

March 24, 2020

Dear AAPM members,

As COVID continues to disrupt our daily lives at work and home, we must continue to provide the highest quality of care to our patients in a dynamic environment. While we must abide by relevant institutional, local, state, and federal recommendations related to COVID management, there are things we can do to improve efficiency and minimize risk to our patients, our colleagues, and ourselves. This document provides suggestions you may consider in adapting to work in the current environment.

Patient care:

1. Work with other team members to determine prioritization and maintenance of clinical services (which services must be available, which can be postponed, identification of alternative procedures depending on patient eligibility and staff availability and expertise, etc.)
2. Collaborate with physician colleagues to determine if clinical procedure alternatives that minimize the use of clinical equipment and staff effort during clinical hours are appropriate (e.g., hypofractionation). Consider alternatives that minimize the impact on patient schedules and reduce the risk of staff to potential COVID exposure.
3. Designate a physicist on a rotating schedule to assist in any activity where patient contact is required. This facilitates traceability of contact in the occasion of infection.
4. Consider options for backup physics coverage should the primary physics providers be unavailable for isolation (e.g., discussing coverage scenarios with associates in nearby institutions or local consultants).

Operations:

1. Determine the appropriate minimum staffing models for your clinical environment. This should include considerations for safe operation and how numbers dictate service and QA.
2. Decide how to manage ongoing tasks or equipment commissioning. Be aware of the current status of regulatory or accreditation requirements for QA. Routine equipment testing may need to be delayed, if appropriate and allowed, to focus on acute support of clinical systems. AAPM is communicating with various agencies requesting an extension on required performance testing, and if such extensions are approved, then AAPM will provide follow-up information on its website.
3. Prioritize QA tests considering impact on patient care and resource availability.
4. Complete required machine QA (e.g., monthly) as early in the time period as possible in the event of reduced staffing availability later in the period.
5. If possible, perform QA outside of clinical hours to minimize impact on clinical schedules.
6. Identify a viable work schedule with consideration of staff needs outside of work (e.g., childcare) that can impact availability. This may include staggering shifts to accommodate these external considerations while also minimizing staff exposure to potential threats.

7. Clearly delineate tasks for on-site versus staff working from home to better utilize on-site physicist resources.
8. Ensure that all necessary resources for off-site work (e.g., IT support, remote access capability) have been tested and are functional prior changing your staffing structure. This includes appropriate equipment support for other department personnel (e.g., qualifying of medical displays and auxiliary hardware/software for home use, physician remote access to treatment planning systems and R&V systems).
9. Ensure that contact information for all department personnel is available and accessible.
10. Have non-patient projects ready to implement if physics staffing is adequate but patient volume is decreasing.

Work environment:

1. Make meetings virtual if possible. If not possible, limit the number of in-person attendees to mandated guidelines.
2. Limit vendor visits to essential patient care tasks (e.g., equipment repairs, patient safety issues). Ensure that they have the necessary approvals for access prior to their arrival on site.
3. Respect the workspaces of colleagues. Maximize the use of email and phone calls for communication even if the colleague is within the department.
4. Ensure that you appropriately clean physics equipment and the clinical workspaces after use. This should be done according to the standards used for clinical environments in your department or institution.
5. When planning work on equipment used in patient care, follow recommendations for proper cleaning when equipment is used for patients with suspected or confirmed infection. This may include physical cleaning in addition to a timeframe allotted for air exchange to occur in the room.
6. Create adequate space in all work areas to maintain appropriate social distancing. Refrain from congregating unnecessarily.
7. Ensure you remain focused on clinical tasks by eliminating extraneous distractions.

While we are navigating through this crisis, some final reminders from the Code of Ethics that should be considered:

1. Patients' best interests are paramount.
2. Act collegially and with respect to all.
3. Always operate within the limits of available resources.

Thank you for all you do. Stay safe and healthy!

Sincerely,



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Chair, AAPM Professional Council