

## April 8: COVID-19 Clinical Update

### Guidance on Public Mask Use and Inside the CDH Emergency Department

*This daily communication is intended to facilitate the sharing of important clinical information during the COVID-19 healthcare crisis and to help respond to questions from physicians across Northwestern Medicine.*

In today's issue, you will find information regarding the use of masks by the general public, and a Q&A with Central DuPage Hospital Medical Director and Emergency Department Chair John Alexis, MD.

#### **GUIDANCE ON THE USE OF MASKS BY THE GENERAL PUBLIC**

Based on current data that shows SARS-CoV-2 and similar coronaviruses are believed to be spread between close contacts via respiratory droplets, the U.S. Centers for Disease Control and Prevention and the Illinois Department of Public Health (IDPH) now recommend wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain, especially in areas of significant community-based transmission. For more information on these recommendations, please view the [Guidance on the Use of Masks by the General Public](#) communication from the IDPH.

#### **INSIDE THE CENTRAL DUPAGE HOSPITAL EMERGENCY DEPARTMENT**

Central DuPage Hospital Medical Director and Emergency Department Chair John Alexis, MD, discusses how CDH is managing the pandemic and preparing for a surge in patients.

#### **Q: How are you and your team in the CDH ED managing the COVID-19 pandemic?**

A: From the start of the pandemic, we have been developing plans to increase bed capacity in both our ED and within the hospital. We also constructed an additional treatment area in our ambulance bay for lower acuity patients with possible COVID-19 exposure. By adding eight beds, we increased our ED capacity and separated patients walking in with COVID-19 symptoms from other ED patients, thereby expediting their care and allowing other physicians to concentrate on care for critically ill patients who may have strokes, heart attacks or other serious issues.

In our main ED, we created additional negative pressure air flow rooms and anterooms that can be used to perform lifesaving intubation and ventilation on any seriously ill patient with COVID-19. We also worked with the hospital to develop surge care areas, while also increasing our provider coverage to help manage any significant increase in patient volumes. Nursing has worked closely with the Labor Pool to recruit additional nurses, as well as optimize current patient care while providing added support to help relieve staff for well-deserved breaks.

We have also focused on securing supplies to protect staff, including N95 masks, surgical masks, face shields, goggles, gowns and gloves. We reviewed donning and doffing procedures, and contact and airborne precaution guidelines to ensure every hospital staff member – including registration, technicians, nurses, physicians, radiology technicians, transport staff and environmental services – is aware of precautions in caring for patients in the ED. And our physician group has reviewed methods to protect staff during critical care of patients with possible COVID-19 by attending simulation experiences with our critical care colleagues and coming up with innovative ways to protect staff during intubation procedures. Weekly, physicians also have been formally sharing learnings and experiences as a group, while collaborating daily on interesting nuances and aspects of patient care, from testing and diagnosis to management and treatment.

**Q: What is different about working in the ED during this crisis?**

A: Physicians and nurses in the ED are comfortable working in a high-stress environment. However, COVID-19 care has added stress and concerns about the safety and well-being of staff. There have been many stories around the world of healthcare workers contracting the disease through occupational exposure, and many have become critically ill. This is not a typical stress or concern that many have faced before. Naturally, this has elevated the degree of anxiety in the ED. The additional precautions necessary to shield yourself from the virus take time. Staff has to take care not to rush the procedures of donning and doffing to avoid exposure, and this adds to the tasks necessary to care for patients.

**Q: Is there anything you've been surprised to learn from this experience?**

A: I have been surprised to learn of how unified the ED staff, hospital physician staff and administration are in our efforts to manage the pandemic. We have all worked together to develop plans to care for large numbers of patients. Administration has worked on increasing bed capacity and expedited the transfer of patients to the inpatient units, freeing up much needed beds for patients arriving in the ED. Interdisciplinary teams have formed, including ED staff, hospitalists, and infectious disease and pulmonary experts, to discuss the care of COVID-19 patients. Working together, we can share our experiences and expertise to improve patient care.

Also surprising is the amount of community support for our ED. The amount of compassion expressed by the community has been astounding. Friends and families have also reached out to many of us to support us as front-line providers.

Finally, I have been impressed by the level of collaboration and support provided by local hospital administration and Northwestern Medicine leadership. Dealing with a pandemic like this can be extremely complex, and necessitate numerous resources and extensive collaboration to improve patient care. Many strategies, from testing to routing results to patients, have been developed at the system level. Treatment guidelines and advice have been shared and continue to be developed across the health system. Groups of medical students, nurses and physicians have formed, and are calling patients daily to see how they are doing and to provide medical guidance. Supplies have been shared, and while nationally there are supply shortages, there is continuing efforts to secure additional resources to protect staff. There is a continuous effort by Northwestern Medicine to increase the capacity and efficiency to test patients for COVID-19. The daily collaboration between local hospitals and the entire healthcare system has been well coordinated and impressive.

**Q: Is there any advice you would give other ED providers right now?**

A: Remain calm, and realize you are all well trained physicians who are experts in caring for patients. Take extra effort to protect yourselves while seeing patients, and act as leaders and role models for the entire ED staff. Nurses, patient care technicians and ancillary staff are looking to you as physicians for guidance and support. Try to display comfort and confidence while working together, and have empathy and compassion for your team during this period of heightened anxiety. Don't be afraid or ashamed to discuss concerns with each other, and to ask physician or nursing leadership for additional support.

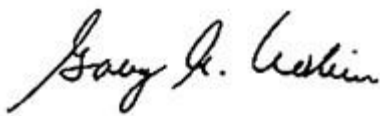
**Q: How are you and the team relieving stress?**

A: Well, I believe most of us are relieving stress by talking to each other, and sharing our experiences and thoughts about methods for dealing with the pandemic and for caring for patients with COVID-19. Physicians are reaching out to each other to see how they and their families are doing. There is truly an increase in emotional support for each other. As a physician leader, I have been surprised by the outpouring of concern for how I am doing as well, and could not be prouder of my physician team and their handling of the stress during these difficult times.

Since this is a pandemic, the entire world is uniformly affected. I have used innovative technology to communicate with friends and family locally and across the world. Staying in touch with friends has been a huge stress relief as well. Enjoying time with my family while shuttering and sheltering has also been surprisingly enjoyable and helpful. Taking walks, watching television, and playing cards and board games without worrying about the next event or activity has been fulfilling. My wife and I have been enjoying homecooked meals, and trying to catch up on movies and reading, while also spending time with our daughter. This simpler and slower paced lifestyle reminds me of stories our grandparents shared, and hopefully will continue after this terrible pandemic finally relieves society.

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Thank you to all Northwestern Medicine healthcare providers on the front lines of this crisis. It is your courage and tireless efforts that inspire us all. To honor and celebrate the extraordinary work of Northwestern Medicine physicians and caregivers during the COVID-19 crisis, we have launched the ***Heroes for Better*** campaign. If you would like to share a story of an NM hero, or if you have any questions, please submit them to [COVID-19MD@nm.org](mailto:COVID-19MD@nm.org).



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