

2019-nCoV acute respiratory disease

**Department of Health and Family Welfare
Government of Kerala**

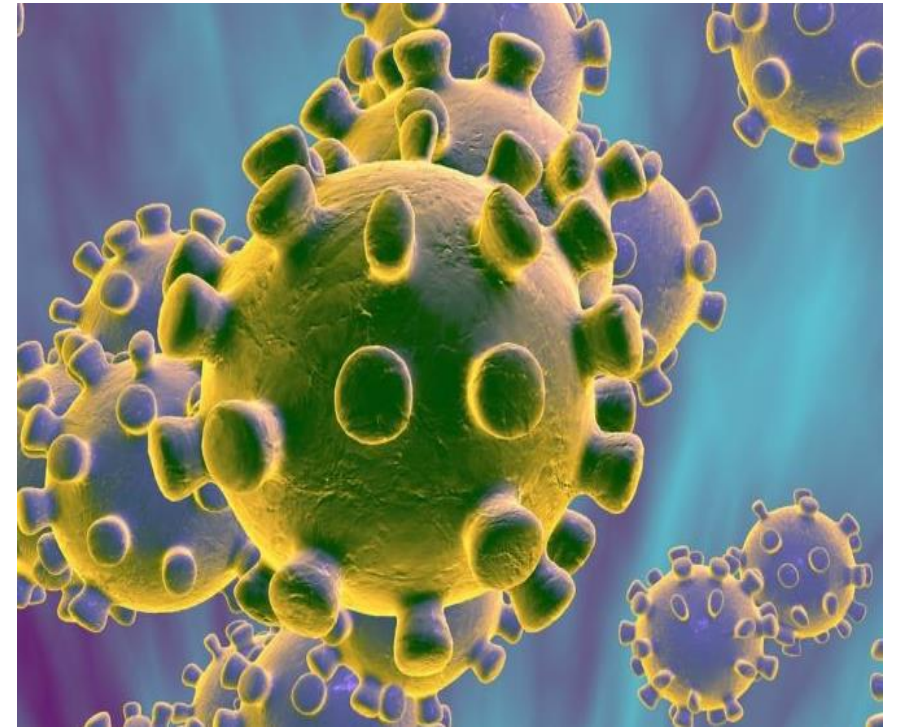
1st February 2020

WHO declared the 2019 nCov to be a
Public Health Emergency of International Concern



What is Corona Virus ?

- Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as
 - Middle East Respiratory Syndrome (MERS-CoV)
 - Severe Acute Respiratory Syndrome (SARS-CoV).
 - A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans



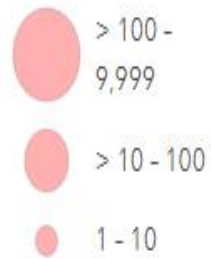
2019-nCoV acute respiratory disease

- A novel coronavirus (2019-nCoV) identified as the causative virus by Chinese authorities on 7 January, 2020
- Current outbreak has its origin in Wuhan City, Hubei Province in China

Novel coronavirus (2019-nCoV) situation as of 1ST February 2020

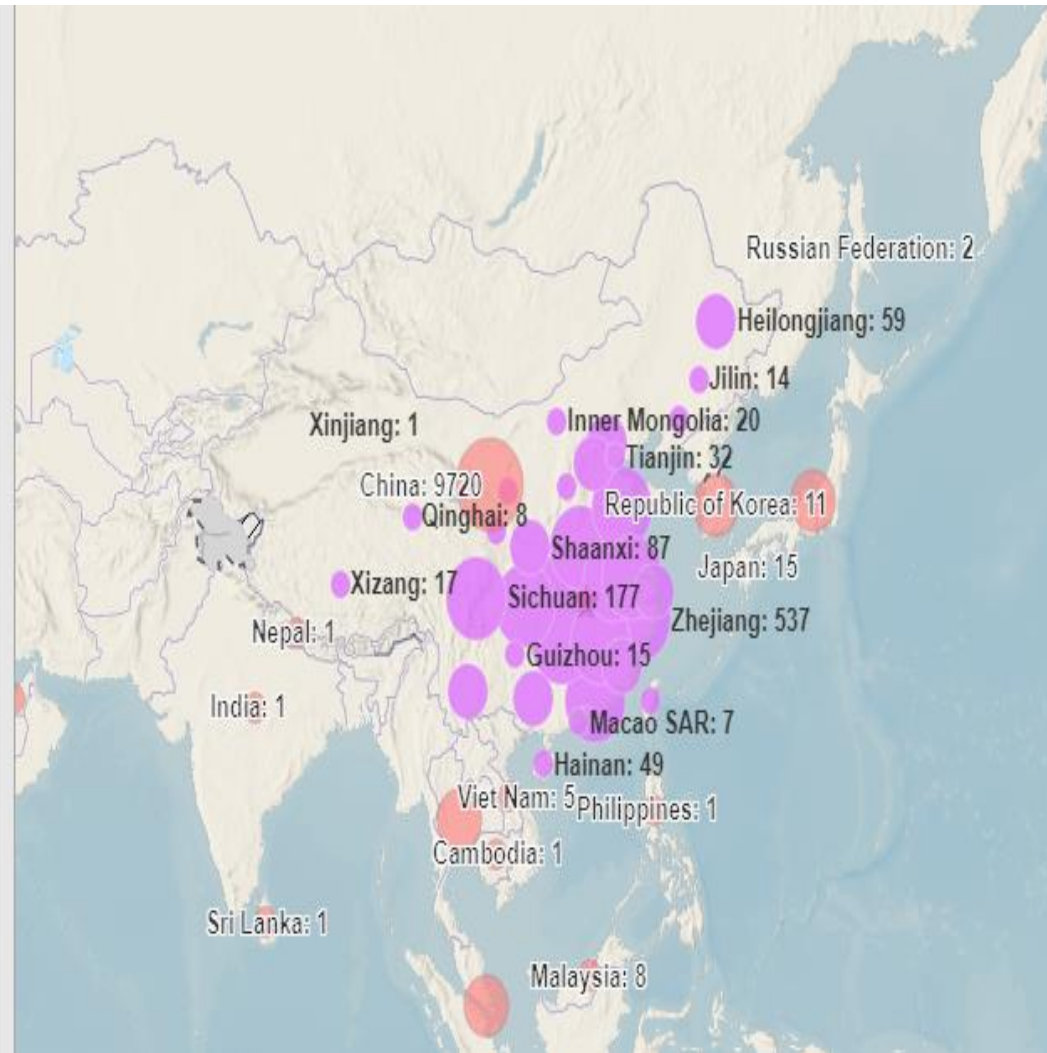
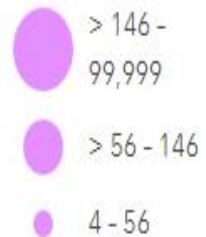
Confirmed cases

