

Tips for the Radiology Department During the COVID-19 Pandemic

PPE

Please see [Appropriate PPE During COVID-19 Response infographic](#) for a guide on PPE to use in the Radiology Department.

Rationale for PPE as outlined

Patients presenting to the Radiology Department are masked, which provides source control (i.e., prevents transmission of droplets to people and prevents environmental contamination). The combination of source control for the patient and the short duration of total time spent within the department allows for this approach (droplet/contact precautions) for symptomatic patients presenting to radiology. Asymptomatic patients and patients with negative periprocedural tests should wear a mask.

Environmental cleaning

No specific changes to cleaning are recommended related to COVID-19. As per normal routine, all surfaces should be cleaned with a hospital-approved disinfectant wipe or cleaning agent after all patient encounters, regardless of their COVID-19 status to reduce transmission of all pathogens.

Procedures

- Inpatient radiology procedures and studies performed on COVID-19 positive/suspected patients should be done in the patient's room whenever possible (e.g., ultrasounds, etc.).
- Outpatient radiology procedures and studies performed on COVID-19 positive/suspected patients should be postponed if possible until the patient can safely come off of special airborne contact isolations (as outlined in [Criteria for Discontinuation of Special Airborne/Contact Isolation](#)).
- COVID-19 positive/suspected patients undergoing non-elective procedures—including lung biopsy, chest tube placement, or other interventional radiology procedure that involves the oropharynx, sinus, or airway or that involves general anesthesia—require special airborne/contact isolation precautions and HEPA filtration in the room during the procedure. See [Guidance for Procedural Areas Caring for Suspected or Confirmed COVID-19 Patients](#) for more information.
- Asymptomatic patients undergoing lung biopsy, chest tube placement, or other interventional radiology procedure that involves the oropharynx, sinus, or airway or that involves general anesthesia should undergo a pre-procedural screening test (CORONAVIRUS (COVID-19) SARS-COV-2 PCR PREOPERATIVE SCREEN, LAB9990) as outlined in [Duke Health Pre-Procedural Guidelines for COVID-19 Testing and PPE Use](#).
 - The COVID-19 test result guide PPE requirements as outlined in the document.

Managing incidental findings

In situations where radiologists note incidental findings that could be compatible with COVID-19, the ordering provider should be contacted to discuss results. We recommend that the ordering provider contact the patient to discuss the radiology findings, identify any COVID-19 exposures, elicit symptoms and determine if the patient should be tested/isolated based on the discussion.