

Vascular Laboratory Survey - Covid19

During the last week we surveyed as many vascular departments as possible to see how they were addressing the challenges facing us all in light of Covid19.

We have collated the information we have received, and we hope that it will be beneficial to share this information with you in order for us all to manage the current healthcare crisis as best we can.

This is not a department protocol but consideration for change in work practice. This can be updated regularly as information evolves.

Responses were received from 6 labs to the recent questionnaire. The information provided through these responses has been correlated as below, hopefully it will be of help to some of you.

1. All of the labs who responded have reduced or completely cancelled OPD appointments. Appointments that are proceeding are for urgent cases only e.g. symptomatic carotid, DVT, EHIT, large AAA, endoleak monitoring etc. Decisions on proceeding/cancelling are being managed by the vascular physiologists in conjunction with the vascular consultants.
2. Half of those who responded are waiting to see how things progress before rescheduling cancellations, the other half are actively rescheduling for future appointment dates.
3. Social distancing of staff, and changes in rota, are being managed in varying manners. Labs with small staff numbers, that can provide adequately distanced space, are continuing as normal. Some are using a shift rotation system to limit staff interaction. One lab is using a physiologist & admin team division so that members of opposite teams do not cross contaminate.
4. In relation to social distancing of patients, all labs are spacing out appointments (inpatient and outpatients), avoiding overlap where possible and keeping patients well apart where overlap occurs.
5. The use of PPE for non-COVID patients varies. Some are using no PPE (where there is no known infection). Some are using limited PPE gloves/apron/mask for all patients. Some are using full PPE for every patient.
6. Significant issues relating to childcare has not been reported by any respondents. Those affected said they were working around it using rota changes.
7. Only one lab report redeployment of staff; in this case one staff member to carry out contact tracing.

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8. Most respondents said no to 4th years assisting directly in vascular labs but many were open to them assisting in other capacities within the health service.

The suggestions of where vascular physiologists could assist outside of the labs were limited. Suggested as radiology (in a similar capacity as within the lab) or for generalised redeployment.

9. In relation to the IICMS support requests were:
- a. To be kept updated on how other labs are working/redeploying.
 - b. Have a standard PPE protocol for non-COVID patients with suggestions that:
 - It should be done in consultation with Forsa
 - Full PPE should be worn for all patients.
 - Have guidance on working conditions in consultant with Forsa.
 - c. Have guidance on interpretation of HSE advice.
 - d. Provide a central email that could be contacted with on-going queries.

11. Additional Comments:

- Important to look after staff first and foremost. Sick staff can not care for anyone.
- Will believe if all physiologists had a standard protocol on PPE for non-COVID patients it would be helpful.
- Maintain contact with one another and highlight any issues which may arise in the coming weeks.

We hope you find the survey information useful. Please remember to keep a check on our website for further information and our weekly newsletter will be sent out to all members.

We hope you all stay safe and well, and please contact the Vascular Faculty if we can support you in anyway.

Regards,

Avril Kenny & Tanya Byrne

IICMS Executive Vascular

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