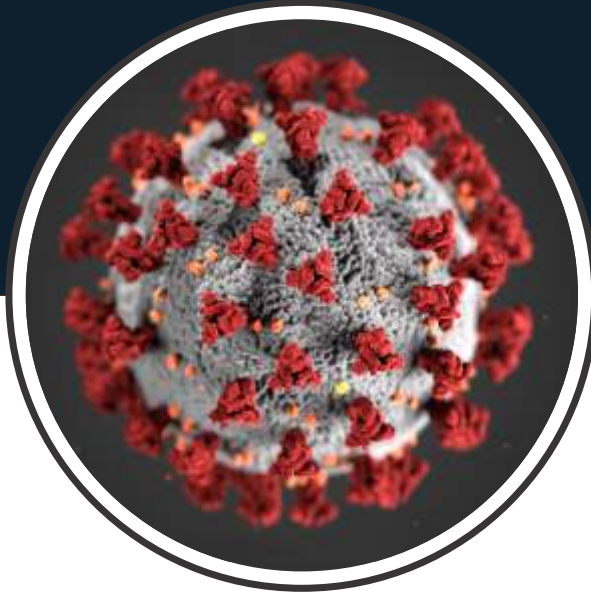




INDIAN RADIOLOGICAL AND IMAGING ASSOCIATION MADHYA PRADESH CHAPTER

Suggestions/Guideline for Radiological Practice During CoViD-19 Pandemic



DISCLAIMER

The CoViD-19 related research and guidelines are rapidly evolving so understanding and practices may become different by time.

Following are suggestions by IRIA MP Chapter, after going through various guidelines and publications of various health authorities/associations across the globe and national /state govt. as well.

To the fullest extent of law, neither IRIA MP Chapter nor the contributors of these guidelines assume any liability for any injury / damage to person/s or property as a matter of negligence or otherwise from any method described in the material herein.

Dr. Vijay K. Verma
President IRIA MP State

Dr. Chandra Prakash
Secretary IRIA MP State



First Released 14 May 2020

IRIA Madhya Pradesh



Dr. Vijay K. Verma
President



Dr. Chandra Prakash
Secretary



Dr. Durgesh Rathi
President-Elect



Dr. Rakesh Raizada
Immediate
Past President



Dr. Prem S. Tripathi
Treasurer



Dr. Shweta Nagar
Vice President



Dr. Avdesh Pratap Singh
Vice President



Dr. Alok Gupta
Joint Secretary



Dr. Varsha Sodani
Joint Secretary

Advisory Committee IRIA

Chairman



Dr. O. P. Tiwari, Indore

Members



Dr. Arvind Jain
Jabalpur



Dr. R. K. Sodani
Indore



Dr. Rakesh Mishra
Bhopal



Dr. Pushp Raj Bhatel
Jabalpur



Dr. Alka Agrawal
Indore



Dr. Radha S. Gupta
Bhopal



Dr. Sonjay Pande
Jabalpur



Dr. Punya Pratap Singh
Sagar



Dr. Pankaj Yadav
Gwalior



Dr. Abhishek Sikarwar
Gwalior



Dr. Punit Saxena
Bhopal



Dr. Pankaj Goyal
Bhopal

IRIA Office Bearer

- Dr. Deepak Patkar, President
- Dr. Rajeev Singh, Secretary
- Dr. C. Amarnath, President-Elect
- Dr. Hemant Patel, Immediate Past President
- Dr. Pankaj Sharma, Hon. Treasurer
- Dr. Harish G. Chandak, Vice President
- Dr. Pradeep S., Vice President
- Dr. Navneet Gupta, Vice Secretary
- Dr. Shankar Lal Kedia, Vice Secretary

ICRI Office Bearer

- Dr. Lalendra Uprety, Chairman
- Dr. Shailesh Lunawat, Secretary
- Dr. Jayaraja Govindaraj, Immediate Past Chairman
- Dr. Biren H Saraswati, Hon. Treasurer



