



## ACNS Recommendations Technologist Safety and Staffing

**NOTE: The situation surrounding COVID-19 is evolving rapidly and there are unique aspects at the institutional and local levels. Guidance provided by your institution, state and federal authorities should always take precedence over the recommendations provided here.**

### Technologist Safety

1. Most institutions recommend droplet precautions for COVID+/PUI (patients under investigation) except for during aerosolizing procedures when airborne precautions are recommended (including N95 respirators or equivalent). However, given data that COVID-19 can survive up to 3 hours aerosolized (van Doremalen et al., *NEJM*, March 2020, <https://www.nejm.org/doi/full/10.1056/NEJMc2004973>), some centers are recommending airborne precautions for all ventilated COVID+/PUI undergoing neurodiagnostic (NDT) procedures.
2. Inquire about COVID+/PUI status and whether patient is ventilated or receiving regular nebulizer treatments before arriving at bedside to perform a NDT procedure
  - a. For PUI - Ask clinical team if the procedure can be postponed until test results are available.
  - b. If determined N95 is needed (COVID+/PUI and ventilated or receiving nebulizer treatments), inquire about N95 availability on the unit.
  - c. If N95 is needed and not immediately available on the unit, establish other means to obtain (CDC has recommended appointment of a PPE coordinators to oversee PPE accountability and appropriate use).
  - d. If N95 is not available on the unit or by other means, consider securing one N95 mask per technologist to have with them as a final back up.
  - e. A question has been raised as to whether use of an air hose for application of collodion constitutes an aerosolizing procedure. At the current time, there is not enough data to make a recommendation regarding this issue.
  - f. As of 3/22/20, CDC recommends conservation of PPE given short supply. Therefore, PPE may be re-used but in accordance with CDC and institutional protocols ([www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/](http://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/)).
  - g. Consider having techs keep a surgical mask, face shield, gown and gloves with them as a backup.
  - h. Finally, if technologists are not comfortable entering a patient room, encourage them to contact the EEG attending or NDT lab director for consultation.

### Technologist Staffing

1. Some hospitals are experiencing staffing difficulties due to illness, lack of childcare, and self-quarantine directives. In addition, many NDT staff experience considerable anxiety about frequent and prolonged exposures to potentially infectious patients, and the impact that this could have on themselves and their family. Furthermore, some institutions have been operating with limited NDT staffing even prior to COVID-19 due to a national technologist shortage. Therefore, efforts should be made to limit technologist exposure to potentially infectious patients
2. Consider reduction of inpatient technologist hours of coverage.
  - a. For continuous EEGs/ prolonged studies: Limit the number of different technologists going into each patient room, particularly for COVID+/PUI.
  - b. Consider rapid EEG application methods (e.g, use of caps, templates and devices), some of which can be applied by staff who already need to enter the patient's room (e.g., nurses). This will reduce the number of exposed staff and conserve PPE.