

01/05/2020



INDIAN MEDICAL ASSOCIATION

COVID 19 Status and guidelines

COVID 19 has changed the way hospitals and clinics function. Both the art and science of medicine is being redefined. IMA is confident that the medical profession will overcome this challenge keeping its values and traditions intact. IMA deems it fit to issue the following status report and guidelines.

- IMA has taken the principled stand that no clinic or hospital should be closed during the period of the epidemic. However the number of open and functioning clinical establishments averaged 30 to 80% in various states. At least a portion of these clinics and hospitals are victims of different policies being followed by different states and strangely different district authorities implementing different regulations within the same state..
- All non Covid services deserve to be resumed. The resumption should be graded and with appropriate and adequate PPEs, infection control measures and administrative protocols like triaging.
- It has to be factored in that COVID 19 will be an issue to reckon with at least for the next few years. Lockdown has helped to slow down the epidemic. Delayed peaking and a second peak have not been ruled out. Obviously Lock down is not the answer.
 - a) Hand washing
 - b) Physical distancing
 - c) PPEsare here to stay.

Clinics and hospitals need to work with

- 1) Appointments schedule
- 2) Triaging
- 3) Dedicated space for cases of fever, cough and breathlessness
- 4) Critical care casualties with possibilities of aerosol generation to be attended separately from regular casualty. Standard precautions are protective. In the

present scenario, it is safer to treat every patient as Covid-19 till proven otherwise .

- 5) Dynamic batch posting of staff. Long working hours and resultant fatigue should be avoided. Cohorting of staff prevents mingling of those in high risk areas with others.
- 6) Provision of appropriate PPE depending on the nature of job and posting.
- 7) Infection control precautions.
- 8) Awareness of the fact that perfectly asymptomatic persons can spread the disease.
- 9) House keeping, laundry and biomedical waste disposal play a major role.
Diluted household bleach solution (1% Sodium hypochlorite) is effective for most non-metallic, non-fabric surfaces. It is economical and easily made by mixing two tablespoons of bleaching powder in one litre water.
- 10) Limiting conversations in closed spaces, asking all patients to wear a mask are easy to practise.
- 11) Take lesser number of appointments.
- 12) There is a strong case for off label chemoprophylaxis of all doctors, nurses and other staff should be taken: The HCQ 400 mg bd on day(1) and 400 mg once a week for 7 weeks with adequate precautions. QT interval prolongation and retinal involvement need special attention. The drug is not advised below 15 years. HCQ should be prescribed and supervised by a Registered Medical Practitioner only.
- 13) All elective surgeries should be conducted preferably after COVID 19 testing only. In the absence of testing, universal precautions presuming that the patient is +ve has to be adopted. A proper consent stating the fact that COVID 19 testing was not possible should be executed. The same precautions apply for expectant mothers presenting in labour and emergency surgeries.
- 14) All paediatric vaccinations should resume following triaging and limiting appointments per hour.
- 15) Avoid closed spaces and air conditioned spaces. IMA A/C guidelines will be issued separately. Have exhaust fans in rooms and bathroom. Keep windows open.

- 16) Stethoscopes, otoscopes and probes to be sanitised after every use. Non contact thermo meter to be used.
- 17) Avoid nebulisation. Weighing scales, door knobs, Lift buttons have to be sanitised as often as possible.
- 18)
- a) Make a single entry point to the clinic/ hospital with screening of the patient and bystanders. A self declaration form may be given to the patients. The staff manning this area can use a three layer mask and gloves.
 - b) Ensure strict physical distancing in the various areas especially waiting areas of the clinic/hospitals. The waiting areas may be kept outside with chairs at more than one metre distance. Spaced appointments may be given to avoid crowding.
 - c) Provide hand washing facility outside the single entry point to the clinic/ hospital.
 - d) Provide hand sanitizers outside the consultation rooms.
 - e) Ask the patient to cover nose and mouth using towel / cloth or mask before entering.
 - f) Keep the patient seated at a distance of 1 1/2 metres.
 - g) If the patient has to be examined, use three layer mask and disposable gloves (non sterile is sufficient).
 - h) Avoid examining nose , mouth or throat
 - i) Clean the seat and table with sodium hypochlorite solution (1%). Any material discarded by the patient also may be disinfected with hypochlorite.
 - j) As far as possible don't allow any accompanying persons inside.
 - k) Better avoid air conditioned rooms and try to keep windows open.
 - l) Use non contact thermometer.
 - m) Floors and furnitures to be periodically cleaned by hypochlorite solution.
 - n) Periodic cleaning of mobile, Stethoscope, etc. with spirit.
 - o) All your hospital- dress, shoes etc. should be kept outside the residence before entering.
 - p) Never touch your nose, mouth, eyes & face during or after examining the patient.
 - q) Telephonic consultations can be offered for routine follow up and triaging.

