

**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

No.Health.99/2020/Pt.II/14,

Dated Shillong, the 19th June, 2020.

ORDER

In view of the pandemic situation arising out of COVID-19 and the need to ensure safety of health workers drafted for COVID-19 duties and in health care facilities, the guidelines prescribed by the Health & Family Welfare Department, Government of Meghalaya and Ministry of Health and Family Welfare, Government of India will be followed in all health care facilities in the State and by all health care workers performing duties at the forefront.

1. Institutional Mechanism for preventing and responding to Healthcare Associated Infections (HAIs) among HCWs

Hospitals shall activate its Hospital Infection Control Committee (HICC). The HICC in the health facility is responsible for implementing the Infection Prevention and Control (IPC) activities and organizing regular trainings on IPC for HCWs.

A Nodal Officer (Infection Control Officer) shall be identified by each hospital to address all matters related to Healthcare Associated Infections (HAIs). With reference to preventing such infection among healthcare workers, he/she will ensure that:

- i. Healthcare workers in different settings of hospitals shall use PPEs appropriate to their risk profile as detailed in the guidelines issued by this Ministry (available at: <https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf>)
 - ii. All healthcare workers have undergone training on Infection Prevention and Control and they are aware of common signs and symptoms, need for self-health monitoring and need for prompt reporting of such symptoms.
 - iii. Provisions have been made for regular (thermal) screening of all hospital staff.
 - iv. All healthcare workers managing COVID-19 cases may be provided with chemo-prophylaxis under medical supervision.
 - v. Provisions have been made for prompt reporting of breach of PPE by the hospital staff and follow-up action.
2. Action for Healthcare Workers
- i. Ensure that all preventive measures like frequent washing of hands/use of alcohol based hand sanitizer, respiratory etiquettes (using tissue/handkerchief while coughing or sneezing), etc. are followed at all times.
 - ii. He/she shall use appropriate PPE at all times while on duty.
 - iii. A buddy system* to be followed to ensure that there is no breach in infection prevention control practices.
 - iv. Any breach in PPE and exposure is immediately informed to the nodal officer/HoD of the department
 - v. HCWs after leaving the patient care units (wards/OPDs/ICUs) at the doctor's duty rooms/hostels/canteen or outside the HCF must follow social distancing and masking to prevent transmission to/acquiring infection from other HCWs who may be positive.
 - vi. Pregnant/lactating mothers and immune - compromised healthcare workers shall inform their medical condition to the hospital authorities for them to get posted only in non-Covid areas

***Buddy system:** Under this approach, two or more-person team is formed amongst the deployed hospital staff who share responsibilities for his/her partner's safety and well-being in the context of

- (i) Appropriately donning and doffing of PPEs
- (ii) Maintaining hand hygiene
- (iii) Taking requisite steps on observing breach of PPEs
- (iv) Check on, monitor, remind each other on correct use of mask, etc.

3. SOP for health work force deployment during COVID-19

3.1 SOP to be followed in case HCW reports exposure/breach of PPE

All the Healthcare workers must report every exposure to COVID-19 to the concerned nodal officer and HoD of the concerned department immediately

The Nodal officer will get the exact details of exposure to ascertain whether the exposure constitutes a high risk or low risk exposure as described below:

- High risk exposure:
 - HCW or other person providing care to a COVID-19 case or lab worker handling respiratory specimens from COVID-19 cases without recommended PPE or with possible breach of PPE
 - Performed aerosol generating procedures without appropriate PPE
 - HCWs without mask, face-shield/goggles:
 - having face to face contact with COVID-19 case within 1 metre for more than 15 minutes
 - having accidental exposure to body fluids
- Low risk exposure:

Contacts who do not meet criteria of high risk exposure

The Nodal Officer/Head of the Department will form a sub-committee to assess the level of exposure and the risk as per assessment format at Annexure I. As per their assessment:

- **High risk contacts** will be quarantined for 14 days, tested as per ICMR testing protocol, actively monitored for development of symptoms and managed as per laid down protocol.
 - If they test positive but remain asymptomatic they will follow protocol for very mild/mild/pre- symptomatic cases as described in para 3.2.1 below.
 - If they test negative and remain asymptomatic, complete 14 day quarantine and return to work.
 - Should symptoms develop, follow the guidance para 3.2.
- **Low risk contacts** shall continue to work. They will self-monitor their health for development of symptoms. In case symptoms develop, the guidance under para 3.2 would be followed.

3.2 SOP to be followed in case HCW reports symptoms suggestive of COVID-19

3.2.1 If any healthcare worker who is manifesting signs and symptoms suggestive of COVID-19, he/she will be isolated immediately and the following procedure will follow:

- 3.2.1.1 In case of mild/very mild/pre-symptomatic case, he/she will have an option of home isolation, subject to the conditions stipulated in the revised guidelines for home isolation of very mild/pre-symptomatic COVID-19 cases. Such cases would end their home isolation as per timeline provided in the said guidelines.
- 3.2.1.2 In cases where home isolation is not feasible, such mild/very mild/pre-symptomatic cases will be admitted to a COVID Care Center/Corona Care Centre.
- 3.2.1.3 Moderate cases that require oxygen therapy shall be managed at a Dedicated COVID Health Center

3.2.1.4 Severe cases will be managed in a Dedicated COVID Hospital.

For cases admitted COVID Health facilities, their discharge will be governed by guidelines issued by the Department Order No.Health.94/2020/53 dt.8.5.2020.

The protocol for handling COVID-19 suspect and infected cases alongwith categorization of patients issued vide No.Health.99/2020/12 dt.28.3.2020 and No.Health.99/2020/21 dt.6.4.2020.

3.2.2 Those who test negative, will be managed as in non-COVID area as per their clinical diagnosis. Their resuming work will be based on the clinical diagnosis and the medical certification by the treating doctor.

3.2.3 For HCWs (with low risk exposure), who continue to work and develop symptoms:

- And test positive, further management would be based on their clinical presentation and as described in para 3.2 (1) (a) above
- Those who test negative, will return to work subject to medical certification for ailment

3.2.4 Discharge of COVID-19 positive HCWs will be in accordance with the discharge issued by the Department vide Order No.Health.94/2020/53 dt.8.5.2020.

3.3 Regular quarantine of healthcare workers after performing duty in COVID-19 areas

Quarantine of healthcare workers, other than what is stipulated above is not warranted.

