

HOW HAS THE TEAMWORK ACROSS THE ANAESTHETIC TEAM BEEN ENHANCED BY THE COVID-19 PANDEMIC?

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Indeed with every hardship there comes ease- the Quran. 94:05

When you are in the middle of a storm cloud it's hard to think outside of it, but the only way out of the storm is to ride through it and things will be a lot clearer on the other side- *Jodi Ann Bickley*. This was the beacon of light that lead us through those dark days.

We heard about the deadly disease in the first quarter of 2020. The social media and the mainstream media were full of the disasters this disease had caused in Wuhan, China. I still clearly remember the day our Head called in a meeting of all residents. His words still echo in my ears 'hard times are coming, sticking together as a unit is the only way forward. Some of you might get infected 'and indeed the majority of us did. It was as if we were being briefed about the upcoming war. We were scared to the core with the deadly question of 'WHAT IF'. WHAT if we got infected with the virus? What would be its implications on our families? WHAT if we carried the virus home and our loved ones suffered this deadly disease due to us? WHAT if this virus will never have a cure and what would be the time when we will have a COVID-free world again? WHAT would be the mortality rate of those who got infected? WHAT would be the implications on our lives while we are living in this era? The COVID era. These and many more questions made us weak. Made us question ourselves that would we be able to make it to the other end of this never-ending road to tell the story to the next generation of how we survived this pandemic?

Our plan of action was divided into three steps: planning, preparation, and implementation. A team of anesthetists was developed and tasked with performing a thorough review of international guidelines and literature. The next step was to compile the findings and create tailored solutions for successful application in a resource-poor environment.

For eliminating the virus, the hospital set up a COVID camp in the parking area for triage of patients to assess if they had any symptoms before letting them enter the hospital. Patients who fulfilled the criteria of admission were admitted to the isolation ward designated for COVID-19 patients. A questionnaire was added as a template in the hospital online information system to be filled for all patients and protocols were defined as to which patient will require hospital admission, which patient will be asked to isolate at home, and which patient required ICU admission.

Administrative changes were made effective immediately as we converted our hospital into a COVID center to make resources available and training staff to take appropriate measures such as social distancing and hand hygiene during this pandemic.

Initially at certain urgent procedures were being done at the hospital. However, elective surgeries were delayed. This was significant because it allowed for an increase in anesthesia machines as ventilators to meet the excessive demand, and an increase in staff whose services could be rendered useful in intensive care units. Our workforce included consultants, senior instructors, fellows, residents and technicians, and was divided into morning and evening shifts.

Education of anesthesia personnel regarding changes in clinical practice was done in steps. Firstly, a team of two anesthesiologists was tasked with formulating an effective plan for training. Training initiated with anesthesia consultants. This group was encouraged to ask questions and clear any confusion. In an innovative move teaching sessions via simulation were introduced. These sessions aimed to familiarize anesthesiologists with airway management of suspected or confirmed COVID-19 patients and the proper sequence of donning and doffing of PPEs to prevent cross and self-contamination. Mannequins, props, and a team of people playing roles made the experience realistic. After the session, a debriefing was done where all factors were inculcated in an open feedback session. The training was offered several times over 4-5 days.

An unprecedented decision was made that elective intubations on patients with confirmed or suspected COVID-19 would only be performed by anesthesia consultants, at all hours. Plans for an in-house anesthesia consultant working in shifts of twenty-four hours each were also proposed should the disease burden increase. As the situation evolved, it was decided that elective intubations of patients with confirmed or suspected COVID-19 will be done by the senior-most anesthesiologist available, not necessarily anesthesia consultants.

After the 1st wave settled in May 2020, elective surgeries were restarted with a defined protocol that every patient will go through a nasal swab for COVID PCR. And if negative that patient was enrolled for surgery. All health care workers needed to wear all the PPE's which

involved n95 masks, gown, gloves, and face shields. Life in the Operation Room moved to the new normal, the COVID normal.

What we have learned from this experience is that teamwork was the pillar that led us through this pandemic into new horizons.

Amidst all this chaos, many of us acknowledged that COVID was not just taking a toll on our physical health but it was also greatly affecting our mental health. Every one of us suffered from some form of anxiety, depression, fear of the unknown like any normal human would but we also recognized that we weren't normal humans anymore, during this pandemic we were doctors, we were super humans and our patient looked up to us to become their savior. Despite these and a hundred more challenges that we faced every single day, fighting not just the battle against COVID but also the battles inside of us we stood tall against all the adversities because we recognized our pledge to keep our patients wellbeing to be our utmost priority.

If we get the prize money we would like to donate them to the organizations that are working day and night to fight this pandemic and are helping the needy in this resource-limited country.

Pre-Covid Days

