ESTRO
COVID-19 RECOMMENDATIONS FOR RTTS

ESTRO RTT Committee

PATIENT CARE

- Provide patients with clear information asking them to disclose any COVID-19 symptoms or if they are living with someone who has symptoms.
- Triage patients when entering the RT department (check temperature and ask about COVID-19 symptoms).
- Patients may wear their own personal face masks if they don't have symptoms.
- Do not permit accompanying persons in the department unless absolutely essential.

RTT WORKFLOW

- COVID-19 suspected or confirmed patients that need treatment should be treated on a separate linac with a separate entrance, if possible. If not, treat them at the end of the day.
- RTTs should be split into teams with no crossover of staff from one team to another.
- RTTs should wear face masks and must strictly follow appropriate hand hygiene for setting up all patients in the department.
- For COVID-19 suspected or confirmed patients that have to be treated, full PPE as per national or WHO recommendations must be worn.
- Strict hand hygiene must be followed before and after removing some, or all of the PPE.

REMOTE WORKING

- RTTs involved in treatment planning should work remotely where possible.
- Back-up staff for linacs and simulation should work from home until needed. Such staff should have remote access to R&V system for administrative duties.
- RTT-led clinic review and follow up appointments should be considered in the format of telephone consultations/virtual meetings in consensus with the radiation oncologists.
- Team meetings should take place online between remote working and clinical RTTs.
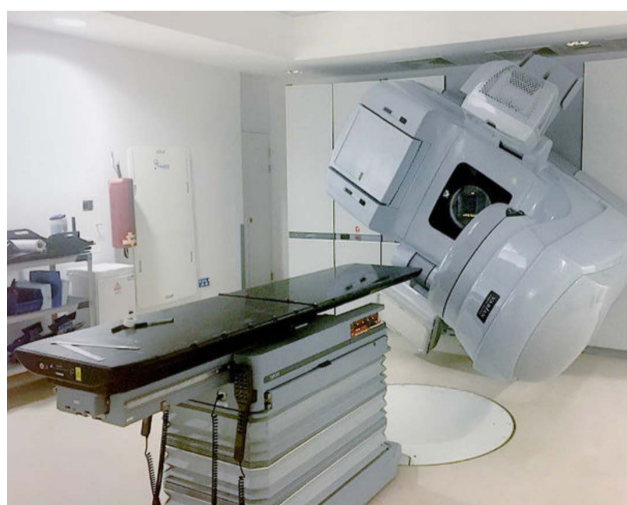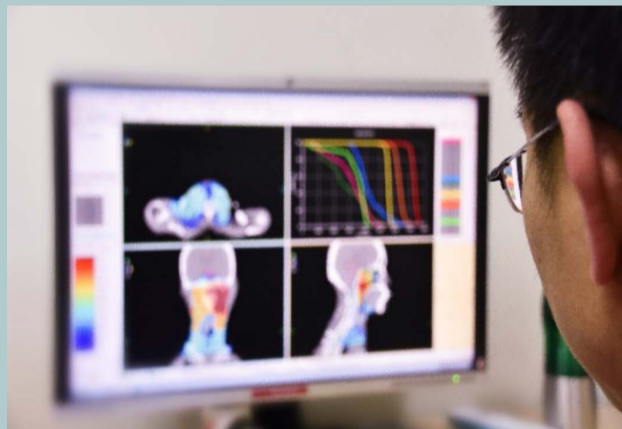
RT PRACTICE

- Minimal staff numbers should work on linacs and simulation (at least 2 RTTs) and contact with patient should be minimised.
- A perspex shield at the treatment console should be erected so that RTTs can converse with patients.
- Specialist cleaning is required after COVID-19 suspected or confirmed patients.
- Additional personnel for online IGRT decisions, e.g. RO or specialist RTTs, should view/ approve at a remote station if this is necessary.
- Recognised offline protocols such as e-NAL should be used if daily online imaging is not possible, whilst ensuring that adequate coverage for uncertainty is maintained.

**RTTs are front-line staff
Keep our RTTs and patients safe**

**Read more at
WWW.ESTRO.ORG**