

Reference outline For COVID-19 Hospital Set- up



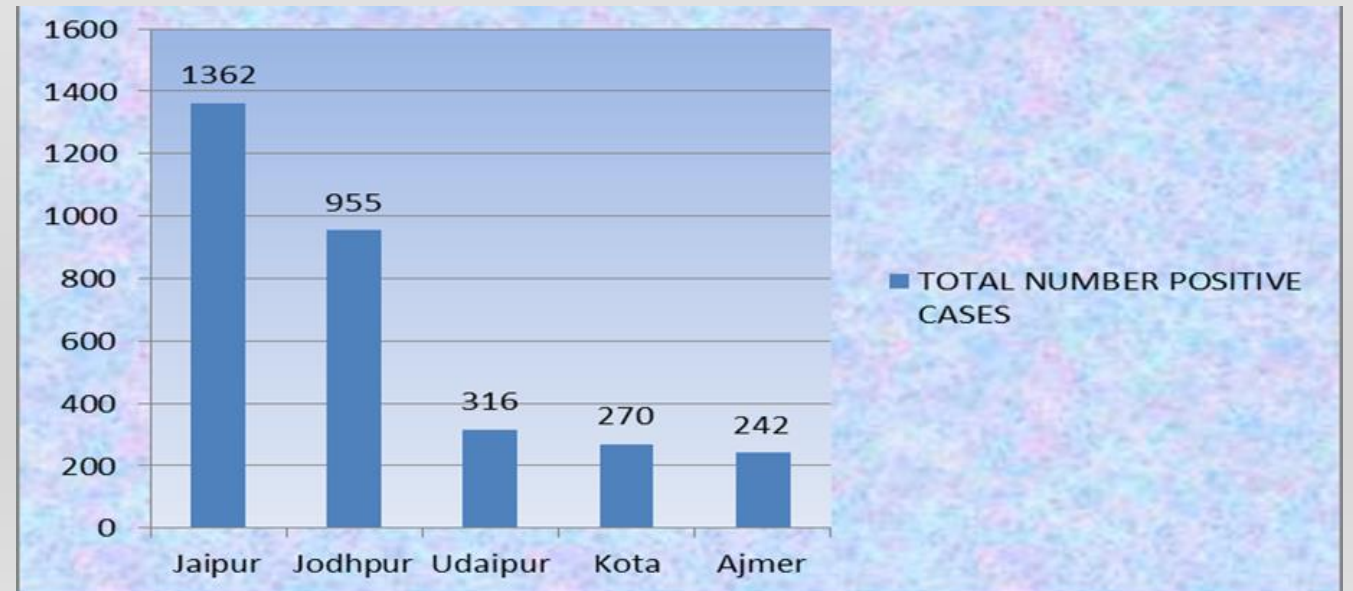
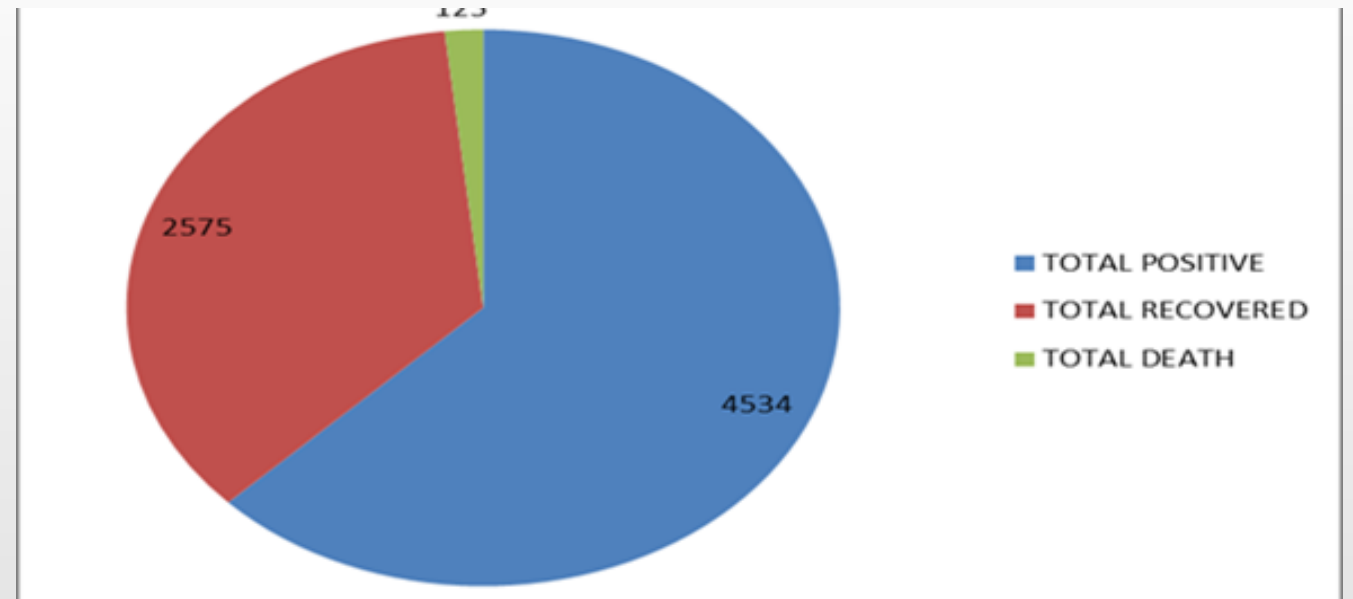
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INTRODUCTION

- COVID-19 is a highly infectious disease hence it is necessary to isolate all suspect and confirmed cases. .
- This is the time for the states to recheck their Healthcare infrastructure and be ready for the worst scenario towards the community spread of the disease if it occurs.
- It is important to set up a plan and framework for triaging and clinical choices in preparing the best dedicated facility for the treatment of COVID-19 patients.
- It becomes very important at the time to segregate and prioritize the COVID-19 cases and provide the best health care facilities accordingly.

