

## COVID-19 PHYSICIAN ROLE – St Paul’s Hospital March 24, 2020

### Role and expectations

First, thank you very much for assisting our colleagues, our hospital and our fellow citizens by providing your expertise as a COVID-19 ward physician. As your usual scope of practice may vary significantly from this role, this document aims to clarify the role of the COVID physicians as much as possible. In creating this role, we have attempted to balance the potential increased demand for physician resources, the challenging work environment posed by work on a COVID ward, and the desire to prevent physician burnout over the weeks ahead. However, at this time things are changing rapidly. You can expect changes to be made to the role on an ongoing basis as needed to care for the demand of patients.

### Background

As you are aware, in the context of a worldwide COVID-19 pandemic, and based on epidemiological forecast, we are planning for a potential surge of severe and critical COVID-19 cases that could hit Canada and British Columbia’s hospitals starting anywhere between end of March and April 2020. The potential volume of patients forecasted is much higher than our usual capacity and therefore, hospital beds and wards have been freed and reallocated to make space for these expected patients. Patients affected by COVID-19 who require admission to hospital are at very high risk of quick respiratory deterioration and we are seeking physicians interested in caring for patients on specific COVID lines that are in development.

### Expectations

As the COVID-19 physician, you are expected to assume the responsibility as their MRP. You will be expected to round on your patients, address daily concerns, answer calls from the nurses, receive handover for new admissions, ensure safe discharge of recovered patients, and refer your patients to consultants for as appropriate.

### Resources (please ensure familiarity with provided resources prior to first shift):

- A COVID physicians Manual
- COVID instructional video
- COVID serious illness conversations guide
- CPR information booklet
- 24/7 Internal medicine virtual consult line available through facetime
- Internal Medicine Ward consultants will be assigned to certain hospital wards.
- Subspecialty assistance can be acquired by contacting the on-call physician directly
- Code status/goals of care support can be acquired by contacting a palliative care/Geriatrics on-call physician
- Agitation, aggression, and other psychiatric concerns can be acquired by contacting the Consult Liaison psychiatrist on-call
- Internal Medicine CA’s will be employed to help manage patient issues over night.
- Respiratory Support

- Call CCOT if any signs of respiratory distress or  $O_2 > 4L/min$
- Call ICU on-call if  $O_2$  requirements  $> 6L/min$
- Note: Use of high flow oxygen should be done only in negative pressure rooms, please consult CCOT

**Please be on time for your shifts as; both verbal and written handover should be provided between physicians to ensure continuity of care.**

You are expected to be available, in-house or from your call room for the duration of your shift. We are attempting to find lodging at nearby hotels to facilitate the potential increased demand for call-rooms and alleviate concerns physicians may have about the safety of their families.

### **Personal Protective Equipment**

Please keep up to date on the current PPE best-practice as determined by our Infection Control team. Please watch the learning hub resource on donning and doffing PPE. Signs will be placed outside patient rooms reminding you of the correct method for both donning and doffing. Please ensure you are safe and protected at all time

Note: YOU ARE NOT EXPECTED TO FULFILL YOUR ROLE WITHOUT APPROPRIATE PPE

We are working on securing adequate supply of scrubs, but at the moment we do not have adequate supply for all physicians and we are recommending physicians purchase their own supply of this equipment for use on the wards. We are also recommending physicians to use additional footwear for their time in the hospital.

### **Compensation**

TBD – Fee for service based vs sessional contracts?