

Message to all BAOMS members

27 March 2020

As President and on behalf of Council I would like to thank you all for your supreme preparatory efforts to support the NHS as it faces its greatest challenge in its 72 year history.

As an Association we have acted swiftly in preparing advisory documents on our COVID-19 webpage on both escalation plans for the departmental delivery of an Emergency Oral and Maxillofacial Surgery service and advice on the reduction of elective services to reduce the burden on NHS capacity when it is needed most. These documents are available on the [BAOMS website](#) and I would urge that you read them as soon as possible if you haven't already done so. We have taken a firm line on our recommendations regarding Personal Protective Equipment (PPE) and I have personally lobbied with other National Clinical Directors and BAOMS with other sister organisations in Oral Surgery and ENT to recognise the increased risk to our members due to the procedures that we perform in close proximity to the upper aero digestive tract. We have balanced pragmatic advice against local provision where the NHS supply chain has struggled to keep pace with the changes in PHE guidance and which at the time of writing is likely to change still further in the next 48 hours to introduce extension of the procedures requiring enhanced levels of PPE.

In order to try and help other units prepare I thought that I might give you some idea of the pace of escalation that King's College Hospital, London in general has had to adopt to COVID-19 and also what steps have been required of the OMFS department specifically. I can appreciate that looking at the Critical Care Unit reports from around the country that I am using to plan the National Major Trauma Service provision, London and the South East has been at the forefront of the pandemic this week seeing 7.0% of total number of predicted pandemic cases compared to 1.4% for the rest of the country. However, nowhere in the country is more than 2 weeks behind London and some like Birmingham and the South Coast are seeing significant rises in cases already.

I thought it might be useful to share the King's College Hospital time line to put your expected time line in perspective. King's recorded its first COVID-19 positive patient on 4th March, we declared a Major Internal Incident on the 12th March, when we stopped all non-cancer elective operating and instigated an escalation process of increased CCU and ward COVID-19 positive capacity. We instigated the OMFS escalation policy in the NHSE Speciality guidance that I had written and which has been posted on our BAOMS COVID -19 webpage and discussion group, together with a practical guide on the daily routine at King's which has now been running for 2 weeks and in particular stresses the need for PPE fitting for all staff as soon as possible to ensure there are sufficient available staff to go to theatre. There has been a 45% reduction in Trauma and possibly even more now that the "Stay at home" policy is more rigorously enforced.

By today the King's site has 250 COVID-19 positive patients, 37 of which are on CCU and 213 ward patients. We have currently escalated to an extra 44 COVID-19 positive CCU beds with immediate plans to escalate to 86 CCU beds and overall plans to create 305 CCU COVID-19 beds in addition to 36 Non COVID-19 beds. There is a concomitant reduction in theatre availability which currently stands at 5 but at maximum CCU plans will leave only one CEPOD list, one Neurosurgical Emergency Theatre and one Emergency Surgery list with plans to perform pelvic and lower limb trauma and specialised spinal surgery in an alternative setting. Staff depletion has and continues to be a significant factor whilst we await NHSE guidance on staff testing, but plan for 20-30% of your workforce being away at any one time. This will be the pattern in the larger hubs but of course COVID-19 equally affects OMFS units based at Trauma Units as much as it does at Major Trauma Centres and in fact is likely to be even more disruptive as we have seen in Lewisham and Woolwich which required decompression of their ventilated patients to King's.

Finally our staff have undergone COVID-19 training and are continuing to do so as those not rotated to the emergency OMFS service will be redeployed to patient care elsewhere in the hospital, hence the need to expedite PPE fit testing.

The numbers of COVID-19 cases presenting to hospital will double in the next week and the week after reaching a peak in three weeks. We feel that King's OMFS department and other large units similarly affected have prepared themselves as best they can by adopting the advice and measures we have included on the BAOMS COVID web page and whilst 2 weeks sounds a long time it isn't ! I can't stress enough that all of our units and their staff need to start the same measures as quickly as possible recognising the variation in size of unit and also the possibility of mutual aid between units and or forming functional networks for the duration of the pandemic given the resource requirements with reduced levels of staffing and resources.

Oral and Maxillofacial Surgery has a tradition of rising to difficult challenges and indeed our specialty was born out of conflict and the need to improvise in difficult circumstances. Whilst the current unprecedented challenge facing the NHS is not one of Trauma directly it does not mean we as OMFS surgeons cannot play our vital part in minimising the direct and indirect mortality and morbidity in this National Emergency, a challenge which I am sure our members will rise to, as did our colleagues from previous generations.

The Association wishes you good luck and fortitude for the challenges ahead and I am sure as a speciality we will play our part in the national collective effort.

Robert Bentley, BAOMS President