Confirmed cases



Cases by province, area

Confirmed cases



**11953
Confirmed
Cases**

**23
Countries**

**1 in India
(Kerala)**

Largely centered around Hubei Province, China

Countries with Confirmed Case (1st February 2020)

Globally 11953 confirmed

China

11821 confirmed

1795 severe

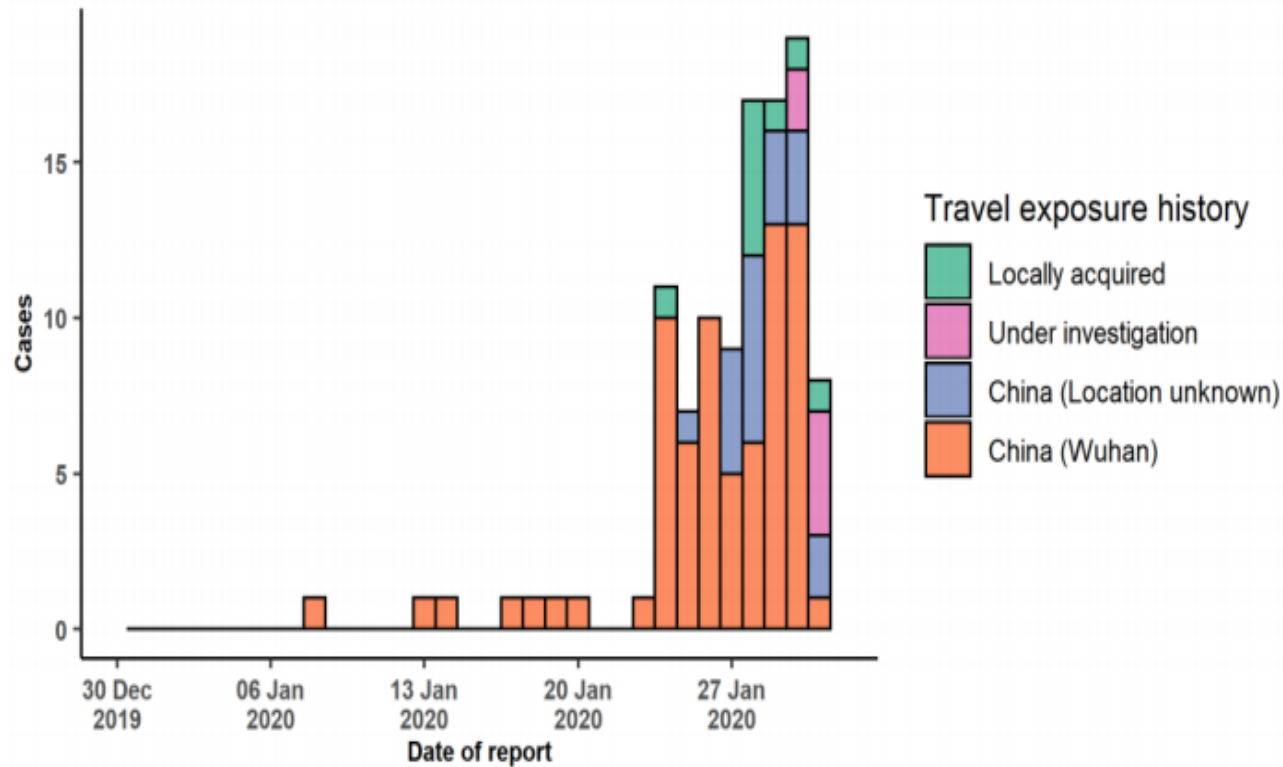
259 deaths (2.2%)

Outside of China:

132 confirmed

WHO Regional Office	Country/Territory/Area	Confirmed Cases
Western Pacific	China*	11821
	Japan	17
	Republic of Korea	12
	Viet Nam	6
	Singapore	16
	Australia	12
	Malaysia	8
	Cambodia	1
	Philippines	1
	Thailand	19
South-East Asia	Nepal	1
	Sri Lanka	1
	India	1
Region of the Americas	United States of America	7
	Canada	4
European Region	France	6
	Finland	1
	Germany	7
	Italy	2
	Russian Federation	2
	Spain	1
	Sweden	1
	United Kingdom	2
Eastern Mediterranean	United Arab Emirates	4
Total Confirmed cases	Total	11953

Epidemic curve of 2019-nCoV cases (n=106) identified outside of China, by date of reporting and travel history, 31 January 2020



Majority (70%) had travel history to Wuhan, China

17% had travel history to other cities in China

13% had no travel history to China

Can coronaviruses be transmitted from person to person?

