

# COVID-19

## How to prepare an ICU for a pandemic

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Allg. öffentl. Krankenhaus St. Vinzenz Betriebs GmbH Zams  
eine soziale Einrichtung der Barmherzigen Schwestern des Hl. Vinzenz von Paul, Zams



CARITAS CHRISTI  
URGET NOS



# Spread of SARS-CoV2 in Tirol

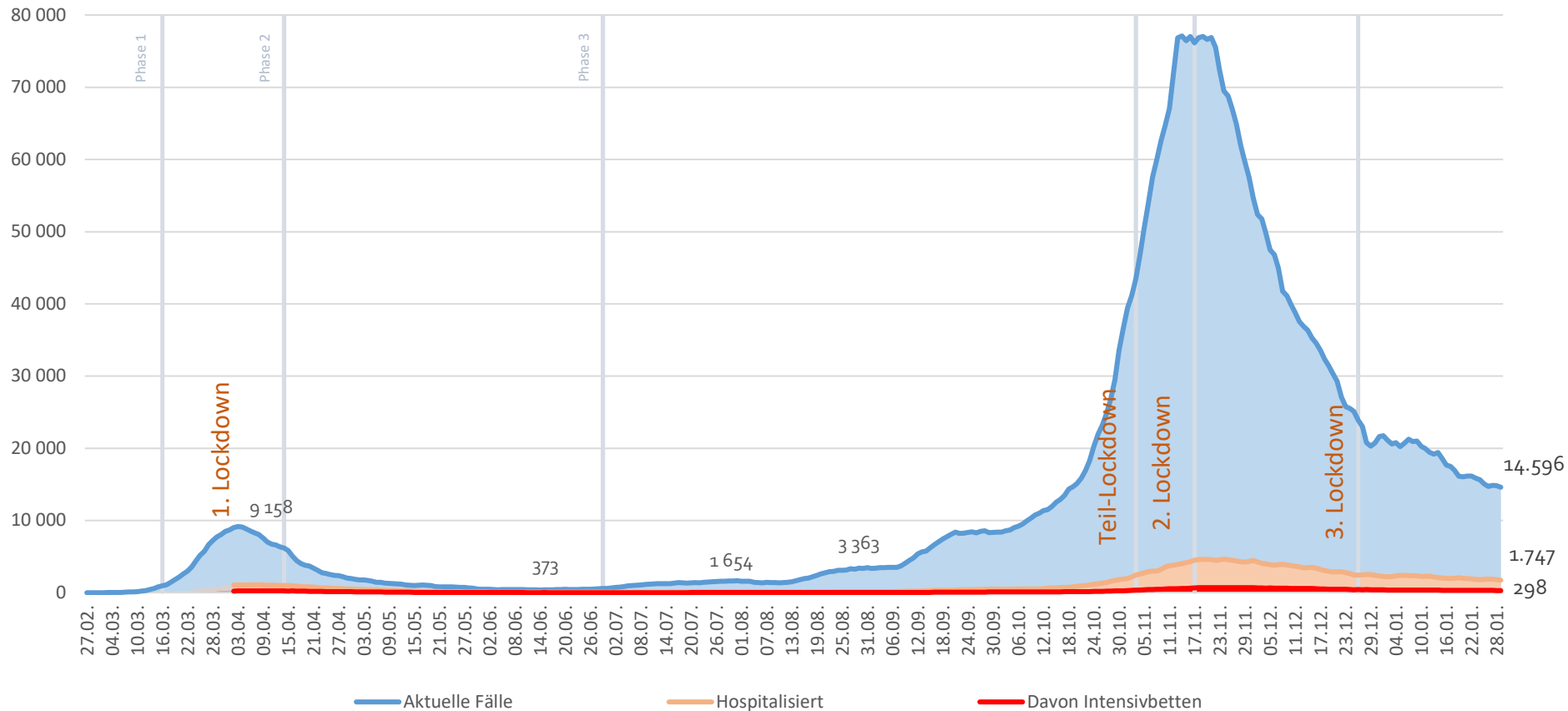
DATE	EVENT
24th January 2020	First case of a German in the region of Kühtai. Transmission through a chinese instructor during a business seminar in a alpine hut
25th February 2020	A PCR-positive couple, working in a hotel in the midst of Innsbruck was detected. They have been returning from a trip to Italy (Lombardy). They suffered only from mild symptoms, were isolated at the university hospital and recovered rapidly
27th Februar 2020	First three infections with SARS-CoV 2 diagnosed in Vienna
