





IMA TNSB COVID UPDATE

REQUIREMENTS FOR COVID CARE CENTERS - 15.07.2020

- Select a volunteering small/ medium sized hospital or a hotel with good Room Space, water, ventilation, toilet facilities and convert them into COVID centers.
- Form Medical team / Para medical team from volunteers from your members/ member hospitals
- Designated Ambulance facility to Transport Patient in emergency.
- Finger/Pulse oximeter/ monitor, Digital BP apparatus, IR Thermometer, PPE kits, Drinking water facility, Floor Mat, Oxygen Facility, Bed side Trolley, N95/ 3ply Mask, Sanitizers, Suction tubes, Suction Jars, Screen for windows, Buckets with Mugs, Bed Spread & pillow covers, Dustbins, etc.
- Remdesivir/ Medicines: Paracetamol, Antibiotics, Ivermectin, Vitamins, Steroids, PPIs, IV Fluids, etc.
- BMW disposal system
- With all the above details apply to JDHS/DDHS for permission.

Dr.C.N.Raja President IMA TNSB

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







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COVID UPDATE

15.07.2020

COVID CARE CENTERS (For Mild Cases):

- Confirmed mild cases are being isolated to break the chain of transmission.
- Detailed clinical history is taken including that of comorbidities, followed daily by Temperature, vitals & Oxygen Saturation (SpO2) and monitored.
- If they develop any worsening symptoms they should be immediately admitted to COVID HEALTH CENTER or DEDICATED COVID HOSPITALS.
- Children's should be monitored for signs & symptoms they should be of clinical deterioration requiring urgent re-evaluation.
- Mild COVID 19 cases may be given,
 - A) Symptomatic treatment such as antipyretic (Paracetamol) for fever and pain, antitussives for cough.
 - B) Adequate nutrition and appropriate hydration to ensured.

COVID Health Centre (For Moderate Cases):

- Patients with suspected or confirmed moderate COVID-19 (pneumonia) are those who have Respiratory Rate of more than or equal to 24 per minute and oxygen saturation (SpO2) of less than 94% on room air (range 90-94%).
- Detailed clinical history is taken including that of comorbidities, followed daily by Temperature, vitals & Oxygen Saturation (SpO2) & radiological examination of Chest X-ray, Complete Blood Count and other investigations as indicated. Antibiotics should not be prescribed routinely.
- Clinical Management of Moderate Cases:
 - a. Symptomatic treatment such as antipyretic (Paracetamol) for fever and pain, antitussives for cough. Adequate hydration to be ensured
 - b. Oxygen Support: Target SpO2: 92-96% (88-92% in patients with COPD). Awake proning may be used as a rescue therapy.

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Criteria to be fulfilled	Avoid proning				
 Patients with oxygen requirement of >4L Normal mental status Able to self-prone or change position with minimal assistance 	 Hemodynamic instability Close monitoring not possible				

Patients will undergo a rotational change in position from prone to lying on each side to sitting up. Typical protocols include 30–120 minutes in prone position, followed by 30–120 minutes in left lateral decubitus, right lateral decubitus, and upright sitting position.

- c. All patients should have daily 12-lead ECG
- Anticoagulation: Prophylactic dose of UFH or LMWH (e.g., enoxaparin 40 mg per day SC)
- Corticosteroids: Consider IV methylprednisolone 0.5 to 1 mg/kg OR Dexamethasone 0.1 to 0.2 mg/kg for 3 days
- Anti-virals: Tab. Hydroxychloroquine (400mg) BD on 1st day followed by 200mg 1 BD for 4 days. (After ECG Assessment). May consider investigational therapies such as Remdesivir (under EUA);
- Control of co-morbid condition
- Follow up CRP, D-dimer & Ferritin every 48-72 hourly (if available); CBC with differential count, Absolute Lymphocyte count, KFT/LFT daily
- Monitor for: Increased work of breathing (use of accessary muscles).
 Hemodynamic instability Increase in oxygen requirement. If any of the above occurs, shift to Dedicated Covid Hospital
- Provision of mechanisms for follow up and transportation to Dedicated Covid Hospital should be available.

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Note: For updates visit: www.mohfw.gov.in

Ref: UPDATED CLINICAL MANAGEMENT PROTOCOL FOR COVID-19



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DISINFECTION PROTOCOLS FOR HOSPITALS 15.07.2020

- Dedicated infection control teams comprising of an administrator & senior nurse with required number of housekeeping staff.
- Disinfection of the hospital OP and Patient care area at least ten times a day is a must.
- Disinfection chart should be displayed at every ward, toilets, nursing Stations, lab, pharmacy, X-ray and other diagnostic places, etc.
- If volume of patient is more, disinfection rounds may be increased.
- Regular wet mopping of hospital floors with 1% hypochlorite solution.
- Inpatient ward & Operation Theatres should be disinfected with 5% Lysol (1 litre of Lysol in 9 litres of water) using Knapsack sprayer.
- In other buildings, buses and other vehicles in the hospitals and surfaces frequently touched by hands should be cleaned with 2.5% Lysol (1 litre of Lysol in 19 litres of water).
- Every health facility should maintain adequate stock of disinfectants like Lysol and Hypochlorite solution at all times. Every facility should prepare hand sanitizers for their use as per Standard guidelines.
- All Ambulances should follow infection prevention procedures including disinfection of ambulance after every trip with 2.5% Lysol (1 litre of Lysol in 19 litres of water).
- Surfaces frequently touched by hands including lift, door handles, various counters should be cleaned with disinfectants.
- Toilets should be given special focus.
- Various surfaces touched by the patients during diagnostic procedures in places like X-Ray Scan and other places should be disinfected after every use for a patient.
- Pharmacy counters and cash should be given highest priority for disinfection.
- Bio Medical wastes should be disposed as per protocols.
- Adequate quantity of Hypochlorite solution or bleaching powder should be sprayed on all kinds of wastes generated in hospitals.

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INDIAN MEDICAL ASSOCIATION

TAMILNADU STATE BRANCH

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IMA TN/Sec/Cbe/Br/036/2020 Dated 15/07/2020 To,

> Branch Presidents & Secretaries. IMA TN State Branch,

Dear All,

Sub: Regarding Safety of Health Care Professionals during this increasing state of COVID cases.

Greetings from IMA TNSB.

IMA TNSB hopes everybody are safe in this situation of increasing number of COVID cases. The purpose of this letter is to provide information and guidance on the precautions to be taken to minimize risks to Health Care Professionals on War Footing.

Guidelines:

- 1. Training of Doctors, nurses & Hospital Staffs on handling Patients (IP/OP), Infection Prevention Protocols, etc.
- 2. To setup COVID Centers (for Mild Cases), COVID Health Centre (for Moderate cases)
- 3. To request the existing COVID care Hospitals (Centers Treating COVID positive symptomatic severe patients) to admit and treat Health Care professionals on Priority basis.
- Kindly call for emergency Management Committee Meeting of your Branch 4 and form Committees and implement in war footing and send report to State Office.
- 5. Kindly go through the attachments.

Kindly treat this as an urgent and important message.

Thanking You With Regards

Dr.C.N.Raia

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