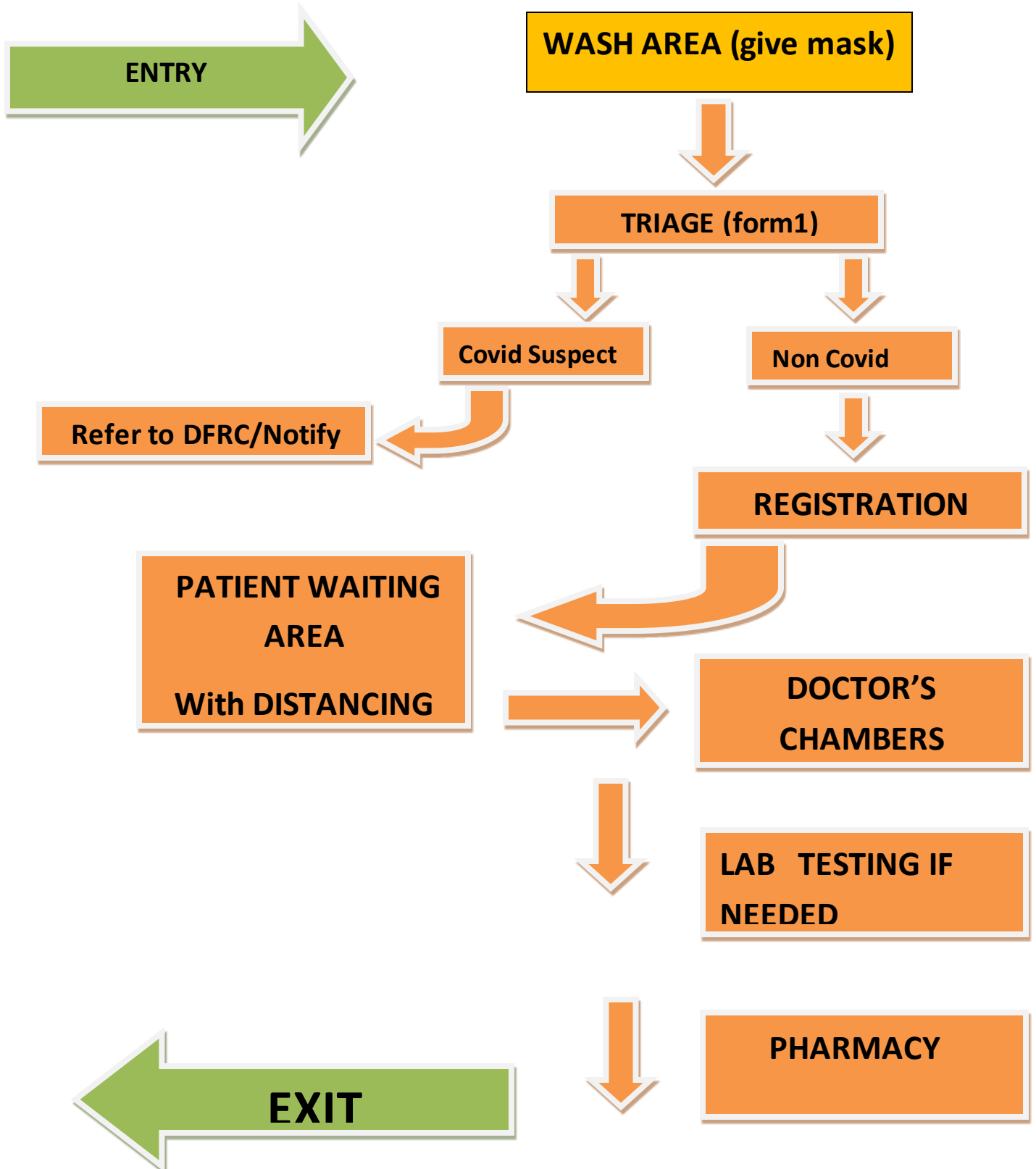




IMA TNSB

COVID ERA

CLINICIAN PRACTICING GUIDELINES



Norms For Washing Area:

1. Water/ Soap/ preferably Elbow tap for hand wash (all the patients who are coming to the clinic should wash their hand and feet with soap and water.)
2. Tissues to wipe.
3. Posters on Hand Wash Techniques
4. 3 Ply mask to be provided before patient enters the Triage area

Norms For Triage Area:

1. No attenders if the patient is stable
2. Details of the patient to be collected as per the form 1 (Annexure)
3. Physical distancing should be maintained 4 feet from patient to patient and patient to staff preferably a barricade.
4. Sanitize the hand of each patient
5. VITALS - Temperature by Thermo Scanner, PR: , SPO2: %, by Pulse Oxymeter, RR: immediately after cleaning the hand with hand sanitizer
6. Do not hand over the Form 1 to Patient.



