IMA TNSB COVID UP DATE

CLOSURE OF CLINICS/ HOSPITALS IF POSITIVE COVID CASE IDENTIFIED ?

- **Not all ways**.
- **Provided you follow all the protocols specified**
    - **Proper(IPC) Infection Prevention and Control practices** (see Annexure)
    - **Proper Triaging**
    - **Proper Notification done**
    - **Proper Documentation etc.**
    - **If in Non Containment area (Red Zone)**

❖ ***They may not close for longer duration except for a brief period for Disinfection***

❖ ***But the Dr and Staff who were in direct contact with the patient and suspected contacts will be traced and Quarantined for 14 days***.

Ref: Govt of India Guidelines Guide lines to be followed on detection of suspect or confirmed COVID19 case 20 -4 -2020 See Annexure

Dr,C.N.Raja
President

Dr.A.K.Ravikumar
Hony. Secretary

IMA – TAMILNADU

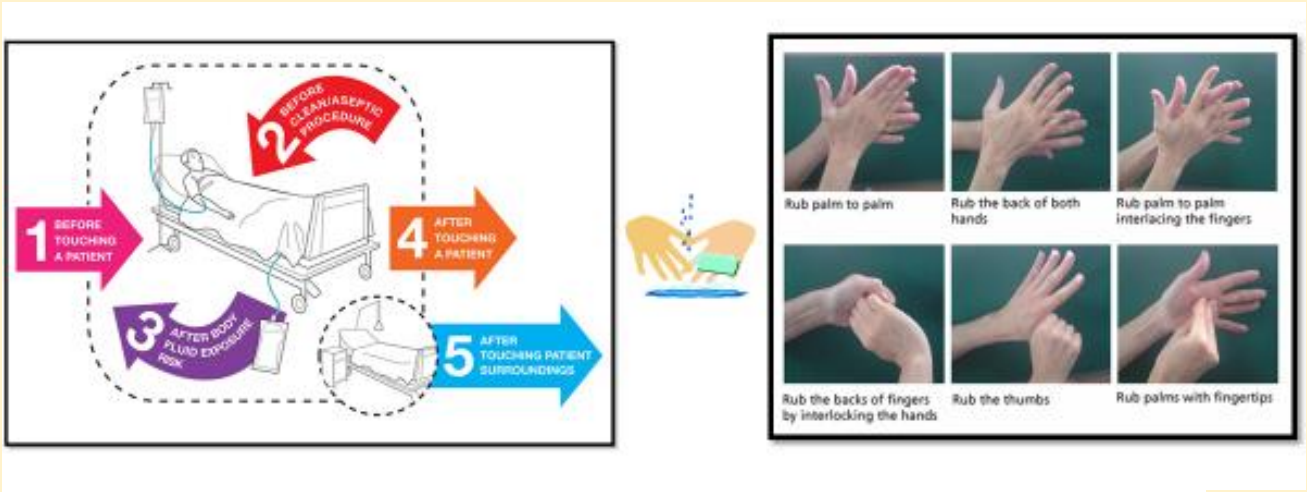
COVID – 19 - CONTAINMENT MEASURES
INFECTION CONTROL PRACTICES FOR HOSPITALS & CLINICS

Coronavirus disease **(COVID-19)** is an infectious disease caused by a newly discovered Severely Acute Respiratory Syndrome Coronavirus -2 (**SARS–CoV-2**) that cause illness ranging from common cold to more severe diseases leading to death . The mode of spread of these viruses are by respiratory droplets and contact (Direct / Indirect). Though SARS-CoV-2 remained viable in aerosols under experimental conditions for at least three hours .It's not confirmed to be airborne transmission as of now.

Good Infection Prevention & Control practices should be adhered by all categories of Healthcare workers (HCW) at all times of patient care as they are at a higher risk of infection. The Standard recommendations to prevent infection spread include standard precautions, contact precautions and respiratory precautions. Given the current uncertainty, airborne precautions are recommended in the setting of certain high-risk procedures. Standard infection control precautions that needs to be implemented by healthcare workers include basic hand hygiene, use of appropriate personal protective equipment, respiratory etiquettes, environmental disinfection, linen handling, sharps precaution and waste management.

