

A COVID-19 Toolkit for Interventional Radiologists

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is a novel Coronavirus that has quickly spread across the globe causing Coronavirus disease 2019 (COVID-19), with cases rapidly increasing in the United States. On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. Given the importance of protecting healthcare workers during the pandemic, the SIR is releasing information and guidance for Interventional Radiologists to plan for the management of COVID-19 patients. This is a rapidly changing situation, and information will be updated as new information is released.

The average incubation period is currently estimated to be 5-6 days, with 97.5% of patients presenting with symptoms within 11.5 days of exposure¹⁻³. Currently, 80% of cases are considered mild to moderate based on a WHO study of the initial outbreak in China². However, the same study demonstrated a 21.9% crude fatality ratio (CFR) in laboratory confirmed cases in those 80 year of age or older, and a 3.8% CFR in confirmed cases overall. Patients with pre-existing medical conditions such as cardiovascular disease (13.2% CFR), diabetes (9.2% CFR), hypertension (8.4% CFR), and respiratory disease (8.0% CFR) also had a higher mortality risk. In addition, healthcare providers (HCP) remain at significant risk of developing COVID-19, with 1,716 providers becoming infected out of over 72,000 patients in China as of February 11, 2020⁴. More recent estimates are over 3,000 HCP⁵. However, many of these cases occurred early in the outbreak, and infection to HCP can be reduced or eliminated with adoption of recommended precautions⁵⁻⁷. Thus, it is clear that the high-risk groups are elderly, those with certain pre-existing medical conditions, and healthcare providers. Planning should therefore take these factors into consideration.

There is no available data for the role of IR in management of COVID-19 patients and persons under investigation (PUI). Nonetheless, IR has a critical role in the management of patients within the healthcare system, and could conceivably be called to assist in the management of a COVID-19 positive patient. IR suites may also be located near radiology services where COVID-19 patients may undergo imaging. Proper, and early, preparation is therefore crucial to reduce exposure to health care workers and other patients in IR.

Planning:

- Regardless of the number of COVID-19 patients at the facility, we recommend immediate plans be put in place to screen and/or manage COVID-19 patients
- We recommend IR teams be involved with their local COVID-19 response teams, or equivalent. Early involvement can help to streamline the flow of patients and minimize unnecessary patient and healthcare provider exposure.
- Develop plans with guidance from local resources, including infection control
- Emphasize to staff and visitors that [CDC recommendations to protect yourself and others](#) must be followed
- Staffing models should be discussed to take into account minimizing exposures and working with reduced staffing

Personal Protective Equipment (PPE):

- Refer to [CDC](#) and [WHO](#) guidelines for appropriate use of PPE and ensure local policy is followed
- **Conservation of PPE through training and appropriate use is critical during the COVID-19 pandemic as the CDC is reporting “increased volume of orders and challenges in meeting order demands”**
- [Advice on mask use](#) and [hygiene](#) outside and within the healthcare setting is described by WHO

Based on [CDC guidance](#) as of March 15, 2020 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html>), the following recommendations are being made in the pre-procedure setting which incorporate CDC recommendations, including [infection prevention in the healthcare setting](#):

A. Geographic Areas Currently Identified as Low Risk	
Outpatient Centers and Outpatient Based Labs (OBL)	<ul style="list-style-type: none"> • Ensure adequate PPE is available on-hand and securely stored, proper usage is defined with staff, and education on usage is provided • Institute a phone screening system to identify patients at high risk of COVID-19 • Screen persons using CDC guidelines of at-risk patients prior to entry when possible • For persons who screen positive at the facility, develop a plan for immediate isolation or management of the patient and protection of HCP, including use of a mask for the patient and staff, and maintenance of 6 feet of distance • Ensure proper EPA-approved disinfectants are available to clean isolation areas • Develop a plan for cleaning of isolation areas if utilized by screen positive persons using droplet cleaning protocols (refer to SARS cleaning protocol) at a minimum • Categorize procedures as elective, urgent, and emergent
Inpatient	<ul style="list-style-type: none"> • Ensure adequate PPE is available on-hand and securely stored, proper usage is defined with staff, and education on usage is provided • Integrate local policy into all precautions and plans • Begin plans on routing of patients to minimize exposure to other patients and HCP, including implementation of engineering controls

	<ul style="list-style-type: none"> • Identify air negative rooms for procedures (if available) or designate rooms to be used for procedures on COVID-19 patients • Develop plans for terminal cleaning with EPA-approved disinfectants of procedure rooms used to treat COVID-19 patients, if not already available. Planning should be done with environmental services to ensure supplies are readily available. • Ensure N95 masks are available in a secure location for all procedures where there is a risk of aerosol generating procedures. Additional local policies for N95 masks should be followed. • Ensure powered, air-purifying respirators (PAPR) are available and proper training is performed per local policies • Categorize all procedural offerings as elective, urgent, and emergent – these categories are subjective and definitions should be agreed upon by local leadership/policy • Develop list of urgent and emergent procedures that can be offered for COVID-19 patients • Determine procedures that can be delayed/re-scheduled in case of worsening local infection rates • Develop work plan to minimize HCP involved in care of COVID-19 patients whenever possible • Ensure proper cleaning supplies are available for reusable eye protection (e.g. leaded glasses) and lead/lead-alloy/alloy aprons • For centers with medical trainees, develop or incorporate plans to limit trainee exposure in accordance with local policy
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B. Geographic Areas Currently Identified as Minimal to Moderate Risk	
Outpatient Centers and Outpatient Based Labs (OBL)	<ul style="list-style-type: none"> • In addition to those in Table A, consider more aggressive screening including temperature/symptom checks and earlier triage in parking lots • If staffing shortages are present, consider allowing exposed, asymptomatic HCP to work while wearing a facemask
Inpatient	<ul style="list-style-type: none"> • Implement plans discussed in Table A, per local policy

	<ul style="list-style-type: none"> • Limit visitor movement, per local policy • If staffing shortages are present, consider allowing exposed, asymptomatic HCP to work while wearing a facemask per local policy
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C. Geographic Areas Currently Identified as Substantial Risk	
Outpatient Centers and Outpatient Based Labs (OBL)	<ul style="list-style-type: none"> • Cancel all elective and non-urgent procedures • Consider requiring all HCP to wear a facemask when in the facility depending on supply • Minimize HCP and staffing exposure
Inpatient	<ul style="list-style-type: none"> • Follow local policy regarding cancellation of procedures • Follow local policy regarding allowing HCP to work while asymptomatic or mildly symptomatic • Restrict or limit visitors per local policy

Resources:

WHO:

[Rolling updates on COVID-19](#)

[COVID-19 Situation Dashboard](#) – updates on number of cases and locations

[Rational use of PPE for COVID-19](#)

[Q&A on infection prevention and control for health care workers caring for patients with suspected or confirmed 2019-nCoV](#)

CDC:

[Visual alert - Generic](#)

[Print/Poster Resources for COVID-19](#)

[Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)

[Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases](#)

[Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](#)

[What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection](#)

EPA:

[SARS-CoV-2 disinfectant list](#)

[COVID-19 Maps:](#)

[JHU COVID-19 Map](#)

[New York Times COVID-19 Map](#)

References:

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4. The Novel Coronavirus Pneumonia Emergency Response Epidemiology Team. The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) — China, 2020[J]. *China CDC Weekly* **2**, 113–122.
5. Adams, J. G. & Walls, R. M. Supporting the Health Care Workforce During the COVID-19 Global Epidemic. *JAMA* (2020) doi:10.1001/jama.2020.3972.
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