1) **All participants will be muted upon joining the call.**
   If you dialed in or out, unmute by pressing #6 to ask a question (and press *6 to mute).

   Presenters: Please avoid the use of speakerphone and make sure your computer speaker is muted if you dialed in via phone.

2) **To ask or respond to a question using the Chat box, type your question and click the 🗣 icon or press Enter to send.**
Happy May Day and International Workers Day!

Situation update
- Surveillance
- Testing

VDH and Other Updates

Practice Issues:
- Ethical Considerations Regarding COVID-19

Question and Answer

[Please note: the COVID-19 situation continues to evolve very rapidly – so the information we’re providing today may change quickly]
Situation update

- VDH Public Health Lab: 121 tests (4/30); anticipate 50 today
- UVMMC: 233 tests (0 to Broad)
- Hospitalized patients: 3 patients in ICU, 1 patient on ventilator

<table>
<thead>
<tr>
<th>Total Cases</th>
<th>879</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently Hospitalized</td>
<td>11</td>
</tr>
<tr>
<td>Hospitalized Under Investigation</td>
<td>8</td>
</tr>
<tr>
<td>Deaths</td>
<td>50</td>
</tr>
<tr>
<td>Total Tests</td>
<td>16,233</td>
</tr>
<tr>
<td>People Being Monitored</td>
<td>20</td>
</tr>
<tr>
<td>People Completed Monitoring</td>
<td>833</td>
</tr>
</tbody>
</table>

Last Updated (M/DD/YYYY): 5/01/2020, 10:10 EDT
Consideration of testing at pharmacies:


- Pharmacists “will qualify as ‘covered persons’ under the PREP Act” (liability immunity).

- Does not address state scope of practice considerations, CLIA Certificates of Waiver, payment, many other factors.
Today’s Media Briefing

- Many trend lines going in right direction; continue to monitor
  - MA and RI not trending as well
- Continued gradual opening, only with significant training for supervisors and all workers (target date May 11 for construction, etc., with training)
- Business sector representatives have been involved in planning
New England: Time Until Confirmed Cases Double
Source: Johns Hopkins University

<table>
<thead>
<tr>
<th>State</th>
<th>Doubling Rate (in weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermont</td>
<td>12</td>
</tr>
<tr>
<td>Connecticut</td>
<td>4</td>
</tr>
<tr>
<td>Maine</td>
<td>4</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>3</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>2</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>2</td>
</tr>
<tr>
<td>New York</td>
<td>4</td>
</tr>
</tbody>
</table>
Commissioner Levine:

- Update on “traditional triad” of symptoms: fever, cough, SOB
- New symptoms added today
  - Loss of smell/taste
  - HA
  - Muscle pain
  - S/T
  - Shaking/chills
AAP Update: Federal Advocacy

Continued advocacy for federal financial relief needed!

- Go to federaladvocacy.aap.org and login to your AAP account:
  - First key issue is: “Provide Needed Financial Support for Pediatricians Impacted by COVID-19 Crisis”:
  - Tell members of Congress to ensure pediatricians receive needed financial support in order to care for children through this period.
  - Click "take action“ – go to form letter re: importance; populates VT senators and representative, and your contact info, and you just click "send" and off it goes. If you know your aap login, literally takes less than a minute!

- Thank you, Ashley Miller, MD FAAP!
Ethical Considerations Regarding COVID-19

Tim Lahey, MD MMSC, Infectious Disease Physician & Director of Clinical Ethics, UVM Medical Center
Professor, UVM Larner College of Medicine
Fair Ventilator Allocation during COVID-19

Tim Lahey, MD, MMSc
Director of Ethics
Infectious Diseases Physician
Professor of Medicine
University of Vermont Medical Center
When the apocalypse comes,
what will you put into the vessel for the future?

Ocean Vuong
Prepare to ration

Expand capacity
The Trolley Problem
Most don’t want to answer the question

If forced, most pick 1 to die not 5

Modifiers
Active vs passive. Lie or other sins to sacrifice? Criminals, marginalized, pregnant, invisibility....
UVMHN’s plan to allocation of beds & ventilators fairly and transparently
Overarching values

How it will work, if used

How it differs from other plans

Rumors about the plan
Values

- Use accepted medical acuity/prognosis criteria
- Treat everyone fairly
- Impartial decision-makers
- Respect and dignity in the treatment of all patients
- Appeals process
- Transparency about guidelines used to make decisions
- Periodic review to allow adaptation of process to meet evolving realities
No scarcity, no rationing

