

APRIL 2020

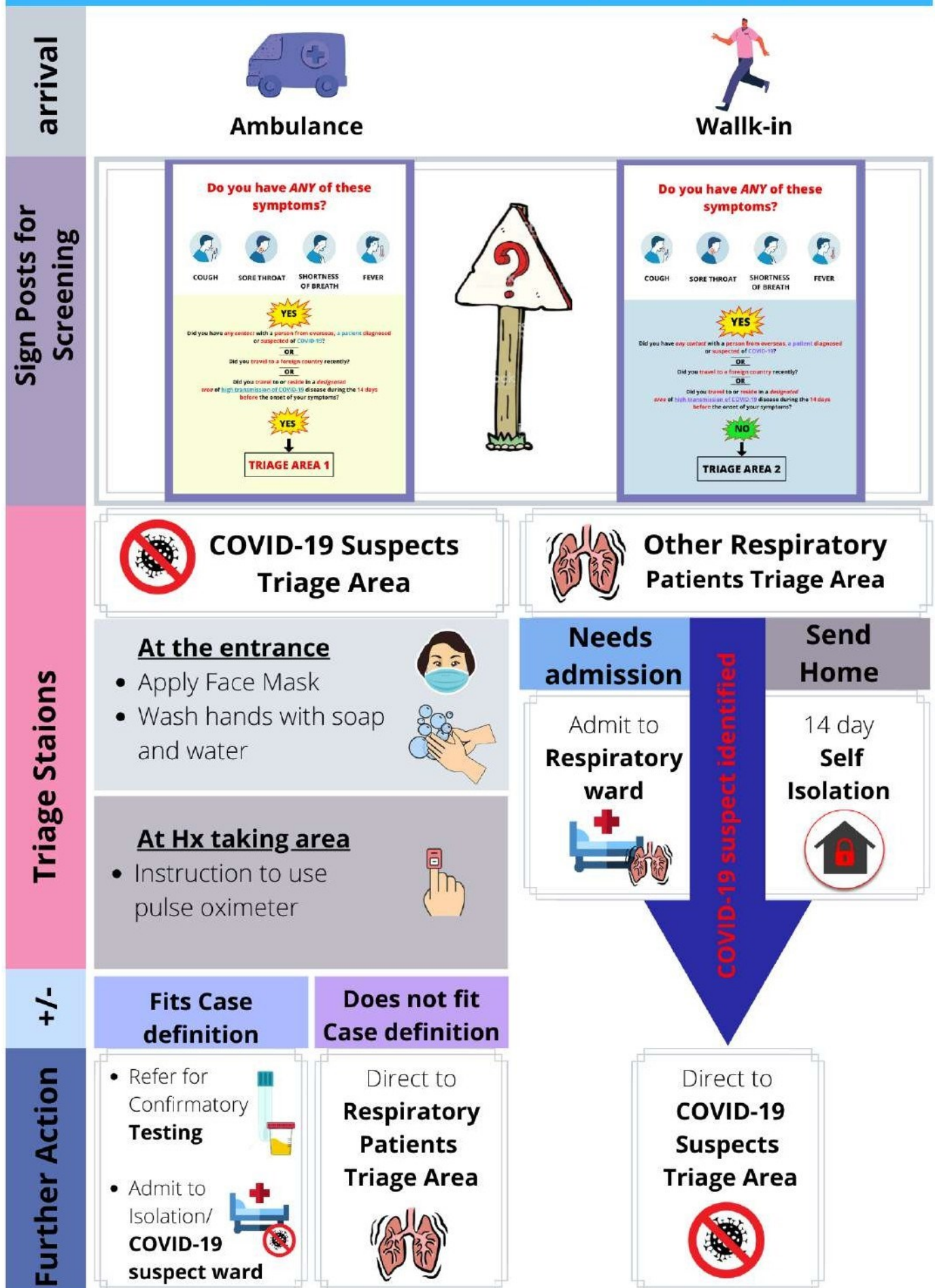
Hospital Preparedness for COVID-19

A Practical Manual

MINISTRY OF HEALTH AND
INDIGENOUS MEDICAL
SERVICES



Care Pathway for Patients with Respiratory Symptoms



INTRODUCTION

This text is a practical manual on establishing COVID screening centres island-wide. It provides a basic outline on what to setup and how to go about it. Information is provided on the setup of triage areas, specialized wards and additional features of ETUs in the context of prevention and control of COVID-19 infection. The text also highlights safety precautions to be observed by healthcare workers in the given setup and instruction on handling patients in the same. The sign posts, posters and checklists referred to are included in printable format as annexures to be utilised as the relevant establishment may deem fit.

HOSPITAL SET-UP

THE FOLLOWING SHOULD BE SET-UP

1. "COVID operational cell"
2. Sign posting at the entrance to the hospital
3. Triage area for COVID suspects
4. Triage area for other respiratory patients
5. Emergency Department Care - Management of unstable patients with respiratory symptoms
6. Isolation area for COVID suspects/Ward for COVID suspects
7. Respiratory ward

DESIGNING A “COVID OPERATIONAL CELL”

- ♦ *For smooth functioning, a “COVID operational cell” should be established in each hospital. This consists of a group of people who will make decisions pertaining to COVID related activities.*

This group should include

- ♦ Head of the institution

and members from the following categories

- ♦ Consultants in internal medicine /VP OPD
- ♦ Anesthetist
- ♦ Microbiologist/Virologist
- ♦ Radiologist
- ♦ JMO
- ♦ MO in Charge OPD
- ♦ MO –PCU
- ♦ Matron/nursing sister
- ♦ Infection Control Nurse

Where available

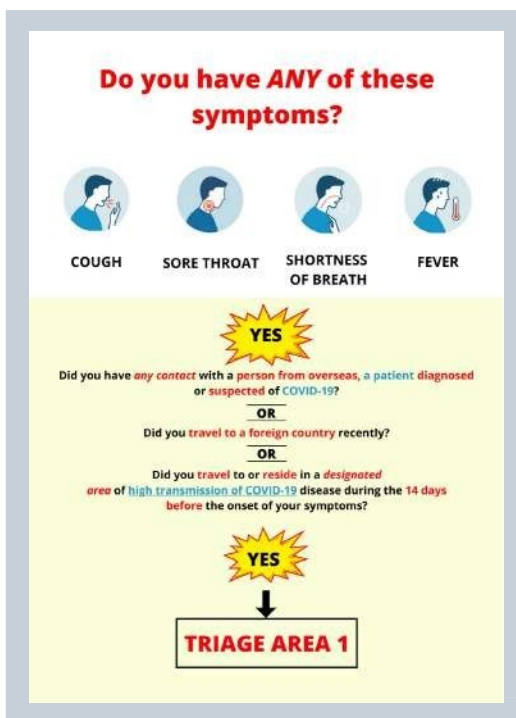
- ♦ Consultant Emergency Physician / Resident Physician ETU
- ♦ Respiratory Physician
- ♦ Intensivist

The hospital should have clear sign posting so that a suspected COVID-19 patient will go straight to a predetermined area (isolation room) for further evaluation and treatment.

PLACE SIGN POSTS AT

(A) AT THE HOSPITAL ENTRANCE:

1. Cough/sore throat/SOB +/- fever + contact with confirmed or suspected COVID patient, residence or travel to high risk areas, Overseas person or foreign travel
2. Cough/sore throat/SOB



Sign Post 01



Sign Post 02

(B) AT THE COVID - 19 TRIAGE AREA:



Sign Post 03

1. AT THE ENTRANCE



Sign Post 04



Sign Post 05



Sign Post 06

(To be placed to the Right of
Sign Post 04)

2. AT THE HISTORY-TAKING CENTER

HOW TO USE THE PULSE OXIMETER



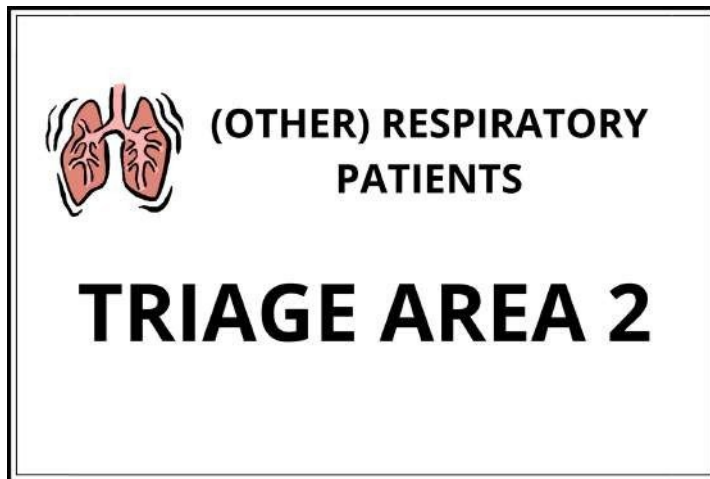
- Use the alcohol rub placed in the dispenser to clean your hands
- Follow all steps of hand washing as instructed at the ENTRANCE
- Clean the pulse Oximeter using a piece of wadding soaked in the Alcohol Rub



- Place your index finger inside the Pulse Oximeter
- Wait for 15 seconds till a stable value appears
- Wait till the doctor reads the pulse oximeter reading
- Please soak a piece of wadding with alcohol rub and wipe the interior and the exterior of the device after use.

