

# Guidance for Disinfection and Cleaning of Radiology Rooms (CT, MRI, R&F, NM, Radiography 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 infection control policies are in place for disinfection of radiology procedure and imaging locations. This policy describes various procedures as they may apply to PUIs and those with confirmed COVID.

## PROCEDURE:

Personal Protective Equipment (PPE) for a PUI/confirmed COVID patient:

- 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) The use of N95 respirators should be restricted to situations in which an aerosol-generating procedure (AGP) is anticipated to occur in the radiology room; that list is available on the SharePoint site as an Expected Practice.

NOTE: AGP done by interventional radiology for which N95 masks should be used: Lung biopsy, lung ablation, bronchial stent, bronchial artery embolization.

- 4) Full PPE is changed after every patient. If re-using the eye protection, disinfect as per existing policy.

## **Definitions:**

Regular cleaning: Technologist to wipe gantry, medical equipment, and patient contact surfaces with IPC approved disinfecting wipes. 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 minutes 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 studies completed on any patient NOT in any type of transmission-based precaution (Contact, Droplet or Airborne).**

Terminal cleaning: Technologist to wipe gantry, medical equipment, and patient contact surfaces with IC approved disinfecting wipes (as above) and EVS will perform a terminal clean along/during a sufficient aeration time based on room air exchange rate as per local IPC policy consistent with CDC guidelines.

**Aeration is *only* required for patients who were in Airborne Precaution prior to transport to the radiology room OR had a AGP in the room.**

The technologist and/or EVS may enter the room to clean immediately after the patient leaves with a surgical mask or an N95 respirator (if indicated based upon aerosolizing procedures or expanded use policy), gown, gloves, and face shield/goggles.

**Terminal cleaning will be performed after imaging studies completed on any patient who requires Contact, Droplet, or Airborne Precaution.**

NOTE:

- Ventilatory support via endotracheal intubation is considered a closed system without aerosolization. In addition, there is a bacterial/viral filter on the expiratory side of the ventilator circuit. Momentary disconnection of the endotracheal tube is not considered an aerosol-generating procedure.
- If possible, use portable ventilators to avoid the need to disconnect the ETT while patient is being placed on the CT table.
- If a life, brain, limb, or eyesight threatening emergency requiring time-sensitive diagnosis or treatment resulting in an inability to await a formal terminal cleaning, the ordering provider must weigh the risks of performing the study against the risk of contamination. Attending medical staff may, under such circumstances, decide to proceed with imaging after a regular cleaning. The on-duty tech and radiologist should be consulted of any such request and the reason for deviation should be documented in the EMR and technologist notes. A terminal clean should follow the emergent scan.

***Please refer to facility-specific guidance for special circumstances related to radiology room engineering/air exchange information and particularly if/when patient flow is compromised in the event of a patient surge.***