient?

Answer: Providence issued caregivers face shields so that they can extend the life of their masks. They can wear a mask for up to four hours without visible soiling when used with a face shield. We are following the CDC guidelines for extending the life of PPE. UW Health - For routine use, we reuse each mask until it becomes unserviceable. When not in use, the mask is stored in a breathable container (paper bag) or hung on a hook with your name on it. Masks should not be shared between staff. Face shields are used in direct patient care to cover the mask so the same mask can be used on different patients. Face shields can be cleaned and re-used by the same user, so we do not discard it if it is still functioning. Face shields can be worn until visibility is impaired or a non-cleanable portion of the shield (e.g., foam headband) becomes visibly soiled.