Sign Post 07

(C) AT THE RESPIRATORY TRIAGE AREA (N O N C O V I D)



Sign Post 08

The patients with respiratory symptoms (non COVID suspects) should be assessed at a separate area. If a COVID suspect is identified he should be directed to the "COVID suspect" triage area.

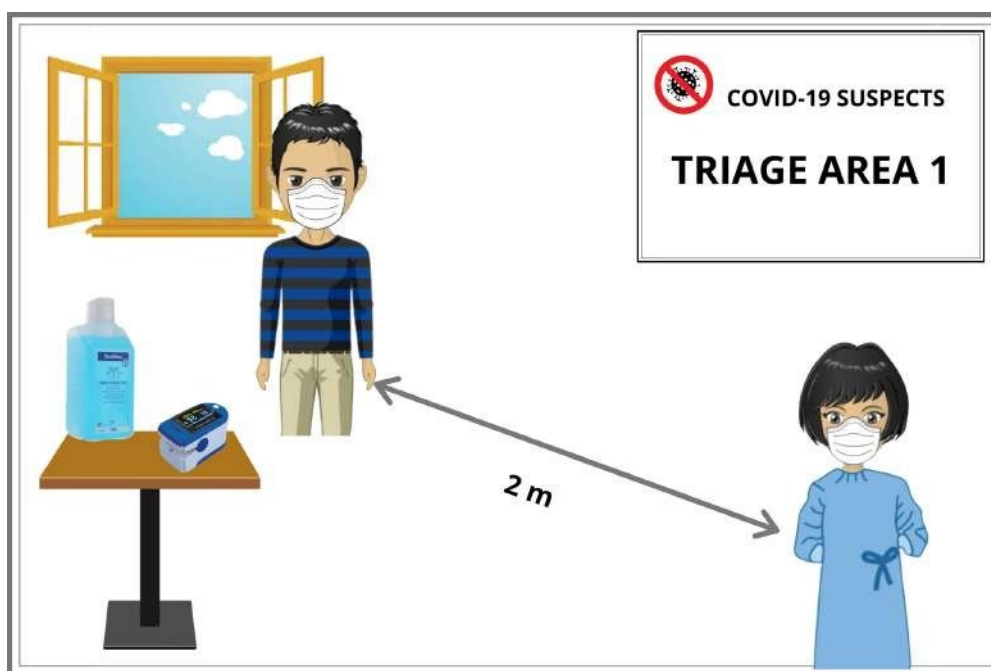
All other patients with respiratory symptoms should be assessed and if they need admission, they should be managed in a dedicated respiratory ward; if they are to be managed at home, they should be subjected to a 14 - day self isolation.

03 TRIAGE AREA FOR COVID SUSPECTS

Suspected patients should be provided with a medical mask at the entrance to the triage area. Wash their hands with soap and water. A sink should be available

History taking section –

- MO should wear a medical mask and gown.
- It should be an open area, with good ventilation ex: veranda.
- The medical officer should sit 2 m away from the patient.
- The designated medical officer will assess the patient by taking history of symptoms, travel and contact and see whether such patients fit into the clinical case definition.
- Pulse oximeter is kept there. Patient to clean the hands with alcohol rub. Wipe the pulse oximeter with alcohol and place the finger. MO will make a note of the readings. MO will check the respiratory rate

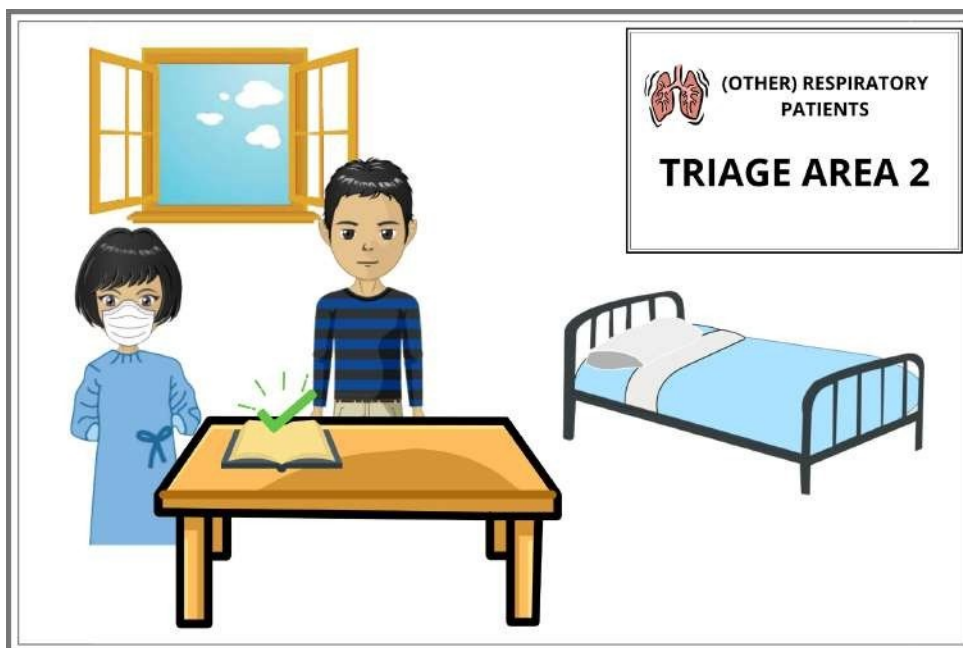


**HISTORY TAKING SECTION - TRIAGE AREA 1
DIAGRAMMATIC REPRESENTATION**

- Those who fit into the suspected case definition and who may need hospital admission will be referred to the nearest designated health care institution for confirmatory testing and management

TRIAGE AREA FOR OTHER RESPIRATORY PATIENTS

- It is possible to get COVID suspects to this area. The medical officer should wear a gown and a medical mask, obtain a history and examine the patient and manage appropriately.
- All admissions are to be sent to the respiratory ward
- If there are COVID suspects, direct those patients to the COVID triage area



**HISTORY TAKING SECTION - TRIAGE AREA 2
DIAGRAMMATIC REPRESENTATION**

EMERGENCY DEPARTMENT CARE - MANAGEMENT OF UNSTABLE PATIENTS WITH RESPIRATORY SYMPTOMS

(A) EMERGENCY DEPARTMENT CALLING CRITERIA

- If a patient is deemed unstable and is in need of resuscitation he or she should be sent to the emergency treatment unit/resuscitation area of the emergency department or preliminary care unit.

Note:

- Triage area should inform the ED/ resuscitation area that the patient referred is a suspected patient with COVID- 19

(B) ZONING IN THE EMERGENCY DEPARTMENT

- All emergency treatment units should have a designated area to manage unstable patients with respiratory symptoms
 - It should have a separate area to manage suspected COVID patients with isolation facilities
 - This area should;
 - be clearly demarcated with minimum number of entry and exit points
 - physically separate patients to the extent that is possible, aiming for a distance of at least 1 m between individuals
 - the highest standard of infection prevention and control within the available resources
- ex:** alcohol based hand rub, soap and water, hand washing stations , regular cleaning

(C) PATIENTS IN THE HIGH RISK AREAS

- Ensure all patients, where it is clinically safe to do so, are wearing a surgical mask

(D) STAFF IN THE HIGH RISK AREAS

- High risk areas should be staffed by a team of dedicated clinicians separate from those looking after other areas
- Should wear appropriate PPE and make rational use of such at all times

Note :

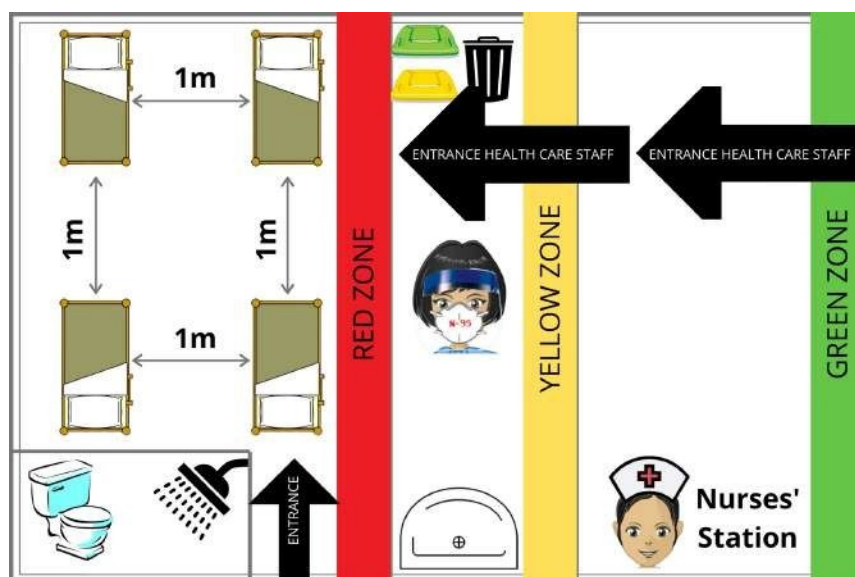
- Although PPE should ideally be exchanged between each patient encounter, this may not be feasible in the context of limited resources and overwhelming demands for care

(E) EQUIPMENT IN THE HIGH RISK AREAS

- There should be dedicated equipment for patients in this area

(A) MANAGING PATIENT PLACEMENT

- Maintain at least 1 meter distance between all patients
- Avoid putting more than one patient in a single hospital bed
- Patient should always wear a medical mask (except when eating and drinking).
- Have alcohol based hand rub or soap and water hand-washing stations readily available
- Equipment used for the patient should be thoroughly cleaned with 70% alcohol; ex: stethoscope, BP apparatus
- Patients' and the nurses' areas should be placed an adequate distance apart from each other,
- In between there should be a donning and doffing area

**WARD LAYOUT**

- Portable X Ray in the isolation area is preferred.

