



Infection Control Practices for COVID 19–AIIMS Bhubaneswar

Introduction:

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections. The most recently discovered coronavirus causes coronavirus disease COVID-19. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

1. Symptoms of patient affected by the COVID 19:

The most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. Some people become infected but don't develop any symptoms and don't feel unwell. Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty in breathing. Older people, and those with underlying medical problems like high blood pressure, heart diseases or diabetes, are more likely to develop serious illness. People with fever, cough and difficulty in breathing should seek medical attention.

2. How is the virus spread?




People can develop COVID-19 from others who have the disease. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then develop COVID-19 by touching these objects or surfaces and then touching their eyes, nose or mouth. People can also develop COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. This is why it is important to stay more than 1 meter (3 feet) away from a person who is sick.


3. Can the virus that causes COVID-19 be transmitted through the air?

Studies to date suggest that the virus that causes COVID-19 is mainly transmitted through contact with respiratory droplets rather than through the air.

4. Can COVID-19 be caught from a person who has no symptoms?




The main way the disease spreads is through respiratory droplets expelled by someone who is coughing. The risk of transmitting COVID-19 from someone with no symptoms at all is very low. However, many people with COVID-19 experience only mild symptoms. This is particularly true at the early stages of the disease. It is therefore possible to develop COVID-19 from someone who has, for example, just a mild cough and does not feel ill or are carriers.

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Infection Control Team	Chairman, Hospital Infection Control Committee	Medical Superintendent
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The control strategy at AIIMS Bhubaneswar:

1. All the patients coming to the hospital are to be screened for foreign travel/contacts with persons with history of foreign travel /contacts with history of diagnosed or suspected cases of COVID as per questionnaire attached below. Screening will be done at the OPD & Trauma department and suspected cases shall be directed to the Special OPD at AYUSH Block.
2. Massive awareness campaign including Audio/Video/ Public Announcements about hand hygiene, maintenance of 1 m distance between people with symptoms and surface cleaning & discarding the PPE as per management Rules is being carried out. All the faculty and staff shall promote hand hygiene and social distancing and handshakes are to be discouraged.
3. Number of patient attendants/Visitors to be restricted and overcrowding to be avoided.
4. Personal Protective equipment for all staff shall be provided as per MOHFW/WHO guidelines.
5. Training for usage of the PPE to be imparted in all departments/ wards and ICUs by the infection control team. Training campaign for Corona Awareness for the staff and patients will be conducted with the help of faculty and nursing students by the College of Nursing.
6. Special Training will be provided for staff at 'May I help You' Desk, registration counters, Laboratory, Security and Housekeeping.
7. All the staff to take adequate precautions while handling patient files, samples, reports etc.
8. Frequent surface cleaning to be done by housekeeping staff at frequently touched areas like door handles, lift switches, telephones, stethoscopes, BP Apparatus etc.
9. **Screening OPD at AYUSH Block:** The side entrance of the Ayush Block will be used for the patient movement. The registration counter will be exclusively for the Isolation facility.
 - i. Residents each from Departments as per roster will be assigned by concerned HOD for screening OPD. They along with Nursing Officers, housekeeping staff and security staff shall manage the OPD.
 - ii. The staff involved in direct care of COVID -19 patients will be provided with N 95 masks as per MOHFW & WHO guidelines.
 - iii. Other staff can be provided with medical masks/ cloth masks which they must wash daily with soap and detergent.
 - iv. A separate sample collection center will be functional in this facility.

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**Questionnaire:****ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHUBANESWAR**
Screening FOR COVID 19

DateTime:

Name:

Age:

Gender:

1. H/O Travel to Foreign Countries in last one-month **(OR)** H/O Contact with any person with foreign travel

Yes No **OR**

2. H/O Fever in last 15 days **AND** H/O Cough **OR** Sore Throat **OR** Breathing Difficulty

Yes No *IF either 1 or 2 is Yes, Refer to Screening OPD in AYUSH Building***REFERRED TO SCREENING OPD**

Signature:

Based on the response to the questionnaire, the patient shall be directed to the Ayush Block OPD

10. Awareness campaign including Audio/ Public Announcements about hand hygiene and general symptoms of COVID 19 infection shall be made by MSW.