CURRENT STATUS OF THE DISEASE IN RAJASTHAN (14TH MAY)



GUIDELINE STRUCTURE

- For COVID 19 3 types of facilities setup are observed
 - COVID Care Centre(CCC)
 - Dedicated COVID Health Center (DCHC)
 - Dedicated COVID Hospital (DCH)
- State to convert 60 DCH, 300 DCCC and 60 DCHC till July
- All three COVID 19 dedicated facilities will have different marked areas for
 - Suspect cases
 - Cases that tested negative
 - Confirmed laboratory
- Every single speculate case (regardless of seriousness) must be consider for COVID 19

MANAGEMENT CONSIDERATIONS OF DEDICATED COVID HOSPITALS

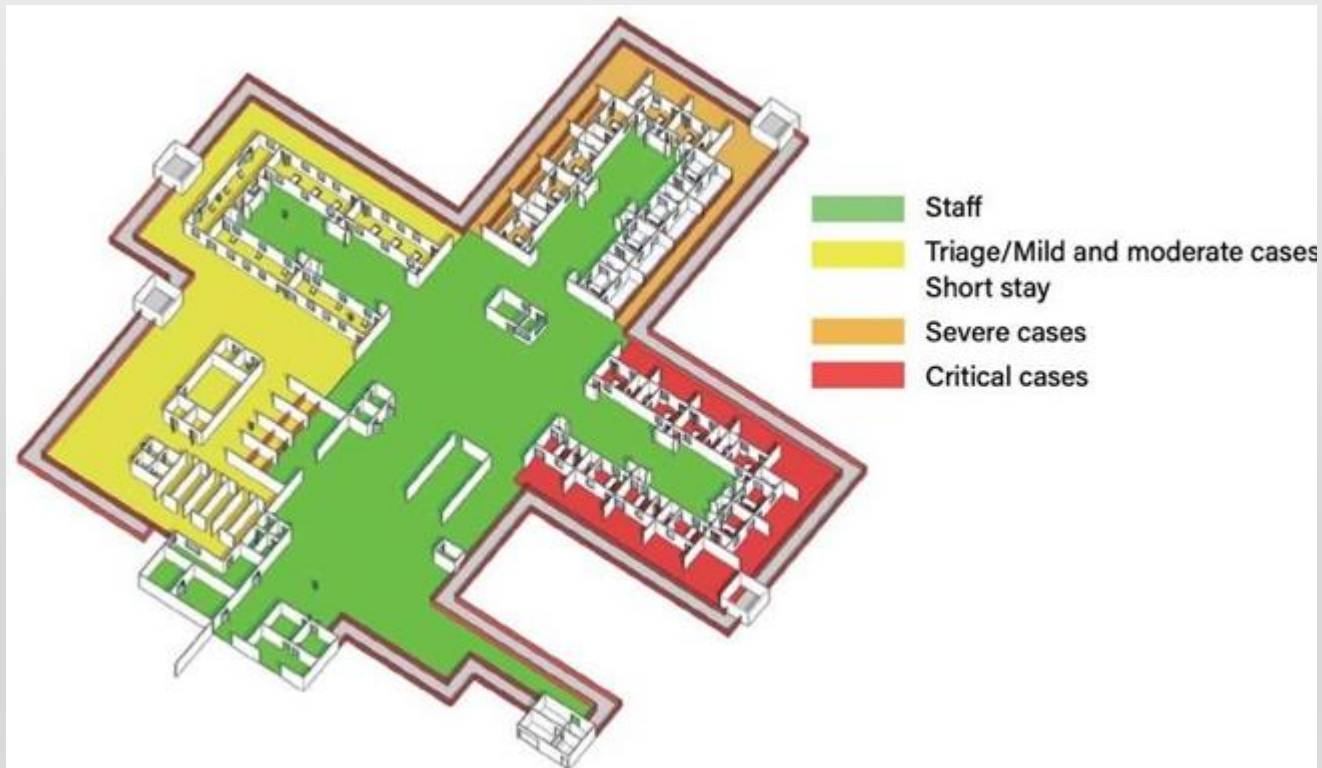
- Principles of IPC strategies associated with health care with suspected COVID, to prevent or restrict further spread of infection in health-care settings include:
 - Early recognition and source control
 - Application of Standard Precautions for all patients
 - Administrative controls
 - Environmental and engineering controls

DEPARTMENTAL RESPONSIBILITIES OF HCW's AS PER THEIR OPERATIONAL FUNCTIONING WITHIN THE HOSPITAL

Setting	Personnel Required	Inventory/Activity/ Skills to be tested
1. Outpatients facilities/ Initial Triage		
Consultation Room	Healthcare workers (Doctors and Nurses)	Physical examination of patients with respiratory symptoms. Inventory PPEs & Medicines, hand washing and sanitizer facility.
	Healthcare workers (Doctors and Nurses)	Physical examination of patients without respiratory symptoms but based on self-declaration and /or history
	Cleaners	After and between consultations with patients with respiratory symptoms; Disinfectants.
2. Emergency /Inpatient facilities/Isolation Rooms and Duty Stations		
	Healthcare workers (Doctors and Nurses)	• PPE • Drugs & Disposable • Oxygen Apparatus • Suction Machine • Hand washing and Hand sanitizer facility
	Cleaners	Entering the room of COVID-19 patients with proper PPE
Laboratory	Lab Technician	Collection of Respiratory samples
Administrative Areas	All staff, including healthcare workers	Administrative tasks that do not involve contact with COVID -19 patients but work on logistics and supply and record maintenance. Hand washing and hand sanitizer facility.

