

At maximum capacity

What strategies should hospitals use to deal with the overflow of Covid-19 patients?

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THE Covid-19 pandemic is spreading at an exponential rate and policymakers are racing against time to find effective solutions. Right now, hospital capacity to treat Covid-19 patients across the country is reaching a maximum. The situation is so critical that only patients with respiratory distress (with oxygen saturation below 90 percent) are being offered to be hospitalised at the designated Covid-19 hospitals. Most critically ill Covid-19 patients require oxygen support from a central oxygen supply. Of all the government run hospitals, Dhaka Medical College and Hospital's Burn Unit and Mugda General Hospital are the only known facilities to provide a central oxygen supply to patients. Other government run hospitals do not have access to a central oxygen supply and very few places are able to provide the positive pressure oxygen that is required by Covid-19 patients. There is an urgent need for strategies to deal with the hospitalisation and management of Covid-19 patients in both urban and rural areas.

Epidemiological considerations to be remembered before delving into the strategies are that 80 percent of coronavirus patients present mild symptoms not requiring any hospitalisation, 20 percent present have severe symptoms requiring hospitalisation and 5 percent are critical, needing ICU admission and ventilation support. Due to limitations in the current testing criteria and capacity, most diagnosed patients fall under the "hospitalisation required" category. To provide the best service to these hospitalised patients and to keep the mortality as low as possible, a few steps can be adopted by healthcare facilities.

In urban areas such as Dhaka, Narayanganj, Mymensingh and Chattogram, the urban poor living in slums with mild symptoms who are unable to self-isolate may be quarantined in makeshift isolation

centres, like local schools, colleges, community centres etc, where physical distancing can be maintained. To cater to patients with severe symptoms requiring hospitalisation and oxygen supply, increasing the number of hospitals (designated for Covid-19 treatment) and building central oxygen supplies are necessary. A quick and cost effective solution is to build partnerships with private hospitals with access to central oxygen supply. Also, empty cabins at these private facilities can be used to isolate and treat patients awaiting Covid-19 test results.

A huge surge in the number of Covid-19 positive patients in rural areas is expected in the upcoming weeks because of Eid travel and therefore, having plans in place to manage the surge is imperative. All patients with Covid-19 like symptoms should be tested at upazila health complexes, and to prevent community transmission, they should be quarantined in local hospitals until maximum capacity is reached. Makeshift isolation facilities such as schools and community centres, may be used to quarantine patients after full capacity is reached in hospitals. This is a crucial step in preventing community transmission. Patients with mild respiratory distress can be treated with portable oxygen cylinders at upazila health complexes and patients presenting with severe symptoms should be transferred to the nearby local Covid-19 designated hospitals.

It is recommended that each district assigns a designated Covid-19 hospital, or a few adjacent districts together assign a designated Covid-19 hospital depending on the population size and the number of expected cases. And as with urban areas, building partnerships with local private hospitals will give access to central oxygen supply and ICU facilities. At the same time, nurses need to be trained to work in these two units. Since the number of expert/trained nurses is inadequate, online courses can be offered to meet the required number of nurses.

There also needs to be in place some strategies to safely manage Covid-19 and

non-Covid-19 patients simultaneously in healthcare facilities, across all districts. Grouping patients based on the severity of the disease and the urgency of the treatment needed is known as "triage" in the medical field. Setting up triage in healthcare facilities is crucial in managing this Covid-19 pandemic.

Urban hospitals can construct designated spaces for triage and upazila health complexes can utilise the open spaces available at the entrances. Low cost tents or light structures built with

results.

Other patients should be further evaluated for Covid-19 clinical symptoms (fever, cough, shortness of breath) and grouped as high, medium and low risk groups. Low risk patients can self-isolate at home or at isolation facilities. The medium and high risk groups should receive appropriate treatment according to World Health Organization (WHO) guidelines.

All hospitals should have specific guidelines for healthcare practitioners

directly involved with patient care.

The healthcare budget should also be optimised keeping the disease epidemiology in mind. It is imperative to remember that 20 percent of coronavirus patients require hospitalisation and only five percent require ventilation. To reduce mortality rates and to cater to the majority of patients requiring hospitalisation, adequate supply of oxygen and devices to measure oxygen levels (pulse oximeter) needs to be ensured. Another important thing to keep in mind while budgeting is that increasing testing for Covid-19 can not only increase our improved patient outcome but also helps reduce community spread.

At this point, collaboration between public and private hospitals is necessary. To bring this collaboration to life, each district should form a committee with the Deputy Commissioner in charge of overall supervision, a Civil Surgeon spearheading the committee and the Police super assisting the committee. The goal of this committee will be to establish collaboration between selected public and private hospitals in the least amount of time. The Civil Surgeon will look after the technical and management aspects of the merger while the Deputy Commissioner will handle the bureaucratic facets. The Police Super will ensure safety and if necessary, take legal actions against unrest and chaos. At upazila levels, committees will have an Associate Civil Surgeon, Upazila Executive Officer and circle Deputy Police Super who will directly report to the district committees or their respective superiors, depending on the need.

