

# **COVID CONTINGENCY** **PLAN FOR EMPLOYEES**

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# Measures to be taken for Employee Safety



COVID 19 Consent form



Training - To create awareness and educate regarding proper practices



Staff–instruction pamphlet –precautions to be taken at home



Staff with fever are advised not to attend duty  
Identifying high risk group – older age, co-morbid conditions

(Diabetes,Hypertension,COPD,CAD,Stroke,Malignancy,Pregnancy,  
On Immunosuppresants.Smoker)

# Covid -19 Consent form for Staffs

## COVID 19 - Employee' Consent Form

I R. MEENAKSHI SUNDARAM working as SENIOR MANAGER - CLINICAL SERVICES at Aravind EYE Hospital, Madurai from DEC 1988. I am aware that covid-19 is a contagious disease. I am also aware of the symptoms of covid-19 and the fact that this disease can spread without any symptoms. I am also aware of the consequences of the disease. It is my own decision to attend to work and the organization has taken all the safety measures for its employees to work in a safe environment.

I have been provided with necessary Personal Protective Equipment and I have been trained on decontamination protocol. I am strictly following it during my work hours & take necessary protection even in the off duty hours.

I have been explained about the risk of COVID 19 and I will not hold the hospital responsible in the event of acquiring the disease. I am solely responsible and agree to work & accept the risk factors due to COVID19 at workplace. If I have any symptom suggestive of COVID 19 I will inform the supervisor /NS / HOD / Manager / CMO. When suspected / diagnosed I accept wholeheartedly to quarantine myself at the suggestive place.

Date: 01-06-2020

  
Signature:

# Training Module

- Classes for MLOP's to create awareness regarding PPE, clinical and disinfection protocols to be followed
- Housekeeping-Cleaning and bio medical waste management protocols
- Training programme are ongoing for MLOP's regarding Instrument & Equipment cleaning protocol
- Hospital Infection Control (HIC) classes

# Employee Screening



Thermal screening – Inform only if there is an abnormality during screening



Symptoms history – to be monitored



Contact / Travel history



Residence in containment zone



History of fever among family members



# Symptoms questionnaire

MILD	MODERATE	SEVERE
Sore throat	Fever with chills	Chest pain
Cold	Temperature > 101 F	Cyanosis
Headache	Breathlessness on moderate activity (climbing stairs)	Severe breathlessness
Fatigue	Persistent cough	Mental Confusion
Mild Fever	Muscle soreness	
Myalgia	Feeling unwell/need to stay in bed	<b>CRITICAL</b>
Loss of smell/taste		ARDS
Diarrhea		Sepsis
Mood Swings		

# COLD-FLU-COVID-19:

## Comparison of symptoms

	<b>COLD</b>	<b>FLU</b>	<b>COVID-19</b>
Incubation period	1-3 days	1-4 days	2-14 days
Symptom onset	Gradual	Abrupt	Gradual
Typical illness duration	7-10 days	3-7 days	Undetermined
<b>SYMPTOMS</b>			
Sore throat	Common	Sometimes	Sometimes
Sneezing	Common	Sometimes	Rare
Stuffy, runny nose	Common	Sometimes	Sometimes
Cough, chest discomfort	Sometimes	Common	Common
Fatigue, weakness	Sometimes	Common	Sometimes
Fever	Rare	Common	Common
Aches	Rare	Common	Sometimes
Chills	Rare	Common	Sometimes
Headache	Rare	Common	Rare
Shortness of breath	Rare	Rare	Common
Nausea	Rare	Rare	Rare
Vomiting	Rare	Rare	Rare
Diarrhea	Rare	Rare	Rare
Stomach pain	Rare	Rare	Rare

# Thermal screening



- High repeat 2 times  $> 38^{\circ}\text{C}$  or
- $> 100^{\circ}\text{F}$  ( exclude ext temp heat)

In case of abnormality, MLOP in charge of thermal screening to inform physician immediately