HAND HYGIENE (HH):

- Effective Hand washing / Hand hygiene is the **Most Important measure** during direct patient care.
- Know the **HH moments and Steps** and perform at all opportunity.
- Choose either alcohol based **Hand rub (20-30 sec)** or Hand wash with **Soap & water (40-60 secs).**
- Avoid touching possibly contaminated areas / objects.
- **Ensure availability** of Alcoholic Hand rubs and Handwashing facilities (preferably elbow operated taps in clinical areas).



PERSONAL PROTECTIVE EQUIPMENT (PPE):

- Wear a **Triple layered Medical mask** while handling patients- Suspected / confirmed.
- **N-95 respirator/FFP-2 mask** including gloves, long-sleeved non-permeable gown, eye protection/ face shield – while collecting samples for COVID testing & performing **aerosol generating procedures**, Such as -
    - Tracheal intubation
    - Non-invasive ventilation
    - Tracheotomy
    - Cardiopulmonary resuscitation
    - Manual ventilation before intubation
    - Bronchoscopy
- Medical masks can be worn for 4-6 hours and N-95 respirator for 6-8hrs- IDEALLY
- **Extended use of N-95 respirator** while caring for multiple patients. should be carefully handled and ideally discarded in yellow bin after use.
- Everyone who needs to wear N95 respirator should be **trained and fit test done** at-least in the last one year.
- Wear PPE before patient contact and remove after coming out of patient care area.
- **Do not touch your face** while wearing a PPE.
- **Wash hands** before and after PPE wear.
- **Disinfect Reusable** PPE between patient use.
- **Do Not Re-use** disposable PPE as it is associated with risk of infection .
    - In case of acute shortage of disposable PPE – follow Interim guidelines given by CDC etc…
- Provide **Medical mask to patients** with respiratory symptoms.
- Wearing medical masks **when NOT indicated may cause unnecessary cost and create a false sense of security** that can lead to the neglect of other essential preventive measures.

Sequence of wearing & removing PPE

Wearing & Removing N-95 Respirator

ENVIRONMENTAL SURFACE CLEANING & DISINFECTION:

- Maintain **1 meter (2 arms) distance** between patients / HCWs / Visitors– including OP waiting and IP beds.
    - In the Isolation room & screening & triage centre - **Spaced 2 meters apart**
- If Patient with COVID admitted at the hospital facility - Have a **designated route**, control traffic and restrict visitors.
- Have a scheduled **cleaning plan based on the risk** - considering the type of area and clinical activity.
- Clean environmental surfaces with detergent and water and disinfect using70% alcohol (**Metallic)** & 1% sodium hypochlorite (**Non-metallic**) or 5% Lysol solution – contact time -30 mins.
    - 5% Lysol sprays can be used for disinfecting surfaces.
        - Potential for aerosol generation therefore caution required while spraying in known / suspected contaminated settings.- then mopping is preferred
    - 1% sodium Hypochlorite should be freshly prepared every day and used.
- Floor & railing cleaning by **Three buckets system**, one with ***plain water*** and one with ***detergent solution***; one bucket for ***1% sodium hypochlorite***
    1. First mop the area with the water and detergent solution
    2. After mopping clean the mop in plain water and squeeze it
    3. Mop area again using sodium hypochlorite 1% after drying the area

- Mop the floor starting at the far corner of the room and work towards the door

- Frequency of cleaning:
  - **High touch surfaces**: Disinfection of high touch surfaces like (doorknobs, telephone, call bells, bedrails, stair rails, light switches, wall areas around the toilet) should be done **every 3-4 hours**.(if COVID suspected / confirmed patients are there – then every **1-2 hours**)
  - **Low-touch surfaces**: For Low-touch surfaces (walls, mirrors, etc.) mopping / wiping should be done at least once daily.
- Cleaning staff should be attired in suitable PPE. Disposable gloves should be removed and discarded if they become soiled or damaged, and a new pair worn.
- The cleaning staff should **wash their Hands** with soap and water immediately after removing the PPE .

