

## PPE FAQs for Radiology - 6/26/20

By YNHH/Yale Radiology Quality and Safety Team

*Basics- Wash hands frequently, use gloves and gowns when needed, keep equipment and work area clean. Avoid any contact with eyes, face, mouth.*

### **Should every patient who comes in for a radiology test be given a face mask?**

**Yes.** All in-patients, out-patients and ED patients (regardless of COVID status) should have a face mask on whenever possible. Out-patients will be encouraged to bring their own mask. If they show up without one, they will be given one by screening staff upon entry. All healthcare staff should always have a face mask on. Face masks should cover BOTH mouth and nose!

### **I have direct patient contact. What should I wear?**

**For COVID Suspect (Person Under Investigation/PUI) OR POSITIVE patients (includes a patient with negative swab test<sup>1</sup> but still being treated as COVID positive by the clinical team) OR ANY procedure/exam where you are within 6 feet of patient for 15 or more minutes AND patient can't wear face mask (or concern patient will need to remove mask during procedure) OR any imaging where moderate sedation or anesthesia given by Dept of Anesthesia.**

Full PPE including

- N95 mask (or equivalent respirator being distributed by supply chain)—
  - Don't wear make-up and shave facial hair.

- **Non-fit tested N95 use-**

- For radiology care of patients that requires N95 who are **NOT** COVID positive or **NOT** PUI.
- For radiology care of known COVID positive or PUI patients when **NOT** involving aerosol generation.
  - This includes symptomatic COVID positive patients who may be coughing/sneezing occasionally. Please make sure the patients wear their face masks!

- **Fit-tested N95 use-**

- For radiology care of COVID positive or PUI care **involving high risk aerosol generation<sup>1</sup>**. This includes portable US and x-ray exams for patients who are on aerosol generating therapy like CPAP/BiPAP, high flow O2, non-rebreather mask and post-intubation/extubation/post enteric catheter portable radiographs for patient floors/ED. For OR cases follow OR policy.
  - Fit tested N95 should be used if portable exam done within 60 minutes of the AGP for patient in a positive pressure room or 30 minutes if in negative pressure room. Non-fit tested respirator is OK if past these time limits as enough air turn-over should have occurred to remove any potential air-borne particles.

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1- See full PPE policy for list of AGPs. [Click here for link to policy](#)

- Gloves
- Face shield
  - To be reused for entire **shift** unless damaged/soiled.
  - Face shield is to be cleaned with cavi wipe before and after each use, then stored in a bag in designated area.
- Gown

**Non-COVID suspect (in-patient or out-patient)-**

- Surgical mask-
  - If you have direct front line contact with patients, you should wear same mask all shift, and get a new one next shift. If you have no direct patient contact, we are being asked to use one mask/week. Replace mask sooner if damaged/soiled.
  - Do not remove and replace mask unless you need to take off to eat, etc. When doing so, avoid any contact with front of mask. If you do touch the mask, wash your hands immediately.

**Procedure PPE guidance**

<b>Full PPE</b>
Any procedure where patient cannot wear mask due to nature of procedure AND Radiologist/Radiology staff are within 6 feet of patient for $\geq 15$ minutes continuously (ex- MBS, esophagram, upper GIs)
Any procedure (examples- any percutaneous procedure, diagnostic ultrasounds, some mammograms) with Radiologist/Radiology Staff having $\geq 15$ minutes contact within 6 feet of patient continuously <b>AND any</b> concern that patient may not be able to wear mask for entire procedure
Enteric tube placement or replacement
Intussusception reductions
Any procedure instilling gas into GI tract (ex- double contrast enema, virtual colonoscopy)
Any procedure involving moderate sedation or dept. of anesthesia
<b>ANY PROCEDURE ON PATIENT WITH ACTIVE COVID INFECTION OR PUI/COVID SUSPICIOUS</b>
<b>Face mask plus eye shield . Gown/gloves as needed depending on patient contact. Patient wearing mask entire time</b>
VCUG
Cystograms
chest fluoro
HSG
fistulogram or vaginogram
loopogram
urethrogram
airway fluoro (pedi)
urodynamic
LP or Myelogram
Routine US exams and mammograms
Joint aspirations, injections, arthrograms

**I don't have direct patient contact what should I wear?**

- Wear a face mask. Right now we are getting one per week. Replace sooner if needed.
- For radiologists- Face masks are needed when outside reading rooms in hospital environment. Inside reading rooms, masks should be used when feasible and any time you cannot adhere to social distancing rules.