11. Signage to be displayed in following areas

- i. Central OPD registration
- ii. Trauma & emergency
- iii. Any OPD
- iv. Lab Ground Floor/ 1st Floor sample collection area
- v. Ration Card Counter
- vi. Admission/Discharge Counter
- vii. Lab Report Dispatch counter
- viii. Radiology
- ix. Dialysis

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- x. Blood Bank
- xi. All Ward, ICU & OT entrance
- xii. Ayush
- xiii. Academic Block Side Entrance from hospital.
- xiv. 2nd Floor Pathology & Microbiology Dept in the academic block.
- xv. Vishram Gruha
- xvi. Patient Canteen and Yatri Canteen.
- xvii. AMRIT & 24x7 Pharmacy
- xviii. All Lifts
- xix. MS Office & Control Room

12. Restriction of number of visitors to the admitted patients. Only one attendant may be permitted to stay. No visitors will be permitted inside the patient room if patient is admitted in isolation ward.
13. All HoDs are requested to provide a duty roster of the residents and other staff. Accordingly, the on-duty staff shall be provided with PPE during their duty hours. The PPE must be discarded in the hospital in closed Yellow color dustbins only.
14. Training for usage of the PPE (Donning & doffing) shall be imparted by the Infection Control Team. All medical officers and other staff are required to adhere to the steps.
15. The security staff must ensure that there is no overcrowding at any place and must practice hand washing as much as possible.
16. All efforts must be done to minimize the movement of files to & from Ayush Block. The Lab Samples to be collected from the respective ward or block in a separate zip lock pouch with a Label on the same. The reports to be made available at the respective wards preferably online.
The radiology investigations like X Ray and Ultrasound will be done using portable machines. The X Ray Plate/ board used in the process must be cleaned after each use. CT Scans & MRI must be avoided unless emergency and to undergo thorough surface cleaning after use.
17. Support Services Policy: This includes Pharmacy & Stores, CSSD, Linen, Kitchen & Dietetics. It must be ensured that all the items must be thoroughly cleaned and sterilized wherever necessary. An additional layer or packaging may be done with a label for Suspected cases. (Details mentioned below under environment cleaning)
18. BMW management: It may be noted that any waste generated from the Ayush Block shall be treated as suspected COVID and will be separately handled. Foot operated closed waste bins are to be indented for the usage. The Housekeeping and waste handlers may be trained in using PPE while handling BMW.
 - a. Color coded bins usage to be strictly followed for segregation of Biomedical Waste Management. The general waste should be discarded as per Solid Waste Management Rules. Double layer waste bags should be used to prevent leakage, tear or puncture.

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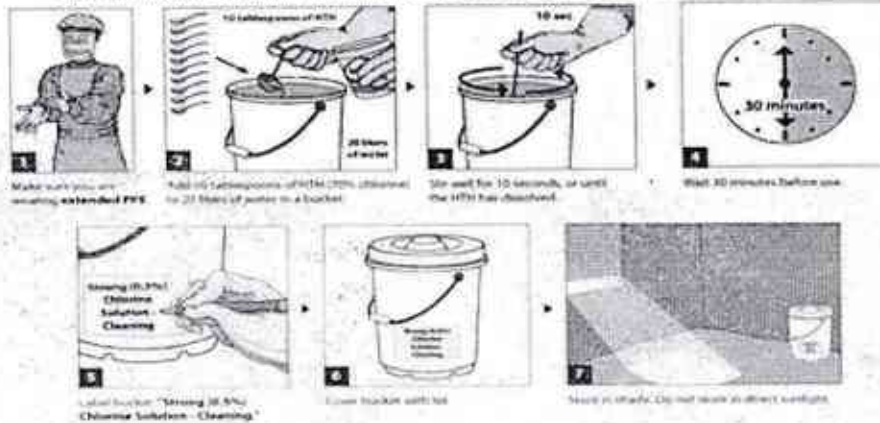
- b. Covid-19 labels are to be put on waste bins.
 - c. Separate waste collection record to be maintained.
 - d. Dedicated trolley & collection bins to be used for COVID-19.
 - e. Cleaning of waste bins to be done with 1% Sodium Hypochlorite inside & outside.
 - f. The BMW transport Vehicle to be cleaned after every trip with 1% Sodium Hypochlorite.
 - g. Report about COVID-19 wastes to be sent for SPCB.
 - h. The experienced waste-handlers should be assigned for BMW management for COVID- 19 cases.
 - i. The waste-handlers must wear personal protective equipment (PPEs) while handling the BMW.
19. With regard to trauma & emergency department, patients with similar complaints reporting to the Emergency Dept, will be redirected to Ayush building. All staff must practice hand hygiene while dealing with any patient religiously. All must wear surgical masks and should discard it while leaving the department.
20. Home quarantine must be advised to any staff who has developed fever, sneezing, coughing and recent travel history.
21. In case of any suspected COVID – 19 patients, they must be redirected to the Ayush Block OPD after putting on PPE for patients.
22. In case of resuscitation and other procedure, 'single use devices' may be utilized and discarded appropriately after usage.
23. All the items like door handles, telephones, mobile devices, stretcher, wheel chairs, beds, devices, BP machines, stethoscope and any other items which has come in contact with patients must be surface cleaned by using Bacillocid solution & floor must be cleaned using % 0.5 or 1 % Sodium Hypochlorite solution frequently.

