

Government of West Bengal
Directorate of Health Services
PH & CD Branch
Swasthya Bhawan (Wing-B, 1st Floor)
Block-GN, No.-29, Sector-V, Salt Lake, Kolkata-700 091

Memo. No.-HPH/9M-21-2010/Pt III/12

Dated: Kolkata, the 11th January, 2022

CIRCULAR

The "Revised guidelines for Home Isolation of mild/asymptomatic Covid-19 cases" issued by the MOH&FW (GOI) on 05.01.2022 and endorsed by the Dept. of Health & FW (GOWB) is circulated herewith for information of all concerned. The said guidelines, the revised testing strategy for the State and a brief note in Bengali for home isolation are enclosed for ready references.

The guidelines may be followed by all functionaries in the State. To determine the end of isolation for the mild/asymptomatic cases, the direction given in the MOHFW document will have to be followed henceforth.



Director of Medical Education

Govt. of West Bengal



Director of Health Services

Govt. of West Bengal

Memo. No.-HPH/9M-21-2010/Pt III/12/1(12)

Dated: Kolkata, the 11th January, 2022

Copy forwarded for information & necessary action to:-

- 1) The Secretary (PHP) and MD,NHM, Govt. of West Bengal.
- 2) The Programme Officer-I/II, NHM, Govt. of West Bengal.
- 3) The Principal, all Medical Colleges for wide circulation please.
- 4) The Director, IPGMER/STM, Kolkata for wide circulation please.
- 5) The MSVP, all Medical Collage & Hospitals.
- 6) The Addl. D.H.S.(Personnel), Govt. of West Bengal.
- 7) The Dy. D.H.S. (Hospital Administration), Govt. of West Bengal.
- 8) The Dy. D.H.S. (Admn.), Govt. of West Bengal.
- 9) The C.M.O.H., all Districts for wide circulation please.
- 10) The C.M.H.O., K.M.C.
- 11) The Dy. C.M.O.H.-II, all Districts.
- 12) The State IT Coordinator for web posting.



11/1/22

**Jt. Director of Health Services
(PH&CD), West Bengal**

Government of India
Ministry of Health & Family Welfare

Revised Advisory for managing Health Care Workers (HCWs) working in COVID and Non-COVID areas of the Health Care Facilities

1. Background

The health work force is a valuable resource for the country. The health care personnel working in hospitals are at increased risk of acquiring the COVID-19 disease, if there is a breach in the personal protection while managing patients. It is important to ensure proper advisory to protect Health care Workers (HCWs) particularly in context of safety from Healthcare Associated Infections (HAIs) while managing COVID-19.

2. Purpose of the document

The purpose of the document is to provide guidance on the following:

- a) Prevention measures to be observed at the Institution/facility level.
- b) Testing and isolation measures for health care functionaries.

3. Institutional Mechanism for preventing and responding to Healthcare Associated Infections (HAIs) among HCWs

All health facilities shall activate its Hospital Infection Control Committee (HICC). The HICC in the health facility is responsible for implementing the Infection Prevention and Control (IPC) activities and organizing regular trainings on IPC for HCWs.

A Nodal Officer (Infection Control Officer) shall be identified by each health facility to address all matters related to Healthcare Associated Infections (HAIs). With reference to preventing such infection among healthcare workers, the nodal officer will ensure that:

- i. Healthcare workers in different settings of hospitals shall use PPEs appropriate to their risk profile.
- ii. All healthcare workers have undergone training on Infection Prevention and Control and they are aware of common signs and symptoms, need for self-health monitoring and need for prompt reporting of such symptoms.
- iii. Provisions have been made for regular (thermal) screening of all hospital staff.
- iv. All HCWs are vaccinated with 2 doses of the COVID vaccine and also take the precautionary third dose as per prescribed protocol.
- v. Provisions have been made for prompt reporting of breach of PPE by the hospital staff and follow up action.

4. Action for Healthcare Workers

- i. Ensure that all preventive measures like frequent washing of hands/use of alcohol based hand sanitizer, respiratory etiquettes (using tissue/handkerchief while coughing or sneezing), etc. are followed at all times.