Sd/-

(Sampath Kumar, IAS)

Commissioner & Secretary to the Government of Meghalaya,
Health & Family welfare Department

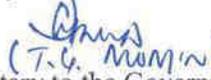
Memo No.No.Health.99/2020/Pt.II/14-A

Dated: Shillong, the 19th June 2020

Copy to:-

1. The Private Secretary to Chief Minister, Meghalaya, Shillong for kind information of Chief Minister.
2. The Private Secretary to Deputy Chief Minister, Meghalaya, Shillong for kind information of Deputy Chief Minister.
3. The Private Secretary to Health Minister, Meghalaya, Shillong for kind information of Health Minister.
4. The Private Secretary to Chief Secretary for kind information of the Chief Secretary.
5. The Commissioners & Secretary, Health & F.W. Department
6. The Secretary, Health & F.W. Department.
7. The Mission Director, National Health Mission, Meghalaya, Shillong.
8. The Director of Health Services (MI)/(Research), Meghalaya, Shillong.
9. The Director of Health Services (MCH & FW), Meghalaya, Shillong with reference to letter No.HSM/IDSP/OUTBREAK/COVID-19/03/Pt.-I/2318 dt.15.6.2020 for information & necessary action. **The above protocol/guidelines may be brought to the notice of all Hospitals.**
10. Director of Information & Public Relation for wide circulation in the Print/Electronic media of the State.
11. The Joint Director of Health Services (MCH & FW) I/c IDSP, Meghalaya, Shillong.

By Orders etc.


(T.G. Momin)

Joint Secretary to the Government of Meghalaya
Health & Family Welfare Department.

**Ministry of Health and Family Welfare
Directorate General of Health Services
[Emergency Medical Relief]**

Novel Coronavirus Disease 2019 (COVID-19): Guidelines on rational use of Personal Protective Equipment

1. About this guideline

This guideline is for health care workers and others working in points of entries (POEs), quarantine centers, hospital, laboratory and primary health care / community settings. The guideline uses setting approach to guide on the type of personal protective equipment to be used in different settings.

2. Introduction

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Rarely, animal coronaviruses can evolve and infect people and then spread between people such as has been seen with MERS and SARS.

The outbreak of Novel coronavirus disease (now named COVID-19) was initially noticed from a seafood market in Wuhan city in Hubei Province of China in mid-December, 2019, has spread to more than 185 countries/territories worldwide including India.

The causative agent for COVID-19, earlier termed provisionally as novel Coronavirus has been officially named as SARS-CoV-2.

3. Mode of transmission

There is clear evidence of human-to-human transmission of SARS-CoV-2. It is thought to be transmitted mainly through respiratory droplets that get generated when people cough, sneeze, or exhale. SARS-CoV-2 also gets transmitted by touching, by direct touch and through contaminated surfaces or objects and then touching their own mouth, nose, or possibly their eyes. Healthcare associated infection by SARS-CoV-2 virus has been documented among healthcare workers in many countries.

The people most at risk of COVID-19 infection are those who are in close contact with a suspect/confirmed COVID-19 patient or who care for such patients.

4. Personal Protective Equipment (PPE)

Personal Protective Equipments (PPEs) are protective gears designed to safeguard the health of workers by minimizing the exposure to a biological agent.

4.1 Components of PPE

Components of PPE are goggles, face-shield, mask, gloves, coverall/gowns (with or without aprons), head cover and shoe cover. Each component and rationale for its use is given in the following paragraphs:

4.1.1 Face shield and goggles

Contamination of mucous membranes of the eyes, nose and mouth is likely in a scenario of droplets generated by cough, sneeze of an infected person or during aerosol generating procedures carried out in a clinical setting. Inadvertently touching the eyes/nose/mouth with a contaminated hand is another likely scenario. Hence protection of the mucous membranes of the eyes/nose/mouth by using face shields/ goggles is an integral part of standard and contact precautions. The flexible frame of goggles should provide good seal with the skin of the face, covering the eyes and the surrounding areas and even accommodating for prescription glasses.

4.1.2 Masks

Respiratory viruses that includes Coronaviruses target mainly the upper and lower respiratory tracts. Hence protecting the airway from the particulate matter generated by droplets / aerosols prevents human infection. Contamination of mucous membranes of the mouth and nose by infective droplets or through a contaminated hand also allows the virus to enter the host. Hence the droplet precautions/airborne precautions using masks are crucial while dealing with a suspect or confirmed case of COVID-19/performing aerosol generating procedures.

Masks are of different types. The type of mask to be used is related to particular risk profile of the category of personnel and his/her work. There are two types of masks which are recommended for various categories of personnel working in hospital or community settings, depending upon the work environment:

1. Triple layer medical mask
2. N-95 Respirator mask

4.1.2.1 Triple layer medical mask

A triple layer medical mask is a disposable mask, fluid-resistant, provide protection to the wearer from droplets of infectious material emitted during coughing/sneezing/talking.

4.1.2.2. N-95 Respirator mask

An N-95 respirator mask is a respiratory protective device with high filtration efficiency to airborne particles. To provide the requisite air seal to the wearer, such masks are designed to achieve a very close facial fit.

Such mask should have high fluid resistance, good breathability (preferably with an expiratory valve), clearly identifiable internal and external faces, duckbill/cup-shaped structured design that does not collapse against the mouth.

If correctly worn, the filtration capacity of these masks exceeds those of triple layer medical masks. Since these provide a much tighter air seal than triple layer medical masks, they are designed to protect the wearer from inhaling airborne particles.

4.1.3 Gloves

When a person touches an object/surface contaminated by COVID-19 infected person, and then touches his own eyes, nose, or mouth, he may get exposed to the virus. Although this is not thought

to be a predominant mode of transmission, care should be exercised while handling objects/surface potentially contaminated by suspect/confirmed cases of COVID-19.

Nitrile gloves are preferred over latex gloves because they resist chemicals, including certain disinfectants such as chlorine. There is a high rate of allergies to latex and contact allergic dermatitis among health workers. However, if nitrile gloves are not available, latex gloves can be used. Non-powdered gloves are preferred to powdered gloves.

4.1.4 Coverall/Gowns

Coverall/gowns are designed to protect torso of healthcare providers from exposure to virus. Although coveralls typically provide 360-degree protection because they are designed to cover the whole body, including back and lower legs and sometimes head and feet as well, the design of medical/isolation gowns do not provide continuous whole-body protection (e.g., possible openings in the back, coverage to the mid-calf only).

By using appropriate protective clothing, it is possible to create a barrier to eliminate or reduce contact and droplet exposure, both known to transmit COVID-19, thus protecting healthcare workers working in close proximity (within 1 meter) of suspect/confirmed COVID-19 cases or their secretions.

Coverall and gowns are deemed equally acceptable as there is a lack of comparative evidence to show whether one is more effective than the other in reducing transmission to health workers. Gowns are considerably easier to put on and for removal. An apron can also be worn over the gown for the entire time the health worker is in the treatment area. Coveralls/gowns have stringent standards that extend from preventing exposure to biologically contaminated solid particles to protecting from chemical hazards.

4.1.5 Shoe covers

Shoe covers should be made up of impermeable fabric to be used over shoes to facilitate personal protection and decontamination.

4.1.6. Head covers

Coverall usually cover the head. Those using gowns, should use a head cover that covers the head and neck while providing clinical care for patients. Hair and hair extensions should fit inside the head cover.

The specifications for all the PPEs are at **Annexure-A**.

5. Rational use of PPE

The PPEs are to be used based on the risk profile of the health care worker. The document describes the PPEs to be used in different settings.

