

Standard Operating Procedure for HCW entering and leaving SSB Annexe (COVID Block)

Introduction:

JIPMER has decided to segregate patients with suspected or proven COVID-19 from rest of hospital, keeping with the infectious nature of the disease and as a measure of abundant caution. SSB Annexe (COVID Block) is the designated 'COVID-19 patient care area' in JIPMER.

To minimise the interaction of COVID-19 patients with Health Care Workers (HCWs) and other personnel, it has been decided to impose some access control in SSB Annexe (COVID Block). In addition, monitoring of HCWs is planned in addition to implementation of Hospital Infection control practices, to ensure their safety. To implement this, certain restrictions has been placed in SSB Annexe (COVID Block) and anyone entering or leaving the premises need to follow a defined procedure. This document describes the SOP to be followed by EVERYONE entering the premises of SSB Annexe (COVID Block).

A team from Health Care Worker Safety (COVID-19) group shall be on duty at the main entrance of SSB Annexe (COVID Block) and shall assist you with the procedures. All are requested to ensure strict compliance with the SOPs for the safety of our HCWs and our patients.

The Health Care Worker Safety (COVID-19) Team

JIPMER

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Prepared by: HCW Safety (COVID) group	Verified by: COVID Task Force	Approved by: Medical Superintendent
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1. Standard Operating Procedure for HCW entering and leaving Covid-19 ward (Ward 51)

1.1 Restrictions in access to the building

- Only authorised personnel can enter ward 51
- Access to the building shall be restricted by providing barcode stickers attached to employee's ID card. HCWs can enter the building only after scanning the same at main entrance to ward 51
- HCWs can enter the building while reporting for duty and leave after duty only through the main entrance of ward 51
- HCWs shall not be allowed to enter or leave the building through other accesses, except while shifting patients
- Patients shall enter ward 51 only through the entrance at the rear. Patients shall not enter or leave the building through the main entrance under any circumstances (except in case of fire accident)
- Any person without prior authorisation entering the building for any reason shall enter his contact details in the register kept at the entrance

1.2 SOP for entering the building while reporting at work

1. Enter the building only through the main entrance (facing the Charaka avenue)
2. All HCWs should scan their ID card at the entrance (bar code scanner) as well as undergo temperature check and answer a questionnaire
3. The questionnaire can be accessed by the HCWs on their smartphones from this link :
https://docs.google.com/forms/d/e/1FAIpQLSeUd9SfT_PXFFhar4ZSJCu88RUaiO7VqoAn_0fWFJUg1yx4dQ/viewform) or by scanning the **QR code** pasted at the entrance to the building
 - The HCW shall fill in the necessary details (but NOT submit the form) before reporting to the health check desk at the entrance
 - The form shall be submitted only after the same is verified by the staff the health check desk
4. If the HCW face difficulties in accessing the form or do not have a smartphone, the staff on duty at the health check desk shall assist them in completing the form
5. The sequence of events when a HCW reports at work is described in Table 01.

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Table 01: Sequence of events when a HCW reports at work
<ol style="list-style-type: none"> 1. Check whether the phone has a QR code scanner before the first day at work. (If not, please download and install a QR code scanner) 2. Enter the building only through the main entrance (facing the Charaka avenue) 3. Scan the QR code pasted at the entrance and fill in the form (DO NOT submit the form) 4. Scan the barcode pasted on the ID card at the security counter 5. Proceed to the adjacent health check counter at the entrance 6. Check temperature with non-touch thermometer at station 01 and enter the information (temperature >37.2°C or not) in the form 7. Verify the health check form with the staff at station 02 or 03 8. Submit the form 9. If the HCW need assistance in filling the health check questionnaire, the staff at station 02 & 03 of the health check counter shall assist the HCW. 10. Proceed to changing room in the ground floor

1.3 SOP for HCWs leaving the building after duty

1. Exit the building only through the main entrance (facing the Charaka avenue)
2. Report to the health check desk near the exit gate
3. Scan the QR code to fill in the questionnaire on HCW's risk assessment. The form can also be accessed on a smartphone from this link :
https://docs.google.com/forms/d/e/1FAIpQLScGj5jd1nakz_R5VBBHdiPXRm-xWiBeeGXI5NqioiRvspDtGA/viewform?vc=0&c=0&w=1
 - a. The HCW shall fill in the necessary details (but NOT submit the form) before reporting to the health check desk at the exit
 - b. The form shall be submitted only after the same is verified by the staff the health check desk
4. If the HCW face difficulties in accessing the form or do not have a smartphone, the staff on duty at the health check desk shall assist them in completing the form
5. The sequence of events when a HCW reports at work is described in Table 02.

