

# Planning, Preparedness and Challenges During COVID-19 Pandemic: Experiences from Emergency Department

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Two months have already passed since the declaration of countrywide lockdown on last week of March 2020. The number of corona virus disease (COVID-19) infected cases are gradually increasing in Nepal till date. With a steady increase of COVID-19 cases the burden of planning and preparedness is also getting bigger. Outpatient departments (OPDs) were closed for the first few weeks and all patients visiting the hospital were screened at fever clinic established at the hospital entry point. Suspected COVID-19 cases were then quarantined at special COVID-19 isolation ward using a different route. Those patients whose history excluded the suspicion of COVID-19 were then allowed to proceed to Emergency Department (ED).

Following were the experiences from ED during the first few weeks of COVID-19 pandemic.

## ***Knowledge about COVID infection:***

Although it was already a known fact about the corona virus and COVID-19 epidemic first being noted and spread in Wuhan, China, during late 2019; it was still unclear about the transmission and effects on the human body. Treatment plan and protocols were not clear and ED medical staffs were in dilemma on how to manage if any suspected case

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got admitted to ED. There was fear and chaos among the staffs if they would contract the disease.

## ***Personal Protective Equipment (PPE):***

Not many of us at ED knew the proper use of PPE. Those who knew had not much experience of 'donning and duffing' the PPE. The COVID-19 task force team demonstrated the technique of proper 'donning and doffing of PPE'. Initially there was an acute shortage of PPEs. Once it was made available, the staffs felt discomfort to have been wearing it for 12 hours; many of them would drench in sweat within a few hours of donning it. Every now and then the staffs had to be reminded of hand hygiene; as it was regarded that contact was the way of transmission of infection. Regardless of initial discomfort, staffs later got accustomed to the donning of compulsory PPE during duty hours.

## ***Handling of the patients:***

ED formulated their plans and protocols on handling patients. All the patients were asked to put on the mask as they entered the ED. Two alternate protocols were followed on the basis of suspicious/confirmed cases. Those patients who come to ED after screening through fever clinic and were at low risk to have acquired COVID-19 infection were allowed in the general ED ward. In cases where a suspicion arose upon the case being COVID-19 positive, they were not allowed into general ward but were moved to isolation unit temporarily established adjacent to but separate from ED. It was recommended that all the cases be handled following precautionary measures.

## ***Patients requiring airway protection:***

There were few cases where airway support via intubation had to be done in ED. During intubation a head box (specially made from plastic

glass with multiple ports) was kept over the patient's upper body which helped in controlling direct droplet/aerosol transmission. Immediately after use; the instruments, equipment including the head box was sent to the Central Sterile Services Department (CSSD) to be made ready for next use.

***Lack of resources:***

The fear of acquiring COVID-19 amongst the hospital staffs and the dramatic decline on the patients visiting hospital, the staffs applied for leave during the nationwide lockdown. Many staffs in the initial phase were insisted by the family members to take forced leave. As the OPDs were shut too, there was a lack of helping staffs for which the non-medical ED staffs were running on their toes for all the major to minor work which was not their duty or responsibility. The ED helpers were also occupied in transporting patients to other concerned departments for specialized treatment. On the other hand, due to lockdown and sealing of borders the import of medical items was affected in the entire nation. The available stock of gloves, shoes cover, caps, surgical/N95 masks, medical equipment like catheter was already dissipated. This had direct impact in ED which were left unprotected. However, there was enough stockpile of essential and lifesaving medicines and saline solution.

***End of the day:***

After the 12-hour shift, the ED staffs were afraid to go home due to the fear of transmitting COVID-19 to their dear and near ones. Most of the staffs preferred for 24 or 48 hours of duty because they were more concerned of not squandering the PPE. We realized that a facility to take shower before and after duty would have been an ideal for personal hygiene and infection control.

***The new beginning:***

After few weeks of COVID-19 pandemic, the patient flow has started to rise. OPDs have resumed their services with standard precaution measures. Fever clinic from temporary trampoline makeshift has been providing its service from a concrete building with all the necessary protection for the medical staffs. ED is serving again to the genuine emergency cases. It is still not the end of COVID-19 pandemic in Nepal, rather a mere beginning. With increasing number of new cases, there is no doubt we will be soon receiving a COVID-19 positive case

in the fever clinic and/or ED; and without hesitancy we are ready to serve those who come to us whether they test COVID-19 positive or not.

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