6th March 2020	First cases detected in Ischgl (Paznauntal). 3 Erasmus students which have visited Italy (Lombardy) before starting skiing holydays in Ischgl. At that time only 5 cases were already detected in Tirol (3 Ischgl; 1 Pettneu; 1 Kitzbühel)
12th March 2020	First COVID-19 fatality of a vienna citizen after partizipating in a cruise
March 7th to 17th 2020	145 PCR proven infections in the region of Ischgl
10th March through April 30 2020	Rapid spread of SARS-CoV-2 in the region of Landeck: Incidence Landeck: 2250 cases/100.000 inhabitants Incidence Tirol: 440 cases/100.000 inhabitants

Emergence of Coronavirus disease 2019 (COVID-19) in Austria

Kreidl P, Schmid D, Maritschnik S, et al. WiKliWo Preprint

# EVOLUTION OF THE SARS-CoV-2 PANDEMIC IN AUSTRIA

Aktive Fälle  
(Stand 29.01., 09.00 Uhr)



Quellen: aktuelle Fälle - kumulativ bis inkl. 01.04.: EMS; Hospitalisierungen vor 2.4.: interpoliert; alle anderen Daten: Dateneinmeldung der Bundesländer an BMI und BMSGPK; Berechnung BMSGPK

St. Vinzenz Krankenhaus Zams  
458 COVID-19 patients

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graph TD; A[St. Vinzenz Krankenhaus Zams  
458 COVID-19 patients] --> B[1. Wave  
March to Juli 2019  
n = 154]; A --> C[2. Wave  
September 2019 to January 2021  
n = 304]; B --> D[25 patients (16,2%)  
admitted to our  
Interdisciplinary ICU]; C --> E[38 patients (12,5%)  
admitted to our  
Interdisciplinary ICU]; D --> F[11 patients invasive MV  
7 patients NIV/CPAP  
2 patients invasive-MV → ECMO  
5 patients admitted to another  
hospital]; E --> G[15 patients invasive MV  
22 patients NIV/CPAP  
1 patient O₂-therapy]; F --> H[hospital mortality 18 (11,7%)]; G --> I[Hospital mortality 41 (13,5%)];