MEDICAL EQUIPMENT DISINFECTION:

- Use **dedicated non critical medical equipment** for patients - Example Stethoscope , BP cuff , Thermometer etc
- Avoid sharing of equipment. if unavoidable **clean & disinfect between patients**.
- Based on the equipment - 70% alcohol (**Metallic**) & 1% sodium hypochlorite (**Non-metallic**) or 5% Lysol solution or follow manufacturer's instruction.

CLEANING IN CLINICAL AREAS		
AREA / ITEM	**PROCESS FOR DISINFECTION**	**METHOD**
Floors	Detergent and 1% Sodium Hypochlorite/ or an approved disinfectant routinely used in your hospital	(**Three buckets**, one with plain water and one with detergent solution; one bucket for 1% sodium hypochlorite • First mop the area with the water and detergent solution • After mopping clean the mop in plain water and squeeze it • Mop area again using sodium hypochlorite 1% after drying the area Mop the floor starting at the far corner of the room and work towards the door.
Ceiling & Walls	Detergent/ 1% Sodium Hypochlorite	• Damp dusting • Damp dusting should be done in straight lines that overlap one another

Doors & Door Knobs	Detergent/ 1% Sodium Hypochlorite	The doors are to be washed with a brush
Isolation room	Detergent and 1% Sodium Hypochlorite	Terminal cleaning: Three buckets (As mentioned above)
All Clinical Areas/ Laboratories/ where spill care is required	1% Sodium Hypochlorite	• As per **spill management** protocol. • At the end, Mop with detergent and water and allow it to dry.
Stethoscope	Alcohol based rub/ Spirit Swab	Should be wiped with alcohol based rub /spirit swab before each patient contact
BP Cuffs &Covers	Alcohol based disinfectant	
Thermometer	Wipe with alcohol rub in- between each patient use	Preferably one thermometer for each patient
Injection &Dressing Trolley	Detergent & 70% Alcohol	• Clean Daily with detergent & water • After each use, should be disinfected with 70% alcohol based reagent
Refrigerators	Detergent & Water **Inside Cleaning:** Weekly Surface Cleaning Schedule: As mentioned for High Touch Surfaces	• Empty the fridge and store things appropriately • Defrost, decontaminate and clean with detergent • Dry it properly and replace the things
Equipment (Equipment need to be disinfected after every contact with suspected patient)	• All Areas & Surfaces of Equipment: 1% Sodium Hypochlorite • Sensitive Probes of Equipment:70% Alcohol – example Ventilator monitors , CT/MR like machines etc, (As per manufacturer's Instructions)	• Whenever possible, portable radiographic equipment should be used to limit transportation of patients
CLEANING IN NON- CLINICAL AREAS		
General cleaning	Detergent and Water (1% Sodium Hypochlorite can be done)	• Scrub floors with water and detergent • Clean with plain water • Allow to dry • 1% Sodium Hypochlorite mopping can be done.
Lockers/ Tables/Cupboards/ Wardrobes/ Benches/ Shelves	Detergent & Water	• Damp dusting

Mirrors & Glass	Detergent & Water	• Using water and a small quantity of detergent and a damp cloth • wipe over the mirror and surroundings
Stainless steel/ Any other sink	Detergent & Water	
Furniture, Telephone , Chairs, Privacy Curtain	Detergent & Water	• Damp dust with detergent
Lifts	Detergent and water High touch points	• 3 -4 times a day • Every 1-2 hours
Light switches	Detergent & Water	• Damp dust (never wet) with detergent
Railings	Detergent &1% Sodium Hypochlorite Three small buckets system as mentioned above.	• Damp dust with water and detergent followed by disinfection with hypochlorite

