

GLOBAL ESSAY CONTEST : COVID-19 PANDEMIC: LESSONS LEARNT AND THE NEW NORMAL

AS I SEE IT

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THE MINISCULE PEDAGOGUE

The entry of COVID-19 into my life was a hasty one. It started as an outbreak towards the end of 2019 in Wuhan, Hubei Province, China and by March was declared a pandemic by the World Health Organisation. It is mid-August now, and even now, after eight long months, the world is still in a 'brace for impact' mode. We have all the reason to be extra cautious. Number of active cases as I write this is nearing 20 million and more than seven hundred thousand people have lost their lives to it!

Where did we go wrong? Were the warning systems too late? Were we caught off guard? Had we acted prudently on time, could the casualties have been reduced? At a time when globalisation has brought countries closer than ever, we should have seen more efficient operations. It would have been possible to prevent this virus from spreading across the globe if our warning system acted on time stringently and scrupulously.

The pandemic has proven that all those developments we took pride in, the erudite health infrastructure we set up and the economic leaps we thought we made, are still not enough to wage a war of this kind. It comes to my memory all those instructions from my parents that I nonchalantly dismissed during my childhood - do not interact with strangers, do not touch the food without washing hands, eat a fruit a day, take a shower after back from school, exercise everyday. Those were the days when the devil in the old wives' tale who whisked away kids who did not keep themselves clean, appeared only in my nightmares. But today it has become a reality and the entire humanity stands helpless in front of the devil that's yet to be tamed.

It might not be wrong to say that this tiny virus has done wonders in the everyone's behaviour, which was otherwise difficult to achieve like social distancing, hand washing & personal hygiene, wearing masks, avoiding luxurious travel and spending money on celebrations. Contributions of ventilators, masks, PPE kits and others from the public shows the generosity of their hearts even a metre away from each other's.

This also paved a way for digital education like webinars which helped especially medicos for continuous medical education, updates in medical fields and recent advances. Earlier, it used to be difficult to attend them because of long journeys, date clashes, financial constraints, and space limitations. Now everyone can attend & attain knowledge, anytime from anywhere.

Most of the hospitals are now turned into dedicated COVID hospital, where its apportioned in to three zones, one zone where only COVID patients will be treated which is completely separated from other two zones, other zones are for non COVID patients & for suspects isolation waiting for their reports.

We perioperative physicians or anaesthesiologists are also back in form, shedding our usual image of lurking around the OR with coffee in hands to frontline corona warriors. Today we are on our toes always, wearing PPE kits 24 x 7 hrs and providing full-fledged services to COVID patients. The

usual lethargy and inertia have vanished. We are more exposed to danger since we are experts in emergent airway management, acute and intensive care, and perioperative anaesthesia.

All the preanesthetic check-ups (PAC) are getting done with strict social distancing measures in place, with patients, attenders & anaesthesiologists wearing masks all the time. PAC has the COVID questionnaire incorporated which includes history of fever, cold, cough, shortness of breath, travel or contact history with COVID patient, loss of smell sensation along with a rapid IR thermometric assessment of temperature. We are assessing the Mallampatti grade by zooming the clicked picture of opened oral cavity of patient, thereby reducing the risk of possible exposure significantly.

Importance of not compromising on strict aseptic precautions has got emphasis during this pandemic period. We are treating every single patient as COVID positive case since the reverse transcription polymerase chain reaction (RT-PCR) results will not come by the time of surgical procedure in case of emergency surgeries and there is a 30% false negativity with this test. And now most of the routine procedures are shut down to recruit more manpower for COVID duties. In terms of procedures, we are sidestepping general anaesthesia (GA) and trying to do regional anaesthesia (RA) wherever possible. The block era is under resurrection now. Short procedures were done under regional anaesthesia wherever feasible and avoided total intravenous anaesthesia because of foreseen AGP.

For all those Aerosol generating procedures (AGP) we are using the reserved N95 mask instead of three-ply surgical mask and intubation is done with an intubating box. Sometimes I cannot even trace the diaphragmatic end of the stethoscope because we have all changed it and fixed it with a long tubing. There is always a screen shield between the anaesthesiologist and the patient even for cases under regional anaesthesia. And nowadays most of the procedures are done by senior expert hands and most blocks are done under ultrasound guidance. All these are done to decrease the AGP occurrence. What more to say, all our OT equipment's are covered by transparent polythene covers!

The front-line warriors are not just the emergency physicians or nurses, starting from floor cleaners to hospital engineers, everyone is in this together and supporting each other. Every person around the operation room now knows the importance of 20 air cycles, converting old operation theatre into negative pressure rooms, cleaning floor with 1% hypochlorite solution, keeping a gap of 20 to 30 min between two surgical cases.

We also build up COVID ICUs for the critically ill COVID patients. We were prepared with all emergency drugs, intubation drugs, waters circuit, HMEF filters even before our ICUs were overflowed with critical patients. Two- three rounds of simulation on donning, doffing, role of runners outside to help donned HCW were completed before we received our first patient in ICU. All doctors' and nurses were trained on intubation, CPR, basic ventilatory settings appropriate for COVID patients. A workshop was also provided to practise conventional BLS, ACLS and their difference when we do CPR in COVID patient.

We were also equipped to manage the maternal and foetal care without compromising our safety. Importance of timely epidural to prevent the aerosol production especially at the second stage of labour was also taught to obstetricians. The trauma of separation from our near & dear were always soaring within our mind, so allowing COVID mothers to breastfeed their babies was always a concern. Educating them on personal hygiene including proper handwashing and providing them a mask while breastfeeding sorted this issue to an extent.

All of us were given prophylactic hydroxychloroquine, vitamin C, multivitamins, vitamin D & nutritional supplements by choice and not by force. Insurance company's policies were also really

soothing because it was an assurance that our family will be secured even if something happens to us as we witnessed few of our friends' demise. Inherent coping mechanism in us, prayers, meditation, yoga etc. has also played its role to overcome the stress & depression during this grim time.

Now it is time for us to carry forward the best procedures we learned during this pandemic. Our government, people and healthcare workers must accept the lessons taught by this minute virus & have to work together proactively. Across the globe we can see a swift action in that direction & inventions of programmes and new policy structures.

I sincerely hope to see greater allocation of funds towards public health infrastructure from the government which has traditionally been spending more on sectors like defence compared to health. Some nations which have drawn lessons from the impact of the virus have already pledged additional spending on betterment of the health care system in the post-COVID world. I would also welcome a relaxation in doctor-patient ratio and hope to see those who understand the health sector in health administrative and policy making positions.

In the meantime, it is our collective responsibility to strive to not just for a new normal, but for a better one.