



Working Manual During COVID-19 Pandemic

CLGEI-COVID-19 -SOP-01-All

C L GUPTA EYE INSTITUTE
RAMGANGA VIHAR, PHASE-II
MORADABAD,(INDIA)

CONFIDENTIAL

Standard Operating Procedures

Working Manual During COVID-19 Pandemic

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Prepared by	HIC Convener/ Quality Admin
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This manual is issued under the authority of Dr. Pradeep Agarwal,
Director, C L Gupta Eye Institute, Ramganga Vihar Phase-II, Moradabad,

Signature

Date: May 4th, 2020



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Amendment

Amendment		Discarded/Inserted		Version No:	Approved by
S.NO	Date	Section/Paragraph/Description	Page		
1	04-05-2020	Initial Version	All	01	Director



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Background:

VISION: Implementation of Public health measures for LOCKDOWN of THE VIRUS COVID-19 will provide safe environment to our staff and visitors to function.

GOAL: We need to isolate/LOCKDOWN the VIRUS and allow work and activity of people in hospital.

OBJECTIVES: Three main objectives:

- a) Protect health care workforce using protocols that are robust and reduce the risk
- b) Prevent spread among patients
- c) Priorities care to those who need it most

Challenges:

- a) Limited resources
- b) Lack of knowledge and practice among staff and patients
- c) Huge demand of services

Strategy planning:

Nodal Person In charge: Dr. Pradeep Agarwal & Dr. Ashi Khurana

- coordinate implementation of Govt. circulars and regularly update all stakeholders. They will be responsible for coordination with all members of execution committee.

Strategy committee: Dr. Abhishek & Dr. Sanjay Chanda

- To brainstorm various issues and come up with action items; to keep updated with situation on the ground

Action Plan Execution Committee: Mr. Atul Vij, Ms. Garima Singh, Mr. Sumit Sahai

Roles and Responsibilities:

- To ensure strict and uniform implementation of all Instructions
- To monitor compliance
- To provide feedback to Nodal committee about any difficulties/ non compliances
- To escalate issues immediately to nodal committee in case of any emergent situation

Contact Person Phone numbers:

Atul Vij: 8937834443; Sumeet Sahai: 8057703510, Garima Singh: 9837548806



Facts and Concepts about COVID – 19:

- a) COVID-19 virus is going to be around for a pretty long time in both active and dormant states and has a strong potential to re-emerge even if contained currently.
- b) The virus resides in human body and **exits** primarily from hands, nose and mouth of an infected person. There are reports on feco-oral transmission too. The infected person can be asymptomatic.¹
- c) The virus transmits or **enters** from one person to another again through hands, mouth and nose either directly or via droplets, fomites and transient air borne particles. There are reports of feco-oral route of transmission too.¹
- d) Apart from this, **airborne transmission is a possibility, especially in 'hot spot' areas.** Hence, in these areas, we need to take measure to control airborne transmission.
- e) **COVID-19 Symptoms:** The symptoms of COVID-19 appear within two to 14 days after exposure and include fever, cough, a runny nose and difficulty in breathing. Currently, there is no treatment for COVID-19.
- f) Symptomatic persons will not be allowed entry. Temperature and symptoms check will continue at main entrance of the hospital. COVID positive cured patients who have been certified negative, will be allowed. COVID positive asymptomatic patients are expected to be in isolation till they become negative and will not be allowed.
- g) Every person entering the CLGEI premises is a potential COVID-Asymptomatic carrier.

Key principles to be followed:

1. Social distancing

- a. Maintain a distance of MINIMUM six feet between two people.
- b. All areas are being decongested and crowding is to be avoided

2. Hand hygiene

- a. Any 70% alcohol-based solution is suitable for cleaning (minimum 20 seconds) or by washing with soap and water (minimum 40 seconds). If hands are visibly soiled, use soap and water for hand wash. Follow the technique as per WHO guidelines.²
- b. Hand hygiene should be performed frequently, before and after examination of a patient.

