



COVID-19

Frequently asked questions for sonographers

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Citation:

SoR and BMUS (2021) COVID-19: Frequently asked questions for sonographers, v1.14. Society of Radiographers and the British Medical Ultrasound Society.

Summary of updates:

Version	Date	Summary of changes
1.14	20.4.2021	URL links to SoR website have been updated throughout the document
1.14	20.4.2021	2.0 Updated PHE England advice and included 'bundles of measures'
1.14	20.4.2021	2.4 Added additional resources on wellbeing
1.14	20.4.2021	5.1 updated NHSEI guidance on 'supporting pregnant women using maternity services' during the pandemic
1.14	20.4.2021	5.1 updated NHSEI guidance on lateral flow tests in maternity
1.14	20.4.2021	Updated broken hyperlinks

1.0 Introduction

In these challenging times the SoR and BMUS realise that sonographers are having to deal with managing the demands of providing a high quality service whilst protecting staff and patients, possibly with limited staffing and concerned patients. This frequently asked questions document aims to help provide answers, where possible, or guide sonographers to relevant sources of current information. The information is changing on a regular basis, so it is important to review advice from [Public Health England](#) (PHE) and other relevant bodies.

It is important to realise that the current information regarding COVID-19 is extremely fluid, changing as the situation demands. It is therefore crucial to follow the advice individual trusts and employers are releasing as this is pertinent to the local situation and will be in line with government advice. This page is based on national guidance at the time of writing. In the September 2020 update information is provided for historical context and for use in the advent of local peaks or changes to national advice. Any changes must be undertaken with meaningful [risk assessment](#) with the staff involved, taking into account local factors, facilities and staff concerns and should not be imposed on ultrasound departments without a risk assessment. Please get advice and support from your SoR local trade union and industrial relations (TUIR) or health and safety representatives if advice is needed.

The SoR has general advice on the website <https://covid19.sor.org/>. This includes information about protecting staff and patients in cases of suspected /infected patient contact and service resilience measures needed to ensure the continuity of service, wherever possible. The [Health and Care Professions Council](#) (HCPC) have resources on their website, including the document "How we will continue to regulate in light of novel coronavirus (COVID-19)".

[NHS England and NHS Improvement](#) are co-ordinating information about COVID-19 for health care professionals.

2.0 How do I protect staff and patients during ultrasound lists?

Risk assessments should be carried out in all areas of ultrasound practice. Advice should be sought from the infection prevention and control team about decontamination of ultrasound machines, transducers and scan rooms. Personal protective equipment should be worn in line with PHE advice. See the [SoR website](#) for more information.

Face coverings: Local policy and risk assessment should be in place within hospitals/centres for the use of face coverings, based on current guidelines. This should include information on exemptions and non-compliance. Updated government guidance is available on the [Public Health England](#) website, particularly the document "[New government](#)

[recommendations for England NHS hospital trusts and private hospital providers](#)". This includes guidance on face coverings for all staff and visitors, unless exempt.

"where visitors are unable to wear face coverings due to physical or mental health conditions or a disability, clinicians should consider what other IPC measures are in place, such as physical distancing, to ensure sufficient access depending on the patient's condition and the care pathway" [PHE 2020](#) (section 4.1).

Heating, ventilation and air-conditioning systems: The document from the European Centre for Disease Prevention and Control on '[heating, ventilation and air-conditioning systems in the context of COVID 19: first update](#)' (Nov 2020) has some useful information to assist with risk assessments.

Additional documents that might assist with risk assessments and mitigation of risk include:

- HSE information on ventilation on the [Health and Safety Executive \(HSE\) website](#).
- Scientific Advisory Group for Emergencies (2020) [EMG: Potential application of air cleaning devices and personal decontamination to manage transmission of COVID-19, 4 November 2020](#)
- SoR website: [New government guidance adds to HSE pressure to prioritise good ventilation](#)

Bundles of measures: Public Health England discuss 'bundles of measures', whereby multiple factors to mitigate risk should be considered.

"The extended use of face masks does not remove the need for other key bundles of measures to reduce the risk of transmission of SARS-CoV-2, including social/physical distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate. Reliance on individual (as opposed to bundles of) measures to reduce the risk of virus transmission is not sufficient." ([PHE, 2021](#))

Tailored approach:

"Trusts may need to tailor their approach in different areas if one section of the service (eg the postnatal ward) has ample physical space and ventilation but others (eg scan facilities) do not" ([NHSei: Supporting pregnant women using maternity services during the coronavirus pandemic: actions for NHS providers](#)).

The [International Society of Ultrasound in Obstetrics and Gynecology \(ISUOG\)](#) webinar series and the article by [Kooraki et al](#) (2020) may also be helpful.

Keeping staff informed of decisions along with reasons for the action is important. Make sure staff are fully aware of current guidance on how to protect themselves, but also when to call in sick and/or self-isolate. Occupational health advice should be sought for staff who need additional support, due to the demands of working in such unprecedented times and having to make difficult decisions.

