

Challenges in setting up a COVID19 facility amid lockdown in a new medical college

Hospitals and other health care facilities are vital assets to communities on a day-to-day basis and when disaster strikes. Safe hospitals protect patients, visitors and the investment in health infrastructure from hazards.^[1]

In times of corona disaster, when each and every health care facility is making efforts and protocols to tackle this pandemic, we also prepared our institute to handle this pandemic in a safe manner. Through this article, we want to highlight the range of challenges encountered in setting up a COVID facility starting from finding a suitable place for screening COVID suspects to making it a full-fledged COVID facility.

Ours was a district hospital which was upgraded to a medical college but functioning from the same building with infrastructural constraints. First and foremost challenge was to find a suitable place for screening, so that the patients with suspected infection could be isolated early and infection to other non covid patients can be prevented. Initially, we tried to find the suitable area in the main building but there still remained a concern for transmitting infection to non covid patients as our hospital building is a single complex with all the facilities located in one building. A nearby hospital with a 20-bed indoor facility, lab set up and X-ray unit was identified for setting up of flu clinic and isolation ward. Next challenge was making the facility functional as per infection control protocol. In view of the lockdown, things were difficult to procure. District administration was appraised of the problem and special permissions were sought for arranging logistics and making necessary changes to set up full-fledged isolation and sample collection facility. Faculty members, staff nurses, security guards and sanitation workers and even the drivers of dedicated 24/7 Covid Ambulance were trained by the dept. of microbiology regarding infection control practices pertaining to COVID patients.

A protocol was made right from the patient's entry into the premises till the discharge from the isolation ward. Regarding

sample collection, in addition to training of faculty members a COVID box was set up to decrease the risk of infection during sample collection to the health care workers.

Even doctors and paramedical staff of the district involved in primary care, posted in PHC and CHC were trained regarding infection control practices, biomedical waste disposal and sample collection so that they can make similar protocols as they are usually the physicians of first contact.

The entire preparation was done without any additional manpower but required team work, good communication and cooperation among different departments, faculty members, hospital administrators and infection control committee members.

We suggest that more emphasis should be placed on preparedness before the disaster impact rather than during the disaster. Hospitals should formulate a plan to use their manpower and infrastructure resources in a best possible manner in case disaster happens. In the recent years we have seen many viral outbreaks be it SARS, MERS, Ebola, Nipah or Covid 19 and in this era our medical institutes should be planned and designed in such a way that they are capable of handling these biological disasters without hampering the normal functioning of the hospital, protecting its occupants from any cross infection and ultimately achieving best possible outcome.

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Conflicts of interest

There are no conflicts of interest.

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