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Profile of Clinical Safety Practices Employed By the Hospital amid the Covid-19 Pandemic at Private Hospital

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ABSTRACT:
Background: An observational study on safety measures was undertaken, taking into consideration routine clinical practices that help in avoiding the spread of infection among staff and patients. This study would cover all areas of the hospital that were affected due to the pandemic. In order to partially fulfill the necessities for the summer internship project, this project was done in which a large amount of information was obtained, which was then combined and concentrated in an honest manner. Apart from the guide and his student, other researchers have also made significant contributions to this research article, which has managed to make it more realistic. Methods: For structured observation, we prepared a checklist according to various departments, totaling 138 points. According to the checklist, the changes were amended by the hospital. The Checklists prepared according to standard guidelines. In order to partially fulfill the necessities for the summer internship project, this project was done in which a large amount of information was obtained, which was then combined and concentrated in an honest manner. Results: The treatment guidelines and other procedures have been altered in light of the current situation. As a consequence, all of their practices have been in accordance with the circumstances. Conclusions: Professionals in the healthcare industry are now less susceptible to getting infections as a result of changing practices.
KEY WORDS: Clinical safety practices, hospital, CoVID-19 pandemic, HCWs

I. INTRODUCTION:

One of the most critical public health crises of our day, the COVID-19 epidemic, has the potential to wreak havoc on health, social welfare, and the economy on an unprecedented scale. The COVID-19 pandemic is no exception when it comes to the importance of hospitals. Managing such a difficult situation necessitates advance planning, including hospitalization emergency plans.

CoVID-19 outbreak is a major global public health issue that is wreaking havoc on global health, social welfare, and the economy on a scale unprecedented in modern history. Hospitals are vital in any epidemic, including the CoVID-19 pandemic. Preparation and hospital emergency planning are essential components of dealing with such a challenging situation. The greatest evidence suggests that CoVID-19 spreads via droplet transmission and direct contact with infected people. The crisis has emotionally and financially destroyed many clinical practices; the ongoing spread of variants of this pandemic has hampered research institutions' ability to undertake clinical studies. Precautions can lower the danger of preventing the transmission. Personnel in the health care industry should be trained in quality use, including fit testing for N-95 masks and powered air-purifying respirators, as well as infection prevention basics. Hospitals should use overtime and extended hours, as well as reasonable remuneration, to keep patient care staffing levels low. Set defined exposure guidelines and processes for how workers will be managed in the case of work restrictions or other quarantine requirements. These changes should be made to the practices of the healthcare administration. Private hospitals have updated several clinical safety procedures; including Prospective observational research [(Identifying COVID-19 Risk Through Observational Studies to Inform Control Measures[1]) and (Features of 20 133 UK patients in hospital with covid-19 using the ISARIC WHO Clinical characterization Protocol: prospective observational cohort study[2])] has been done at the leading hospitals to assess the hospital's clinical

safety procedures in the CoVID-19 pandemic. Objectives: This research group has conceived the study with the primary objective of knowing the effectiveness of the safety measures and related paradigm shifts employed at the hospital to ensure the wellbeing of both the staff and patients during the pandemic; the secondary objective is to contribute with different ideas that may help the hospital function safely during the pandemic.

PERSPECTIVE OF THIS STUDY:

In this paper, researchers from the National Institute of Mental Health and Neurosciences (NIMHANS) say that all of us are experiencing feelings, thoughts, and situations that we have never encountered before in our lives right now. It's not as if there haven't been pandemics in the recent past. The existence of pandemics, particularly plague outbreaks, has been known since the beginning of time. As a result, while there have been outbreaks of Asian flu, SARS, MERS, Ebola, and other diseases, the COVID-19 pandemic is on an entirely different level of magnitude. It has shaken the entire world, and the outbreak has spread throughout the world.[3] On the 31st of December, the World Health Organization was notified of a cluster of cases of pneumonia with an unknown cause in the Chinese city of Wuhan, which is located in the province of Hubei. Known as the CoVID-19 Virus, the virus was discovered in January 2020 and identified as a novel corona virus, SARS-CoV-2 (also known as SARS-CoV-2). Following the outbreak of the COVID-19 virus, it has become extremely difficult to keep the virus under control. The World Health Organization has proclaimed the virus to be a pandemic at this time (WHO). The origin of the CoVID-19 is still a mystery, as is the source of its creation. It is also unclear when the pandemic will come to an end.[4] Here the authors studied "Practice Management during the COVID-19 Pandemic." They hoped that by following these instructions, providers and their employees would be able to revert to a new routine, allowing them to respond quickly to the increased demand for capacity building of healthcare and health care worker (HCWs) to combat the CoVID-19 epidemic that might incur huge socio-economic losses across the globe. They implemented modifications in clinical practices, such as personnel, telemedicine, and operational strategies following the crisis, and ethical considerations, as well as changes in administrative procedures. Such changes in hospitals were brought about by the reduction of staff members; the hospital was able to emerge from this crisis in a way that was beneficial to both the patients and the employees.[5] Researchers' main objective in this study was to show that the healthcare system should carry out all clinical practices with the greatest safety precautions because patients with Alzheimer's, cancer, or heart disease are all too often also CoVID-19 patients. The best preparedness plans include resource reallocation, priority shifting, and surge planning.[6] The author has put some light on "How Should U.S. Hospitals Prepare for Corona virus Disease 2019 (CoVID-19)?" Their intention was to make the health system prepared to manage the bulky influx of patients with this disease. They developed a strategy for patient volume and complexity as a well-developed strategy to apportion health care resources and developed robust, transparent, and open communication policy.[7] Hospitals should think about the staff resources they will be managing to accommodate surges in demand across a wide range of requirements. "Novel Corona virus and Old Lessons" researchers focused on non–CoVID-related services that will also need to be preserved, so hospitals should determine how staffing will be managed to meet demand spikes across a vast variety of requirements. The proposed modifications, such as the development of more critical care beds in accordance with the American College of Chest Physicians' recommendations, were approved. They would also need to design facilities and regional processes for triaging resources, as well as for the distribution of resources. Aspects of long-term care and alternate systems of care are needed to support the expansion of inpatient critical care.[8] An author study conducted on "Infection control measures of a Taiwanese hospital to confront the COVID-19 pandemic" Their study presented infection control measures that might be employed in hospital settings at Taiwanese hospitals to confront the COVID-19 pandemic, In the study, they included emergency preparedness and responses from the hospital administration, education, policy investigation, patient flow arrangement, and the partitioning of hospital zones. They made the necessary changes in the hospitals in Taiwan for the fight against the COVID-19 Pandemic.[9] 'Duty to Plan: Health Care, Crisis Standards of Care, and the Novel Corona virus SARS-CoV-2,' according to the author, was the subject of his research. Planning, saving, substituting, adapting, re-using, and redistributing resources are some of the tactics covered in this investigation. The authors of this paper recommend applying CSC principles to clinical care, including PPE, critical care, and outpatient department capacity difficulties, as well as emergency department capacity challenges faced

by a corona virus or other severe epidemic or pandemic event. They came to the conclusion that hospitals should take steps now to build a process for decision-making, foresee what resources may be in limited supply, and include clinical staff in developing strategies to address a broad variety of impact factors in the future.[10] The study's goal was to learn more about pandemic management and how it affects other services, including surgical delivery. This study used electronic databases, society websites, webinars, and preprint repositories to conduct a scoping evaluation of all available material on CoVID-19 and surgery. The author came to the conclusion that surgical services require a contingency plan for continuing surgical care during or after a pandemic.[11] Update to the scientific brief published on March 29, 2020 entitled "Modes of transmission of the virus causing COVID-19: implications for infection control practices (IPC) precaution recommendations." This document incorporates new scientific evidence on the transmission of SARS-CoV-2, the virus that causes COVID-19.[12] The corona virus disease 2019 (COVID-19) pandemic had caused 6,786,352 illnesses and 199,024 fatalities by September 21, 2020. * Health care professionals are at risk of exposure to patients or infectious items (1). COVID-19's influence on US HCP was initially revealed in April 2020. (2). since then, the reported COVID-19 HCP has ten folded. This update provides the demographics, underlying medical conditions, hospitalizations, and ICU admissions of 100,570 HCP with COVID-19 reported to the CDC between February 12 and July 16, 2020.[13] As of April 18, the global pandemic of corona virus disease (COVID-19) has spread to 198 nations, with roughly 2.4 million confirmed cases and 150,000 fatalities. Frontline healthcare workers (HCWs) are at significantly increased risk of infection and mortality as a result of prolonged contact with the COVID-19 virus. The purpose of this study was to summarise the research about the physical and mental health consequences of the COVID-19 pandemic on health-care professionals (HCWs).[14] Asymptomatic SARS-CoV-2 infections is a serious public health problem. Health care workers (HCWs) are more susceptible to illness and can unintentionally spread it. In response, Houston Methodist launched a COVID-19 surveillance programme among asymptomatic health care workers and community people. The presence of SARS-CoV-2 among the initial group of people examined has been revealed in this study.[15]

