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Commissioning of COVID-19 Hospital – Our Experiences

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Experience

Commissioning of COVID-19 Hospital – Our Experiences

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Background: Coronavirus disease of 2019 (COVID-19) has posed many challenges for hospital administrators in India, regarding planning existing facilities. Hospitals play a pivotal role in provisioning essential medical care to the community, specifically during a healthcare emergency crisis. Even for a well-prepared hospital, coping with the consequences of a COVID-19 outbreak would be a complex challenge. To enhance the readiness of the health facilities to the challenges of a pandemic, hospital managers need to ensure the initiation of priority actions. [1]

The hierarchy of Covid-dedicated facilities consisted of three tiers: Covid Care Centres, Covid Health Centre, Covid Hospital. [2] In Udupi district, our hospital was chosen to deliver services as a Covid Hospital. The administrators embarked to commission a 100 bedded facility as a dedicated Covid Hospital. The reasons for identifying this hospital were: The location being few kilometres away from residential areas and attachment to bigger 2032 bedded medical college teaching hospital and equal distribution of beds among top four floors of the building, with adequate treatment capacity. The casualty was planned with a screening area outside the main door and minimal contact emergency intubation facility running all 24 hours. The ground floor and first floor of the hospital were designated for administrative purposes, second and third floors had 20 beds for suspect patients. Overcrowding in the wards, unclean surroundings, and noise from adjacent patients leads to arguments and violence among patient attendants and nurses.[3] The 4th floor was for the 20 COVID-19 positive patients only. Each floor was identified with a specific room for donning and doffing purposes. The floors were marked with colour liner (red and yellow), with red indicating the contaminated zone and yellow indicating the safe zone. The lifts were also similarly marked. The patients were advised to change clothes into disposable scrubs before admitting into the ward, in case more than one patient arrived, waiting lines were marked with a liner six feet apart outside the ward. Common bathrooms were cleaned once a day. Food and water bottles were provided by the hospital throughout the day. The 20 beds on the fifth floor were used for critical COVID-19 positive patients earmarked as high dependency unit (HDU) beds, with adequate spacing between them. The 20 beds on the sixth floor had four HDU bed spaces with five beds each to manage critically ill corona suspect patients.

To convert an existing ward or ICU into a COVID-19 patient area, it is first necessary to convert the room into a non-re-circulatory system (100% once through the system). This was achieved by blanking (blocking) of the return air vents. [4] Biomedical waste management of wastes generated from suspects or patients requires careful planning. The used dresses and linen of patients, the PPE kits were placed in yellow bags and handed over to the government-approved outsourced managers. The waste generated from treatment, screening of patients, and healthcare workers were handled

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carefully and dedicated vehicles with labels used to collect and dispose of by service provider. [5]

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