

TITLE: SOP of Triage, Isolation & Management of

COVID -19 suspected / positive cases

DOCUMENT NO: SOP/CRH/COP/34 REVISION NO: 10

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Standard Operating Procedure

Triage, Isolation & Management of COVID-19 Suspected / Positive Cases

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Dr. Mingma L. Sherpa **Head Operations**

Dr. Gautam Dey Medical Superintendent

Prepared By

Reviewed By

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Amendment Sheet:

S. No.	Section No. & Page No.	Reason	Amended w.e.f.	Signature Prepared By	Signature Reviewed By	Signature Approved By
1	Section: 5.1.1 : Page: 10	Risk Profiling Desk Operational at Level – III Main Entrance	07.08.2020			
2	Section; 5.2.1 Page 10	Quarantine of Staff exposed to positive case of Covid 19.	07.08.2020			
3	Section: 5.4.1 ; Page: 16	Patient Flow Chart for Patients & Attendants coming to CRH	07.08.2020			
4	Section: 5.9.1; Page: 15	Updates Clinical Management Protocol of Covid 19 dated 03.07.2020	07.08.2020			
5	Section: 5.4.2 ; Page: 13	Revised guidelines for Home Isolation of very mild/pre- symptomatic/asymptomatic COVID-19 cases dated 02.07.2020	07.08.2020			
6	Section: 5.9.2 ; Page: 15	Revised Clinical Management Protocol dated 13.06,2020	24.06.2020			
7	Section: 5.2.2 Page: 10	Updated Advisory for managing Health care workers working in COVID and Non-COVID areas of the haspital 18,06,2020	24.06.2020			

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8	Section: 5.7.2 Page:13	Advisory for rapid antigen test dated 14.06,2020	24.06.2020
9	Section: 5.20 Page: 16	Guidance Note on Provision of Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during & post COVID-19 Pandemic dated 27.05.2020	24.06.2020
10	Section: 5.21 Page 17	Guidelines for safe ENT Practices dated 03.06.2020	24.06.2020
11	Section: 5.22 Page 17	Advisory on Reprocessing and re-use of Eye Protection Goggles dated 27.05.2020	24.06.2020
12	Section: 5.9.3 ; Page : 18	Revised advisory on the use of hydroxychloroquine for prophylaxis od SARS Covid 19 infection dated 22.05.2020	27.05.2020
13	Section: 5.4.2; Page: 11	Immunization Services During Covid Outbreak Summary dated 21.05.2020	27.05.2020
14	Section: 5.4.3 ; Page : 12	Dental Advisory dated 19.05.2020	27.05.2020

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15	Section: 5.14 & 5.6 ; Page : 13	Revised Testing Guidelines dated 18.05.2020 & SRF Form Version 11 dated 25.05.2020	27.05.2020	
16	Section: 5.14; Page: 15	Updated Additional Guidelines on Rational Use of PPE (Setting approach to health functionaries working in Non Covid Areas) dated 15.05.2020	27.05.2020	
17	Section: 5.2.2; Page: 9	Advisory for managing Health care workers working in COVID and Non-COVID areas of the hospital 15.05.2020	27.05.2020	
18	Section 5.2.1; Page 8	Home Quarantine / Admission of Staff	13.05.2020	
19	Section 5.5.1 : Page : 10	Revised Guidelines for Home Isolation	13.05.2020	
20	Section: 5.9 : Page: 12	Protocol for Referral of COVID Cases	13.05.2020	
21	Section: 5.12 ; Page: 9	Revised Discharge Policy	13.05.2020	
22	Section: 5.15.1; Page: 13	Guidance of appropriate recording of Covid 19 related Deaths in India	13.05.2020	
23	Section 5.6 : Page: 11	ICMR Specimen Referral Form SARS – CoV ₁ ² - Version 10	13.05.2020	Meet

