

Moreover, during SARS outbreak, N95 respirators were perceived to be difficult to tolerate by healthcare workers due to their association with impaired mental performance and headache. According to Professor Seto, the WHO has recommended the use of surgical masks for people living with infected patients and N95 respirators for aerosol-generating procedures. In 2009, the US CDC recommended the use of N95 respirators in all circumstances; however, with evolution of coronavirus pandemics, the guidelines were revised in 2010 and N95 respirators were recommended only for aerosol-generating procedures.⁶ With increasing global apprehension concerning the spread of coronaviruses, people are rushing to Amazon and local pharmacies to buy surgical masks and N95 respirators, resulting in a shortage. Different social media celebrities are also promoting a dangerous myth by unnecessarily using these masks. Considering that N95 respirators filter out 95% of small particles, medical professionals need to wear these masks during close contact with patients. However, they are of no use for general public because these heavy particles can be transmitted through surfaces and, to a limited extent, through air. In a recent press conferences, Alex Azar issued a statement that the United States needs ~300 million N95 respirators for healthcare workers due to the rapid increase in prevalence of this infection.⁷ The paucity of masks and respirators has led to significant price escalation. Some businesses in United States are completely sold out of masks despite evidence that healthy people do not need to wear them.⁸

According to the Centers for Disease Control and Prevention, frequent hand washing with running water and soap for at least 20 seconds, using hand sanitizer, avoiding large gatherings and crowds, and disinfecting fomites may primarily protect others from the virus. However, the eminent global shortage and high prices of masks cannot be overstated. The respective authorities and governments need to develop and implement the proper guidelines and preventative strategies and make sure that the general public is adhering to the proposed protocols. Governments should also provide accurate information and should clarify misinformation spread by social media to help the public face this pandemic.

COVID-19 among medical personnel in the operating room

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To the Editor—Surgical infection is an important issue in hospital infection control; infection can occur in a patient receiving an operation. With the new coronavirus infection, COVID-19, there is a risk of nosocomial infection. Glauser¹ proposed a protocol to keep COVID-19 out of hospitals. However, the infection might be carried by medical personnel. The issue of COVID-19 among

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medical personnel working in the operating room has not been well clarified.

Here, we provide reports from Thailand, a country with the second-most COVID-19 infections at one point in the worldwide outbreak timeline.² As of March 27, 2020, there were 1,136 patients with COVID-19 in Thailand, and 2 of these were medical personnel working in operating rooms. These cases occurred in 2 different rural hospitals. The first case was an anesthesiologist and the second case was an internist working as a surgeon. These 2 patients had regular work rotations in operating rooms during the

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presymptomatic COVID-19 period. Surveillance for possible transmission to patients and other personnel is presently under way.

In fact, COVID-19 has been sporadically reported in a patients receiving surgery, causing special attention to be focused on management techniques related to patients.^{3,4} However, no reports have been published on COVID-19 among members of the medical teams who practice in operating rooms. Although surgical infection studies usually focus on patients, it is important to give attention to the practitioners who work in operation room as well.

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Management-supportive measures for managers of healthcare organizations during the COVID-19 epidemic

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To the Editor—Contagious or infectious diseases are a major cause of death.¹ Epidemics are a serious threat to public health and a global challenge,² and the management of these epidemics is very difficult. In these conditions, economic, social, and health factors of the country are of utmost concern; therefore, healthcare managers must properly manage and support healthcare centers³ and use supportive measures for the organization and staff to provide the best healthcare services possible. Presenting a scientific framework for managing health centers can be very helpful. The following management-supportive practices are the most important at healthcare centers during outbreaks:

1. Engage leadership: Leadership affects the performance of physicians and nurses. Maintain effective communication with employees, pay attention to them, and listen to them effectively.
2. Choose wise motivations: Talk about the importance of staff work, appreciate their work, and provide encouragement.
3. Note work–life balance: Define a proper and balanced workload for employees. Say that optimal performance depends on enough rest and emphasize the need to re-energize.
4. Encourage peer support: Protect your staff from external pressures and from illogical or uncertain demands from patients and individuals, and promote support among colleagues.
5. Provide resources to protect employees and their mental health: Minimize risky conditions in the organization and

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minimize workplace stress to ensure that staff are not exposed to additional stressors.

6. Build a good community: Build the right teamwork and improve working relationships.
7. Increase employee control over their work: Clarify your expectations of employees and create an environment for team members to perform important tasks without interruption.
8. Review your achievements regularly: Talk to staff about progress and successes.
9. Cancel unnecessary meetings: Try to avoid unnecessary gatherings at work. Use video conferencing if a meeting needs to be held.

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