



SARS-CoV-2 (the cause of COVID-19) Resource Sheet

Per the CDC, click the hyperlink for: [What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection](#). Use standard, contact, airborne precaution and eye protection when caring for COVID-19 confirmed or suspected patients.

*As always, the recommendations below are provided as guidance only. Institutional, federal, state and local ordinances take precedence and should be followed.

EEG PROCEDURE

Electrode Application: The technologist should use appropriate PPE for all electrode application procedures. When caring for patients who are confirmed or suspected to have COVID-19, gloves, a gown, respiratory protection that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator or facemask—if a respirator is not available—and eye protection [i.e., goggles or disposable face shield that covers the front and sides of the face] should be worn. Most institutions are avoiding use of collodion on COVID-19 positive and patients under investigation (PUI) at this time.

Performing EEG on patients on respiratory isolation precautions: Click the following hyperlinks for [procedure recommendations per ACNS](#) and provided by the University of Maryland for [Droplet & Contact Isolation and for COVID-19](#) (for both suspected and confirmed cases). This document also covers **Waste Management Procedures**.

Donning PPE in active room:

1. Perform hand hygiene
2. Put on gown
3. Perform hand hygiene
4. Put on face mask
5. Perform hand hygiene
6. Put on face shield
7. Perform hand hygiene
8. Put on gloves (cuff over gown cuff)

Doffing PPE in active room:

1. Remove gloves first
2. Perform hand hygiene
3. Remove gown from back to front inside out while bent forward at waist
4. Perform hand hygiene
5. Remove face shield while bent forward at waist from inside out
6. Perform hand hygiene
7. Remove mask from ears out/forward while bent over at waist
8. Perform hand hygiene

Performing hyperventilation (HV) as part of a routine EEG: Most outpatient procedures are being postponed and most facilities are screening patients for COVID-19. When caring for patients who are confirmed or suspected to have COVID-19, most centers recommend omitting HV.



As institutional policies and lab protocols may vary on this topic, we encourage you to talk to your infection control team and/or physician leadership to determine utility of HV during the pandemic if a routine EEG is ordered and the patient passes the screening.

An activation procedure is meant to bring about an abnormality but if the space does not allow for the [recommended distance](#) between technologist and patient, managers should initiate a conversation with infection control managers/department. It is important to explain that the current testing protocol involves patients performing a 3 to 5-minute HV exercise in inpatient hospital rooms or in department procedure rooms that will be used by multiple patients and seek their input and recommendations.

Lab managers should also initiate a conversation with the interpreting physicians and physician leadership to see if they are comfortable omitting HV during this critical time.

Limited availability of PPE: Alternatives to N95s should be considered, including other classes of FFRs, elastomeric half-mask and full facepiece air purifying respirators, and powered air purifying respirators (PAPRs) as available. Click this [hyperlink](#) for the CDC's strategies for optimizing PPE.

SLEEP STUDIES

Click this [hyperlink](#) for AASM recommendations. Ideally, outpatients are screened upon entry to the facility and sent home if the screen is positive. However, if a sleep study is ordered for an inpatient or an outpatient with severe comorbidities per physician order, using disposable supplies for sleep studies is recommended, as well as an added bacterial filter on CPAP machines that is changed after each patient (give the mask and tubing to the patient). The heated humidification chamber of the CPAP machine should undergo hot water pasteurization for high level disinfection.

CLEANING & DISINFECTION:

Disinfecting equipment: Following standard precautions for disinfecting equipment is recommended using appropriate PPE.

Consider a wipeable cover on electronics or place a clear plastic bag over equipment. Follow manufacturer's instruction for cleaning and disinfecting. If not available, use either 70% isopropyl alcohol (IPA) with a lint free wipe, Cavi-wipe or Super Sani-Cloth (or equivalent solution). Thoroughly wipe all surfaces and inspect for visible residue. If residues remain, use a new Super Sani-Cloth (or equivalent solution) or lint free wipe soaked with 70% IPA and continue wiping the surfaces until visibly free of residue. Allow for appropriate dwell or dry time as per the manufacturer's recommendations.

