

# **RSSDI GUIDANCE FOR HEALTHCARE PROFESSIONALS FOR POST LOCKDOWN SCENARIO**



**FIGHT  
AGAINST  
CORONA  
VIRUS**



### Covid-19, its magnitude and current lockdown

- The world today is grappling with an unprecedented Coronavirus Disease-2019 (COVID-19) pandemic that has wreaked havoc as it rages across continents, affecting people by the dozen, crippling healthcare systems and destroying economies that come in its wake.
- COVID-19 is a respiratory illness caused by novel coronavirus, designated initially as 2019 nCoV and eventually termed the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection.
- Originating from Wuhan City of China in early December last year, COVID-19 has spread globally like wildfire, with the World Health Organization (WHO) sounding a global alert and declaring it as a pandemic on the 11<sup>th</sup> of March 2020.
- Currently 5404512 cases people are infected with this virus globally in about 200 countries & regions and 343514 people have died due to Covid-19 across the globe as per WHO situation report as of 26<sup>th</sup> May 2020.
- India reported its first case on 30<sup>th</sup> of January, 2021 in Kerala and the numbers have now risen to 151767 total reported positive cases and about 4337 deaths as on 26<sup>th</sup> May 2020.
- Though a large number of clinical trials are underway, the curative treatment strategy and the definitive preventive vaccine both remain elusive at present.
- Personal hand hygiene, respiratory etiquette and social distancing have emerged as the most widely adopted strategies for the mitigation and control of this highly contagious virus. Outbreak control measures aimed at reducing the amount of mixing in the population by social distancing behaviour such as work from home, closure of school/education institutions, strict lockdown- have the potential to delay the peak and reduce the final size of the epidemic, thereby providing health-care systems time to expand and respond, thus helping to control the COVID-19 outbreak evenly.
- As a pre-emptive strategy to contain this outbreak, particularly to prevent community transmission of this viral infection, the government of India initially declared a 21day lockdown starting on 25<sup>th</sup> March 2020 which was then further extended up to 3<sup>rd</sup> May 2020. Beyond 3<sup>rd</sup> May 2020, lockdown was further extended up to 17<sup>th</sup> May 2020 with partial reopening of certain services in green zones defined as areas with no new active cases since the last 2 weeks. Lockdown 4.0 has been further extended up to 31<sup>st</sup> May 2020 in many areas having many positive active cases. However, the number of cases is still on the rise in many parts of the country though the mortality continues to be low.
- Seeing the gravity of this pandemic and its presence in India, the RSSDI has already published an advice document for patients with diabetes as well as a guidance document on the novel coronavirus infection for healthcare professionals containing relevant information related to Covid-19 in patients with diabetes.
- This document serves to guide diabetes care set-ups from private clinics to hospitals on the new norms of resuming and imparting patient care services and operations in the post-lockdown scenario where a semblance to normalcy will return, albeit with the danger of coronavirus exposure and potential infection always lurking in the shadows.

### Guidance for healthcare professionals for running their services post lockdown:

- The health care professionals (HCPs) are frontline soldiers fighting this pandemic against a plethora of difficulties and limitations, running the highest risk of exposure and contagion.

- According to China's National Health Commission, more than 3300 of their health-care workers had been infected as of early March while Italy reported 20% of responding health-care workers were infected out of which quite many succumbed to the disease.
- With enough evidence to suggest that asymptomatic persons can also transmit SARS CoV-2 infection to close contacts, health care workers bravely put themselves at the highest risk of getting infected as they battle the virus head-on.
- It is thus prudent to consider every person visiting a healthcare facility as a potential carrier of this virus and hence mandates appropriate precautions to be observed by the HCPs to protect themselves, their staff as well as unsuspecting patients visiting their clinic/hospital.
- Every healthcare practitioner must have a detailed knowledge of all procedures to be followed in a clinic or a hospital for safety & protection against this highly contagious virus.
- These preventive measures will differ according to the level of care (primary / secondary / tertiary care center) and according to the type of healthcare practice (outpatient department / emergency department/ indoor department / intensive care settings).
- The current document elaborates guidance only for the outpatient diabetes care facility as most of us as we clinicians prepare to see patients at our clinic/hospital OPDs. The standard protocols for fever clinics/ COVID-19 clinics and inpatient care are outside the domain of this document.
- These are essentially standard the comprehensive measures to be followed by HCPs for protection against Covid-19 but in low resource settings, it may not be possible to implement all mentioned measures. However, it is in best interest that every HCP should try to follow as many of these suggested measures as possible for protection against this highly contagious illness.

