

Covid 19 update Apr 13

1. Teams Meeting

[Join Microsoft Teams Meeting](#)

[+1 302-483-7154](#) United States, Wilmington (Toll)

Conference ID: 379 847 318#

Caution - Complacency and Practice Drift Setting In

2. From the ChristianaCare internal communications newsletter

a. **Surge Planning**

1. We have a surge plan in place year-round as part of our robust emergency management preparedness. Through our continuous planning, preparations and training throughout the year, we are ready for a surge or Code Delta 365 days a year.
2. We've adapted that surge plan and modified it for COVID-19. The [Wilmington Hospital](#) and [Christiana Hospital](#) COVID-19 specific surge plans are now posted on the [Infection Prevention intranet site](#). Any questions about this information should be emailed to COVID-19Info@ChristianaCare.org.



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b. **Dashboard**

1. We also have created a new [COVID-19 dashboard](#) that provides real-time updates and demographics related to our positive patients, patients under investigation and ongoing testing rates and results. You can find this dashboard on the portal, in the blue navigation bar under Flu/COVID-19, for your awareness. (Log in using your ChristianaCare employee ID# and password.) Please note that the dashboard refreshes every four hours beginning at 8:30 am.

3. Overview of epidemic

- a. Here is a link to the [Infection Prevention Covid-19 page](#) on the I Net. Good compilation of internal and external links.
- b. A review committee now meets via Zoom once a week. Cases are continuously reviewed via e mail. There is an appeals process for individual cases to be added back to the schedule.

- c. Discussion has started as to how the surgical schedule will be ramped up. There is nothing definite. We need to get through the next few weeks.
- 2. HR issues at ChristianaCare
- 3. Information and visitation
- 4. Screening and Testing
 - a. Employee screening now in progress. You must enter through one of a few designated entrances.
 - b. Change in return to work guidelines from CDC. Amy Windfelder and Read Siry are coordinating ASPA employee's interaction with EHS and management of return to work.
 - c. ChristianaCare now has one hour PCR testing in house reserved for ED and inpatients while reagent supplies are secured. Employees tests will still be sent out.
 - d. Lateral flow assay for IgM/IgG now coming online in the US. A qualitative test that indicates previous exposure. Requires blood sample. Unknown how previous exposure, as indicated by antibodies, will correlate with immunity etc.
- 5. Drug Shortages
- 6. Intubation/ Extubation
 - a. We have a new, simplified plexiglass shield first developed at Wake Forest. It is in trial in the main OR.
 - b. We are tracking the total volume of intubations and the number related to Covid.
 - c. Updated guidelines that simplify PPE for intubation and presence in room
 - 1. If the patient is Covid +, PUI or emergent with no opportunity to screen then all people in room where N95 or PAPR (not both)
 - 2. Pts who are asymptomatic/screen negative are treated like regular surgical patients. If you are wearing an N95 all day, continue to do so and explain to staff in room that is what you are doing. They can wear standard surgical mask.
 - d. Trachs – We are now reaching the 14 days of ventilation point for some patients that entered the hospital as either Covid + or suspicious but ended up with negative tests.
 - e. Trachs are being done open/in the OR to minimize aerosolization compared to percutaneous. This protocol was established with input from trauma/surgery/anesthesiology/Ent and MICU.
 - f. Extubations – Please warn staff in the OR that you are about to extubate. If you are extubating a possible Covid patient, please use plastic shielding.
- 7. CMO – updated guidelines have been established for use of ECMO in Covid + patients. The Cardiac anesthesia team will be responding to these cases both at Christiana and at Wilmington. They are currently working out the logistics. Please direct questions to Dr. Wallace.
- 8. Ventilators
 - a. See dashboard. Number holding steady at 35

9. Equipment

- a. HEPA filters are on backorder. We are actively rearranging our supplies. When intubating in the MICU, use their filter, don't take it out of the airway box unless they can't find theirs.
- b. We will be subbing in the Respiratory Therapy supplied filter if our stock runs any lower.
- c. ChristianaCare is working through the logistics of H2O2 decontam of N95s. The system is now in pilot with initial focus on MICU and ED
- d. New brands of N95 are coming into the system (in low volume) but require repeat fit testing. Therefore, we will use the decontam procedure when it becomes available. Eventually we will convert to a new N95 and that will require repeat fit testing.

10. PAPRS

1. PAPRs can be requested from the equipment room
 1. Christiana 733-2765
 2. Wilmington 320-4112
2. If you arrive at intubation and you determine need for PAPR, and one is not available, ask for one to be sent and do not enter the room with the patient.
- b. PAPR education is available in the learning space on the Christiana portal.
- c. Donning and doffing video as listed above.

11. ORs and Procedure areas

- a. There has been much discussion with the HVIS and Cath lab leadership re appropriate treatment of Unknown status/ PUI/Covid + patients. After a series of calls involving infection control and various interested parties, we are agreed that patients will be induced and intubated in the procedure room. We will NOT be inducing/intubating in the ER or ICU given the dangers with suboptimal conditions for intubation, danger with transport, inappropriate involvement of more people/ difficulty maintaining the anesthetic etc.
- b. Follow the same procedure you would in the OR – minimize people, minimize bag mask, and please use a plastic cover or intubation box. This last recommendation is to assuage the concerns of the procedural folks as much as it is to keep down splatter and potential aerosolization

12. R2Ls

- a. From risk Management -0 we have added a box on R2L that should be checked if an event is related to COVID-19. If you could let the staff know that this is on the R2L that would help us compile data on the events that have occurred due to this pandemic.

13. Donning and Doffing info

- a. **Feedback from Covid positive intubations reveals that our staff's doffing habits are subpar. Proper doffing PROTECTS YOU.** Please use the nursing staff positioned outside the rooms to assist you in doffing. Perform hand hygiene after every piece of equipment comes off.

- b. Remember - the N95 protects you, the surgical mask protects other people. Wearing the N95 on your forehead, around your neck, casually placed on the lunch table etc. makes it more likely you are contaminating yourself by contact with the exterior surface of the mask. Doff properly and place in a paper bag or Tupperware container.
- c. Conserve PPE. You should be using a face shield and unless your N95 is soiled, it should be reused/maintained even after interaction with Covid+ patients.
- d. Review of PPE donning and doffing procedures put together Friday evening by iLead and RRT group. We are working on getting these to rotate on the education screen in the main lounge.
 1. Donning Contact and Droplet PPE: <https://vimeo.com/397544513/40d240bb7c>
 2. Doffing Contact and Droplet PPE: <https://vimeo.com/397541526/ef6b376c85>
 3. Donning PPE with N95 respirator: <https://vimeo.com/christianacare/review/397526462/0bff7c41de>
 4. Doffing PPE with N95 respirator: <https://vimeo.com/christianacare/review/397524368/e6d53bc57c>
 5. Donning PPE with PAPR: <https://vimeo.com/397549095/485b5b4c13>
 6. Doffing PPE with PAPR: <https://vimeo.com/christianacare/review/397551932/c273be218c>

14. Supply Chain