

# How the pandemic has reshaped our professional lives



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There have been many words and phrases used to describe these last 3 months — extraordinary times, different world, unprecedented circumstances — but I think what has been clearly shown are people's exceptional abilities to adapt. So many clinical staff have had their daily lives turned upside down — many felt frustrated as they had to shield or self isolate when they were desperate to continue to support colleagues at the frontline. Others have had their services completely closed down, with little or no opportunity to plan for how to best look after their patients. Many Tissue Viability Nurses (TVNs) have found themselves working in places and specialities they have not been to for a long time. I have been back working in an acute trust, working across some areas I haven't been in since I was a student!

## THE NEW NORMAL

Most importantly, many have had to cope with the loss of family, friends and colleagues without the opportunity to say goodbye or to grieve in the normal ways. Although we are still 'in' these strange times, we are being asked to plan for both recovery and renewal. And, most crucially, to prepare for another spike to come back as we approach winter.

However, the things that stood out to me throughout this time, were our ability to be flexible, embrace change and be creative in the ways we've had to manage. Nurses and doctors are conducting digital consultations, putting together resources to help patients and families care for themselves, and are holding virtual clinics. Working on a ward or within a district nursing team is a great way of getting closer to patients and colleagues and a great way to spread the Tissue Viability message. I have told several different ED doctors that the chance of their patient having bilateral cellulitis is incredibly slim. Yes, there have been benefits!

Huge efforts have been made to maintain staff education despite gatherings being prohibited and most of those that deliver it being redeployed. It has

not been easy. All conferences had to be cancelled and we missed out not only on the opportunity to learn while listening to lectures and seminars but to network and share information and knowledge with our amazing colleagues. Virtual conferences are being offered but, sadly, it just isn't the same.

## OTHER CLINICAL CHALLENGES

There have also been other challenges and we are currently struggling to understand the national picture for pressure ulcers (PUs). Are we actually missing the Safety Thermometer? Are we seeing patients with more severe damage as they delay or avoid admission or interaction with the NHS in order to 'stay home and save lives'? What about patients with lower limb wounds? Have their wounds improved by self caring?

I have heard more than one person say that wound healing has actually improved and with fewer infections. Is this because there is only one person delivering the care? Or is it because specialists are able to get closer to the patients to do any outstanding assessments and commence compression where it hasn't previously been in place? As with PUs, we don't know if more lower limb patients had complications. I have definitely seen more patients than I anticipated who did have cellulitis. But I don't know how the numbers compare to what usually passes through ED, I certainly haven't seen many patients with PUs, let alone severe PUs, although others have. However, I have seen many patients who did not want to come to hospital and definitely did not want to be admitted as they were very scared of what would happen to them.

## THE NHS NIGHTINGALE HOSPITALS

We also had the challenge of being asked to support the Nightingales — seven critical care hospitals that were set up temporarily as part of the response to COVID-19. Rather strangely, Tissue Viability wasn't on the list of important clinical areas until it was realised that very sick patients often are at

very high risk of developing PUs. Subsequently, specialist equipment was suddenly brought in and TVNs were asked to review myriad types of equipment. As always, with no proper time to review the evidence or determine their efficiency, and, of course, whilst still doing our day jobs. These very sick patients often need to be nursed in a prone position and although prone is not new, it is not a common procedure and brought about lots of concerns related to skin damage. All this before we even consider the impact of wearing personal protective equipment (PPE) on nursing staff and the increase in frequency with which they were washing their hands and using gel.

**NEW SYMPTOMS AND HELPFUL COVID-19 RESOURCES**

Perhaps the most interesting thing for those of us in Tissue Viability was the recognition that there were skin manifestations of COVID-19. We had seen an increase in strange rashes but nobody knew what they were until papers started being recently published. A free-access paper by Casas et al (2020) has multiple images and is a great source of reference.

We also had to start differentiating our PUs, not just from moisture lesions but take into account vascular causes. Fiona Downie (2020) has given an excellent presentation on Wounds UK's recently launched TVN<sup>TV</sup> on how and why ICU patients develop vasopressor damage and what to look for.

There were other helpful resources swiftly produced to support clinicians as well as patients and carers. For example, the National Wound Care Strategy Programme tools for patients and carers (NWCSP, 2020) and guidance by NHS England and NHS Improvement on how to prevent skin damage under PPE (NHS England and NHS Improvement,

2020) — but more are needed.

**WORK IN PROGRESS**

We are now working on hand care; there is much guidance on how to wash your hands but little on how to protect your skin. I also think that there need to be guidelines on selecting head supports as this has challenged many while looking after patients in prone position.

The Stop the Pressure and National Wound Care Strategy Programme teams are currently working together to develop recovery plans, which include how we can best protect Tissue Viability services in the future. So do look out for calls for help and join the working parties.

So going forward, let's embrace the creativity and responsiveness we have seen. Despite the challenges, this unique period has given us time to pause and consider what is really important for our services and for us personally. I think we will see many changes over the next few months, but we need to be strong and driving those changes rather than reacting to what we are told.

Good luck everyone, keep safe, keep well. I hope everyone does manage to get an actual proper break over the summer.

**WUK**

**REFERENCES**

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**Wounds UK ANNUAL CONFERENCE 2020**

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