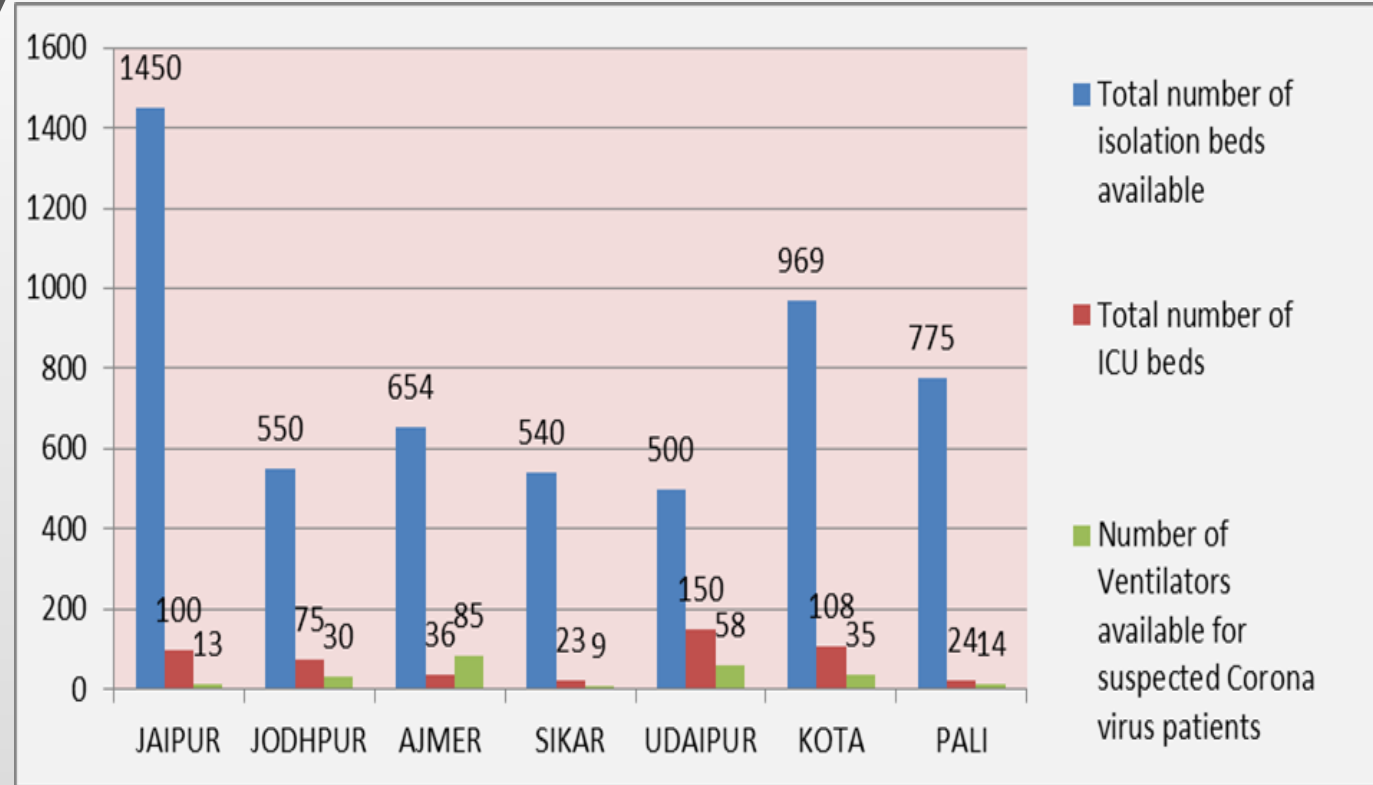
3. ICU Facilities		
ICUs	Respiratory specialists Anesthesiologist • ICU Nurses • OT Technician	• PPEs • Knowledge and skill as per treatment protocols • Oxygen supply • Emergency medicines • Monitors • Defibrillators • Ventilators
4. Ambulance or transfer vehicle (For shifting to Tertiary Care Centre)		
	Healthcare workers	Transporting suspected COVID-19 patients to the referral healthcare facility.
	Driver with Paramedical workers	Involved only in driving the patient with suspected COVID-19 disease and the driver's compartment is separated from the main compartment. Assisting with embarkation /disembarkation of patient with suspected COVID-19 disease.
	Cleaners	Cleaning and disinfection after and between transport of patients with suspected COVID-19 disease to the referral healthcare facility
5.Details of Tertiary Care Centre (Contact No. of Nodal Person and Emergency No.) are available		

INFRASTRUCTURAL MANAGEMENT



- For efficient patient management and infection control hospitals can be divided into zones and Floor plan can be prepared by recognizing all stairs, utility areas, corridors etc.

