

**Government of West Bengal
Directorate of Health Services
Swasthya Bhavan, Salt Lake
GN -29, Sector –V, Kolkata-700091**

Memo No. HPH/9M-21/2020/49

Dated- 2/3/2020

To

**The Medical Superintendent and Vice Principal (All)
The Superintendent, District Hospital (All)
The Superintendent, Sub-Divisional Hospitals (All)
West Bengal**

Sub: Hospital Preparedness for COVID-19

WHO has declared the recent Novel Corona Virus epidemic (COVID 19) affecting 59 countries as a **Public Health Emergency of International Concern**. The risk for spread has been assessed by World Health Organization and currently it is very high for China and also for regional and global levels. The etiologic agent responsible for current outbreak of SARS CoV-2 is a novel coronavirus which is closely related to SARS-Coronavirus. In humans, the transmission of SARS-CoV-2 can occur via respiratory secretions (directly through droplets from coughing or sneezing, or indirectly through contaminated objects or surfaces as well as close contacts). Nosocomial transmission has been described as an important driver in the epidemiology of SARS and MERS and has also been documented in COVID-19.

Considering the acute spread of the disease expanding beyond China and affecting many countries, it is high time that all the middle and tertiary tier hospitals in the State make themselves ready for admission, isolation and management of persons suspected/suffering from Novel Corona Virus.

Case Definition of Suspect:

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), **AND** with no other aetiology that fully explains the clinical presentation **AND** a history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 disease, during the 14 days prior to symptom onset.

OR

B. A patient with any acute respiratory illness **AND** having been in *contact* with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms;

OR

C. A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath etc) **AND** requiring hospitalization **AND** with no other aetiology that fully explains the clinical presentation.

Care for suspect persons:

Suspected cases of Covid-19 infection need to be isolated, tested and monitored in a hospital setting until they are put under home quarantine.

Do-s for health facilities:

1. Ensure Space for Utilization as Isolation Ward:

Every tertiary and middle tier hospital should identify a suitable space with proper electrical points which, if situation arises, can be used as Isolation ward and the electrical points can be used for installation of ventilators, monitors and other equipments deemed to be fit for the purpose. The Medical Colleges who have already identified and modified the rooms accordingly may keep the rooms ready.

2. Ensure triage, early recognition, and source control:

Create a system for assessing all patients at admission allowing early recognition of possible Covid-19 infection and immediate isolation of patients with suspected nCoV infection in an area (an equipped triage station at the entrance of health care facility, supported by trained staff) separate from other patients. Persons testing positive for COVID-19 will remain to be hospitalized till such time 2 of their samples are tested negative as per MoHFW's discharge policy. About 15% of the patients are likely to develop pneumonia, 5 % of whom requires ventilator management.

Promote hand hygiene and respiratory hygiene.

3. Apply standard precautions for all patients

- Ensure that all patients cover their nose and mouth with a tissue or elbow when coughing or sneezing;
- Offer a medical mask (Medical masks are surgical or procedure masks that are flat or pleated; they are affixed to the head with straps) to patients with suspected Covid 19 infection while they are in waiting/public areas or in cohorting rooms;
- Perform hand hygiene after contact with respiratory secretions.

Health Care Workers (HCWs) to practise Hand Hygiene (cleansing hands with an alcohol-based hand rub (ABHR) or with soap and water (alcohol-based hand rubs are preferred if hands are not visibly soiled; wash hands with soap and water when they are visibly soiled) approach before touching a patient, before any clean or aseptic procedure is performed, after exposure to body fluid, after touching a patient, and after touching a patient's surroundings.

Thoroughly clean environmental surfaces with water and detergent and apply commonly used hospital level disinfectants (such as sodium hypochlorite).

4. Implementing empiric additional precautions

- All individuals, including family members, visitors and HCWs, should use contact and droplet precautions before entering the room where suspected or confirmed patients are admitted;
- Patients should be placed in adequately ventilated single rooms.
- When single rooms are not available, patients suspected of being infected with nCoV should be grouped together;
- All patients' beds should be placed at least 1 metre apart regardless of whether they are suspected to have nCov infection;
- Where possible, a team of HCWs should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission
- HCWs should use a medical mask (three layer surgical mask in state set up)
- HCWs should wear eye protection (goggles) to avoid contamination of mucous membranes;
- HCWs should wear a clean, non-sterile, long sleeved gown;
- HCWs should also use gloves;
- The use of boots, coverall and apron is not required during routine care;
- After patient care, appropriate doffing and disposal of all PPE's and hand hygiene should be carried out. Also, a new set of PPE's is needed, when care is given to a different patient;
- HCWs should refrain from touching eyes, nose or mouth with potentially contaminated gloved or bare hands;
- Equipment should be cleaned and disinfected between use for each individual patient (e.g., by using ethyl alcohol 70% or Lysol 5%);
- Avoid moving and transporting patients out of their room or area unless medically necessary. Use designated portable X-ray equipment and/or other designated diagnostic equipment. If transport is required, use predetermined transport routes to minimize exposure for staff, other patients and visitors, and have the patient using a medical mask;
- Ensure that HCWs who are transporting patients perform hand hygiene and wear appropriate PPE as described earlier;
- Notify the area receiving the patient of any necessary precautions as early as possible before the patient's arrival;

