



REFERENCE OUTLINE FOR HOSPITAL SET-UP FOR COVID-19:

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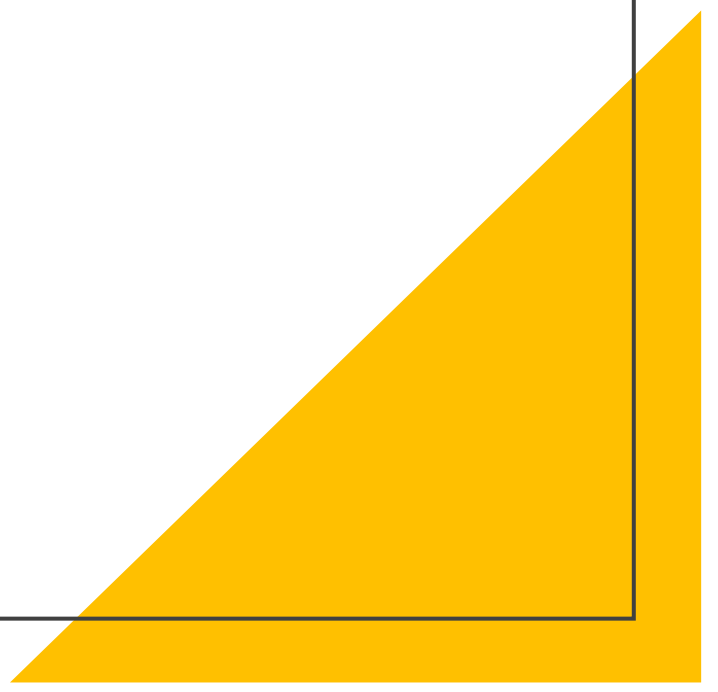
INTRODUCTION:

- WHO has declared the COVID-19 epidemic affecting more than 210 countries as pandemic, it is highly infectious disease hence it is necessary isolate all suspect and confirm cases of COVID19.
- As the pandemic is progressing, there is an urgent need to be fully prepared to provide the best health care to the patients.
- It would be important to put in place mechanisms for triaging and clinical decisions making for identification of the appropriate dedicated COVID-19 facility for providing care to COVID-19 patient.
- This is the time for the districts to re-check their healthcare infrastructure and be ready for the worst scenario towards the community spread of the disease.

GENERAL STRUCTURE:

- Three type of facilities for the COVID-19 management:
 - ❑ COVID Care Centre (CCC): it shall offer care only for cases that have been clinically assigned as the mild or very mild cases or COVID suspect cases.
 - ❑ Dedicated COVID Health Centre (DCHC): it is a hospital that shall offer care for all cases that have been clinically assigned as moderate.
 - ❑ Dedicated COVID Hospital(DCH): it is a hospital that shall offer comprehensive care primarily for those who have been clinically assigned as severe.