- Yes, some coronaviruses can be transmitted from person to person, usually after close contact with an infected patient, for example, in a household workplace, or health care centre.
- In current outbreak of 2019 nCov, person to person has been established.

Modes of transmission of 2019-nCov

Exact mode of transmission is unknown, but available evidence support the following mode of transmission

Indoor transmission:

Droplets, Direct and indirect contact, and possibly the following: Fomite

Outdoor transmission:

Droplets, and direct contact



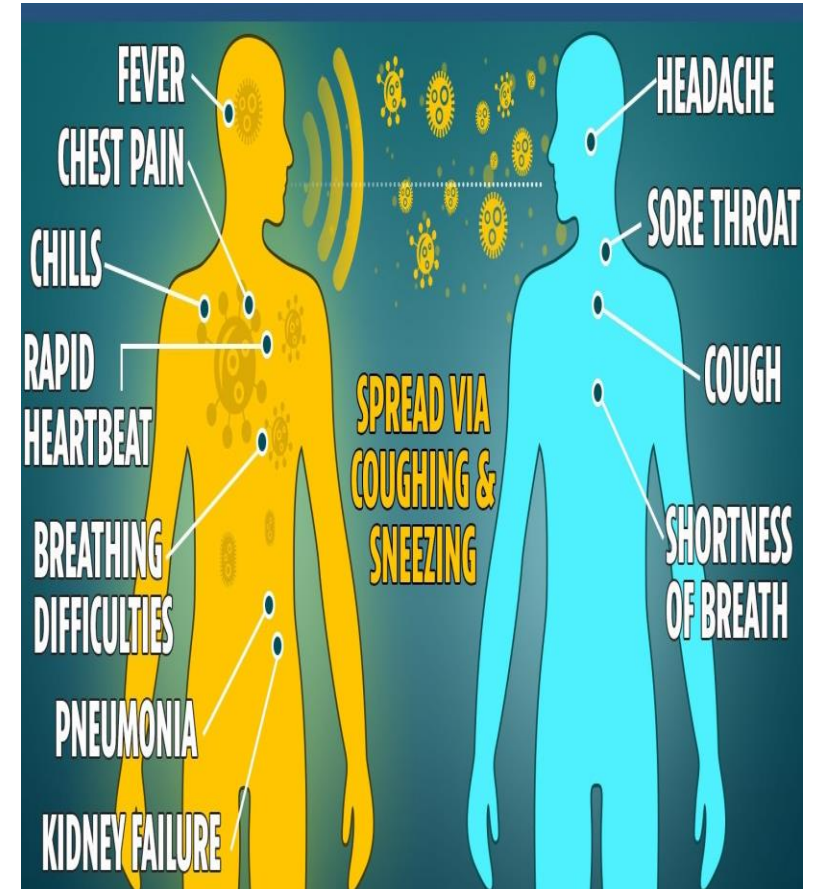
nochem.com



Aerosolized droplets resulting from a sneeze. Image courtesy of the Public Health Image Library. (No. 11162).

Common Signs & Symptoms

- Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties.
- In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.



Standard recommendations to prevent infection spread

- **Regular hand washing**
- **Covering mouth and nose when coughing and sneezing**
- **Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.**



Surveillance

Asymptomatic travellers

- A traveller who has started journey from China,(not necessarily limited to Wuhan city) , or as the disease evolves, from any city/province notified to be 'affected' and has arrived in the state directly at one of the notified PoEs in the State

or

- Indirectly after landing at neighboring or other airports in the country, and who has no symptoms whatsoever.

Action to be taken : Strict home isolation with fever surveillance.

Testing recommended for Wuhan returnees.

Person responsible : Local PHC

Suspect case - Definition

(1/2)

- i) A person with severe acute respiratory illness (SARI)/ history of fever and cough requiring admission to hospital, + no other aetiology that fully explains the clinical presentation (clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised);

AND any one of the following

- A history of travel to China or any other country affected by nCorona Virus 14 days prior to symptom onset.
- The disease occurs in a health care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for, without regard to place of residence or history of travel;
- The person develops an unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment, without regard to place of residence or history of travel, even if another etiology has been identified that fully explains the clinical presentation

Suspect case- Definition

(2/2)

ii) Individuals with acute respiratory illness of any degree of severity who, within 14 days before onset of illness, had any of the following exposures:

- close physical contact with a confirmed case of nCoV infection, while that patient was symptomatic;
- a healthcare facility in a country where hospital associated nCoV infections have been reported;
- direct contact with animals (if animal source is identified) in countries where then CoV is known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission

Suspect case- Actions to be taken

- All suspect cases should be admitted to the designated isolation ward in the identified hospital with ICU facility prior to any sample taking as per testing protocol.
- Samples are to be sent for confirmation of n- Corona

Person responsible: Superintendent of hospital/Nodal officer.

