

## **COVID-19 FAQs for sonographers**

In these challenging times the SCoR 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 daily basis, so it is important to review advice from [Public Health England](#) and other relevant bodies.

It is important to realise that the current information regarding COVID-19 is extremely fluid, changing as the situation demands on daily basis. It is therefore important 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.

The SCoR has general advice on the website [www.sor.org/covid19](http://www.sor.org/covid19). 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.

### **How do I protect staff and patients during ultrasound lists?**

Advice should be sought from the infection control team about decontamination of ultrasound machines, transducers and scan rooms. Personal protective equipment should be worn when it is necessary to scan a patient with suspected or known COVID-19. See the [SCoR website](#) for more information.

The [International Society of Ultrasound in Obstetrics and Gynecology \(ISUOG\)](#) webinar 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 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 making difficult decisions.

Staff should try to ensure social distancing when possible, if not scanning, in line with the latest Public Health England advice. 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.

### **What advice do I give to pregnant patients?**

The RCOG [Coronavirus \(COVID-19\) Infection in Pregnancy](#) (13 March 2020) 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. Local protocols are required to ensure women with confirmed or suspected COVID-19 are isolated on arrival to EPU or triage units and full PPE measures are in place for staff+.

Medical, midwifery or obstetric care should otherwise be provided as per routine.+.

Patient advice is available from the [RCOG website](#) as FAQ.

The International Society of Ultrasound in Obstetrics and Gynecology (ISUOG) have published [interim guidance](#) and a document [Coronavirus in pregnancy and delivery: rapid review](#)+, which may be useful.

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

During an ISUOG webinar on 17.3.2020 the SCoR 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. Currently routine examinations are continuing for those with no symptoms of COVID-19, however these will 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 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.

### **Should we be cancelling non-urgent examinations?**

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. It is however recommended that restrictions of non-essential relatives within departments and scan rooms should be considered in order to minimise risk to staff and patients.