3. Respiratory etiquettes

- a. Turn head away from others when coughing/sneezing



- b. Cough/sneeze into your sleeve if no tissue is available
- c. Clean your hands with soap and water or alcohol-based products
- d. Do not spit here and there
- e. Encourage handwashing for patients with respiratory symptoms

4. Use of mask

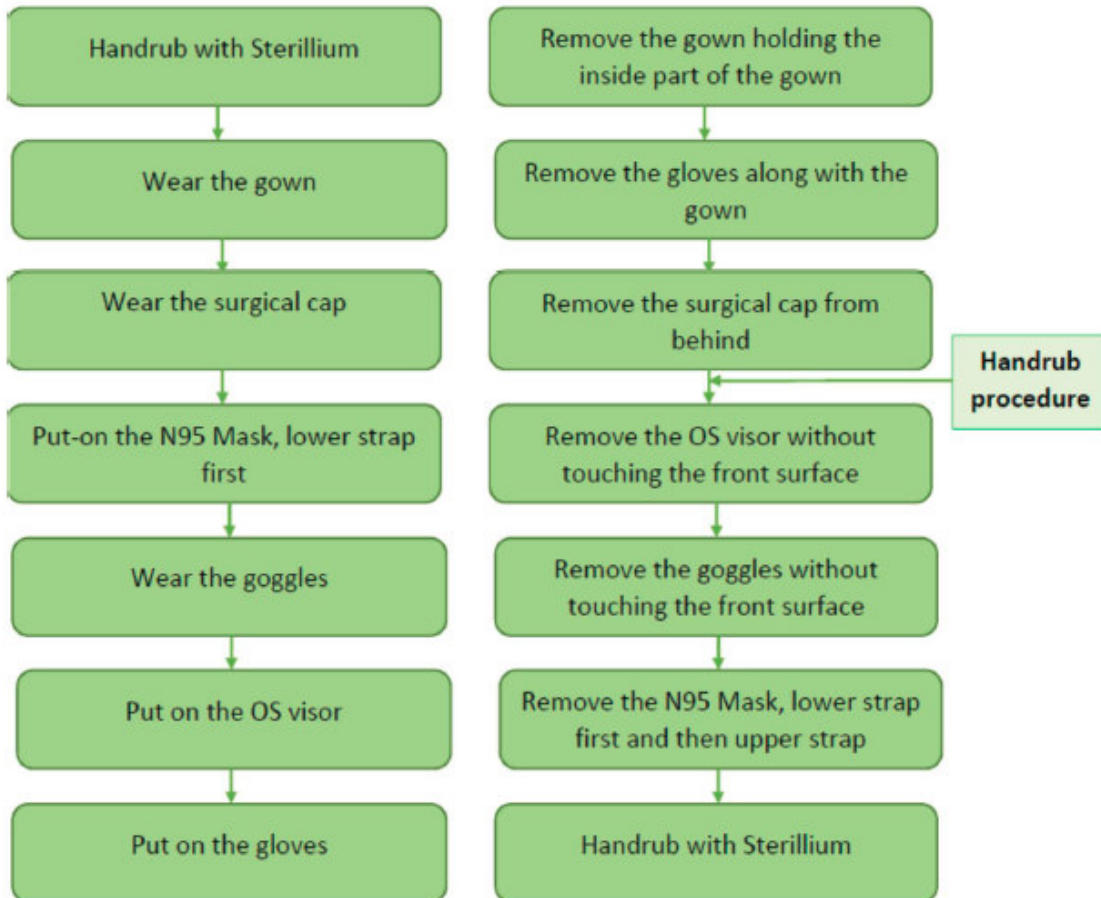
- a. Appropriate use of masks and Personal Protective Equipment (PPE) is essential to ensure they are effective and to avoid any increase in risk of transmission.
- b. Place mask carefully to cover mouth and nose and tie securely to minimize any gaps between the face and the mask.
- c. While in use, avoid touching the mask.
- d. Remove the mask by using appropriate technique (i.e. do not touch the front but remove the lace from behind).
- e. Do not reuse or use triple layer surgical mask/N 95 masks for more than 8 hours. If using the same mask for multiple patients, transmission to patient must be avoided by not touching the front of the mask. Additionally, do not allow mask to hang down on shirt/clothing when not examining patients.
- f. Mask and PPE etiquettes should be followed by hospital staff as well.

5. Use of Personal Protective Equipment (PPE)

- a. Components of PPE are goggles, face-shield, mask, gloves, coverall/gowns (with or without aprons), head cover and shoe cover
- b. Do not wear watch, rings, bangles, earrings etc. while wearing PPE
- c. Wear PPE in the sequence shown below (Donning of PPE)
- d. Remove PPE in the reverse order (Shown below) that it was worn and discard the material in appropriately colored disposal bags.



Donning and Removing the Personal Protection Equipment – Sequence



Adapted from Centers for Disease Control and Prevention (CDC) Handout:
<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>



OPERATIONAL APPROACH

A. Human Resources

- 1) **Hands:** At entry, every staff will wash hands with soap and water for 40 seconds and/or dry hands with sterilium.
- 2) **Nose and mouth:** Every staff/patient will allow to enter only if they have a face mask. This can be cloth or other materials.

