

March 18 2020

Department of EM Covid19 Teleconference

From Dr. Lucchesi:

- Employee Health Services are overwhelmed at UHB
- Unclear how long this pandemic will go on for, maybe for at least 2 more months
- As of Monday, NY city ICU beds at 80% capacity; as of yesterday, 85% capacity
 - UHB will be using the CT ICU to cohort these patients
 - NS82 will also be cleared for use: 24 single bed rooms with ventilator and dialysis capabilities
- We've had one death at UHB for PUI but tested negative for Covid
- At UHB all patients will be given mask and all but two hospital entrances will be closed
- At this time residents cannot see COVID patients at Kings County Hospital, however residents may see COVID patients at UHB
 - This will likely change
- Med students are all at home

From Dr. Willis

- Covid is in the community and we cannot isolate everyone
- Some rotations have been cancelled: toxicology, ultrasound and airway have been cancelled
- Residents who are requesting testing, please talk to Dr. Willis first
- Exposure is defined as not wearing any PPE. PPE at minimum means surgical mask and eyeshield
 - For those exposed to covid patient (so not wearing PPE) monitor your symptoms for 14 days, report to employee health after 14 days.
 - If PPE was on while seeing these patients, this does not apply to you
- If you develop any symptoms, please discuss with Dr. Willis
 - People with symptoms are to be quarantined for 7 days from exposure and must be 72 hours fever free (without antipyretics)
 - Also call employee health to report symptoms

From Dr. Mehta

- We understand that everyone is scared. The process is confusing especially with different protocols for both sides of the treat
- Dr. Noah Berland is working to upload documents online so that everyone can have easy access to the protocols
- Please call Dr. Mehta or Dr. Ozaki at any time if you have a suspected case.
- For walking well: no swab is recommended. Instructions should be given for self quarantine and should return for worsening symptoms
- Only senior residents and attendings should be intubating COVID suspected patients
- We are running out of biofire respiratory viral panel swabs. You can send just the covid testing
 - DOH now only recommended nasopharyngeal swabs
 - Quest can send using the same media as DOH
 - Collection kits at downstate are available with instructions
 - Should also set reasonable expectations for TAT: test can take up to a week to result

- From Dr. Sinert: it is our job not to do the test. Sensitivity of test is poor. If you have a sick or elderly family member, then testing is reasonable, but otherwise we should not be sending these tests

From Dr. Leno:

- KCH Quarantine Policy: not quarantining exposed workers that are asymptomatic or who have mild symptoms
 - Staff wearing PPE are not considered exposed
- Testing H&H algorithm:
 - <55 yo and healthy: no test
 - >55 yo, those with risk factors, or those who are sick or admitted: testing is recommended
 - If there is any question about testing, ID should be contacted
- Confirms that at this time residents cannot see COVID patients at KCH, but anticipates that this will change soon

Questions/Comments

Who is handling the follow-ups for the results of these discharged patients? What should we do if patients call back for their results

- Dr. Mehta and Dr. Ozaki are trying to keep up with call backs. Will likely involve ED administrators and possibly volunteer medical students to help with the call backs
- HHC central is managing follow up on the results
- For patients that call UHB, may direct calls to Dr. Mehta or Dr. Ozaki
- For patients that call at Kings County, inform them that someone will contact them when their results come back

How many vents do we have? What do we do when we run out of vents?

- Downstate has 50 vents, attempting to purchase 10 more.
- Respiratory therapy at downstate has purchased the equipment needed to use the vents in parallel
- Ethics and palliative care team have been created to report to the covid-19 taskforce for creating guidelines for when this situation arises

How are we managing asthma/COPD patients? Are we going to continue to use nebulizers?

- Trying to move away from nebulizers but there is a shortage of mdis and spacers
- If you are treating asthma, treat as asthma, give the steroids
- If you are concerned about COVID, you should not be giving steroids.

I've heard that we shouldn't be giving NSAIDs to COVID patients?

- The data is not clear, but try to avoid NSAIDs in these patients

What kind of imaging should these patients get?

- If asymptomatic, none
- If clinically necessary, only a portable chest xray should be done. Do not send for a PA/Lateral
- These patients should not be getting CT scans unless they will change management or you are evaluating for something not related to COVID

What is the recommendation for pneumonia coverage in these patients?

- Dr. Willis: we don't know the medicine yet so it is difficult to apply recommendations from other countries
- ID at county seems to be recommending doxycycline for these patients

Are we going to be getting more staff to help us in the ED?

- At UHB all staff will be redeployed to other areas of the hospital to help with the COVID situation

Can KCH schedule a swing attending to see all of the COVID patients since residents are not able to see these patients?

- This could be possible however it is likely that this will change

What about ultrasounding these patients?

- We are working on a workflow to use the butterfly probes to evaluate these patients
- Make sure to clean before and after every use and try to use probe covers
- We are also working on purchasing more probes to be used in the clinical area

If your questions haven't been answered please email Dr. Mehta or Dr. Leno. We will try to have more regular conferences where you will be able to ask questions.