



PHILIPPINE SOCIETY OF NUCLEAR MEDICINE, INC.

Accredited Specialty Division of the Philippine Medical Association
Affiliate Society of the Philippine College of Physicians

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Guidance for Nuclear Medicine Centers in the Philippines during the COVID-19 Pandemic

"During the COVID-19 pandemic, special emphasis must be placed on implementing all infection prevention and control measures so that the essential nuclear medicine services can be provided," said Diana Paez, head of the IAEA Nuclear Medicine and Diagnostic Imaging Section.

"Non-communicable diseases continue to kill millions of people each year, and patients must have access to PET-CT scans and radiotherapy to battle cancer," said the Director of the IAEA's Human Health Division, May Abdel-Wahab.

Based on the above premise and the WHO goals to reduce mortality and morbidity, minimize disease transmission, protect healthcare professionals, and preserve healthcare system functioning, the Philippine Society of Nuclear Medicine hereby makes the following general recommendations for nuclear medicine centers during the COVID-19 pandemic in accordance to the references below.

1. Distancing (at least 3 feet apart) whether in the waiting area, control room, or reading room
2. Hand hygiene and appropriate use of PPE (surgical mask as a minimum requirement; no mask, no entry policy)
3. Prioritizing urgent/emergent over elective procedures
4. Using separate spaces for patients with known or suspected COVID-19 to prevent spread. If financially able, may have a COVID-dedicated area and equipment
5. Ensuring supplies (radiopharmaceuticals and personal protective equipment) are available
6. Promoting use of teleconsultation and teleconferencing

Furthermore, the PSNM advises the members of the Society to:

1. Receive specific training in identifying COVID-19 symptoms, hygiene procedures, handling COVID-19 patients, disinfection procedures, and use of personal protective equipment (PPE), among others
2. Implement, if possible, separate teams in the center/department
3. Identify and prioritize essential scans and therapies, particularly those that will cause deterioration of the patient's condition if not performed immediately
4. Seek clearance from the Infection Prevention and Control Committee of your institution regarding aerosol-generating procedures
5. Avoid ventilation scan; do lung perfusion study only
6. For nuclear cardiology, discourage exercise stress and 2-day protocol
7. Use a separate room for urea breath test and disinfect afterwards
8. Screen patients. If symptomatic or with exposure/travel history, request for chest x-ray and CBC not later than 7 days prior to procedure; ideally within 3 days
9. Limit companions to one (1) without risk factors

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10. Avoid unnecessary delayed imaging or long SPECT/CT acquisition time
11. Disinfect equipment and accessories including camera gantries, patient beds, blood pressure cuffs, workstations, mouse, keyboards, and any other items of daily use using prescribed decontamination solution of your institution
12. Consider remote reporting, when possible
13. Check the CT part of the scans for probable COVID findings and report instantly
14. Consider re-training of staff to cover other positions within the department

Regarding radionuclide therapies, patients receiving 140 mCi or below need not be admitted and patients receiving higher activities may also be discharged, provided that the total effective dose equivalent to any other individual from exposure to the released individual is not likely to exceed 3 mSv. There must be proper documentation, which would be inspected by the Philippine National Research Institute after the quarantine period.

References:

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