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24	Section 5.4.1 Page: 10	Admission Process for OBG Full Term Patients under evaluation	13.05.2020	
25	Section 5.4 : Page: 7	Algorithm for Isolation of Patients.	17.04.2020	
26	Section 5.7.2; Page : 8	ICMR Revised Strategy for COVID 2019 version 4 dated 09,04,2020 Testing in India	17.04.2020	
27	Section: 5.7.4 ; Page 8	Advisory & Strategy for Use of Rapid Antibody Based Blood Test.	17.04.2020	
28	Section 5.18 ; Page 11	Revised Guidelines for Dialysis of COVID 19 Patients.	17.04.2020	
29	Section 5.19 ; Page 11	Guidance for Management of Pregnant Women in COVID19 Pandemic	17.04.2020	
30	Section 5.16; Page: Page 10	Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19	03.04,2020	
31	Section: 5.17; Page 10	Guidelines on disinfection of common public places including offices.	03.04.2020	

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32	Section 5.18; Page 10	Guidelines for Dialysis of COVID 19 Patients	03,04,2020		
33	Section 5.7.2; Page: Page 7	ICMR Strategy for COVID 2019Version 3 Dated 20.03.2020	25.03,2020		
34	Section: 5.7.3; Page 7	Notification of ICMR Guidelines for COVID 2019 testing in private laboratories dated 22.03.2020	25.03.2020		
35	Section 5.9; Page 8	COVID 2019 Management Guidelines, AIIMS dated 22.03.2020	25.03.2020		
36	Section 5.14; Page 8	Guidelines on Rational Use of PPE	25.03.2020		
37	Section 5.15; Page 8	Guidelines on Dead Body Management	25.03.2020		
38	Section 1.1,1.2 & 3; Page 1	Abbreviations, Definition and Objective/Purpose	19.03.2020		
39	Section: 5.4 5.7.1 & 5.7.2; Page 6	Flow Chart for Patient Classification & Categorization; Latest Testing Guidelines and Latest Strategy Released by ICMR on MOHFW, GOI Website-173.2020	19.03.2020	0	

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40	Section 5.9; Page 6	Latest Guidelines for Clinical Management Released by MOHFW, GOI-17.3.2020	19.03.2020
41	Section 5.13; Page 7	Guidelines for COVID 2019 Affected Persons by Private Institutions	19.03.2020
42	Section 5.14; Page 7	Guidelines for Management of Dead Body 15.3,2020	19.03.2020
43	Section 72.1; Page 10	References: MOHFW, GOI Website	19.03.2020
44	Process: Page 6	Amendment in the location of Evaluation and Isolation Ward	13.03.2020
45	Annexures Page 9	Standard Guidelines Added	13.03.2020

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1. Abbreviations & Definitions:

1.1 Abbreviations:

OP: Standard Operating Procedure	
CRH: Central referral Hospital	
PE: Personal Protective Equipment	
AIIMS: All India Institute of Medical Sciences	
MOHFW: Ministry of Health & Family Welfare	
iOI: Government of India	
CMR: Indian Council of Medical Research	

1.2 Definitions: The SOP defines the policies and procedures for the Triage, Isolation & Management of COVID 2019 suspected cases coming to CRH.

2. Expected Outcome:

To protect the spread of Corona Virus and confine and manage the suspected and positive cases.

3. Objective / Purpose

To provide appropriate care & management for probable, suspect and case of COVID 19 infection and ensure safety of staff and other patients from getting infected from COVID 2019 Positive or suspected cases coming to CRH.

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4. Scope:

The scope of the SOP covers the policies and procedures for Triage. Isolation & Management of COVID 2019 suspected cases and Positive cases.

