

Maximal Measures to Tackle COVID-19

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Urging for the highest level response measures to address the rising wave of Covid-19 cases, Mr Uday Kotak, President, CII said, "Given the current pandemic situation, safeguarding lives is of utmost priority and nationwide maximal response measure at the highest level is called for to cut the transmission links. The healthcare infrastructure and supply build-up are being undertaken on emergency basis by the governments at the centre and states, but will take time. At this critical juncture when toll of lives is rising, CII urges the strongest national steps including curtailing economic activity to reduce suffering."

CII further states that at the current pace of daily caseloads, the requirement for hospital beds and ICU beds, oxygen, and medicines will continue to escalate. At the same time, medical personnel who are already overstretched will be further pressurized. "Healthcare and frontline workers are giving their best efforts to tackle the influx of patients, but it may not be possible to manage escalating caseloads with the present medical talent availability. We must heed expert advice on this subject – from India and abroad. Highest response measures are needed to break the chain of contagion and also use the time to rapidly build up capacity," noted Mr Kotak.

"Our maxim should be 'no one is safe, unless everyone is safe'", concluded Mr Kotak.

Some of the other suggestions made by CII in this regard are as follows:

Deploy Armed Forces and central security forces for logistics, infrastructure and personnel.

Initiate temporary medical facilities with Armed Forces and other paramilitary forces, using existing infrastructure facilities like school and college premises, sheds, parks with tents, etc as Covid care facilities.

Medical equipment for these facilities can be sourced from across the country through Indian Air Force flights or Army trucks.

Strengthen security at hospitals for medical personnel and protect people and property.

Tap manpower sources such as retired medical personnel, doctors and nurses. Nursing and medical students who have finished GNM/BSC training and who are awaiting exams can be roped in and this can be counted for future requirements / credits after 1 year of Covid ICU work. Medical specialists, numbering about 25,000, PG seat aspiring doctors of 1.3 lakh and specialists not recognized by the Medical Council can be included with incentives for doing 1 year Covid ICU work.

Offer training through short courses through the Healthcare Sector Skill Council. NRIs working abroad as doctors and nurses can be encouraged to come back for a national cause for a brief period.

Distribute vaccination supplies to States according to well-defined criteria. As per experts, population size, exposure and vulnerability can be mapped to supply specific required quantities to the States.

Create central asset mapping control team for monitoring supply of various essential critical care Items as well as predicting possible occurrences of shortages and pre-emptively enhancing States' capacities. Shortages may be made known to industry for helping reach resources.

Strengthen logistics to reach supplies to the affected districts. Transportation must also be put in place for supplying the required medical drugs and oxygen on a continuous basis to districts where requirements are high, including Railways and road corridors with minimal state border delays. Transport arrangements for oxygen supplies linking to nearby factories is critical.

Scale up RTPCR testing to double the current daily numbers both in urban and rural India. The requirements for testing kits can be met through imports or ramping up domestic manufacturing, including Rapid Antigen Self Testing Kits for use at home. Vacant educational institution premises or other unused premises can be used for community testing facilities at scale.