CLASSIFICATION OF EMPLOYEES: All employees under three categories: **Red, Yellow and Green**

- **GREEN:** Employee unlikely to come in contact with patients
- **YELLOW:** Working in patient care area but aren't involved in direct contact activities with patients
- **RED:** Employee directly handling patients

The PPE for each category will be as follows:

	Green	Yellow	Red
Masks	Home made	Triple layer surgical masks	N95
Surgical Cap	No	Yes	Yes
Gloves	Yes*	Yes	Yes
Protective Goggles	No	No	Yes
Visors	Yes	Yes	Yes
Closed shoes	Preferable	Preferable	Yes
Cloth Gowns	No	Yes	Yes
PPE*	No	No	Yes
Social Distancing	Yes, Restrict movements to safe areas	Yes	
Operations Area	Non-clinical areas	Clinical areas	Clinical areas

PPE: Only in suspect / confirmed COVID case⁶

Recent guidelines recommend/permits Triple layer surgical masks for OPD use

Green category employees: As mentioned in table above

- If by chance they need to enter clinic area, they have to don linen gowns and hand covers / gloves and caps along with masks and visors that they already have.
- All those in high risk categories will also be placed in green category so that they follow use of cloth mask, work in safe zones and move in safe areas. These include the



following - 60 years and above and those suffering from systemic comorbidities like Chronic (long-term) respiratory disease, HTN, DM, COPD, Pregnant Ladies etc.

- **Yellow category employees:** As mentioned in above table.
- **Red category employees:** As mentioned in table above. FDA has approved good quality linen gowns for body protection in all clinic areas where blood/body fluid spills not anticipated. Considering the scarcity of PPE, we feel that the full PPE kit is best reserved for actually treating COVID or suspect cases.⁶

B. PATIENT FLOW:

Patient care policy:

1. Appointment System: All slots for patients will be of fixed time and allotted on first come first served basis.
2. Administrator to have a list of hotspot areas and share the updated list every day with the Security personnel, front desk counsellors and telephone operator.
3. COVID-19 Infected patients with eye problems will not be attended (unless real emergency) to and will be directed to Govt. hospital where systemic and eye care have been set up very well by Govt.
4. ONE attendant per patient policy to be strictly followed.
5. All persons (patients, attendant, visitor & Staff) coming to hospital shall PASS the "THERMAL SCREENING"
6. No newspaper, magazines, brochures at this moment

The patient flow is divided into the areas:

1. Patient at Main gate/Entrance
2. Goes to reception
3. Waiting hall
4. Examination room (Optometrists and Doctors)
5. Advice / Counselling/Pharmacy/Check Out

B.1: Main gate/Entrance:

Security – Screening



1. Thermal temperature checking of everyone – staff, patients, attendants, visitors – anyone who enters the premises (always remember ONE attendant per patient policy to be strictly followed)
2. Outreach/Eye Bank staff will take COVID-19 questionnaire from patients and attenders - If all answers are negative, then they will direct patients to the Reception area
3. Give patient and their attendants' sterillium – or make arrangements for hand wash with soap and water
4. Screening Desk: 1-meter distance must maintain at the screening desk by marking on floors by temporary marker to maintain social distancing.

B.2: Reception / Patient Registration:

1. Call One patient at a time. Tell the patient to only speak when asked for, not to remove the masks – neither by patients nor by the attendants.
2. Entry of the data in the EMR: Aadhar card – to be handled with non-touch technique – Ask the patient to hold it, check the address to see if patient is from hot spot areas, note down the Aadhar number
3. Do sterillium hand rub between two patients
4. Direct the patient to go the waiting hall – give the Medical record card and ask them to follow the social distancing marking and sit in the designated chair.
5. One-meter distance must be maintained at registration counter by any mode e.g. Line on floor at 1 meter.

B.3: Waiting hall:

1. No newspaper, magazines, brochures at this moment
2. One-meter distance must be maintained by either cross marks on sofas/Chairs to be used for sitting. Chairs to be cleaned every day in the evening.

