

## Collaborate with Colleagues – COVID-19 Summary of “Nuggets” 4/1/20

### Alternate Care Sites

- University Dorms and hotels are being looked at as alternate care sites, as they both come with power and water

### Communication

- Communication of constant changing information to staff is a challenge-use dedicated email/webpage
- Secure a project manager to help track and facilitate planning meetings in Incident Command
- Staff and visitor screening – one site has set up a screening tool that they need to complete within 4 hours of shift that gives them the ok to report to work
- Staff are getting pulled over on way to work to ensure they are critical staffing
- CMS is processing waivers. CMS has addressed waivers on licensures. They will address bringing back retired healthcare professionals as well.

### Long Term Cares

- Nebraska is setting up a system for LTC residents that test positive will go to a designated care unit
- Some private agencies that go out and give one on one support (to seniors for the most part) don't have much PPE, including gloves. They are also not regulated by anyone unless they take Medicaid money, and very few of them do.

### General Supply Chain

- Donation and Supply for Purchase offers – Need vetting process in place
- California is struggling with supply of Oxygen. It may not be a bad idea to top off your tanks and have some spare supplies.
- Some private companies are looking into beginning to build ventilators or how they can support the production of ventilators (finding parts, etc.)

### Testing

- Recommend setting up stand-alone testing centers
- Current testing used has a 90% Sensitivity/Specificity - Rapid (15 min) testing has a 60% sensitivity rate

### PPE

- UV disinfection of PPE for re-use
- <https://www.makethemasks.com/about-the-mask>
- Some facilities are recycling PPE and only those in contact with patients or PUI's are wearing the N95 masks. All others are wearing surgical masks.
- Some are 3D printing PPE, but it is a very slow process, only about 6 masks per day can be printed.
- Community members want to help and some are making masks. There is not consensus on whether or not these masks really help, but it makes the community feel better (a false sense of security)

### Patient Care

- Shift to creating entire units of negative pressure
- E-visits are working
- Set up tents for COVID triage to alleviate ED volume
- Average LOS for patients that are discharged in Singapore is 12 days
- Many more people under 60 that are hospitalized than China originally reported
- There is some issue with a lack of respiratory therapists in some facilities. Some are afraid to come to work because of their families, while others have “jumped ship” to work with private entities with sign-on bonuses
- Even if the patient is not on a ventilator, they may still be needing some kind of Oxygen treatment.

### Mass Fatality

- Mass fatality planning – determine body collections points and be aware of optics/news media access