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சுவசிரிபாய
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சுகாதார அமைச்சு
Ministry of Health

Provincial Directors of Health Services
Regional Directors of Health Services
Directors/ Medical Superintendents of all Hospitals
All Heads of Institutions
All District Tuberculosis Control Officers (DTCOs)

COVID-19 response strategy at district chest clinics

Considering the current COVID-19 outbreak patterns among the public and healthcare workers, every district tuberculosis control officer (DTCO) is expected to ensure infection prevention and control measures within the chest clinic and to have a contingency plan to maintain essential medical services at the chest clinic, as indicated below.

1. Essential diagnostic and management healthcare services should be continued at district chest clinics.
2. An arrangement to minimize the healthcare workers' exposure to patients at the out-patient department should be in place, depending on the patient load and the staff availability. All healthcare service provisions at district chest clinics should be carried out adhering to the infection prevention and control guidelines issued by the Epidemiology unit for COVID-19, available at https://www.epid.gov.lk/web/images/pdf/Circulars/Corona_virus/sri_lanka_ppe_covid-19_english_25%20may%202020.pdf. Medical officers attending to patients with respiratory symptoms should wear personal protective equipment as indicated in the above guidelines. Maximizing air circulation with open windows inside patient consultation rooms is advised.

3. With immediate effect, the DTCO in consultation with the consultant respiratory physician and the heads of local hospitals should prepare a contingency plan to maintain minimal essential services in a situation where the need arises to quarantine the chest clinic staff members.
- 3.1 The files of registered TB patients who are expected to visit the chest clinic for continuation of care should be arranged in accordance to the due date of the clinic visit. These files should be kept in a secure place in such a way any medical officer/ nurse (even when they are not familiar with the chest clinic set-up) could easily access the patient files for a given date.
- 3.2 The disease category, treatment regimen, and the date of treatment initiation should be clearly indicated in the patients' TB 01 form, to facilitate the issue of drugs to patients.
- 3.3 If a need arises to quarantine the chest clinic staff, a mechanism to continue minimum essential services to patients through a relief medical officer(s) and to distribute drugs without an interruption should be arranged in liaison with the head of the nearest state hospital.
- 3.4 Drug packages with an adequate supply of drugs per patient for two weeks should be prepared, to be distributed to patients in an unlikely event of a closure of a chest clinic.
4. In a situation where the health staff members of a district chest clinic are considered as close contacts of a COVID-19 confirmed patient, this information should be immediately notified to the relevant regional director of health services (RDHS), the regional epidemiologist (RE), and the director of the National Tuberculosis Control Program and Chest Diseases (NPTCCD).
5. Quarantine process of the exposed staff member(s) should be done according to the guidelines laid out by the Epidemiology unit. In the case of any uncertainty, guidance should be obtained from the RE and the RDHS.
6. If a complete lockdown is declared in your district or in the country, please ensure maintenance of minimal essential healthcare services at the district chest clinic as per the guideline issued by the National Programme of Tuberculosis Control and Chest Diseases dated 25th March 2020, available at <http://www.nptccd.info/wp-content/uploads/2020/03/Circular-covid-19-TB-new.pdf>

Your kind cooperation to serve our patients continuously during this difficult time is highly appreciated.



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