2.0.1 At the height of the pandemic or during a local spike

When planning workloads, it is important to ensure that waiting rooms are not overcrowded ([ISUOG safety statement 23.3.2020](#)) and seating should be spaced at least 2 metres apart.

The [ISUOG guidance](#) (30.3.2020) recommends that “consideration is given to ventilation in ultrasound rooms in individual workplaces” to “reduce air environmental contamination and exposure to COVID-19 infection”. It is important to limit the number of people in the ultrasound room unnecessarily, to reduce the spread of the virus.

Staff should reduce the use of personal equipment such as mobile phones in clinical areas and only before and after good hand hygiene. Mobile phones can be [vehicles for transmission of disease](#) and should be [cleaned regularly](#).

Patients and relatives can become anxious during these difficult times, particularly in pregnancy and when appointments are cancelled for patients with COVID-19 symptoms. It is important to have local policies in place to safeguard staff and protect them and other service users. See appendix 1 for suggested template for rescheduling appointments.



Remember to complete an incident report for any issues that arise during the pandemic and /or cases of verbal or physical abuse against any members of staff.

By doing this it provides a better idea of the extent of issues nationally.

2.0.2 As restrictions ease

Decisions will be based on local factors following risk assessments. These should be undertaken with meaningful consultation with staff working in the area.

It is recommended that you review information on the HSE website about [risk assessment](#) and working safely along with [NHS Employers](#) advice, both of which are updated frequently. This is in addition to [PHE information and guidance](#).

2.1 Should sonographers wear PPE?

The latest government advice is on the gov.uk webpages '[COVID-19: infection prevention and control \(IPC\)](#)' Advice recommends that an initial risk assessment should take place. In symptomatic patients appropriate personal protective equipment (PPE) should be worn. This includes fluid resistant surgical mask, gloves, aprons and eye protection.

If potential risk cannot be established and physical distancing cannot be maintained sessional use of fluid resistant surgical mask Type IIR, and single use gloves and disposable aprons are advised. Eye protection should also be available and worn, if advised following risk assessment.

The [Royal College of Radiologists and the SoR](#) have produced a poster summarising the PPE guidance for imaging departments and teams.

The International Society of Radiographers and Radiological Technologists (ISRRT) have also provided [guidance on protective measures](#) and an [e-learning site](#) with 'International Covid-19 support for radiographers and radiological technologists' and 'practical guidelines for radiographers/radiological technologists during the pandemic COVID-19'.

An [ISUOG safety statement \(31.3.2020\)](#) highlights that as sonographers are unable to maintain recommended distances from patients during an examination, they need to take all necessary precautions. It is suggested that, as sonographers are in close contact with patients, often in small rooms with limited ventilation they should use contact precautions and droplet precautions. This includes the wearing of a fluid resistant (Type IIR) surgical mask (FRSM) and gloves, ensuring good hand hygiene and cleaning of the equipment.

The FRSM may be reused during the care of multiple patients, if used for asymptomatic patients. Replace the mask if it becomes damp, damaged, soiled or hard to breathe through. Care should be taken not to touch the mask, until removing. On removal good hand hygiene is needed after safe disposal to avoid cross-contamination.

More information and posters to describe the donning and crucially the safe removal of PPE can be found in the [gov.uk website](#) along with advice on washing uniforms and managing blood and bodily fluids.

- In the document [Covid-19: Personal protective equipment \(PPE\)](#) the SoR recommend “*Risk assessment must include the 2m minimum safe distance which we are all instructed to maintain. When the two metre rule is included in risk assessments, it is impossible to avoid the conclusion that PPE should be used for ALL patients*”. It is important to remember that it is the practice that is risk assessed, not the patient, in relation to whether there is a risk of transmission of the virus to or from sonographers whilst being asymptomatic.

2.2 Should patients with COVID-19 come to the ultrasound department?

Advice from [ISUOG](#) (23.3.2020) is to try and delay ultrasound examinations, if possible, in someone with known COVID-19 or symptoms. If it is essential that they are scanned, ideally have a dedicated room for such cases or for in-patients consider bedside scanning. If the patient has to be scanned in the main ultrasound department, it is advisable to book their appointment for the end of the working day, to allow for a deep clean of the room after their examination. Anything that has been in contact with the patient or within the sneezing/cough zone should be cleaned, in addition to the sink and other areas that may be contaminated. [Public Health England](#) advice should be followed in relation to PPE and hands should be washed thoroughly after removal of PPE.

2.3 How should I clean the ultrasound room?

COVID-19 is de-natured by common disinfection, so good hand hygiene and cleaning of equipment and all surfaces with which patients or droplets might have come into contact is central to reducing the spread of the virus. Equipment should include anything that might have become contaminated by contact or droplets such as the ultrasound machine, gel bottle, probes, couch, keyboard, door handles, sink. See [Public Health England et al's](#)

'COVID-19: Guidance for the remobilisation of services within health and care settings Infection prevention and control recommendations'.