Health & Family Welfare Department, Government of Tamil Nadu

FORM 1

SCREENING AND TRIAGE FOR COVID-19

1.	H/o Fever	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Any one of the following: a) H/o Cough b) H/o difficulty in breathing c) Or any signs of respiratory disease	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Any one of the following: a) H/o Travel to or residence in a country/ area or territory 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)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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.

7. If suspect COVID refer to DFRC/ Notify to Authorities. Details to be notified to www.dphpm.com (ID and Pass word can be obtained from DDHS)
8. Non COVID allow in to Registration Area

Norms for Registration Area

1. Prefer Appointment system and only one patient at a time
2. No attenders if the patient is stable
3. Patient enters the registration room with mask
4. Physical distancing should be maintained 4 feet from patient to patient and patient to staff preferably a barricade.
5. The staff manning this area can use a three layer mask / face shield ,gloves.
6. Sanitize the hand of each patient
7. Details of the patient to be collected as per the form 1A (annexure)
8. Document all the details in the form as well as in the Register or computer.
9. Do not hand over the Form to Patient.
10. Send the form to Doctors chamber.
11. Fee can be collected preferably by electronic transfer/ cash by non touch technique in to a box with formalin.

Norms For Waiting Area

1. Prefer not to make the patient wait.
2. Mark the areas with proper distancing of 3 to 4 feet.
3. Stool without arms preferred
4. Not more than 10 patients in a well ventilated 400 sq ft room at a time

Norms For Doctors Chamber

1. Avoid AC room. If used , AC 25 to 30 degree at humidity 40-70%
2. Non touch technique
3. Doctor and only one staff with N 95 mask/ face shield/gloves and cloth full gown if felt needed with plastic apron.
4. 4 feet distance from patient to doctor
5. Prefer stool without arm chair for the patient

6. No attenders if patient is stable
7. Prefer not to touch the patient / if necessary auscultate on the back
.Avoid other system examination.
8. Sanitise the stethoscope immediately.
9. Prefer to see the Patients old / other records without touching from distance.
10. Complete the form 1A
 - Categorizes the patients according to the clinical presentation

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

11. All suspected COVID Patients (FEVER/ILI / SARI / CONTACT HISTORY) to be immediately isolated in a separate area/room, inform 108/ Refer filling the Referral form and Notify
12. Make Entry and preserve the form 1 A
13. For others generate prescription preferably computer generated and send directly to pharmacy or hand over to patient after collecting the fee
14. Stools should be cleaned with 1 % sodium hypochlorite or Lysol as soon as patient gets up.
15. Next patient only after clearing the current patient.
16. Hand hygiene to be followed by all Health care professionals in between *patients*.

Norms for Labs :

1. Only one patient at a time to be allowed in with mask.
2. Staff with 3 layer mask/ face shield/gloves and cloth full gown and if felt needed with plastic apron.
3. Proper distancing to be followed.
4. Follow universal precautions and proper BMW protocols.
5. If taking swab for COVID separate area with Full PPE kit must be followed as per protocols
6. Fee can be collected preferably by electronic transfer/ cash by non touch technique in to a box with formalin
7. Results can be sent by e mail.
8. Follow proper hand hygiene in between patients.

Norms for Pharmacy

1. Proper distancing must be followed in front of Pharmacy
2. Better have Glass partition in front
3. See that everybody wear mask including attender/ patient buying medicine, all staff in pharmacy.
4. Limit no of staff to 2 or 3.
5. Better avoid handling prescriptions and prefer electronic/ see through glass
6. Place all medicines in a cover and place out through an opening.
7. Cash can be collected preferably by electronic transfer/ cash by non touch technique in to a box with formalin
8. Frequently disinfect the counter and follow hand sanitizing.

Norms For Registers To Be Maintained

- 1 Records can be maintained also as soft copy.
- 2 Out patient / In patient register with following basic details
 - a. NAME AGE
 - b. MR NO IF MAINTAINED

- c. ADDRESS WITH MOBILE NUMBERS
 - d. DIAGNOSIS
 - e. IF REFERRED WHICH CENTRE
- 3 ILI/SIRS Register.
 - 4 Form 1 triage as per govt
 - 5 Form 1 a case details
 - 6 Form 11 lab/referral form/notification form
 - 7 Notification register
 - 8 Disinfection Register/ chart
 - 9 Staff Attendance register with date, time and area of duty
 - 10 Staff training Register.