CONTENTS

S.No.	Name of Topic	Page
1.	Introduction	5
2.	Preparedness at arrival of patient at clinic door / diagnostic center/ reception area	6
3.	Sitting area modification and cleanliness	7
4.	Cleaning Protocol	8
5.	Guideline of Personal Protective Equipment (PPE) for healthcare worker and proper PPE disposal	9
6.	Rational use of Personal Protective Equipment in Radiological Clinic/Diagnostic Center:	10
7.	Work-Flow Steps	11
8.	Steps to Take off Personal Protective Equipment (PPE) Including Gown	12
9.	Doffing Techniques	13
10.	Guideline to Performed Safe X-Ray with Cleaning and Disinfection of Machine	14
11.	Guideline to performed safe Ultrasound with Cleaning and Disinfection.	18
12.	Guidance Document for Disinfection & Sanitization Protocols for MRI	22
13.	What Should We Do When We Go Home After Seeing Cases?	24
14.	What to do if HCW Becomes Covid-19 Positive?	25
15.	Reference	26
16.	Annexure :01 - Covid-19 Screening and Self Declaration Form	27



Introduction

Cardinal principle behind planning : everyone should be considered positive for SARS-Cov-2 infection unless proven otherwise and ensure sustainable radiology operations.

The policies for infection control in diagnostic procedures vary between institutes and countries. The necessity of a procedure is decided by the concerned clinicians and the radiology team, which may vary. But broadly accepted procedures for COVID19 patient are mobile X-ray. However, depending upon the need, we can never deny any procedure for any patient, if it is an absolute requirement for the management of the patient.

The IRIA MP state along with advisory committee tried to prepare some easy and specific suggestions/guidelines to radiologist and staff/HCWs in Covid - 19 pandemic and these would be helpful in day to day practice from arrival of patient at diagnostic center/institute to dispatch of report. The contents of this manual is purely based on publications , suggestions and guidelines released from WHO, CDC, AIIMS Delhi , ICMR and other reputed government institutes.

This manual is making emphasis to provide information for non-covid institute or diagnostic center /clinic and not intended to be comprehensive. Literatures related to the covid-19 are dynamic and changing with time. We wish you all the best to win this battle of covid-19.



Preparedness at arrival of patient and reception desk

1. All medical /paramedical / non-medical staff should be trained in following an established protocol strictly and regarding use of PPE according to their work stations.
2. Basic screening of patient and accompanying person by using the standard questionnaire/ self declaration consent form (as per govt. rule/annexure-01) and infrared thermometer.
3. Alcohol based sanitization / soap based cleaning of hand and face mask should be mandatory to all, before entry to institute.
4. Keep hand sanitizer at a place in center for patient to use.
5. Minimized the entry of accompanying person to one or possible to nil.
6. Reception staff have to wear triple layer medical mask and latex examination gloves and follow physical distance all time (1 meter distance between pts and reception staff) as per guideline by government of India letter number - Covid 19/ Covid19 control / IDSP / 2020 / 1216, Dated 05/05/2020.
7. Policy of reduced paperwork as much as possible will be followed at reception and other side. (If possible WhatsApp number to be displayed in reception area and all communication to be we made using this like for doctor prescription or examination slip et).
8. Sweeping machine for the payment should be minimized as much as possible. Sanitization mandatory after each cash handling by cashier.



Sitting area modification and cleanliness

- Separate waiting area for patient and accompanying person if possible with minimum distance of 1 meter/ 3feet as per govt. standard.
- Minimized the use of air condition in waiting area and to make more ventilation/air circulation or shift waiting in open sky if possible.
- Tried to make visible circle/ allocation of sitting area to 3 feet distance between each patient/accompanying.
- Cleaning of surface /wall and furniture with proper disinfectant (sodium hypochlorite solution) frequently.
- Restrict footwear and other belonging to as minimum as possible.



