

## COVID-19 Preparation at a rural district hospital in Nepal: The days following the lockdown

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### ABSTRACT

Since the beginning of 2020 AD, the world is grappling with the COVID-19 pandemic and in Nepal, the first case was seen in the month of January itself. The second case, however, was detected only after 2 months and this gave the country an opportunity to upgrade the health system, especially for the pandemic. It also imposed a nationwide lockdown to contain the spread of the disease.

Myagdi, a rural district of Nepal and its district hospital in Beni also prepared for the disease with the resources it had. The incoming route to the district was sealed off and people were asked to stay indoors unless there was an emergency. The regular OPD services of the hospital was also closed and a fever clinic was established where all the fever and suspected COVID-19 cases were seen.

An isolation building was set up where the strong suspected cases were admitted and kept there until their PCR reports came out. Similarly, quarantine facilities were also made outside the hospital premises for those who had returned to the district from abroad. The hospital staffs were given Personal Protective Equipment, but they were scarce and had to be re-used. The whole scenario had appeared to put a mental toll on the hospital staffs as many of them were anxious and scared.

At the same time, Dengue and Scrub Typhus cases also emerged in the district, adding to the health woes. However, the hospital staffs and the local bodies are stepping up to the challenge and are toiling hard to plan and execute for the containment of the disease in the district.

**Keywords:** Beni, COVID 19, Myadgi, Nepal

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## INTRODUCTION

Since the beginning of 2020 AD, the world is grappling with the COVID-19 pandemic with surging numbers of infections and deaths at an alarming rate.<sup>1</sup> It has caused an unprecedented global lockdown, putting a halt to all other global events and routines. Finding ways to contain the spread of the disease has become of paramount importance for every country and all of them are toiling hard to plan, prepare and execute for the same.

In Nepal, the first COVID 19 case was seen in January<sup>2</sup> and after that, there was a gap of around 2 months before the second case was confirmed.<sup>3</sup> In the meantime, the disease had spread to the whole world, with Europe bearing the main toll. Nepal was lucky enough to have gotten a chance to plan ahead and upgrade its health system for COVID 19 in this duration. It implemented a nationwide lockdown and called for various preventive measures to be taken in hospitals like establishing fever clinic, separate quarantine and isolation areas, etc. It also upgraded different hospitals with PCR machines and RDT test kits.

In Beni Hospital, which is the main government hospital of Myagdi District in Nepal, preparations for COVID-19 had started once the nationwide lockdown was implemented. This is a hospital with 22 bed inpatient capacity with regular running OPDs, laboratory, X-ray, Ultrasonography, Emergency, Obstetrics and Surgical services. The doctors working there are 12 medical officers and one Consultant General Practitioner. On a regular day, this hospital has an inflow of around 200-250 outpatients and it is the referral centre for the entire district and it also caters to border areas of neighbouring Parbat district as well.

Once the lockdown was announced, the incoming route to the district was sealed off. People from another district were barred from entering Myagdi. Internal transport was also stalled. People were asked to stay indoors at home and to come out only for food supplies and emergency medications. In the hospital, the regular outpatient service was closed. Instead, a fever clinic was established in which fever and suspected COVID 19 cases were only seen. A triage was set up at the main gate of the hospital, in which a hospital staff was assigned

to ask a brief history and then take temperatures via infrared thermal gun. Those having fever and respiratory symptoms would go to fever clinic, other cases would go to emergency. Patients with non-emergency conditions were asked to come later, ie once the lockdown gets over.

The fever clinic ran from 10 am to 5 pm and two medical officers and a nurse were posted at a time. In the clinic, a checklist was filled based on the patient's history to determine the possibility of COVID-19. If there was a strong suspicion, he/she would be admitted in isolation ward which was set up in the OPD building. The patients were required to stay there until their swab PCR report came out.

In the meantime, there were plenty of people who had returned home to Myagdi from abroad in the last 1-2 weeks. The hospital development committee together with the help of the chief district office set up a quarantine area inside a local school. In the school, they were kept for 14 days in quarantine and were asked to report if any respiratory symptoms arose. The school was regularly sprayed with disinfectants and outsiders were strictly prohibited. After 14 days, they were allowed to go to their respective homes.

Initially, the hospital was given 18 sets of personal protective equipment which consisted of protective gowns, goggles and N95 masks. Due to the limitation of the sets, these gowns and goggles were reused after washing with detergents and soaking in the sun daily. It was provided to the doctors and nurses working in the fever clinic and isolation ward.

One problem that the hospital management faced was that of OPD closure. After lockdown, since it only provided emergency, obstetrics and fever clinic services, other regular patients were left stranded. The government insurance scheme was also put to halt for some time leading to unavailability of free medicines as well. This led to many non-emergency patients who had walked hours to reach the hospital getting denied of treatment. Therefore, after few weeks, these kind of patients were also seen by the duty doctor and prescribed medicines. However, the public was still asked not to come to hospital until and unless there was an emergency.

Another major hindrance for effective health care delivery during COVID 19 lockdown was the stigma around the disease. Hospital staffs such as nurses, helpers, janitors were extremely anxious and stressed when a suspect was kept in isolation ward, so much so that some of them did not even turn up for their shift round. It was felt that there was a dire need of counselling sessions for all the healthcare staffs as mental preparation of the staffs is as important as the physical infrastructure. For encouragement, free lunch was provided to the duty staffs by the hospital.

In May, Rapid Diagnostic Test kits were provided to the hospital by the government. All suspected patients were now being tested from these convenient kits. The laboratory staffs also travelled to other remote areas of the district with these to test the suspected people of those places.

Meanwhile, the district hospital also saw new cases of Dengue and Scrub Typhus during this time, adding to the challenges of the healthcare workers. Local newspapers and other media played an instrumental role in the awareness of these diseases.

Hence, Beni Hospital is doing its best to contain COVID 19 pandemic in its area and only one case has been reported from the district till date (2020/5/29), who was a migrant worker from India kept in quarantine. The patient is kept in the hospital isolation area. The hospital staffs and the hospital development committee hold regular meetings, discuss and try to come up with new plans to upgrade the hospital, especially during this outbreak. Coordination with local bodies has been effective especially in managing the quarantine area. However, the hospital still requires proper triaging and rational allocation of resources like PPE and masks which are scarce.

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