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Table 02: Sequence of events when a HCW leaves after work
1. Check whether the phone has a QR code scanner before the first day at work. (If not, please download and install a QR code scanner)
2. Leave the building only through the main entrance (facing the Charaka avenue)
3. After changing, proceed to the health check counter at the exit gate
4. Scan the QR code pasted at the health check counter and fill in the form (DO NOT submit the form)
5. Proceed to the adjacent health check counter at the exit
6. Check temperature with non-touch thermometer at station 01 and enter the information (temperature >37.2°C or not) in the form
7. Verify the health check form with the staff at station 02
8. Submit the form
9. If the HCW need assistance in filling the health check questionnaire, the staff at station 02 & 03 of the health check counter shall assist the HCW.
10. Leave the building

1.4 SOP for PPE breach

1. All instances of PPE breach either recognised by the HCW shall be promptly reported to the HCW health screening team for further action
2. Any instance of PPE breach detected on health screening at the time of exit after duty shall be systematically assessed to determine the severity of breach for further action. The JIPMER HICC protocol for same is depicted in figure 01.
3. Appropriate recommendation for 'monitoring', 'work restriction' or 'Quarantine' shall be made based on the assessment of PPE breach by the health screening team immediately
 - All instances of PPE breach detected by the health screening team shall also be reported to the HICC office, for information
 - Contact Information of HICC fellow: 7022061105 / 8686044616
4. If the HCW is to be quarantined, the office in charge of quarantine facility (Dr Ramesh Babu, Professor, Ophthalmology) shall be informed for arranging the same immediately.

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Figure 01:

	Type of PPE Breach	Close contact	Source control (patient on mask)	AGP	Extensive body contact	Exposure category	Monitoring (for 14 days)	14D Work restriction	Quarantine (14 days)
Patient symptomatic									
1	With adequate PPE (appropriate to risk level)	Yes	Yes/no	Yes/no	Y/N	Nil	No	No	No
2	No PPE or partial PPE	No	Yes/no	Yes/no	Y/N	Nil	No	No	No
3	No PPE	Yes	Yes	Yes/no	Y/N	Medium	Active	Yes	Yes (home)
4	No mask	Yes	Yes	Yes/no	Y/N	Medium	Active	Yes	Yes (home)
5	No eye protection	Yes	Yes	Yes/no	Y/N	Low	Self	No	No
6	No gown or gloves	Yes	Yes	Yes/no	No	Low	Self	No	No
7	No gown or gloves	Yes	Yes	Yes/no	Yes	Medium	Active	Yes	Yes (home)
8	3-ply mask instead of N95 , Other PPE worn as required	Yes	Yes	Yes/no	Y/N	Low	Self	No	No
9	No PPE	Yes	No	Yes/no	Y/N	High	Active	Yes	Yes (hospital)
10	No mask	Yes	No	Yes/no	Y/N	High	Active	Yes	Yes (hospital)
11	No eye protection	Yes	No	No	Y/N	Medium	Active	Yes	Yes (home)
12	No eye protection	Yes	No	Yes	Y/N	High	Active	Yes	Yes (hospital)
13	No gown or gloves	Yes	No	No	No	Low	Self	No	No
14	No gown or gloves	Yes	No	Yes	No	Medium	Active	Yes	Yes (home)
15	No gown or gloves	Yes	No	No	Yes	Medium	Active	Yes	Yes (home)
16	No gown or gloves	Yes	No	Yes	Yes	High	Active	Yes	Yes (hospital)
17	3-ply mask instead of N95 , Other PPE worn as required	Yes	No	No	Y/N	Low	Self	No	No
18	3-ply mask instead of N95 , Other PPE worn as required	Yes	No	Yes	Y/N	Medium	Active	Yes	Yes (home)
Patient asymptomatic, confirmed COVID									
	Mask	Yes/no	Yes/no	-	Yes/no	Nil	No	No	No
	No mask	Yes	No	-	Yes/no	Low	Self	No	No
	No mask	No	No	-	No	Nil	No	No	No
	No mask	Yes/no	Yes	-	Yes/no	Nil	No	No	No

Close contact for healthcare exposures is defined as follows:

- being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time i.e. greater than a few minutes (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or
- having unprotected direct contact with infectious secretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

Extensive body contact: Example includes rolling the patient.

Aerosol generating procedure (AGPs) include: Endotracheal intubation, extubation and related procedures such as manual ventilation and open suctioning, tracheotomy/tracheostomy procedures (insertion/open suctioning/removal), bronchoscopy, surgery and post-mortem procedures involving high-speed devices, some dental procedures (such as high-speed drilling), non-invasive ventilation (NIV) such as bi-level positive airway pressure (BiPAP) and continuous positive airway pressure ventilation (CPAP), high-frequency oscillating ventilation (HFOV), high flow nasal oxygen (HFNO), also called high flow nasal cannula, induction of sputum. Use N95 mask for COVID patients. Nebulization (ultrasonic, jet) and specimen collection are possibly aerosol generating procedures.

Self-monitoring with delegated supervision means HCW should monitor themselves for fever by taking their temperature twice a day and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat) and inform the hospital once daily; the hospital should inform local public health authority if any symptoms develops.

Active monitoring means that hospital should actively monitor the potentially exposed HCWs for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat); either through HICC or staff clinic or clinical COVID team and communicates state or local public health authority at least once a day.

Reference: Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

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