



THE PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY

COVID-19 –Professional Guidelines

Draft 2

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Preamble

Humanity is currently facing an ever-deepening crisis due to the outbreak of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) which is the virus strain that causes coronavirus disease 2019 (COVID-19). Since the start of the pandemic, the Health Professions Council of South Africa (HPCSA) has issued numerous communiques (18 March 2020, 25 March 2020, 26 March 2020 and 27 March 2020) providing general advice to professionals on how to manage the COVID-19 pandemic using National Department of Health and the National Institute of Communicable Diseases (NICD), clinical guidelines for health workers and information on communicable diseases to assist healthcare professionals.

The Professional Board for Radiography and Clinical Technology (RCT) has a responsibility towards patients and professionals, including protecting the health and well-being of South Africa. The Board urges professionals to also take care of their own health and to seek help when needed.

This set of guidelines and recommendations should be used in practice, in addition to the universal precautions on infectious disease management protocols. It is recommended that this document should be used with the detailed guidelines as provided by the International Society of Radiographers and Radiological Technologists [(ISRRT); https://www.isrrt.org/pdf/NEW_ISRRT_COVID_19_Response_document_052020.pdf]. A similar document for Clinical Technology (Category Nephrology) can be accessed at <http://dialysisassociation.co.za/wp-content/uploads/2020/03/DASA-Covid-19-Guidelines-PDF.pdf>. It is essential to recognise and acknowledge that these guidelines may in the future become obsolete as research generates new information about this disease, its diagnosis, pathology, treatment and prevention.

Legal, regulatory and ethical framework

The guidelines in this document conform to the following:

- World Health Organisation: Infection prevention and control during health care when COVID-19 is suspected Interim guidance, 19 March 2020;
- HPCSA: Ethical Conduct rules;

- HPCSA: Guidance on the application of Telemedicine guidelines during the COVID-19 pandemic, 29 March 2020
- South African Government Gazette volume 657: Regulations issued in terms of Section 27(2), 18 March 2020;
- South African Department of Employment and Labour: Workplace Preparedness: COVID-19 (SARS-CoV-19 virus) regulations;
- Department of Health: Clinical management of suspected or confirmed COVID-19 disease Version 3, 27th March 2020;
- Department of Health: COVID-19 Disease: Infection Prevention and Control Guidelines Version 1, April 2020;
- Western Cape Critical Care Forum: COVID-19 Outbreak Response Guidelines, 27 March 2020

Fundamental issues in dealing with COVID-19

According to the South African Department of Employment and Labour Workplace Preparedness: COVID-19 (SARS-CoV-19 virus) regulations, healthcare professionals falls either in the category of high or very high risk

The World Health Organisation recommends that the spread of disease can be contained through isolation. Isolation rooms or dedicated areas must be identified and equipped for patients diagnosed with or are awaiting test results for COVID-19. Movement of confirmed cases should be minimised both within and between healthcare facilities.

The exposure of all categories of healthcare workers, support personnel and the general public should be kept to a minimum.

Definition of essential services

Essential services mean the services as defined in section 213 of the Labour Relations Act, 1995 (Act No. 66 of 1995), and designated in terms of section 71(8) of the Labour Relations Act, 1995 (and which designation remains valid as at the date of publication of this regulation), and as listed below:

1. Medical, Health (including Mental Health), Laboratory and Medical services and the National Institute for Communicable Diseases.
2. Disaster Management, Fire Prevention. Fire Fighting and Emergency services.

Students

Radiography and Clinical Technology student are not regarded as essential service providers as the purpose of their clinical placements are to achieve academic outcomes and not for service rendering. It should be noted that students may be exposed to the clinical environment as it relates to them achieving the required competencies. All necessary precautions should be taken to minimise the risk to students, which include regular screening of students and the issuing of personal protective equipment (PPE). Students should work under supervision and their conduct and responsibilities are governed by the guidelines as outlined in this document.

Additionally, students should be:

- Trained on COVID-19, Infection Prevention and Control (IPC) and PPE
- Assessed on donning and doffing of PPE
- Allocated to areas other than COVID-19 or Person Under Investigation (PUI) ward

Ethical considerations

Radiographers and Clinical Technologists registered with the HPCSA are legally bound to the Ethical Rules as prescribed by the RCT Board:

- The following ethical duties:
 - Non-maleficence (duty to do no harm and to prevent harm)
 - Distributive justice (fair distribution of benefits and burdens)
 - Autonomy (the patient or their surrogate can make an informed decision regarding the service received)

Roles and responsibilities

All practitioners have to adhere to the policies, regulations and roles and responsibilities that relate specifically to the COVID-19 outbreak as prescribed by their healthcare facility and by the different relevant statutory government departments. Specific roles and responsibilities within the imaging and clinical technology departments should be assigned to specific people.

