
 <b>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</b>	Document Type	Document Code: GL-ICP-027
	<b>GUIDELINES</b>	Effective Date: June 2020
	Document Title	Revision Number: 0
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## I. HANDLING OPD PATIENTS

The Division of Radiology shall implement the following guidelines for OPD patients during the General Community Quarantine (GCQ) period:

1. All OPD radiologic services previously offered prior to outbreak of Covid-19 pandemic shall be offered during GCQ period.
2. The CVRSD shall operate as usual maintaining our commitment in the Division's breakthroughs but with revision of schedule of duties of staff / manpower.
3. OPD patients shall be accommodated on scheduled basis. Patient may call PHC trunk line 8-9252401 and connect to the following local numbers:
  - 3.1. Diagnostic X-ray - 2125
  - 3.2. Mammography – 2132
  - 3.3. Ultrasound - 2132 / 2151
  - 3.4. Interventional Radiology - 2126
  - 3.5. CT Scan – 2100 / 2101
  - 3.6. MRI – 2100 / 2101
  - 3.7. Main Reception – 2123 / 2122
4. Specific protocol and guidelines per section listed below shall be given to the patient during scheduling.
5. Walk-in patients are discouraged. Otherwise, they shall be the last priority.
6. During office hours, all OPD patients including their companion, referred from other institution shall take the MAB Entrance for COVID-19 clearance, to present prior to any procedures to be done in the Radiology Division, UNLESS they immediately came from MAB Doctor's Clinic, PHC OPD with request from their attending physician, and have secured schedule for examination prior to their arrival. Companion of patients from the MAB Doctor's Clinic shall also be required clearance if they intend to get in to Radiology premises.
  - 6.1. OPD patients coming from Medical Arts Building Doctors and Offices and PHC Out-patient Department with clearance from their attending physician issued within 48 hours shall proceed directly to Radiology Division.
  - 6.2. After office hours, all patients who would like to get in to Radiology Division shall secure clearance from ER, UNLESS they have COVID-19 serology test and or from other institution not later than 48 hours which includes at least Chest x-ray, CBC, and Serology Rapid test results.
  - 6.3. Patients admitted in other hospital with referral to PHC Radiology Division, shall proceed to ER to secure clearance. Results of CXR, CBC, and Serology Rapid Test for COVID-19 done in other institution shall be honored if done within 48 hours. If results of the following examinations are not available, Serology Rapid Test shall be required by the PHC-ER prior to COVID-19 clearance. The referring hospital must coordinate with PHC ER prior to patient transport.

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7. All patients and relatives shall wear mask at all times while inside the hospital premises.
8. One way traffic of patients within the CVRSD shall be implemented.
9. All sections shall have a common reception window where patients and companions will be entertained, inquiries will be received, issue priority queuing number and release results.
10. Upon arrival, the patient shall present his examination request and Covid-19 clearance from the ER at the Radiology reception window where a receptionist will approve the request, issue a priority queuing number of the corresponding section and bill of charges for examinations.
11. Patients and relatives shall only be allowed to enter the CVRSD premises only after payment of charges. Proof of payment must be presented to the guard upon entrance.
12. Limited number of patients and relative shall be allowed inside CVRSD premises. Maximum of one companion per patient (18-59years old) shall be allowed unless patient's condition requires more assistance.
13. Patients shall wait and occupy only the seats designated for the section he/she is going which are labeled accordingly. The following number of seats are allotted per section:
  - 13.1 Diagnostic X-ray / Mammography - 6
  - 13.2 Ultrasound – 5
  - 13.3 Interventional Radiology – 2
14. CT Scan & MRI – 5 Patient shall wait until his name is called for examination. Patients that cannot be accommodated immediately in the designated waiting areas shall be provided with seats outside the premises maintaining proper physical distancing.
15. Additional seats and waiting area shall be provided within the CT-MRI complex where post contrast patients will stay for observation.
16. The hallway near CV Lab reception shall be designated as exit from Radiology premises.
17. No Covid-19 confirmed, suspect or probable patients shall be entertained in the station except in CT and MRI where portability of machine is not possible. Covid-19 positive or Covid suspect patients shall be attended in the designated area in the ER upon proper coordination following the protocol during ECQ.
18. Specific Protocol and Guidelines per Sections are as follows:
  - 18.1. GENERAL DIAGNOSTIC X-RAY SECTION**
    - 18.1.1. CONDUCT OF EXAMINATION
      - 18.1.1.1. Once called, the patient shall be examined following the usual citizen's charter.
      - 18.1.1.2. Companion shall be discouraged to accompany the patient inside examination room unless the patient needs assistance.