5. Process:

- 5.1 A Triage Desk is located in the main lobby near the help desk at level III. Main Entrance CRH.
- 5.1.1 In addition to the triage desk a Risk Profiling desk will be operational during OPD hours on all working days at Level III. The process flow for the same is mentioned in section 5.4.1.
- 5.2.1 Two Nurses and one doctor will be stationed there (Triage Desk from 9.00am till 4.30pm on working days) for the screening of patients coming to hospital with the symptoms of Cough & Cold (running Nose). Sore throat, fever and shortening of breath. Those patients coming after 4.30 pm and on holidays will report to the Casualty for triaging as per the checklist and SOP.
- 5.2.1 If any staff has any Symptoms of ILI/ARI or any travel history, he/she will have to report to Triage Desk for screening. The Consultant Medicine will screen the staff and suggest the needful. If "Home Quarantine or Admission" is suggested, then information regarding the same will go to HR Department for managing the paid leave for the period. After full recovery the staff will have to submit the fitness certificate to HR department before joining his/her duty.
- 5.2.1 Any staff exposed to any positive Covid 19 patient will be quarantined for 7 days followed by Covid Testing (RTPCR) and then allowed to join if found negative. In case of Positive Report the staff will be referred to STNM Hospital for further treatment.

5.2.2 The guidelines for staff will be followed as per the updated advisory of Ministry of Health, GOI dated

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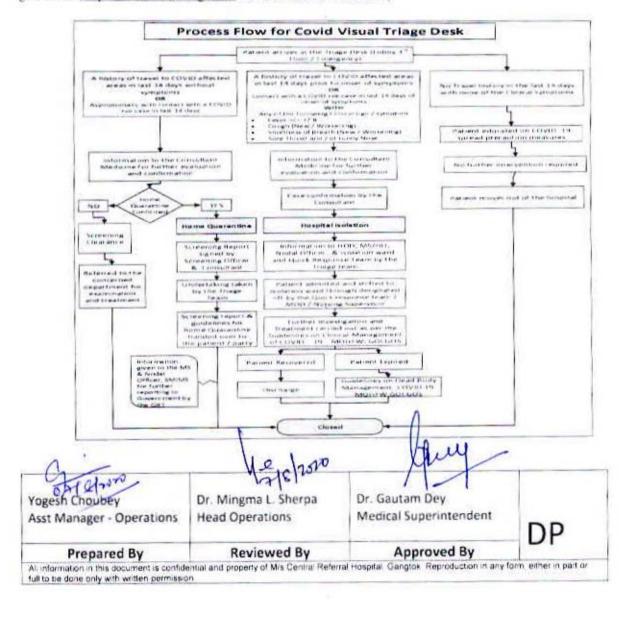


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https://www.mohfw.gov.in/pdf/updatedAdvisoryformanagingHealthcareworkersworkinginCOVIDandNonCOV IDareasofthehospital.pdf dated 18.06.2020

- 5.3 The Screening of the patients will be done by scoring with the "Visual Triage Checklist" enclosed as annexure 1.
- 5.4 Patients will be categorized and classified as per flow chart below and managed as per latest MOHFW guidelines (https://www.mohfw.gov.in/last accessed on 19.3.2020)





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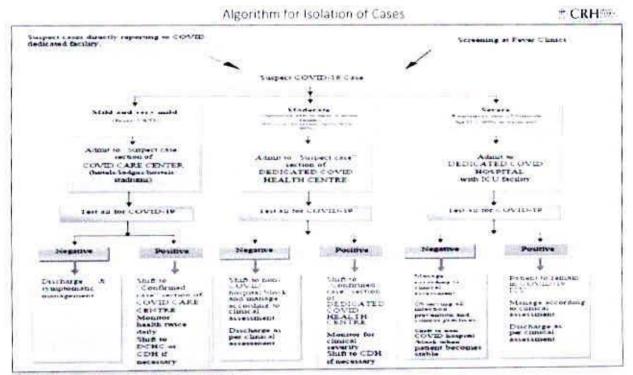
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Algorithm for Isolation of cases: Annexure XIII