There is guidance on general cleaning and decontamination of ultrasound machines and transducers from [AXREM, BMUS and SoR](#) (2020). [ISUOG](#) (23.3.2020) have released a safety statement on "safe performance of obstetric and gynecological scans and equipment cleaning in the context of COVID-19". It is important to remember that for effective disinfection surfaces, transducers and other equipment must be cleaned before disinfecting. Ultrasound manufacturers' guidance must be reviewed when selecting the appropriate cleaning and decontamination methods for ultrasound machines and transducers, to avoid damage and impacting on warranties ([AXREM, BMUS and SoR 2020](#)).

Consideration of UK regulations, local infection control and manufacturer advice is required when reviewing international guidance on the use of products for decontamination.

[The ISUOG safety statement](#) (23.3.2020) recommends limiting the number of transducers connected to the machine and storing accessories in a cupboard to reduce the risk of contamination. This is in line with [WFUMB guidance](#) "Unnecessary accessories in the room should be removed and, where possible, individually stored in the cabinets". This should include personal items belonging to staff and patients e.g. bags.

2.4 How do we support emotional wellbeing and provide staff support?

Staff need regular and possibly more frequent breaks, particularly when wearing PPE.

Maintaining physical distancing with colleagues is important.

Staff should try to ensure physical distancing when possible, if not scanning, in line with the latest Public Health England advice. This is important when taking breaks during the working day. Try to avoid close contact with colleagues in the workplace, unless absolutely necessary. Conversations should be at a safe distance. Remember that you or your colleagues could potentially be infected, so follow the government advice to protect each other. It is not advisable to eat together, as this can cause staff to 'drop their guard' and potentially infect each other.

During this difficult time, it is however especially important to ensure good support for all staff. Team working and good communication will be essential, in addition to ensuring adequate rest breaks are provided and staff have facilities to take appropriate periods of rest. Access to occupational health or counselling support should be provided by employers.

The website <https://www.supporttheworkers.org/> provides useful information for a number of areas such as self-help, leadership, team-working, anxiety and fear and the World Health Organisation (WHO) have a document "[Occupational safety and health in public health emergencies](#)". This includes information on pandemics, along with advice on strategies for managing fatigue and psychosocial stress for staff during emergencies.

The SoR has provided a link to a range of resources '[Wellbeing, emotional and mental health support and resources](#)' and the [Radiate programme](#) has a range of resources and webinars, including '[Wellbeing for Sonographers](#)' by Dr Judith Johnson.

2.5 I have specific health conditions, what should I do?

The guidance below will depend on many factors, including local infection rates, local and **individual risk assessments** and the nature of the health conditions.

[ISUOG safety statement](#) (31.3.2020) recommends that “ultrasound providers of advanced age or with specific health conditions that predispose them to infection and severe disease should avoid scanning patients with suspected or confirmed COVID-19 disease”. Further details are in the document. The [SoR website](#) provides a wide range of information to support staff.

The [RCOG](#) provides guidance for pregnant staff during the pandemic.

3. Should we change the way we work in ultrasound?

[Public Health England](#) advice should be followed. In addition:

[ISUOG \(23.3.2020\)](#) advise the following in their safety statement:

- “Use of single-use gel packs is recommended as opposed to gel containers.
- Consider transducer cover for non-endoluminal probes (this is not a CDC absolute requirement).

[WFUMB position statement](#) recommends:

- “Respect the time of scheduled visits
- Widen the appointment intervals in order to prevent crowding in the waiting room
- Space the seats to at least 2 meters apart”

4. Is there any advice about student training?

4.0.1 At the height of the pandemic or during a local spike

The best practice guidance recommends limiting the number of people in ultrasound rooms to protect both staff and patients. Local decisions will be needed and may depend on the stage of training. If a student has enough understanding of the procedure to provide support as a chaperone, it could be a way for them to continue to see best practice and learn more about pathologies by reviewing images after the patient has left the room, as long physical distancing guidelines are maintained. Alternatively, if they are near to the end of the training and are almost ready for running lists independently, they could potentially complete scans under supervision with the supervising sonographer using physical distancing. For a fairly new student, who would extend the examination time significantly, it may be more pragmatic to suspend training, after discussion with the education provider, until the restrictions are relaxed and/or pressure on the service reduces. Again, this needs to be balanced locally, the use of simulation tools to support learning for this group could be very beneficial if in the early stages of their training.

There is also the consideration about staffing needs in other areas e.g. in the main radiology department. Due to potential shortages, it may be more important for the student to be deployed for the duration of the pandemic in their original clinical setting.

[Health Education England](#) provided advice to ensure that students' clinical education continues (January 2021). It also contains information about essential worker status, life assurance, PPE, COVID-19 and flu vaccinations.

4.0.2 As restrictions ease

As restrictions are lifted, it is important to balance sonographer/patient safety with the need to ensure the successful education of the future sonographic workforce. Local decisions should be made about how and when it is appropriate to introduce students who have had their clinical placement interrupted back into the service, taking into consideration staffing levels, physical distancing and other government and PHE guidance, availability of PPE and education providers' advice.