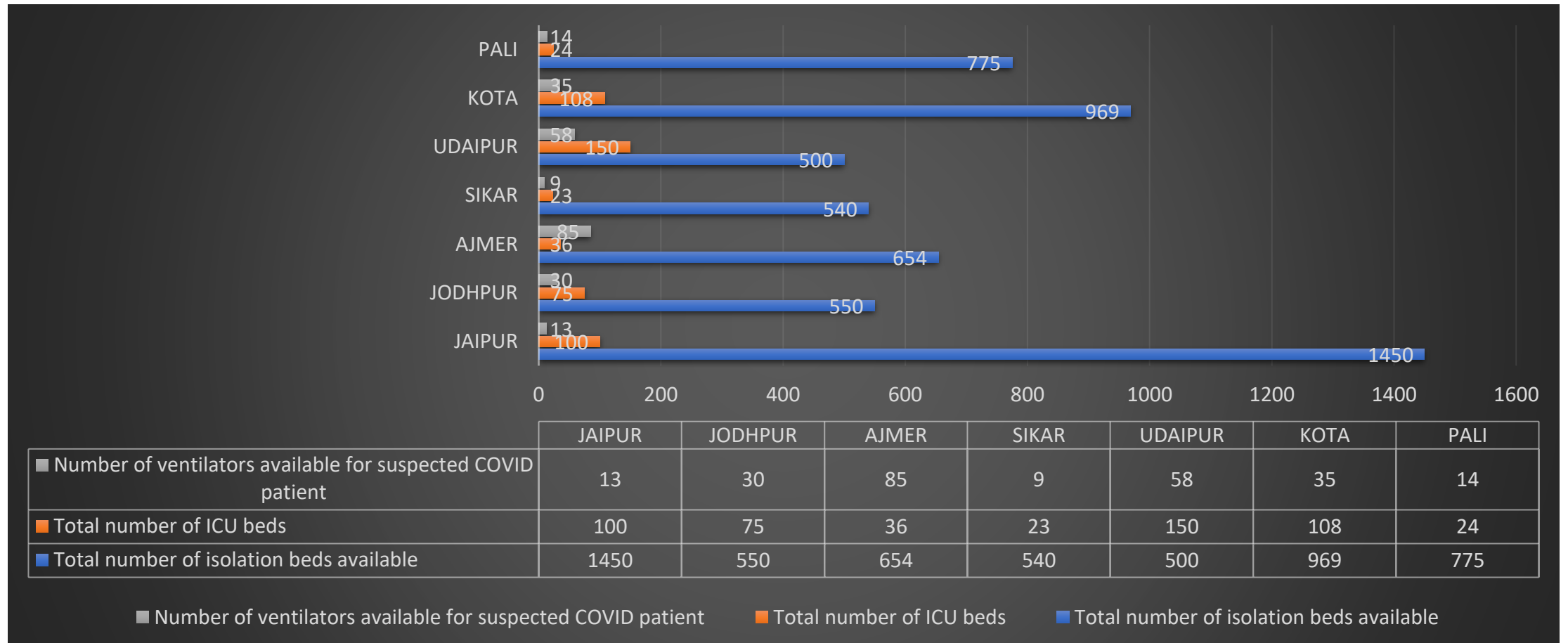
GENERAL STRUCTURE:

- There is 4 zones in COVID Dedicated Hospital:
 - Zone 1: it is for suspected non-COVID patient.
 - Zone 2: the isolation area for sample collection.
 - Zone 3: it is the unit for COVID-positive cases.
 - Zone 4: the area reserves for COVID- patient in severe condition, it is also called COVID care unit or COVID ICU.
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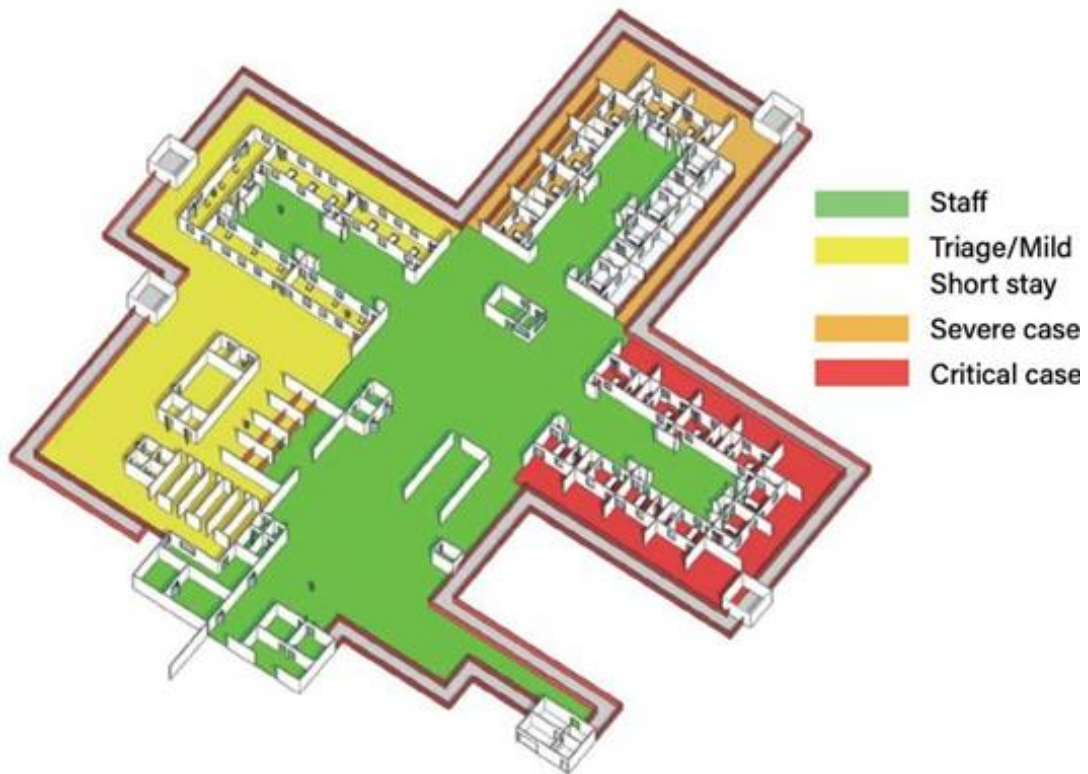
MANAGEMENT CONSIDERATION OF Dedicated COVID Hospital(DCH):

