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RESEARCH ARTICLE

BURN CENTER FUNCTION DURING THE COVID-19 PANDEMIC: STRATEGY AND EXPERIENCE

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Abstract

Introduction:-

The city of Wuhan in China has been declared the starting point of the Covid 19 pandemic, whichstartedat the end of December and was able to reachMorocco on March 02 by the declaration of a first positive case of a Moroccan national. resident in Italy, hospitalizedatcasablancauniversityhospital; 6 dayslater a French touristwasdiagnosed positive at CHR IBN ZOHR in Marrakech.

Facedwiththispandemic, Morocco has takenseveralsecuritymeasures to combat the spread of the virus.
CHU officials put in place an emergency patient and staff management strategy
In ourturnburner expert an adaptation to the circumstanceswasnecessary

Hospital Crisis Management:

The organization and crisis management committeedecidedfollowing the currentcircumstances of dedicating the ar-razihospital to the hospitalizations of covid 19+ patients, so the majority of the surgical services moved to the annex of the CHU (the IBN TOFAIL hospital) considereduntilnowcovid 19-

No suspect or diagnosed patient with the virus couldbehospitalizedat ibn tofailhospital.

In the face of the national emergency, all the administrative holidayswerecanceledwith the summons of all the staff

Travelauthorizations for staff workingat the hospital have been signedsince the confinement wasannounced (March 20, 2020)

The implementation of a strategy to prevent contamination of personnel, by procuring over-blouses, glasses, glasses and bibs renewableevery 6 hours; as well as by monitoring the temperature of personnel entering and leaving the hospital

In the presence of feverishpeaks or respiratorysymptomatology in health personnel who have been in contact with a known patient carrying SARS cov 2; the PCR must bedone in emergency as well as its isolationAll the nursing staff workingat the twohospitalsconsideredrespectivelycovid 19+ and covid 19- received accommodation and meals, separatelyfrom the two groups in order to avoid contamination of staff and theirfamilies.

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Private transport to and fromhospitalswasoffered to staff whodid not have ameans of transport to reachtheir accommodation.

If necessary or are obliged to use commonmeans of transport, protective measuresbecome vital. In addition, a surgical unit has been dedicated to covid 19+ patients requiring urgent surgery (tumors, bedsores, loss of substance, etc.)

In return, the appointments of all patients considered non-emergency have been postponed

The Strategy Of The Management Of The Crisis By The Plastic And Burns Surgery Team:
Our medical and paramedical team are dividedintotwo groups:
1 group made up of 5 doctors (3 residents 2 teachers) or 50% of the team and 6 nurses or 33.3% of the team, whohad to join the rest of the staff atcovid + hospital

While the rest of the team made up of 5 doctors (4residents a teacher) or 50% of the medical team and 11 nurses or 66% of the paramedical team, are assigned to the hospitalconsidered covid19- ,totake care of charge burns patients as well as surgical emergencies

The so-calledcovid + team takes care of its mission at the covid19 + hospital (whichconsists of examining and monitoring the covid19 + patients), and takes care of patients whopresent to the emergency departments of reconstructive and burnedsurgery, suspected of have a SARS COV2.whilerespecting the protective measures by wearing a coverall or over-blouse for the protective glasses ,the caps and on the shoemasks and bibs FFP2

After the move a burn unit at CHU AR-RAZI remainedavailable for possible hospitalization of burned patient covid19 +

The training of the team concerning the current situation how to react to different situations, knowing how to protectthemselves, advancingthem in science was a priority, thisiswhy online training and virtual round tables wereorganized by the universityteachersbeing part of the organizingcommittee.

Meetings are prohibited, as well as for medical staff, except in the event of an emergency, their duration must not in any case exceed 15 minutes, performed in a large room withwindows and open door.

Admission Of Sick Providing Emergencies:
In front of each patient whopresents to the emergency department, an interrogation iscarried out via telephonewith the emergency room interns, allowing triage of patients into suspect patients carrying the SARS COV2 virus or not

Thus in front of anyburned patient having a fever and respiratorysymptoms, the transfer must beensuredtowards the unit covid19 + and an examination one must becarried out by the team of plastic surgeryresidentswho care for patients covid19 + (burn and not burn) a PCR iscarried out by the doctor and a chest CT by a radiologistwho deals with covid19 +

Duringthisperiodwe have in one case of a suspectedburned patient, whowasisolated in a room afterhavingequippedhimwith a surgical bib, examined by the team of residentscovid 19+ , received PCR and CT aftertransfer to covid 19+ hospital and returnednegative

In return for a non-suspect patient, the non-covidresident team admitshim to the non-covid emergency care room alonewithoutaccompanyinghim by putting on a surgical bib, and examininghimthoroughly and offeringhim the necessary care and by hospitalizinghim in the plastic surgerydepartmentif the indication for hospitalization arises, or by followinghim via telemedicine in the opposite case.

And whatever the patient'svirological profile, personnel protection measures are essential

During Hospitalization:
The burned patient and whatever the mechanism or type of hisburn, benefitsfrom a condition with monitoring of his vital constants, with an evaluation of hisrespiratory and hemodynamic state, a plot of the temperaturecurve and mandatory .

Current conditions have onlyunderscored the importance of monitoring patient temperature constants, as well as respiratorysignsevenafter admission and throughout the hospitalizationperiod.

A chest CT isrequested in any situation making the carrier suspected of carrying the virus Duringhospitalization, social distances are respected, eachburned patient hospitalizedalone in a room, visits are not allowed

A doctorisappointedeveryday to communicate the information to the families of the patients ; the companionisonlyallowed for children

Protective measures are wellestablished by staff regardless of the patient'svirologicalstatus

Once getting out from the hospital an education of the burneris important concerningitsfooditsmedication, rhythmway and protocol of change of dressing, as well as a reminder on the importance of the social distances which must berespected the washing of the hands the wearing of the flaps and the absolute respect for confinement

A 24-hour reachabletelephonenumberisgiven to patients whentheyleave the hospital, allowing the team to follow the patients from home, thusreducing the risk of contamination of the patients.

Activity In A Burning Unit During The Pandemic:
During the first confinement period, the number of burned patients whopresented to the emergency room wasreduced by 29% compared to the sameperiod of the previoustwoyears

Unlike the 2nd period, whichis in line with the month of Ramadan and whichwascharacterized by an increase in burns figures of 20% compared to the month of Ramadan last yearfollowingdomestic accidents:
- with 36% of burnedchildren and 64% of adults of which 71% are women and 29% are men
45% of burns are due to contact witheitheraliquid or a hot surface, 75% of which are children
55% of burns are due to flamesin 71% of adults

Burns Surgery During The Covid Crisis:
Current conditions requirethatonly patients whosesurgical indication and deemed urgent are operated: in ourcontext are tumors and loss of substances

For suspected patients, chest CT and PCR are deemednecessarybefore the procedure
The length of hospitalstay for post-operative patients and reduceduntilimprovement
The follow-up operating room isdonethanks to telemedicine

Conclusion:-
The confinement and the non access to care for patients who are stable or who are afraid of contamination fromhospitals, canithide the true figure of patients requiring real care?

After confinement, canwe have asequelae patient wave?