(B) M A N A G I N G T H E E N V I R O N M E N T

- Limit movement of patients within the healthcare facility to reduce spread of infection
- If a patient needs to be moved ex: transfer out of hospital, plan ahead: all staff and visitors who will come into direct contact with the patient should wear PPE (PPE- with medical mask)
- Perform regular environment cleaning and disinfection (Refer the video)
- How to communicate with the patients : place a telephone inside, with an alcohol rub.
- Patients' entry and exit to the ward is from a separate area.
- Patients have to bring very minimal things. Visitor to bring an outfit with footwear packed in a bag and the staff member will put it into another bag when accepting.
- All clothes – consider as infected material.
- Mobile phones belonging to the patient should be wiped in alcohol
- Patients have to bathe before leaving the COVID suspect ward
- Maintain good ventilation. If possible open doors and windows
- Patient's washrooms :

Provide instruction to the patient to;

- Wash shower handles and taps with soap and water before and after use.
- Close the lid of the toilet seat before flushing the commode.



Sign Post 09



Sign Post 10

(C) MANAGING VISITORS

- No visitors are allowed in the COVID suspect ward

(D) INSTRUCTIONS TO HEALTH CARE WORKERS

- Using PPE

W H E N	W H A T
At the point of entry /triage	medical mask, gown 
Collecting respiratory specimens	goggles/face shield, N95 respirator, gown, gloves  OR 

- Using PPE (Ctd ..)

W H E N	W H A T
Caring for a patient (confirmed or suspected)- no aerosol generating procedure	goggles/face shield, gown, gloves, medical mask  OR 
Caring for a patient (confirmed or suspected)- with aerosol generating procedures	goggles/face shield, N95 respirator, gown, gloves  OR 
Transport of a patient (confirmed or suspected)	goggles/face shield, medical mask, gown, gloves  OR 

(D) INSTRUCTIONS TO HEALTH CARE WORKERS (CTD...)

- Do not touch the eyes, nose or mouth with gloves or bare hands until proper hand hygiene has been performed.
- Dispose PPE in a waste bin with lid and wash hands thoroughly.
- Anything single-use should not be reused or sterilized.
- Hand hygiene –Use an alcohol based hand rub or wash hands with soap and water for 20 seconds.
 - Before touching a patient
 - Before engaging in clean/aseptic procedures
 - After body fluid exposure risk
 - After touching a patient
 - After touching patient surroundings

07

DEDICATED RESPIRATORY WARD

- *This ward is for all other patients with respiratory problems who do not fit the current case definitions of COVID-19 suspects. Ex: Acute and Chronic respiratory complaints, Pneumonias, exacerbation of COPD / Asthma etc.*

(A) WARD SETUP

- The ward should be divided to 2 areas (for Clinically stable and Clinically unstable patients).
- If there is adequate space the ward can be further divided into separate sections for acute and chronic respiratory patients.

(A) W A R D S E T U P (C T D . . .)

- Adequate spacing should be kept in between beds (1 m apart).
- Adequate ventilation / sunlight should be maintained inside the ward as much as possible
- At the entrance to the ward – Designate an area for donning and doffing.
- Hand sanitizers/soap and a wash basin should be available in this area

(B) T H E S T A F F

- The staff in the respiratory ward should wear standard PPE when in close contact with patients. (Surgical mask, gown, gloves, visor/ eye protection).
- If gloves are worn they should be changed from patient to patient.
- *Clean hands and the stethoscope with alcohol rub from patient to patient*
- N95 mask should be worn when conducting aerosol generating procedures (CPR, nebulizations, intubation etc)

(C) P A T I E N T C A R E

- The frequency of monitoring of clinically stable patients should be minimized.
- Routine aerosol generating procedures like nebulizations should be stopped or minimized. Patients should be managed using spacers with MDI inhalers whenever possible.
- *If nebulizations are needed this can be patient operated with the patient away from the rest of the patients.*

ANNEXURES

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ENGLISH
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SINHALA
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TAMIL

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சுகாதாரம் மற்றும் சுதேசவைத்தியஅமைச்சு
Ministry of Health & Indigenous Medical Services

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

Screening and management of healthcare workers following exposure to a confirmed/suspected case of COVID-19 (V2 dated - 01.04.2020)

With possible increase in the number of COVID-19 cases, frontline healthcare workers (HCW) are at higher risk of exposure.

This circular is to provide a standard screening tool and disposition for healthcare workers who have been exposed to a confirmed/suspected case of COVID-19. It will provide appropriate quarantine and testing to ensure the safety of HCW and build confidence in continuing to work. Disposition of the HCW following exposure to confirmed/ suspected case of COVID-19 will depend on their level risk of exposure and development of symptoms in the HCW. This circular has three parts:

1. Assessment of the level of risk associated with the exposure
2. Protocol for Asymptomatic HCW/ member of staff according to the level of risk
3. Protocol for Symptomatic HCW/ member of staff according to the level of risk

1. Assessment of the level of risk associated with the exposure of a HCW/Member of staff exposed to a confirmed*/ probable# COVID 19 patient

***confirmed COVID 19 patient** - A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

#probable COVID 19 patient - A suspect case for whom testing for the COVID-19 virus is inconclusive. ('Inconclusive' herein refers to an inconclusive result of the test reported by the laboratory or a suspect case for whom testing could not be performed for any reason)

For a HCW to be considered as having been exposed, the exposure should have taken place within a period of 48 hours before the onset of the symptoms and up to 14 days after the onset of symptoms in the patient.

In the event of an exposure to an asymptomatic case, the period of contact is measured as the 48 hours before the date on which the sample which led to confirmation was taken and up to 14 days after the date of which the sample was taken.

Assessing the “risk of exposure”

Should be done by a committee appointed by the hospital

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

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

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

The level of risk is determined as follows:

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

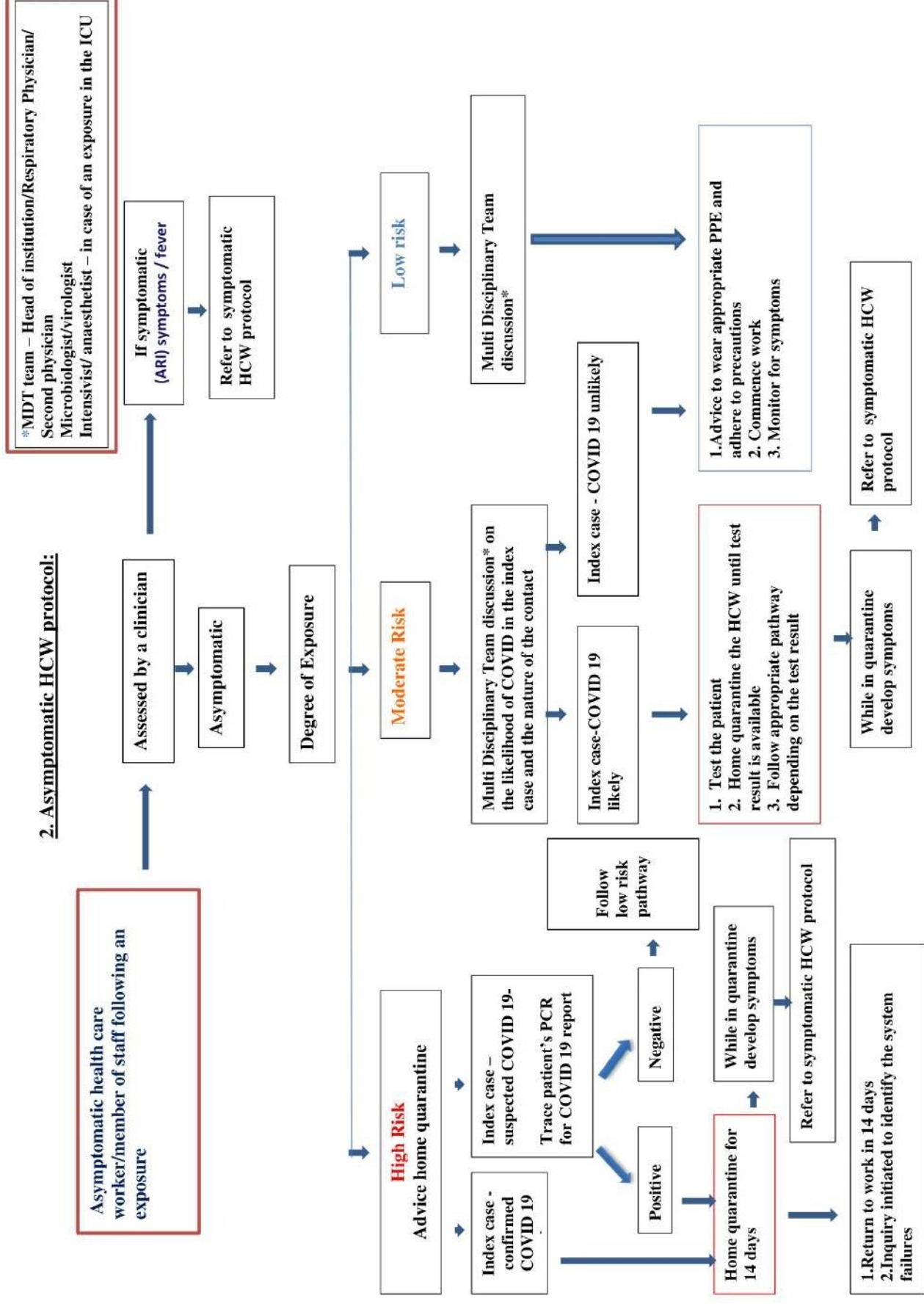
Further management of the HCW is as follows:

If Asymptomatic → Asymptomatic HCW flow chart

If Symptomatic → Symptomatic HCW protocol

Exposures of healthcare workers should be directly notified immediately to the Epidemiology Unit (Annexure 1).