It may happen that radiographers and clinical technologists exceed their scope of practice out of necessity. While every effort will be made to minimise or avoid such circumstances, radiographers and clinical technologists must abide by legal, regulatory and ethical requirements; all actions should be justified and not lead to harm.

Risk assessment

Risk assessment includes the identification of exposure levels associated with the different diagnostic and therapeutic service provided in the imaging and clinical technology departments. This would include and are not limited to:

Hazard Identification and Risk Assessment (HIRA);

WHO risk assessment;

Identification of “high contact” activities;

Identification of vulnerable workers and special measures for their protection

Imaging and clinical technology department must ensure:

Allocation of scarce resources during pandemic

COVID-19 Direction on Health and Safety in the Workplace issued by the Minister in terms of Regulation 10(8) of the National Disaster Regulations explains the basics that an employer should ensure are in place to protect and minimise the risk of exposure. In view of Radiography and Clinical Technology classified as essential services, an employer should

ensure the service is not disrupted while taking precautions. Employees can be rotated to areas they do not normally work in, including reallocation of available resources to meet the peak demands

Engineering and environmental controls

Adequate ventilation, including negative pressure and opening windows (NCID, CDC guidelines)

Physical barriers where possible

Adaptation of workstations to increase social distance in

Working areas,

Treatment rooms and patient waiting areas

Administrative controls

Radiographers and Clinical Technologists screening/ reporting of symptoms/ sick leave (refer to DOH guidelines published in terms of a high-risk exposure)

Minimizing contact

Rotation and shift work

Communication and information strategies including response and surge plans

Role of health and safety committees for Radiographers and Clinical Technologists

Education and training

Reporting for purposes of public health [e.g. Notifiable Medical Conditions (NMC) form], contact tracing and notification, screening, testing and surveillance

Ensuring an adequate patient-to-staff ratio;

Dedicated zones or managing low risk patients;

Establishing a surveillance process for acute respiratory infections potentially caused by COVID-19 virus among Radiographers and Clinical Technologists;

Ensuring that Radiographers and Clinical Technologists and the public understand the importance of promptly seeking medical care;

Monitoring and enforcing the policies, regulations and guidelines associated with COVID-19;

Monitoring Radiographers and Clinical Technologists compliance with standard precautions and providing mechanisms for improvement as needed.

Infection prevention and control

Standard precautions for all patients include hand and respiratory hygiene, the use of appropriate personal protective equipment (PPE) and injection safety practices. It is important to ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Medical devices and equipment, sterilization of patient-care equipment, laundry, food service utensils, and medical waste should be managed in accordance with infection procedures.

It is absolutely imperative that the imaging and clinical technology departments ensure that staff are adequately prepared and practiced in the proper use of personal protective equipment and infection control. PPE effectiveness is influenced by adequate and regular supplies, adequate staff training, appropriate hand hygiene, and appropriate human behaviour.

Recommended PPE

The use of the following personal protection equipment is mandatory if in contact with patients either known or suspected to have COVID-19:

- A surgical facemask
- Eye protection
- A protective apron, or similar
- Gloves

The use of the following is mandatory for procedures where aerosol production is a risk

- An N95 face mask or equivalent
- Eye protection (goggles) / face shield / visor
- A protective apron, gown

- Gloves
- Head cover (recommended)

Radiographers and Clinical Technologists should apply WHO's *My 5 Moments for Hand Hygiene* approach before touching a patient, before any clean or aseptic procedure is performed, after exposure to body fluid, after touching a patient, and after touching a patient's surroundings.

Patient evaluation

Screening patients using a standardized structured questionnaire, measuring the patient's body temperature and then taking adequate steps to address the results.

The following set of screening questions can help identify potential infection. This list is not exhaustive, and should be adapted to suit your needs, in keeping with current research and guidelines:

- a. Do you have a fever or have you experienced a fever within the past 14 days?
- b. Have you experienced a recent onset of respiratory problems, such as a cough or difficulty in breathing, loss of smell and taste within the past 14 days?
- c. Have you, within the past 14 days, travelled to areas with documented COVID-19 cases or inter-provincially?
- d. Have you come into contact with a patient with confirmed COVID-19 infection within the past 14 days?
- e. Have you or a close contact recently been tested for COVID-19?
- f. Have you come into contact with people who had recent fever or respiratory problems within the past 14 days?
- g. In the past 14 days have you visited your GP or been hospitalized?
- h. Have you recently participated in any gathering, meetings, or had close contact with many unacquainted people?

Patients suspected of having COVID-19

Provide the patient with a medical (surgical) mask;

Direct the patient to a separate area, preferably an isolation room if available.

