



COVID 19: Dots from the Frontline

June 2020



Inspiration

A wish for **dark chocolate biscuits**, of an elderly **COVID patient** admitted in a hospital¹ at Durham, was fulfilled by cheerful 'dots', bringing smiles all around, by going beyond the call of duty providing care during the lockdown.

Introduction

Our NHS Our Concern is an independent think tank which lends its ears to hear our thoughts and to influence the determination and strategy of the **UK Government** towards understanding of the current **COVID-19** pandemic and actions to address it with a partnership approach.

We are the 'dots', with a background of Disaster Health, Community Medicine, Emergency Care and Public Health, volunteering to bring ease from disease and constantly reframing our perspectives to address the challenges that are emerging.

Due to the dynamically evolving situation including a potential second wave and the scope for future pandemics we request the **National Decision Model**² as a risk assessment framework for decision making process towards safer, resilient, adaptable and sustainable systems.

Suggestions

STRATEGY

A pragmatic approach which is prudent and judicious focused on situational realities.

PUBLIC HEALTH

1. Physical Distancing

While walking, running or cycling behind one another, the distance needs to be increased to get the same result³ as when standing two meters apart.

2. Face Covering

Respiratory etiquette adherence by members of the public by wearing a well-fitting face cover both indoors and outdoors which will influence Source Control⁴.

Coping mechanisms and training to overcome problems like perceived difficulty in breathing, anxiety, claustrophobia, associated with wearing face coverings will ensure better compliance⁵.

Appropriate waste management of disposable face coverings by cutting them in half will help prevent repeat usage.

3. Vaccinations

Continuing preventive health measures by ensuring children have continued access to routine vaccination at their doorstep or as suitable within their own community. This is necessary to prevent outbreaks of other communicable diseases, such as Measles⁶.

4. Peaceful Sleep and Healthy Habits

Sleep, food, breath and peace of mind are major sources of our energy. **Yoga Nidra technique**⁷ has been used by the sages of yore, to induce good quality deep sleep, which is now being confirmed by **sleep lab** studies⁸.

Unhealthy eating and alcohol consumption habits, along with the surge of mental health problems related to isolation, could be supported by **Loneliness Action Group**⁹.

PREVENTING TRANSMISSION IN HEALTH CARE FACILITIES

5. Virus Carriers

Virus particles have been isolated from surfaces in hospitals including keyboards, telephones, computer peripherals, and shoe soles¹⁰ which make it advisable to frequently clean all surfaces and direct wearing of face covers by all personnel in hospitals.

6. Physical Distancing

Risk assessment of clinical and non-clinical spaces to facilitate physical distancing at workplace in hospitals, with current use of telemedicine and continuation of the 'e-consult' service.

7. Reduction of Airborne Spread

Negative pressure airflow in clinical treatment areas in hospitals will also future proof the health care system for outbreaks. Meanwhile, air purifiers with **HEPA** filters (with air exchange rates of 12 per hour) may reduce viral load in the clinical area¹¹.

SUPPORTING STAFF WELLBEING

8. Risk Assessment of Health Care Staff

Advocate use of risk assessment tools for **BAME** group of **NHS** staff such as **Safety Assessment And Decision (SAAD) Score (2)**¹², particularly for housekeeping and cleaning staff, medical team members, emergency medicine and critical-care staff to avoid abnormally high morbidity and mortality in these groups¹³.



9. Rest and Nutrition

Support for health care staff by providing **local accommodation** for healthcare workers with provision for nutritious meals to ensure that they are well rested and have peer-support with time for reflection and meditation.

10. Redeployment

Action planning utilising **NHS Employers Guidance** in conjunction with **Risk Reduction Framework** for **NHS** staff with measurement of **COVID-AGE**¹⁴. This would help prioritisation for the provision of appropriate **PPE**. Utilisation of staff services may be considered for remote clinics or elective activities only.

11. Duty Hours, Paid Breaks, Dedicated Wellbeing Room

Optimised, staggered duty hours with adequate paid breaks and with compliance measure checks in place to limit **HCWs** vulnerability to infection. This in itself will address the risks of **COVID-19** transmission, fatigue and stress¹⁵.

12. Annual and Study Leave

Reinstatement of annual and study leave, **for wellbeing services**, to transform loneliness to solitude and evoke compassion with passion, whilst maintaining internal dispassion.

Establishment of these reasonable boundaries and limitations with meaningful and effective wellbeing services are the need of the health care staff and key workers so as to prevent fatal harm to our **high risk** Covid Warriors¹⁶.

