

**VALLABHBHAI PATEL CHEST INSTITUTE
UNIVERSITY OF DELHI
DELHI – 110 007**

VPCI/Admn./DRO/Circular/4/ 4636

March 20, 2020

CIRCULAR

We are in receipt of an Advisory for Hospital and Medical Education Institutions from the Ministry of Health & Family Welfare, GOI (copy enclosed).

As per Clause 11 of the Advisory, all hospital should carry out a preparedness drill on Sunday, 22nd 2020. Guidelines for this drill will be made available on the Health Ministry website. A copy of the Mock Drill for Emergency Response for Handling COVID-19 cases in Govt Hospitals is attached.

All Doctors/Nursing Staff/Paramedical staff attached with the hospital and hospital services are required to attend the Preparedness Drill on Sunday, the 22nd March, 2020 at 12.00 Noon in VCH, VPCI.

Further, it is also brought to the notice that leave of all kinds (except under emergency and unavoidable circumstances) be cancelled immediately.

This issues with the approval of the competent authority.



Joint Registrar

To

- All HOD's
- All Faculty Members/Staff/Nursing Staff/Paramedical staff
- ✓ VPCI Website
- All Notice Board

Copy to:-

- PS to Director – For information of the Director.

Advisory for Hospitals and Medical Education Institutions

The medical infrastructure in the country needs to be prepared for any possible influx of patients on account of COVID 19. In this context, the following interventions are proposed up to 31st March 2020. They will be reviewed as per the evolving situation.

Indoor Facilities:

1. Non-essential elective surgeries should be postponed.
2. Some beds should be set apart and prepared for creating isolation facilities in every public and private hospital.
3. All hospitals should mobilize additional resources including masks, gloves and personal protection equipment. Healthcare personnel should be trained for dealing with any foreseeable emergencies.
4. All doctors, nurses and support staff in different specialities, including pre and para clinical departments, should be mobilized and trained in infection prevention and control practices.
5. Hospitals must procure sufficient numbers of ventilators and high flow oxygen masks in preparation for future requirements.
6. All hospitals must ensure that they have adequate trained manpower and resource pools for ventilator/ ICU care.
7. Hospitals may ensure that stable patients are discharged as early as possible while further new admissions (of stable patients) are also restricted.
8. Number of patient attendants should be strictly restricted to 'one' only.

IEC Activities:

9. Patients must be educated about cough etiquette, Do's and Don'ts, proper use of masks instead of using them indiscriminately and inefficiently; and personal hygiene. Hospitals should put up posters etc. to increase awareness amongst patients on Do's and Don'ts regarding COVID 19.
10. Patients must be counselled against attaching any kind of stigma to Corona virus patients or to facilities where such patients are admitted. They must be made aware that

quick disclosure of symptoms and undergoing testing if advised is the surest way of battling COVID 19.

Administrative:

11. All hospitals should carry out a preparedness drill on Sunday, 22nd March 2020. Guidelines for this drill will be made available on the Health Ministry website.
12. Non-essential audits of hospitals by various regulators and accreditation agencies may be postponed.
13. All hospitals must provide treatment free of cost to any medical personnel who pick up infection while treating patients.
14. No suspected COVID 19 patient should be turned away from any hospital and the admission of any such patient should be notified to NCDC or IDSP immediately.
15. Similarly, all pneumonia patients must also be notified to NCDC or IDSP so that they can be tested for COVID 19.
16. Hospitals to ensure social distancing in their premises.
17. All ongoing examinations may be rescheduled after 31.03.2020.
18. All evaluation work may be rescheduled after 31.03.2020.
19. All Educational Institutions and Examination Boards are requested to maintain regular communication with the students and teachers through electronic means and keep them fully informed so that there is no anxiety amongst the students, teachers and parents.
20. Institutions are also requested to notify help-line numbers/e-mails which students can access for their queries.
21. All unauthorized/ authorized shops (excluding pharmacies) and eateries in the vicinity of hospitals should be compulsorily shut.
22. Leave of all kinds (except under emergency and unavoidable circumstances) may be cancelled immediately.

OPD:

23. All patients may be advised not to come for routine visits to the OPD if it can be avoided or postponed.
24. OPDs may be organised in such a manner that patients exhibiting flu like symptoms are attended separately from other patients and spaced out so as to avoid overcrowding.

