දූරකථන) 0112669192 , 0112675011
தொலைபேசி) 0112698507 , 0112694033
Telephone) 0112675449 , 0112675280

ෆැක්ස්) 0112693866
பெக்ஸ்) 0112693869
Fax)0112692913

විද්‍යුත් තැපෑල)postmaster@health.gov.lk
மின்னஞ்சல் முகவரி)
e-mail)

වෙබ් අඩවිය) www.health.gov.lk
இணையத்தளம்)
website)

මගේ අංකය)
எனது இல)
My No.)

ඔබේ අංකය)
உமது இல)
Your No. :)

දිනය)
திகதி) 24 .04. 2020
Date)

සුවසිරිපාය
சுவசிரிபாய
SUWASIRIPAYA

සෞඛ්‍ය හා දේශීය වෛද්‍ය සේවා අමාත්‍යාංශය
சுகாதாரம் மற்றும் சுதேசவைத்தியஅமைச்சு
Ministry of Health & Indigenous Medical Services

All Provincial Directors and Regional Directors of Health Services,
All Heads of Institutions,

Management of Accidental Discovery of Suspected COVID-19 Patient in the Hospital

There will be instances in various heath care settings where patients with or without respiratory symptoms are subsequently suspected to have COVID-19. This is to be expected in the event of a surge in the number of patients in the community with COVID-19. This will also be due to the onset of new symptoms suggestive of COVID-19 whilst in the health care setting, or by the discovery of a contact history/exposure history/geographic location of a high-risk area.

These patients might subsequently become either COVID confirmed or COVID negative.

The anxiety and fear of HCWs, which may occur as a result of a sudden detection of a "COVID suspect" should not affect the provision of standard medical care to that patient or any other patient in that health care setting.

However, there is a possibility that this patient, if subsequently confirmed as having COVID 19 can transmit the disease to other patients as well as health care workers. This can be avoided by adhering to the following recommendations;

- Administer a checklist (annexure 01) to all patients on admission to the ward (This can be included in the BHT)
- Patients admitting on the same day should be cohorted, as much as possible, in one area for easiy identification.

In the event of a sudden discovery of a patient suspected of having COVID-19, the following are recommended to aid the subsequent decision-making;

1. Care for the COVID suspect (index case)
2. Other patients in the ward
3. Health care workers
4. Immediate environment of the index patient

1. Care for the index case

The subsequent clinical decisions will depend on the patient's clinical state.

- If the patient is stable and is manageable in a COVID-19 suspect ward he/she will be transferred to that ward for testing after discussing with the relevant Consultant. If the index case is negative for COVID he/she should be taken over by the original unit.

- If the patient is unstable or if the patient needs treatment which cannot be provided in the COVID suspect ward, he/she has to be kept in the same unit or if necessary transferred to an appropriate unit where standard of care for the clinical condition can be provided while maintaining patient safety. The COVID PCR test should not delay transferring the patient to the appropriate care setting. The COVID PCR test should be arranged by the unit where the patient should receive necessary care. The specialized unit due to receive the patient should not delay accepting the patient until COVID status is known.

- If the patient continues to be managed in the same unit or in another unit other than COVID 19 suspect ward, he or she should be kept in a separate cubicle or a 2 m distance from other patients. The patient should wear a medical mask. HCWs should practice appropriate infection control methods (e.g. medical mask, gloves and gown-long sleeves) when looking after the patient.

- If the patient needs aerosol-generating procedures it has to be done adhering to recommended precautions.

  The detection of a patient suspected of having COVID-19 is not a reason to close down a ward/ differ admissions/ transferring out other patients or quarantining of staff.

2. Care of other patients in the ward:

Determine the risk using the screening tool used for risk assessment of "risk of exposure" following an exposure (given in annexure 2)

- If the exposure is considered to be;
  - **Low risk** – further COVID follow up not necessary. Continue standard care
  - **Moderate risk** - cohort such patients together in the same cubical. Continue necessary care.
  - **High risk** - not applicable until COVID status of the index case is known.
- Do not transfer outpatients until the index patient's result is available.

- Once the result is available, if positive, those patients who fall into the category of **high-risk should be isolated and tested for COVID-19** (The day at which the COVID PCR should be done for high-risk patients should be determined by the treating physician, taking in to consideration the time of the exposure, symptoms at the time of exposure, the original illness and the symptoms that the patient had when coming to hospital.)
- The standard care for all patients should continue irrespective of their exposure status

3. Health care workers

- The panel of experts appointed to guide the subsequent management (Physician, Microbiologist, Respiratory Physician) should determine the exposure level and subsequent action based on HCW exposure guidelines (circular number EPID/400/2019 n-cov dated 03/04/2020) issued by the Ministry of Health.
- If the exposure is considered low risk the health care workers who have originally managed the index case should continue to look after the patient using appropriate PPE and adhering to recommended precautions. Those falling to the category of moderate risk should be quarantined until COVID-19 status of the patient is available.
- Those who have not been exposed should care for other patients including new admissions to the ward.

