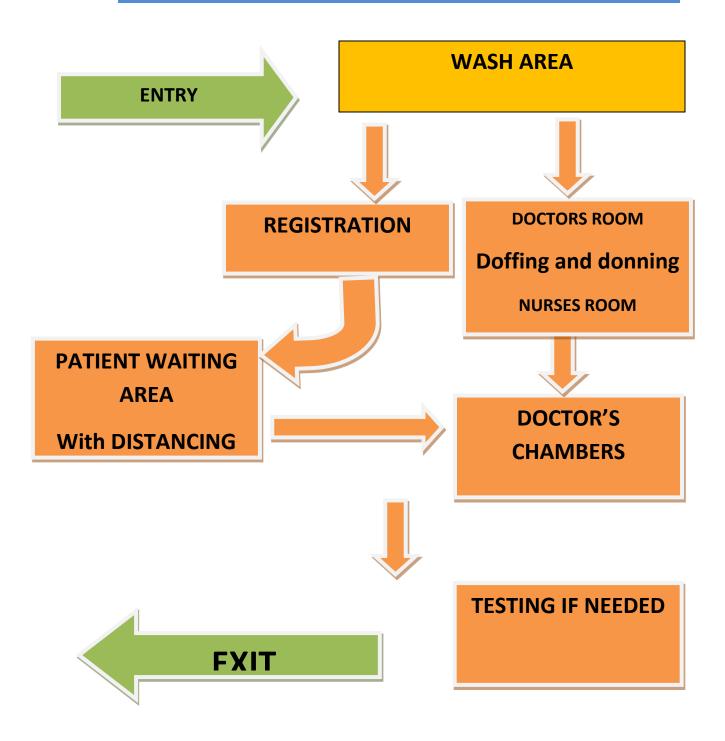


IMA TNSB

FEVER AND RESPIRATORY CLINIC





FEVER RESPIRATORY CLINIC AT COMMUNITY LEVEL

Dear Drs,

Greetings to all. Happy to share with you all that our Tamil Nadu Govt has considered our three tier System of Tackling the COVID 19 wherein we wanted the COVID 19 cases to be tackled in designated set ups in all levels (Primary, Secondary and Tertiary) . Govt has permitted us to have Designated Community level Fever and Respiratory Clinics (DF&RC).

May we request the Branches located in Red Zones where more number of Positive cases are reported to establish DF&RC in their areas as per the need.

Advantages of DF&RC:

Diverting all the Symptomatic COVID 19 patients who come for primary care to DF&RC will help

- (a) Community spread from each and every primary care clinic they visit can be prevented
- (b) Spread of Infection to all the Health Care Professionals in Primary care can be prevented.
- (c) En mass exposure of all the Health Care Professionals in an area will make them to go for Quarantine at the same time which will lead to collapse of entire health care system and subsequently will increase the case load to Secondary and Tertiary COVID Centers
- (d) All the Primary Care Clinics can extend their services to their patients other than Fever and Respiratory problems..

Norms For DF&RC

- 1. Branches to Identify the locations where DF&RC to be set up.
- 2. Submit proposal to JDHS and get permission.

Norms For Selecting The Location

- Well Ventilated and Spacious areas with Enough Parking area to be selected.(preferably their IMA buildings , Big Halls, Kalyanamandapams, or if smaller hospitals prefer to designate theirs
- 2. Water Facility for Wash Area
- 3. Separate Registration area / Doctors chamber with enough distancing barricade between Staff / Doctor and patient
- 4. Separate Waiting area for proper distancing between patients.

Norms For Washing Area:

 Water/ Soap/ preferably Elbow tap for hand wash (ALL THE PATIENTS WHO ARE COMING TO THE FEVER CLINIC SHOULD WASH THEIR HAND AND FEET WITH SOAP AND WATER.)

- 2. Tissues to wipe.
- 3. Posters on Hand Wash Techniques

Norms for Doctors and Nurses duty room:

- 1. Separate Cubicles for Doctors and Nurses
- 2. Doffing and Donning procedure poster to be displayed
- 3. Wash room facilities to be taken care of.

Norms For Registration Area:

- 1. No attenders if the patient is stable
- 2. 3 PLY MASK to BE PROVIDED AS SOON AS THE PATIENT ENTERS THE REGISTRATION ROOM
- 3. DETAILS OF THE PATIENT to BE COLLECTED AS PER THE FORM 1 (Annexure)
- 4. PHYSICAL DISTANCING SHOULD BE MAINTAINED 4 FEET FROM PATIENT TO PATIENT AND PATIENT TO staff preferably a barricade.
- 5. SANITIZE the hand of EACH PATIENT
- 6. VITALS TEMPERATURE BY THERMO SCANNER, PR: ,SPO2: %, by pulse oxymeter, RR: IMMEDIATELY AFTER CLEANING THE HAND WITH HAND SANITIZER
- 7. Do not hand over the Form to Patient.