Confirmed Case- Definition

The person as described above, in whom the recommended tests (Rt-PCR) [any other which may be notified later] from NIV Pune/designated testing center approved by Government are documented as positive for n-CoV

Contact Tracing

- List of contacts need to be prepared systematically and intensively by directly informing the index passenger of the benefits, and detailed direct/phone interview covering every point of time from arrival in the country till date [14 days prior to symptom onset].

High Risk Contact

- Touched body fluids of the patient (respiratory tract secretions , blood, vomit, saliva, urine, faeces)
- Had direct physical contact with the body of the patient (alive or dead) including physical examination .
- Touched or cleaned the linens, clothes, or dishes of the patient
- Lives in the same household as the patient.
- Close contact within 3ft (1mtr) of the confirmed case.
- Passenger of the aero plane with a confirmed n-Corona passenger for more than 6 hours.

Low Risk Contact

- Shared the same space: (same class for school/worked in same room/similar and not having a high-risk exposure to confirmed or suspect case of 2019 n- Corona virus.
- Travel in the same environment (bus/train/Flight) but not having a high-risk exposure as cited above.

Actions for Contacts

HIGH RISK CONTACTS

- Asymptomatic- Strict Home quarantine with active follow up for fever, by health workers using telephone, twice a day for 28 days .
- Symptomatic (fever)- Immediate admission in designated isolation ward with ICU facility

LOW RISK CONTACTS

- Asymptomatic- Home quarantine and follow up for fever by telephone
- Symptomatic (fever)- Immediate admission in designated isolation facility

Recommendations for all contacts

- Health staff to review the current health status of the contacts on a regular basis.
- Give advance instructions on:
 - Where to seek care when a contact becomes ill
 - What should be the most appropriate mode of transportation
 - When and where to enter the designated health care facility
 - What infection control precautions should be followed

Whom to be tested ?

- Samples from asymptomatic persons for those with a travel history to Wuhan, China after 15th January 2020
- All suspected cases of 2019 n Cov respiratory illness as defined in the Case definition guidelines

Transporting symptomatic contacts to health facility

- Notify the receiving medical facility of the symptomatic contact coming to their facility
- Transporting ill contacts to health facility:
 - While travelling to health facility, the ill contact should wear a medical mask
 - Should be transported only in designated vehicle
 - Open the windows of the vehicle if possible
 - Avoid bystanders if possible in the vehicle

Instructions to avoid infection from symptomatic contacts

- The ill contact should be advised to always perform respiratory hygiene and hand hygiene
- They should stand or sit as far away from others as possible (at least 1 m), when in transit and when in the health care facility
- Appropriate hand hygiene should be employed by the ill contact and caregivers
- Any surfaces that become soiled with respiratory secretions or body fluids during transport should be cleaned and disinfected with regular household containing a diluted bleach solution⁶ (1-part bleach to 99 parts water)

HOME ISOLATION

Steps to be taken for home isolation

- Link each person under home isolation with a health care provider
- Review the current health status of contacts for the progression of symptoms
- The patients and the household members should be educated on:
 - ✓ Personal hygiene
 - ✓ Basic infection prevention and control measures, on how to care for the suspected infected member of the family as safely as possible
 - ✓ To prevent spread of infection to household contacts
 - ✓ The patient and family should be provided with ongoing support, education and monitoring

General principles for patients during home isolation

- Place the patient in a well-ventilated single room
- Limit the number of caretakers of the patient
- Ideally assign one person who is in a good health without risk conditions
- No visitors
- Household members should stay in a different room
- If different room is not possible, maintain a distance of at least 1 m from the ill person (e.g. sleep in a separate bed)
- Limit the movement of the patient and minimize shared space
- Ensure that shared spaces (e.g. kitchen, bathroom) are well ventilated (e.g. keep windows open)

Precautions by caregiver and hand hygiene

- The caregiver to wear a medical mask fitted tightly when in room with the ill person
- Masks should not be touched or handled during use
- If the mask gets wet or dirty with secretions, it must be changed immediately
- Discard the mask after use and perform hand hygiene after removal of the mask
- Perform hand hygiene following all contact with ill persons or their immediate environment
 - Hand hygiene should also be performed before and after preparing food, before eating, after using the toilet, and whenever hands look dirty
 - If hands are not visibly soiled, alcohol based hand rub can be used
 - Perform hand hygiene using soap and water when hands are visibly soiled
 - When using soap and water, disposable paper towels to dry hands is desirable. If not available, use dedicated cloth towels and replace them when they become wet

Respiratory hygiene & handling other biological waste

- Respiratory hygiene should be practiced by all, especially ill persons
- Respiratory hygiene: Cover mouth and nose during coughing or sneezing using medical masks, cloth masks, tissues, followed by hand hygiene
- Discard materials used to cover the mouth or nose or clean them appropriately after use (e.g. wash handkerchiefs using regular soap or detergent and water)
- Avoid direct contact with oral or respiratory secretions, and stool
- Use disposable gloves to provide oral or respiratory care and when handling stool, urine and wastes. Perform hand hygiene before and after removing gloves