13. Partnership Approach for Mental Health Support

Many **NGOs** and service providers are offering **free online simple** wellbeing workshops and services for health care staff and key workers, for eg:

- a) **Meditation and Breath Workshop (Happiness Programme)** by Art of Living Foundation (**AOLF**), South Africa with International Association for Human Values (**IAHV**) is a **unique** initiative which is being delivered by **Frontline HCWs for Frontline HCWs**¹⁷
- b) **WellbeingAndCoping website**¹⁸ developed by **4 Mental Health** with funding from **NHS England**, is offering **free calming and practical advice** for anyone emotionally struggling during this pandemic.
- c) **RCEM Wellbeing App**¹⁹ by **RCEM** and Emergency Care Association of **RCN** with 87percent for mental wellbeing of Emergency Care Clinicians and Nurses

- d) **Inner Engineering Online (IEO)** by Isha Yoga Centre UK with **BAPIO** to help support the well-being of **HCWs** at this crisis time²⁰
- e) **Mindful@Home Series** by **TLEX** Institute for professionals²¹
- f) **Meditation and Mindfulness App** by Headspace for healthcare professionals, educators and unemployed²²
- g) **Online Happiness Programme** by Art of Living UK for key workers²³ and outsourced for **NHS** professionals

Such collaborations should be encouraged and partnerships should be forged with other stakeholders to make these accessible to members of the **public** too.

14. **Reduce Transmission to Family and Community**

Adequate provision of **COWs (Computer on Wheels)** with seating arrangements, in all frontline departments for each frontline worker during their shift.

Good quality **shower** and **locker** facilities will minimise transmission from personal accessories such as wallets and phones of staff including **ad-hoc locum** colleagues in preventing **super-spreading** of transmissions and help in keeping their families safe.

15. **Raising Concerns Safely**

Supporting staff to raise concerns by updating and implementing **NHS Whistle Blowing Policy**²⁴.

This would prevent **moral injuries** for the **HCWs** (perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations).

INFORMATION AND SURVEILLANCE

16. **Enhance Surveillance**

Promoting use of **contact tracing app**²⁵ for all healthcare staff and especially high risk groups. Family members of these groups could be supported by facilitation of the provision of smart phones. Community mitigation, to individual containment, is a key factor in curtailing super spreading of infection.

All the above will enhance **surveillance and research** especially among clinically vulnerable subgroups.

17. Strategic Testing

As knowledge of the dynamics of the coronavirus are evolving, people returning to work may be considered for testing (using a coronavirus antibody test) before reporting for work.

Adult social care plan²⁶ should be updated as to allow all care home residents attending **NHS** services to be tested and screened as suitable.

All **personnel** in affected care homes should also be tested.

18. Embedding Formal Screening

Mass testing for **COVID-19** to be introduced in the community similar to other screening programs based on an evaluation of the yield and the cost benefit and cost effectiveness.

Pandemics need to be fought in the community and not just in the hospitals.

19. Remote Recovery - Post Discharge

Virtual follow-up clinics by hospital discharge teams should be started by all **NHS** Trusts, in order to reduce relapse and readmission of patients post discharge.

20. Information Sharing

The current evidence-based approach of the Government, in making decisions combined with regular media briefings is reinforcing the confidence of **NHS** staff and the general public.

Conclusions

Danger Dynamics of the **COVID -19** pandemic and the potential for a second wave should be addressed by adhering to the principles of the **Nine 'D's** – these are the ***decisive protocols for the New Normal:***

Do's	- Face Covering / Hand Hygiene
Dont's	- Crowds and Crowded Places
Drills	- Effective Training
Discipline	- Consistent
Drapes	- PPE
Decision Alerts	- Early Warning
Disposal	- Biomedical Waste
Distancing	- Physical
Disinfection	- Sanitiser

Direction of Travel!

To guide us in moving towards our desired intent of keeping people safe.

Concept - Creation - Coordination - Curation - Correspondence

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Acronyms

AFMC	Armed Forces Medical College
AMC	Army Medical College
AOLF	Art Of Living Foundation
BAME	Black, Asian and Minority Ethnic
BAPIO	British Association of Physicians of Indian Origin
CoWs	Computer on Wheels
DNB	Diplomate of National Board
EM	Emergency Medicine
FRCEM	Fellowship of the Royal College of Emergency Medicine
GP	General Practitioner
GIRFT	Getting It Right First Time
HCWs	Health Care Workers
HEPA	High Efficiency Particulate Air
HIMS	Himalayan Institute of Medical Sciences
IAHV	International Association for Human Values
IEO	Inner Engineering Online
MBE	Member of the Most Excellent Order of the British Empire
NDMA	National Disaster Management Authority
NGOs	Non Government Organisations
NHS	National Health Service
PPE	Personal Protective Equipment
RCN	Royal College of Nursing
RN	Registered Nurse
SAAD	Safety Assessment And Decision
TLEX	Transformational Leadership for Excellence

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About Our NHS Our Concern

“Our NHS Our Concern ”is a think tank which offers a new narrative for the NHS by embracing practical, innovative and cost-neutral solutions to the current crisis in morale, healthcare provision and the dominant ethos.

Our values are the founding principles of the NHS: care free at the point of need, available to all, and a great duty of state, where the measure of success is health or living well with a long-term condition.

Our mission is to reduce need and develop and promote efficiencies in the organisation and delivery of UK healthcare.

Our vision is an efficient, effective, equitable NHS.

Our NHS Our Concern is offering a different narrative based on proposing solutions involving front line staff and aimed at avoiding wastage which remains a huge problem in the NHS. Front line staff have the ideas and it is imperative that these ideas are captured, fine-tuned and provide the basis of health care delivery. Our aim is to provide quality care within finite resources, minimising the need for more staff. We are promoting a new narrative towards a change in culture, which promotes the role of frontline staff in generating ideas and driving actions.

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