

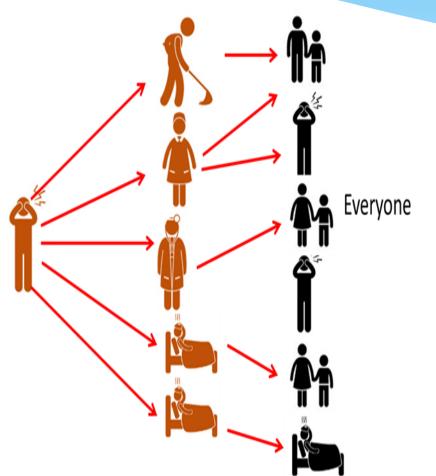
Training Module for Quarantine facility

BY:

Dr. Rajesh Jain

Dr. Richa Banzal

Who is at risk of infection?





Protecting yourself



Protecting your patients



Protecting your family, community & environment

Who are quarantined?

* Category A (High Risk) – A passenger with fever, cough, shortness of breath, with a history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset.

OR

A patient with any acute respiratory illness AND having been in contact with a COVID19 case in the last 14 days prior to onset of symptoms;

Action: - Segregated from other passengers and sent for Isolation

* Category B (Moderate Risk) - A asymptomatic passenger who are elderly (above 60 years),
 Hypertensive, Diabetic, Asthmatic

Action: - To be shifted by State Government to a dedicated quarantine facility and monitored daily by State Government for next 14 days. In case, they develop symptoms, they should be isolated.

Category C (Low Risk) – A asymptomatic passenger coming from any COVID 19 affected country including passengers coming from China, Democratic Republic of Korea, France Germany, Spain, Italy, Iran.

Action: - Kept under Home Quarantine and will be monitored by IDSP network for 14 days, if they develop Fever/ Cough/ Difficulty in breathing within 14 days after return from any COVID 19.

Revised Travel Advisory issued (11th March)

- * All incoming travellers, including Indian nationals, arriving from or having visited China, Italy, Iran, Republic of Korea, France, Spain and Germany after 15th February, 2020 shall be quarantined for a minimum period of 14 days. This will come into effect from 1200 GMT on 13th March 2020 at the port of departure.
- * Incoming travellers, including Indian nationals, are advised to avoid non-essential travel and are informed that they can be quarantined for a minimum of 14 days on their arrival in India.
- * Indian nationals are strongly advised to avoid all non-essential travel abroad. On their return, they can be subjected to quarantine for a minimum of 14 days.

What is to be done in a quarantine facility?

- Sensitization of all the staff/ Staff management
- Training Preventive measures / Safefy measures
- * Training Environmental cleaning / decontamination
- * Training Food, Beverages and water sanitation measures
- Planning and monitoring

Measures to improve adherence to standard precautions

- * Make sure that the premises are clean and hygienic. Wipe the surfaces with disinfectant regularly.
- Promote regular and thorough hand-washing by all
- * Put sanitizing hand rub dispensers in prominent places around the workplace. Make sure these dispensers are regularly refilled
- Promote good respiratory hygiene.
- * Ensure that face masks(surgical mask) and / or paper tissues are available at your hotel, for those who develop a runny nose or cough at work, along with closed bins for hygienically disposing of them
- * Display moments of hand wash, steps of hand wash and respiratory hygiene at reception through posters.
- Keep IEC/ FAQs for reference/ displayed
- * Keep the log of visitors updated and record following information separately for all the guests in the following format.





Reduce the risk of Coronavirus infection Follow these important precautions



Wash hands with soap and water frequently



When coughing and sneezing, cover mouth and nose with handkerchief, tissue or elbow



Avoid close contact with anyone with cold, cough or flu like symptoms



If you have cough, fever or difficulty in breathing, contact a doctor immediately

Stay protected!

Stay safe from Coronavirus!

