

# Guidance for Disinfection & Cleaning of Radiology Rooms for a Person Under Investigation (PUI) or a Confirmed COVID Patient

PURPOSE: To provide guidance for maintenance of effective infection prevention and control during the COVID-19 pandemic. Existing pre-COVID policies must continue to be followed.

## A) Personal protective equipment (PPE):

- 1) All patients undergoing imaging should have a surgical mask in place.
- 2) Radiology staff should wear a surgical mask, gloves, gown and eye protection (goggles or face shield).
- 3) Full PPE is to be changed after each patient. If re-using the eye protection, disinfect as per existing policy.

## B) Aerosol generating procedure (AGP) are procedures that may stimulate coughing and promote the generation of aerosols and droplets as a source of respiratory pathogen transmission.

- 1) If an AGP is to be done, then all staff in the room should wear an N95 respirator instead of a surgical mask along with the other appropriate PPE.
- 2) AGPs include the following:
  - Endotracheal intubation
  - Bag-mask ventilation
  - CPR
  - CPAP/BiPAP administration
  - High-flow oxygen administration
  - Administration of a hand held nebulized medication (if a nebulized medication is given through a ventilator circuit, it is not an AGP as it passes through a one-way valve)
  - AGPs done by interventional radiology include: lung biopsy, lung ablation, bronchial stent, bronchial artery embolization.

### NOTE:

- Ventilatory support via endotracheal intubation is considered a closed system, without aerosolization. In addition, there is a filter on the expiratory side of the ventilator circuit. Momentary disconnection of the endotracheal tube is not considered an AGP.
- If possible, use portable ventilators to avoid the need to disconnect the ETT while patient is being placed on the imaging table.

## B) Room cleaning:

Regular cleaning involves a wipe down of all bay and patient-contact surfaces by EVS or the technologist. Only hospital-approved disinfectants may be used, and as per the Instructions for Use and/or as available, when specific wipes are in shortage. These may include a purple top wipe (alcohol-based, 2-minute contact time), orange top wipe (bleach-based, 4 minutes), CaviWipes (quaternary ammonium, 3

minutes) or Oxivir wipe (hydrogen peroxide-based, 1 minute). Adhere to wipe-specific contact times, before another patient is imaged.

Regular cleaning will be performed after imaging for all patients, as per existing policy. PPE should be appropriate to the PUI/confirmed COVID status.

Terminal cleaning involves the same procedures, but with more attention to areas of the room not associated with the scanner itself, and includes a 1-hour aeration time (as for Airborne Precaution), as per existing policy.

Terminal cleaning is only required if an AGP is done in the scanner room, on any patient, as per existing policy.  
It is not required if an AGP is not performed.

**C) If an AGP is performed:**

Environmental Health Services must be informed. The technologist and/or EVS may enter the room to clean immediately after the patient leaves, with an N95 respirator, gown, gloves, and eye protection.

Special Precaution signage must be left on the outside of the door to alert staff that PPE is required to enter. The time that the patient left the room should be written on the signage.

***Please refer to facility-specific guidance for special circumstances, particularly if/when patient flow is compromised in the event of a patient surge.***