Click on this [hyperlink](#) to find the current list of products that meet the Environmental Protection Agency's criteria for use against Sars-CoV-2, and click on this [hyperlink](#) for COVID-19 Fighting Products announced by the American Chemistry Council and the Center for Biocide Chemistries (updated 3/25/2020).



The CDC also recommends cleaning surfaces with soap and water wearing disposable gloves. High touch surfaces that require attention include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc. Click here for more [information](#).

For equipment used in rooms with COVID-19 patients (both suspected and confirmed cases), following the University of Maryland cleaning procedures have been recommended. These procedures include cleaning and disinfecting EEG equipment TWICE (details and full procedure are found [here](#)).

Disinfecting electrodes: Disposable electrodes are recommended for use if possible, with disposal of all single use items such as measuring tapes, marking pencils etc. Sterilize reusable electrodes between use or follow manufactures instructions for cleaning, then disinfect using approved high-level disinfectants such as a diluted sodium hypochlorite solution (100 pp) for up to 60 minutes.

Measuring tape: Single-use or nonretractable measuring tape is recommended. If using retractable measuring tape, it is vital to ensure the tape is properly cleaned using a product (EPA or ACC approved) per manufacturer's directions and air dried *before* retraction. Remember, wiping/cleaning equipment between patients is vital regardless of diagnosis or status. Best practices are to wipe equipment fully upon exiting a patient's room using approved disinfectant and clean gloves. Follow the product manufacturer's recommendation for dwell/dry time.

MANAGEMENT STRATEGIES

COVID-19 resource: [Managing requests for neurodiagnostic testing per ACNS](#)

Patient management: Outpatient/non-essential/non-urgent procedures are recommended to be triaged by the referring provider and deferred to a future date. If considered urgent, phone screen the patient on symptoms and exposure risks. If response is negative, the test can be performed with universal standard precautions as usual. All inpatient procedures are recommended for triage to determine emergent status. EEG is based on patient state of consciousness and evident signs of seizures. If patient is still pending labs on COVID19, wait the 24-48 hours prior to performing the EEG. Use any downtime for additional cleaning and disinfection of laboratory space and equipment.

Strategies for optimizing the supply of PPE: Click on [this hyperlink](#) for CDC's guidelines for eye protection, isolation gowns, facemasks and N95 respirators. Copied below are strategies recommended by the National Academy of Medicine that all neurodiagnostic technologists should be aware of:

Additional conservation and re-use techniques should be considered when the PPE is in shortage, including:

- Reserving the most protective eyewear/gowns/respiratory protection for those performing high-risk interventions (e.g., intubations, monitoring persons on BiPAP)
- Re-usable materials, including eyewear and laundered gowns
- Re-using N95 masks – this was recommended during the 2009 pandemic and is the subject of NIOSH current guidance as well as evolving CDC guidance



(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-supply-strategies.html>). This guidance involves wearing a simple mask or shield over the N95 to prevent contamination, and the use of a box/bag designated for the provider to set his/her mask in using removal and re-application techniques that minimize the risk of cross-contamination

- Use of industrial N95 respirators for health care
- Continuous, rather than intermittent, use of the PPE in a cohorted patient environment (allowing less changing/removal)
- Use of clean linens or handkerchiefs in place of simple masks for symptomatic patients

Leading through COVID-19, an eight-part learning series: [Click on hyperlink to Watch On Demand:](#)

Cultivating personal resilience amid volatility; Leading in a time of crisis: Social distancing without revenue disruption; Keeping your people engaged and productive through the crisis; Protecting your company's economic health; Employing agile reward strategies for a volatile world; Crisis-proofing your talent processes; Creating effective learning experiences in a virtual environment

Human Resources Compliance: [IRS Guidance on Tax Credits for Paid Leave](#); [Questions and Answers on Human Resources Flexibilities and Authorities for Coronavirus Disease 2019 \(COVID-19\)](#); and the Society of HR Management [for more information related to HR and COVID-19](#)

SharedWork Program Information: [Workshare programs let businesses temporarily reduce the hours of their employees, instead of laying them off during economic downturns.](#)