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சுகாதாரம் மற்றும் சுதேச வைத்திய சேவைகள் அமைச்சு
Ministry of Health & Indigenous Medical Services

All Provincial Directors of Health Services
All Regional Directors of Health Services
All Directors / Medical Superintendents
All Heads of Institutions

Hospital Preparedness for COVID-19 Global Pandemic

There are increasing number of COVID-19 outbreaks in many parts of the world. Accordingly, there may be a possible increase of COVID -19 patients in Sri Lanka also. Therefore, strengthening the hospital emergency preparedness and response plan by all institutions is a vital component in the current strategy of combating the global COVID-19 pandemic.

Currently there is a three tier approach by the Ministry of Health to address the needs;

- Designated COVID-19 treatment facilities (at NIID/IDH, Colombo EastBase Hospital, BH Welikanda)
- COVID-19 Isolation hospitals (see the list in Annexure 1)
- Identified centers with ICU / HDU facilities

COVID-19 isolation hospitals and all other secondary/tertiary care hospitals are instructed to make arrangements to immediately scale up their preparedness and when informed. These facilities will have to be expanded depending on the status of COVID-19 crisis.

All healthcare institutions must ensure that patients are not deprived of their usual standard of care irrespective of their COVID-19 status.

Hospital preparedness plan should include the following key elements*;

- 1) Establishment of COVID-19 Operational Cell
- 2) Outpatient and emergency department care
- 3) Establishing designated interim COVID-19 suspected section/ward
- 4) Provision of critical care for Non-COVID and COVID-suspected patients
- 5) Safe transferring of patients to a COVID-19 designated/isolation hospital
- 6) Ensuring safety of health care staff
- 7) Managing COVID-19 cured patients

Establishment of "COVID-19 Operational Cell"

In order to facilitate collective decision making process at institutional level as well as effective implementation of patient care measures and patient / staff safety measures all hospitals are instructed to establish a 'COVID-19 Operational Cell' in their hospital. Implementation of these decisions should be done considering the available facilities and needs.

The Head of the Institution should function as the chairperson and decide on the composition and members of COVID-19 Operation Cell. Such a cell should be composed of relevant specialist consultants in the hospital (Consultant Physician, Consultant Respiratory Physician, Consultant Anesthetist, Consultant Emergency Physician, Consultant Microbiologist / Virologist and a representative from the specialty relevant to the medical condition) together with those in-charges of other staff. Members of Operational Cell should positively assist the Head of Institution to manage hospital service.

The key functions of this cell are to operationalize the main elements given below;

- Assisting and guiding implementation of circular instructions given by Ministry of Health through institutional policies / circulars
- Clarifying unclear areas of instructions given by the center
- Assisting and guiding rotations, safety and welfare of staff
- Maintaining optimum patient care including emergency care
- Advising and guiding in issues related to quarantining of staff
- Assisting and guiding in any other relevant matters

Relevant specialists will provide technical guidance and monitoring on OPD and emergency department setup, admission to relevant sections or wards, emergency and critical care needs, and arrangement of necessary investigation, PPE facilities and safe transferring of patients.

The Operational Cell could use the guidelines on a 'Hospital Preparedness for COVID-19 - Practical Manual' developed and available on Epidemiology Unit Website: www.epid.gov.lk and on *Ministry Website* and through the following link: <http://covid-19.health.gov.lk>.

Outpatient and emergency department care

All patients who require admission should be screened using proposed screening tool (Annexure 2). There should be a separate triage/area clearly sign posted at the entrance of all hospitals.

All OPDs/ Emergency Departments should have separate areas to manage;

- patient suspected to have Covid-19 infection
- Patients presenting with respiratory illness
- Patients presenting with other illnesses and with suspicious contact history and
- Other categories of patients

Once resuscitated and stabilized at the emergency department all patients should be accommodated in to designated unit without any delay (Ward/HDU/ICU or interim COVID-19 suspected section/ward).

Please insert this as the 3rd page of the circular letter "Hospital preparedness for Covid-19 Global Pandemic" on 12/4/2020
Establishment of designated interim COVID-19 suspected section/ward

A designated section or ward should be established as an interim measure to manage COVID-19 suspected patients. In the current context, it is preferable not to consider existing medical units to establish this section/ward. However, hospital COVID-19 Operational Cell should collectively decide which section to be used for this purpose. All patients managed in this section/ward should receive standard medical care.

All Patients Under Investigation (PUI) for COVID-19 should be admitted to this interim COVID-19 suspected section/ward. A consultant Physician will be the in-charge of this with a dedicated, trained team of doctors, nurses etc. All patients managed in this section/ward should receive standard medical care. Non-medical conditions in these patients should be attended by specialist in the relevant field, when referred, without a delay. Necessary facilities to manage patients as well as PPE for the staff should be available (refer guidelines on rational use of appropriate PPE for both patients and staff). Distancing of patients and hand hygiene practices should be strictly adhered in this unit.

Designated respiratory ward/section

In addition to the COVID-19 suspected ward/section, hospital COVID-19 Operational cell may decide on establishing a separate interim respiratory ward/section with necessary facilities depending on the need and availability of facilities.

Provision of critical care for Non-COVID and COVID-suspected patients

Necessary arrangements should be made to attend immediately to critical care needs of all patients irrespective of their COVID-19 status (with necessary safety measures and equipment). As such, separate HDU/ICU area should be designated for the needs of COVID-19 suspected patients. This arrangement should not compromise the provision of critical care for non-COVID-19 patients.