5.1. Point of Entry

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Health Desk	Provide information to travellers	Low risk	Triple layer medical mask Gloves	Minimum distance of one meter needs to be maintained.
2	Immigration counters, customs and airport security	Provide services to the passengers	Low risk	Triple layer medical mask Gloves	Minimum distance of one meter needs to be maintained.
3	Temperature recording station	Record Temperature with hand held thermal recorder.	Low risk	Triple layer medical mask Gloves	
4	Holding area/ Isolation facility of APHO/ PHO	Interview & Clinical examination by doctors/ nurses	Moderate Risk	N-95 masks Gloves	
5	Isolation facility of APHO	Clinical management (doctors, nurses)	Moderate Risk	N-95 masks Gloves	
		Attending to severely ill passenger	High risk	Full complement of PPE	When aerosol generating procedures are anticipated
5	Sanitary staff	Cleaning frequently touched surfaces/ Floor/ cleaning linen	Moderate risk	N-95 mask Gloves	
6	Administrative staff	Providing administrative support	No risk	No PPE	No contact with patients of COVID-19. They should not venture into areas where suspect COVID-19 cases are being managed.

5.2. Hospital Setting

5.2.1. Out Patient Department (Respiratory Clinic / Separate screening area)[#]

S. No	Setting	Activity	Risk	Recommended PPE	Remarks
1	Triage area	Triaging patients Provide triple layer mask to patient.	Moderate risk	N 95 mask Gloves	Patients get masked.
2	Screening area help desk/ Registration counter	Provide information to patients	Moderate risk	N-95 mask Gloves	
3	Temperature recording station	Record temperature with hand held thermal recorder	Moderate Risk	N 95 mask Gloves	
4	Holding area/ waiting area	Nurses / paramedic interacting with patients	Moderate Risk	N 95 mask Gloves	Minimum distance of one meter needs to be maintained.
5	Doctors chamber	Clinical management (doctors, nurses)	Moderate Risk	N 95 mask Gloves	No aerosol generating procedures should be allowed.
6	Sanitary staff	Cleaning frequently touched surfaces/ Floor/ cleaning linen	Moderate risk	N-95 mask Gloves	
7	Visitors accompanying young children and elderlies	Support in navigating various service areas	Low risk	Triple layer medical mask	No other visitors should be allowed to accompany patients in OPD settings. The visitors thus allowed should practice hand hygiene

[#] All hospitals should identify a separate triage and holding area for patients with Influenza like illness. If there is no triage area / holding area for patients due to resource constraints, such hospitals will follow the above guidance for general OPD.

5.2.2. In-patient Services

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Individual isolation rooms/ cohorted isolation rooms	Clinical management	Moderate risk	N 95 mask Gloves	Patient masked. Patients stable. No aerosol generating activity.
2	ICU/ Critical	Critical care	High risk	Full complement of	Aerosol generating

	care	management		PPE	activities performed.
3	ICU /critical care	Dead body packing	High risk	Full complement of PPE	
4	ICU/ Critical care	Dead body transport to mortuary	Low Risk	Triple Layer medical mask Gloves	
5	Sanitation	Cleaning frequently touched surfaces/ floor/ changing linen	Moderate risk	N-95 mask Gloves	
6	Other Non-COVID treatment areas of hospital	Attending to infectious and non-infectious patients	Risk as per assessed profile of patients	PPE as per hospital infection prevention control practices.	No possibility of exposure to COVID patients. They should not venture into COVID-19 treatment areas.
7	Caretaker accompanying the admitted patient	Taking care of the admitted patient	Low risk	Triple layer medical mask	The caretaker thus allowed should practice hand hygiene, maintain a distance of 1 meter

5.2.3. Emergency Department

S.No	Setting	Activity	Risk	Recommended PPE	Remarks
1	Emergency	Attending emergency cases	Moderate risk	N 95 mask Gloves	When aerosol generating procedures are anticipated
2		Attending to severely ill patients of SARI	High risk	Full complement of PPE	Aerosol generating activities performed.

5.2.4. Pre-hospital (Ambulance) Services

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Ambulance Transfer to designated hospital	Transporting patients not on any assisted ventilation	Moderate risk	N-95 mask Gloves	
		Management of SARI patient while transporting	High risk	Full complement of PPE	When aerosol generating procedures are anticipated
		Driving the ambulance	Low risk	Triple layer medical mask Gloves	Driver helps in shifting patients to the emergency

5.2.5. Other Supportive/ Ancillary Services

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1.	Laboratory	Sample collection and transportation	High risk	Full complement of PPE	
		Sample testing	High risk	Full complement of PPE	
2	Mortuary	Dead body handling	Moderate Risk	N 95 mask Gloves	No aerosol generating procedures should be allowed. No embalming.
		While performing autopsy	High Risk	Full complement of PPE	No post-mortem unless until specified.
3	Sanitation	Cleaning frequently touched surfaces/ Floor/ cleaning linen in COVID treatment areas	Moderate risk	N-95 mask Gloves	
4	CSSD/Laundry	Handling linen of COVID patients	Moderate risk	N-95 mask Gloves	
5	Other supportive services	Administrative Financial Engineering Security, etc.	No risk	No PPE	No possibility of exposure to COVID patients. They should not venture into COVID-19 treatment areas.

5.3. Health Workers in Community Setting

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	ASHAs/ Anganwadi and other field staff	Field Surveillance	Low Risk	Triple layer mask Gloves	Maintain distance of one meter. Surveillance team to carry adequate triple layer masks to distribute to suspect cases detected on field surveillance
2	Doctors at supervisory level conducting field investigation	Field surveillance Clinical examination.	Medium risk	N 95 mask Gloves.	

5.4 Quarantine facility

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Persons being quarantined		Low Risk	Triple layer mask	
2	Healthcare staff working at quarantine facility	Health monitoring and temperature recording	Low Risk	Triple layer mask Gloves	
		Clinical examination of symptomatic persons	Moderate Risk	N-95 masks Gloves	
3	Support staff		Low Risk	Triple layer mask Gloves	

5.5 Home Quarantine

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Persons being quarantined		Low Risk	Triple layer mask	
2	Designated family member	Taking care of person being quarantined	Low Risk	Gloves	While cleaning commonly touched surfaces or handling soiled linen
3	Other family		No Risk	No PPE required	Maintain a distance of at least 1 meter from person under home quarantine. Senior citizens in the household should stay away from such persons under home quarantine.

Points to remember while using PPE

1. PPEs are not alternative to basic preventive public health measures such as hand hygiene, respiratory etiquettes which must be followed at all times.
2. Always (if possible) maintain a distance of at least 1 meter from contacts/suspect/confirmed COVID-19 cases
3. Always follow the laid down protocol for disposing off PPEs as detailed in infection prevention and control guideline available on website of MoHFW.