Further information can be found in the document "[Resumption of clinical training in ultrasound during the COVID-19 pandemic](#)"

5. What advice do I give to pregnant patients?

The RCOG [Coronavirus \(COVID-19\) Infection and Pregnancy](#) guidance suggests that women who should be attending for routine antenatal care, including growth scans, should delay their appointment until they have completed the recommended period of self-isolation, with suspected or confirmed COVID-19. Urgent appointments "will require a senior decision on urgency and potential risks/benefits".

Anyone with suspected or confirmed COVID-19 requiring an urgent scan should ideally be booked to attend at the end of the day.

Urgent, unplanned appointments for those with suspected or confirmed COVID-19 should ideally be triaged over the phone.

Routine care should be provided wherever possible.

Advice for pregnant families is available from the [RCOG website](#) as FAQs.

The [ISUOG](#) has published advice which may be useful.

The [RCOG Guidance for antenatal screening and ultrasound in pregnancy in the evolving coronavirus \(COVID-19\) pandemic](#) recommends assessing patients to determine if they or their partner have symptoms suggestive of COVID-19 or meet the 'stay at home' guidance before they enter the department. If they do, they are given written information about why their appointment is to be postponed and contact details are taken, to arrange a rescan after a period of self-isolation (see appendix 1 for template).

5.1 Who should attend pregnancy ultrasound scans?

NHS England and NHS Improvement have updated their guidance on "[Supporting pregnant women using maternity services during the coronavirus pandemic: Actions for NHS providers – 15 April 2021](#)" (December 2020, updated April 2021).

All individual Trusts and departments have to make decisions based on local issues, staffing levels, space facilities, ventilation and other arrangements, government/PHE advice, local infection rates and [risk assessments](#). Risk assessments should be undertaken with meaningful consultation with staff.

It is recommended that information on the HSE website about [risk assessment](#) and working safely is reviewed along with [NHS Employers](#) advice, both of which are updated frequently. This is in addition to [PHE information and guidance](#).

NHSei have included [guidance](#) on the use of lateral flow tests for pregnant women and their support person and also provided a document '[Lateral flow antigen test for pregnant women and support people: Frequently asked questions](#)' (April 2021). Local Trusts and clinics may want to implement this in addition to other ways of mitigating risk.

Key points from the document include:

- Local communication mechanisms should be in place to advise expectant parents of the processes in place to provide a safe environment for everyone, including them and their baby.
- Self-administer a COVID-19 lateral flow test 24 hours before an appointment for both parties
 - It does not state in this guidance, but policy in other areas can be considered e.g. NICE '[COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services](#)' recommend self-isolating from the day of the test until the appointment.
- Tests are voluntary but should be encouraged (if used within the maternity department)
- Both the pregnant person and support person should confirm results upon arrival at the Trust (taken within the previous 24 hour period)
- Processes should be in place for local testing for those without access to digital technology
- If a woman declines the test – normal mitigations should be in place e.g. face coverings, adequate ventilation, hand hygiene.
- If a support person declined and the mitigations are already in place to reduce risk they can attend, e.g. face coverings, adequate ventilation, hand hygiene **and** social distancing. If it is not possible to manage risk with other mitigations they will be unable to accompany the woman.
- Individual risk assessments should take place when a negative test cannot be produced
- All relevant staff should be aware of the local policy, including security staff
- Information is provided for anyone testing positive ([see FAQs](#))



Risk assessment is central to every aspect of service provision.

Meaningful risk assessment should be undertaken with staff in the department, infection prevention and control teams and the estates department.

Appropriate action taken to mitigate risks as much as possible.

The table includes some of the methods used by ultrasound departments to mitigate risks highlighted at risk assessment, to ensure safety of staff and other imaging department patients, whilst enabling one accompanying adult to the scan.

Note: this list is not exhaustive.

