GUIDELINES FOR SCREENING CENTRES

All hospitals identified to screen and admit patients with 2019 nCoV- Acute Respiratory Disease should conform to these guidelines. Identified hospitals would have a separate screening area to screen outdoor patients and an isolation facility to admit those requiring indoor treatment.

For clarity, these guidelines are in six parts:

(i) Generic Guidelines
(ii) Guidelines for pre hospital care
(iii) Guidelines for the screening centre
(iv) Guidelines for isolation facility
(v) Guidelines for critical care
(vi) Mortuary care.

Generic guidelines

- Standard Precautions to be followed at all patient care areas: hand hygiene, gloves and use of personal protective equipment (PPE) to avoid direct contact with patient's blood, body fluids, secretions and non-intact skin, prevention of needle stick/sharp injury and cleaning and disinfection of the environment and equipment.
- Droplet precautions to be followed when caring for patients with 2019 nCoV- Acute Respiratory Disease (masks, respirators and eye shield) in isolation facilities.
- Airborne and Contact Precautions should complement Standard Precautions while managing case of 2019 nCoV- Acute Respiratory Disease in critical care facilities.
- Hospitals should follow the hospital waste management protocols as per the hospital waste management rules.
- Dead body should be handled using full cover of PPE.

Guidelines for Pre Hospital Care

- All identified hospitals to have advanced life support ambulance.
- Designated paramedic and driver for the ambulance.

- The ambulance staff should follow standard precautions while handling the patient and airborne precautions if aerosol generating procedures are done.
- Triple layer surgical masks should be available and worn during transport.
- As far as possible the movements should be restricted.
- During transport, optimize the vehicle's ventilation to increase the volume of air exchange (e.g. opening the windows). When possible, use vehicles that have separate driver and patient compartments.
- Aerosol generating procedures to be avoided to the extent possible.
- Disinfect the ambulance after shifting patient.
- Notify the receiving facility as soon as possible.

Guidelines for setting up Screening Centre

Purpose of the Screening Centre is to:

- Attend to patients of 2019 nCoV- Acute Respiratory Disease in a separate area so as to avoid these patients further infecting other patients in Out Patient Department.
- Facilitate implementing standard and droplet precautions.
- Triage the patients.
- Collect samples.

The screening area should have:

- A waiting area of about 2000 sq feet to accommodate 50-100 patients.
- Preferably standalone building with separate entry.
- Well ventilated to ensure frequent air changes. If airconditioned, then independent from central air conditioning. Exhaust air to be filtered through HEPA filter (desirable).
- Patient's seating to have at least one metre clearance on all sides.
- Avoid overcrowding of patients.
- Will have cabins for registration, clinical examination chambers, sample collection rooms and drug distribution centre.
- The waiting area should be adequately cleaned and disinfected.
- Source control (e.g. use of tissues, handkerchiefs, piece of cloth or triple layer surgical masks to cover nose and mouth) of the patient in the waiting room

when coughing or sneezing, and hand hygiene after contact with respiratory secretions.

- Facility for hand wash/ Wash rooms etc.

Guidelines for setting up isolation facility/ ward

- Patients should be housed in single rooms, whenever possible.
- However, if sufficient single rooms are not available, beds could be put with a spatial separation of at least 1 meter (3 feet) from one another.
- To create a 10 bed facility, a minimum space of 2000 sq feet area clearly segregated from other patientcare areas is required.
- There should be double door entry with changing room and nursing station. Enough PPE should be available in the changing room with waste disposal bins to collect used PPEs.
- Place a puncture-proof container for sharps disposal inside the isolation room/area.
- Keep the patient's personal belongings to a minimum. Keep water pitchers and cups, tissue wipes, and all items necessary for attending to personal hygiene within the patient's reach.
- Non-critical patient-care equipment (e.g. stethoscope, thermometer, blood pressure cuff, and sphygmomanometer) should be dedicated to the patient, if possible. Any patient-care equipment that is required for use by other patients should be thoroughly cleaned and disinfected before use.
- Dedicated hand washes and wash room facilities.
- If room is air-conditioned, ensure 12 air changes/ hour and filtering of exhaust air. A negative pressure in isolation rooms is desirable for patients requiring aerosolization procedures (intubation, suction nebulisation). These rooms may have stand alone air-conditioning. These areas should not be a part of the central air-conditioning.
- If air-conditioning is not available negative pressure could also be created through putting up 3-4 exhaust fans driving air out of the room.
- In **district hospital**, where there is sufficient space, natural ventilation may be followed. Such isolation facility should have large windows on opposite walls of the room allowing a natural unidirectional flow and air changes. The principle

