

SARS influencing response to novel coronavirus (COVID-19) epidemic in Singapore

March 6 2020



Personal protective equipment (PPE) reminder notices placed on radiology angiography room doors to remind staff to don correct PPE before entering rooms. (Obscuring of facial features has been applied for privacy reasons for publication.) Credit: *American Journal of Roentgenology* (AJR)

An open-access *American Journal of Roentgenology* (AJR) Collections article detailing how a tertiary hospital in Singapore responded to the outbreak of severe acute respiratory syndrome (SARS) offers a thorough summary of ground operational considerations for radiology departments presently reacting to the coronavirus disease (COVID-19) epidemic.

Although imaging is not usually viewed as a frontline clinical service, lead author Lionel Tim-Ee Cheng reveals Singapore General Hospital's markedly different experience with SARS in 2003: "Portable imaging was extensively used, directly exposing [radiology](#) staff to the pathogen. Furthermore, radiology departments are places in which different patients (inpatient, outpatient, febrile, nonfebrile), accompanying persons, visitors, and [health care workers](#) from other departments potentially mix." Therefore, Cheng et al. continue, "any breach in [infection prevention](#) and [control mechanisms](#) in the radiology department has far-reaching consequences."

As per their institution's ongoing response to the novel COVID-19 pathogen, the authors of this AJR article identify three key areas of review (e.g., People, Places and Equipment, Processes and Policies), outlining multiple considerations for diagnostic radiologists, vascular and interventional radiologists, [nuclear medicine](#) and molecular imaging specialists, as well as radiographers and nursing units.

People:

- Ensure Rapid Sharing of Accurate and Useful Information
- Ensure Infection Prevention and Control Knowledge and Practices Are Up to Date
- Create New Hybrid Working Teams
- Manage Emotions During Adversity



Screening station setup at radiology department entrance in early phase of outbreak, including staff member wearing mask. These smaller department-level screening stations were subsequently replaced by larger screening facilities at entrances to each building. (Obscuring of facial features has been applied for privacy reasons for publication.) Credit: *American Journal of Roentgenology* (AJR)

Places and Equipment:

- Personal Protective Equipment (PPE)
- Dedicated Scanners for Isolation and High-Risk Cases
- Physical Security and Access Control
- Decentralized or Alternate Working Areas
- Portable Imaging Capability

Processes and Policies:

- Review of Policies and Procedures
- Isolation or High-Risk Cases
- Modified Interventional Radiology Processes
- Rapid Provision of Radiologic Results
- Daily Routine Instructions

According to Cheng and colleagues: "If there is sustained community transmission from individuals without symptoms, our ability to detect cases and contain the spread will be limited. If COVID-19 becomes widespread globally with mainly mild disease and low mortality, it may become another respiratory tract pathogen that we have to live with while adopting sustainable universal precautions and waiting for a vaccine."

More information: Lionel Tim-Ee Cheng et al, Déjà Vu or Jamais Vu? How the Severe Acute Respiratory Syndrome Experience Influenced a Singapore Radiology Department's Response to the Coronavirus Disease (COVID-19) Epidemic, *American Journal of Roentgenology* (2020). [DOI: 10.2214/AJR.20.22927](https://doi.org/10.2214/AJR.20.22927)

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