```

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2. Wave  
September 2019 to January 2021  
n = 304

38 patients (12,5%)  
admitted to our  
Interdisciplinary ICU

15 patients invasive MV  
22 patients NIV/CPAP  
1 patient O<sub>2</sub>-therapy

Hospital mortality 41 (13,5%)

# INITIAL CONSIDERATIONS

- Few scientific reports on infectivity and pathogenicity
- Few reports on personal protection and hygienic measures to protect ICU-personal

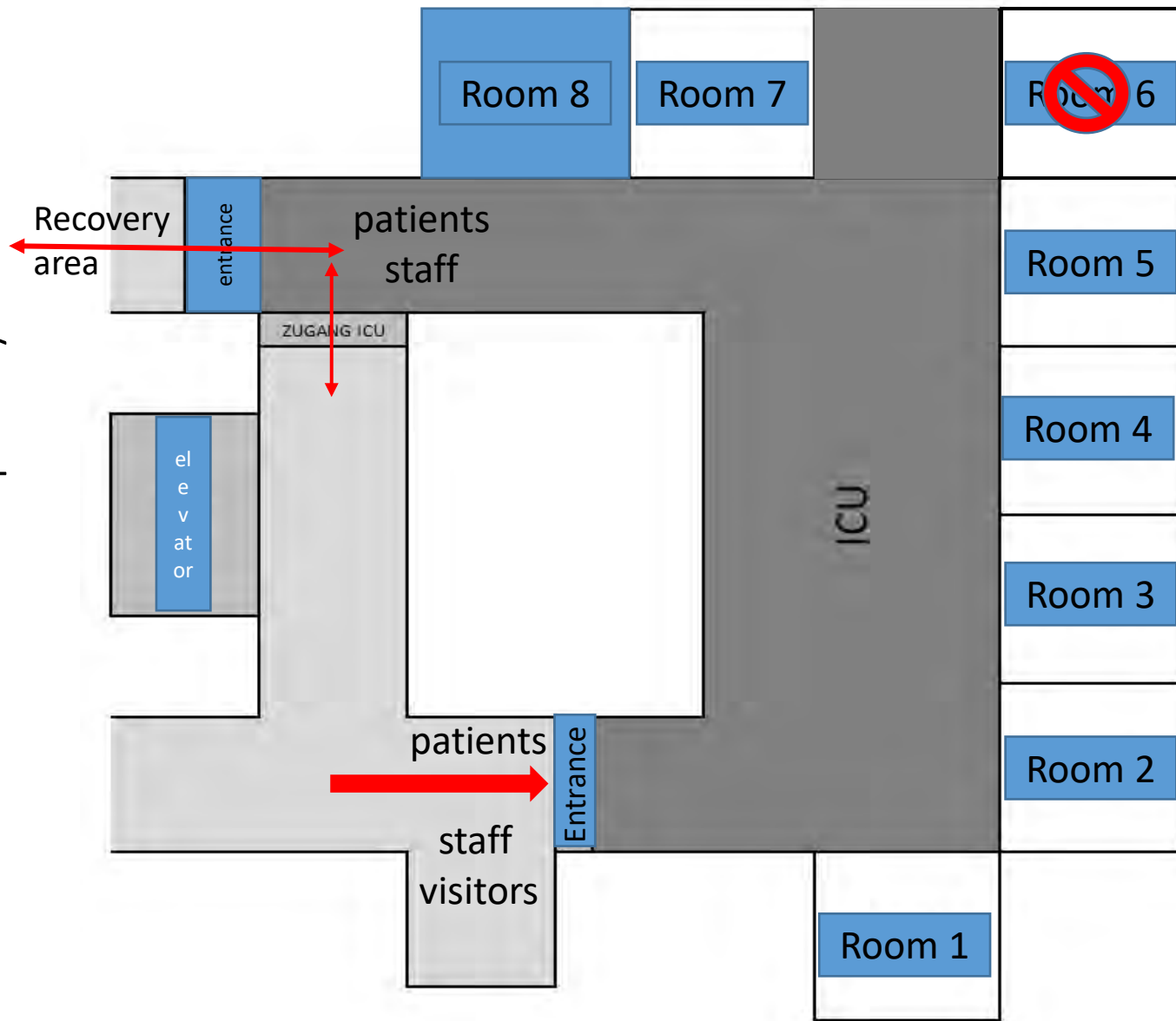
## FAST DEVELOPMENT OF A PRAGMATIC BARRIER CONCEPT BETWEEN ICU STAFF AND THE VIRUS

- barriers between rooms
- barriers between patients and staff by means of adequate personal protective equipment
- barriers regarding logistics and organisation
- general hygienic measures

## RAPID AND SUFFICIENT TRAINING OF ICU STUFF



ground view of the interdisciplinary ICU