SITUATIONAL ASSESSMENT OF HOSPITAL FACILITY FOR COVID PATIENTS



MANPOWER OPERATIONAL DISTRIBUTION

- Make a list of all the HR available in the hospitals with their details like name, designation and contact numbers.
- Prepare a framework for the positioning of the HR while maintaining the
Physician patient ratio as 1:12 (for the ICU)
Nurse to patient ratio 1: 3 (for ventilated patients)
Nurse to patient ratio 1:6 (HDU)
Patient to nurse ratio is 1: 10 (For the wards)

SETTING UP OF ISOLATION/FACILITY WARD

- Beds 50 for state and 10 For the district level, are recommended for setting up of isolation wards
- A minimum of 2000 sq. feet area is recommended for creating a 10-bed isolation ward facility with attached toilets to 5 per bed.
- Patient will be managed in a single negative pressure room with toilet facility attached in the CCU
- Precautions while using the Ventilators
- Chlorine-based disinfectant should be used as a solution mix of 1000 ppm
- Isolation room should be cleaned twice a day and lobby for at least once a day
- Unnecessary transfers to the other hospitals must be avoided.

CONVENTIONAL MANAGEMENT OF QUARANTINE CENTRES

MOHFW recommended converting the schools, hotels, hostels, and other places like stadiums for the quarantine centers.

- Well airy spaces, large rooms with a single bed also having attached washrooms are given to those in quarantine. Beds are kept with a minimum distance of 1 meter apart
- Proper air ventilated, systems of filtration and guidelines of managing wastes for efficient control of infection;
- Proper level of comfort for Accommodation
- Policies on the early recognition and referral of a suspect COVID-19 case
- Follow-up daily including daily body temperature and symptom screening
- Additional surveillance for chronic conditions or specific medical treatments for high-risk groups.

CONVENTIONAL MANAGEMENT OF LABORATORY

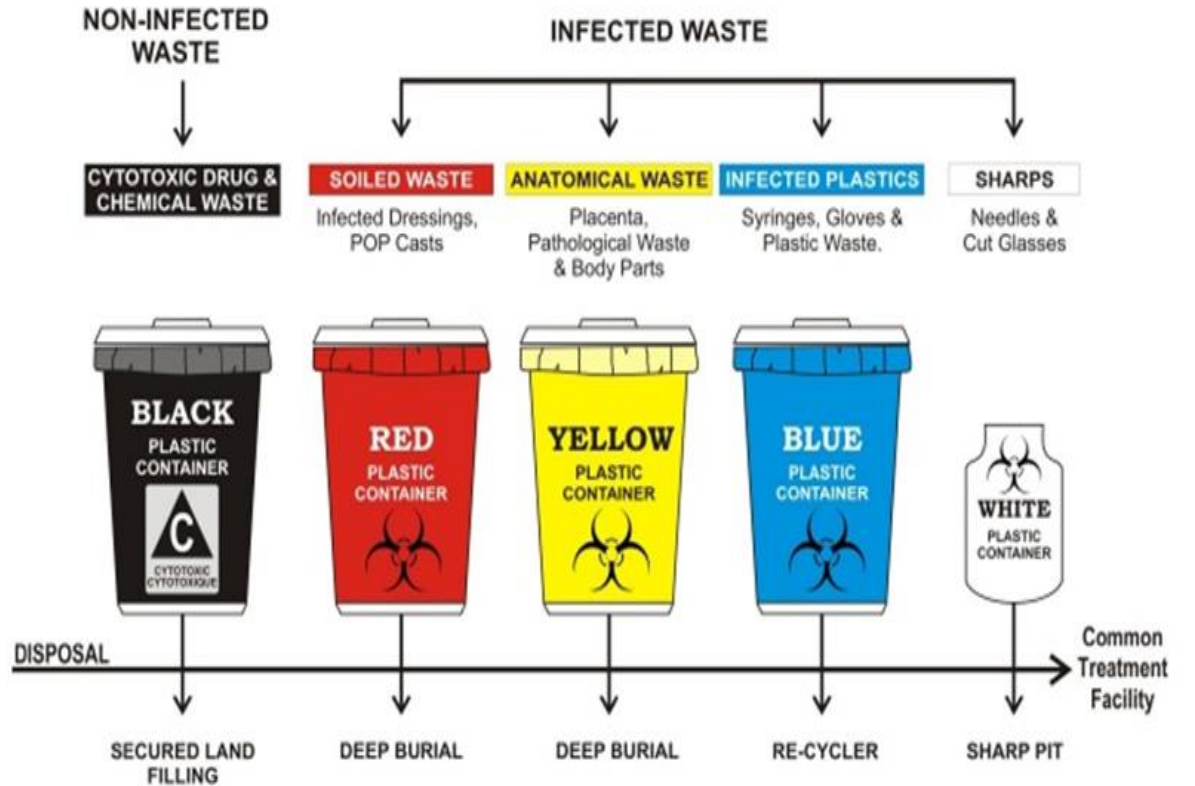
- Labeling of samples

Proper labeling (name/age/gender/specimen ID) should be done on container containing sample and on the outer container other details of sender like (name/address/phone number) and mention “To be tested for COVID 19” on it.