Source: Ministry of Health & Family Welfare . Govt. of India

- 5.4.1 Risk Profiling of Patients & Attendants coming to CRH: All the "Patients and Attendants" coming to CRH irrespective of "Containment Zone or Non Containment Zone" by District Authority will be directed to:
- 1. Risk Profiling Desk Operational at Main Entrance Level III:
- 2. Triage Desk Operational at Main Entrance Level III
- 3. Casualty Triage Desk For OBG Patients

After "Risk Profiling" the following process shall be followed:

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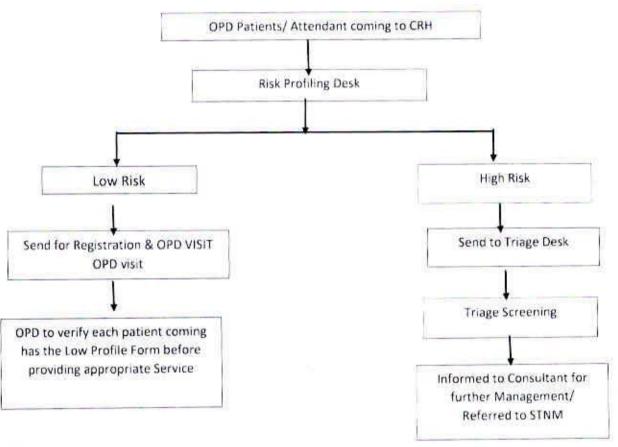
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Revised Process Flow



Note:

 The process is applicable to all OPD patients irrespective of "Containment or Non-containment zone" between 9.00am to 5.00pm.

For admissions: Antigen testing will be done and only negative patient will be admitted and
positive will referred to STNM.

Emergency life saving interventions: Can be done after antigen testing. In case of positive patients such intervention will be done in emergency OT/Labor room with appropriate PPE as per HIC guidelines.

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5.4.1 The Full Term OBG Patients which are under evaluation will be admitted in the dedicated Evaluation Ward for OBG in Casualty. If Normal Delivery is required it will be carried out in Emergency Labour Room and if LSCS is required it will be carried out in Emergency OT for OBG in Casualty Section. After Covid Testing if the Patient is found to be Covid Positive, the patients will be referred to New STNM Hospital (Covid Hospital). Patient will be referred as mentioned in section 5.9 and 5.9.1

5.4.2 Immunization Services during Covid Outbreak will be done as per the Guidelines: Annexure - la https://www.mohfw.gov.in/pdf/31mmunizationServicesduringCOVIDOutbreakSummary150520202.pdf

5.4.3 Guidelines for Dental Professional in Covid Pandemic Situation dated 19.05,2020 - Annexure Ib https://www.mohfw.gov.in/pdf/DentalAdvisoryF.pdf

5.5.1 If Home Isolation is provided to patient with very mild/pre-symptomatic cases, it should be done as per the guidelines in Annexure XV dated 02.07.2020.

https://www.mohfw.gov.in/pdf/RevisedHomeIsolationGuidelines.pdf dated 02.07.2020

The home isolation should be done with undertaking (refer annexure XV) from the patient/attendant (for minors).

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	Annexure I
Undertaking on self-iso	lation
I S W of resid	lent of
being diagnosed as a confirmed suspect case of COVID- maintain strict self-isolation at all times for the prescribed j my health and those around me and interact with the assign (1075), in case I suffer from any deteriorating symptoms or any symptoms consistent with COVID-19	period. During this period I shall monitor ned surveillance team with the call center any of my close family contacts develops
I have been explained in detail about the precautious that isolation.	I need to follow while I am under self-
I am liable to be acted on under the prescribed law for any no	on-adherence to self-isolation protocol
	Signature
	Date
	Contact Number

Sample Declaration Form: Source MOHFW

5.5.2. If and when the patient is admitted in "Evaluation Ward" (Erstwhile CRH Recovery Center, D Wing, Level VIII), further information will be given to Incharge Laboratory and Incharge of Infection Control Committee for the collection of specimen in coordination with treating physician as per guidelines issued by MOHFW or appropriate agencies for the same (reference flow chart above).