- ii. Appropriate PPE is used at all times while on duty.
- iii. A buddy system* to be followed to ensure that there is no breach in infection prevention control practices.
- iv. Any breach in PPE and exposure is immediately informed to the nodal officer/HoD of the department
- v. HCWs after leaving the patient care units (wards/OPDs/ICUs) at the doctor's duty rooms/hostels/canteen or outside the HCF must follow physical distancing and masking to prevent transmission to/acquiring infection from other HCWs who may be positive.
- vi. Pregnant/lactating mothers and immuno-compromised healthcare workers shall inform their medical condition to the hospital authorities for them to get posted in appropriate areas.

*Buddy system: Under this approach, two or more-person team is formed amongst the deployed hospital staff who share responsibilities for his/her partner's safety and well-being in the context of (i) Appropriately donning and doffing of PPEs, (ii) maintaining hand hygiene and (iii) taking requisite steps on observing breach of PPEs.

5. SOP for health work force deployment during COVID-19

5.1 SOP to be followed in case HCW reports exposure/breach of PPE

All the Healthcare workers must report every unprotected exposure/ breach of PPE while managing COVID-19 patients to the concerned nodal officer and HoD of the concerned department immediately. Such exposed HCWs shall continue to work wearing appropriate PPE and test themselves at day 5 of the exposure or if symptoms develop anytime within 14 days from the day of exposure.

5.2 SOP to be followed in case HCW reports symptoms suggestive of COVID-19

5.2.1 If any healthcare worker who is manifesting signs and symptoms suggestive of COVID-19, he/she will be tested & isolated immediately and if tested positive the following actions shall be taken:

- a. In case of mild case, HCW will have an option of home isolation, subject to the conditions stipulated in the "Revised guidelines for Home Isolation of mild /asymptomatic COVID-19 cases" (available at: <https://www.mohfw.gov.in/pdf/RevisedHomeIsolationGuidelines05012022.pdf>). Such cases would end their home isolation as per timeline provided in the said guidelines.
- b. In cases where home isolation is not feasible, such mild cases will be admitted to a COVID Care Center.
- c. Moderate cases that require oxygen therapy shall be managed at a Dedicated COVID Health Center.
- d. Severe cases will be managed in a Dedicated COVID Hospital.

5.2.2. HCWs can resume duties while wearing appropriate PPEs if symptoms have resolved (except mild cough), and they are afebrile for 3 successive days.

- 5.2.3. Those HCWs who test negative and continue to be symptomatic, will be treated in non-COVID ward as per their clinical diagnosis. They can resume work based on the clinical diagnosis and the medical certification by the treating doctor.
- 5.2.5 Discharge of COVID-19 positive HCWs will be in accordance with the discharge policy (available at: <https://www.mohfw.gov.in/pdf/RevisedDischargePolicyforCOVID19updatedon9thJanuary2022.pdf>).

5.3 Regular quarantine of healthcare workers after performing duty in COVID-19 areas

Quarantine/isolation of healthcare workers, other than stipulated above is not warranted.

কারা বাড়িতে নিভৃতবাসে থাকবেন?

ল্যাবরেটরী পরীক্ষায় প্রমাণিত কোভিড-১৯ রোগী :

- ১) সকল উপসর্গহীন রোগীরা ।
- ২) কোমর্বিডিটি আছে অথচ উপসর্গহীন । [কোমর্বিডিটি নিয়ন্ত্রনে বিশেষ গুরুত্ব দিতে হবে।
- ৩) মৃদু উপসর্গ (শুকনো কাশি, স্বাদ বা গন্ধ হারানো, নাক বন্ধ হয়ে যাওয়া, গলা ব্যথা, দুর্বলতা, গা-হাত-পা ব্যথা, ডায়রিয়া); তার সঙ্গে :-
 - ক) জ্বর
 - খ) কোন শ্বাসকষ্ট নেই
 - গ) অক্সিজেনের মাত্রা ৯৪% বা তার বেশী।
 - ঘ) মানসিকভাবে স্থিতিশীল
 - ঙ) সিস্টোলিক ব্লাডপ্রেসার ১০০ বা তার বেশী।
 - চ) শ্বাসপ্রশ্বাসের হার প্রতি মিনিটে ২৪-এর কম।

বাড়িতে নিভৃতবাস/সেফ হোমে চিকিৎসা :