(***Adopted from NCDC & AIIMS – HICC – IPC Guidelines for 2019-nCoV (COVID-19) version 1.2, March 2020***)

INFECTION PREVENTION & CONTROL (IPC) ACTIVITY AREA WISE:

AREA	IPC ACTIVITY
Clinical screening Triage area	• Patients placement **I -2 meters** apart in a que • Doctor and assisting staff – **three layered medical mask** , Gown (linen) with Apron and gloves . • Cleaning / Housekeeping staff –Three layered medical mask, gloves (while shifting patients) and Heavy duty gloves (cleaning) – Ideal • Questioning, observation and **Non touch technique** for screening temperature (If available) • **Medical mask** provided for **suspected patients**. • Hand wash / hand rub between patients and before and after PPE use. • Dispose the waste in appropriate BMW bins as per the policy. • **Infection control educative & Information posters** should be displayed.
OPD / Clinic	• Routine visits avoided. (For remote / virtual consultations *Refer – Telemedicine guidelines dated 26th March 2020*) • Patients placement **I meter apart** in the waiting area • Separate patients with flu like symptoms and those with other chronic diseases / ailments. • Doctor and assisting HCWs should wear **three layered medical mask.** • Cleaning / Housekeeping staff / Attenders–Three layered medical mask Heavy duty gloves (cleaning) – Ideal. • Organize the area with **Minimal equipment for easy decontamination** with alcohol /1% sodium hypochlorite depending upon the material. • Floor cleaned with 1% sodium hypochlorite or any approved disinfectant **2-3 times** a day (8-12 hourly). • **Clean High touch points** once every 3-4 hours. • Hand wash / hand rub between patients and before and after PPE use.

	• Restrict attendant for patients who don't require assistance. • Dispose the waste in appropriate BMW bins as per the policy .
Ward	• Patients beds spaced **I meter apart**. • Only essential staff and patient attendant • Doctor and the assisting HCWs should wear **three layered medical mask**. • Cleaning / Housekeeping staff – Three layered mask & heavy duty gloves – Ideal • Floor cleaned with 1% sodium hypochlorite or any approved disinfectant **2-3 times a day** (8-12 hourly). • Medical equipment – for dedicated patients and cleaned and disinfected after use and between patients with alcohol or manufacturer approved disinfectant. • Clean High touch points once **every 3-4 hours**. • **Hand wash / hand rub** between patients and before and after PPE use. • If Patients should be shifted between wards or for testing – inform the receiving ward and choose a lean time (**dedicated route** if COVID-19 suspected) . • Dispose the waste in appropriate BMW bins as per the policy. • Contaminated linen – washed with **60-90 ^{0}C** water and detergent and disinfected with 0.5% Sodium hypochlorite • **Stringent Visitor policy** – restricting time, numbers (one only) and those sick
ICU	• Patients **beds spaced I meter** apart. • Only essential staff should enter the critical care areas • Doctor and the assisting HCWs should wear **three layered medical mask**. • HCWs performing aerosol generating procedures should wear **N-95 respirator,** Face shield / goggles , water resistant gown, double gloves , Apron (optional) , shoe cover and hood. • Cleaning / Housekeeping staff – N-95 respirator, goggles, gown, heavy duty gloves , boots and hood – Ideal • Floor cleaned with 1% sodium hypochlorite or any approved disinfectant **3-4 times** a day (6-8 hourly). • Medical equipment – for dedicated patients and cleaned and disinfected after use and between patients with alcohol or manufacturer approved disinfectant. • Clean High touch points once **every 3-4 hours.** • **Hand wash / hand rub** between patients and before and after PPE use. • Dispose the waste in appropriate BMW bins as per the policy. • **Stringent Visitor policy** • **Designated routes** for transport of materials and activities • Sufficient **supplies** of PPE & handwash / rub solutions • **Training** – staff and support personnel like security officers & cleaning staff. • **Powered air-purifying respirators** add a layer of safety on top of N95 respirators
Isolation ward	• Patients beds spaced **2 meter** apart. • **Well spaced** & ventilated room with 10 beds in 2000sq ft with double door entry. • Negative pressure room with **12 air changes / hour** with filtering of air exhaust is desirable • If there is no **AC facility ,** then equip with **3-4 exhaust** fans • Minimal patient's belongings • Only essential staff should enter the room • Adequate resources for Hand hygiene & PPE • **N-95 respirator** used for aerosol generating procedures. • **Dedicate non critical patient care equipment** to the patients if possible