Cleaning Protocol

1. 1% Sodium Hypochlorite should be used as a disinfectant for cleaning and disinfection.
2. The solution should be prepared fresh. Leaving the solution for a contact time of at least 10 minutes is recommended.
3. Alcohol (e.g. isopropyl 70% or ethyl alcohol 70%) can be used to wipe down surfaces where the use of bleach is not suitable.
4. The housekeeping staff should wear heavy duty/disposable gloves, disposable long sleeved gowns, eye goggles or a face shield, and a medical mask.
5. Gloves should be removed and discarded if they become soiled or damaged, and a new pair worn.
6. Eye goggles, if used, should be disinfected with 1% hypochlorite or 70% alcohol after each use / as per manufacturer's instructions.
8. Follow the donning and doffing instructions / video.
7. Wipe all frequently touched areas (e.g. lift buttons, hand rails, doorknobs, arm rests, tables, air/ light controls, keyboards, switches, etc.). Frequency of cleaning should be every 3-4 hours.
8. Toilet surfaces with chemical disinfectants and allow to air dry. 1% sodium hypochlorite solution can be used. Alcohol can be used for surfaces, where the use of bleach is not suitable.
9. None of the disinfectants should be applied to surfaces using a spray pack, as coverage is uncertain and spraying may promote the production of aerosols. The creation of aerosols caused by splashing liquid during cleaning should be avoided. A steady sweeping motion should be used when cleaning either floors or horizontal surfaces, to prevent the creation of aerosols or splashing. Flooring to be wet mopped with routinely available disinfectant.



Guideline of Personal Protective Equipment (PPE) for healthcare worker and proper PPE disposal

The PPEs are protective gears designed to safeguard the health of workers by minimizing the exposure to a biological agent.

Points to remember while using PPE :-

1. PPEs are not alternative to basic preventive public health measures such as hand hygiene, respiratory etiquettes which must be followed at all times.
2. Always (if possible) maintain a distance of at least 1 meter from contacts/suspect/confirmed COVID-19 cases.
3. Always follow the laid down protocol for disposing off PPEs as detailed in infection prevention and control guideline available on website of MoHFW.
4. PPE should be used by health care worker based on risk profile.

Component of PPE :-

1. Goggles
2. Face-shield
3. Mask
4. Gloves
5. Coverall/gowns (with or without aprons)
6. Head cover and
7. Shoe cover



Rational use of Personal Protective Equipment in Radiological Clinic/Diagnostic Center:

<u>Type of Risk</u>		<u>PPE to be used</u>
<u>High risk zone</u>	<ul style="list-style-type: none"> • While doing intervention USG/DSA • Giving contrast to CT/MRI patient. • Performing USG on suspected/confirm covid-19 case 	Full complement of PPE
<u>Moderate risk zone</u>	<ul style="list-style-type: none"> • Triage area • Screening area • Help desk/ Registration counter • Temperature recording station • Holding area/ waiting area • Doctors chamber • Sanitary staff 	<ul style="list-style-type: none"> • N-95 mask • Gloves • Minimum distance of 1 meter to be maintained.
<u>Mild risk</u>	<ul style="list-style-type: none"> • Visitors accompanying young children and elderly 	<ul style="list-style-type: none"> • Triple layer mask • Practice hand hygiene

Disposal of PPE

Single-use PPE disposal

- Gloves, masks, coveralls, and shoe protectors can be disposed in general waste as long as there is no free flowing blood.
- This means blood which is flowing, dripping, oozing or able to be squeezed from, a sodden material.
- If items are contaminated with free-flowing blood they need to be disposed of in clinical waste bins.
- Single-use PPE should be disposed of in a plastic bag and into the general waste.

Do visit for more detailed

<https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>



Work-Flow Steps



Goggle and face shield



N-95 face mask



Nitrile gloves



Cover all



Head cover



Shoe cover

Steps to take off personal protective equipment (PPE) including gown

1 Always remove PPE under the **guidance and supervision of a trained observer (colleague)**. Ensure that infectious waste containers are available in the doffing area for safe disposal of PPE. Separate containers should be available for reusable items.

2 Perform **hand hygiene** on gloved hands.²

3 Remove **apron** leaning forward and taking care to avoid contaminating your hands. When removing disposable apron, tear it off at the neck and roll it down without touching the front area. Then untie the back and roll the apron forward.



4 Perform **hand hygiene** on gloved hands.

5 Remove **outer pair of gloves** and dispose of them safely.

Use the technique shown in Step 17

6 Perform **hand hygiene** on gloved hands.

7 Remove **head and neck covering** taking care to avoid contaminating your face by starting from the bottom of the hood in the back and rolling from back to front and from inside to outside, and dispose of it safely.