## How do we determine if a patient is COVID-19 suspect?

- For ED: All cases should be treated as suspect requiring full PPE use for YNH sites as reliable PUI flagging not occurring. For other DNs, PUI flagging seems better so full PPE only needed if flagged as PUI or known COVID positive.
- For in-patients: All admitted cases are now getting tested. In-patient team will determine if clinical suspicion for COVID still high even with negative COVID test. Look in EPIC for isolation orders or talk to nurse.
- For out-patients: Screening for suspect COVID symptoms and potential exposures will be completed via pre-appt contact and at arrival by front desk/front door team along with temperature check.

## What about wearing my N95 mask and face shield all shift instead of a face mask? Can I just hang onto my fit-tested N95 for few shifts?

- If you are switching between COVID patients and non-COVID patients (like many of our staff do), it may be easier to just keep your N95 mask and face shield on for your entire shift and don the rest of PPE for your COVID patients (add on your gloves, gown). If you opt to do this, a few key points:
  - Once you put a mask on, keep it on. Don't take it off and put on your chin, on your forehead, etc. It should only be removed when eating, drinking, etc or if you are uncomfortable with it. Avoid any contact with it, and presume the outside of the mask is infected.
  - You don't have to take your yellow gown off if you are doing multiple COVID POSITIVE patients in a row, since they are all documented to have the infection. You can also keep it on if you are going from a COVID suspect patient to a COVID positive patient.
  - Follow proper hand hygiene and doff procedure when removing PPE. Always wear your face mask when not wearing your N95.
  - At end of shift, we recommend recycling all **NON-FIT TESTED** N95s. You should also recycle your fit tested N95 at end of shift if you did several COVID positive or PUI patients. If you only did a few cases you can keep the fit tested N95 for re-use during your next shift when providing care that warrants its use (see above). This allows us to conserve supplies but have easy access to a needed fit tested respirator.

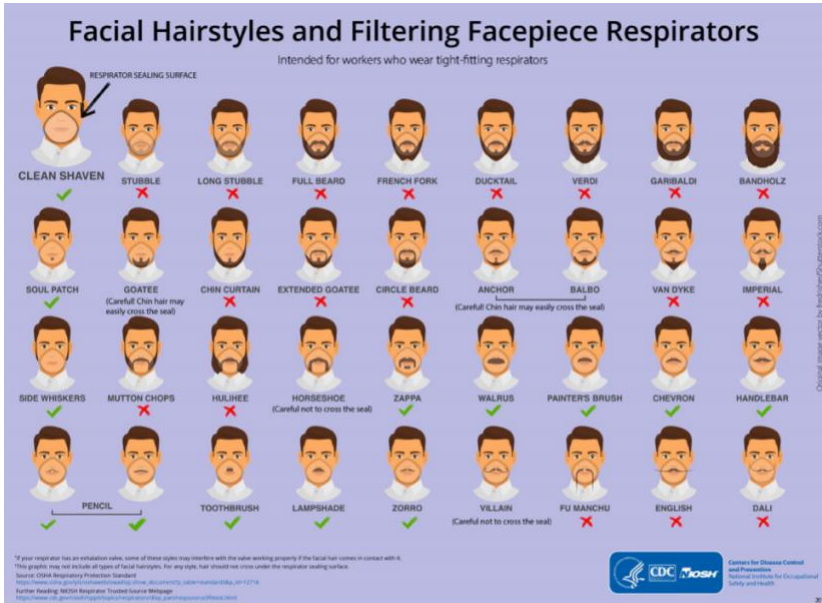
## What PPE is currently being recycled vs thrown out?

- N95- Can use one per shift, recycle at end of shift or follow extended use policy and then dispose in trash (see above)
- Face Shield/Goggles- Can use one per shift, dispose at end of shift.
- Face mask- Dispose after use (either per shift or per week depending on patient contact). Dispose anytime it appears damaged or soiled.
- Yellow contact gowns- Ask manager about current recycle process. Some locations are recycling while others are not. See updated video on proper Don/Doff procedures including how to take off and recycle the yellow gowns. We find it easier to have a colleague wearing gloves under the neck tie so you don't risk rubbing the gown on your face or body.

## How to Don and Doff PPE –

See video at <https://medicine.yale.edu/diagnosticradiology/patientcare/physicians/PPEProcedure>

### CDC Infographic on What Facial Hair is Acceptable in Order to Properly Wear an N95 Mask



<https://www.cdc.gov/niosh/nppt/pdfs/FacialHairWmask11282017-508.pdf>