

## Infection Prevention & control Practices (IPC) in Flu OPD

1. Prevent overcrowding
2. Ensure adequate well ventilated space
3. HCW shall wear N95 Mask, Cap, Gown, eye shield/ Goggles
4. Ensure designated donning and doffing rooms/area.
5. Follow proper sequence and correct technique of donning and doffing of PPE(charts displayed)
6. Maintain at least 1 meter distance between patients/chairs in waiting area
7. Ensure all patients wearing masks
8. Restrict entry to single patient inside OPD
9. Maintain 1-2 meter distance between doctor and patient
10. Maintain one way flow of patients (consider having signages)
11. Respiratory samples (oropharyngeal& nasopharyngeal swabs)shall be collected wearing appropriate PPE(sample collection & transportation SOPs) in a designated place(KIOSK).
12. Remove the PPE slowly and carefully in doffing room following the proper sequence.
13. Dispose of PPE properly in BMW bins(yellow and red) placed there(charts displayed)
14. Environmental cleaning as per institutional policy (SOP)
15. Bio medical Waste to be handled as per BMW rules 2016 amendment 2018 with additional precautions(SOP) and treated as COVID waste(BMWM SOPs)
16. HCW linen would be sent to laundry as described for linen from COVID wards and would be labelled as **Linen HCW(W/C)**

The facility in charge may ensure that all HCWs are adequately trained in infection control practices by HICC team. They may also ensure that the HCWs attend the regular orientation classes conducted in small groups by HICC team time to time (schedule shall be communicated to respective departments). Hand hygiene and social distancing shall be observed by all, all the time and at all places.

Note:

Correct technique of Donning and Doffing of PPE is most important to prevent HAIs


Judicious and appropriate use of PPE requested.

The basic principles of IPC and standard precautions should be applied in all health care facilities.

This is a dynamic document and shall be updated time to time as the knowledge with COVID-19 evolve with time and with new national and international guidelines.

Resources: MoH&FW, TOT.

MoH& FW, DGHS(Emergency medical relief), with institutional modification after discussion among members of different committees.

  
Principal, Chairman,  
HICC, IGMC, Shimla

## Infection Prevention and Control (IPC) Practices in Isolation wards For Suspected COVID-19 (Triage Ward)

1. Patient placed in a well ventilated single room
2. If single room not available, patients may be placed in a ward with maintaining at least 1 meter distance between beds
3. Dedicated and trained HCWs to be posted
4. Equipment should be single use or dedicated to the patient and disinfected between use.
5. Restrict visitors to patient room/ ward
6. Restrict the number of HCW entering patient room / ward.
7. All persons(other than on duty) entering the ward must be recorded (log book), for contact tracing purposes
8. HCWs in nursing station, corridors, duty rooms shall wear triple layer surgical mask and follow standard, contact and droplet precautions.
9. Ensure designated donning & doffing rooms. Correct donning and doffing technique is most important to prevent self-contamination and hence should be followed (Flow charts displayed,& videos circulated). Proper disposal of PPE waste as per directions (charts displayed).
10. HCW entering patient room/ward for patient examination/sample collection should wear full PPE: N95 Mask , gloves, Apron, gown, face shield/goggles, cap, shoe cover. PPE should be changed between patients , a plastic apron can be worn in addition to gown so that plastic apron along with gloves and face shield can be changed between patients.
11. Airborne precaution( N95 and whole PPE) by HCW must be taken while doing certain aerosol generating procedures (Tracheal intubation, open suctioning, tracheostomy, bronchoscopy, noninvasive positive pressure ventilation, chest physiotherapy, sputum induction, CPR, respiratory Sample collection, sample processing, autopsy etc.)
12. For clinical sample collection and transportation follow sample collection SOPs
13. Avoid transporting COVID suspect, if necessary, make sure patient wears triple layer surgical mask. and the HCW wears appropriate PPE( gloves, N95 mask, Gown, eye shield, cap). Do not give N 95 mask to the patient.
14. Dedicated trolleys to be used ,and disinfected with 1% hypochlorite/70% ethyl alcohol after use.
15. Wet dusting of frequently touched surfaces should be done with detergent and water, followed by % sod. hypochlorite solution/ 70% alcohol every 2-3 hrs.
16. Cleaning of floors with detergent and water followed by 1% hypochlorite solution should be done 2-3 times a day.
17. **Biomedical waste management:** BMW in triage area shall be treated as COVID waste & handled as per BMWM rules, 2016 as amended 2018, and CPCB guidelines,2020, (also see BMWM SOPs).
  - a. Keep separate foot operated/closed color coded bins, and bags as per rules.
  - b. Double layer collection bags (2 bags) should be used to ensure strength and no leaks.
  - c. Label the outer bags as **COVID-19 waste**.
  - d. Tie the bags properly(3/4 full), and disinfect the outer surface with 1% hypochlorite
  - e. Use dedicated trolleys for COVID waste ( label as COVID-19 Waste)
  - f. The inner and outer surface of the bins/containers should be disinfected with 1% hypochlorite solution.
  - g. General waste shall be disposed as solid waste in black bins lined by yellow double bags. Label the outer bags as COVID-19 Waste. Tie the bags when ¾ full and disinfect outer surface with 1% hypochlorite sol. Disinfect (inner& outer surface) the bin with1% hypochlorite sol.
  - h. Depute dedicated sanitation workers separately for COVID waste who shall wear appropriate PPE( heavy duty gloves, plastic aprons,N95 mask, eye shield, cap, boots) while handling waste

i. Use a dedicated collection bin/ chamber labelled as COVID-19 for temporary storage at the temporary storage area before handling over to authorized staff of CBWTF or biomedical waste from triage wards can be lifted directly into CBWTF collection van(to be coordinated with the sanitary inspector).

j. Maintain separate record of COVID waste generated from triage ward.

