RCSI SURGICAL AFFAIRS

Surgery during the COVID-19 Pandemic

A Guide to Clinical Practice for New or Returning Surgeons

Contents

Introduction

This is a quick guide for those returning to clinical practice in Ireland or those commencing clinical practice in Ireland in a surgical context for the first time. At the current time (April 2020), comprehensive induction processes are difficult to deliver and we hope this this guide will help bridge the gap. In addition, doctors in all fields may be required to take on roles outside their usual experience or scope of practice. This guide will provide you with access to resources to help you adapt while continuing to practice safely.

In addition, some doctors will have period of being isolated at home over the coming months. While some will be ill and need the time to recover, others may be asymptomatic and could use the opportunity to expand their skill set. It is likely to be some time before conferences, other than online webinars, restart but we have identified a growing set of online courses that might prove useful.

We have included links to useful resources in relation to COVID-19. These resources are dynamic and some will be updated, altered or disappear completely. Given the pace of development it is difficult for everything to be 100% accurate and up to date and you may find conflicting information in different locations. We have relied on sources we believe to be reliable and urge caution in placing too much faith in data shared on social media especially where this is not form known or trusted sources.

Please contact us with other resources you think we should share and to let us know if there are any out of date or broken links (pcs@rcsi.ie).

This guide will be updated regularly. While you may choose to print it, or the forward the document to others, we urge you to use the live version on our internet site as this will have the most up to date information.

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Guidance for Professional Practice

The ethical and professional obligations of all doctors are set out in the **Guide to Professional Conduct and Ethics** (8th Edition, amended) published by the Medical Council (2019) and available on their website.[1] You should be familiar with the contents of this guide. Your professional obligations remain the same, even during the current unusual (or even unique) circumstances.

The Medical Council have issued specific guidance for the current COVID-19 crisis[2] and they are also available on their website. In this guidance they have emphasised that

> *"We expect doctors to act responsibly, and reasonably and to be able to explain their actions and decisions if required. However, the Medical Council also acknowledges that this is an unprecedented time, and that challenges will arise. Any complaints about medical practitioners are considered on the specific facts of the case, and the particular situation in which the doctor is working. The Medical Council understands that the current state of affairs is new. The Council encourages doctors to remain calm and exercise their clinical and professional judgment."*

In 2018, RCSI published a Code of Practice for Surgeons[3]. This guide was prepared to assist surgeons in meeting the professional obligations set out in the Medical Council's guide in their everyday practice. While the current circumstances are clearly not "everyday", the Code of practice is an accessible, short guide to your professional obligations.

The RCSI COVID website[4] contains a current and growing suite of resources developed by the College, the National Clinical Programme in Surgery and other HSE partners that help guide practice in specific circumstances. In addition, there are links to a wide range of scientific resources on the RCSI library site and a curated list of resources relevant to surgeons.

Overview on COVID-19

There are a large number of resources available on COVID-19 but it can be difficult to find accessible over views that are kept up to date.

Doctors working in China have produced a handbook (available in English and Chinese). It provides detailed and comprehensive answers to potential questions for diagnosing and treating patients. It is available to download for free. [5]

An OBGYN specialist, Ruth Ann Crystal [6]MD, from Stanford has produced a live editable live editable google docs Coronavirus Tech Handbook from Stanford. Be aware that it can be edited by anyone but, at the time of writing, it has a lot of useful content.

Guidelines, policies and procedures for Ireland (COVID-19)

The HSE website[7] contains lots of resources that are aimed at healthcare staff, patients and the public. It also contains useful advice if you are concerned about symptoms or risks to you or your family.

The Health Protection Surveillance Centre[8] provides a range of resources for all medical professional involved in the care of patients affected by COVID-19. This includes a daily update on the numbers of cases, their severity, ICU use and deaths related to COVID-19.

The RCSI "Surgical practice in context of COVID-19"[4] has a growing and regularly updated list of resources available including policies and guidelines relating to patient care in Ireland during the COVID-19 pandemic.