Norms For Waiting Area

- 1. Mark the areas
- 2. STOOL WITHOUT ARMS
- 3. 3 to 4 FEET DISTANCE FOR EACH PATIENTS
- 4. NOT MORE THAN 10 PATIENTS IN A WELL VENTILATED ROOM AT A TIME

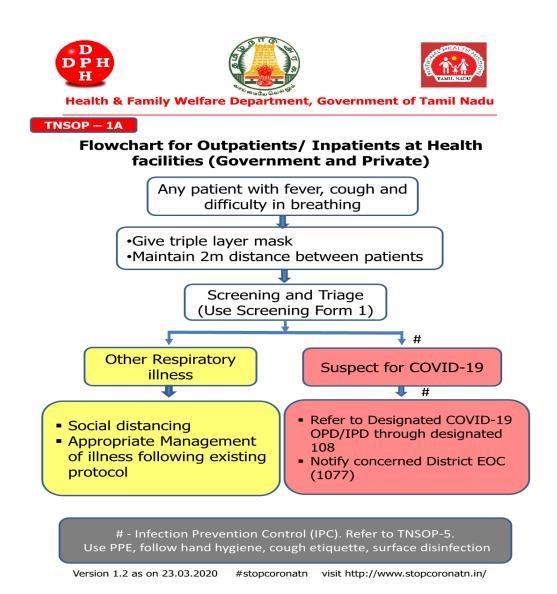
Norms For Doctors Chamber

- 1. NON TOUCH TECHNIQUE
- 2. 4 FEET DISTANCE FROM PATIENT TO DOCTOR

- 3. STOOL WITHOUT ARM CHAIR for THE PATIENT
- 4. NO ATTENDERS IF PATIENT IS STABLE
- 5. ONE ATTENDER WILL BE ALLOWED IF PATIENT IS SICK with mask
- 6. STOOLS SHOULD BE CLEANED AS SOON AS PATIENT GETS UP.
- 7. RESPONSIBILITIES OF THE DOCTORS
 - HE HAS TO FILLUP THE SCREENING SHEET (Form 1 A)
 - Categorizes THE PATIENTS ACCORDING TO THE CLINICAL PRESENTATION

CAT – A	CAT – B	CAT – C		
RESPIRATORY	RESPIRATORY	RESPIRATORY		
SYMPTOMS ONLY	SYMPTOMS WITH CO	SYMPTOMS WITH		
	MORBIDITIES	RESPIRATORY DISTRESS		
NO CO MORBIDITIES	WITHOUT ANY	WITH OR WITH OUT CO		
	RESPIRATORY DISTRESS	MORBIDITIES		
NO SIGNS OF	PR < 100/MIN,	PR > 100/MIN,		
RESPIRATORY DISTRESS	SPO2 >94%,	SPO2 <94%,		
	BP> 90/60,	BP< 90/60,		
	RR <24.	RR >24.		

- 8 Make Entry and preserve the form.
- 9 NOTIFY THE PATIENT TO THE HEALTH AUTHORITIES if warranted AS PER THE GOVERNMENT PROTOCOL.(Annexure –Notification/ Referral protocol)
- 10 Prescription for the patient (only for non covid) in a separate Prescription form .
- 11 Consultation Free of Cost.
- 12 Medicines can be bought from nearby medical shop.



Norms For Referral/ Notification

 All suspected COVID Patients (FEVER/ ILI / SARI / CONTACT HISTORY) to be Referred (annexure form1)







Health & Family Welfare Department, Government of Tamil Nadu

FORM

SCREENING AND TRIAGE FOR COVID-19

1.	H/o Fever		YES	□NO
2.	Any one of the following:			
	a) H/o Cough			
	b) H/o difficulty in breathing		YES	\square NO
	c) Or any signs of respiratory disease			
3.	Any one of the following:			
	a) H/o Travel to or residence in a country/ area or territory		YES	\square NO
	reporting local transmission in the last 14 days prior to onset			
	of symptoms			
	b) H/o contact with COVID-19 confirmed case in the last 14			
	days prior to onset of symptoms			
	c) Severe Acute Respiratory Infection (SARI) AND requiring			
	hospitalization AND with no other etiology that fully explains			
	the clinical presentation (including health care provider)			

If answers to all (1,2 and 3) questions are YES, consider the patient as SUSPECT for COVID-19

- Report to 24x7 control room with case details.
- Refer to designated hospital through dedicated ambulance arranged by Government authority.

If 1 or 2 or both is YES, consider the patient as Acute Respiratory Infection and follow the existing protocol.

