IISER Kolkata Guidelines for COVID-19 Management

Scope:

In view of COVID 19 pandemic; as a measure of preparedness the Covid-19 Task Force of IISER Kolkata proposes to set up a road map guiding the management of all suspects / confirmed cases of COVID-19. The proposed guidelines are to be adopted for all cases that develop within IISER Kolkata campus. The set up that is being proposed is an alternative adjustment ONLY for IISER community and cannot be considered as a government dedicated covid centre for community. The guidelines are adopted from 'Revised guidelines for home isolation of very mild / pre symptomatic / asymptomatic COVID 19 cases' issued by MOHFW, Government of India, dated 2nd July 2020' and existing protocol of COVID management developed by IISER Pune under expert guidance from AFMC Pune.

Some Terminologies:

> Suspect case

 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 location reporting community transmission of COVID -19 disease during the 14 days prior to symptom onset;

OR

• A patient with acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset;

OR

• A patient with severe acute respiratory illness (fever or at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

➤ Mild case

- Defined as those with (Fever and / or Uncomplicated Upper Respiratory Tract Infection) without Dyspnea or Hypoxaemia.
- Ideally need to be admitted to CCC (Covid Care Centre).
- Referral of mild cases to DCHC (Dedicated Covid Health Centre) / DCH (Dedicated Covid Hospital) is indicated when RR>24/min OR spO2 < 94% on room air.

Confirmed case

• A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms. (*Ref: CLINICAL MANAGEMENT PROTOCOL: COVID 19; MoHFW,DGHS,GoI dated 03.07.2020*).

> Treating Medical Officer

- A medical officer from government dedicated COVID centers.
- Clinically assigns the person as a very mild case/ pre-symptomatic case.
- Confirms eligibility of person for home isolation Receives undertaking on self-isolation from Patient.
- Prescribes the care giver and all close contacts hydroxychloroquine prophylaxis as per protocol.

> District Surveillance Officer

- To whom health status of patient is regularly informed
- Coordinates follow up of patient by surveillance teams
- Certifies patient to be free of infection after laboratory testing

> IISER Kolkata Medical Officer and Medical Unit

- Will work as a communication link between the care giver and hospital / treating medical officer.
- Shall attend to medical needs of cases that return back to campus after being initially attended at designated COVID hospital.

> Patient / Case

- Any resident member from IISER Kolkata campus who visited and/or tested at government dedicated COVID centre.
- Advised home quarantine or home isolation by treating medical officer.

- Has opted for home isolation at IISER Kolkata.
- Has declared as eligible for home isolation or home quarantine.
- Also given undertaking on self-isolation to treating medical officer.
- Has to nominate one care giver who also consents the same
- He /She should agree to monitor his/her health and regularly inform his/her health status to the District Surveillance Officer for further follow up by the surveillance teams.

Care Giver

- Should be available with patient to provide care on 24×7 basis.
- Proposal for two care givers per student one will be a student nominated care giver and second will be a house keeping / any other person from IISER Kolkata.

> Isolation

- A facility to separate sick people with a contagious disease from people who are not sick.
- Quarantine.
- A facility that separates and restricts the movement of people who were exposed to contagious disease to see if they become sick.

Proposed Setup:

- In situation, where any member from IISER campus is advised home quarantine or home isolation by government designated COVID centres, as a measure of preparedness we are proposing a set up to fulfil the requirement of home quarantine and home isolation in IISER campus for such advised individuals.
- **24 rooms** to be identified. Should be well-ventilated single-room preferably with an attached/separate toilet (https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf.)
- **8** will be reserved for **isolation** and **16** will be reserved for **quarantine**.
- This number and distribution will be changing as per number of patients.
- One waste disposal bin for each patient in his room, one per wing. These bins to be replaced twice daily.
- Disinfect area with 1% sodium hypochlorite.

- Medical Team will be monitoring patient in isolation and quarantine set up
- Individual thermometer and pulse oximeter will be provided to patient to self-monitor his vitals.
- A link of google form having following questions will be given to patient/caregiver.
- Google doc questionnaire (As required)
 - i. Name of patient
 - ii. Room number
 - iii. On isolation or quarantine
 - iv. Day of isolation or quarantine
 - v. Date of recording vitals
 - vi. Time of recording
 - vii. Temperature
 - viii. Pulse
 - ix. SPO2
- Patient / Care giver will upload the patient vitals in that form twice daily and send it to medical unit.
- Depending upon status of patient medical team will co-ordinate with patient, care giver and if required inform to treating medical officer or district surveillance officer.
- Medical Officer will monitor the status of patient, examine with proper PPE donned if required and make decision regarding referring patient to government designated covid centres.
- Faculty/staff members may be considered for home isolation subject to fulfilment of conditions stipulated in guidelines (https://www.mohfw.gov.in/pdf/RevisedHome IsolationGuidelines.pdf).

Following table shows minimum estimated requirement for a set up utilizing 24 rooms for 1 month.