2. Asymptomatic HCW protocol:



3. Symptomatic health care worker/member of staff protocol

HCW - Unwell with Acute Respiratory Infection (ARI) symptoms / fever with an exposure to a confirmed/ suspected COVID 19 patient

Should be assessed by a committee appointed by the hospital

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

3.1 Management of the HCW

In case of a “High risk” exposure – test the HCW

- The health care worker should be assessed and investigated in an isolation area
- Swabs for PCR for COVID 19 and other appropriate investigations should be sent and traced as early as possible.
- Until the result is known the HCW be kept in the isolation area.
- If the PCR for COVID 19 is positive – **All confirmed cases should be transferred to a COVID-19 Treatment Centre.**
- If the PCR for COVID 19 is negative,
 - Investigate and continue appropriate management
 - Assess fitness for discharge from hospital
 - If not fit for discharge, manage in an isolation area
 - If fit for discharge - should be home quarantined for 14 days

In case of “Moderate risk” exposure – test the HCW

- The health care worker should be assessed and investigated for COVID 19 and other possible causes in an isolation area
- Swabs for PCR for COVID 19 should be sent and traced as early as possible.
- Until the result is known the HCW be kept in the isolation area and managed appropriately
- If the PCR for COVID 19 is positive – **All confirmed cases should be transferred to a COVID-19 Treatment Centre.**
- If the PCR for COVID 19 is negative,
 - test the index case (probable COVID suspect)
 - assess for another cause
 - assess fitness for discharge from hospital
 - If not fit for discharge, manage in an isolation area until the COVID status of the index case is determined

- if the index case is COVID positive or the status of the index case cannot be determined – quarantine the HCW for 14 days
- If the index case is negative for COVID 19, and the HCW is fit to work, report to work. (Quarantine is not necessary)

In case of a “Low risk” exposure – Do not test the HCW

- Investigate and treat the underlying cause
- Quarantine is not necessary
- Continue working if fit to work

3.2 Document in the Incident register (Annexure 02)

All healthcare centers should have an incident register.

Any health care worker presenting with symptoms suggestive of an acute respiratory infection +/- fever with an exposure to confirmed/suspected COVID 19 patient should be registered in the incident register (Annexure 02)

The names and contact details of the HCW (in both symptomatic and asymptomatic categories) for whom quarantine is recommended should be sent to the epidemiology unit (see Annexure 01).

3.3 Procedure for granting Leave

When a HCW is quarantined for a duration of 14 days he/she is entitled to special leave with full pay.

When a HCW is kept for testing for COVID 19, the duration taken for testing is covered with special leave.

However, if he/she has no evidence of COVID 19 but does not report for work due to ill health he/she has to provide a medical certificate to qualify for medical leave.

Decision to approve the leave – should be done by a multidisciplinary team (MDT). The members of the MDT team should comprise of technical members and administrative members of the health care institution, led by the head of the institution.

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

.....
Dr. Anil Jasinghe
Director General of Health Services

Dr. Anil Jasinghe
Director General of Health Services
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CC: Secretary of Health
All additional secretaries
All DDGs
Chief Epidemiologist
Director of Health Promotion Bureau

Director (MS)
Presidents of relevant professional colleges

Annexure 01: Notification Form (Proposed Template)

Name	Age	Gender	Designation	Contact number	Present address	Permanent address	Date of last exposure	Place of quarantine

Exposures of Healthcare workers should be immediately notified to the Epidemiology Unit by the attending clinician/head of institution by phone (011-2695112, 011-4740490, 011-4740491, 011-4740492, 011-2681548).

Annexure 02:**Proposed Incident Form – Following exposure to a COVID 19 confirmed/suspected patient****General information**

Date:
Name:
Date of Birth:
Sex:
Permanent Address:
Current Address:
Telephone No.
Designation
Place of work

Details of the exposure –

Date:/...../..... Time: a.m./p.m.
Duration: Nature of exposure:
Institution/department/place that the exposure occurred:
Details of the COVID-19 suspected/confirmed patient:
.....

Type of PPE used – please tick

- ☐ Full PPE
☐ N95mask
☐ Medical mask
☐ Goggles
☐ No PPE

Symptoms at presentation with duration

.....

Details of other members that were exposed at the same time:

Names/symptoms at presentation with duration.

(A separate incident form should be filled for each HCW)

Name	Symptoms	Duration

Annexure 03:

Guidance on the rational use of personal protective equipment (PPE) in hospitals in the context of COVID-19 disease

The rational use of PPE is a key measure to protect healthcare workers and prevent transmission of COVID-19 in healthcare settings.

This document outlines the recommendations for the rational use of PPE in hospitals in the current context.

In addition to using the appropriate PPE, frequent hand hygiene and respiratory hygiene should always be performed. Healthcare workers should discard PPE in an appropriate waste container after use and perform hand hygiene before donning and after doffing of PPE.

Setting	Target personnel or patients	Activity	Type of PPE or procedure
Healthcare facilities			
Triage*	Healthcare workers	Preliminary screening not involving direct contact.	Maintain spatial distance of at least 1 m. Surgical mask
	Patients with respiratory symptoms.	Any activity	Maintain spatial distance of at least 1 m. Provide surgical mask.
	Patients without respiratory symptoms	Any activity	No PPE required
Waiting areas until transfer (in hospitals where inpatient facilities are not available and patients awaiting transfer to designated hospitals)	Suspected cases of COVID 19	Any activity	Provide surgical mask Immediately move the patient to an isolation room or separate area away from others; if this is not feasible, ensure spatial distance of at least 1m from other patients.
Areas of patient transit (e.g., wards, corridors) ¹	All staff, including healthcare workers.	Any activity that does not involve contact with COVID-19 patients.	No PPE required
	All staff, including healthcare workers.	If involved in patient transfer	Surgical mask or and gloves

*Triage of patients in the hospital

¹ (Have a designated route for the transport of patients within the hospital. Before transporting the patient, inform the destination unit of the patient's transfer. Make arrangements to clear the route of transport within the hospital (making announcement over the public address system or through staff). Make sure the patient is given a surgical mask.

Patient room ²	Healthcare workers	Providing direct care to COVID-19 suspected or confirmed patients.	NIOSH approved N-95 mask Impermeable isolation gown Two pairs of gloves Eye protection (goggles or face shield) Surgical hood or Cap Covered shoes and fluid resistant shoe cover or boots
		Aerosol-generating procedures performed on COVID-19 patients.	NIOSH approved N95 mask or FFP2 standard, or equivalent. Impermeable isolation gown Two pairs of gloves Eye Protection Apron Surgical Hood Covered shoes and fluid resistant shoe cover or boot
	Cleaners	Entering the room of COVID-19 patients.	NIOSH approved N-95 mask or surgical masks Fluid resistant gown Heavy duty gloves Eye protection Boots or closed work shoes and shoe covers Surgical cap or surgical Hood (Masks and eye protection can be shared between rooms of confirmed cases or between rooms of suspected cases)
	Visitors ³	Entering the room of a COVID-19 patient	Surgical mask Gown Gloves
Laboratory and biosafety cabinet	Lab technician	Manipulation of respiratory samples.	Surgical mask gown Fluid resistant Gloves Eye protection

² If cohort isolation of suspected cases of COVID 19 is practiced, the same set of PPEs should be used for all patients.

³ Visitors should not be allowed. If visitors must enter a COVID-19 patient's room, they should be provided with clear instructions about how to put on and remove PPE and about performing hand hygiene before putting on and after removing PPE; this should be supervised by a healthcare worker.

Administrative areas	All staff, including Healthcare workers.	Administrative tasks that do not involve contact with COVID-19 patients.	No PPE required
Ambulance or transfer vehicle ⁴	Healthcare workers	Transporting suspected COVID-19 patients in the same compartment of the ambulance to the referral healthcare facility.	Surgical mask or NIOSH approved N95 mask Fluid resistant gowns Gloves Eye protection
	Driver	Involved only in driving the patient with suspected COVID-19 disease and the driver's compartment is separated from the COVID-19 patient	Maintain spatial distance of at least 1 m. No PPE required
		Assisting with loading or unloading patient with suspected COVID-19 disease.	Surgical mask or NIOSH approved N95 mask Fluid resistant gowns Gloves Eye protection
		No direct contact with patient with suspected COVID-19, but no separation between driver's and patient's compartments	Surgical mask
	Patient with suspected COVID-19 disease.	Transport to the referral healthcare facility.	Surgical mask
	Cleaners	Cleaning after and between transports of patients with suspected COVID-19 disease to the referral healthcare facility.	Surgical mask Fluid resistant gown Heavy duty gloves Eye protection Boots work or closed shoes

1. Display a signage to direct patients with a recent travel history to countries/areas with COVID 19 within 14 days or with a contact history with someone who had travelled to such an area and developed symptoms or a person suspected/diagnosed with COVID 19
2. Display these signage in all the main languages at the entrance to the hospital building
3. Use a checklist to identify suspected cases of COVID 19 during the triage of patients. Inquire the following:
 - a. Travel history
 - b. Respiratory symptoms
 - c. Contact history
4. Refrain from performing a detailed clinical examination of suspected patients in the triage area unless medically indicated
5. Healthcare workers can wear the same PPE for a shift in the triage area

Do you have ANY of these symptoms?



