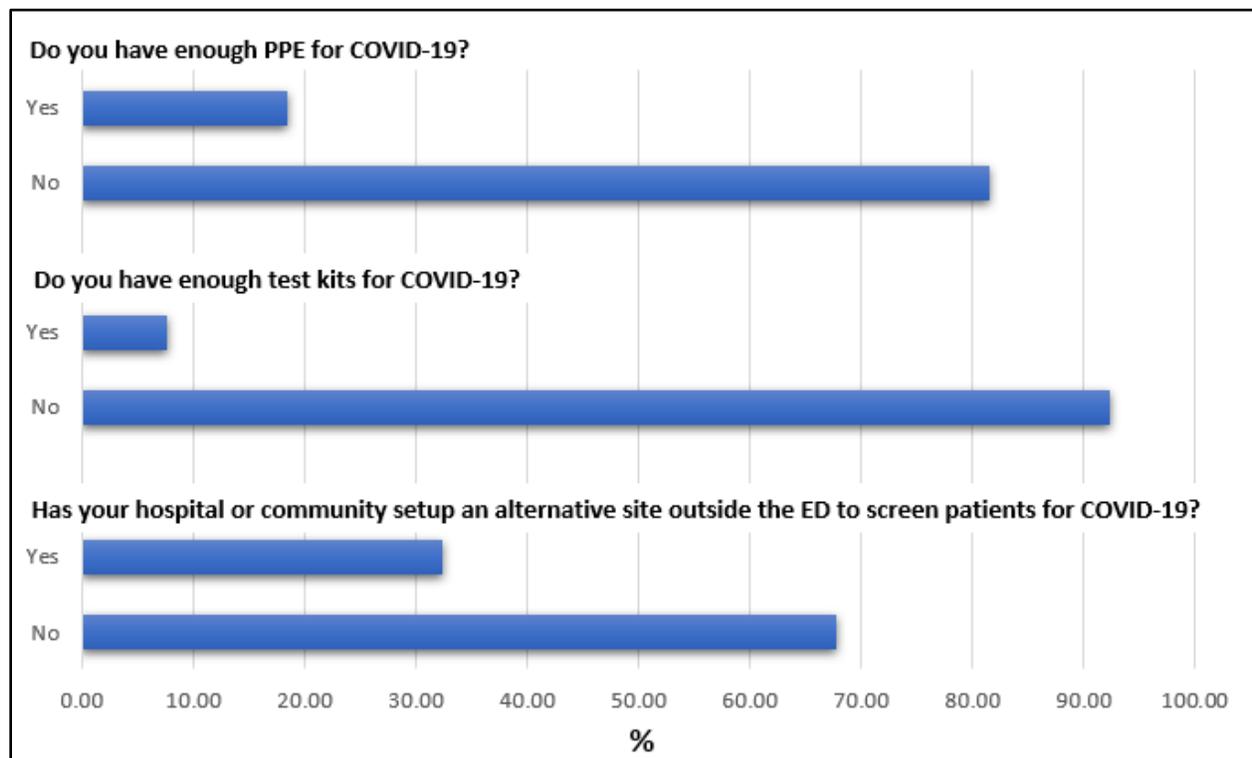


ACEP COVID-19 Update - Live Webinar

Results from Live Poll

Questions	n	%
Do you have enough PPE for COVID-19?	(260)	
No	176	67.69
Yes	84	32.31
Do you have enough test kits for COVID-19?	(260)	
No	240	92.31
Yes	20	7.69
Has your hospital or community setup an alternative site outside the ED to screen patients for COVID-19?	(259)	
No	211	81.47
Yes	48	18.53



