Letter to the Editor

Safe Surgical Practice in Surgical Wards during COVID-19 Pandemic

Imbesat Maheen Syed*

Agha Khan University Hospital, Karachi

Cite as: Syed IM. Safe Surgical Practice in Surgical wards during COVID-19 pandemic. J Pediatr Adolesc Surg. 2020; 1:64-65

This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited (https://creativecommons.org/licenses/by/4.0/).

Dear Editor

The pandemic of COVID-19 has changed clinical practice globally and the guidelines regarding safety measures to adopt while working at various patient-stations are evolving. In this letter, I highlighted safety measures to adopt while working in surgical wards.

Universal safety precautions for such a highly contagious outbreak, such as hand hygiene, use of face mask, and social distancing are essential protection methods, though social distancing is sometimes difficult to observe in hospital settings.[1-4] Every hospital should have a separate entrance for healthcare workers. Every hospital should dedicate areas for suspected and confirmed cases of COVID-19. There must be an isolation area in every ward for the temporary shifting of patients who develop symptoms of infection during ward admission. An adequate distance must be ensured between the patient beds and curtains may be installed to partition each patient area. Every effort should be made not to prolong the hospital stay of the patients. This needs an organization of admission and surgery waiting lists. Free movement of visitors must not be allowed in the wards.[2]

One should perform as many tasks as possible in areas away from the patient-area like charting and adding notes in the patient records. While performing a necessary physical examination, proper personal protective equipment (PPE) must be used like, gloves, face mask, eye/face shield, etc. The examination should progress from clean body areas to the contaminated. Limit opportunities for touch contamination e.g., adjusting glasses, rubbing the nose, or touching face with gloves that have been in contact with the patient until thorough hand washing / disinfection has been done. Every procedure on the admitted patients e.g., catheterization, nasogastric tube insertion,

cannulation, etc. must be performed with great care ensuring personal safety by wearing PPE.[1,5]

Only relevant staff should accompany during consultant visits to the patients. A safe distance must be ensured during patient bedside round. Bedside teaching must be limited and preferably done in a specified area ensuring all the elements of personal safety.[5]

The surgical workforce may be subdivided into small teams. The inpatient care team is expected to participate in daily rounds, ward patient management, admissions and discharges, and documentation. The operating care team should work in theatre, coordinate operative care of patients, perform assigned operations, then sign patients off to surgical residents working on the inpatient care team. Similarly, the outpatient care team can look after patients visiting the outpatient department. Guidelines for isolating healthcare workers in case of exposure must be followed to prevent further spread.[4] We can all limit this disease by following precautions and staying updated through valid resources.

Consent to Publication: No clinical figure is used in this manuscript.

Authors Contribution: Author(s) declared to fulfill authorship criteria as devised by ICMJE and approved the final version. Authorship declaration form, submitted by the author(s), is available with the editorial office.

Disclaimer: The article does not diagnose or treat any medical condition; it is for the purpose of awareness for medical professionals and caregivers in the light of existing evidence and guidelines. Since guidelines are constantly updated professionals must look up for current guidelines from valid resources themselves and should contact their healthcare facility in case of any contact or medical condition or emergency. The author is not responsible in case of misuse of this article's content

Acknowledgements: None

Conflict of interest: None

REFERENCES

- CDC. Infection Control Guidance for Healthcare Professionals about Corona virus (COVID-19). Available from: https://www.cdc.gov/coronavirus / 2019-nCoV/hcp/index.html. (accessed July 3, 2020).
- Occupational Safety and Health Administration. Healthcare Workers and Employers. Available from: https://www.osha.gov/SLTC/covid-19/controlprevention.html. (accessed July 3, 2020).
- RCS. Recovery of surgical services during and after COVID-19. Available from: https://www.rcseng.ac. uk/ (accessed July 3, 2020).
- AMA. As learners aid in COVID-19 fight, their protection is paramount. Available from: https://www. amaassn.org/residents-students/resident-student-health. (accessed July 3, 2020).
- Osha. Personal Protective Equipment. Available from: https://www.osha.gov/SLTC/text_index.html. (accessed July 3, 2020).