If you have returned from Wuhan China after January 15, then get yourself tested for 2019-nCov. To know about the centres for testing, call the Ministry of Health and Family Welfare Helpline If you have returned from China in the last 15 days or have been in contact with any person affected by Coronavirus, then limit your contact with others and use a separate room for sleeping If you develop fever, cough and difficulty in breathing within 28 days of return from China, immediately call the Ministry of Health and Family Welfare Helpline



+91-11-23978046

www.mohfw.nic.in www.mygov.in www.pmindia.gov.in



http://ncdc.gov.in/
@director_NCDC







- Staff should be properly trained on the practices of cleaning and decontamination of surfaces.
- * Housekeeping surfaces can be divided into two groups those with minimal hand-contact (e.g. floors, and ceilings) and those with frequent hand-contact or "high touch surfaces" (e.g. doorknobs, bedrails, light switches, wall areas around the toilet in the patient's room, and the edges of privacy curtains).
- * All housekeeping surfaces (floors/ table tops/ counters) should be cleaned on a regular basis, when visibly soiled and when spills occur. Either hot water or a neutral detergent may be used or a detergent/disinfectant may be used and disinfected on daily basis.
- * All horizontal surfaces and all toilet areas including washbasins and commodes should be cleaned daily.

- * Administrative and office areas with no patient contact require normal domestic cleaning.
- * Fresh detergent/ disinfectant solutions must be prepared every day according to manufacturers' instructions. These solutions must be replaced with fresh solutions frequently.
- * Diluted disinfectant solutions may become contaminated with resistant pathogens. Therefore, after the day's use, remaining solutions must be discarded and containers must be cleaned with detergent before being dried.







- * High-touch surfaces must be cleaned and disinfected more frequently than minimal-touch surfaces.
- * The methods of cleaning floors include wet mopping, and vacuum cleaning with filters attached.
- * Avoid dry mopping with brooms, as this generates dust aerosols.
- * Horizontal surfaces must be wet dusted with a cloth moistened with a hospital disinfectant (or detergent). Contamination of cleaning solutions and mops must be minimized.

- * For wet mopping, a two-bucket method should be used. When a single bucket is used, the solutions should be changed more frequently. Used cleaning solutions must be discarded in the sluice. The buckets should be cleaned with detergent and kept inverted to assist drying.
- * Mop heads must be changed after cleaning spills and at the beginning of the day. Mop heads and cleaning cloths must be decontaminated regularly by laundering (heat disinfection) with detergent and drying at 80 °C.
- * Walls, blinds and window curtains must be cleaned when visibly soiled or contaminated.

Rooms Layout

- 1. Post signage on the door.
- 2. Ensure appropriate hand-washing facilities.
- 3. Ensure appropriate room ventilation
- 4. Remove all non-essential furniture; the rest should be easy to clean, and should not conceal or retain dirt or moisture within or around it.
- 5. Set up a trolley outside the door to hold Disposable apron, gowns, mask, gloves.
- 6. Stock the sink area with suitable supplies for hand washing.
- 7. Place appropriate waste bags in a bin. If possible, use a touch-free bin.

Cleaning agents and disinfectants for environmental use

- A neutral detergent and warm water solution should be used for all routine and general cleaning.
- * 1% sodium hypochlorite solution becomes unstable rapidly, hence it needs to be freshly prepared daily or changed on becoming dirty/turbid. Protect metal instruments by thoroughly rinsing them with water after soaking for 10 minutes.

WATER

- * Water provided for drinking must be adequately filtered or treated by reverse osmosis. Boiled and cooled water should be provided to immune-compromised patients. Water should be boiled in a covered container to 100 °C for 20 minutes, cooled, covered and then used. Boiled water standing for over 8 hours should not be used for drinking.
- * Disposable plastic water bottles should not be used. Traditional stainless steel jugs and cup/ glass should be provided and daily cleaning should be ensured.
- * Water filters/ RO systems should be regularly maintained. Their efficacy should be checked regularly and records maintained.
- * Patients and their relatives should be educated about the importance of safe drinking water.

FOOD

- * Hand washing should be mandatory and repeated after using the toilet, eating or drinking, arranging or combing the hair, touching the face, nose or eyes, contact with unclean equipment and work surfaces and after handling raw food. Placement of liquid soap and single use towel in the toilets is mandatory
- * The food should be well cooked.
- * Personal habits Staff should keep short nails and not wear religious bands, wrist bands, rings, bracelets and nail polish on duty.
- * Keep clothing free from obvious dirt and food spills.
- * Use hair nets (hair restraints) while on duty. Use serving tools/ utensils to handle food whenever possible

