



National Health Mission  
SDA Complex, Kasumpti, Shimla-9  
Himachal Pradesh  
Dated: Shimla-171009, the

MISSION DIRECTOR (NHM)

28 AUG 2020

New Shimla-9 (H.P.)

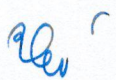
CIRCULAR

The health care personnel working in hospitals are at increased risk of acquiring the COVID-19 disease, if there is a breach in the personal protection while managing patients. The health-work force is a valuable and scarce resource. Large number of COVID-19 affected health personnel getting isolated for treatment and their close contacts undergoing quarantine affects the health/ hospital service delivery. The Government of India has notified an updated advisory for managing Health care workers working in COVID and Non-COVID areas of the hospital on 18th June 2020 (copy enclosed). A high level was also constituted to advise regarding the management of Health Care work in COVID & Non COVID areas of the Hospital. Keeping in view the recommendations of the committee, the Government of India guidelines as mentioned above are hereby adopted with the following modifications:

1. The risk assessment and categorization of exposure into low and high risk shall be done as per the Annexure I attached to this circular.
2. All health care workers, working in COVID and non-COVID areas, shall self-monitor their health for development of symptoms suggestive of COVID and report immediately to the Head of Department /Nodal Officer/ Centre In-charge. All Health Care Workers shall take necessary action as prescribed in the GOI advisory.
3. For low risk exposure which has occurred by virtue of serving in the identified COVID areas of the hospitals, the following protocol shall be followed:
  - a) The COVID duty of health care workers shall be for a period of 10 days followed by quarantine of 10 days. The institutional duty roster shall be followed for the rotation of duties.
  - b) On 7<sup>th</sup> -8<sup>th</sup> day of quarantine, the concerned health care workers shall be tested for COVID-19 through RT-PCR. If test comes out to be positive, the notified protocol for mild/moderate/severe case shall be followed. If found negative, the Health Care Worker can resume duties after completion of 10 days of quarantine.



4. However, if a Health Care worker tests positive for the presence of IgG antibodies against SARS-CoV2, there shall no requirement for quarantine.


  
Additional Chief Secretary (Health) to the  
Government of Himachal Pradesh

Endst. No. As above

Dated Shimla-9 the

Copy for information and necessary action to:

1. The Special Secretary (Health) to the Government of Himachal Pradesh.
2. The Director Health Services, Himachal Pradesh.
3. The Director of Medical Education & Research, Himachal Pradesh.
4. All the Deputy Commissioners, Himachal Pradesh.
5. All the Principals, Govt. Medical Colleges, Himachal Pradesh.
6. All the Chief Medical Officers, Himachal Pradesh.
7. All the Sr. Medical Superintendents, Himachal Pradesh.
8. All District Surveillance Officers, Himachal Pradesh.
9. All the Nodal officer of DCCC, DCHC & DCH in Himachal Pradesh.

  
Additional Chief Secretary (Health) to the  
Government of Himachal Pradesh

Ministry of Health & Family Welfare  
Directorate General of Health Services  
(EMR Division)

**Advisory for managing Health care workers working in COVID and Non-COVID areas of the hospital**

**1. Background**

The health care personnel working in hospitals are at increased risk of acquiring the COVID-19 disease, if there is a breach in the personal protection while managing patients.

The health-work force is a valuable and scarce resource. Large number of COVID-19 affected health personnel getting isolated for treatment and their close contacts undergoing quarantine affects the health/hospital service delivery.

**2. Purpose of the document**

The purpose of the document is to provide guidance on preventive measures, isolation and quarantine of health care functionaries.

**3. Institutional Mechanism for preventing and responding to Healthcare Associated Infections (HAIs) among HCWs**

Hospitals shall activate its Hospital Infection Control Committee (HICC). The HICC in the health facility is responsible for implementing the Infection Prevention and Control (IPC) activities and organizing regular trainings on IPC for HCWs.

