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*RESEARCH ARTICLE*

# COVID-19 PANDEMIC: LESSONS LEARNT AND THE NEW NORMAL AS I SEE IT

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*Abstract*

Covid -19 has brought many changes in our daily practices both professional and personal. It has instilled a new sense of health awareness among the masses. These beliefs and practices might seem restrictive and difficult at first but it is not unusual and impossible to adapt. It has unlocked a new world requiring productive use of technology, respecting enforced rules and policies, discipline in life and financial responsibilities.



## Introduction:-

The new-age global contagion has created a havoc worldwide imparting both immediate and long term socioeconomic threats. Despite a multitude of phenomenal changes brought about by technology, the onset of these new infectious disease epidemics and pandemics is still unpredictable. It has compelled the people to bring a change in behaviour that is otherwise difficult to achieve under normal circumstances in this supersonic era, where everybody is short of time and wants quick results. Maintenance of hand hygiene using soap or sanitizer, adequate social/physical distancing, frequent disinfection of surfaces and wearing masks is assured as a routine in daily lives also apart from the health care sector.

In the health care sector, anaesthesiologists have emerged into the limelight by working as 24x7 warriors on the forefront during these testing 'Covid-19' times from serving behind the curtains earlier. From working actively in emergency medicine, critical care units and isolation wards, anaesthesiologists are serving as 'pillars of modern medicine' sharing the burden of physicians. As a result of this crisis, the role of anaesthetists has been remarkably recognised by the masses.

According to many advisories, anaesthesiologists are and will be on their toes in the near future as this battle is going to be fought for long, when hospital resources and manpower will be under tremendous stress and exhaustion. But, it is imperative that we do not let down our guard. A significant proportion of population might require oxygen therapy or endotracheal intubation and ventilatory support, for which an anaesthesiologist has been well trained day in and day out. Being experts of respiratory physiology along with ventilators and emergency airway management, our role becomes crucial in ventilation in critical care. Being well versed with pharmacodynamics and pharmacokinetics of life saving drugs, defibrillators and cardio-pulmonary resuscitation protocols, they turn out to be life saviours for collapsing patients. They are trained to deal with emergency stressful situations and quick decision making, which none of other specialties is at par with.

Being anaesthesiologists, we have implemented lots of reforms to our routine practice, which is the 'new normal' for ensuring safety of patients and anaesthesiologists both. Before performing any procedure or conducting any case inside operating room or even in non operating room area, anaesthesiologists now go through the checklist



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stringently as a routine. Separately designated areas for donning and doffing of personal protective equipment, which includes an N95 mask, goggles, face shield, double gown, double gloves, protective shoecovers, have been provided with a checklist, mirror, nametags and adhesive tapes, as donning and doffing have to be sequential else it can lead to much higher contamination. Sometimes PPE becomes a hinderance to effective communication, so proper role allocation is done among the team members prior to handling the patient to avoid any iatrogenic errors. Biomedical waste management is being done more cautiously, wastes being labelled, sealed, sprayed with chlorine and placed in one more bag. Simulation exercises and mock drills for performing aerosol generating procedures such as mask ventilation, endotracheal intubation, extubation, non invasive ventilation, high flow nasal oxygenation, bronchial suctioning and bronchoscopy, using all precautions are conducted more frequently in non-covid patients so as to have preparedness for working on covid positive patients.

A transparent intubation box is being commonly used to limit aerosolisation. Video-laryngoscope is being preferred over direct laryngoscope both in emergent and elective endotracheal intubations. A practice of placing wet gauze over patient's nose and mouth beneath the mask, during preoxygenation and induction, blocks coughing up of secretions. Bag mask ventilation has been replaced by CPAP with 100% oxygen for 5 minutes. Intubations are best performed using rapid sequence induction to avoid agitation and cough. In case of difficult airway, LMA or surgical airway is considered over fibreoptic bronchoscope. Use of two HMEF filters is being done, one between anaesthesia machine and expiratory limb and other between the circuit and endotracheal tube. While insertion of endotracheal tube, it is clamped using artery forceps to occlude the lumen of the tube so as to prevent gush of secretions. The circuit is then connected to endotracheal tube, cuff inflated, lumen of the tube unclamped and then mechanical ventilation is resumed. Direct auscultation of the chest is avoided and confirmation of correct tube placement is done with capnography. Extubation is done ensuring minimal coughing or before return of full consciousness, preferably under an impervious sheet to avoid spilling of secretions from the tube.

Use of negative pressure operation theatres have been recommended. Avoiding use of open circuits, regular checking of any leaks or any disconnections and proper disposal of waste gases is ensured. Closed suctioning systems are employed. Reducing the number of people working inside the operating room limits the exposure. Early shifting of postoperative patients from post anaesthesia care units to dedicated wards and early discharge is being done. Transportation of Covid positive patients in the hospital premises is limited to a great extent.

Wherever possible, regional anaesthesia should be preferred over general anaesthesia to decrease the risk of aerosolisation. It avoids airway instrumentation, provides better postoperative pain relief and reduces the risk of postoperative pulmonary complications, thus, proving to be a good companion in these testing times.

Use of point of care ultrasonography for vascular access, emergency screening of chest and abdomen, nerve blocks, has been instrumental in avoiding delays caused by chest x-ray examinations and transportation. Increased use of internet and digital technology by healthcare professionals during this Covid era has significantly contributed to continuing medical education programmes. One could easily gain access to webinars, through live streaming apps, being conducted in different parts of world sitting anywhere and at any time. Online training programmes and certification courses have enabled anaesthesiologists and various other specialists to enhance their proficiency in clinical skills. It has led to prompt decision making without any loss of time.

Covid-19 is now considered as an 'inflammatory storm' whereas earlier it was believed to be a non-inflammatory condition. From surface to human transmission, focus has shifted to microdroplet transmission. Social distancing and wearing facemasks has become a norm be it outsides or insides home. Whereas, earlier no treatments were thought to be available, now symptomatic therapies have begun, and home care is being advocated over hospitalisation. From isolation or quarantine, the concept of monitoring has emerged. Times of death have been slowly replaced by times of recovery.

This pandemic has instilled a new sense of health awareness among the populations. The demand for basic services such as maintaining sanitation in localities, covering the drains, ensuring safe water and food quality has abruptly increased whereas in pre-Covid era, it was troublesome to percolate health education among the masses in developing nations. Governments are also rapidly upgrading health infrastructure, recruiting more healthcare personnel, increasing essential supplies such as facemasks, personal protective equipment, sanitizers, etc, formulating new policies and remodulating the existing ones to tackle this emergency situation. Public health systems are actively involved in indentification, isolation, testing, tracing and quarantining the contacts.

Covid-19 has definitely led to a new normal in our day to day activities also. From eating to travelling, education to entertainment, everything has faced drastic changes. This 'new normal' may sometimes seem to be restrictive and difficult, but it is not unusual. It has taught us productive use of technology, respecting enforced rules and policies, discipline, prudence in life and financial responsibility. Traditional practices of leaving shoes and bought stuff outside, washing hands frequently, respiratory etiquette and maintaining good physical hygiene have been reinculcated into us. These beliefs and practices which are otherwise normal, were lost somewhere unknowingly in our pursuits to grow. It has unlocked a new world, which now requires much safe work and living. Moreover, any steps to transition towards this 'new normal' phenomenon must be guided by public health principles, along with social and economic considerations. If people are not adequately informed and empowered timely, then this virus can prove to be an unforgiving one, causing huge number of fatalities.