- মাস্ক, হাতের স্যানিটাইজেশন, শারীরিক দূরত্ব বজায় রাখা, সর্দি-কাশি থেকে ড্রপলেট ছড়াতে না দেওয়া।
- প্যারাসিটামল (জ্বর/গায়ে ব্যথা হলে)
- অ্যান্টিহিস্টামিনিক (প্রয়োজনে)
- ল্যাক্সেটিভ ((কোষ্ঠকাঠিন্য থাকলে)
- বুডেসোনাইড ৮০০ ইনহেলার দিনে দু'বার করে পাঁচদিন, যদি পাঁচদিনের বেশী কষ্টদায়ক কাশি থাকে।
- সাপোর্টিভ চিকিৎসা।

* মৃদু সংক্রমণে স্টেরয়েড নিয়মিতভাবে ব্যবহার করা একদম উচিত নয়।

বিপদ লক্ষণ	যে সকল রোগীর বিশেষ নজরদারি প্রয়োজন
<ul style="list-style-type: none">✓ শ্বাসকষ্ট✓ একটানা/অধিক মাত্রায় জ্বর (৭ দিনের বেশী)✓ জ্বর ফিরে আসা✓ বুক ধড়ফড়✓ বুকে ব্যথা/বুকে চাপ✓ প্রচণ্ড কাশি✓ নতুন কোন উপসর্গ✓ অক্সিজেন মাত্রা ৯৪%-এর কম✓ এন.এল.আর ৩.১৩-এর বেশী	<ul style="list-style-type: none">✓ ৬০ বছরের বেশী বয়স✓ ডায়াবেটিস✓ উচ্চ রক্তচাপের সমস্যা/হাটের রোগ।✓ দীর্ঘকালীন ফুসফুসের রোগ✓ রোগ প্রতিরোধকারী ক্ষমতা কম এরকম ব্যক্তি✓ কিডনির অসুখ✓ দীর্ঘকালীন লিভারের অসুখ✓ স্থূলতা✓ ক্যানসার

রোগীকে কোভিড ওয়ার্ড/এইচডিইউ/আইসিইউ তে ভর্তির নির্দেশ

কখন ভর্তি করাতে হবে :

- ৭ দিনের বেশী একটানা/অধিক মাত্রায় জ্বর।
- জ্বর ফিরে আসা ।
- শ্বাসপ্রশ্বাসের হার প্রতি মিনিটে ২৪-এর বেশী।
- সিস্টোলিক ব্লাডপ্রেসার ১০০-র কম।
- অক্সিজেন মাত্রা ৯৪%-এর কম।
- বুকে ব্যথা ।
- আচ্ছন্নভাব/অজ্ঞান অথবা অস্থিরতা ।
- হাত/পা/ঠোঁট নীল হয়ে যাওয়া।
- কোনও নতুন উপসর্গ।

Testing strategy of COVID-19 Govt. of West Bengal (dated 11.01.2022)

Who may be tested:

- A. In community settings:
 - 1. Symptomatic individuals
 - 2. Contact of laboratory confirmed cases
 - a) Symptomatic
 - b) Asymptomatic if >60 years of age and individuals with co-morbidity like diabetes, chronic lung disease, chronic kidney disease (with or without dialysis), malignancy, obesity
 - 3. Symptomatic pregnant women and asymptomatic pregnant women with history of contact in or near labour
 - 4. Individuals undertaking international travel (as per country specific requirements)
 - 5. International travelers arriving at airports/seaports/ ports of entries

- B. In Hospital settings:

Testing may be undertaken as per discretion of the treating doctor with the following considerations:

 - 1. No emergency procedure (including surgeries and deliveries) should be delayed for lack of a test.
 - 2. Patients once tested positive for COVID-19 should not be retested.
 - 3. Elective procedures can be considered after 2 weeks of COVID-19 positivity in patients without co-morbid conditions. Concerned doctors will decide regarding elective procedures in patients with co-morbidity.
 - 4. Admitted patients should only be tested if found symptomatic for COVID-19.

People who need not to be tested:

- 1. Asymptomatic individuals in community settings.
- 2. Contacts of confirmed cases unless identified as high risk [age>60 years, and individuals with co-morbidity like diabetes, chronic lung disease, chronic kidney disease (with or without dialysis), malignancy, obesity]
- 3. Patients who stand discharged as per home isolation guideline.
- 4. Patients being discharged from a COVID-19 facility as per revised discharged policy.