COUGH



SORE THROAT



**SHORTNESS
OF BREATH**



FEVER



Did you have **any contact** with a **person from overseas**, a **patient diagnosed** or **suspected of COVID-19**?

OR

Did you **travel to a foreign country** recently?

OR

Did you **travel to or reside** in a **designated area** of **high transmission of COVID-19** disease during the **14 days before** the onset of your symptoms?



TRIAGE AREA 1

ඔබට මෙම රෝග ලක්ෂණ තිබේ ද ?



කැස්ස



උගුර අමාරුව



හුස්ම ගැනීමේ
අපහසුතාව



උණ



ඔබ විදේශීය රටක සිට පැමිණි අයෙකු සමග හෝ කොරෝනා රෝගය වැළඳී ඇතැයි
නඟවුරු වූ හෝ වැළඳී ඇතැයි සැක කරනා අයෙකු සමග
සමීප සබඳතාවක් පැවැත්වූ අයෙක් ද ?

නැතහොත්

ඔබ මෑතක දී විදේශීය රටක සිට පැමිණි අයෙක් ද ?

නැතහොත්

ඔබ කොරෝනා රෝගය සම්බන්ධව අධි අවධානම් කලාපයක වෙසෙන්නෙකු
හෝ

ඔබගේ රෝග ලක්ෂණ මතුපිටට දින 14 කට ඉහත දී එවන් කලාපකට සංචාරය කළ
අයෙක් ද ?



රෝගී අංශය 1

**உங்களுக்கு கீழ் கண்ட நோய்
அறிகுறிகள் ஏதாவது
இருக்கிறதா?**



இருமல்



தொண்டைவலி/
நோவு



மூச்சுத்திணறல்



காய்ச்சல்



நீங்கள் வெளிநாடுகளிலிருந்து திரும்பியவர்களுடனோ அல்லது கொவிட்-19 தொற்று
நோயாளியுடனோ அல்லது கொவிட்-19 தொற்று சந்தேகம் உள்ளவரிடமோ
ஏதேனும் தொடர்பில் இருந்தீர்களா?

அல்லது

குறுகிய காலத்திற்குள் நீங்கள் வெளிநாடுகளுக்குப் பயணம் செய்துள்ளீர்களா?

அல்லது

நோய் அறிகுறிகள் தொடங்குவதற்கு 14 நாட்களுக்கு முன்பதாக
COVID-19 நோய் தொற்று பரவலாக உள்ளதென அடையாளப்படுத்தப்பட்ட இடங்களுக்கு
பயணம் செய்தீர்களா? அல்லது வசித்து வந்தீர்களா?



**நோயாளர் வகைப்படுத்தும்
இடம் -1**

Do you have **ANY** of these symptoms?



COUGH



SORE THROAT



SHORTNESS
OF BREATH



FEVER



Did you have **any contact** with a **person from overseas**, a **patient diagnosed** or **suspected** of **COVID-19**?

OR

Did you **travel to a foreign country** recently?

OR

Did you **travel** to or **reside** in a **designated area** of **high transmission of COVID-19** disease during the **14 days before** the onset of your symptoms?



TRIAGE AREA 2

ඔබට මෙම රෝග ලක්ෂණ තිබේ ද ?



කැස්ස



උගුර අමාරුව



හුස්ම ගැනීමේ
අපහසුතාව



උණ



ඔබ විදේශීය රටක සිට පැමිණි අයෙකු සමග හෝ කොරෝනා රෝගය වැළඳී ඇතැයි
තහවුරු වූ හෝ වැළඳී ඇතැයි සැක කරන අයෙකු සමග
සමීප සබඳතාවක් පැවැත්වූ අයෙක් ද ?

නැතහොත්

ඔබ මෑතක දී විදේශීය රටක සිට පැමිණි අයෙක් ද ?

නැතහොත්

ඔබ කොරෝනා රෝගය සම්බන්ධව අධි අවධානම් කලාපයක වෙසෙන්නෙකු
හෝ

ඔබගේ රෝග ලක්ෂණ මතුවීමට දින 14 කට ඉහත දී එවන් කලාපකට සංචාරය කළ
අයෙක් ද ?



රෝගී අංශය 2

**உங்களுக்கு கீழ் கண்ட நோய்
அறிகுறிகள் ஏதாவது
இருக்கிறதா?**



இருமல்



தொண்டைவலி/
நோவு



மூச்சுத்திணறல்



காய்ச்சல்



நீங்கள் வெளிநாடுகளிலிருந்து திரும்பியவர்களுடனோ அல்லது கொவிட்-19 தொற்று
நோயாளியுடனோ அல்லது கொவிட்-19 தொற்று சந்தேகம் உள்ளவரிடமோ
ஏதேனும் தொடர்பில் இருந்தீர்களா?

அல்லது

குறுகிய காலத்திற்குள் நீங்கள் வெளிநாடுகளுக்குப் பயணம் செய்துள்ளீர்களா?

அல்லது

நோய் அறிகுறிகள் தொடங்குவதற்கு 14 நாட்களுக்கு முன்பதாக
COVID-19 நோய் தொற்று பரவலாக உள்ளதென அடையாளப்படுத்தப்பட்ட இடங்களுக்கு
பயணம் செய்தீர்களா? அல்லது வசித்து வந்தீர்களா?



**நோயாளர் வகைப்படுத்தும்
இடம் -2**



COVID-19 SUSPECTS

TRIAGE AREA 1



කොරෝනා රෝග ලක්ෂණ
සිහින

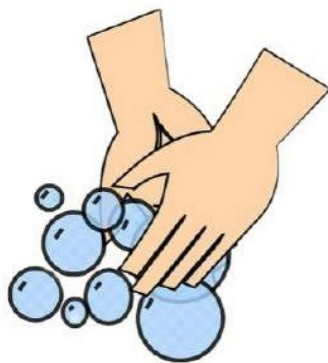
රෝගී අංශය 1



கொவிட் 19 தொற்று நோய்
சந்தேகமுள்ளவர்களை

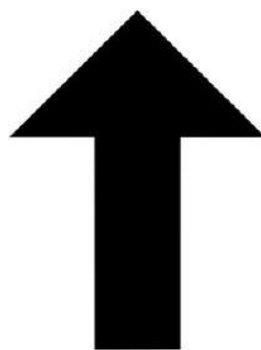
வகைப்படுத்தும்
இடம் - 1

PLEASE WASH YOUR HANDS

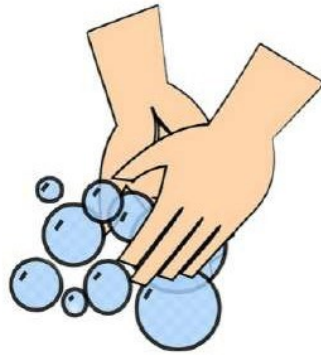


Use Soap and Water

**FOLLOW THE STEPS SHOWN
HERE**

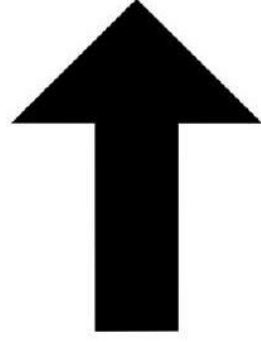


කරුණාකර දැන් සෝදා පිරිසිදු
කරගන්න

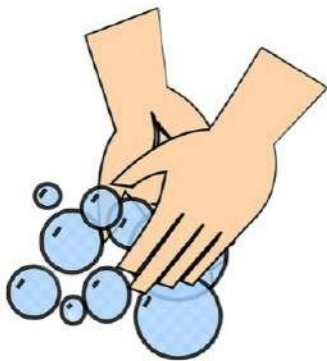


සබන් භාවිතා කරන්න

මෙහි දක්වා ඇති පියවර අනුගමනය
කරන්න

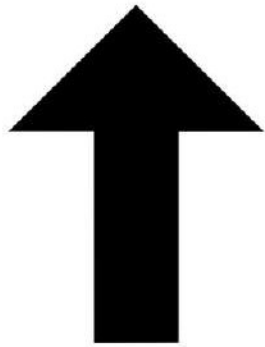


தயவு செய்து கைகளை கழுவுங்கள்

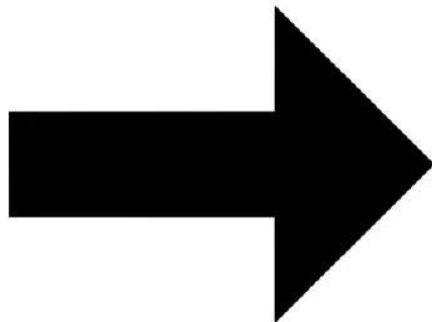


சவர்க்காரமிட்டு ஓடும் நீரில்
நன்கு கழுவவும்

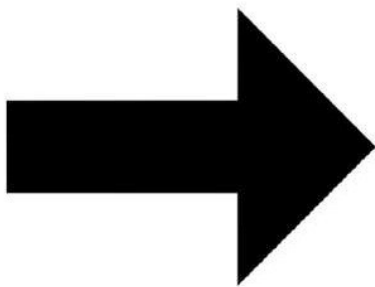
இங்கே காட்டப்பட்ட படிமுறைகளை
பின்பற்றவும்