Suggested actions	Further information
Clear information to patients	<p>Might include:</p> <ul style="list-style-type: none"> • current policy • rationale for any decisions • need to postpone appointment if, for example they or any family member is symptomatic or directed to isolate by test, trace and isolate teams • who can attend for the scans & which scans • how they should check in • where people wait • what they must do e.g. compulsory face coverings unless exempt, who to inform if they are exempt and when, any other local policy based on risk assessment • use of hand-washing / gel prior to entry to the room and on exit • when they will be able to ask questions during the examination • advice from staff must be followed & the consequences of not following guidance <p>Some units ask patients to sign to say that they have read and understood the policy</p>
<p>Clear policy on the wearing of face coverings.</p> <p>Consistent application of the policy by all staff</p> <p>Support for staff to ensure the policy is followed</p>	<p>Consider:</p> <ul style="list-style-type: none"> • those with medical exemption • whether any alternative solutions can be offered • anyone who decline for other reasons <p>Possible checking of face coverings prior to entering the hospital. See SoR guidance on refusal to wear face coverings and section 2 of this document.</p>
Contact patients prior to the appointment	<p>Might include:</p> <ul style="list-style-type: none"> • check symptoms, contacts, isolation advice • ask about exemptions from wearing face coverings <p>If patients and/or an essential support adult are exempt from wearing face coverings, consider booking them in to the largest room, the room with the best ventilation and/or at the end of a list to allow ventilation after they leave and reduce viral load to staff and other patients.</p> <p>Determine whether the support person can wear a face covering. If not local policy needs to be in place to determine whether they can attend or not.</p> <p>No high risk staff scan patients who are exempt from wearing face coverings.</p>
Additional time and/or Support staff	<p>To help with:</p> <ul style="list-style-type: none"> • additional cleaning of the room and equipment • waiting area cleaning • escorting partners or accompanying adult from an alternative waiting area to the scan room
Portable hand-held buzzer Or Tannoy system	<p>To alert partners or accompanying adult to make their way to the ultrasound room.</p> <ul style="list-style-type: none"> • clear signposting or numbering of ultrasound rooms will be required • may need support staff to provide direction
Floor markings	<p>Clearly identified locations for:</p> <ul style="list-style-type: none"> • accompanying adult to stand/sit, maintaining physical distancing guidelines. • to provide room for staff to move freely and safely within the room

Perspex screen for accompanying adult to stand/sit behind	A secondary monitor is a useful addition to the room for this to be successful
Lateral flow tests or other rapid covid-19 tests, when social distancing is not possible	Would need good communication of where to go, what time (in advance of the appointment). Implications of: <ul style="list-style-type: none"> • Positive test results • Late arrival
Possible use of FFP3 masks for mitigation at risk assessment	If risk assessment highlights challenges with the room size and/or ventilation, a suggestion to mitigate the risk might be the use of FFP3 mask.

In cases where a support person is unable to attend the examination during the pandemic, we support locally agreed policies that allow women to share their experience of the ultrasound scan with their partner (or other family members or friends), such as an offer to record, via their mobile phone, the fetus on the monitor for a few seconds at the end of the scan. This is time-dependent.. Allowing a recording of the cine clip would ensure that the woman has control over their image data and can share with family after the examination. It should not occur during the clinical examination or affect sonographer concentration.

All staff should work to the same local policy, to provide a consistent service. It should be explained that mobile phones are vehicles for transmission of the virus, so good hygiene is needed if using their phone in this way at the end of the examination.

Local decisions and arrangements should be in place for communicating with partners and /or other family members, in the event of unexpected findings being detected during an ultrasound examination, if they are not present during the examination.

Advice is also provided by the Royal Colleges:

- The [Royal College of Midwives](#)
- The [Royal College of Obstetricians and Gynaecologists](#)

5.2 Should we be reducing scans in pregnancy e.g. screening and growth scans?

NOTE: much of the guidance was written at the peak of the pandemic in the UK.

[The RCOG](#) recommend “services should return to normal practice as soon as the local risk of transmission and prevalence allows”. This should be in line with national guidance and local risk assessment.

During an ISUOG webinar on 17.3.2020 the SoR asked about this and the implications of reducing routine screening examinations and growth scans in pregnancy, particularly when staffing levels are impacted by the virus. Routine examinations should continue for those with no symptoms of COVID-19, however capacity will need to be reviewed if staffing levels

reduce. Team working with early pregnancy, fetal medicine and sonography departments will be essential to ensuring service provision can be maintained as much as possible.

In England all advice on the operational delivery of screening programmes during the COVID-19 response will come from [NHS England and NHS Improvement](#). This will ensure co-ordination and consistency with the advice being given to NHS symptomatic services. It is likely that this will be similar for the devolved countries.

If policy is changed to accommodate staff shortages during this period of uncertainty it would be prudent to document this in protocols and get sign off from the Trust board. Any changes to protocols should be clearly documented with a name/date and kept for future reference with other previous protocols.

24.3.2020 The RCOG have produced [guidance for antenatal screening and ultrasound in pregnancy in the evolving coronavirus \(COVID-19\) pandemic](#). (updated 10.7.2020)

The key points include:

- “These screening programmes are time critical and **we should continue to offer timely screening**”.
- “If staffing levels start to impact on such time critical services, the local screening team should **inform their senior management team and commissioners to discuss contingency and mitigation planning.**”
- “All women should be **asked to attend alone if possible** or with a maximum of one partner/visitor”
- “All women should **be initially screened before entering the department** to see if they have [symptoms that are suggestive of COVID-19, or if they meet current ‘stay at home’ guidance](#). If a woman currently meets ‘stay at home’ guidance the appointment should be rebooked after the isolation period ends”
- Guidance on delaying appointments for patients with symptoms of COVID-19 is given within the [document](#) and a suggested template provided (see appendix 1)
- “The woman should be informed that if she remains symptomatic or develops symptoms she must not attend her appointment, instead she should phone her maternity service for advice”.
- If a patient wants screening and is too late for the combined test,
 - between 14⁺² to 17⁺⁶ weeks a dating scan should be performed and a quadruple test offered for trisomy 21. Head circumference (HC) used for the quadruple test.
 - between 18⁺⁰ to 20⁺⁰ weeks an anomaly scan should be performed and a quadruple test offered for trisomy 21. HC used for the quadruple test.
 - Between 20⁺¹ to 23⁺⁰ weeks an anomaly scan can be performed.
- If there are capacity issues due to the pandemic and it is not possible to continue providing the screening service there should be discussions with senior staff. “If the service can only provide a single scan, it is recommended that this is performed at 18⁺⁰ to 20⁺⁰ weeks, with the option of the quadruple test for women who wish to be screened for trisomy 21”.
- Daily discussion should be scheduled with senior team members with oversight of the pathway to review service provision. In the event that there is insufficient staff to provide the service, scans should be prioritised in the following order:
 - Anomaly scan at 18+0 -23+0 weeks
 - Ultrasound +/- screening at 11+2 -14+1