Common objects at home and cleaning & disinfecting

- Avoid exposure to ill persons or contaminated items (e.g. sharing toothbrushes, cigarettes, eating utensils, drinks, towels, washcloths or bed linen)
- Eating utensils and dishes should be cleaned with soap/detergent and water and may be re-used
- Clean and disinfect frequently touched surfaces daily with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water)
- Clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant containing a 1% diluted bleach solution
- Clean clothes, bedclothes, bath and hand towels of ill persons using regular laundry soap and water or machine wash at 60–90 °C with common household detergent, and dry thoroughly
- Place contaminated linen into a laundry bag. Do not shake soiled laundry and avoid direct contact of the skin and clothes with the contaminated materials
- Use disposable gloves and protective clothing (e.g. plastic aprons) when cleaning or handling surfaces, clothing or linen soiled with body fluids. Perform hand hygiene before and after removing gloves

Disposal of biological wastes

- Gloves, tissues, masks and other waste generated during the care of ill persons should be placed in a lined container in the ill person's room
- Waste may be disposed at a sanitary landfill and not at an unmonitored open dump
- Additional measures may be needed to prevent unhygienic reuse of wastes
- Institutional guidelines of biological waste disposals will be useful

Transportation to Health Facilities

- People under home isolation/quarantine to be instructed not to travel themselves to any hospitals if they develop symptoms.
- They need to travel in special transportation services arranged by District Control Room

Infection Prevention & Control

IPC for 2019-nCoV : Generic Guidance

- Promotion of a safety climate is a cornerstone of prevention of transmission of pathogens in health care.
- Standard precautions should be strengthened at all facilities
- Assess all health-care activities to determine the personal protection that is indicated.
- Implement source control measures for all persons with respiratory symptoms through promotion of respiratory hygiene and cough etiquette (SCREEN, EDUCATE, SEGREGATE, FAST TRACK BY ESTABLISHING AIC HELP DESKS AT RECEPTION OF EVERY HOSPITAL)

Use Standard Precautions at all Times

- It is not possible to always identify patients with novel coronavirus early or without testing because symptoms and other features may be very non specific.
- It is advisable to use Standard Precautions at all times, regardless.

STANDARD PRECAUTIONS

1. Promote a safety climate
2. Hand Hygiene
3. Wear PPE (as indicated)
4. Source Control- Respiratory Hygiene and Cough Etiquette
5. Environmental Management
6. Injection Safety

Fundamentals of Airborne Infection Control

Hierarchy of Infection Control Measures



Administrative Controls



Environmental Controls



Respiratory Protection

1. Screening of respiratory symptomatics

- Screening to identify people with any respiratory symptoms



This should happen as soon as a person enters the hospitals, preferably at the registration desk.

Self explanatory IECs at registration counters with clear directions are alternatives.

(Conditional recommendation based on very low certainty in the estimates of effects)

2. Respiratory hygiene



All persons with respiratory symptoms need to be educated on cough etiquette and motivated to cover cough.

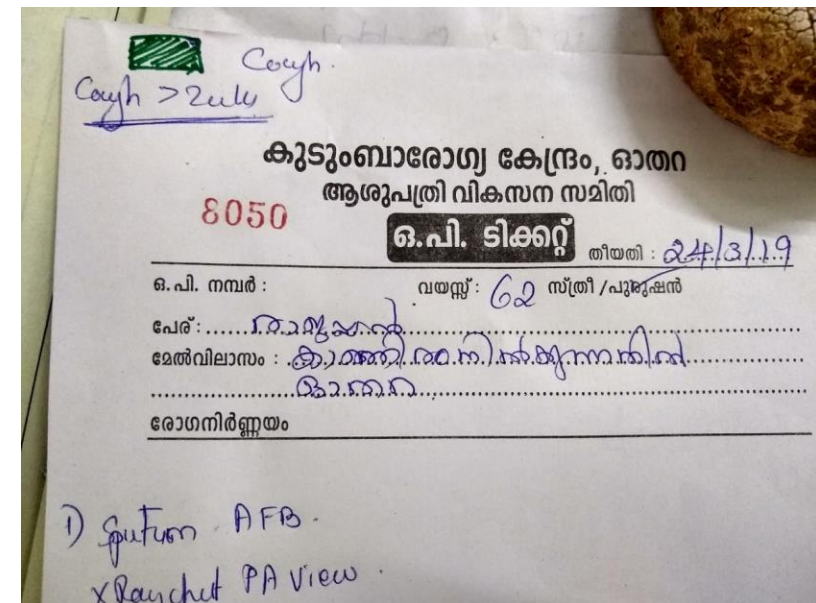
Providing a mask/tissue/kerchief for all respiratory symptomatic is ideal

(Strong recommendation based on low certainty in the estimates of effects)

3. Fast track

Fast-track respiratory symptomatic (suspected infectious) to minimize time spent in health care facilities

Eg. A person with suspected infectious respiratory disease may be allowed to jump the queue as it minimize his/her time spent inside the hospital. System can be Made by tagging the OP tickets of patients Eligible to be fast tracked.



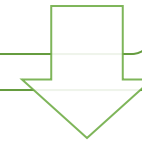
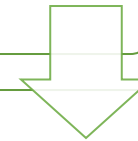
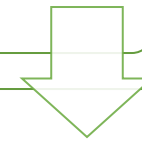
Cough Corners (AIC help desks)

Screen

Educate

Separate

Fast Track



Natural Ventilation

- Natural ventilation is the preferred method for ensuring adequate air exchange
- Natural ventilation on opposite sides of rooms is highly effective (Cross Ventilation)
- Goal for effective cross-ventilation: openings for at least 10% of the floor area on each side (total 20%)- **Open all windows and doors in health facility**

Source Control Measures : Respiratory Hygiene

Respiratory hygiene and cough etiquette

Persons with respiratory symptoms should apply source control measures:

- Cover their nose and mouth when coughing/sneezing with tissue or mask, dispose of used tissues and masks, and perform hand hygiene after contact with respiratory secretions.

