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சுகாதாரம் மற்றும் சுதேச வைத்திய சேவைகள் அமைச்சு
Ministry of Health & Indigenous Medical Services

Heads of Institutions of dedicated COVID-19 treatment facilities

General welfare of COVID-19 PCR positive asymptomatic and mildly symptomatic individuals

With the increase in number of tests and the efficient contact tracing there are many patients with a positive PCR for COVID-19, but with no or mild symptoms. Based on the current policy they are isolated by admitting to dedicated treatment centers other than NIID/IDH, BH Mulleriyawa, BH Welikanda (COVID-19 hospital Iranavila, BH Homagama, etc.).

Due to long period of disease and nature of highly contagiousness, they are kept in isolation for many days and sometimes weeks with minimal social interaction even from their families. This may lead to low mood and psychological stress.

Therefore, it is very important to have the following measures at such dedicated health care facilities, to ensure their psychological and physical wellbeing:

Ward Infrastructure

For the ease of looking after, patients should be categorized into;

- Asymptomatic/Mild
- Moderate
- Severe or critically ill

Each category should be in a suitable area depending on the frequency of monitoring. Severe/ critically ill patients are preferably managed in a designated HDU/ICU.

Following recommendations are for asymptomatic and minimally symptomatic patients

1. The distance between two patient's beds should be at least 1 m.

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2. The ward should be well ventilated. The ward and corridors should have half walls allowing cross ventilation. If there are existing windows they should be kept open as much as possible. If partitions are used, the partitions should only be used to separate staff station, but not for patients.
3. If patients are kept in separate rooms, the room should have a ceiling fan and preferably an exhaust fan. Windows should be kept open allowing ventilation.
4. For environmental (ward/room) disinfection, wet mopping with disinfecting agent (0.1% hypochlorite) followed by mopping with water is the preferred method. **Avoid spraying disinfecting agents while the patient is in the vicinity.** (Refer annexure – Disinfection of the physical environment)
5. There should be a facility/ area available to wash cloths. If available, keeping a washing machine is preferred. A cloths line should be available outside to dry the cloths. In toilets, there should be both commodes and squatting pans.
6. If facilities are available – identify a dedicated garden/ out door area for the patients to walk and sit out at a selected time under observation. There should be chairs/benches kept in the garden for this purpose. Patients should wear a medical mask when going out, and maintain social distancing. There should be a separate entrance/exit to this area for the patients.
7. If facilities are available identify a separate area for dining – This area should have chairs and tables. Have separate plates, cutlery and crockery.
8. There should be a water dispenser with continuous supply of drinking water.
9. Facility to alert the health care staff in an emergency e.g. call bell/intercom should be available.
10. Provision should be made for patients to receive urgent official letters. In case the patient's signature is needed, the Consultant in-charge should sign indicating that the patient is receiving in patient care and is unable to sign.
11. Necessary psychological support should be organized for the patients with the aid of the psychiatrist/psychologist/counsellor.

Recreation

Provision of recreational facilities such as a TV, radio, DVDs and games (carom and other board games, musical instruments excluding wind instruments) are preferred. If possible to have a mini library and a regular supply of dedicated set of newspapers and magazines to be used by the patients in the ward only (prevent infection by ensuring safe disposal/incineration).

There should be facilities to charge the mobile phones. There should not be strict restriction in using mobile phone in the ward during day time.

Transportation of suspected COVID- 19 patients from quarantine centers to hospitals

The following recommendations should be followed when transporting suspected COVID-19 patients with no symptoms or mild symptoms:

1. Patients should be transported in a cleaned ambulance

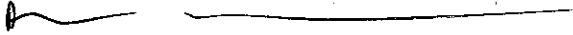
2. Advise patient to perform hand hygiene before getting into the ambulance
3. All patients should wear a medical mask
4. Patients should be seated at 1m distance
5. Maximum of four patients should be transported in one ambulance
6. If the driver and the person who accompanies the patient are travelling in a separate compartment, a medical mask and water resistance gown is recommended for them

Transporting unstable / critically ill suspected / confirmed COVID- 19 patients or patients who cannot travel seated in the ambulance

1. No other patients should be transported with such patients
2. Patient should wear a medical mask (give O₂ with the mask)
3. If the patient is unstable or critically ill, a medical officer or a nursing officer should travel with the patient wearing full PPE in the same compartments
4. The receiving hospital should be informed in advance allowing them to be prepared for the patient.

COVID-19 Operational Cell under the supervision and direction of the Hospital Director must oversee the provision of necessary facilities for these asymptomatic individuals or mildly symptomatic patients who have to be isolated for long period of time.

Relevant 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

Cc: Hon. Minister of Health
Secretary of Health
All DDGs
Relevant PDHS / RDHS
Chief Epidemiologist
Relevant Directors / Medical Superintendants

Annexure - Disinfection of the physical environment of ward/ other area/equipment

Environmental cleaning should be done at least twice a day.