4. Immediate environment around the index patient

The immediate environment includes floor, furniture, and the equipment within 2m distance from the index patient. Cleaning the immediate environment is sufficient to prevent infection transmission.
This method of cleaning applies to HDU s and ICUs as well. (For further information refer annexure 3)

All PDHS/RDHS and Hospital Directors should make the necessary arrangements according to this circular, and note that this circular may be updated according to the condition of the country and will be informed accordingly.

.....

Dr. Anil Jasinghe
Director General of Health Services

Dr. Anil Jasinghe
Director General of Health Services
Ministry of Health & Indigenous Medicine Services
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

CC: Secretary of Health
All additional secretaries
All DDGs
Chief Epidemiologist
Director of Health Promotion Bureau
Director (MS)
Presidents of relevant professional colleges

Annexure 01

COVID19 – Screening Checklist for all admissions

To be filled by the admitting officer/ MO-OPD/ House Officer/ Ward Medical Officer

1. General Information of the patient

Name	
Age	
Occupation	
NIC/Passport Number	
Address	
Type of residence	Apartment ☐ House in a separate land ☐ Other ……..

2. Symptoms presented by the patient

Symptoms	**Yes ✓ / No ✗**	**Duration (days)**	**Further details**
Cough			
SOB			
Sore throat			
Fever			
Runny nose			
Body ache			
Headache			
Diarrhea			

3. Travel history of the patient

Type of travel / visits	**Yes ✓ / No ✗**	**If yes, details**
Returning to Sri Lanka from ANY COUNTRY within the last 14 days		
History of travel or residence in a location designated an area of high risk*/lockdown areas within the last 14 days		
Recent visits to government / private hospital within the last 14 days		
Attended any Social gathering (Shopping, religious, funerals, etc.) within the last 14 days		

** please refer the epidemiology unit website for areas of high risk*

4. Evidence of close contact*

**** A person staying in an enclosed environment for > 15 minutes (eg. Household, workplace, in a vehicle or had direct physical contact)***

Details of contact person	**Yes ✓ No ✗**	**If yes, details**
Confirmed COVID19 patient		
Home quarantined patient		
A Person who had been in a quarantine center		
Anybody with above symptoms (COVID19 symptoms)		
Suspected person with COVID19 symptoms		
Anybody travelled in the high risk/ locked down areas		
Firstline healthcare worker involved with a COVID-19 patient		
Anyone who had close contact with a foreigner or a returnee from a foreign country who arrived within the last 14 days		

Immediately inform your seniors if you find significant travel or contact history in patients with the above symptoms

Decision on further management and disposition will be made by the Consultant or multi disciplinary team (MDT)

Signature of Doctor ……..

Annexure 02 - Assessing the "risk of exposure"

Should be done by a committee appointed by the hospital

This committee should comprise of the head of the institution, consultant physician/ respiratory physician, intensivist/anaesthetist, consultant microbiologist/virologist and infection control nursing officer of the hospital

To assess the risk of exposure the following 5 questions should be asked:

1. Did you have **face-to-face contact (within 1 metre)** with a confirmed or probable COVID-19 patient for more than 15 minutes, without you and/or the patient wearing surgical face masks?
2. Did you have a **direct physical contact** when providing care to a confirmed or probable COVID-19 patient without wearing appropriate PPE?
3. Were you present when any **aerosol-generating procedures** were performed on a confirmed or probable COVID 19 patient, without wearing appropriate PPE?
4. Was there a **splashing of secretions on to the mucus membrane** when providing care for a confirmed or probable COVID 19 patient?
5. Did you have any health care interactions with a confirmed or probable COVID 19 patient **without** appropriate personal protective equipment (PPE)? (for PPE refer to annexure 03)

The level of risk is detrmined as follows:

High risk	If the answer is **YES** to **ANY** of the above questions for a **confirmed** COVID 19 patient
Moderate risk	If the answer is **YES** to **ANY** of the above questions for a **probable** COVID 19 patient
Low risk (protected exposure)	If the answer is **NO** to **ALL** of the above questions for a probable or confirmed COVID 19 patient And Other situations as indicated by local risk assessments

Annexure 03 - disinfection of immediate physical environment of the ward/ other area

1. Environmental cleaning after accidental discovery of COVID 19 suspect patient :

The patient zone of the **COVID 19 suspect patient** (area within two-meter diameter) and the areas where he has been should be cleaned at least twice a day.

