



March 30, 2020

MEMORANDUM

TO: Alabama State Trauma Leaders

FROM: Jeffrey D. Kerby, M.D., Ph.D. *JK*
Alabama State Trauma Consultant

SUBJECT: COVID-19 Response at Trauma Centers

I would like to take this time to thank each of you for your efforts in response to the current COVID-19 pandemic. I appreciate your active engagement in your health care institutions to ensure an appropriate balance of preparation for possible critical care needs related to this crisis, with your ongoing trauma mission and needs of the community. Based on the total experience to date with this pandemic as it relates to trauma care and discussions with colleagues from across the country, the Alabama Department of Public Health Office of Emergency Medical Services recommends the following:

- Take an aggressive posture toward testing current patients to understand the extent of COVID-19 patients already under your care. The UAB Hospital experience has shown that the majority of their patients in the ICU were already positive. As these patients often require aerosolizing procedures during their hospital course, it is vital to know their status to limit further exposure and transmission of COVID-19 in your hospital.
- Take an aggressive posture toward screening new trauma patients entering your facility. The Alabama Trauma Communications Center will be asking emergency medical services personnel to provide a screen status for the patient (screen positive, screen negative, or screen undetermined); this information will be relayed to the receiving hospital. Screen positive and screen undetermined patients should be categorized as a Person Under Investigation (PUI) and tested. Screen negative patients with positive chest CT findings suggestive of COVID-19 infection, should also be placed in a PUI category and tested.
- Maintain an aggressive posture in the ICU and Emergency Room setting with regard to Personal Protective Equipment (PPE) for screen positive or screen undetermined patients when performing any aerosolizing procedure (intubation, extubation, bronchoscopy, thoracostomy tube placement). We would also recommend limiting use of non-rebreather masks and high flow nasal cannula for patients in PUI status.

Thank you for your commitment to the health of the citizens of Alabama. We share that commitment with you.

/JK