- First wear PPE – N95 respirator, protective eyewear, gloves and fluid resistant gown
- Clean and disinfect frequently touched surfaces, bed rails, bedside equipment etc. using a clean cloth soaked with freshly prepared 0.1% hypochlorite (1000ppm).
- All metal surfaces should be wiped with 60-70% alcohol.
- Floor should be mopped with freshly prepared 0.1% hypochlorite (1000ppm)
- If there is a spillage, spill cleaning must be done with freshly prepared Hypochlorite at 1% (10,000ppm) and contact time should be at least 10 minutes.

Spill cleaning

- Wear PPE
 - Cover the spillage with wadding from periphery to the center
 - Put 1% hypochlorite
 - Leave for 10 minutes
 - Scoop it out and put in a yellow bag (avoid touching it)
 - Then followed by 0.1% hypochlorite cleaning from periphery to the center
 - Remove PPE and perform hand hygiene
- Equipment-If possible use dedicated medical equipment (stethoscope, BP apparatus, thermometer) and disinfect with 60- 70% alcohol after each use.
 - Dedicated wash room should be cleaned with freshly prepared 0.5% hypochlorite.

Environment and equipment disinfection after a COVID 19 suspect becomes a confirmed case:

I. Terminal environmental cleaning -

Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.

- Wear PPE
- Remove all linen, into yellow bags and remove them.
- Remove bed screens and curtains (including disposable curtains/screens) into yellow bags and remove them
- Remove all medical equipment and disinfect as below.
- All metal surfaces should be wiped with 60-70% alcohol.
- If the patient was in an isolation room, after closing the doors spray all surfaces and floors except metal surfaces including mattresses covered with polythene covers, with freshly prepared 0.1% (1000ppm) hypochlorite and apply it all over using a sponge on a stick. Mop floor. Wait for 10 minutes and wash thoroughly with water using a detergent.

If mattresses and pillows do not have polythene covers, remove them before spraying and dispose them.

- Remove PPE and perform hand hygiene

Frequently touched surfaces, bed rails, bedside equipment, furniture, windows, sills and frames, mattresses covered with polythene covers etc. should be cleaned and disinfected by wet mopping with freshly prepared 0.1% hypochlorite (1000ppm).

All metal surfaces should be wiped with 60-70% alcohol.

Floor should be moped with freshly prepared 0.1% hypochlorite (1000ppm).

Wait for 10 minutes and wash thoroughly with water using a detergent.

Remove PPE and perform hand hygiene

- **If there is a spillage spill cleaning must be done before any terminal cleaning** - Use freshly prepared Hypochlorite at 1%(10,000ppm), contact time at least 10 min

II. Equipment-

- Medical equipment (stethoscope, BP apparatus, thermometer) should be disinfected with 60- 70% alcohol.

III. Linen

- Soiled linen should be placed in clearly labelled, leak-proof bags or containers before removal from the ward.
- Linen can be cleaned in either of the following ways:
Soaked in freshly prepared 0.05% hypochlorite for 30 minutes and wash under running tap water and then wash with a laundry detergent and dry fully under direct sunlight.

OR

Washed in a washing machine with hot water cycles (60- 90°C) using a laundry detergent and dry in a dryer.

(If there is any solid excrement on the linen, such as feces or vomit, scrape it off carefully with a flat, firm object and put it in the commode or designated toilet before putting linen in the designated container. If the latrine is not in the same room as the patient, place soiled excrement in covered bucket to dispose of in the toilet)

IV. Waste Management

All yellow bags should be closed and tighten the mouths properly and labelled as COVID waste before disposal.

Recommended methods of disposal-

- Incineration
- MetaMizer
- Handover to Sisilli Hanaro private company

V. Handling of reusable items

- Used goggles wipe with 70% Ethyl alcohol and wash with a detergent. Wipe these with 70% Ethyl alcohol again before use.
- Boots should be soaked in freshly prepared 0.5 % hypochlorite and dry under direct sunlight.
- Soaked mops in freshly prepared 0.5 % hypochlorite and allow to dry under direct sunlight. Mop handle must be disinfected by wiping with 0.1% hypochlorite.

VI. Toilets -

Use Hypochlorite at 0.5% for sink, walls, floor and the commodes

Bedpans

- Disinfect with freshly prepared Hypochlorite at 0.5% after disposing of excreta and clean with a neutral detergent and water.
(Chlorine is ineffective for disinfecting media containing large amounts of solid and dissolved organic matter. Therefore, there is limited benefit to adding chlorine solution to fresh excreta and, possibly, this may introduce risks associated with splashing.)
Contact time at least 10min
- Use washer disinfectant if available

VII. Ambulance Cleaning after transferring patients (at receiving end)

- Wear PPE
- Spray freshly prepared 0.1 Hypochlorite.
- Keep for 10 minutes
- Remove the stretcher
- Wash the stretcher
- Wash the ambulance
- Keep minimum items in the ambulance
- Remove PPE and perform hand hygiene

Source: COVID-19 Clinical Management Expert Committee