Table 1: Requirement at Isolation and Quarantine Area

Sr. No.	Items	For 30 days and for 24 rooms
1	Care giver 1 (student nominated)	24
2	Care giver 2 (IISER Housekeeping)	24
3	Biodisposable bins (1 per room + 1 per wing)	25
4	1 % Sodium hypochlorite (2 litres per room per day)	1440
5	3 ply medical masks (3 per room per day)	72
6	Temprature scanner (1 per room)	24

7	Pulse Oximeter (1 per room)	24
8	BP apparatus (1 per isolation area)	3
9	PPE kits (approximate prediction)	120
10	Sanitiser 500 ml bottle(2 per room/ 15 days)	96
11	Gloves pairs (5 per room per day)	3600

> Instructions to the patient

- Patient should at all times use triple layer medical mask.
- Discard mask after 8 hours of use or earlier if they become wet or visibly soiled.
- Mask should be discarded only after disinfecting it with 1% Sodium Hypo-chlorite.
- Patient must stay in the identified room and away from other people in campus, especially those with co-morbid conditions like hypertension, cardiovascular disease, renal disease etc.
- Patient must take rest and drink lot of fluids to maintain adequate hydration
- Follow respiratory etiquettes all the time.
- Hands must be washed often with soap and water for at least 40 seconds or clean with alcohol based sanitizer.
- Don't share personal items with other people.
- Clean surfaces in the room that are touched often (tabletops, door knobs, handles, etc) with 1% hypochlorite solution.
- The patient must strictly follow the physician's instructions and medication advice.
- The patient will self-monitor his/her health with daily temperature monitoring and report promptly if develops any deterioration of symptom as detailed below.
 - o Difficulty in breathing
 - Persistent pain/pressure in the chest
 - Mental confusion or inability to arouse
 - O Developing bluish discolorations of lips/face and
 - As advised by treating medical officer

> Instructions to Care giver

Common Instructions

Mask

- ✓ Triple layer medical mask
- ✓ Front portion of mask should not be touched / handled during use
- ✓ Change the mask if it gets wet or dirty
- ✓ Discard the mask after use and perform hand hygiene after disposal of mask
- ✓ Avoid touching own face, nose or mouth

Hand hygiene

- ✓ Must be ensured following contact with ill person or his immediate environment
- ✓ Before and after preparing food, before eating, after using the toilet, and whenever hands look dirty
- ✓ Use soap and water for hand washing at least for 40 seconds
- ✓ Alcohol-based hand rub can be used, if hands are not visibly soiled
- ✓ After using soap and water, use of disposable paper towels to dry hands is desirable
- ✓ If not available, use dedicated clean cloth towels and replace them when they become wet.

Exposure to patient

- ✓ Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions
- ✓ Use disposable gloves while handling the patient
- ✓ Perform hand hygiene before and after removing gloves
- ✓ Avoid exposure to potentially contaminated items in his immediate environment (e.g. Avoid sharing cigarettes, eating utensils, dishes, drinks, used towels or bed linen).

	Self Care	
monitoring ✓ Report promptly if they develop any sympton	 ✓ Report promptly if they develop any symptom suggestive of COVID-19 (fever/cough/difficulty in 	

➤ Role of Care Giver

Important role	Student nominated Care giver	IISER Housekeeping Care giver
	✓ Make sure that the patient follows the prescribed treatment.	✓ Provide food to the patient in his room.
	✓ Act as a communication link between patient and medical unit	✓ Co-ordinate for garbage disposal✓ Help in room disinfecting.

Action Plan:

- Medical unit must be tele-consulted in case any member suffers from symptoms suggestive of upper respiratory tract ailment.
- Any candidate falling under the suspect case category with very mild / mild / moderate or severe symptoms shall be sent to designate Centers (JNM hospital, Kalyani *etc*).
- At the discretion of treating medical officer at the designated Centre, Covid-19 test shall be carried out and further course of action shall be decided.
- Such a candidate if tests positive for covid-19 may undergo hospitalization. If patient is not admitted, the hospital after receiving undertaking from the patient (Format attached with guidelines issued by MOHFW Government of India, dated 2nd July 2020) may allow him to stay under home isolation in IISER Kolkata campus with strict observance of protocol. Health parameters of such cases to be informed to treating medical officer of designated COVID hospital by medical unit personnel.
- Each such patient may be provided with pulse oximeter, clinical thermometer for self-monitoring of temperature and oxygen saturation. Medical unit personnel may monitor other vital parameters as and when required. Respiratory rate equal to or more than 24 per minute OR oxygen saturation (spO2) of less than 94% on room air (as measured by pulse oximeter) may immediately be reported to medical unit for immediate admission in DCHC/DCH.

- When to discontinue home isolation: COVID positive patient under home isolation will end home isolation after 17 days of onset of symptoms (or date of sampling, for pre-symptomatic cases) and no fever for 10 days. There is no need for testing after the home isolation period is over.
- If the patient is tested negative, then the said patient may be treated according to clinical diagnosis. For quarantine purposes same protocol as home isolation will be followed with one care giver per student. Duration of home quarantine period for such cases is for 14 days from contact with a confirmed case or earlier if a suspect case (of whom the index person is a contact) turns out negative on laboratory testing
- The above protocol is adopted from 'Revised guidelines for home isolation of very mild / pre symptomatic COVID 19 cases' issued by MOHFW Government of India, dated 10th May 2020 and 'Revised guidelines for home isolation of very mild / pre symptomatic/asymptomatic COVID 19 cases' issued by MOHFW Government of India, dated 2nd July 2020' which is subject to revision as per time to time directives from state/local health authority.