### **Measures to be taken in the outpatient diabetes clinic for protection against Covid-19:**

#### **1. Teleconsultation :**

- For minor ailments, teleconsultation should be preferred and encouraged for all patients at high risk for severe illness from Covid-19 like elderly patients, patients having chronic disease e.g. diabetes, hypertension, cardiovascular disease, kidney disease, chronic lung disease, cancer or even obesity.
- Routine physical visits for follow ups for such patients should be best avoided.
- Please refer to Telemedicine guidelines by ministry of health and family welfare, Government of India available on their website.

#### **2. Triage on phone :**

- This is the first crucial step in protecting HCP and other patients by identifying potential Covid-19 suspected patients on phone when they schedule an appointment and counselling them to seek treatment at the nearest Covid-19 government approved center.
- Online automated appointments should be stopped and only appointments by telephone should be encouraged.
- Every patient should come to OPD with prior appointment taken on phone (either landline or mobile).
- While giving appointment, preferably medical officer on duty or qualified trained staff should enquire about h/o travel in last 3-4 weeks to Covid-19 affected areas, h/o contact with any Covid-19 positive or suspected patient and about h/o symptoms of Covid-19 (fever/cough/common cold/ throat pain/ abdominal pain/ diarrhoea/ breathlessness or loss of smell & taste).

- If any of these features are confirmed, patients should be immediately redirected to the nearest government approved Covid-19 center for diagnosis and testing if required. Name, contact number and address of this patient should be noted and if required should be informed to health authorities as per the prevalent guidelines & law.
- If a patient has reached your center without taking prior appointment, patient should be asked to call the reception number from the hospital gate or parking area and enquiry as mentioned above should be conducted by the staff before letting him / her in.
- OPD timings should be restricted to a few hours daily and preferably in one shift without any break to avoid transmission of infection to other places. Appointments should be scheduled well-apart so as to avoid any crowding in the waiting area.
- Patients should be encouraged to send soft copies of their reports and all necessary documents by email/ WhatsApp to prevent touching papers by the HCPs when coming for an appointment.

### 3. Triage at entry points:

- Triage stations with adequately trained staff should be allotted at the entrance of each health care facility.
- Temperature of all individuals should be checked from a distance with a hand held infrared thermometer. Ensure everyone entering the premises wears a face cover/mask.
- Physical barriers (glass/plastic barriers) should be installed at these stations to limit close contact between triage personnel and potentially infectious patients.
- Staff posted at triage stations should wear N95 mask or triple layered mask, cap, gloves, apron and preferably face shield while taking history from the patient.
- Standard screening questionnaires available online on the ministry of health & family welfare website can be used to identify potential suspects of Covid-19.

### 4. Patient Entry norms :

- Any patient should visit healthcare facilities only when it is essential and should come alone or with only one attendant.
- Patients and attendants must wear masks/ face-cover (preferably triple layered or cloth) throughout their stay at the health care center.
- An alcohol based sanitizer should be placed at the point of entry for everyone entering the clinic to sanitize their hands well. Alternately if there is a facility for washing hands with soap and water preferably with a no-touch sensor or foot operated tap, every person entering should be asked to wash hands for at least 20 seconds with adequate soap and water.
- If possible a clinic staff wearing gloves should be deputed at clinic entry to open the door for anyone entering or exiting the clinic to prevent contamination of door handles by outsiders.
- Such high-touch areas should be sanitized and disinfected frequently with appropriate alcohol based sanitizer or disinfectant. If they are unavailable, soap and water should be used.

### 5.Reception area :

- All windows and doors should be kept open. Cross ventilation should be maximum.
- Visual alerts should be posted at the entrance and strategic areas to reinforce the importance of hand hygiene, respiratory hygiene and cough etiquette for both patients and health care workers.
- Social distancing is to be maintained at all times in a clinic or a hospital. There should be a distance of at least 1 meter (4 feet) between 2 persons.



- Patients should be allowed to sit only on cleanable hard surfaces with places for sitting distinctly marked in the reception area (draw squares/circles with chalk/tape) as well as the foyer & parking area too.
- If the waiting area is small, only 1 or 2 patients should be allowed at a time while other patients should be instructed to wait in their car or in the open parking area or outside the hospital/clinic.
- Once a patient leaves the place, immediately it should be cleaned with disinfectant like 1% sodium hypochlorite.

