CASE DEFINITIONS

A patient with acute respiratory illness {**fever** and at least one sign/symptom of **respiratory disease** (e.g., cough, shortness of breath)}

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

A patient with severe acute respiratory infection {**fever** and at least one sign/symptom of **respiratory disease** (e.g., cough, shortness of breath)}

AND

requiring hospitalization

Suspected case

A patient/health care worker with **any** acute respiratory illness

AND

having been in **contact with a confirmed COVID-19 case** in the last 14 days prior to onset of symptoms

A case for whom testing for COVID-19 is **inconclusive**

Laboratory confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Close contact

Contact refers to contact with a laboratory confirmed COVID-19 case. It does not refer to contact with asymptomatic travelers or their contacts.

Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients	**Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings)**	**Traveling together in close proximity (1 m) with a symptomatic person who later tested positive for COVID-19**

HIGH RISK CONTACT	Touched body fluids of the patient (Respiratory tract secretions, blood, vomit, saliva, urine, faeces)	Touched or cleaned the linens, clothes, or dishes of the patient	Passenger in close proximity (within 3 ft) of a conveyance with a symptomatic person who later tested positive for COVID-19 for more than 6 hours.
	Had direct physical contact with the body of the patient including physical examination without PPE.	Lives in the same household as the patient OR Anyone in close proximity (within 3 ft) of the confirmed case without precautions.	
LOW RISK CONTACT		Shared the same space (Same class for school/worked in the same room/similar and not having a high risk exposure to a confirmed or suspect case of COVID-19).	Travelled in the same environment (bus/train/flight/any mode of transit) but not having a high-risk exposure.

TESTING STRATEGY

1. Asymptomatic individuals who have undertaken international travel in the last 14 days: - They should stay in home quarantine for 14 days and they should be tested only if they become symptomatic (fever, cough, difficulty in breathing). All family members living with a confirmed case should be home quarantined.
2. All symptomatic contacts of laboratory confirmed cases.
3. For symptomatic health care workers with significant symptoms, considering the epidemiological link and regional situation. (Refer SOP for symptomatic HCP)
4. All hospitalized patients with Severe Acute Respiratory Illness (fever AND cough and/or shortness of breath).
5. Asymptomatic direct and high-risk contacts of a confirmed case should be tested once between day 5 and day 14 of coming in his/her contact. (Direct and high-risk contact include those who live in the same household with a confirmed case and healthcare workers who examined a confirmed case without adequate protection as per WHO).

SCREENING AREAS

Designated Screening Areas:

- EMS Corona help desk
- Screening OPD
- SSB Block
- WCH
- OG casualty
- Paediatric casualty
- RCC
- Main OPD in the old block

Screening will be done by **EMT, Interns**, **Nurses (varies with the location)**

SCREENING AT THE EMS

Screening will be done in the area in front of the EMS, even before the patient reaches the entry gate of EMS.

Patient screening (patients coming by walk, wheel- chair and trolley)

- Done by EMT
- Each person entering EMS will be individually screened with The Screening Questionnaire and at-risk individuals will be identified.

Vehicle screening

- Done by security and EMT.
- Every vehicle will be screened.

SCREENING AT OTHER BLOCKS

- Done by Residents/Interns with the help of security.
- Announcements in the mike by security asking for patients/attenders with exposure or symptoms to come to the designated screening area.

Details of patients screened and held is maintained by PSM TEAM in coordination with IDSP. They will also take care of filling and sending of form A and B to IDSP along with holding area residents.

THE SCREENING QUESTIONNAIRE

Criteria A: - EXPOSURE

- Is there a history of travel to a foreign country in the last 4 weeks (TRAVEL)?
- Is there a contact with a suspected or confirmed case of Covid-19 (CASE CONTACT)?
- Is there a close contact with a person who has travelled to a foreign country in the last 4 weeks (TRAVELLER CONTACT)?

This is to identify all travelers who have visited a foreign country, and to find out whether those travelers are suspected or confirmed cases

*Only a contact with a suspected or confirmed case of COVID-19 is considered as **significant***

Mere contact with asymptomatic traveller is NOT considered as exposure.

Criteria B: - SYMPTOMS

- History of fever or respiratory symptoms (SYMPTOMS)?
    1. Fever, cough, breathlessness, others.
    2. Temperature screening using non-contact **IR thermometer**.

