

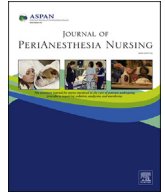


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Practice Corner

COVID-19: What We Have Learned So Far

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As our chief of anesthesia has been saying for the past few weeks, it is not business as usual. A new common household word, COVID-19 has come bringing lessons we did not even know we needed. There is still much to be learned regarding the pathogenesis of this virus, the pathway it has chosen in our communities, the widely variable course of illness, the best practices for treating the afflicted, and the potential for prevention by transmission barriers as well as pharmacotherapeutic vaccines. As overwhelming as the lack of knowledge may feel, the fear and lack of preparation of the world and our country has brought is even more overwhelming.

The purpose of this column, as a reflection of all the work that has been generated in response to this pandemic, is to discuss how perianesthesia nurses can incorporate steps toward a future global, national, or local crisis. Many of us have dusted off the emergency response plans from our institutions only to find ourselves still struggling with how to employ rapid responses in a thoughtful, competent, and holistic way. According to the American Nurses Association, during times of disaster nurses “have a commitment to help care for and protect their patients while also protecting their own right to self-preservation and self-care.”¹

Preparation

There are several key areas that should be considered when preparing for a crisis like the COVID-19 outbreak. The first involves your annual competencies and review of policies and procedures. This would be a great time to take out your facility's emergency response plan and review it, practice it, and study it. Many of these plans include the activation of an incident command center which will serve as the focal point for allocation of staff and resources when needed. According to the World Health Organization, this command center often includes relevant representation from services within the organization that will have an impact on services.² These include but are not limited to executive leadership,

marketing and communications, security, patient care services, human resources, pharmacy, and infection control.

Safe Workplace Practices

As has been discovered during the COVID-19 pandemic, many perianesthesia nurses have found themselves without adequate resources in both supplies as well as the provision of care. The standards of care since the first few days of this event have changed continually, at times, adding to the confusion and sense of urgency surrounding us.³ The supply chain obviously has not been able to meet the worldwide clinical needs of patients who have become critically ill from this illness. In addition, the lack of personal protective equipment has drawn the attention of the entire world in terms of not being able to meet the worldwide safety needs of health care workers at the frontlines. While social media has served as a source of information and direction for many people during this time, the perianesthesia nurse must make responsible choices in terms of the source of information to follow. Notably, well-established entities such as the Centers for Disease Control and Prevention (<https://www.cdc.gov/>) and the World Health Organization (<https://www.who.int/>) are highly reputable resources for current information and frequent clinical updates for any endemic or pandemic event. An example frequently discussed on social media is the use of homemade face masks. At one time discouraged, the Centers for Disease Control and Prevention now offers that there are situations where homemade masks might be used as a last resort.⁴ The Joint Commission also echoes this warning regarding homemade face masks and recommend they be used only as an extreme measure in the health care setting.⁵

In terms of the provision of care, two major actions have impacted perianesthesia nurses. One is the transformation of the traditional Phase I postanesthesia care unit into a surge overflow unit. This extension of the critical care service line into the perianesthesia environment has generally not been in the workflow plans for the Phase I postanesthesia care unit. Space and equipment have become enormous challenges. More challenging however is the deployment of perianesthesia nursing staff into areas of unfamiliar patient care. Great perianesthesia nurses do not necessarily have solid critical care skills or familiarity with the daily routine of general medical-surgical floor care. Acknowledging the discomfort associated with working in unfamiliar environments or with

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unfamiliar standards of care is the first step to begin educational opportunities as contingency plans for rapid training. Nurses must continue to provide the best possible care with the best possible resources. At times, during a crisis such as the COVID-19 pandemic, nurses must not lose focus on safety.³

Caring for the Caregivers

During prolonged experiences of high stress and working with constant change, threats to the survival of patients and the health of the caregiver, as well as the unprecedented state of the unknown, staff are at high risk for stress and stress responses. What resources does your institution have for employee assistance? Can opportunities for added rest periods and breaks be incorporated into staffing models during temporary surges? How is communication regarding the progress of the work surrounding the crisis being disseminated? Is there enough communication? Is the communication clear? Is the incident command center capable of receiving communication back from the staff? What other measures can the institution put into place to support the frontline workers?

In this current pandemic, measures to screen patients and visitors, restrict visitors, and other recommendations such as social distancing are aimed at reducing and ultimately stopping the spread of the illness. Conducting frequent reviews of donning and doffing as well as providing an observer to monitor compliance with proper utilization of the personal protective equipment are additional means of protecting workers. Stay informed of your institutional policies regarding sick employees. Be aware of the symptoms that are warnings to stay at home and know the process for determining when it is best to return to work.

Conclusion

When a disaster or pandemic strikes, nurses and other health care workers are often frontline defense. If this pandemic of 2020 has offered lessons, strategies for advanced preparation has been number one. Consider ways to create flexibility in the

perianesthesia workplace as well as within the perianesthesia workforce. The units will likely be expanded to provide care for patients rarely seen in the perianesthesia environment. And perianesthesia nurses will likely be deployed to provide care to patients they have never cared for before. There are a wide variety of digital and virtual options today for providing real-time training. In the future, ensure that emergency preparedness and planning are included in ongoing reviews. During catastrophic events, whether local, national, or global, perianesthesia nurses have and will continue to be resourceful and strong. As Amy Dooley, 2019-2020 ASPAN President posted “Don’t just stand back and worry. You can take charge of your unfamiliarity with certain patient populations by forging ahead and seeking opportunities.”⁶

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