



SBI Recommendations for a Thoughtful Return to Caring for Patients

The SBI recognizes the importance for radiologists and their practices to carefully consider how and when it is appropriate to resume care for the patients that rely on them. Each city and state will face a different set of circumstances, and SBI cannot determine the optimum date for each locale to restart breast imaging. Some facilities are still coping with large numbers of COVID infections in their area while practices in less affected areas are making preparations to restart imaging soon. What we hope to do is provide a framework of how to safely restart when you decide the time is appropriate.

These decisions and time frames will vary based on multiple factors such as COVID-19 penetration by locale, state and local governmental restrictions, facility guidance, patient acuity, PPE availability, and the ability to maintain appropriate social distancing. The decision to restart breast imaging should also account for the capacity of local surgeons, oncologists, and radiation oncologists to accept newly diagnosed patients.

We recommend that our members undertake these discussions with their multidisciplinary and administrative partners to develop a thoughtful and logical plan that will meet the needs of all stakeholders.

As we return to offering more routine breast care it is important that we maintain a safe environment for everyone. Some suggestions to do that include:

1. Screen every patient at scheduling and again immediately prior to entering the facility for direct COVID exposure or symptoms.
2. Proceed only with patients who have cleared your COVID screening process.
3. Reduce or spread out appointments from pre-COVID levels to avoid patients accumulating in waiting rooms. Return to pre-COVID levels later as the risk of recurrent outbreaks further diminishes.
4. Evaluate and consider modifying waiting and changing rooms to ensure patients can maintain social distancing.
5. Evaluate and streamline registration, check-in and check-out processes to limit the amount of time patients are in the facility.
6. Evaluate numbers of staff involved in the care of each patient, and limit that number to the smallest possible for every visit.
7. Ensure staff and patients continue to wear masks for all visits.
8. Consider gowns and masks for all procedures along with gloves.

9. Please see CDC guidance for details of appropriate types of PPE. The CDC link is included on the SBI COVID-19 resources page.

Once the decision has been made to reopen a breast imaging center to its usual practice, prioritizing patients may be necessary. The specific approach will vary based on the capacity and services offered at each facility, but a logical order of triage from most to least urgent could be:

1. Women whose breast cancer surgery was postponed. These women may need imaging post neoadjuvant treatment and localization procedures.
2. Women who were recommended to undergo percutaneous breast biopsy.
3. Women who were recalled from their screening exam but had a postponed recall diagnostic evaluation.
4. Women who require a short interval follow up or have a more long-standing or intermittent (i.e. non-urgent) clinical issue with their breast who need a diagnostic appointment. An example of such a patient is someone with intermittent breast pain.
5. Women who wish to return to breast screening (any modality). This may be triaged by prioritizing patients at higher risk for breast cancer or by selectively delaying some supplemental screening. Implementation strategies will depend on your patient population and/or the logistic details specific to your facility and region.

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