Personal Protection Equipment (PPE) - Specifications

(for Contact & Airborne precautions)

1. PPE Kit
 - 1.1 Gloves
 - Nitrile
 - Non-sterile
 - Powder free
 - Outer gloves preferably reach mid-forearm (minimum 280 mm total length)
 - Different sizes (6.5 & 7)
 - Quality compliant with the below standards, or equivalent:
 - a. EU standard directive 93/42/EEC Class I, EN 455
 - b. EU standard directive 89/686/EEC Category III, EN 374
 - c. ANSI/SEA 105-2011
 - d. ASTM D6319-10
 - 1.2 Coverall (medium and large)*
 - Impermeable to blood and body fluids
 - Single use
 - Avoid culturally unacceptable colors e.g. black
 - Light colors are preferable to better detect possible contamination
 - Thumb/finger loops to anchor sleeves in place
 - Quality compliant with following standard
 - a. Meets or exceeds ISO 16603 class 3 exposure pressure, or equivalent
 - 1.3 Goggles
 - With transparent glasses, zero power, well fitting, covered from all sides with elastic band/or adjustable holder.
 - Good seal with the skin of the face
 - Flexible frame to easily fit all face contours without too much pressure
 - Covers the eyes and the surrounding areas and accommodates for prescription glasses
 - Fog and scratch resistant
 - Adjustable band to secure firmly so as not to become loose during clinical activity
 - Indirect venting to reduce fogging
 - May be re-usable (provided appropriate arrangements for decontamination are in place) or disposable
 - Quality compliant with the below standards, or equivalent:
 - a. EU standard directive 86/686/EEC, EN 166/2002
 - b. ANSI/SEA Z87.1-2010

- 1.4. N-95 Masks
 - Shape that will not collapse easily
 - High filtration efficiency
 - Good breathability, with expiratory valve
 - Quality compliant with standards for medical N95 respirator:
 - a. NIOSH N95, EN 149 FFP2, or equivalent
 - Fluid resistance: minimum 80 mmHg pressure based on ASTM F1862, ISO 22609, or equivalent
 - Quality compliant with standards for particulate respirator that can be worn with full- face shield

- 1.5. Shoe Covers
 - Made up of the same fabric as of coverall
 - Should cover the entire shoe and reach above ankles

- 1.6. Face Shield
 - Made of clear plastic and provides good visibility to both the wearer and the patient
 - Adjustable band to attach firmly around the head and fit snugly against the forehead
 - Fog resistant (preferable)
 - Completely covers the sides and length of the face
 - May be re-usable (made of material which can be cleaned and disinfected) or disposable
 - Quality compliant with the below standards, or equivalent:
 - a. EU standard directive 86/686/EEC, EN 166/2002
 - b. ANSI/SEA Z87.1-2010

3. Triple Layer Medical Mask
 - Three layered medical mask of non-woven material with nose piece, having filter efficiency of 99% for 3 micron particle size.
 - a. ISI specifications or equivalent

4. Gloves
 - Nitrile
 - Non-sterile
 - Powder free
 - Outer gloves preferably reach mid-forearm (minimum 280mm total length)
 - Different sizes (6.5 & 7)
 - Quality compliant with the below standards, or equivalent:
 1. EU standard directive 93/42/EEC Class I, EN 455
 2. EU standard directive 89/686/EEC Category III, EN 374
 3. ANSI/SEA 105-2011
 4. ASTM D6319-10

5. **Body Bags - Specifications**

- 1) Impermeable
- 2) Leak proof
- 3) Air sealed
- 4) Double sealed
- 5) Disposable
- 6) Opaque
- 7) White
- 8) U shape with Zip
- 9) 4/6 grips
- 10) Size: 2.2 x 1.2 Mts
- 11) Standards:
 - a) ISO 16602:2007
 - b) ISO 16603:2004
 - c) IS016604:2004
 - d) ISO/DIS 22611:2003

All items to be supplied need to be accompanied with certificate of analysis from national/ international organizations/labs indicating conformity to standards

All items: Expiry 5 years

* Due to scarcity of coveralls, and risk versus benefit, that as an emergency temporary measure in larger public interest, in present given circumstances, the fabric that cleared/passed 'Synthetic Blood Penetration Resistance Test' (ISO 16603) and the garment that passed 'Resistance to penetration by biologically contaminated solid particles (ISO 22612:2005) may be considered as the benchmark specification to manufacture Coveralls.' The Coveralls should be taped at the seams to prevent fluid/droplets/aerosol entry.

The test for these two standards (ISO 16603 and ISO 22612:2005), which can be performed in Indian laboratories are as per WHO Disease Commodity Package (Version 4.0)

Ministry of Health and Family Welfare
 Directorate General of Health Services
 [Emergency Medical Relief]
(Updated on 15th May 2020)

Novel Coronavirus Disease 2019 (COVID-19): Additional guidelines on rational use of Personal Protective Equipment (setting approach for Health functionaries working in non-COVID areas)

1. About this guideline

This guideline is for health care workers and others working in Non COVID hospitals and Non-COVID treatment areas of a hospital which has a COVID block. These guidelines are in continuation of guidelines issued previously on ‘Rational use of Personal Protective Equipment’ (<https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf>). This guideline uses “settings” approach to guide on the type of personal protective equipment to be used in different settings.

2. Rational use of PPE for Non COVID hospitals and Non-COVID treatment areas of a hospital which has a COVID block

The PPEs are to be used based on the risk profile of the health care worker. The document describes the PPEs to be used in different settings.

2.1.Out Patient Department

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Help desk/ Registration counter	Provide information to patients	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	Physical distancing to be followed at all times
2	Doctors chamber	Clinical management	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	No aerosol generating procedures should be allowed.
3	Chamber of Dental/ENT doctors/ Ophthalmology doctors	Clinical management	Moderate risk	<input type="checkbox"/> N-95 mask <input type="checkbox"/> Goggles <input type="checkbox"/> Latex examination gloves + face shield	Aerosol generating procedures anticipated. Face shield, when a splash of body fluid is expected
4	Pre- anesthetic check-up clinic	Pre-anesthetic check-up	Moderate risk	<input type="checkbox"/> N-95 mask <input type="checkbox"/> Goggles* <input type="checkbox"/> Latex examination gloves	* Only recommended when close examination of oral cavity/dentures is to be done
5	Pharmacy counter	Distribution of drugs	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	Frequent use of hand sanitizer is advised over gloves.

6	Sanitary staff	Cleaning frequently touched surfaces/ Floor	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	
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#All hospitals should identify a separate triage and holding area for patients with Influenza like illness so that suspect COVID cases are triaged and managed away from the main out-patient department.