Norms For Disinfection And BMW

- **DISINFECTION PROTOCOLS**

As per the Guidelines

- Dedicated infection control teams to be formed
- Disinfection chart should be displayed at every ward, toilets, nursing stations, lab, pharmacy, X-ray and other diagnostic places etc.
- Every 2 to 4 hrs whole area
- Seat and touchable areas as frequently as needed
- Use 1% Sodium Hypochlorite Solution for cleaning the floor and surfaces
- 5% Lysol Solution for ward / theater
- 3 Bucket system/ sprayer to be used for floor cleaning

IMA TNSB COVID UPDATE
HOSPITAL FLOOR CLEANING / DISINFECTION

3 STEPS METHOD:

Step 1: Lysol or Detergent Water either using sprayer or mop – spray or mop the floor – allow 15 – 20mins

Step 2: Mop the floor with clean water and allow to dry

Step 3: Mop the dry floor with 1% Sodium Hypochlorite solution

HOW FREQUENCY TO CLEAN?
4times a day or more if patient traffic in high
Repeat the Procedure every 4hours day time/ 6hours at night.

6AM	10AM	2PM	6PM	12AM
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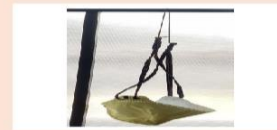
- 2.5 % Lysol Solution for Door handles, Various surfaces touched by the patients Vehicles, other buildings.

Preparation:

- Preparation of 5 % Lysol (1 litre of Lysol in 9 litres of water)
- Preparation of 2.5 % Lysol (1 litre of Lysol in 19 litres of water)
- Preparation of 1 % sodium hypochlorite solution : 28.4 grams of dry bleaching powder to 1 litre of water or 284 grams (2 scoops) to 10 litres of water.
- Preparation of 0.5 % sodium hypochlorite solution : 14.2 grams of dry bleaching powder to 1 litre of water or 142grams (1 scoop) to 10 litres of water.

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 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.

- The instruments to be left in dilute bleach for less than 10 minutes and should be cleaned in boiled water immediately after decontamination to prevent discolouration and corrosion of metal.
- BMW management and disposal must be as per the COVID BMW protocols. (Refer www.imatn.com)

Staff Management

1. Training of doctors, nurses and all Hospital Staff for adapting to current protocols
2. Have Only required no of staff in all areas.
3. In Reserve 30 % staff must be there .
4. Do not mix up staff between DFRC and normal OP.
5. Chemoprophylaxis with HCQ for DFRC staff
6. Vitamin C 100 mg or multivitamins once daily for 10 days and

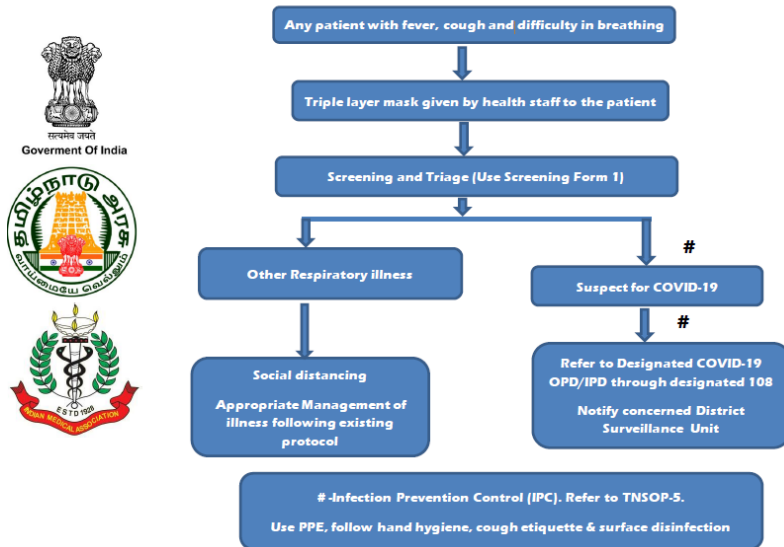
7. Zinc 20 mg for 10 days

DESIGNATED FEVER RESPIRATORY CLINIC

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..

OPD/IPD MANAGEMENT OF ARI



Common note:

- Proper Signage's to be placed in all areas
- Proper Patient education Posters to be placed in all areas.

