

**EXPERIENCES OF
NEURODIAGNOSTIC
TECHNOLOGISTS
DURING COVID-19**

A SURVEY BY ASET

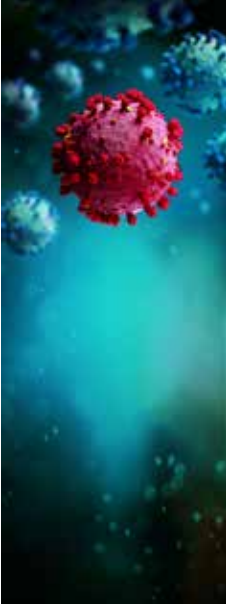
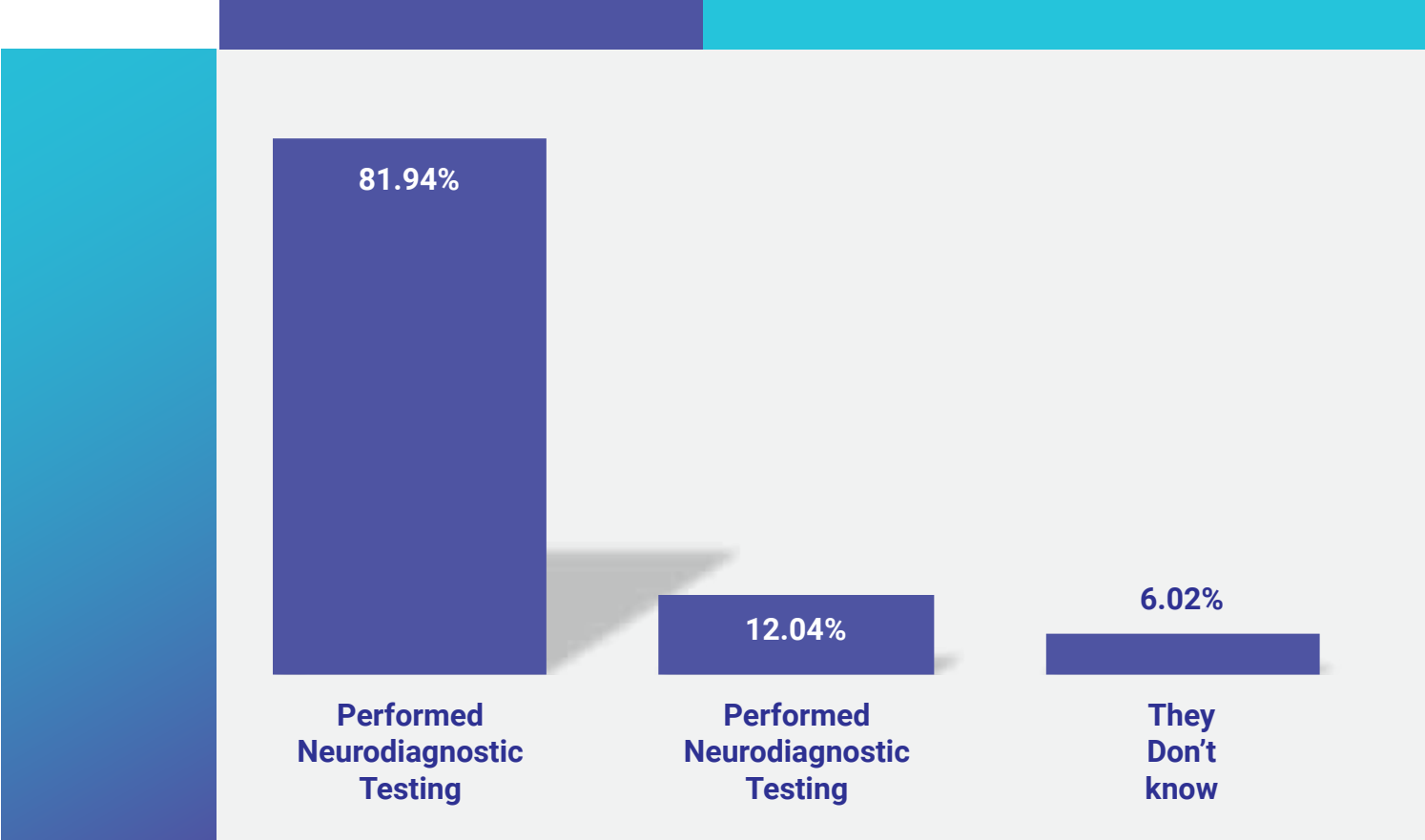
Conducted
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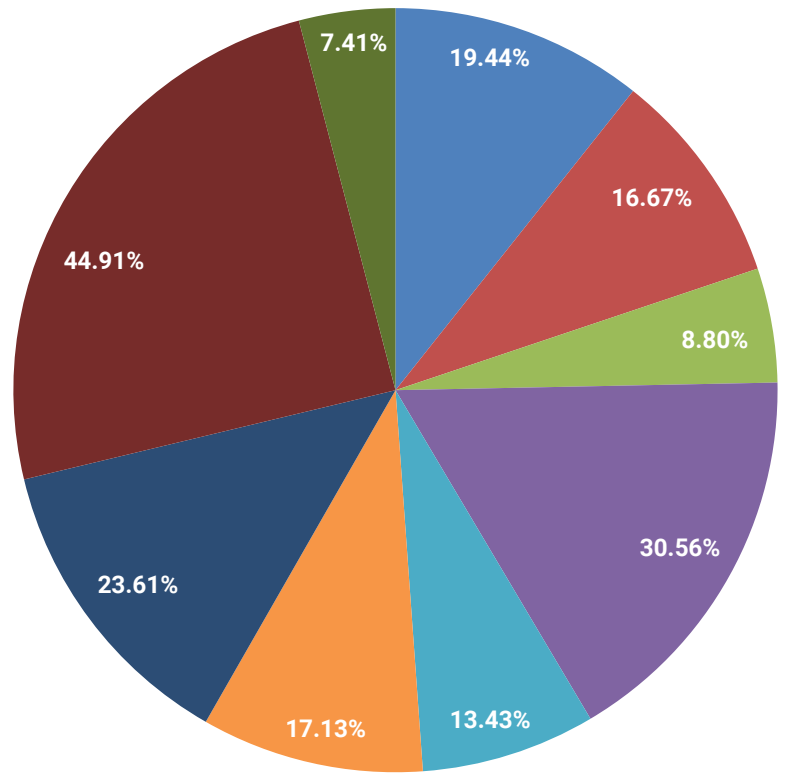
Since the start of the pandemic, Neurodiagnostic technologists have been working hard to provide patient care. As part of the preparation for Neurodiagnostic Week 2021, April 18-24, ASET surveyed 266 technologists. This document provides a brief summary of the results, highlighting the true experiences of technologists during COVID-19.



