

## UCSF Interventional Radiology Tiered Disaster Plan

### Level 1 - Yellow

Definition: UCSF Health surge level Yellow and sufficient IR resources exist to provide Yellow level services

#### Goals:

- Preserve inpatient capacity, reduce occupational exposure
- Continue to provide tertiary/quaternary level ambulatory and inpatient care

#### Services:

- Ambulatory Visits: Continue as normal with social distancing interventions
- Ambulatory Procedures
  - Come and Go: Continue as normal
  - Come and Stay: Freeze schedule, add-on additional cases if urgent, do not postpone scheduled interventions
- Inpatient Procedures: Continue as normal

#### Faculty Staffing Needs:

- Full staffing

#### Social Distancing Interventions:

- Large gatherings postponed
- Encourage working remotely on non-clinical days (academic, administrative)
- Ambulatory visits converted to telehealth or telephone where possible

### Level 2 - Red

Definition: UCSF Health surge level Red and sufficient IR resources exist to provide Red level services

#### Goals:

- Preserve inpatient capacity, reduce occupational exposure, preserve workforce
- Continue to provide tertiary/quaternary inpatient care; continue to provide ambulatory care where postponing that care for 2-3 months could result in worse patient outcomes

#### Services:

- Ambulatory Visits: If adequate faculty available, continue where telehealth or telephone possible, postpone where not possible. If adequate faculty not available, postpone scheduled appointments and do not schedule new appointments
- Ambulatory Procedures
  - Come and Go: Postpone procedures when this will not result in worse patient outcome after 2-3 month delay (see Table). Come and Go procedures at Mt. Zion redistributed to Parnassus and PCMB
  - Come and Stay: Cancel scheduled procedures when this will not result in worse patient outcome after 2-3 month delay, schedule procedures if 2-3 month delay could result in worse patient outcomes (see Table)
  - Separate outpatients from inpatients wherever possible
- Inpatient Procedures:
  - Continue as normal

- Perform procedures at bedside when possible in confirmed or possibly infected patients (PUIs)

**Faculty Staffing Needs:**

- 2 Parnassus, 1 Mission Bay, 1 PCMB, +/- 1 Clinic

**Social Distancing Interventions:**

- All **level 1** interventions
- All conferences of any size moved to teleconference, including morning rounds and tumor boards
- Require working remotely on non-clinical days
- Cohort faculty, trainees, and staff
  - 2 geographic cohorts by site (Parnassus, PCMB-MB)
  - 2 temporal cohorts at each site (MWF/TThu) for 3 week block, re-evaluate shifting entire cohorts or remaining at initial sites after 3 weeks
  - Each site cohort covers call separately (2 call teams)

Schedule	Reschedule/Postpone
Percutaneous biopsy	Chronic venous disease interventions
Paracentesis/thoracentesis	IVC filter retrieval
Central venous access*	Prostate artery embolization
TACE/Y90/bland embolization	Uterine fibroid embolization
Percutaneous liver ablation*	Pelvic congestion embolization
Percutaneous abscess drainage	Adrenal venous sampling
Percutaneous nephrostomy	AAA endoleak embolization
Percutaneous transhepatic biliary drainage	TIPS revision
Percutaneous enteral tube placement if referring deems urgent	Pulmonary AVM embolization
Leaking/obstructed percutaneous drain	Transjugular liver biopsy
Dialysis access interventions	TIPS for diuretic-refractory ascites
IVC filter placement (if pre-operative, confirm surgery is still scheduled to proceed)	Routine tube changes (biliary, genitourinary, enteral) where tube is functioning
Lymphatic interventions*	Venograms for dialysis access planning
Any urgent case	Percutaneous renal ablation
<b>* Case-by-case evaluation</b>	

**Level 3 - Black**

**Definition:** UCSF Health surge level Red and sufficient IR resources exist to provide Black level services

**Goals:**

- Preserve inpatient capacity, reduce occupational exposure, preserve workforce

- Continue to provide tertiary/quaternary inpatient care; continue to provide ambulatory care where postponing that care is likely to result in hospitalization and/or an immediately worse patient outcome (e.g. obstructed nephrostomy tube)

**Services:**

- Ambulatory Visits: Postpone scheduled appointments, do not schedule
- Ambulatory Procedures: Postpone, schedule on case-by-case basis where postponing that care is likely to result in hospitalization and/or an immediately worse patient outcome
- Inpatient Procedures:
  - Continue as normal
  - Perform procedures at bedside when possible in confirmed or possibly infected patients (PUIs)

**Faculty Staffing Needs:**

- 1 in-house Parnassus, 1 in-house Mission Bay, 1 remote Float PCMB for ambulatory procedures

**Social Distancing Interventions:**

- All **level 2** interventions