**19. Mangement of Linen:** linen of patients and HCWs handled separately. **Colored (C)** linen put in the **red** closed bins lined with double bags. **White(W)** linen put in the **yellow** bins lined with double bags. Bins labelled as **COVID linen(C/W)**. Label outer bags as COVID Linen(C/W). Top of the bag **tied** before transport. Wipe outer surface of bags with 1% sod. hypochlorite sol. before transportation. Disinfect bins (outer & inner surface) with 1% sod. Hypochlorite sol. Linen transported to laundry by a dedicated person at a fixed time daily. If there is need for linen transport any other time of the day that is to be coordinated through sanitary inspector with laundry.

**Temporary storage of Linen bags** (if required): After disinfection of outer surface of bags and properly tying, put in a large black container/bin/drum labelled as **COVID Linen**, all bags together, bags should not lie on the floors in any circumstance.

**Transport of linen:** through a dedicated van and dedicated route. After each use the van surfaces is to be disinfected (1% hypochlorite sol./70% ethyl alcohol)

HCW's linen shall be handled in the similar way except label as **Linen HCW(C/W) Triage**

HCWs involved in transporting linen shall wear appropriate PPE ( gloves, N95 mask, gown, goggles, washable closed washable shoes)

**20. Terminal cleaning:** thorough cleaning of floors and surfaces with detergent and water, and then 1% Hypochlorite solution (at least 10 minute contact time). HCWs involved in cleaning shall wear appropriate PPE (heavy duty gloves, gown/plastic apron, eye shield, cap, washable closed shoes/boot) and follow all IPC practices.

21. For any need for quarantine of HCWs, follow institutional quarantine policy

22. Dead body management as per specific SOP.

23. IPC in lift as per SOP

24. Spills should be managed properly( BMW, SOPs).

The facility/ward in charges may ensure that all HCWs are adequately trained in infection control practices by HICC team. They may also ensure that the HCWs attend the regular orientation classes conducted in small groups by HICC team time to time (schedule shall be communicated to respective departments)

Hand hygiene and social distancing shall be observed by all, all the time and at all places.

Note:

Correct Technique of Donning and Doffing of PPE is most important to prevent HAIs

Judicious and appropriate use of PPE requested.

The Basic Principles of IPC and Standard precautions should be applied in all health care facilities.

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Principal cum Chairman,  
HICC, IGMC, Shimla

## Infection Prevention and Control (IPC) Practices in Isolation wards For Confirmed COVID-19

1. Patient placed in a well ventilated single room (natural ventilation at least 160 L/Second/patient or negative pressure rooms with 12APH) OR
2. Cohort all COVID-19 confirmed patients . Maintain at least 1 meter distance between beds
3. Dedicated and trained HCWs to be posted
4. Equipment should be single use or dedicated to the patient and disinfected between use.
5. Restrict visitors to patient room/ ward
6. Restrict the number of HCW entering patient room / ward, bundling activities may be considered, remember to change gloves between each patient.
7. All persons entering patient room/ward should wear full PPE( gloves, gown, N95 mask, eye shield/goggles, cap, shoe covers).
8. All persons(other than on duty) entering COVID ward must be recorded (log book), for contact tracing purposes
9. HCWs to follow standard, contact and droplet precautions, in corridors, duty rooms, nursing stations.
10. Ensure designated donning & doffing rooms. Correct donning and doffing technique is most important to prevent self-contamination and hence should be followed always (Flow charts displayed,& videos circulated). Proper disposal of PPE waste as per directions(charts displayed).
11. HCW entering patient room/ward for patient examination/sample collection should wear full PPE:N95 Mask , gloves, gown, face shield/goggles, cap, shoe cover. HCW shall change gloves in between patients.
12. Airborne precautions( N95 and whole PPE) by HCWs are must with certain aerosol generating procedures (tracheal intubation, open suctioning, tracheostomy, bronchoscopy, noninvasive positive pressure ventilation, chest physiotherapy, sputum induction, CPR, respiratory sample collection, sample processing, autopsy etc.) and in COVID ICUs
13. For clinical sample collection and transportation follow sample collection SOPs
14. Avoid transporting COVID patient, if necessary, make sure patient wears triple layer surgical mask and the HCW appropriate PPE( gloves, N95 mask, Gown, eye shield, cap). Do not give N95 mask to patient.
15. Dedicated trolleys to be used ,and disinfected with 1% hypochlorite after use.
16. Wet dusting of frequently touched surfaces should be done with detergent and water, followed by % sod. Hypochlorite solution/ 70% alcohol every 2-3 hrs.
17. Cleaning of floors with detergent and water followed by 1% hypochlorite solution should be done 2-3 times a day.
18. **Biomedical waste management:** Handled as per BMW rules, 2016 as amended 2018, and CPCB guidelines, 2020.
  - a. Keep separate foot operated /closed color coded bins, and bags as per rules.
  - b. Double layer collection bags (2 bags) should be used to ensure strength and no leaks.
  - c. Label the outer bags as COVID-19 Waste.
  - d. Tie the bags properly(3/4 full), and disinfect the outer surface with 1% hypochlorite (if autoclave facility available, no need for disinfection)
  - e. Use dedicated trolleys for isolation ward (label as COVID-19 waste)
  - f. The inner and outer surface of the bins/containers should be disinfected with 1% hypochlorite solution.
  - g. General waste shall be disposed as solid waste in black bins lined by yellow double bags. Label the outer bags as COVID-19 waste. Tie the bags when ¾ full and disinfect outer surface with 1% hypochlorite sol. Disinfect (inner& outer surface) the bin with 1% hypochlorite sol.