### 6. Reception staff/ HCP :

- Reception staff should wear a triple layered surgical mask with cap, goggles and gloves. Refer Annexure1
- They should also wear an apron or surgical gown particularly if they are also involved in measurement of blood pressure of patients.
- Every patient should stand at least 4-6 feet away from reception staff and should provide all details for entry into the OPD register as per ICMR guidance.
- Patients should be instructed to follow no touch technique and every surface utilized by the patient, both in the reception area and the consulting room, should be thoroughly cleaned with disinfectant solution before allowing entry of a new patient.
- HCP should wear a cap, goggles and preferably a N95 mask or a 3 layered surgical mask if N95 is not available. He/she should wear an apron (full arm length) or preferably reusable surgical or synthetic gown or full coverall as per the risk involved as well as a face shield to cover the entire face. He/she should wear preferably double gloves of different colors. After examination of each patient, either outer gloves should be removed & discarded in the biomedical waste disposal unit or should be thoroughly cleaned with hand sanitizer containing at least 60% alcohol before examining the next patient. At the end of OPD, first outer gloves should be removed and discarded. Inner gloves should be removed after removing the PPE. Please refer to Annexure 1 for the entire sequence of putting on and removing PPE

### 7. Doctor Consultation Protocol:

- During consultation, there should be a distance of at least 6 feet between patient and doctor with the patient facing away from the doctor at all times during consultation.
- This can be done by asking the patient to sit on the chair put on the other side of the table.
- History taking should be specific and history of travel or exposure to covid-19 positive patient or atypical symptoms of covid-19 or symptoms of covid-19 in family members should be asked again by HCP.
- Examination should be brief and to the point and auscultation should be done only if essential, thereby shortening the examination period to less than 5 minutes if possible.
- Stethoscope diaphragm should be cleaned after every patient examination.
- If a patient was made to sit on a stool, it should be thoroughly cleaned with a disinfectant after every patient. Also the table surface should be cleaned regularly with disinfectant.

### 8. Handling of Files, documents & prescription :

- It is advisable not to touch files or documents brought by patients.
- As mentioned earlier, patients can be asked to send a soft copy of their reports as well as previous prescription to the doctor on mail/whatsapp which can be accessed by the doctor on his system during the consultation.

- If not possible, patients' files should be placed on a table in the consulting room and preferably the doctor should ask the patient handling them to show them to him from a readable distance for reference without touching them. If files and documents are handled by HCP himself, he/she should remain careful and clean hands with sanitizer after handling them. The doctor may generate a handwritten/ computerised prescription after the consultation.
- If you are using an electronic medical record with the facility of transferring prescription directly to the medical store, the patient should purchase medicines from the medical store and prescription to be handed over to the patient by the pharmacist.
- If giving a hand-written prescription it may be inserted by the doctor/doctor secretary in the patient's file or handed over to the patient. Patient can be asked to click a picture of the prescription with his smartphone before inserting it in his file.
- Patient should clean his hands with sanitizer after putting the file along with prescription in a plastic bag and should not touch this plastic bag for 4-5 days after keeping it in a secure washable corner in the house. As far as possible, patients should be encouraged to accept a softcopy of the prescription to make the process paperless.
- Consulting fees to be collected preferably by electronic transfer. If cash is being collected by the reception staff or payment department, it should be collected in a plastic bag to be touched after 3-4 days. Staff should clean their hands with sanitizer after collection of money.

### 9. Pharmacy :

- Pharmacists should wear a triple layered surgical mask or N95 mask if available and gloves.
- No touch technique with the patient should be advocated while dispensing medicines.
- Medicines may be placed in paper bags with clear instructions and kept on the counter/ dispensing window with glass partition for the patients to pick.
- Instructions on taking the medicines may be explained with adequate social distancing norms.
- Payment is to be collected preferably by electronic transfer. In case of payment by cash, it should be collected in a plastic bag to be touched after 3-4 days. Staff should clean their hands with sanitizer after collection of money

### 10. Laboratory Staff :

- Only one patient with mask/face cover at a time to be allowed in the laboratory.
- Staff should wear a N95 mask or 3 layer mask, face shield, gloves & apron and should follow social distancing, hand hygiene & universal precautions while collecting blood.
- Reports should be sent by an email or on WhatsApp. Please follow no touch technique while giving printed reports.
- Charges should be collected preferably via electronic transfer. If cash is to be accepted, it should be collected in a plastic bag to be touched after 3-4 days. Hands should be cleaned with soap & water or sanitizer after collection of money.

