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## The “new occupational normality” for anesthetists: beyond the SARS-CoV-2 COVID-19 pandemic

### La nueva normalidad ocupacional para los anesthesiólogos. Más allá de la pandemia SARS-CoV-2 COVID-19

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Among healthcare workers, anesthetists are considered to have a high occupational risk. However, we are paradoxical specialists because we care for the health of our patients but not for ours, at least not to the degree that we should.<sup>1-3</sup> Against this backdrop, biological risks derived from respiratory viruses have become hugely relevant for anesthetists because of our more frequent occupational exposure.<sup>4,5</sup> The new severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causing coronavirus disease 2019 (COVID-19)—following its outbreak in Wuhan, China, in December 2019<sup>6</sup> and its worldwide expansion through very efficient transmission and a lethality rate greater than that of seasonal flu—was declared a pandemic by the WHO on March 11, 2020.<sup>7</sup> Consequently, anesthetists providing care to patients affected by SARS-CoV-2 COVID-19 are exposed to a high occupational risk during the performance of the so-called aerosol generating procedures (from droplet inhalation)<sup>7,8</sup> and procedures in which contact transmission is involved (contact with oral, nasal, and ocular mucosal membranes) from a carrier or from surfaces contaminated with the virus.<sup>7,8</sup> This led to the establishment of specific prevention and protection recommendations for the care of patients who are carriers of these respiratory infections,<sup>7-9</sup> emphasizing *standard*

precautions (previously *universal*) (4.5), with intensified hand washing and the appropriate use of different barrier devices against COVID-19, such as personal protective equipment (PPE).<sup>7-11</sup>

The aim of this editorial is to envision the new scenario for the job of anesthetists beyond the pandemic, which will be changing and dynamic. This pandemic has put the fragility of the economy and the health systems under the spotlight, in particular the vulnerability of human health-care resources.

As a result, a new concept has now emerged, that of the “new normal” for anesthetists. This “new normal” is a dynamic concept that the anesthesia community will have to embrace after the SARS-CoV-2-COVID-19 pandemic, with its dynamics, recommendations and interactions in society. This will create a new reality that will have a bearing upon individual, family, collective, social, and economic life and, what is more, will create a new occupational reality for anesthetists.

We will have to face more frequent exposures to patients affected by SARS-CoV-2 COVID-19, asymptomatic carriers, new complex, and critical patients in our daily practice, interacting in a complex setting due to deficiencies in the health systems that impact our medical

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practice and due also to public and private healthcare providers with significant financial issues. In addition, there is the paradox of having to invest millions in technology to keep the pace of advances in medicine.

Consequently, the following is needed:

- (1) Embracing a concept of shared responsibility for *occupational safety* by anesthetists, scientific/professional associations, and health authorities in this “new normal”, and creating permanent recommendations and protocols for safe practice.
- (2) Creating awareness about the need to integrate our good professional practices into a comprehensive strategy containing recommendations and prevention/protection actions targeted to:
  - Medical and healthcare staff
  - Patients
  - Facilities (in this case, focused on the operating theater and adjacent areas)
- (3) Leaving behind the paradoxical specialist to begin to take care of our own health.
- (4) Close monitoring of the situation by scientific and professional societies; management of health systems that can adapt rapidly to new policies and strategies—in severely affected economies with delayed recovery—as well as to the frantic search by the scientific community of vaccines against SARS-CoV-2.
- (5) Demanding a regulated return to activity, based on consensus.
- (6) Demanding careful planning that involves gradual and progressive reorganization of scheduled patients and respecting prevention and protection recommendations and actions.
- (7) Exchanging the logic of long working hours, fatigue, limitless productivity and work-related stress for quality work and emphasis on caring for the occupational health and wellbeing of anesthetists.
- (8) Protecting those of our colleagues who are older than 60, preventing them from being exposed to SARS-CoV-2 carrier patients.
- (9) Protecting those of our colleagues affected by cardiac, metabolic, respiratory, and other comorbidities, preventing them from being exposed to SARS-CoV-2 carrier patients.
- (10) Incorporating telemedicine with all its benefits once and for all.
- (11) Playing a primary role in humanizing the practice of medicine in our specific area of work.

(12) Obviously, becoming used to this “new normal” in our practice, including things such as:

- To respect work and safety protocols.
- Taking the necessary time to don PPE.
- A more frequent use of barrier protection with PPE: N95 face masks, face and eye protection masks, goggles, and others.
- A greater tendency to use resources such as video-laryngoscopy which have the advantage of not requiring contact with the patient’s airway.

Finally, SARS-CoV-2 COVID-19 is an emerging disease condition that is here to stay. Because all available evidence is dynamic, anesthetists need to remain abreast and duly prepared for this “new normal” in our practice.

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