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)

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

**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