

The ASA COVID-19 WG has developed the following guidelines based on current evidence and may be subject to change as more information becomes available. They are intended for anaesthetists in Australia and current as of 20/3/20. For the latest version, please visit <https://asa.org.au/covid-19-updates/>

## Staff wellbeing preparation during COVID-19 pandemic phases

[www.ics.ac.uk/ICS/COVID-19/](http://www.ics.ac.uk/ICS/COVID-19/)

[www.kookyclinic.com.au](http://www.kookyclinic.com.au)

### 1. Pre-phase (no COVID-19 patients):

Wellbeing impact	Anticipation and panic. Anxiety and feeling overwhelmed. Tension in working relationships. Communication errors.
Wellbeing preparation	<ul style="list-style-type: none"> <li>• Family and personal planning (medical co-morbidities, leave &amp; financial strategies, read only credible COVID-19 news sources and set limit to check 2-3 times per day).</li> <li>• Reassure and plan to increase a sense of control for colleagues.</li> <li>• Communication updates, escalation plan and reporting plan.</li> <li>• Employee wellbeing officer (or equivalent) support to directors of departments, and line managers who are making plans and holding the stresses.</li> </ul>

### 2. Initial and core phases (first and multiple patients):

Wellbeing impact	Greatest risk period. Fear infection and stigma when out in public and the impact on family. Workload, overwhelmed and exhaustion. Adrenaline and autopilot mode. Healthcare rationing and moral distress (consider families and friends infected).
Wellbeing preparation	<ul style="list-style-type: none"> <li>• Battle field- plan central to allow centralised communication.</li> <li>• Regular communication updates, open forums and managers visible.</li> <li>• Senior staff to promote support and model – it's ok to say you're not Ok.</li> <li>• Rotate staff from higher to lower stress roles as required/needed.</li> <li>• Pre-brief and de-brief each day.</li> <li>• Manage visitors/visiting times/amounts of visitors.</li> <li>• Roster physical basics – breaks and facilities at work (e.g. food trollies), cure.</li> <li>• Sleep deprivation by sleeping, days off, exercise, UV-light, avoid harmful drugs and alcohol. Seek physical assistance (including on-line shopping).</li> <li>• Roster psychosocial basics – drop in sessions for staff with employee wellbeing or equivalent, apply mindful practice (being aware, stop and breathe), contact families and friends, seek support person(s)/ professional assistance.</li> </ul>

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### 3. End phase (immediate aftermath) and long-term:

Wellbeing impact	Exhaustion and post trauma recovery/ stress. Some ongoing PTSD. Reflection and learning.
Wellbeing preparation	<ul style="list-style-type: none"> <li>• Debrief (1:1 or group sessions).</li> <li>• Learn and prepare for the future.</li> <li>• Organise thanks and rewards.</li> <li>• Look out for signs of PTSD in staff: on edge, hyper-arousal, poor sleep, flashbacks or re-experiencing, avoidance of reminders.</li> </ul>

## ASA COVID 19 Guidelines

### Disclaimer

The Australian Society of Anaesthetists (ASA) COVID-19 Guidelines (ACGs) presented on this site are developed to assist clinicians about appropriate anaesthesia healthcare focussing on areas of airway management, staff protection and pandemic planning. The materials have been collated by a group of fully qualified specialist anaesthetists who are responsible for providing anaesthesia for operations and procedures.

The authors of the ASA COVID-19 Working Group (ASACWG) made considerable efforts to ensure the information contained within them, especially recommendations, are correct by way of independent sources at the time of drafting. The ASACWG accept no responsibility for any inaccuracies, information perceived as misleading, or the success or failure of any guideline's regimen detailed in the guidelines.

The materials in these guidelines are provided solely for the information and education purposes of qualified anaesthetist in Australia.

The ACGs are targeted at anaesthetists only. Health information for patients and families is available through (<https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov>). These guidelines are designed and based on evidence available to acquaint the reader rapidly with clinical problems and provide practical advice regarding assessment and management of cases.

The recommendations contained in the ACGs do not indicate an exclusion clause to regular standards of care. They do not replace the need for application of clinical judgment to each individual presentation, nor variations based on locality and facility type.

The inclusion of links to external websites does not constitute an endorsement of those websites nor the information or services offered.

### Website use

We prefer members to link to our website rather than republish our materials on your own website to have access to the most up-to-date version (updated Friday 20 March 2020).

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