of natural ventilation is to allow and enhance the flow of outdoor air by natural forces such as wind and thermal buoyancy forces from one opening to another to achieve the desirable air change per hour.

- Avoid sharing of equipment, but if unavoidable, ensure that reusable equipment is appropriately disinfected between patients.
- Ensure regular cleaning and proper disinfection of common areas, and adequate hand hygiene by patients, visitors and care givers.
- **Visitors to the isolation facility should be restricted.** For unavoidable entries, they should use PPE according to the hospital guidance, and should be instructed on its proper use and in hand hygiene practices prior to entry into the isolation room/area.
- Doctors, nurses and paramedics posted to isolation facility **need to be dedicated** and not allowed to work in other patient-care areas.
- Consider having designated portable X-ray equipment.
- Corridors with frequent patient transport should be well-ventilated.
- All health staff involved in patient care should be well trained in the use of PPE.
- A telephone or other method of communication should be set up in the isolation room/area to enable patients or family members/visitors to communicate with nurses.

Guidelines for Critical Care facility

- At least one identified hospital may have a 10 bed dedicated intensive care facility at state capital.
- The critical care facility is required to follow all the guidelines as mentioned above for infection control.
- Also more than or equal to 12 air changes and maintain negative pressure of 40 psi.
- Should have dedicated equipments. It should also have additional equipments to ventilate at least 10 patients manually.
- A telephone or other method of communication should be set up in the isolation room/area to enable patients or family members/visitors to communicate with nurses inside the facility.

- Would have an information board outside to update relatives on the clinical status.

Mortuary care

- Mortuary staff should apply standard precautions i.e. perform proper hand hygiene and use appropriate PPE (use of gown, gloves, facial protection if there is a risk of splashes from patient's body fluids/secretions onto staff's body and face).
- Embalming, if required should be conducted according to usual procedures, subject to local regulations/legislation.
- Hygienic preparation of the deceased (e.g. cleaning of body, tidying of hair, etc) also may be done using standard precautions.

GUIDELINES FOR THE USE OF MASKS

Types of mask: Specification for Triple Layer Surgical Mask and N-95 Respirator Mask

The correct procedure of wearing triple layer surgical mask:

- Unfold the pleats, make sure that they are facing down.
- Place over nose, mouth and chin.
- Fit flexible nose piece over nose bridge.
- Secure with tie strings (upper string to be tied on top of head above the ears – lower string at the back of the neck).
- Ensure there are no gaps on either side of the mask, adjust to fit.
- Do not let the mask hanging from the neck.
- Change the mask after six hours or as soon as they become wet.
- Disposable masks are never to be reused and should be disposed off.
- While removing the mask great care must be taken not to touch the potentially infected outer surface of the mask.
- To remove mask first untie the tie-string below and then the tie string above and handle the mask using the upper strings.

Disposal of used masks: Used mask should be considered as potentially infected medical waste:

- In the hospital setting it should be disposed off in the identified infectious waste disposal bag/container.
- In community settings where medical waste management protocol cannot be practiced, it may be disposed off either by burning or deep burial.
- During home care, patients and contacts using triple layer mask should first disinfect used mask with ordinary bleach solution or sodium hypochlorite solution and/or quaternary ammonium household disinfectant and then dispose off either by burning or deep burial.