	• Floor cleaned with 1% sodium hypochlorite or any approved disinfectant **4 times** a day (6 hourly). • Clean High touch points with alcohol / 1% Sodium hypochlorite **every 1-2 hrs.** • Waste generated is collected separately in double yellow bag with a **COVID-19 waste** label on it. • Keep **duty roster of all staff** working in isolation area for outbreak investigation & contact tracing
Operation theatre	• Non elective surgeries **postpone** – atleast 4 weeks • All emergency & invasive procedures **– consider all as COVID positive** and test (CT chest , CBC , LDH, AST/ALT) if well within normal proceed with routine OT precautions and perform surgery . • If COVID positive and surgery **cant be postponed** – Stop Positive pressure & smoke extraction , intubation & extubation in isolation room, Minimal staff wearing – N-95 respirator , face shield , coverall, Double / triple gloves , shoe cover, water resistant gloves . • **High cleaning** of the entire OT by Cleaning / Housekeeping staff wearing **N-95 respirator**, goggles, gown, heavy duty gloves , boots and hood. **(** *Adopted from -Best of ID guidelines for hospital Use – Dr Sureshkumar , ID Consultant,Chennai)*
Ambulance	• The staff wear **N95 respirator**, gloves, long sleeved fluid repellent gown and goggle/ face shield • **Driver** wears three layered medical mask • **Cleaning / housekeeping staff** – wear Three layered mask and heavy duty gloves while decontaminating the ambulance • Ensure **proper handwashing** / hand disinfection of all personnel • **Cleaning and disinfection** of the surfaces and equipment is done after and between transport of patients with suspected COVID-19 disease to the referral healthcare facility- either 70% alcohol / 1% Sodium Hypochlorite, depending on the material. • The **Patient and the attendant** maybe provided with a medical mask

SAMPLE COLLECTION & COVID-19 TESTING

- **Criteria for SARS CoV-2 (COVID-19) testing** is based on the "Revised Strategy for COVID – 19 Testing in India" by IMCR , Version -3, Dated-20th March 2020

- Optimum sample collection timing:
  - Before day 3 of symptoms and not later than day 7.
  - Preferably prior to initiation of antimicrobial chemoprophylaxis or therapy.
- Following Bio-safety precautions & donning appropriate PPE (**N-95 Respirator**) - collect samples and send it to designated laboratories in standard triple packing along with specimen referral form.
- Samples - **Nasal swab, Throat swab** and BAL/ Tracheal aspirate (patients with severe respiratory disease)
  - Stool, Urine and blood samples if tested positive for SARS CoV-2

- Transported in **Viral Transport Medium (VTM)** at 4^0C as soon as possible (same day) after proper labelling of the samples with patient details and additionally labelling – "*To be tested For COVID-19"*.
- Samples should be sent to **Govt or Private Laboratories approved** for testing in Tamilnadu. The list can be accessed by clicking the link https://www.icmr.org.in/index.php/testing-facilities
- **For Queries** – Directorate of Public Health & Preventive Medicine, Chennai – 044-29510400/ 044-29510500/9444340496/8714448477.

LINEN HANDLING:

- All used linen should be handled by HCWs with **standard precautions**.
- Used linen should be handled as little as possible with **minimum agitation** to prevent possible contamination and generation of aerosols in the areas.
- **Soiled linen** should be placed in clearly labelled, leak proof bags or containers, carefully removing any solid excrement and putting in covered bucket to dispose of in the toilet or latrine.
- Curtains/ fabrics/ quilts preferably washed using the **hot water cycle**.
    - Washed with detergent at **70ºC** for at least 25 minutes.
- Contaminated linen should be washed **in 60-90 ^{0}C water with detergent** and soaked in **0.5% sodium hypochlorite for 20 -30 mins.**
- Finally rinsed with clean water and allowed to dry in sunlight.