Health-care facilities should:

- Place acute febrile respiratory symptomatic patients at least 1 metre (3 feet) away from others in common waiting areas, if possible.

- Post visual alerts at the entrance to health-care facilities instructing persons with respiratory symptoms to practise respiratory hygiene/cough etiquette.

- Consider making hand hygiene resources, tissues and masks available in common areas and areas used for the evaluation of patients with respiratory illnesses.



Additional PPE Requirements (for Contact, Droplet precautions)

- Health Care Workers (HCW) should use a medical mask
- HCWs should wear eye protection (goggles) or facial protection (face shield) to avoid contamination of mucous membranes
- HCWs should wear a clean, non-sterile, long-sleeved gown
- HCWs should also use gloves
- The use of boots, coverall and apron is not required during routine care
- After patient care, appropriate doffing and disposal of all PPE's and hand hygiene should be carried out
- Also, a new set of PPE's is needed, when care is given to a different patient
- HCWs should refrain from touching eyes, nose or mouth with potentially contaminated gloved or bare hands

Personal Protective Equipment (PPE)

HOW TO PUT ON AND TAKE OFF

Personal Protective Equipment (PPE)



How to put on PPE (when all PPE items are needed)



Step 1

- Identify hazards & manage risk. Gather the necessary PPE.
- Plan where to put on & take off PPE.
- Do you have a buddy? Mirror?
- Do you know how you will deal with waste?



Step 2

- Put on a gown.



Step 3a

- Put on face shield.

OR

Step 3b

- Put on medical mask and eye protection (e.g. eye visor/goggles)



Note: If performing an aerosol-generating procedure (e.g. aspiration of respiratory tract, intubation, resuscitation, bronchoscopy, autopsy), a particulate respirator (e.g. US NIOSH-certified N95, EU FFP2, or equivalent respirator) should be used in combination with a face shield or an eye protection. Do user seal check if using a particulate respirator.



Step 4

- Put on gloves (over cuff).

How to take off PPE



Step 1

- Avoid contamination of self, others & the environment
- Remove the most heavily contaminated items first

Remove gloves & gown

- Peel off gown & gloves and roll inside, out
- Dispose gloves and gown safely



Step 2

- Perform hand hygiene



Step 3a

If wearing face shield:

- Remove face shield from behind
- Dispose of face shield safely



Step 3b

If wearing eye protection and mask:

- Remove goggles from behind
- Put goggles in a separate container for reprocessing
- Remove mask from behind and dispose of safely



Step 4

- Perform hand hygiene

The rational, correct, and consistent use of PPE also helps to reduce the spread of pathogens.

- Adequate and regular supplies
- Adequate staff training
- Appropriate hand hygiene and
- Appropriate human behavior.

Practice donning and Doffing PPE

Putting on a mask



Cup mask in your hand with the nosepiece at your fingertips allowing the headbands to hang freely below your hand.



Position mask under your chin with the nosepiece up.



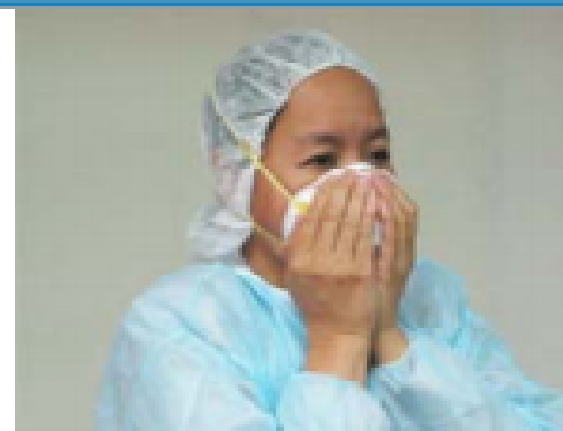
Pull top strap over your head resting it high at the top back of your head.
Pull the bottom strap over your head and position it around the neck below ears.



Place fingertips of both hands at top of the metal nosepiece. Mould nosepiece to shape of your nose. Do not pinch nosepiece

Masks (2)

- Any respiratory aerosol-generating procedure (suctioning, intubation, nasopharyngeal swabbing) must NOT be performed without full PPE
 - (particulate respirator and not a surgical mask, long-sleeved gown, goggle, gloves)
- Particulate respirator masks should be used as per manufacturer's instructions. They should at least have a seal check performed (see picture)



Exhale sharply. If leakage, adjust position and/or tension straps. Retest the seal.

Inhale deeply. If no leakage, negative pressure will make respirator cling to your face.

Gowns

- **A new gown should be worn for every patient contact or if resources limited, for every entry into inpatient respiratory ward**
- **The sleeve cuff should be tucked into the gloves**
- **Discard immediately if visibly contaminated.**



The Order of Removal of PPE is Critical

Steps to remove personal protective equipment (PPE)

- 1** Remove waterproof apron and dispose of safely. If the apron is to be reused, place it in a container with disinfectant.