- Principles of IPC(infection prevention and control) strategies associated with health care with suspected COVID-19, to prevent or limit infection transmission in health-care settings include the following:
 - Early recognition and source control.
 - Application of Standard Precautions for all patients.
 - Implementation of empiric additional precautions (droplet and contact and whenever applicable airborne precautions) for suspected cases.
 - Administrative controls.
 - Environmental and engineering controls.
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SITUATIONAL ASSESSMENT FOR HOSPITAL FACILITY FOR COVID PATIENTS

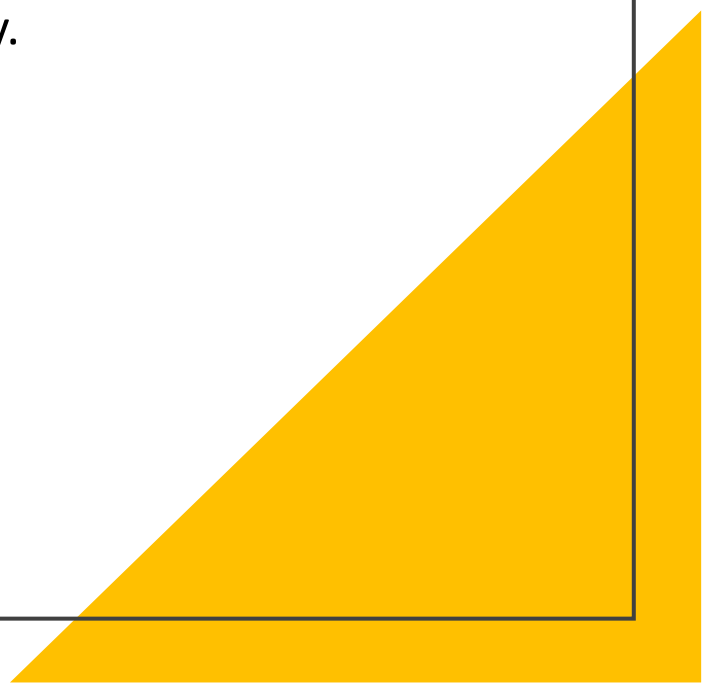


INFRASTRUCTURAL MANAGEMENT:



- For strengthen the patient management the hospital can be divided into 4 zones as shown in the diagram.
- Floor plan may be recognising all utility areas, corridors ,stairs etc.

MANPOWER OPERATIONAL DISTRIBUTION:

- Frame a list of HR available in the Hospital with their Name and Designation under different cadres. Keep their contact details ready.
 - Categorize required human resources into various categories, as:
 - Physician to patient ratio 1:12 (ICU)
 - Nurse to patient ratio 1: 3 for ventilated patients
 - HDU nurse to patient ratio 1:6
 - ward patients to nurse ratio 1: 10
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ISOLATION ROOM SET-UP :

- At State level, a minimum of **50** bed isolation ward should be established.
- At District level, a minimum of **10** bed isolation ward should be established.
- All patients should be managed in negative pressure single room if available. If this is not possible, then a single room with attached toilet facilities should be used.
- it is strongly advised that when staff enter or exit within the ante room as they remove their PPE and wash hands after they leave the patient room.
- To create a 10 bed facility, a minimum space of 2000 sq. feet area clearly segregated from other patient care areas is required.
- Preferably the isolation ward should have a separate entry/exit and should not be co-located with post-surgical wards/dialysis unit/SNCU/labor room etc.