### 11. Disinfection & Biomedical Waste Disposal:

- High touch surfaces like wall tiles, reception seating areas, stools, tables, door knobs, door handles, stair rails, door frames, bed frames etc. should be cleaned daily with Sodium Hypochlorite solution (1%) for 30 minutes, atleast three times a day. Sodium hypochlorite solution is available commercially and also can be prepared from bleaching powder. Please refer to Annexure 3&4

- Standard guidelines to be followed for Biomedical waste disposal and all used disposable (non reusable) material should be collected in a plastic bag and disposed of accordingly. Please refer to Annexure 5
- All clothes including cloth mask should be soaked in 0.5% sodium hypochlorite solution, then immediately to be washed with soap & water and to be dried in an open terrace. Face shield should be dipped in soap water for 10 minutes and to be washed & dried for reuse the next day. Regarding reuse of N95 mask, please refer to Annexure 2. For cleaning procedures see Annexure 4.

### 12. Miscellaneous/Important points to remember :

- Use only 1 pen, phone and water bottle (disposable articles to be preferred).
- Decontaminate phone before leaving clinic or do not carry your mobile in your clinic.
- No extra articles such as watches, rings, bangles, dangling earrings etc.
- Hairs tied and cover your head with a cap.
- Shift to scrubs full sleeves, if available.
- Keep your palms together when you see patients to remind you not to touch them.
- Wear footwear which covers your feet fully. Plastic or rubber easy to disinfect
- Please pay attention to social distancing , that is poorly practiced in hospitals, so keep distance of at least 1 meter between persons always
- Clean your desk, door knob, computer, workstation yourself or in your presence with disinfectant atleast once before starting work and after finishing, and more frequently in between if possible
- Keep doors open as far as possible especially to maintain good ventilation.
- Avoid closed or poorly ventilated spaces, lifts etc. Don't touch lift buttons with hands. Disinfect all such surfaces frequently.
- Leave all your medical stuff such as a stethoscope in the hospital itself. Don't take them home.
- Decontaminate car handles frequently.

### 13. Measures to be taken before reaching home :

Few suggestions to reduce risk of transmission of infection to your family

- Ring up home when you start from hospital.
- Someone at home should keep the front door open (so that you don't have to touch the calling bell or door handle).
- Keep all your things (car keys, pen, sanitizer bottle, phone) in a box outside the door.
- Clean your hands with sanitizer, then use tissue and sanitizer and wipe the items you have placed in the box.
- Clean your hands with sanitizer again or wash your hands with soap and water for at least 20 seconds.
- Now enter the house without touching anything.
- The bathroom door is kept open by someone and a bucket of detergent soap water is ready. You take off all your clothes including innerwear and soak them inside the bucket.
- Then take a head bath with a shampoo and full body bath with soap.
- Wash your clinic clothes/ put in the washing machine with high temperature settings and dry all clothes in direct sunlight.

## Summary

The post lockdown resumption of healthcare services will undergo a huge transition from the pre-COVID era. Non-emergency and routine OPD consultations will be replaced by teleconsultations. Only patients where physical examination is necessary for treatment will be encouraged for a clinic visit. Appointment system will replace walk-ins. Measures to prevent contamination and infection spread will be put in place for the safety of all HCPs as well as patients. With proper use of personal protective equipment, hand hygiene, respiratory etiquette and above mentioned sanitization and operational measures, one can reduce the chances of getting infected with SARS Cov-2 infection in the healthcare settings. Though all these measures are based on suggestions by experts and lack any solid scientific evidence, they offer reasonable preventive measures against this highly contagious virus. Prevention is better than cure is not only an adage but this holds particularly true in current times in the COVID-19 era till a definitive treatment or preventive vaccine can be found.

