Standard Operating Procedures

for

COVID-19 Management

AIIMS Bhubaneswar

Version 2.0

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Important contact persons:

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6. Dr Binod Kumar Patro, Addl. Prof. Dept of Community Medicine & Family Medicine.
7. COVID-19 Screening Helpline: **8280346616**
8. CONTROL ROOM Phone: **8280346629, Landline: 0674-2651000 Ext 3125**
   Email: controlroom@aiimsbhubaneswar.edu.in

Intercom Numbers:

TRAUMA WARD	**3200**
CASUALTY GREEN ZONE	**3142**
PRIVATE I	**3282**
PRIVATE J	**3306**
J+1	**2186**
J+2	**3545**
J+3	**2144**
J+4	**2394**
J+5	**2385**
AYUSH WARD	**5091 / 5095**
AYUSH ICU	**5093**
CEN. REG COUNTER	**3070**
CASUALTY REG COUNTER	**3910**
SCREENING OPD	**3887**

Introduction:

The global fight against the COVID-19 pandemic continues. AIIMS Bhubaneswar has worked out the COVID-19 case management and incorporated several changes in the SOP as per the latest updates.

This SOP is version 2.0 and is based on various guidelines issues by the MoHFW, Govt of India, World Health Organization, Centre for Disease control, AIIMS New Delhi and various other organizations.

COVID -19 Team, AIIMS Bhubaneswar

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COVID -19 Advisory Committee, AIIMS Bhubaneswar

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8. Dr. Madhabanand Kar, Prof & Head, Dept of Surgical Oncology
9. Dr. Manas Ranjan Sahoo, Prof & Head, Dept of Surgery

10. Dr. Tushar S Mishra, Prof & Head, Dept of T & E
11. Dr. Samarendra Mohapatra, Professor, Dept of Pediatrics
12. Dr. Satyajeet Misra, Addl. Prof & Head, Dept of Anesthesiology
13. Dr. Bishnu Prasad Patro, Addl Prof & Head, Dept of Orthopedics

Roles & Responsibilities of the COVID-19 Team.

1. To formulate the policy to manage COVID-19 pandemic at AIIMS Bhubaneswar. To update or modify the hospital policy as and when required and also based on various guidelines issued from the MoHFW, Go I, ICMR and WHO.
2. To update and modify the roles and responsibilities of various staff working for COVID-19 management.
3. To conduct training sessions for all category of healthcare staff based on current guidelines from ICMR and MoHFW, GoI.
4. To conduct periodic review meetings to analyze the present situation and address various issues related to COVID-19.
5. To enable a system of feedback from the faculty, residents, nursing officers, technicians and patients for Continuous Quality Improvement.

COVID-19 CASE DEFINITION:

Suspect Case:

A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset;

OR

A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset;

OR

A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

Probable Case:

A suspect case for whom testing for the COVID-19 virus is inconclusive.

OR

A suspect case for whom testing could not be performed for any reason.

Confirmed case:

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

A close contact:

Direct close contact: One can get the infection by being in close contact with COVID-19 patients (within one meter of the infected person), especially if they do not cover their face when coughing or sneezing.

1. Health care associated exposure, including providing direct care for COVID – 19 patients, working with health care workers infected with COVID – 19, visiting patients or staying in the same close environment of a COVID - 19 patients.
2. Working together in close proximity or sharing the same classroom environment with a COVID - 19 patient.
3. Travelling together with COVID - 19 patient in any kind of conveyance.
4. Living in the same household as a COVID - 19 patients.
   The epidemiological link may have occurred within a 14-day period before or after the onset of illness in the case under consideration

Clinical Features:

Signs and symptoms:

1. Fever
2. Cough
3. Fatigue
4. Shortness of breath
5. Expectoration
6. Myalgia
7. Rhinorrhea, sore throat, diarrhea
8. Loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms has also been reported
9. **Note:** Older people and immune-suppressed patients in particular may present with atypical symptoms such as fatigue, reduced alertness, reduced mobility, diarrhoea, loss of appetite, delirium, and absence of fever. Children might not have reported fever or cough as frequently as adults.

The major risk factors for severe disease are:

- Age more than 60 years (increasing with age).
- Underlying non-communicable diseases (NCDs): diabetes, hypertension, cardiac disease, chronic lung disease, cerebro-vascular disease, chronic kidney disease, obesity, immune-suppression and cancer

PATIENT AND STAFF ENTRY AND EXIT POLICY:

1. All patients shall enter the hospital in queue, only through the main OPD entrance after undergoing screening for COVID -19.
2. Social distancing of >2m must be ensured while walking through corridors, doors and overcrowding to be avoided in lifts, staircases or any other places.
3. The patient attendants are permitted to use the lift on the southern side of the hospital wards. [(Lift No. 15 & 16 at E Block - T & E backside) & Lift No. 21 & 22 COVID Unit Lift)]
4. No patient shall be permitted to enter the hospital through any other entrance (including staff relatives). All entry and exit points are to be manned by the security staff. They may check the ID card of the staff in case of suspicion when entering through any other entrance.
5. The security personnel shall check the body temperature of the staff / patient using thermal scanner and pour/spray hand sanitizer. If the body temperature is higher than 98.4°F, he/ she will be asked to visit the COVID-19 OPD at the G Block through the outside route.
6. No person without face mask shall be allowed inside the hospital.
7. Only one attendant (with due protective cover, like mask) shall be permitted to enter the hospital with one patient. The identity of attendant will be checked and screened for COVID-19.
8. Additional attendants may be permitted for wheelchair or stretcher bound patients, blind, physically handicap, elderly, children or neonates or pregnant females. They will also undergo screening for COVID-19.

POLICY FOR DUTY ROSTER:

1. Each of the COVID-19 patient care areas shall have healthcare staff coverage by faculty, resident doctors, nursing officers, technicians (wherever applicable), hospital attendants, housekeeping staff, registration desk, administrative and clerical staff.
2. COVID-19 screening OPD will be functional from 08.00 am to 02.00pm on the weekdays and 08.00 AM to 1.00 PM on Saturday. The sample collection shall be done from 09.00 am to 01.00 pm. Accordingly, duty roster is to be prepared for each category of staff and circulated to all concerned with a copy to control room. (controlroom@aiimsbhubaneswar.edu.in)
3. All other areas like Trauma & emergency, Trauma ward, COVID- OT & Labor room at G Block, Ayush Isolation, Pvt I and J ward, F+6, J +1, J +2, J+3, J+4 & J +5 shall have 24x7 coverage by medical, nursing & other staff. Accordingly, duty roster to be prepared for each category of staff and circulated to all concerned with a copy to control room. (controlroom@aiimsbhubaneswar.edu.in).

4. **Roster of Senior Resident, Dept. of Anesthesiology for endotracheal intubation, should be circulated to all patient care areas and the control room.**
5. Other departments like nursing supervisor, engineering & maintenance department, electrical, medical gas, security, housekeeping supervisors shall also have their shift wise rosters and the shift supervisor shall have to report to the control room at the start of their shift.
6. The control room duty roster will be shared with all staff.
7. All departments will be responsible for timely submission of the rosters to the control room.
8. All faculty and residents along with other healthcare workers to respond to control room calls and treat it as **priority.**

POLICY FOR STAFF ACCOMODATION:

1. HCWs who are on COVID-19 duty shall be provided with accommodation during their period of duty at the hospital campus, as and when needed.
2. The residents and the nursing officers are provided accommodation at the B Block hostel or at the E+5 WARD as per availability.
3. The attendants or the housekeeping staff are also provided accommodation in the hospital as and when requested by the staff.
4. In case of any lockdown or containment zone declaration of any residential area where the staff are residing, may contact the control room (8280346629) for necessary assistance for possible accommodation or transportation.

CONTROL ROOM:

1. The control room is located at ground floor near MS office. **It can be contacted over phone- 8280346629 or 0674 2651000 Extn 3125 (intercom 3125) and E Mail-** controlroom@aiimsbhubaneswar.edu.in
2. It shall be manned by residents of Dept of Hospital Administration on 24x7 basis.
3. The role of the control room is:
    a) Keep information of on-duty healthcare workers with name and contact number.
    b) To monitor the physical presence of healthcare staff in each shift.
    c) To check for administrative issues being faced in any area of the hospital and to facilitate for resolving then and there if possible.
    d) To inform and report any events or incidents to concerned head of department & authorities after discussing the matter/issue with Faculty on-call, Dept. of Hospital Administration or Medical Superintendent.

e) To keep track of COVID-19 positive cases admitted in the hospital, their transfer or shift-out to other areas, or for radiological investigations etc.
f) To keep track of COVID-19 cases detected through the COVID-19 OPD, patient at the Vishram Gruha or their attendants awaiting COVID reports and follow up for their admission.
g) To follow of transfer of COVID cases to other hospitals and coordinate the ambulance movement with help of security supervisor.
h) To facilitate admission of the COVID-19 positive healthcare workers.
i) To ensure dead body management and follow up of the handing over status of dead body to the state government authorities in coordination with Dept of FMT.
j) To monitor cleaning and sanitization work in the hospital in coordination with the housekeeping supervisors.
k) To coordinate accommodation of hospital staff in the hostel as and when needed.
l) To receive complaints and grievances from patients and staff and inform the concerned authorities after discussing with the Jt Medical Superintendent or MS.

NB- Above mentioned points are in addition to the regular duties at the control room.

OPD SERVICES:

1. The OPD services will function from 08.00 to 5.00 pm.(subject to change based on situations)
2. The queue management for each OPD to be ensured with social distancing more than 2m, by the security staff.
3. Signage to be put for wearing mask, hand hygiene, social distancing and to follow the instructions of the security staff.
4. In each OPD, the waiting area is to be used for screening. No crowding to be allowed inside.
5. After each consultation, patients must be encouraged to follow up through telemedicine services if available for that department.
6. In case of any suspected patient for COVID-19, the patient may be directed (along with security staff whenever possible) to either G Block OPD or to Trauma & Emergency based on condition for further management.
7. Priority may be given to stretcher bound patients or patient for referral from Trauma & Emergency.

8. The location of the Crash cart and nearest defibrillator must be known to all staff like faculty, residents, nursing officers, hospital attendant and other staff in the department.
9. The OPDs to be regularly cleaned and disinfected by Bacillocid (dimethanol glutaraldehyde) or sodium hypochlorite solution by the housekeeping staff. Housekeeping supervisor to ensure the same.
10. Adequate precaution to be taken while performing any aerosol generating procedures.
11. Biomedical Waste must be cleared daily and the waste bins must be disinfected.
12. The cleanliness of the OPD to be the responsibility of the nursing officer in charge.

TELEMEDICINE:

At present, 23 departments are providing telemedicine services through "Whatsapp" video calls. All efforts to be done to encourage telemedicine usage.

List of Telemedicine Numbers:

Guidelines for Telemedicine by the Medical Council India to be followed.

Departments	**Telemedicine Number**
General Medicine	8280346621
General Surgery	8280346626
Obstetrics & Gynaecology	8280346642
Paediatrics	8280346657
Dermatology	8280346608
ENT	8280346613
Cardiology	8280346686
Orthopaedics	8280346648
Pulmonary Medicine	8280346663 Land line: 0674-2476615
Urology	8280346675
Psychiatry	8280346660
Gastroenterology OPD	8280346700
Ophthalmology OPD	8280346701
Endocrinology OPD	8280346702
Paediatric Surgery OPD	8280346703
Dental OPD	8280346704

CTVS OPD	8280346705
Neonatology OPD	8280346706
Burn and Plastic OPD	8280346694
Neurosurgery OPD	8280346696
Neurology OPD	8280346697
Surgical Oncology OPD	8280346698
COVID Clinic	8280346684

General Instruction for telemedicine:

1. On receiving a call, the resident should collect the patient identity, age, gender, address and contact telephone number. The same shall be recorded in the register.
2. The resident doctor should also identify himself /herself to the patient and shall obtain verbal consent for the teleconsultation.
3. In case the resident doctor assesses any emergency medical condition, the patient must be communicated to visit nearest healthcare center with the required medical facility along with necessary advice.
4. After detailed tele consultation, the patient shall be advised for follow up with reports through teleconsultation. The prescription shall be shared through the "Whatsapp" portal with the patient.
5. Guidelines for Telemedicine by the Medical Council India to be followed.
6. AIIMS Bhubaneswar Swasthya App to be used for telemedicine appointments and follow up.

Swasthya App – AIIMS Bhubaneswar

An app for E consultation for all departments is started from July 2020. Patients can download from App store and send consultations to the Departments. The doctors can view consultations and respond. There is facility of Audio/Video calling. The documents /Investigation reports can be attached by patient. The doctor can send E Prescription.

TAB Installed for Swasthya App	
Sl.No.	Department
1	Gastroenterology OPD
2	Neurology OPD
3	Dental OPD
4	Surgical Oncology OPD

5	Endocrinology OPD
6	Paediatric Surgery OPD
7	CTVS OPD
8	Neurosurgery OPD
9	Neonatology OPD
10	Burn and Plastic OPD
11	Medicine OPD
12	General Surgery OPD
13	O&G OPD
14	Psychiatrist OPD
15	Orthopaedics OPD
16	Pulmonary Medicine OPD
17	Dermatology OPD
18	ENT OPD
19	Cardiology OPD
20	Paediatrics OPD
21	Urology OPD
22	Neurology

POLICY FOR SCREENING OF PATIENTS FOR COVID-19:

COVID-19 Screening Services are available at:

1. OPD main entrance.
2. COVID-19 OPD at G Block
3. Trauma & Emergency

At the Screening center of Main OPD Entrance:

1. All patients and their attendants visiting the hospital to undergo mandatory screening for COVID-19 at the main OPD entrance.
2. Staff will be screened using thermal scanner at the main OPD entrance as well as other entrances.
3. At the main OPD entrance, the screening is to be done by the nursing officers and Medical Social Workers.
4. The screening staff must wear face shield, double layer surgical masks/ N95 masks and to practice hand hygiene frequently.
5. The patients or the attendants must be asked about the symptom and travel history and any recent contact with COVID-19 positive patients. Any patient with

symptoms or recent (2months) travel history to any foreign country, to or from any state of India, or to any area where there are COVID cases within Odisha shall be diverted to the COVID-19 OPD at the G Block.

6. The security staff will check the body temperature of the people with thermal scanner and hand sanitizer shall be given. In case of increase of body temperature, patient shall be directed to the COVID-19 OPD at the G Block.
7. The staff to provide a stamp 'Screened for COVID-19' on the OPD ticket.
8. Role of Security Staff:
   i) The security staff must ensure social distancing among all the staff at all the time.
   ii) Two separate queues must be ensured. One queue for new patients and other one for revisit patients and patient attendants.
   iii) The security must prevent gathering of people at any location.
   iv) The staff must ensure all the patient and attendants wear masks before entering the hospital.
   v) The patient attendants to be restricted to only one.
   vi) There should NOT be any breach to the screening process by any VIP or with any special reference from any official or authority.
9. Role of housekeeping staff.
   i) The housekeeping staff must clean the screening areas with Bacillocid (dimethanol glutaraldehyde) solution wipe on hourly basis.
   ii) The entry and exit doors, door handles, tables, chairs, wheelchairs, stretchers, lifts buttons and any other frequently touched surfaces must be surface cleaned.
   iii) During peak OPD hours, sodium hypochlorite solution to be sprayed and wiped on the surfaces.
10. Role of resident Administrator.
   i) Resident administrator from Dept of Hospital Administration to supervise the overall crowd management at the OPD entrance areas by the security personnel.
   ii) To ensure the guidelines are not violated by anyone.

COVID-19 Screening OPD at G Block

1. The COVID-19 OPD at the G Block will be managed by the Dept of CMFM.
2. It will be functional from 08.00 AM to 02.00 PM on all days.
3. The patients arriving at the OPD must register at the counter and the registration slip will be handed over to the doctors by the security staff.
4. The screening staff must wear necessary PPE gown, face shield, N95 mask and to practice hand hygiene frequently.

5. OPD shall be manned by the senior resident/ junior resident from Dept of CMFM and all other departments on rotation basis.
6. Sample Collection Area:
   The residents from Dept of ENT, Pathology, Dental, Pharmacology & Physiology shall be available for nasopharyngeal/oropharyngeal swab collection. Wearing PPE (Cap, mask, Shoe cover, PPE suit, goggles & hood) is mandatory. Refer to policy for COVID-19 sample collection.
   The process flow:
   Doctor advices for COVID -19 testing **--->** Patient/ staff take the prescription and gives at the sampling area. **--->** The name and other details are entered online in the ICMR portal and a VTM labelled with name and ID is handed to the patient and he/she is advised to wait in the queue for sample collection.
   Patient/staff is informed when the report is available telephonically and is given printed report on availability.
7. Role of resident doctors:
   i) To check for cases with symptoms like fever, cough, sneezing, breathing difficulty or with recent travel history to foreign countries, to any other state in India or any places within Odisha by self or any member of their family. They also should check for any recent contact with COVID-19 positive patients.
   ii) In case of stable patients with minor symptoms who do not require any active intervention, they must be informed about Telemedicine services available at AIIMS Bhubaneswar along with advice for home isolation.
   iii) The resident doctor may advise for nasopharyngeal / oropharyngeal swab sample collection.
   iv) The suspected patients must be counseled and advised to wait till the report is generated. The suspected patients may be asked to stay in the Vishram Gruha or to remain in home quarantine till the report is available.
   v) A printed copy of the COVID-19 report to be given to the patients. In case of positive patients, the patient must be admitted to the COVID-19 ward at COVID Isolation facility at the Ayush & J- Block. The same must be informed to the COVID Nodal officer.
   vi) In case of any patients with breathing difficulty or requiring any medical assistance, he/she may be referred immediately to the Trauma and Emergency Dept with necessary assistance.
8. Roles of Nursing officer at G Block
   i) To ensure all necessary PPE and other consumable items are available for screening staff & sample collection.

ii) To ensure availability of BMW dust bins with color coded bags and to ensure appropriate disposal of the BMW generated.
iii) To ensure availability of hospital dress.
iv) To organize the donning and doffing areas and ensure the infection control practices are adhered with signages like written instructions.
v) To monitor & train the housekeeping staff and other nursing officers about infection control protocols and cleaning practices.
vi) To keep emergency drugs and ensure functionality of central oxygen supply or portable oxygen cylinder as standby.
vii) To maintain inventory of all the items.
viii) To ensure that the used linen is dropped and soaked in the Sodium hypochlorite solution buckets and are not dropped anywhere else in the doffing room.
ix) In case of any maintenance or complaints related to civil, electrical, IT etc., the same must be informed to the respective department and if not attended in time, it should be informed to the Duty Resident Administrator at Control Room.

9. Role of Housekeeping staff:
   i) The housekeeping staff must clean the screening area with Bacillocid (dimethanol glutaraldehyde) solution wipe on hourly basis.
   ii) The entry and exit doors, door handles, tables, chairs, wheelchairs, stretchers and any other frequently touched surfaces must be surface cleaned with Bacilocid or sodium hypochlorite.
   iii) The floor should be mopped every 2 hours with cleaning solution.
   iv) The biomedical waste generated must be carefully packed wearing PPE in a yellow and red bag as per BMW rules for COVID -19 by SPCB.
   v) The housekeeping must ensure that the dust bins are not full and is cleared regularly. He /she must inform to the housekeeping supervisor as and when needed to transport the waste in e-vehicles to BMW complex.
   vi) After clearance of the waste, the dust bins must be disinfected with sodium hypochlorite.
   vii) The soaked linen must be packed in separate plastic bags and to be transported to the linen cleaning area after counting.

ADMISSION POLICY FOR COVID-19 PATIENTS IN COVID UNITS:

1. Admission can be done in the following areas.

Provision of Beds: (Total dedicated Beds- 248)

Sl. No	Area	Category	No. of Beds
1	SARI (Trauma) Ward	Suspected COVID-19	16
2	F+6	Suspected COVID-19	30
3	Pvt I	Suspected COVID-19	16
4	Pvt J	Confirmed COVID-19	16

Sl. No	Area	Category	No. of Beds	Department	Nodal Department
1	Ayush ICU-Isolation	ICU-Confirmed COVID-19	20	Critical Care patients	Anaesthesiology
2	J+1	Confirmed COVID-19	30	Dept of Surgery, orthopaedics, ENT, Ophthalmology, Dental, PMR	Dept of Surgery
3	J+2	Confirmed COVID-19	30	Super speciality Depts, OBG and Paediatrics, Paediatric Surgery	Dept of paediatrics
4	J+3	Confirmed COVID-19	30	General Medicine, Dermatology, Endocrinology, Psychiatry	General Medicine
5	J+4	Confirmed COVID-19	30	Pulmonary Medicine	Pulmonary Medicine 8280346662
6	J+5	Confirmed COVID-19	30	Pulmonary Medicine (For staff & EHS beneficiaries)	Pulmonary Medicine 8280346662

2. The admission slips to be signed by the doctor and sent to the admission counter with the patient attendant. In case of COVID -19 positive patient, **the dedicated nursing officer for transportation team will be informed or the admission slip**

can be sent through email attachment to the admission counter Email: cashcounter@aiimsbhubaneswar.edu.in

The admission counter staff should be communicated over phone by the concerned nursing officer for further processing by taking a printout of the same. Meanwhile the hospital attendant can be sent to the admission counter for receiving the admission papers and bringing back to the concerned ward.

3. One admission counter is dedicated for COVID-19 patient admission in Ayush Block.
4. Online payment mode to be encouraged and to minimize cash transaction.
5. Refer the flow chart (Page No. 18) for admission into ward or ICU mentioned above in the Policy for COVID ward (Trauma Ward)
6. Before advising the admission, the faculty must ensure about the COVID screening of the patient and the COVID UNDERTAKING must be obtained from the patient/family members. (See Annexure No. 5a & 5b)
7. Admission for suspected COVID-19 patients to be done in Pvt. I ward or T & EM ward. The patient attendant (with mask) must be limited to one person and he/she may be called for any work when it is needed, otherwise they will not be permitted inside the ward.

   In case of stable patients who test positive for COVID-19, shall get admitted in J+1, J+2, J+3 & J+4. For Unstable patients who test positive for COVID-19, they shall get admitted in Ayush Isolation ICU or remain in Trauma ward.
8. Pvt.-J ward is reserved for staff as per their eligibility for private room. J+5 is reserved for healthcare workers.
9. The patient shall be given triple layered surgical mask to wear all the time.
10. Special attention should be given to senior citizens, pregnant females and patients with existing illness.
11. The security staff must ensure suspected patient attendants do not move around the hospital.

COVID Transportation Team:

A transportation team has been constituted lead by Senior Nursing Officers on round-the-clock basis for transfer of COVID-19 patients to and from patient care areas to COVID units. The team shall coordinate with the control room for necessary information and work plan.

1. The nursing officer on duty of transportation shall report to the control room at the start of the shift along with the hospital attendants. The attendance shall be marked the control room.
2. The nursing officer collects the list of COVID-19 positive cases from the control room who are classified as in-patients, patients from screening OPD, patients

waiting at Vishram Gruha & HCWs (staff) and who are advised for home isolation by the Dept of CMFM.

3. For inpatients, the concerned ward in charge nursing officer is communicated and to be prepared for transferring the patient to the respective COVID unit.
4. For patients who are from the screening OPD (including those who are waiting at Vishram Gruha) and require admission shall be communicated over phone and come to the hospital for admission.
5. The patients are directly asked to reach the J Block COVID Unit. Meanwhile for admission papers, the registration is done at the patient registration counter at the T & E. After the registration, the admission advice is prepared by the resident at the TEM screening area. The same is then brought to the admission counter and the admission slips are generated and then sent to respective COVID wards.
6. In view of smooth patient transportation, it is necessary that all should cooperate with the transportation team as this is time taking process and might incur delay.

COVID CARE TEAM

COVID care team includes nursing officers, residents (both junior and senior) and faculty members from various medical and surgical disciplines.

Job Description of COVID Care Team Members

SL NO	ACTIVITY	Responsible Person	REMARKS
1	Work-up of new admissions	Junior Resident/Senior Resident	Take essential history Do physical examination Pay attention to vital signs – Calculate NEWS2 score at admission Document the same in the Discharge summary under the respective admission unit
2	Monitoring	Nurse/ Junior Resident/ Senior Resident/Intern	Clinical + NEWS2 score NEWS2 score at the beginning of every shift should be noted by the ward team and escalation should be considered if the score is going up.
3	Rounds	Consultant OR Senior Resident of Primary Department and Senior / Junior Resident on duty	The consultant/Senior Resident does a quick review with the team of all the. Patients in the ward before the rounds Prolonged discussions should be avoided. No more than 2 people should do the rounds.

