

## Diagnostic Imaging:

It is assumed that:

- ⑩ 1 in 3 Medical Imaging staff will be affected by the flu and the department will be unable to maintain regular volumes of outpatient examinations
- ⑩ The majority of medical imaging services will be available for emergency, inpatient and urgent outpatient requests
- ⑩ If the examination requested is not available in that modality due to staffing, supplies or machine downtime, then alternate imaging tools will be considered
- ⑩ During this pandemic period, elective medical imaging procedures will be stopped
- ⑩ The medical-surgical supplies (including linen) required to maintain business in each area will be available
- ⑩ The Medical Director, DI, or designate will triage/review every request for imaging procedures to determine urgency/appropriateness
- ⑩ The level of services the department can offer will vary as the pandemic affects the human resources as well as the critical supplies in the department

## Planning

- ⑩ Continue business as usual until otherwise directed, with close monitoring of staffing levels and critical supplies in each area.
- ⑩ DI will provide services to both pandemic and non-pandemic patients as required. There will be separate areas set up to ensure these two groups do not mix, whenever possible.
- ⑩ Clerical staff will ensure appropriate screening questions are asked. There will be masks and hand sanitizer at each reception window.
- ⑩ Appropriate signage will also be posted instructing patients on the current situation and what will be asked of them.
- ⑩ All equipment utilized on a portable basis will have a specific unit designated for pandemic patients and the units will be cleaned thoroughly after performing an exam in a pandemic patient's room.
- ⑩ **Met Campus:**
  - X-ray suite in ED will be used for pandemic patients. Rooms 1 & 2 in the main department will be used for non-pandemic patients. One portable x-ray unit will be designated to be utilized on pandemic patients.
  - There is only 1 Fluoroscopy Room (6) and this room will have to be thoroughly cleaned after each use.
  - The Ultrasound area in the Breast Health Centre will be used exclusively for non-pandemic obstetrical patients. In the main department, rooms 1 (ME-G536), 2 (ME-G534A) and 3 (ME-G534B) will be used for non-pandemic patients, while rooms 4, 5 (ME-G453A), 6 (ME-G453B) and 7 (ME-G544A) will be used for pandemic patients. A specific unit will be designated for portable pandemic requests.

- Nuclear medicine rooms ME-G512 & ME-G51 will be used for non-pandemic patients while rooms ME-G524A & ME-G524B will be used for pandemic patients.
- Since there is only 1 each of CT and MRI, the rooms will have to be thoroughly cleaned after each use.
- Echo room ME-1522 will be used for pandemic patients and ME-1538 will be used for non-pandemic patients. The echo machine from room ME-1522 will be used for portable requests for pandemic patients and the machine in ME-1538 will be used for portable requests for non-pandemic patients.
- One ECG will be designated for pandemic patients. All ECG's will be done portably.
- EEG's will be done portably. Only 1 unit, which will be thoroughly cleaned in between patients.

**⑩ Ouellette Campus:**

- X-ray suite in the Fracture clinic will be used for pandemic patients. Rooms 3 and 4 and the digital chest room will be used for non-pandemic. One portable x-ray unit will be designated to be utilized on pandemic patients.
  - The small angio room will be used for pandemic patients. The large angio room and gastric room will be used for non-pandemic patients.
  - Ultrasound room 5 will be used for pandemic patients. Rooms 1-4 will be used for non-pandemic. A specific unit will be designated for portable requests.
  - Since there is only 1 MRI, the room will have to be thoroughly cleaned after each use.
  - The Siemen's CT unit will be designated for pandemic patients and the Philips unit will be designated for non-pandemic.
  - Nuclear medicine room 1 (4.507) and 7/8 (4.535) will be used for pandemic patients. Rooms 3 (4.518), 4 (4.524), 5 (4.534), and 6 (4.540) will be used for non-pandemic.
  - Echo room 460 will be used for pandemic patients and room 459 will be for non-pandemic patients.
  - One ECG will be designated for pandemic patients. All ECG's will be done portably.
  - EEG room 8.490 will be used for pandemic patients and room 8.494 would be used for non-pandemic patients.
- ⑩** A second storage room at each campus will established to minimize the possibility of cross contamination of pandemic and non-pandemic supplies. At the Met campus, the Coordinator, Support Services' office and Room 5. At the Ouellette campus, the Coordinator Support Services' office and the old mammography work room will be designated as the non-pandemic supplies storage area.
- ⑩** The most senior DI administrator will assume the lead role to maintain a span of control and to assist in coordinating activities.

- ⑩ A daily status report will be submitted to the DI lead, identifying staffing, critical supply levels, volume of patients completed and notes of any issues.
- ⑩ Lead technologists and managers may be required to work rotational shifts to be available to provide leadership.
- ⑩ A set of guidelines to determine levels of service will be developed (i.e. minimal staffing required).
- ⑩ Patient type, history and diagnosis will be the criteria used to determine whether or not DI can facilitate the order and when it can be reasonably performed.
- ⑩ All requests for imaging procedures will be reviewed/triaged by a physician to determine their urgency.
- ⑩ A radiologist or other physician will review already scheduled examinations and determine their urgency.
- ⑩ There will be an organized structure for the support staff to contact and reschedule patients for non-urgent exams that have been postponed.
- ⑩ The fan out list for the department is updated and posted on the S-drive.
- ⑩ The pandemic/emergency plan and expectations will be reviewed with staff.
- ⑩ Each department will develop a list of critical supplies.
- ⑩ A communication plan to keep all staff aware of situations will be implemented.
- ⑩ Each modality will determine the minimal number of staff required to run that service.
- ⑩ All staff will be reminded of the procedure for calling in sick.
- ⑩ A recovery plan will be developed to ramp the department back to normal operations.

**To Do Prior To Pandemic Episode:**

- ⑩ Communicate DI pandemic plan to all staff
- ⑩ Assign fan out list to be updated
- ⑩ Determine sustainable levels of service
- ⑩ Determine critical items inventory per modality
- ⑩ Determine contact list for vendors of critical items
- ⑩ Establish patient transportation routes to minimize the mixing of pandemic and non-pandemic patients

**To Do During Pandemic Period:**

- ⑩ Observe staff, students, volunteers and patients for signs of stress and inappropriate behaviour.
- ⑩ Report concerns to Occupational Health & Safety
- ⑩ Authorize staff nourishment, accommodation, rest periods and relief as needed
- ⑩ Consider needs for transportation
- ⑩ Reassess staffing plan effectiveness according to available resources, acuity needs and staff illness
- ⑩ Ensure daily status update report from each modality
- ⑩ Communicate to referring areas of hospital what DI services are available

**Criteria for DI Services:**

1. Patient type (ER IN OUT)
2. History
3. Diagnosis
4. Staffing availability
5. Supplies availability

All orders will be reviewed on the criteria as outlined. When one modality is not able to complete the request due to staffing or supply shortages, but the request is deemed necessary, alternate resources will be considered.