- Growth scans

If, for any reason, an ultrasound examination is not possible the quadruple test can be offered based on the Last Menstrual Period (LMP) between 14⁺² to 20⁺⁰ weeks.

- Growth scans: “To reduce the workload to the ultrasound screening unit a local policy should be implemented to review all referrals for a growth scan prior to booking an appointment”.

The [ISUOG consensus statement](#) (2020) offers additional advice on the “organization of routine and specialist obstetric ultrasound services in the context of COVID-19”.

[RCOG ‘Guidance for rationalising early pregnancy services in the evolving coronavirus \(COVID-19\) pandemic’](#) recommend telephone triage system is in place for all patients, to allow prioritisation. Suggested actions are given in the document to “minimise hospital attendance for physical distancing of pregnant women”.

It is also worth reviewing the [RCOG \(2020\) guidance for fetal medicine units \(FMU\)](#). This guidance suggests that if delay is not “clinically acceptable” precautions should be taken and PPE should be worn in line with [PHE guidance](#). It also advises that

“If capacity allows the FMU should support staff or capacity shortages in antenatal ultrasound. Scans should be prioritised in order of clinical urgency by a senior fetal medicine doctor, with the following suggested priority:

- Urgent scans for fetal growth (e.g. where there is already a suspicion/diagnosis of growth restriction, or for persistently reduced fetal movements).
- Anomaly scan at 18+0 -23+0 weeks
- Ultrasound +/- screening at 11+2 -14+1
- Growth scans”

5.3 Private providers’ role during the pandemic

Antenatal ultrasound for clinical indications should be offered where possible in NHS maternity units. When services must be modified and scans rationed according to guidance provided separately by the [RCOG](#), we understand that a small number of women may turn to sonographers practising in private healthcare settings. We are also aware that some women choose to access private services for ultrasound scans regardless of the current pandemic. While many of these scans are clinically indicated, some are not. Scans that are not clinically indicated should not be considered an essential service during the current pandemic and might present additional risks to the woman, her family and sonographers of exposure to COVID-19 in the community or clinic settings.

Where antenatal ultrasound is offered in private clinics, the clinician offering the scan should consider the clinical benefit of the ultrasound compared with the risk to the woman and the sonographer of possible infection with COVID-19, should they attend a clinic setting. Any ultrasound offered is expected to be supportive to clinical practice and recommended either by national guidance or expert consensus.

Clinical indications for ultrasound that are supported by national guidance and common NHS practice include, but are not limited to:

1. Early pregnancy indications – abdominal pain, bleeding, hyperemesis gravidarum (requiring hospital day unit/ward admission), previous history of recurrent 1st trimester miscarriage, previous history of ectopic pregnancy
2. Screening* – nuchal translucency/dating ultrasound, fetal anomaly screening
3. Clinically indicated growth scans in medium/high-risk pregnancies (3–4 weekly), to include scans for women with comorbidities (e.g. hypertension, diabetes, antiphospholipid syndrome, chronic kidney disease, epilepsy), obesity (BMI>35), previous stillbirth, previous small for gestational age baby, fetal anomalies
4. Growth scans or scans for liquor volume/Doppler flow in pregnancies with anomalies or suspected small for gestational age (frequency dependent on severity and clinical course)
5. Growth scans for multiple pregnancy (frequency dependent on chorionicity/amnionicity and any complications)
6. Cervical length screening for previous second trimester miscarriage, previous preterm birth, or previous cervical surgery.

* Any provider, NHS or private, that offers ultrasound examinations as part of the NHS Fetal Anomaly Screening Programme (NHS FASP) must meet the [National Health Service Act 2006 Section 7A public health functions commissioning guidance](#) and all the requirements of the service specifications [No.16](#) and [No. 17](#).

NHS providers considering any subcontracting or outsourcing of screening provision must discuss this with their local public health (Section 7A) commissioning team prior to entering into any agreement or contract.

6. Should we be cancelling non-urgent examinations?

NOTE: much of the guidance was written at the peak of the pandemic in the UK. It may need to be revisited if local risk assessment suggests review.