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18.1.2. INFECTION CONTROL POLICY Infection control recommended by ICC shall be implemented.

18.1.2.1. PATIENTS AND RELATIVES

18.1.2.1.1. All patients and relatives shall wear mask all the time while inside the division premises.

18.1.2.1.2. Transport equipment shall be cleaned and disinfected every after use.

18.1.2.2. STAFF

18.1.2.2.1. All personnel shall practice physical distancing. (Maintain 1-3meters from patients/relatives)

18.1.2.2.2. Personnel in the reception area shall wear medical mask and face shield.

18.1.2.2.3. Personnel performing examination shall wear medical mask and face shield. Additional gown and gloves shall wear for possible exposure to blood, body fluids, and secretions.

18.1.2.2.4. Consultants performing image interpretation shall wear medical mask.

18.1.2.3. MACHINE AND EXAMINATION ROOM

18.1.2.3.1. X-ray machine parts that contacted with patient shall be disinfected every after examination.

18.1.2.3.2. Examination room shall be cleaned and disinfected using UV light every end of shift of Staff or at least once a day.

18.1.2.4. STAFF SCHEDULE

18.1.2.4.1. Reduced staffing to 75% or skeletal manpower staffing shall be maintained, regularly adjusted as deemed necessary.

**18.2. CT SCAN / MRI SECTION**

18.2.1. CONDUCT OF EXAMINATION

18.2.1.1. The CT/MRI complex shall remain open 24/7.

18.2.1.2. Once called, the patient shall be examined following the usual citizen's charter.

18.2.1.3. Companion shall be discouraged to accompany the patient inside examination room unless the patient needs assistance.

18.2.2. INFECTION CONTROL POLICY

Infection control recommended by the ICC will be implemented.


18.2.2.1. PATIENTS AND RELATIVES

18.2.2.1.1. The CT/MRI sections shall adhere to the guidelines previously established in the ECQ and patterned after current guidelines by the Philippine College of Radiology (published April 22, 2020) regarding the handling of COVID-19 and non-COVID-19 patients.


18.2.2.1.2. All patients and relatives shall wear mask all the time while inside the division premises.

18.2.2.1.3. Hand disinfectants shall be provided at the entrance and shall be used before patients and relatives come in.