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How to Make Strong (0.5%) Chlorine Solution from 70% Chlorine Powder

Use strong (0.5%) chlorine solution to clean and disinfect surfaces, objects, and body fluid spills.
Make new strong (0.5%) chlorine solution every day. Throw away any leftover solution from the day before.



24. Sample Collection:

- Trained staff to collect the samples with appropriate PPE.
- The specimen is to be collected as soon as possible once suspected regardless of time of onset of symptoms.
- It is recommended that testing of multiple clinical specimen from different sites (Lower respiratory & upper respiratory- nasopharyngeal & oropharyngeal) must be done.
- Transport of the swab specimen should be done by the patient attendant to the respective lab with proper labelling (Name, UHID, Specimen Type, Date etc.) to RMRC, Bhubaneswar after the formalities of permission from State Government authorities. Other specimens are to be sent to respective labs at AIIMS Bhubaneswar with equal protective measures.
- Proper disposal of the waste to be ensured by the staff.




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Signature <i>Birewajanan</i>	Signature <i>[Signature]</i>	Signature <i>[Signature]</i>

**25. Admission & Discharge of suspected COVID-19 patients:**

- 1) All the suspected patients of COVID -19 shall be directed isolation facility. In case admission is required at AIIMS Bhubaneswar, the designated Ayush Block shall be the inpatient ward.
- 2) A patient with symptoms of cough, sneezing, fever or breathing difficulty, will be admitted when indicated or tests positive for COVID-19 in the Ayush Block-Isolation ward.
- 3) Special attention should be given to senior citizens, pregnant females and patients with existing illness.
- 4) The facility will be manned by doctors and nurses as per roster.
- 5) No patient shall be admitted at Trauma & Emergency with symptoms. All efforts must be done to quickly triage the patient and send him/her to Ayush Block with medical masks to the patient.
- 6) Only essential personnel should enter the room. Implement staffing policies to minimize the number of staffs who enter the room.
 - i. A log of all persons who care for or enter the rooms shall be maintained.
 - ii. Referrals should be attended by the specialist doctors at the bed side with PPE.
- 7) Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs). If equipment will be used for more than one patient, clean and disinfect such equipment before use on another patient according to manufacturer's instructions
- 8) Limit transport and movement of the patient outside of the room.
- 9) The medical team shall educate the patient and attendants about hand hygiene whenever possible.
- 10) All efforts to be done to perform patient admission, billing, lab requests, generating reports etc. in online mode to minimize the paper work.
IT support may be required to prepare discharge advice online.
- 11) No visitors will be permitted inside the room.
- 12) Standard precautions must always be applied always by all staff and patient and their attendants.
- 13) Discharge of a patient: The patient will be discharged if COVID-19 tests negative. Other clinical parameters will be reviewed and decided by the treating doctor after resolution of symptoms, radiological improvement with virologic clearance in 2 samples at least 24hrs apart.

26. Management of CSSD at Isolation Ward:

- 1) All the items at the Ayush Block shall be marked separately and ensured that it is packed properly after decontamination.

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- 2) Staff must wear PPE and do thorough cleaning of the CSSD items before bringing it to CSSD for sterilization.
- 3) The trolleys carrying sterile items to CSSD, must be cleaned thoroughly with bacillocid solution under supervision.
- 4) Autoclave machine to be installed at the Ayush Block for quick sterilization of any item.