The Covid-19 pandemic will most likely be the worst health crisis ever faced in the history of Bangladesh. To successfully overcome this, the country must fully utilise its limited resources with utmost efficiency.

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A worker paints an oxygen cylinder outside a shop in the capital's Moghbazar area last week.

PHOTO: ANISUR RAHMAN

locally sourced construction materials can be used to set up the triage with the help of law enforcing agencies. Ideally, the entire hospital and all its divisions need to be divided into Covid-19 sections and non-Covid-19 sections with a cardboard or glass wall separating the two.

In the triage space, patients will be evaluated and prioritised according to the symptoms and severity of illness. Patients requiring urgent hospitalisation, resuscitation or at a high risk of deterioration should be immediately transferred to the emergency unit, but should be kept separated from Covid-19 positive patients while waiting for test

and other associated personnel. They should be supplied with infection prevention and control materials and trained on how to use them. In addition, they should have access to changing rooms and disposal facilities. There should also be clear and visible awareness raising materials, such as sign boards, posters etc, for patients.

The exponential growth in the number of Covid-19 patients is straining our already burdened healthcare system and healthcare practitioners are struggling to cope with this challenge. Therefore, volunteers and other professionals can be welcomed to share the burden by managing tasks not

For their childhoods

Can the pandemic help us reimagine our education systems?



RUBAIYA MURSHED

GROWING up in a joint family had its perks. For example, there was hardly a chance to get bored. On the rare occasion I did get bored, I vividly remember my mother threatening to make me memorise my time-tables if I complained. It was a much dreaded punishment. It makes me wonder how the children are coping in this pandemic.

On one hand, this may be a golden time for many as they get to spend time with their usually busy parents. On the other, staying at home may not be a pleasant experience for many. For the children in the latter group, school was perhaps an escape. Reality has forced us to realise that there is so much variation when it comes to helping children. The calculations are far more difficult because there is so much to consider across different factors. Any policy that affects children and their childhoods should be designed and implemented with the most special care.

This pandemic is especially revealing in terms of the existing inequality among children from different socioeconomic backgrounds and different schooling streams. For example, while many Dhaka-based English medium schools are able to pursue online classes for their students, thousands of Bangla medium schools and madrasas remain closed all

over the country. The problems differ in the case of children from these different spectrums. Internet access without supervision is a serious issue in the case of children going online to attend their classes.

On the other hand, the probability of falling behind in the race is perhaps the biggest worry for parents of children who are in a stream where they'll have to go through primary school certificate (PSC), junior school certificate (JSC), secondary school certificate (SSC) and higher secondary certificate (HSC) exams. I'm more concerned about the latter. I believe this is one of the rare opportunities for us to take a stand that is justified and will have little or no room for challenges. The stand is simple: cancel all these exams throughout a child's school life. What is the efficacy of all these exams? Is this really the best way to make children learn?

The pressure we put on our children in today's education system is alarming. It raises the question of whether children actually have their childhoods anymore. Someday, this may backfire dangerously. For children, even the little things matter tenfold more than in the case of an adult. The way we give children their marks and grades in front of all their classmates, the way we ask them to compete with each other in the rat-race, the way we make them feel that their value lies in the proof of their brilliance, all these things—however little they may seem to many—affect our children's personalities and mental health. As this pandemic unfolds, it is time for us to take the opportunity to rethink the

education we are giving our children.

If there's anything that Covid-19 has taught us, it is that empathy should not be taken for granted. It should be the highest valued quality really, and it should be celebrated. This is why I am a strong proponent of including active participation in social work into the curriculum of children in schools and colleges. Be it planting a tree, helping out in a nursing home, feeding the poor or helping underprivileged children learn—any form of social work may help us in emphasising to our children that empathy is a priceless virtue. Gone are the days when we can rely on ethics and empathy being an automatic outcome of an institutional education. The time has come for us to actively include ethics education and empathy lessons in our children's everyday studies. It is as important as learning maths or language really. This reminds me of a conversation I once has with my aunt about the importance of teaching children our culture through our subcontinent's history and literature. She said, and I quote, "E=MC2 doesn't develop personality, but a story by Sarat Chandra does." Teaching empathy may be more important than ever for the world to come—a world where we may no longer be encouraging our children to give hugs or kisses.