18.2.2.1.4. All equipment shall be cleaned and disinfected every after use.

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- 18.2.2.1.5. The CT/MRI complex shall limit the number of persons within the area and enforce Safe Distancing in the Waiting Area.
  - 18.2.2.1.6. The CT/MRI sections shall work in close coordination with clinicians with regards to categorizing requested exams (emergency, urgent, time sensitive, or elective) including interventional procedures.
    - 18.2.2.1.6.1. EMERGENCY PROCEDURE – life/limb is threatened if not in within 6 hours, i.e. little to no time for clinical evaluation
    - 18.2.2.1.6.2. URGENT PROCEDURE – limited time for clinical evaluation, life/limb is threatened if not between 6 and 24 hours
    - 18.2.2.1.6.3. TIME-SENSITIVE PROCEDURE – a delay > 1-6 weeks would negatively affect outcome
    - 18.2.2.1.6.4. ELECTIVE PROCEDURE – could be delayed up to 1 year without risking outcome
  - 18.2.2.1.7. The CT/MRI section shall accept digital request forms in lieu of physical forms to be facilitated by the MSO.
  - 18.2.2.1.8. All patients and companions shall be required to wear a mask at all times when within the CT/MRI complex
  - 18.2.2.1.9. Relaying of preliminary readings shall be done through phone and personal consultations will be highly discouraged.
  - 18.2.2.1.10. The CT/MRI sections shall prioritize releasing results by email if amenable to the patients. Otherwise, pick up by personal appearance shall be entertained at the Radiology Reception Window.
- 18.2.2.2. STAFF
- 18.2.2.2.1. All personnel shall undergo temperature screening before and after work as well as implement daily self-monitoring for symptoms. All personnel who developed any signs and symptoms shall be recalled from duty and referred to Infirmary.
  - 18.2.2.2.2. The CT/MRI sections shall isolate and request prompt diagnostic test/s for symptomatic personnel
  - 18.2.2.2.3. All personnel shall use hand disinfectants before and after interacting to patient/relative/companion or other personnel.
  - 18.2.2.2.4. Personnel in the reception area shall wear medical mask and face shield.
  - 18.2.2.2.5. Personnel performing examination shall wear medical mask and face shield. Additional gown and gloves shall wear for possible exposure to blood, body fluids, and secretions.
  - 18.2.2.2.6. Consultants performing image interpretation shall wear medical mask.
- 18.2.2.3. MACHINE AND EXAMINATION ROOM
- 18.2.2.3.1. The CT Scan section shall assign a dedicated CT scanner (Philips Brilliance 40) for COVID-19 related patients.
  - 18.2.2.3.2. The MRI section shall use the hospital MR scanner (Philips Intera Achieva 1.5 T)
  - 18.2.2.3.3. The CT/MRI Complex shall secure disinfectants and PPEs from the appropriate sections as required.
  - 18.2.2.3.4. The CT/MRI Complex shall setup the waiting areas in accordance to physical distancing guidelines.


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- 18.2.2.3.5. The CT/MRI Complex shall setup adequate plastic/glass/acrylic physical barriers in the main lobby and reception areas.
  - 18.2.2.3.6. CT and MR machine parts that contacted with patient shall be disinfected every after examination.
  - 18.2.2.3.7. The CT/MRI complex shall disinfect the rooms with Environmental Protection Agency (EPA)-approved chemicals as per manufacturer's recommendations.
  - 18.2.2.3.8. CT examination room shall be disinfected using UV light every end of shift of Staff or at least once a day.
  - 18.2.2.3.9. CT/MRI interpretation rooms, control rooms and reception areas shall be disinfected at least once a day.
  - 18.2.2.3.10. For aerosol generating procedures (e.g. positive pressure ventilation (BiPAP and CPAP), endotracheal intubation, airway suction) occurring in the examination rooms, the room shall be temporarily closed for one (1) hour followed by disinfection.
- 18.2.3. STAFF SCHEDULE**
- 18.2.3.1. Reduced staffing or skeletal manpower staffing shall be maintained and regularly adjusted as deemed necessary.
  - 18.2.3.2. The CT/MRI section shall continue with the present schedule of duties of radiologic technologists and support personnel until the end of June, 2020.
  - 18.2.3.3. The CT/MRI complex shall have Fellows and Residents on duty as assigned by the Training Officer. The CT/MRI complex shall continue with the regular duties of the staff consultants.
- 18.2.4. RELEASING OF RESULT**
- 18.2.4.1. Centralize official result releasing area shall be at the Radiology Main Reception Area.
  - 18.2.4.2. Proof of identification or PHC's official result shall be presented upon getting the printed official result. Authorization letter with valid identification card of the patient in behalf of a representative.
  - 18.2.4.3. All patients / relatives shall stay outside the main door while waiting for their printed result.
  - 18.2.4.4. First come, first served basis shall apply.