A Nodal Officer (Infection Control Officer) shall be identified by each hospital to address all matters related to Healthcare Associated Infections (HAIs). With reference to preventing such infection among healthcare workers, he/she will ensure that:

- i. Healthcare workers in different settings of hospitals shall use PPEs appropriate to their risk profile as detailed in the guidelines issued by this Ministry (available at: <https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf> and <https://www.mohfw.gov.in/pdf/UpdatedAdditionalguidelinesonrationaluseofPersonalProtectiveEquipmentsettingapproachforHealthfunctionariesworkinginnonCOVID19areas.pdf> )
- ii. All healthcare workers have undergone training on Infection Prevention and Control and they are aware of common signs and symptoms, need for self-health monitoring and need for prompt reporting of such symptoms.
- iii. Provisions have been made for regular (thermal) screening of all hospital staff.
- iv. All healthcare workers managing COVID-19 cases are being provided with chemo-prophylaxis under medical supervision.
- v. Provisions have been made for prompt reporting of breach of PPE by the hospital staff and follow up action.



#### **4. Action for Healthcare Workers**

- i. Ensure that all preventive measures like frequent washing of hands/use of alcohol based hand sanitizer, respiratory etiquettes (using tissue/handkerchief while coughing or sneezing), etc. are followed at all times.
- ii. He/she shall use appropriate PPE at all times while on duty.
- iii. A buddy system\* to be followed to ensure that there is no breach in infection prevention control practices.
- iv. Any breach in PPE and exposure is immediately informed to the nodal officer/HoD of the department
- v. HCWs after leaving the patient care units (wards/OPDs/ICUs) at the doctor's duty rooms/hostels/canteen or outside the HCF must follow social distancing and masking to prevent transmission to/acquiring infection from other HCWs who may be positive.
- vi. Pregnant/lactating mothers and immuno-compromised healthcare workers shall inform their medical condition to the hospital authorities for them to get posted only in non-Covid areas.

\*Buddy system: Under this approach, two or more-person team is formed amongst the deployed hospital staff who share responsibilities for his/her partner's safety and well-being in the context of (i) Appropriately donning and doffing of PPEs, (ii) maintaining hand hygiene and (iii) taking requisite steps on observing breach of PPEs.

#### **5. SOP for health work force deployment during COVID-19**

##### **5.1 SOP to be followed in case HCW reports exposure/breach of PPE**

All the Healthcare workers must report every exposure to COVID-19 to the concerned nodal officer and HoD of the concerned department immediately.

The Nodal officer will get the exact details of exposure to ascertain whether the exposure constitutes a high risk or low risk exposure as described below:

- **High risk exposure:**
  - HCW or other person providing care to a COVID-19 case or lab worker handling respiratory specimens from COVID-19 cases without recommended PPE or with possible breach of PPE
  - Performed aerosol generating procedures without appropriate PPE.
  - HCWs without mask/face-shield/goggles:
    - having face to face contact with COVID-19 case within 1 metre for more than 15 minutes
    - having accidental exposure to body fluids
- **Low risk exposure:**
  - Contacts who do not meet criteria of high risk exposure

The Nodal Officer/Head of the Department will form a sub-committee to assess the level of exposure and the risk as per assessment format at Annexure I. As per their assessment:

- For doctors, nursing officers and other health workers with high risk exposure, the quarantine period shall be initially for one week only.

- Thereafter taking profile of such doctors, nursing officers and other health workers, a decision shall be taken by the Nodal Officer/Head of the Department (or his appointed Sub-committee) for further period of one week.
- After a week, they shall be tested as per ICMR testing protocol, actively monitored for development of symptoms and managed as per laid down protocol.
  - If they test positive but remain asymptomatic they will follow protocol for very mild/mild/pre-symptomatic cases as described in para 5.2.1 (a) below.
  - If they test negative and remain asymptomatic, complete 14 day quarantine and return to work.
  - Should symptoms develop, follow the guidance para 5.2.
- Low risk contacts shall continue to work. They will self-monitor their health for development of symptoms. In case symptoms develop, the guidance under para 5.2 would be followed.