2.2.In-patient Department (Non-COVID Hospital &Non-COVID treatment areas of a hospital which has a COVID block)

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Ward/individual rooms	Clinical management	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	Patients stable. No aerosol generating activity.
2	ICU/ Critical care	Critical care management	Moderate risk	<input type="checkbox"/> N-95 mask <input type="checkbox"/> Goggles <input type="checkbox"/> Nitrile examination gloves +Face shield	Aerosol generating activities performed. Face shield, when a splash of body fluid is expected
3	Ward/ICU /critical care	Dead body packing	Low Risk	<input type="checkbox"/> Triple Layer medical mask <input type="checkbox"/> Latex examination gloves	
4	Ward/ICU/ Critical care (Non-COVID)	Dead body transport to mortuary	Low Risk	<input type="checkbox"/> Triple Layer medical mask <input type="checkbox"/> Latex examination gloves	
5	Labor room	Intra-partum care	Moderate Risk	<input type="checkbox"/> Triple Layer medical mask <input type="checkbox"/> Face shield <input type="checkbox"/> Sterile latex gloves <input type="checkbox"/> Coverall N-95 mask*	Patient to be masked in the Labor room, if possible. *If the pregnant woman is a resident
6	Operation Theater	Performing surgery, administering general anaesthesia	Moderate Risk	<input type="checkbox"/> Triple Layer medical mask <input type="checkbox"/> Face shield (- wherever feasible) <input type="checkbox"/> Sterile latex gloves + Goggles	Already OT staff shall be wearing For personnel involved in aerosol generating procedures

				N-95 mask*	*If the person being operated upon is a resident of containment zone
7	Sanitation	Cleaning frequently touched surfaces/ floor/ changing linen	Low Risk	<input type="checkbox"/> Triple Layer medical mask <input type="checkbox"/> Latex examination gloves	

2.3. Emergency Department (Non-COVID)

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Emergency	Attending emergency cases	Mild risk	<input type="checkbox"/> Triple Layer medical mask <input type="checkbox"/> Latex examination gloves	No aerosol generating procedures are allowed
2		Attending to severely ill patients while performing aerosol generating procedure	High risk	<input type="checkbox"/> Full complement of PPE (N-95 mask, coverall, goggle, Nitrile examination gloves, shoe cover)	

2.4. Other Supportive/ Ancillary Services

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1.	Routine Laboratory	Sample collection and transportation and testing of routine (non-respiratory) samples	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	
		Respiratory samples	Moderate risk	<input type="checkbox"/> N-95 mask <input type="checkbox"/> Latex examination gloves	
2	Radio-diagnosis, Blood bank, etc.	Imaging services, blood bank services etc.	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	
3	CSSD/Laundry	Handling linen	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination	

				gloves	
4	Other supportive services incl. Kitchen	Administrative Financial Engineering** and dietary** services,etc.	Low risk	<input type="checkbox"/> Face cover	** Engineering and dietary service personnel visiting treatment areas will wear personal protective gears appropriate to that area

2.5.Pre-hospital (Ambulance) Services

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Ambulance Transfer to designated hospital	Transporting patients not on any assisted ventilation	Low risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	
		Management of SARI patient	High risk	<input type="checkbox"/> Full complement of PPE (N-95 mask, coverall, goggle, latex examination gloves, shoe cover)	While performing aerosol generating procedure
		Driving the ambulance	Low risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	Driver helps in shifting patients to the emergency

Points to remember while using PPE

1. Standard precaution to be followed at all times
2. PPEs are not alternative to basic preventive public health measures such as hand hygiene, respiratory etiquettes which must be followed at all times.
3. Always follow the laid down protocol for disposing off PPEs as detailed in infection prevention and control guideline available on website of MoHFW.

In addition, patients and their attendants to be encouraged to put on face cover.

In case a COVID-19 patient is detected in such Non-COVID Health facility, the MoHFW guidelines for the same has to be followed (Available at: <https://www.mohfw.gov.in/pdf/GuidelinestobefollowedondetectionofsuspectorconfirmedCOVID19case.pdf>)

**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

Orders by the Governor

NOTIFICATION

Dated Shillong the 28th March, 2020.

No.Health.99/2020/12:- In view of the urgent need to put in place a detailed protocol on handling of COVID -19 suspect and infected cases, the Governor of Meghalaya is pleased to prescribe the following procedure elaborated below.

The infected persons will be categorised as per the severity of the symptoms and this procedure would be referred to accordingly for different categories of infected cases.

This order will come into force with immediate effect.

Situation	Procedure	Additional Remarks
1. On Identifying the suspect case. (those identified by case definition requiring testing)	<ol style="list-style-type: none">1. If any Suspect with symptoms of COVID-19 has been identified, he/ she should be brought to the nearest facility.2. Transportation has to be arranged by the Government Medical facility or the District Administration to transport the suspect.3. The ambulance driver and handler should be given Personal Protection Equipment before transporting the patient.4. The vehicle transporting the patient should be cleaned thoroughly with prescribed sprayer or bleaching agents meant for cleaning after the suspected patient has been transported.5. The family members of the Patient who has tested positive have to	<p>1. Facility here refers to all the District hospitals and private hospitals as per the list enclosed. The identified hospital which has been designated with isolation ward are equipped with VTM for collecting samples for testing.</p> <p>2. For urban areas additional facilities have been set up as Corona Care Centres (CCC) to meet surge capacity.</p> <p><i>Corona Care Centres are currently set up at MATI and IIM, Shillong with facilities for taking the samples of suspect cases and to keep the needy patients under quarantine at the same facility.</i></p> <p><i>These CCCs will also refer the patients with severe symptoms to designated hospitals based on the severity of symptoms. In the event of any surge of cases, only CCCs will refer patients to designated hospitals.</i></p> <p>a) VTM – The Viral Transport Medium (VTM) kit usage should be notified to the District Surveillance Officer.</p>



be immediately quarantined at home. Counselling to be given on how to home-quarantine and handouts to be given to relatives containing detailed instructions on home quarantine in the relevant language.

6. Necessary instructions should be passed to ASHA worker or the community volunteer in absence of ASHA worker to ensure the home quarantine of the family members.
7. The details of such members have to be forwarded to District Surveillance Officer for constant monitoring of their health symptoms.
8. *The mobile medical units will also take samples from people who are under home quarantine.*

b) Private hospitals to contact the District Surveillance Officer on VTMs and follow the procedure.

c) The trained medical professional to collect the sample from the patient in the isolation ward using Personal Protection Equipment as per protocol.

d) The sample should be sent through a specialised personnel designated for the purpose to NEIGRIHMS, Shillong and other designated testing centres as identified by the Government

2: On Testing Positive

1. Contact Tracing has to be done immediately for the confirmed positive patient.
 2. The Surveillance Officer should depute a team with the Medical Officer of the concerned locality/PHC and trace out the possible suspects.
 3. **CATEGORY A:**
If Asymptomatic but Positive – The patient to be kept under home-quarantine or within the
1. *The cases tested as positive will be categorised into four categories A,B,C and D as listed below:*
 - A) Asymptomatic but Positive (preferably treated under Home Quarantine)
 - B) Mild Symptomatic (treated under Home quarantine or at designated Corona Care Centre facility. Symptomatic treatment will be provided by the attending medical doctor)
 - C) Severe Symptoms with respiratory distress who need oxygen support (They



Corona Care Centres for those patients who do not have an isolation room at home.

4. **CATEGORY B:**

If Mild/Moderate Symptomatic and Positive - The patient to be kept in the designated room within the isolation ward meant for symptomatic patients in the Corona Care Centres wherever applicable or at the Civil Hospital/other designated facility.

In case of breathing difficulties, they will be shifted to nearby designated hospitals with oxygen support available.

5. **CATEGORY C:**

If Severe and Positive - These cases require hospitalization is required for these patients and they will be shifted to designated hospitals with oxygen support available.