- r) Acrylic visors are protective and should be preferred in OTs.
- 19) Pay regular salary to staff. Accordingly calibrate the charges.
- 20) Avoid General Anaesthesia.
- 21) IMA does not subscribe to the practice of quarantining hospitals. Best practices adopted in certain countries like Singapore have allowed clinical institutions to restart functioning after deep cleaning and decontamination.
- 22) If proper PPEs had been used by a doctor or a Healthcare worker there is no further requirement of quarantining the person.
- 23) If a Doctor, Nurse or Healthcare worker has to be quarantined it will be in fitness of things to allow home/ self quarantine.
- 24) **Rational Usage of PPE**

COVID-19: Guidelines on rational use of Personal Protective Equipment								
Source - Ministry of Health and Family Welfare, Directorate General of Health Services [Emergency Medical Relief]								
Patient Care Activities /Area	Risk of Exposure	Triple Layered Mask	N-95 Mask	Gloves	Gown/Coverall	Goggles	Head Cover	Shoe cover
Triage Area in OPD	Moderate risk	X	✓	✓	X	X	X	X
Help desk/ Registration counter	Moderate risk	X	✓	✓	X	X	X	X
Temperature recording station	Moderate risk	X	✓	✓	X	X	X	X
Holding area/ waiting area	Moderate risk	X	✓	✓	X	X	X	X
Doctors chamber in OPD	Moderate risk	X	✓	✓	X	X	X	X
Clinical Management in Isolation rooms	Moderate risk	X	✓	✓	X	X	X	X
ICU facility / Critical Care Ward where aerosol generating procedures are done	High Risk	X	✓	✓	✓	✓	✓	✓
SARI ward - attending to severely ill patients of SARI	High Risk	X	✓	✓	✓	✓	✓	✓
Sample Collection/Sample testing for COVID-19	High Risk	X	✓	✓	✓	✓	✓	✓
Dead Body Packing	High Risk	X	✓	✓	✓	✓	✓	✓
Dead Body Transport	Moderate Risk	X	✓	✓	X	X	X	X
Mortuary - Dead Body Handling	Moderate Risk	X	✓	✓	X	X	X	X
Mortuary- While performing autopsy	High Risk	X	✓	✓	✓	✓	✓	✓
Sanitary staff	Moderate risk	X	✓	✓	X	X	X	X
CSSD/Laundry- Handling linen of COVID-19 patients	Moderate risk	X	✓	✓	X	X	X	X
Visitors attending OPD	Low Risk	✓	X	X	X	X	X	X
Visitors accompanying Patients in IP facility	Low Risk	✓	X	X	X	X	X	X
Supportive services-Administrative Financial Engineering Security, etc	NO risk	X	X	X	X	X	X	X

25) All suspected Covid 19 cases may be referred to Government approved Covid centers.

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P.S The views expressed above are the opinion of IMA. Guidelines by Government of India or by respective state Governments will take precedence. However respective IMA state branches should work with their State Governments for acceptance of IMA stand.

**Ministry of Health and Family Welfare
Directorate General of Health Services
[Emergency Medical Relief]**

Novel Coronavirus Disease 2019 (COVID-19): Additional guidelines on rational use of Personal Protective Equipment (setting approach for Health functionaries working in non-COVID areas)

1. About this guideline

This guideline is for health care workers and others working in Non COVID hospitals and Non-COVID treatment areas of a hospital which has a COVID block. These guidelines are in continuation of guidelines issued previously on ‘Rational use of Personal Protective Equipment’ (<https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf>). This guideline uses “settings” approach to guide on the type of personal protective equipment to be used in different settings.

2. Rational use of PPE for Non COVID hospitals and Non-COVID treatment areas of a hospital which has a COVID block

The PPEs are to be used based on the risk profile of the health care worker. The document describes the PPEs to be used in different settings.

2.1. Out Patient Department

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Help desk/ Registration counter	Provide information to patients	Mild risk	<ul style="list-style-type: none"> ▪ Triple layer medical mask ▪ Latex examination gloves 	Physical distancing to be followed at all times
2	Doctors chamber	Clinical management	Mild risk	<ul style="list-style-type: none"> ▪ Triple layer medical mask ▪ Latex examination gloves 	No aerosol generating procedures should be allowed.
3	Chamber of Dental/ENT doctors/ Ophthalmology doctors	Clinical management	Moderate risk	<ul style="list-style-type: none"> ▪ N-95 mask ▪ Goggles ▪ Latex examination gloves + face shield	Aerosol generating procedures anticipated. Face shield, when a splash of body fluid is expected
4	Pre- anesthetic check-up clinic	Pre-anesthetic check-up	Moderate risk	<ul style="list-style-type: none"> ▪ N-95 mask ▪ Goggles* ▪ Latex examination gloves 	* Only recommended when close examination of oral cavity/dentures is to be done
5	Pharmacy counter	Distribution of drugs	Mild risk	<ul style="list-style-type: none"> ▪ Triple layer medical mask ▪ Latex examination gloves 	Frequent use of hand sanitizer is advised over gloves.