BIOMEDICAL WASTE HANDLING

- Bio-medical waste (BMW) shall be segregated as per BMW Rules 2016 – Amended 2018 & 2019
- COVID-19 waste from Isolation area ,COVID -19 testing laboratories & collection centers and Screening triage area should be separately collected and labeled as "**COVID-19 – waste'**
- All masks, gowns, head & foot covers are discarded in yellow bucket with **double bag / liner**.
- Sharps in White Puncture proof container –handed over to CWTF.
- **Separate trolley and dedicated personnel** with appropriate PPE to transport COVID-19 waste.
- **Separate storage** in the common storage area in the hospital and also **separate documentation** for COVID-19 waste.
- After every transfer the **trolley is cleaned inside and outside** with detergent and water and disinfected with 1% sodium hypochlorite.

HANDLING DEAD BODIES OF COVID-19 POSITIVE:

- Staff attending to the dead body should **perform hand hygiene and wear appropriate PPE** (water resistant apron, goggles, N95 respirator , gloves).
- All tubes, drains and catheters on the dead body should be **removed** .
- Any puncture holes or wounds should be disinfected with 1% hypochlorite and **dressed with impermeable material.**
- **Plug Oral, nasal orifices** of the dead body to prevent leakage of body fluids.
- Place the dead body in **a leak-proof plastic body bag**. The exterior of the body bag can be **decontaminated with 1% hypochlorite**.
- The **body bag can be wrapped** with a mortuary sheet or sheet provided by the family members.
- The body will be either handed over to the relatives or taken to mortuary.
- The health care worker who handled the body will remove personal protective equipment and will **perform hand hygiene**.

COVID-19 NOTIFICATION

- Persons with History of travel to select countries the last 14days and those who fits the definition of COVID -19 Suspect or Case **- NOTIFY**
- Mandatory to notify to concerned **District Surveillance Unit**.
    - Government and Private- Hospitals.
    - Medical officers in Government health institutions.
    - Registered Private Medical Practitioners.
    - AYUSH Practitioners,

- State helpline (**044-29510500**) / National helpline (**1075**)
- Email may also be sent at ncov2019@gov.in

REFERENCES :

1. World Health Organization (WHO)
2. Centre for Disease Control (CDC)
3. Ministry of Health & Family Welfare (MoHFW)
4. Central pollution control board (CPCB)
5. Indian Council of Medical Research (ICMR)
6. National Centre for Disease Control (NCDC)
7. Health & Family Welfare Department, Government of Tamilnadu.
8. AIIMS HICC- IPC guidelines for COVID-19, version 1.2

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IMA TNSB

Visit www.imatn.com for updates on COVID 19

IMA TNSB COVID UPDATE

DRESS CODE FOR NON COVID CLINICS

RECEPTION

- Full cover cloth dress
- N95 mask
- Cloth mask over that
- Face shield

FEVER OP STAFF

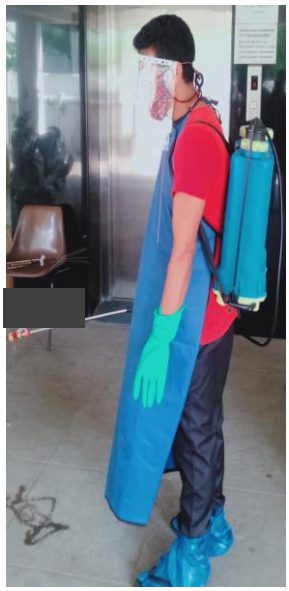
- Full cover cloth dress
- N95 mask
- Cloth mask over that
- Face shield
- Gloves if BP/Temperature are checked

NORMAL OP STAFF

- 3 ply/Cloth mask
- Face Shield
- Gloves if BP/Temperature Are checked

HOUSE KEEPING

- Plastic apron
- Elbow level gloves
- Leggings
- Cloth mask
- Face shield



COMMON

- Daily all their clothes, cloth mask to be soaked in 0.5% Sodium Hypochlorite solution for 15minutes.
- 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 keep the mask in hot air oven at 65 degree centigrade for 30 minutes remove and can be used.

