

## NYGH Residents Info Sheet

### What's it like to be in the Covid zone?

**Please consider volunteering.** It is a pandemic and we need all hands on deck. We are all doctors. I assure you it is much better now in the center than it was on the first day it opened – it was mayhem and no process was in place. Now the protocol is clear. Everyone knows their part. More staff are going in too. I'm no longer as scared as I was on the first two days.

I strongly recommend that you read what is below carefully, based on pearls I gathered from working in the Covid zone for several shifts.

#### To do right NOW:

Review how to doff. Remember especially to use the “sniffing position” when removing facial shield and mask. Run through it in your mind, practice at home with “imaginary PPE”. Doffing is the time one most commonly contaminates themselves, so practice practice practice.



#### In the COVID ZONE

(located next to resuscitation, in the ambulance bay)

1. Eat, drink, use the bathroom before you enter the zone. Once you do, you will be in PPE and will be in there for possibly hours
2. When you walk into Covid zone, the most up to date screening guidelines will be posted on your right above the PPE. Feel free to review with the nurses if you are not sure.
  - a. FYI Guidelines for screening as of March 15, 2020
    - i. Travel history + URTI sx + fever > 38
    - ii. To your discretion: > 60 yo, comorbidities
    - iii. \*\*PLEASE REVIEW WHEN YOU ENTER THE ZONE AS THESE CHANGE HOURLY \*\*
3. Don your PPE including:
  - a. Mask – for droplet precautions this means surgical mask, and N95 if there are aerosol generating procedures (i.e. intubation)
  - b. Face shield
  - c. Hair net
  - d. Gown
  - e. Gloves – **Tip:** KEEP one pair of gloves on at all times and pretend these are your “hands”. You can sanitize them. Before entering patient room you can don a second pair of gloves. This gives extra protection + saves your hands from cracking/bleeding.
4. Pick up a chart from the table, corresponding room # is written on the chart.
5. Review the chart, noting esp. presence of **fever >38** and **SOB** or not
  - a. LEAVE the chart on the table
  - b. Do NOT BRING CHARTS INTO THE ROOMS

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6. Once you decide whether this person will need covid screening or not based on the triage note, grab 1 of 3 information sheets we are handing out to patients with instructions of next steps.

The 3 sheets are:

- a. Covid swabbed patients
- b. NOT covid tested (doesn't meet criteria), cannot work
- c. NOT covid tested (doesn't meet criteria), can work

7. Enter the room to do the assessment

- a. **Tip:** Decide ahead of time if you will auscultate. I only auscultate if they look sick (eyeball them before entering) or have SOB. My preceptors agree with this. No need risking otherwise.
- b. **Tip:** I put on the stethoscope to my ears before entering the room. I ask the patient to stand up, take off their jacket and have their back towards me so I can auscultate. The reason I auscultate first is that putting on a stethoscope comes dangerously close to my face. I want to do this with clean hands before entry into the room – know that you will contaminate your hands while you walk in, because you need to part the curtain going into the room. Be very careful removing stethoscope from your ears once you are done. Leave the dirty stethoscope in the room.
- c. Ask patient:
  - i. Pmhx, meds, etc. the usual
  - ii. Travel history
  - iii. Sick contacts
  - iv. Fever (\*measured\* > 38), cough, **SOB**, CP, sore throat, rhinorrhea, N/V, other GI sx and other general ROS
- d. Discharge instructions (++ important)
  - i. **SOB**, CP, fever > 38, worsening cough
  - ii. If symptomatic, tell them to isolate self until symptom free for **48 hours**
  - iii. If suspicious contact, tell them to isolate self for **14 days**
- e. Hand them one of 3 information sheets you had ready at the beginning (so you don't need to go out, come back, contaminate, etc.)
- f. Say goodbye!
- g. Chart in one of the designated areas. **Tip:** chart as you go because it will quickly add up
- h. **Tip:** use your judgment on whether you need to review with staff prior to discharge. Asymptomatic ones are obvious. Symptomatic ones, depends on how sick and what your staff prefers. Discuss with staff beforehand.

8. Keep your PPE on the whole time, changing only gloves. We need to conserve PPE in this time, but of course use your judgment. If you feel very contaminated, then switch out.

***DON'T FORGET other deadly diagnoses! If someone is short of breath, what about ACS? PE? If someone has abdo pain, what about appendicitis? Keep your clinical hat on. In the zone I have ordered ECG, bloodwork, ultrasound, CXR, etc. Just think to use these judiciously because we want to limit contaminating equipment. When in doubt, use your common sense!***

Urgent questions? Call/text me (Melody) at 514 961 3164. Otherwise, the nurses in the zone are your best friends. They will look out for you and instruct you.