## **5.2 SOP to be followed in case HCW reports symptoms suggestive of COVID-19**

**5.2.1** If any healthcare worker who is manifesting signs and symptoms suggestive of COVID-19, he/she will be isolated immediately and the following procedure will follow:

- a. In case of mild/very mild/pre-symptomatic case, he/she will have an option of home isolation, subject to the conditions stipulated in the revised guidelines for home isolation of very mild/pre-symptomatic COVID-19 cases (available at: <https://www.mohfw.gov.in/pdf/RevisedguidelinesforHomeIsolationofverymildpresymptomaticCOVID19cases10May2020.pdf>). Such cases would end their home isolation as per timeline provided in the said guidelines.
- b. In cases where home isolation is not feasible, such mild/very mild/pre-symptomatic cases will be admitted to a COVID Care Center<sup>#</sup>.
- c. Moderate cases that require oxygen therapy shall be managed at a Dedicated COVID Health Center<sup>#</sup>
- d. Severe cases will be managed in a Dedicated COVID Hospital<sup>#</sup>.

For cases admitted COVID Health facilities, their discharge will be governed guidelines available at: <https://www.mohfw.gov.in/pdf/ReviseddischargePolicyforCOVID19.pdf>

<sup>#</sup> The details of categorization of health facilities as COVID Care center, Dedicated COVID Health Center and Dedicated COVID Hospitals along with categorization of patients (mild/moderate/severe) is available at: <https://www.mohfw.gov.in/pdf/FinalGuidanceonMangaementofCovidcasesversion2.pdf>.

**5.2.2** Those who test negative, will be managed as in non-COVID area as per their clinical diagnosis. Their resuming work will be based on the clinical diagnosis and the medical certification by the treating doctor.

**5.2.3** For HCWs (with low risk exposure), who continue to work and develop symptoms:

- And test positive, further management would be based on their clinical presentation and as described in para 5.2 (1) (a) above
- Those who test negative, will return to work subject to medical certification for ailment

5.2.4 Discharge of COVID-19 positive HCWs will be in accordance with the discharge policy (available at: <https://www.mohfw.gov.in/pdf/ReviseddischargePolicyforCOVID19.pdf>).

**5.3 Regular quarantine of healthcare workers after performing duty in COVID-19 areas**

Quarantine of healthcare workers, other than what is stipulated above is not warranted.

**COVID-19 Virus Exposure Risk Assessment Form for Health Care Workers (HCW)**

<b>1. Health Care Worker Information</b>	
A. Name :	B. Department
C. Phone number	D. Age (in completed years)      E. Gender
F. Current place of stay (Complete address)	
G. Type of HCW (specify), & Designation (Doctor, Nurse, Technician, others)	
<b>2. HCW interactions/ activities performed on COVID-19 patient information</b>	
A. Date of exposure to confirmed COVID-19 patient	
B. Place of Exposure:	
C. COVID-19 Patient details Patient symptomatic since (Date) Test Sample sent on (Date)	
D. Source control (Source/Patient wearing a cloth face covering or facemask)	Yes/ No
E. Approximate min. distance from the patient (in meters)	
F. Duration of contact (minutes)	
G. Aerosol-generating procedure was performed on the patient?	Performed      Present/ Not Present
G2. If yes, what type of procedure	1. Intubation/2.Nebulisation 3.Airway suctioning, 4. Tracheostomy 5. Collection of sputum, 6. Bronchoscopy, 7. CPR 8. Other: _____
H. Accidental exposure to body fluids	Yes/ No
I. Did you have direct contact with the environment where the confirmed COVID-19 patient was cared for? E.g. bed, linen, medical equipment, bathroom etc.	Yes/ No/ Unknown
J. During the health care interaction with a COVID-19 patient, did you wear PPE	Yes/ No
J 2. If yes, which of the below items of Protection used:	
1. Surgical triple layer mask	Yes/ No
2. N95 mask,	Yes/ No
3. Single use gloves	Yes/ No
4. Disposable gown	Yes/ No
5. Face shield or goggles/ protective glasses	Yes/ No
K. Did you perform hand hygiene after touching the patient's surroundings (bed, door, handle etc.), regardless of whether you were wearing gloves?	Yes/ No/ NA