### **18.3. ULTRASOUND SECTION**

#### **18.3.1. CONDUCT OF EXAMINATION**

- 18.3.1.1. Ultrasound Section shall be open 24/7. However, OPD patients on schedule shall be accommodated Monday-Saturday, 7AM-5PM. On holidays, weekends and Emergency or Stat procedures, contact the Ultrasound FOD/ROD at loc. 2127 or 0966 9387053.
- 18.3.1.2. Ultrasound Section shall accept phone call for scheduling.
- 18.3.1.3. All patients and companions shall wait at the designated waiting area, queue numbering system shall take effect observing proper physical distancing.
- 18.3.1.4. Only gurney or wheeled/stretchers borne patients are allowed to stay inside the Ultrasound Section aisle, unless warranted, companions are discouraged.

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- 18.3.1.5. All OPD patients and companion shall pass through the screening procedure of the hospital (Medical Triage, MAB) with Health Declaration Card and a signed clearance shall be presented at the Reception Area.
- 18.3.1.6. First come first served on the appointment date.
- 18.3.1.7. An Ultrasound Section Covid-19 Profile Questionnaire shall be accomplished by the Rotating Resident to all out-patients. No Covid-19 Profile Questionnaire, no procedure shall be done.

#### 18.3.2. INFECTION CONTROL PROTOCOL

- 18.3.2.1. No face mask, no procedure shall be done.
- 18.3.2.2. Only one companion (18-59years old) with face mask per patient shall be allowed.
- 18.3.2.3. All personnel shall practice physical distancing. (Maintain 1-3meters from patients / relatives)
- 18.3.2.4. Personnel in the reception area shall wear medical mask and face shield.
- 18.3.2.5. Soiled PPEs shall be discarded in a yellow plastic bag with proper labeling.
- 18.3.2.6. Personnel performing examination shall wear medical mask and face shield. Additional gown and gloves shall wear for possible exposure to blood, body fluids, and secretions.
- 18.3.2.7. Consultants performing image interpretation shall wear mask.
- 18.3.2.8. Framed Protective Barrier between patient and staff shall be used and shall be disinfected every after procedure.
- 18.3.2.9. All equipment shall be cleaned and disinfected prior to entering the Ultrasound Section.
- 18.3.2.10. Section ultrasound machine including its peripherals, and transducers shall be disinfected every after procedure.
- 18.3.2.11. Portable ultrasound machine shall be covered with disposable yellow plastic bag to cover the body and with disposable clear plastic to cover the keyboard and monitor. All these protective coverings shall be removed immediately in the ward where the procedure is done and shall be discarded properly. Initial disinfection phase shall be done prior going down. Thorough machine disinfection shall commence outside Ultrasound Section before downloading all the captured images.
- 18.3.2.12. Only patient shall be allowed inside the ultrasound procedure room, unless assistance is needed.
- 18.3.2.13. Entire procedure room shall be cleaned and disinfected with appropriate disinfecting solution every after room procedure.
- 18.3.2.14. Washable sheets/linens shall be changed every after patient.
- 18.3.2.15. Proper hand washing / hand rubbing shall be mandatory at all times.
- 18.3.2.16. Standard precautions shall be observed at all times.

#### 18.3.3. STAFF SCHEDULE

- 18.3.3.1. Staffing to 75% shall be maintained, regularly adjusted as deemed necessary.
- 18.3.3.2. Administrative Assistant/Clerk shall continue with the present schedule until June 30, 2020.
- 18.3.3.3. Ultrasound Section shall have Fellow and Resident on duty as assigned by the Training Officer.

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#### 18.3.4. NON COVID-19 EMERGENCY PROCEDURES

- 18.3.4.1. Non-COVID related patients with dire symptoms such as bleeding and extreme pain, et.al shall be accommodated. Radiologist on duty shall be informed prior to acceptance of procedure.
- 18.3.4.2. Disposable covers or washable sheets shall be used on examination beds and machine to prevent cross contamination.

#### 18.3.5. RELEASING OF RESULT

- 18.3.5.1. All ultrasound procedures done in the morning shall have their official result in the afternoon. Afternoon ultrasound procedures shall have their result in the following morning.
- 18.3.5.2. All initial readings shall be entertained only via local phone at 2132 / 2151. Non Radiological medical staff shall not enter the ultrasound premises without prior notice and approval. If there is a need for physical presence to be in the ultrasound section, all inquiries shall be directed first to Ultrasound Reception.