If **YES** to any of the above (Criteria A or Criteria B)

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Take the patient to the holding area

INITIAL ASSESSMENT FOR SUSPECTED PATIENT

The screening person to **provide a mask** (3 ply) to the identified patient

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The screening person to accompany the patient to the holding area **with a gap of 3 feet**

Note: The Holding area of the EMS is designated near ID ward – Front block close to the garden

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The screening person **to inform the COVID-19 duty resident** by call immediately

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The screening person to strictly **not leave the side** of the patient until the COVID-19 duty resident has arrived

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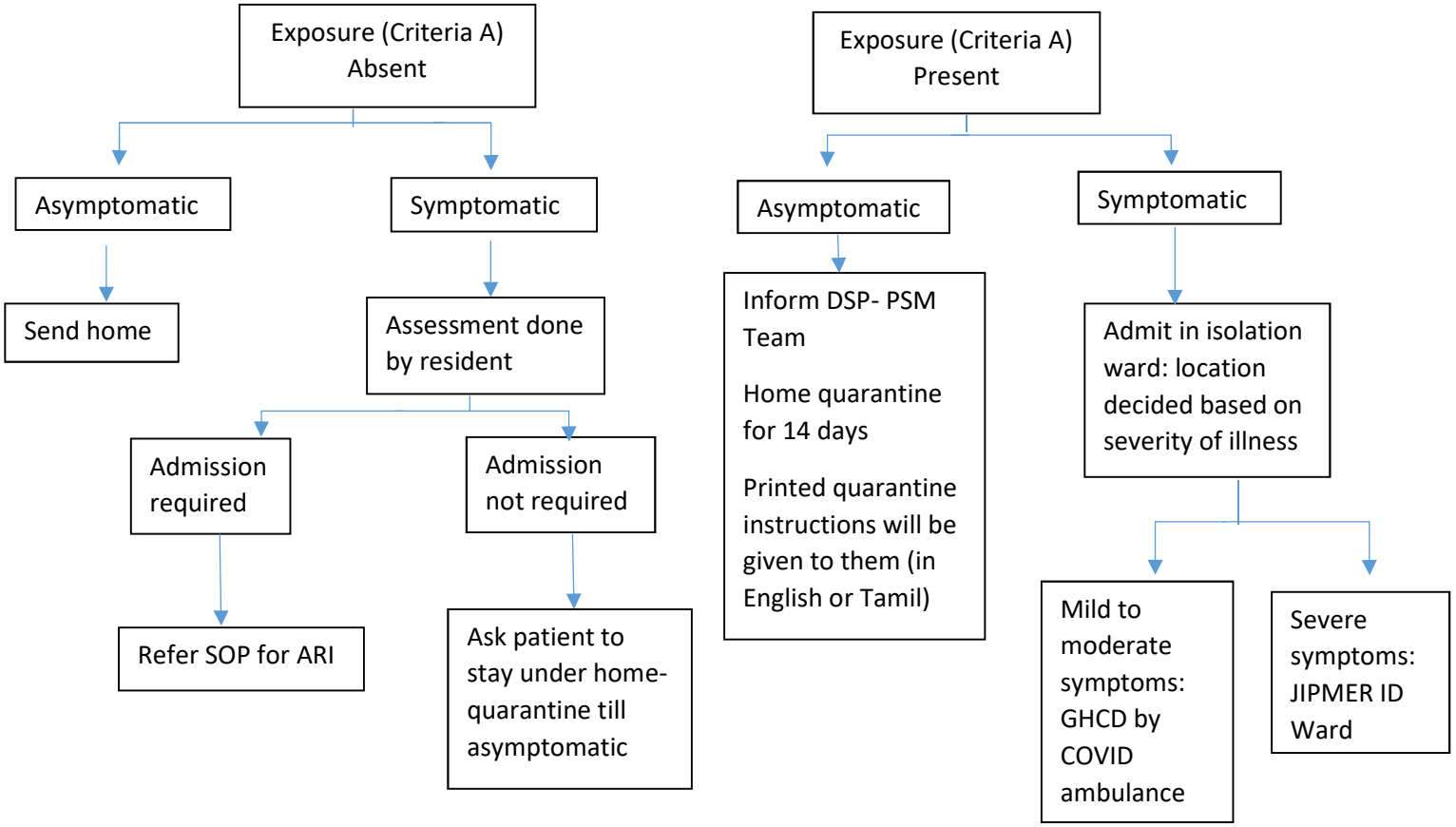
COVID-19 DUTY RESIDENT TO ATTEND THE PATIENT AT THE EARLIEST