OR



9 Remove the **gown** by untying the knot first, then pulling from back to front rolling it from inside to outside and dispose of it safely.



8 Perform **hand hygiene** on gloved hands.

10 Perform **hand hygiene** on gloved hands.

11 Remove **eye protection** by pulling the string from behind the head and dispose of it safely.



OR

13 Remove the **mask** from behind the head by first untying the bottom string above the head and leaving it hanging in front; and then the top string next from behind head and dispose of it safely.



12 Perform **hand hygiene** on gloved hands.

14 Perform **hand hygiene** on gloved hands.

15 Remove **rubber boots** without touching them (or overshoes if wearing shoes). If the same boots are to be used outside of the high-risk zone, keep them on but clean and decontaminate appropriately before leaving the doffing area.²

17 Remove **gloves** carefully with appropriate technique and dispose of them safely.



16 Perform **hand hygiene** on gloved hands.

18 Perform **hand hygiene**.

¹ While working in the patient care area, outer gloves should be changed between patients and prior to exiting (change after seeing the last patient)
² Appropriate decontamination of boots includes stepping into a footbath with 0.5% chlorine solution (and removing dirt with toilet brush if heavily soiled with mud and/or organic materials) and then wiping all sides with 0.5% chlorine solution. At least once a day boots should be disinfected by soaking in a 0.5% chlorine solution for 30 min, then rinsed and dried.





DOFFING TECHNIQUES

पीपीई उतारने का तरीका



डॉफिंग रूम में एक कुर्सी, एक बीएमडब्ल्यू बिन और एक स्वचालित हैंडरब मशीन होना चाहिए।

Doffing room should have a chair, a BMW bin and an automatic hand rub dispenser



पीपीई में किसी भी फटे और संवृणन के लिए जांच करें

Check for tear and exposed body parts



बाहरी दस्ताने पीटाणुरहित करने के लिए हैंडरब का उपयोग करें

Disinfect the outer gloves with alcohol based hand rub



गंदी कुर्सी पर बैठें और जूते का कवर हटा दें

Sit on dirty chair and remove the shoe cover



आगे हुडक और सिर की टोपी निकालें

Remove the hood away from the body



अंदर के दस्तानों को पीटाणुरहित करें

Disinfect the inner gloves



दोनों हाथों के अंदर के दस्ताने का निरीक्षण करें

Inspect both sides of inner gloves



बाहरी दस्ताने निकालें

Remove the outer gloves



हैंडरब द्वारा बाहरी दस्ताने पीटाणुरहित करें

Use alcohol based hand rub to disinfect the outer gloves



अंदर के दस्तानों को पीटाणुरहित करें

Disinfect the inner gloves



कमर के स्तर से खींचकर गाउन निकालें, आसानी से एक समय में एक हाथ खींचें, गाउन को अंदर से बाहर और शरीर से दूर रोल करें और कूड़ेदान में फेंक दें।
Remove the gown by pulling from hip level, pull one arm at a time from the sleeves and roll it inside out away from the body. Discard into dustbin



अंदर के दस्तानों को पीटाणुरहित करें

Disinfect the inner gloves



दस्ताने को पीटाणुरहित करें

Disinfect gloves



N95 मास्क निकालें

Remove N95 mask



नये दस्ताने पहनें

Put a fresh pair of gloves



हैंड सनेटाइजर द्वारा हाथों को पीटाणुरहित करें

Perform hand hygiene



अंदर के दस्ताने हटा दें अपने हाथों को दूषित न करें

Remove the inner gloves. Do not contaminate your hands.



जूतों को तले सहित सनेटाइजर द्वारा पीटाणुरहित करें

Disinfect shoes along with sole with alcohol based swab



दस्ताने को पीटाणुरहित करके निकाल दें

Disinfect and remove gloves



हैंड सनेटाइजर द्वारा हाथों को पीटाणुरहित करें

Perform hand hygiene



स्क्रब के फटे / दुर्गंध होने की जांच करें,

Check the scrub for tear & contamination



सिर से पैर तक स्नान करें

Proceed for a head to toe shower

Guideline to Performed Safe X-Ray with Cleaning and Disinfection of Machine

Main aim is to minimize radiographers stay in patient's room, minimize contact with patient as practically possible ensuring patient and staff safety.