4	Talk to the patient	Lead consultant/Senior Resident during rounds	Inform results, progress and possible discharge date.
5	Progress notes	Senior resident/Junior Resident on duty	A very concise note of the decisions made in the rounds should be made by the morning shift team. Any communications done by the senior resident to the relatives should also be mentioned in the handover section in the progress note.
6	Handover between shifts	Senior residents/Junior Resident	A detailed handover of the patients who are ill and are on oxygen should be done. A very concise handover of the stable patients should be done.
7	Talking to relatives over phone Letting patients talk to relatives over phone	Nursing Officers on duty / Resident on duty	The nurse or resident on duty should inform the relatives telephonically about the condition of the patients who are unable to speak to their relatives for various reasons. If feasible or requested or situation warrants, video call may be arranged The official electronic gadget (Tablet) provided should be used for this purpose For all such communications, the tablet/mobile should be held by the nurse or resident and patient allowed to talk with speaker mode on
8	Shifting of patients from TEM to ward/ICU, from ward to any other areas	Hospital Attender & Nursing Officer posted in transportation team **Supervised by** Faculty on duty	The necessary logistics and monitoring equipment (if required) should be arranged by the shift in-charge (nursing officer) prior to shifting The control room should be informed for better coordination prior to shifting of each patient **A resident must accompany an unstable patient or intubated patient while shifting.** The nursing officer / resident on duty in the ward/ICU where the patient is being shifted must be informed about the clinical details well ahead for their readiness

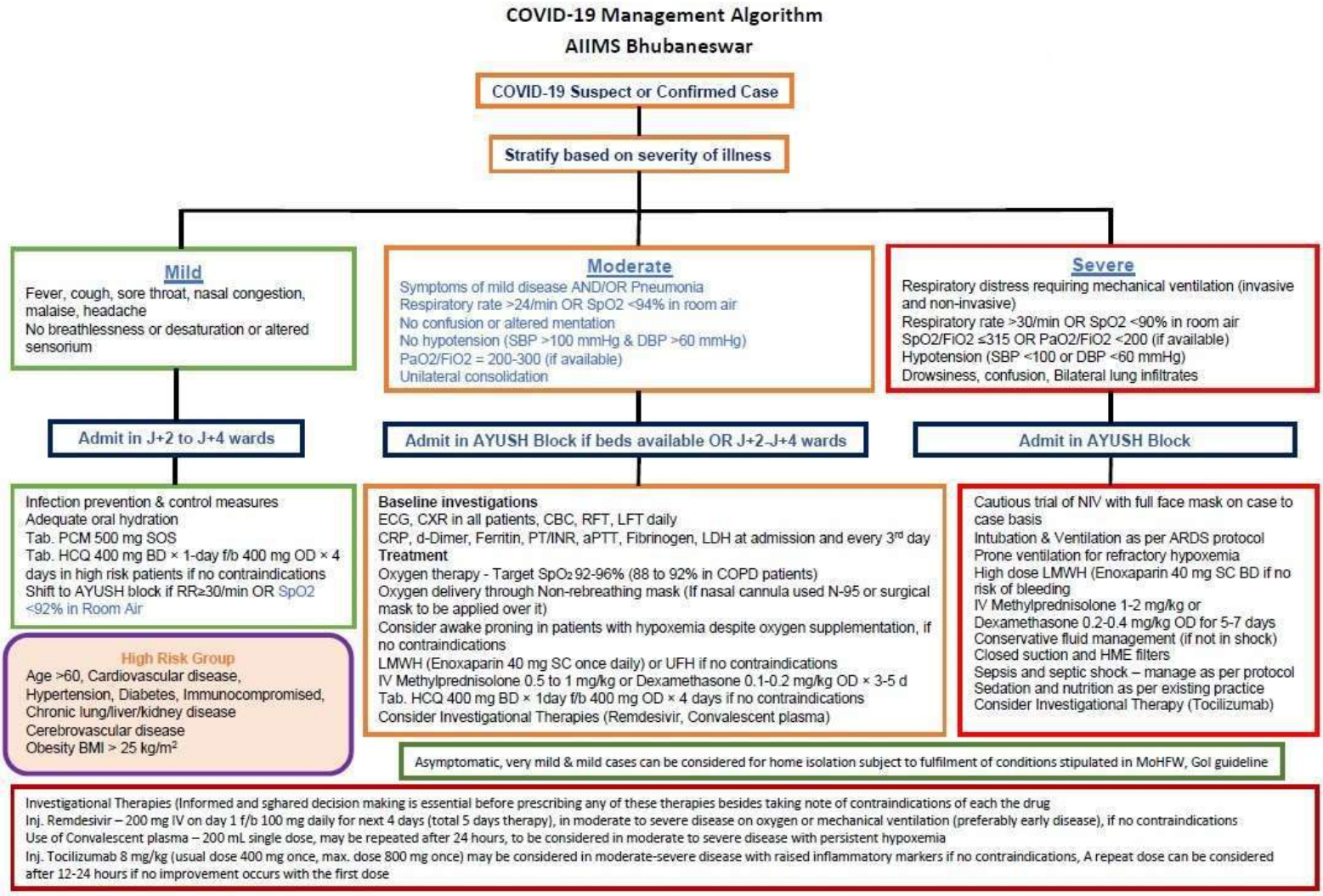
			No patient should be shifted to any ward or ICU from Trauma Emergency Ward or Casualty without a valid admission slip

POLICY FOR COVID / SARI WARD AT DEPT OF TRAUMA AND EMERGENCY.

1. Screening & Triaging of all incoming patients:
   By the screening staff:
   a) All the incoming patients are to be screened at screening zone in the Dept of TEM.
   b) The staff at the screening zone must wear PPE gear and should screen for COVID-19 symptoms with recent travel history and any contact with COVID -19 patients.
   c) The staff must do a quick triaging and send the patient to either COVID/SARI ward or to the Casualty. *
   d) Necessary assistance like wheelchairs and stretchers must be provided on arrival.
   e) The patient to be given with a triple layer surgical mask. Keep at least 2meter distance between suspected patients and other patients. Instruct all patients to cover nose and mouth during coughing or sneezing with tissue paper, handkerchief or flexed elbow for others. Perform hand hygiene after contact with respiratory secretions.
   f) The patient attendant must be directed to the registration counter for emergency registration & COVID undertaking. Check Annexure:
2. COVID/Trauma Ward:
   On arrival in the COVID (Trauma) ward, the resident doctor (in PPE- Goggles, N95 Mask, Cap, Shoe Cover, disposable gowns) must do a triaging and decide the plan for immediate management if needed like oxygenation or intubation etc.
3. The nursing officer must follow the instructions immediately and do the needful.
4. The Trauma ward (TEM) is manned by Senior & Junior Residents from various departments along with Faculty from Dept. of Trauma & Emergency, Anesthesiology and General Medicine.
   For any endotracheal intubation, Senior Resident, Dept. of Anesthesiology is available on 24x7 basis.
5. After initial management of the patient, based on the patient's condition, it may be decided to transfer the patient to following areas:
   - *Suspected for COVID-19 but stable cases*: Pvt I ward and F+6 ward.
   - *Suspected for COVID-19 but unstable case:* Continue to manage at COVID ward (Trauma Ward).
   - *Tested positive cases but stable:* Pvt J, J+1, J+2, J+3, J+4 or J +5 ward.

- *Tested Positive for COVID-19 but unstable (need ICU care):* COVID ICU at Ayush Block.
- *Rapid Antigen testing for COVID*-19 is available at the TEM ward for the suspected patients.

The flow chart to be referred for handling COVID-19 patients. *



6. Donning and Doffing Policy (Please refer the Infection Control Policy at Page no. 60 & 61)

7. Role of resident doctor:
    a) To coordinate with primary/ treating faculty of concerned departments for admission and further management.
    b) To examine the patient (with PPE) and ensure complete documentation in the medical file.
    c) COVID-19 Sample collection as per Sample Collection protocol.
    d) To do all necessary invasive and non-invasive procedures.
    e) Ventilator management.
    f) To initiate and coordinate for cross referrals and transfer in & out of patient.
    g) To practice hand hygiene, donning & doffing of PPE and biomedical waste segregation as per protocols.
8. Role of In-charge Nursing Officer at COVID Trauma ward.
    a) To ensure presence of staff as per roster. To arrange for PPE for staff, maintain need-based stock and ensure rationale usage of PPE.
    b) He/she should take detailed hand over at the start of the shift about any issues. The issues to be handled at their level and whenever necessary shall be reported to faculty on-call.
    c) Inventory management for all items should be done every shift and to be proactive in ensuring optimum stock of different items.
    d) Crash Cart must be checked every shift according to the checklist. A staff may be assigned for this work.
    e) The re- sterilization status of N95 masks, goggles, other items must be checked with CSSD and must be brought back to ward as soon as it is ready. Back up items must also be kept at the crash cart.
    f) The ventilators, availability of its necessary attachments & defibrillators must be checked for its functionality in each shift.
    g) To keep track of all the admitted patient with regard to their clinical status, sample collection & sending to Dept of Microbiology, pending reports status, ventilated patient condition etc.
    h) To train and guide the nursing officers in patient management as & when needed.
9. Role of nursing officers:
    a) The nursing officers who are directly involved with patient care must wear full PPE. They must not move between the nursing stations & the patient bedside.
    b) The nursing officers in the ward who are not directly caring patients are required to wear N95 masks, head cap, shoe cover, gloves and gown. They must supply any items required by the nursing officers who are at patient bed side.

c) The nursing officer for direct patient care should update the resident doctor about the patient condition periodically. They must seek help whenever the patient is critical.
d) The patients who are tested negative for COVID-19, must be transferred to their respective department ward or ICU as per requirement.
e) The suspected patients who are stable and their report is awaited can be transferred to the Pvt I ward.
f) The patient who test positive for COVID-19 must be transferred to the Ayush Isolation facility or J ward (according to need and treatment criteria of different nodal departments). Before transferring the positive case, the control room & security team must be informed to secure the passage and facilitate the safe transfer.
g) Availability of certain high-end items like ventilator circuit with flow sensor must always be checked with the in-charge or shift in-charge nursing officer.
h) Any incident / accident, breakdown, non-availability of staff, drugs, PPE, linen, equipment etc. must be reported to nursing supervisor and to control room as & when needed.

10. Role of Hospital Attendant:

Refer Annexure 2: Job Responsibilities of Hospital Attendants. In addition:

a) Hospital attendants must be available at the COVID (Trauma) Ward on 24x7 basis. In case of non-availability of staff, it must be communicated to nursing supervisor on duty and to the Control room.
b) The hospital attendant must wear full PPE with N95 mask while attending to patient care at bedside like surface cleaning or ventilators, monitors, patient bed, cleaning dressing set and suctions jars.
c) The daily cleaning & disinfection work must include cleaning of medical equipment like monitors, ventilators, BIPAP, monitor cables, cardiac tables, whole bed cleaning and suction jars, dressing sets, urinary pots etc.
d) The hospital attendants should transport the samples to respective labs.
e) He/she shall also send & receive various supplies as per instructions of nursing officers to & and from pharmacy, stores, CSSD or other departments.
f) In case of death, the hospital attendant should pack the body with double layer plastic cover. Before packing the body, it must be ensured that the patient family members are informed, all medical attachments and implants used during the course of treatment are removed. After packing, the body must be labelled with Name and CR No. and date prominently. (Refer Annexure: 4)
g) The attendant shall transport the body to the mortuary.

11. Role of Security Staff:
    a) The security staff shall ensure that there no overcrowding at the COVID (Trauma) ward.
    b) Only one patient attendant is permitted to the ward whenever required only for patient assistance.
    c) Both the patient and the attendant must wear face masks all the time.
    d) Social distancing of more than 2m is maintained.
    e) He/she may guide the patient for registration and movement into other areas only when it is necessary.
    f) The passages should be always made free for movement of staff, wheelchairs and stretchers. No unwanted items or patient's party should stand or remain inside the ward or the corridor.
12. Role of Housekeeping staff:

    Refer annexure 3 for detailed housekeeping staff job responsibilities. In addition:
    a) The housekeeping staff must be allocated at the COVID (Trauma) ward 24x7. He/she must not visit other areas without the knowledge of the nursing officer in charge.
    b) The housekeeping staff at the COVID (Trauma) ward should be provided with a PPE suit, N95 mask and shall be guided by the nursing officer in charge for necessary works.
    c) Experienced and trained housekeeping staff must be allocated at the COVID ward. He must be trained in hand hygiene, high level disinfection, surface cleaning, sodium hypochlorite solution preparation, unidirectional mopping, 3 bucket system, biomedical waste management, dirty linen management, PPE donning and doffing method.
    d) It is the responsibility of the housekeeping supervisor and the facility manager to ensure that the staff are available at the ward and reach their duty area before starting of their shift.
    e) High touch housekeeping surfaces in patient-care areas should be cleaned and/or disinfected more frequently with Bacilocid solution.
        a. Doorknobs
        b. Light switches
        c. Wall areas around the toilet in the patient's room
        d. Edges of privacy curtains
        e. Telephones
        f. Electronic Devices
        g. Lift Switches
        h. Trolley handles, Stretcher, Wheelchair patient bed rails etc.

f) Wear gloves when handling and transporting used patient care equipment.
g) The floor should be cleaned every 2 hrs.
h) The COVID (Trauma) ward will be water washed thoroughly including windows panes, wiping of fans & AC vents, on weekends preferably on Sundays.
i) He/she must clear out the biomedical waste generated in the ward and pack it in respective color-coded bags and inform the BMW team for transportation. After waste removal, the dust bins should be disinfected with sodium hypochlorite.
j) He/she should check the linen bucket every 2 hours. The used linen must be soaked in the 0.1% sodium hypochlorite solution for 10-15 mins. Then it should be squeezed and packed in a plastic cover and sent to linen washing area.
k) In case of any spillage of waste or any accidents like Needle stick injury, he/she must inform the nursing in-charge immediately and housekeeping supervisor for further management.
l) The housekeeping staff should also assist the nursing officers in dead body packing and its transportation to the mortuary as and when needed.

POLICY FOR AYUSH ICU ISOLATION, F+6, PVT I WARD, PVT J WARD, J +1, J+2, J+3, J+4, J+5

1. The COVID-19 suspected patient shall be admitted in F+6, Pvt. I or TEM ward.
2. The COVID-19 positive cases, he/she shall be admitted in the J+1, J+2, J+ 3, J+ 4 & J+5 wards.
3. On arrival of the patient, the nursing officer on duty shall guide him/her to the concerned bed.
4. Nursing assessment of the patient shall be done and will be documented in the patient file. The same shall be communicated to the on duty resident doctor and the faculty.
5. The resident doctor must inform about the clinical condition of the patient to the on-duty faculty as well as patients family members (NOK).
6. Roles and responsibilities of nursing officer:
   Refer to the Annexure No. 1 and in addition:
   a) To provide nursing care to the patient as per guidelines and in consultation with on duty resident and faculty.
   b) To keep track of all inpatients w.r.t to sample collection for various diagnostic investigations, pending reports status etc.
   c) Patient shift-out or transfer or any radiological investigations.

d) To ensure presence of staff as per roster and contact residents and faculty on duty during change of shift & as and when needed.
e) Inventory management.
f) Rationale usage of PPEs.
g) Crash cart check.
h) Re-sterilization of N95 masks, goggles, face shields or any other items. (For Pvt I & TEM ward).
i) Ventilators (for Ayush ICU) and other high-end medical equipment availability and functionality check. (Do not discard Flow sensors). Discard the water from oxygen flow meter after each change of patient and maintained the water level in oxygen flow meter for proper humidification.
j) Accident or incident reporting to nursing supervisor, its documentation and information to control room.
k) To ensure documented handover during shift change and adequate communications to all concerned.
l) To train nursing officers, housekeeping and hospital attendants regarding the COVID and associated infection control practices.
m) Management of death cases and shifting of dead bodies to mortuary.
n) To supervise linen management and BMW handling.
o) To provide daily census to control room, COVID Nodal Officer and Jt MS.

7. Role of resident doctors:

a) To be punctual to their duty and remain available in the hospital during duty hours.
b) To take regular updates of the patients and keep the faculty on duty informed.
c) To wear complete PPE while visiting patients.
d) To give proper handover to the next resident on duty.
e) To practice hand hygiene frequently.
f) To discard biomedical waste as per guidelines.
g) To undergo training for Nasopharyngeal Sample collection, CPR, Basic Life Support and other patient management
h) Family counselling for all admitted patients
i) Management of death cases, documentation and shifting of dead bodies to mortuary.

8. Role of faculty on duty:

a) The on-duty faculty must take hand over from the previous on duty faculty.

b) They must visit the respective COVID -19 patient care areas and assess the patients through mobile tablets or to wear PPEs and visit the patient physically & put notes and check whether the previous orders have been carried out or not.
c) He/she must sign the indent books as and when asked by the nursing officers.
d) They should verify the discharge advice prepared by the resident and sign the same before handing over to the patient.
e) To discuss about the issues faced during their shifts with the concerned authorities and to inform the control room as well.
f) Effort must be done to speak to the patients or family members and counsel them about the clinical status.

STAFF TESTING POSITIVE FOR COVID-19:

In case of any healthcare worker getting tested positive for COVID-19, shall be admitted in the Pvt J ward & J+5 Ward based on eligibility. He/she shall coordinate through the control room for admission formalities. As per the latest, guidelines from the MoHFW, the asymptomatic and mildly symptomatic healthcare workers who are COVID-19 +, may remain in home isolation (*) and shall contact the control room or the Dept of CMFM in case of any development of symptoms.

*(Refer: Annexure for Policy for Contact Tracing and Quarantine: Page No.

https://www.mohfw.gov.in/pdf/updatedAdvisoryformanagingHealthcareworkersworkinginCOVIDandNonCOVIDareasofthehospital.pdf)

Policy for Isolation of Healthcare Workers tested positive for COVID-19 Page no.

MEDICAL MANAGEMENT OF COVID-19

COVID-19 Clinical Record Form

1. ***This form must be filled up at the time of first contact with the patient***
2. ***This form must be filled up for all COVID suspect/Confirmed patients admitted in SARI/TEM ward***
3. ***For patients directly admitted to COVID wards, the resident on duty must fill up this form at admission***
4. ***Please tick the appropriate box***

Symptoms	**Yes**	**No**	**If Yes, Duration in days**		**Symptoms**	**Yes**	**No**	**If Yes, Duration in days**
Fever					Diarrhoea			
Chills					Vomiting			
Sore throat					Pain Abdomen			
Cough					Altered taste			
Sputum					Altered smell			
Rhinorrhoea					Malaise			
Breathlessness					Myalgia			
Comorbidities			**Duration in Years**					**Duration in Years**
Diabetes					Chronic Lung Disease			
Hypertension					Chronic Liver Disease			
Cardiovascular disease					Chronic Kidney Disease			
Malignancy								
Immunosuppressant Use					Obesity			
Current Smoker					Ex-Smoker			
Risk factors for severe disease *(Age>60 years **OR** Any comorbidity)*								**NA**
History of contact with a COVID suspect or Confirmed individual								
History of travel in the past two weeks								
If Yes, place of travel (write the state, district, place name)								
History of allergy/hypersensitivity to any drugs/formulations								
If Yes, mention the drug name and nature of reaction								

Vital Parameters

Respiratory Rate/min		SpO_2 %	
Heart Rate/min		FiO_2 (see below)	
Temperature (^{0}F)		Consciousness (Alert OR Altered sensorium)	

Blood Pressure (mmHg)		**GCS** (Eyes /4 Verbal /5 Motor /6)	
NEWS2 Score			

COVID-19 severity (put a tick mark in the box against the applicable row)

Asymptomatic	No symptoms of COVID-19	
Mild	ILI symptoms, No breathlessness, Room air saturation ≥96%	
Moderate	Respiratory rate >24/min **OR** SpO2 <94% in room air, SpO2/FiO2 ≤315	
Severe	Respiratory rate >30/min **OR** SpO2 <90% in room air, SpO2/FiO2 <235	
Critical	ARDS, Sepsis, Septic shock, MODS	

FiO2 calculation

	Oxygen flow rate L/min	**FiO_2**
Breathing Room Air	-	0.21
O2 via nasal cannula	2 – 4	0.24 – 0.35
O2 via simple face mask	5 -10	0.4 – 0.6
Non-rebreather mask with reservoir bag	8 – 10	0.6 – 0.9

Treatment Protocol for COVID-19

Severity	**Symptoms**	**Investigations**	**Where to manage**	**Oxygenation**	**Medications**
Asymptomatic	Nil		Ward	Nil	Nil
Mild	Fever, cough, sore throat, nasal congestion, malaise, headache No dyspnoea,	CBC, LFT, RFT **ECG in high risk group**	Ward	Nil	Tab. PCM 500 mg SOS Tab. HCQ 400 mg BD × 1-day f/b 400 mg OD × 4 days in high risk patients if no contraindications

	SpO_2 ≥96% room air				May consider Favipiravir if persistent fever ***Shift to ICU if progression to mod-severe stage***
Moderate	Symptoms of mild disease AND/OR Pneumonia Respiratory rate >24/min OR SpO2 <94% in room air SpO2/FiO2 ≤315 PaO2/FiO2 = 200-300 No confusion **or** altered sensorium No hypotension (SBP >100 mmHg & DBP >60 mmHg)	ECG, CXR, ABG in all patients at baseline CBC, RFT, LFT daily CRP, d-Dimer, Ferritin, PT/INR, aPTT, Fibrinogen, LDH, CPK at admission and every 3rd day	Ward ICU if beds available	Oxygen therapy - Target SpO_2 92-96% (88 to 92% in COPD patients) Oxygen delivery through Non-rebreathing mask (If nasal cannula used N-95 or surgical mask to be applied over it) **Consider awake proning (along with oxygen delivery/cannula) in patients with hypoxemia if no contraindications**	LMWH (Enoxaparin 40 mg SC once daily) or UFH 5000 units SC BD if no contraindications IV Methylprednisolone 0.5 to 1 mg/kg **OR** Dexamethasone 0.1-0.2 mg/kg OD **× 3-5 d** Tab. HCQ 400 mg BD × 1day f/b 400 mg OD × 4 days if no contraindications *Consider Investigational Therapies (Remdesivir, Convalescent plasma)* ***Shift to ICU if progression to severe stage***
Severe	Respiratory distress requiring	ECG, CXR, ABG in all patients at baseline	ICU	High flow Oxygen delivery through Non-	Trial of NIV with full face mask

	mechanical ventilation Respiratory rate >30/min **OR** SpO2 <90% in room air SpO2/FiO2 ≤235 **OR** P/F <200 Hypotension (SBP <100 or DBP <60 mmHg) Drowsiness, Confusion	CBC, RFT, LFT daily CRP, d-Dimer, Ferritin, CPK PT/INR, aPTT, Fibrinogen, LDH **at admission and every 3rd day** Blood, Urine, ET aspirate culture Work up for tropical fever if suspicion		rebreathing mask HFNO **Consider awake proning, if no contraindications**	Intubation & Ventilation Prone ventilation for refractory hypoxemia High dose LMWH (Enoxaparin 40 mg SC BD OR UFH 5000 units SC TDS if no risk of bleeding IV Methylprednisolone 1-2 mg/kg or Dexamethasone **0.2-0.4** mg/kg OD for **5-7 days** Conservative fluid management *Consider Investigational Therapy (Tocilizumab)*

Doses & Contraindications of Drugs used in COVID-19

Drug Name	Dosage	Contraindications	Remarks
Hydroxychloroquine* (Repurposed or off-label therapies)	400 mg BD day1 Followed by 400 mg OD × 4 days	Known hypersensitivity Pre-existing retinopathy Children <12 years age Pregnant & Lactating women QTc >480 ms	*An ECG should be done prior to the initiation of the drug*

Favipiravir* (not recommended by MoHFW)	1600 mg BD day 1followed by 600 mg BD × 7-14 days	May enhance the toxicity of pyrazinamide	*Refer to manufacturer brochure for further details*
Anticoagulation therapy		**Absolute** Platelets ≤20,000/mm^3 **Relative** Platelets ≤50,000/mm^3 Brain metastases Recent major trauma Major abdominal surgery within the past 2 days Gastrointestinal or genitourinary bleeding within the past 14 days Endocarditis, Severe hypertension (Systolic BP >200 or Diastolic BP >120 mmHg)	*This list is applicable for all anticoagulants in general*
Enoxaparin	40 mg SC OD or BD as per indication	Known hypersensitivity History of HIT in the past 100 days or in the presence of circulating antibodies Active major bleeding Recent haemorrhagic stroke	*Consider dose adjustment in renal failure*
Fondaparinux*		Known hypersensitivity Active clinically significant bleeding Acute bacterial endocarditis Creatinine clearance <30 mL/min	*Consider dose adjustment in renal failure*
Heparin		Hypersensitivity to heparin History of HIT	
Remdesivir * (Emergency Use Authorization, off level)	200 mg IV single dose on day 1 followed by	Known hypersensitivity to its ingredients AST/ALT elevation >5 times	***Refer to package insert for further details***

Investigational Therapies as per MoHFW	100 mg IV OD × 4 days	AST/ALT elevations>3times with symptoms /signs of hepatitis or Rising INR Creatinine clearance <30 mL/min Pregnancy	*Co-administration with HCQ or Chloroquine should be avoided* *Consult a paediatrician while deciding Remdesivir in a child* *Be cautious in persons aged >65 years*
Tocilizumab* Off level, Investigational Therapies as per MoHFW	400 mg IV stat Single dose	Known hypersensitivity	*Refer to package insert for further detail*
Dexamethasone	6 mg – 12 mg IV OD × 3-5 days	Systemic fungal infection	
Methylprednisolone	1 – 2 mg/kg × 3-5 days	Systemic fungal infection	

***Please follow latest MoHFW guidelines/ GOI Expert directions**

AWAKE SELF-PRONING

Any patient with ARDS is a candidate for awake proning. This helps improve oxygenation by improving ventilation perfusion mismatch.

CONTRAINDICATIONS

- Untrained staff
- Hemodynamic instability (on vasopressor), preferable to prone these patients in a monitored environment, if sever or refractory hemodynamic instability, proning is not advised
- Increased intracranial pressure
- Increased abdominal pressure
- Abdominal, chest and facial wounds
- Cervical spine precautions
- Extreme obesity
- GCS <8
- Pregnancy 2nd or 3rd trimester

PROCEDURE FOR AWAKE SELF-PRONING

Monitoring

Continuous oxygen monitoring is required. ECG leads to be connected to posterior chest wall for continuous monitoring

Prior to proning

1. Make plans in advance for toileting, call bell, entertainment, cellular phone
2. If possible, place the bed in reverse Trendelenburg (head end elevation by 10 degree) to help reduce intraocular pressure
3. Have patient empty bladder
4. Educate the patient. Explain the procedure and rationale of the intervention to the patient
5. Arrange all tubing from monitors, oxygen supply etc. to be placed on side of the bed, not across the patient, to minimize the risk of dislodging. Ensure support devices/IV lines, urinary catheters are well-secured to the patient.
6. Assess pressure areas to avoid skin breakdown – Use pillows or soft pads to avoid pressure /discomfort

Prone position – the procedure

1. Patient should lay on their abdomen (arms on side or in "swimmer" position)
2. If a patient is unable to tolerate, they may rotate to the lateral decubitus or partially prop to the side (in between proning and lateral decubitus) using pillows cushioning. Ideally the patient should be fully proned rather than side positioning
3. Fifteen minutes after each position change, check to make sure that oxygen saturation has not decreased. If it has, try another position.
4. If patient has a significant drop in oxygen saturation, follow the following steps
   i) ensure the source of the patient's oxygen is still hooked up to the pipe oxygen supply and is properly placed on the patient
   ii) Ask patient to move to a different position as above
   iii) If after 10 minutes, the patient's saturation has not improved to prior level, consider escalation of oxygen modality versus trial of additional position

Time spent in proning

Patient should try proning every 4 hrs., and stay proned as long as tolerated. Proning is often limited by patient's discomfort, but they should be encouraged to reach achievable goals like 1- 2 hrs. or as long as possible.