- Anteroom(lobby) should be clean once in a day and isolation ward -room should be clean twice a day.
- After cleaning with neutral detergent, a chlorine-based disinfectant should be used, in the form of a solution at a minimum strength of 1,000 ppm available chlorine.
- Use of mobile healthcare equipment should be restricted to essential functions as far as possible to minimize the range of equipment taken into and later removed from the room.



CONVENTIONAL MANAGEMENT IN QUARANTINE CENTRES:

- Conditions ,when a person get quarantine:
 - Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients;
 - Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings);
 - Traveling together in close- proximity (within 1 meter) with a COVID-19 patient in any kind of conveyance within a 14-day period after the onset of symptoms in the case under consideration.
 - The place of quarantine center should be adequately ventilated, spacious single rooms, with attached toilet (hand hygiene and toilet facilities).
 - If single rooms are not available, beds should be placed at least 1 meter apart.
 - Maintenance of social distancing (more than 1 meter) of the persons quarantined.
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CONVENTIONAL MANAGEMENT OF QUARANTINE CENTERS:

- Possible quarantine settings are hotels, dormitories, homes, schools, stadiums according to MoHWF guideline
 - Ensure that all persons quarantined are practicing respiratory hygiene.
 - A medical mask is not required for persons with no symptoms. There is no evidence that wearing a mask of any type protects people who are not sick.
 - personnel and quarantined persons should understand the importance of promptly seeking medical care if they develop symptoms;
 - Developing policies on the early recognition and referral of a suspect COVID-19 case
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CONVENTIONAL MANAGEMENT OF LABORATORY:

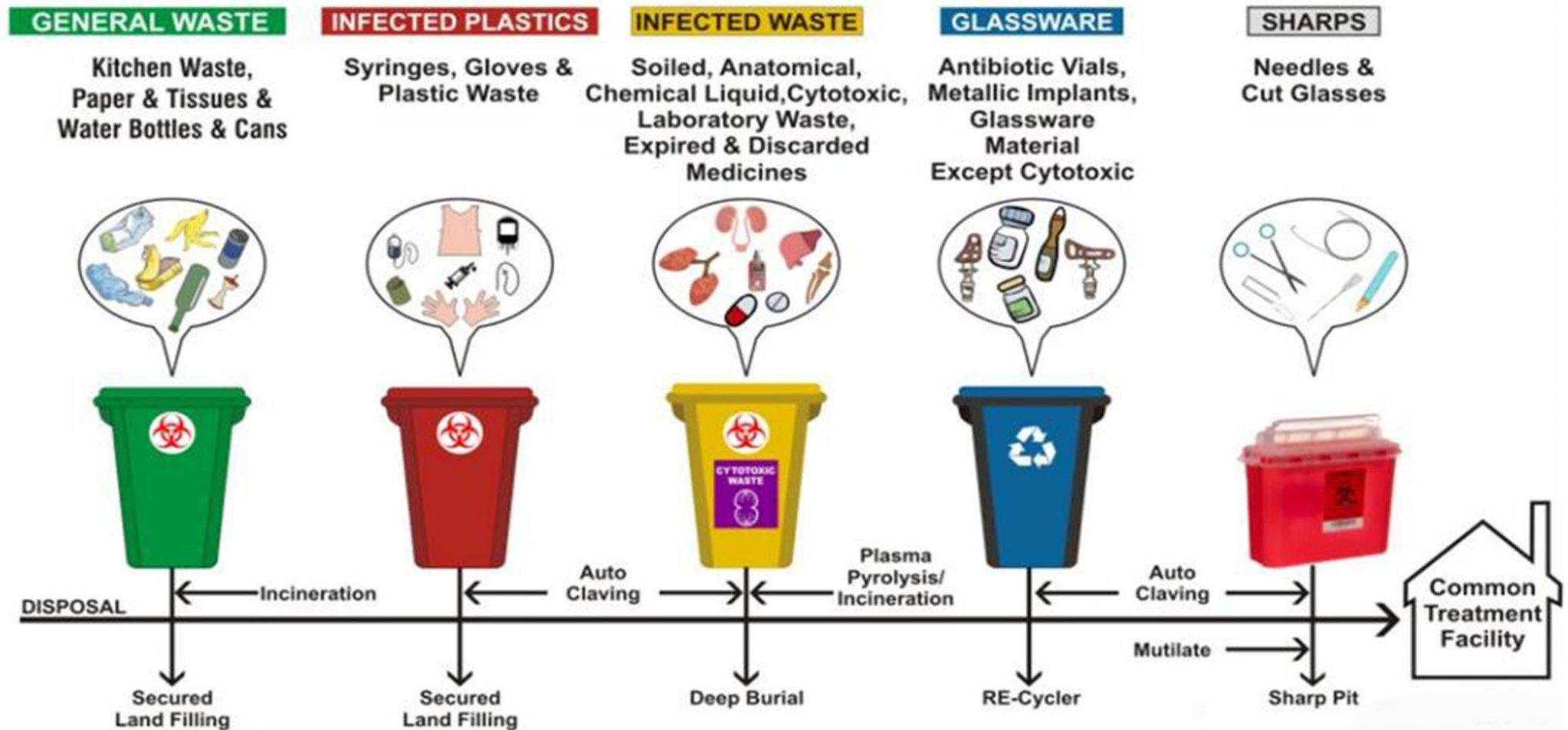
- Labelling of a Specimen:

Proper labeling (name/age/gender/specimen ID) need to be done on specimen container and other details of sender (name/address/phone number) on the outer container by mentioning “To be tested for COVID-19”.

- 2 types of sample to be collected:
 - Nasopharyngeal swab / Nasal Swabs – 2.
 - Throat Swab.
- Ethical laboratory protocols should be followed while testing.
- After testing, documentation is necessary.

CONVENTIONAL MANAGEMENT OF BMW

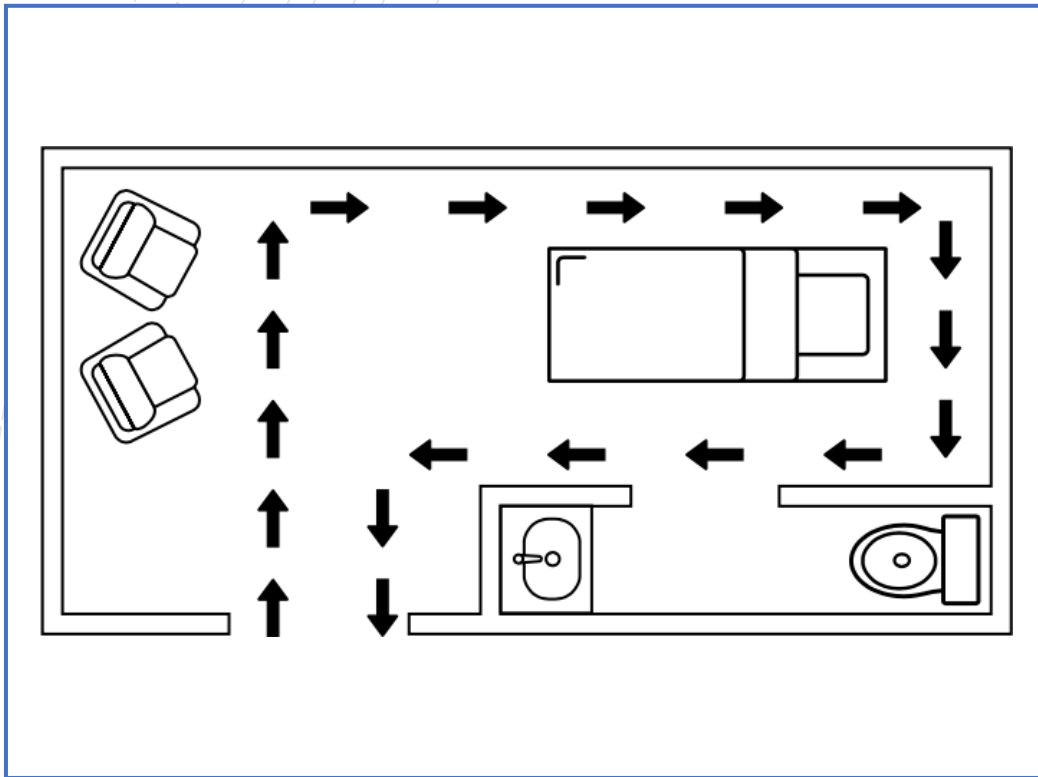
SEGREGATION OF HOSPITAL BIO-MEDICAL WASTE



CONVENTIONAL MANAGEMENT OF HOSPITAL PHARMACY

- Identify the modal person, the person will ensure training of all staff.
- If volunteers are needed Rajasthan Pharmacist Association are available for it.
- Prepare a list for essential drugs should be available in each centre
- Plan to estimate periodic consumption (daily /weekly) of medicines.
- Plan for estimating future requirements as per past consumption.
- Staff training on infection control practices /PPE usage.