6. **CATEGORY D:**

If Critical and Positive - ICU support is required for these cases. They need to be sent to designated hospitals that have invasive -ventilator support system as per the list given separately.

NEIGRIHMS shall function as the final referral centre for the State.

will be treated at designated hospitals notified for this purpose)

D) Critical Patients who need Intensive Care and ventilator support (They will be treated at designated hospitals notified for this purpose)

2. *These patients tested positive will be treated at as following.*

- *If there is a surge in the cases, then the asymptomatic patients may be advised to be quarantined at home. In case of insufficient space at home, the infected members may be advised to stay at village public buildings like Schools, community centres or any identified as Corona Care Centre (CCC) facility. DCs are entrusted to identify and set up these facilities as and when the need arises.*

- *An online patient management system will be put in place in ensuring optimum utilisation of facilities available in the state*



<p>3: On Full Recovery of the Patient</p>	<p>A. To be advised for home quarantine for 14 days to see relapse of any symptoms.</p> <p>B. Family members also to be advised to be in quarantine for 14 days.</p> <p>C. Surveillance Officers should have constant follow up on the patient who has recovered fully.</p>	<p><i>The patient will be declared cured only after 2 consecutive samples, 24 hours apart, are negative</i></p>
<p>4: On Death of the Patient</p>	<p>A. The body has to be disposed of as per the MoH&FW guidelines.</p> <p>B. Any measure that might lead to infection of others should be avoided like touching, post-mortem etc.,</p>	

(Sd/-Sampath Kumar)

Commissioner & Secretary to the Government of Meghalaya
Health & Family Welfare Department

Dated Shillong, the 28th March, 2020

Memo No. Health.99/2020/12-A,

Copy to :-

1. The Secretary to the Governor of Meghalaya, Shillong for kind information of Governor
2. The Private Secretary to Chief Minister, Meghalaya, Shillong for kind information of Chief Minister.
3. The Private Secretary to Deputy Chief Minister, Meghalaya, Shillong for kind information of Deputy Chief Minister.
4. The Private Secretary to Health Minister, Meghalaya, Shillong for kind information of Minister.
5. Private Secretaries to all Ministers, Meghalaya, Shillong for kind of Minister.
6. Private Secretary to Chief Secretary for kind information of the Chief Secretary.
7. The Additional Chief Secretaries/Principal Secretaries/ Commissioners & Secretaries/ Secretaries of all the Department, Government of Meghalaya.
8. Director of Health Services (MI), Meghalaya, Shillong with a request to ensure that these protocols are despatched to and received by all private hospitals.
9. Director of Health Services (MCH & FW)/(Research), Meghalaya, Shillong
9. The Director, Printing & Stationery, Shillong for publication in the Meghalaya Gazette.
10. All Deputy Commissioners,



East Khasi Hills, Shillong/ West Khasi Hills, Nongstoin/Ri Bhoi District, Nongpoh / West Jaintia Hills District, Jowai / West Garo Hills District, Tura / East Garo Hills District, Williamnagar / South Garo Hills District, Baghmara/North Garo Hills, Resubelpara/South West Garo Hills, Ampati/East Jaintia Hills, Khliehriat/ South West Khasi Hills, Mawkyrwat.

11. Joint Director of Health Services (MCH & FW) I/c IDSP, Meghalaya, Shillong.

12. Joint Director of Health Services (Surgeon Superintendent), Civil Hospital, Shillong/ Medical Superintendent (Jt.DHS) Ganesh Das Hospital, Shillong/ Joint Director of Health Services (Garo Hills Division) Tura/ State T.B. Officer-cum-Superintendent, R.P. Chest Hospital, Shillong/ Project Director, Meghalaya AIDS Control Society, Pasteur Hills, Polo, Shillong.

13. Superintendent, Civil Hospital, Jowai / Tura/ MCH Hospital, Tura/ Tirot Sing Memorial Hospital, Mairang/ 100 Bedded Hospital, Nongpoh/ Nongstoin/ Williamnagar/ Khliehriat/ MIMHANS, Shillong.

14. District Medical & Health Officer, East Khasi Hills, Shillong/ West Khasi Hills, Nongstoin/Ri Bhoi District, Nongpoh / West Jaintia Hills District, Jowai / West Garo Hills District, Tura / East Garo Hills District, Williamnagar / South Garo Hills District, Baghmara/North Garo Hills, Resubelpara/South West Garo Hills, Ampati/East Jaintia Hills, Khliehriat/ South West Khasi Hills, Mawkyrwat.

15. Executive Director, State Disaster Management Authority, Shillong.....

16. District Surveillance Officers.....

By Orders, etc.


Joint Secretary to the Government of Meghalaya,
Health & Family Welfare Department



**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

Orders by the Governor

NOTIFICATION

Dated Shillong the 6th April, 2020.

No. Health.99/2020/21 :- In view of the urgent need to put in place a protocol for first reported positive COVID -19 case in Meghalaya, the Governor of Meghalaya is pleased to prescribe the following procedure elaborated below.

This order will come into force with immediate effect.

Protocol for first reported positive COVID-19 case in the State.

- If a patient that falls under the case definition of COVID-19 has arrived at any of the designated hospital with sample collection facility, the patient will remain at that designated hospital in the isolation ward until the patient results are received.
- In case the patient is tested positive and falls under the category A, B and C (mild and severe symptoms), the patient will remain at the same designated hospital until recovery.
- If the patient falls under category D (critical) and there is a need for ICU care, the patient will be shifted to nearest designated hospital with such facility.

- The patient's sample will be collected at the hospital/ facility and be transported to NEIGRIHMS by IDSP.
- The patient will remain in isolation at the designated hospital/ facility for till results are received.
- If results come up positive, the patient will remain at the designated facility/hospital until recovery from COVID-19.
- The DC / District Surveillance Officer will take immediate steps for contact tracing of positive cases and ensure isolation and testing of all the persons who have come into close contact with the positive patient.
- If the patient is tested negative but are showing mild symptoms, the patients will be asked if they have room available in their homes for Home-Quarantine or if they would prefer to go to CCC or quarantine facility. This is to be done with assistance from District Surveillance Teams.
- Critical patients who will need ICU and ventilator support will be placed at Civil Hospital Shillong / Tura (provided availability of beds) or at NEIGRIHMS or at any of the other hospitals that have agreed to keep COVID-19 critical patients in their dedicated COVID-19 ICU with ventilator support.

