

Texas Mobile Radiology
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Subject: Texas Mobile Radiology COVID 19 safety letter to clientele facilities

Impact: Provide facility leaders complete assurance toward the utilization of Texas Mobile Radiology to safely and effectively deliver mobile on-site diagnostic imaging.

Attention to: Patient Care Organizers and Care Facility Leadership

PREPARDNESS AND PROTECTION

We want all clientele to confidently utilize mobile imaging services as originally intended... to reduce the risk factors, external facility pathogen exposure and costs associated with off-site imaging to improve patient safety outcomes.

Preparedness: Texas Mobile Radiology is fully prepared to provide quality mobile on-site imaging services while maintaining necessary precautions to mitigate transference of virulent components.

Protection of patients and staff from contamination and transmission of pathogens is paramount to our process.

During the Covid 19 crisis, Texas Mobile Radiology leadership and technologists remain mindful of current concern climates. TMR executive leadership maintains daily contact with all personnel and will remain proactive toward employee and patient safety. Our operational standard ensures staff and patient safety are reliably preserved. All personnel test results have remained negative for active Coronavirus exposure. In brief, our services are provided to **increase** the safety of staff and patients when suspecting an illness or injury.

****When weighing the risk potential regarding mobile diagnostic imaging in contrast to off-site imaging options, leaders and care givers should remain confident in Texas Mobile Radiology's ability to safely provide services. Risk for mobile imaging provided by Texas Mobile Radiology is as low as achievable within all non-sterile settings. Additionally, many other risk factors are further mitigated by maintaining the patient/resident within their personal surroundings.**

All Texas Mobile Radiology personnel are held, and are accountable, to the following standards when providing care to any and all of our patients...

COVID-19 Responsibility Summary: In response to the growing concern toward COVID-19 outbreak, all direct-contact mobile diagnostic imaging providers assigned to Texas Mobile Radiology will adhere to the following Standard Precautions and Transmission-Based Precautions.

All people potentially harbor infectious microorganisms. As such, it must be assumed that all blood and body fluids/substances are potentially infectious. Standard precautions are the work practices required to achieve a basic level of infection prevention and control. The use of standard precautions aims to minimize, and where possible, eliminate the risk of transmission of infection, particularly those caused by infectious agents. *Standard precautions apply to all Texas Mobile Radiology patients regardless of their diagnosis or presumed infection status.*

COVID-19 Precautions are used in the handling of:

- blood (including dried blood)
- all other body fluids/substances (except sweat), regardless of whether they contain visible blood □ non-intact skin
- mucous membranes

COVID-19 precautions consist of the following practices:

- hand hygiene before and after all patient contact
- the use of personal protective equipment, which may include gloves, impermeable gowns, plastic aprons, masks, face shields and eye protection
- reprocessing of reusable instruments and equipment
- routine environmental cleaning
- waste management
- respiratory hygiene and cough etiquette



COVID-19 Precaution is a philosophy applied by all Texas Mobile Radiology personnel and is used at all times for all patients in all situations.

Hand hygiene

Hand hygiene is considered one of the most important infection control measures for reducing the spread of infection. Hand hygiene is a general term that refers to any action of hand cleansing, such as handwashing or hand rubbing.

Microorganisms are either present on hands most of the time (resident flora) or acquired during healthcare activities (transient flora). The aim of hand hygiene is to reduce the number of microorganisms on your hands, particularly transient flora that may present the greater risk for infection transmission.

Handwashing:

Hands are washed with soap and water when visibly soiled and after using the toilet. Hands should be washed for a minimum of 20 seconds. (About the same amount of time as is required to sing the song “Happy Birthday”)

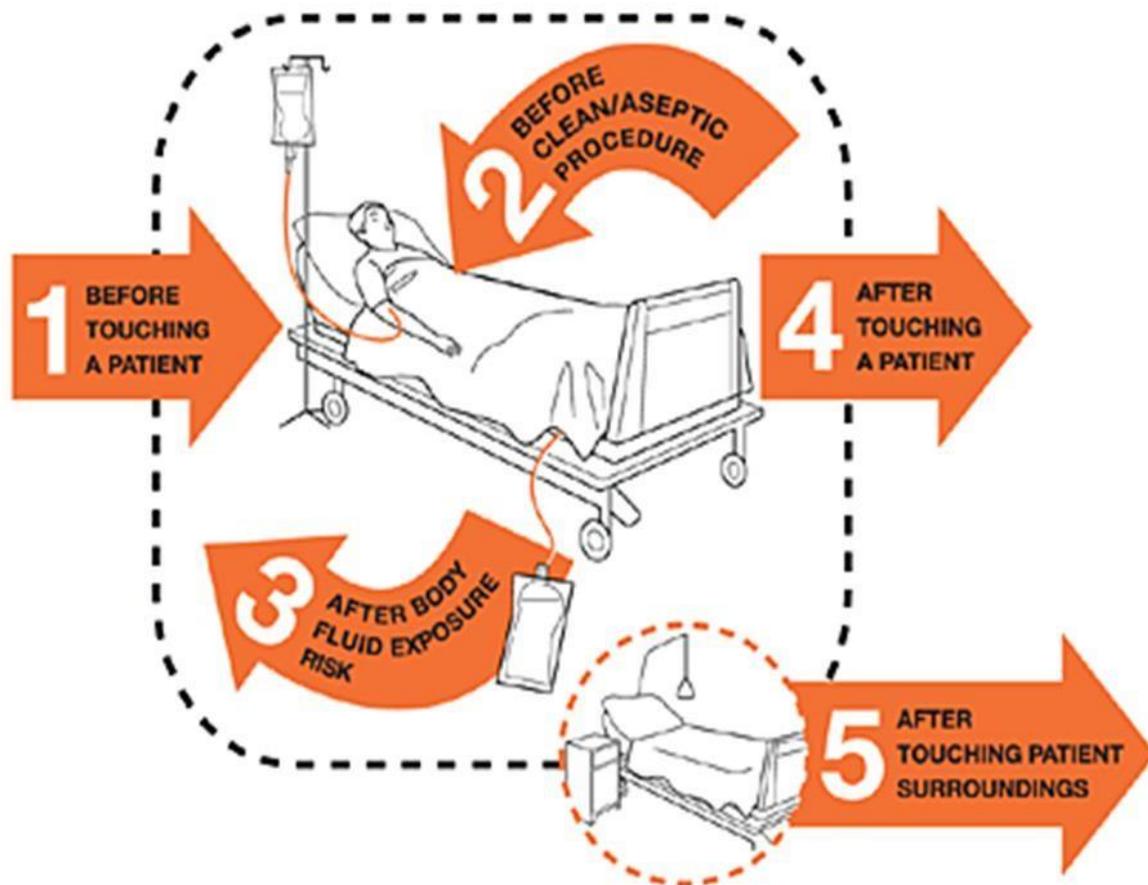
Handrubbing:

Handrubbing with an alcohol-based hand rub (ABHR) is the preferred method for hand cleansing in the healthcare setting when hands are not visibly soiled. ABHRs are more effective against most bacteria and many viruses than either medicated or non-medicated soaps. ABHRs are also less drying on hands than washing hands with soap and water, and consequently cause less irritation to the skin. ABHRs should be applied to dry hands

5 Moments for hand hygiene:

The 5 Moments for hand hygiene. The 5 moments are:

- before touching a client
- before performing a procedure
- after a procedure or exposure to body fluids/substances
- after touching a client
- after touching the environment around a client



Personal protective equipment (PPE)

PPE protects the healthcare worker from exposure to blood and body fluids/substances.

Gloves

- The use of gloves **should not** be considered an alternative to performing hand hygiene. Hand hygiene is required before putting on gloves and immediately after removal.

- Wear gloves (single-use non-sterile) when there is the potential for contact with blood, body fluids/substances, mucous membranes, non-intact skin
- Wear gloves (single-use non-sterile) when directed by provider or facility for protection against suspected or identified infectious agents
- Change gloves between patients or if direct care environments change on the same patient.
- Gloves used for healthcare activities are to be **single-use only**
- Sterile gloves are required only for direct contact aseptic procedures

Gowns and aprons

- Wear an apron or gown to protect skin and prevent soiling of clothing during procedures and patient care activities that are **likely** to generate **splashing or sprays of blood, body fluids, and/or secretions or excretions.**
- **Wear an apron or gown when directed by facility for protection against suspected or identified infectious agents.**
- Remove the used gown as promptly as possible and discard appropriately
- Perform hand hygiene immediately after removal.

Masks, eye protection, face shields

- Wear a mask and eye protection, or a face shield to protect mucous membranes of the eyes, nose and mouth during procedures, patient-care activities and cleaning procedures that are **likely** to generate splashes or sprays of blood, body fluids, secretions and excretions.
- **Wear a mask when directed by provider or facility for protection against suspected or identified infectious agents.**
- Remove the mask by **holding the ties** only and dispose of the mask into a waste bin.
- Perform hand hygiene immediately after removal.

Equipment Cleanliness

- Equipment that is reused will be cleaned using appropriate techniques for healthcare delivery.
- Pre-solution cloths/wipes will be used on all equipment that requires cleansing before and after each patient encounter.
- Sprays may be used but only to saturate cloths used for cleaning. Given the highly sensitive and electronic nature of equipment used, **DO NOT** spray cleaners or disinfectants directly on X-Ray Units, DR Panels or Tablets. Ultrasound probes are sealed and therefore sprays may be used on those particular items of equipment.

Environmental control

- Health service or facility should have adequate procedures for the routine care, cleaning and disinfection of environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces.

Transmission-based precautions

Transmission-based precautions (TBPs) are used in addition to standard precautions when standard precautions alone may be insufficient to prevent transmission of infection. TBPs are used for patients known or suspected to be infected or colonized with epidemiologically important or highly transmissible pathogens that can transmit or cause infection.

TBPs **are not** required for patients with bloodborne viruses, such as HIV, hepatitis B virus or hepatitis C virus.

The type of TBPs applied is based upon the mode of transmission of the pathogen. For diseases that have multiple routes of transmission, more than one TBP category is applied. The following are the routes of transmission.

- airborne transmission, e.g., pulmonary tuberculosis, chickenpox, measles
- droplet transmission, e.g., influenza, pertussis (whooping cough), rubella
- contact transmission (direct or indirect), e.g., viral gastroenteritis, Clostridium difficile, MRSA, scabies TBPs should be tailored to the particular infectious agent involved and the mode of transmission.

To minimize the exposure time of other people in office-based practices or waiting rooms, people identified as at risk of transmitting droplet or airborne diseases (for example, a child with suspected chickenpox) should be attended to immediately and placed into appropriate transmission-based precautions to prevent further spread of disease.

- **Texas Mobile Radiology use and application of COVID-19 Precautions** Applied by personnel for infection prevention and control.
- Used at all times for all patients in all situations.
- Facility/provider should clearly identify patient condition or suspected condition.

Texas Mobile Radiology use and application of Transmission-Based Precautions

- TBPs are applied by personnel for transmission prevention and control.
- TBPs may be applied as directed per standard precautions or as specifically directed by facility leadership and/or attending/assigned professional healthcare provider.
- Facility/provider should clearly identify patient condition or suspected condition.

Organization Covid-19 Response Provided By:



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