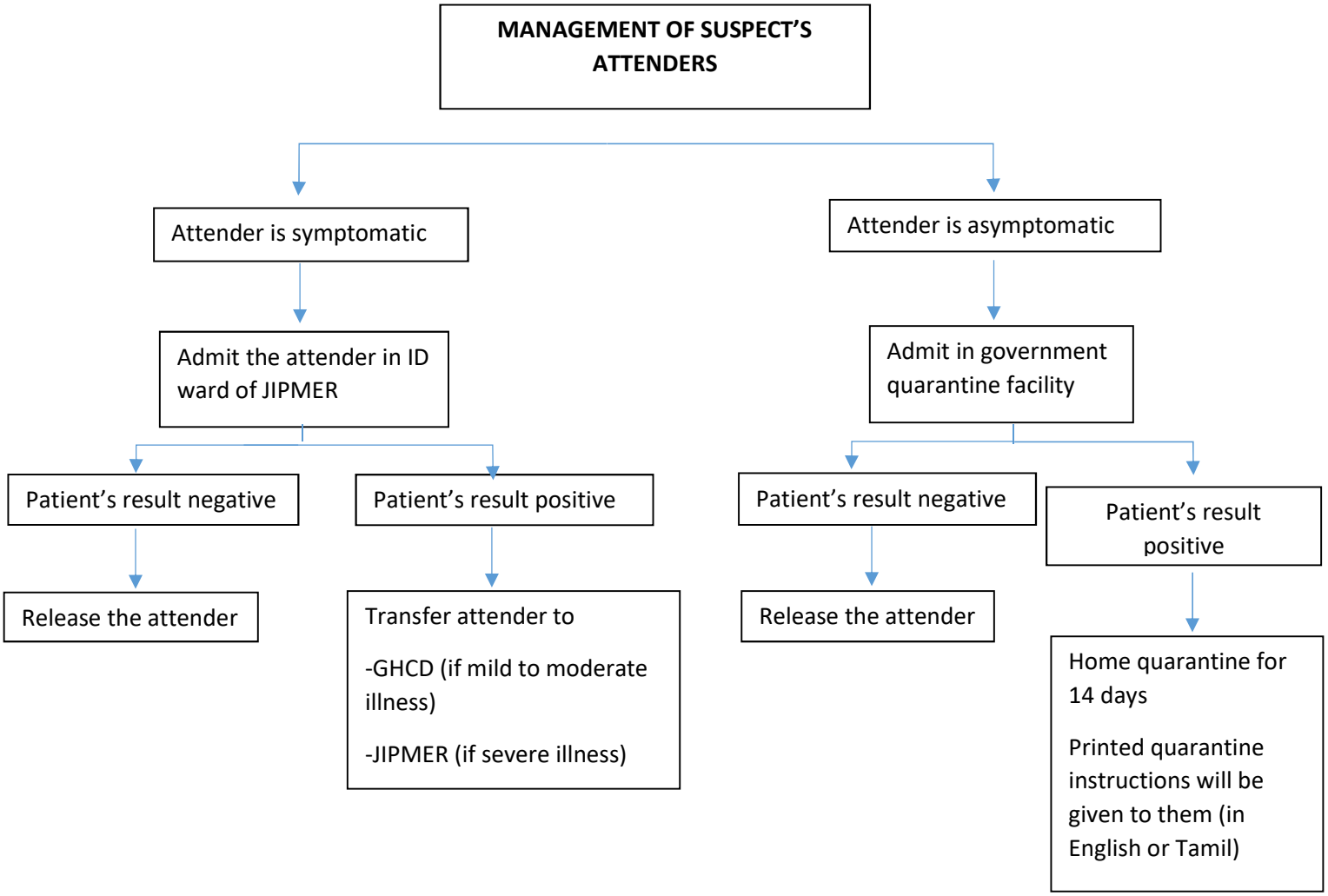
- Assessment should be done only by **history and visual assessment**. (Along with confirmation of the History, the resident should ask whether the patient is a health care worker)
- Do **not touch or examine** the patient
- The patient should be wearing a **3 ply mask**
- The patient should be seated at least **3 feet away** from the resident
- **If examination is required**, it should be done only after **wearing PPE**.
- Any equipment used should be **disposed** or placed in a designated container for decontamination.
- The examination area should also be **decontaminated**.

Holding area is mainly for confirmation of the history and visual assessment of stability of the patient.



