

Situation: ALL fluoroscopy-guided enteric catheter placement are now being labeled as an aerosol generating procedure given frequent cough elicited during the exam and inability to mask the patient.

Background: Fluoroscopy-guided enteric catheter placement is performed at multiple sites across the enterprise in patients where catheter placement on the floor is not feasible.

Assessment: Fluoroscopy-guided enteric catheter placements are now considered high risk procedures. Staff in the room with the patient will need proper protection and room precautions will be instituted.

Recommendation:

- Referring provider must discuss any procedure request with a radiologist, to evaluate appropriateness of indication and consider alternatives.
- During such procedures, all personnel in the fluoroscopy room who might be at any time of the procedure within 6 feet of the patient will don full PPE. Personnel within the room but more than 6 feet from the patient (e.g. at the control cubicle) wears surgical mask +/- facial shield (Full PPE not needed per infection control team).
- Room Closures
 - If the patient is COVID Positive or Suspect- The xray tech can change gloves but otherwise wear same PPE to perform deep clean after exam completion. Room will need to be shut down for **one hour** from time patient exits room.
 - If the patient is NOT COVID Suspect AND a *cough* is elicited during the exam- The xray tech can change gloves but will otherwise wear same to perform deep clean after exam completion. Room will need to be shut down for **one hour**.
 - If the patient is NOT COVID suspect AND NO cough is elicited during the exam- The xray room can be used again without any shut down following standard cleaning procedure.
- N95 mask should be used when available (surgical mask as substitute based on supplies) for any staff member participating in procedure (within 6 feet of patient). Radiologists can reach out to Radiology nursing or xray managers for fit-testing and to receive N95 as needed.
 - N95 mask and face shields **MUST** be saved and used for full shift. Recycle N95 and face mask at shift end. Surgical mask recycling may also begin soon.
 - Minimize staff in room during procedure the best you can. This will allow for PPE resource conservation and keep staff as safe as possible.