Ideal duration is 16 hrs., four times 4 hours each in a day

When to stop awake proning?

A patient can choose to stop awake proning at anytime

In case of hemodynamic instability or if impending respiratory failure it is recommended the clinician stops proning and consider intubation

Discharge Criteria & Repeat Testing Policy

CoVID-19 severity	**Fever**	**Dyspnea**	**Oxygenation status**	**Minimum time to discharge**	**Exit testing ***	**Home Isolation**
Asymptomatic				8 days of hospital admission	No	7 days from date of discharge
Mild disease	Afebrile > 3 days without antipyretics	No	No oxygen requirement	8 days of hospital admission	No	7 days from date of discharge
Moderate (needing oxygen therapy)	Afebrile > 3 days without antipyretics	No	SpO2 > 95% without oxygen for 4 days after becoming afebrile	8 days of hospital admission	No	7 days from date of discharge
Severe/Critical (including immune-compromised)	Afebrile > 3 days without antipyretics	No	SpO2 > 95% without oxygen for 4 days after becoming afebrile	After clinical recovery and at least 8 days from admission	Yes	7 days from date of discharge

Repeat testing prior to discharge will not be performed routinely. This will be considered on case to case basis in patients planned for any surgery or

invasive procedure or requiring continuation of medical care in non-COVID areas.

Repeat swab test for health care workers will not be performed prior to discharge. *On fulfilling the discharge criteria as per disease severity, they will be discharged from the hospital and advised home isolation. The HCW will resume duty on 18th day from the date when she/he was first tested positive. No repeat swab test will be performed prior to resuming duty. This is in keeping with the available evidence that most viral shedding after 10 days of onset of symptoms are non-culturable in laboratory.*

NON-ESCALATION / DE-ESCALATION OF CARE

Patients with COVID-19 who are elderly and/or have significant comorbidities have very poor outcomes and prolonged ICU stay when ventilated in the intensive care unit. The decision-making on escalation and non-escalation in such cases will be made by the individual unit on a case by case basis, by the senior consultants. These decisions will be based on good clinical judgment and in discussion with the family. The admitting clinician and the ICU consultant should have cross-talk regarding de-escalation/non-escalation of care and must involve the family members in shared decision making.

Patients in whom Non-escalation/De-escalation may be considered

Intubation and mechanical ventilation may be generally considered less appropriate in the following categories of COVID19 patients:

1. Age > 70

2. Age 60 – 70 with significant morbidities such as:

i. Heart failure Class III-IV
ii. COAD Class III-IV
iii. Advanced Chronic Kidney disease
iv. Underlying active malignancy
v. Dementia, other Neuro-degenerative disease or stroke
vi. Chronic Liver disease
vii. Other major systemic illness
viii. Poor functional status prior to present illness

In such cases, supportive care may be offered in the ward or ICU as described below.

Supportive care

1. **Supportive care in the ward** may include *treatments except NIV, mechanical ventilation and CPAP/BIPAP*.
2. **Supportive care in the ICU** may include NIV and inotropes but *does not include mechanical ventilation, dialysis and ECMO*

DAILY PROGESS NOTES:

Where to document: Progress note sheet in the patient's file
What to document:

A. Asymptomatic patients:

1. Any symptoms?
2. Latest set of vital signs and NEWS2 score
3. Respiratory findings if examined
4. Any abnormal laboratory value (if test performed) that warrants attention
5. Plan of further action.

B. Symptomatic patients

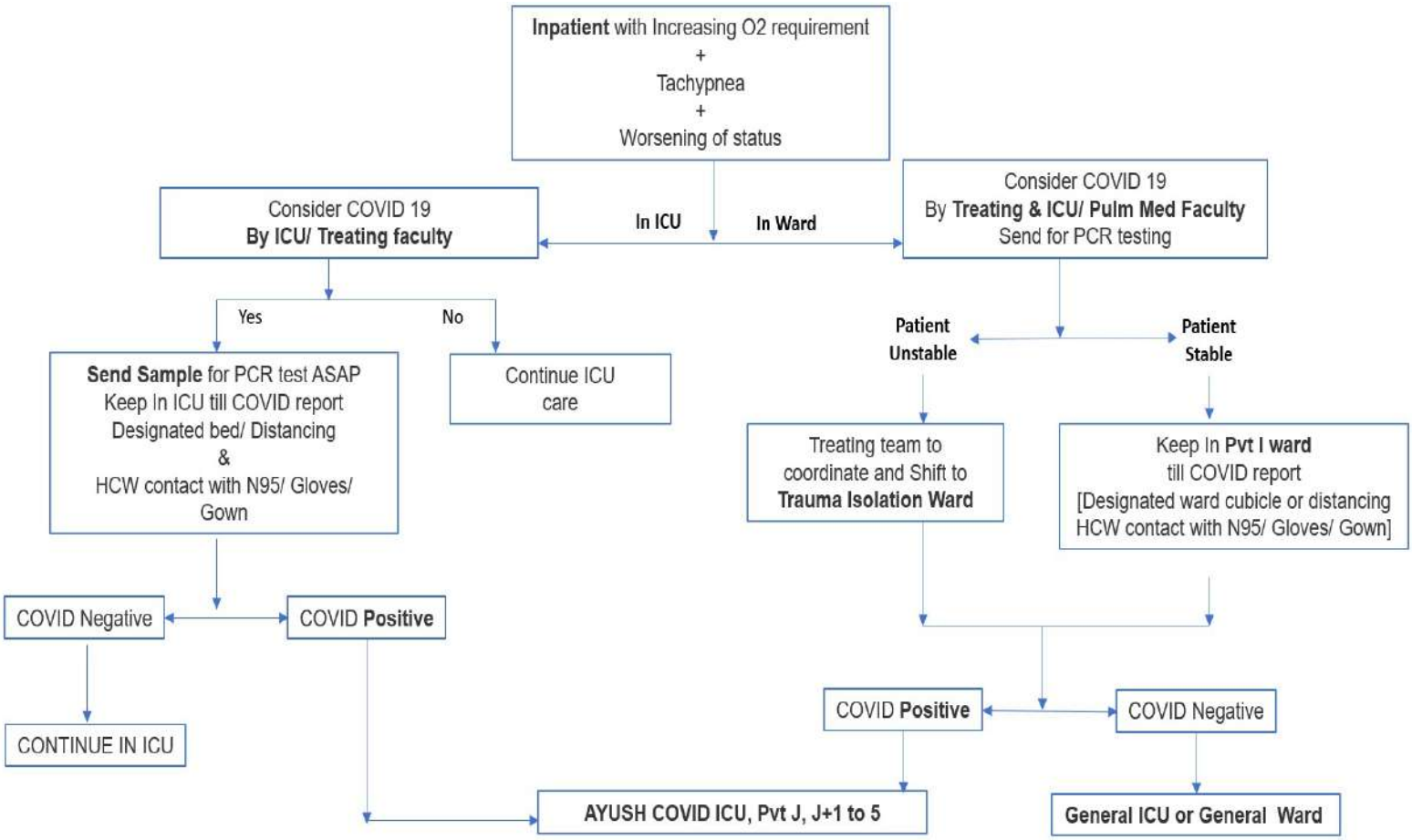
1. Improvement or worsening of symptoms
2. Latest set of vital signs and NEWS2 score
3. Relevant physical examination findings
4. Abnormal laboratory or imaging parameter that need attention
5. Plan of further action.

For patients already admitted in ICU or wards, the following flow chart be referred:

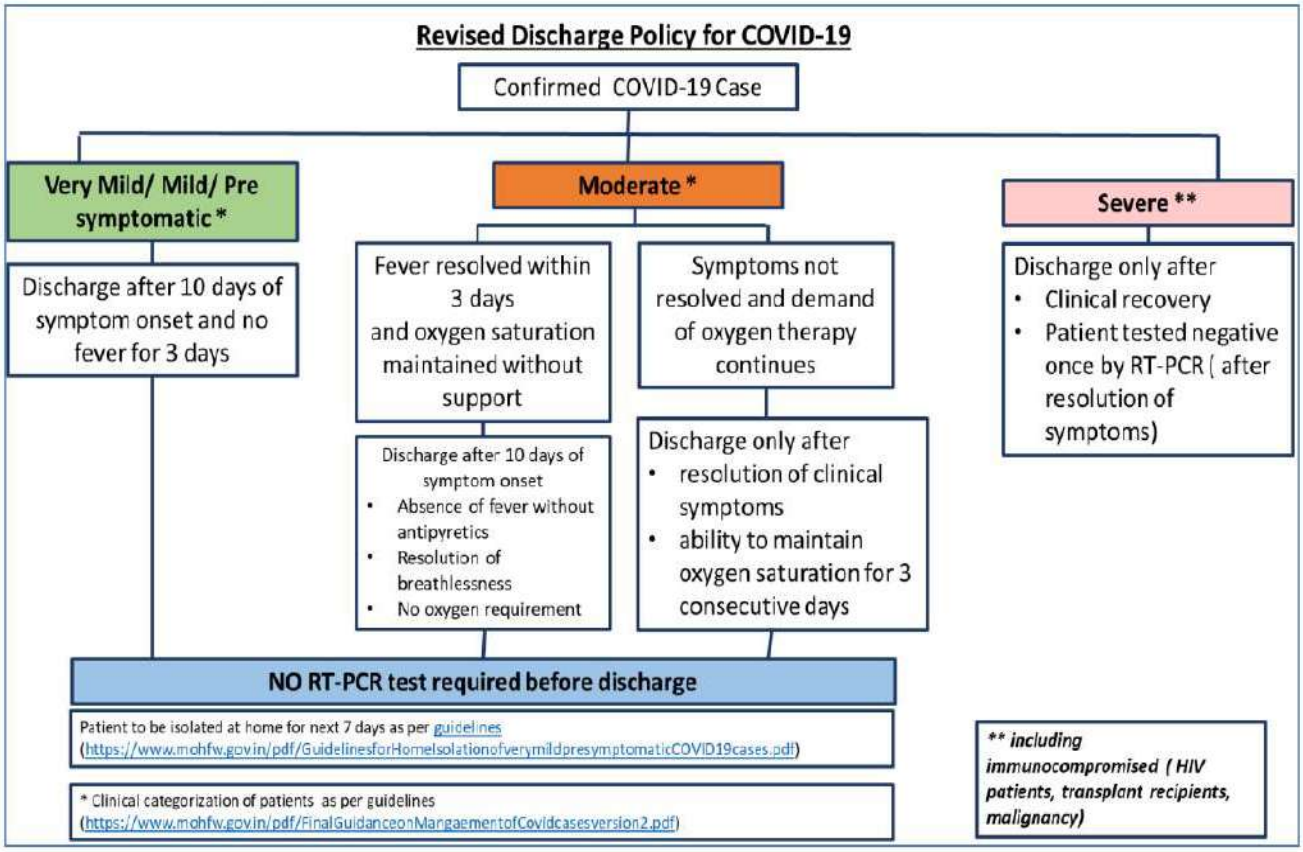
Flow chart for managing in-patients developing respiratory symptoms suspected of COVID-19:

In view of time and patient safety, decisions may be telephonic, multidisciplinary and at faculty level. Timely, appropriate sample collection and dispatch to lab may be regulated by the faculty to reduce HCW exposure to suspected cases to a minimum.

All verbal communications to be documented in the file later by allocated nursing officer/ Junior resident.



DISCHARGE OF A PATIENT.



DISCHARGE CHECKLIST

1. This checklist is to be administered by the doctor before handing over the discharge summary to the patient
2. **The patient is to be discharged only after all of the below are done.**

1	Duration of home isolation explained	Yes	No
2	Advice to wear mask given	Yes	No
3	Advice to be in a single room with good ventilation given and use separate bathroom if possible	Yes	No
4	Advice to avoid close contacts with others explained	Yes	No
5	Need for hand hygiene explained	Yes	No

6	Advice to strictly stay indoors given	Yes	No
7	Warning signs explained to patient and relatives (breathlessness, pain/pressure in the chest, bluish discoloration of extremities, confusion)	Yes	No

CROSS -REFERRAL TO OTHER DEPARTMENTS:

1. No COVID +ve patient shall be transported to any OPD for cross referral consultation with other departments.
2. The on-duty senior resident must arrange for the bedside referral or through tele-referral (over phone or video call) in consultation with the concerned faculty. Tel no: SR on Duty Pulmonary Medicine: 8280346662, Cardiology: 8280346686, Medicine: 8280346621, Neurology: 8280346697.

DIAGNOSTIC SERVICES – LABORATORY

1. The diagnostic services will be available at all the sample collections counters.
2. The security staffs must ensure social distancing at the sample collection counters and at the report dispatch counter.
3. The technicians and phlebotomists must wear double surgical masks or face shield & gloves at the sample collection counters & adhere to hand hygiene.
4. Online requisition and online report generation to be encouraged in order to minimize the paper-based process.
5. In the Screening OPD, COVID Ward at TEM, Pvt I & J wards J+1 to 5 ward and the Ayush Isolation ward, all investigations requisitions to be made online. In case the online requisition is not available in the online mode, the paper-based requisition slip to be scanned and emailed to the Lab Email ID. Simultaneously the samples need to be carried to the lab by the hospital attendants.
   (Transportation of any blood or body fluid samples by the patient or the patient relatives must be discouraged)
6. The reports can be scanned and sent as an email to the respective wards.
7. IT support must be ensured to facilitate scanning and other activities.
8. **Rapid Antigen Testing for COVID-19 is available at the TEM ward.**
9. For COVID 19 Sample for microbiology: (Refer General Instructions for Sample collection page no. 36)
   a) The sample will be collected at the respective ward and shall be sent to the Dept of Microbiology in the Academic Block.
   b) Labelling of the sample to be done with Name, Date, CR No. & Ward.
   c) Refer policy for Sample Collection for more details.

d) In case the sample cannot be sent to Dept of Microbiology, it shall be stored in the refrigerator with necessary packaging and labelling, wherever it was collected (at PVT-I, TEM or F+6 ward) and handover to be given for next on duty staff for the same.

DIAGNOSTIC SERVICES – RADIOLOGY

1. In dealing with COVID-19 patients or suspects, the imaging services should be focused on portable Radiographs and bedside portable ultrasounds.
2. Patient transfer to the department of Radio diagnosis is to be avoided.
3. The radiology services will be available 24x7 basis. The senior resident on duty from respective areas are required to give requisition for the radiological investigations. (Tel: SR -8280346664 & JR -65)
4. A separate log book to be maintained by the Dept of Radio diagnosis for COVID -19 patients or suspects for whom investigations are done.
5. **Policy for Ultrasonography:**
   a) One dedicated portable scanner should be available in the COVID ward (Trauma Ward) handling suspected/confirmed COVID 19 patients for bed side USG.
   b) Ultrasound will be performed by the designated senior resident called upon to perform the scan.
   c) Before & doing any procedure, the doctor must wash his hands with soap and water as per steps mentioned earlier and wear necessary PPE.
   d) He/she must check that the patient is wearing double surgical mask.
   e) No patient to be shifted to radiology department for USG. The machine shall be cleaned and decontaminated after each use by the technicians or hospital attendants. Housekeeping staff should not be instructed to handle the equipment.
   f) Donning & Doffing procedures will be performed diligently & carefully.
   g) The number of transducers (probes) connected to the ultrasound machine should be reduced to a minimum. The probe and USG machine has to be covered with plastic sheets.
   h) Use of single-use gel packs is recommended as opposed to gel containers.
   i) Reports will be sent through email to the concerned clinician after completion of scan and the ward.

j) Ultrasound probes, machine including monitor, keyboard and cables are to be disinfected thoroughly with high level disinfectants (High-level disinfectants.

6. Work-Flow for X Ray

a) The portable X Ray Machine at the Trauma ward shall be used for X Rays. Always check for adequate space to maneuver the machine at the patient bed side. This machine can be transported to other COVID units for performing the test.
b) Before & doing any procedure, the radiographer must wash his hands with soap and water as per steps mentioned earlier.
c) The radiographers must check that the patient is wearing double surgical mask. Then the radiographer must wear lead apron and then PPE to start the process.
d) After the x ray has been taken, the radiographer must move the machine to the anteroom & clean the machine along with its accessories with bacillocid (dimethanol glutaraldehyde) solution. Please note: Equipment cleaning should not be done by housekeeping staff.
e) Donning and doffing protocols to be adhered.
f) The repot may be sent via email to the respective ward.
g) The clinician can also view the reports in the PACS.

7. Policy for CT Scan:

a) CT scan shall be used only if considered essential in clinical decision-making for patient management. ***Preferred time slot is 04.00 PM to 06.00 PM.***
b) Use can be limited to patients with severe respiratory complications, unexplained by combined use of Chest radiography and bedside portable ultrasound.
c) All CT scans are to be taken in the CT scan room in the ground floor near Central Lab.
d) The security staff to be informed about movement of the COVID-19 patient/suspect to CT room. The security must seal and restrict any staff or public to access the path decided for movement of the patient. This will continue till the CT scan is complete and the housekeeping team completes the cleaning and disinfection.
e) All communication between technician- Radiologist, Tech/ Radiologist – Referring doctor, radiology staff – admin should be ensured before transportation of the patient.
f) To ensure minimum contact to staff with patient.

g) To ensure minimum time spent by patient in imaging complex.
h) All movable equipment in scan room to be shifted out.
i) All non-movable equipment covered with plastic sheet prior to patient arrival and removed post procedure.
j) While doing the scan the radiographers must wear PPEs. One of them to be inside the room & other to be in Console room.
k) Contrast CT scans are to be generally avoided.
l) In case contrast administration is needed, accompanying nursing staff to ensure adequate IV access.
m) Consents for contrast administration in CT to be taken by clinical team before shifting to imaging complex and a soft copy must emailed to the Dept of Radio diagnosis.
n) Thorough cleaning of surfaces especially contact areas with disinfectants to be done as per institute protocol after the scan is complete. The machine is to be cleaned by the technicians. Machines are not to be cleaned by the housekeeping staff.
o) The reports shall be shared via email to respective wards by the Dept of Radio diagnosis. The same may be view in PACS by the concerned faculties.

OPERATION THEATRE:

1. The operation theatres at the G Block & 1st Floor have been designated for any confirmed / suspected COVID-19 patient requiring emergency surgical intervention.
2. G Block Labor Room can be used for Confirmed/suspected normal deliveries.
3. The informed consent and the COVID-19 undertaking form must be filled by the patient or their next of kin/ attendants. The soft copy to be emailed to the G block OT. [**gblock_ot@aiimsbhubaneswar.edu.in]**
4. Patient should wear a mask during transit to and from surgery.
5. All members required for the surgery must be telephonically informed by the OT in charge.
6. Before the procedure begins, it must be ensured that all equipment and drugs are ready, and ventilator and suction equipment is functional.
7. Note that Biomedical Waste Bins are kept ready with color coded bags.
8. All members of the OR staff should use routine PPE as recommended by national guidelines (fluid-impermeable gowns, gloves, mask, cap). In addition, they should also wear N95 mask, face shield and hood.
9. Don PPE properly according to guidelines, within designated donning area only.

10. Surgeons and personnel not needed for intubation should remain outside the operating room until anesthesia induction and intubation are completed.
11. Only minimum required number of essential personnel should be in operating theatre during surgical procedures.

MANAGEMENT OF COVID-19 POSITIVE PREGNANT WOMEN :

AIIMS Bhubaneswar has adopted the following for the management of the COVID-19 positive pregnant and laboring women.

1. **Measures for all pregnant women to prevent COVID-19 infection:**

   All pregnant women should adopt the following to prevent COVID-19 infection:
   - Practicing social/physical distancing
   - To avail work from home option, if feasible, for working pregnant women
   - Consultation by telemedicine/AIIMS Bhubaneswar Swasthya app
   - Avoid non-essential travel
   - If travel is undertaken, it is preferable to use a private vehicle
   - If public transport is used, distance should be maintained
   - Avoid gatherings and functions to celebrate the 7-month milestone, which is a common cultural practice
   - Minimize visitors from coming to meet the mother and newborn after delivery

2. **Clinical Presentation of COVID-19 in Pregnancy:**
   - **Most pregnant women will present with mild symptoms** and have a similar course to other adults with COVID-19 infection. Most pregnant women will have mild to moderate flu-like symptoms of cough, sore throat, and fever.
   - **Few** may have difficulty in breathing or shortness of breath, classified as severe acute respiratory illness (**SARI**) by the WHO.
   - **Pregnant women**, especially those with **associated medical diseases (diabetes, asthma, etc.) may present with pneumonia and marked hypoxia**.
   - **Immunocompromised and elderly pregnant women** may present with **atypical features** such as fatigue, malaise, body ache and/or gastrointestinal symptoms like nausea and diarrhea
   - A history of travel abroad, contact and respiratory symptoms should be elicited at every clinical interaction.

3. **Effects of COVID-19 infection on mother and fetus:**

- Maternal disease does not get aggravated by pregnancy unless there are co-morbidities.
- Though there is recent evidence of trans placental spread to the fetus in few cases, fetal abnormalities or compromise have not yet been documented.

4. **Assessment of Pregnant women (not in labour) with COVID-19 infection**:

If a **pregnant woman** is confirmed by tests to **have COVID-19 infection**, the first step is to assess the systemic status:

- If **asymptomatic, the woman shall be admitted in the J+2 ward in the hospital** as per current practice.
- If **symptomatic**, the need for **intensive care should to be assessed:** A pregnant critically ill woman requires ICU admission if there is presence of:
    - Tachypnea (>30/min)
    - hypoxia (SpO2 < 93%) and
    - imaging shows > 50% lung involvement

5. **Medical management and drugs used in the treatment of COVID-19 infection in pregnancy:**

Medical management of COVID-19 infection in pregnancy is done on a multidisciplinary team approach.

- **Hydroxychloroquine 600 mg (200 mg thrice a day with meals) and Azithromycin (500 mg once a day) for 10 days has been used successfully.**
- Antiviral therapy (Lopinavir + Ritonavir or Oseltamavir) may be used in high risk groups (Immunocompromised, chronic disease, uncontrolled diabetes). Other supportive care should include rest, supplemental oxygen and paracetamol.

Other Drugs: Other drugs which may be used are:

- **NSAIDs:** These are the drugs used most often in the care of COVID-19 infected pregnant women for symptomatic relief of fever and myalgia. Paracetamol is the preferred drug. If possible, Ibuprofen and other NSAIDs may be avoided because there are concerns about potentiating ACE receptors.
- **Antenatal Steroids (fetal maturity):** Steroids are recommended for enhancing fetal lung maturity in situations where preterm delivery is likely between 24 to 34 weeks of gestation.

- **Antibiotics:** If there is a suspicion of secondary bacterial infection, appropriate antibiotics which are considered safe in pregnancy should be added.
- **Oxygen:** If there is difficulty in breathing, oxygen supplementation by nasal prongs or mask may be added. High flow nasal oxygen at 4 to 6 liters per minute should be immediately administered. Non-invasive ventilation can also be used. At this point, there should be a reevaluation of the patient's status and consideration should be given to the need for intensive care.

6. **Intensive Care Management: As per institute protocol**
7. **Labour Triage for women with COVID-19 infection:**

- She will be met with appropriately donned PPE at G Block itself.
- There is a restriction on the number of attendants allowed with the woman (1 only).
- It is expected that there would be some who would be recognized to have the infection for the first time when they present in labour. Anticipating this, advisory issued by the Ministry of Health and Family Welfare on hospital and institutional preparedness and the conduct of mock drills and standard operating procedures shall be followed.

8. **Management of Labour and Delivery in women with COVID-19 infection**:

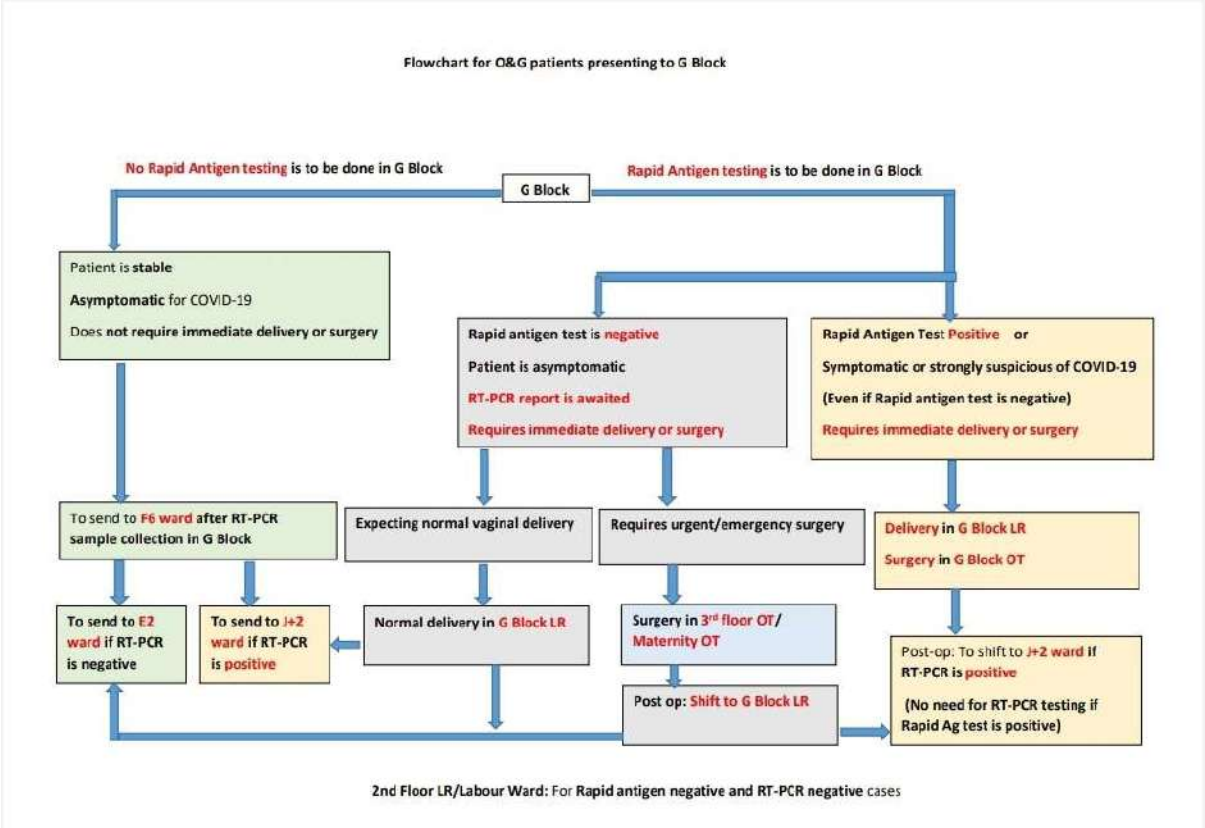
- In all circumstances, we will continue **to provide client-centered, respectful skilled care** and support, with treatment being **neither delayed nor denied**.
- Birth attendants are limited to one named contact.
- There is **no rationale to induce labour or deliver a woman early** because of COVID-19 infection.
- Decisions regarding route of delivery shall be as per standard obstetric practice in most situations.
- **Labour Analgesia and anesthesia in pregnant women** with COVID-19 infection can be used in women with COVID-19 infection.
- Intrapartum management of the labouring woman is multidisciplinary, with involvement of obstetrician, anesthetist, neonatologist
- Hourly oxygen saturation is monitored with aim of having SpO2 >94%
- Continuous electronic fetal heart rate monitoring in labour

9. **Newborn care:**

- **Newborn care is practiced** as per routine. At present, testing is recommended if the mother has COVID-19 infection or if the baby is symptomatic.