Key Changes Employed By The Hospital Amid The COVID 19 PANDEMIC:

The research group felt that the hospital acquired infections (HAI) through nosocomial transmissions can be prevented with proper care. Training should include correct wearing and doffing of PPE, fit testing of N95 masks, and usage of powered air-purifying respirators, as well as basic infection prevention principles. To reduce patient care staffing, hospitals should implement overtime and longer hours with adequate compensation. Detailed plans addressing people management in regards to work limitations or other quarantine requirements must be prepared. The hospitals employed altered standard guidelines. Prioritizing the safety of the caregivers and keeping them from contracting or potentially spreading the disease is the hospital's first priority. As tertiary care administrators, hospitals must ensure the safety of all nurses, paramedics, and support workers, as well as the general public.

RESEARCH METHODOLOGY:

The major data is collected through the use of observation and formal dialogue. The data was acquired through a combination of online and off-line conversations. Participants answered questions on their personal attributes, health state, and views on the value of preventative healthcare. The study drew on data from both primary and secondary sources. Journals, theses, books, and websites were some of the secondary materials used in this study.

II. OBSERVATIONS AND ITS RESULT

General changes:

Hand Hygiene:

Before touching the patient or wearing gloves, wash your hands.

When working in a hospital, remove all jewellery, including artificial fingernails and extenders maintain natural nail cleanliness.

PPE use:

Droplet precautions and airborne precautions: mask/N95, gloves, gowns, goggles, cap, shoe cover (full PPE), contact precautions

Disinfection and cleaning:

Recommended for disinfection: floors are mopped with detergent and water, hypochlorite, alcohol, formaldehyde, or glutaraldehyde, and then with disinfectant once in each shift. High touch surfaces are disinfected every 3-4 hours. 70% of the alcohol is used to disinfect surfaces such as stethoscopes, blood pressure cuffs, injection trays/trolleys, and so on.

Respiratory hygiene and cough etiquette:

They maintain respiratory hygiene by maintaining a distance, ideally of > 3 feet or 1 meter, from people with respiratory infections in

wards or common waiting areas. Masks are provided to coughing patients to contain the dispersion of respiratory secretions. Performed hand hygiene after contact with respiratory secretions. Healthcare personnel should observe droplet precautions (i.e. wear a mask) and hand hygiene when examining and caring for patients with signs and symptoms of respiratory infections. Turn your head away from others while coughing or sneezing. Healthcare personnel who have a respiratory infection should avoid direct patient contact and wear a mask.

Tele-Consultation:

As patients from far-flung places such as Bhuj and Deesa in Gujarat, Udaipur, and Jodhpur in Rajasthan consult their doctors, the hospital initiated tele-consultation to reach their patients.

They interact with patients and provide consultations from their homes. Even specialty consultations like endocrinology, pulmonology, gastroenterology, and pediatric neurology can be done virtually, avoiding travel and interaction with COVID-19 carriers. Additionally, we are removing the risk for our doctors, nurses, and other caregivers.

With no upfront costs and 24-hour deployments, healow tele-health helps hospitals and medical organizations quickly install tele-visits and expand online care for all patients.