## REFERENCES FOR FURTHER READING:

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### ANNEXURE 1 : USE OF PPE- RATIONAL USE, DONNING & DOFFING PPE

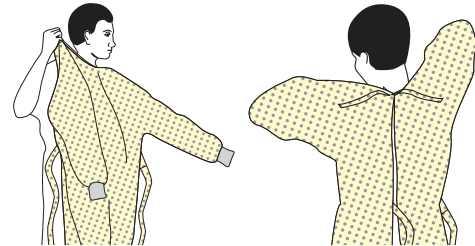
Sr	Setting	Activity	Risk	Recommended PPE	Remarks
1	Help desk/ Registration Counter	Provide information to Patients	Mild Risk	<ul style="list-style-type: none"> <li>• Triple Layer Medical Mask</li> <li>• Latex Examination Gloves</li> </ul>	Physical distancing to be followed at all times
2	Doctors Chamber	Clinical Management	Mild Risk	<ul style="list-style-type: none"> <li>• Triple Layer Medical Mask</li> <li>• Latex Examination Gloves</li> </ul>	No aerosol generating procedures should be allowed
3	Chamber of Dental/ ENT/ Ophthalmology Doctors	Clinical Management	Moderate Risk	<ul style="list-style-type: none"> <li>• N-95 Mask</li> <li>• Goggles*</li> <li>• Latex Examination Gloves</li> </ul>	aerosol generating procedures anticipated face shield, when a splash of body fluid is expected
4	Pre- anesthetic Check-up Clinic	Pre- anesthetic Check-up	Moderate Risk	<ul style="list-style-type: none"> <li>• N-95 Mask</li> <li>• Goggles*</li> <li>• Latex Examination Gloves</li> </ul>	Only recommended when close examination of oral cavity / dentures is to be done
5	Pharmacy Counter	Distribution of Drugs to Patients	Mild Risk	<ul style="list-style-type: none"> <li>• Triple Layer Medical Mask</li> <li>• Latex Examination Gloves</li> </ul>	Frequent use of hand sanitizer is advised over gloves
6	Sanitary Staff	Cleaning frequently touched surfeces / Floors	Mild Risk	<ul style="list-style-type: none"> <li>• Triple Layer Medical Mask</li> <li>• Latex Examination Gloves</li> </ul>	

## SEQUENCE FOR **PUTTING ON** PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



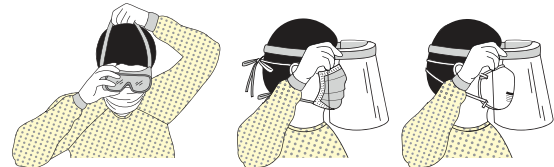
### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



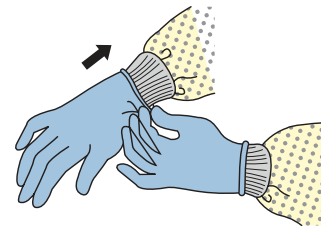
### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



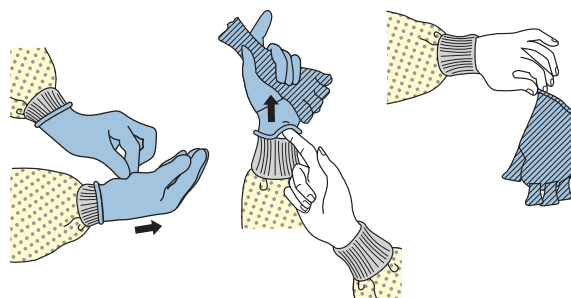
## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

### EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

#### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



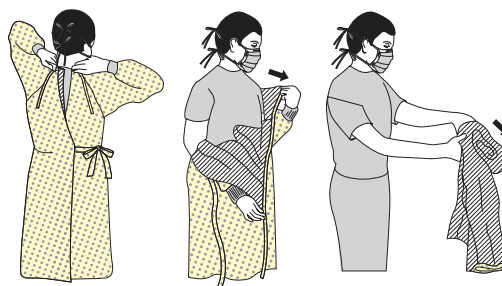
#### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



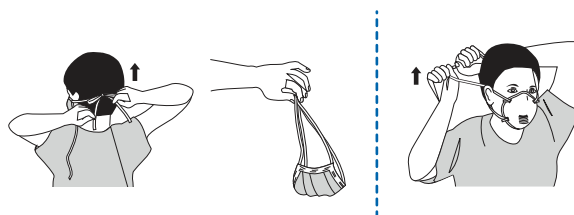
#### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

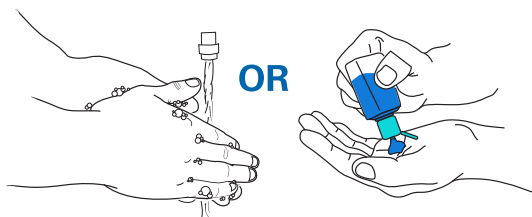


#### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



#### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**

## ANNEXURE 2 : PRACTICAL USE OF N-95 MASKS- AIIMS ADVISORY

ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
Ansari Nagar, New Delhi – 110029

No. F.79/COVID-19/2020-Estt.(H.)

