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Surgeons' response to COVID-19 – Preparing from the sideline

Editor

It goes without saying that this situation is unprecedented for anyone in our lifetime¹. The huge challenges being faced all over the globe have led to heroic responses². Unfortunately, it has been too common to see entire health-care systems overrun, leading to lessons are learnt, and the opportunity seized in regions where there is still the chance to act proactively, rather than reactively, to this crisis³.


At the time of writing, the situation in London has escalated rapidly, with all hospitals struggling to cope with the surge of COVID-19 cases: 18 000 confirmed to date and 4200 deaths. William Harvey Hospital is a moderate-sized district general hospital in Ashford, Kent, approximately 40 miles outside the Greater London area. It is one of three main hospitals serving a population of 800 000 people in east Kent. It is expected that an abrupt surge in respiratory illness is imminent and will

have a profound impact on the local healthcare network. However, this also means we still have a brief window of opportunity to prepare.

It is well known that, as surgeons, our usual workload will be diminished as patients with non-urgent surgical problems are kept away from hospital⁴. However, as the surgical team anticipates being needed to support other specialties, it is vital to receive training in new and necessary skills using the most efficient training methods available⁵.

A steering group is coordinating the implementation of a series of measures to prepare the surgical team to face the COVID-19, which are summarized in *Table 1*.

We aim to continuously measure the level of confidence with which the surgical team face the COVID-19 situation as it unfolds and describe how the challenges that arise are tackled as a multidisciplinary team. Our purpose is to ultimately publish our experience for posterity, as it is expected that viral outbreaks will continue to occur in future. We will particularly focus on the effectiveness of the training methods employed to provide the necessary skillsets to adequately protect staff, avoid further transmission and apply the basic principles in the clinical management of such infective viral outbreaks.

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Table 1 Measures being implemented by the surgical team at the William Harvey Hospital to prepare for the challenges arising from the COVID-19 pandemic

- 1 Rapid-use questionnaire to identify any patient high-risk for COVID-19.
- 2 Frequent departmental meetings to discuss new challenges and discuss changes to daily proceedings.
- 3 Redesigning rota at all levels to limit team size to minimum needed to cover urgent service provision safely, with others on standby in case of sick leave, surges in patient influx, redistribution of team members to cover other specialties, etc.
- 4 Surveying team members (including clinicians, managers and educational staff) to establish:
 - a. concerns regarding staff wellbeing and safety, patient safety, career progression, personal and family-related factors;
 - b. level of confidence regarding finding and using guidance for prevention and management of COVID-19, use of personal protection equipment, suspecting and testing for COVID-19, initiating management, and escalation of care.
- 5 Creating an instant messaging group including entire team (both clinical and non-clinical) for open communication, rapid response to gaps in staffing rota, updates and constant morale-boosting and camaraderie.
- 6 Setting up support systems for staff, i.e. Buddy systems.
- 7 Simulation training for surgical team in partnership with anaesthetic, critical care and emergency medicine teams.
- 8 Setting up avenues for continuous liaison between the surgical, emergency medicine, critical care, anaesthetic and medical teams to coordinate efforts and assign roles.