- **Breastfeeding is given with good hygiene practices**:
    - hand washing before touching the baby
    - avoiding coughing/sneezing on the baby while feeding
    - wearing a face mask during feeding

- **Postnatal Care and advice to the mother infected with COVID-19 follows routine practice.**
- If the woman is isolated from the neonate or feels anxious due to disease status, she is offered psychological assessment and support by the Department of Psychiatry.
- **Diet for the pregnant woman and COVID-19 infection is as per routine.**



AIIMS Bhubaneswar Flowchart for pregnant women presenting to G Block

BIOMEDICAL EQUIPMENT MANAGEMENT:

1. Biomedical engineer shall be responsible for scheduling the rounds, coordinating & documentation.
2. The Biomedical engineer shall conduct rounds covering all ICUs, OTs, Cath Lab, Ward, OPDs, T & EM and Diagnostics (Lab & Radiology). The following points are to be focused during the rounds.
   a) Discuss the status of equipment items in each department/Ward/ICU/OT with their in-charges and if needed with HoD.
   b) Observe potential equipment hazards. (i.e.: liquids on electrical equipment, etc.) & correct any identified hazards.
   c) Verify critical battery-operated equipment is plugged in.
   d) Observe operation of equipment to ensure proper usage. Schedule a training if improper usage is observed.
   e) Checking for out of date/ missing stickers and identifying/confirming departmental inventories of biomedical equipment.
   Note: The Engineer performing the rounds is responsible for documenting the rounds procedure. The Engineer is also responsible for communicating to the HOD, any topics or issues of concern discussed during the rounds.
3. Any incident with regard to biomedical equipment must be informed to the engineer and documented.
4. The Biomedical engineer shall check the issue, verify with documents about coverage under AMC or CMC and instruct the vendor to do the necessary repair work with a work order.
5. In case of difficulty in the process, the same must be immediately brought to the notice of Medical Superintendent.

PHARMACY & STORES:

1. The pharmacy and store shall ensure that online system of indenting is followed as far as possible.
2. For any medication requirement at any of the COVID units, the same can be procured from AMRIT pharmacy up to a limitation of Rs 5000/- per day with the signature of the on-duty faculty on the indent form.
3. The movement of indent books from various patient care areas must be minimized.
4. The respective officers of pharmacy and store must be vigilant about the usage trends of various items. This shall be important to maintain good inventory as well as to identify misuse or pilferage.

5. Adequate stock of PPE, cleaning agents, hand sanitizer, and sodium hypochlorite solution should be maintained.
6. **Distribution of N95 masks for staff:**
   HCWs like faculty, residents, nursing officers, hospital attendants and sanitary/ housekeeping staff along with other support staff are provided with N95 (3 in numbers for using for a period of 3 weeks).The process is being coordinated by the Dept of Hospital Administration

ADVISORY ON CHLOROQUINE:

1. Hydroxychloroquine: This drug has demonstrated in vitro activity against SARS-CoV2 and was shown to be clinically beneficial in several small single center studies though with significant limitations. Nonetheless, several large observational studies with severe methodological limitations have shown no effect on mortality or other clinically meaningful outcomes. As such, the evidence base behind its use remains limited as with other drugs and should only be used after shared decision making with the patients while awaiting the results of ongoing studies. As is the case with other antivirals, this drug should be used as early in the disease course as possible to achieve any meaningful effects and should be avoided in patients with severe disease. An ECG should ideally be done before prescribing the drug to measure QTc interval (and HCQ avoided if QTc is >480ms)
2. In case of prophylaxis for COVID-19, Chloroquine tablets shall be issued to staff/ healthcare worker on providing a valid prescription from the Department of Pulmonary Medicine.
3. Dose for Prophylaxis: Tab. Hydroxychloroquine (400mg) BD on 1st day followed by 200mg 1 BD for next 4 days. (after ECG Assessment)

STRATEGY FOR COVID-19 TESTING:

1. All symptomatic (Influenza like illness- ILI symptoms) individuals of international travel or travel to neighboring states in India or places where COVID -19 cases are active.
2. All symptomatic (ILI symptoms) contact of Laboratory confirmed cases.
3. All symptomatic (ILI symptoms) healthcare workers/ frontline workers involved in containment and mitigation of COVID-19.
4. All patients of Severe Acute Respiratory Infection (SARI)
5. Asymptomatic direct and high-risk contacts of a confirmed case to be tested once between day 5 and day 10 of coming into contact.
6. All symptomatic ILI within hotspots / containment zones
7. All hospitalized patients who develop ILI symptoms.

8. All symptomatic ILI among returnees and migrants within 7 days of illness.
9. No emergency procedure (including deliveries) should be delayed for lack of test. However, sample can be sent for testing if indicated as above (1-8), simultaneously.

Note Below:

● ILI case is defined as one with acute respiratory infection with fever ≥ 38◦C AND cough.
● SARI case is defined as one with acute respiratory infection with fever ≥ 38◦C AND cough AND requiring hospitalization.
● All testing in the above categories is recommended by real time RT-PCR test only.
Policy for COVID-19 sample collection.

General Instructions for Sample collection: Refer: (https://www.mohfw.gov.in/pdf/5Sample%20collection_packaging%20%202019-nCoV.pdf)

1. Before sample collection, all concerned staff must wear PPE. The nursing officer shall prepare the viral transport medium (VTM), packaging and labelling items, ice pack with transportation box. The hospital attendant must be physically present to carry the samples to the Department of Microbiology.
   In case of night time, the sample must be collected and stored in the designated refrigerator and proper handover to be given to ensure sending it in the morning without fail.
2. Sample to be collected using a cotton swab from nasopharyngeal and oropharyngeal area by a trained resident only.
3. For ambulatory patients- Nasopharyngeal/nasal swab will be collected.
4. For admitted patients (Intubated patients)- ET Secretion will be collected, in sterile wide mouthed container.
5. Packing to be done with two layers of Ziploc pouch.
6. For admitted patients producing sputum- Sputum will be collected, in sterile wide mouthed container
7. For admitted non- ambulatory patients (not producing sputum)- Nasopharyngeal/nasal swab will be collected.
8. **Preferred sample:** Throat and nasal swab in viral transport media (VTM) and transported on ice packs.
   Alternate: Nasopharyngeal swab, BAL or endotracheal aspirate which has to be mixed with the viral transport medium and transported on ice packs.
   For Lower respiratory tract:
   1. Broncho alveolar lavage (if no other option is available), tracheal aspirate, sputum
   2. Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

For Upper respiratory tract:

1. Nasopharyngeal swab & oropharyngeal swab
    a) Oropharyngeal swab (e.g. throat swab): Tilt patient's head back 70 degrees. Rub swab over both tonsillar pillars and posterior oropharynx and avoid touching the tongue, teeth, and gums. Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media.
    b) Combined nasal & throat swab: Tilt patient's head back 70 degrees. While gently rotating the swab, insert swab less than one inch into nostril (until resistance is met at turbinate).
    c) Rotate the swab several times against nasal wall and repeat in other nostril using the same swab. Place tip of the swab into sterile viral transport media tube and cut off the applicator stick. For throat swab, take a second dry polyester swab, insert into mouth, and swab the posterior pharynx and tonsillar areas (avoid the tongue). Place tip of swab into the same tube and cut off the applicator tip.
    d) Nasopharyngeal swab: Tilt patient's head back 70 degrees. Insert flexible swab through the nares parallel to the palate (not upwards) until resistance is encountered or the distance is equivalent to that from the ear to the nostril of the patient. Gently, rub and roll the swab. Leave the swab in place for several seconds to absorb secretions before removing.
9. The sample in VTM will be labelled and wrapped in a plastic. It will be then put in a zip lock pouch and shall be then put in the sample container having Ice pack.
10. The COVID-19 testing online entry shall be done in the ICMR app in the mobile tablet provided to each of sample collection areas.
11. Clinicians may also collect lower respiratory tract samples when these are readily available (for example, in mechanically ventilated patients).
12. In hospitalized patients with confirmed COVID - 19 infection, repeat upper respiratory tract samples should be collected to demonstrate viral clearance

SL.NO	STEPS(The resident and the technical staff has to wear PPE)
1.	Prior Labelling of the patient name and CR number.
2.	Online entry in to ICMR Portal. [Also required for antigen testing]
3.	Sample collection kit containing two nylon swabs, 1 VTM, 2 paraffin strips(3×5cm) and ONE secondary containers

4.	Ask the patient to sit on the stool in front of the faculty/resident doctor and open the mouth, Collect Nasopharyngeal (Nasal swab). Procedure of Collection of Oropharyngeal swab: o Tilt patient's head back 70 degrees o Insert swab into nostril (Swab should reach depth to distance from nostrils to outer opening of the ear o Leave swab in place in place for several seconds to absorb secretions o Slowly remove swab while rotating it o Keep the swab inside the VTM after breaking the extra plastic stick and close it. PLACE SWAB IN ONE VTM
5.	Technical staff opens the secondary plastic container (50 mL falcon tube) and the resident doctor puts the VTM in that container without touching it.
6.	Technical staff closes the secondary container, before taking it out of the patient cubicle.
7.	Secondary container is put inside the zip lock pouch.
8	This whole assembly is placed inside pre-labeled 3rd plastic container.
9	After triple layer packing, the sample is kept in the thermocol box with ice packs and kept in the transport area.

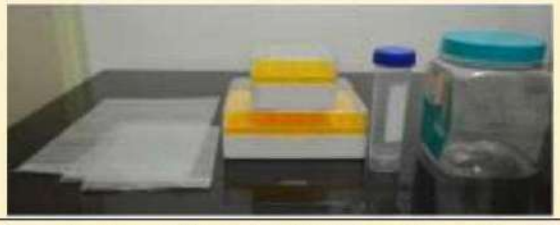
Specimen Collection, Packaging and Transport Guidelines for 2019 novel Coronavirus (2019-nCoV)

Requirements for Clinical Samples Collection, Packaging and Transport

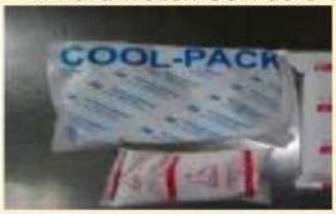
1. Sample vials and Virus Transport Medium (VTM)

2. Adsorbent material (cotton, tissue paper), paraffin, seizer, cello tape

3. A leak-proof secondary container (e.g., ziplock pouch, cryobox, 50 mL centrifuge tube, plastic container)



4. Hard-frozen Gel Packs



5. A suitable outer container (e.g., thermocol box, ice-box, hard-board box) (minimum dimensions: 10 x 10 x 10 cm)

Procedure for Specimen Packaging and Transport

1. Use PPE while handling specimen

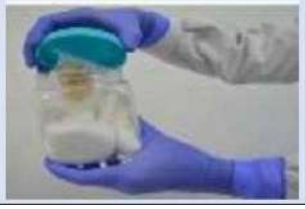
2. Seal the neck of the sample vials using parafilm

3. Cover the sample vials using absorbent material

4. Arrange primary container (vial) in secondary container

5. Placing the centrifuge tube inside a zip-lock pouch

6. Placing the zip-lock pouch inside a sturdy plastic container and seal the neck of the container



Note: *Sample vials can also be placed inside a zip-lock pouch, covered in absorbent material and secured by heat-sealing or rubber bands. Then, the zip-lock pouch should be placed inside another plastic pouch and secured*

7. Using a thermocol box as an outer container and placing the secondary container within it, surrounded by hard-frozen gel packs

7. Using a hard card-board box as an outer container and placing the secondary container and the gel packs	8. Placing the completed Specimen Referral Form (available on www.niv.co.in) and request letter inside a leak-proof, zip-lock pouch	9. Securing the zip-lock pouch with the Specimen Referral Form on the outer container	10. Attaching the labels: • Senders' address, contact number; Consignee's address /contactnumber; • Biological substance-Category B; • 'UN 3373'; Orientation label, Handle with care
			

Documents to accompany:
1) Packaging list/proforma Invoice 2) Air way bill (for air transport) (to be prepared by sender or shipper) 3) Value equivalence document (for road/rail/sea transport) [Note: 1. A vaccine-carrier/ice-box can also be used as an outer container 2. The minimum dimensions of the outer container should be 10 x 10 x 10 cm (length x width x height)]

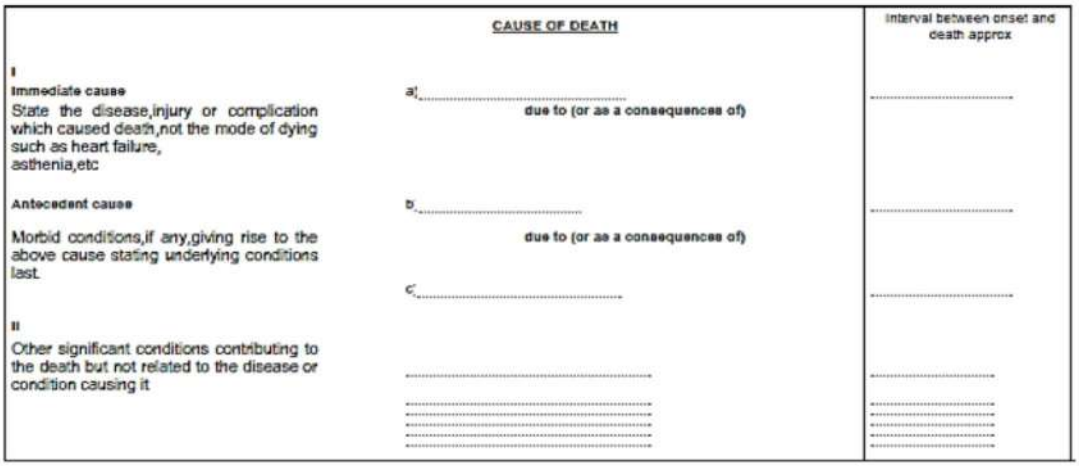
DEATH CARE FOR COVID SUSPECT/COVID-19 CONFIRMED CASES

Sl. No	Task	Responsibility	PPE/other details
1.	If COVID suspect and not yet swabbed, no swab should be collected after death. Dead body should be handled in a manner similar to confirmed case.	Resident on duty/ Faculty in charge	Full PPE suit (gloves, N95 mask, goggles, water resistant gown, shoe covers) while obtaining sample
2.	Information to Control Room about the death of the COVID-Suspect or Confirmed case	Shift In-Charge / Nurse on duty / Resident on duty	
3.	Prepare the body as per the existing protocol / checklist for handling COVID positive dead bodies	Shift In-Charge / Nursing Officer	Full PPE suit (gloves, N95 mask, goggles, water resistant gown, shoe covers)
4.	Information to mortuary regarding shifting of a COVID suspect or Positive dead body	Shift In-Charge / Nursing officer	
5.	Inform the relatives regarding the state protocol for dealing with COVID suspect or confirmed dead bodies	On duty Senior Resident / Faculty	
6.	Transfer the body to the mortuary via the designated route / lift	Hospital attender, supervised by the control room resident/staff	Full PPE suit
7.	Preparing the death summary in the existing format and e-mailing to Medical Superintendent along with the SRF and positive report as attachments	Resident / Faculty on duty in the area of death Resident / Faculty of the department under which patient was admitted	

Death & Mortuary Services: (Refer: Annexure -)

1. The cause of death (COD) is defined as "all those diseases, morbid conditions or abnormalities, injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced any such injuries."
2. Format for Medical Certificate for Cause of Death

Image 1: Cause of Death section of Form 4/4A



	CAUSE OF DEATH	Interval between onset and death approx
I Immediate cause State the disease,injury or complication which caused death,not the mode of dying such as heart failure, asthenia,etc	a)..... due to (or as a consequences of)	.....
Antecedent cause Morbid conditions,if any,giving rise to the above cause stating underlying conditions last.	b)..... due to (or as a consequences of)	.....
	c).....	.....
II Other significant conditions contributing to the death but not related to the disease or condition causing it	.....	.....

3. COVID-19 is reported to cause pneumonia / acute respiratory distress syndrome (ARDS) / cardiac injury /disseminated intravascular coagulation and so on. These may lead to death and may be recorded in line 'a' or 'b'. It is likely that COVID-19 is the underlying cause of death (UCOD) that lead to ARDS or Pneumonia in most of the deaths due to COVID-19 (test positive and symptoms positive). In these cases, COVID-19 must be captured in the last line / lowest line of Part 1 of MCCD form 4/4 A. Acute respiratory failure is a mode of dying and it is prudent not to record it in line a/b/c.
4. Patients may present with other pre-existing comorbid conditions such as chronic obstructive pulmonary disease (COPD) or asthma, chronic bronchitis, ischemic heart disease, cancer and diabetes mellitus. These conditions increase the risk of developing respiratory infections and may lead to complications and severe disease in a COVID-19 positive individual. These conditions are not considered as UCOD as they have directly not caused death due to COVID-19. Also a patient may have many co-morbid conditions, but only those that have contributed to death should be recorded in Part 2.
5. Avoid writing mode of death as cause. i.e. Cardiorespiratory Arrest

6. Avoid writing abbreviations and short forms like ARDS, COPD, SARI etc. However, COVID-19 as an abbreviation is permissible term to be used as cause of death.
7. In case death, please refer to the flowchart & checklist attached.

INFECTION PREVENTION AND CONTROL

What are the factors associated with a high risk of transmission?

1. Close contact with a person with COVID-19 in the community without PPE.
2. Providing care to a patient infected with COVID-19 without PPE or hand hygiene (physical exam, nursing care, performing aerosol generating procedures like sputum induction, open suctioning of airways, cardio pulmonary resuscitation, endotracheal intubation and extubation, non-invasive ventilation (e.g., BiPAP, CPAP), bronchoscopy manual ventilation
3. Laboratory exposure to respiratory specimens from infected patients without adequate PPE

What is the current evidence?

1. Current personal protective equipment and protocols ***if meticulously followed*** are sufficient to prevent transmission in a health care setting.
2. There is widespread community transmission and hence remember to protect yourself both inside and outside the health care facility.

How can one minimize the risk of infection?

While inside COVID treatment areas

1. **Bring only what is absolutely necessary to work.**
2. **Use the prescribed PPE appropriately for the procedure and exposure anticipated.** This is your last line of defense against infection and prevents transmission to patients, colleagues and family. Even the best PPE is ineffective if not used properly.
3. **Follow correct donning and doffing protocols as per the posters in the donning/doffing room.** It is always better someone observes you don and doff to ensure no breach of infection, prevention and control practices
4. Ensure the N-95 fits snugly. Shave off any facial hair along the fit-line.
5. **Follow rigorous hand hygiene before and after patient care activities**

6. While examining patients in their rooms, follow the rule "Minimum number of people, minimum time, minimum contact". *Close contact = < 1 m distance from the patient for > 15 minutes.*

7. Minimize repeated donning and doffing (i.e., taking too many breaks for coffee, meals and visiting the rest room)

8. **Dispose PPE appropriately after use.**

Infection Control Policy:

1. The Hospital Infection Control Nursing Team shall conduct rounds daily and shall prepare weekly and monthly reports and shall submit to Chairman, Hospital Infection Control Committee.
2. The HICC shall meet periodically to assess various infection control activities being performed, discuss the gap identified by various faculties and other members and ICN team.
3. The committee shall continue training of the healthcare workers periodically and shall update them on recent developments on COVID-19 transmission and control.

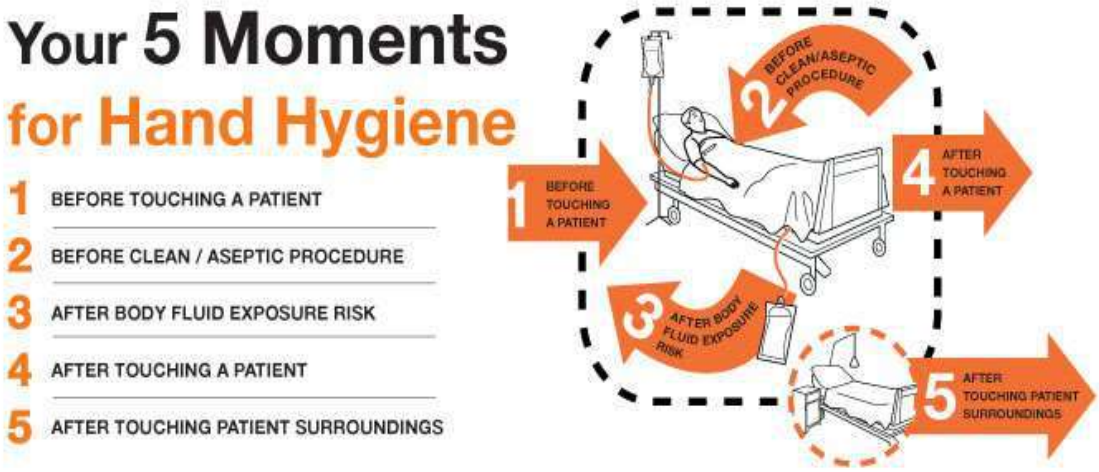
General Instructions for infection control practices:

1. All staff and patients to wear masks all the time.
2. Standard precautions to be followed at all the time.
   This include hand hygiene and the use of personal protective equipment (PPE) when risk of splashes or in contact with patients' blood, body fluids, secretions (including respiratory secretions) and non-intact skin. Standard precautions also include appropriate patient placement; prevention of needle- stick or sharps injury; safe waste management; cleaning and disinfection of equipment; and cleaning of the environment. Best practices for safely managing health care waste should be followed.
3. No patient or attendant will be allowed inside the hospital without the mask.
4. Every person must wash their hands frequently with soap and water for at least 40 sec to 1 minute according to the steps of hand washing. If the alcohol based hands sanitizer is available, it must be used according to the appropriate steps.
5. Foot operated hand washing facility has been installed at G Block OPD and Ayush Isolation facility and outside TEM ward.
6. It is everyone's collective responsibility to ensure that every staff wears mask, and everyone maintains social distancing of more than 2 m among themselves and as well as the patients in their respective department.
7. The disposable head caps, face masks, shoe covers, and gloves must be discarded in appropriate color coded dust bins and shall not litter around.

When to wash your hands?

General:

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage
- For patient care areas, please follow 5 moments for hand hygiene.



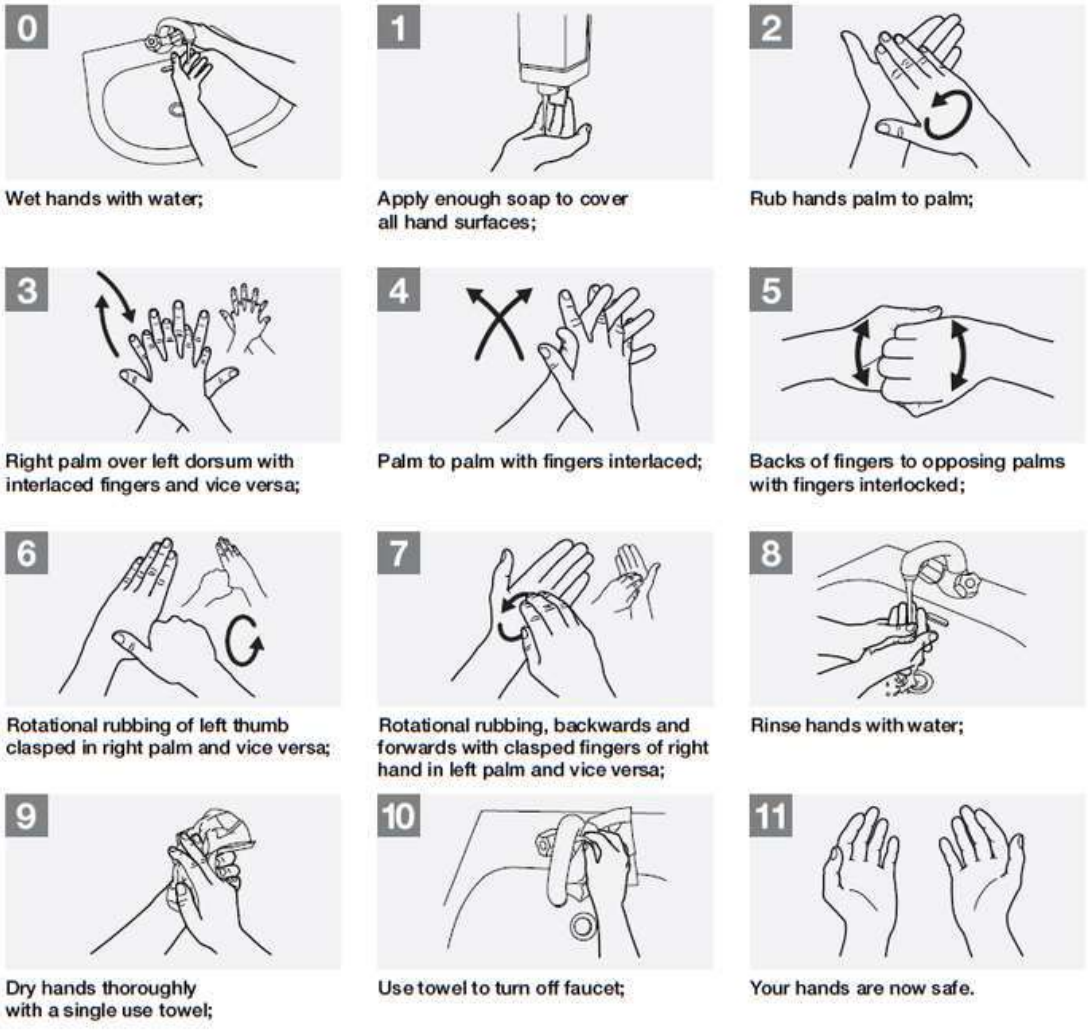
Follow these five steps every time.