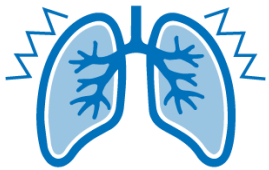
- Physician assessment - if vitals stable and lungs clear



- Paracetamol and Antibiotic if needed (secondary infection ) Tab.Azithral 500mg OD for 5days or Cap.Amoxycillin and Clavunic acid 625mg BD



# Covid suspect employee- Immediate hospital admission criteria (Govt. Rajaji Hospital, Madurai)



Respiratory distress



Chest pain



Spo2 < 94%

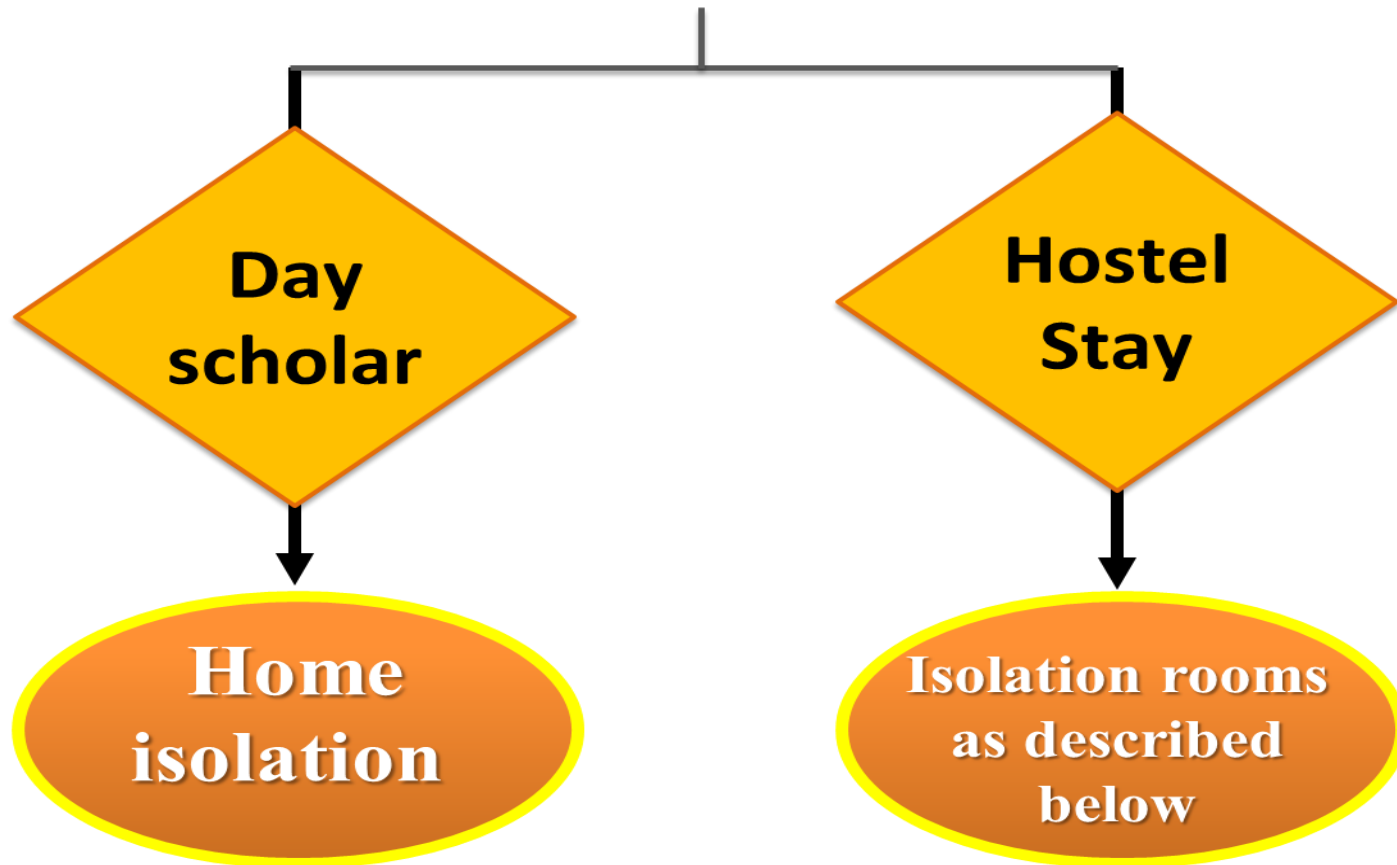


Cyanosis

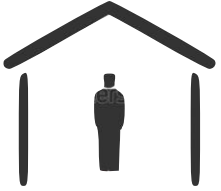


Mental confusion

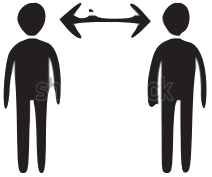
# Protocol for mild-moderately symptomatic staff



# Day scholars



- Sent home for home isolation



- Social distancing at home ,HR to follow up daily with telephonic summary



- Explain about Self isolation to be followed in all activities



- Proper disposal of mask and self monitoring

# Hostel stay



- **MLOPs:** Isolation in sick room (IP building - 5th Floor - Eastern side -10 rooms)



- **Doctors:** Individual room with attached bathrooms (Eastern side of 5th Floor in IP building-10 rooms)



- **Daily:** SpO2, vitals and temperature twice a day ( non contact or own thermometer ) monitoring done by staff nurse / PG doctor with PPE(Gown,Face shield,Respirator,Gloves)



- To maintain separate register for MLOPs by hostel warden, for Doctors by Staff nurse / Dr.Sarveshwaran

# Location for Examination | Isolation

Category	Examination	Isolation
Doctors	1 <sup>st</sup> Floor-ER Room Or VIP Room in Ground Floor	Individual room (IP block – Eastern side of 5th floor)
MLOPs		
Admin/ Day Scholar staff		Home isolation

# Facilities to be maintained

- BP apparatus
- Stethoscope
- Non contact thermometer
- Pulse oximeter
- Crash cart/Emergency medicines available in the 5<sup>th</sup> floor to be used
- Register and checklist to be maintained daily by staff nurse and in-charge sister of the floor

