

## **Department of Public Health and Preventive Medicine**

### **Guidelines to be followed on detection of COVID-19 positive case in a Non-COVID-19 Health Facility**

There have been some instances of clinics/hospitals having been closed, as few Health Care Workers (HCW) working there turned out to be positive for COVID-19. Non-COVID-19 Health Facilities have also reported confirmation of COVID-19 inpatients admitted for unrelated /non-respiratory illness causing undue apprehension among health care workers, sometimes leading to disruption in services.

COVID-19 infections can occur in any clinic/hospital despite universal precautions for the following reasons.

1. Patients attending OP may be in incubation period or asymptomatic
2. Hospital staff or support service staff inside the hospital contracted the infection outside the clinic/hospital, in the community
3. Visitors to the hospital may bring the infection into the hospital

### **Hospital Infection Control Committee (HICC)**

Every Health Facility should have a multi-disciplinary Hospital Infection Control Committee (HICC). This committee is responsible for implementing Universal Precautions including hand wash facilities and availability of disinfectants and PPE. A system must be in place for reporting of symptoms suggestive of COVID-19 among health care personnel/support staff or among the patients.

HICC will ensure that existing Infection Prevention and Control (IPC) Guidelines against High Risk Situations are audited, updated and reiterated for all Health Care Personnel and all IPC guidelines are strictly followed. As a matter of abundant precautions for hospitals located in proximity/catering to COVID-19 containment zone, it is desirable to treat all patients as suspect COVID-19 case and standard precautions are exercised.

## **Salient Features of Infection Prevention and Control (IPC) Measures**

1. Training to all employees including an overview of COVID-19, hand hygiene, respiratory etiquette, standard precautions and COVID-19 transmission-based precautions, with focus on cleaning of surfaces frequently touched by hands.
2. Regular information sessions for outpatients and inpatients
3. Regular audit of IPC measures particularly hand hygiene compliance and provide feedback to employees
4. Availability of hand wash soap and water and adequate supplies of alcohol-based hand-rub at all entrances, exits and points of care.
5. Posters/signages around the facility targeting employees, patients, support staff, visitors and others.
6. Separate area must be earmarked for fever cases.
7. In OPD room, at least two metre distance should be maintained to limit close contact between triage staff and potentially infectious patient
8. Every hospital should produce Alcohol Based Hand Sanitiser for their use.
9. All visitors should be screened for Influenza Like Illness (ILI) and only one visitor should be allowed. Alternative modes of communication like telephones, video calls may be used.
10. Physical distancing should be maintained among patients, staff and others.
11. All staff should confine movement within their respective department/ service area only. They should not unnecessarily move around in the facility.
12. Only wet mopping should be used for hospital cleaning.
13. Surface cleaning practices with 5 percent lysol, one percent hypochlorite solutions should be used. Power sprayers should be used outside, knapsack sprayers inside and hand-held sprayers at all nursing stations and point of care locations.

14. Vehicles should be parked away from the service area to avoid dust generation.
15. Each department should function separately as standalone units to avoid cross infection.
16. CCTV camera is a must for tracking movement and close contacts.
17. All Health Care Personnel, support staff, patients and visitors should wear face mask compulsorily.
18. Hostels within the hospitals or affiliated to hospitals or apartments from where staff are staying should be visited by the HICC and IPC arrangements should be reviewed and corrective measures taken.

### **Deployment of Health Care Personnel**

The following category of staff should not be posted to fever OP, fever Inpatient wards and isolation facilities.

- Immune deficiency conditions like those on chemotherapy, radiotherapy and other conditions.
- Those who underwent transplant procedures.
- Chronic Kidney Disease (CKD)
- Uncontrolled diabetes mellitus
- Uncontrolled Hypertension
- Very obese people
- COPD/Bronchial Asthma
- Any other severe co-morbid conditions
- Pregnant staff and Lactating mothers

- Note:**
1. The staff may be posted at no risk or low risk duties like control room, data management and logistics management etc.
  2. All staff should be screened for diabetes, hypertension and other co-morbid conditions and treated properly
  3. All staff should be given a course of
    - Vitamin C 100 mg or multivitamins once daily for 10 days and
    - Zinc 20 mg for 10 days
    - Nilavembu kudineer and Kabasura Kudineer

## **Method for preparation and usage of Nilavembu Kudineer and Kabasura Kudineer Herbal Powder (for single person)**

Dissolve 5 gm of Nilavembu Kudineer or Kabasura Kudineer Herbal powder in 240 ml of water and boil it well and reduce to 60 ml, filter the same and drink this within 3 hours, dosage advised is 60 ml for Adult and 30 ml for Children. For additional details the respective District Siddha Medical officers may be contacted.