5.6 SAMPLING & TESTING GUIDELINES: the Corona virus testing will be based on the case definition given by the WHO for case and the form will be filled in details and the same will be communicated to Nodal officer. Only the eligible patients will be sampled. Eligibility as prescribed by ICMR guidelines. Once collected the samples will be packaged and send to the Referral laboratory by the logistics provided by State and the email of dispatch and report to be sent to the referral laboratory by Incharge ICC and copied to Incharge Laboratory. The

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Nodal Officer, SMIMS will communicate the same to the appropriate authorities and follow up on the report.

Please refer to the Guidelines for Sample Collection and Packaging (Annexure IV)

Sample to be send with ICMR Specimen Referral Form for Covid 19 (SARS-CoVII) - Annexure XVII

https://www.icmr.gov.in/pdf/covid/labs/SRF_v11.pdf

5.7.1; Latest Testing Guidelines of ICMR dated 18.05.2020 :

https://www.mohfw.gov.in/pdf/Revisedtestingguidelines.pdf - Annexure IVa

5.7.2 Advisory_for_rapid_antigen_test14062020 Dated 14.06.2020 Annexure IVb

https://www.icmr.gov.in/pdf/covid/strategy/Advisory for rapid antigen test14062020.pdf

5.8 Reports: Once the test reports are received by the Nodal Officer SMIMS / In Charge ICC, the same will be communicated to the MS, CRH, Head Operations, Incharge Laboratory, and Nodal Officers at CRH and appropriate state authorities as per rules. Report should not be disseminated through any other social media platforms and only communicated through proper channel.

5.9 If the test results are found positive the patient will be shifted to STNM Hospital for further management and care. The Nodal Office (Community Medicine) will coordinate with the MS of STNM Hospital for arrangement of Covid Ambulance to pick up Covid Positive patient and transfer to Covid Hospital of Sikkim, New STNM as per standard protocol. Standard precautions (PPE) will be taken by all the staff involved in the treatment and care of the patients.

5.9.1 Only if the Covid Hospital of Sikkim, New STNM Hospital overfills admission will be done at CRH in Isolation Ward Level VIII after receiving written communication from New STNM Hospital regarding non-availability of beds.

5.9.2 The Management and Treatment of the cases will continue as per standard guidelines MOHFW.

nnexure - II dated 03,07,202		they	
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5.9.3 Revised Advisory on the use of Hydroxychloroquin as prophylaxis for SARS-CoV-19 Infections dated 22.05.2020. Refer Annexure IIb

https://www.mohfw.gov.in/pdf/RevisedadvisoryontheuseofhydroxychloroquineasprophylaxisforSARSCOVID1 9infection.pdf Annexure IIb

- 5.10 If the test results are negative the patient will be transferred to appropriate ward and counselled and managed as per standard of care for the diagnosis of the patient.
- 5.11 The communication about the number of screened and suspected cases admitted and/or positive cases found will be communicated by the Head of Department of Medicine to Office of Medical Superintendent on daily basis. Even if the number is nil on any day, the same communication has to come to the Office of Medical Superintendent. The census will be communicated to Nodal Officer, Community Medicine who will further communicate to Sikkim State IDSP cell.
- 5.12 Plan for Patient Discharge when clinically appropriate will be communicated to the MS and the MS, CRH. HOD Medicine, & Nodal Officers will deliberate, document and decision of the committee will be final and binding. The discharge notification will be communicated to the state authorities by Nodal Officer, Community Medicine.