Dated: 08.04.2020

**Subject: STANDARD OPERATING PROCEDURE (SOP) for extended use of N-95 masks for personal safety of Health Care Workers (HCW) at AIIMS. \***

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1. You have been provided with five N-95 masks. You have also been provided with 4 small brown covers numbered 1,2,3& 4 as well and a large brown cover. (If not ask your indenting official to collect it from PRC).
2. Place each N-95 mask in separate small paper bags and mark both the mask and the bag as 1,2,3, and 4. Fifth mark is being issued as a reserve.
3. On day 1, wear the mask no.1 when you step out for duty. **Learn to wear the mask correctly. This is very important.** The Infection control team in your area will explain the method to you.
4. After you return home, place the used N-95 in paper bag no.1 & let it dry out for 4 days. Sunlight is not necessary. **DO NOT THROW AWAY THE MASK.**
5. On day 2, use mask number 2 when you go for duty. After you return home, place the used N-95 in paper bag no.2 & let it dry out for the next 4 days.
6. Do the same for day 3 and day 4.
7. Use the N-95 mask no. 1 on day 5 again. For eg. if you start using mask no.1 on Wednesday 8<sup>th</sup> April, it is available for reuse on Sunday 12<sup>th</sup> April\* 2020.
8. Repeat the exercise until all 4 masks have been used 5 times as recommended by CDC, Atlanta, USA\*. All four will be used up in 20 days (in this example on Monday 27<sup>th</sup> April 2020) .
9. **These “personal use” N-95 masks will not be treated and reused.**
10. Bring all 4 masks in the big brown bag, throw them in the yellow waste bin in your ward/ area or posting are report to the indenting nurse.
11. You will be issued 05 new N-95 masks, after 20 days.

**The AIIMS administration is committed to keeping all its staff safe.**

## ANNEXURE 3: PREPARATION OF HYPOCHLORITE SOLUTION OF 0.5%, 1% AND 2%

Product	Chlorine	0.5% available	1%	2%
Sodium hypochlorite - Liquid Bleach	3.5%	1 part bleach to 6 parts water	1 part bleach to 2.5 parts water	1 part bleach to 0.7 parts water
Sodium hypochlorite - Liquid	5%	1 part bleach to 9 parts water	1 part bleach to 4 parts water	1 part bleach to 1.5 parts water
NaDCC (Sodium dichloro isocyanurate) Powder	60%	8.5 grams to 1 Litre water	17 grams to 1 Litre water	34 grams to 1 Litre water
NaDCC (1.5 g/ Tablet) - Tablets	60%	6 tablets to 1 Litre water	11 tablets to 1 Litre water	23 tablets to 1 Litre water
Chloramine Powder	25%	20g to 1 Litre water	40g to 1 Litre water	80g to 1 Litre water



#### Annexure 4 : Cleaning protocols for clinics

Area / Items	Item / Equipments	Process	Method / Procedure
General Cleaning Areas Floors (Clinical Areas) Daily Mopping	Dust Mops (no broom will be used for sweeping) detergent / sanitizer-hot water, sodium hypochlorite (1%) three buckets (one with plain water and one with detergent solution; one bucket for sodium hypochlorite)	Sweeping cleaning daily mopping	<ul style="list-style-type: none"> <li>Sweep with the dust mop or damp mop to remove surface dust. Sweep under the furniture and remove dust from corners. Gathered dust must be removed using a hearth brush &amp; shovel.</li> <li>The sweep tool should be cleaned or replaced after use.</li> <li>Prepare cleaning solution using detergent solution.</li> <li>Use the three bucket technique for mopping the floor one with plain water and one with detergent solution; one bucket for sodium hypochlorite)</li> <li>First mop the area with warm water &amp; detergent solution.</li> <li>After mopping clean the mop in plain water and squeeze it.</li> <li>Repeat the procedure for the remaining area.</li> <li>Mop area again using sodium hypochlorite 1% after drying the area.</li> <li>In between mopping if solution or water is dirty change it frequently.</li> <li>Mop the floor starting at the far corner of the room and work towards the door.</li> <li>Clean articles between cleaning.</li> </ul> <p>Note - Mopping should be done twice a day</p>
Ceiling and walls	Sweeping tool Duster Bowl / Small Bucket of soap solution Plain water	Damp Dusting	<ul style="list-style-type: none"> <li>Damp dusting with a long handled tool for the walls and ceiling done with very little moisture, just enough to collect the dust.</li> <li>Damp dusting should be done in straight lines that overlap one another.</li> <li>Change the mop head /cover when soiled.</li> </ul> <p>Note - Should be done once a week or after examining a suspect case</p>
	Care of mop	Hot water detergent Sodium hypochlorite 1%	<ul style="list-style-type: none"> <li>Clean with hot water &amp; detergent solution, disinfected with sodium hypochlorite and keep for drying upside down.</li> </ul>
Doors and Door knobs	Damp cloth or sponge squeeze Mop detergent	Thorough washing	<ul style="list-style-type: none"> <li>The door are to be washed with a brush using detergent and water once a week (on one defined day); gently apply cloth to soiled area, taking care not to remove paint, the wipe with warm water to remove excess cleaning agent</li> <li>Door knobs and other frequently touched surfaces should be cleaned daily.</li> </ul>