- Proper Physical Distancing to be maintained every were
- Frequent hand sanitation to be followed frequently
- Frequent Training to Staff
- Visitors strictly not allowed.

While Back to Home:

- Ring up home when you start from hospital.
- Someone at home should keep the front door open(so that you don't have to touch the calling bell or door handle)and a bucket of water with washing soap powder or bleaching powder added to it in the front door.
- Keep things(car keys, pen, sanitiser bottle, phone) in a box outside the door.
- Wash your hands in the bucket and stand in the water for a few minutes. Meanwhile use tissue and sanitizer and wipe the items you have placed in the box and the box.
- Wash your hands with soap water again
- Now enter the house without touching anything.
- The bathroom door is kept open by someone and a bucket of detergent soap water is ready. You take off all your clothes including innerwear and soak inside the bucket
- Then take a head bath with a shampoo and body bath with soap
- Wash your clothes/ put in washing machine with high temperature settings and dry clothes in direct sunlight

LET US FIGHT CORONA AND SAVE MAN KIND. DON'T LOOSE HEART IF NOT WE WHO ELSE WILL BE THE WARRIOR.

Dr.A.K.RaviKumar State secretary IMA TNSB

Dress Code

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





HOUSE KEEPING

- ❖ Plastic apron
- ❖ Elbow level gloves
- ❖ Leggings
- ❖ Cloth mask

- ❖ Face shield



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

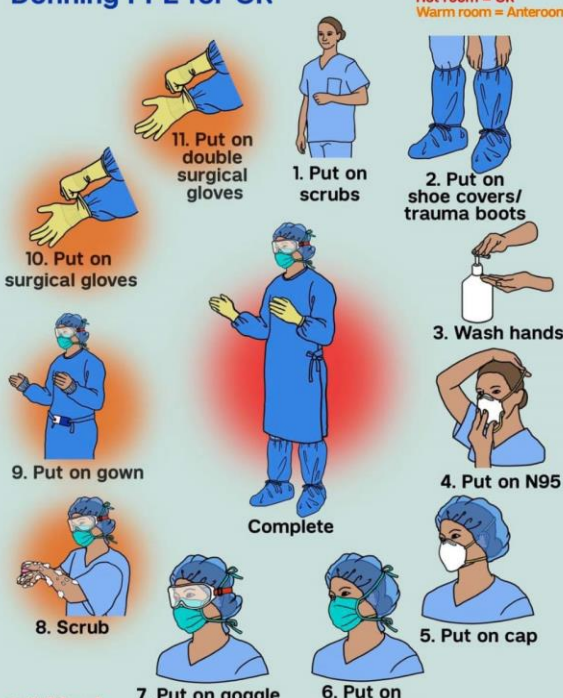



**Personal Protective Equipment (PPE) Recommendations by
Ministry of Health and Family Welfare
OUT PATIENT DEPARTMENT (RESPIRATORY CLINIC/ SEPARATE SCREENING AREA)#**

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

Donning PPE for OR

Color Legend:
Hot room = OR
Warm room = Anteroom

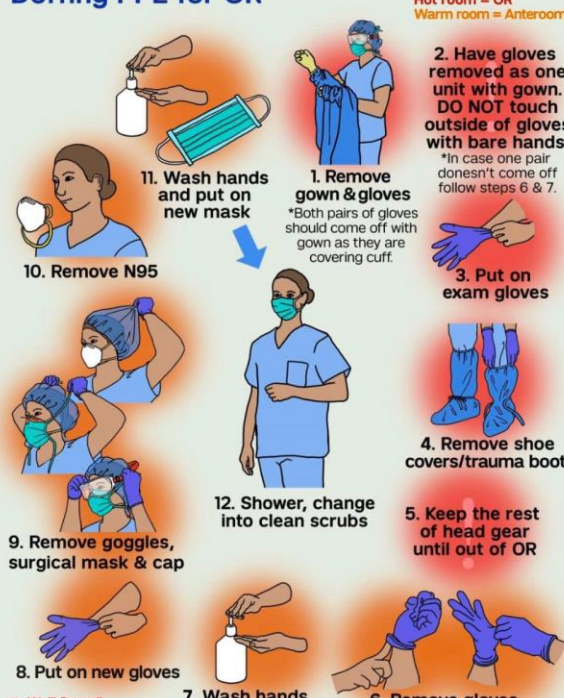


Complete

Weill Cornell Medicine - NewYork-Presbyterian

Doffing PPE for OR

Color Legend:
Hot room = OR
Warm room = Anteroom



Weill Cornell Medicine - NewYork-Presbyterian