CONVENTIONAL MANAGEMENT OF HOUSEKEEPING:



- Listed required manpower while 24*7 for each centre.
- Standard operating procedures to be followed.
- PPE use and infection control practice training.
- Daily screening of staff for sickness.
- Estimating the daily consumption of disinfectants.
- Plan for updating daily inventory.

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CONVENTIONAL MANAGEMENT OF LOGISTICS



Frame a centralized procurement system for each district for procurement, transport, warehousing, stock monitoring, tracking and reporting of essential equipment.



Prepare list of essential equipment's, consumables and medications in consultation with end users for each district.

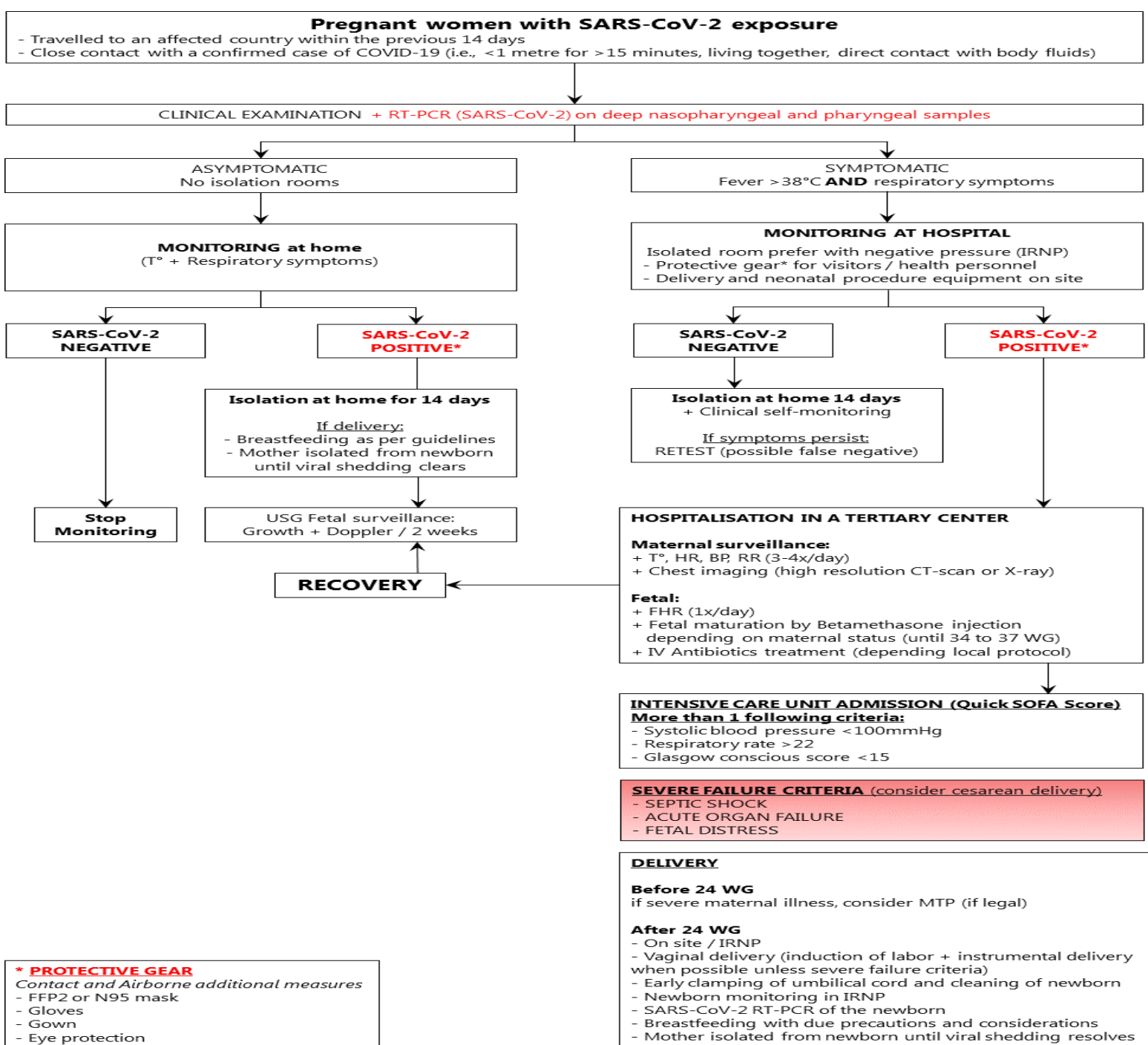


Prepare the planning to get end user's feedback.