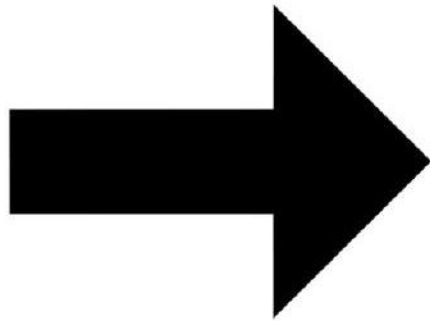
**PLEASE PICK UP A
FACE MASK**



කරුණාකර මුඛාවරණයක් ගෙන
පැමිණෙන්න



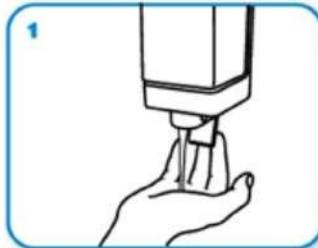
**தயவு செய்து முகக் கவசங்களை
அணிந்து கொள்ளவும்.**



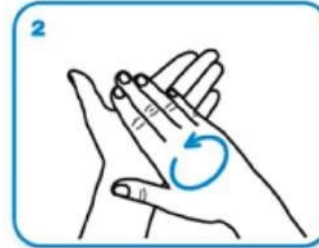
STEPS TO HAND WASHING



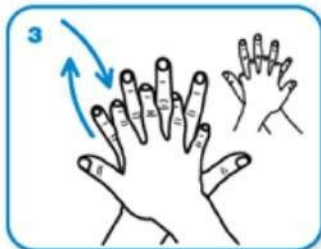
Wet hands with water



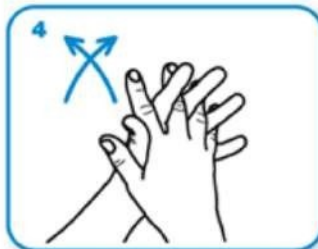
apply enough soap to cover all hand surfaces.



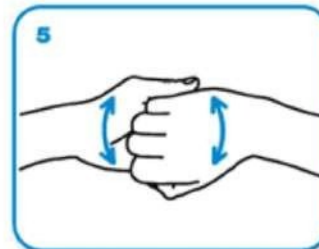
Rub hands palm to palm



right palm over left dorsum
with interlaced fingers
and vice versa



palm to palm with fingers
interlaced



backs of fingers to opposing
palms with fingers interlocked



rotational rubbing of left thumb
clasped in right palm
and vice versa



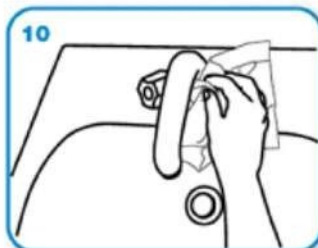
rotational rubbing, backwards
and forwards with clasped
fingers of right hand in left
palm and vice versa.



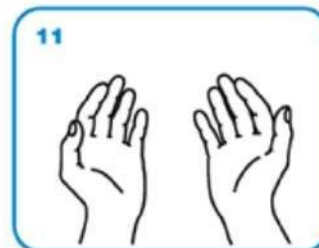
Rinse hands with water



dry thoroughly with a single
use towel



use towel to turn off faucet

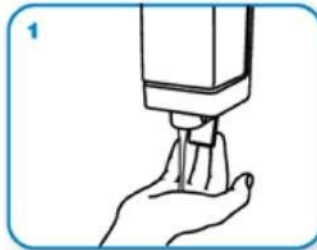


...and your hands are safe.

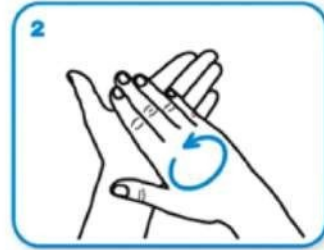
දැන් සේදීමේ පියවර



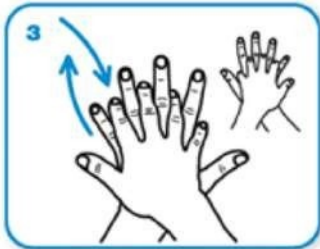
අත් හොඳින් වතුරෙන් තෙමා ගන්න



දැනෙහි සියළු පෘෂ්ඨයන් මත හොඳින් සබන් තවරා ගන්න



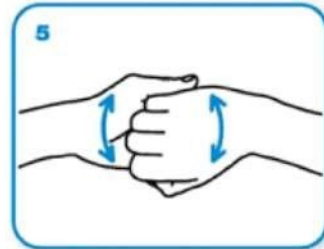
දැනේ අත්ල එකිනෙකට හොඳින් පිරිමදින්න



දකුණු අතෙහි අත්ල වමතෙහි පිටපැත්ත මතින් තබා අත්ල සහ ඇඟිලිකරු අතර හොඳින් පිරිමදින්න. අනෙක් අතට ද එසේ කරන්න.



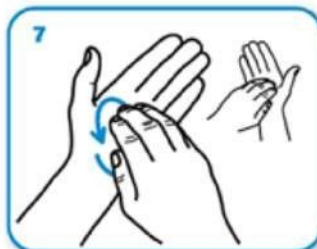
අත්ල හා ඇඟිලිකරු අතෙක් අතෙහි අත්ල හා ඇඟිලිකරු අතර හොඳින් පිරිමදින්න



එක් අතක ඇඟිලිවල පිටපැත්ත අනෙක් අතෙහි අත්ල මත පිහිටන සේ දැන් එක් කර හොඳින් පිරිමදින්න



වම් මාපට ඇඟිල්ල දකුණු අත්ලෙන් අල්ලා වෘත්තාකාරව හොඳින් පිරිමදින්න. අනෙක් අතට ද එසේ කරන්න.



දකුණු අතෙහි ඇඟිලිකුඩුවලින් වම් අත්ල රවුමට පිරිමදින්න. අනෙක් අතට ද එසේ කරන්න.



සබන් සේදී යන තෙක් දැන් වතුරෙන් සෝදන්න



එක්වරක් පමණක් භාවිතා කළහැකි අත්පිස්නයකින් දැන් පිසදා ගන්න

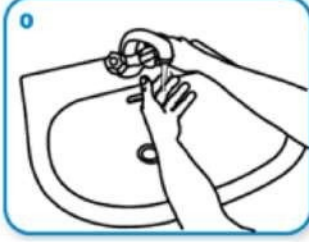


ජල කරාමය වැසීමට එම අත්පිස්නය භාවිතා කරන්න

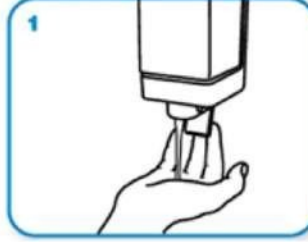


දැන් ඔබේ දැන් සෞඛ්‍යාරක්ෂිත ය.

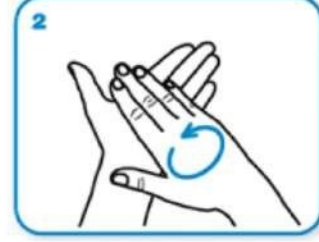
முறையான கை கழுவுதலின் படிமுறைகள்



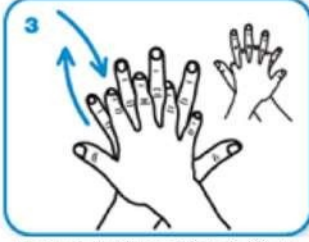
கைகளை முழுமையாக தண்ணீரின் நனைக்க வேண்டும்.



கைகளின் எல்லா பாகங்களும் படுமாறு சவர்க்காரத்தைத் தேய்க்க வேண்டும்.



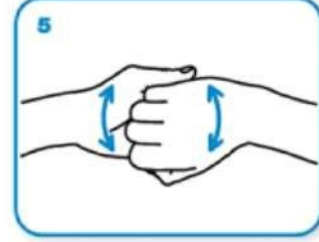
உள்ளங்கைகள் இரண்டையும் ஒன்றோடொன்று தேய்க்கவும்.



வலது உள்ளங்கையினால் இடது கையின் பின்புறமாக தேய்க்கவும். அத்தோடு விரல்களிடையே நன்கு தேய்க்கவும். அதேபோல் எதிர்ப்பக்கக் கையையும் தேய்க்கவும்.



மீண்டும் உள்ளங்கைகளுக்கிடையேயும் விரல்களுக்கிடையேயும் கழுவவும்.



விரல்களின் பின்புறத்தை எதிர் உள்ளங்கையினால் விரல்கள் ஒன்று சேருமாறு தேய்க்கவும்.



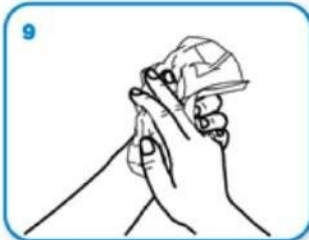
இடது பெருவிரலை வலது உள்ளங்கையினால் சுழற்சியாக தேய்க்கவும். அவ்வாறு மறுபுறமும் செய்யவும்.