B.4: Examination Room – Optometrist Work Up Protocol

One OPTOMETRIST per room, no overcrowding

1. To call patients, not to speak to patient when they are coming to the examination room
2. Tell the patient that you will see them and no talking unless asked for
3. Use your own pen and do not share it with anyone
4. Open door policy and good air ventilation without AC usage in OPD
5. Do not take two patients in one room or examine two patients in one room or have two different OPTOMETRISTS in one room



6. Do autorefractometer while bringing them for examination. Clean the chinrest, forehead band and the autorefractometer knob after you see the patient with alcohol wipes. Have a shield on autorefractometer for your protection. Do not unnecessarily touch patient's head, Tell the patient to bring his head forward and touch the band
7. To read the patients file before you go out and call the patient – so that you do not spend time reading the patients file when they are sitting in the room with you
8. Ask patient to sit in the chair, take history in one go maintaining social distancing
9. **Refraction and vision** – Protocol attached
10. Clean trial frame, Lenses which you have used including pinhole, occluder with alcohol wipes. Do not keep them in the set without cleaning those.
11. **Slit lamp examination** – Tell the patient what you are going to do and tell them not to talk to you when you examine them on slit lamp – try to finish the examination as early as possible without missing any findings
12. **IOP measurement** – case based - ophthalmologist to decide
13. Conjunctivitis patients – you may call the doctor and examine in separate room – Guidelines attached
14. **Dilatation:** Anyone with 6/6 and N6 vision (including prebyopes), do not dilate. However, they would need a through clinical examination including checking of RAPD, same for, follow ups where it is not needed, should not be dilated. Pull the lower lid with Johnson bud and then put the dilating drops
15. Do not have patient for more than 10-12 minutes in your room if you are doing refraction. Do your workups faster, do not waste time during examination. See to it that you have all supplies in every room. Check this every day in the morning before you start OPD including Doctors room. Do not take patient from one room to the other room for any examination
16. Clean everything with alcohol wipes / sterillium after you send the patient out.
17. Do not tell the patient go to waiting hall/ reception, take them yourself in person and call the next patient.
18. Take sterillium again before you start examination of the next patient.
19. **Syringing:** Not to be done. ROPLAS to be checked by the doctors only

Diagnostics:

1. Everything should be wiped clean between two patients – you may use 70% isopropyl alcohol sterile wipes for the same.
2. HVF – Clean trial frames, lenses, chin rest and the head band
3. Keratometry – Clean the chinrest, headband after every patient – have a barrier between you and patient
4. A scan – Do not go very close to the patients while doing A scans, clean probe between two patients
5. Chin and Head rest of OCT should be cleaned with alcohol swipes. Avoid touching head or eyes of patient. Same should be followed while doing Fundus Photo.
6. Syringing: Not to be done. ROPLAS to be checked



Guidelines for visual acuity assessment and refraction

Visual acuity assessment for distance:

L-Occluder should not be used, instead the patient should be instructed to close the non-testing eye with their hand (not fingers). Pinhole visual acuity is not required. At least one-meter distance from the patient should be maintained while assessing visual acuity.

Near Vision assessment:

Optometrist should hold the near vision chart at a distance of 35-40 cm instead of patients. At least one-meter distance from the patient should be maintained while assessing visual acuity. Optometrist should stand to do the procedure of assessing near vision so that he/she is at a higher level compared to that of the patient.

Objective and Subjective Refraction:

The Trial frame is cleaned with an alcohol wipe before placing it on the patient for refraction. Touching the forehead of the patient to measure working distance should be avoided. All the lenses used for neutralization should be placed on the desk and should be kept in the trial box only after cleaning each lens and occluder with alcohol wipes after subjective refraction. The trial frame also should be cleaned again. Retinoscopy barrier, similar to the slit lamp barrier should be used while doing retinoscopy used as shown



- Based on the guidelines, prescribe and dispense spherical equivalent lenses wherever possible so that movement of lenses and other logistics can be minimized, but do not



prescribe unnecessarily spherical equivalent. If prescribing Spherical equivalent, the patient should be informed.

Lensometry:

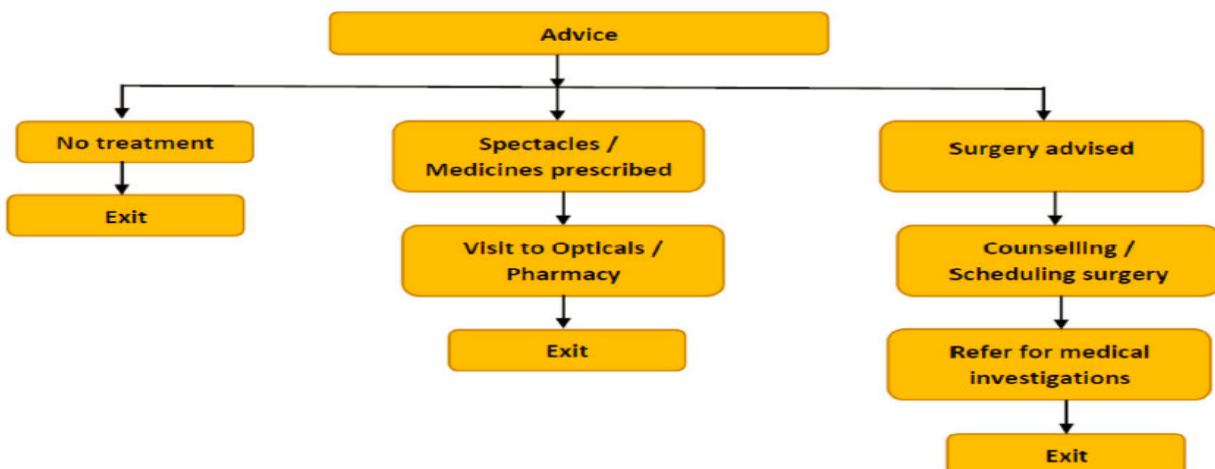
Use hand neutralization technique instead of lensometer to assess lens power. Clean the spectacles with hydrogen peroxide (if available) before giving it back to the patient. In absence of H₂O₂ lensometry could be avoided.