- Samples to be collected are from
 - Nasopharyngeal swab OR Nasal Swabs – 2
 - Throat Swab
- Protocol to be followed for sample collection and transportation
- Documents required to be maintained for sample testing

CONVENTIONAL MANAGEMENT OF BMW

SEGREGATION OF SOLID BIO-MEDICAL WASTE

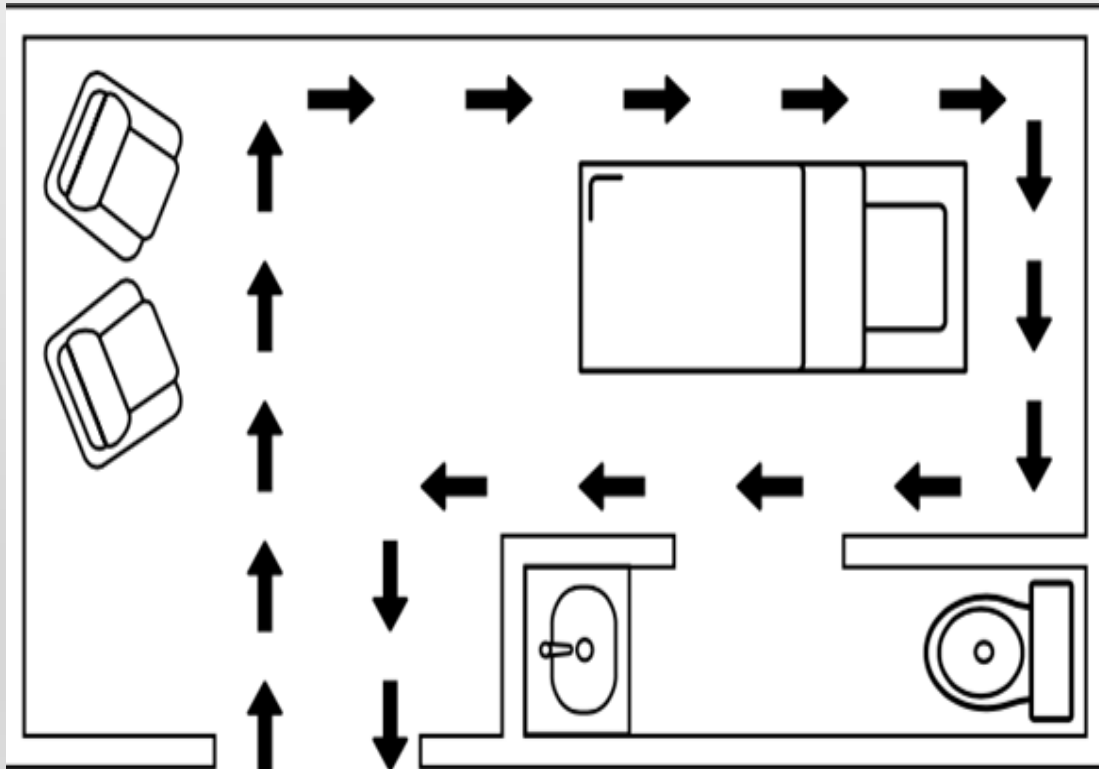


NOTE:- USE ANY COLORED BIN OTHER THAN BLACK, RED, YELLOW, BLUE & WHITE FOR DISPOSAL OF GENERAL WASTE

CONVENTIONAL MANAGEMENT OF HOSPITAL PHARMACY

- Identification of modal person for the pharmacy, he will ensure the preparedness and training of all pharmaceutical staff present in store.
- If needed volunteers from Rajasthan Pharmacist associations can be used.
- List out all the essential medication for each center.
- Identify multiple vendors in advance and Acquirement, obtaining, storage, stock of the drug store ought to be done.
- Periodic consumption (daily /weekly) of medicines should be estimated and planned.
- As per past consumption, Plan and estimate the future requirements

CONVENTIONAL MANAGEMENT OF HOUSEKEEPING



- List out the required manpower and plan their duties accordingly 24*7 in each center.
- Standard operating procedures for disinfection to be followed by everyone.
- Training should be done on Standard operating procedures.
- IPC practice training.
- Daily screening of staff must be done for infection control

