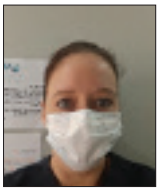
The impact of COVID-19 on wound care provision in South Africa: a personal account



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Here, a wound care nurse describes her experiences of working in a wound care clinic in Pretoria during the COVID-19 pandemic. She describes the impact of lockdown in South Africa and how it has affected her practice, colleagues, patients and working conditions. She shares her hopes and fears as the number of cases rise and threaten to overwhelm the healthcare system.

In July 2020, the number of confirmed COVID-19 cases in South Africa exceeded 200,000. At this time, there had been over 3000 recorded deaths, however more than 100,000 people had recovered from the virus (National Institute for Communicable Diseases, 2020). South Africa's leaders were praised initially when Level 5 lockdown was implemented on 26 March 2020. This action considerably slowed progress of the disease and was supposed to allow the healthcare system to prepare for the inevitable surge in cases. However, at the time of writing – over 100 days after Level 5 lockdown was implemented – there has been a huge rise in the number of confirmed cases. In the first week of July there were more than 70,000 COVID-19 cases in Gauteng, where I live and work. There are shortages of hospital beds, qualified medical staff and medical equipment, and we are under the constant threat of power cuts. I have been a specialist nurse in wound care for the past 21 years. This is my personal account of working in a private wound care centre in Pretoria during the COVID-19 pandemic.

Before lockdown

Before lockdown the practice was busy and had three full-time nurses on duty together with one receptionist. Four consultation rooms were used to treat patients with a variety of wounds, such as diabetic foot ulcers, leg ulcers, chronic wounds, non-healing wounds, burns and pressure injuries. Sporting injuries were also treated. Light therapy and intermittent vacuum therapy were provided.

Load-shedding is the way in which the shortage of electricity is managed in South Africa; power to different areas is cut at different times. Load-shedding was making life difficult before the pandemic, but like true South Africans we love to improvise. We used battery-operated lights and power generators to provide treatment during power cuts *[Figure 1]*.

Level 5: 26 March to 30 April 2020

South Africans experienced an almost military-like lockdown period. Travel to different provinces required a special permit. During this period, mixed messages and false information made things very difficult. The general opinion was that travel restrictions would pass, and lockdown would be something that only affected those who travel abroad. Since the hospital treats patients from all over South Africa, special permits had to be issued to enable them to attend appointments. Staff members also required travel permits. Team members living far away or making use of public transport were unable to come to work during this period.

Lack of staff on site meant that the sports clinic had to close down completely. Since the centre is a training facility for healthcare professionals, we had to cancel all scheduled training events in order to adhere to the lockdown rules.

During this period, existing patients were evaluated and most were taught to self-care,

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Figure 1. Alternative sources of power were essential even before the COVID-19 pandemic.

Figure 2. Practitioners clean and sanitise their hands on arrival and after patient examination.

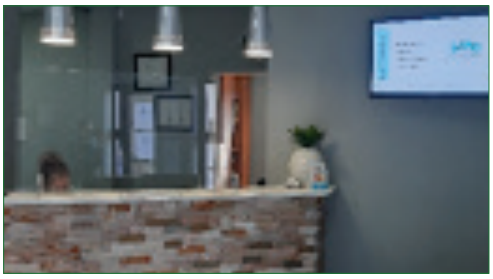


Figure 3. A screen divider assists social distancing and acts as protection.

Figure 4. Face masks, glasses, protective shields and disposable aprons are worn for protection

as far as possible, with weekly follow-up via WhatsApp. Patients unable to self-care were seen at the centre twice per week at most. Difficulty attending for treatment resulted in patients not receiving the correct treatment and in delays seeking medical care. Some patients were adamant that they would rather self-care than be exposed to COVID-19 at the centre.

Level 4: 1–31 May 2020

During March we started to see an increase in numbers of patients seeking wound care. Some had realised that self-care was not always the best option. We were still operating on strict infection control and permit measures. Hospitals and trauma units were mostly empty, which was widely attributed to the wholesale banning of sales of alcohol during this period.

Level 3: 1 June to the time of writing

A wave of COVID-19-positive cases spread from the start of June. The epicentre was initially the Western Cape, but the number of new cases in Gauteng soon surpassed the Western Cape. Unfortunately the alcohol ban was lifted, resulting in high numbers of trauma cases in hospitals, where there has been an increasing demand for beds to be allocated to patients with COVID-19. Travel to different provinces still requires a special permit, restricting staff and patient movement.

Impact of COVID-19 on wound care

Patients visiting the centre

Patients have to telephonically confirm that they do not have COVID-19 symptoms before visiting the centre. New patients are informed about the centre's care process over the telephone and an e-mail is sent before their appointment explaining the process.

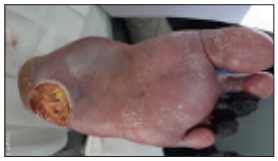
Patients are required to wait in the car until they can be seen. No mask, no entry. The mask must be worn the correct way (covering both mouth and nose).

Before entering the facility, patients have to disinfect their hands. On entry, they are required to complete a screening questionnaire and have their temperature measured. If the patient is assisted by a caregiver, the caregiver has to go through the same process. Patient visits are scheduled every 30–60 minutes, depending on the procedure or wound type.