I would expect our approaches and solutions to education reforms, in this pandemic, to be different for each levels of schools, college and university. As we try to achieve quality in education, we must acknowledge the much needed reform that our system of assessment

needs. We have got to question traditional methods such as exams and investigate whether they are effective anymore. If we find something has become ineffective, we must research and build proper, sustainable alternatives. For example, cancelling exams like PSC and JSC throughout school life is a good strategy but its success largely depends on what alternate assessment system we put into place. There is the matter of preparing our teachers, institutions, textbooks and curriculum for the alternate assessment system. If there are lackings in this preparation, soon enough something harmful like corruption might crawl into it as well.

We have got to start doing our homework about how to reform our education system. Other countries are well ahead of us. Although contexts may be different, there is much to learn from the leading education systems of the world. Every three years, the Organisation for Economic Co-operation and Development (OECD) evaluates worldwide education systems by testing the comparative science, reading and mathematics proficiency of 15-year-old students.

Despite Singapore topping this assessment and setting the standard of success in 2016, the country has since then been rethinking its approach to education and adapting it according to the needs of the future. Their decision is that children in Singapore will no longer be ranked by exam results. Instead, Singapore will focus on creating more rounded individuals with goals to foster social development, raise self-awareness

and build decision-making skills.

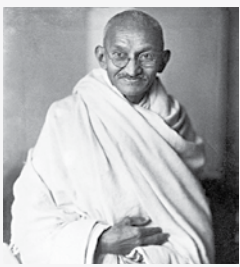
"Learning is not a competition" is one of the premises of this shift, which aims to discourage comparisons between student performance and instead encourages students to concentrate on their own learning development.

In Finland—another highly acclaimed education system—there are no mandated standardised tests except for the one exam at the end of high school. There are no rankings, and no comparisons or competition between students, schools or regions. The belief there is that "If you only measure the statistics, you miss the human aspect."

In Japan, one of the prevalent problems in the education system has become "Futoko", which is the phenomenon of children simply refusing to go to school. Imagine our children feeling the same way, and worse still—not being able to express their feelings. God forbid that student suicides keep increasing in number. Our assessment system in our educational institutions is an indicator of what we value as a society. We must shift our focus to designing a system that fosters what really matters in building human capital, or in building good human beings. First, we must convince ourselves what really matters. If we were to assign the highest value to humanity and teach our children that "Greatness should depend on humanity, not brilliance", can you imagine how different our society could be?

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QUOTABLE Quote



MAHATMA GANDHI (1869-1948)
Indian lawyer, politician, social activist, and writer.

If you worry about yesterday's failures, then today's successes will be few. The future depends on what we do in the present.

CROSSWORD BY THOMAS JOSEPH

ACROSS

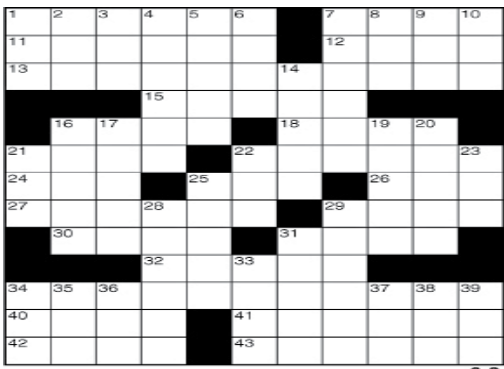
- 1 Adversaries
- 7 Suggestive
- 11 Slow tempo
- 12 Lotion additive
- 13 Party bowlful
- 15 Lesson leader
- 16 Small sound
- 18 Years gone by
- 21 Earth neighbor
- 22 Composer Gustav
- 24 In the past
- 25 Make tempura
- 26 Lumber tool
- 27 Piano parts
- 29 Order to Spot
- 30 Gambling city
- 31 Tousele
- 32 2006 Olympics

- 34 Computer RAM components
- 40 Steel ingredient
- 41 Turkish peak
- 42 Battle group
- 43 Seal user

DOWN

- 1 Drake's music
- 2 Marrying words
- 3 Brewery sight
- 4 Some marbles
- 5 Brightened
- 6 Chimney grime
- 7 Enthusiastic
- 8 Ring great
- 9 Beat walker
- 10 "Sure thing!"
- 14 HMO fee
- 16 Pocket beeper
- 17 Wear away
- 19 Bed boards
- 20 Lone Star State
- 21 Tourist's aid
- 22 Married name preceder
- 23 Spanish king
- 25 Baker's need
- 28 Cleopatra's love
- 29 Bit of beachwear
- 31 Smallscale
- 33 Pitcher Nolan
- 34 Farrow of films
- 35 Go astray
- 36 Pop's mate
- 37 S&L offering
- 38 Golf goal
- 39 Pig's place

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YESTERDAY'S ANSWERS

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BETLE BAILEY

BY MORT WALKER



BABY BLUES

BY KIRKMAN & SCOTT

