



CHAPTER-18

A BASELINE AND IMPACT ASSESSMENT OF INTERVENTIONS FOR PREVENTING & SAFEGUARDING THE HOSPITAL SETTING & STAFF FOR THE REGULAR WALK-IN AT BURJEEL HOSPITAL, ABU DHABI, UAE

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INTRODUCTION

The ongoing outbreak of a respiratory illness caused by a novel coronavirus named "COVID-2019" has gained global attention and has been recognized as a significant public health threat by the "US Centers for Disease Control and Prevention (CDC)." The initial case was identified in Wuhan City, China, and since then, the infection has rapidly spread. As of February 28, 2020, the "World Health Organization" (WHO) declared the COVID-2019 outbreak a "Public Health Emergency of International Concern" (PHEIC), with 62 countries reporting 85,176 confirmed cases (79,250 of which were in mainland China) and 2,919 deaths [3]. However, information about the health systems and health authorities' preparedness to combat the 2019-nCoV is not well known. Therefore, awareness and readiness among healthcare professionals in dealing with the 2019-nCoV virus are crucial to prevent further spread of the disease. This multicenter international study aims to assess the level of preparedness of emergency hospital staff and practices regarding COVID-2019 worldwide and their readiness to manage the outbreak [1].

It will also measure the awareness level of hospital staff about the emergency and how they will respond to limit and prevent further transmission. Coronaviruses, named for their envelope studded with projecting glycoproteins resembling a crown, surround a core consisting of a framework protein. Coronaviruses belong to a group of enveloped RNA viruses. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe illnesses such as "Middle East Respiratory Syndrome" (MERS) and "severe acute respiratory syndrome" (SARS) [2].

RESEARCH OBJECTIVES

1. To evaluate the overall number of staff who tested positive within the period from February 15th to March 31st.
2. To execute the designed intervention based on the Department of Health circulars.

3. To evaluate the outcomes and effects of the implemented interventions.

RESEARCH METHODOLOGY

After the Department of Health (DOH) in Abu Dhabi declared the need for outbreak preparedness, several circulars were issued for discussions. A Quantitative Approach with a Descriptive study design was chosen for the research, spanning a timeline of three months, from February 15 to May 15. During the initial 1.5 months, a Baseline assessment was conducted, considering the number of cases among Burjeel staff and the number of patients, symptomatic or asymptomatic, who visited the Emergency Department and Family Medicine Clinic. This assessment was based on the number of swabs taken in February and March. Interventions were implemented in line with DOH circulars to prevent symptomatic cases from entering the hospital, applying to both Burjeel staff and patients. The data collected is confidential and is not permitted to be disclosed under Hospital Policies and the Government of the UAE regulations.

RESULTS & DISCUSSION

The study's findings revealed that as of March 31, there were a total of 620 cases, constituting 41.33% of the total, with 75% being male and 25% female. The majority of cases were in the age group of 35, and the mean age was 37. The results indicated a notable decrease in cross transmission for positive cases, especially among staff residing in hospital-provided accommodations, with a total of 225 cases from March 15 to May 15, 2020, accounting for 15%. Additionally, there was a significant 20% increase in walk-in cases due to the implemented interventions.

After the interventions, the overall case percentage reduced to 15%, achieved through the implementation of Standard Operating Procedures (SOPs), rules, guidelines, and screening tents. Consequently, the screening program will persist until a vaccine is available in the market, ensuring the hospital remains a safe environment for every visit.

CONCLUSION

The assessment led to the conclusion that the implementation of screening tents and the installation of a thermal scanner at the entrance significantly enhanced the security and safety measures within the hospital premises. This improvement was observed across all categories, including out-patients, in-patients, and staff members. The screening tents and thermal scanner played a crucial role in creating a more secure environment, ensuring that individuals entering the hospital, whether for outpatient appointments, inpatient services, or as part of the hospital staff, underwent necessary screening processes, contributing to overall safety and well-being.

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