Questions and Answers

- **How long should a Healthcare worker who has tested positive for COVID-19 and has mild symptoms which have resolved, stay out of work?**
 - The CDC is handling that on a case by case basis. They will have to have at least 2 and possibly 3 negative tests. The amount of time varies.
- **Concerned that asymptomatic contagious ED personnel will transmit to their families. Is ACEP making any recommendations to facilities to provide accommodations for ED personnel when they are working a string of shifts? For example, working 4 nights in a row and staying at the hospital instead of going back and forth to family would reduce possibility of infecting family.**
 - If there is anything good about this virus it is that the mortality rate in children under 9 is 0% and nearly 0% until you get to age 50 or so. We are concerned about the potential of spread to other members of the family. We believe facilities that are able should provide accommodations for providers on a string of shifts. However, that might not reduce the potential of infecting others. If you have vulnerable individual living with you, consider setting up a separate living area. For those individual, what I suggest is washing hands well before leaving the hospital, having hand sanitizing in the car. Consider taking clean clothes and bagging you scrubs before leaving the hospital. Or put a coat over your scrubs (to not contaminate your car) and doff your clothes at home. Lots of hand washing, however since it appears to spread when you are asymptomatic, it still might spread.
- **Should all ED staff who have been exposed to a patient who is later found to be COVID-19 positive and was not masked during the ED encounter, be put into 14-day quarantine?**
 - That is the current recommendation from the CDC. However, it is not sustainable.
- **When a person dies with COVID-19 is a body bag required?**
 - There is CDC guidance on their website for handling remains and autopsy
- **How long does this virus survive on non-porous surfaces inside a hospital?**
 - The virus can be recovered for 9 hours. It is thought to be infectious for less than that, but we don't know yet.
- **Why N95 and airborne recommendation for all patients when the WHO recommends this only for aerosolizing procedures?**
 - There remains a difference of opinion between the 2 organizations.
- **Is there a role of telemedicine right now? is it being implemented right now?**
 - The simple answer is YES. For those groups that have a telehealth set up, now is the time to use it. One look at a patient and a few simple questions will tell us if the patient needs to come to the hospital.
- **For smaller EDs that only have 1 negative pressure room, is just a regular private room ok?**
 - Yes, if your negative pressure room already has a patient that needs it. However, use of PPE will be more important according to the CDC.

- **Does equipment in patient treatment rooms need to be decontaminated or discarded if a PUI is placed in the room?**
 - Yes. CDC has a recommendation for decontamination.
- **Should I be wearing an N95 mask for all patients that come to the ED with fever and cough? When is a surgical mask not enough?**
 - For this infection CDC recommends N95. They have recommendations on reuse of equipment if N95s are scarce in your area. Since we don't know who does, and who does not have infection, CDC says use clinical judgment. Clearly if there is disease in your area, use an N95. If not, your call.
- **How efficient is a regular surgical mask in preventing an infected COVID 19 patient from producing infectious airborne particles?**
 - Apparently not as good as we thought. Some data suggests we should have been wearing it for flu as well. Surgical masks protect against large droplets, so it makes some sense to put those on patients. However small particles can still be inhaled.
- **What is the sensitivity of current assay?**
 - It is a 2-step process, the last of which is a PCR. Though I have not seen data, PCR should be pretty good. But bottom line is we don't know yet.
- **When do you expect test to be widely available?**
 - Kits will be available week of the 9th, however testing sites are still limited. More to come online through the week. CDC is still tightly controlling who gets tested. Tests still taking 48 hour or more to result.
- **I hear COVID-19 can live on surfaces for up to 9 days. How long would it live on our clothing?**
 - Same as surfaces. See answer above.
- **Since most EDs don't operate with much of a staff cushion, has there been any discussion about activation of DMATs or getting higher level staffing assistance?**
 - Not yet.
- **For patients requiring intubation are there any specific protective measures recommended?**
 - Just PPE – face shield, goggles, gown, booties, etc. observed doffing.
- **Is a vaccine being developed and how soon will it become available to the public?**
 - Several groups are near to development however it is unlikely to be available for human use until next year.
- **For all the people testing "positive" for coronavirus, is it specifically targeting and testing the Novel COVID-19 strain, or is this "positive" result for coronavirus in general?**
 - There are two tests. One is a respiratory panel for viruses which looks for coronavirus, RSV, etc. This test does not detect COVID-19. The test for COVID-19 is only available at this time through the health department, who is determining at this time who is tested.
- **We have a positive patient (now inpatient not in ED) but no N95s so for ED patients with fever/cough, using surgical masks and then CAPR for patients with high suspicion/requiring procedures— Is this adequate or is it appropriate to keep requesting additional supply of N95s and should I expect the N95s?**
 - At this time CDC is stating that N95 is recommended. They have issued a notice (on www.cdc.gov) for reuse of masks. Keep requesting additional supply. You can also use industrial use masks if medical ones are not available

- **What is the PPE recommendation for providers evaluating a potential COVID-19 pts; i.e. what should I wear as I enter the room for someone with reasonable pretext probability?**
 - Same as Ebola- face shield, goggles, N95 mask, gloves 2-3 pair, gown, booties that cover to knees. See www.cdc.gov for donning and doffing instructions
- And if the patient is positive (tested or presumed), are staff who wore proper PPE still recommended to go into some degree of quarantine or post exposure testing?
 - CDC is handling this on a person to person case. If a PPE was used, and the person was observed donning and doffing correctly, they may permit you to skip quarantine.