

Recommendations for COVID-19 preparedness within the surgical, obstetric, and anesthetic ecosystem in Sub-Saharan Africa

1	Develop a clear plan for essential operations during pandemic	<ul style="list-style-type: none"> • Preserve hospital capacity to care for surgical and obstetric emergencies. • Postpone truly elective operations to preserve PPE, staff and facility capacity. • Adapt algorithms to categorize cases as elective, urgent or emergent, and enforce them. • Trial nonoperative management of patient conditions when safe for patients. • Keep COVID+ patients geographically separate from other surgical patients. • Consider dedicating one OR cleared of all nonessential equipment for COVID+ patient use if case burden is high. • Operating rooms used for COVID+ patients should be kept at neutral or negative pressure.
2	Limit exposure of health care staff and prevent hospital transmission of SARS-CoV-19	<ul style="list-style-type: none"> • Train staff on appropriate donning and doffing of PPE. • Encourage simulation and use of two providers for donning/doffing procedures. • Limit unnecessary patient and physician movement through the hospital, limit visitors. • Avoid involving students and trainees in patient care of COVID+ patients when possible. • Minimize the staff required in the hospital to preserve human resources. • All staff including cleaners, laundry personnel and others should be provided with appropriate PPE. • Use surgical masks when caring for COVID-19 suspected or infected patients. • Launder all contaminated linens with detergent regularly. • Disinfect all hard surface areas regularly with 0.5% chlorine or 70% alcohol solution. • Enforce frequent and proper handwashing practices – Alcohol based hand rub can be locally manufactured easily and inexpensively. • Develop care protocols and teams specifically for COVID response. • Minimize aerosols during anesthesia: use regional anesthesia when possible, most senior provider should attempt intubation, only absolutely essential personnel in OR during intubation, recover patients in OR. • Limit case duration, limit aerosolization during laparoscopy. • Consider use of COVID checklist for suspected/known COVID patients undergoing surgery. • If reprocessing single use plastic materials, achieve high-level disinfection or sterilization.

Table continued from overleaf



<p>3</p>	<p>Conserve PPE and consumables</p>	<ul style="list-style-type: none"> • Develop a clear understanding of current stocks and supply chains • Airborne precautions (N95 or PAPR) only required during aerosolizing procedures (intubation, bronchoscopy, NIPPV, high flow nasal cannula oxygen, nebulized medication administration) • Use droplet & contact precautions (surgical mask, eye protection, gown, gloves) for other patient encounters with suspected or known COVID patient. • Extended use of N95 masks is preferred to reuse of the same mask • N95 mask contamination may be reduced by covering with plastic face shield or surgical mask • Do not decontaminate N95 respirators with chlorine or alcohol solution • If severe shortage, consider reprocessing N95 masks (see www.n95decon.org for up-to-date information) • Launder reusable PPE (cloth hats, gowns, etc) between each use. • Cloth masks should be used as a last option only as they provide less protection against droplet or airborne particles.
<p>4</p>	<p>Plan to expand critical care and repurpose staff</p>	<ul style="list-style-type: none"> • Carefully consider if/how many ORs or PACUs could be repurposed for critical care needs. • Prepare providers to work outside their usual scope of practice. • Provide refresher trainings on ventilator management, critical care, and COVID-specific care guidelines to providers who may be asked to work in different areas.
<p>5</p>	<p>Support staff wellness while assisting with difficult ethical considerations</p>	<ul style="list-style-type: none"> • Provide material and psychological resources to staff during this time of crisis • Consider how needs such as HCW home isolation, child care, meal preparation, or general stress management can be supported by hospital leadership • Develop a plan in advance for managing resource shortages and determining scarce resource allocation • Frontline healthcare workers should not have to make resource allocation decisions alone • Provide compassion, empathy and respect for patients, family members, and healthcare workers in this time of crisis