B.4.1: Doctor's Assessment: No overcrowding, same instructions as above

- Fundus to be seen in lying down position from head end – Indirect Ophthalmoscopy or with. +90/78 D lens. Use no touch technique. For indirect ophthalmoscopy, can use cotton swab stick to open the lids and throw it away.
- BCL if needed – only if emergency
- Reduce follow up visits for all patients – do not call patients such as VKC, Allergic conjunctivitis, conjunctivitis patients for early follow ups, etc.
- Special handling of conjunctivitis patients with non-contact gloves and cotton buds, after triaging for any COVID-risk factors.
- Open door policy at all locations (except operating room)
- Clean hands with sanitizers before touching any equipment once patient has been touched.
- Additional Recommendations for Doctors and Optometrists: Stop Direct Ophthalmoscopy, Stop Contact lens trial, Stop routine refraction.
- Avoid nasolacrimal syringing if possible.

B.5: Counselling/Pharmacy/Checkout:

- Do not talk directly facing the patient. Can sit diagonally.
- Explain them all the details and schedule surgeries and send the patient out of the hospital - Patient should not be in the hospital after checkout or counselling is done





C. SURGERY:

C.1: Preop Investigations for surgery

- All surgeries must be day care unless the medical conditions or the Govt of India rules (e.g. for plaque brachytherapy) strictly mandate admission.
- Get physician fitness for all surgical patients.
- Do Routine screening Chest X-ray before each surgery, if possible, to see ground glass appearance – if present, do not do surgeries and direct them to Government hospital.
- Other investigations that can be done are CT chest, C-reactive protein and serum amyloid A
- ECG – clean the lids and wires after every ECG performed
- Routine RBS and BP measurement can be done at the center with proper precautions
- Between two patients always take Sterillium

C.2: Operating room

Preop area:

- No two patients at one time in the Preop area
- To take sterillium before giving block
- To clean hands before touching computer, keyboard and mouse if have touched Patient

Operating Room:

- All standard protocols of OR remain the same.
- As far as possible, perform day care surgeries
- AHU with increase fresh air exchange. If possible, reduce turbulence in OR e.g. minimize opening and closing doors and moving machines.
- Choose the quickest possible surgical procedure
- Prefer topical anesthesia over local anesthesia, wherever possible.
- No sac related procedures to be done, unless emergency.
- Minimum number of staff in the OT
- Pulse oximeter to be put for all patients – and to clean this after every use
- Instruments used for one patient not to be used for next patients



- Nasal prongs – not to be reused – have adequate supply
- Intracameral antibiotics – you can prepare syringes and place it on a sterile trolley, have one syringe transfer to your surgical trolley before you start the case and touch the patient
- Trypan blue – Same as above.
- Phaco tubing – not to be reused, autoclave those, try and do SICS more often as
- For phacoemulsification it should be assumed that phaco with excess BSS near the vibrating tip can generate aerosols. Considering there are a few reports of SARS-CoV-2 in tears, a clear plastic sheet over the surgical area to catch any generated aerosols is recommended. – One cassette per patient
- As practiced, scrub after each case and change all consumables after each case
- Aerosol generating procedures such as intubation, extubation, bag masking, electrocautery should be done by anesthetist and the surgeon while wearing full personnel protective equipment.
- No two patients should be handled together. There should be a 20-min time out between each surgery
- Try to avoid GA unless mandatory
- Protocol based disinfection of the OT should be done after each surgical procedure.