# Investigations

## When to do?



- Fever > 3 days

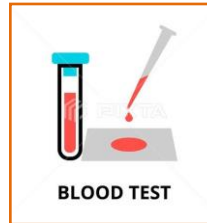


- Shortness of breath



- Drop in saturation

## Investigations to be done?



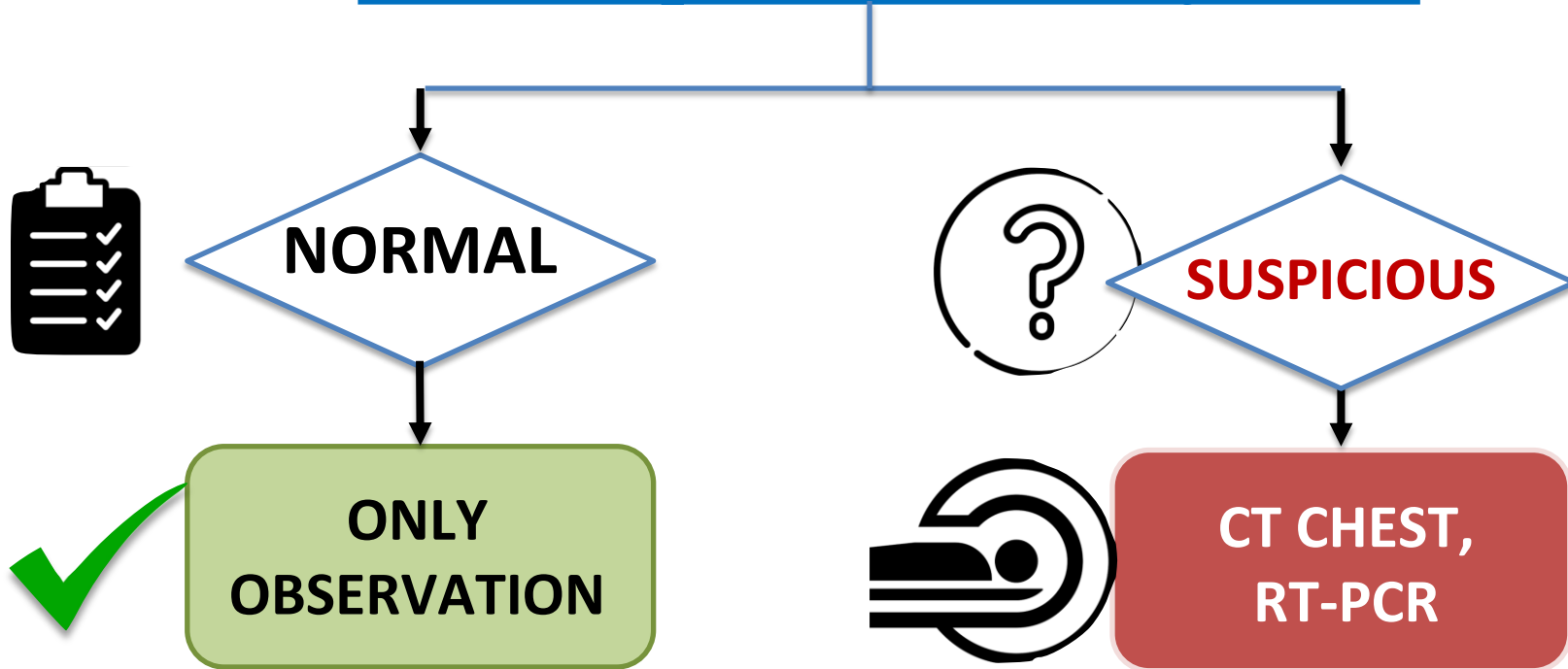
- Complete blood count-to look for lymphochytopenia (<1000 cells/Cu.mm), Neutrophil:lymphocyte ratio > 3:1



- Chest X-ray PA view

# INVESTIGATIONS

## Blood reports and X ray chest





# Critical Alert Indicators



- Shortness of breath



- High fever >101 F



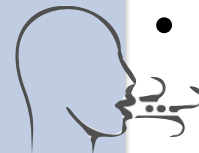
- Cyanosis



- SPO2 less than 94 %



- Respiratory rate > 24



- Single breath count < 30/mt

# Return to work



- No fever/ symptoms for 3 days or 10 days from onset of illness - no need to repeat the test for mild to moderate cases
- If it is severe or critical, which required hospital admission, repeat PCR needs to be done before joining duty

## **Protocol: Ocular examination for a known Covid-19 patient/High suspect**

- To be done in case of ocular emergency where examination and treatment is mandatory
- Patient with proper mask on to be shifted immediately by attending healthcare worker to an isolation room (Ground floor-VIP room), notification to COVID-19 task force personnel and physician to be done via phone immediately
- Ophthalmology/Physician assessment to be done under necessary precautions and proper PPE

## Protocol contd...

- History and minimal examination if patient stable  