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds



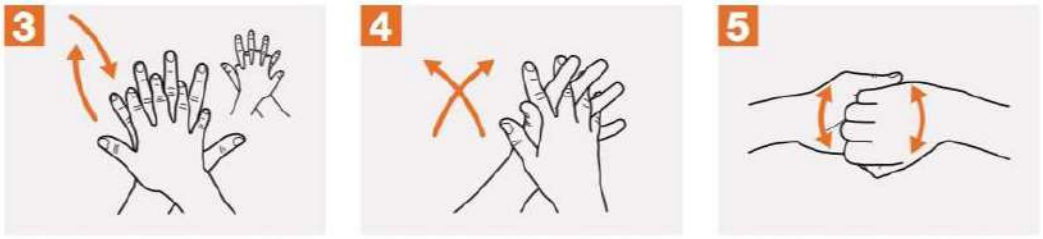
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

Apply a palmful of the product in a cupped hand, covering all surfaces;

Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;

Palm to palm with fingers interlaced;

Backs of fingers to opposing palms with fingers interlocked;

Rotational rubbing of left thumb clasped in right palm and vice versa;

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

Once dry, your hands are safe.

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

May 2009

Decontamination and waste management:

1. Any surface or material known to be, or potentially be, contaminated by biological agents during laboratory operations must be correctly disinfected to control infectious risks.
2. Proper processes for the identification and segregation of contaminated materials must be adopted before decontamination and/or disposal.
3. Where decontamination cannot be performed in the laboratory area or onsite, the contaminated waste must be packaged in an approved (that is, leak proof) manner, for transfer to another facility with decontamination capacity

Instructions for Personal Protective Equipment Usage:

1. Rational use of personal protective equipment (PPE) is recommended. PPE includes gloves, medical masks, goggles or a face shield, and gowns, as well as for specific procedures, respirators (i.e., N95) and aprons.
2. Patients with respiratory symptoms should:
   a. To wear a medical mask while waiting in triage or waiting areas or during transportation within the facility; (Medical masks are flat pleated masks of woven fabric which covers the nose and mouth and affixed behind the head with straps/ elastic fasteners, and are not fluid resistant)
   b. To wear a surgical mask when staying in cohorting areas dedicated to suspected or confirmed cases;
   c. Wear a surgical mask when isolated in single rooms and cover mouth and nose when coughing or sneezing with disposable paper tissues.
   d. Perform hand hygiene immediately afterwards.

3. PPE guidelines*:

Setting	Target personnel or patients	Activity	Type of PPE or procedure
Healthcare facilities			
Inpatient facilities			
Patient room	Healthcare personnel	Providing direct care to COVID-19 patients.	• N95 mask • Gown • Gloves • Eye protection (goggles or face shield).

		Aerosol-generating procedures performed on COVID-19 patients like tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation and Bronchoscopy.	• Respirator N95 or FFP2 standard, or equivalent. • Gown • Gloves • Eye protection/ face shield / hood. • PPE suit / coverall.
	Cleaners	Entering the room of COVID-19 patients.	• N95 with PPE suit • Gown • Heavy duty gloves • Eye protection (if risk of splash from organic material or chemicals). • Boots or closed work shoes
	Visitors	Entering the room of a COVID-19 patient	• Not to be allowed. • If allowed, then they must wear full PPE.
Other areas of patient transit (E.g. Wards, corridors).	All staff, including healthcare workers.	Any activity that does not involve contact with COVID-19 patients.	Surgical Masks, social distancing & Hand Washing

Triage	Healthcare personnel	Preliminary screening not involving direct contact (This category includes the use of no touch thermometers, thermal imaging cameras, and limited observation and questioning, all while maintaining a spatial Distance of at least 1 m.)	• Maintain spatial distance of at least 1 m. • Triple layer surgical mask at OPD main entrance. • Wear N95 at COVID OPD and Screening at Trauma & Emergency as the time spent with patient is more at these areas. • Wear Face Shield.
	Patients with respiratory symptoms.	Any	• Give suspect patient a triple layer surgical mask and direct patient to separate area, an isolation room if available • Maintain spatial distance of at least 1 m. • Wear N95
	Patients without respiratory symptoms.	Any	• Triple layer surgical masks/ N95 mask. • Maintain spatial distance of at least 1 m.
Laboratory	Lab technician	Handling of respiratory samples.	• N95 • Gown • Gloves • Eye protection (if risk of splash)

Administrative offices	All staff	No direct/indirect patient contact	No PPE • Social distancing • Medical/ Surgical Mask

*** To follow latest MoHFW guidelines.**

Mask etiquette:

1. If masks are worn, appropriate use and disposal is essential to ensure they are effective and to avoid any increase in risk of transmission associated with the incorrect use and disposal of masks.
2. Place mask carefully to cover mouth and nose and tie securely to minimize any gaps between the face and the mask
3. While in use, avoid touching the mask
4. Remove the mask by using appropriate technique (i.e. do not touch the front but remove the lace from behind)
5. After removal or whenever you inadvertently touch a used mask, clean hands by using an alcohol-based hand rub for 20 seconds or soap and water if visibly soiled for 40 seconds
6. Replace masks with a new clean, dry mask as soon as they become damp/humid
7. Do not re-use single-use masks
8. Discard single-use masks after each use and dispose-off them immediately upon removal
9. For N95 respirators adequate fit check must be performed after wearing. CDC recommends the following hairstyles styles for male HCP suitable for wearing N-95 respirators
   Refer:
   https://www.mohfw.gov.in/pdf/Advisory&ManualonuseofHomemadeProtectiveCoverforFace&Mouth.pdf

N95 Respirator Reuse Recommendations of CDC:

1. Reuse of N95 respirators is permitted, by limiting its surface contamination (e.g., use of barriers to prevent droplet spray contamination)
2. Can be used up to 5 times. If no manufacturer guidance is available, limit the number of reuses to no more than five uses per device to ensure an adequate safety margin.
3. Avoid unnecessary contact with the respirator surface, strict adherence to hand hygiene practices, and proper PPE donning and doffing technique, including physical inspection and performing a user seal check.

4. Use a cleanable face shield (preferred) or a surgical mask over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
5. Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
6. Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, perform hand hygiene as described above.
7. Pack or store respirators between uses so that they do not become damaged or deformed.
8. N95 respirators must only be used by a single wearer. To prevent inadvertent sharing of respirators, clearly write name on the straps (not on respirator surface)
9. Do not stretch the straps so much that they no longer provide enough tension for the respirator to seal to the face.
10. Ensure the nosepiece or other fit enhancements are not broken

Discard N95 respirators

1. Following use in COVID-19 positive wards.
2. Following use during aerosol generating procedures.
3. Contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
4. Following close contact with any patient co-infected with an infectious disease requiring contact precautions.
5. That is obviously damaged or becomes hard to breathe through.

Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

Steps of donning PPE (Steps may vary depending on the kit used):
Donning of the PPE must be performed in designated area.

PPE Donning Sequence:

1. Remove all personal belongings like wrist watch & jewelry
2. Wear Scrubs suit
3. Wash your hands
4. Wear Inner gloves
5. Wear Cover-all Gown (seal with inner gloves)

6. Wear Shoe cover
7. Disinfect both hands with sanitizer
8. Wear N95 respirator
9. Wear Coverall Hood
10. Wear Goggles
11. Wear Face Shield or cover face with hood.
12. Wear outer gloves

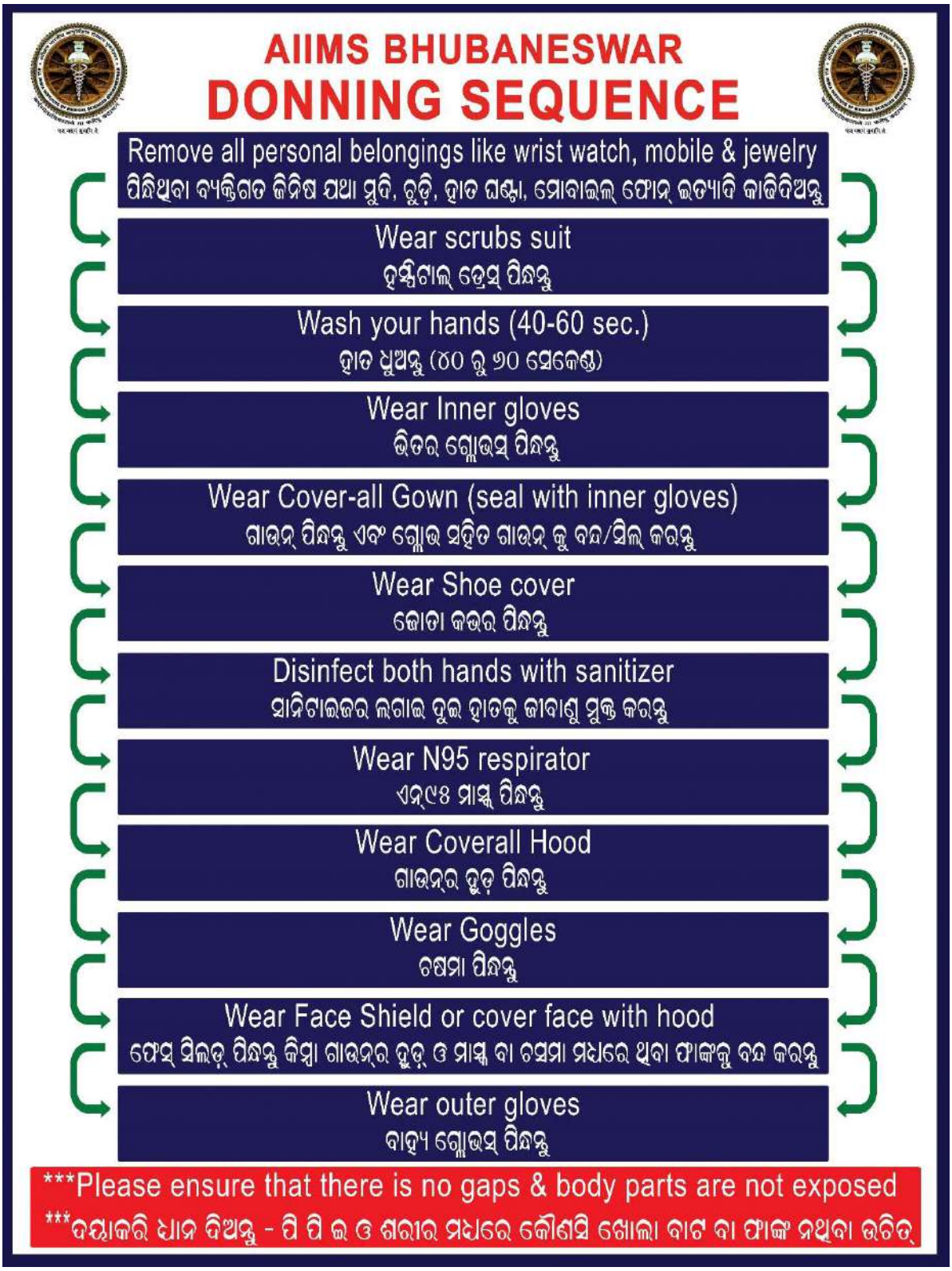
Gown fitness check: Take help of companion for fitness check.

Steps of doffing PPE:

Doffing to be performed only in the designated area, check for any leak or soiling in PPE before doffing. If any, disinfect the area before doffing. Doffing room should have two chairs, one labelled "dirty" and the other "clean". All the PPE must be discarded in the respective color coded bin. Hand hygiene MUST be performed after every step.

PPE Doffing Sequence:

1. Disinfect Outer Gloves
2. Remove Shoe Cover & put in yellow Bin
3. Disinfect Outer Gloves
4. Remove Outer Gloves in Red Bin
5. Disinfect Inner Gloves
6. Remove Face Shield (in Red Bin) or remove hood
7. Disinfect Inner Gloves
8. Remove Goggles in Red Bin
9. Disinfect Inner Gloves
10. Remove hood with gown & put in red bin
11. Disinfect Inner Gloves & remove in red bin
12. Disinfect Your Hands
13. Wear a new pair of gloves
14. Remove N95 respirator & put in Yellow bin
15. Disinfect your Gloves
16. Disinfect your Shoes
17. Disinfect Gloves & remove in red bin
18. Wash your hands


AIIMS BHUBANESWAR
DONNING SEQUENCE
Remove all personal belongings like wrist watch, mobile & jewelry
ପିନ୍ଧିଥିବା ବ୍ୟକ୍ତିଗତ ଜିନିଷ ଯଥା ମୁଦି, ଚୁଡ଼ି, ହାତ ଘଣ୍ଟା, ମୋବାଇଲ୍ ଫୋନ୍ ଇତ୍ୟାଦି କାଢିଦିଅନ୍ତୁ
Wear scrubs suit
ହସ୍ପିଟାଲ୍ ଡ୍ରେସ୍ ପିନ୍ଧନ୍ତୁ
Wash your hands (40-60 sec.)
ହାତ ଧୁଅନ୍ତୁ (୪୦ ରୁ ୬୦ ସେକେଣ୍ଡ)
Wear Inner gloves
ଭିତର ଗ୍ଲୋଭସ୍ ପିନ୍ଧନ୍ତୁ
Wear Cover-all Gown (seal with inner gloves)
ଗାଉନ୍ ପିନ୍ଧନ୍ତୁ ଏବଂ ଗ୍ଲୋଭ ସହିତ ଗାଉନ୍ କୁ ବନ୍ଦ/ସିଲ୍ କରନ୍ତୁ
Wear Shoe cover
ଜୋତା କଭର ପିନ୍ଧନ୍ତୁ
Disinfect both hands with sanitizer
ସାନିଟାଇଜର ଲଗାଇ ଦୁଇ ହାତକୁ ଜୀବାଣୁ ମୁକ୍ତ କରନ୍ତୁ
Wear N95 respirator
ଏନ୍୯୫ ମାସ୍କ ପିନ୍ଧନ୍ତୁ
Wear Coverall Hood
ଗାଉନ୍ର ହୁଡ଼ ପିନ୍ଧନ୍ତୁ
Wear Goggles
ଚଷମା ପିନ୍ଧନ୍ତୁ
Wear Face Shield or cover face with hood
ଫେସ୍ ସିଲଡ୍ ପିନ୍ଧନ୍ତୁ କିମ୍ବା ଗାଉନ୍ର ହୁଡ୍ ଓ ମାସ୍କ ବା ଚସମା ମଧ୍ୟରେ ଥିବା ଫାଙ୍କକୁ ବନ୍ଦ କରନ୍ତୁ
Wear outer gloves
ବାହ୍ୟ ଗ୍ଲୋଭସ୍ ପିନ୍ଧନ୍ତୁ
***Please ensure that there is no gaps & body parts are not exposed
***ଦୟାକରି ଧ୍ୟାନ ଦିଅନ୍ତୁ - ପି ପି ଇ ଓ ଶରୀର ମଧ୍ୟରେ କୌଣସି ଖୋଲା ବାଟ ବା ଫାଙ୍କ ନଥିବା ଉଚିତ୍

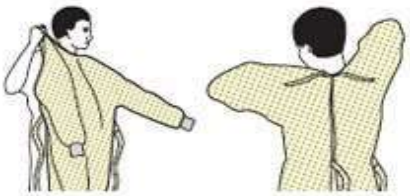

AIIMS BHUBANESWAR
DOFFING SEQUENCE
ସାନିଟାଇଜର ଲଗାଇ ପିନ୍ଧିଥିବା ବାହାର ଗ୍ଲୋଭସ୍‌କୁ ଜୀବାଣୁ ମୁକ୍ତ କରନ୍ତୁ
Disinfect Outer Gloves
ଜୋତା କଭରକୁ କାଢି ହଳଦିଆ ଡ଼ଷ୍ଟବିନ୍‌ରେ ପକାନ୍ତୁ
Remove Shoe Cover & putin yellow Bin
ସାନିଟାଇଜର ଲଗାଇ ପିନ୍ଧିଥିବା ବାହାର ଗ୍ଲୋଭସ୍‌କୁ ଜୀବାଣୁ ମୁକ୍ତ କରନ୍ତୁ
Disinfect Outer Gloves
ବାହ୍ୟ ଗ୍ଲୋଭସ୍‌କୁ କାଢି ଲାଲ ଡ଼ଷ୍ଟବିନ୍‌ରେ ପକାନ୍ତୁ
Remove Outer Gloves in Red Bin
ସାନିଟାଇଜର ଲଗାଇ ପିନ୍ଧିଥିବା ଭିତର ଗ୍ଲୋଭସ୍‌କୁ ଜୀବାଣୁ ମୁକ୍ତ କରନ୍ତୁ
Disinfect Inner Gloves
ଫେସ୍ ସିଲଡ୍ କୁ କାଢି ଲାଲ ଡ଼ଷ୍ଟବିନ୍‌ରେ ପକାନ୍ତୁ କିମ୍ବା ହୁଡ୍‌କୁ କାଢି ଦିଅନ୍ତୁ
Remove Face Shield (in Red Bin) or remove hood
ସାନିଟାଇଜର ଲଗାଇ ପିନ୍ଧିଥିବା ଭିତର ଗ୍ଲୋଭସ୍‌କୁ ଜୀବାଣୁ ମୁକ୍ତ କରନ୍ତୁ
Disinfect Inner Gloves
ଚଷମାକୁ କାଢି ଲାଲ ଡ଼ଷ୍ଟବିନ୍‌ରେ ପକାନ୍ତୁ
Remove Goggles in Red Bin
ସାନିଟାଇଜର ଲଗାଇ ପିନ୍ଧିଥିବା ଭିତର ଗ୍ଲୋଭସ୍‌କୁ ଜୀବାଣୁ ମୁକ୍ତ କରନ୍ତୁ
Disinfect Inner Gloves
ପିନ୍ଧିଥିବା ଗାଉନ୍ ଓ ହୁଡ୍ / ଟୋପିକୁ କାଢି ଲାଲ ଡ଼ଷ୍ଟବିନ୍‌ରେ ପକାନ୍ତୁ
Remove hood with gown & put in red bin
ସାନିଟାଇଜର ଲଗାଇ ପିନ୍ଧିଥିବା ଭିତର ଗ୍ଲୋଭସ୍‌କୁ ଜୀବାଣୁ ମୁକ୍ତ କରି ଲାଲ ଡ଼ଷ୍ଟବିନ୍‌ରେ ପକାନ୍ତୁ
Disinfect Inner Gloves & remove in red bin
ସାନିଟାଇଜର ଲଗାଇ ଦୁଇ ହାତକୁ ଜୀବାଣୁ ମୁକ୍ତ କରନ୍ତୁ
Disinfect Your Hands
ନୂଆ ଗ୍ଲୋଭସ୍ ପିନ୍ଧନ୍ତୁ
Wear a new pair of gloves
ଏନ୍୯୫ ମାସ୍କକୁ କାଢି ହଳଦିଆ ଡ଼ଷ୍ଟବିନ୍‌ରେ ପକାନ୍ତୁ
Remove N95 respirator & put in Yellow bin
ସାନିଟାଇଜର ଲଗାଇ ପିନ୍ଧିଥିବା ଗ୍ଲୋଭସ୍‌କୁ ଜୀବାଣୁ ମୁକ୍ତ କରନ୍ତୁ
Disinfect Your Gloves
ଜୋତାକୁ ସାନିଟାଇଜର ଲଗାଇ ଜୀବାଣୁ ମୁକ୍ତ କରନ୍ତୁ
Disinfect your Shoes
ସାନିଟାଇଜର ଲଗାଇ ପିନ୍ଧିଥିବା ଗ୍ଲୋଭସ୍‌କୁ ଜୀବାଣୁ ମୁକ୍ତ କରି ଲାଲ ଡ଼ଷ୍ଟବିନ୍‌ରେ ପକାନ୍ତୁ
Disinfect Gloves & remove in red bin
ନିଜର ଦୁଇ ହାତକୁ ସାବୁନ ଓ ପାଣିରେ ଧୋଇ ଦିଅନ୍ତୁ
Wash your hands

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

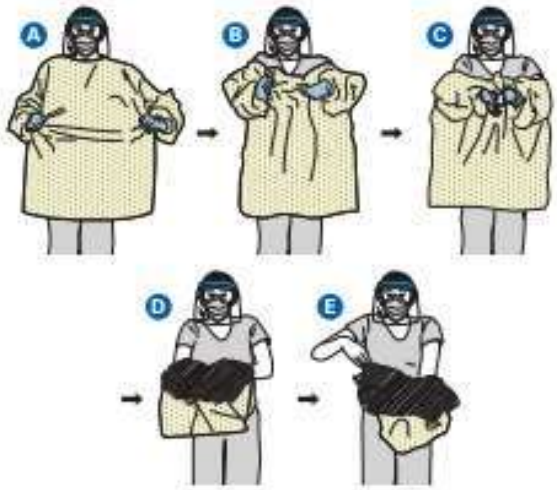
- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



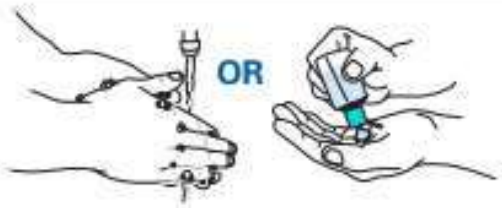
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC

SUPPORT SERVICES:

Kitchen & Diet services:

1. Food handlers shall be supervised by the dieticians to adhere to necessary PPE like face mask, head cap, shoe cover, and plastic apron while processing and preparing food as well as while distribution of food in the wards.
2. The dietician may consult with the treating faculty and provide appropriate instructions with regard to any special consideration of diet in case of COVID suspected/confirmed cases.
3. They must practice frequent hand washing before and after handling food or cooking items.
4. The food is to be provided for the patients in the COVID wards (Trauma), Pvt. I & J, J+1 to 5, Ayush Isolation facility and the suspect patients awaiting for reports at the Vishram Gruha in closed and disposable packets.
5. In certain special situation, food services may be provided to staff on duty with due approval from appropriate authority.

CSSD:

1. The CSSD services are functional on 24x7 basis. The in charge nursing officers to send the used N95 masks and other items to CSSD for re-sterilization.
2. The used goggles to be cleaned and disinfected with 0.1% Sodium hypochlorite solution and can be sent for sterilization.
3. CSSD to maintain separate register for receiving and issue of items and linen from COVID ward (Trauma), G Block OPD & OT, Pvt. I & J ward, J+1 to 5 wards and Ayush Isolation ward.
4. Items like Laryngoscope blades, AMBU bags etc. which are emergency items must be given priority. In case of possible delay, the respective ward must be informed in order to prevent untoward situation.

LINEN:

1. Before handling any contaminated or used linen always wash your hands.
2. Wear necessary PPE referring donning techniques like PPE gown/ suit, shoes cover, gloves, face mask, apron or wear on etc.
3. Linen should be collected from beds or from any place after usage very gently and should not be shaken.

4. After handling linen, remove your protective wears referring doffing techniques and wash your hands again.
5. In certain case soiled linen should be decontaminated after carefully removing any solid excrement. Soiled waste can be discarded in the toilet.
6. Linen used for COVID-19 confirmed or suspect, like staff dress (pant & shirt), bed sheets, pillow covers, washable surgical gowns, drape sheets should be put in the bucket with 0.1% sodium hypochlorite in it.
7. Before putting the linen into the bucket, it must be checked for any sharp materials with it like Needles or blades etc.
8. After soaking for 30mins, the linen must be taken out and squeezed.
9. Now the linen will be counted and will be packed in double yellow plastic bags, labelled and sealed with micro pore to avoid any leakage
10. The linen will be collected by the Laundry team for washing
11. Laundry team collecting the laundry will also wear PPE as mentioned in Point No. 2, count the linen, repack and collect the line from COVID units.
12. Linen will be handed over to vender for processing.
13. Clean linen will be collected from the vendor and will be dispatched to COVID units.
14. If Autoclaving is required (e.g. for COVID OT), the linen can be sent to the CSSD Department from COVID units. For other COVID units, autoclaving is not required as processing of linen is done in high speed mechanized machines which uses water with temperature of 70^{o} C.
15. Separate trolley should be used for dirty COVID linen and Clean COVID linen.
16. The used PPE must be discarded as per BMW guidelines and must not be reused. This must be followed by hand washing.
17. In case of torn linen, it must be separated as and when identified and shall be kept separately for condemnation.
18. In case the linen is washed in-house facility:
    i) The staff handling the linen must wear PPE (Cap, mask, clean gloves, gum boots, goggles, plastic apron and yellow heavy-duty gloves.)
    ii) The linen to be counted and separated at the cleaning room and shall be handed over to the vendor.
    iii) The cleaning detergent to be used in appropriate quantity along with a disinfecting solution for cleaning all the linen.
    iv) After cleaning and drying of the linen, it shall be folded and packed using steripacks and sent to the CSSD department with labeling for autoclaving. The label must have date of cleaning, no. and type of content and the area name from where it has been collected.

