

believe that decision makers could specify a lower threshold of negative predictive value that would justify the use of universal airborne precautions, irrespective of preoperative test results: given the relatively fixed characteristics of the reverse transcription polymerase chain reaction test, any such change would be driven by estimates of population prevalence. As a specialty, we should engage in a continuous, transparent process of adapting these policies in collaboration with other leaders and stakeholders in the context of new information.

Research Support

Support was provided solely from institutional and/or departmental sources.

Competing Interests

The authors declare no competing interests.

Dustin R. Long, M.D., Jacob E. Sunshine, M.D., M.S.,
Wil Van Cleve, M.D., M.P.H. University of Washington, Seattle,
Washington (W.V.C.). vancleve@uw.edu

DOI: 10.1097/ALN.0000000000003392

References

1. Raboud J, Shigayeva A, McGeer A, Bontovics E, Chapman M, Gravel D, Henry B, Lapinsky S, Loeb M, McDonald LC, Ofner M, Paton S, Reynolds D, Scales D, Shen S, Simor A, Stewart T, Vearncombe M, Zoutman D, Green K: Risk factors for SARS transmission from patients requiring intubation: A multicentre investigation in Toronto, Canada. *PLoS One* 2010; 5:e10717
2. UPDATE: The Use of Personal Protective Equipment by Anesthesia Professionals during the COVID-19 Pandemic. Available at: <https://www.asahq.org/about-asa/newsroom/news-releases/2020/03/update-the-use-of-personal-protective-equipment-by-anesthesia-professionals-during-the-covid-19-pandemic>.
3. Wang W, Xu Y, Gao R, Lu R, Han K, Wu G, Tan W: Detection of SARS-CoV-2 in different types of clinical specimens. *JAMA* 2020. doi: 10.1001/jama.2020.3786. [Epub ahead of print]
4. Pouillot R: Tools for Two-Dimensional Monte-Carlo Simulations [R package mc2d version 0.1-18]. Available at: <https://CRAN.R-project.org/package=mc2d>.
5. Clark CE: Letter to the editor—The PERT model for the distribution of an activity time. *Oper Res* 1962; 10:405–6
6. Gudbjartsson DF, Helgason A, Jonsson H, Magnusson OT, Melsted P, Norddahl GL, Saemundsdottir J, Sigurdsson A, Sulem P, Agustsdottir AB, Eiriksdottir B, Fridriksdottir R, Gardarsdottir EE, Georgsson G, Gretarsdottir OS, Gudmundsson KR, Gunnarsdottir

TR, Gylfason A, Holm H, Jensson BO, Jonasdottir A, Jonsson F, Josefsdottir KS, Kristjansson T, Magnusdottir DN, le Roux L, Sigmundsdottir G, Sveinbjornsson G, Sveinsdottir KE, Sveinsdottir M, Thorarensen EA, Thorbjornsson B, Löve A, Masson G, Jonsdottir I, Möller AD, Gudnason T, Kristinnson KG, Thorsteinsdottir U, Stefansson K: Spread of SARS-CoV-2 in the Icelandic population. *N Engl J Med* 2020. doi: 10.1056/NEJMoa2006100. [Epub ahead of print]

7. Sutton D, Fuchs K, D'Alton M, Goffman D: Universal screening for SARS-CoV-2 in women admitted for delivery. *N Engl J Med* 2020. doi: 10.1056/NEJMc2009316. [Epub ahead of print]

(Accepted for publication May 1, 2020. Published online first on May 8, 2020.)

An Online Educational Platform in the COVID-19 Pandemic

To the Editor:

We bring to your attention the unique features of our specialized departmental coronavirus disease 2019 (COVID-19) website, purpose-built to disseminate training resources; particularly highlighting the clarity of the structure and infographics, as well as the efficiency and acuity required to ensure accuracy. The benefit of having an online educational platform during the COVID-19 pandemic has been previously reported.¹ At the start of the pandemic in the United Kingdom, our anesthesia and intensive care (usually separate) departments merged. Our preexisting anesthesia website (<https://rfanaesthesia.org>) was rapidly adapted to include a COVID-19 page with contributions from experts in both specialties.

Clinical guidelines are displayed in sections of anesthesia, intensive care, and obstetrics, including information for non-medical staff. Infographics are used to facilitate quick review, either by carousel (e.g., adult advanced life support, COVID-19 intubation guidance), or one-click access icons (e.g., COVID-19 ventilation strategy). The training section includes several video demonstrations and specific cross-training resources for non-anesthesiologists and nonintensivists. A detailed communications section highlights the most efficient contact pathways between teams

in different areas of the hospital. The staff wellbeing section covers information on physical, emotional, and psychologic support.

In order to remain current, the website is maintained daily by an attending (M.J.C.) and a resident (L.L.Y.), with updates logged in a spreadsheet (private access only). Since the declaration of the COVID-19 pandemic, our website has had 5,607 page views worldwide, thus demonstrating this to be an invaluable resource for all members of the multidisciplinary team.

Research Support

Support was provided solely from institutional and/or departmental sources.

Competing Interests

The authors declare no competing interests.

Lucy Liu Yang, M.B.Ch.B., Ph.D., Jia Liu Stevens, M.B.B.S.,
Marta Janina Campbell, M.B.Ch.B. Royal Free Hospital, Royal
Free London NHS Foundation Trust, United Kingdom.
jia.stevens@ucl.ac.uk

DOI: 10.1097/ALN.0000000000003399

Reference

1. Shen Y, Cui Y, Li N, Tian C, Chen M, Zhang Y-W, Huang Y-Z, Chen H, King Q-F, Zhang Q, Teng G-J: Emergency responses to Covid-19 outbreak: Experiences and lessons from a general hospital in Nanjing, China. *Cardiovasc Intervent Radiol* 2020. DOI: 10.1007/s00270-020-02474-w. [Epub ahead of print]

*(Accepted for publication May 7, 2020. Published online first on
May 26, 2020.)*