

ACR issues statement on return of routine radiology services

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and local, state, and federal government mandates. For most diagnostic radiology examinations and interventional radiology procedures, the risk from health care-acquired COVID-19 can be made very low if appropriate safety measures are in place, including screening, testing, infection control processes, and PPE use. Due to many unknown and complex factors, an accurate risk-benefit analysis of postponing versus performing a routine radiology examination or procedure is often not possible. Decision making must be guided by imperfect attempts to estimate these risks.

"There is no single ideal approach for the safe re-engagement of nonurgent [radiology](#) care," the authors write. "Practices are developing local solutions that work best for their needs."

More information: [Abstract/Full Text](#)

(HealthDay)—In an American College of Radiology statement, published online May 6 in the *Journal of the American College of Radiology*, recommendations are presented for re-engagement of routine radiology care during the COVID-19 pandemic.

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Matthew S. Davenport, M.D., from Michigan Medicine in Ann Arbor, and colleagues developed guidance for resumption of routine radiology care during the current pandemic. The authors established one overriding guiding principle: If the risk for illness or death to a [health care](#) worker or patient from health care-acquired COVID-19 is greater than the risk for illness or death from delaying radiology care, care should be delayed, whereas care can proceed in a timely manner if the opposite is true.

The authors note that a comprehensive strategy for safe resumption of routine radiology care should consider local COVID-19 statistics; availability of personal protective equipment (PPE);

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