

Self-care of medical staff in primary care

An issue that needs attention during the COVID-19 outbreak

Zhongqing Xu

SINCE THE FIRST CASE was discovered in early December 2019, COVID-19 has spread rapidly across the world. On 30 January 2020, the World Health Organization declared that the outbreak of COVID-19 was a Public Health Emergency of International Concern.¹ At the time of writing (3 April 2020), there are 972,303 confirmed cases globally.² Although human-to-human transmission has been proved,³ COVID-19 is non-specific. Patients have various symptoms and visit different medical departments accordingly.⁴ Many patients may seek help from primary care providers, which puts primary care providers at risk of COVID-19. Consequently, self-care is essential for those primary care professionals.

Chang Ning District, located in western Shanghai, China, is the territory in which I work. In the district, there is one general hospital and 10 community health centres that manage the health of approximately 700,000 people. We have 11 general practitioners in our department, and an average of 400 patients were seen per day before the pandemic. Most patients have chronic illness such as hypertension and diabetes; some have multiple health issues. In winter, however, many patients suffer from seasonal diseases (eg influenza), so a fever clinic is open to those who have a fever.

Since the first confirmed case of COVID-19 in Shanghai was diagnosed in our hospital on 15 January 2020, we have changed rules to enhance the safety of medical staff. These rules are evaluated weekly.

Rule 1: Modify the process of outpatient management

Temperature measurement

A temperature measuring point is set up at the hospital entrance, and everybody must have their temperature checked before entering. If the patient's temperature is above 38 °C, they are directed to the fever clinic.

Epidemiological investigation

Each patient is required to complete an epidemiological questionnaire asking whether he/she has been to the epidemic area in the past 14 days. The questionnaire can be done online or on presentation. The epidemiology will be amended in accordance with the progress of the epidemic.

Patient appointment system

All patients need to make an appointment to see a doctor; previously, only 20% of patients made appointments.

Online consultation

Patients can consult via an official WeChat account.

Rule 2: Take physical precautions

Personal protective equipment (PPE) can protect medical staff from infection. It is important to know when, where and how to wear PPE. In addition to PPE, other physical precautions such as hand washing and physical distancing are also critical.

When to wear PPE

When a patient who is strongly suspected of having COVID-19 is attending the clinic, the medical staff should wear

N95 respirators.⁵ Because asymptomatic infection exists,⁶ we suggest that all medical staff wear face masks at the clinic.

Where to wear PPE

In our institution, level D protective clothing and N95 respirators are required for healthcare workers who interact with COVID-19 patients directly because they are at high risk of contracting the virus. In low-risk areas such as the clinic room, surgical masks are considered to be sufficient.

How to wear PPE

Although most staff know the importance of PPE, they may not know how to wear it. Contrary to popular belief, the most protective option is not always the safest choice. Medical staff unaccustomed to complex PPE are more likely to use it incorrectly and thereby put themselves at higher risk of infection.⁷ Therefore, every staff member must be well trained before using PPE.

Disinfection

Every clinic room is sterilised with ultraviolet light 1–3 times per day, for 30 minutes each time.

Rule 3: Do not overwork

The medical staff's capability might decline when they become exhausted, which places both patients and the medical staff themselves at risk. Therefore, adequate rest is important. Because the number of patients visiting the fever clinic has increased significantly during the COVID-19 outbreak, we have employed additional doctors at the clinic. They

will have alternative rotation every two weeks. Every staff member is required to report their physical condition each day, including body temperature and respiratory symptoms. If they do not feel well, they must take a break until they have fully recovered.

Rule 4: Psychological adjustment

The large number of patients, uncertainty of infection and high intensity of work are some of the factors that may place great psychological pressure on medical staff. Anxiety is the most common early symptom of stress. We provide online courses on psychological adjustment to relieve pressure. In addition, many companies support us by providing free milk and fruit. Staff are divided into several teams and are cared for by their team leaders in respect to psychological issues. We also provide a separate room for isolation if a medical staff member has contact with a patient with confirmed COVID-19 without protection, in order to protect the staff member's family.

The epidemic continues. Fortunately, no medical staff have been infected in our department or even in our district. One positive aspect of this outbreak is that many patients have begun to value their own health and the importance of primary care, which may provide an opportunity to develop better primary care in China.

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Author

Zhongqing Xu, Department of General Practice, Shanghai Tongren Hospital, Shanghai, China; Department of General Practice, Shanghai JiaoTong University School of Medicine, Shanghai, China. zhongqing_xu@126.com

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