Where an individual isolation room is not available, these patients should be grouped together, a 1-2 meter distance should be kept between patients

This with adequate ventilation (60 L/s per patient);

If the patient has to be moved, ensure that they wear a mask.

The patient should have a dedicated bathroom (where this is possible).

Use designated mobile equipment;

Limit the number of personnel who are in contact with suspected or confirmed COVID-19 patients;

Ensure that Radiographers and Clinical Technologists performing aerosol-generating procedures perform procedures in an adequately ventilated room – that is, natural ventilation with air flow of at least 160L/s per patient

Telehealth

According to the HPCSA Guidance on the application of Telemedicine guidelines during the COVID-19 pandemic, 29 March 2020:

Telehealth should preferably be practiced in circumstances where there is an already established practitioner-patient relationship, and where such a relationship does not exist, practitioners may still consult using Telehealth provided such consultations are done in the best interest of patients.

Practitioners are reminded that the Ethical Rules of Conduct for Health Practitioners Registered under the Health Professions Act are still applicable during the practice of Telehealth.

Communication

To ensure a coordinated and consistent response by all effective communication is cardinal. The incident management team must keep personnel informed about any changes to the plan

or any directives from the National or Provincial Department of Health. Communication must be accurate and transparent.

Personnel should also be able to communicate their concerns, challenges and suggestions to the incident management team.

Staff support and wellbeing

Radiographers and Clinical Technologists may become overwhelmed by the task of working through this pandemic. Patient numbers, long hours, resource shortages and not enough sympathy towards healthcare workers may lead to physical and psychological stress. Additionally, healthcare professionals are one of the most at-risk groups and there will almost certainly be infections amongst hospital personnel. It can be challenging to keep focused on the patients when fellow healthcare professionals and family members are infected.

Imaging and clinical technology department management should support personnel. By having regular debriefings for personnel, the physical and psychological health of Radiographers and Clinical Technologists must be prioritised.

Re-integration of Retired staff

Radiographers and Clinical Technologists that have retired or not actively practicing will be allowed to be re-integrated into their specific Board registration categories under the following conditions:

This temporary re-integration is solely for addressing the healthcare crisis associated with COVID-19;

Practitioners that opt to be re-integrated need to notify and motivate their re-integration to the Board;

This notification needs to be accompanied by approval from a specific clinical practice

Practitioners must be registered with the HPCSA;

Practitioners not currently registered have to apply for a temporary three (3) month registration; penalties and registration fees will be waived;

Practitioners that have not been practicing for the last five (5) years will not be allowed to re-integrate;

Practitioners need to go for COVID-19 screening;

Practitioners will perform tasks characterised as low risk;

Practitioners that fall under the high-risk age category and those that have underlying medical conditions may be given the opportunity to re-integrate, but subject to a medical examination;

Student Training

Radiography and Clinical Technology student training, and especially Work Integrated Learning and Community Based Education has been compromised due to the pandemic. Council and the Board is engaging with the Department of Higher Education, the Council on Higher Education and training institutions to facilitate remedial actions and ensure that student achieve the required competencies and that training remains of a high standard. In cases where the 2020 academic year extends into 2021 the commencement Community Service will be influenced, and remedial action as indicated by the DoH will be followed.

Annual HPCSA Registration and Fees

The HPCSA has informed all professionals that the due date for annual renewals and payment of registrations has been extended from 1 April 2020 to 30 September 2020. Professionals should ensure that their annual fees are paid by the 30 June 2020. Professionals are once again encouraged to utilise the online portal for the renewal of their registration, where they will also access their annual practising certificate. Professionals may also access their profile using the HPCSA mobile app that is available on this link: <https://hpcsamobileapp.co.za/>

Continuous Professional Development

Radiographers and Clinical Technologists have a responsibility to continually update their professional knowledge and skills. The HPCSA Continuing Professional Development regulations requires Radiographers and Clinical Technologists to accumulate 30 Continuing Education Units (CEUs) per twelve-month period and five of the units must be on ethics, human rights and medical law. Practitioners need to be aware that CEU are valid for 24 months from the date on which the activity took place. In light of the COVID-19 pandemic, all audits have been suspended for the foreseeable future.

Professionals are encouraged to continue to engage in CPD during this period. These activities include, but are not limited to, online meetings, webinars, seminar presentation, reading journal articles, attending formal online workshops and studies.

Conclusion

The RCT Board wishes to commend, salute and encourage the ongoing efforts and commitment by radiographers and clinical technologists in maintaining their professionalism, providing essential services and contributing to the wellbeing of our patients amidst the current COVID-19 pandemic. The Board recognises the immense toll that this situation is taking on the morale and psyche of radiographers and clinical technologists.

Whilst the Board acknowledges that none of these precautions can prevent or resolve COVID-19 on their own, all of them can contribute to keeping radiographers and clinical technologists, and patients safer and healthier.