Majority of the respondents performed Neurodiagnostic testing on a patient(s) who was positive or under investigation for COVID-19.



That's not all. Neurodiagnostic technologists had to adjust their role to provide comprehensive care. They had to educate patients and their loved ones about procedures and policies. In a time of heightened anxiety and fear surrounding COVID-19, they took the time to comfort and console patients. The following are some of the common responses from technologists who participated in the survey.



- I spend more time consoling or comforting patients
- More of my patients seek encouragement
- I spend more time educating patients about infection prevention precautions, specifically for COVID-19
- More of my patients seek encouragement
- More of my patients seem to be fearful or angry and take it out on me and/or my co-workers
- I spend more time educating patients about infection prevention precautions, specifically for COVID-19
- I spend more time answering questions about my patients' NDT procedure(s) and the necessity of testing
- Not applicable - my role has not noticeably changed
- Other (see next page)

WHAT NEURODIAGNOSTIC TECHNOLOGISTS SAID

"Patients are upset they had to wait longer to get their necessary procedure."

"I spend more time explaining new hospital policies such as limited visitors"

"Just giving them extra time if needed to give my patient peace of mind"

"Reassure them we take extra precautions to keep them, and us, safe"

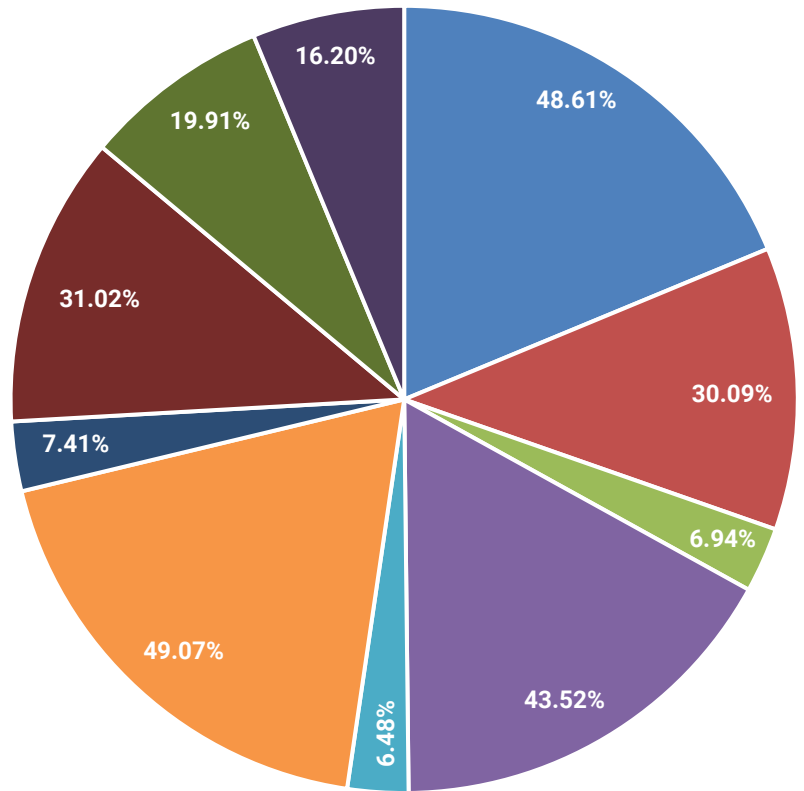
"No one is sick, but everyone is scared"

"More people tend to be fearful and angry, but I have not experienced an increase in poor treatment by them. People seem to be understanding and admire the work we do even though they are scared."