CONVENTIONAL LOGISTICS MANAGEMENT

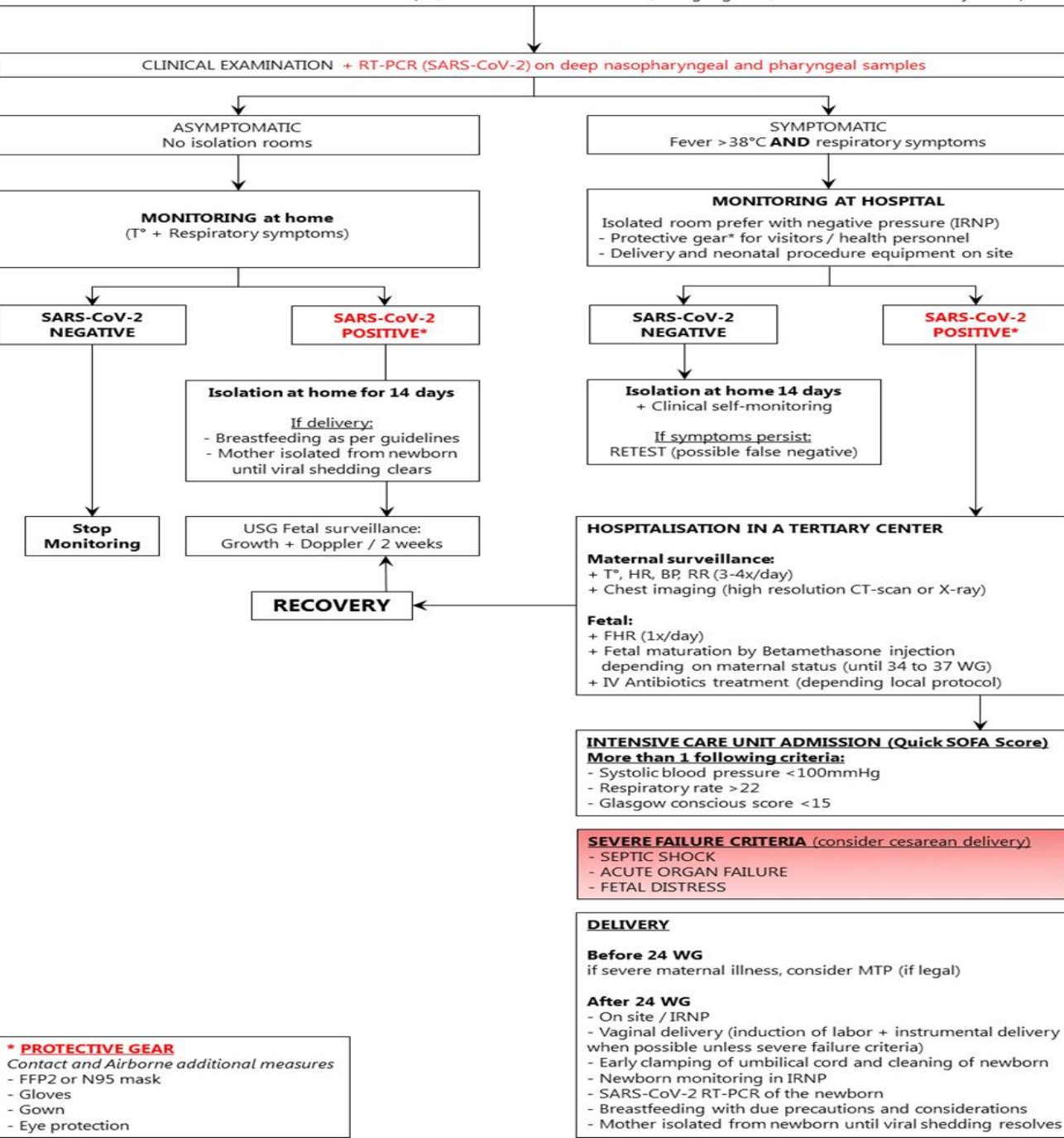
- A centralized procurement system for each district will be for procurement, transport, warehousing, stock monitoring, tracking and reporting of essential equipment's.
- Make a record of all the fundamental equipment's, consumables and medications for each district region (Includes ventilator with inbuilt blowers, NIV with hood (NOT veil), screens, needle, respiratory pumps, intravenous pumps, blood gas machines)

DEAD BODY MANAGEMENT

- Standard Precautions to be followed by health care workers while handling dead Bodies of COVID 19 patients.
- Training in infection and prevention control practices
- Removal of the body from the isolation room or area
- Handling of dead body in the mortuary
- Embalming of the body should not be allowed and the autopsies should be avoided
- Transporting of dead body

Pregnant women with SARS-CoV-2 exposure

- Travelled to an affected country within the previous 14 days
- Close contact with a confirmed case of COVID-19 (i.e., <1 metre for >15 minutes, living together, direct contact with body fluids)