<p>Protocol for first 10 reported positive COVID-19 cases in the State</p> <ul style="list-style-type: none"> - If a patient that falls under the case definition of COVID-19 has arrived at any of the designated hospital with sample collection facility, the patient will remain at that designated hospital in the isolation ward until the patient the results are received. - In case the patient is tested positive and falls under the category A, B and C (mild and severe symptoms), the patient will remain at the same designated hospital until recovery. - If the patient falls under category D (critical) and there is a need for ICU care, the patient will be shifted to nearest designated hospital with such facility. 	<ul style="list-style-type: none"> - The patient's sample will be collected at the hospital/ facility and be transported to NEIGRIHMS by IDSP. - The patient will remain in isolation at the designated hospital/ facility for till results are received. - If results come up positive, the patient will remain at the designated facility/hospital until recovery from COVID-19. - If the designated hospital does not have a dedicated ICU beds with ventilator support for COVID-19, the patient would be shifted to Civil Hospital, Shillong or Tura.
<p>Protocol after 10th reported positive COVID-19 cases in the State</p> <ul style="list-style-type: none"> - Asymptomatic and mild symptomatic patients (category A and B) will be treated at Corona Care Centres; - Severe symptomatic patients (category C) will be placed at the Civil Hospital, Shillong or any of the designated hospitals for severe cases (if there is no room available in Civil Hospital, Shillong). - Critical patients who will need ICU and ventilator support will be placed at Civil Hospital Shillong / Tura (provided availability of beds) or at NEIGRIHMS or at any of the other hospitals that have agreed to keep COVID-19 critical patients in their dedicated COVID-19 ICU with ventilator support 	<ul style="list-style-type: none"> - The detailed protocol on handling suspect and infected cases issued by the Government notification No. Health. 99/2020/12 dated 28th March 2020 be referred.

(Sd/-Sampath Kumar)
Commissioner & Secretary to the Government of Meghalaya
Health & Family Welfare Department

Copy to :-

- 1.The Secretary to the Governor of Meghalaya,Shillong for kind information of Governor
- 2.The Private Secretary to Chief Minister,Meghalaya,Shillong for kind information of Chief Minister.
- 3.The Private Secretary to Deputy Chief Minister,Meghalaya,Shillong for kind information of Deputy Chief Minister.
- 4.The Private Secretary to Health Minister, Meghalaya, Shillong for kind information of Minister.
- 5.Private Secretaries to all Ministers,Meghalaya,Shillong for kind of Minister.
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- 7.The Additional Chief Secretaries/Principal Secretaries/ Commissioners & Secretaries/ Secretaries of all the Department,Government of Meghalaya.
- 8.Director of Health Services (MI),Meghalaya,Shillong with a request to ensure that these protocols are despatched to and received by all private hospitals.
9. Director of Health Services (MCH & FW)/(Research),Meghalaya,Shillong
9. The Director, Printing & Stationery, Shillong for publication in the Meghalaya Gazette.
- 10.All Deputy Commissioners,
East Khasi Hills, Shillong/ West Khasi Hills, Nongstoin/Ri Bhoi District, Nongpoh / West Jaintia Hills District, Jowai / West Garo Hills District, Tura / East Garo Hills District, Williamnagar / South Garo Hills District, Baghmara/North Garo Hills, Resubelpara/South West Garo Hills, Ampati/East Jaintia Hills, Khliehriat/ South West Khasi Hills, Mawkyrwat.
- 11.Joint Director of Health Services (MCH & FW) I/c IDSP,Meghalaya,Shillong.
- 12.Joint Director of Health Services(Surgeon Superintendent),Civil Hospital,Shillong/Medical Superintendent (Jt.DHS) Ganesh Das Hospital, Shillong/ Joint Director of Health Services (Garo Hills Division) Tura/State T.B. Officer-cum-Superintendent, R.P.Chest Hospital, Shillong/Project Director, Meghalaya AIDS Control Society, Pasteur Hills, Polo, Shillong
- 13.Superintendent, Civil Hospital, Jowai / Tura/MCH Hospital, Tura/Tirot Sing Memorial Hospital, Mairang/100 Bedded Hospital, Nongpoh/ Nongstoin/ Williamnagar/ Khliehriat/ MIMHANS,Shillong.
- 14.District Medical & Health Officer, East Khasi Hills, Shillong/ West Khasi Hills, Nongstoin/Ri Bhoi District, Nongpoh / West Jaintia Hills District, Jowai / West Garo Hills District, Tura / East Garo Hills District, Williamnagar / South Garo Hills District, Baghmara/North Garo Hills, Resubelpara/South West Garo Hills, Ampati/East Jaintia Hills, Khliehriat/ South West Khasi Hills, Mawkyrwat.
15. Executive Director, State Disaster Management Authority,Shillong.....
- 16.District Surveillance Officers.....

By Orders, etc.



Joint Secretary to the Government of Meghalaya,
Health & Family Welfare Department

**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

Orders by the Governor

NOTIFICATION

Dated Shillong, the 8th May, 2020.

No. Health.94/2020/53 :- The annexed protocol is put in place for Discharging Suspect/High Risk Contact at Annexure-I, for Home Isolation at Annexure-II & COVID -19 Cases at Annexure -III in Meghalaya in view of COVID-19 pandemic.

All concerned are to note for necessary compliance.

(Sd/-Sampath Kumar)

Commissioner & Secretary to the Government of Meghalaya
Health & Family Welfare Department

Dated Shillong, the 8th May, 2020.