D. INPATIENTS WARDS:

- Temperature measurement with infrared digital thermometer
- History of COVID exposure-History of fever, cough, travel history, history of contact with all in patient – COVID -19 questionnaire
- Beds to be spaced out and if they are close to each other, have one patient every alternate bed, the empty bed should not be used by any one
- Wash the bedsheets after every use, the same bedsheets should not be used for the next day patients or any other patient
- Remove blankets from the Ward areas
- Whatever you do, keep using sterillium between two patients
- Do not put drops without taking sterillium for every patient. Put drops with 'no touch' technique.
- Measuring blood pressure – to be done
- No visiting hours
- Not to admit patients for medical treatment.



E. SUPPORT SERVICES:

E.1: Stores:

- Stock taking of all materials (masks/ caps/visors/gowns/PPE/ sterillium/ cleaning antiseptics).
- Two cloth masks to each worker in green category, disposable masks daily for those in yellow category and four N95 masks for those in red category. For N95, everyone in red category to receive four of them. If we use mask No 1 on day one, it can be reused on 5th day and one mask can be used maximum for 7 days each.
- Stock of at least five PPE per month.
- Review monthly requirement and place order accordingly.
- While receiving any material – keep the materials separate and wash hands after touching those. Same when the material is taken to OR.

E.2: Pharmacy:

- Social distancing is to be maintained here too.
- Have circles drawn on the floor to indicate social distancing. No overcrowding.

E.3: Cafeteria / Water Dispensers:

- The tap of water dispenser should be cleaned with alcohol wipes frequently by housekeeping staff (to wear gloves while cleaning this.)
- To use disposable glass – Not to touch these glasses with soiled hands, have the glasses separated before only so that patients do not touch many glasses while taking one.

E.4: Biomedical waste disposal:

- Have all dustbins with covers as per HIC and local municipal norms.

E.5: Housekeeping:

- Not to come in close contact with patients
- To wipe clean the door knobs, handles of the rooms OPD areas, waiting hall, examination room, all surfaces – Two hourly in patient care areas



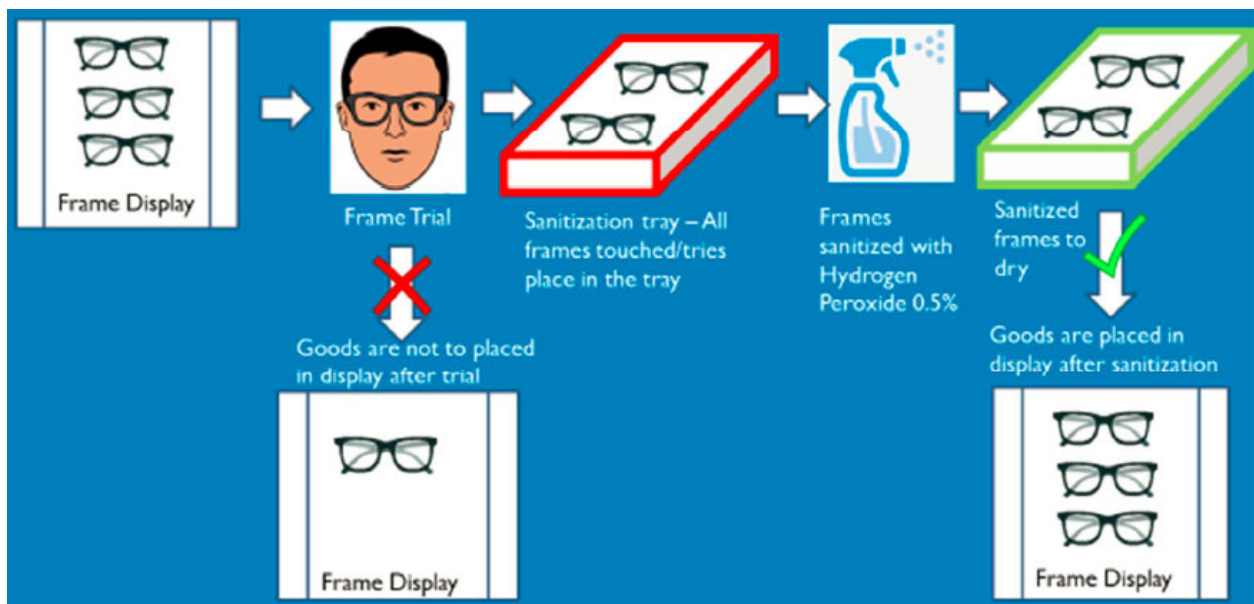
- Wheelchair to be cleaned after every use
- Floor to be mopped four times a day in the OPD rooms and waiting halls, corridors
- Bathrooms – to be cleaned along with basins, use separate cleaners for both

E.6: Optical outlets Work Processes and sterilization protocol:

- Avoid handshake and stick to greeting with folding hands "Namaskaram".
- Hand disinfection with Sterillium for those who walk into optical. Maintain Social distancing.
- Put up poster in Hindi/English that our customers are welcome and we Give Best Service but will be talking less and maintaining social distance due to COVID-19 situation.
- Ensure every patient/child/attendant who enter have a proper face mask that they keep on properly throughout the stay in the shop.
- Pupillometer is used for measuring IPD's of the clients
- Keep two trays: one after use and another after cleaning. First one marked with a red mark on which machine is placed after touching patient. After cleaning, place it in green marked tray.

