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## COVID-19 Challenge for Health Workers: How to Handle It



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**President of the American Society of Anesthesiologists, Dr Mary Dale Peterson, explains how healthcare sector is dealing with the COVID-19 coronavirus outbreak and what challenges and priorities there are.**

### ***What effect has COVID-19 had on your work?***

As President of the American Society of Anesthesiologists, I have been working with our Committee on Occupational Health to publish specific guidance for anaesthesiologists to help them take care of patients that might be affected as well as protecting themselves and other patients from possible transmission of this virus. Many times, anaesthesiologists are the critical care physicians who are intubating patients in severe respiratory failure. These are challenging procedures in an unstable patient and also where transmission of viruses is more likely. We did see this in the SARS outbreak. It is very important that all steps of donning and taking off personal protective equipment are followed, even in an emergency situation. We also offer specific guidance in how to keep our special equipment from being contaminated as well as cleaning procedures.

As an association, we are now dealing with some hospitals or academic departments not allowing staff to travel, even domestically. We do have the technology to convert many of our committee meetings to virtual meetings, although we all miss the social functions of getting together. We have also provided encouragement to our colleagues around the world, especially in China, who have been hit the hardest so far. They have also offered some lessons learned for us to incorporate in our guidance to our members.

### ***What are the priorities in dealing with the COVID-19 emergency from a hospital management perspective?***

In my other job as Chief Operating Officer of a hospital system, our teams have been very busy working on the following:

1. Reinforcing and retraining all of our staff on when and how to use personal protective equipment (PPE). The Centers for Disease Control and Prevention (CDC) has recommended airborne precautions, which is more challenging – it requires special masks or self-contained systems and face shields or goggles.
2. Educating all greeters (volunteers, security guards) at our entrances to direct patients and families to our check-in areas and, if they have cold symptoms, to don masks. We have also posted signage. This is done year round, but especially in the cold and flu season. What is different is that when the patient is triaged by medical personnel, they are asked specific travel history to affected areas of COVID-19 and symptom history. If these are positive, the patient and family are given masks to wear (if they don't already have) and are escorted to a private room, preferably with negative pressure ventilation. Staff are required to don full PPE, and we limit the staff going into these rooms.
3. Education to all community physicians and working closely with our local and state health departments. As of this writing, we still have no local ability for COVID-19 testing. Any tests are sent to the CDC, although later this week, it is expected that our state health department can begin to process a limited number of samples (15 per day).
4. I am also working with our public relations team and the local media, along with our infectious disease expert to calm the public so that we don't have inappropriate use of our emergency departments.
5. An additional area of concern for us is the supply chain. Many items are produced in China and now we have also had a tornado in Nashville that has disrupted another major supplier. We are asking our staff to be mindful of the situation, conserve where we can, and be satisfied with the supplies we do get in, even though it might not be their favourite brand. We are on allocation from all of our suppliers

and hope that production ramps up before we have critical shortages.

***How can we protect providers and patients in health care settings?***

As I have stated above, reinforcing good infection control practices is the key. We have contingency plans in place now to open up an entire floor of the hospital solely devoted to patients with COVID-19, if needed.

Patients should also be judicious in using our emergency departments (ED) – they should call their doctor of advice if they have mild symptoms and only use the EDs for significant symptoms like severe fever, shortness of breath, inability to keep down fluids, etc. This will keep their potential exposure to other sick people to a minimum. Of course, reinforcing good hand washing and cough etiquette and staying home if ill are also always good practices.

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