सांचालनालय स्वास्थ्य सेवायें गोवाप्रदेश

1. समस्त क्षेत्रीय सांचालक, स्वास्थ्य सेवायें, म.प्र.
2. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी म.प्र.
3. अयश, नर्सिंग होम एसोसिएशन म.प्र.

विषय:- नौं कोविड स्वास्थ्य केन्द्रों पर कोविड-19 के संदिश/पुष्ट रोगियों के प्रबंधन संबंधी निर्देश।

सांदर्भः 1. भारत सरकार के "Guidelines to be followed on detection of Suspect/ Confirmed case in a Non COVID Health facility"
2 सांचालनालयीन आदेश क/आई.डी.एस.पी./2020/468 दिनांक 16/04/2020

विषयान्वयन लेख है कि प्रदेश में कोविड-19 के मामलों का दृष्टिगत रखते हुए यह अस्तित्व महत्वपूर्ण है कि समस्त अस्पतालीय विशेषकर, कोविड-19 हेतु विनियमित Containment Zone में सिविल/ निकटस्थ अस्पतालों में आने वाले प्रत्येक रोगी को कोविड-19 का संदिश मानते हुए गानक उच्चार Universal Safety Precaution अपनाते हुए ही दिया जाये। इस हेतु अस्पताल में Hospital Infection Control Committee (HICC) गठित की जाए जिस का पालयोग होगा कि कार्यक्रम समस्त स्वास्थ्य सेवा प्रदाताओं व संस्थाओं में भर्ती अंतर्करण रोगियों में बुखार/खांसी/सांस लेने में कठिनाइ के लक्षणों का दैनिक सर्वसंपत्त लेनें करें।

नौनकोविड शासनीय/निजी अस्पतालों के लिये कोविड-19 संदिशों/रोगियों के प्रबंधन हेतु निम्न निर्देश दिये जाते हैं:-

1. कोविड-19 को दृष्टिगत रखें बाह्य रोगियों के Triage संबंधी निर्देश

- अस्पतालों के प्रवेश द्वार पर ही सर्दी/खांसी/बुखार के मरीजों की स्क्रीनिंग की जाए एवं रोगियों के प्रवेश व निकास को नियंत्रित किया जाए।
- जिन अस्पतालों में एक ही प्रवेश/निकास द्वार हो, वहाँ परिसर के भीतर आगमन व निकास को बेरिक्षेत्र कर पृथक किया जाए।
- अस्पताल में तेनात्र स्टॉफ से रोगियों की दृष्टि मुनिशित करने हेतु एक मीटर के दायरे में बेरिक्षेत्र किया जाए तथा अस्पताल परिसर में अनिवार्य सब कुछ से Social Distancing का पालन किया जाए।
- सामान्य मेडिकल एवं पेयरेमेडिकल स्टॉफ को व्यक्तिगत सुरक्षा साधन व सेनिटाइजर उपलब्ध कराने का दायित्व अस्पताल प्रबंधक का होगा।
- जिन अस्पतालों में एक से अधिक प्रवेश/निकास द्वार हो उन सभी को बंद कर आगमन हेतु मान एक द्वार ही खुला रखा जाए एवं कोविड-19 के संदिशों (ILI के लक्षण वाले रोगियों) हेतु पृथक आगमन/निकास मुनिशित किया जाए।
- सामान रोगियों व रोगियों के साथ आये परिवारों (आवश्यकता अनुसार अधिकतम 1 परिवार) को मास्क/रूम/गांव/दुपटटा आदि से मुख छोड़ने हेतु निताऊरित किया जाए।
- अस्पताल परिसर, चिकित्सक कक्ष, वार्ड, प्रायोगिक कक्ष तथा अन्य समस्त स्थल जहाँ रोगियों का आवागमन होता हो को प्रत्येक 08 घंटे के अंतराल पर 1% सोडियमहाइड्रोक्लोराइट सल्वाइज़ से सेनिटाइज किया जाए।