Frame/sunglass trials:

- Use separate frame trays for each customer during the process of the frame selection
- All the frames tried by the customer will be put in the RED tray and then sterilized as per the frame sterilization protocol and put back into the display for other customers to try.





- All the customers would be encouraged to use the online / Card Payment / Wallet payments methods in the order.
- Staff to hand sanitize after handling customers own/used frames or spectacle cases during servicing of spectacles.
- Let patient open their spectacle case themselves and place spectacle/case in a red tray and not on any table/optical area surface.
- Tools used for replacing old nose pads are sanitized with alcohol-based sanitizers and optical staff sterilized hands after handing over the frame to the customer before going up to take next task.

Frame Sanitization protocol:

- The cleaners normally used for frames in the store have an ethanol or propanol concentration level lower than those target levels and using directly denatured alcohol in high concentrations could damage a lot of frames based on different material combinations used to manufacture frames and sunglasses.
- Luxottica a leading frame manufactures has suggested 0.5% Hydrogen Peroxide solution in common water to spray on the clean cloth before wiping it on the frames. 12volumes (3,6% peroxide concentration) mix 6 part of water with 1 part of hydrogen peroxide or 10 volumes (3,0 % peroxide concentration), mix 5 part of water for each part of hydrogen peroxide and pour in spray bottles.

Hydrogen Peroxide [H₂O₂] 0.5% *
Available in local pharmacies in 3% or 3.6% H₂O₂

3 % Hydrogen Peroxide mix with 5 parts of water to make it 0.5% Hydrogen Peroxide and transfer to a spray jar

3.6 % Hydrogen Peroxide mix with 5 parts of water to make it 0.5% Hydrogen Peroxide and transfer to a spray jar



F. GENERAL PROTOCOL TO BE FOLLOWED BY EVERY STAFF OF CLGEI:

- Staff not to report if they have cough/cold/fever or close family member in same house has this problem or is in isolation/quarantine/red zone etc. Inform HR too.
- All staff to have temp check at arrival
- All staff to wear masks from home all the time at time of entry.
- Staff to maintain social distancing strictly both at work and outside for safety of self and family
- Other Best Hygiene Practices: Minimum talking. Minimum handling of phones. Sterilize phones as per protocol. Avoid touching things needlessly. Clean keyboards/mouse etc if used by different people. Hand hygiene while entering, exit and throughout the day.
- On reaching home, all dress worn to work must be discarded directly for washing and not sit on bed/sofa etc with same clothes. Have a bath before touching kids/family/fomites in the house. Keep a watch on other materials (keys/ wallets/ purses/ lunch box etc) that were exposed outside.
- Do not get big bags/large purse etc. to Institute, Bags etc. should be left in car/scooter/ at home or at security desk as per Institute policy. Put in your pocket or small purse the minimum that you need inside CLGEI. The more you get inside, the more difficult it will be to ensure no contamination.
- All loose hair, especially women must be tied up and not left loose/flowing. Cap can be worn if needed.
- Everyone, esp. ladies should try to wear shoes rather than open sandals. Keep none or minimal rings/watches/ bangles/earrings/necklaces etc. as these can get contaminated and difficult to clean.

Social distancing: The WHO recommends that at least one-meter (3 feet) distance between people at all times. This is because when someone coughs or sneezes, they spray small liquid droplets from their nose or mouth which may contain virus. This should be followed all the times.

Arogya Sethu App: All Staff should download the Arogya Sethu application developed by government of India in the smart phones and keep it active. This is mandatory.

Precautions to be taken when travelling to Institute:

- Avoid travelling in crowded vehicles



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- Avoid shaking hands with anyone and use non-contact method of greeting
- Use of personal vehicle for safe travelling is highly recommended

Eye Bank:

- No eye ball retrieval from homes to be undertaken, only Hospital Cornea Retrieval Program can be continued in non-Covid-19 cadavers, for utilization of corneas for therapeutic purposes only.