### **Response**

The response to COVID-19 in hospitals is based on early recognition, isolation, care and source control.

#### **1. Early Recognition**

Early identification, isolation and care of COVID-19 cases is essential to limit the spread of infection.

##### **1.1. Surveillance among inpatients**

- Before admission assess the health status to determine for signs of respiratory illness including fever, cough or shortness of breath.
- Assess each inpatient at least twice daily for the development of fever (>38C), cough or shortness of breath.
- Immediately report patients with fever or respiratory symptoms to the HICC and clinical staff.

##### **1.2. Surveillance among Health Care Personnel**

- Employees to report and stay at home if they have fever or any respiratory illness
- Follow up on employees with unexplained absence to determine their health status.
- Undertake temperature check for all employees at facility entrance at the time of reporting for duty and at the time of leaving the institution.
- Any employee who is visibly ill should be immediately removed from patient care and treated as per clinical condition.
- Staff from containment area should not be permitted to attend duty.

**Source Control**

- If any patient develops respiratory illness immediately isolate in a separate room, if currently managed in a common ward or shared room.
- Medical mask should be given to the patient
- Test for COVID-19

**Protocol when a patient is tested positive**

- To be informed to the DDHS/Health Officer immediately
- To be admitted in isolation room and managed as per the protocol in the same hospital if facilities are available or the case should be transferred through 108 ambulance to a designated COVID-19 hospital in government or private.
- If any of the Health Care Personnel handled the case without proper PPE, they should be tested on 5<sup>th</sup> day if asymptomatic or earlier if symptomatic and exit test on 14<sup>th</sup> day. They should be under home or facility quarantine for 14 days.

**Protocol when a Health Care Personnel is tested positive in Non-COVID-19 hospital**

- To be informed to the DDHS/Health Officer immediately
- To be admitted in isolation room and managed as per the protocol in the same hospital if facilities available or the case should be transferred through 108 ambulance to a designated COVID-19 hospital in government or private.

**Use of Hydroxy-chloroquine for prophylaxis of SARS-COV 2 infection for Health care workers**

- Asymptomatic health care workers involved in the care of suspected or confirmed cases of COVID-19/ close co-workers should be given 400 mg twice a day on Day 1, followed by 400mg once weekly for next 7 weeks to be taken after meals.

**Cleaning procedure for isolation room**

- Linen should be stripped from the bed with care taken not to shake the linen during this action. Linen should be soaked in 1 percent Hypochlorite solution for 30 minutes for white clothes and coloured linen in 5 percent lysol or any other suitable high-level disinfectant to be used and then sent to the laundry.
- All other articles such as IV stands and furniture should be cleaned with detergent and disinfected with one percent hypochlorite solution for floors and 5 percent lysol for other surfaces.
- Walls should be cleaned with detergent and mopped with a high-level disinfectant.
- The bathrooms should be cleaned with detergent and water followed by disinfection with 1 percent hypochlorite solution.
- All surfaces touched by hands like door handles, bed rails and other surfaces should be cleaned with disinfectant.

**Protocol for Small Institutions like a Primary Health Centre (PHC)/ Dispensary or Clinic when a patient visited the facility is tested COVID-19 positive**

- To be informed to the DDHS/Health Officer immediately
- Inpatients if any should be shifted to any major health facility with isolation room for further care
- If any of the Health Care Personnel handled the case without proper face mask and standard hand hygiene practices and surface cleaning practices, they should be tested on 5<sup>th</sup> day if asymptomatic or earlier if symptomatic and exit test on 14<sup>th</sup> day. They should be under home or facility quarantine for 14 days.
- If the case was handled with universal precautions like face mask, hand hygiene and standard disinfection protocols, the centre can function normally.
- IPC practices should be reviewed and reinforced.