Healthcare and reception staff

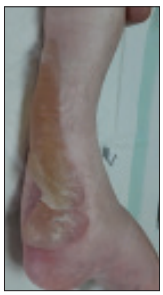
Healthcare workers and staff members are required to wash their hands and use an alcohol-based sanitiser on arrival *[Figure 2]*. They sign in by completing the screening questionnaire and having their temperature taken.

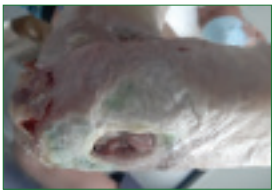
Box 1. Examples of delayed care



Patient with a TEXAS Grade 3D foot ulcer who failed to seek help and had to get a traumatic amputation due to sepsis and peripheral arterial disease

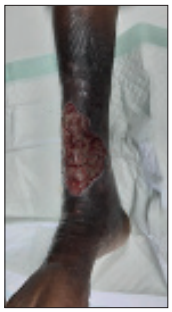
Paraplegic patient who burned with hot water only seeking help after 48 hours.

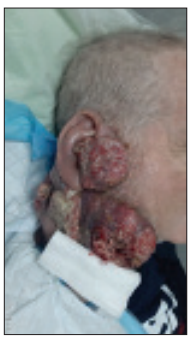




Patient who sustained a deep tissue pressure injury resulting in a Stage 4 pressure ulcer on the heel while he has a plantar neuropathic ulcer

A 95-year-old male patient with peripheral arterial disease and infected mixed leg ulcer





Patient with Stage 4 cancer

The reception area has a screen divider to assist with social distancing and to act as protection *[Figure 3]*. The receptionist only has to wear a mask when dealing with patients and visitors.

New face masks are used every day and nurses wear either a surgical mask and protective glasses or a cloth mask and face shield *[Figure 4]*. Disposable aprons are worn over surgical scrubs.

Due to the high probability of getting infected while using public transport, some staff members are still staying at home for their and our safety.

Cleaning

In our centre there has been an increase in the frequency of cleaning. All door handles, chairs, wheelchairs, pieces of equipment and surfaces are wiped clean between patients. Deep cleaning is performed once a week or when needed due to infectious wounds.

Practice

Practice has not changed much during the pandemic, because infection control has always been a major part of wound care procedures. Antiseptic hand sanitiser is used between patient examinations *[Figure 2]*. Beds and trolleys are cleaned with antiseptic wipes, and linen savers and disposable pillow cases are used. All equipment used with patients is wiped with antiseptic wipes.

Number of visits and types of wounds treated

Patient visits virtually came to a halt during Level 5 lockdown. A significant number of patients are still being treated by telephone calls and WhatsApp. The difference now is that the patients we do see are very complicated. Some have delayed seeking care for months as they were scared of the effects of COVID-19. Examples of delayed care are given in *Box 1*.

Challenges faced

Since the start of this global pandemic, at the clinic we have followed fellow nurses' and healthcare workers' advice from across the world. We tried to prepare but knew our preparations would never be enough. South Africa is a diverse country where corruption and poverty are very real problems. How can you prevent the spread of a highly contagious disease in a densely populated area such as Gauteng, where informal settlements sometimes house 11 people in one room?

Ongoing debates and ignorance about wearing masks have made things much more difficult. Not only are we seeing an increase in COVID-19 cases, but we are also seeing an increase in violence and crime. The rapid increase in attacks on farms is a major concern, since this will have a direct impact on our food sources. Due to the increase in hospitalisations and shortage of intensive care facilities and ventilators, we are heading for the same situation seen in many other countries, where doctors have to decide who gets oxygen, as ventilator numbers are limited.

As a wound care nurse, I am facing a very real struggle: do I join the volunteers caring for COVID-19 patients or continue to treat patients with wounds? I am the chief wound care nurse and if I cannot work due to contracting COVID-19, the centre will have to close until such time as I can resume work. I would love to be able to say I am a frontline healthcare worker at a COVID-19 centre. However, in following infection control measures, wearing a mask, staying socially distanced and caring for those who cannot care for themselves, I believe I am a frontline wound care nurse saving limbs and lives.

I have to think about the people I work with, their livelihoods and whether or not the clinic can pay their salaries at the end of the month. I have to remind myself to be innovative when it comes to wound care and utilise what is available, while wondering how long we have until another power cut. I have to consider my multidisciplinary team members, keep in contact and stay positive. I have to remind myself that I still have a job and a responsibility to earn a living. I struggle, thinking about the day I have to say to my husband and kids that I too am one of the COVID-19 statistics.

For now I do the best I can, trust God and trust that we are doing enough. I aim to make a significant, sustainable difference in the lives I touch. I do not have the skills of an intensive care nurse but I can do my part during this pandemic by being the best wound care nurse I can be. WINT

References

National Institute for Communicable Diseases (2020) *Latest Confirmed Cases of COVID-19 in South Africa*. Available at: www.nicd.ac.za/latest-confirmed-cases-of-covid-19-in-south-africa-7-july-2020/ (accessed 7.08.2020)