Other protocols:

- A daily list of all HCW, patients and their attendants & any hospital visitors with their mobile numbers and IDs should be maintained (for contact tracing if needed in future)
- Posters/standees/AV media on preventive measures about COVID-19 to be displayed prominently
- Cafeteria within the premises shall follow social distancing norms at all times.
- Number of people in the elevators should be restricted, duly maintaining social distancing norms
- For air-conditioning/ventilation, the guidelines of CPWD shall be followed which emphasizes that the temperature setting of all air conditioning devices should be in the range of 24-30°C, relative humidity should be in the range of 40- 70%, intake of fresh air should be as much as possible and cross ventilation should be adequate.
- Effective and frequent sanitation within the premises shall be maintained with particular focus on lavatories, drinking and hand washing stations/areas.



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Annexure – 1: COVID – 19 Questionnaire

C L GUPTA EYE INSTITUTE

Date: _____

MR No / New PT: _____

COVID – 19 SELF ADMINISTERED QUESTIONNAIRES

(To be asked before entering the building / Centre)

Pt. /visitor Name: _____ Gender: _____

Phone No.: _____

Aadhar Card No.: _____

Address/Village :(Have a list of notified local areas/villages handy for quick reference; verify the address mentioned by the patient with Aadhar card/ Driving License etc. without touching the card)

S.No.	Questions	Yes	No
1	Measure and record the body temperature. Did the patient have a high temperature? <i>Temperature Value: _____ (Normal Range: 97.7 – 99.5 F)</i>		
2	Do you have fever, cough, breathing issues or running nose?		
3	Do your family members or close contacts have these problems?		
4	Have you traveled to Corona outbreak areas (Red Zone) in the last two weeks?		
5	Any of your family members/Neighbors tested positive of COVID-19?		

- *If the response is “No” for all the questions then, refer for an eye examination.*
- *If a thermometer is not available, the remaining four- questions should be asked.*

Attendant Name: _____

Relationship with patient: _____

Mobile No.: _____

Please ask the above questions with attendant too. If the response is “No” for all the questions then, refer for an eye examination.

(No attendant allowed in examination room/premises. Attendant could be allowed if patient is child/minor or having disability.)



Annexure – 2: Hand Washing Technique with Soap & Water:



Hand-washing technique with soap and water



1 Wet hands with water



2 Apply enough soap to cover all hand surfaces



3 Rub hands palm to palm



4 Rub back of each hand with palm of other hand with fingers interlaced



5 Rub palm to palm with fingers interlaced



6 Rub with back of fingers to opposing palms with fingers interlocked



7 Rub each thumb clasped in opposite hand using a rotational movement



8 Rub tips of fingers in opposite palm in a circular motion



9 Rub each wrist with opposite hand



10 Rinse hands with water



11 Use elbow to turn off tap



12 Dry thoroughly with a single-use towel



13 Hand washing should take 15–30 seconds





Annexure – 3:



Alcohol handrub hand hygiene technique – for visibly clean hands



1 Apply a small amount (about 3 ml) of the product in a cupped hand



2 Rub hands together palm to palm, spreading the handrub over the hands



3 Rub back of each hand with palm of other hand with fingers interlaced



4 Rub palm to palm with fingers interlaced



5 Rub back of fingers to opposing palms with fingers interlocked



6 Rub each thumb clasped in opposite hand using a rotational movement



7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist with opposite hand



9 Wait until product has evaporated and hands are dry (do not use paper towels)



10 The process should take 15–30 seconds





References:

1. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technicalguidance/infection-prevention-and-control>. Last accessed 20th April 2020.
2. https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf Last accessed 20th April 2020.
3. Regan D, Sun W, Hardcastle J, Howell C. Current Information on N95 Mask Decontamination Strategies. 25th March 2020.
4. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-controlrecommendations.html> Last accessed 20th April 2020.
5. <https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-forcovid-19.pdf>. Last accessed 20th April 2020.
6. <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200303-43-covid-19.pdf> Last accessed 20th April 2020.
7. Honavar SG, Sharma N, Sachdev MS for the Governing Council of the All India Ophthalmological Society. AIOS-Operational-Guidelines-COVID19. Available from: <https://aios.org/pdf/AIOS-Operational-Guidelines-COVID19.pdf>. [Last accessed on 2020 Apr 04].
8. Ministry of Health and Family Welfare, Govt of India. Advisory for Hospitals and Medical Education Institutions. Available from <https://www.mohfw.gov.in/pdf/AdvisoryforHospitalsandMedicalInstitutions.pdf>. [Last accessed on 2020 Apr 04].