BIOMEDICAL WASTE MANAGEMENT:

With reference to the guidelines issued on 21ST July 2020, by the Central Pollution Control Board, New Delhi and State Pollution Control Board, Odisha for Biomedical waste management during COVID -19 pandemic.

Areas: Waste generated during diagnostics and treatment of COVID-19 suspected / confirmed patients like isolation wards, quarantine wards/hostel, sample collection centre, laboratories, biomedical waste complex.

Collection points of COVID isolation wastes:

1. COVID ward near Trauma & emergency
2. COVID Screening OPD at G Block
3. Isolation ward at Ayush Block
4. Private wards at I & J Block, J+1 to J+5 wards
5. E+1 and F+6 (Triaging wards)
6. Dept of Microbiology, Academic Block.

Important instructions for handling any biomedical waste from COVID-19 areas:

1. Before handling any biomedical waste always wash your hands
2. Wear necessary PPE referring donning techniques like PPE gown/ suit, shoes cover, gloves, face mask, apron or wear on.
3. At the BMW complex, wear the heavy-duty gloves and gum-boots.
4. After handling BMW, remove your protective wears referring doffing techniques and wash your hands again.

Policy:

1. Separate colour coded dust bins to be kept with bags.
2. Double bags to be used for BMW waste packing to ensure no leakages.
3. The bags are to be labelled as COVID-19 wastes and to be transported through the separate vehicle and to be stored separately.
4. General waste from COVID Isolation ward and Trauma ward, PVT I & J Block ward which is generated in the COVID patient care areas to be packed in yellow bag which are contaminated. Other general wastes like packaging materials etc. which is not in direct patient care are to be packed in **black colour bag.**
5. Used masks and gloves from quarantine area and general solid wastes generated from quarantine wards/hostels shall be packed in black bags, stored for 72 hrs. and then shall be disposed as per SWM Rules 2016. The masks must be cut to prevent re-use.
6. Other general wastes to be disposed in Black bags.
7. Sharps to be put in Puncture proof containers and labelled as COVID 19 isolation waste.

8. Dedicated staff shall handle the COVID -19 wastes in separate trolleys and e-vehicles with labelling.
9. All trolleys and e-vehicle to be disinfected with Sodium hypochlorite solution and washed thoroughly.
10. It shall be collective responsibility of the faculty, residents, nursing officers, attendants & housekeeping staff to ensure correct segregation of BMW.
11. Segregation to be ensured as per guidelines to prevent needle stick injuries to waste handlers.
12. Separate records to be maintained for handling COVID-19 waste, cleaning of transportation vehicles & waste bins.
13. With regard to management of waste water from hospital/ isolation wards will be continued in ETP and the utilization of treated waste water in other utilities within the healthcare facility to be avoided.

The above-mentioned points to be followed in addition to BMW Rules, 2016, BMW Amendments 2018 & 2019.

Waste Segregation as per Central Pollution Control Board Guidelines revision -3, Dated 10th June 2020

	General Waste -Black Bin		**Yellow**	**Red**	**Puncture Proof Container**	**Puncture Proof Box**
	Dry	**Wet**				
COVID-19 patient care areas	Empty Juice bottles, Tetra Packs, Empty Water bottles, Discarded papers Carton Boxes of medicine Empty bottle of disinfectants Any other items which were **not** contaminated by patient	Fruit Peel , vegetables and left over food	Medical & Surgical Masks, N95 masks, Head cover, Cap, Disposable linen gown, Non-plastic or semi-plastic coverall, Diapers, sanitary napkins, any item soaked with blood or body fluids,	Goggles, Face shield, Splash Proof Apron, Plastic Coverall, Hazmat Suit, Nitrile Gloves, IV sets, syringes without needles, catheters, Urobags,	Sharp items, blades, broken sharps, syringes with needles	Glass wares/ ampules, ampules, vials, implants

	secretions or body fluids Wrapper of Medicine & Syringes		expiry or discarded medicines, Blood bag	drains, IV sets/ bottles * Goggles may be reused after sterilization		
	Betadine bottles, hand rub bottles, sanitizer bottles which are **not** used at covid patient bed side.		COVID -19 patient: Left over food, disposable plates, glasses, used masks, used tissues, used toiletries	Used gloves, plastic bottles, any plastic carry bags etc. used for COVID-19 patients, Plastic wrappers and covers used for COVID patients Pre-treated Viral Transport Media, Plastic vials, vacutainers Eppendorf tubes, plastic cryo vials, pipette tips		

Quarantine Rooms	General household wastes like packing materials for groceries, waste papers & plastic, floor cleaning dust etc. generated or handled by quarantined persons or their care takers	General household wastes like kitchen wastes, food materials	Wastes contaminated with blood or body fluids, expired or discarded medicines, masks, general waste if contaminated with blood or body fluids.			
	Masks & gloves used by a person not infected by COVID-19 like healthcare workers or their family members to be kept in bag for 72 hrs & then discarded as General wastes.					

MAINTENANCE AND ENGINEERING:

1. Daily rounds to be conducted by the engineering division focusing on: Electrical (lighting, air conditioning, ventilation, water filters/coolers & lift), civil works (wall, floor, tiles, washroom, washbasin, leakages etc.)

2. Necessary duty roster of the engineering team must be shared with the control room.
3. All steps to be taken to ensure any potential break of necessary services.
4. In case of any issues noted by the team shall be rectified on priority basis and informed to control room in case of hampering any patient care process.

MEDICAL GAS AND SUCTION:

1. The designated engineer shall provide contact numbers duty roster of staff for medical gas and suction services, to the control room. In case of any changes the same shall be informed to control room.
2. They shall be readily available for any emergency situation like gas supply failure in any critical areas like OTs, ICUs, Trauma & Emergency.

HOUSEKEEPING SERVICES:

Practices for environmental cleaning in healthcare facilities:
Environmental cleaning is part of standard precautions, which should be applied to all patients in all healthcare facilities. Ensure that cleaning and disinfection procedures are followed consistently and correctly.
Cleaning agents and disinfectants:

1. 1% Sodium Hypochlorite can be used as a disinfectant for cleaning and disinfection

2. The solution should be prepared fresh.

3. Leaving the solution for a contact time of at least 10 minutes is recommended.

4. Alcohol (e.g. isopropyl 70% or ethyl alcohol 70%) can be used to wipe down surfaces where the use of bleach is not suitable, e.g. metals.

PPE to wear while carrying out cleaning and disinfection works:
1. Wear heavy duty/disposable gloves, disposable long-sleeved gowns, eye goggles or a face shield, and a medical mask (please see the PPE document for details)

2. Avoid touching the nose and mouth (goggles may help as they will prevent hands from touching eyes)

3. Disposable gloves should be removed and discarded if they become soiled or damaged, and a new pair worn

4. All other disposable PPE should be removed and discarded after cleaning activities are completed. Eye goggles, if used, should be disinfected after each use, according to the manufacturer's instructions.

5. Hands should be washed with soap and water/alcohol-based hand rub immediately after each piece of PPE is removed, following completion of cleaning

Cleaning guidelines:

1. Where possible, seal off areas where the confirmed case has visited, before carrying out cleaning and disinfection of the contaminated environmental surfaces. This is to prevent unsuspecting persons from being exposed to those surfaces

2. When cleaning areas where a confirmed case has been, cleaning staff should be attired in suitable PPE. Disposable gloves should be removed and discarded if they become soiled or damaged, and a new pair worn. All other disposable PPE should be removed and discarded, after cleaning activities are completed. Goggles, if used, should be disinfected after each use, according to manufacturer's instructions. Hands should be washed with soap and water immediately after the PPE is removed.

3. Mop floor with routinely available disinfectant.

4. Wipe all frequently touched areas (e.g. lift buttons, hand rails, doorknobs, arm rests, tables, air/ light controls, keyboards, switches, etc.) and toilet surfaces with chemical disinfectants and allow to air dry. 1% sodium hypochlorite solution can be used. Alcohol can be used for surfaces, where the use of bleach is not suitable.

5. Clean toilets, including the toilet bowl and accessible surfaces in the toilet with disinfectant or 1% sodium hypochlorite solution.

6. Wipe down all accessible surfaces of walls as well as blinds with disinfectant or bleach solution.

7. Remove curtains/ fabrics/ quilts for washing, preferably using the hot water cycle. For hot-water laundry cycles, wash with detergent or disinfectant in water at 70°C for at least 25 minutes.

8. Discard cleaning items made of cloth and absorbent materials, e.g. mop head and wiping cloths, into biohazard bags after cleaning and disinfecting each area. Wear a new pair of gloves and fasten the double-bagged biohazard bag with a cable tie.

9. Disinfect buckets by soaking in disinfectant or bleach solution, or rinse in hot water before filling.

10. Disinfectant or 1% sodium hypochlorite solution should be applied to surfaces using a damp cloth. They should not be applied to surfaces using a spray pack, as coverage

is uncertain and spraying may promote the production of aerosols. The creation of aerosols caused by splashing liquid during cleaning should be avoided. A steady sweeping motion should be used when cleaning either floors or horizontal surfaces, to prevent the creation of aerosols or splashing. Cleaning methods that might aerosolize infectious material, such as the use of compressed air, must not be used.

11. Biohazard bags should be properly disposed-off, upon completion of the disinfection work.

Frequency of cleaning of surfaces:

1. High touch surfaces: Disinfection of high touch surfaces like (doorknobs, telephone, call bells, bedrails, stair rails, light switches, wall areas around the toilet) should be done every 3-4 hours.

2. Low-touch surfaces: For Low-touch surfaces (walls, mirrors, etc.) mopping should be done at least once daily.

Precautions to take after completing the clean-up and disinfection:

1. Staff should wash their hands with soap and water immediately after removing the PPE, and when cleaning and disinfection work is completed.

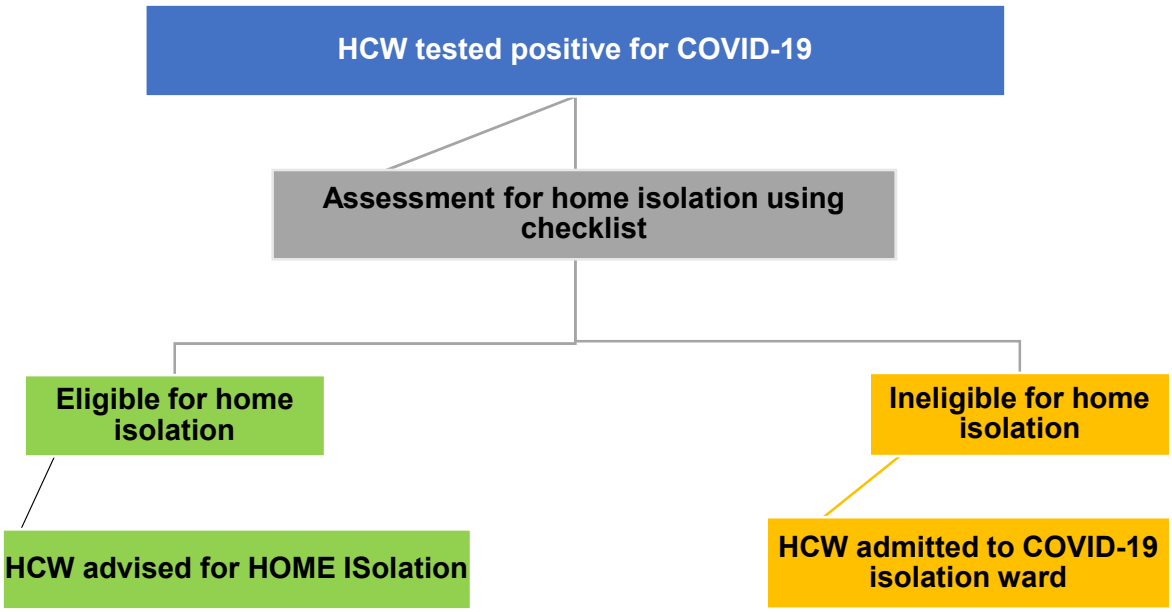
2. Discard all used PPE in a double-bagged biohazard bag (yellow), which should then be securely sealed and labelled.

3. The staff should be aware of the symptoms and should report to their occupational health service if they develop symptoms.

Disinfectant	Composition	Preparation	Use	Contact period
Bacillol spray	Propanolol, Ethanol	Preformed spray	Surface cleaning, Patient care equipment, non easy accessible place of cot, wheels	5 min
7% lysol	Benzalkonium chloride solution (80%), water, Laurel alcohol ethoxylate	15 ml in 1 litre of water	Toilet cleaning in non-ICU area (floor surface)	10 mins
Avagard Hand rub	2-propanolol, 1-propanolol	Dispense 3-5 ml on hand	Hand rub purpose	20 sec
1% Hypochlorite	When preparing chlorine solutions note that: Discard after 24 hours Avoid direct contact with skin and eyes Wear PPE Prepare in well ventilated area Use plastic container which is covered with lid	2 Table spoon full of calcium hypochlorite in 1 liter of water	Ventilator circuits, oxygen mask, nasal prongs, suction jar and tubes, blood and body fluid stained instruments and linens	10 min
10% Hypochlorite		20 Table spoon full of calcium hypochlorite in 1 liter of water	Decontaminate large blood spill>10ml	15 mins
0.1% Hypochlorite		2 Table spoon full of calcium hypochlorite in 10 liter of water	Infected patient bed in isolation room	10 min
Detergent soap		Soap chips in hot water-dilute the concentrate daily	For general floor cleaning	5 min

POLICY FOR ISOLATION OF HEALTHCARE WORKERS TESTED POSITIVE FOR COVID-19:

1. **Decision on type of Isolation**



1.1. Home Isolation

HCWs who satisfy following conditions shall be eligible for home isolation

1. All COVID-19 positive HCWs, who are asymptomatic/ have mild symptoms
2. Have no co-morbidities
3. Age below 60 years
4. Availability of individual room & toilet in the home of the person
5. Availability of a caregiver to meet the needs of the HCWs
6. Ready to monitor his/her own health, follow medical advice and report, if required
7. Willing to install and use an active Arogya Setu app in mobile phone

8. Willing to sign an undertaking on home isolation *(Annexure 2)* and follow home quarantine guidelines

1.2. Institutional Isolation:

All HCWs who are not eligible for home isolation shall be admitted at AIIMS Hospital.

2. Care during Isolation

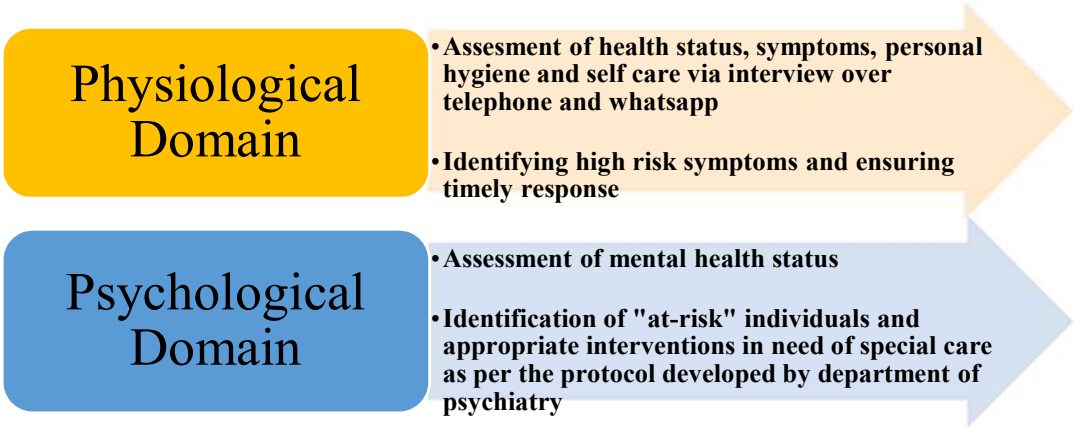
2.1. Institutional Isolation: Treatment and discharge for HCWs in institutional isolation shall be as per the treatment policy at the institute.

2.2. Home Isolation

2.2.1. Monitoring of health

Apart from the self-monitoring of health and monitoring by State health authorities, the COVID-19 positive HCWs under home isolation shall be followed up every day by Department of Community and Family Medicine, AIIMS Bhubaneswar. This monitoring shall be done telephonically during the period of home isolation. Monitoring and follow up will be done under two domains

1. Physiological
2. Psychological



2.2.2. Information Education and Communication (IEC)

Timely IEC materials shall be disseminated to those under home isolation. These IEC materials shall be standard materials developed/endorsed by MoHFW, GOI. Independently freely available online resources shall also be explored. These IEC materials shall cover both the physiological and psychological domains. Information in the forms of Whatsapp images and videos shall be sent from verified portals. (See instructions given in Page No. 5 and 6)

2.2.3. When to seek medical attention?

Patient / Care giver will keep monitoring their health. Immediate medical attention must be sought if serious signs or symptoms develop like

1. Difficulty in breathing,
2. Dip in oxygen saturation (SpO2 < 95%)
3. Persistent pain/pressure in the chest,
4. Mental confusion or inability to arouse,
5. Slurred speech/seizures
6. Weakness or numbness in any limb or face
7. Developing bluish discolorations of lips/face

If any patient under home isolation develops any of the above given symptoms, he/she must report on COVID 19 Helpline number for AIIMS Staff (82803 46684) or report to AIIMS Hospital immediately

3. Discharge from Isolation

- HCWs in institutional isolation will be discharged as per the discharge policy and as decided by the treating physician
- HCWs in home isolation will stand discharged from home isolation if
  - For mild symptomatic: 10 days after onset of symptoms and being afebrile for last 3 days.
  - For asymptomatic: 10 days from the date of sample collection which was positive for SARS -CoV -2.
  - Based on the assessment, HCW will be informed through Whatsapp from COVID teleconsultation number about their discharge from home isolation

4. Quarantine after completion of Isolation:

- HCWs shall be in home quarantine for 7 days after discharge from isolation and they should monitor their own health during this period.
- HCW will be informed through Whatsapp from COVID teleconsultation number about their last date of quarantine

5. Resuming duties

- HCW can resume duty after completion of isolation and quarantine period.
- If there is any alternate advisory from state government authorities for any HCW, same should be communicated to Nodal Officer and isolation and quarantine period prescribed by state authorities shall be considered final
- **Repeat testing after the completion of isolation and quarantine period is not required.**
- **Signed Isolation and Quarantine Completion Certificate will be sent to the HCW through Whatsapp one day before HCW is expected to resume duty.**

Instructions for the patient in Isolation

1. Patient should at all times use surgical mask. Discard mask after 8 hours of use or earlier if they become wet or visibly soiled.
2. Mask should be discarded only after disinfecting it with 1% Sodium Hypo-chlorite.
3. Patient must stay in the identified room and away from other people in home, especially elderlies and those with co-morbid conditions like hypertension, cardiovascular disease, renal disease etc.
4. Patient must take rest and drink lot of fluids to maintain adequate hydration
5. Follow respiratory etiquettes all the time.
6. Hands must be washed often with soap and water for at least 40 seconds or clean with alcohol-based sanitizer.
7. Don't share personal items with other people.
8. Clean surfaces in the room that are touched often (tabletops, door knobs, handles, etc) with 1% hypochlorite solution.
9. The patient must strictly follow the physician's instructions and medication advice.
10. The patient will self-monitor his/her health with daily temperature monitoring and report promptly if develops any deterioration of symptom.

Instructions for care-givers

1. Mask:

1.1. The caregiver should wear a surgical mask appropriately when in the same room with the patient.
1.2. Front portion of the mask should not be touched or handled during use.
1.3. If the mask gets wet or dirty with secretions, it must be changed immediately.
1.4. Discard the mask after use and perform hand hygiene after disposal of the mask.
1.5. He/she should avoid touching own face, nose or mouth.

2. Hand hygiene

2.1 Hand hygiene must be ensured following contact with ill person or his immediate environment.
2.2 Hand hygiene should also be practiced before and after preparing food, before eating, after using the toilet, and whenever hands look dirty.
2.3 Use soap and water for hand washing at least for 40 seconds. Alcohol-based hand rub can be used, if hands are not visibly soiled.
2.4 After using soap and water, use of disposable paper towels to dry hands is desirable. If not available, use dedicated clean cloth towels and replace them when they become wet.
2.5 Perform hand hygiene before and after removing gloves.

3. Exposure to patient/patient's environment

3.1 Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions. Use disposable gloves while handling the patient.
3.2 Avoid exposure to potentially contaminated items in his immediate environment (e.g. avoid sharing cigarettes, eating utensils, dishes, drinks, used towels or bed linen).
3.3 Food must be provided to the patient in his room.

3.4 Utensils and dishes used by the patient should be cleaned with soap/detergent and water wearing gloves. The utensils and dishes may be re-used. Clean hands after taking off gloves or handling used items.

3.5 Use triple layer medical mask and disposable gloves while cleaning or handling surfaces, clothing or linen used by the patient.

3.6 Perform hand hygiene before and after removing gloves.

3.7 The waste (masks, disposable items, food packets etc.) should be disposed of as per guidelines

4. Care of the patient and family members

4.1 The care giver will make sure that the patient follows the prescribed treatment.

4.2 The care giver and all close contact will self-monitor their health with daily temperature monitoring and report promptly if they develop any symptom suggestive of COVID-19 (fever/cough/sore throat/difficulty in breathing).

Checklist for assessment of Home Isolation of a COVID-19 case

Sr. No.	Questions	Yes	No
1.	Are you having any COVID-19 related symptoms? If Yes, are they (a) mild (b) moderate to severe? _____		
2.	Do you have any co-morbid conditions? If Yes, mention what? _____		
3.	Are you having any disease like any cancer, TB, HIV, Diabetes or any disease related to blood, or undergoing chemo or radiotherapy or are you pregnant? If Yes, mention the condition? _____		
4.	Is there a caregiver available at your home 24*7?		
5.	If the answer to Qn. 4 is yes, then answer the following a. Is the caregiver fit to be the communication link between you and the hospital? b. Has the caregiver taken/started/is willing/fit to start HCQS prophylaxis?		
6.	Do you have / are you willing to install and use an active Arogya Setu app in your mobile phone?		
7.	Do you have a separate (individual) room and toilet facility in your home?		
8.	Are you willing to self-monitor your health?		
9.	Are you willing to regularly inform the district surveillance officers about the status of your health?		
10.	Are you willing to sign an undertaking on home isolation *(Attached Below)* and follow home quarantine guidelines (*Attached Below)* as per the central and state guidelines?		

N.B. This checklist has been prepared from the "Revised guidelines for Home Isolation of very mild/pre-symptomatic/asymptomatic COVID-19 cases" by MoHFW, Govt. of India and HFW, Govt. of Odisha.

Ideal Answers for the Eligibility of Home Isolation:

Sr. No.	Questions	Yes	No
1.	Are you having any COVID-19 related symptoms? If Yes, are they (a) mild (b) moderate to severe? ___mild_____ *(If the answer is yes, the ideal answers would be (a)mild*		**No**
2.	Are you above 60 years of age?		**No**
3.	Do you have any co-morbid conditions? If Yes, mention what? _____		**No**

4.	Are you having any disease like any cancer, TB, HIV, Diabetes or any disease related to blood, or undergoing chemo or radiotherapy or are you pregnant? If Yes, mention the condition? _____		**No**
5.	Is there a caregiver available at your home 24*7?	**Yes**	
6.	If the answer to Qn. 5 is yes, then answer the following a. Is the caregiver fit to be the communication link between you and the hospital? b. Has the caregiver taken/started/is willing/fit to start HCQS prophylaxis?	**Yes** **Yes**	
7.	Do you have / are you willing to install and use an active Arogya Setu app in your mobile phone?	**Yes**	
8.	Do you have a separate (individual) room and toilet facility in your home?	**Yes**	
9.	Are you willing to self-monitor your health?	**Yes**	
10.	Are you willing to regularly inform the district surveillance officers about the status of your health?	**Yes**	
11.	Are you willing to sign an undertaking on home isolation *(mentioned below)* and follow home quarantine guidelines (*mentioned below)* as per the central and state government?	**Yes**	

Anyone answering anything apart from the above given ideal answers shall be declared ineligible for home isolation as per the guidelines.

Undertaking on self-isolation

I ..... S/W of ....., resident of .....

being diagnosed as a confirmed/suspect case of COVID-19, do hereby voluntarily undertake to maintain strict self-isolation at all times for the prescribed period. During this period, I shall monitor my health and those around me and interact with the assigned surveillance team/with the call center (1075), in case I suffer from any deteriorating symptoms or any of my close family contacts develops any symptoms consistent with COVID-19.

I have been explained in detail about the precautions that I need to follow while I am under self-isolation.

I am liable to be acted on under the prescribed law for any non-adherence to self-isolation protocol.

Signature_____

Date_____

Contact Number _____

Countersignature by Treating Medical Officer

Isolation and Quarantine Completion Certificate

(For HCWs tested positive for COVID)

- This to certify Ms/Mr/Dr …… was tested positive for COVID 19 (Sample Given on Date……/……/…….).
- He/she was in Home isolation/ Institutional Isolation from …,…./.,……./…… (date) to …,…./.,……./…… (date) at AIIMS (Hospital) / his residential address……
- Upon discharge from Isolation on ……/……/……. (date) he was in Home Quarantine for 7 days and has completed the prescribed quarantine period from……/……/……. (date) to ……/……/……. (date)
- He/she is fit to resume duties from ……/……/……. (date)
- He/she is not required to produce negative COVID report before joining duty.