Work-Flow

Before arrival at patient's room :

1. Recheck machine is working properly
2. Insert patient details and place X-ray detector/cassette in plastic sleeve before proceeding to examination
3. Radiographer and shifting staff first to wear radio protective lead apron. Then to wear full PPE as per institute guidelines.

In patient's room :

1. The patient should be masked and minimize accompanying to nil if possible
2. Place the detector/cassette behind the patient, with minimal contact with patient and surroundings. Ensure appropriately position.
3. Sanitize gloved hands and centre the intensifier
4. Sanitize gloved hands and expose. Ensure adequacy of image on monitor
5. Take x-ray detector/cassette from behind the patient and place sleeved detector on floor
6. Sanitize gloved hands, remove detector from sleeve and place in portable machine
7. Discard the sleeve and sanitize gloved hands
8. Sanitize gloved hands. Clean and disinfect machine and detector/cassette as manual and x ray room as per guidelines

9. Then remove PPE as per institute guidelines.

System Maintenance :

Before cleaning or disinfecting, ensure that the system is disconnected from the power supply and switched off. Wear single use protective gloves. Dispose of the gloves after maintenance is complete.

Cleaning the system parts :

- Wipe the system using a soft cloth moistened with mild detergent/.household cleaning agent
- Clean around the switches or keys on the main panel using cotton buds.
- Never immerse system parts (except the footswitch) in liquid or autoclave system parts.

Cleaning the screen surfaces/TFT displays :

- The screen surfaces can be cleaned with a cotton cloth dampened with water.
- Immediately dry off the monitor screen with a soft cotton cloth.
- Wipe off contrast agent spots as soon as possible.

2: Disinfection

- Disinfection should be in compliance with the instructions of the infection control department.
- Ensure that cleaning has been undertaken before performing disinfection.
- Moisten a piece of soft cloth with Sodium hypochlorite (0.05 - 0.65%), squeeze it lightly, and wipe the surface of the unit. Be extremely careful not to allow the solution to enter the unit.
- After chemical disinfection, dry the surface of the system fully. Do not heat the unit to dry it.
- After disinfecting the system, ventilate the room fully before turning ON the system.



1. Confirm patient details on receiving request, Fix time, availability of staff, check downtime for portable CXR machine from log book



2. At Anteroom: Enter patient details Wear lead apron followed by PPE as per guidelines



3. Placing X-ray detector in plastic sleeve and placing detector into portable machine or carried by accompanying shifting staff



4. Make sure patient is masked and adequate space for machine manoeuvring



5. Placing detector behind the patient and sanitise the gloved hands



6. Center the intensifier and sanitise the gloved hands



7. Step-out, then expose and check for adequacy of exposure



8. Take detector from patient, place sleeved detector on floor and sanitise the gloved hands



9. Remove detector from sleeve, place in machine's detector stand, discard the sleeve and sanitise the gloved hand



10. Move machine into anteroom, sanitise gloved hands Clean and disinfect the machine and detector At last remove PPE as per institute guidelines

Video link for examples :-

<https://youtu.be/6JyOnjDop68>

(For performing portable CXR)

https://youtu.be/_6iqmx46nrY

(For safety check-list)



Guideline to performed safe Ultrasound with Cleaning and Disinfection.

The contents of this chapter are to provide relevant guideline/information for the current outbreak of Covid -19 to simplify and clarify the process on site and prevent virus transmission while using ultrasound.

Work flow



Note-1: Sodium hypochlorite is low level disinfection. Use high-level disinfection for equipment that comes into contact with mucous membranes.

Note-2: Ethanol (76.9 to 81.4 vol% at 15°C) and Isopropyl alcohol (70 vol%) can be used in place of sodium hypochlorite.

System Maintenance

1: Cleaning

1. Wipe the system using a soft cloth moistened with mild detergent.
2. Clean around the switches or keys on the main panel using cotton buds.

