

How has the teamwork across the Anaesthetic Team been enhanced by the COVID-19 pandemic?

We vividly recollect the day they told us about the incoming danger of a pandemic hitting us. They told us that all elective surgeries would now be cancelled. They told us that all of the anaesthesia doctors will now be working as part of an extended ICU team. We all knew what had happened in China¹, then Italy and it subsequently spread all over the world. Deep inside, all of us had envisioned this happening to us, but like everyone else, never really thought it would. As anaesthetists, keeping calm is our forte but I still remember how COVID-19 broke many of us in those testing times. Amidst all the chaos, we were expected to work effectively in an unfamiliar environment with no prior experience. This is where our brilliant team comes in - leading the way through rigorous training workshops, updating us on the ever evolving literature and above all, caring for each one of us on an individual level as well as collectively.

It was the first quarter of 2020 and we'd seen what impact COVID-19 had had all over the world. No one was prepared for the catastrophe but we had time. We didn't have any positive cases at that juncture, but we knew it was just a matter of a few weeks if not days. "By failing to prepare, you are preparing to fail" said Benjamin Franklin, and we put this wise adage to work instantly. We were taught about the importance of proper personal protective equipment (PPE) and how to don and doff the right way². A consultant led program was established and a list of all the staff which required training was put together. Daily trainings were conducted with every individual going through the process religiously many a times per week. By the end of these workshops, we were donning and doffing like it was clockwork.

As elective work was deferred throughout the country, we faced issues in communicating with our patients. Initially, individualized phone calls were made to reach out to them. Tele-clinics started off by video calling the patients, but owing to poor nationwide internet coverage in a third world country, we eventually shifted to landline phone calls. Due to prohibition of gatherings and subsequent cancellation of teaching classes, we realised that the academic training of our residents was getting affected, and hence, we moved to online forums to alleviate this shortcoming. Teaching sessions were conducted on Microsoft teams, exam preps and interactive online MCQs through google docx were normalised. Grand round presentations were recorded one day prior & posted on the departmental whatsapp educational group. The same topic was then discussed on the next morning. During the COVID era, we successfully organized two webinars on the international stage, focusing on onco – anaesthesia and pain management. Our team members were also involved in writing national guidelines³ on pain management strategies in the course of the pandemic.

Another aspect of preparedness included daily updates from the infectious control team about the evolving virus and its effects. COVID intubation guidelines were laid out and were followed during the pandemic. COVID intubation trays were prepared in advance separately for adults and pediatric patients. Hands on practice for all the anesthesia doctors was made possible as well as videotaping the whole process was done to steepen the learning curve. At the beginning, COVID intubations were simulated using standard Macintosh laryngoscope, CMAC and the McGrath blade. After much grinding, it was decided to use McGrath for COVID intubations. Kitchen cling film was finalised to cover the laryngoscope blades. During these simulations, drapes and then a box was used to begin with but ultimately plastic sheets were agreed upon to cover the patient's head end during intubation. Intubation guidelines were printed & posted in each ward, strictly mentioning the presence of only 3 properly donned personnel inside the room during intubation. Intubation drug list was shared with the pharmacy & pre filled syringes for rapid sequence induction along with extra ampules were provided on a daily basis.

As our colleagues around the globe must have endured, getting ready for a pandemic and then actually finding yourself in the center of one is altogether a different ballgame. You can't gird up one's loins for the emotional trauma and mental stress that comes along in such horrendous circumstances. This was a test like no other, and it stretched each and every healthcare worker to the hilt. Moreover, to prevent laying off any staff due to crunch economic impact, pay cuts were instituted across the hospital. No matter how tough you were, how ready you were - it caught up to the best of us. We lost patients, we lost our loved ones, we lost our colleagues and just like any other human being, some of us needed a support system. The hospital set up regular counselling sessions during the first wave to tackle the pressure. The hospital psychologist and the psychiatrist were on hand to help their fellow colleagues during those hard days.

The Anaesthesia team started their services throughout the hospital once the first wave subsided. We knew, being a cancer center, we couldn't keep those services closed for long. We have continued to update our practices according the ever developing guidelines to provide safe anesthesia as well as keeping our team's safety as a top priority. The team is still working with the same ethos and passion that we started the pandemic with. In a third world country, we are lucky enough to have the expertise and the resources to battle the pandemic and will continue to do so. We are fortunate to be working in a hospital which abides by international standards regarding patient safety. Hence, any grant that comes our way as a result of writing this essay will be donated to an anesthesia unit working at a not so privileged center so that they can improve their practices and consequently have better outcomes.



The team – before masks and social distancing hit us

References:

1 Kathy L, Prof Joseph T, Di Liu, Gabriel M. First-wave COVID-19 transmissibility and severity in China outside Hubei after control measures, and second-wave scenario planning: a modelling impact assessment. The Lancet, ISSN: 0140-6736, Vol: 395, Issue: 10233, Page: 1382-1393.

2 Centers for disease control and prevention. Using Personal Protective Equipment (PPE). Available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

3 College of Physician & Surgeons Pakistan (CPSP) and Society for Treatment and Study of Pain (STSP) Pakistan. *Pain Management in Cancer & Chronic Pain during COVID-19 Recovery Phase in Pakistan Joint Guidelines for Faculty of Pain Medicine*. Available at <https://www.cpsp.edu.pk/files/guidelines/cpsm-guidelines.pdf>