Safe transferring of patients

Any patient suspected or confirmed of COVID-19 should be transferred to the nearest designated hospital in accordance with the clinical practice guidelines issued by the Ministry of Health. Decision to transfer a patient should be mutually agreed upon by the responsible senior clinicians in both the receiving and referring hospitals. All patients should be adequately resuscitated and their clinical status optimized before the transfer.

Ensuring the Safety of Health Care Staff

There may be undue fears and concerns regarding corona virus infection (COVID-19) among health care staff. A mechanism should be developed by all institutions to address this issue early and arrange awareness training programmes for group of staff with assistance of Medical Officer – Focal Point and Infection Control Nursing Officer. The necessary materials are available in www.epid.gov.lk and *Ministry Website* and in the following link - <http://covid-19.health.gov.lk>

Every step should be taken to ensure the safety and wellbeing of the health care staff who are dealing with Covid-19 pandemic. Some of the essential steps are;

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- Supply of PPE
- Provision of required infrastructure facilities/ transport
- Continuous education programmes
- Provision of psychological support
- Ensuring surge capacity - adequate number of staff by recruiting additional personal from other areas of the hospital if needed
- Etc.


Quarantine of staff should be done according to the circulars and collective decision with COVID-19 Operational Cell.

Managing patients cured of COVID-19

Patients who are cured of COVID-19 once discharged should be followed up by relevant Medical Officer of Health and public health team for another two weeks.

If a person cured of COVID-19 requires medical care for any other condition/co-morbidity such person should not be discriminated due to his/her history of COVID-19 status.

All PDHS/RDHS and Hospital Directors should make the necessary arrangement according to this circular, and note that this circular may be updated according to the condition of the country and will be informed accordingly.


Dr. Anil Jasinghe
Director General of Health Services

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Cc:

Hon. Minister of Health and Indigenous Medical Service
Secretary of Health
Additional Secretaries (Medical Service / Public Health)
All DDGs
Chief Epidemiologist
Director TCS / MS / MSD / LS / Quarantine / FHB / HEB

Annexure I : COVID 19 Management Hospitals

Hospital with Isolation Centers	
1.	NHSL
2.	NH Kandy
3.	LRH
4.	CSHW
5.	CNTH Ragama
6.	TH Anuradhapura
7.	T H Batticaloa
8.	TH Rathnapura
9.	TH Karapitiya
10.	TH Kurunegala
11.	TH Jaffna
12.	PGH Badulla
13.	DGH Negombo
14.	DGH Gampaha
15.	DGH Chilaw
16.	DGH Polonnaruwa
17.	DGH Vavuniya
18.	CSTH Kalubowila
19.	DGH Hambantota
20.	DGH Monaragala
21.	DGH Kalutara
22.	DGH Matara
23.	Nevile Fernando Teaching Hospital
24.	Iranawila Special COVID Hospital
25.	BH Kaththankudi
26.	BH Homagama
27.	BH Beruwala
28.	BH Marawila
29.	BH Minuwangoda
30.	DH Dankotuwa

Hospitals with Treatment Centers	
31.	IDH
32.	BH Mulleriyawa
33.	BH Welikanda
34.	KDU

Annexure 2: COVID-19 screening checklist for all admissions

COVID-19 Screening Checklist for All Hospital Admissions

(Version 3 dated 08.03.2020)

To be filled by the relevant medical officers at the OPD/ Admission Room/ETU and at initial ward clerking of all patients.

1. General Information of the patient

Name	
Age	
Occupation	
Place of work	
Current Residential Address	

2. Symptoms presented by the patient

Symptoms	Yes ✓ / No X	Duration (days)	Further details
Cough			
SOB			
Sore throat			
Fever			
Body aches			
Headache			
Diarrhoea			

3. Travel history of the patient

Type of travel / visits	Yes ✓ / No X	If yes, details
Returning to Sri Lanka from ANY COUNTRY within the last 14 days		
History of travel or residence in a location identified as an area of high-risk/ lockdown areas within the last 14 days		
Recent visits to government/ private hospital within the last 14 days		
Attended any Social gathering (shopping, religious, funerals, etc.) within the last 14 days		

4. Evidence of exposure / close contact (within 14 days)*

Details of patient	Yes ✓ No X	If yes, details
Close contact with confirmed or probable COVID19 patient		
Suspected person with COVID-19 symptoms		
Home quarantined patient		
Person who had been in a quarantine center		
Household member with acute respiratory symptoms (hospitalized or not)		
Anybody with acute respiratory symptoms		
Anybody travelled in the high-risk/ locked down areas		
Anyone who had close contact with a foreigner or a Sri Lankan returnee		
First line worker involved with COVID-19 patient/s		
Other (specify):		

*Close contact: A person with direct contact in an enclosed environment (e.g. Household member, traveling in an enclosed vehicle, working in an enclosed workplace)

Name and Signature of Doctor:

Date and Time:

Place: OPD/ ETU/ Ward/ ICU

Note to all first contact level doctors:

- **Immediately inform your senior officer if you find significant travel or exposure/contact history to patients with acute respiratory symptoms.**
- **In patients presenting with significant travel or exposure/contact history the decision on further management and disposition will be made by a Consultant or by the hospital Operational Cell (multidisciplinary team).**