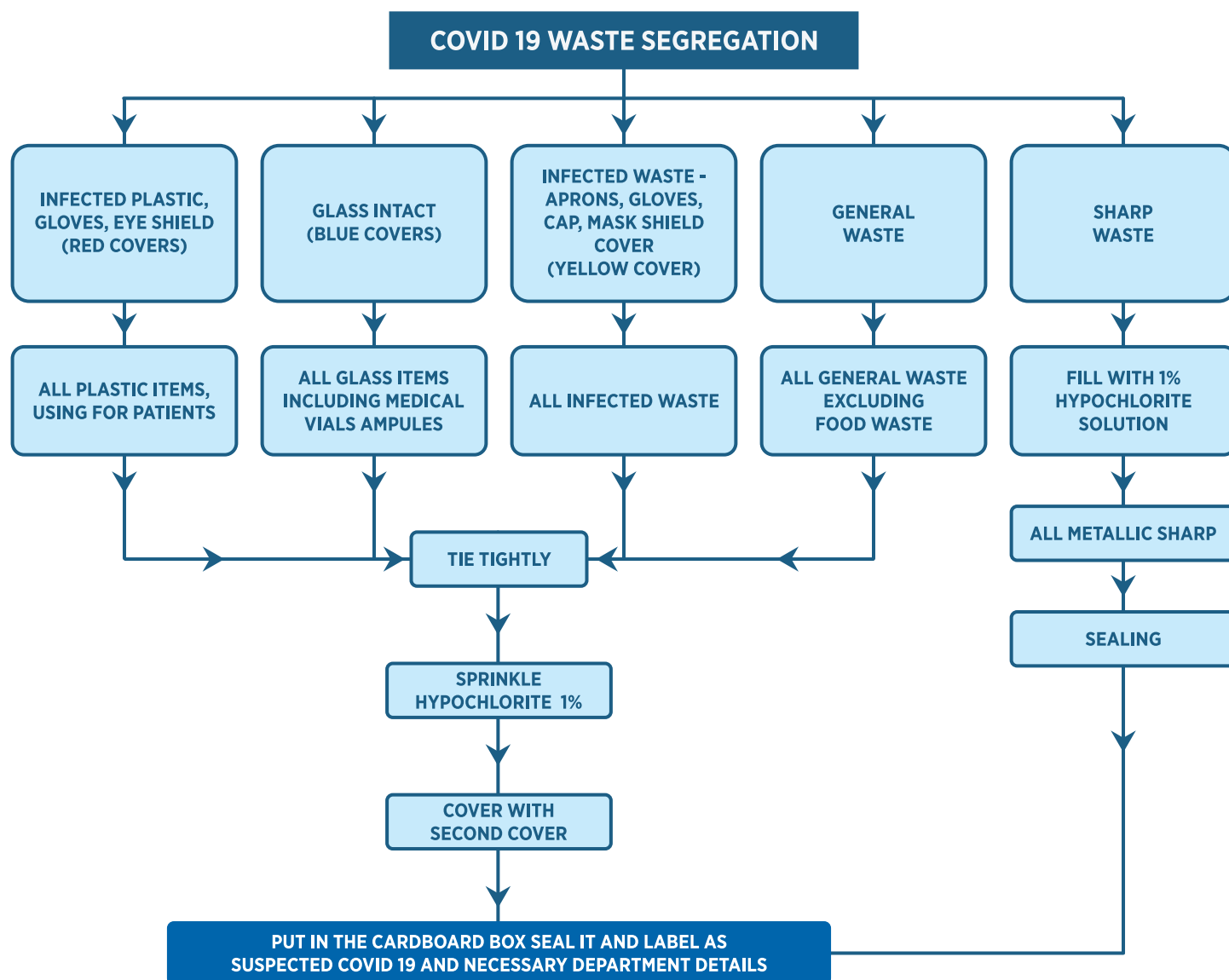
#### Annexure 4 : Cleaning protocols for clinics