3. Wipe the transducer connector with a soft, dry cloth. For stubborn stains, use a soft cloth moistened with water.

2: Disinfection

Disinfection should be in compliance with the instructions of the infection control department

1. Turn the system power OFF and disconnect the power cable plug from the power outlet.
2. Wear single use protective gloves. Dispose of the gloves after disinfection is complete.
3. Ensure that cleaning has been undertaken before performing disinfection.
4. Moisten a piece of soft cloth with Sodium hypochlorite (0.05 – 0.65%), squeeze it lightly, and wipe the surface of the unit. Be extremely careful not to allow the solution to enter the unit.
5. After chemical disinfection, dry the surface of the system fully. Do not heat the unit to dry it.
6. Confirm that the disinfected parts are not damaged or deformed.
7. After disinfecting the system, ventilate the room fully before turning ON the system.

Please refer to the websites below for using the solutions.

CDC of USA

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html>

WHO

Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected

[https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125).

Transducer Maintenance

1: Cleaning

Required : Personal Protection Equipment (PPE), cleaning solution or cleaning wipes, purified water, clean soft cloth or gauze, non-abrasive single-use sponge

1. Wear the PPE according to local guidelines. Dispose of the gloves after the cleaning.
2. Disassemble any accessories utilized (e.g., biopsy adaptor).
3. Wash off all organic materials (such as blood / body fluids) from the transducer under purified water. A single-use sponge can be used for washing.
4. Dry the surface of the transducer using clean soft cloth or gauze. Do not use heat to dry the transducer.
5. Handle the cleaning solution or wipes as described in the documentation provided by the relevant manufacturer.
6. Confirm that the transducer shows no signs of damage, deformation, or peeling.

2: Disinfection

1. Wear PPE according to local guidelines. Dispose of the gloves after the disinfection.
2. Disinfect the transducer using Sodium hypochlorite (0.05 – 0.65%) by wiping for COVID-19.
3. Rinse the transducer thoroughly with sterile / deionized water in order to remove all residual disinfectant. (Rinsing is not necessary when gas disinfection is performed using

Trophon EPR or Trophon 2.) Do not reuse the sterile or deionized water.

4. Dry the surface of the transducer using sterile soft cloth or gauze. Do not use heat to dry the transducer.
5. Confirm that the transducer shows no signs of damage, deformation, or peeling..

CT disinfection and cleaning process

These guideline are as followed by AIIMS Delhi released on 24 April 2020 and suggested to update by time if any.

1. Personnel involved should wear PPE (Surgical Gown + N-95 Mask + Goggles + Gloves).
2. Cleaning: 3 big buckets for floor and 3 small buckets for machine.
3. First bucket has water; second has detergent water; and third has freshly prepared (Can be used maximum for 4 hours) bleach or 1% Sodium hypochlorite.
4. First step is to clean machine with cotton wipe & detergent water (wring completely), then dip the cotton wipe in water-wring excess – then dip in third bucket with 1% Sodium hypochlorite- wring excess fluid and wipe down again.
5. Perform same three steps with big buckets for floor.
6. This should be followed by fumigation with 20% Ecoshield / Baccishield for a period of 30 minutes
7. After the process of fumigation, let the room be closed for 45 minutes.
8. After this, there should be wet cleaning of the floor once and left to dry for 10 minutes.



Guidance Document for Disinfection & Sanitization Protocols for MRI

The contents of this article solely taken from AIIMS Delhi released on 20 April 2020 to discuss the precautionary, disinfection and sanitizing protocols with regard to the MRI during the time of COVID crisis.

There are two scenarios while using CT/MRI/PET scan: one where the personnel working in the department know that they are dealing with a patient suspected or confirmed of COVID-19, and the second would be where the personnel, including the consultants and residents do not know about the possible COVID-19 positive status.

We are not going in detail for scenario one. Please follow link for <https://www.aiims.edu/en/notices/notices.html?id=10475>.

