Here’s What Could Happen If Doctors Get COVID-19

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- News of deaths among healthcare workers involved in the fight against the new coronavirus has highlighted the dangers of the disease.
- In Connecticut, at least 200 nurses have been sidelined from their duties and put in isolation due to lack of testing.

- According to current CDC guidelines, depending on the type of exposure and presentation of symptoms, healthcare workers could be excluded from work for a minimum of 2 weeks or none at all.

As citizens across the United States are ordered to isolate themselves or shelter in place to stem the spread of the new coronavirus disease, COVID-19, healthcare workers remain on the frontlines fighting the disease.

Doctors, nurses, and others are falling ill or being quarantined due to exposure to the disease.

And it's taking a toll — both individually and on the healthcare system as a whole.

In Connecticut, at least 200 nurses have been sidelined from their duties and put in isolation due to lack of testing.

In Washington, dozens of staffers at a nursing home tested positive for the coronavirus.

In Pittsfield, Massachusetts, 160 employees of Berkshire Medical Center have been quarantined due to exposure to the virus.

More and more instances of healthcare workers exposed to the disease appear to be cropping up almost daily.

The highly contagious nature of COVID-19 combined with its sometimes ambiguous or asymptomatic presentation creates a serious conundrum for patients and healthcare workers alike.

Can we stop exposure for both patients and healthcare workers?

The CDC recommends

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that all people wear cloth face masks in public places where it's difficult to maintain a 6-foot distance from others. This will help slow the spread of the virus from people without symptoms or people who do not know they have contracted the virus. Cloth face masks should be worn while continuing to practice physical distancing. Instructions for making masks at home can be found here

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Note: It's critical to reserve surgical masks and N95 respirators for healthcare workers.

News of deaths from around the world of doctors involved in the fight against COVID-19 has highlighted the dangers healthcare workers put themselves in on a daily basis.

This was made even clearer with the much publicized death of Dr. Li Wenliang, the 34-year-old "whistleblower" in China last month.

More recently, an Italian doctor who described working without protective gloves due to shortages in that country has subsequently died of the illness.

The question of healthcare workers contracting the disease here in the United States is not a question of if — but when and how many.

And the prospect of it leading to staffing shortages in a variety of care facilities is possible.

“It’s a certain possibility. It has happened everywhere else that this virus has been a problem. We can make contingencies as best as we can but there is really no way to truly prevent it other than all the standard things,” said Alfred Sacchetti, MD, FACEP, chief of emergency services at Our Lady of Lourdes Hospital in Camden New Jersey, spokesperson for the American College of Emergency Physicians.

“There are going to be staff that get contaminated. Some of them are going to get sick and we’ll just have to adjust coverage under those circumstances… you do what you can,” he told [name removed].

Keeping healthcare workers safe while simultaneously keeping hospitals humming has proved to be, in Sacchetti’s words, “a moving target.”

According to current guidelines

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from the Centers for Disease Control and Prevention (CDC), depending on the type of exposure and presentation of symptoms, healthcare workers could be excluded from work for a minimum of 2 weeks or none at all.

“If [healthcare workers] haven’t had a prolonged exposure… they are being permitted to work, so that’s expanded the workforce. When it was ‘you have to be out for 14 days even though you have no symptoms,’ that really hampered us,” Sacchetti said.

It’s a delicate balancing act.

Sacchetti posits that at the average community hospital, sidelining a single doctor is manageable, but losing more than that is enough to put significant strain on the workforce, leading to longer shifts, longer workdays, and less downtime.

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A lack of medical gear could make everything worse

Shortages of masks, part of a suite of protective gear including eye shields, gowns, and gloves — known as personal protective equipment or PPE — have further complicated care for patients and providers alike.

In a statement provided to [name removed], National Nurses United, the largest union of registered nurses in the United States, said PPE supplies are “drastically short of what is needed to stem the danger of becoming infected and exposing patients, family members, and other healthcare staff.”

Instruction for appropriate use of PPE in response to the new coronavirus has been fairly consistent

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: If a patient is suspected to have the disease, then all appropriate PPE should be worn.

But what if you don’t have gloves? What if you don’t have a mask?

Does that mean that you can’t care for your patients?

“The recommendations are clearly universal, but how they are applied depends on the facility you are at; the personnel you have,” said Sacchetti.

It has become abundantly clear that using full protective gear for all potential interactions with all potentially ill patients no longer seems feasible.

In a new set of guidelines

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, apparently in response to mask shortages, the CDC suggests a number of strategies including “limited re-use of face masks” and even using homemade masks including bandanas and scarves.

[name removed] reached out to several major healthcare organizations including Kaiser Permanente, Cedars Sinai, and UCLA Medical about the

potential for a staffing shortage. The vast majority declined to comment for this story.

A spokesperson for UCLA Medical provided a brief statement: “UCLA Health’s overriding priority at all times is the safety of nursing and other staff, patients, and visitors while maintaining high-quality care at our hospitals and community clinics.”

They continued: “We update and regularly test our emergency response plans for infectious disease and other events that may involve large numbers of patients. After exercises and events, we review and update plans to enhance response capabilities.”

Despite the apparent shortfalls and limitations in the healthcare system that have been exposed by the spread of COVID-19 in the United States and around the world, Sacchetti is still determined.

“The mindset of people who work in the emergency department is pretty universal: we are used to doing with whatever resources we have… we don’t whine about what we don’t have; we use what we have to the best of our ability; and we treat the next person that comes through the door,” he said.