

# Statement from the American Board of Wound Medicine and Surgery (ABWMS)

Provided by Physicians in Clinical Practice for Physicians in Clinical Practice

## Wound Care in the time of COVID-19

The American Board of Wound Medicine and Surgery (ABWMS) is an independent, non-profit evaluative organization whose accountability is to the practice of medicine as well as to the public which we serve.

As this letter goes out [worldometer.com](https://www.worldometer.com) reports over 50,000 confirmed cases of coronavirus in the United States with 653 deaths. Worldwide there are over 400,000 cases and 18,000 deaths. (1) Numerous states are on “lockdown”. The borders are closed or closing. The situation is fluid and the numbers quickly changing. As physician leaders, and scientists, in wound care, it is our responsibility to provide guidance, based on the medical evidence available, during this pandemic. The ABWMS is committed to providing this leadership.

The facts known at this writing are:

- All ages are at risk for being carriers and getting ill.
- COVID-19 is highly contagious. It remains airborne for 3 hours, on cardboard for up to 24 hours and on plastics and stainless steel for 2-3 days. (2)
- The true extent of this virus is not known, as testing is woefully lacking in many, if not most areas.
- **Those at highest risk of major illness and complications are seniors (over 65), immunocompromised patients and those with significant comorbidities. Specifically, the so far reported mortality is 15% in age 80+, 8% 70-79-year old’s, 3.6% 60-69-year old’s. Of those with comorbidities the death rates are as follows: Cardiovascular disease 10.5%, diabetes mellitus 7.3%, Chronic respiratory disease 6.3%, HTN 6% and Cancer 5.6%. (1)**
- The medical system is already in some areas overwhelmed with dwindling supplies and this most likely will worsen.
- At this time there is not a vaccine available, besides supportive care, for this virus.
- Infection Prevention and Control (IPC) as outlined by WHO are imperative to decrease the risk of this virus on patients, communities and the world. This includes accessing risk to patients and staff, identifying points of entry, practicing social distancing (3-6 feet, preferably the latter), and dedicated individual responsibility for hand hygiene, IPC monitoring and use of PPE, as needed. (3)

A large segment of chronic wound care is provided to a medically vulnerable population with associated comorbidities of advanced age, PAD, PVD, diabetes mellitus, cardiovascular disease,

chronic respiratory disease among numerous other medical illnesses. These diagnoses unfortunately also represent the individuals at highest risk for complications from COVID-19.

The AMBWS, representing clinical wound care physician leaders, recommend that wound care centers review patient visits judiciously, implement telemedical technology, enlist the patient and family/friends to receive wound care education to help in the home and increase the addition of home health care. Patient's should not come in for visits unless absolutely necessary i.e. limb ischemia, infection, uncontrolled pain, concern for blood clot. This is especially important in the older population. Transporting the patient to and from the clinics, through the community in vans or cars, often with multiple hand offs most likely is putting them and their communities at increased risk. During this pandemic the goal may be to stabilize the wounds and keep patients out of the Emergency Departments.

As the American Medical Association Code of Ethics states:

“As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self.” (4)

Let us be leaders.

1. <https://www.worldometers.info/coronavirus/#countries>
2. Doremalen, N, Morris D, Holbrook M. Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1. Correspondence. NEJM 3/17/2020.
3. <https://openwho.org/courses/COVID-19-IPC-EN/items/23e29yFZJ9DgmCHUgAL0hR>
- 4 <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/principles-of-medical-ethics.pdf>