

Wound care and COVID-19: recognising innovation and collaboration



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John F Kennedy is quoted as saying: “*The Chinese use two brush strokes to write the word ‘crisis.’ One brush stroke stands for danger; the other for opportunity. In a crisis, be aware of the danger--but recognize the opportunity.*”. At the time of writing, the UK is in the midst of the COVID-19 pandemic and we are all coming to terms with the unprecedented challenges this has brought. In the first few weeks of the crisis, I observed a clear sense of purpose emerging, with examples of collaboration, cooperation, innovation and creativity across the world of wound healing. Watching the situation unfold over social media, Twitter in particular, I noted several examples of industry, clinical and academic colleagues rising to the challenge of quickly providing help and guidance for those working in Tissue Viability. At the time of writing, these were some examples that illustrate collaboration and teamwork at its best.

Lohmann & Rauscher put together a Quick links page for their online resources to make information easier to find. This was followed by a Webchat facility for both patients and clinicians to access help and guidance. They and other dressing and device manufacturers have also been offering enhanced clinical support for healthcare professionals. Smith & Nephew have turned to manufacturing ventilators for the NHS, alongside two academic partners in England. Locally in Wales, a group of 7–8 industrial partners supported care homes in Wales by distributing skin care bags and Tissue Viability resources with essential items. I’m sure these are not the only examples of industry partners offering this sort of assistance, so a big thank you to everyone bolstering the NHS services.

The world of academia saw some great initiatives as soon as it was clear that universities would have to move to online studying. Many publishers made their databases freely available, their journals open access or increased the number of users allowed per institution, in support of students who had to adapt to studying from home. For many students working on completing their dissertations, this has been extremely helpful. There were also numerous

examples of engineering departments within Universities manufacturing personal protective equipment (PPE), such as visors for frontline staff.

Associations, such as the Foot in Diabetes and Legs Matter, as well as governmental bodies, such as the National Wound Care Strategy Programme, quickly created and disseminated guidance in areas such as Lower Limb Amputation Prevention as well as self-care for leg ulcers and wounds respectively. These provided very welcome direction and sign posts for healthcare professionals at a time when everyone was asked to reduce clinical workloads so that resources could be deployed elsewhere.

Provision of wound care services also saw a huge change in that hospital-based services had to transform to mobile services so that the most vulnerable patients could stay at home. In time, it would be good to hear about Tissue Viability teams experience of working during the COVID-19 crisis and how this affected clinical practice.

Whilst not wishing to undermine the effect of the crisis on patients, who would have envisaged having to produce guidelines for our fellow clinicians? The images of nurses and doctors with medical-device-related pressure ulcers were very powerful and illustrated the breadth of the impact of COVID-19. The European Pressure Ulcer Advisory Panel set up a COVID-19 and pressure ulcer prevention forum, providing resources for healthcare professionals to follow. The Nurses Specialized in Wound, Ostomy and Continence (NSWOC) association also developed a tool kit to support NSWOCs and all healthcare professionals wearing PPE.

I probably have not given full justice to all the collaborative work that happened within a relatively short space of time, but these examples illustrate the strength of the wound healing both nationally and internationally. My hope is that when the situation has settled sufficiently, there will be time to consider reporting wound healing innovations in clinical practice or creative ways of working that nurses feel have enhanced their Tissue Viability services. 