

## PPE FAQs for Radiology – 10/20/20

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 procedure involving moderate sedation or sedation by Dept of Anesthesia.

Full PPE including

- N95 mask (or equivalent respirator being distributed by supply chain)—

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

- For radiology patient care that requires N95<sup>1</sup> (includes low risk AGPs) 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 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 O<sub>2</sub>, and post-intubation/extubation/post enteric catheter portable radiographs for patient floors/ED. For OR cases follow OR policy. Fit-tested N95 also recommended for portable US and xray after high-risk AGPs in COVID negative, non-PUI patients such as intubation/extubation.
  - 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.

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

- Gloves
- Face shield
  - To be reused until 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.
- Face Shield- Addition of face shield is now recommended for any patient care with potential aerosol production including oxygen use, nebulizer treatment. It also recommended for ANY patient who cannot wear a mask

**Procedure PPE guidance**

<b><u>Full PPE</u></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><u>Face mask plus eye shield . Gown/gloves as needed depending on patient contact. Patient wearing mask entire time</u></b>
Any radiologic procedure/test when a patient is on supplemental oxygen
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

## **When should I wear a mask in my workspace/reading room?**

- The department requires face masks to be worn inside reading rooms whenever the room is being shared with others.
- Brief removal of masks for eating/drinking is allowed when seated greater than 6 feet from another person.
- Please avoid prolonged periods without a face mask at all other times.

Face mask use is required any time you step outside the reading room into the hospital environment.

## **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 YNHH 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.
  - When gown supply adequate they should be used once per patient and then disposed for patient care that requires a gown.
  - Follow proper hand hygiene and doff procedure when removing PPE. Always wear your face mask when not wearing your N95.
  - **NON-FIT TESTED** N95s can be used for entire shift/day and then disposed. Fit-tested respirators can follow extended use policy 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. If fit-tested N95 not available for procedures that require it, non-fit tested N95 should be used.

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

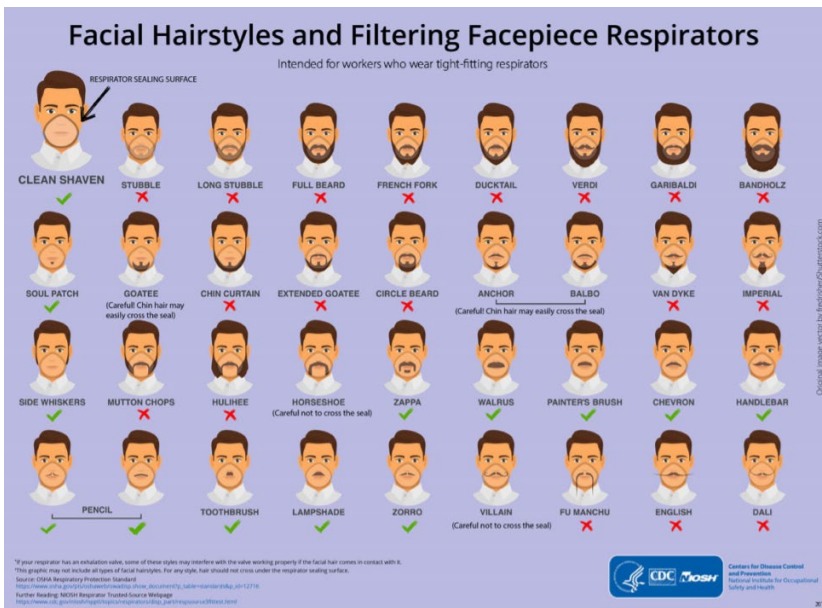
- N95- Can use one per shift, follow extended use policy and then dispose in trash (see above)

- Face Shield/Goggles- Can follow extended use policy and then dispose.
- 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- Not currently being recycled.

## **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/npptl/pdfs/FacialHairWmask11282017-508.pdf>