27. Environment Cleaning & disinfection:

1) Surface Cleaning:

- a. COVID-19 virus can potentially survive in the environment for several hours/days
- b. Premises and areas potentially contaminated with the virus to be cleaned before their re-use.
- c. Products containing antimicrobial agents known to be effective against coronaviruses may be used (Bacillocid Solution & 0.5% Sodium Hypochlorite).
 - a. This removes the majority of bioburden,
 - b. Disinfect equipment and environmental surfaces
- d. Housekeeping surfaces can be divided into two groups
 - a. Those with minimal hand contact (e.g. floors and ceilings)
 - b. "High touch surfaces" – those with frequent hand-contact
- e. High touch housekeeping surfaces in patient-care areas should be cleaned and/or disinfected more frequently
 - a. Doorknobs
 - b. Bedrails
 - c. Light switches
 - d. Wall areas around the toilet in the patient's room
 - e. Edges of privacy curtains
 - f. Telephones
 - g. Electronic Devices
 - h. Lift Switches
 - i. Trolley handles, Stretcher, Wheelchair patient bed rails etc.
- f. Wear gloves when handling and transporting used patient care equipment
- g. Before removing equipment from patients' room, medical equipment must be disinfected
- h. Non-critical medical equipment E.g., stethoscopes, blood pressure cuffs, dialysis machines and equipment knobs and controls, require cleansing followed by low- to intermediate level disinfection, depending on the nature and degree of contamination

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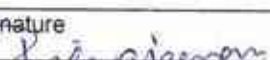


- i. In absence of manufacturer instructions regarding cleaning/disinfection of equipment, Ethyl alcohol or isopropyl alcohol (60%–90%, v/v) to be used for disinfecting small surfaces (rubber stoppers of multiple-dose medication vials, and thermometers) and occasionally external surfaces of equipment (stethoscopes and ventilators)
- j. Cover mattresses for easier disinfection.
- k. Barrier protection of 'difficult to clean surfaces' and equipment is useful, especially if these surfaces are:
 - i. Touched frequently by gloved hands during the delivery of patient care
 - ii. Likely to become contaminated with body substances,
 - iii. Impervious paper, plastic or fluid-resistant covers are suitable for use as barrier protection
 - iv. Remove and discard coverings with gloved hands.
 - v. Perform hand hygiene after un gloving.
 - vi. Cover these surfaces with clean materials before the next patient encounter.

2) Linen Management: Cleaning soiled bedding, towels and clothes from patients with COVID-19

- i. Disposable materials to be used as far as possible.
- ii. In case reusable linen is used the soiled linen should be decontaminated, after carefully removing any solid excrement. Soiled waste can be discarded in the toilet.
- iii. Washing machine: Wash at 60-90°C with laundry detergent followed by soaking in 0.1% chlorine for approximately 30 minutes and dried
- iv. If no machine cleaning is to be done,
 - a. Soak the linen in hot water with soap/detergent in a large drum
 - b. Use a stick to stir and avoid splashing
 - c. Empty the drum and soak linen again in drums in 0.1% chlorine for approx. 30 minutes
 - d. Rinse with clean water and let linens dry fully in the sunlight

3) Cleaning and disinfection of occupied patient rooms:

- a) Well-trained staff to be designated for cleaning surfaces
- b) Cleaning personnel should wear PPE and must be trained on proper use of PPE and hand hygiene
- c) Scope of cleaning: All surfaces of bed, furniture, equipment, patient file, door knobs, telephones, curtains etc.
- d) Use a checklist to promote accountability for cleaning responsibilities

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- e) Keep cleaning supplies outside the patient room.
- f) Cleaning and disinfection after patient discharge or transfer: Clean and disinfect all surfaces that were in contact with patient or may have become contaminated during patient care
- g) Hospital disinfectants to be used are: 70% ethyl alcohol for small areas – reusable dedicated equipment (e.g. thermometers) and Sodium hypochlorite at 1% for surface disinfection

4) Cleaning of Housekeeping surfaces and eating utensils:

- a) Require regular cleaning and removal of soil and dust
- b) Personal protective equipment (PPE) used during cleaning and housekeeping procedures
- c) Need to be cleaned only with soap and water or a detergent/disinfectant, depending on the nature of the surface and the degree of contamination
- d) Dishes and eating utensils used by a patient with known or suspected infection
- e) No special precautions other than standard precautions
- f) Wear gloves when handling patient trays, dishes and utensils

5) Spill management

- a) Worker assigned to clean the spill should wear gloves and other personal protective equipment
- b) Most of the organic matter of the spill to be removed with absorbent material
- c) Surface to be cleaned to remove residual organic matter
- d) Use disinfectant: hypochlorite
 - i. 1% for small spills
 - ii. 10% for large spills

28. 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. wear a medical mask while waiting in triage or waiting areas or during transportation within the facility;
 - b. wear a medical mask when staying in cohorting areas dedicated to suspected or confirmed cases;
 - c. do not wear a medical mask when isolated in single rooms but cover mouth and nose when coughing or sneezing with disposable paper tissues.
 - d. perform hand hygiene immediately afterwards.

