

# COVID-19 March 15<sup>th</sup> 2020 UPDATE YALE

<https://www.facs.org/about-ac/s/covid-19/information-for-surgeons> The group said hospitals, health systems and surgeons should "thoughtfully review" all their scheduled operations and consider canceling or postponing them "until we have passed the predicted inflection point" in the disease spread and "can be confident that our health care infrastructure can support a potentially rapid and overwhelming uptick in critical patient care needs.

- **Have a plan in place should your state or the country decide to suspend all ambulatory care of patients. I fully expect this in the next 1-2 weeks.**
- SCREEN all patients as close to admission as possible for symptoms of illness. Any patient with symptoms should be excluded from care.
- Restriction VISITORS. If the patient is competent and does not need assistance ALL visitors should be asked to wait outside the facility and be called to pick up the patient. No visitors under 18.
- Employees with COVID-19 should be asked to remain at home for time deemed by the CDC. Employees should be restricted from travel. These guidelines will change possibly daily.  
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- Enhance and increase the frequency of cleaning of your facility especially the public areas with an EPA approved product. Lock cleaning products in a secure location. CONSERVE your cleaning products. It is possible there will be shortages for months. Do not allow staff to 'overuse' products either.  
[https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list\\_03-03-2020.pdf](https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf)
- Have a plan for identifying employees exposed to a patient or employee with COVID-19 if the DPH notifies your facility cared for a patient that subsequently tests positive for COVID-19 after discharge or an employee that tests positive.
- Take stock of your PPE and PLAN for reuse of masks for NON-critical care of the patient. Reserve PPE for critical use only. LOCK all PPE in a secure location. If you are low on PPE do not provide mask for visitors. Restrict them from your facility.
- DO NOT allow staff members to misuse gloves or other PPE.  
[https://www.who.int/gpsc/5may/Glove\\_Use\\_Information\\_Leaflet.pdf](https://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf)
- DO not bring any new technology in like ATP testing until this situation has been deemed no longer an emergency.
- Check the CDC website often: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>

**I anticipate more cases to be identified in the US as testing expands. (10-30% positivity for our population)  
(Prediction model is a 10-30% positivity for our population)**

**This is a quickly evolving situation that can change on a day to day basis.**