



COVID-19: Reflections after a meeting with Colleagues

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Intro

The national priority is to reduce mortality by smoothing the demand for ITU beds by decreasing the incidence of infection (but thereby prolonging the duration of the epidemic). We must recognise the importance of acting in a calm and united way, and **take very great care with any content posted on social media.**

This will not be a sprint and we need to recognise as individuals, and as teams, the importance of rest and breaks.

Maintaining the Health and Wellbeing of Our Teams

It is impossible to over-emphasise the importance of our demeanour and the content of our communication during this difficult period. Many patients, trainees, health care workers and consultants are very afraid of the consequences of the pandemic. We need to be confident and reassuring. We need to maintain our composure and our sense of humour.

Having a visible presence in clinical areas and taking the time to explain to staff the nature of the pandemic, the level of risk and our strategies to mitigate it are very important. Assuaging concern quickly, consistently and repeatedly will maintain team morale. Try to build in a debrief at the end of each shift, ward round, clinic etc and allow discussion of concerns regarding patients, other members of the team, other teams within the hospital, and our colleagues outside the hospital.

Trusts should make sure that nutrition is available to staff who may be finding it difficult to source food outside of the hospital during difficult shift patterns. We need to guard against ourselves or our colleagues trying to work too many hours or taking on too much burden. Be aware of the potential impact upon all of us of working in these challenging times. Be prepared to support one another. Try not to just ask 'How are you?' (The answer 'I'm fine' is programmed into us) but try 'What is on your mind?' or 'How do you feel about what is going on?'

There are a lot of resources to help all of us and the [RCP Mental Health and Wellbeing online resource](#) and the [RCP This Doctor Can](#) blogs, both of which I have been involved in, include many pointers to assist in recovery and maintenance of wellbeing. It starts with the most difficult step, which is admitting to oneself that there might be a problem and then being able to talk about it. **Be prepared to have those conversations.**

We are making a plan at the bottom of the mountain and it will be some time before we can see the summit. This plan is what will get us started but it will be the decisions that we make along the way that will enable our successful summit bid and return home. We will judge ourselves on the outcome of those decisions and the strength and ability of our team at the end of this test. - (My variation of a Hindu proverb).

PPE

Assurance has been given that there is an adequate supply. The advice regarding PPE use given was the same as issued via the Trust bulletin earlier today.

Wearing scrubs/blues at work is an attractive idea but most Trusts do not have the stock, facilities for changing or capacity for laundry, to allow their routine use. You could consider leaving some clothes at work to change into for the duration of the epidemic.

Capacity for Testing

This is expected to ramp up quickly and symptomatic HCWs will become high on the list for testing but there is no definite timescale. Both reagents and swab supplies are limited. Remember that there is a definite false negative rate for swabs (magnitude uncertain) which appears to be higher earlier in the presentation and to be reduced by good technique in taking the swab (deeper is better).

CPR

Again see email from earlier today. Where a patient is thought to be at risk of COVID-19 then CPR **should not commence** until appropriate PPE has been donned.

It is very important that decisions regarding the appropriate escalation and ceiling of care are made as promptly as possible. It is vital that patients receive all appropriate assessment and treatment and are not denied procedures that are shown to reduce mortality and morbidity. r the duration of the epidemic