



Radiological Society
of North America

RSNA COVID-19 Task Force: Post-COVID Surge Radiology Preparedness

M. Mossa-Basha, J. Azadi, J. Klein, C. Menias, C. Filippi, BS Tan, E. Velez, J. Ko, C. Meltzer

Given the emerging and evolving nature of the situation, many institutions, hospitals and clinics have also established their own local guidelines. We urge you to follow the evolving Centers for Disease Control and Prevention (CDC) recommendations and your local requirements. The information in this document is subject to change as information regarding COVID-19 changes.

RSNA COVID-19 Task Force

After overcoming the peak of health care resource needs in a region, hospitals and their radiology departments must turn more of their focus to patients whose elective, screening, and other time-sensitive imaging examinations have been postponed. General guideposts for initiating this phase include sustained (eg, 14 days) decreases in new COVID-19 case presentations/admissions, and adequate health system resources including personal protective equipment (PPE) and sanitizing materials. It is important to consider that continued school and day care closures may have a substantial impact on the availability of sufficient radiology staff; mitigating factors may include staggering work shifts, home workstations for radiologists, and capacity for flexing/redeploying staff as needed.

Elective Imaging Reopening

- The timing for opening depends on institutional, state, and city policies and depends heavily on the course of the pandemic in your region and the capabilities of the institution.
- Approach
 - Consideration for a slow ramp-up of imaging volumes should be made with the goal of:
 - Preventing increased staff and patient exposures
 - Regaining public confidence
- Scheduling approach for precautions
 - Adequate gap between imaging appointments to allow for social distancing of patients and enhanced room and equipment cleaning procedures
 - Extended hours of scanning, including evenings and weekends to allow for adequate spacing
 - Ensure remote preregistration procedures to limit staff and patient interaction associated with each encounter.
 - Prohibit accompanying visitors except in cases where a single family member and/or caregiver is needed for the patient's ambulation, understanding of, and/or cooperation with the examination.
- Scanning protocol approach
 - Streamline all outpatient imaging protocols to create time between examinations to enable cleaning and enhance throughput, while also maintaining adequate spacing to reduce waiting room and imaging space congestion to limit potential exposures.
 - Consider abbreviated or accelerated MRI protocols.
 - Move outpatient examinations schedule in hospital department to an outpatient setting and/or designate an MRI/CT unit just for patients who are positive for COVID-19, if unable to reschedule these patients to a different setting.

Approaches to Limiting Potential Patient Exposures

- Screening patients for fever and symptoms on check in. (Note that some institutions are cohorting patients who are positive for COVID-19 into a single outpatient facility.)
 - In settings in which sufficient testing is available, consider preprocedural and pre-imaging study testing for COVID-19.
- Consider masking all patients once in hospital or outpatient imaging center, if not already masked. Request that patients and hospital employees who have personal cloth masks bring these in order to conserve PPE. Supply of adequate hand sanitizer at all work areas and patient contact areas, including front desks, with emphasis on hand cleaning.
- Reorganization of waiting room spaces to allow for at least 6 feet of distancing between chairs
- Signage throughout radiology department including in waiting areas, imaging suites, control areas, and outside the building emphasizing social distancing
- One-way traffic movement through hallways in the radiology department to reduce potential exposures
- Extending facility hours to allow for depressed patient throughput necessitated by requirements to ensure social distancing and cleaning procedures
- In outpatient locations with ample convenient parking, a “pull” rather than traditional “push” workflow may be implemented:
 - Patient checks-in remotely from the safety of their car either by phone, text, or app.
 - Patient can wait in their car until the facility is ready to perform their procedure.

Health Care Worker Protection

- Continuance of social distancing within reading rooms, scanner console areas, and break rooms/lunch areas
- Limited on-site reading room coverage for adequate procedure coverage and consults
- Continued staffing flexibility, including remote or home coverage for radiology teams
- Staggering of radiologist and technologist coverage for extended hours and to improve social distancing

Education Approach

- Continued virtual case review with trainees and/or case review while maintaining social distancing
- Continuance of virtual multidisciplinary conferences, meetings, and educational conferences

Post-COVID Planning

- Departmental task force to plan timeline and approach to outpatient imaging resumption to patients post-COVID
 - Include all stakeholders including trainees, faculty, and operational leadership

*** COVID-19 Task Force**

Mahmud Mossa-Basha, MD, University of Washington Medical Center (Chair)
Javad R. Azadi, MD, Johns Hopkins Medicine
Christopher Filippi, MD, North Shore LIJ Health System
Maryellen L. Giger, PhD, University of Chicago
Jeffrey S. Klein, MD, University of Vermont
Jane Ko, MD, New York University Langone Health
Brian S. Kuszyk, MD, Eastern Radiologists
Christine O. Menias, MD, Mayo Clinic, Arizona
Richard E. Sharpe, Jr, MD, Kaiser Permanente, Denver
Bien Soo Tan, MD, Singapore General Hospital
Erik M. Velez, MD, University of Southern California
Carolyn C. Meltzer, MD, Emory University (RSNA Board liaison)