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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.	<ul style="list-style-type: none"> • Medical 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.	<ul style="list-style-type: none"> • Respirator N95 or FFP2 standard, or equivalent. • Gown • Gloves • Eye protection • Apron
	Cleaners	Entering the room of COVID-19 patients.	<ul style="list-style-type: none"> • Medical mask • 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	<ul style="list-style-type: none"> • Medical mask • Gown • Gloves

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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.	Cloth Mask & 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.)	<ul style="list-style-type: none"> Maintain spatial distance of at least 1 m. Medical Mask
	Patients with respiratory symptoms.	Any	<ul style="list-style-type: none"> Maintain spatial distance of at least 1 m. Provide medical mask if tolerated by patient.
	Patients without respiratory symptoms.	Any	No PPE required
Laboratory	Lab technician	Manipulation of respiratory samples.	<ul style="list-style-type: none"> Medical mask Gown Gloves Eye protection (if risk of splash)

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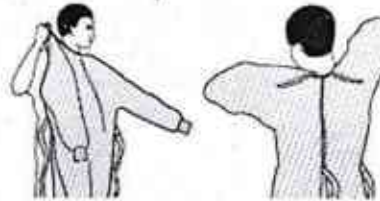
Wear PPE as per following instructions:

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



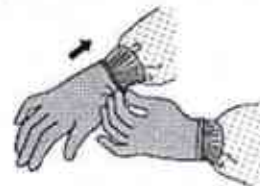
3. GOGGLES OR FACE SHIELD

- 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



COVID-19

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Remove PPE as per following instructions:

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

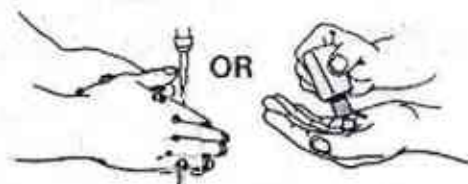


3. MASK OR RESPIRATOR

- 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



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Masks management:

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.

- a) place mask carefully to cover mouth and nose and tie securely to minimize any gaps between the face and the mask; while in use, avoid touching the mask;
- b) remove the mask by using appropriate technique (i.e. do not touch the front but remove the lace from behind);
- c) after removal, clean hands by using an alcohol-based hand rub or soap and water
- d) replace masks with a new clean, dry mask
- a) do not re-use single-use masks;
- b) discard single-use masks after each use and dispose-off them immediately upon removal into Yellow Dust Bin.

29. Advices for all staff for self-precautions:

1. Simple precautions:

- a. Frequent & thorough cleaning of your hands with an alcohol-based hand rub.



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How to Handrub?

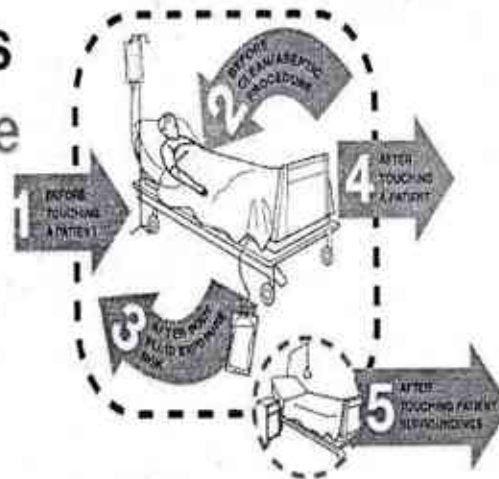
RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds



Your 5 Moments for Hand Hygiene

- 1 BEFORE TOUCHING A PATIENT
- 2 BEFORE CLEAN / ASEPTIC PROCEDURE
- 3 AFTER BODY FLUID EXPOSURE RISK
- 4 AFTER TOUCHING A PATIENT
- 5 AFTER TOUCHING PATIENT SURROUNDINGS



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- b. Maintain at least 1-meter (3 feet) distance between yourself and anyone who is coughing or sneezing. When someone coughs or sneezes they spray small liquid droplets from their nose or mouth which may contain virus
- c. Avoid touching eyes, nose and mouth.
- d. Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.
- e. Home Quarantine: Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Avoid traveling to places – especially if you are an older person or have diabetes, heart or lung disease.

