Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Conclusions: In this single center study, there was no effect of the COVID-19 lockdown orders on PATs. However, after adjusting for covariates and seasonality, we did identify a considerable seasonal effect and an overall downward trend in PATs over time. These findings do not address the appropriateness of the transfer but whether in-person evaluation may be amenable to telehealth or other potential means. Generalizability of this single center study should be examined in other settings along with reasons for the potential downward trend.

81 Use of Adhesive Tape to Facilitate Optimal Mask Positioning and Use in the Emergency Department: A Randomized Controlled Trial
Pettit N, Doehring M, O'Neill B, Zaidi A/Indiana University, Zionsville, Indiana

Study Objective: We hypothesize that placing a piece of surgical tape at the bridge of the nose over the mask, creating a physical deterrent to mask removal, will improve proper mask use among emergency department (ED) patients.

Methods: 123 patients were enrolled in a randomized controlled trial at Eskenazi Hospital from April 2020 until October 2020. We permitted participants to either use their own mask (due to low resources institutionally) or we provided a surgical/cloth mask (early on relied on donated cloth masks for patients). Participants were randomized to a control (no tape over the mask/nose) or to the intervention (placing tape over the bridge of the nose of the face mask). The primary outcome of this study is the frequency at which participants correctly wear their masks in the intervention and control groups at 60 minutes into their ED visit.

Results: At 60–minutes in the no-tape control group, 31.1% participants were incorrectly wearing the masks, compared to 100% of the intervention group correctly wearing their masks. Subjects who were observed wearing their masks incorrectly (91.1%) exhibited some combination of either their mask removed or their nose/mouth exposed.

Conclusions: Applying a piece of tape to the bridge of the nose affords a simple, low-cost, low-risk solution that improved the rate of proper mask usage to 100%.

82 Heparinase-Native Thromboelastometry Detects Hypercoagulability in COVID-19 Disease
Maher PJ, Getrajdman C, Katz D/Icahn School of Medicine at Mount Sinai, New York

Study Objective: COVID-19 disease is associated with elevated risk of thrombosis, but lab assessment of hypercoagulability of fibrinolysis using conventional clotting assays is challenging. Rotational thromboelastometry (ROTEM) can detect subtle changes in clotting activity and has been used to demonstrate longitudinal coagulopathy in COVID over time. However, typical ROTEM channels including EXTEM and INTEM are affected by anticoagulant use. Un-activated native ROTEM with addition of heparinase (NaHEPTEM) should be a more accurate marker given the multiple anticoagulant protocols in use during COVID-19 treatment. Our aim is to describe coagulopathy in COVID using NaHEPTEM longitudinally in a group of patients.

Methods: This multi-center prospective cohort study was conducted during the initial COVID-19 disease surge in New York City at an urban hospital system with large infected population. Adult (>18y) patients admitted with new oxygen requirement secondary to COVID-19 disease were recruited either in the emergency department or inpatient floors within 24 hours of admission. Blood samples were collected for ROTEM processing at enrollment then every 72 hours for 21 days unless discharged or deceased. The main study outcome included NaHEPTEM values for clotting time (CT), clot formation time (CFT), maximal clot firmness (MCF) and maximal lysis (ML). Additional data was collected on conventional clotting assays and inflammatory markers, disease severity, and mortality.

Results: There were 39 patients with ROTEM results included in the data analysis (mean age, 66.6 years; female, 50%). Admission SOFA score mean was 3.88. Mortality occurred in 10/39 (25.6%) of patients and ICU admission in 13/39 (33.3%). Therapeutic anticoagulation was initiated in 28/39 (71.7%) of patients as inpatients, with the rest receiving prophylactic subcutaneous heparin. ROTEM results were grouped into three-day blocks for analysis using day of enrollment as day 0. NaHEPTEM CT median values were within manufacturer reference range at all time points. CFT median values were below reference range until the period of days 9–11 since admission. MCF median values also were below reference range until days 9–11. ML median values were highest for admission NaHEPTEM tests (4% lysis) but no values were outside the manufacturer reference range of 15% lysis. None of the admission NaHEPTEM values were significantly associated with mortality.