Signature of Senior Resident
COVID Screening OPD

Signature of NODAL OFFICER

Important Links for further information

1. "Guidelines on Home Quarantine" by Ministry of Health and Family Welfare, GOI (Available From : https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf)

2. "Revised guidelines for Home Isolation of very mild/pre symptomatic/asymptomatic
3. COVID-19 cases" by MoHFW, Govt. of India.
   (Available from: https://www.mohfw.gov.in/pdf/RevisedHomeIsolationGuidelines.pdf)

4. "Guidelines for home isolation of COVID-19 positive cases"- Govt. of Odisha.
   (Available from: https://health.odisha.gov.in/pdf/Home-isolation-asymptomatic-mild-symptomatic-Covid19-13072020.pdf)

5. "Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients" – Central Pollution Control Board.
   (Available from: http://www.cpcbenvis.nic.in/pdf/BMW-GUIDELINES-COVID_1.pdf)

POLICY FOR CONTACT TRACING AND QUARANTINE

1. Contact Tracing

1.1. Initial Assessment

- Upon reporting of any COVID positive case (either HCW or patient) at AIIMS Bhubaneswar, contact tracing team will do initial assessment to ascertain the areas in the hospital where the patient or the HCWs had been in the last 14 days.

1.2. Reporting mechanism

- Department of Microbiology will dispatch all positive reports to Medical Superintendent, Joint MS, Nodal Officer (COVID) Nodal Officer (CMFM), All the diagnostic department head, head of department of anesthesia, Chief Nursing Officer, Nursing superintendent.
- For admitted patients or outpatients who test positive for COVID 19, based on the initial assessment of the course of patient in hospital all the department heads where the patient had been, will be informed by contact tracing team.
- Contact tracing team will also inform Department Heads or reporting authority if any HCW from their area has tested positive.
- Department Head or reporting authority should report the details of all Faculty, Residents and staff members who presumably were in a high-risk contact with the patient/ HCW tested positive for COVID 19 in the last 14 days
- Chief Nursing Officer will report the details of all nursing staff, paramedical and other supporting staff who presumably were in a high-risk contact with the patient/ HCW tested positive for COVID 19 in the last 14 days.
- It is expected that the information related to high risk and low risk contact should be reported to contact tracing team within 12 hours of getting the information
- Any individual from any other department and presumably having a high-risk contact in the last 14 days with any HCW/ any patient who has tested positive for COVID 19 can report his exposure history to his/her department head/reporting authority and head should communicate this information to contact tracing team.
- Details should be communicated **only in the prescribed format** (excel sheet circulated through mail) and providing phone number and complete residential address in the format is mandatory.

- All the details should be communicated **only through mail id contact_tracing@aiimsbhubaneswar.edu.in with name of patient in subject of mail.**
- For any further clarification or query, HCWs can call on number **8280346684 which is dedicated tele-consultation number for COVID 19.** Calls will be handled by a Resident doctor of CMFM department.
- After the risk assessment and categorization further advice regarding quarantine/testing shall be communicated to the department head / reporting authority from the Nodal Officer.

1.3. Risk Assessment

- For all the HCWs who have been reported to be at high risk contact with any COVID 19 patient, risk assessment will be done by the contact tracing team.
- Based on the reported history by the department head/ CNO and enquiry from HCW by the risk assessment team of resident doctors from department of Community Medicine and Tutors/Faculty from College of nursing.

1.4. Risk Categorization

- The risk categorization will be based on the prevailing guidelines of MOHFW. All the HCWs who had come in contact with patient/ HCW tested positive for COVID 19 will be categorized into either high risk or low risk exposure based on following criteria.
  - **High risk exposure:**
    - HCW or other person providing care to a COVID-19 case or lab worker handling respiratory specimens from COVID-19 cases without recommended PPE or with possible breach of PPE
    - Performed aerosol generating procedures without appropriate PPE.
    - HCWs without mask/face-shield/goggles:
    - Having face to face contact with COVID-19 case within 1 meter for more than 15 minutes
    - Having accidental exposure to body fluids.
    - Lives in the same household as the patient/HCW without any precaution or movement restriction.
  - **Low risk exposure:**

    Contacts who do not meet criteria of high-risk exposure

1.5. Action for High risk and Low risk Contacts

- **HIGH Risk CONTACTS**

- All the high-risk contacts shall be quarantined. Quarantine period shall be initially for one week from the date of last high-risk exposure.
- After a week, they shall be tested as per ICMR testing protocol.
- If they test positive but remain asymptomatic, they will be isolated at home or AIIMS hospital as per the assessment of eligibility for home isolation.
- If they test negative and remain asymptomatic, they will complete 14-day quarantine and return to work after the end of quarantine.
- **If there is any acute crisis of human resources in any department, upon request of HOD, decision can be taken by the NODAL OFFICER to end the quarantine before expiry of 14 days quarantine, provided**
  - ✓ HCW is asymptomatic and has been tested negative at 7 days as per ICMR protocol.
  - ✓ Such HCW shall self-monitor his/her symptoms, take all standard precautions, and report to COVID screening OPD/ COVID helpline number for HCW (8280346684) immediately, if any symptoms develop

- **LOW RISK CONTACTS**
  - Low risk contacts shall continue to work.
  - They will self-monitor their health for development of symptoms
  - In case any symptoms develop, **report to COVID screening OPD/ COVID helpline number for HCW (8280346684) immediately**

2. QUARANTINE

Upon receiving information related to quarantine from the NODAL OFFICER (Quarantine), the HCW should immediately go in quarantine.

2.1. Where to Quarantine

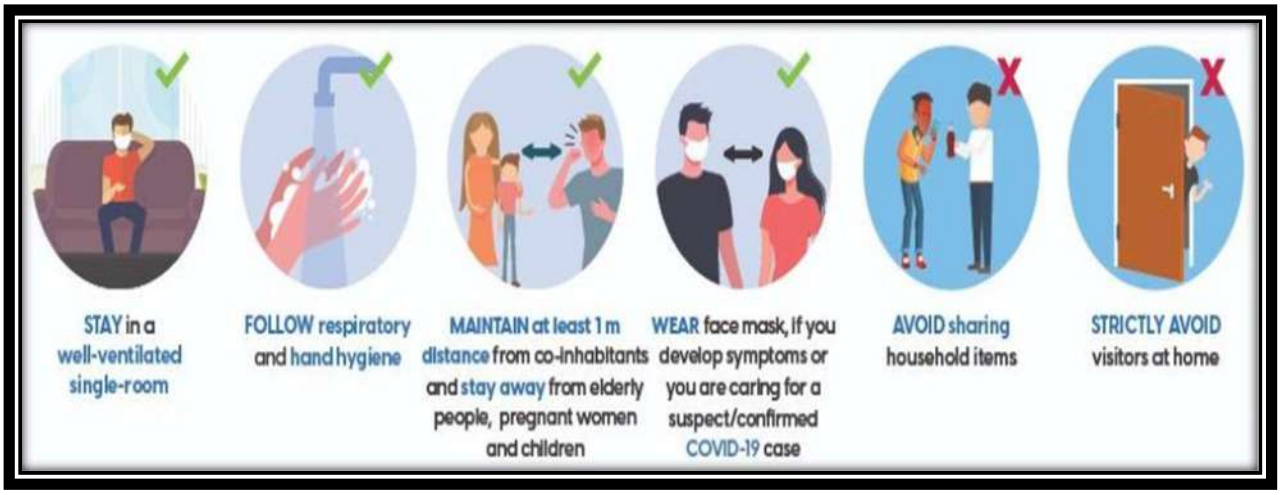
- **Home quarantine at place of residence**: They should follow all home quarantine protocol issued by the government revised from time to time. (See Instructions for Home Quarantine)
- **Home quarantine in the individual room in the hostel:** Resident doctors/Interns staying in hostels rooms with attached washroom may be quarantined in their own room if they wish to.
- **Institutional quarantine at B Block (Designated quarantine Hostel)**: If home quarantine as per standard guidelines is not possible then institutional quarantine may be availed at B Block Hostel, AIIMS Bhubaneswar.

2.2. Instructions/ advise for HCW in quarantine

- Ensure that appropriate hand washing facilities and hand-hygiene supplies are available.
- Stock the sink area with suitable supplies for hand washing, and with alcohol-based hand rub, near the point of care and the room door.
- Ensure adequate room ventilation.
- Remove all non-essential furniture and ensure that the remaining furniture is easy to clean and does not conceal or retain dirt or moisture within or around it.
- Use a touch-free bin and ensure that used (i.e. dirty) bins remain inside the isolation room.
- Keep personal belongings to a minimum. Keep water pitchers and cups, tissue wipes, and all items necessary for attending to personal hygiene, within the reach.
- Place an appropriate container with a lid outside the door for equipment that requires disinfection.

Additional Instruction for those home/Room quarantined,

a. They have to ensure absolute restriction of movement outside their room for the specified duration. (Shall furnish an undertaking in the prescribed format)
b. They should make arrangement for their food and other daily needs on their own without violating the protocol.
c. They will place the waste generated in the room in a garbage bag provided to them at the beginning of quarantine from the hostel warden.
d. They may contact Hostel Warden for any assistance



2.3. Follow up during quarantine

- Regular follow up will be done by Dept of CMFM for all HCWs in quarantine to assess following parameters
  - Compliance to quarantine
  - Monitoring of development of symptoms
  - Psychological wellbeing (as per the protocol developed by Department of Psychiatry)
  - HCWs can also contact COVID 19 Helpline for AIIMS Staff (Number: **8280346684)**

2.4. Completion of Quarantine

- HCW shall resume duty after the end of prescribed quarantine period provided, they are not having any symptom.
- On completion of quarantine, HCWs staying in hostel shall be issued a quarantine completion certificate by the respective hostel warden for resuming back to duties.
- HCWs staying at their home during quarantine, after completion of quarantine period, can directly report to their department.
- HCWs after quarantine should submit their leave application along with filled quarantine completion certificate.
- Signature of nodal officer is not required at time of submission of application.
- Application shall be forwarded by concerned establishment section/dealing section to the nodal officer for his signature on quarantine completion certificate.

2.5. **Regulation of Leave during quarantine**

- Leave during quarantine will be regulated by the prevailing office order issued by administration.
- HCWs who have high risk exposure to any COVID 19 positive HCW due to non-work-related activities like social gathering, having meals together etc. and have been advised quarantine in public interest, their leave period during quarantine will be treated as earned leave upon recommendation of nodal officer.
- Staff who have travelled to any place after taking leave and are required to be quarantined upon their return, based on government regulations prevailing at the time of return, will be advised quarantine but the quarantine period will also be counted as leave

2.6. **Non-Compliance to Quarantine norms**

- Information related to HCWs in quarantine is normally provided to relevant state authorities
- For HCWs staying at their place of residence during quarantine, violation of quarantine rules shall be taken up as per the prevailing rules of State and as enforced by the relevant state authorities.
- For HCWs staying in Hostel, apart from prevailing rules of state, Hostel superintendent is empowered to give warning, levy fine on any instance of non-compliance by any HCW during quarantine.
- If the non-compliance is repeated for at least two times, the quarantine period shall be treated as earned leave upon recommendation of Nodal officer

Undertaking to be furnished by HCWs in Quarantine

I …… S/D of ……., resident of ……..

being detected as a high-risk contact of a COVID-19 patient, do hereby voluntarily undertake to maintain strict quarantine at all times for the prescribed period. During this period, I shall strictly adhere to the instructions for home quarantine provided to me. In case I suffer from any deteriorating symptoms consistent with COVID-19, I would inform the hospital authorities immediately.

I have been explained in detail about the precautions that I need to follow while I am under home quarantine.

I am liable to be acted under rules of Hospital administration and Government of India, for any non-adherence to home quarantine protocol.

Signature_____
Name_____
Designation_____
Date_____
Contact Number _____

****

Reporting of Non-Compliance during Quarantine

This to bring to notice of Nodal officer that Ms/Mr/Dr..... who is in quarantine for prescribed quarantine period from.....(date) to .....(date) in room no .....hostel..... .....or at this residence at following address..... has violated the quarantine norms as detailed below.

1. .... (on date) ..../...../...
2. .... (on date) ..../...../...
3. .... (on date) ..../...../...

Signature_____
Name_____
Designation_____

****

Quarantine Completion Certificate

This to certify Ms/Mr/Dr .....has completed the prescribed quarantine period from.....(date) to .....(date) in room no .....hostel..... or at this residence at following address.....

1. There has been no violation of quarantine norms by him/her during the above period and his absence from duties during quarantine period can be considered as on duty.
2. There has been repeated violation of quarantine norms by him/her during the above period and his absence from duties during quarantine period can be considered as Earned Leave
   (Nodal Officer should strike out any one, as applicable)

Signature of HCW Quarantined

Signature of Warden Signature of Hostel Superintendent

(for HCWs Quarantined in Hostel)

Signature of HOD/
Signature of NODAL OFFICER

COVID-2019
ଗୃହ ପ୍ରବେଶ ନିଷେଧ

ଏହି ଗୃହ ପ୍ରଶାସନର ନିରୀକ୍ଷଣରେ ରହିଛି
ROOM UNDER QUARANTINE

ତାରିଖ: From: _____ ରୁ to _____

ନାମ: Name: _____

ଠିକଣା: Address: _____

ବ୍ୟକ୍ତି ସଂଖ୍ୟା No. of Persons _____

Please assist him/her to follow quarantine by not visiting him/her

ଦୟାକରି ତାଙ୍କୁ ଦେଖା ନକରି କ୍ୱାରନ୍‌ଟାଇନ୍‌ର ନିୟମ ଅନୁସରଣ କରିବାକୁ ତାଙ୍କୁ ସାହାଯ୍ୟ କରନ୍ତୁ

ଫୋନ୍ ନଂ Phone no: _____

ଭାରପ୍ରାପ୍ତ ଅଧିକାରୀ Authorized signatory _____

Violation of quarantine norms will be dealt seriously
If anyone is found violating the quarantine norms please inform the authorised signatory

MENTAL HEALTH INTERVENTIONS FOR THE STAFF AND EMPLOYEES OF AIIMS, BHUBANESWAR DURING COVID-19 PANDEMIC
(PHASE 1)

Department of Psychiatry, AIIMS, Bhubaneswar

To be provided to all residents, nursing staff, security and other HCW: for identification and
early referral for Specialized Care.

1. Places- At ENTRY AND EXIT point of QUARANTINE / Isolation Period
2. Time point of application- While advised quarantine / Admission, during the quarantine / Admission

Red Flag Signs

1. Thoughts of death / suicidal ideas
2. Food and water refusal
3. Minimal social interaction / not taking calls / refusing to talk
4. Irritability, unprovoked aggression
5. Excessive Substance Use

If you notice any of the following in your friends / colleagues / staff / patients / caregivers,
kindly refer them to Tele-Psychiatry Services – 8280346660 (9 AM to 1 PM)
In case of urgency, that is RISK OF HARM TO SELF / OTHERS,
Please follow:

Mental Health Interventions for the Staff and Employees of AIIMS, Bhubaneswar during COVID-19 pandemic (PHASE 1)

Department of Psychiatry, AIIMS, Bhubaneswar

Problem Statement

COVID-19 pandemic has affected all strata of the society, at least psychologically, if not physically, yet. Myths, misconceptions, stigma coupled with uncertainty, changing protocols, and information overload has led to a state of confusion, frustration, stress, panic, crisis, aggression, sleep difficulties, anxiety, depression and other psychological issues. There has been reports of increased suicidal thoughts and behavior across the globe.

Those providing essential services, like Health Care workers (including sanitation, security, nursing, paramedical, medical staff, residents and interns), people suspected of having COVID-19 or detected to be positive for COVID-19 and their contacts, patients and caregivers attending hospitals during COVID-19 times are possibly at added risk.

In the current scenario, the Department of Psychiatry, AIIMS, Bhubaneswar wishes to provide targeted psychological interventions for the following categories in a phased manner. This service is **available** on complete **VOLUNTARY BASIS**. Kindly also convey to the undersigned if you want to **VOLUNTARILY OPT OUT**. (Opting In or Opting Out will not be judged by the group)

The Target Population

1. Health Care Workers in Quarantine/ Isolation
2. Health Care Workers working in COVID-19 areas or providing Emergency Services
3. Patients who are positive for COVID-19 and caregivers
4. Patients/ caregivers who are suspected to be having COVID-19
5. Students (MBBS, Nursing, Paramedical) of AIIMS, Bhubaneswar

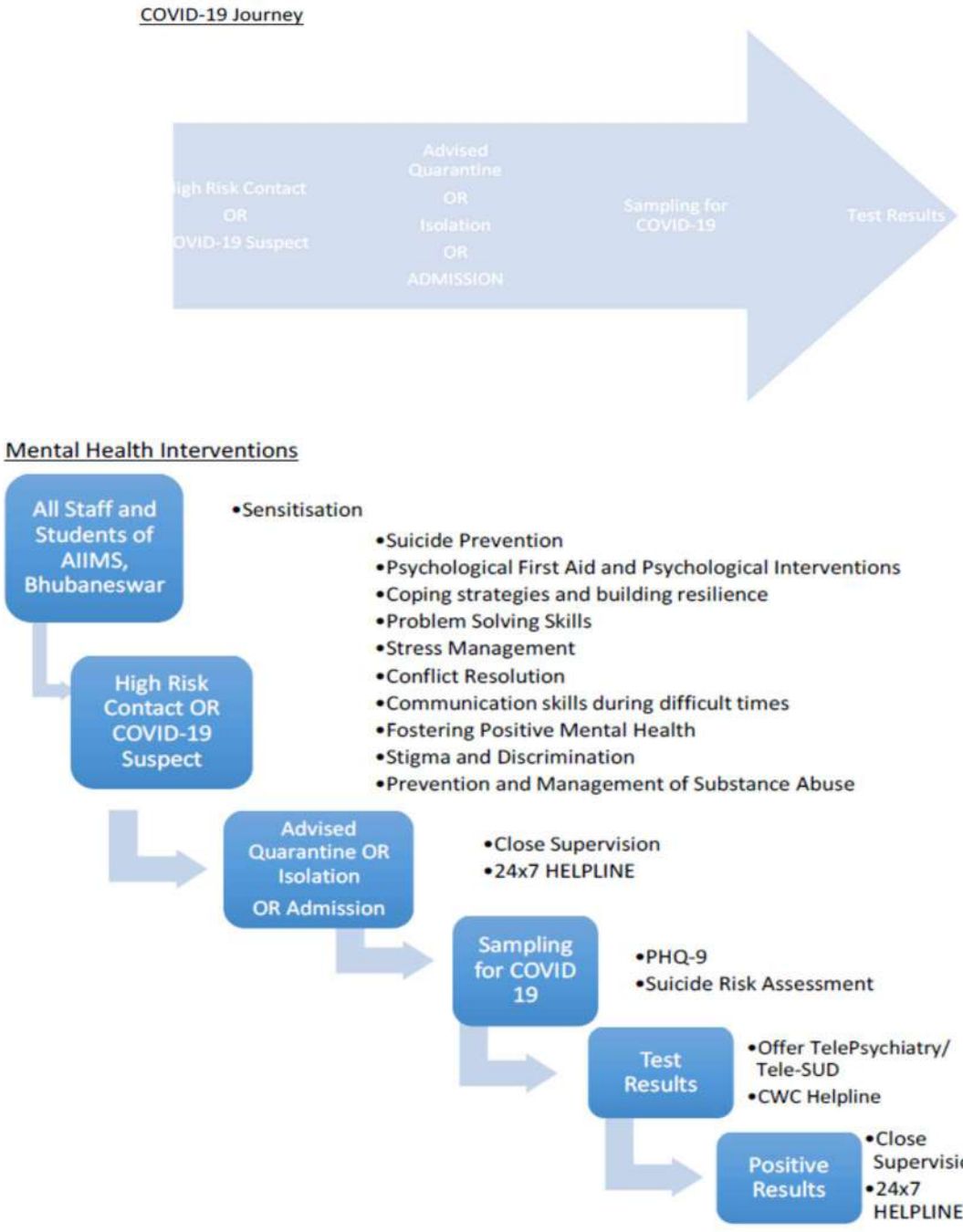
Purpose of the Intervention

This service is planned to sensitize and empower all staff and students of AIIMS,

Bhubaneswar towards taking care of their own mental health during such periods of crisis.

This is in addition to the existing Counselling Cum Wellness Centre.

Conceptual framework for Mental Health Interventions at Vulnerable time-points of COVID-19 Journey



Proposal of the Intervention Plan

Targeted Group	Staff / Students	Patients / Caregivers
Sensitization Programme	Group sessions in phases	Group sessions in phases
Mental Health Intervention (In phases, need driven)	Triaging IEC Material Circulation Skill building Coping skills Ongoing 24 x 7 emergency Support Quarantine Buddies (**Hum Raahi**)	Triaging IEC Material Circulation Skill building Coping Suicide prevention strategies in COVID-19 ward
Screening for Suicidality	PHQ-9 and Suicide Risk Assessment	PHQ-9 and Suicide Risk Assessment
Liaisoning	**COVID 19 Team** – Information regarding Quarantine / Isolation of Staff and appropriate Flagging **CWC Team HELPLINE** with 24 x 7 emergency Support **CWC counselling Support** – 10 am to 4 pm (by Mrs Anushree Mishra and Mrs Vidya Pujari) **Tele-psychiatry** – Specialized Care	**COVID 19 Team** – Information regarding Admission/ Discharge of patients **Tele-psychiatry** – Specialized Care
	OFFERING TELEPSYCHIATRY SERVICES during ENTRY AND EXIT of QUARANTINE / Isolation Period	
Time of Consultation	Regular / Voluntary / Emergency / SOS	
Mode of Intervention	Online group sessions / group Therapy / Individual e-Intervention Tele-psychiatry / Tele-SUD Physical Consultation (SOS)/depending on severity /after triage	

Issues that will be addressed:

1. Suicide Prevention
2. Identification and treatment of major Mental Illness
3. Psychological First Aid
4. Coping strategies and building resilience
5. Problem Solving Skills
6. Stress Management
7. Conflict Resolution

8. Relaxation Therapy
9. Communication skills during difficult times
10. Fostering Positive Mental Health
11. Stigma and Discrimination
12. Prevention and Management of Substance Abuse

Proposed Plan for each Session

Sections	**Time**	**Topic**	**Mode**
Introduction	10 min	Problem Statement with Sensitization Video	Audio visual and live Demonstration
Story	20 mins	Catharsis	Interactive session
Topic Session	20 mins	Intervention Proper	Audio visual and Live demonstration
Next Steps	10 mins	Feedback, Screening link, Follow up, CWC	Interactive sessions

Materials for Distribution (Separate links for HCWs and Patients / Caregivers)

1. Quarantine Manual by AIIMS, Bhubaneswar (hard copy and soft copy)
2. Checklist for healthy Lifestyle – (hard copy + online Survey Monkey link, with instant results)
3. Screening Questionnaire (PHQ-9) and Suicide Risk Assessment- via Survey Monkey Link
4. Open ended plus pre-designed Feedback – (Survey Monkey link)
5. Display of Helpline numbers at various sites and group circulation
6. Mail id – for sharing Stories / experiential narratives

Provide Purpose and Meaning – MAKE THE BEST OF YOUR QUARANTINE

1. Quarantine Days – compilation of write-ups, art, stimulating creativity and innovations
2. SRs and JRs - Volunteer to take classes of UG students on a topic – record a video and we will share / writing Research papers / Finish pending Academic tasks
3. Innovative Suggestions of what can be done about handling the pandemic in a better way (Had you been the administrator what would you have done?)
4. Relax, Rejuvenate, Reconnect with Family and Friends

Strengthen Support System

1. Create Quarantine Buddies
2. Encourage solidarity and peer support
3. Create What's app group of each sub-group for easy circulation of materials.

4. Prevent Crisis

Incorporate:

1. Tailor made activity Scheduling, group activities
2. Reminiscence therapy / Rejuvenation / Recreation – Kapil Sharma / Dance India
3. Dance / Talent shows
4. Online Yoga sessions by AYUSH team and Physical Activity

Integrate

1. With **COVID-19 Team** for mental health triaging and early referral for Staff / Students who are advised Quarantine / Isolation
2. **For HCWs** with CWC Counselling Cum Wellness Centre (CWC)
   a) Screening Positive – CWC (4pm to 5pm)
   b) Risk for Suicidality – Tele-consultation with concerned Faculty/ SR and CWC
3. **For patients and Caregivers –**Tele-psychiatry
4. We plan to conduct it in phases. The schedule of the proposal for the First phase is hereby attached.

The second phase shall be planned after obtaining feedback from the first phase.

Annexure: 1 Job Descriptions of Nursing Officers

OT Nursing Officer:

1. Assisting and preparing the procedure room.
2. Gathering sterile supplies needed for the procedure and those that may be needed.
3. Setting up the sterile back table.
4. Assist surgeon and other members of the surgical team in wearing their sterile attire.
5. Assisting in the placement of the sterile drapes.
6. Passing the instruments to the surgical team and assisting as needed to enhance the continuity of the procedure.
7. Constant surveillance of the surgical field thus maintaining sterility.
8. Anticipating the needs of the surgeon and asking for items before they are needed.
9. Reporting to the circulating nurse the names of the specimens obtained during surgery.
10. Helps with the application of the sterile dressing at the end of the procedure.
11. Removal of bio-burden from used instrumentation before sending it to be processed in central processing (CSSD).
12. Assist in the cleaning of the procedure room to make ready for the next surgical procedure.
13. Relevant documentation (i.e. history and physical, nursing assessment and pre-anesthesia screen).
14. Entering the patient data during incision, induction and closure so that it is reflected in the computerized OT Display system (if available).
15. Accurately completed and signed, procedure consent form.
16. Correct diagnostic and radiology test results that are properly labelled.
17. Ensure WHO Checklist is filled before surgery to ensure patient safety.
    a. It is standardized (as defined by the hospital).
    b. It is initiated by a designed member of the team, usually the circulating nurse.

c. It involves the immediate members of the team including the surgeon, the anesthesia providers, the circulating nurse, the operating room technician or scrub nurse and other active participants as appropriate for the procedure.

d. It involves interactive verbal communication between all team members, and any team member is able to express concerns about the procedure verification by WHO Safety checklist.

e. (During the time-out, all other activities are suspended, to the extent possible without compromising patient safety, so all relevant members of the team are focused on the active confirmation of the correct patient, correct procedure, correct site and other critical elements. The completed components of the Universal Protocol and time-out are clearly documented).

