

3. Re-organize/ arrange doctors and other healthcare staff in hospitals dividing them into 3 to 4 small groups to continuously work for 10-14 days in rosters and keeping the rest at home to be called in whenever there is a need to self-quarantine the 'on-duty' team in the event of a suspected exposure to a Corona patient. Other staff who is not on duty staying at home standby should have strict instructions to stay at home to avoid community acquired Covid-19 infection.
4. Ministry should develop a system to deal with staff who signs daily attendance registers. Small units can be amalgamated to run essential services. Remaining staff can be temporarily transferred to needed units or institutions.
5. It's mandatory to ensure the safety and wellbeing of staff assigned to Corona-dedicated hospitals. There should be adequate number of masks, PPEs and other measures to minimize the risk of exposure. They should also be divided into groups that work for 10-14 days continuously with food and accommodation provided during the period of work, but should ideally have essential quarantine for 14 days following their duty period before they re-unite with their families. For this, it is best to identify accommodation in a hotel or other building with arrangements for their daily needs.
6. Government should consider establishing dedicated telephone hotlines for each hospital, so that patients can obtain advice especially before coming to hospital whenever possible
7. All hospitals should be advised to set up admission criteria for all words for 'any illness' enabling screening of all patients with a set of questions to avoid a possible Corona patient/highly suspicious contacts getting admitted with an unrelated medical or surgical problem risking the staff and other patients. Essential facilities have to be set up in the 'isolation wards' to look after such patients until Covid-19 is excluded by doing a specific test.
8. All countries who have shown better success have facilitated 'more testing' and Sri Lanka should not impose unfair restrictions for testing. We like to draw the attention of decision makers about the 'difficulty' that the first physician who got infected has had in getting the test done for the index patient he has seen whose positive results lead to the discovery of the physician contracting disease. All healthcare workers should have easy access for testing whenever the need arise. Government should keep exploring the ways of expanding its capacity for testing as well as keep studying the emergence of new testing methods and the need to combine other tests like IgM blood testing to fast tract and extend the detection rates of positive cases. This should include facilitating monitored and validated testing at private institutions with easier access for testing with laid down case definitions.
9. Ministry of health should promote social/physical distancing to a maximum to limit virus spread. The lock-down process implemented in the form of curfew should be extended for further 2 weeks or more with more regulations to make it more meaningful. We should learn from success stories from other countries as well as not to repeat the mistakes made by few others. Curfew-passes could be given to those on lockdown to go out of their houses to buy food or to attend other essential matters by giving them a mentioned time period that vary for each to avoid too many overcrowding at the same time. Supermarkets etc. could be instructed not to allow more than a certain number at a given time and those without a pass. The infrastructure of our hospitals are in general not sufficient and are extremely limited to look after severe cases (**Health care system capacity**). This is also not without the risk of exaggerating further spread. We could only succeed through prevention and preventive measures should be fool-proof.

10. The use of various treatment options with emerging evidence should have repeatedly reviewed and considered by a well-represented medical panel selected on their known technical capabilities and expertise than through ad hoc means.
11. Above should apply to higher level decision making as well. To avoid undermining the importance of medically useful decision making to prevent spread and optimize care, more power should be vested to a medically expert team about 'what is best needed' to curb the epidemic. They in turn should convey their thoughts and requirements to the top policy makers. Then, a well-represented task force from different sectors should be entrusted the duty of finding ways to 'implement' these scientifically useful preventive and treatment strategies. We believe the delay that could not prevent the imported cases through air travel specially from Italy and Europe was a result of the defect we had in this arrangement at the beginning.

Thank you.

Yours faithfully,



Dr Lalantha Ranasinghe
President

ASSOCIATION OF MEDICAL SPECIALISTS
No. 06, Wijerama Mawatha,
Colomba 07.

Cc:

Chairman, Presidential Task Force on COVID-19
Governor, Western Province
Secretary, Ministry of Health
Director General of Health Services
Chairperson, National Epidemiology Unit
President, Sri Lanka Medical Association
President, GMOA