

Alternative strategies for CT unit management during the COVID-19 pandemic: a single center experience

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Dear Editor,

I read with great interest the article titled “Strategies for radiology departments in handling the COVID-19 pandemic” by Muhammad Aminuddin Ashari et al. (1) published in *Diagnostic and Interventional Radiology* in April 2020. This article describes the policies and strategies for reducing the risk of coronavirus disease 2019 (COVID-19) transmission of employees and patients in the radiology departments. Due to the rapid completion of computed tomography (CT) and its high sensitivity in pneumonic changes, frequent CT examinations are conducted in many centers (2). This frequency of CT examinations requires more precautions to protect both CT staff and patients.

Our hospital has a capacity of 2000 beds and serves as a quarantine hospital during the pandemic period. As in other departments in the hospital, we have taken a series of measures in the radiology department. The most important of these measures is related to the use of CT: from the three CT units in the hospital, the device in the emergency room is reserved only for patients suspected of COVID-19, with approximately 50 scans performed daily. Thus, the transportation of the patients to the CT unit is easy and short. Non-COVID emergencies and inpatients are examined with the other two CT devices. All CT technicians are divided into three groups. Each group works for a week and rests for the following two weeks. The aim here is to prevent the technicians infecting each other as well as to reduce the risk of getting infection from patients. Thus,

the business workflow continuity is maintained and not impaired. Radiology staff wears masks, goggles or face shields, gloves, and isolation clothing during the entire CT examination. The CT table is covered with a nylon bedspread and is changed after each examination. After the examination ends, the device and the room are cleaned under suitable conditions according to recommended measures, and all these preparations for the next patient take about 20–25 minutes. Since the room is ventilated using an air conditioner with an exhausting feature (i.e., a system that sucks the air from the bottom of the room and supplies fresh air from the outside to the upper part of the room) there is no waiting time for room ventilation. Other non-technician radiology staff and faculty members, work for a week and are isolated for the following week at home. No COVID-19 transmission has been detected in any of our staff so far. In this article, I wanted to emphasize that we follow a different strategy for CT technicians and other staff.

Conflict of interest disclosure

The author declared no conflicts of interest.

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