This will depend on local staffing levels and will need to be monitored on a regular basis. Any decisions should be made within the wider Trust contingency planning, to reduce risk to patients and staff.

The “[RCR advice on non-urgent and cancer imaging during the coronavirus pandemic](#)” suggests that “Routine hospital attendances for patients should be stopped to reduce COVID-19 transmission. National specialty guidance advises against routine outpatient work where possible.

Departments should plan to minimise non-urgent imaging as they will have fewer staff available and more demand for in-patient services.”

Also [NHS England](#) have included statements within their document such as:

“In response to pressures on the NHS, the elective component of our work may be curtailed. However, non-elective patients continue to need care. We should seek the best local solutions to continue the proper management of these patients while protecting resources for the response to coronavirus.”

“Senior vetting of requests for radiology will limit unnecessary imaging”

Additional RCOG advice is available for [“Coronavirus \(COVID-19\) and gynaecological services”](#), this includes guidance for rationalising early pregnancy services, if required, abnormal uterine bleeding, abortion care, gynaecological cancer and links to resources for fertility. ISUOG have also released a [“Consensus Statement on rationalization of gynecological ultrasound services in context of SARS-CoV-2”](#).

Any changes to protocols and practice should be clearly documented in protocols and records dated and saved. This will help defend any decisions made, should evidence be needed at a later date ([HSJ 20.4.2020](#))

The guidance will need to be monitored as the restart programme begins to develop. [Screening restart guidance](#) may be helpful to highlight factors to consider as routine work begins again in ultrasound departments.

6.1 Will we be covered if we ration services due to unprecedented challenges?

NOTE: much of the guidance was written at the peak of the pandemic in the UK. It may need to be revisited if local risk assessment suggests review.

NHS Resolution are not able to provide specific advice, but responded to enquiries from SoR stating “Should claims arise from any such rationing, the courts in future would be expected to take account of extreme national circumstances when reaching a decision on legal liability, but it is impossible at this point to gauge precisely where they would set the boundaries of negligence in such a situation. If your members are employed by NHS trusts or other healthcare organisations belonging to our schemes, they will still be protected by our indemnity”

There is now a COVID-19 page on the [NHS Resolutions website](#)

The SoR has been contacted by members with enquiries about indemnity coverage under the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme if they fail to meet the requirements for Saving Babies Lives Care Bundle version 2 (SBLCBv2), should services be reduced due to the current pandemic, resulting in cancellation of some examinations during pregnancy.

The NHS Resolution Maternity Incentive Scheme means trusts can recover funds if they meet ‘ten safety actions’. One of those actions is Safety Action 6: ‘Can you demonstrate compliance with all five elements of the Saving Babies’ Lives care bundle Version 2?’ Gill Harrison, SoR professional officer for ultrasound said, “Many departments are working extremely hard to continue to offer the full range of obstetric ultrasound services in these difficult times.

"NHS Resolutions has issued a statement saying that ‘the majority of reporting requirements relating to the maternity incentive scheme 10 safety actions’ will be paused until the end of August 2020 to help ease the pressure on overstretched clinical departments For those who are unable to provide all the requested scans, the statement will provide much needed reassurance.

“We have every confidence that sonographers will be doing their utmost to try and meet the expectation from NHS Resolution to continue, where possible, to adhere to the principles of SBLCBv2 ‘to support the delivery of safer maternity care.’

"Sonographers are providing excellent care across the UK, managing to provide high quality patient care in obstetric ultrasound and other areas, whilst working under extremely challenging conditions and wearing full PPE."

Resources

Maternity incentive scheme – year three
Covid-19 Guidance for trusts
Coronavirus outbreak indemnity FAQs
Clinical Negligence Scheme for Coronavirus
Clinical Negligence Scheme for Trusts

7 Other resources

[American Institute of Ultrasound in Medicine](#): various including YouTube links to point of care ultrasound in Covid-19.

[Australasian Society of Ultrasound in Medicine](#)

[Australasian Sonographers Association](#)

[British Medical Ultrasound Society](#)

<https://www.gov.uk/coronavirus>

[Health Protection Scotland](#)

[International Society of Radiographers and Radiological Technologists](#)

[International Society of Ultrasound in Obstetrics and Gynecology](#): links to webinars, guidance and updates

[NHS England and NHS Improvement](#)

[NICE Coronavirus \(COVID-19\)](#)

[Public Health Agency](#)

[Public Health Wales](#)

[Royal College of Radiologists](#)

[Society of Radiographers](#)

[World Federation for Ultrasound in Medicine and Biology](#)

Point of care ultrasound

There are many articles and websites about how to use ultrasound in the diagnosis of lung disease such as:

BMUS (2020) [Lung Ultrasound](#)

Falcetta et al (2018) [The role of lung ultrasound in the diagnosis of interstitial lung disease](#). Shanghai Chest, 2 (5).