6	Sanitary staff	Cleaning frequently touched surfaces/ Floor	Mild risk	<ul style="list-style-type: none"> ▪ Triple layer medical mask ▪ Latex examination gloves 	
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#All hospitals should identify a separate triage and holding area for patients with Influenza like illness so that suspect COVID cases are triaged and managed away from the main out-patient department.

2.2. In-patient Department (Non-COVID Hospital & Non-COVID treatment areas of a hospital which has a COVID block)

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Ward/individual rooms	Clinical management	Mild risk	<ul style="list-style-type: none"> ▪ Triple layer medical mask ▪ Latex examination gloves 	Patients stable. No aerosol generating activity.
2	ICU/ Critical care	Critical care management	Moderate risk	<ul style="list-style-type: none"> ▪ N-95 mask ▪ Goggles ▪ Nitrile examination gloves +Face shield	Aerosol generating activities performed. Face shield, when a splash of body fluid is expected
3	Ward/ICU /critical care	Dead body packing	Low Risk	<ul style="list-style-type: none"> ▪ Triple Layer medical mask ▪ Latex examination gloves 	
4	Ward/ICU/ Critical care (Non-COVID)	Dead body transport to mortuary	Low Risk	<ul style="list-style-type: none"> ▪ Triple Layer medical mask ▪ Latex examination gloves 	
5	Labor room	Intra-partum care	Moderate Risk	<ul style="list-style-type: none"> ▪ Triple Layer medical mask ▪ Face shield ▪ Sterile latex gloves N-95 mask*	Patient to be masked in the Labor room *If the pregnant woman is a resident of containment zone
6	Operation Theater	Performing surgery, administering general anaesthesia	Moderate Risk	<ul style="list-style-type: none"> ▪ Triple Layer medical mask ▪ Face shield (- wherever feasible) ▪ Sterile latex gloves + Goggles	Already OT staff shall be wearing For personnel involved in aerosol generating procedures

				N-95 mask*	*If the person being operated upon is a resident of containment zone
7	Sanitation	Cleaning frequently touched surfaces/ floor/ changing linen	Low Risk	<ul style="list-style-type: none"> ▪ Triple Layer medical mask ▪ Latex examination gloves 	

2.3. Emergency Department (Non-COVID)

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Emergency	Attending emergency cases	Mild risk	<ul style="list-style-type: none"> ▪ Triple Layer medical mask ▪ Latex examination gloves 	No aerosol generating procedures are allowed
2		Attending to severely ill patients while performing aerosol generating procedure	High risk	<ul style="list-style-type: none"> ▪ Full complement of PPE (N-95 mask, coverall, goggle, Nitrile examination gloves, shoe cover) 	

2.4. Other Supportive/ Ancillary Services

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1.	Routine Laboratory	Sample collection and transportation and testing of routine (non-respiratory) samples	Mild risk	<ul style="list-style-type: none"> ▪ Triple layer medical mask ▪ Latex examination gloves 	
		Respiratory samples	Moderate risk	<ul style="list-style-type: none"> ▪ N-95 mask ▪ Latex examination gloves 	
2	Radio-diagnosis, Blood bank, etc.	Imaging services, blood bank services etc.	Mild risk	<ul style="list-style-type: none"> ▪ Triple layer medical mask ▪ Latex examination gloves 	
3	CSSD/Laundry	Handling linen	Mild risk	<ul style="list-style-type: none"> ▪ Triple layer medical mask ▪ Latex examination 	

				gloves	
4	Other supportive services incl. Kitchen	Administrative Financial Engineering** and dietary** services,etc.	Low risk	<ul style="list-style-type: none"> ▪ Face cover 	** Engineering and dietary service personnel visiting treatment areas will wear personal protective gears appropriate to that area

2.5. Pre-hospital (Ambulance) Services

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Ambulance Transfer to designated hospital	Transporting patients not on any assisted ventilation	Low risk	<ul style="list-style-type: none"> ▪ Triple layer medical mask ▪ Latex examination gloves 	
		Management of SARI patient	High risk	<ul style="list-style-type: none"> ▪ Full complement of PPE (N-95 mask, coverall, goggle, latex examination gloves, shoe cover) 	While performing aerosol generating procedure
		Driving the ambulance	Low risk	<ul style="list-style-type: none"> ▪ Triple layer medical mask ▪ Latex examination gloves 	Driver helps in shifting patients to the emergency

Points to remember while using PPE

1. Standard precaution to be followed at all times
2. PPEs are not alternative to basic preventive public health measures such as hand hygiene, respiratory etiquettes which must be followed at all times.
3. Always follow the laid down protocol for disposing off PPEs as detailed in infection prevention and control guideline available on website of MoHFW.

In addition, patients and their attendants to be encouraged to put on face cover.

In case a COVID-19 patient is detected in such Non-COVID Health facility, the MoHFW guidelines for the same has to be followed (Available at: <https://www.mohfw.gov.in/pdf/GuidelinstobefollowedondetectionofsuspectorconfirmedCOVID19case.pdf>)