



ABSTRACT

COVID-19 – Health and Family Welfare Department – Guidelines for Hospitals including both Government and Private Hospitals - Orders – Issued.

HEALTH AND FAMILY WELFARE (P1) DEPARTMENT

G.O. (Ms.) No.210

Dated : 09.05.2020

Sarvari, Chithirai – 26

Thiruvalluvar Aandu – 2051.

Read :

1. G.O. (Ms.) No.181, Health and Family Welfare Department, dated: 08.04.2020.
2. Government Letter No.11953 / P1 / 2020, dated: 28.04.2020.
3. From the Director of Public Health and Preventive Medicine, Letter No.4736 / IDSP / 2020, dated: 04.05.2020

ORDER:

In light of present situation of COVID-19, in the Government Order first read above, the Government has directed all the Private Clinical Establishments should provide dedicated / separate fever clinics following the Government of India and Government of Tamil Nadu Guidelines.

2. In the Government Letter second read above, the Director of Medical and Rural Health Services have been requested to inspect the Private Hospitals coming under Tamil Nadu Clinical Establishment Act and reiterate the instructions already issued like social distancing, HR deployment, disinfection procedures and quarantine leave period etc.

3. In the letter third read above, the Director of Public Health and Preventive Medicine has submitted a proposal for issuing guidelines for Hospitals including both Government and Private Hospitals for the Prevention and Control of COVID-19.

4. After careful examination, the Government have decided to accept the proposal of the Director of Public Health and Preventive Medicine and accordingly issue Guidelines for Hospitals including both Government and Private for Prevention and Control of the COVID-19 as detailed in annexure, to this order.

(BY ORDER OF THE GOVERNOR)

**BEELA RAJESH,
SECRETARY TO GOVERNMENT.**

To

The Director of Public Health and Preventive Medicine, Chennai – 600 006.

The Director of Medical Education, Chennai – 600 010.

The Director of Medical and Rural Health Services, Chennai – 600 006.
(To communicate an order to the Private Hospitals)
All District Collectors.

// FORWARDED / BY ORDER //

09.05.2020
SECTION OFFICER
[Signature]
09.05.2020

ANNEXURE to

G.O. (Ms.) No.210, Health and Family Welfare Department, dated : 09.05.2020 **Guidelines for Hospitals including both Government and Private** **for the Prevention and Control of COVID-19**

1. Training of doctors, nurses and all Hospital Staff

- All the staff should be trained about the basics of COVID-19, quarantine and isolation, infection prevention through personal Protective Equipment (PPE), psychological care of patients, infection prevention and control, laboratory sample collection and testing, clinical management, ICU care and ventilator management, management of dead bodies, bio-medical waste management using the guidelines issued by the Government of India and Government of Tamil Nadu.
- In addition to the guidelines given here in brief, detailed guidelines issued by the Government of India and Government of Tamil Nadu and the World Health Organisation available on the respective websites should be followed.

2. At Hospital Entrance

- Adequate number of running water taps with wash basins and liquid soap should be available at the entrance of all buildings inside the hospital campus.
- Additional manpower may be deployed to ensure everybody washes their hands before entering the hospital campus or any building inside the hospital campus.
- Three-layer mask should be given to all patients immediately after hand wash at the entrance.
- Non touch infra-red thermometer should be used for screening for fever. Anyone with fever should be directed to fever clinic.
- Any hospital functionary with ILI symptoms should undergo home quarantine which is considered as "on duty" after clinical examination, lab testing and appropriate training.
- All hospitals should have signage boards directing to Fever/ILI OPD

3. Influenza Like Illness (ILI) /Fever OPD

- All Hospitals should earmark separate area for Fever and ILI OP along with specific waiting area for people with respiratory symptoms.
- ILI and Severe Acute Respiratory Infection (SARI) cases should have proper signage directing to triage area and other fevers should be treated separately to prevent spreading infection to others.
- In OPD room, at least two metre distance should be maintained to limit close contact between triage staff and potentially infectious patient.

- Health Information about COVID 19 symptoms and respiratory etiquette and hygiene should be displayed at appropriate places.
- Lab sample collection, medicine issue and any other hospital service within the same block should be available with adequate precautions.
- People visiting fever clinics should not be allowed to move around inside the hospital.
- Doctors and staff posted in fever clinic/infectious diseases department should not move to other sections in the hospital.

4. Isolation facility

- Every hospital should have a facility for isolation room for the suspect cases.
- The isolation area should have a separate entry and exit.
- Separate rooms should be available for donning of Personal Protective Equipment before entering isolation ward and doffing Personal Protective Equipment while leaving isolation ward.
- 1 percent Hypochlorite solution should be available.
- Isolation ward should have separate rooms to admit SARI cases to prevent cross infection and it should be properly ventilated.
- Restrict the movement of patients in isolation facility for medical purpose only.
- Each department should function separately as standalone units to avoid cross infection.
- If any ILI or SARI case is admitted, DDHS/Health Officer should be informed immediate and Lab samples should be taken for COVID-19.
- All ILI – both OP and IP and SARI cases should be entered in CDSP portal.

5. Social distancing

- Individual seating with at least one metre distance should be made available in all areas of the institution including hospital canteens.
- Social distancing at health facilities is important to prevent infection transmission.
- Services should be spread out to different areas of the institution in such a way overcrowding is avoided.
- Mark and space out the waiting areas particularly at Lab and pharmacy.
- Separate room should be available in all speciality department for handling cases with fever.