2. कोविड-19 पॉजिटिव रोगी के भारी होने पर

- उपरोक्त स्थिति में अस्पताल प्रबंधन द्वारा व्यापक स्वास्थ्य अधिकारी/जिले के मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी को कोविड-19 पॉज़िटिव रोगी की तकनीक सुधारने दी जाये।
- रोगी को विनियमित कोविड संस्थान में ट्रांसफर करने के पूर्व एवं कैरियरल स्थिति अनुसार उचित प्रबंधन एक पृथक कक्ष में आईसोलेट द्वारा सुनिश्चित किया जाये। कैरियरल स्थिति को दृष्टिगत रखते हुए रोगी को यथा समय मास्क पहनाया जाये एवं निगरानी हेतु एक विशिष्ट स्वास्थ्य सेवा प्रदाता को ही व्यक्तिगत सुरक्षा साधन से लेने कर तैनात किया जाये।
3. कोविड- 19 के संदिग्ध/ पुष्ट स्वास्थ्य कम्युन के सिविलकार होने पर

- सुचारू, खासी, सांस लेने में कठिनाई वाले समस्त स्वास्थ्य कर्मियों को कोविड- 19 का संदिग्ध माना जाए। ऐसे कर्मीयों को गार्ड का उपयोग करते हुए दिनों दिन शिक्षित किया जाए एवं तत्काल सिविलकार कोविड-19 अस्पताल में आईसलेनेशन के लिए भेजा जाए।
- स्वास्थ्य कर्मीयों के संपर्क में आए अन्य कर्मीयों व लोगों की नामांकन सूची तैयार कर स्वास्थ्य अनुशासन को सूचित किया जाए।
- समस्त स्वास्थ्य केंद्रों पर वैक्सिनेशन स्टाइल क्रिया हेतु Contingency Plan तैयार रखा जाए ताकि अस्पताल सेवाओं की निरंतरता बनी रहे।
- अस्पताल में गार्ड विशालिक्षण की प्रक्रियाओं का पालन किया जाए। किसी भी अस्पताल में संदिग्ध अन्य पुरुष कोविड 19 कोशिकाएं के लिए संदर्भ शीर्षक अवस्था सूचित की जाए।
- ऐसी परिस्थिति में पुरुष अस्पताल का बंद करने की आवश्यकता नहीं है वरन विशालिक्षण, सूची का आईसलेनेशन व कोन्टेनर ट्रेसिंग कराया जाए।
- यदि उपस्थित प्रक्रियाओं के पालन के बावजूद उच्च संदर्भ में पुन: नए संदिग्ध पाए जाते हैं तो अस्पताल/अस्पताल के संबंधित शाखा को अपशब्द रूप से बंद किया जाए व समूचे स्वास्थ्य सेवाओं का निरंतर विधान किया जाए।

संलग्न :- Flow Chart

क्रमांक/ कोविड-19 नियंत्रण/ आई.डी.एस.पी./ 2020/51
प्रतिस्पर्श सूचनाः—
1. अलंकृत कुछ सचिव, लोक स्वास्थ्य एवं परिवार कल्याण विभाग, म.प्र. शासन, वल्लभ भवन, भोपाल, म.प्र।
2. प्रमुख सचिव, लोक स्वास्थ्य एवं परिवार कल्याण विभाग, म.प्र. शासन, वल्लभ भवन, भोपाल, म.प्र।
3. प्रमुख सचिव, विभिन्न शिशु विभाग, म.प्र. शासन, वल्लभ भवन, भोपाल, म.प्र।
4. आयुक्त विभिन्न शिशु, म.प्र।
5. भिन्न संचालक एन.एच.एन. म.प्र।
6. समस्त संयुक्त आयुक्त, म.प्र।
7. समस्त कलेक्टर, म.प्र।
8. समस्त, अधिकारी, विभिन्न महाविधालय, म.प्र।
9. समस्त सिविल सर्जन सह मुख्य अस्पताल अधीक्षक, म.प्र।
10. प्रभारी, कोविड-19 नियंत्रण कक्ष, संचालनालय स्वास्थ्य सेवाओं, म.प्र।

आयुक्त स्वास्थ्य,
मध्यप्रदेश
भोपाल, दिनांक/04/2020

अभिप्रेत स्वास्थ्य,
मध्यप्रदेश
Detection of suspect/confirmed COVID-19 case in a non-COVID Health Facility