The National Clinical Programme in Surgery working with the HSE, RCSI and the speciality advisors and speciality associations in Ireland have produced a dynamic and growing set of guidelines, policies and advice on the management on surgical patients in Ireland during the COVID-19 pandemic. These documents are available through the "Surgical practice in context of COVID-19"[4] website.

RCSI library[9] have produced a comprehensive catalogue of resources on all aspects of COVID-19 including the rapidly growing research base.

The Department of Health have published a document entitled "Ethical Framework for Decision-Making in a Pandemic[10]". While mainly relating to the public health decisions taken in these circumstances, it sets out a set of principles (rather than specific guidance) to be considered in deciding on the allocation of limited resources in such circumstances.

Surgery during COVID-19 pandemic

It is likely that all elective surgery will be cancelled during the peak of the COVID-19 epidemic.

However, some "elective" surgery is more urgent and may be time critical. As a general principle, where deferring surgery for several months is unlikely to affect the outcome, it should be deferred. Guidance has been issued on this matter on the RCSI website[4].

Where delaying surgery may impact on outcome, then the increased perioperative risk needs to weighed up against the risks of delay. Patients may be exposed to COVID-19 during their admission; anaesthesia services are particularly stretched and this may become a bigger concern as time goes on; critical care may not be available to patients who become ill after surgery; surgery uses PPE which may be in limited supply; and surgical procedures may expose healthcare staff to an increased risk of COVID-19 in an asymptomatic patient.

Preserving special facilities for planned surgery in a setting where exposure to COVID-19 can be avoided may be a solution. However, as the prevalence of COVID-19 increases, more patients who are asymptomatic may present for surgery only to be diagnosed in the postoperative setting. After the peak of the pandemic, such dedicated elective surgery units may have a greater role. In the current environment, it is wisest to consider any patients having surgery to also potentially have COVID-19 and to take appropriate precautions.

Any procedure (elective or emergency) which generates an aerosol or involves the airway or the respiratory system (ENT, OMFS or Thoracic surgery) may be particularly risky.

The decision to undertake any operative procedure should normally be taken by a Consultant after consulting with other service providers and an honest explanation provided to the patient whether the decision is to proceed or defer the surgery. The obligation to be open and honest with patients remains in place during the crisis.[11]

Surgical procedures (other than minor procedures to assist in palliation) will rarely be appropriate in COVID-19 +ve patients who have been deemed to be unsuitable for ventilation.

Patients presenting with conditions that require emergency or urgent surgical treatment should be offered the most appropriate treatment for their condition.. Where they are also COVID-19 +ve, then a range of special precautions will be required. Surgical procedures on COVID-19 +ve patients may be associated with a higher operative risk including an increased

perioperative mortality. Where there are non-surgical alternatives, these may be more appropriate in this cohort of patients even though they may be less effective treatment in normal circumstances. In certain circumstances, even emergency surgery that would be considered standard of care under normal circumstances may be more dangerous than conservative management.

An Intercollegiate (RCSI, RCSEng, RCSEd, RCPSG) group has produced some guidance for General Surgeons considering operating on patients at this time. This guidance is updated regularly and the latest version is on the RCSI "Surgical practice in context of COVID-19"[4] website.

The American College of Surgeons[12] have produced a wide range of advice on their website in relation to elective, urgent and emergency surgery an almost every speciality.

Speciality guidance: Each surgical discipline are applying these general principles and the specialties have developed their own guidance in collaboration with tre National Clinical programme in Surgery. There are links to those developed by the NCPS speciality advisors, national speciality associations and international specialty associations on the RCSI "Surgical practice in context of COVID-19"[4] website.

Personal protective equipment (PPE)

It is important that healthcare workers protect themselves from exposure to COVID-19 during clinical practice.

Where prevalence is low, social distancing at 2m will provide adequate protection in most circumstances.

In hospital settings, where prevalence may be higher, appropriate PPE is recommended when providing care to a patient with known or suspected COVID-19 infection. While there is some variation in the recommendations between different hospitals, many do recommend that healthcare workers who are in close contact with patients (often within 2m) should use surgical masks and eye protection routinely.