Memo No. Health.94/2020/53-A,

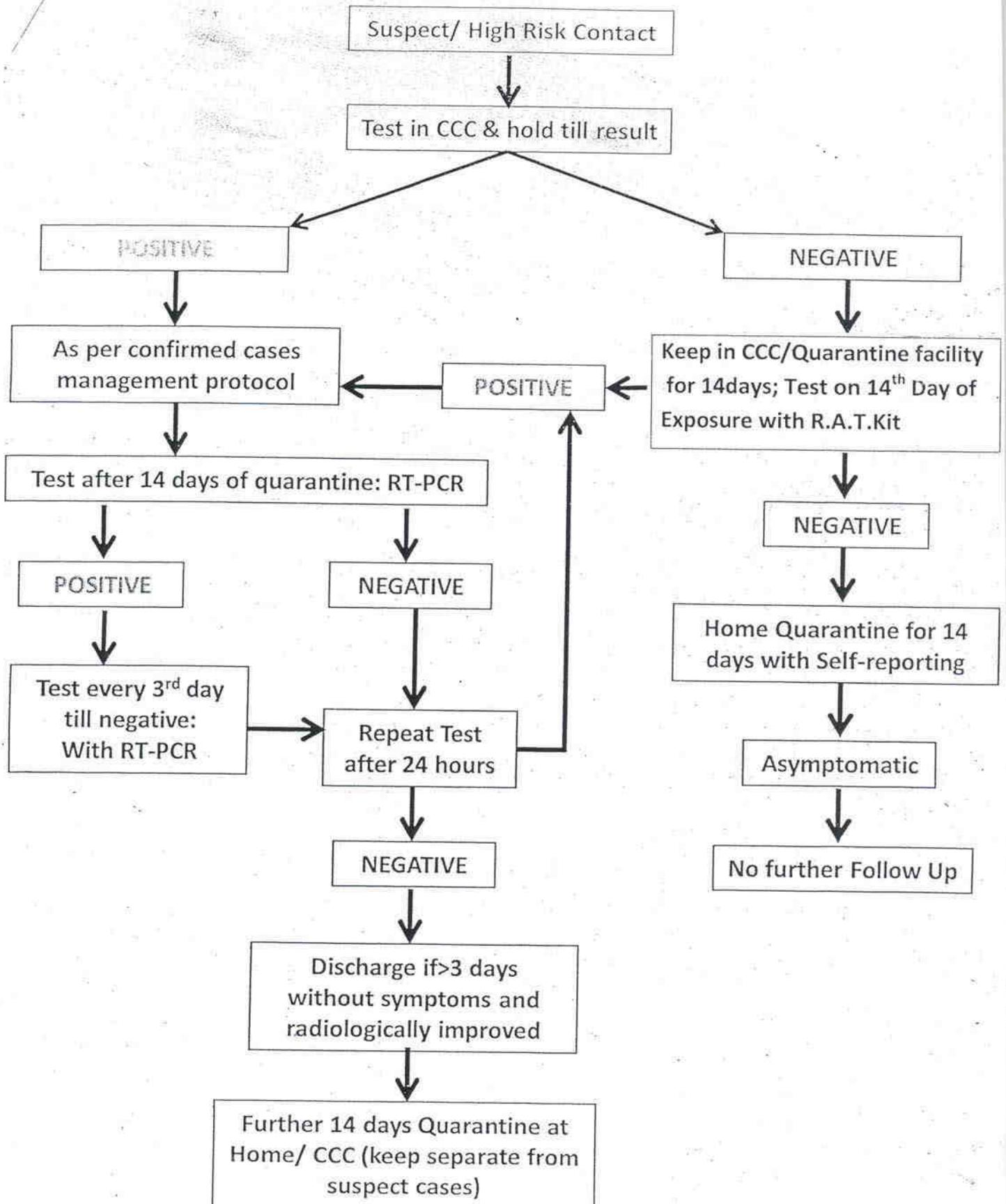
Copy to:-

1. The Private Secretary to Chief Minister, Meghalaya, Shillong for kind information of Chief Minister.
2. The Private Secretary to Deputy Chief Minister, Meghalaya, Shillong for kind information of Deputy Chief Minister.
3. The Private Secretary to Health Minister, Meghalaya, Shillong for kind information of Minister.
4. Private Secretary to Chief Secretary for kind information of the Chief Secretary.
5. Commissioner & Secretary/Secretary, Health & F.W. Department.
6. Director of Health Services (MI), Meghalaya, Shillong with reference to letter No. HSM/GEN/COVID-19/5/20/Pt.535 dt.29.4.2020 for kind information and necessary action.
7. The Director, Printing & Stationery, Shillong for publication in the Meghalaya Gazette.
8. Joint Director of Health Services (MCH & FW) i/c IDSP, Meghalaya, Shillong.

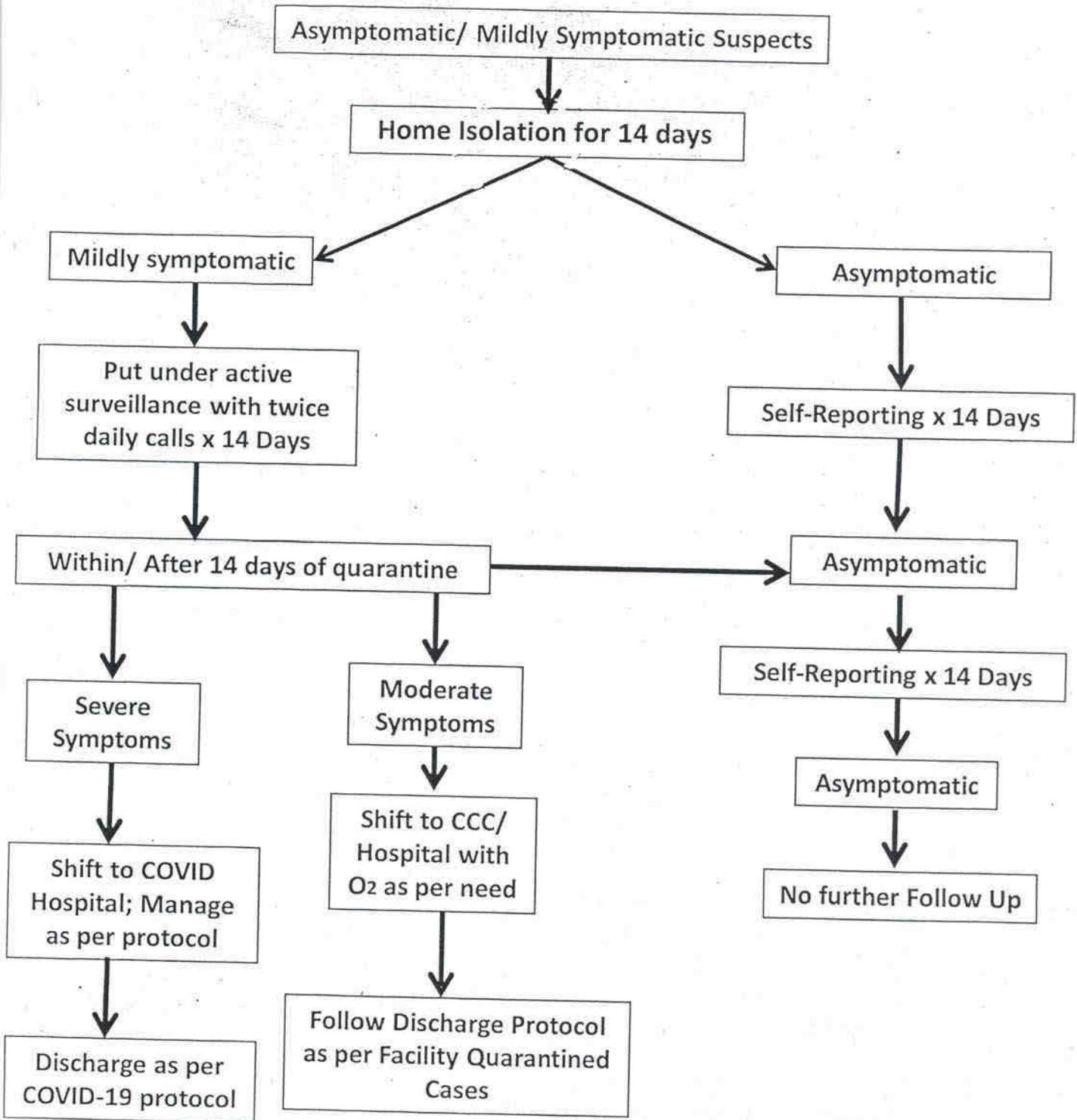
By Orders etc.

Deputy Secretary to the Government of Meghalaya,
Health & Family Welfare Department

DISCHARGE POLICY for FACILITY QUARANTINED COVID-19 Cases



DISCHARGE POLICY for HOME QUARANTINED COVID-19 Cases



DISCHARGE POLICY FOR COVID-19 CASES

Suspect cases:

- A patient with acute respiratory illness {fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)}, AND a history of travel to or residence in a country/area or territory reporting local transmission (See NCDC website for updated list) of COVID-19 disease during the 14 days prior to symptom onset;

OR

- A patient/ Health care worker with any acute respiratory illness AND having been in contact with confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR

- A patient severe acute respiratory infection {fever at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)} AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation;

OR

- A case for whom testing for COVID-19 is inconclusive