- First wear PPE – N95 respirator, protective eyewear, gloves and fluid resistant gown
- Clean and disinfect frequently touched surfaces, bed rails, bedside equipment etc using a clean cloth soaked with freshly prepared 0.1% hypochlorite (1000ppm).
- All metal surfaces should be wiped with 60-70% alcohol.
- Floor should be moped with freshly prepared 0.1% hypochlorite (1000ppm)
- If there is a spillage, spill cleaning must be done with freshly prepared Hypochlorite at 1% (10,000ppm) and contact time should be at least 10 minutes

  Spill cleaning
  - Wear PPE
  - Cover the spillage with wadding from periphery to the center
  - Put 1% hypochlorite
  - Leave for 10 minutes
  - Scoop it out and put in a yellow bag (avoid touching it)
  - Then followed by 0.1% hypochlorite cleaning from periphery to the center Remove PPE and perform hand hygiene

- Equipment-If possible use dedicated medical equipment (stethoscope, BP apparatus, thermometer) and disinfect with 60- 70% alcohol after each use.
- Dedicated wash room should be cleaned with freshly prepared 0.5% hypochlorite.

2. Environment and equipment disinfection after a COVID 19 suspect becomes a confirmed case:

I. Terminal environmental cleaning-

Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.

- Wear PPE
- Remove all linen, into yellow bags and remove them.
- Remove bed screens and curtains (including disposable curtains/screens) into yellow bags and remove them
- Remove all medical equipment and disinfect as below.
- All metal surfaces should be wiped with 60-70% alcohol.

- If the patient was in an isolation room, after closing the doors spray all surfaces and floors except metal surfaces including mattresses covered with polythene covers, with freshly prepared 0.1% (1000ppm) hypochlorite and apply it all over using a sponge on a stick. Mop floor. Wait for 10 minutes and wash thoroughly with water using a detergent.
  If mattresses and pillows do not have polythene covers, remove them before spraying and dispose them.
- Remove PPE and perform hand hygiene

- If the patient was in a ward, clean and disinfect the area within two-meter diameter and the areas where he has been.

Frequently touched surfaces, bed rails, bedside equipment, furniture, windows, sills and frames, mattresses covered with polythene covers etc. should be cleaned and disinfected by wet mopping with freshly prepared 0.1% hypochlorite (1000ppm).

All metal surfaces should be wiped with 60-70% alcohol.

Floor should be moped with freshly prepared 0.1% hypochlorite (1000ppm).

Wait for 10 minutes and wash thoroughly with water using a detergent.

Remove PPE and perform hand hygiene

- **If there is a spillage spill cleaning must be done before any terminal cleaning-**Use freshly prepared Hypochlorite at 1%(10,000ppm), contact time at least 10 min

II. <u>Equipment-</u>

- Medical equipment (stethoscope, BP apparatus, thermometer) should be disinfected with 60- 70% alcohol.

III. <u>Linen</u>

- Soiled linen should be placed in clearly labelled, leak-proof bags or containers before removal from the ward.
- Linen can be cleaned in ether of the following ways:
  Soaked in freshly prepared 0.05% hypochlorite for 30 minutes and wash under running tap water and then wash with a laundry detergent and dry fully under direct sunlight.
  OR
  Washed in a washing machine with hot water cycles (60- 90°C) using a laundry detergent and dry in a dryer.

  (If there is any solid excrement on the linen, such as feces or vomit, scrape it off carefully with a flat, firm object and put it in the commode or designated toilet before putting linen in the designated container. If the latrine is not in the same room as the patient, place soiled excrement in covered bucket to dispose of in the toilet)

IV. <u>Waste Management</u>

All yellow bags should be closed and tighten the mouths properly and labelled as COVID waste before disposal.

Recommended methods of disposal-

- Incineration
- MetaMizer
- Handover to Sisilli Hanaro private company

V. Handling of reusable items

- Used goggles wipe with 70% Ethyl alcohol and wash with a detergent. Wipe these with 70% Ethyl alcohol again before use.
- Boots should be soaked in freshly prepared 0.5 % hypochlorite and dry under direct sunlight.
- Soaked mops in freshly prepared 0.5 % hypochlorite and allow to dry under direct sunlight. Mop handle must be disinfected by wiping with 0.1% hypochlorite.

VI. Toilets -

Use Hypochlorite at 0.5% for sink, walls, floor and the commodes

Bedpans

- Disinfect with freshly prepared Hypochlorite at 0.5% after disposing of excreta and clean with a neutral detergent and water.
  (Chlorine is ineffective for disinfecting media containing large amounts of solid and dissolved organic matter. Therefore, there is limited benefit to adding chlorine solution to fresh excreta and, possibly, this may introduce risks associated with splashing.)
  Contact time at least 10min
- Use washer disinfector if available

VII. Ambulance Cleaning

- Wear PPE
- Spray freshly prepared 0.1 Hypochlorite.
- Keep for 10 minutes
- Remove the stretcher
- Wash the stretcher
- Wash the ambulance
- Keep minimum items in the ambulance
- Remove PPE and perform hand hygiene