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Society of Interventional Radiology
The vision to heal

COVID-19 Clinical Notification from the Society of Interventional Radiology

Effective March 18, 2020; updated March 19, 2020; updated April 6, 2020

As the COVID-19 pandemic continues to evolve with cases rapidly increasing in the United States, it is clear that healthcare systems nationwide will be at risk of becoming overwhelmed. Because interventional radiology is integral to hospital-based care, it is imperative that IRs support efforts to protect public safety by reducing the transmission of disease and by decreasing the burden on our healthcare system by optimizing the use of limited resources. The Society of Interventional Radiology (SIR) supports recommendations and statements from the Surgeon General[i] and the Centers for Medicare and Medicaid Services (CMS)[ii] on elective surgeries as well as interim guidance from the Centers for Disease Control and Prevention (CDC)[iii].

Furthermore, as our understanding of coronavirus modes of transmission evolves[iv], it is anticipated that many areas of the United States will enter into the community transmission phase, defined as the spread of an illness for which the source of infection is unknown. With testing expected to become more readily available, including point of care options with rapid results, it will be essential to offer testing to *all* patients (symptomatic or asymptomatic) undergoing procedures in order to break the cycle of "symptomatic or pre-symptomatic" transmission. Pre-procedure testing would reduce the risk of inadvertent spread of COVID-19 infections to both healthcare workers and the public and represents a means to preserve the integrity of the healthcare system.

The Society of Interventional Radiology (SIR) recommends the following:

- **Cancel all procedures except for those that are urgent or emergent.** As the practice of IR is broad, specific nuances should be considered during the medical decision-making process including the health status of the patient, medical acuity and expected outcome, and local logistics pertaining to resource allocation. While some practices in endemic areas may already be working in an emergency triage model, we urge all IR physicians to begin the triaging process by engaging with their hospital administrations and colleagues within other medical specialties to classify procedures into those that are urgent/emergent vs. elective in a manner that best supports their practice situations and community needs. Cancellation and deferment of elective cases ensure that we contribute to maximizing hospital resources for the sickest patients. Communicate often to review measures as this is a dynamic situation.
- **Minimize the use of essential items that will be needed to care for patients in the event of a surge of cases**. This includes, but is not limited to, ICU beds, PPE, ventilators. Limiting the number of individuals caring for patients (essential personnel only) now minimizes current PPE utilization, allowing for conservation and sufficient supply when needed. Many locations have experienced PPE shortages, so securing PPE materials now will preserve them for future use for our frontline staff.
- **Screen all patients for high-risk exposure[v] or symptoms** according to the CDC guidelines (updated March 24[vi]), which includes the recommendation to follow local guidance for testing where the occurrence of community transmission of COVID-19 infections is high (CDC Priority 1 testing). **If local guidance requires testing prior to surgical procedures, this same standard should apply to procedures performed in the IR suite.**

- **Optimize-staffing and consider cohorting teams to facilitate social distancing and limit risk of community spread.** Minimize the number of personnel in all treatment rooms and control areas, especially when such places make it difficult for medical teams to stay 6 feet apart from each other.
- **Utilize telehealth services for IR clinic and follow-up visits when appropriate to limit exposure.** Please see the CMS Medicare Telemedicine Health Care Provider Fact Sheet[vii] for additional information.

We recommend that you refer to the CDC's "Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States" for more specific steps you can take to prepare for and respond to community spread of COVID-19. For additional guidance specific to IR, please see SIR's COVID-19 Toolkit for Interventional Radiologists.[viii]

We are aware that this situation is rapidly changing. ***This guidance will be updated as necessary as more information becomes available***. Please continue to monitor sirweb.org for additional resources related to COVID-19. We urge the IR community to use platforms such as SIR Connect to share new information and best practices as they become available to continue the conversation to better serve our patients and the community.

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[i] https://www.politico.com/news/2020/03/14/surgeon-general-elective-surgeries-coronavirus-129405
[ii] https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf
[iii] https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html
[iv] https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200402-sitrep-73-covid-19.pdf
[v] https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html
[vi] https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html
[vii] https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
[viii] https://www.sirweb.org/practice-resources/toolkits/covid-19-toolkit/