18. Check whether any required blood products, implants, devices and/or special equipment for the procedure is ready prior to procedure, and if unused are returned i.e. blood.
19. Check the Patient file for any allergy for medications, any history of illness, consent etc.
20. Marking the procedure site is done for all procedures involving laterality (side) the surface (flexor or extensor), the level (spine), or specific digit or lesion to be treated. The procedure site is initially marked before the patient is moved to the operating room.
21. Confirm the sponge count and instrument count before closure of site (surgery).
22. Cleaning of instruments and pack the sets.
23. Send instruments, drapes, gauzes etc. for autoclaving.
24. Maintain register for every case done in OT.
25. If emergency cases are done it should be entered in the computerized OT list.
26. Any other assignment which is given by the DNS.
27. Strives to maintain a cordial and professional working environment inside the OT.

ICU & HDU Nursing Officers:

1. Enter every new patient admitted in Admission register, Treatment book, report book & computer (if ADT program available).
2. Enter vitals of every patient's in chart & computer (if program available) every 2hrly.
3. Assess every patient from head to toe for any trauma, bed sore etc. and report to doctor concern and wound care nurse for wound assessment.
4. Motivate the patient relative for blood donation during the admission itself.
5. To maintain the personal hygiene of the patients with the help of hospital attendants.
6. Care of pressures points and changing position of the patient every 2nd hourly.
7. Bed making and to keep bed ready for any new patient.
8. To take care of the elimination needs of the patient with the help of hospital attendants and sanitary attendants.
9. Care of colostomy/jejunostomy and stoma care (according to ward protocol).
10. To maintain the ICU charting, Patient relative-communication note etc. as per departmental protocols.
11. Make a transfer out note if patient is shifted from one department to another.
12. Administer medications via I/V, orally, through gastric tubes, or by other methods and records prescribed medications. To document it in nurses' record. Computerized administration of drugs (BCMA) if available.
13. To follow rights of drug administration, Right patient, drug, dose, route, time, documentation, assessment, evaluation, reasons, education, right to refuse medication. To report medication errors promptly to immediate supervisor/in charge.
14. Reports adverse reactions to medications or treatments in accordance with the policy.
15. Provides basic, bedside care, Initiate patient education plan, as prescribed by physician.
16. Teaches patients and significant others how to manage their illness/injury, by explaining: Post-treatment home care needs, diet/nutrition/exercise programs, self-administration of medication and rehabilitation.

17. Monitor patients' fluid intake and output to detect emerging problems such as fluid and electrolyte imbalances. Maintain the warmer to provide warm fluids if needed.
18. Orders, interprets and evaluates diagnostic tests to identify and assess patient's conditions.
19. Assist physicians with procedures such as bronchoscopy, endotracheal intubation, tracheostomy, insertion of ICP, CVP, EVD, CSF tapping, Pleural tubes among others. To maintain the checklist for each procedure.
20. Monitor patients for changes in status and indications of conditions such as sepsis or shock and institute appropriate interventions.
21. Assess patients' pain levels and sedation requirements. Assess patients' psychosocial status and needs including areas such as sleep patterns, anxiety, grief, anger and support systems.
22. Collaborate with other health care professionals to develop and revise treatment plans based on identified needs and assessment data.
23. Responds to life-saving situations based upon nursing standards and protocol. It is mandatory that the nurses be certified BLS Providers.
24. Identify patients who are at risk of complications due to nutritional status.
25. Records all care information concisely, accurately and completely, in a timely manner, in the appropriate format and on the appropriate forms including nurse notes, vitals chart, family education, medication charts, intake output charting and labelling of all charts with standardized patient identifiers (name and TC No) in the form of barcode.
26. To comply with computerized patient record protocols. To enter and update patient care data in various software's such as CPRS, ICU scoring, Lab Module, Store system.
27. Applies Hemodynamic, Phlebotomy and IV protocols.
28. Monitors and adjusts specialized equipment used on patients, and interprets and records electronic displays, such as intracranial pressures, central venous pressures, pulmonary artery pressures, and cardiac rhythms from cardiac monitors, respirators, ventilators, manometers, oxygen pumps, etc. Maintenance of equipment log for assigned beds.

29. Monitors catheters, leads and tubing for proper placement and functioning initiates corrective action whenever information from monitoring/life support equipment shows adverse symptomatology.
30. Acts as patient advocate by supporting the basic rights, values and beliefs of the patient.
31. Communicates to family/significant others appropriate information on patient's condition and documents it promptly in nurse's record.
32. Administer blood and blood products, monitoring patients for signs and symptoms related to transfusion reactions. To prevent transfusion errors by using software for e-transaction, if available.
33. Participate in professional organizations and continuing education to improve practice knowledge and skills.
34. Any other assignment given by the DNS.

Ward Nursing Officer:

(For a 30 bedded ward minimum of 20 staff & ideally 30 staff are required)

1. Ward is defined as a 'cold' area where there are a maximum of 3 tracheostomy /ventilated patients who require continuous vital monitoring.
2. If tracheostomy/Ventilated patients are more than 3, a separate area should be demarcated and called 'HDU' to ensure adequate nursing care (See HDU staffing).

- **Direct Patient care**

1. Admission and discharge of the patients (Including entry into computer program if available).
2. To maintain the personal hygiene of the patients with the help of hospital attendants.
3. Care of pressures points and changing position of the patient every 2nd hourly.
4. Bed making and to keep bed ready for any new patient.
5. To take care of the elimination needs of the patient with the help of hospital attendants.
6. Care of colostomy/jejunostomy and stoma care (according to ward protocol)

7. Prepare the patient for various investigations like Ultra Sound, Echo, CT scan, MRI, Endoscopy, fluoroscopy etc. (Check whether the consent is taken)
8. Assist in feeding the weak and debilitated patients and help the patient with orogastric/nasogastric tube feeding.
9. Assessment, writing of diet sheet, Supervision and distribution of diets with the help of dietician.
10. Assist in physiotherapy and conduct chest spirometry & massage, active and passive ROM exercises, ambulation and rehabilitation.
11. Carry-out patient's teaching and demonstration according to the need during hospitalization and during discharge (including but not limited to Ryle's tube, catheter, tracheostomy, back and wound care). Inform family about the disease, home care and prognosis of the patient.
12. Counselling the patients, and relatives and have a patient relative communication note in the nurses record.
13. Administration of Medicines and Injections to the patients in proper technique. Use of computers for medicine administration (BCMA). Check the site for any inflammation and care of I/V site.
14. Transfuse the blood bags after scanning with the barcode scanner. And Verify with the bar code scanned from the blood bank. Inform the blood bank if any blood bag is not verified and report any transfusion reactions in enter in computer program (if available).
15. Observing, recording and reporting of vital signs e.g. T.RR. and Blood pressure, GCS etc. Enter in Computer all vitals at regular intervals by concerned staff.
16. Carry out technical procedures, such as Naso-gastric insertion (In special scenarios consult with concerned doctor), Gastric Gavage and Lavage, Oxygen Therapy, Dressing and Irrigation, Enema, Catheterization, hot and cold applications, suction in proper technique.
17. Collecting, labelling and dispatch of specimens with proper barcode label on it.
18. Preparation and assistance in clinical tests and medical/surgical procedures. And have the checklist filled for each procedure.
19. Computerized OT List to be sent to the concerned area prior the day of surgery.

20. Observation, recording and reporting of all procedures and tests in the nurse's record.
21. Make a computerized transfer out/in note for any departmental transfer of the patient.
22. Check and prepare the Crash cart, dressing trolley, Medicine tray, Injection trolley, Humidifiers, Warmers (Maintain the temperature) everyday & keep it ready for use. Daily Cleaning of the instruments to be done.
23. Labelling the Humidifier and flow meter after the cleaning and change of the distilled water daily.
24. Change the disinfectant solution and prepare it according prescribed ratio.
25. Care of the dying and dead. Complete the death formalities by documentation and proper disposal of the body to the mortuary in time.

Ward Management

26. Handing over and taking over charge of patients, and ward inventory in each shift.
27. Maintenance of therapeutic environment in the ward.
28. Keeping the ward clean and tidy. Maintain cleanliness of ward, its annexes and environments. Keep the linen and ward equipment properly and in working condition. Care of clean and soiled linen with the help of hospital attendants H/A and S/A.
29. Routine care and cleaning of dressing trolleys, cupboards apparatus, mackintosh etc. by help of H/A and S/A.
30. Disinfection of linen, beds, floor and bed pans, and fumigation of rooms etc. By help of H/A and S/A.
31. Preparation of room, trolleys, and sets for procedures. Send sets used for Centralized sterilization unit (CSSD).
32. Preparation of surgical supplies.
33. Maintaining good inter personal relationship among all categories of staff and with patients and their relatives.
34. Orientation of new staff/students. Demonstration and guidance to student nurses.
35. Participation in staff education and staff meetings.

36. Participation in professional activities arid research activities related to nursing.
37. To attend Rounds with doctor, Medical/Nursing personnel.
38. Co-ordinate and facilitate work of other staff, e.g. physical therapist, social worker, dietician, voluntary worker etc.
39. Make indents for drugs, surgical supplies, stores in computerized store system (If available).
40. Enter the incident report of each staff in the quality improvement program.
41. Billing of patients in manual or computerized system.
42. Payment exemption of unknown/unattended /BPL patients to be facilitated through online Form for exemption.
43. Mid night census to be prepared in computerized format and send to concerned area.

Annexure: 2

JOB RESPOSIBILITIES OF HOSPITAL ATTENDANT

Reporting	- Report to the ward in-charge(s) of the assigned areas.
Cleaning and disinfection	- Daily cleaning of bed, bed side locker, cardiac tables or any accessories
	- Cleaning of frequently touched surfaces in each shift
	- Clean all medical equipment daily and the other equipment as per the weekly schedule.
	- Clean dressing trays after the use and repack for the CSSD
	- Terminal disinfection & carbolization of bed after patient shift / discharge/ death.
	- Cleaning and disinfection of suction jar, oxygen humidifier.
	- Cleaning and disinfection of any instrument or articles used in any procedures.
	- Cleaning of ICU slippers daily.
	- Cleaning of other surfaces as required
Bed making	- Change the bed linen of the patient daily and as and when required.
Transportation	- Assist in any transportation of patient throughout the Hospital.
	- Oxygen cylinder or any medical gas filing.
	- CSSD, Pharmacy items & store indent transportation
	- Laboratory samples and report collection
	- Transportation of dead body to mortuary.
	- Carrying the discharge files to MRD
Patient Care	- Empty urine/drain/suction jar/oxygen humidifier etc.
	- Assist patient in getting into diaper change, dress change or to meet hygiene need
	- Providing morning care to the patients who are in need
	- Assist patients in movements (wheel chair, stretcher)
	- Care of dead body with Nursing officer.

	- Packing of dead body.
Waste Management	- Solution preparation for liquid waste management
	- To follow the BMW rules for segregation of wastes.
- Perform the other responsibilities as assigned by the Ward In-Charge or Nursing Officer on duty.	

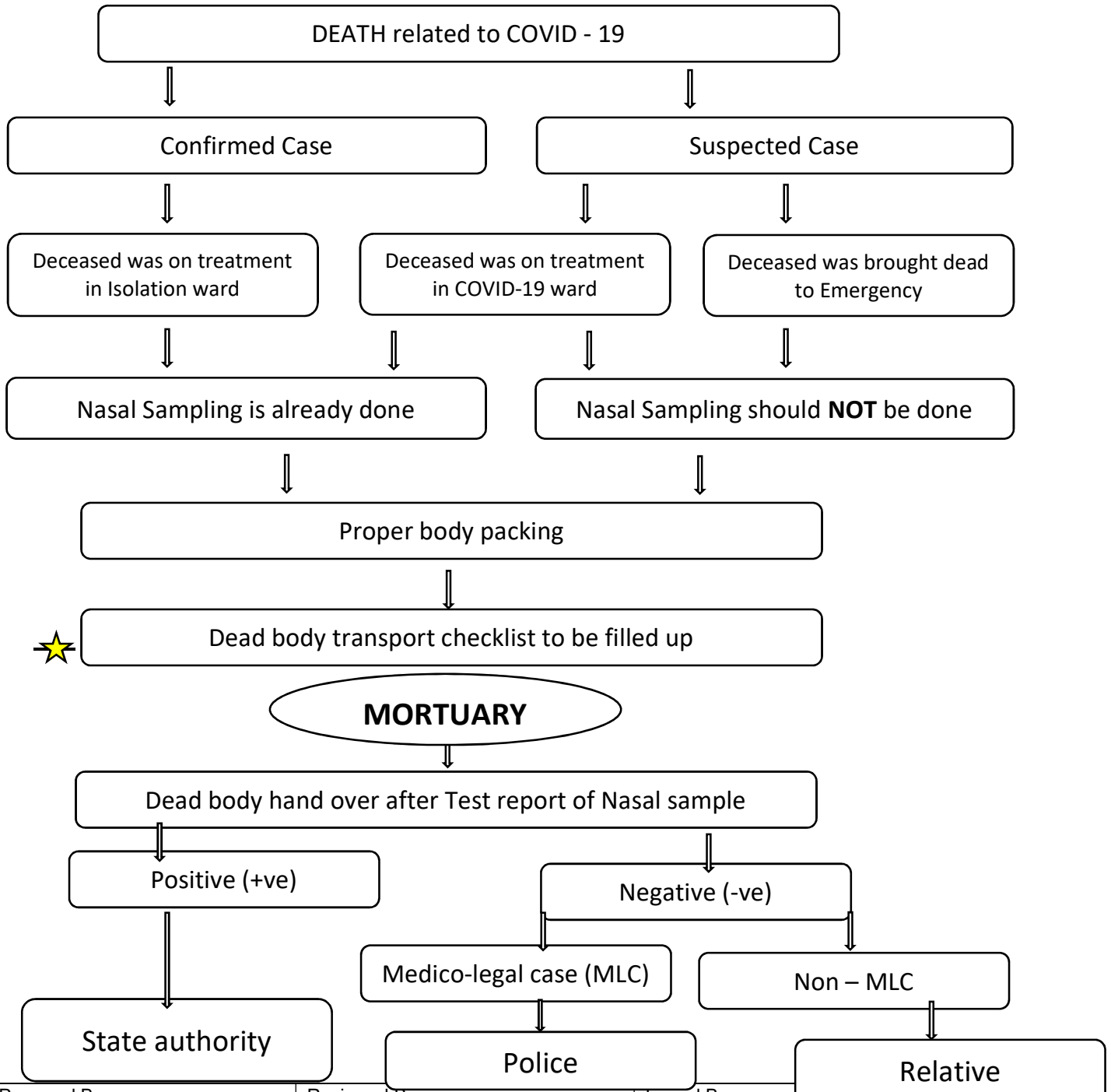
Annexure- 3

JOB RESPOSIBILITIES OF HOUSE KEEPING STAFF

1. Informs the supervisor while reporting on duty and on completion of shift.
2. Clean OPDs, waiting areas, Procedure rooms, patient room, corridors, toilets, ICUs, OTs, wards, laboratories, lifts, staircases etc. as per cleaning schedule.
3. Checks patient utility items in toilet e.g. liquid soap, toilet roll, deodorant, naphthalene ball etc.& refill it as & when required.
4. Checks all patient utility items provided in the wash room e.g. Bucket, Mug, liquid soap, toilet roll & get it changed as & when required.
5. Report to supervisor for any electrical /plumbing problem.
6. Check and control equipment like scrubbing machine, vacuum cleaner.
7. Maintain a polite, dignified and helpful attitude toward the patient.
8. Clears the dustbin of rooms & departments as per the schedule.
9. Replenish housekeeping trolley with patient supplies and detergent.
10. Check all areas according to the area checklist.
11. Supplement all the work of Hospital attendant in their absence.
12. Perform the other responsibilities as assigned by the Ward In-Charge or Nursing Officer on duty.

Annexure - 4

FLOWCHART OF COVID-19 DEAD BODY MANAGEMENT



- Confirmed cases with positive (+ve) result of the test can be directly handed over to appropriate State authority in Non-Medico-Legal Cases.

N.B:

1. In-case of delay in hand over of confirmed case of COVID-19 dead body to appropriate state authority, body can be stored in mortuary to prevent decomposition.
2. Residents of Hospital Administration can be contacted in-case of any difficulties in transport of dead body to mortuary.
3. Suspected or confirmed case of COVID-19 dead body should be handled carefully with proper protective measurements.
4. Copy of this document may be printed after due perusal and circulated to isolation ward, COVID-19 ward and emergency for smooth functioning.

CHECKLIST FOR SUSPECT/CONFIRMED COVID-19 BODY TRANSPORT

CR No.: **Date:**

NAME:

AGE: **SEX:**

At Emergency Dept./IPD/Isolation ward

1	Information to Police if Medico Legal Case (MLC)/Relative in non-MLC death	Yes/No
2	Entry in the death register	Yes/No
3	Letter from CMO/Ward in-charge for body storage	Yes/No
4	Labelling body tag	Yes/No
5	Sample collection – Nasal sample	Yes/No
6	COVID 19 test report attached	Yes/No
7	Proper Body wrapping in Polythene	Yes/No
8	Body placed in zipped Bag	Yes/No
9	Signature of body recipient – Police/Relative/State Authority/Others	Yes/No
10	Information to security to escort during body transport	Yes/No

Name of the transporter - 01: _____ Signature:

02: _____ Signature:

Signature of verifier at Emergency with seal:

At Mortuary:

	During storage	
1	Letter from CMO/Ward in-charge for body storage	Yes/No
2	Entry in the cold storage register	Yes/No
3	Signature of the Police/accompanying relatives	Yes/No
4	Submission of Identity proof of relatives	Yes/No
5	Signature of the body transporter	Yes/No
6	Verification of intactness of body cover	Yes/No
7	Storage in the mortuary cabinet	Yes/No
8	Labelling of individual rack in mortuary cabinet	Yes/No
	During despatch	
1	Office order of the BMC to collect dead body (For confirmed COVID 19)	Yes/No
2	Signature of body recipient – Police/Relative/State Authority/Others	Yes/No
3	Photography of the vehicle in which dead body despatched	Yes/No

Name of the body handler - 01: _____ Signature:

02: _____ Signature:

Signature of verifier at mortuary:

Annexure – 5a

ଅଣ୍ଡରଟେକିଂ / ଦାୟିତ୍ୱ ପୂର୍ବକ ଘୋଷଣା ପତ୍ର

ମୁଁ, ଶ୍ରୀ / ଶ୍ରୀମତୀ/ କୁମାରୀ _____, ଆୟୁ ____, ଲିଙ୍ଗ _____, ପିତା / ସ୍ୱାମୀ / ସ୍ତ୍ରୀ ଙ୍କ ନାମ _____, CR ନଂ. _____ IP ନଂ_____, ନିମ୍ନଲିଖିତ ତଥ୍ୟ କୁ ବୁଝିପାରୁଛି ।

କରୋନା ମହାମାରୀ ହେଉଥିବା ବେଳେ, ମୁଁ ଏମ୍ସ ଭୁବନେଶ୍ୱର କୁ ଜରୁରୀକାଳୀନ ଚିକିତ୍ସା ନିମନ୍ତେ ଆସିଅଛି ।

ଏମ୍ସ ଭୁବନେଶ୍ୱର ଠାରେ COVID / କରୋନା ରୋଗୀ (ଉଭୟ ସନ୍ଦେହ ଯୁକ୍ତ, ପ୍ରମାଣିତ ରୋଗୀ ଓ COVID ପରୀକ୍ଷା ର ପରିଣାମ ର ଅପେକ୍ଷା କରିଥିବା ରୋଗୀ) ଏବଂ ଅନ୍ୟାନ୍ୟ ରୋଗୀ ଚିକିତ୍ସା ହେଉଛନ୍ତି ।

କରୋନା ପ୍ରମାଣିତ ରୋଗୀ ଏକ ସ୍ୱତନ୍ତ୍ର ବ୍ଲକ ରେ ଚିକିତ୍ସାଧୀନ ଅଛନ୍ତି ।

ଏମିତି ମଧ୍ୟ ରୋଗୀ ଥାଇପାରନ୍ତି ଯେଉଁମାନେ କରୋନା ଭୁତାଣୁ ସଂକ୍ରମିତ ହୋଇଥିବେ କିନ୍ତୁ କୌଣସି ଲକ୍ଷଣ ନଥିବାରୁ ପରୀକ୍ଷା ଜରି ନାହାନ୍ତି ।

ମୁଁ ମଧ୍ୟ COVID / କରୋନା ରୋଗୀ ହେଇଥାଇପାରେ ଏବଂ ମୋଠାରୁ ଏହା ହସ୍ପିଟାଲ କର୍ମଚାରୀଙ୍କୁ ସଂକ୍ରମିତ ହେଇପାରେ ।

ତେଣୁ ମୁଁ ସଂକ୍ରମ ରୋକିବାକୁ ସତର୍କତା ରକ୍ଷା କରିବି ଓ ହସ୍ପିଟାଲ ନିୟମାବଳୀ ମାନିବି । ଏହା ମୋ ଦାୟିତ୍ୱ ଅଟେ ।

ସ୍ୱାସ୍ଥ୍ୟକର୍ମୀଙ୍କ ପରାମର୍ଶ କ୍ରମେ ମୋତେ କରୋନା ସ୍କ୍ରିନିଙ୍ଗ ଯାଞ୍ଚ କରାଯାଇ ପାରେ ।

ସମସ୍ତ ସୁରକ୍ଷା ପଦକ୍ଷେପ ନେବା ସତ୍ତ୍ୱେ, ମୋତେ ହସ୍ପିଟାଲ କର୍ମଚାରୀଙ୍କ ଠାରୁ କରୋନା ସଂକ୍ରମିତ ହେଇପାରେ ।

ଏଥିପାଇଁ ହସ୍ପିଟାଲ କର୍ତ୍ତୃପକ୍ଷ ଦାଈ ହେବେନାହିଁ ।

ମୁଁ ଉପରୋକ୍ତ ତଥ୍ୟ କୁ ବୁଝିପାରିଲି ଏବଂ ଏଠାରେ ସ୍ୱାସ୍ଥ୍ୟସେବା ନେବା ପାଇଁ ଆଗ୍ରହୀ ଅଟେ

_____	_____
ରୋଗୀଙ୍କ ହସ୍ତାକ୍ଷର / ବାମ ହସ୍ତ ବୃଦ୍ଧା ଆଙ୍ଗୁଳି ଚିହ୍ନ / ରୋଗୀଙ୍କ ସମ୍ପର୍କୀୟଙ୍କ ହସ୍ତାକ୍ଷର (ତାରିଖ ଓ ସମୟ)	ସାକ୍ଷୀଙ୍କ ହସ୍ତାକ୍ଷର / ବାମ ହସ୍ତ ବୃଦ୍ଧା ଆଙ୍ଗୁଳି ଚିହ୍ନ (ତାରିଖ ଓ ସମୟ)
_____	_____
ପିତା ମାତା/ଅଭିଭାବକଙ୍କ ହସ୍ତାକ୍ଷର (ଶିଶୁ ରୋଗୀଙ୍କ ପାଇଁ) (ତାରିଖ ଓ ସମୟ)	ଡାକ୍ତରଙ୍କ ହସ୍ତାକ୍ଷର (ତାରିଖ ଓ ସମୟ)

Annexure -5b

UNDERTAKING

I, Mr./Ms ……., age …… , sex .. ……., S/O, D/O,W/O ……., CR no. ……., IP no ……., understand the following facts –

During the current Corona pandemic, I have reported at the AIIMS BBSR hospital for emergency treatment.

AIIMS BBSR hospital manages both COVID suspect (screened and tested , awaiting test results) , COVID positive (screened, tested and found positive) patients and other patients (non COVID) in different areas of the hospital. The COVID positive patients are treated in the designated COVID block.

That there might be patients in the hospital who do not show symptoms of the COVID (asymptomatic carriers) and hence have not been screened / tested ,but may be positive

That I may be an undiagnosed patient with COVID and hence am liable to endanger the hospital staff . It will be my responsibility to take prescribed precautions and follow the hospital protocols.

That I may be required to take the COVID screening test as and when required as per medical advice.

That, despite all precautions, I may acquire the COVID infection from the hospital staff/ environment . However, I will not hold the hospital or staff responsible for the same.

After having understood the above, I agree to avail of the medical / surgical treatment for my ailment at AIIMS BBSR at my behest and risk.

Signature of patient / LTI or attendant (Date & Time)	Signature of witness / LTI (Date & Time)
Signature/LTI of Parents or Guardian (For pediatric patients) (Date & Time)	Signature of the attending Doctor (Date & Time)

All India Institute of Medical Sciences, Bhubaneswar
Patient Valuables Handover Form

Date & Time: Dept. /Ward:
Patient name: Sex :
IP/CR No: Age :

Valuables handed over			**Valuables still present with patient** (If any, which could not be removed due to any reason)		
Sl. No.	Name & description	Quantity	Sl. No.	Name & description	Quantity
1			1		
2			2		
3			3		
4			4		
5			5		
1. Strike out empty boxes.			**2. Use additional form if items are more**		

Above items of the patient were handed over to _____, Father/Mother/Husband/Wife/Son/Daughter/if others (specify) _____ of patient in presence of undersigned witnesses.

Full Name & Signature:

Designation: Mobile No:

I, hereby, declare that I have received above mentioned items and verified the items still with the patient (if any) . Hospital personnel will no longer be responsible for any damage to or loss of the items mentioned above.

Full name & Signature/Thumb print:

ID No. Mobile No.:

Address:

Witness – 1

Name:

Signature:

Mobile No.:

Witness – 2

Name:

Signature:

Mobile No.:

ACKNOWLEDGEMENTS:

1. Dept of Hospital Administration
2. Dept of Pulmonary Medicine
3. Dept of CMFM
4. Dept of Anesthesiology
5. Dept of FMT
6. Dept of Psychiatry
7. Dept of O & G.
8. College of Nursing
9. ICN team
10. All Others.

Thank You