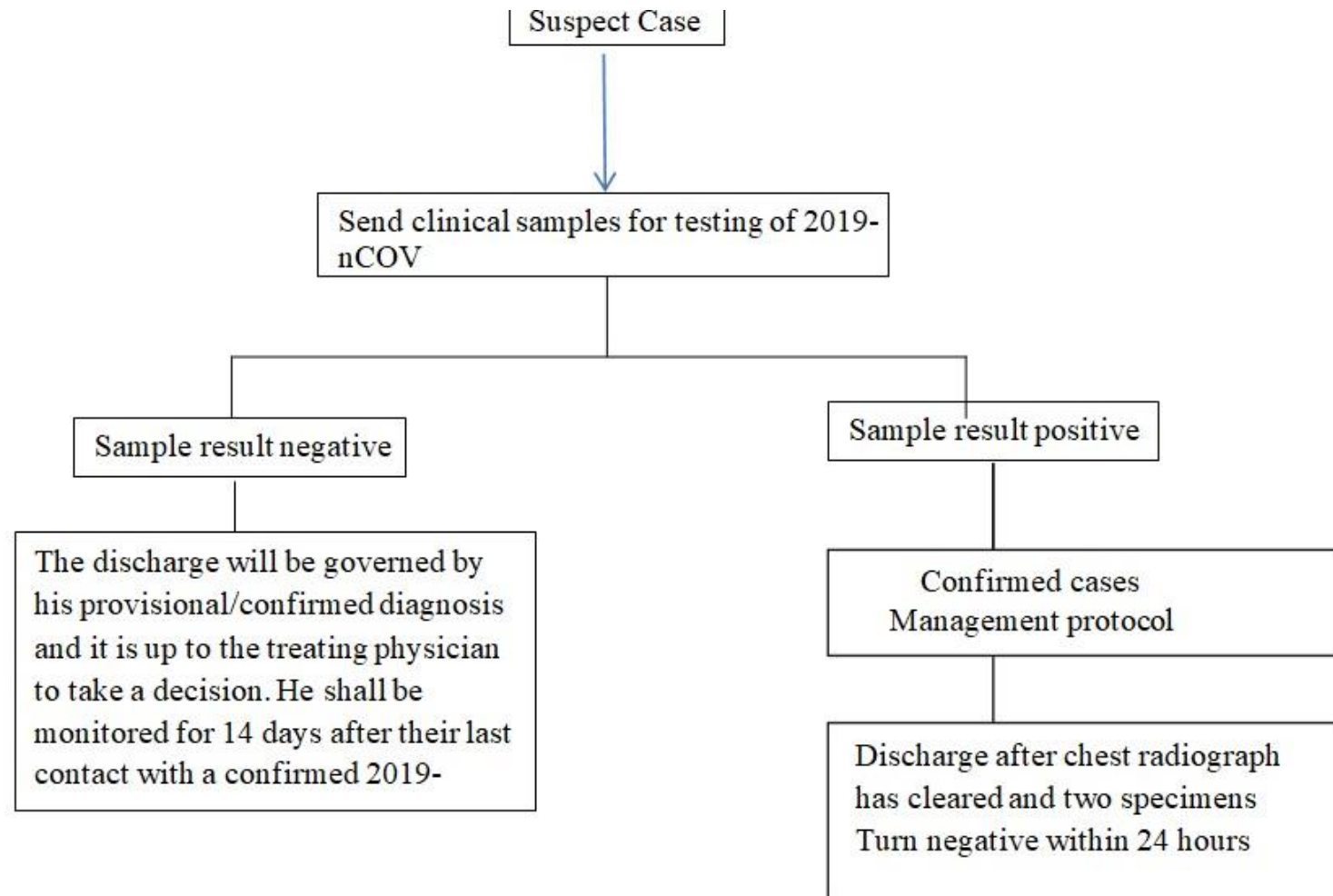


PROTOCOL FOR PREGNANT WOMEN

MANAGEMENT OF NON-COVID PATIENTS CURRENTLY ADMITTED IN THE HOSPITAL

- Handling is being done in same way for all the emergencies
- Functioning which was during normal time will remain same for all super specialty Hospitals. Emergency services should also be provided.
- Protocol should be followed for all the COVID positive patients like delivery etc.
- Districts not having medical Colleges, District Hospitals or General Hospitals and while converting District Hospital to COVID Hospital the specialties and super specialties will function in the General Hospital where the tertiary care facilities are provided
- For continuation of tertiary care to emergency patients Doctors may get shifted to the General Hospitals that aren't involved in COVID care.