Scenario 2: If the radiographer or other health workers did not get any information regarding the COVID status and the patient was wheeled in like a normal patient (patient asymptomatic, but tested positive for COVID-19 after the scanning is done)

In this case, the probability of precautions being followed is very little. If any of the patients tested positive (after the MR scan is over), then:

- Alert the Personnel immediately. Those who were in contact with the patient should be quarantined for 14 days (self-quarantine). Those in the peripheral areas (including the security guard) should report in case of any symptoms, though they may not get infected.
- The screening area, the patient transfer area and the patient waiting area are also to be sanitized.
- The console area needs to be sanitized.
- The floor areas should be disinfected using 1% Hypochlorite solution, with a wet cloth mopping (to be disposed of). Also, all the equipment,

- Including physiological monitors, infusion pump, Pulse oximeter, ventilator and anaesthesia workstation should be sanitised. Also, it is prudent to check for any leaked saliva/ serum/ fluid on to the MRI table.
- The air-conditioning units (for the examination room) should be switched off during the cleaning process.
- After 24 hours, the MRI examination room should be disinfected again, and all the equipment (that were used for the COVID19 patient) to be cleaned and sanitised again.
- Repeat the process after 12 hours.
- After making sure of the humidity level inside the examination room, and the RF coil plugs are dry (best is to wait for 12 hours), the system can be used again. This means those 72 hours will be safe period after sanitizing the MRI examination area (if proper precautions were not taken prior to the MRI of the infected patient).



What Should We Do When We Go Home After Seeing Cases?

Before leaving the centre

- Change clothes - the clothes used in hospital has to be washed & autoclaved if u have.
- The washed clothes to be reused at least after 5days of rotation
- Remove the mask & head cap - dispose it as recommended
- Wash hands properly
- Remove the mobile from plastic case & then immediately use hand rub
- A touch of alcohol based hand rub over the mobile phone will not also harm phone.

At home

- If u have to climb stairs - do not touch the handrails or walls
- Leave the shoes outside in a separate area
- Straight to washroom, bathe
- Clothes in hot water & detergent preferably with disinfectant like dettol
- Then touch anything at home
- If need be keep the distance from family members



What to do if HCW Becomes Covid-19 Positive?

Staff in HCF can be divided into groups to work on rotation basis every 14 days and a group of back up staff.

HCWs developing respiratory symptoms (e.g. fever, cough, shortness of breath) should be considered suspected case of COVID-19.

1. Immediately put on a facemask, inform his supervisor and hospital / appropriate authorities.
2. Should be isolated and arrangement must be made to immediately refer such a HCW to COVID-19 designated hospital for isolation and further management.
3. Rapidly identify contacts and risk stratify (other HCWs and other patients that might have been exposed to the suspect HCW).
4. Put them under quarantine and follow up for 14 days (or earlier if the test result of a suspect case turns out negative).
5. All close contacts (other HCW and supportive staff) of the confirmed case should receive Hydroxychloroquine chemoprophylaxis as ICMR guidelines (<https://www.mohfw.gov.in/pdf/AdvisoryontheuseofHydroxychloroquinasprophylaxisforSARSCoV2infection.pdf>) and keeping in mind the contraindications of the HCQ.
6. Once a suspect/confirmed case is detected in a healthcare facility, standard procedure of rapid isolation, contact listing and tracking disinfection will follow with no need to shut down the whole facility.
7. Return to Work Criteria for HCw with Suspected or Confirmed COVID-19 as per CDC guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>).

Reference

1. Mossa-Basha M, Meltzer CC, Kim DC, Tuite MJ, Kolli KP, Tan BS., 2020 Radiology Department Preparedness for COVID-19: Radiology Scientific Expert Panel. Radiology :200988. doi: 10.1148/radiol.2020200988.
2. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
3. www.who.int/coronaviruse/20200126-ncov-ipc-during-health-care.
4. <https://www.mohfw.gov.in/pdf/AdvisoryontheuseofHydroxychloroquinasprophylaxisforSARSCoV2infection.pdf>
5. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>.
6. <https://www.aiims.edu/en/notices/notices.html?id=10475>
7. <https://www.medical.canon/manuals>
8. https://global.medical.canon/products/ultrasound/more_information/guideforcleaning
9. <https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf>
10. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

Covid-19 Screening and Self Declaration Form

Any willful concealment of information can you liable for criminal proceedings as per sec.188 of IPC (as per order No. 40-3/2020-D dated 24-03-2020 by Ministry of home Affairs)

A. PERSON DETAILS

Patient Name :

Age :Years..... Month..... Gender : Male / Female / Others

Mobile Number : (1)..... (2).....