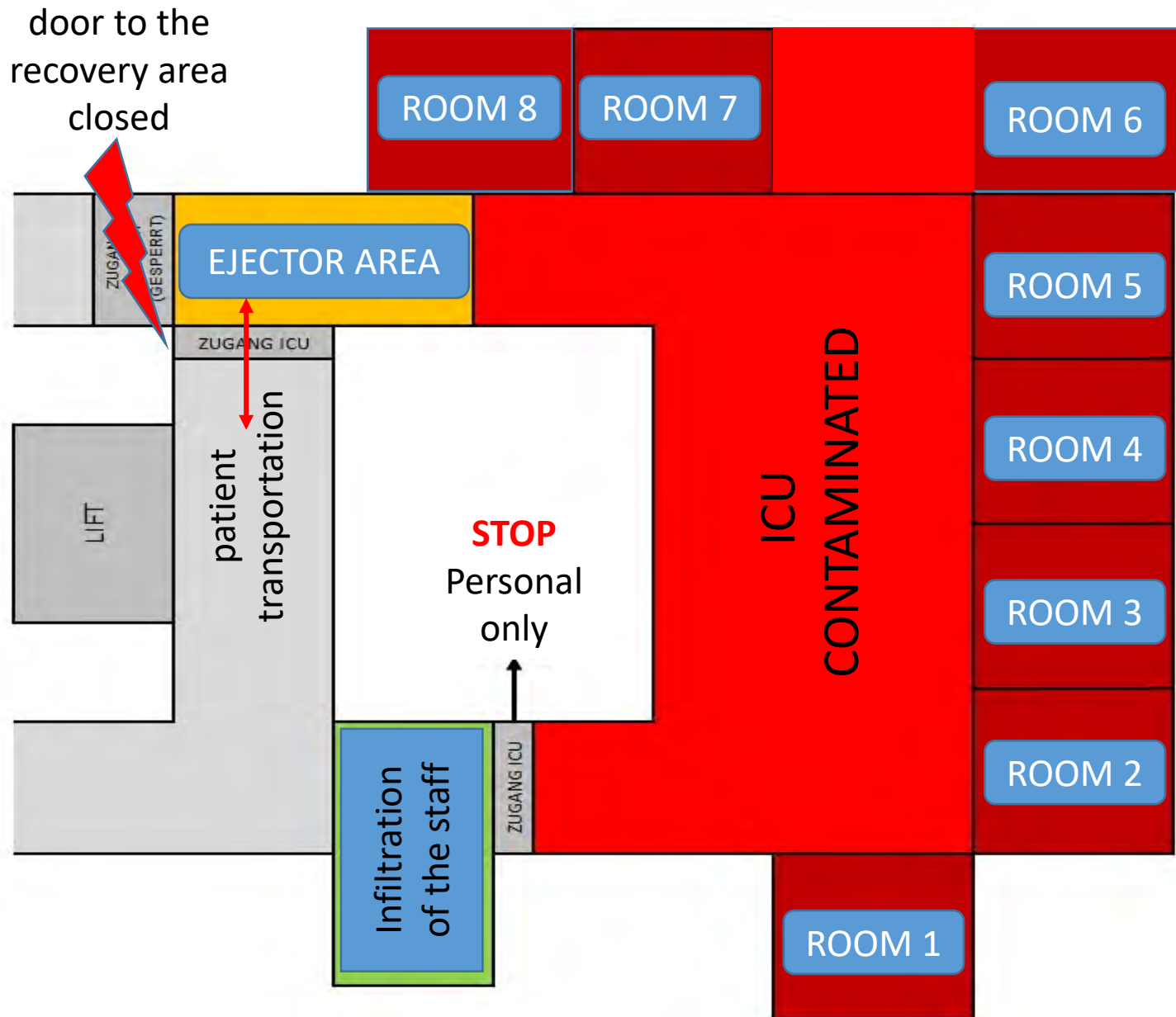
10 approved ICU-beds of category II  
4 IMCU beds



# BARRIERS BETWEEN ROOMS

- 1. Barrier - **patient room**
  - all logistic equipment during the pandemic is left in the patient room (patient charts, medication, electronic equipment, pens...)
- 2. Barrier – **working area and recreation room**
  - closure of ICU kitchen, recreation room, doctors- and leading nurse office in the ICU area
- 3. Barrier – **strict adherence to labeled routes**
  - marked entrance and exit routes for staff and suppliers
  - one-way patient transportation

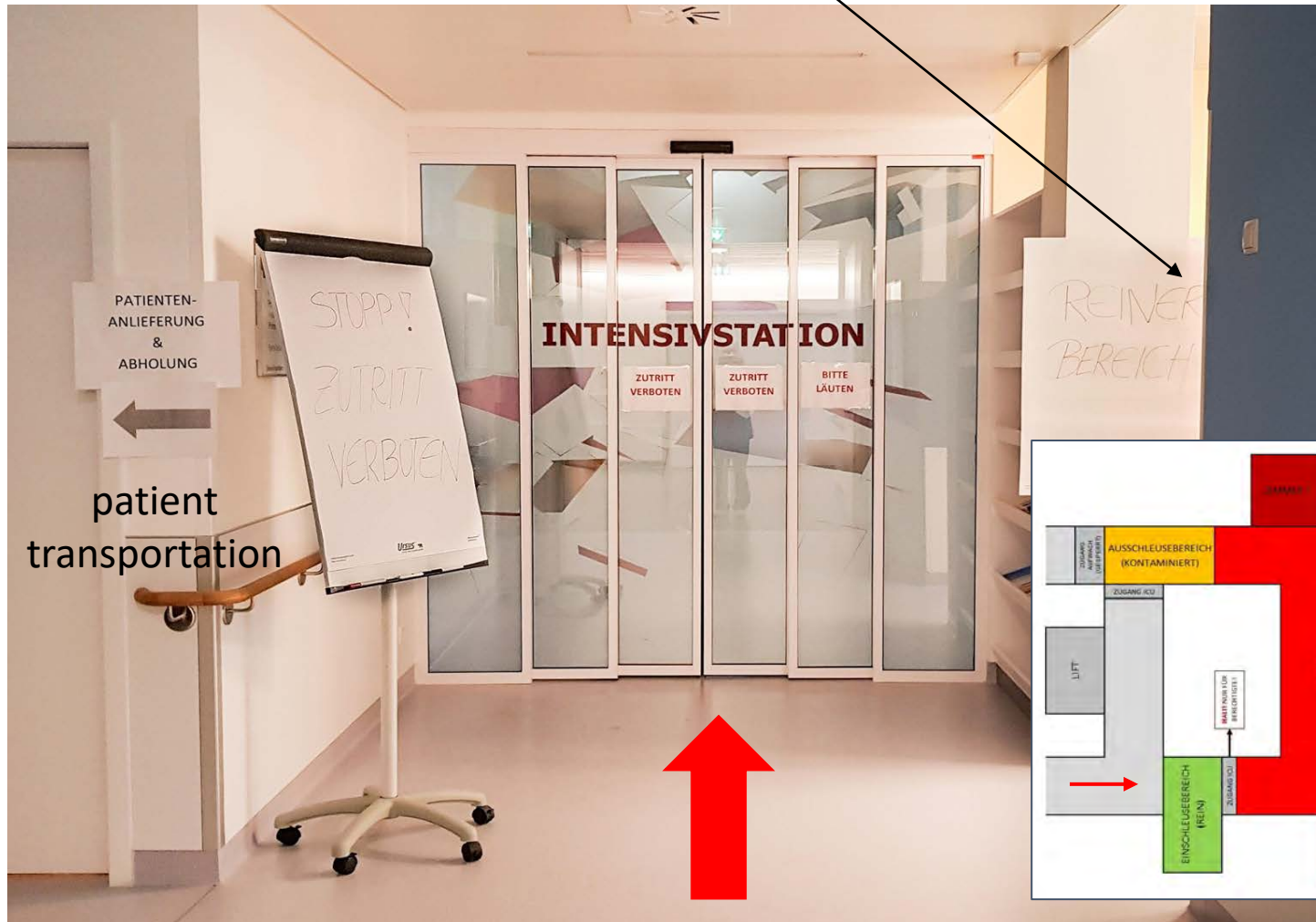
Barriers within the ICU





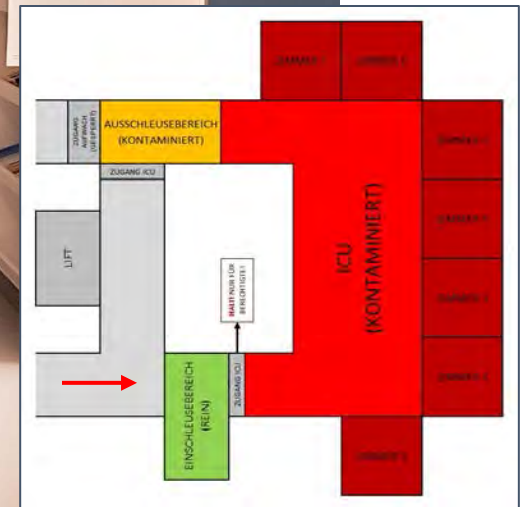
# BARRIER AT THE ENTRANCE

personal protective equipment



patient  
transportation

infiltration of staff  
after dressing up with PPE



# PERSONNEL TRAINING

