Minutes Town Hall Residents – April 9, 2020 from 3:00 – 4:00 pm

QUESTIONS:

In dermatology we have dermoscopy (we put it in ziplock) and we do biopsy of COVID suspected patients in ER, the thing is we have to clean the whole trey inside the room. We are trying to get a smaller biopsy kit/disposable)

Dr. Nguyen: In OTL there is a protocol to minimize the amount of equipment brought in. Follow ID recommendations.

In pediatrics ER (maybe elsewhere too), there are limited masks with visors for R/O COVID (non-critical, non-agmp). They have visors that we are told to wash w/ disinfectant wipe, put in bag, and reuse. This was not mentioned here. What are your thoughts on this practice?

Dr. Frenette: Same advice as given in orientation in July. Clean equipment and disinfect it properly and it can be reused.

If we are not stationed on COVID ward (i.e.: clinic and occasionally in ER for consults), should we still wear scrubs?

Dr. Frenette: Directive from the government to give scrubs to everyone. Use of gown if seeing critically ill. Better to be cautious, we don't need scrubs outside COVID ward, but we follow the ministry orders.

Any particular recommendations for pregnant residents as we approach the peak?

Dr. Frenette: Pregnant residents should not be in contact with COVID patients or areas these patients may be. Be assigned low risk areas. Ex: dermatology clinic if there is a good screening process.

Was there any consideration given to placing disposable stethoscopes in the rooms of COVID positive patients?

Dr. Frenette: Yes, this had been asked at the MUHC. MUHC had provided the material for 300 rooms and sometime after, it was gone. The recommendation is to clean after each usage, as it should be done anyways in situations with any other transmissible disease.

In Ophthalmology clinics we get within 1-2 feet from our patients at the slit lamp. Are there any additional precautions we should take due to the proximity?

Dr. Frenette: There are 2 categories, patients with symptoms X non symptoms. If patient with symptoms wear contact protection, mask, gloves, gown and ocular protection (googles). Asymptomatic patient be careful as per usual practice since you never know if patients have any sort of disease. Follow routine practice. Wear mask and eye protection all the time.

Why are surgical masks now mandatory when in the beginning they were considered increasing the risk of infection?

Dr. Frenette: They are not mandatory; they are recommended if cannot respect social distancing. Two reasons are considered: to prevent transmission of virus from HCW to patients, and to prevent transmission from patient to HCW , in both circumstances if source was asymptomatic. The efficacy has not been proven, and indeed danger is that mask get contaminated either way and that HCW auto

inoculates himself if not used properly. Most people believe the benefit may outweigh the risk given the local prevalence…..but will have to see. Remember PPE is the last line of defense….

Special considerations for resident that has a pregnant spouse:

Dr. Frenette: The same applies for people with family at risk, people are very conscientious in the COVID wards, since it's very safe and health care works are very careful. If the described protocol is being followed, it should be safe. Avoid receiving visitors or outside contact.

Residents coming from COVID ward to regular rotation, and seeing transplant patients for example, do they need to quarantine?

Dr. Frenette: If resident followed the PPE instructions, they don't need to quarantine.

If a resident is breast feeding should she be concerned?

Dr Lefebvre: You can most certainly continue to breastfeed without worry. In fact, even COVID positive mothers continue to breastfeed their newborns with precautions in place (hand hygiene and procedure mask on). There is no evidence of SARS-CoV-2 transmission via breast milk. If you are concerned about not being able to breastfeed if you are too sick, you can also pump (practicing meticulous hand hygiene and cleaning and disinfecting the pump parts and bottle when you are done) and have another healthy caregiver feed expressed breast milk to your baby.

Can we be readily tested for covid 19?

Dr. Frenette: Initially long-time turnaround time. Now purchased a new instrument that increased capacity of testing. Inform program director or service chief if you are getting tested, and if results are positive. If you have symptoms yes.

Can we just keep one N95 for the whole day and cover it with a procedure mask?

Dr. Frenette: Prefer that you have a visor. In COVID rounds can see a few patients at once. At MUHC we are lucky to have single rooms for patients contaminated of which half are rooms with negative pressure.

In terms of contact, if we work on a COVID ward, is there any need to be quarantined after? and if any mild cold symptoms following working on a COVID floor, what should we do ?

Dr. Frenette: Stop working and go get tested. Stay at home, if negative, stay home until gets better.

If a patient continues to have respiratory symptoms/ other symptoms of COVID, but has been tested COVID negative, how do we continue to manage these patients? What type of PPE do we follow? Can we do aerosolizing generating procedures? If yes, what type of PPE do we follow in those cases? Do we repeat testing, given we know there are false negatives?

Dr. Frenette: There is an algorithm in Covid site to complete lab tests. Pay attention to one, and 2, do CT test. These for high clinical suspicion. Don't repeat test if positive for 14 days.

I**f a resident has a pre-existing health condition that puts them at risk of severe COVID-19 disease, are these factors being taken into account for redeployment to a COVID-19 unit? Will residents be able to**

request redeployment to a lower risk setting (as is happening with some staff) or will they have to take unpaid leave?

Dr. Frenette: Definitely, speak to your program director.

Are there any special considerations to be taken for residents with a pregnant spouse at home? Same care as for pregnant residents?

Dr. Frenette: Make sure you wear your PPE properly.

D**o residents being redeployed from a rotation with immunosuppressed patients (transplant) go back to that rotation right away or are they placed in quarantine given the at-risk population they're treating? Resident is redeployed on a COVID+ Ward.**

Dr. Frenette: Again, make sure you wear your PPE properly and wash your hands. Contamination may come equally from colleagues / fellow workers than patients clearly identified. The danger of being with other HCW should be the same on all units and we really depend on you self-monitoring of symptoms , getting tested if need , and not working if sick.

What is the policy for return to work after self-isolation in the context of a) COVID-19 test positive b) COVID test negative c) no COVID test.

Dr. Frenette: Covid test + : 2 negative tests a t least 14 days after Sx onset.
Covid - : complete resolution of symptoms for at least 24 hours . If symptoms persist , get worse, retest.

What is being done about the supply of PPE?

Dr. Frenette: Unfortunately we are dependent on the MSSS supply. We have a contingency plan that you can find on the intranet (published today and updated as we go)

What precautions should I take when returning home after a shift treating those with COVID-19?

Dr. Frenette: Wash your hands , remove your cloth , have a shower.

Each site varies in its protocol for contacting residents if they have potentially been in contact with positive patients (specifically in the ER). I was in a situation the other day where the nurse asked me to text a colleague as he had been in contact with a positive. No other call back mechanism was in place at that time. Can this be reviewed with institutions, please?

Dr. Frenette: Infection control assesses through chart review all the areas where a patient may have been his visits in hospital, up to 24 hours before onset of symptoms. Infection control will evaluate patient contact and put them under isolation if significant. The manager of the unit will document presence of staff / HCW on hte unit and transfer this list to OH. OH will call all HCW to assess risk of exposure and advise accordingly based on MSSS guidelines. ID will assess physicians based on the list given by IC/OH.