"They were very much disturbed about their immobility during and post-COVID due to severe generalized peripheral neuropathy."

Other ways
technologists' role
evolved to take on
more caretaking
responsibilities

As the ongoing COVID-19 pandemic evolves, healthcare providers and research experts are learning more about how the virus impacts people. Initially thought to primarily affect the respiratory system, it is now known to be linked to several neurological conditions, an important revelation that is given little media attention.

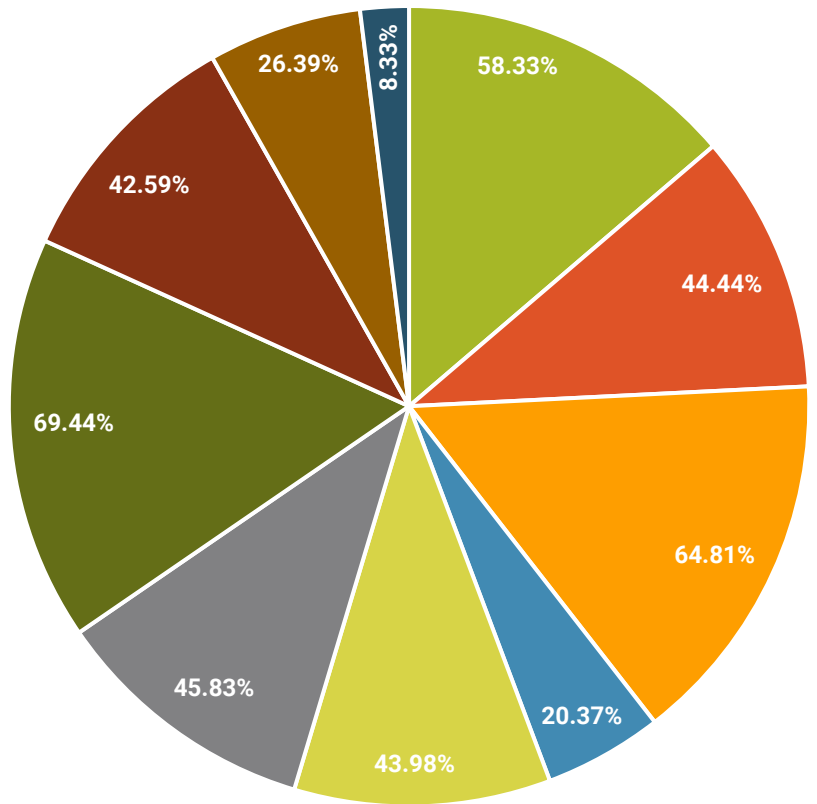


- Hallucinations/AMS
- Stroke/cerebrovascular
- Gustatory/olfactory dysfunction
- Seizure
- Guillain Barre
- Encephalitis/encephalopathy/meningitis/myelitis
- Pediatric multi-system inflammatory disorder
- Cognitive difficulties or aphasia
- N/A
- Other (see next page)

Other neurological symptoms witnessed or documented in the EMR:

- Syncope
- Abnormal movement | Myoclonic jerking
- Coma | ECS
- Headache | Migraine
- Decreased O2 | Anoxic brain injury
- Lethargy | Paralysis

COVID-19 brought various challenges to the healthcare community. This pie chart presents some of the hurdles Neurodiagnostic technologists experienced at the workplace.



- Lack of adequate PPE in the workplace for me and/or co-workers
- Improper use of PPE by healthcare workers in my facility
- Improper use of PPE by patients and/or their family members in my facility
- Lack of access to COVID-19 testing in my facility
- Increased workload or hours
- Decreased workload or hours
- The need to reuse PPE that should otherwise be only single-use
- Lack of proper social distancing measures in my facility for staff
- Lack of proper social distancing measures in my facility or patients and/or their families
- Other (see next page)

Other challenges
Neurodiagnostic
technologists
witnessed or
experienced at the
workplace:

Redeployment to other tasks, such
as basic nursing

Refusal to assign N95 for direct
vented patients

Clinic outpatient EEG increased to
avoid procedure in a hospital

Not easy access to proper
supplied

Adjusted work schedule to
eliminate overtime

Facility/network not
understanding increased
exposure rate in the
Neurophysiology department

Scheduling for safe meal breaks

Promotion of fear and despair

Burnout

Lack of training/rationing of
supplies to clean equipment

Initial decrease in hours, now
busier than pre-pandemic

Increased work loads in the
hospital side, decrease in
outpatient side



Celebrate Neurodiagnostic Week

aset.org/NDweek

April 18-24