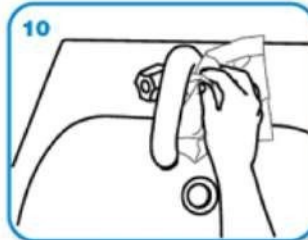
இடது உள்ளங்கையினை வலது விரல்களினால் முன்னாலும் பின்னாலும் வருட வேண்டும். இதே போல் மற்ற கையிலும் செய்யவும்.



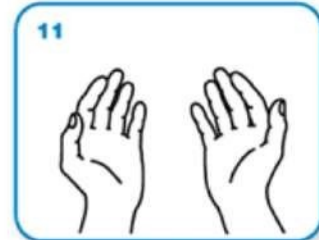
கைகளை தண்ணீரில் நன்றாக கழுவவும்.



ஒரே தடவை பயன்படுத்தக் கூடிய துணியால் நன்கு துடைக்கவும்.



கைகளை துடைத்த துணியை பயன்படுத்தி நீர் குழாயின் திருகியை மூடவும்.



தற்போது உங்கள் கைகள் சுத்தமானதும் பாதுகாப்பானதும் ஆகும்.

HOW TO USE THE PULSE OXIMETER



- Use the alcohol rub placed in the dispenser to clean your hands
- Follow all steps of hand washing as instructed at the ENTRANCE
- Clean the pulse Oximeter using a piece of wadding soaked in the Alcohol Rub



- Place your index finger inside the Pulse Oximeter
 - Wait for 15 seconds till a stable value appears
 - Wait till the doctor reads the pulse oximeter reading
-
- Please soak a piece of wadding with alcohol rub and wipe the interior and the exterior of the device after use.

‘පල්ස් ඔක්සිමීටරය’ භාවිතා කරන ආකාරය



- පළමුව ඔබගේ දෑත් පිරිසිදු කරගැනීම සඳහා ලබා දී ඇති සනීපාරක්ෂක අත් සේදුම භාවිතා කරන්න.
- පිවිසුමෙහි සඳහන් කර තිබූ දෑත් සේදීමේ සියලු පියවර අනුගමනය කරන්න.
- සනීපාරක්ෂක අත් සේදුමෙන් පොහොසත් ගෝස් කැබ්ලේලකින් පල්ස් ඔක්සිමීටරයෙහි ඇතුළතත් පිටතත් හොඳින් පිසදමන්න.



- ඔබගේ දබර ඇඟිල්ල පල්ස් ඔක්සිමීටරය තුළට දමන්න.
 - ස්ථාවර අගයක් දිස්වන තුරු තත්පර 15 ක් ඇඟිල්ල රඳවා තබාගන්න.
 - වෛද්‍යවරයා එම අගය සටහන් කරගන්නා තුරු මඳක් රැඳී සිටින්න.
- නැවතත් සනීපාරක්ෂක අත් සේදුමෙන් පොහොසත් ගෝස් කැබ්ලේලකින් පල්ස් ඔක්සිමීටරයෙහි ඇතුළතත් පිටතත් හොඳින් පිසදමන්න.

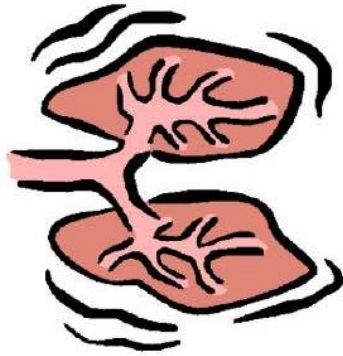
குருதி நாடி ஆக்ஷிஜன் அளவை அளக்கும் கருவியை எவ்வாறு பயன்படுத்துவது?



- வழங்கியிருக்கும் மதுசாரம் கலந்த தொற்று நீக்கும் திரவத்தினைப் பயன்படுத்தி கைகளை சுத்தப்படுத்திக் கொள்ளுங்கள்.
- நுழைவாயிலுள்ள அறிவுறுத்தலுக்கமைய சகல படிமுறைகளையும் பின்பற்றி கைகளை கழுவிக்கொள்ளுங்கள்.
- குருதி நாடி ஆக்ஷிஜன் அளக்கும் கருவியை மதுசாரம் கலந்த தொற்று நீக்கும் திரவத்தினை கொண்டு நனைக்கப்பட்ட பஞ்சினால் சுத்தப்படுத்திக் கொள்ளுங்கள்.

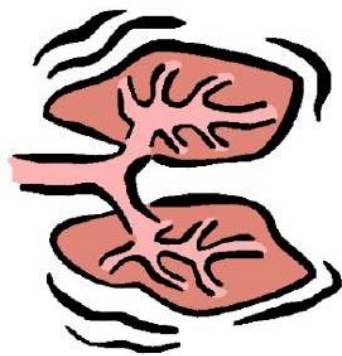


- உங்கள் சுட்டுவிரல் / ஆள்காட்டிவிரலை குருதி நாடி ஆக்ஷிஜன் அளக்கும் கருவிக்குள் உட்செலுத்துங்கள்.
- நாடி குருதி ஓட்சிசன் கருவி நிலையான வாசிப்பை காட்டும் வரை 15 வினாடிகள் காத்திருங்கள்.
- வைத்தியர் உங்களின் நாடி குருதி ஓட்சிசன் அளவை வாசிக்கும் வரை காத்திருங்கள்
- குருதி நாடி ஆக்ஷிஜன் அளக்கும் கருவியை பாவித்த பின்னர், தயவு செய்து மதுசாரம் கலந்த தொற்று நீக்கும் திரவத்தை பயன்படுத்தி நனைத்த பஞ்சின் மூலம் உட்புறமும், வெளிப்புறமும் சீராக சுத்தப்படுத்துங்கள்



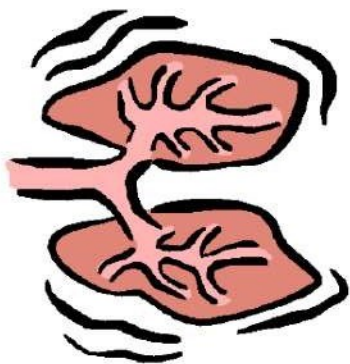
**(OTHER) RESPIRATORY
PATIENTS**

TRIAGE AREA 2



ශ්වසන රෝග ලක්ෂණ සහිත
(අනෙකුත්)

රෝගී අංශය 2



கொவிட் 19 தொற்றுச் சந்தேகம்
இல்லாதவர்களை

வகைப்படுத்தும்

இடம் - 2

KINDLY WASH THE TAPS

WITH SOAP AND WATER

BEFORE AND AFTER USE.

**This is for your own
protection.**



පාවිච්චියට පෙර සහ පසු ජල කරාම

සවන් යොදා

හොඳින් සෝදන්න.

මෙය ඔබේ ම ආරක්ෂාව සඳහා බව
කරුණාවෙන් සලකන්න.



தயவு செய்து நீங்கள் தண்ணீர் குழாயை(Tap)
திறந்து ஏதாவது தேவைகளுக்கு பயன்படுத்த
முன்பும் முடிந்தபின்பும் அதை

சவர்க்காரம் பயன்படுத்தி

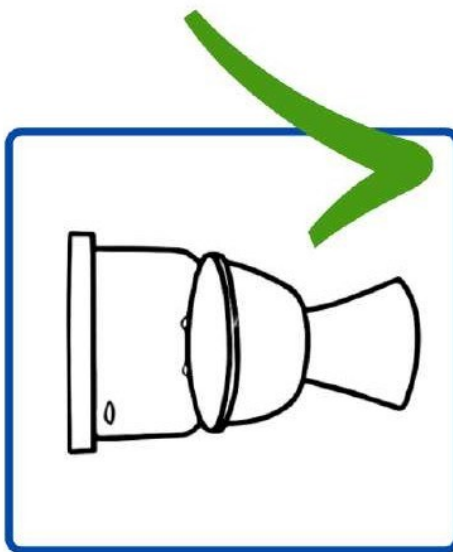
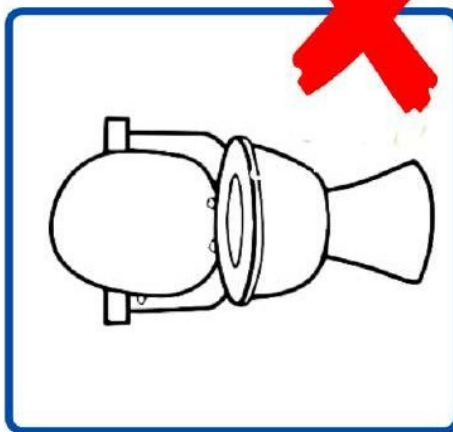
கழுவவும்.



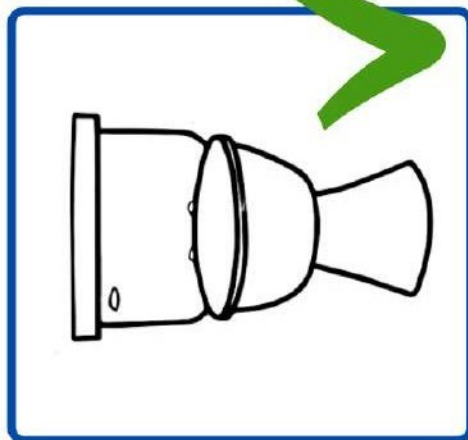
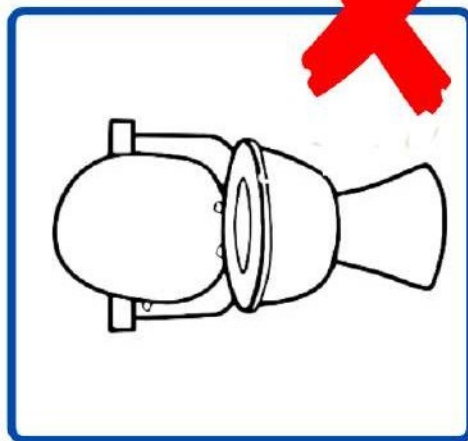
இது உங்களை கொரோனா
தொற்றிலிருந்து பாதுகாக்கும்
ஒரு நடவடிக்கையே!

