**COVID-19 Harborview Huddle Summary**

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In response to the rapidly evolving COVID-19 situation in King County and within the University of Washington medical system, the Trauma Survivors Outcomes and Support (TSOS) research team (which includes research assistants and coordinators, clinicians, and patient advocates) has implemented a daily morning huddle. The clinical research team is conducting an acute care injury study and is in King County, the epicenter of the US COVID-19 exposure. The team is simultaneously confronted by multi-level problems and decisions that include exposure risk/benefit appraisals at the individual, family, collegial and societal levels. Information is rapidly evolving and published academic articles often do not cover the range of situations/contexts found at specific sites like Harborview. An overview of the huddle is as follows:

* The huddle is an open discussion with a moderator that focuses on individual physical and emotional well-being for team members.
* Any updated guidance released by the University of Washington and/or CDC is discussed. The team also reviews the situation at Harborview, including which wards are housing suspected or confirmed COVID-19 cases and the number of fatalities.
* The TSOS team aims for “social connectedness” by connecting with staff at the hospital who are team members on our grants and/or partners in our clinical work. We attempt to gather new information from reputable “on the ground” sources.
* The meeting is then opened for a more general discussion of COVID-19. Team members have an opportunity to respond to or ask questions about any new information. Personal, family, and professional obligations are considered, and the costs/benefits of various courses of action are weighed. Two case examples (de-identified) are presented below:
	+ A research coordinator on team is exposed to upper respiratory illness that is also contracted by their adolescent. Currently, the guidelines are in flux regarding parameters for returning to work (e.g., does experiencing a fever or living with a family member experiencing a fever require 24 or 72 hours of asymptomatic status before return to work?)
	+ A provider on the team has an elderly parent who resides in an eldercare group living home. Most COVID-19 fatalities in King County occurred at another such facility (Life Care) when COVID-19 spread rapidly among residents. However, they are also at risk for exposure due to their work at Harborview, and since they are asymptomatic, they do not meet the guidelines to receive a COVID-19 test. Should the provider move their parent out of the facility into their home? (Rapidly evolving facility policies regarding screening of staff and guests are considered.)