- One additional round of disinfection to be organised immediately
- As a standard procedure all health care personnel should be monitored for ILI twice daily.
- Standard contact tracing and infection control practices should be followed with regard to the positive case by the concerned local health authorities.

**Protocol for Small Institutions like a Primary Health Centre (PHC)/ Dispensary or Clinic when a Health Care Personnel of the facility is tested COVID-19 positive**

- To be informed to the DDHS/Health Officer immediately
- Inpatients if any should be shifted to any major health facility with isolation room for further care.
- All the Health Care Personnel should be tested on 5<sup>th</sup> day if asymptomatic or earlier if symptomatic and exit test on 14<sup>th</sup> day. They should be under home or facility quarantine for 14 days.
- IPC practices should be reviewed and reinforced.
- Standard contact tracing and infection control practices should be followed with regard to the positive case by the concerned local health authorities.
- The Health facility to be disinfected and fumigated on Day 1.
- Windows and doors to be kept open for natural ventilation and lighting.
- Second day disinfection to be continued.
- Centre can function with staff deputed from other centres from Day-3
- There is no need to lock or seal the institution indefinitely for weeks together.
- Quarantine for the health care staff is recommended since vulnerable population with some illness visit the health facility.

**Protocol for Major Institutions like a Medical College Hospital/District Head Quarters Hospital or Nursing Homes when a patient as an Outpatient or inpatient is tested COVID-19 positive.**

- To be informed to the DDHS/Health Officer immediately
- Should be admitted immediately in an isolation room within the same hospital or in a COVID care hospital
- If any of the Health Care Personnel handled the case without proper face mask and standard hand hygiene practices and surface cleaning practices, they should be tested on 5<sup>th</sup> day if asymptomatic or earlier if symptomatic and exit test on 14<sup>th</sup> day. They should be under home or facility quarantine for 14 days.
- If the case was handled with universal precautions like face mask, hand hygiene and standard disinfection protocols, there is no need for quarantine.
- IPC practices should be reviewed and reinforced.
- As a standard procedure all health care personnel should be monitored for ILI twice daily.
- Standard contact tracing and infection control practices should be followed with regard to the positive case by the concerned local health authorities.
- The area in which the patient was admitted should be disinfected and fumigated.
- There is no need to lock or seal the institution indefinitely for weeks together.

**Protocol for Major Institutions like a Medical College Hospital/District Head Quarters Hospital or Nursing Homes when a Health Care Person is tested COVID-19 positive.**

- To be informed to the DDHS/Health Officer immediately
- Inpatients if any should be shifted to isolation rooms.



- All the close contacts of the Health Care Personnel should be tested on 5<sup>th</sup> day if asymptomatic or earlier if symptomatic and exit test on 14<sup>th</sup> day. They should be under home or facility quarantine for 14 days.
- IPC practices should be reviewed and reinforced.
- Standard contact tracing and infection control practices should be followed with regard to the positive case by the concerned local health authorities.
- The affected area/department of the Health facility to be disinfected and fumigated on Day 1
- Second day disinfection to be continued.
- Affected area can function with staff deputed from other departments from Day-3 or 4.
- There is no need to lock or seal the whole institution indefinitely for weeks together.

#### **Disinfection Procedure in the affected department in Major Institutions**

- The pillows and mattress covers are to be cleaned with detergent, disinfected with a high-level disinfectant and sent to the laundry.
- Bed sheets, curtains, gowns and dusters must be removed, soaked in with a high-level disinfectant for one hour and then sent to laundry.
- After disinfection, wash the room, wall, window, doors, bathroom, sink and furniture with soap solution after doing thorough high dusting in that cubicle.
- Soak bed pan, urinal, kidney basin in with a high-level disinfectant for one hour, wash with detergent and dry it under sunlight.
- Bath basin, multi-bin, bucket, jugs, mugs are washed with soap solution and dried in sunlight.
- Rubber sheets (Mackintosh) are to be cleaned with detergent and water, dried, powdered and replaced.

**All Health Care Services should continue to function normally despite Corona as we learnt to render service safely with HIV threat.**

Corona cannot defeat Hand Wash, Face mask and Universal Precautions:  
Defeat Corona with Hand wash with soap and water, face mask and Universal Precautions.