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

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Dr.A.K.Ravikumar
Hony. State Secretary IMA TNSB

Ministry of Health & Family Welfare
Directorate General of Health Services
EMR Division

Guidelines to be followed on detection of suspect/confirmed COVID-19 case in a non-COVID Health Facility

1. Background

There have been some instances of hospitals having closed down as few health care workers (HCW) working there turned out to be positive for COVID -19. Also some non-COVID health facilities have reported confirmation of COVID-19, in patients admitted for unrelated/non-respiratory illness, causing undue apprehension among healthcare workers, sometimes leading to impaired functionality of such hospitals.

Although Ministry of Health & Family Welfare has issued comprehensive guidance to prevent occurrence of Hospital Acquired Infection (HAI) in health facilities, the practice of universal precautions might still be lacking in many of our hospitals. A COVID-19 case with mild/asymptomatic/atypical presentation may go undetected and inadvertently transmit the infection to other patients and healthcare workers, putting these individuals at risk of contracting disease and compromise the functionality of the healthcare facility.

2. Purpose of document

This document aims to provide guidance on action to be taken on detection of suspect/confirmed COVID-19 case in a healthcare facility.

3. Scope

This document in intended for both (i) COVID-19 healthcare facilities (public and private) which are already receiving or preparing to receive suspected or confirmed COVID-19 patients as well as (ii) Non-COVID healthcare facilities.

4. Institutional arrangement

The Hospital Infection Control Committee (HICC) has well-defined composition, roles and responsibilities. This committee is responsible for establishing a mechanism for reporting of development of symptoms suggestive of COVID-19 in HCW. These include surveillance for fever/cough/breathing difficulty through either self-reporting or active and passive screening at the beginning of their shift. The Committee will also monitor patients (who have been admitted for non-COVID illness) for development of unexplained fever/cough/breathing difficulty during their stay.

HICC will ensure that existing IPC guidelines against such high risk situations must be audited, updated and reiterated to all HCW. Further, all IPC guidelines will be strictly

adhered to and followed at all times. As a matter of abundant precautions for hospitals located in proximity/catering to COVID-19 containment zone/s it might be desirable to treat all patients as suspect COVID-19 case until proven otherwise and exercise standard care.

Whenever a non-COVID patient or any healthcare workers is suspected to have COVID like symptoms/tests positive for COVID-19, the HICC will come into action, investigate the matter and suggest further course of action as described below.

4.1 Action to be taken on detection of COVID -19 case in non-COVID health facility

When a positive COVID-19 patient is identified in a health care facility, not designated as COVID-19 isolation facility:

- Inform the local health authorities about the case
- Assess the clinical status of the patient prior to referral to a designated COVID facility
- The patient should be immediately isolated to another room (if currently being managed in a shared ward/room). If the clinical condition permits, such patients should be masked and only a dedicated healthcare worker should attend this case, following due precautions.
- If the clinical status of the case permits, transfer such case to a COVID-19 isolation facility (Dedicated COVID Health Centre or dedicated COVID Hospital), informing the facility beforehand about the transfer, as per his/her clinical status, test results (if available), with information to local health authority. Complete case records of such patients must be made available to the receiving hospital.
- Follow appropriate standard precautions while transporting the patient
- This should be followed by disinfection procedures at the facility and the ambulance
- All contacts of this patient (other patients being managed in the same room or ward, healthcare workers who have attended to him/her, support staff who may have come in close contact, caretaker/visitors etc.) should be quarantined and followed up for 14 days. Their details must also be shared with the local health authorities.
- All close contacts (other HCWs and supportive staff) of the confirmed case should be put on Hydroxychloroquine chemoprophylaxis for a period of 7 weeks, keeping in mind the contraindications of HCQ.
- If a healthcare worker is suspected to have contacted the disease, the following additional action needs to be performed.

