

Thanks all for your participation in the Inaugural COVID in 20, and thanks especially to our colleagues in NOLA for sharing their experience and wisdom with us.

We value your time, so we want to make sure to keep to the 20-minute timeframe. This will limit our ability to answer all questions on the call, so we'll plan to do a few on each call, and aim to answer more after the call. Thank you for the NOLA team for being willing to answer these!

Can we get copies of that template for swabbing and not swabbing?

- There is a screenshot of the Assessment and Plan section on slide 4; your CACs can reach out to the NOLA CACs to import the template if you would like

Are staff being tested?

- Currently only testing Veteran Employees in RIFT. Working on our processes to test Non-Vet Employees and planning to start on Monday.

Who is staffing your RIFT? Non-EM providers? And do you track them on EDIS??

- All comers, anyone who is a LIP. We have docs from primary care, geriatrics, neurology, physiatry, surgery, anesthesiology, medical subspecialties, dermatology, and various APP's as well. We have two clinicians for AM shift and two for PM shift (8-4:30). Initially we had them in an ED location and tracking in EDIS, but that got messy. Our GPM created an all-purpose clinic with an open grid for us to use "NOL RESP INF FASTTRACK" which is in stop code 323. Can get you more details if needed.

Mel Anderson: Gown?

- No gowns in RIFT. Encourage minimal patient contact, and we give them scrubs at the beginning of their shift that they change out of after the shift.

Why isn't n95 mask being used at all times if there is such uncertainty of who is infected with regular flu or COVID?

- N95 only being used for aerosol generating procedures – for the purposes of the RIFT that is anyone being swabbed and any patient who is actively coughing/sneezing and cannot wear a surgical mask. Most clinicians working the RIFT have had an N95 already issued to them (if not, we issue them one in the RIFT) and just wear it for their whole shift with a surgical mask on top.

Denise Cochran: How often are you changing your PPE?

- In the RIFT, changing gloves with every patient. Changing other PPE only if soiled/contact with effluvia.

Who is doing the flags from slide 5?

- Pathology department is placing the category II patient record flag on every patient who has a COVID test ordered (to indicate they are suspected or confirmed COVID). Infection control monitors and removes flags when tests result as negative. We also have a system where the PACT team makes daily calls to COVID positive patients and when the PACT team determines that the patient has recovered and can be removed from transmissions-based precautions, Infection Control is tagged on that note, so they remove the flag on those.

How are you handling PPE for each patient? Are you using the same mask, all day?

Are you changing gowns between each patient? Obviously, you're changing gloves

- In the RIFT they are using the same mask for the shift unless it becomes soiled/contaminated with effluvia. Wearing facility-provided scrubs in lieu of gowns. Changing gloves. In the hospital, differing strategies depending on the location (we have some "hot wards" with cohort COVID patients) which have been developed by our Infection Control team specific to the circumstances.

Our non-UC providers are hesitant to participate

- We had some hesitant providers at first and some who didn't come back after their first shift. But the vast majority have been looking for ways to be helpful and really pitching in. Let your docs know how many different specialties are seeing patients in NOLA!

What's the turnaround time for COVID testing?

- Initially we were sending to Louisiana State Lab and Palo Alto. Turnaround time was widely variable, between 3-7 days. We have recently started in-house testing for inpatients which is 1hr turnaround and are also trying to send to other VA labs which may have faster turnaround times.

What's the plan for inclement weather?

- We are currently set up under a deep overhang which protects from sun and most rain and wind. The clinic spaces are in mobile units and air conditioned. If we need to, we will retreat to the ED.

How can you ensure adequate PPE for uniform masking?

- Our current PPE strategies were designed to fit within CDC guidance while maximizing efficiency and we are tracking PPE burn rate several times daily within our command center to stay on top of supply.

Are they any weekly or every 10-day testing of the healthcare workers?

- No, we don't have any standardized testing of all healthcare workers (don't have the testing for that). But will test symptomatic employees.

Universal masking? Of all employees on campus?

- Yes, we went to universal masking of all employees to reduce transmission from potentially asymptomatic carriers earlier this week. We are also trying to do masking of all patients on site.

How are you functioning with PPE shortage?

- Doing our best to stay within CDC guidance for proper usage while being efficient! Our logistics team has been super at acquiring stuff just in time.

What kind of mask are you wearing - the orange one?

- It was sewn for me by one of the surgeon's wives using the material they wrap sterile instruments in. There is a pattern for it floating around on social media – it passed N95 fit testing at my facility.

How about dispatching bodies to morgue? Special procedures?

- Using CDC and OSHA guidance for handling of bodies to morgue.