MANAGEMENT OF HEALTH CARE WORKERS WHO ARE SYMPTOMATIC

Consider testing in the presence of significant symptoms, epidemiological link, regional situation. Home isolation or hospital isolation(Refer separate SOP for symptomatic health care worker)


MANAGEMENT OF SUSPECT'S ATTENDERS
Attender is symptomatic
Attender is asymptomatic
Admit the attender in ID ward of JIPMER
Admit in government quarantine facility
Patient's result negative
Patient's result positive
Patient's result negative
Patient's result positive
Release the attender
Transfer attender to
-GHCD (if mild to moderate illness)
-JIPMER (if severe illness)
Release the attender
Home quarantine for 14 days
Printed quarantine instructions will be given to them (in English or Tamil)

AIRWAY MANAGEMENT AT EMS (Ward 5)

EMS SR & EMS Nurse wears PPE **(Cover-all, N95, Goggles, Double gloves**) as soon as intimation given by EMT from Triage area.

After wearing PPE, Nurse will go to dedicated resuscitation area to prepare:

- ✓ Trolley with disposable sheet
- ✓ Pulse-ox
- ✓ BVM with filter
- ✓ ETT three sizes
- ✓ Laryngoscope
- ✓ Etomidate with Succinylcholine(High dose paralytic)
- ✓ Push dose pressor (1mg 1:10000 mix with 9ml NS in 10 ml syringe)
- ✓ IV line(16g) and fixator
- ✓ Bougie
- ✓ ETT cuff inflator syringe and filter

Indications for intubation at EMS dedicated Resuscitation area:

1. Gasping with pulse
2. Severely hypoxic SPO2<50% ON O2
3. Combative patient

Modified Rapid Sequence Induction (RSI) for COVID-19

- Pre-oxygenate with a non-rebreather mask (NRBM) with reservoir
- Avoid bag and mask ventilation {if needed, use Bag-Valve Mask (BVM) with filter}
- Avoid suctioning as far as possible
- Elevate bed to 40 degree with head-end elevation position for increasing first pass success rate
- Do rapid sequence induction with etomidate and succinylcholine (High dose paralytic)
- Intubate with Bougie always to increase first pass success rate
- Nurse to give ETT with attached cuff inflation syringe for rapid cuff inflation to minimize aerosol generation

- Visualize the black line and tube position by centimeter check; avoid auscultation to check for tube position
- Attach HME filter to ETT and attach to Bains circuit
- Post intubation SR transfers the patient to ID ward in JIPMER ambulance (according to Transfer guidelines)
- Nurse to dispose and decontaminate the equipment in the resuscitation area

HANDOVER OF SUSPECTED PATIENT FROM HOLDING AREA TO THE ID WARD

- After the suspect is assessed and deemed to require admission, the admission slip will be given.
- The admission slip/case sheet will **not be handled by the patient** or the patient attender
- **If the patient is ambulatory**, he will be asked to enter the isolation cubicle where he will be allotted one of the rooms.
- **If the patient is not ambulatory**, he will be shifted by wheelchair.
- The DRL/SMC who shifts the patient will wear PPE.
- The Nurse will enter the ward only if indicated, and only after performing hand hygiene and wearing PPE.
- The Nurse will connect the monitor and carry out medication orders during the same visit.
- After a visit to the patient, the HCP will doff the PPE in the doffing room before exiting the isolation ward. This should **not be done in the corridor**.
- Exit the isolation ward and then perform hand hygiene again.

SAMPLE COLLECTION

General Guidelines

- Trained health care professionals to wear appropriate PPE with gloves while collecting the sample from the patient.
- Maintain proper infection control when collecting specimens.
- No visitors or attenders allowed in the sampling area. (*patient room is the sampling area)*
- Specimens should be collected as soon as possible regardless of time of symptom onset.
- Label the container before putting the swab inside the container.
- The person taking the sample should put the swab in the container, which is held by the other person. The person who takes the swab should not touch the outside container.
- The container with swab is put into the cover of gloves used and handed over to the nurse waiting outside the room wearing gloves.
- Transport immediately to the Virology Lab with properly filled form and informing the lab that the sample is reaching. The sample is submitted by JR.
- Proper disposal of all waste generated

Specimen Type and Priority

- For initial diagnostic testing for 2019-nCoV by Real Time - PCR, it is recommended to collect and test
- Upper respiratory (nasopharyngeal AND oropharyngeal swabs) and
- Lower respiratory for patients with productive cough
- Induction of sputum is not indicated.