- h. Depute dedicated sanitation workers separately for COVID waste who shall wear appropriate PPE( heavy duty gloves, plastic aprons,N95 mask, eye shield, cap) while handling waste
- i. Use a dedicated collection bin labelled as COVID-19 for temporary storage at the temporary storage room before handling over to authorized staff of CBWTF or biomedical waste from isolation wards can be lifted directly into CBWTF collection van(to be coordinated with the sanitary inspector).
- j. Maintain separate record of COVID waste generated from COVID -19 isolation ward.

**19.Mangement of Linen:** linen of patients and HCWs handled separately. **Colored (C)** linen put in the **red** closed bins lined with double bags. **White(W)** linen put in the **yellow** bins lined with double bags. Bins labelled as **COVID linen(C/W)**. Label outer bags as COVID Linen(C/W). Top of the bag **tied** before transport. Wipe outer surface of bags with 1% sod. hypochlorite sol. before transportation. Disinfect bins(outer & inner surface) with 1% sod. hypochlorite sol. Linen transported to laundry by a dedicated person at a fixed time daily. If there is need for linen transport any other time of the day that is to be coordinated through sanitary inspector with laundry.

**Temporary storage of Linen bags** (if required): After proper tying, and disinfection of outer surface of bags, put the bags in a large black container/bin/drum labelled as **COVID Linen**, all bags together, bags should not lie on the floors in any circumstance.

**Transport of linen:** through a dedicated van and dedicated route. After each use the van is to be disinfected (1% hypochlorite sol./ 70% alcohol)

HCW linen shall be handled in the similar way except label as **Linen HCW(C/W) isolation**

HCWs involved in transporting linen shall wear appropriate PPE( gloves, N95 mask, gown, goggles, washable closed shoes/boot)

**20.Terminal cleaning:** thorough cleaning of floors and surfaces with detergent and Water, and then 1% Hypochlorite solution (10 minute contact time). HCWs involved in cleaning shall wear appropriate PPE(heavy duty gloves, gown/plastic apron, eye shield, cap, washable closed shoes/boot) and follow all IPC practices.

21. Spills should be managed properly( BMW ,SOPs)

22. For quarantine of HCWs, follow institutional quarantine policy

23. Dead body management as per specific SOP.

24. IPC in lift as per SOP

The facility/ward in charges may ensure that all HCWs are adequately trained in infection control practices by HICC team. They may also ensure that the HCWs attend the regular orientation classes conducted in small groups by HICC team time to time (schedule shall be communicated to respective departments)

Hand hygiene and social distancing shall be observed by all, all the time and at all places.

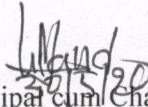
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### **Infection prevention and control(IPC) practices in ambulance (COVID-19)**

During ambulance transfer of COVID patient/suspect following precautions shall be observed:

1. There should be a dedicated ambulance for transfer of COVID patient/suspect.
2. Inform the hospital about the admission/transfer of potentially infectious patient. The receiving hospital should have all arrangements ready to receive the patient.
3. The ambulance staff wear N95 mask, gloves, gown (preferably water resistant), eye shield/goggle, cap.
4. Driver wears triple layer surgical mask, when driver chamber is separate. If chamber is not separate driver needs to wear PPE
5. Cleaning and housekeeping staff- N95, heavy duty gloves, apron, eye shield
6. Patient and attendant shall be provided surgical mask
7. Hand hygiene and cough etiquettes to be followed
8. Cleaning and disinfection: the surfaces and equipment to be disinfected after and between transfer of patients with 1% sodium hypochlorite/70% alcohol depending on the material. Cleaning of frequently touched surfaces should be done after each patient transfer and whole ambulance(including outside) after each shift.
9. Driver should remove all the PPE and dispose properly (as advised) before going to the driver compartment and do hand hygiene to prevent contaminating the compartment.
10. Hand hygiene and social distancing should be observed by all, all the time at all places.

Note:

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