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 provided medical grade mask if they don’t have one. 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 ANY ED, COVID Suspect (Person Under Investigation/PUI), known COVID POSITIVE (and in contagious window, includes a patient with negative swab test but still being treated as COVID positive), 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), any procedure involving moderate sedation or sedation by Dept of Anesthesia OR any procedure deemed AGP (list below)

- Full PPE including
  - N95 mask (or equivalent respirator being distributed by supply chain)
  - Face Shield/googles
  - +/- Gloves- Depending on contact/procedure
  - +/- Gown- Depending on contact/procedure

Non-COVID suspect, known COVID negative (in-patient or out-patient), COVID recovered-

- Surgical mask-
  - 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 or Goggles- For all patient encounters

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1- See full PPE policy for list of AGPs and most updated guideline. [Click here for link to policy]
## Procedure PPE guidance

### Full PPE

<table>
<thead>
<tr>
<th>Any procedure where patient cannot wear mask due to nature of procedure AND Radiologist/Radiology staff are within 6 feet of patient for &gt; 15 minutes continuously (ex- MBS, esophagram, upper Glis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any procedure (examples- any percutaneous procedure, diagnostic ultrasounds, some mammograms) with Radiologist/Radiology Staff having &gt; 15 minutes contact within 6 feet of patient continuously AND any concern that patient may not be able to wear mask for entire procedure</td>
</tr>
<tr>
<td>Enteric tube placement or replacement</td>
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<tr>
<td>Intussusception reductions</td>
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<tr>
<td>Any procedure instilling gas into GI tract (ex- double contrast enema, virtual colonoscopy)</td>
</tr>
<tr>
<td>Any procedure involving moderate sedation or dept. of anesthesia</td>
</tr>
<tr>
<td><strong>ANY PROCEDURE ON PATIENT WITH ACTIVE COVID INFECTION OR PUI/COVID SUSPICIOUS (includes any patient in ED)</strong></td>
</tr>
</tbody>
</table>

| Face mask . Eye shield/googles/gown/gloves as needed depending on type of patient contact. |
| All other procedures |

**When should I wear a mask in the reading room?**

- Mask use is required inside all reading rooms and within the hospital (regardless of vaccination status).
- Brief removal of masks for eating/drinking is allowed but please try and minimize this if you are within 6 feet from another person.

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

- For ED patients: All cases still treated as PUI – Should wear eye protection/N95 mask whenever possible +/- gown and gloves depending on your contact.
- 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 at 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?**

- 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 when needed. 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.

**How long should I use my PPE for?**

- N95- Trying to conserve best we can. Re-use these until damaged, dirty, fit altered, etc
- Face Shield/Goggles- Face shield, if in good shape, can re-use for more than one day after proper cleaning. Disinfect your goggles and re-use for as long as you can.
- Face mask- Dispose anytime it appears damaged or soiled.
- Yellow contact gowns- One per patient. 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**