- Institute mechanisms for surveillance of fever, cough, difficulty breathing among HCW & admitted patients
- COVID Test → Positive Case Identified → Inform Local Authorities CMHO
- Clinical assessment
- Isolate in separate room, mask the patient if possible, allot a dedicated healthcare worker
- Identify Contacts
- Standard transport precautions
- Inform concerned facility before transfer
- Send entire clinical records
- Dedicated COVID Health Centre (Moderate Cases)
- Dedicated COVID Hospital (Severe/Critical Cases)
- Disinfection procedures at facility and of ambulance
- Quarantine and follow up for 14 days, testing as per guideline
- Inform local authority CMHO
- Hydroxy Chloroquine Prophylaxis 7 weeks (w/o contraindications)
- For HCW
- HCW who were in close contact
- Identify Contacts
- Other HCWs/Support Staff
- Fever, Cough, Breathing, Difficulty, Sore Throat
- Consider as Suspect Case, Isolate, Mask, Inform Supervision/HICC, Test
- Designated COVID Facility (DCCC, DCHC, DCH)
Ministry of Health & Family Welfare  
Directorate General of Health Services  
EMR Division

Guidelines to be followed on detection of suspect/confirmed COVID-19 case in a non-COVID Health Facility

1. Background

There have been some instances of hospitals having closed down as few health care workers (HCW) working there turned out to be positive for COVID-19. Also some non-COVID health facilities have reported confirmation of COVID-19, in patients admitted for unrelated/non-respiratory illness, causing undue apprehension among healthcare workers, sometimes leading to impaired functionality of such hospitals.

Although Ministry of Health & Family Welfare has issued comprehensive guidance to prevent occurrence of Hospital Acquired Infection (HAI) in health facilities, the practice of universal precautions might still be lacking in many of our hospitals. A COVID-19 case with mild/asymptomatic/-atypical presentation may go undetected and inadvertently transmit the infection to other patients and healthcare workers, putting these individuals at risk of contracting disease and compromise the functionality of the healthcare facility.

2. Purpose of document

This document aims to provide guidance on action to be taken on detection of suspect/confirmed COVID-19 case in a healthcare facility.

3. Scope

This document in intended for both (i) COVID-19 healthcare facilities (public and private) which are already receiving or preparing to receive suspected or confirmed COVID-19 patients as well as (ii) Non-COVID healthcare facilities.

4. Institutional arrangement

The Hospital Infection Control Committee (HICC) has well-defined composition, roles and responsibilities. This committee is responsible for establishing a mechanism for reporting of development of symptoms suggestive of COVID-19 in HCW. These include surveillance for fever/cough/breathing difficulty through either self-reporting or active and passive screening at the beginning of their shift. The Committee will also monitor patients (who have been admitted for non-COVID illness) for development of unexplained fever/cough/breathing difficulty during their stay.

HICC will ensure that existing IPC guidelines against such high risk situations must be audited, updated and reiterated to all HCW. Further, all IPC guidelines will be strictly
adhered to and followed at all times. As a matter of abundant precautions for hospitals located in proximity/catering to COVID-19 containment zone/s it might be desirable to treat all patients as suspect COVID-19 case until proven otherwise and exercise standard care.

Whenever a non-COVID patient or any healthcare workers is suspected to have COVID-like symptoms/tests positive for COVID-19, the HICC will come into action, investigate the matter and suggest further course of action as described below.

4.1 Action to be taken on detection of COVID-19 case in non-COVID health facility

When a positive COVID-19 patient is identified in a health care facility, not designated as COVID-19 isolation facility:

- Inform the local health authorities about the case
- Assess the clinical status of the patient prior to referral to a designated COVID facility
- The patient should be immediately isolated to another room (if currently being managed in a shared ward/room). If the clinical condition permits, such patients should be masked and only a dedicated healthcare worker should attend this case, following due precautions.
- If the clinical status of the case permits, transfer such case to a COVID-19 isolation facility (Dedicated COVID Health Centre or dedicated COVID Hospital), informing the facility beforehand about the transfer, as per his/her clinical status, test results (if available), with information to local health authority. Complete case records of such patients must be made available to the receiving hospital.
- Follow appropriate standard precautions while transporting the patient
- This should be followed by disinfection procedures at the facility and the ambulance
- All contacts of this patient (other patients being managed in the same room or ward, healthcare workers who have attended to him/her, support staff who may have come in close contact, caretaker/visitors etc.) should be quarantined and followed up for 14 days. Their details must also be shared with the local health authorities.
- All close contacts (other HCWs and supportive staff) of the confirmed case should be put on Hydroxychloroquine chemoprophylaxis for a period of 7 weeks, keeping in mind the contraindications of HCQ.
- If a healthcare worker is suspected to have contacted the disease, the following additional action needs to be performed.