4.2 When a suspect/confirmed COVID-19 HCW is identified

- HCWs developing respiratory symptoms (e.g. fever, cough, shortness of breath) should be considered suspected case of COVID-19.
- He/she should immediately put on a facemask, inform his supervisor and HICC. He/she should be isolated and arrangement must be made to immediately to refer such a HCW

to COVID-19 designated hospital (if not already working in such a facility) for isolation and further management.

- He/she should be immediately taken off the roster
- Rapidly risk stratify other HCWs and other patients that might have been exposed to the suspect HCW and put them under quarantine and follow up for 14 days (or earlier if the test result of a suspect case turns out negative). Their details must also be shared with the local health authorities.
- All close contacts (other HCW and supportive staff) of the confirmed case should be put on Hydroxychloroquine chemoprophylaxis for a period of 7 weeks, keeping in mind the contraindications of the HCQ.
- **All health facilities (HCF) must have a staffing plan in place including a contingency plan for such an event to maintain continuity of operations. E.g. staff in HCF can be divided into groups to work on rotation basis every 14 days and a group of back up staff which is pooled in case some high risk exposure/HCW with suspected COVID-19 infection is detected.**
- Ensure that the disinfection procedures are strictly followed.

Once a suspect/confirmed case is detected in a healthcare facility, standard procedure of rapid isolation, contact listing and tracking disinfection will follow with no need to shut down the whole facility.

5. Decision on further /continued use of non-COVID facilities where a single/multiple COVID-19 case has been reported

The likely scenarios could be:

- **Socio-demographic reasons:**
    a) Hospital's catchment area is a large cluster of COVID-19.
    b) Catchment area is having a population which has a large number of vulnerable individuals having multiple co-morbid condition, poor nutritional status and/or having individuals not able to practice social distancing e.g. slum clusters.

- **Internal Administrative Reasons:**
    a) The health facility is not up to the mark in IPC practices.
    b) Non-fulfilment of guidelines regarding triaging of patients in the outpatient department and emergency.

Based on the scope of the cluster and degree to which the hospital has been affected (HCW patients, and HCW contacts), degree of the risk to the patients visiting the hospital such as those with chronic diseases etc. the decision can be made based on a risk assessment to:

- If the hospital authorities are reasonably satisfied that the source case/s have been identified and isolated, all contacts have been traced and quarantined and adequate disinfection has been achieved, the hospital will continue to function.
- In addition to steps taken above, if the health facility still continues to report new hospital acquired COVID-19 cases in the following days, it would be advisable to temporarily close the defined section of the health facility where the maximum number of HAI is being reported. After thorough cleaning and disinfection it can be put to use again.
- Despite taking the above measures, if the primary source of infection could not be established and /or the hospital is still reporting large number of cases among patients and HCWs a decision needs to be taken to convert the non-COVID health facility into a COVID health facility under intimation to the local health department. In such a scenario, the entire healthcare workers of the facility should be oriented in Infection Prevention and Control practices and other protocols for which guidance is available at www.mohfw.gov.in.

6. Follow up actions

When a non-COVID health facility reports a COVID-19 case, the HICC will ensure the following in order to minimize the possibility of an undetected contact/case amongst other patients/HCWs:

- Ensure that active screening of all staff at the hospitals is done daily (by means of thermal screening especially at the start of shift)
- All healthcare and supportive staff is encouraged to monitor their own health at all the time for appearance of COVID-19 symptoms and report them at the earliest.
- Be on the lookout for atypical presentation (or clinical course) of admitted patients
- Standard precautions to be followed diligently by all
- Follow all guidelines regarding triaging of patients in hospital emergency and outpatient departments.