CLOSE THE LID OF THE TOILET SEAT

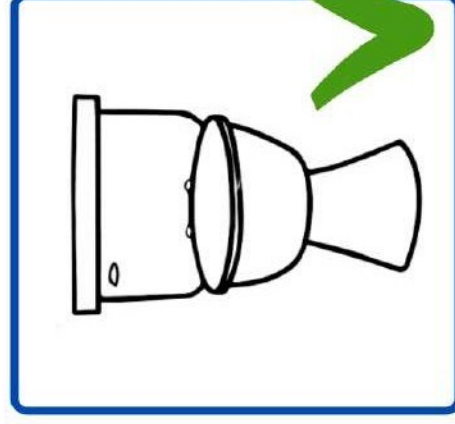
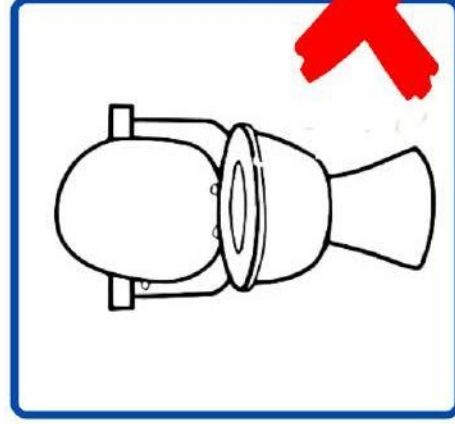
BEFORE YOU FLUSH.



වැසිකිළිය භාවිතා කිරීමෙන් පසු වතුර
මුදා හැරීමට (ඒලෂ් කිරීමට), පෙර
කොමොඩයේ පියන වැසීමට
සැලකිලිමත් වන්න.



தயவுசெய்து மலசலகூடத்தை
பாவித்தபின் கொமேட்டின்
மூடியை முடியபின்பு
தண்ணீரை அடிக்கவும் (flush
பண்ணவும்).



Checklist 01

COVID-19 TRIAGE CHECKLIST

To be filled out by the Medical Officer assessing the patient

Mark each box with  or  as relevant

Patient's

Name :

NIC /PP

No. :

		YES	NO
01	Do you have high fever, dry cough of recent onset or breathlessness?		
02	Did you return to Sri Lanka from abroad within the last 2 weeks?		
03	Did you have contact with a person who returned from abroad recently?		
04	Did you have contact with someone having Coronavirus infection or suspected of having Coronavirus infection?		
05	Do you have any close relation who is in self quarantine?		
06	Do you have any contact with a patient in self quarantine?		
07	Are you residing in or have you been in an area with high COVID transmission?		

Do you have any of the following symptoms?	YES	NO
01 Fever high/ low		
02 Cough dry/productive		
03 Sore throat		
04 Runny nose		
05 Nasal congestion		
06 Anosmia		
07 Shortness of breath		
08 Haemoptysis		
09 Headache		
10 Fatigue		
11 LOA		
12 Nausea		
13 Vomiting		
14 Diarrhoea		
15 Myalgia		
16 Arthralgia		

EXAMINATION	
PR	
RR	
SpO ₂ on Air	

.....
SIGNATURE OF
DOCTOR

Checklist 02

RESPIRATORY TRIAGE AREA CHECKLIST

To be filled out by the Medical Officer assessing the patient

Mark each box with ✓ or ✗ as relevant

Patient's

Name :

NIC /PP

No. :

		YES	NO
01	Do you have high fever, dry cough of recent onset or breathlessness?		
02	Did you return to Sri Lanka from abroad within the last 2 weeks?		
03	Did you have contact with a person who returned from abroad recently?		
04	Did you have contact with someone having Coronavirus infection or suspected of having Coronavirus infection?		
05	Do you have any close relation who is in self quarantine?		
06	Do you have any contact with a patient in self quarantine?		
07	Are you residing in or have you been in an area with high COVID transmission?		

Do you have any of the following symptoms?	YES	NO
01 Fever high/ low		
02 Cough dry/productive		
03 Sore throat		
04 Runny nose		
05 Nasal congestion		
06 Anosmia		
07 Shortness of breath		
08 Haemoptysis		
09 Headache		
10 Fatigue		
11 LOA		
12 Nausea		

Do you have any of the following symptoms?	YES	NO
13 Vomiting		
14 Diarrhoea		
15 Myalgia		
16 Arthralgia		

.....
SIGNATURE OF
DOCTOR

Checklist 03

GENERAL PATIENT SCREEN FOR COVID-19 CHECKLIST (OPD/WARD)

To be filled out by the Medical Officer assessing the patient

These questions should be asked at admission room/initial ward clerking of **ALL ADMISSIONS**

Mark each box with ☒ or ☒ as relevant

Patient's

Name :

NIC /PP

No. :

DURING THE PAST TWO WEEKS

Regarding Travel

QUESTION		YES	NO
01	Did you return from overseas?		
02	Did any family member (living with you) return from overseas?		
03	Are you residing or have you travelled to a high prevalent zone?		
04	Are you/were you in self-quarantine or at a quarantine centre?		

Did you have significant contact with;

QUESTION		YES	NO
01	Anyone returned from overseas?		
02	Confirmed or suspected COVID- 19 patient?		
03	Anyone who had close contacts with foreigners who arrived within 2 weeks?		
04	Anyone living in a high risk zone?		
05	Foreigner/s who arrived within last 2 weeks?		
06	A person who is in self-quarantine or who has been in a quarantine centre?		

SIGNIFICANT CONTACT

A person staying in an enclosed environment such as:

- Same household
- Workplace
- Social gathering
- Inside a vehicle
- Physical contact

HIGH RISK ZONE

Currently, Districts of;

- Colombo
- Kalutara
- Gampaha

Refer Epidemiology Unit website for updated information.

Do you have any of the following symptoms?

SYMPTOMS		YES	NO
01	Fever		
02	Cough		
03	Sore throat / throat pain		
04	Shortness of breath		

.....
SIGNATURE OF
DOCTOR

If you find significant travel or contact with symptom/s immediately inform your seniors.

Patient Information Leaflet (A)



Do you have
symptoms?



Are you a close contact
of a patient ?



Are you in quarantine with
any other medical problem ?

TAKE ACTION AT HOME!

01

Wear a mask



02

Wash your hands with
soap and water



03

Come to a facility
where COVID testing
is available



04

When coming to the
medical facility in a
personal vehicle, keep
windows open, come
with only the driver.



05

Avoid public
transport



Patient Information Leaflet (B)



ඔබට රෝග ලක්ෂණ
කිබ්බේ ද?



ඔබ රෝගියෙකු ව සම්පයෙන්
ඇසුරු කරනවා ද?



ඔබ වෙනත් වෛද්‍යමය ගැටලු ඇති
නිරෝධායනයට ලක් ව සිටින්නෙක් ද?

නිවසෙහිදී ම ක්‍රියාත්මක වන්න !

01

මුඛාවරණයක්
පළඳින්න.



02

සබන් දමා දෑත් හොඳින්
පිරිසිදු කරගන්න.



03

කොරෝනා රෝග
තත්ත්වය පරීක්ෂා කිරීමේ
පහසුකම් ඇති රෝහලක්
වෙත වහා යොමු වන්න.



04

පෞද්ගලික රථයකින්
පැමිණෙන විට එම රථයේ සියලු
ජනේල විවර කර තබන්න. රිය
පදවන්නා පමණක් තමා සමග
රැගෙන එන්න.



05

පොදු ප්‍රවාහන පහසුකම්
භාවිතා කිරීමෙන්
වළකින්න.



**Patient
Information Leaflet
(C)**



உங்களுக்கு நோய்
அறிகுறிகள் உள்ளதா?



உங்களுக்கு கொவிட் 19 தொற்று
நோய் உள்ள ஒருவருடன் நெருங்கிய
தொடர்பு இருக்கின்றதா?



நீங்கள் ஏதேனும் தொற்று
சம்பந்தமாக சுய தனிமைப்படுத்தலில்
உள்ளவரா/ உள்ளீர்களா?

**வீட்டில் எடுக்க வேண்டிய
நடவடிக்கைகள்**

01

முகக் கவசம்
அணியவும்



02

கைகளை சவர்க்காரம்
இட்டு கழுவவும்



03

கொவிட் 19 பரிசோதனை
மேற்கொள்ளக் கூடிய
வைத்தியசாலைக்கு
செல்லவும்



04

வைத்தியசாலைக்கு
தனிப்பட்ட வாகனத்தில்
வரும்போது சாரதியுடன்
மட்டும் வரவும்.
வாகனத்தின் ஜன்னல்களை
திறந்து வைக்கவும்.



05

பொது வாகனங்களில் வர
வேண்டாம். (1990 க்கு
அழைக்கவும்)