FOOD

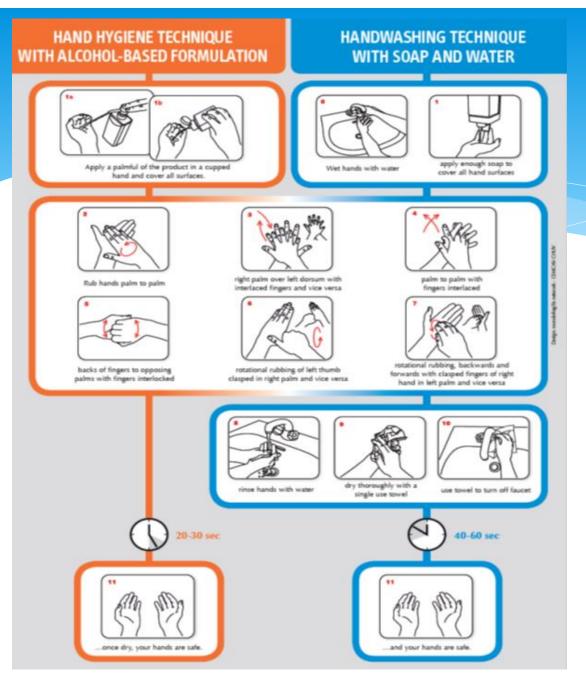
- * Do not consume food or drinks in the food preparation or serving areas.
- * Do not use tobacco product in any form while engaged in the preparation or serving of food.
- Hygienic transportation of food
- * The conveyance must be clean, maintained and repaired so that there is no food contamination.
- * Adequate temperature must be maintained for all types of foods and must be protected from pests, foreign matter and environmental pollution.
- * The conveyance must be used only to carry food and for no other purpose

Food contamination can be prevented by:

- reliable and good quality supplies;
- adequate storage facilities;
- hygienic precautions;
- personal hygiene, hand hygiene;
- use of uniform including hair covering and gloves;
- * screening of food handlers for infectious diseases (enteric, respiratory or skin infections).

SAFETY MEASURES

- * There must be minimum distance of 1 metre between 2 beds
- Suspect and caretaking staff all should wear 3 layer mask
- * Hand hygiene is very important. There should be availability of soap and water in toilets and Sanitizer bedside. Frequent hand washing and use of sanitizer should be promoted

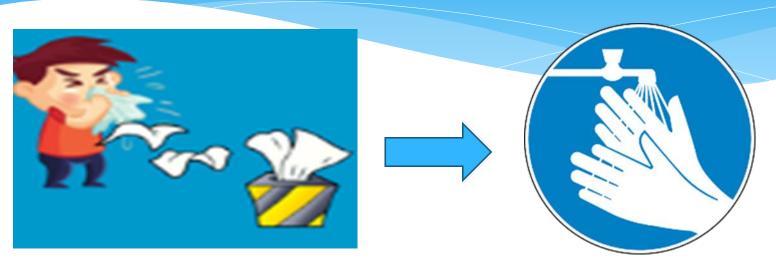


- Use appropriate product and technique
- An alcohol-based hand rub product is preferable, if hands are not visibly soiled
- Rub hands for 20–30 seconds!
- Soap, running water and single use towel, when visibly dirty or contaminated with proteinaceous material
- Wash hands for 40–60 seconds!

SAFETY MEASURES

- Staff should also maintain a safe distance of 1-2 metre from suspects during care and examination
- * Avoid unneccesary talking and frequent meeting with suspects
- * Ask them that you are available in staff room for their help anytime
- * Follow the basic principles and discipline for safety of each-other
- * If any suspect develop symptoms, it should be isolated immediately and investigated as per existing guidelines

SAFETY MEASURES



- * Respiratory Hygiene (coughing etiquette) should be followed strictly
- Suspects should be guided to sneeze or cough in tissues and dispose it immediately into trash bin
- * If tissues not available they should be trained to sneeze or cough into elbow and hands should be cleaned with sanitizer after that
- * White linen should be soaked in 1% hypochlorite for 20-30 minutes and cleaned with soap and water

STAFF

- Dedicated staff should be appointed at these facilities round the clock
- * One doctor should be available to attend any complaint and to monitor the progress as these persons having medical conditions like diabetes, hypertension and asthma
- * One nursing staff for care and checking of vitals and inform doctor
- One ward boy for supply of water and food
- * One sweeper for cleaning and disinfection (provided with mask, hair cover, utility gloves, disposable apron/gown.