Patients are urged to complete questionnaires prior to their telemedicine appointment.

Patients can join the tele-health visit using a link delivered by SMS or email.

A secure healing tele-health site where patients can obtain therapy and visit a summary Recent upgrade from the Ministry of Health and Family Welfare, Govt. of India.

Flu Check-up Desk:

Upon entering the hospital, the patient must self-declare at a screening clinic, where vitals are taken.

This flu check-up desk began at the end of March.

There are 2 desks for CMO's instead of 4 earlier.

While screening, the patient and a relative must self-declare for COVID screening, filling out a document indicating any Coved symptoms; the patient's and relative's travel history, whether they visited CoVID-19-affected countries or areas;

If the person had no symptoms in the last 14 days, they would be quarantined at home for 14 days.

Besides self-declaration, they check vitals, including temperature and SPO2, so that high-risk patients are separated from others.

Aside from gate screening, supply three-layer masks and hand sanitizer and provide hand washing. Suspects will be directed to the Flu clinic's ER section for evaluation and diagnostic testing.

Outpatient Department:

Since lockdown, the OPD load has dropped from 800 to 400 per day. Before visiting the OPD, both the patient and their relative must fill out a lengthy form and be screened. OPD and waiting area seating patterns need social distance. Staff members wear protective gear such as N95 masks; face shields, hand gloves, and shoe covers when interacting with patients.

Staff strength has been reduced (without pay reductions or layoffs) to protect employee health.

OPD and waiting area seating patterns need social distance.

Relatives' admission is restricted by OPD and IVF OPD.

Dental OPD takes extreme precautions to prevent the dissemination of infection.

Physicians and nurses wear a full PPE kit and safety gear.

If the patient needs a minor procedure, they charge extra for a CoVID-free atmosphere.

The danger of infection dissemination is greater in dentistry than in OPD because of close patient contact.

Dental OPD takes extreme precautions to prevent dissemination.

Emergency Department:

Suspects will be directed to the Flu clinic's ER section for evaluation and diagnostic testing.

The 16 beds are divided into priority zones, each with its own triage room, X-ray suite, restrooms, and registration desk.

Resuscitation (priority 1), critical care trolley (priority 2), and ambulatory (for patients with minor disorders) are the three divisions of the emergency room (priority 3).

All ambulance and hospital personnel wore full-length gowns, N95 masks, and face shields.

Each of these patients, as well as their companions, will receive a surgical mask. Only one person per patient is allowed in the ER.

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Assisting receptionists place patients on ER trolleys and perform first fever screening.
Since then, all ER patients have been fever-screened before being triaged/registered. A trained service person will ask about the patient's demographics, contact information, symptoms, and travel history. The patient's temperature will be taken on a declaration screening form. If the patient fails the test (perhaps having a communicable disease), he is promptly isolated. No companions are allowed in the isolation area. This prevented the spread of infection to other patients and reminded healthcare workers to wear PPE.
ER isolation rooms at private hospitals. This space has its own negative pressure ventilation and airflow system; the hospital built four high-tech negative-pressure quarantine containers outside.
X-rays and HRCT were performed on the suspected patient. The hospital's linen department organized scrubs twice a day on huge trolleys for staff to wear after their clinical shifts.
The department deployed staff to various teams, each covering multiple regions.

Day Care Recovery Department:
The hospital includes a 10-bed daycare recovery unit for endoscopic surgery.
After their clinical shift, all employees would proceed to the restrooms and change out of their hospital-issued scrubs.
The linen department organized scrubs twice a day on huge trolleys.
This will limit the possibility of cross-contamination or illness through direct or indirect touch or droplet transfer. Between patients, gloves must be changed.
They reduce the number of beds to increase patient spacing.

Intensive Care Unit (ICU):
The hospital's linen department organized scrubs twice a day on huge trolleys.
To avoid cross-contamination, personal scrubs are no longer allowed after work.
The infection control department of the hospital determined the acceptability of each space and the required PPE for workers, so that both employees and patients would be safe.
ICU patients were treated as though the pathogen was airborne.
Achieving autonomous isolation rooms allowed employees to function freely in the area, donning PPE only when entering patients' rooms.

Laboratory:
Laboratory coats must have long sleeves. Wear appropriate disposable gloves for all procedures. HCWs must wear PPE, including N95 masks, face shields, disposable water-resistant isolation gowns with knitted cuffs and shoe covers. Wear safety glasses or other eye protection devices when necessary; perform hand hygiene with soap and water/rub; and maintain social distance.

They made a separate donning and doffing area.
At the end of procedures, decontaminate work surfaces and clean them with 0.5% sodium hypochlorite.
To reduce the maximum touch and ensure the safe transfer of samples, they use pneumatic shoots for IPD patients.

Cath Lab:
The private features two cath labs, one for the heart and one for the kidneys and brain. Each employee wears PPE such as N95 masks, a water resistant isolation gown with knitted cuffs, shoe covers, gloves, and a head cover.
Personal scrubs to reduce cross-contamination are no longer allowed. It was a big job for the linen department. Everyone would go to the restrooms, change out of their hospital scrubs, and go to the car park or public transportation without going back to the clinical parts. After use, they go to linen for disinfection and washing.
The patient and a relative must self-declare for COVID screening. They must fill out a document indicating any COVID symptoms and the patient's and relative's travel history, as well as if they know any COVID positive patients.
Reduce the procedure count after each process; clean and decontaminate the room and used items.
The workflow process is altered. For a COVID-free environment, administrative fees are added to the patient's bill.

Inpatient Department:
When attending to patients, hospital workers wore N95 masks, gloves, and face shields.
X-rays and HRCT were performed on the suspected patient. If the patient requires surgery, the COVID test is required. The patient was kept isolated until the lab results arrived.
Personal scrubs to minimize cross-contamination were no longer allowed. It was a big job for the linen department. Everyone would go to the bathrooms, change out of their hospital scrubs, and go to the car park or public transit without going back to the clinical parts. After use, they go to linen for disinfection and washing.

0.5 percent sodium hypochlorite is used to clean the floor, and 70% alcohol is used to sanities the table top, equipment, and surfaces.

Dialysis Unit:
After lockdown, the dialysis unit's services continued. Using a hand sanitizer containing 70% alcohol in between patients was mandatory for all employees.
Before entering the dialysis area, individuals are tested for COVID-19. To avoid this, patients should wait outside the dialysis facility until instructed otherwise.
Every patient was questioned about COVID-19 symptoms, such as a recent trip to a foreign country or a high COVID-19 prevalence location inside the country.
During dialysis, each dialysis chair/bed has disposable tissues, waste disposal containers, cough etiquette, and all dialysis staff, attendants, patients, and caretakers wear a three-layer surgical facemask.
Ideally, all COVID-19 patients should be kept isolated in the ICU.
For all patients, employ a distinct shift, preferably late in the day. All dialysis workers should wear PPE (personal protective equipment). Cleaning and disinfecting stethoscopes, thermometers, oxygen saturation probes, and blood pressure cuffs between patients. Sterilization of stethoscope diaphragms and tubing between patients.
Before leaving the dialysis station, used linen and gowns are placed in a special waste or linen receptacle. Cleaning and disinfecting shift using 5% Sodium Hypochlorite (Household Bleach) and 70% alcohol on frequently touched surfaces three times per day and after each. Doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks are examples.
They changed the bed linen every day. Linen should be handled with minimal agitation to avoid gross microbiological contamination of the air and the people handling it. They use disposable bed linen whenever possible and separate linen for suspected cases.
Before being sent to the laundry, linen is sluiced with 0.5 percent sodium hypochlorite and washed separately in 60–70°C hot water. The housekeeping team cleans and disinfects the trolley. Regular cleaning of high-touch surfaces Personal protective equipment such as an apron, heavy duty rubber gloves, and linen masks is recommended.

Physiotherapy:
They try to avoid using bed linen. Store dirty /suspected cases of linen ward linen handlers use protective rubber gloves and masks.
Before washing separately in 60–70°C hot water, 0.5% sodium hypochlorite and 70% alcohol are sluiced on linen to disinfect it.
The housekeeping team cleans the trolley, apron, heavy-duty rubber gloves and linen masks.

Human Resource Management:
All healthcare personnel will continue to obtain their weekly off, duty off, and compensatory off as per the hospital's policies. The infection control committee monitors compliance.
The hospital's policies on seeking leave and mediclaiming remained unchanged. If employees get sick or ill, they must manage their pending leaves.
Most of the private hospital's workforce is from other states. After unlocking, anyone coming from another state or travelling interstate is quarantined for 14 days in their tie-up motels.
They protect the personnel. Check their fitness often and provide them with prophylaxis or prescribe them vitamin C and HCQ to avoid infection.
They arrange separate transportation for the nursing staff and for the rest of the personnel.

Bio-Medical Waste:
Sort waste into color-coded bins and containers in each ward, and ensure that waste is properly separated in accordance with BMW guidelines.

Double-layered bags (using two bags) are used for waste collection to ensure that there are no leaks. Collecting should be done in a designated collection bin labeled "COVID 19" and stored separately. For their convenience, trolleys and collection bins are provided in the "COVID 19" isolation wards. They label the collecting trolley with the words "COVID 19" as well.

In order to prevent contamination, PPE kits were utilized by dedicated employees who were delegated to handle the BMW. N95 masks, a face shield, disposable water-resistant isolation gowns with knitted cuffs, shoe covers, gloves, and head covers are among the items available. PPE should be selected in accordance with the risk profile.

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TABLE 1

PPE of healthcare worker that should be worn in various situations

Sl. No.	Setting	Activity	Risk Recommendation	PPE
Out Patient Department				
1.	Screening Area	Provide triple layer mask to patient	Moderate risk	N 95 mask Gloves
2.	help desk/ Registration counter	Provide information to patients	Moderate risk	N-95 mask Gloves
3.	Temperature Recording station	Record temperature with handheld thermal recorder	Moderate Risk	N 95 mask Gloves
4.	Doctors chamber	Clinical management (doctors, nurses)	Moderate Risk	N 95 mask Gloves
5.	HK staff	Cleaning frequently/ Touched surfaces/ Floor/ cleaning linen	Moderate risk	N-95 mask Gloves
Inpatient Department				
6.	Individual isolation rooms/	Clinical management	Moderate risk	N 95 mask Gloves
8.	Nursing Staff	Medical care of patient	Moderate risk	N-95 Mask Gloves
9.	Nursing Staff ICU	Medical care of patient	High risk	Full component of PPE
10.	Attainder	Care of patient and transport	Moderate risk	N-95 mask Gloves
11.	Consultant	Medical care	Moderate risk	N-95 mask Gloves
12.	Sanitation Cleaning	Frequently touched surfaces / floor/ changing linen	Moderate risk	N-95 mask Gloves
Emergency Department				
13.	Emergency	Attending emergency cases	Moderate risk	N 95 mask Gloves
14.	Emergency	Attending to severely ill patients	High risk	Full complement Of PPE
15.	Ambulance	Transfer to designated hospital	Moderate risk	N-95 mask Gloves
Other Supportive/ Ancillary Services				
16.	Laboratory	Sample collection And transportation	High risk	Full PPE
17.	Mortuary	Dead body handling	Moderate Risk	N 95 mask Gloves
18.	CSSD/Laundry	Handling linen of OVID patients	Moderate risk	N-95 mask Gloves
19.	Other supportive Services	Administrative, Financial Engineering, Security, etc.	No risk/ Low risk	N-95 mask
20.	Food And Beverages	Serving Food	Low risk	N-95 mask
21.	Radiology	Diagnostic services	Moderate risk	N-95 mask Gloves

III. DISCUSSIONS:

In accordance with their capacities and the pandemic stage of the population, healthcare establishments at all levels took these actions. Improvisation, rather than compromise, is required to keep healthcare professionals and patients safe. A total of 15 hospital workers have become ill since the outbreak began. The multiple precautions

adopted by the team have helped to maintain good morale and strict safety standards. Each and every step of the pandemic planning process, from preparation to response, considers "risk reduction" for infection transmission prevention. In the construction sector, engineering controls, administrative controls, and personal protective equipment are all utilised (PPEs). An examination of the pandemic's early stages found that the most effective engineering measures were entry point screening triage and accurate isolation of COVID suspects in private facilities.

The creation of a flu check-up desk and the spread of telemedicine are the two most significant changes at the hospital. They saw an increase in teleconferences as a result of the action. Suspect patients can be quickly identified with the use of the arrival screen. Limiting their access to the environment helps keep COVID out of the ecosystem. There has been a significant decrease in the number of patients that are coming in. Approximately 1000 outpatients and 300 in-patients were seen their prior to the epidemic. The patient population was decreased to 700 as a result of the pandemic, and admissions to the OPD and IPD were each capped at 160. Personal protection equipment (PPE) is taught to all employees (PPE). Hand hygiene was improved by increasing the number of stations where people could wash their hands. This observational study shows that even though the private hospital is not a COVID centre, it nonetheless maintains a COVID-free atmosphere. As part of their defense strategy, they've kept a social distance and practiced good cleanliness. An X-ray of the chest and an HRCT are required before admission. A COVID test is required for anyone who is suspected of wrongdoing. There are fewer beds available in several departments, and triple-sharing rooms are no longer available. A number of surgical specialties have been compelled to scale back and rationalize their procedures in response to COVID-19. Individuals in need of urgent surgery during a pandemic must be carefully selected in order to avoid infection with COVID-19 after the procedure is completed. Phone and video conferences should have been encouraged instead of face-to-face meetings since emergency surgery has become increasingly difficult to undertake during COVID because of a lack of staff and hospital resource availability. Changes in the medical environment require changes in preoperative, intraoperative, and postoperative care requirements. Therefore, all facilities should correspond to national standards so that the most current ideas may be applied.

Sometimes they don't wait for the findings of the COVID test to come back before going on with any clinical procedure without waiting for the results. As long as there isn't an immediate threat, they should wait for the results of their COVID test. After some time, they discovered that the patient had tested positive for the diarrhea virus COVID. Contamination may spread across a facility with the simplest of mistakes.

While not a COVID facility, the private hospital maintains a COVID-free environment. They've taken precautions such as maintaining a social distance and maintaining hygiene. Admission is contingent on the results of a chest X-ray.

All suspects are required to submit to a COVID test. In certain departments, the number of available beds has been reduced, and triple-sharing rooms have been phased out entirely. They also clean up after themselves after each use.

It is also transparent from the aforesaid observations, COVID-19 has compelled all surgical specialties to reduce the number of surgical procedures they do and to rationalize their operations. During a pandemic, individuals who require urgent surgery must be carefully selected in order to avoid postoperative infection with COVID-19. Instead of encouraging in-person meetings, phone and video chats have been promoted. Because of personnel and hospital resource limitations, emergency surgery has become increasingly difficult to perform during COVID. Treatment recommendations for preoperative, intra-operative, and postoperative care evolve in response to changing circumstances.

Every package should be disinfected with a UV protection cabinet, as even one contaminated package might spread the virus to other employees.

Isolating the laundry cart from the COVID isolation rooms is essential, and it will be prominently labeled as such. A dedicated lift allocated for dirty linen and BMWs will convey this stuff. A separate cart is advised for the delivery and collection of scrub in the isolation room.

When linen and laundry services are outsourced, the hospital must maintain UV protection in its linen storage room so that new linen may be sanitized and distributed to the proper department.

IV. CONCLUSIONS:

In particular, all facilities should comply with national standards in order to guarantee that the most up-to-date concepts are put into practice. The general public is more susceptible to illness and cross-contamination than the healthcare

workforce. The emphasis should be placed on personal hygiene training for hospital cleaning personnel and high achievers, rather than just for everyone. In light of the current situation, the treatments, suggestions, and other processes have all been altered to reflect the new information. Therefore, all of their tactics have been in line with the present circumstances of the scenario, which has resulted in an improved overall outcome. The conclusion reached here is that, as a result of the evolving practices of the selected hospital where the study was carried out, healthcare workers and experts in the area are now less susceptible to infection than they were previously.

REFERENCES:

[1]. Mark W. Tenforde, MD, PhD[1]; Kiva A. Fisher, PhD, MPH[1]; Manish M. Patel, MD, MSc[1] Identifying COVID-19 Risk Through Observational Studies to Inform Control Measures, JAMA Insights, 2021, ;325(14):1464-1465

[2]. M G Semple and others, Features of 20 133 UK patients in hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: prospective observational cohort study, BMJ 2020; 369.

[3]. Department of Psychiatry, N. (APRIL - 2020). Mental Health in the times of COVID-19 Pandemic. Bengaluru, India-560029: National Institute of Mental Health & Neurosciences (NIMHANS).

[4]. Yingfei Zhang, Z. F. (2020 Apr). Impact of the COVID-19 Pandemic on Mental Health and Quality of Life among Local Residents in Liaoning Province, China: A Cross-Sectional Study. Int J Environ Res Public Health, 17(7): 2381.

[5]. Vaccaro, A. R., Getz, C. L., Cohen, B. E., Cole, B. J., & Donnally, C. J. (2020). Practice Management during the COVID-19 Pandemic. The Journal of the American Academy of Orthopedic Surgeons, 28(11), 464–470. https://doi.org/10.5435/JAAOS-D-20-00379

[6]. Onyinyechi F Eke, C. C. (2020). Non–CoVID-19 clinical research in the era of pandemic . American Journal of Emergency Medicine, YAJEM-158980; 2.

[7]. Vineet Chopra, E. T. (May 2020). How Should U.S. Hospitals Prepare for Coronavirus Disease 2019 ? Annals of Internal Medicine, Vol. 172 No. 9.

[8]. Biddinger, J. L. (2020). Novel Coronavirus and Old Lessons - Preparing the Health System for the Pandemic. New England Journal of Medicine, 1-2.

[9]. Chang, Y. T., Lin, C. Y., Tsai, M. J., Hung, C. T., Hsu, C. W., Lu, P. L., & Hou, M. F. (2020). Infection control measures of a Taiwanese hospital to confront the COVID-19 pandemic. Kaohsiung Journal of Medical Sciences, 36(5), 296–304.

[10]. Hick, J. L., Hanfling, D., Wynia, M. K., & Pavia, A. T. (2020). Duty to Plan: Health Care, Crisis Standards of Care, and Novel Coronavirus SARS-CoV-2. NAM Perspectives. https://doi.org/10.31478/202003b

[11]. Søreide, K., Hallet, J., Matthews, J. B., Schnitzbauer, A. A., Line, P. D., Lai, P. B. S., Otero, J., Callegaro, D., Warner, S. G., Baxter, N. N., Teh, C. S. C., Ng-Kamstra, J., Meara, J. G., Hagander, L., & Lorenzon, L. (2020). Immediate and long-term impact of the COVID-19 pandemic on delivery of surgical services. British Journal of Surgery.

[12]. Transmission of SARS-CoV-2: implications for infection prevention precautions: scientific brief, 09 July 2020 [Internet]. Geneva: World Health Organization; 2020.

[13]. Hughes MM, Groenewold MR, Lessem SE, Xu K, Ussery EN, Wiegand RE, et al. Update: Characteristics of Health Care Personnel with COVID-19 — United States, February 12–July 16, 2020. MMWR Morb Mortal Wkly Rep. 2020 Sep 25; 69(38):1364–8.

[14]. Shaukat N, Ali DM, Razzak J. Physical and mental health impacts of COVID-19 on healthcare workers: a scoping review. Int J Emerg Med [Internet]. 2020 Dec 20; 13(1):40.

[15]. Vahidy FS, Bernard DW, Boom ML, Drews AL, Christensen P, Finkelstein J, et al. Prevalence of SARS-CoV-2 Infection Among Asymptomatic Health Care Workers in the Greater Houston, Texas, Area. JAMA Netw Open. 2020 Jul 27; 3(7):e2016451.