

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi - 110029

79/COVID-19/2020-Estt.(H.)

Dated: 13.04.2020

A Guidance document for quarantine & isolation related issues for HCW's at AIIMS, New Delhi and Terminal Cleaning (Related to COVID-19), received from Hospital Infection Control Committee (HICC) is endorsed herewith, for information & action.

(DR. D.K. SHARMA)

MEDICAL SUPERINTENDENT

Copy to:

1. Chief(s) of all Centres & Head(s) of all the departments.
 2. Medical Superintendent (RPCOS) / Addl. M.S. of all centres.
 3. All Faculty of Hospital Administration.
 4. Chairperson, Hospital Infection Control Committee (HICC), AIIMS.
 5. Prof. In-charge Computer Facility (with a request to forward to all Chief(s) of Centre, Head(s) & faculties of all Departments through e-mail and also on Notice Board).
 6. C.N.O. / Duty Officer, Control Room.
- C.C.: Director / Dy. Director (Admn.) / Dean / Sr. P.A. / Dy. Secy. } for info. pl.

18/4/2020
Guidance document for quarantine & isolation related issues for HCW's at AIIMS, New Delhi

The document being presented is following the administrative directive of use of N-95 masks and other PPE's for all HCW's as per their designated work-areas (identified in matrix). Hence, it is assumed that appropriate use of PPE is being followed strictly by HCW's as per their areas of work. N95 masks are mandatory in all areas as of now, however, all possible scenarios are being considered so as to cover all pragmatic possibilities. The document provides guidance in a scenario based manner, such as:

1. Exposure in Designated COVID areas:

In all designate Covid areas like Screening areas at Burns and Plastic Surgery Block / old EHS OPD area/ Casualty or Inpatient wards (NPW/C6/JPNATC/BPSB/NCI or ICU's (JPN ATC/BPSB/NCI) the HCW's are to follow proper PPE as per policy and proposed matrix. The kits available are to be disposed off after use once.

Scenario-1

Position of HCW – Close contact/ direct care of patient
Use of Mask/goggles/PPE etc. – None
Advise – Remove from the area; observe and quarantine for 14 days.

Scenario-2

Position of HCW – Close contact/direct care of patient.
Use of Mask/goggles/PPE etc. – Yes
Advise – With proper use of PPEs, chances of getting infected are minimal/nil.
Self mon for, if symptomatic – report else continue as previously.

2. Accidental Exposure in areas like Non-COVID in-patient wards, ICU and during investigation process like imaging, when a patient turns out to be COVID positive at a later time

Through above that all remain



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Three components of containment:

I. HCW:

Scenario -1

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Use of Mask/goggles/PPE etc. – None
Advise – Remove from area; quarantine for 14 days

Scenario-2

Position of HCW – Close contact/direct care of pt
Mask/goggles etc. – Yes
Advise – Self monitor, if symptomatic – report else continue as previously with mask/gloves (in wards) and as per protocol (in ICU).

II. Patient :

- Isolation room – Shift to designated COVID ward & treat as per protocol
- Cubicle/ward – isolate in separate room and treat.
- Other Patients in cubicle - shift all close patients to a separate cubicle and observe suspects (sampling on day 5 or whenever clinically indicated).

3. Facility like C6 ward where suspects are being cohorted together : different scenario possible are:

- (i) If all positive → shift to New COVID Facility at JPNATC.
- (ii) If all negative → shift to parent department
- (iii) Special scenario - If one positive case & two negative cases, when report comes– shift positive out; shift negative patients to separate cubicle and do terminal disinfection with fogging and surface decontamination.

All covid positive healthcare workers are to be isolated and do self quarantine (in NPW or at home) for 14 days along with appropriate medication as advised by management team.

Risk stratification of Health Care Workers

1. **High risk areas** – Those working in COVID care areas and are directly involved with the care of a corona positive patient.
2. **Medium risk areas** – Those working in a screening area, emergency, medicine, pediatrics, laboratory and other critical care areas where potential exposure is a possibility.
3. **Low risk areas** – Those working in areas where patient interaction is minimal or absent.

As of today, wearing N95 is advised in all the areas and additionally as per matrix the protective gear are to be complied with. The gear can be upgraded depending on the area of healthcare where one is working.

This is interim guidance on use of N95 and PPE along with exposure protocol, which may change as the situation evolves.

HICC, AIIMS, New Delhi Date: 09.04.2020

SCENARIO 3: Cleaning of Cubicle in Non-Covid Area Containing Single Incidentally Diagnosed Covid-19 Patient Among Covid Negative Patients:

- Diagnosed COVID-19 Patient to be shifted to COVID-19 area (COVID care ward/ ICU).
- All patients from that particular cubicle to be shifted to another cubicle (Responsibility of the faculty I/C) for the duration of terminal disinfection of the cubicle (Approximately two hours).
- Terminal Disinfection procedure remains the same as in Scenario 1.

WHERE TO CONTACT FOR TERMINAL CLEANING

Sister I/C on Duty should inform the Sanitation Control Room of the Respective Area

Hospital/Centre	Internal no.
Main Hospital	4367
Teaching Block	3485
C N Centre	4857
Dr. R.P.C.O.S.	6550
Dr. B. R.A. I.R.C.H.	4778
C.D.E.R.	2463
J.P.N.A.T.C.	1177

This document is dynamic and will be updated with further clinical scenarios as the need arises.

References:

1. www.health.gov.au/covid19-resources. Australian Government, Department of Health. Coronavirus Disease (COVID-19)
2. AIIMS Infection Control Manual 2018
3. <https://www.nebraskamed.com/for-providers/covid19/door-to-door-user-guide/cleaning-the-room>