COLLECTION OF SPECIMENS

- Oropharyngeal swab with or without nasopharyngeal swab (NP/OP swab)
- *Nasopharyngeal swab*: Tilt patient's head back 70 degrees. Insert flexible swab through the nares parallel to the palate (not upwards) until resistance is encountered or the distance is equivalent to that from the ear to the nostril of the patient.
- Gently, rub and roll the swab. Leave the swab in place for several seconds to absorb secretions before removing.
- Oropharyngeal swab (e.g., throat swab): Tilt patient's head back 70 degrees. Rub swab over both tonsillar pillars and posterior oropharynx and avoid touching the tongue, teeth, and gums.

- Do not use calcium alginate swabs or swabs with wooden shafts. Use only synthetic fiber swab with plastic shafts.
- Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. If oropharyngeal swab is taken that also be placed in the same VTM.
- Time taken to report after submitting the sample is submitted in the virology lab is 6 to 24 hrs.

INTRAHOSPITAL AND INTERHOSPITAL TRANSPORT OF PATIENTS

Transport of Suspect to GHCD (only by ambulance)

- GHCD on-duty doctor informed over phone before shifting
- Ambulance is on standby near ID Ward – Holding Area.
- The suspect should be seated in the back compartment
- He should wear a 3 ply mask
- The driver should wear a triple layer mask
- The driver will sit in the front compartment and he will not enter the back compartment
- If any patient attender accompanies the suspect: they should wear 3 ply mask and keep 3 feet distance if possible
- After handing over the patient to GHCD, ambulance will return and should be disinfected (refer decontamination guidelines)

Transport of the suspected patient after airway stabilization from EMS (from 5A) to ID Ward by ambulance

- Ambulance is on standby, near EMS (at CORONA HELP DESK).
- The Nurse and Resident in the ID ward should be informed well before, allowing them to don a fresh set of PPE.
- The suspect is trolleyed into the back compartment on a portable ventilator along with the EMS SR who intubated the patient.
- The ID ward JR/SR and Nurse should be standing fully donned with PPE, ready to receive the patient in the ID ward.
- The EMS SR should doff in the ID ward and return to EMS by walk.
- Ambulance, trolley and equipment to be decontaminated. (refer decontamination guidelines)
- Attender accompanying the patient will be in the same room in the ID ward pending results.

- Nurse will don PPE and receive the patient in the isolation room and connect to the ventilator.

Transport of Covid positive patients from id ward to 02 ward

- If a patient's sample tests positive, the report will be communicated to the duty JR and Nursing Officer in-charge of the ward
- The attender of the patient will be informed and will be kept in home quarantine if the patient is stable
- Communication will be given to both ID Ward and 02 Ward to be ready to shift and receive the patient
- **ALL** Health Care Personnel and others entering the isolation room should don PPE at **ALL** times

Ambulant Patient

- The JR will accompany the patient to the 02 Ward and handover the case to the Nurse and JR on duty in the 02 Ward
- The HCP from 02 Ward will enter the Isolation cubicle only if necessary

Non-Ambulant Patient

- The Nursing Officer and DRL in the ID Ward will enter the patient cubicle
- If patient has been ventilated, the JR will also enter the cubicle
- The ET Tube of the patient will be clamped and ventilator will be disconnected
- A portable transport ventilator will then be connected to the ET Tube
- The patient will be transported to the 02 Ward in the same bed where the JR and Nurse in-charge of the ward will receive the patient
- Before disconnecting the portable ventilator, the ET Tube should be clamped and then connected to the ventilator in 02 Ward
- The monitor will then be connected
- Closed suction will be done only if necessary
- The HCP will then doff PPE and perform hand hygiene
- After exiting the cubicle, they will perform hand hygiene again
- The portable ventilator should then be disinfected (refer decontamination guidelines)

DISCHARGE OF COVID NEGATIVE PATIENTS

- The report of the COVID-19 PCR will be communicated to the Clinical Coordinating Team. The name and hospital number of the patient should be verified by the Clinical Coordinating Team. **The PDF of the report should be verified** before disclosing the report to the patient. This should be done by at least two persons and this should be documented (two residents OR one resident and one nurse). The decision should **never be based on mere verbal communication.**
- The Senior Resident In-Charge will communicate the test result to the nursing officer in the ID Ward
- The discharge summary will be given by the duty JR/SR to the nursing officer and then handed over to the patient
- A detailed and thorough counselling will be given to the patient to maintain home self-isolation till they recover completely. They should remain in home isolation for at least 14 days from exposure.
- Prior to discharge, the duty SR/PSM Resident will ensure that the IDSP Form A and B have been filled and submitted to the concerned authority