6. Hospital Timings

- Should be spread out for the whole day so that crowding is avoided

7. Visitors

- Visitors should be completely banned. However, video call facilities to patients may be arranged if absolutely warranted

8. Disinfection

- Dedicated infection control teams comprising of an administrator and senior nurse with required number of housekeeping staff.
- Disinfection of the Hospital OP and Patient care area atleast ten times a day is must.
- Disinfection chart should be displayed at every ward, toilets, nursing stations, lab, pharmacy, X-ray and other diagnostic places etc.
- If volume of patient is more, disinfection rounds may be increased.
- Regular wet mopping of hospital floors with 1% Hypochlorite solution.
- In-patient ward and Operation theatres should be disinfected with 5% Lysol (1 litre of Lysol in 9 litres of water) using Knapsack sprayer.
- In other buildings, buses and other vehicles in the Hospitals and surface frequently touched by hands should be cleaned with 2.5% Lysol (1 litre of Lysol in 19 litres of water)
- Every health facility should maintain adequate stock of disinfectants like Lysol and Hypochlorite solution at all times. Every facility should prepare hand sanitisers for their use as per standard guidelines.
- All ambulances should follow infection prevention procedures including disinfection of ambulance after every trip with 2.5% Lysol (1 litre of Lysol in 19 litres of water).
- Surfaces frequently touched by the Hands including lift, door handles, various counters should be cleaned with disinfectants.
- Toilets should be given special focus.
- Various surfaces touched by the patients during diagnostic procedures in places like X-Ray, Scan and other places should be disinfected after every use for a patient.
- Pharmacy counters and cash should be given highest priority for disinfection.
- Bio Medical wastes should be disposed as per the protocols.
- Adequate quantity of hypochlorite solution or bleaching powder should be sprayed on all kinds of wastes generated in the hospitals

Sprayers

- Power sprayers can be used for outside areas.
- Knapsack sprayers can be used for inside the buildings/wards/surfaces frequently touched by hands.
- Small hand sprayers should be kept in all nursing stations.

- Whenever Metal sprayers are used for spraying hypochlorite solution, wash the sprayer thoroughly with water.

9. Deployment of Health Care Personnel

The following category of staff should not be posted to fever OP, fever Inpatient wards and isolation facilities.

- Immune deficiency conditions like those on chemotherapy, radiotherapy and other conditions.
- Those who underwent transplant procedures.
- Chronic Kidney Disease (CKD).
- Uncontrolled diabetes mellitus.
- Uncontrolled Hypertension.
- Very obese people.
- COPD/Bronchial Asthma.
- Any other severe co-morbid conditions.
- Pregnant staff and Lactating mothers.

Note:

1. The staff may be posted at no risk or low risk duties like control room, data management and logistics management etc.
2. All staff should be screened for diabetes, hypertension and other co-morbid conditions and treated properly
3. All staff should be given a course of
 - Vitamin C 100 mg or multivitamins once daily for 10 days and
 - Zinc 20 mg for 10 days
 - Nilavembu Kudineer and Kabasura Kudineer

Method for preparation and usage of Nilavembu Kudineer and Kabasura Kudineer Herbal Powder (for single person)

Dissolve 5 gm of NilavembuKudineer or KabasuraKudineer Herbal powder in 240ml of water and boil it well and reduce to 60 ml, filter the same and drink this within 3 hours, dosage advised is 60 ml for Adult and 30 ml for Children. For additional details the respective District Siddha Medical officers may be contacted.

10. Protocol when a patient is tested positive in any hospital

- To be notified to the DDHS/Health Officer immediately.
- To be admitted in isolation room and managed as per the protocol in the same hospital if facilities available or the case should be transferred through 108 ambulance to a designated COVID-19 Hospital in Government or Private.

- If any of the Health Care Personnel handled the case without proper PPE they should be tested on 5th day and exit test on 14th day. They should be under home or facility quarantine for 14 days.

11. Use of Hydroxy-chloroquine for prophylaxis of SARS-COV 2 infection for Health care workers

- Asymptomatic health care workers involved in the care of suspected or confirmed cases of COVID-19 should be given 400 mg twice a day on Day 1, followed by 400mg once weekly for next 7 weeks to be taken after meals.

12. Duty Rotation

- Duty rotation as per case load for all category of Health Care Personnel.
- After isolation ward duty 14 days quarantine. They may undergo test on the 5th day and exit test on the 14th day.
- Any Health Care Personnel develop ILI they should be tested immediately.
- Anyone living in containment area should not attend duty.
- 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.

13. Laboratory Testing for Inpatients

- Antenatal mothers should be tested on admission if not tested a week before Expected Date of Delivery (EDD).
- Patients on immunocompromise therapy also to be tested

Hospitals taking care of immune compromised patients

- Preferably new patients for 14 days should be given separate rooms.
- All new patients and anyone including health care personnel with symptoms should be tested for COVID-19.
- If common wards are used two metres space should be maintained between beds.
- Frequency of disinfection should be more.
- All doctors, nurses and staff involved in patient should be given complete PPE.

- Only doctors and nurses without comorbid conditions alone to be posted for patient care services.

15. Protocol when a Health Care Personnel is tested positive in Non-COVID-19 hospital

- Health Care Personnel 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 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 risks 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 Hydroxy-chloroquine 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 health care facility, standard procedure of rapid isolation, contact listing and tracking disinfection will follow with no need to shut down the whole facility.

**BEELA RAJESH,
SECRETARY TO GOVERNMENT.**

// TRUE COPY //

Beela Rajesh
SECTION OFFICER.
08.05.2020