National Training of Trainers for

6 March 2020 | New Delhi

Hospital Preparedness for COVID 19

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Outline of Presentation

- Why hospital preparedness?
- Objectives of hospital preparedness
- Hospital Planning for COVID-19
- Infection Prevention and Control Practices
- Surge capacity to deal with large number of patients of COVID-19

Why Hospital Preparedness?

- COVID -19 is highly infectious, main driver being direct transmission through droplet and contact.
- Several Nosocomial infections with COVID-19 have been reported.
- Hospitals may itself become the hub of transmission.
- Large number of cases may have to be managed

Objectives

- Provide prompt clinical care to cases of COVID-19.
- Manage large number of cases in the context of a major outbreak
- Adequately train and equip healthcare staff for managing the cases
- Prevent the spread of respiratory diseases including COVID-19 within the facility
- Provide timely and regular information to the surveillance system
- Establish mechanism for external communication with public

Hospital Planning for COVID-19

Emergency Planning - Incident Management System/ Committees

- The hospital will review its DM plan and exercise this plan, identify gaps if any.
- Review the Incident Response System and/or the Committee system whichever the hospital is following.
- Ensure that there is clear role and responsibilities for the hospital functionaries

Hospital Planning for COVID-19 (Cont.)

OPD Planning

- Designate a nursing officer (and an alternate officer) to manage the triage station and direct the patients.
- Identify areas for initial screening and triage.
- Separate OPD: Flu like illness/ SARI.
- Keep provision of triple layer surgical masks for the patients and bio-hazard bags for their disposal.
- Provide hand sanitizer at the entry and in doctor's chambers/stations. Alternatively provision for hand wash.
- Ensure prominent display of messages on signs & symptoms and preventive measures for COVID-19/run videos to create awareness among patients.

Hospital Planning for COVID-19 (Cont.)

Indoor patient care planning

- Patients needs to be isolated in negative pressure rooms or separate isolation rooms (in alignment with the strategic approach)
- In resource constrained settings, use separate isolation ward for cohorting suspect and confirmed cases, with a waiting area for the visitors.
  - Such wards should have good ventilation and natural lighting
- Ensure facilities for ventilator and critical care management with trained manpower
- Its desirable to have ECMO facility for critical care in tertiary institutions and it's linkage to designated hospitals
- Provision for hand sanitizer with every bed/hand washing facility in the ward
- Provide triple layer surgical masks to all patients
- Ensure proper cleaning and disinfection of environmental surfaces and equipment in patient's room

Hospital Planning for COVID-19 (Cont.)

Patient transportation within hospital and referral

- Minimize the movement of patients within the health center
  - Limited to medically essential purposes
- If a patient needs to be moved, plan the move ahead:
  - provide a mask to the patient
  - Disinfection of the environmental surfaces of the patient care area
- Earmarked ambulances for patient transport and referral
- Ambulance staff should use appropriate PPE
- Facility for disinfection of patient's room after discharge
- Facility for disinfection of the ambulances

Hospital Planning for COVID-19 (Cont.)

Infection Prevention and Control Practices

- Restrict visitors access and their movement within the facility
- Provide triple layer surgical masks to visitors attending the patient
- Provision for hand sanitizer/hand wash with soap and water whenever leaving the isolation wards
- Perform regular environmental cleaning and disinfection
- Maintain good ventilation, if possible, open doors and windows

Hospital Planning for COVID-19 (Cont.)

Surge Capacity

- In large outbreaks/community wide transmission, large number of beds needs to be created.
- The surge capacity can be enhanced by:
  - Reverse triage
  - Addition of existing but non-essential beds to isolation facilities
  - Creating new wards
  - Temporary hospitals
  - Mobilize manpower from neighboring districts
  - Leverage services of healthcare workers in non-critical departments
  - Earmarking beds in private hospitals

Hospital Planning for COVID-19 (Cont.)

- Information management
- Facility should train identified persons on data management
- Daily logging and reporting would be done to IDSP on (daily and cumulative):
  - Total number of suspect cases
  - Total number of confirmed cases
  - Total number of critical cases on ventilator
  - Total number of deaths

Hospital Planning for COVID-19 (Cont.)

Logistic management

- Material logistics
  - Stock adequate quantities of PPE Kits, N-95 masks, triple layer surgical masks, gloves etc.
  - Hand sanitizers and disinfectants
  - Sample collection kits, VTMs and packaging and transportation arrangements
  - Ventilators and other critical care equipment
  - Drugs, IV Fluids and other medical consumables

Hospital Planning for COVID-19 (Cont.)

- Business continuity
- Rostering
- Prevent burn-out
- Maintain positive environment

Hospital Planning for COVID-19 (Cont.)

Training and exercises

- Sensitize healthcare workers on:
  - COVID-19 disease
  - IPC practices
  - Correct use of PPEs
  - Rational use of PPEs: Risk profiling and appropriate use of PPE
- Conduct exercises on IPC practices, patient transport, sampling etc.

Alignment of hospitals with strategic approach

Scenario	Strategy	Hospital facility	Activity
Travel related cases	Prevention of further spread in community	Designated hospitals attached to airports/ports/land border crossings	Isolation in individual isolation rooms of all suspect and confirmed cases
Reporting of cluster	Prevention of further spread through cluster containment	Nearest hospital identified to the cluster	Isolation in individual isolation rooms of all suspect and confirmed cases
Large outbreaks	Mitigation using ABC categorization	OPD Triage facility, surge capacity for indoor isolation in wards/temporary hospitals Admission policy as per risk categorization	Home care for mild and moderate cases and hospital admission only for high risk cases and those requiring critical interventions
Disease becomes endemic	Programmatic approach	As above	As above

Thank you