Incident Command signals rationing needed

Triage leader relays institutional setting to caller

If choice unclear, triage leader confers with other triage leader

If choice still unclear, triage leader confers with allocation team

If choice still unclear, team randomizes allocation
Three Step Ventilator Allocation Process

1. Apply inclusion and exclusion criteria
2. Calculate MSOF score
3. Assign to a triage category
Exclusion criteria

A. Severe trauma with poor expected outcome
B. Severe burns with any two of the following:
   - >60 yrs. of age
   - >40% of body surface area affected
   - Co-existent inhalational injury
C. Unwitnessed, recurrent or unresponsive cardiac arrest
D. Metastatic malignant disease with poor expected response to therapy
E. Co-existent end-stage failure of a major organ (e.g. heart, lung, liver, or brain) with poor prior prognosis

Adapted from Christian et al “Development of a triage protocol for critical care during an influenza pandemic” CMAJ 2006;175(11):1377-81
<table>
<thead>
<tr>
<th>Variable</th>
<th>Score*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SpO$_2$/FIO$_2$ ratio</strong> or Nasal cannula or mask O$_2$ required to keep SpO$_2$ &gt;90%</td>
<td>0</td>
</tr>
<tr>
<td>SpO$_2$/FIO$_2$ or Room air SpO$_2$ &gt;90%</td>
<td>SpO$_2$/FIO$_2$ &gt;400 or Room air SpO$_2$ &gt;90%</td>
</tr>
<tr>
<td>Bilirubin level, mg/dL (µmol/L)</td>
<td>&lt; 1.2 (&lt; 20)</td>
</tr>
<tr>
<td>Hypotension†</td>
<td>None</td>
</tr>
<tr>
<td>Glasgow Coma score</td>
<td>15</td>
</tr>
<tr>
<td>Creatinine level, mg/dL</td>
<td>&lt; 1.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>mSOFA = 0 – 3</th>
<th>MSOFA = 4 – 7</th>
<th>mSOFA = 8 – 11</th>
<th>mSOFA &gt; 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Priority</td>
<td>Highest Priority</td>
<td>Intermediate Priority</td>
<td>Lower Priority</td>
</tr>
</tbody>
</table>

- Highest change of survival without treatment
  - Provide other therapies (supplemental oxygen, non-invasive mechanical ventilation, etc.)
  - Reassess as needed

- Highest chance of survival with treatment
  - Reassess as needed

- Resource use may be extensive and may not result in good patient outcome
  - Reassess as needed

- Lowest chance of survival even with treatment
  - Provide other therapies (supplemental oxygen, non-invasive mechanical ventilation, etc.)
  - Provide palliative care as appropriate
  - Reassess as needed
Factors that may be considered:
1. Validated metrics e.g. mSOFA, CURB-65, etc.
2. Prognosis and likelihood of treatment response based on risk factors relating to existent event, co-existent end-stage failure of a major organ (e.g. heart, lung, liver, or brain), and other accepted medical factors
3. Availability of institutional resources to address clinical needs of every patient

Factors that may NOT be considered:
1. Sex, gender identity, sexual orientation, race, ethnicity, national origin, religion, or pregnancy status
2. Disability or degree of disability (including physical disability, developmental/cognitive disability, functional status, mental health diagnosis, chronic disease diagnosis, positive status for infectious disease(s) including HIV and HCV)
3. Health insurance status or ability to pay for care
4. Socio-economic status, profession, or other social factors
Rumors about the plan

The goal is to deprive people of care

People with CF or other specific dx will specially disadvantaged

This plan does not fix pre-existing health inequities
Upcoming Topics

- PLEASE REVIEW VMS email yesterday re: telehealth survey
- Continue to follow telehealth/phone coverage
- Summer camps/other recreational activities
- OneCare Vermont all-payer model adjustments (email today)
- UVM MC and HN plans to resume necessary care
- School reentry; adolescent well care; IZ catch-up (flu)
- Continuing developments re: inflammatory syndrome, COVID-19 toes
Q & A Goal: monitor/respond in real time – record/ disseminate later as needed (and/or revisit next day).

For additional questions, please e-mail:
- vchip.champ@med.uvm.edu
- What do you need – how can we be helpful (specific guidance)?

VCHIP CHAMP VDH COVID-19 website:
https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates

Next CHAMP call: **Monday, May 4, 12:15-12:45** (same webinar/call information – invitation to follow)

Please tune in to VMS call with Commissioner Levine:

*Tuesday, May 5, 12:15-12:45*
Phone: 1-802-552-8456
Conference ID: 993815551