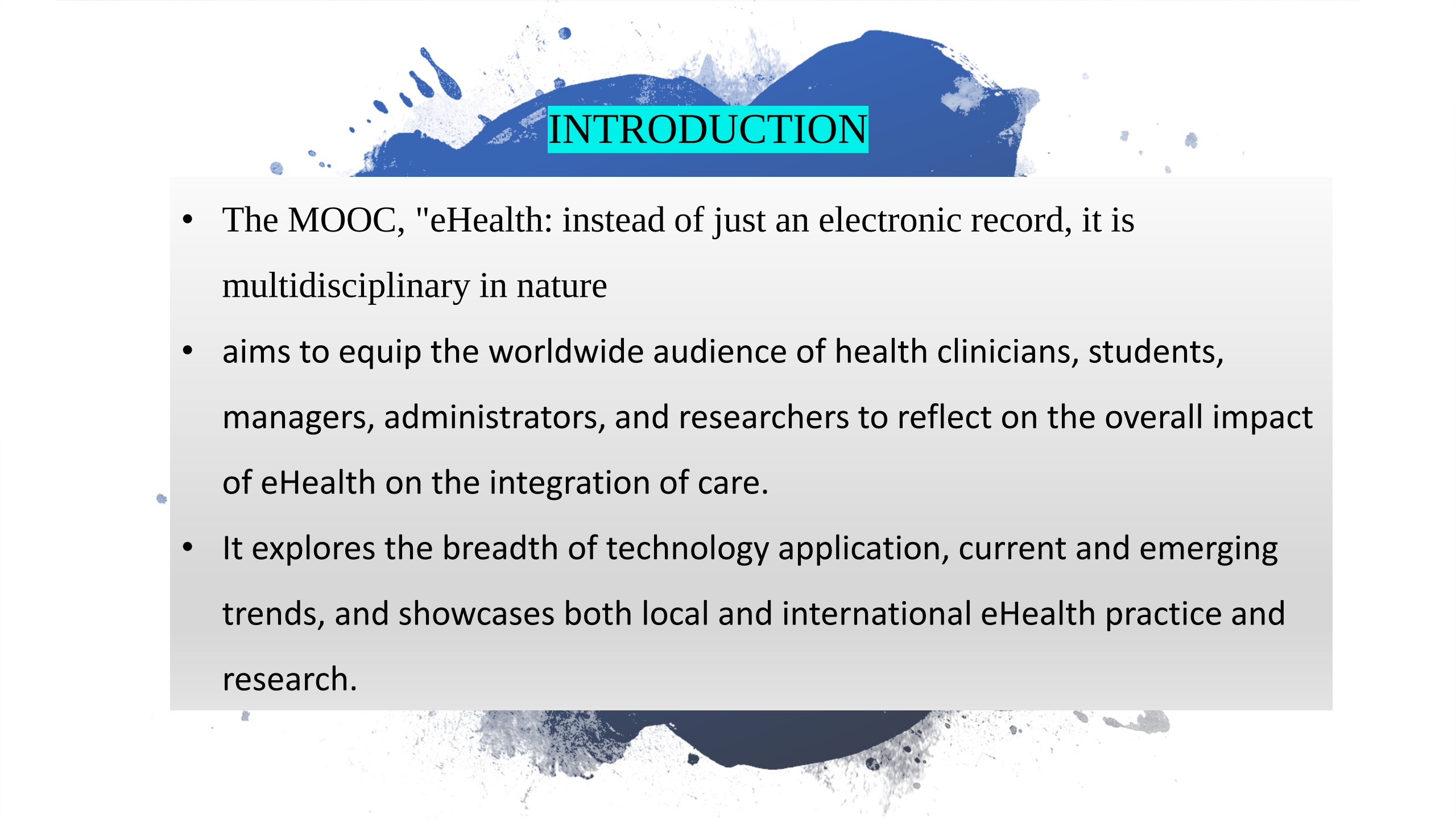
DISCHARGE POLICY FOR COVID 19 CASES



CONCLUSION

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 that 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
ON
E-health

The background of the slide features a dynamic blue ink splatter or paint blot design. The splatters are concentrated at the top and bottom edges, with some smaller droplets scattered across the white background. The central area where the text is located is a clean white rectangle.

INTRODUCTION

- The MOOC, "eHealth: instead of just an electronic record, it is multidisciplinary in nature
- aims to equip the worldwide 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.

OBJECTIVES OF THE COURSE

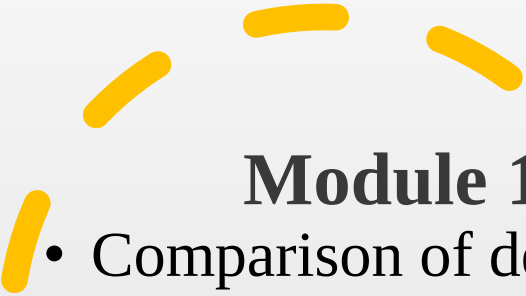
- To learn the fundamentals of eHealth and where it is heading
- To understand what kind of health data we are currently collecting and how it will transform healthcare in the future
- To know how new technologies are helping health consumers participate in their own healthcare
- To understand how eHealth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

COURSE CONTENT

- Module 1 - What is eHealth?
- Module 2 - Health in our Hands
- Module 3 - Data and the "Quantified Self"
- Module 4 - Interacting with Health Professionals using New Technologies
- Module 5 - eHealth in Professional Practice

LEARNING METHODOLOGY

- Documentary videos for topics
- Readings
- Practice exercises Discussion forums E-Paper reviews Assignments
- Graded Peer Review Assignment
- Presentations
- Formulated acting videos of examples

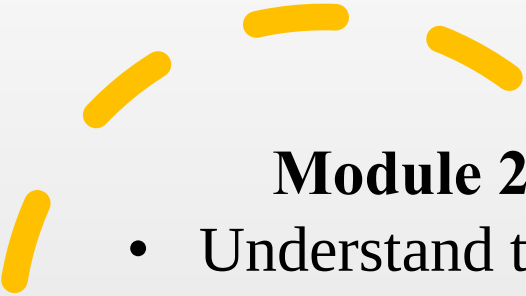


Module 1 key learning

- Comparison of definitions of eHealth from both health consumers and professionals.
- Recognized 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
LEARNING
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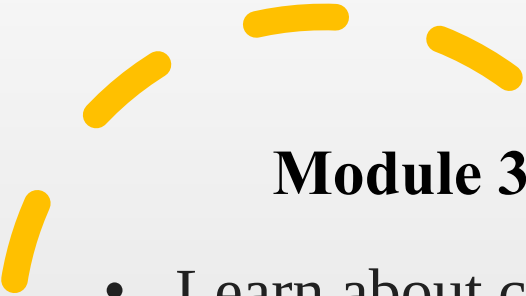


Module 2 key learning's

- 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.



**KEY
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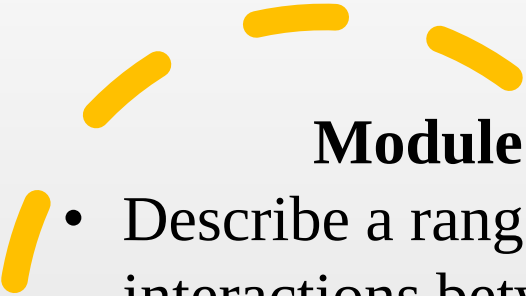


Module 3 key learning's

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



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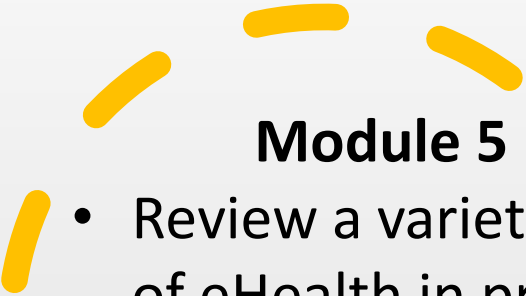


Module 4 key learnings

- 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.



**KEY
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FROM THE
COURSE**



Module 5 key learnings

- Review a variety of case-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.



**KEY
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Thank You