- Regular cleaning and disinfection of surfaces where the patient has made any contact;
- Limit the number of family members and visitors who are in contact with a suspected and confirmed patient;
- Maintain a record of all persons entering the patient's room, including all staff and visitors.

3.2 Airborne precautions for aerosol-generating procedures (e.g. tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy)

- Perform procedures in an adequately ventilated room – preferably natural ventilation with air flow of at least 160 L/s per patient or in negative pressure rooms with at least 12 air changes per hour and controlled direction of air flow when using exhaust ventilation;
- Use a particulate respirator at least as protective as a US National Institute for Occupational Safety and Health (NIOSH)-certified N95. When HCWs put on a disposable particulate respirator, they must always perform the seal check. If the wearer has facial hair (i.e., a beard) it may prevent a proper respirator fit;
- Use eye protection (i.e., goggles or a face shield);
- Wear a clean, non-sterile, long-sleeved gown and gloves. If gowns are not fluid resistant, HCWs should use a waterproof apron for procedures expected to have high volumes of fluid that might penetrate the gown;
- Limit the number of persons present in the room to the absolute minimum required for the patient's care and support.

4. Using environmental and engineering controls

- Spatial separation of at least 1 meter should be maintained between all patients.
- Clean environmental surfaces with water and detergent and applying commonly used hospital disinfectants (such as sodium hypochlorite)
- Manage laundry, food service utensils and medical waste in accordance with safe routine procedures.

Recommendation for outpatient care

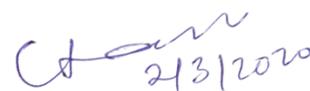
- Practice triage and early recognition
- Give emphasis on hand hygiene, respiratory hygiene and medical masks to be used by patients with respiratory symptoms;
- Ensure appropriate use of contact and droplet precautions for all suspected cases;
- Prioritize care of symptomatic patients;
- When the symptomatic patients are required to wait, ensure they have a separate waiting area;
- Educate patients and families about the early recognition of symptoms, basic precautions to be used and which health care facility they should refer to.

Nosocomial infection in fellow patients and attending healthcare personnel are well documented in the current COVID-19 outbreak as well. There shall be strict adherence to Infection prevention control practices in all health facilities. IPC committees would be formed (if not already in place) with the mandate to ensure that all healthcare personnel are well aware of IPC practices and suitable arrangements for requisite PPE and other logistic (hand sanitizer, soap, water etc.) are in place. The designated hospitals will ensure that all healthcare staff is trained in washing of hands, respiratory etiquettes, donning/doffing & proper disposal of PPEs and bio-medical waste management. **Few in-house sessions of sensitization workshops for doctors, nursing personnel, other middle tier administrators and other staff associated with patient care services should be undertaken at the earliest.**

The above advisory should be treated very seriously and adequate preparedness should be taken in your hospital.



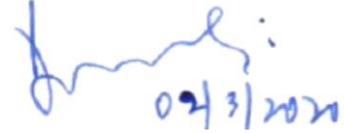
**Director of Medical Education
West Bengal**



**Director of Health Services
West Bengal**

Copy forwarded for information and necessary action to:

- 1) The Director of Medical Education, Deptt. Of H&FW, GoWB, Swasthya Bhavan.
- 2) The Jt. DHS (PH & CD) and SSO, IDSP, Deptt. Of H&FW, GoWB, Swasthya Bhavan.
- 3) The DDHS (Malaria), Deptt. Of H&FW, GoWB, Swasthya Bhavan.
- 4) The Chief Medical Officer of Health, All districts.
- 5) The Deputy Chief Medical Officer of Health II, All districts.
- 6) The Nodal Officer, COVID-19, Deptt. Of H&FW, GoWB, Swasthya Bhavan.
- 7) The Nodal Officer, IDSP, Deptt. Of H&FW, GoWB, Swasthya Bhavan.
- 8) The Sr. PA to the Principal Secretary, Deptt. Of H&FW, GoWB, Swasthya Bhavan.
- 9) Guard File



**Dy. Director of Health Services (PH)
West Bengal**