25. Patients suffering from chronic diseases and minor ailments may be advised to utilise OPDs in primary/ secondary care facilities rather than crowding tertiary care centres.
26. Pharmacy counters may be increased and queue management systems to be followed by engaging Indian Red Cross/ NDRF volunteers.

Mock Drill for Emergency Response for Handling COVID -19 cases in Govt Hospitals

Setting	Personnel Required	Inventory/Activity/ Skills to be tested
1. Outpatients facilities/ Initial Triage		
Consultation Room	Healthcare workers (Doctors and Nurses)	Physical examination of patients with respiratory symptoms. Inventory PPEs & Medicines, hand washing and sanitizer facility.
	Healthcare workers (Doctors and Nurses)	Physical examination of patients without respiratory symptoms but based on self-declaration and /or history
	Cleaners	After and between consultations with patients with respiratory symptoms; Disinfectants.
Waiting Room		Well ventilated areas with Exhaust Fans/Open Areas
2. Emergency /Inpatient facilities/Isolation Rooms and Duty Stations		
	Healthcare workers (Doctors and Nurses)	<ul style="list-style-type: none"> • PPE • Drugs & Disposable • Oxygen Apparatus • Suction Machine • Hand washing and Hand sanitizer facility
	Cleaners	Entering the room of COVID-19 patients with proper PPE
Laboratory	Lab Technician	Collection of Respiratory samples
Administrative Areas	All staff, including healthcare workers	Administrative tasks that do not involve contact with COVID -19 patients but work on logistics and supply and record maintenance. Hand washing and hand sanitizer facility.

Setting	Personnel Required	Inventory/Activity/ Skills to be tested
3. ICU Facilities		
ICUs	Respiratory specialists Anaesthesiologist • ICU Nurses • OT Technician	<ul style="list-style-type: none"> • PPEs • Knowledge and skill as per treatment protocols • Oxygen supply • Emergency medicines • Monitors • Defibrillators • Ventilators
4. Ambulance or transfer vehicle (For shifting to Tertiary Care Centre)		
	Healthcare workers	Transporting suspected COVID-19 patients to the referral healthcare facility.
	Driver with Paramedical workers	Involved only in driving the patient with suspected COVID-19 disease and the driver's compartment is separated from the main compartment. Assisting with embarkation /disembarkation of patient with suspected COVID-19 disease.
	Cleaners	Cleaning and disinfection after and between transport of patients with suspected COVID-19 disease to the referral healthcare facility
5. Details of Tertiary Care Centre (Contact No. of Nodal Person and Emergency No.) are available		

General Tips:

1. In addition to using the appropriate PPE, frequent hand hygiene and respiratory hygiene should always be performed. PPE should be discarded in an appropriate waste container after use, and hand hygiene should be performed before putting on and after taking off PPE.

2. The number of visitors should be restricted. If visitors must enter a COVID-19 patient's room, they should be provided with clear instructions about how to put on and remove PPE and about performing hand hygiene before putting on and after removing PPE; this should be supervised by a healthcare worker.
3. This category includes the use of no-touch thermometers, thermal imaging cameras, and limited observation and questioning, all while maintaining a spatial distance of at least 1 m.
4. All rapid response team members must be trained in performing hand hygiene and how to put on and remove PPE to avoid self-contamination.

Laboratory investigations (i) All kits required for collection (Respiratory samples like Nasopharyngeal Swab, Sputum and bronchoalveolar lavage) such as swabs, VTMs, Zip Lock Bag & Cold Chain etc. are available (ii) All lab investigations of a COVID-19 suspect case should be restricted to a bare minimum as deemed appropriate by the treating physician till such time as the confirmatory COVID-19 tests are made available. After confirmation proper bio safety precautions should be observed if any invasive investigations are done.

Assessment of Healthcare workers

Doctors, Nurses, Technicians should undergo knowledge assessment along with skill assessment and if needed the requisite training should be provided to fill the gaps. A Microbiologist should be posted for Supervising the samples collection from the patients in a proper way and ensuring the transportation of sample to designated laboratories for testing under appropriate condition including maintenance of cold chain for this purpose.

Public Health Specialist should be engaged to advise about the reduction of infection in the medical care facility. They will also supervise the handing over of discharged patients to State Surveillance teams for monitoring and tracking these patients till the requisite period is over. They will also supervise proper biomedical waste disposal of the healthcare facility.