



Coronavirus: Wellbeing and the workforce

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Lessons learned from the ISUOG Webinar on 31st March 2020

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Coronavirus: wellbeing and the workforce – Lessons learned

Why staff testing is vital - make sure you avoid turning your unit into an incubator - Dr. Shawn Vasoo (Singapore)

- ***Viral shedding appears to be highest in the 1st week of illness; COVID-19 was found in patient room in different surfaces.***
- ***Staff needs to be preserved and therefore they should be tested; most healthcare workers acquire the virus in the community.***
- ***Recommendations for staff: measure temperature twice a day, limit gatherings (especially during lunch time where people let their guard down). Full PPE (N95/FFP2, eye protection, gowns and gloves) for suspected/confirmed cases; all other cases should be taken care of with surgical masks.***

Maintaining staff wellbeing during the pandemic: mental health and resilience training - Dr. Manisha Mathur (Singapore)

- ***Both nurses and physicians may suffer from depression.***
- ***Provide a place for staff to rest and where they can be isolated, with adequate food provisions and living supplies, encourage taking work breaks and consider leisure activities and training on how to relax. Strong management, team culture and social support is important. Show that you care.***
- ***Listen to the staff, easy access to mental health and psychosocial support, promote rotation of staff, think long-term. Suggestions: read fiction, mindfulness, yoga, non-dominant hand exercises, mnemonic devices, musical instruments, expand vocabulary, artwork, dancing, sleeping, intermittent fasting. Consider constant monitoring and encouragement for staff.***

How can we rationalize early pregnancy and gynecological scanning services - Prof. George Condous (Australia)

- ***ISUOG consensus statement available online by the end of the week.***
- ***Ultrasound assessment NOW (cannot delay) – acute abdominal or pelvic pain, heavy bleeding >24 hrs and systemic symptoms, risk factors for ectopic pregnancy, postoperative complications. Ultrasound assessment SOON (delayed weeks without affecting clinical care) - moderate bleeding, non-active heavy bleeding, gynaecological malignancy (may be replaced by CT). Ultrasound assessment LATER (after pandemic) - reassurance, previous miscarriage, light bleeding.***
- ***May consider curettage instead of aspiration, and mini-laparotomy instead of laparoscopy in ectopic pregnancy, to minimize risk of aerosol transmission.***

Advising staff on PPE for specific medical procedures - Dr. Shawn Vasoo (Singapore)

- ***Hair neat and tidy, away from face or wear shower caps; staff should use surgical masks at all times. No PPE required when no direct patient contact (administrative, offices, storage room) unless in meetings. Extended use of PPE: wipe down reusable goggles, face shield if reusable. N95 masks to be removed after the end of clinical duties***
- ***Summary of recommendations for mask use in different services involved: staff, administrative, security, mortuary.***