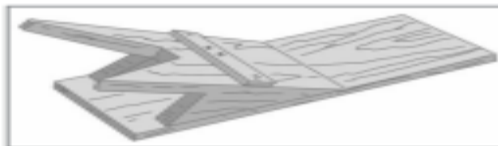
- 2** If wearing overshoes, remove them with your gloves still on (If wearing rubber boots, see step 4).



- 3** Remove gown and gloves and roll inside-out and dispose of safely.



- 4** If wearing rubber boots, remove them (ideally using the boot remover) without touching them with your hands. Place them in a container with disinfectant.



- 5** Perform hand hygiene.



- 6** If wearing a head cover, remove it now (from behind the head).



- 7** Remove face protection:
7a Remove face shield or goggles (from behind the head). Place eye protection in a separate container for reprocessing.



- 7b** Remove mask from behind the head. When removing mask, untie the bottom string first and the top string next.



- 8** Perform hand hygiene.



How to Remove Gowns ??

Removing gowns

1

- *Unfasten ties*



2

- *Peel gown away from neck and shoulder*
- *Turn contaminated outside toward the inside*



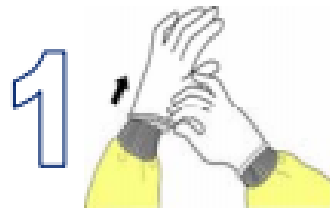
3

- *Fold or roll into a bundle*
- *Discard*

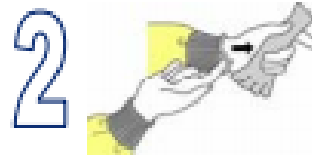


How to Remove Gloves ??

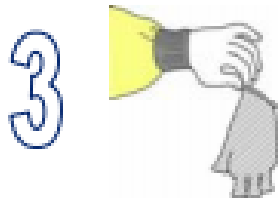
Removing gloves



- *Grasp outside edge near wrist*
- *Peel away from hand, turning glove inside-out*
- *Hold in opposite gloved hand*



- *Slide ungloved finger under the wrist of the remaining glove*
- *Peel off from inside, creating a bag for both gloves*



- *Discard*
-

How to Remove Mask ??

Removing a mask

- Do NOT touch the mask itself.
- Lift the bottom elastic over your head first
- Then lift off the top elastic
- If no elastics, untie.
- Discard
- Wash hands afterwards.



Who should wear protective clothing ?

- All doctors, nurses, and health workers who provide direct patient care to suspected nCoV patients.
- All support staff who clean the isolation room, handle contaminated supplies and equipment, launder re-usable supplies, and collect and dispose of infectious waste
- All laboratory staff who handle patient specimens and body fluids from suspected nCoV cases.
- Laboratory support staff who clean and disinfect laboratory equipment used to test specimens.
- Burial teams who remove bodies of deceased patients and prepare them for burial/ Cremation.
- Family members who care for nCoV patients.

Patient Placement

- In addition to using standard precautions, all individuals, including family members, visitors and HCWs, should use contact and droplet precautions before entering the room where suspected or confirmed nCoV patients are admitted
- Patients should be placed in adequately ventilated single rooms
- When single rooms are not available, confirmed nCoV may be grouped together
- All patients' beds should be placed at least 1 m apart regardless of whether they are suspected to have nCoV infection
- Where possible, a team of HCWs should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission
- Limit the number of HCWs, family members and visitors who are in contact with a suspected and confirmed 2019-nCoV patient
- Maintain a record of all persons entering the patient's room, including all staff and visitors

Contact Precautions

(Prevent infection through direct or indirect contact with patients or patient care environment)

- Limit patient movement
- Isolate or cohort patients [Confirmed cases may be placed in same room (1m apart), if there is a shortage of facilities]
- Gown + gloves for patient / room contact
- Remove immediately after contact
- Do not touch eyes, nose, mouth with hands
- Avoid contaminating environmental surfaces

Negative Pressure Isolation Room

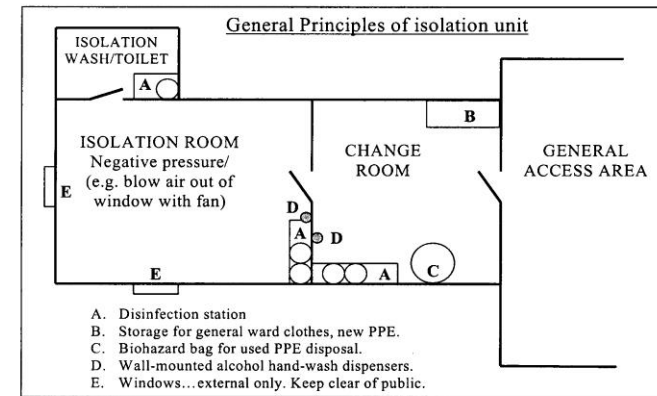
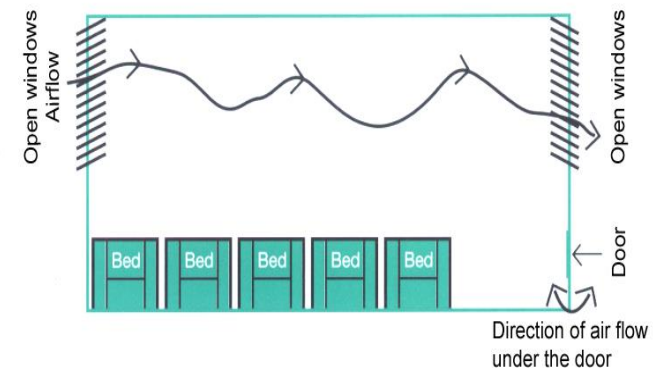


Figure 2. Natural ventilation; free flow of ambient air in and out through open windows.