### 18.4. MAMMOGRAPHY SECTION


#### 18.4.1. CONDUCT OF EXAMINATION

- 18.4.1.1. The Mammography Section shall be open from 8:00 am to 4:00 pm from Mondays to Fridays.
- 18.4.1.2. No appointment, No examination for Out-Patients.
- 18.4.1.3. The following will be the order of priority in scheduling:
  - 18.4.1.3.1. Patients whose surgery were postponed for re-evaluation of tumour size / progression or imaging-guided localization.
  - 18.4.1.3.2. Patients who were recommended an image-guided needle biopsy of a suspicious finding in an earlier study.
  - 18.4.1.3.3. Women who were recalled for additional imaging because of a finding seen by the radiologist in the screening exam.
  - 18.4.1.3.4. Women who need a short-interval follow up or women with breast problems that requires a diagnostic exam (ex. Breast pain, palpable lump)
  - 18.4.1.3.5. Women who want to return to any form of breast screening (Mammography, Ultrasound or MRI)
- 18.4.1.4. First come, first served policy shall be implemented on the appointment date.
- 18.4.1.5. Incoming patients shall be asked to text or call before proceeding to the Section waiting area, and shall be assigned a queue number. They shall be called back to proceed to the Section when we are ready to do their procedure. Companions shall be discouraged, unless truly warranted.

#### 18.4.2. INFECTION CONTROL PROTOCOL

- 18.4.2.1. All patients who will undergo examination (and patient companion, 18-59years old ) shall wear face mask and face shield.
- 18.4.2.2. Personnel performing examination shall wear medical mask and face shield. Additional gown and gloves shall wear for possible exposure to blood, body fluids, and secretions.
- 18.4.2.3. Consultants performing image interpretation shall wear medical mask.
- 18.4.2.4. Soiled PPE's shall be discarded in a yellow plastic bag with proper labeling.



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- 18.4.2.5. Each patient shall wear the Mammography examination gown. This shall be discarded in a yellow plastic bag separate from soiled PPE's.
- 18.4.2.6. Only patients shall be allowed inside the Mammography Room unless assistance is needed.
- 18.4.2.7. Patients shall be asked to disinfect their hands immediately before and after the procedure.
- 18.4.2.8. The Mammography Room shall be cleaned and disinfected with appropriate disinfecting solution and materials every after procedure.
- 18.4.2.9. Proper hand-washing / hand rubbing shall be mandatory at all times.
- 18.4.2.10. Standard precautions shall be observed at all times.
- 18.4.2.11. Mammography machine shall be disinfected in accordance to its company standards every after procedure.

**18.4.3. STAFF SCHEDULE**

- 18.4.3.1. One Radiologic Technologist/Sonographer shall be on duty per day shift until the end of June 2020.
- 18.4.3.2. Mammography Section shall have one rotating Resident on Duty as assigned by the Training Officer.

**18.4.4. RELEASING OF RESULT**

- 18.4.4.1. All Mammography official result shall be available after three (3) working days. Telephone inquiry is highly advisable.


**18.5. INTERVENTIONAL RADIOLOGY**

**18.5.1. INQUIRIES AND HISTORY TAKING**

- 18.5.1.1. Inquiries, history taking, and scheduling of procedure will be attended only at the designated area for interventional radiology.
- 18.5.1.2. The consultants, fellows, residents are required to wear appropriate PPE during patient interview.