The discharge will be done as per the revised discharge policy dated 08.05,2020 - Annexure XIV. https://www.mohfw.gov.in/pdf/ReviseddischargePolicyforCOVID19.pdf

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Revised Discharge Policy for COVID-19 Confirmed COVID-19 Case Very Mild/ Mild/ Pre Moderate * Severe ** symptomatic * Fever resolved within Symptoms not Discharge after 10 days of 3 days resolved and demand Climical recovery symptom onset and no and oxyger saturation of oxygen therapy · Patient tested negative fever for 3 days once by RT-PCR Lafter maintained without continues. support resolution of symptoms) Discharge only after resolution of clinical lymatoin orset Asserce of lever with symptoms entrapieta : ability to maintain Priorition of caygen saturation for 3 consecutive days No progen requirement NO RT-PCR test required before discharge not be the instanted at those Victorial Tolliers as wer · · including immunocompronved / HIV patients, transport receivents Core. of a Absoport active of partiers. Active guide time

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Source: MOHFW Guidelines of Revised Discharge Policy for Covid19 dated 08.05.2020

5.13 The following Guidelines for COVID 2019 Affected Person by Private Institutions dated 17.03.2020 https://www.mohfw.gov.in/pdf/GuidelinesfornotifyingCOVID-19affectedpersonsbyPrivateInstitutions.pdf - Annexure – VI is to be implemented

5.14 Guidelines on Rational Use of Personal Protective Equipment (PPE)

https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseotPersonalProtectiveEquipment.pdf Annexure: VII has been adapted for CRH as per SOP ICC. (available in the intranet SMUERP)

Updated additional Guidelines on Rational Use of PPE(setting approach for health functionaries working in Non Covid areas.

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https://www.mohfw.gov.in/pdf/UpdatedAdditionalguidelinesonrationaluseofPersonalProtectiveEquipmentsettin gapproachforHealthfunctionariesworkinginnonCOVID19areas.pdf Annexure VIIa

- 5.15 Guidelines on Dead Body Management: in the ward as well as mortuary is as per guidelines published by https://www.mohfw.gov.in/pdf/1584423700568_COVID19GuidelinesonDeadbodymanagement.pdf - Annexure - VIII
- 5.15.1 Guidelines for appropriate reporting of death of Covid cases Annexure XVI.

Note: the communication channel from identification, diagnosis to management and discharge of the patient will be maintained by Nodal Officer, SMIMS

- 5.16 Standard Operating Procedure (SOP) for transporting a suspect confirmed case of COVID-19 https://www.mohfw.gov.in/pdf/StandardOperatingProcedureSOPfortransportingasuspectorconfirmedc aseofCOVID19.pdf Annexure - IX
- 5.17 Guidelines on disinfection of common public places including offices. https://www.mohfw.gov.in/pdf/Guidelinesondisinfectionofcommonpublicplacesincludingoffices.pdf Annexure - X
- 5.18 Revised Guidelines for Dialysis of COVID 19 patients. Annexure XI https://www.mohfw.gov.in/pdf/RevisedGuidelinesforDialysisofCOVID19Patients.pdf: Annexure - XI
- 5.19 Guidance for Management of Pregnant Women in COVID19 Pandemic ANNEXURE XII.

5.20 Guidance Note on Provision of Reproductive, Maternal, Newborn, Child, Adolescent Health Plus-Nutrition (RMNCAH+N) services during & post COVID-19 Pandemic dated 27.05,2020 Annexure XVIII.

https://www.mohfw.gov.in/pdf/GuidanceNoteonProvisionofessentialRMNCAHNServices24052020.p df

Yogesh Choubey Dr. Mingma L. Sherpa Dr. Gautam Dey Asst Manager - Operations **Head Operations** Medical Superintendent Prepared By Reviewed By Approved By All information in this document is confidential and property of Mis Central Referral Hospital, Gangtok Reproduction in any form, either in part or full to be done only with written permission



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5.21 Guidelines for safe ENT Practices dated 03.06.2020 – Annexure XIX https://www.mohfw.gov.in/pdf/ENTCOVID0306.pdf

5.22 Advisory on Reprocessing and re-use of Eye Protection Goggles dated 27.05.2020 - Annexure XX https://www.mohfw.gov.in/pdf/Advisoryonreprocessingandreuseofeyeprotectiongoggles.pdf

