

PPE

This is obviously on everyone's mind and I know there's a lot of different recommendations out there. As of now both hospitals are going by DOH recommendations of face shield, surgical mask and gown. Both departmental admin have purchased goggles/face shields for staff working. I have ordered some goggles from Amazon too that should arrive by Tuesday. I will figure out how to make them available for residents. Some residents are working on donations too. If you cannot find or get proper PPE when at work please call me in real time.

Communication

You guys have been stepping up at the front lines of patient care, admin and disaster prep. One of the most important things in disaster management is hierarchy of communication. Drs. Leno, Mehta, Verma, Ozaki all want to know your concerns and suggestions but they are getting hit from every direction. My concern is that what you have to say and your thoughts are getting drowned out by the other voices they have to listen to. That's why I want you to use me, the APDs and chiefs to centralize communication. I am having almost daily meetings with the admin and can voice your concerns and suggestions. Obviously this does not mean don't speak to the leadership and a lot of you are working directly with them so continue to do this. Please use this google document to put any questions, concerns, suggestions and we will get back to you or you can just reach out directly. Also please use this google document to list if you want to help with projects. I would also like to caution from doing too much, this is going to be a marathon.

https://docs.google.com/spreadsheets/d/1VDtL87qluNs3A4AIMWEgJZHa6kN2y7TN_x0Nu3Xc3Kk/edit?usp=sharing

Staffing

Thank to everyone who is stepping up and filling in holes in the schedule and obviously the folks just showing up to their shifts everyday. Staffing is going to be fluid in the next couple of weeks/months. You may be scheduled in different parts of the ED or even different sides of the street. We are trying to keep sick/surge residents at home as much as possible and using them when needed. This is in hopes to not overwork anyone and to keep as many people healthy for as long as possible. Duty hour regulations continue regardless of disaster so please don't break them and continue to log on NI.

Intubations

This has been messaged but I just want to reiterate. Both sides of the street are recommending that attendings or senior residents should perform intubations on

suspected COVID patients to minimize exposure and optimize first attempt passage. This is not ideal for education and I have mixed feelings but I think its for everyone's safety.

Notification

Thank you to the residents who are helping with patient follow up for testing. I am handling resident provider notification for both sides of the street. I will contact you via text, send the MRN to the appropriate hospital account and ask whether you were wearing PPE (mask and face shield). If you were wearing PPE then nothing to do. If you were not (should be less and less hopefully) you need to wear a mask while working clinically and monitor for symptoms and fever. As of now 14 days after your exposure you need clearance from your pay source employee health. If anyone develops symptoms contact me immediately.

As always reach out if you need anything or have questions