



Section of Diagnostic Imaging

**Updated Guidance, Community Diagnostic Imaging Services during COVID-19
May 4, 2020**

While the number of active COVID cases in AB has recently begun to decline again, we are still operating at near-peak number of cases in Alberta and the same high degree caution around COVID-19 Infection Prevention and Control remains necessary, and will continue to be for the foreseeable future: <https://www.alberta.ca/assets/documents/covid-19-workplace-guidance-for-business-owners.pdf>

The Alberta Society of Radiologists and AMA Section of Diagnostic Imaging held a conference call of Provincial DI leaders Monday May 4th to determine next steps following the Premier's April 30th 2020 news conference announcing the Province's Relaunch Strategy, and subsequent updated guidance from the CPSA on the matter http://www.cpsa.ca/wp-content/uploads/2020/05/AP_COVID-19-Reopening-Practice-V-03.pdf. The definition of urgent/essential medical services is shifting as time goes on:

What constitutes an “essential health service” changes the longer the COVID-19 crisis persists. As an example, early on in the crisis, only urgent services were considered essential. However, as time goes on, delay in accessing other important, but non-urgent services (e.g., assessment of chronic disease, preventative care, elective surgery, etc.), becomes more essential as delay in access could result in a poor health outcome depending on the individual's circumstances.

In addition to the diagnostic studies and urgent therapies currently being provided, the ASR and the Section of DI believe it is now both reasonable and necessary to carefully resume breast cancer screening exams (screening mammography and related studies), bone mineral densitometry for fracture risk assessment, and elective image-guided therapies that have been postponed. We are recommending May 19th as the earliest date these services should resume, which aligns with AHS DI's expected ramp-up of outpatient elective exams.

Providers resuming these services still must:

- Maintain the engineering and administrative controls they have in place for COVID-19 mitigation, which may mean ongoing limitations in capacity;
- Have adequate supplies of appropriate PPE for anticipated procedure volumes;
- Be prepared to prioritize exams based on urgency and patient need, should limitations on access be imposed by the first two concerns.

(by consensus, May 4, 2020 Alberta DI leaders' teleconference)

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