6. Responsibility:

- 6.1 Nodal Officer CRH
- 6.2 Nodal Officer Community Medicine
- 6.3 Triage Desk Nurse
- 6.4 Triage Desk Doctor
- 6.5 Consultant from Department of Medicine
- 6.6 Consultant from Department of OBG
- 6.7. Consultant Pediatrics
- 6.8 Nodal Doctor Casualty
- 6.9 Infection control in charge
- 6.10 Consultant ENT
- 6.11 In-charge Nurse Evaluation Ward
- 6.12 In-charge Sister Isolation Ward
- 6.13 Nursing Staff Evaluation Ward & Isolation Ward

6.14 Housekeeping & Attendants: Evaluation Ward & Isolation Ward/

Yogesh Choubey

Asst Manager - Operations

Dr. Mingma L. Sherpa

Head Operations

Dr. Gautam Dey

Medical Superintendent

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DP

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7. Records and References:

7.1 Records:

- 7.1.1 Visual Triage Checklist Forms
- 7.1.2 Screening Register
- 7.1.3 Training register
- 7.1.4 Daily reports

7.2 References:

- 7.2.1 https://www.mohfw.gov.in/
- 7.2.2 https://www.iemr.gov.in/

Yogesh Choubey Asst Manager - Operations

Dr. Mingma L. Sherpa Head Operations

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Medical Superintendent

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Annexure - I Visual Triage Checklist:

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ANNEXURE A: Updated Advisory for managing Health care workers working in COVID and Non-COVID areas of the hospital 18.06.2020

ANNEXURE 1a: Immunization Services during Covid Outbreak dated 21.05.2020

ANNEXURE 1b: Guildelines for Dental Professional in Covid 19 Situation dated 19.03.2020

ANNEXURE - II: Revised Clinical Management Protocol-Covid19 dated 13.06.2020

ANNEXURE - IIB: Revised Advisory on the use of Hydroxychloroquin as prophylaxis for SARS-CoV19 Infections dated 22.05.2020

ANNEXURE - III: Guidelines for COVID DISCHARGE POLICY 2019.

ANNEXURE - IV: Guidelines for Sample Collection and Packaging nCoV

ANNEXURE IVa: Revised Testing Guidelines of ICMR dated 18.05.2020

Annexure IVb: Advisory for use of Rapid Antigen Test dated 14.06.202

Yogesh Choubey Asst Manager - Operations Dr. Mingma L. Sherpa

Head Operations

Dr. Gautam Dev

Medical Superintendent

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ANNEXURE - V: Guidelines for Infection Prevention and Control nCoV

ANNEXURE - VI: Guidelines for COVID 2019 Affected Person by Private Institutions

ANNEXURE - VII: Guidelines on Rational Use of Personal Protective Equipment (PPE)

ANNEXURE - VII a: Updated Additional Guidelines on Rational Use of PPE (Setting approach to health functionaries working in Non Covid Areas)

ANNEXURE - VIII: Guidelines on Dead Body Management

ANNEXURE - IX: Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19

ANNEXURE - X: Guidelines on disinfection of common public places including offices.

ANNEXURE - XI: Revised Guidelines for Dialysis of COVID 19 Patients

ANNEXURE - XII: Guidance for Management of Pregnant Women in COVID19 Pandemic

ANNEXURE XIII: Algorithm for Isolation of Cases

ANNEXURE XIV: Revised Discharge Policy dated 08.05.2020

ANNEXURE - XVI Guidelines for appropriate reporting of death of Covid cases

ANNEXURE - XVII - ICMR Specimen Referral Form for Covid 19 version 11 (SARS- CoV11) dated 15.05.2020

ANNEXURE XVIII Guidance Note on Provision of essential RMNCAHN Services dated 27.05,2020

ANNEXURE XIX - Guidelines for safe ENT Practices dated 03.06.2020

ANNEXURE XX - Advisory on Reprocessing and re-use of Eye Protection Goggles dated 27.05.2020

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