## Fast and pragmatic!

- at the beginning several short training sessions at the morning meeting (dressing and undressing PPE; logistics and new organisation within the ICU)
- supervised training on entry and exit by members of the hygiene team

## Step by step instructions

- at the entrance and exit in the form of photos explained by a short text

## Elaboration of a script describing all hygienic SOP`s regarding the ICU

## Training videos in the Intranet (dressing; undressing PPE)

## Information videos in the Intranet (hospital patient occupancy; material procurement; material stock)

# ORGANIZATIONAL

## Same teams with the same patients

- No team mixing between patient rooms – continuity of care and medical treatment

## Regular breaks (2-3 times per 12h shift)

- high workloads in a stressful protective equipment
- shifting personal from the anesthesia and recovery area into the ICU
- four intensivists during the dayshift
- two intensivists during the night
- increasing availability of physiotherapists in the ICU

## Recycling of PPE

- stream sterilization of FFP-2 and FFP-3 masks

## Reuse of FFP-3 masks





# PROBLEMS WITH THE PERSONAL PROTECTIVE CLOTHING

Waterproof plastic suits cause heat stress and massive fluid losses through sweating. In addition they are disposable products and end up as special mill after single use

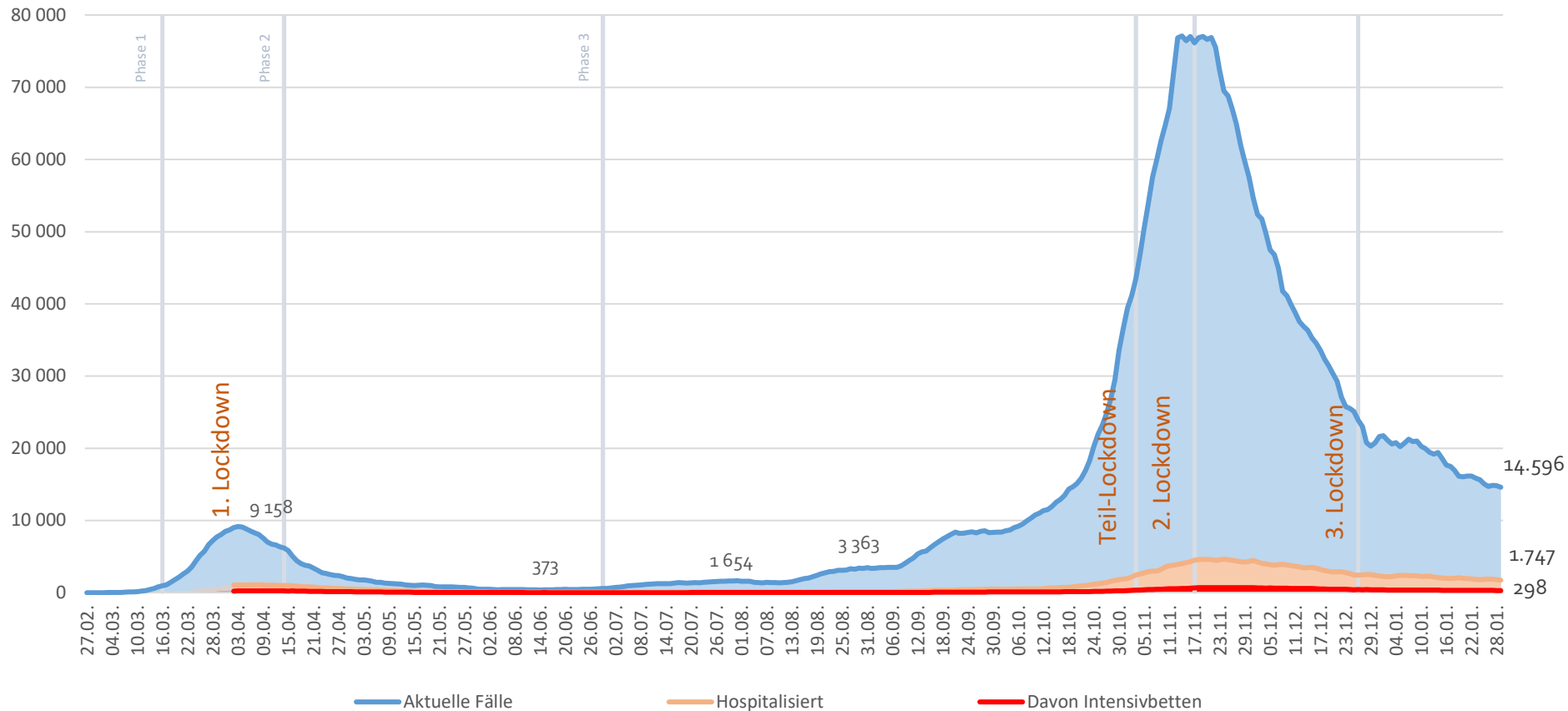


OUR SOLUTION  
WE SWITCHED TO COTTON GOWNS AND USE PLASTIC APRONS  
FOR EVERY PATIENT CONTACT



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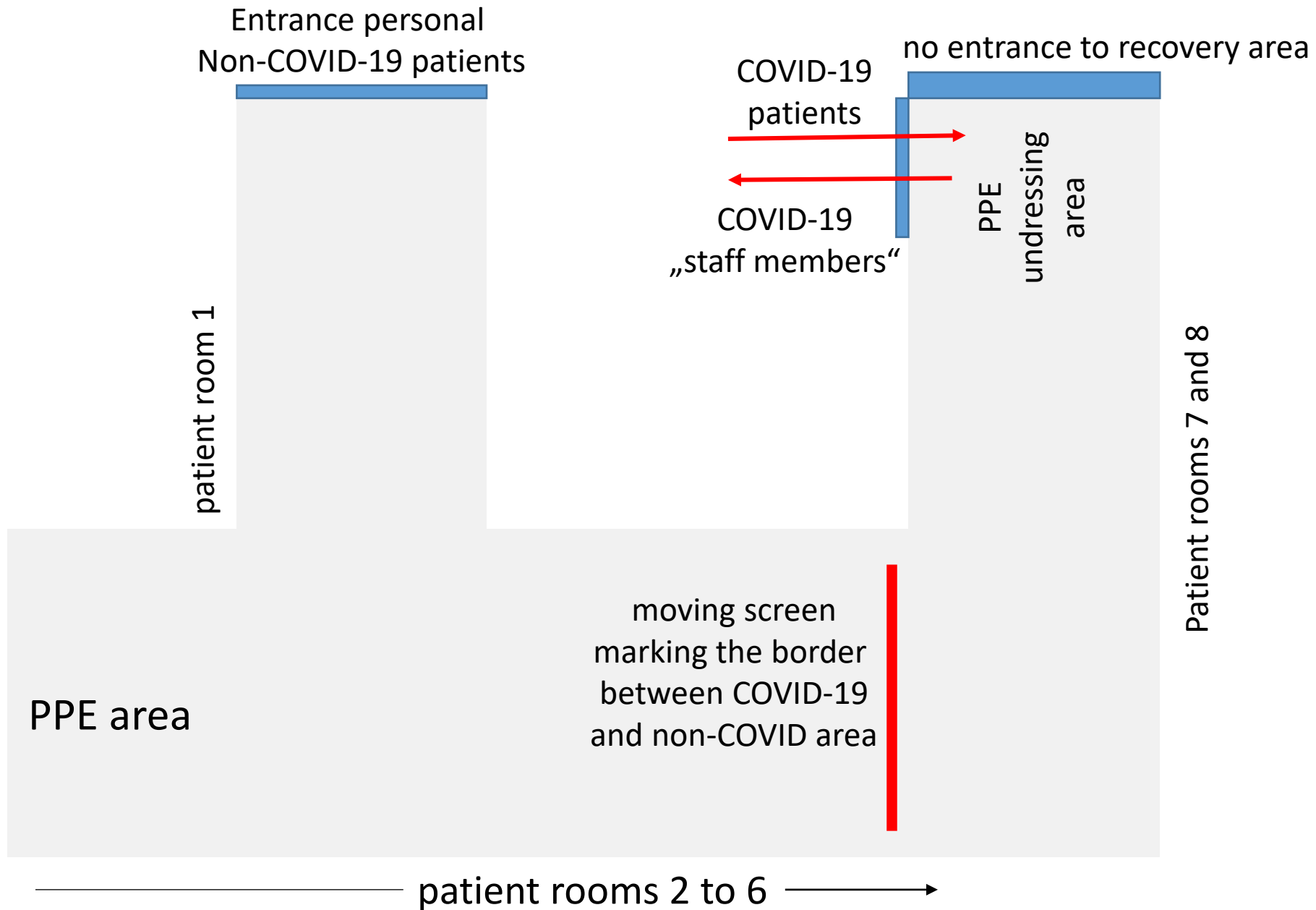


# THE SECOND WAVE – WHAT HAVE WE LEARNED

- ✓ Infectivity of SARS-CoV-2 is low as long as hygiene standards are strictly observed
- ✓ An infection via contaminated surfaces seems to be very rare
- ✓ PPE using cotton coats and plastic aprons, FFP-3 masks, eye protection and two pair of gloves gives sufficient protection against SARS-CoV-2 infection
- ✓ Outside the ICU, e.g. the operating room and recovery area an FFP-2 mask seem to be sufficiently safe
- ✓ During the 2nd wave of the pandemic, we ran the ICU as flexible hybrid ward
- ✓ In case of an overload of the ICU we move with ICU patients to the recovery area



# Interdisciplinary ICU St. Vinzenz KH Zams as a „Hybrid-ICU“



**COVID-19-area**

**flexible screen**

**3**

**non COVID-19 area**



# ORGANIZATIONAL

## Same teams with the same patients

- No team mixing between non-COVID-19 and COVID-19 areas
- Only the intensivist on duty switches between areas after changing the personal protective equipment
- PPE for the COVID-19 area: Cotton coats; plastic aprons, FFP-3 masks, eye protection and two pair of gloves
- FFP-2 masks for the non-COVID-19 area
- two intensivists during the dayshift
- two intensivists during the night
- increasing availability of physiotherapists in the ICU

# COVID-19 – ALL ICU PATIENTS


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	WAVE 1 (n = 24)					WAVE 2 (n = 36)					
	n (%)	Median	IQR	Min	Max	n (%)	Median	IQR	Min	Max	P-Wert
<b>DEMOGRAPHY</b>											
age		63	53-72	29	84		73	65-80	53	87	0,002
male sex	15 (63)					13 (36)					0,258
BMI	24	26,3	25-28	20,2	43	35	27	25-31	21	46	0,422