Area / Items	Item / Equipments	Process	Method / Procedure
Stethoscope	Alcohol - based rub / spirit swab	Cleaning	<ul style="list-style-type: none"> <li>Should be cleaned with detergent and water.</li> <li>Should be wiped with alcohol based rub / spirit swab before each patient contact.</li> </ul>
BP cuffs & covers	Detergent hot water	Washing	<ul style="list-style-type: none"> <li>Cuffs should be wiped with alcohol based disinfectant &amp; regular laundering is recommended for the cover</li> </ul>
Thermometer	Detergent & water Alcohol Rub Individual thermometer holder	Cleaning	<ul style="list-style-type: none"> <li>Should be stored dry in individual holder.</li> <li>Clean with detergent and tepid water and wipe with alcohol rub in between patient use.</li> <li>Store in individual holder inverted.</li> <li>Preferably one thermometer for each patient.</li> </ul>
Injection & dressing trolley	Detergent & water Duster Disinfectant (70% Alcohol)	Cleaning	<ul style="list-style-type: none"> <li>To be cleaned daily with detergent and water.</li> <li>After each use should be wiped with disinfectant.</li> </ul>
Refrigerators	Detergent & water Absorbent paper or clean cloth	Cleaning (Weekly)	<ul style="list-style-type: none"> <li>Empty the fridge and store things appropriately</li> <li>Defrost, decontaminate and clean with detergent</li> <li>Dry it properly and replace the things</li> <li>Weekly cleaning is recommended.</li> </ul>
Railings	Detergent / Sanitizer - hot water, sodium hypochlorite 1% 3 small buckets / big bowls one with plain water one with detergent solution one for sodium hypochlorite 1%	Daily Dusting	<ul style="list-style-type: none"> <li>Damp dust with warm water and detergent followed by disinfection with hypochlorite</li> </ul>
Mirrors & Glass	Warm water Detergent Water / Cleaning Solution Damp cloth wiper	Cleaning	<ul style="list-style-type: none"> <li>Using warm water and a small quantity of detergent and using a damp cloth, wipe over the mirror and surround, the using a dry lint free cloth, buff the mirror and glass to a clean dry finish.</li> </ul>
Sluice Room Stainless steel / any other sink	Powder cleanser Detergent powder Wiper Cloth	Cleaning	<ul style="list-style-type: none"> <li>Sinks are to be cleaned with a powder cleanser</li> <li>First wet the sink. Sprinkle on a little powder cleanser and work around the surface with a cloth, include the plug hole.</li> <li>Do not use the powder cleanser on dry sink</li> <li>After removing spillage and any stains, flush away with running water. Wipe down the surface of the sink.</li> </ul>

## Annexure 4 : Cleaning protocols for clinics

Area / Items	Item / Equipments	Process	Method / Procedure
Pantry Furniture	Duster	Dusting	<ul style="list-style-type: none"> <li>Damp Dust</li> </ul>
Telephone	Warm water Detergent solution duster	General Cleaning	<ul style="list-style-type: none"> <li>Damp dust with warm water &amp; detergent</li> <li>Paying special attention to the ear and mouth piece dry it properly.</li> </ul>
Desks	Damp Cloth Furniture polish	Dusting	<ul style="list-style-type: none"> <li>Wipe top sites and draw handles with a damp cloth.</li> <li>Wooden desks should be cleaned with furniture polish and buffed to clear glows. pen holder etc. to be cleaned or dusted.</li> </ul>
Chairs (Vinyl)	Warm water and Detergent	Cleaning	<ul style="list-style-type: none"> <li>Wipe down with warm water &amp; detergent.</li> <li>Remove any marks under arms and seat.</li> <li>Check for damage to stoppers, if stopper requires replacement, report to maintenance department.</li> </ul>
Furniture and Fittings	Warm water and Detergent Rag piece	Dusting	<ul style="list-style-type: none"> <li>Using warm water and detergent, damp dust all furniture and fittings, including chairs, stools, beds, tables, cupboards, wardrobes, lockers, trolleys, benches, shelves and storage racks, waste / bins. fire extinguishers, oxygen cylinders, television windows sills and dry properly.</li> </ul>

## ANNEXURE 5: Biomedical Waste Disposal









# **RSSDI GUIDANCE FOR HEALTHCARE PROFESSIONALS FOR POST LOCKDOWN SCENARIO**