▼ CONVENTIONAL MANAGEMENT OF DEAD BODY MANAGEMENT:

- Standard precaution to be followed by health care workers while handling the dead body of COVID-patients.
- Training in infection prevention control practices.
- Removal of dead body from isolation room or area.
- Handling of body to the mortuary.
- Embalming of body is not allowed.
- Autopsy of COVID-19 dead bodies.
- Transportation of the dead body.

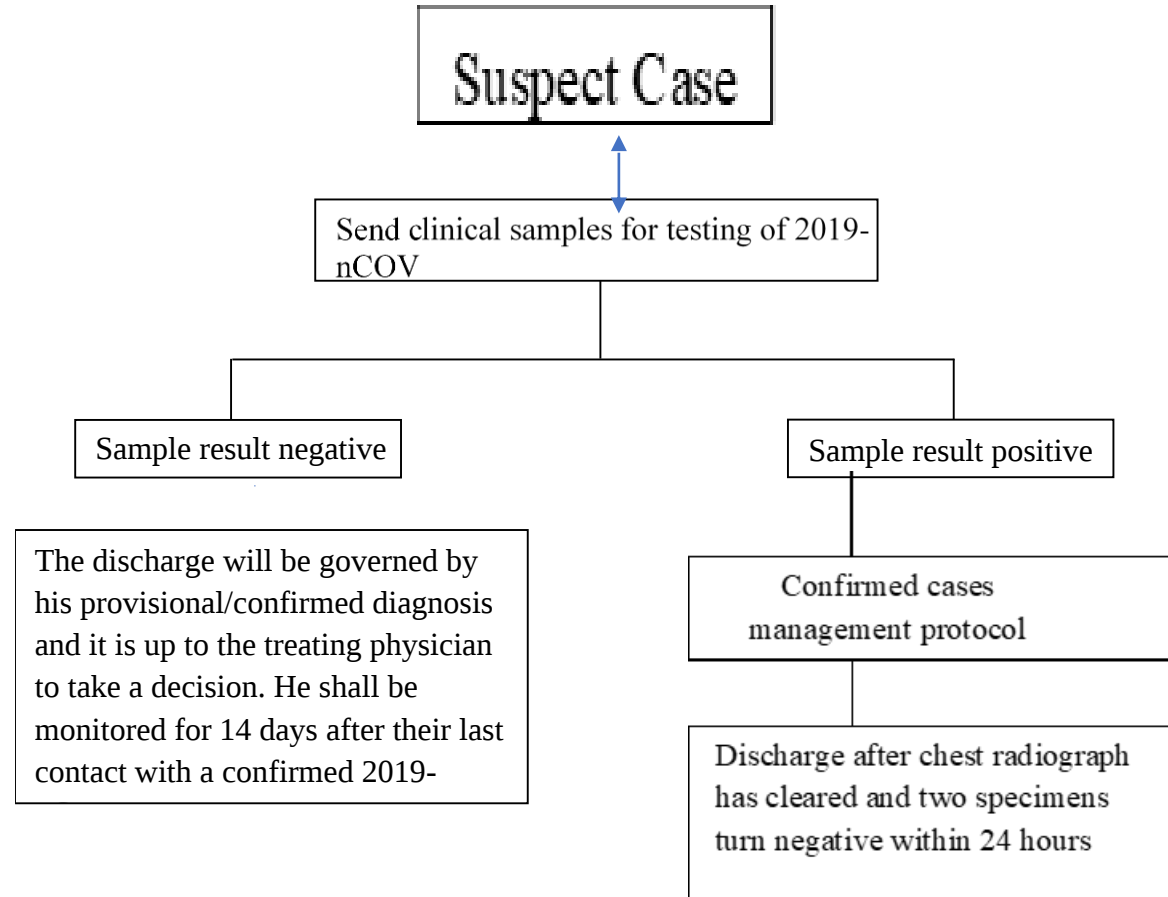
ETHICS FOR PREGNANT WOMEN IN COVID-19



MANAGEMENT OF NON-COVID PATIENTS CURRENTLY ADMITTED IN THE HOSPITAL:

- Patient handling should be done in same way(before COVID-19 crisis).
- All COVID positive patients such as delivery etc. to be done as per the protocol.
- Other than emergencies the other general OP and IP will get shifted to one level down Hospitals.
- Surgery, Medicine, Orthopedics, ENT, OMFS, Psychiatry, Respiratory Medicine, and Cardiology can be relocated to the government general hospitals in the district with relocation of essential specialists on a turn basis, if required.
- Nephrology and patients on dialysis can be relocated to major hospitals under government and private sector where facilities for dialysis are available. (Temporary shifting of equipment also may be considered if there are no technical issues)
- The specialists Doctors not directly involved in the COVID care may get shifted to the General Hospitals to continue tertiary care to the emergency patients.

DISCHARGE POLICY FOR COVID 19 CASE



CONCLUSION

- The COVID-19 pandemic is now a major global health emergency. As it continues to spread in several countries, the epidemic has begun in India. The trajectory that the epidemic may take is not entirely clear; hence we need to do the best of our preparations to deal with the COVID 19 cases and Preparation for the worst should be put in place at war footing. We have provided insights for the preparedness of the health-care settings for the state. HCWs who are at the frontlines in the fight against infectious disease are the most vulnerable. This document deals with various ways of protecting them and ensuring that their lives and welfare are not compromised in the battle against this dreadful disease



ONLINE COURSE REPORT ON E-HEALTH

INTRODUCTION

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- The MOOC, "eHealth: More than just an electronic record!", is multidisciplinary in nature.
- It aims to equip the global audience of health clinicians, students, managers, administrators, and researchers to reflect on the overall impact of eHealth on the integration of care.
- It explores the breadth of technology application, current and emerging trends, and showcases both local and international eHealth practice and research.

OBJECTIVE OF THE COURSE

- To learn the fundamentals of eHealth and where it is heading
- To understand what kind of health data we are currently collecting and how it will transform healthcare in the future
- To know how new technologies are helping health consumers participate in their own healthcare
- To understand how eHealth can improve the coordination and efficiency of healthcare and what the barriers might be.



KEY LEARNING FROM THE COURSE

- MODULE-1
- Compare definitions of eHealth from both health consumers and professionals
- Recognize an eHealth model which illustrates how key eHealth domains intersect to impact on health care
- Develop an insight into the fundamental principles of eHealth
- Appraise your own awareness of eHealth in current practice
- Interpret the current and future challenges of eHealth for both health consumers and health practitioners



KEY LEARNINGS FROM THE COURSE

- **Module 2 key learnings**
- Understand the potential of mobile technology to support the shift from “healthcare” to “health”.
- To know about “wellness” and “healthcare” mobile apps currently in use.
- Consider strategies for including mobile health apps in public health professional practice.
- Be aware of issues around the design and evidence for effective health apps.
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KEY LEARNINGS FROM THE COURSE

- **Module 3 key learnings**
- Learn about current trends in electronic data in healthcare
- Understand importance of privacy and security of data.
- Using data to improve our performance.



KEY LEARNINGS FROM THE COURSE

- **Module 4 key learnings**
- Describe a range of innovative eHealth interactions between consumers and healthcare professional
- Evaluate the advantages of technology based eHealth services in improving access and communication in healthcare.
- Appreciate the differences between online and face to face health service interactions
- Consider new models of healthcare supported by telehealth, social media and personalized apps
- Appreciate how eHealth can be used to support professional development.
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KEY LEARNINGS FROM THE COURSE

- **Module 5 key learnings:**
- Review a variety of cas based examples of eHealth in professional practice.
- Provided an evidenced based rationale for adopting an eHealth strategy suitable for your own professional practice.
- Description of anticipation the strategy improving healthcare services for both yourself and healthcare consumers.
- Used eHealth principles from previous modules to review and comment constructively on those eHealth strategies suggested by other course participants.

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