-No other healthcare worker to enter to minimize contacts, no public announcement to be made
- Nodal officer to be notified regarding the patient's visit -who will co ordinate with concerned local authority – so that patient will be shifted immediately to Govt Hospital in their own ambulance.

# Risk stratification of employees in our hospital

## LOW RISK

- Security
- Enquiry Desk
- Escorting
- Medicals
- Cash counter
- House Keeping
- Admin
- Electrician
- Sanitary Workers
- Catering
- Stores
- Drivers

## MODERATE

- Thermal screening
- Dispensing of Antiseptic
- Registration
- Vision screening
- Central Fields
- Counselling

## HIGH RISK

- Triage Doctors
- Triage MLOPs
- Refraction
- BP and Duct- Investigations
- Optical staff
- GA staff
- OT
- Ambulance staff, Lift operators

# Risk stratification of employees after exposure to suspected COVID patient:

- **High risk contact:**

- Performed aerosol generating procedures without appropriate PPE.
- HCWs without mask/face-shield/goggles: having face to face contact with COVID-19 case within 1 metre for more than 15 minutes
- Having accidental exposure to body fluids of COVID suspect/case

- **Low Risk contact:**

- Contacts who do not meet criteria of high risk exposure

## Staff Exposed

High Risk

To be tested, and quarantined at home for 14 days with Hydroxychloroquine (HCQ) prophylaxis after ruling out pre-existing contraindications.

RT-PCR –  
Test Positive

Asymptomatic/  
Mild-continue  
home  
quarantine with  
HCQ.

Moderate-Severe  
symptoms-shift to  
designated COVID  
centre

Low Risk

Self monitor  
closely

Can resume  
work

3/6/2020



## Quarantine policy for staff who came in contact with a patient who became positive after Hospital visit

### **Patient positive:**

- **Trace movement register :**
  - Route card and EMR for OP, Counsellors, IP and OT.
  - Those who are not logging in and coming in contact with the patient should write their full name with initials in the route card
  - Route card should be collected from the final stage, scanned and uploaded in the EMR
  - Concerned clinic coordinators are responsible for the collection and uploading in the EMR





## Quarantine policy for staff who came in contact with a patient who became positive after Hospital visit

- SOP for Healthcare workers quarantine/Treatment:
- Identify staff- isolate at home / hospital in designated areas as previously stated
- Risk assessment of staff to be done-Whether staff were using appropriate PPE by given designated form (Refer the form in the next slide)

# Risk Assessment Form

1. Health Care Worker Information	
A. Name :	B. Department
C. Phone number	D. Age (in completed years)      E. Gender
F. Current place of stay (Complete address)	
G. Type of HCW (specify), & Designation (Doctor, Nurse, Technician, others)	
<b>2. HCW interactions/ activities performed on COVID-19 patient information</b>	
A. Date of exposure to confirmed COVID-19 patient	
B. Place of Exposure:	
C. COVID-19 Patient details Patient symptomatic since (Date) Test Sample sent on (Date)	
D. Source control (Source/Patient wearing a cloth face covering or facemask)	Yes/ No
E. Approximate min. distance from the patient (in meters)	
F. Duration of contact (minutes)	
G1. Aerosol-generating procedure was performed on the patient?	Performed Present/ Not Present
G2. If yes, what type of procedure	1. NCT, 2. Phacoemulsification, 3. Intubation 4. Extubation 5. Syringing 6. Usage of suction apparatus 7. Laryngeal masks 8. Upper airway procedures 9. Others
H. Accidental exposure to body fluids	Yes/ No
I. Did you have direct contact with the environment where the confirmed COVID-19 patient was cared for? E.g. bed, linen, medical equipment, bathroom etc.	Yes/ No/ Unknown
J1. During the health care interaction with a COVID-19 patient, did you wear PPE	Yes/ No

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## Quarantine policy continued...

- Do RT - PCR (Done in Covid dedicated health centre)
- If Staff turns positive-Tracing contacts of staff- close contact at hospital(>15 mins direct contact without appropriate PPE) and at home-people living together, travelling together, socialising events, neighbours.

# Sterilisation of Room

- Rooms to be sterilized after isolation/quarantine
- Disinfection of the exposed hospital areas.
  - Hydrogen peroxide fumigation of room-20 mins
  - 1% Lysol for floor
  - 1% Sodium hypochlorite for bathroom
  - 70% Isopropyl alcohol for instruments
- Rooms can be reused after 24 hours.

# Return of Staff



- If returning from other states-to follow local district guidelines
  - ❖ Self quarantine ( if needed) -14 days - Home/ Hostel
  - ❖ PCR and antibody negative -return to work

# References

- Guidelines to be followed on detection of suspect/confirmed COVID-19 case in a non-COVID Health Facility, MOHFW dated 20.04.2020
- Advisory for managing Health care workers working in COVID and Non-COVID areas of the hospital, MOHFW dated 15.05.2020
- Revised Strategy for COVID-19 testing in India. MOHFW dated 18.05.2020
- Revised advisory on the use of Hydroxychloroquine (HCQ) as prophylaxis for COVID-19 infection, MOHFW, dated 22.05.2020