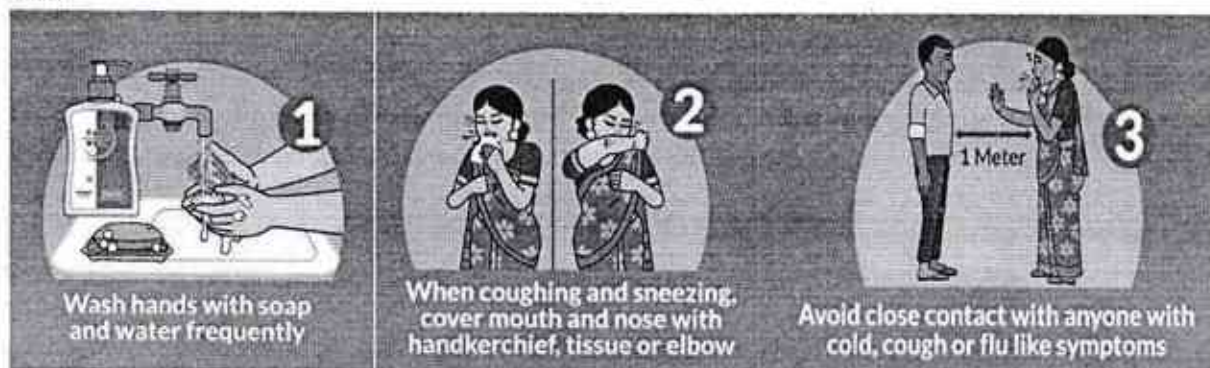
30. Protection measures for persons who are in or have recently visited (past 14 days) areas where COVID-19 is spreading:

- 1) Self-isolate by staying at home if you begin to feel unwell. Avoiding contact with others.
- 2) If you develop fever, cough and difficulty breathing, seek medical advice

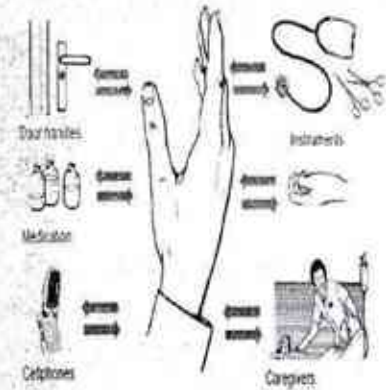
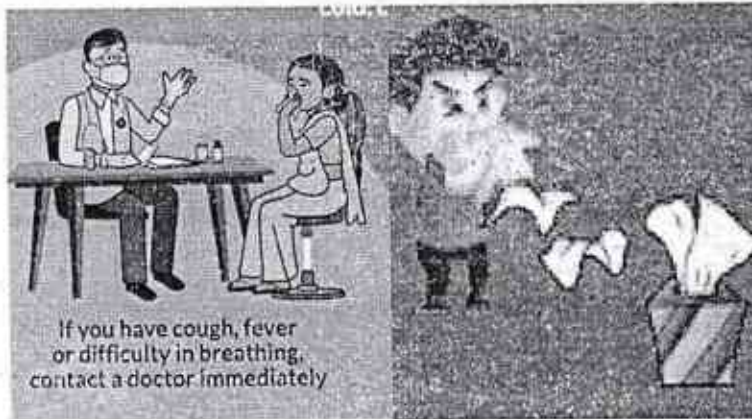
31. For suspected COVID cases:

The patient shall be sent to the nearest testing center. **Standard precautions:** Health-care workers caring for a suspected patient should implement standard infection control precaution of basic hand hygiene, use of personal protective equipment, respiratory etiquettes, and environmental disinfection (As mentioned earlier)

IEC:



Prepared By:	Approved By:	Issued By:
Infection Control Team	Chairman, Hospital Infection Control Committee	Medical Superintendent
Signature	Signature	Signature



COVID 19 STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

- Avoid close contact with people who are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Avoid touching your eyes, nose, and mouth.
- Clean and disinfect frequently touched objects and surfaces.
- Stay home when you are sick, except to get medical care.
- Wash your hands often with soap and water for at least 20 seconds.

For more information, www.cdc.gov/COVID19

For more information and assistance, please contact our Infection Control team, AIIMS Bhubaneswar or MS Office

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