4.2 When a suspect/confirmed COVID-19 HCW is identified

- HCWs developing respiratory symptoms (e.g. fever, cough, shortness of breath) should be considered suspected case of COVID-19.
- He/she should immediately put on a facemask, inform his supervisor and HICC. He/she should be isolated and arrangement must be made to immediately to refer such a HCW
to COVID-19 designated hospital (if not already working in such a facility) for isolation and further management.

- He/she should be immediately taken off the roster
- Rapidly risk stratify other HCWs and other patients that might have been exposed to the suspect HCW and put them under quarantine and follow up for 14 days (or earlier if the test result of a suspect case turns out negative). Their details must also be shared with the local health authorities.
- All close contacts (other HCW and supportive staff) of the confirmed case should be put on Hydroxychloroquine chemoprophylaxis for a period of 7 weeks, keeping in mind the contraindications of the HCQ.
- All health facilities (HCF) must have a staffing plan in place including a contingency plan for such an event to maintain continuity of operations. E.g. staff in HCF can be divided into groups to work on rotation basis every 14 days and a group of back up staff which is pooled in case some high risk exposure/HCW with suspected COVID-19 infection is detected.
- Ensure that the disinfection procedures are strictly followed.

Once a suspect/confirmed case is detected in a healthcare facility, standard procedure of rapid isolation, contact listing and tracking disinfection will follow with no need to shut down the whole facility.

5. Decision on further /continued use of non-COVID facilities where a single/multiple COVID-19 case has been reported

The likely scenarios could be:

- **Socio-demographic reasons:**
  a) Hospital’s catchment area is a large cluster of COVID-19.
  b) Catchment area is having a population which has a large number of vulnerable individuals having multiple co-morbid condition, poor nutritional status and/or having individuals not able to practice social distancing e.g. slum clusters.

- **Internal Administrative Reasons:**
  a) The health facility is not up to the mark in IPC practices.
  b) Non-fulfilment of guidelines regarding triaging of patients in the outpatient department and emergency.

Based on the scope of the cluster and degree to which the hospital has been affected (HCW patients, and HCW contacts), degree of the risk to the patients visiting the hospital such as those with chronic diseases etc. the decision can be made based on a risk assessment to:
• If the hospital authorities are reasonably satisfied that the source case/s have been identified and isolated, all contacts have been traced and quarantined and adequate disinfection has been achieved, the hospital will continue to function.

• In addition to steps taken above, if the health facility still continues to report new hospital acquired COVID-19 cases in the following days, it would be advisable to temporarily close the defined section of the health facility where the maximum number of HAI is being reported. After thorough cleaning and disinfection it can be put to use again.

• Despite taking the above measures, if the primary source of infection could not be established and/or the hospital is still reporting large number of cases among patients and HCWs a decision needs to be taken to convert the non-COVID health facility into a COVID health facility under intimation to the local health department. In such a scenario, the entire healthcare workers of the facility should be oriented in Infection Prevention and Control practices and other protocols for which guidance is available at www.mohfw.gov.in.

6. Follow up actions

When a non-COVID health facility reports a COVID-19 case, the HICC will ensure the following in order to minimize the possibility of an undetected contact/case amongst other patients/HCWs:

• Ensure that active screening of all staff at the hospitals is done daily (by means of thermal screening especially at the start of shift)

• All healthcare and supportive staff is encouraged to monitor their own health at all the time for appearance of COVID-19 symptoms and report them at the earliest.

• Be on the lookout for atypical presentation (or clinical course) of admitted patients

• Standard precautions to be followed diligently by all

• Follow all guidelines regarding triaging of patients in hospital emergency and outpatient departments.