

## Abstract

**Background** - SARS COVID-19 is an acute respiratory illness which originated in China and rapidly spread across the world in year 2020. It was challengeable to deliver optimum care for the patients while maintaining safety of healthcare workers during this pandemic. Therefore health sector implemented various strategies to enhance hospital preparedness and ensure safety at health care facilities.

**Objective** - To describe hospital preparedness for COVID-19 at a selected hospital in Galle District

**Methods** - A descriptive cross-sectional study was conducted among 65 grade medical officers and 220 nursing officers at Base Hospital Balapitiya. Pre tested self-administered questionnaire and an observational check list were used to collect data.

**Results** – Response rate was 90.52%. Majority were female 88.8% (n=221). Majority of the participants were between 30-39 years of age (n=144 %). Study sample consisted of 62 (24%) grade medical officers and 196 (76%) nursing officers and majority (n=152, 58.9%) had more than 10 years of work experience.

Majority 81.4% (n=210) were aware of updates about guidelines and circulars regarding COVID-19 issued by Ministry of Health (MOH). Frequent hand washing was practiced by 96.9% (n=250) while social distancing not practiced by considerable number of participants (n=77, 29.8%). Exposure to training on outbreak management was extremely low among the participants (n=234, 90.7%). Considerable proportion was not confident in correct practice of donning and doffing (n=60, 23.2%).

Approximately half of the participants believed that the hospital is not prepared to provide effective response during outbreak 46.1% (n=119). Moreover 49.2% (n=127) of the participants were feeling unsafe to work under current safety measures provided by hospital. Adequate psychological readiness noted only among 26.7% (n=69) to attend to probable COVID patient/quarantined individuals for emergencies and other reasons at a hospital not designated as COVID treatment center. Absence of a dedicated respiratory ward and separate place at Emergency Treatment Unit (ETU) to manage emergencies of patient with respiratory symptoms were noted.

**Conclusion and recommendations-** Training and psychological readiness in outbreak response during COVID-19 are inadequate among grade medical officers and nursing

officers working at a hospital not designated as COVID treatment center. Implementing training programs on outbreak response and building trust between institution and the staff on safety will improve the preparedness in future outbreaks.

*Key words- Hospital preparedness, psychological readiness, grade medical officers and nursing officers*