The Editors welcome topical correspondence from readers relating to articles published in the Journal. Letters should be submitted electronically via the BJS submission site (mc.manuscriptcentral.com/bjs). All correspondence will be reviewed and, if approved, appear in the Journal. Correspondence must be no more than 300 words in length.

COVID-19: are frontline surgical staff ready for this?

Editor

Hospitals face immense challenges to prepare their workforce for the COVID-19 pandemic. To address concerns by staff in our unit about the use of personal protective equipment (PPE) and clinical management of potential COVID-19 patients, two training sessions were delivered by our infection control team and the lead emergency consultant for the COVID-19 response strategy. The infection control team covered appropriate selection of PPE and the steps of donning and doffing. The emergency medicine consultant explained the disease itself, personnel protective measures, clinical management and current guidelines.

Pre- and post-training surveys were completed by 27 members of the sur-

gical team, which included consultants (n = 5), junior doctors (n = 18) and admin staff (n = 4). A Likert scale was used to grade the level of concern for each of the premises included. A high percentage of the team were 'concerned' or 'very concerned' about personal health (63 per cent), patient safety (67 per cent), family (59 per cent), career progression (56 per cent), training (70 per cent), finance (44 per cent) and access to daily essentials (63 per cent). Consultants were less concerned about patient safety, career progression, training and finance than other team members; this is presumably due to greater general awareness, experience, sense of financial security and reduced competency requirements.

The second part of the survey assessed the level of confidence in using PPE, location and use of guidance and resources, investigating and management of COVID-19 patients. After the training sessions, the percentage of team members stating they felt 'confident' or 'very confident' increased regarding locating PPE (15 versus 47 per cent), choosing and using PPE appropriately (26 versus 60 per cent), initial investigation and management (15 versus 53 per cent), as well as escalation policy specifically in relation to COVID-19 (22 versus 67 per cent). The sessions contributed little in clarifying what written guidance is available and policies around testing for COVID-19; the current information overload of ever-changing guidance is likely adding to this confusion.

Healthcare workers suffer psychological stress about personal and family health at the time of viral pandemics¹. Our and prior experience demonstrates that effective education is vital to alleviate staff concerns².

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