If only 3 is YES immediately contact to 24x7 Control room.

Version 1.1 as on 20.03.2020

#StopCoronaTN

Visit http://www.stopcoronatn.in/

- Details to be notified to <u>www.dphpm.com</u> (ID and Pass word can be obtained from Central control room or DDHS) and DDHS(see annexure for DDHS contact details)
- 3. Use 108 Ambulance or Designated Ambulance If you have to shift the patient to testing Centre / Admission.

Norms For Dress Code

1 ALL HCW WILL BE PROVIDED WITH Gown, leggings, caps,N 95 mask, FACE SHIELD Gloves





IMA TNSB COVID UPDATE

DRESS CODE FOR FEVER CLINICS

PATIENT:

> FACE MASK PREFERABLY 3PLY MASK



ALL OTHER STAFF INCLUDING DOCTORS:

- > FULL COVER CLOTH DRESS
- > PLASTIC APRON OVER FULL COVER
- > LEGGINGS
- N95 MASK
- CLOTH MASK OVER THAT
- > FACE SHIELD
- ➢ GLOVES



As per MOH&FW guidelines N95 mask and Gloves are must. But we recommend as above for our extra precautions





Personal Protective Equipment (PPE) Recommendations by

Ministry of Health and Family Welfare
OUT PATIENT DEPARTMENT (RESPIRATORY CLINIC/ SEPARATE SCREENING AREA)#

S.NO	Setting	Activity	Risk	Recommended PPE	Remarks
1	Triage Area	Triaging Patients Provide triple layer mask to patient	Moderate Risk	N95 Mask Gloves	Patients Get Masked
2	Screening area help desk/ Registration counter	Provide information to patients	Moderate Risk	N95 Mask Gloves	
3	Temperature recording station	Record temperature with hand held thermal recorder	Moderate Risk	N95 Mask Gloves	
4	Holding area/ Waiting area	Nurses/ paramedic interacting with patients	Moderate Risk	N95 Mask Gloves	Minimum distance of one meter needs to be maintained
5	Doctors chamber	Clinical management (doctors, nurses)	Moderate Risk	N95 Mask Gloves	No aerosol generating procedures should be allowed
6	Sanitary staff	Cleaning Frequently touched surfaces/ Floor / cleaning linen	Moderate Risk	N95 Mask Gloves	
7	Visitors accompanying young children And elderlies	Support in navigating various service areas	Low Risk	Triple layer medical mask	No other visitors should be allowed to accompany patients in OPD Settings. The visitors thus allowed should practice hand hygiene

COMMON

➤ Daily all their clothes, cloth mask to be soaked in 0.5% Sodium Hypochlorite solution for 15minutes, Wipe the plastic apron with 0.5% Sodium Hypochlorite solution

- > Then immediately to be washed with Soap & Water.
- > Dry in open terrace.
- Face shield to be dipped in Soap water for 10 minutes and to be washed & dried to be used next day
- ➤ N-95 mask to be hanged in the room to be used after 72 hours or



Note: Preparation of 0.5% Sodium Hypochlorite solution 1Scoop Bleaching Powder in 10 Litres of Water.

Dr.C.N.Raja President IMA TNSB Dr.A.K.Ravikumar Hony. State Secretary IMA TNSB

Norms For Man Power Management

Total Number of Shifts- 9am -1pm or as per convenience.

- 1 DOCTORS-1 per Shift
- 2 PARAMEDICS- 2 per Shift
- 3 HOUSE KEEPING-2 per Shift
- 4 SECURITY- 1 per Shift
- 5 OFFICE STAFF- 2 per Shift
- 6 3 Days duty-3 Days rest
- 7 PPE Kits as suggested

Norms For Registers To Be Maintained

- 1 RECORDS can be MAINTAINED also as soft copy.
- 2 PATIENT REGISTER
- 3 FORM I TRIAGE AS PER GOVT OF TAMILNADU
- 4 FORM 1 A CASE DETAILS

- 5 FORM II LAB/REFERALFORM/NOTIFICATION FORM
- 6 NOTIFICATION REGISTER:

Norms For Disinfection And BMW

DISINFECTION PROTOCOLS

As per the Guidelines

- Every 4 hrs whole area
- Seat and touchable areas as frequently as needed
- Use 1 %Sodium Hypochlorite Solution for cleaning the floor and surfaces
- 3 Bucket system/ sprayer

Awarness To Public

- Media
- Local Announcement
- Control Room
- Posters In front Of All Health Care Centers/Clinics In The Area
- Clinics Other Than Fever Clinics need Not See Fever And Respiratory Illness
- If others wish to see follow above protocols

Note

- In all areas non touch techniques will be followed
- Distancing will be maintained
- Proper signage's to be displayed.
- Public awareness posters to be displayed.