Mobile Number belongs to : Self Family Other

Nationality :

Present patient address : Town

District State Pin code :

Email id :

Patient Aadhar No. (For Indians) :

B. EXPOSURE HISTORY

1. Did you / your family members travel to foreign country in last 14 days: Yes No If yes, place(s) of travel:, Stay/travel duration: / / to: / / (dd/mm/yy)

2. Have you been in contact with lab confirmed COVID-19 patient: Yes No If yes, name of confirmed patient :

Or

Have you been in person contact with any suspected case of covid-19? YES/NO. If yes, name of confirmed patient :

3. Were you Quarantined ? : Yes No If yes, where were you quarantined: Home/ Facility

4. Are you a health care worker working in hospital involved in managing patients: Yes /No.

5. In the past 2 weeks, did you participate in any meeting / gathering where more than 15 people attended? YES/NO.

c. CLINICAL SYMPTOMS AND SIGNS

Symptom : Cough / Breathlessness / Sore throat / Chest pain / Nasal discharge / Sputum /

Body ache / Abdominal pain / Nausea / Haemoptysis

if yes for any symptom - from/...../.....up to/...../.....

Sign : Fever by **non- contact thermometer** – Yes/ No

if yes for any symptom - from/...../.....up to/...../.....

Underlying medical conditions - Yes / No

If yes

COPD / Bronchitis/Diabetes / Hypertension /Chronic renal disease / Diarrhea / Vomiting / Malignancy Heart disease / Asthma /

Hospitalization / treatment / investigation – Yes / No

If yes

Hospitalization date :..... /..... /(dd/mm/yy)

Diagnosis: Etiology identified:

Hospital Name/address :

Name & mobile no. of Doctor :

.....

PATIENT CATEGORY (PLEASE SELECT ONLY ONE)

A: Asymptomatic without any other positive contact history , without sign /symptoms related to corona -19

B: Asymtomatic with contact of lab confirmed case /:Asymtomatic with sign and symptom related to corona – 19 / Asymtomatic with travel history in area of covid positive cases.

- C: Symptomatic but not confirm case with history of nation / international traveler /Symptomatic healthcare worker/Hospitalized SARI (Severe Acute Respiratory Illness) patient / symptomatic direct and high risk contact of confirmed case /symptomatic healthcare worker in contact with confirmed case without adequate protection
- D: Confirmed positive corona 19 pt irrespective of any contact history/sign/symptom/other

Category – (To be informed to other staff)

I certify that the above information provided is true and correct. I understand that it is being collected as a safety measure in view of the COVID-19 Pandemic. I understand that withholding or providing false information can make me liable for criminal prosecution)as per the Delhi epidemic Diseases COVID-19 Regulations, 2020 under the epidemic Disease Act, 1897 for prevention and containment of COVID-19).

Date and Time: Signature

Please download : AROGYA SETU APPLICATION

Filled by institution staff
(For in future contact tracing)

Log book of patient – Name of pt.

Receptionist :

Shifting staff :

Technician :

Doctor :

Report dispatching person :

Name of the hospital

Doctor's Name

Date and Time

*** Declaration - ***

During the lockdown in the wake of the current Corona companion, I have come to the hospital by myself as an Emergency Treatment.

If I have an asymptomatic carrier or an undiagnosed patient with COVID19, I suspect it may endanger doctors and hospital staff, It is my responsibility to take appropriate precautions and to follow the Protocols prescribed by them.

I also know that I may get an infection from the hospital or from a doctor, and I will take every precaution to prevent this from happening, but I will Not at all hold doctors and hospital staff accountable if such infection occurs to me or my accompanying persons.

Patient Sign/Thumb Impression

Patient Name:

Mobile No:

Address:

