



# The Royal Australian and New Zealand College of Radiologists®

## **RANZCR IR and INR statement during Coronavirus (COVID-19) pandemic for Australia**

Interventional Radiology (IR) and Interventional Neuroradiology (INR) services are minimally invasive procedures provided by clinical radiologists in public and private hospitals.

Delivery of care in IR and INR requires close personal contact with patients who are suspected or confirmed cases of COVID-19. This may involve important clinical care related to COVID-19 or other illnesses. Interventional Radiologists and Interventional Neuroradiologists **must** have access to a safe work environment with personal protective equipment (PPE) available as per institutional guidelines which must conform to the appropriate **national/international** standard.

As our health systems begin to be impacted by COVID-19, it is crucial that IR and INR services in both public and private hospitals are prioritised according to clinical need so that patients requiring acute care receive treatment. Restricting IR and INR services to cases of high clinical priority is essential, to protect health care workers from COVID-19 infection, conserve hospital resources, especially high dependency unit and intensive care beds and preserve PPE.

The minimally invasive nature of IR and INR is of particular value at this time in minimising patient hospitalisation. This will augment hospital bed capacity whilst ensuring patients with urgent clinical needs receive optimal care. Moreover, IRs and INRs are uniquely trained to adapt to emergency situations and practise in diverse environments.

IR and INR departments in conjunction with hospital management should defer or cancel all non-urgent procedures except those that are required to treat urgent medical conditions.

Critical categories of IR and INR services are defined locally and decisions on the category of patients is at the discretion of their treating IR or INR. Procedures that cannot be postponed include but are not limited to procedures to save life and limb or permanent disability such as those for cancer treatment, resolution of haemorrhage, stroke clot retrieval, symptomatic aneurysms, suspected cancer biopsies and infection related drainages.

In addition, consider screening all IR and INR patients for high risk COVID-19 exposure according to institutional guidelines. If possible, cohorted teams or pods (including IRs, INRs, nurses, imaging technologists, schedulers) should be formed to facilitate social distancing and limit risk of community and healthcare worker spread.

New consultation items have been introduced into Medicare to fund telehealth consultations, details can be found on the [MBS website](#).

Most relevant are:

- Item 91822 telehealth consultation, Item 91832 telephone consultation which mirrors Item 104,
- Item 91823 telehealth consultation, Item 91833 telephone consultation which mirrors Item 105.

These items have specific eligibility criteria including the requirement for a valid referral.