**18.5.2. ULTRASOUND AND CT SCAN GUIDED INTERVENTIONAL PROCEDURES**

- 18.5.2.1. Patient shall come an hour prior to the schedule on the day of examination with pre-procedural requirements complied.
- 18.5.2.2. Patients/relatives shall follow the general guidelines to allow entrance to the Radiology premises.
- 18.5.2.3. Only one patient at a time shall be allowed to stay in the I.R. waiting area.
- 18.5.2.4. The Interventional Radiology team shall be comprised of one (1) IR consultant, one to two (1-2) IR fellows, one (1) anesthesiologist, if necessary, one (1) nurse, one (1) radiologic technologist, one (1) Pathology consultant or resident, if necessary.
- 18.5.2.5. Physical distancing (1-3meters) shall be observed at all times.
- 18.5.2.6. All members of the team shall follow the PPE Requirement (Intranet- Covid-19) and will observe guidelines/protocol of donning and doffing of PPE.
- 18.5.2.7. All needed materials shall be in the room prior to the procedure.
- 18.5.2.8. All materials and machines shall be covered with disposable sheets.

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- 18.5.2.9. The relatives and attending physicians shall not accompany the patient to be wheeled in the CT-Scan department.
- 18.5.2.10. All procedure matters shall be communicated through phone.
- 18.5.2.11. If the patient is COVID positive or COVID related case, early closed tube endotracheal intubation under an aerosol hood with necessary precautions shall be by the anesthesiologist before wheeling the patient in to the CT-scan section.
- 18.5.2.12. The procedure shall be done only on the designated machine for patient's classification (covid/covid related or non-covid).
- 18.5.2.13. Once procedure is finished, the patient shall be transported back to his/her designated room/ward.
- 18.5.2.14. All used PPE shall be disposed in the provided designated area.
- 18.5.2.15. The IR team shall observe proper hand hygiene before and after the procedure.
- 18.5.2.16. Disinfection of used room shall commence as per protocol of the hospital.

#### 18.5.3. CATH-LAB PROCEDURES


- 18.5.3.1. Emergency and elective cases shall be accommodated. Scheduling shall be on urgency basis.
- 18.5.3.2. The rest of the guidelines during ECQ shall still be implemented.

## II. HANDLING COVID-19 CONFIRMED, SUSPECT AND PROBABLE PATIENTS

- 1. The Division shall adopt the current policies during ECQ on handling Covid-19 patients and related cases.

## III. FELLOWS AND RESIDENTS TRAINING

- 1. To protect the Trainees by reducing their work hours while maximizing their rotations in the different sections of the division. The following number of fellows and residents shall report Monday to Friday from 7:30AM to 5:00PM and Saturday 7:30AM to 12:00NN in the different sections:
  - 1.1. Diagnostic Radiology – 2 residents
  - 1.2. Ultrasound – 1 fellow and rotating resident
  - 1.3. CT & MRI – fellows and rotating residents (3 per day)
  - 1.4. Interventional Radiology – 1 fellow
  - 1.5. Mammogram – rotating resident
- 2. One resident or fellow shall go on 24-hour duty per section, except in Mammogram Section.
- 3. On Sundays and Holidays, only the resident and/or fellow who are on 24-hour duty in Diagnostic Radiology and CT-MRI Sections shall report at 8 AM.
- 4. Ultrasound and Interventional Radiology fellows are on 24-hour on-call duties.
- 5. Currently we have 12 residents (3 per year level), 5 CT-MRI Fellows, 2 Ultrasound Fellows, and 2 Interventional Radiology Fellows.
- 6. To supplement Trainees' learning through conferences, case presentations and journal reporting, all intradepartmental conferences shall be conducted through online platform (Zoom). It will be scheduled every Monday, Tuesday and Friday at 2 PM.
- 7. Assigned trainee shall present in interdepartmental conferences (i.e. Division of Adult and Pediatric Pulmonary Medicine, etc.) as resource person for the different modalities.

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8. To assess performance and progress of the Trainees through examinations:
- 8.1. All exams shall be conducted through online platform (Classmarker.com) and simultaneously proctored through Zoom.
  - 8.2. Monthly Residents Exam (MRE) – conducted by the Division
  - 8.3. Bimonthly In-service Exam – given by the Residency Training Council of the Philippine College of Radiology
  - 8.4. Bimonthly Exam for CT-MRI and Ultrasound Fellows – conducted by the Division
  - 8.5. Bimonthly Exam for Interventional Radiology Fellows – conducted by the Division