
 <p>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</p>	Document Type	Document Code:
	POLICY	POL-OED-ICP-038
	Document Title	Effective Date: June 2022
	NUCLEAR MEDICINE POLICY DURING THE COVID-19 PANDEMIC	Revision Number: 2
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REVISION HISTORY			
Rev No.	Review Date	Description of Change	Date of Next Review
1	November 2020	Add daily self monitoring of symptoms for the staff, contact tracing log sheet prior to scanning of patients and mandatory medical masks and face shield even on image acquisition.	June 2022
		Delete item no. 4 on Procedure Restrictions on Radioactive Iodine Therapies	
		Add Guidelines for Admission of Patients for Radioactive Iodine Therapy under the Division of Nuclear Medicine during the COVID-19 Pandemic.	
2	June 2022	Changed the document title to "Nuclear Medicine Policy during the COVID-19 Pandemic"; changed all mentions of 'GCQ' to 'COVID-19 pandemic'	June 2025
		Revised restrictions on aerosol generating procedures to include RT-PCR result requirement Removed items 2 and 4 in Procedure Restrictions (Section III)	
		Revised Guidelines for Admission of Patients for Radioactive Iodine Therapy to Procedural Guidelines for Patients Undergoing Radioactive Iodine Therapy (Section VI)	

Reviewed by:	 GERARDO S. MANZO, MD Incident Commander	Approved by:	 JOEL M. ABANILLA, MD Executive Director
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I. OBJECTIVE

This document will serve as a guideline for the operation of the Nuclear Medicine Division during the COVID-19 pandemic. This policy is based on the recommendations of the International Atomic Energy Agency, American Society of Nuclear Cardiology, and Society of Nuclear Medicine and Molecular Imaging regarding the operation of nuclear medicine departments during the COVID-19 pandemic.


II. STANDARD PRECAUTIONS FOR INFECTION CONTROL

A. GUIDELINES FOR STAFF

1. Staff members should receive training (e.g. online courses) in identifying COVID-19 symptoms, hygiene and disinfection procedures, use of personal protective equipment (PPE) and handling of COVID-19 patients.
2. Staff members are required to wear standard PPE as required by the hospital (see hospital PPE recommendations).
3. All personnel shall undergo temperature screening before 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.

B. FACILITY PROVISIONS

1. Reception and interview desks will be sited behind a plastic screen.
2. Informative posters will be displayed to promote hand washing, respiratory hygiene practices, social distancing and possible symptoms of COVID-19 infection.
3. The waiting area will be organized to maintain at least 1 m distance between patients and/or companions.
4. Prior to closing of the division, all workstations and items of daily use must be disinfected by sanitation personnel or the responsible division staff.

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C. GUIDELINES FOR PATIENTS AND COMPANIONS

1. Social distancing must be practiced, maintaining at least 1 m distance between individuals when possible.
2. Medical masks should be worn at all times, even during image acquisition.
 - 2.1 N95/respirator should be worn for aerosol generating procedures.

III. PROCEDURE RESTRICTIONS

1. Nuclear medicine imaging for COVID-positive patients is strongly discouraged, and must be sufficiently justified by the requesting physician.
2. Ventilation studies and treadmill exercise stress tests are associated with the generation of aerosols, causing an increased risk of COVID-19 transmission. These studies will require the submission of a negative SARS-CoV2 RT-PCR result (done within 2 days) prior to procedure confirmation.


IV. PROCEDURAL GUIDELINES FOR PATIENTS UNDERGOING SCANS

A. SCHEDULING

1. Patient interviews will be conducted through phone calls whenever possible.
2. Walk-in patients will be interviewed at a designated desk, with the interviewer behind a protective plastic screen. Only one chaperone will be allowed, if necessary.
3. Once interviewed, patients or their representatives will be asked to claim their charge slip at the reception desk and settle the fees at least one day prior to the procedure.
4. Only admitted COVID-19 patients will be scheduled, once procedure is adequately justified by the requesting physician. Scans of COVID patients will be performed after all non-COVID procedures for the day.

B. PRIOR TO SCANNING

1. Patients who are not fully vaccinated are required to go to the triage for COVID-19 screening/ clearance before entering the hospital premises.

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2. Upon arrival at the department, all patients and companions are required to log in our contact tracing form at the entrance.
3. Scheduled COVID patients will only be brought to the division premises once asked to do so by the division staff, and only upon departure of the last non-COVID patient.

C. DURING THE SCAN

1. All standard radiation protection and optimization measures will be followed.
2. Staff in contact with the patient will be provided with PPE as deemed appropriate by the hospital (see attached PPE recommendations).

D. AFTER SCANNING


1. After scanning of COVID-19 patients or suspects, scanners, gantries, patient chairs, blood pressure cuffs, stethoscopes and room surfaces will be disinfected by specialized sanitation personnel.
2. For studies utilizing CT of the chest, images should be reviewed prior to discharge to look for incidental findings suggestive of COVID-19 infection. Such findings should be immediately relayed to the referring clinician.

E. RELEASING OF RESULTS

Out-patient results can be released through e-mail. Patients will be required to provide two e-mail addresses for the releasing of official reports. Images and hard copies of the official result may still be acquired at the division.


V. WORKFORCE MANAGEMENT

The same precautions and screening tests that apply to patients upon entry within the premises will be implemented for the division staff.

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VI. PROCEDURAL GUIDELINES FOR PATIENTS UNDERGOING RADIOACTIVE IODINE THERAPY

1. The division will continue to adhere to the international and local policies guiding the administration of radioactive iodine (RAI) therapy, as discussed extensively in RSP-M-AMS-NMD-017 – “Hospital Care and Handling of Radioactive Patients including Procedures for Release of Patients after Radioactive Iodine Therapy Procedure”
2. As stated in Section 27 of the revised Philippine Nuclear Research Institute (PNRI) CPR Part 13, patients who have undergone RAI therapy will not be discharged until it has been determined that exposure to the patient will result in a total effective dose equivalent (TEDE) to any other individual that is unlikely to exceed 3.0 mSv.
3. Documentation of the calculated TEDE will be done as appropriate and included in the patient’s filed record.
4. Should admission be opted for a patient who is for RAI therapy, the current protocol for hospital admission will be followed.
 - On day of admission, patient will proceed to the Admitting Section and present the Admitting Order from their physician.
 - Patient will then be instructed to proceed to the Molecular Diagnostic Laboratory swabbing area. Release of results will be done on the same day of testing.
 - Once negative, patients may now proceed with admission. If positive, they will be referred to the COVID-ER for further management.
 - The Division clerk will then notify the Admitting Section regarding the confirmed admission.
 - Patients will then proceed to the Admitting Section to secure the designated room for RAI (Room 300, Ward 3A).
 - Once admitted, patients will then undergo administration of the required activity of radioactive iodine, to be facilitated by the Nuclear Medicine consultant/resident.
 - Patients may be discharged as deemed appropriate by the attending physician.

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VII. STAFF PROTECTION

1. Healthcare providers (consultants, residents, technologists) and clerks who will be in direct contact with patients shall be provided with appropriate PPE.
2. The designated RAI room shall be cleared of high radiation doses prior to occupancy by the next patient to minimize radiation exposure to the sanitation personnel before disinfecting/cleaning the room.