Contact Precautions

- Wash hands immediately after patient contact
- Equipment should be either single-use and disposable or dedicated equipment (e.g., stethoscopes, blood pressure cuffs and thermometers)
- If Equipment needs to be shared, among patients, clean and disinfect it between use for each individual patient (e.g., by using ethyl alcohol 70%)
- Clean, then disinfect patient room daily, frequent cleaning and disinfection with a focus on frequently-touched surfaces and equipment in the immediate vicinity of the patient.(eg. -Bed rails, Bedside tables, Lavatory surfaces, Blood pressure cuff, equipment surfaces)

Transfer of patients

- Transfer of patients with suspected nCoV should be kept to minimum.
- Ambulance crew and staff for the transfer should be informed of the patient's clinical condition, and advised of appropriate precautions.
- Use appropriate PPE during the transfer. The used vehicle should be decontaminated after patient transportation.
- Patient should wear mask
- Contaminated items and equipment should be properly disinfected or discarded.
- Inform the receiving parties prior to transfer of patients to facilitate appropriate arrangement.

Airborne precautions for aerosol-generating procedures

- Some aerosol-generating procedures have been associated with an increased risk of transmission of coronaviruses (SARS-CoV and MERS-CoV), such as tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy. P
- Procedures only in an adequately ventilated room using full PPE (N 95 mask) that is, natural ventilation with air flow of at least 160 L/s per patient or in negative pressure rooms with at least 12 air changes per hour and controlled direction of air flow when using mechanical ventilation
- use eye protection (i.e., goggles or a face shield), wear a clean, non-sterile, long-sleeved gown and gloves. If gowns are not fluid resistant, HCWs should use a waterproof apron for Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected

Limit the number of persons present in the room to the absolute minimum required for the patient's care and support.

Environmental Controls

- Ensure that cleaning and disinfection procedures are followed consistently and correctly.
- Cleaning environmental surfaces with water and detergent and applying commonly used hospital disinfectants (such as sodium hypochlorite) is an effective and sufficient procedure.
- Cleaning should always be carried out from “clean” areas to “dirty” areas, in order to avoid contaminant transfer.
- Manage laundry, food service utensils and medical waste in accordance with safe routine procedures.

Cleaning and Disinfection of the environment

- Floors and horizontal work surfaces should be cleaned at least once/twice a day.
- Dry sweeping with a broom should never be done. Cleaning with a moistened cloth helps to avoid contaminating the air with air-borne particles.
- Clean before you disinfect.
- Change cleaning solutions and equipment frequently, as these items will get contaminated quickly (follow your hospital protocols).

Use of disinfectants

- 1% Bleach (sodium hypochlorite) for disinfection of material contaminated with body fluids [30g/l of regular bleaching powder with 33% available chlorine]
- Clean and disinfect patient areas daily, with particular attention to frequently touched surfaces – counter tops, door handles, medical equipment.
- Use bleaching powder (15g/1L water regular bleaching powder - 33%available chlorine) for disinfection of toilets/bathrooms

Administrative Measures

- Train and educate Health care workers on strict adherence to IPC
 - Restrict access
- Dedicated and assigned HCWs
 - Minimize the number of entries and exits to the respiratory inpatient ward.
- Monitoring of health of HCWs
 - Limit visitors
- PPE stock management
 - 8-hour shift limit for health-care workers on duty in the respiratory inpatient ward.
- Strict Visitor Policy
- Patient's relatives/ attendants should be educated on mode of transmission, hand hygiene and PPE

FAQs

Can pets at home spread the new coronavirus (2019-nCoV)?

- At present, there is no evidence that companion animals/pets such as dogs or cats can be infected with the new coronavirus.
- However, it is always a good idea to wash hands with soap and water after contact with pets. This protects against various common bacteria such as E.coli and Salmonella that can pass between pets and humans.

Are there any specific medicines to prevent or treat the new coronavirus?

- Many of the symptoms can be treated and therefore treatment based on the patient's clinical condition.
- Moreover, supportive care for infected persons can be highly effective.

Does the new coronavirus affect older people, or are younger people also susceptible?

- People of all ages can be infected by the new coronavirus (2019-nCoV). Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus.
- People of all ages are requested to take steps to protect themselves from the virus, for example by following good hand hygiene and good respiratory hygiene.

Are health workers at risk from a novel coronavirus?

- Yes, they can be, if appropriate Infection Prevention and Control Measures are not followed
- It is recommended that health care workers consistently apply appropriate infection prevention and control measures.

Can a person in home quarantine go for marriage function ?

- For people to whom home quarantine/isolation is advised, it is advised to remain at home itself.
- Whatever support people at quarantine/isolation require to remain at home (eg. Leave, food, payment of bills, emotional support) need to be coordinated by the PHC team.

Isn't health care workers/other people visiting people at home quarantine/isolation at risk ?

- People at quarantine are asymptomatic.
- Health care field workers or anybody visiting them (eg for providing support) need to meet them at a distance of more than 3 feet, preferably in a well ventilated area.
- A routine handwash with soap and water after visiting the quarantined individual may be followed.
- The persons at quarantine need to be advised to cover their cough.
- The risk is negligent if the above precautions are followed.