Incubation period	23	7	6-8	1	33		7	3,5-9	1	14	0,61
<b>COMORBIDITY</b>											
hypertension	10 (42)					26 (72)					0,031
CHD	8 (33)					13 (36)					1
COPD	4 (17)					5 (14)					1
Chronic renal failure	2 (8)					10 (28)					0,1
Diabetes mellitus	3 (13)					14 (38)					0,04
CV-disease	0					3 (8)					0,268
<b>ICU Data</b>											
SAPS 3		55	49-65	44	81		59	52-68	33	105	0,387
SOFA max		10	5-13	3	18		7	4-10	3	14	0,189
ICU days		8	4-33	1	53		10	7-16	2	50	0,871
IMV days	17	17	4-22	1	39	14	10	4-22	2	49	0,57
NIV-days	20	4	2-7	1	34	31	6	3-9	1	14	0,05
vvHF days	6 (25)					1 (3)					0,013
<b>ICU- Mortality</b>	3 (12,5)					13 (36)					0,015

	COVID-19 (n=60)					SEPTISCHER SCHOCK (n=159) Jahre 2014-2019				
	n (%)	Median	IQR	Min	Max	n (%)	Median	IQR	Min	Max
Age		70	29-87	29	87		77	68-108	20	108
Male sex	42 (70)					71 (45)				
COMORBIDITY										
hypertension	36 (60)					99 /62)				
CHD	21 (35)					78 (49)				
COPD	9 (15)					55 (34)				
Chronic renal failure	12 (20)					65 (40)				
Diabetes mellitus	17 (28)					29 (18)				
CV-disease	1 (2)					30 (19)				
ICU-data										
SAPS 3		57	51-65	33	109		63	52-72	30	112
SOFA max		9	5-12	3	18		10	7-13	3	23
ICU days		9	6-24	1	53		9	5-15	1	115
MV days	31 (52)	18	5-21	1	49	126 (79)	4	2-8	0	65
NIV-days	41 (68)	5	3-8	1	34	78 (49)	5	2-7	0	34
vvHF days	7 (12)	19	12-29	6	37	77 (48)	7	4-11	0	45
ICU- Mortalität	15 (25)					32 (20)				





You know that I  
am the wolf!  
Don't you run  
away?

Only the very old and  
very sick are bitten!

A healthy sheep has no problems,  
when bitten by a woolf !

We believe in  
herd immunity

Wolfs dont  
exist!

ARGHXSEL 2020