

Minimising risks of COVID-19 transmission in medical imaging rooms

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Guidance on the use of clinical investigation rooms for positive COVID-19 patients

Clinical investigations through ultrasound, medical imaging, diagnostic radiology and interventional radiology are often required for patients who are either a confirmed or suspected COVID-19 case during their stay in hospital.

The risk of cross infection with the COVID-19 SARS-CoV-2 virus between patients can be minimised without the requirement for long stand down times, through prior planning and preparation and the instigation of risk mitigation practices. The risk of delays in through put is a higher risk for patient safety.

This document provides guidance for medical imaging departments in a hospital setting to manage suspected or confirmed COVID-19 patients.

Plan ahead and assess the risk

- Ensure all investigation requests are necessary – consider approval pathway with relevant senior staff
- Consider portable x-ray machine and staff designated to COVID area to minimise risks.
- If possible, designate a specific room and imaging equipment that will be used for COVID cases.
- Ensure that a ventilation engineering assessment to establish the airflow and ventilation in the room has been completed and documented.
- Plan workflow and throughput of patients (e.g., can patient go on end of a list, group/block book other COVID-19 patients together)
- Ensure early and effective communication between the patient's referral unit and the investigation department to allow for departmental preparation and avoid patient waiting in common area.

Prepare for patient

- Remove or cover unnecessary equipment in the investigation room
- Ensure correct personal protective equipment (PPE) is available and staff are trained in donning and doffing and safe disposal of used PPE.
- If indicated, place a portable high efficiency particulate air (HEPA) filtration unit in the investigation room
- Have signage on door to denote risks and prevent door openings.

Procedure

- Minimise the number of people present in the room
- If two staff members are required, designate one for patient contact
- Patient to wear a medical mask as source control if tolerated (for magnetic resonance imaging the mask must be safe for use in scanner – this includes mask safety use for any accompanying staff needing to stay during procedure.)
- Staff to use P2/N95 respirator and eye protection. Wear a gown/apron and gloves when exposure to blood and body fluids anticipated.
- Perform hand hygiene using alcohol-based hand rub if needing to position patient or equipment.

After the procedure and Ventilation considerations

- Allow 15 minutes between known/suspected COVID-19 patients for cleaning and adequate ventilation to have occurred.
- Keep doors open to allow air to circulate in between patients during and cleaning after room has been cleaned and at least 15 minutes has elapsed

Cleaning and disinfection

- Commence cleaning once the patient has left the room
- Use hospital/infection prevention and control approved cleaning and disinfecting products which are effective against viruses including SARS-COV-2.
- Follow manufacturer recommendations for compatibility with equipment
- Clean and disinfect objects and surfaces that have been touched by investigation staff or come into contact with the patient. A full clean of the room is not required after every case.
- Ensure regular cleaning is undertaken between patients concentrating on high touched objects, and surfaces.