Huang et al (2020) [A Preliminary Study on the Ultrasonic Manifestations of Peripulmonary Lesions of Non-Critical Novel Coronavirus Pneumonia \(Covid-19\)](#). Also available at <http://dx.doi.org/10.2139/ssrn.3544750>

ISRRT (2020) Ultrasound examination during the pandemic. E-learning <https://www.elearning.isrrt.org/course/view.php?id=13>

Smith, M.J., Hayward, S.A., Innes, S.M. and Miller, A.S.C. (2020) Point-of-care lung ultrasound in patients with COVID -19 – a narrative review. Anaesthesia. doi:[10.1111/anae.15082](https://doi.org/10.1111/anae.15082)

Qian-Yi P et al (2020) [Findings of lung ultrasonography of novel corona virus pneumonia during the 2019–2020 epidemic](#)
[Features of lung ultrasound in COVID 19 infection](#)

Wiley have made their lung ultrasound articles available free <https://onlinelibrary.wiley.com/action/doSearch?AllField=lung&SeriesKey=15509613>

Preparing for Covid-19

Mossa-Basha et al (2020) [Radiology Department Preparedness for COVID-19: Radiology Scientific Expert Panel](#). Radiology 0 0:0

8. Appendix 1 ([RCOG 2020](#)):

“Template (that can be adapted with local details) for maternity services to use if they wish Information for pregnant women who cannot have their scheduled appointment today and need to have their appointment rescheduled due to COVID-19.

If you have [symptoms of COVID-19](#) you must not attend your appointment but phone your maternity service for advice.

Maternity units may wish to provide additional information to pregnant women which includes the following:

- Reason they are unable to have their appointment today for example: they have suspected Covid-19 or have been in contact with someone who has recently had the infection.
- When they will have their appointment rescheduled.
- How they will be contacted about the new appointment date.
- If they don't hear from maternity service (it would be advisable to have a time frame for example if you don't hear within 1 week please contact), how and who they should contact”

9. Summary of previous updates

Version	Date	Summary of changes
1.13	08.02.2021	4.1 Added HEE advice on student training and other factors relating to student clinical placements
1.13	08.02.2021	2.0 Added additional links to information on heating, ventilation and air-conditioning systems.
1.13	08.02.2021	2.0 Added a reminder about incident reporting
1.13	08.02.2021	2.5 RCOG guidance for pregnant health care staff - URL updated
1.13	08.02.2021	5.1 Removed links to archived documentation
1.12	06.01.2021	5.1 Links to SoR guidance on face coverings
1.12	06.01.2021	5.1 Additional of possible FFP3 mask to mitigate risks highlighted in risk assessment
1.12	07.01.2021	5.1 section on private clinics removed
1.12	07.01.2021	5.3 New section added about private practices' role during the pandemic, from archived joint statement with SoR, RCM, RCOG and BMUS
1.11	15.12.2020	5.1 Added updated NHSE&I publication 'Supporting pregnant women using maternity services during the coronavirus pandemic: Actions for NHS providers'
1.10	4.11.2020	5.1.2 Added a table of possible actions to enable an accompanying adult to the obstetric ultrasound scan
1.9	9.9.2020	2.0 Added a new section on peak pandemic and easing of restrictions
1.9	9.9.2020	2.0 Updated current Government and PHE guidance incl. face coverings
1.9	9.9.2020	2.1 Updated with current PHE guidance
1.9	9.9.2020	2.5 Updated RCOG guidance on pregnant staff
1.9	9.9.2020	4.0 Added a new section on peak pandemic and easing of restrictions
1.9	9.9.2020	5.1 Added a new section on peak pandemic and easing of restrictions
1.9	9.9.2020	5.1.2 New information on the safe return of an adult partner to the obstetrics department
1.9	9.9.2020	5.1.2 Added new NHSE&I guidance on the reintroduction of an adult partner to antenatal and postnatal appointments
1.8	21.5.2020	4.0 Added advice on restarting student training
1.8	21.5.2020	6.0 Screening restart document hyperlinked
1.8	21.5.2020	6.1 Additional information from NHS Resolutions
1.8	21.5.2020	7 Added a reference
1.7	27.4.2020	Included a summary of changes
1.7	27.4.2020	2.1: Updated PPE guidance in line with PHE and RCR/SoR publications
1.7	27.4.2020	2.3: Included limiting personal items within the ultrasound scan room
1.7	27.4.2020	2.4: Changed the heading of this section to make it specific to staff support
1.7	27.4.2020	2.4: Reworded the section about social distancing in the workplace amongst colleagues
1.7	27.4.2020	2.4: Added links to SoR resource page "Wellbeing, emotional and mental health support and resources"
1.7	27.4.2020	5.1: Updated and linked to SoR, RCOG, RCN and BMUS statement
1.7	27.4.2020	5.2 Included RCOG guidance "Guidance for rationalising early pregnancy services in the evolving coronavirus (COVID-19) pandemic"
1.7	27.4.2020	6: Rewritten to include RCR, RCOG and ISUOG guidance

1.7	27.4.2020	6.1: Added the link to NHS Resolutions COVID-19 resources page
1.7	27.4.2020	Updated hyperlinks