Guidance on using surgical masks — ST. JAMES'S HOSPITAL

The Hospital now recommends that surgical face masks are used for all patient encounters and meetings between staff where social distancing (2 metres) cannot be maintained.

This is for all encounters where COVID is neither suspected or proven.

Please ensure appropriate PPE is used for suspect and proven COVID patients.

Where invasive procedures are performed where there is a relatively low risk of aerosol generation, PPE should include a N95 mask, eye protection, a gown and gloves. There are some useful videos on the HSE website showing how to apply and remove PPE safely[13].

Aerosol Generating procedures (AGP) such as endotracheal intubation, upper airway procedures (including ENT procedures), upper GI endoscopy and thoracic procedures including chest drain placement are particularly hazardous and special PPE including hoods and other measures should be considered. Aerosol generation may also occur during other procedures (e.g. laparoscopy) and it is possible that coronavirus particles may be aerosolised increasing the risk to the surgical team.

You should be particularly careful when removing PPE as this is when you may become contaminated. Work with a "buddy" who is familiar with the process and check each step with them before you do it. The US CDC provide a really useful printable illustrated checklist that you can download to your phone or print for use when required[14].

You should attend hospital training and practice this before you need to do it for real. When you do need to use the equipment, take your time no matter how great the clinical urgency, follow the CDC checklist (or another checklist provided), and work with your buddy to check your steps and check that you have completed the process correctly.

Other Clinical Roles

It is possible, or even likely, that you will be asked to undertake extended roles in patient care which you would normally undertake in the course of your practice. You should be provided with specific training in the role but this may occur on the job. You should have supervision from a colleagues with expertise in the area of practice and you should confirm who your supervisor is when taking on an extended role.

Management of the acutely ill patient

In most cases, it is likely that this extended role will involve looking after acutely ill patients. Most surgeons will have been trained and have considerable experience in assessing and supporting acutely ill patients, for example, through attending a Care of the Critically Ill Surgical Patient (CCrISP) course.

If you have not attended a CCRiSP course, the resources for the course have been made freely available on the Royal College of Surgeons of England website[15].

The CCrISP course is based on a systematic assessment of the ill patient using the START algorithm and RCSEng have a free (for the duration of the COVID-19 emergency) course to help you use this approach[16].
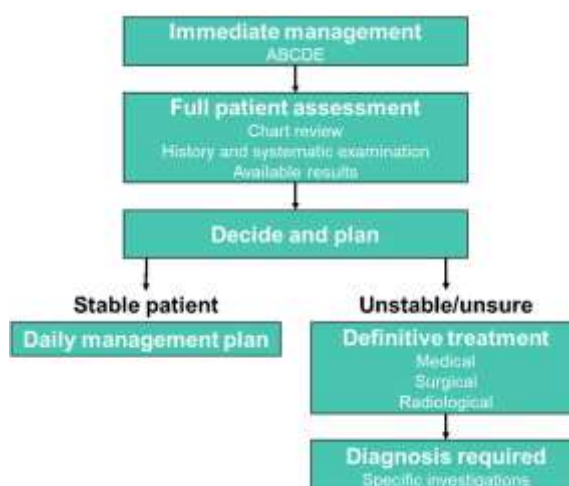
© RCSEng.

Managing ventilated patients

It is possible that surgical staff may be redeployed to provide ongoing care to acutely ill patients who are ventilated in an extended ICU. While on the job training and supervision should be provided. Several Colleges and universities have made online learning resources freely available and you can enrol online and complete the course in your own time.

The Society of Critical Care Medicine (SCCM) in the US have provided free access to a course in critical care training that might be useful[17].

UCD School of Nursing, Midwifery and Health Science have made their course "Covid-19 Coronavirus: ICU and HDU Nursing" freely available[18]. It is aimed primarily at nurses but is a valuable resource for anyone who may be more closely involved than formerly in the direct care of a critically ill patient.

