



Rural Doctor's Association of Southern Africa

"Inspiring others to rural health"

PRESS RELEASE: OXYGEN SUPPLIES VITAL FOR RURAL HOSPITALS COVID-19 RESPONSE

Many patients with COVID-19 appear relatively alert and well until quite dangerously hypoxic (lacking in oxygen). Oxygen Therapy is vital to save the lives of these patients in rural hospitals, that are without ICU facilities, and have long transit times to tertiary hospitals. Some of our rural hospitals say they are running out of oxygen, or have failed oxygen points or insufficient oxygen masks even during these early stages leading up to the epidemic "peak" in rural areas.

RuDASA is calling for capacity building of rural and district hospitals to manage COVID-19 patients oxygen requirements during this critical time. A well resourced rural district hospital will not only save lives but will also free up tertiary hospitals to cope with the most severe cases needing intubation & ventilation, as well as their urban COVID-19 case load.

Oxygen supplementation is absolutely key. At the peak of the epidemic each hospital will use many times the usual amount of oxygen utilised during non-peak times. For the majority of patients (60 - 70% of admissions) simple oxygen support with nasal cannulas or face mask is adequate. More severely ill patients may require a Reservoir Bag or High Flow Nasal Oxygen (40 - 60l/min). High Flow Nasal oxygen is recognised as a game changer for management of COVID-19 and gets better long term results than intubation & ventilation.

RuDASA calls on the Department of Health to act swiftly to:

1. Assess the current oxygen capacity and estimated increase in capacity needed at each rural hospital. This includes identifying the need to expand oxygen storage space and increase supply chain deliveries to cope with the increased need.
2. Assess all wall oxygen points on wards to ensure they are working and can deliver proper oxygen flow.
3. Ensure all rural hospitals are able to deliver oxygen to the patient. They must have sufficient stock of 40% rebreather masks to cope with demand as existing stock will be used up very quickly. Stock of flow meters (the bit that fits into the wall) should be increased, amazingly in times of urgency these can be hard to find.
4. Ensure all rural hospitals have sufficient supply of simple saturation monitors to monitor the "oxygen in the blood" of all patients needing oxygen therapy. The new fingertip monitors in this regard will be very useful.
5. Ensure that District Hospitals as well as Tertiary Hospitals have High Flow Nasal Oxygen capacity. This saves lives and means a reduction in nursing care as the patient is awake, comfortable and can eat and drink independently. The machines are relatively cheap, with a quick learning curve to set up and use; and require minimal, if any, extra nursing. This means they are ideal for wards in rural hospitals.

Rapid action to increase Oxygen Therapy capacity at rural hospitals cuts emergency service travel and costs by reducing the number of patients to be referred onto tertiary hospitals and ensures those patients needing to be referred on to tertiary hospitals will be less distressed and have better outcomes, and are more likely to have an ambulance available to transfer them. Our doctors do not want to have to decide "who lives and who dies" simply because there is no oxygen therapy available for everyone

RuDASA Executive Committee

22 July 2020

Ends