Communication with patients

Teleclinics

Most OPD clinics have been cancelled but many patients can be managed using teleconsultation. A set of principles based on the experience here in Ireland and elsewhere have been developed by the National Clinical Programme in Surgery and is available on the RCSI website "Surgical practice in context of COVID-19"[4]

The National Healthcare Communications Programme have produced a really useful step-by-step guide to teleconsultations which will guide you through this process[19]. An online CPD-approved course is in preparation and this will be accessible via the RCSI website "Surgical practice in context of COVID-19"[4] in due course.

Difficult Telephone conversations

The rapid spread of COVID-19 through our communities and the need for large numbers of patients to be rapidly assessed, triaged and admitted to hospital places enormous strains on patients, their loved ones and the clinicians working to help them. The high mortality rate of COVID-19 in the elderly and other vulnerable groups makes the task of caring for patients even more challenging. The isolation required to protect patients, relatives, and staff make interpersonal communications particularly difficult.

Clinicians may be involved in other highly charged telephone conversations which we would normally only do face to face such as informing relatives of a patient death etc. The absence of body language cues can make difficult conversations even more difficult. VitalTalk , a US charity involved in researching communication have produced a useful prompt sheet to guide these conversations[20]. This has been developed for a US audience and there may be some cultural/language issues to consider but it may help guide the approach

The National Healthcare Communication Programme have also produced a useful guide to help and support clinicians in their difficult conversations with patients and their loved ones[21].

End of life decision-making is always difficult especially for disciplines like surgery. Health Education England have released a range of educational resources related to COVID-19 on their website including a useful section on end of life care[22].

CPD and maintaining professional competence

If you are on the Medical Register (General or Specialists division), you are required to enrol with a **Professional Competence Scheme** and maintain your competence. However, all medical conferences and course have been cancelled and most workplace activities like MDTs have been curtailed or cancelled. If you are unable to meet your CPD requirements due to restrictions arising from the COVID-19, please complete the declaration on the PCS website

(https://forms.office.com/Pages/ResponsePage.aspx?id=50FwYBKocEa9MDD52yEPBlQXu QJMkoBEn4h7yvxavpBUQTEyVDkyMTgxUEVXU0U1N1hWU0VCMkIxMC4u).

The situation regarding next year will be reviewed in due course. A list of CPD suitable for surgeons who might be on leave is being updated currently and will be maintained on the RCSI website in due course.

Doctors who have temporarily been restored to the register are not currently required to enrol in PCS. All the training they require is available locally or online. They are of course welcome to avail of any of the courses on our website. Similarly, doctors in training roles (i.e. enrolled in a training programme and occupying a training post at Core or Higher Training level) are not required to enrol in a Professional Competence Scheme.

Self-care and caring for each other

The current clinical environment is very threatening for patients, their relatives and for health care workers and their families. Everyone is anxious and this can make for difficult interpersonal relations where this would not normally be the issue. Developing some insight into the effects this anxiety has on your performance and that of others can be helpful.

A group of Irish psychiatrists have produced a website with a variety of resources and exercises that you might find helpful. It is aimed at anyone working in healthcare – and perhaps their families - who is concerned about the impact of COVID-19 on their mental health. Access is free. https://www.mindthefrontline.com/

The COVID Trauma Response Working Group in the NHS have produced a rapid guidance document for on the psychological response to stress experienced by hospital staff associated with COVID-19. You might find it useful.

You will find additional resources on our mobile trainee support system msurgery.ie and on the RCSI website.

Social media feeds

While you should be cautious about information circulated on social media, it is the most rapid way for trusted sources to disseminate information as widely as possible. These include

Annals of surgery: @annalsofsurgery

British Journal of surgery: @bjsurgery

New England Journal of Medicine: @nejm

COVID-19 & Coronavirus Evidence, live automated evidence via PubMed curated by @DamianFog & @MetaEvidence: @COVID_Evidence

RCSI library[23] have a curated set of resources covering many different aspects of COVID-19 and you should consult with this regularly. There is a process to set up regular alerts if you wish.

References

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