



**CLINICAL INFECTIOUS DISEASE SOCIETY**  
84, Meher Arcade Complex 1<sup>st</sup> Floor, Ida Scudder Road, Vellore 632004  
Tamil Nadu, India. Reg. No. TN 381/2010  
[www.cidsindia.org](http://www.cidsindia.org)

## Infection control in stand-alone out patients and small nursing homes in the setting of COVID

COVID-19 has been declared a “public health emergency of international concern” and a pandemic by WHO. Further, the disease has been given the name Coronavirus Disease 2019 (COVID-19) and is caused by the virus named SARS CoV-2. As of 26 March 2020, there are 509 164 confirmed cases globally with 23,335 deaths. (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>).

This disease represents a risk to both health care providers and to others patients in the absence of appropriate infection control precautions. During the SARS outbreak, WHO confirmed 8098 cases and 774 (9.6%) deaths, of which health-care workers accounted for 1707 (21%) cases. ([www.thelancet.com/respiratory](http://www.thelancet.com/respiratory) Vol 8 March 2020). Data from Italy suggests that 20% of the responding health care providers have been infected, and some have died. ([www.thelancet.com](http://www.thelancet.com) Vol 395 March 21, 2020). There is also significant concern of large outbreaks from healthcare facilities that are ill prepared to handle patients with COVID.

(<https://economictimes.indiatimes.com/news/politics-and-nation/with-20-cases-bhilwara-fights-covid-19-and-stigma-too/articleshow/74838643.cms?from=mdr>).

This could endanger the most vulnerable patients, leading to excess mortality in this group, which could be preventable.

The Government of India has given guidelines on the use of PPEs to prevent infection propagation to health care workers and patients who access health care facilities. However, we feel that adherence to the principles laid out by the WHO is more practicable.



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No.	Setting	Activity	Risk	PPE	Remark
1	Triage area	Triaging patients  Provide triple layer mask to patient.	Mod	Triple layer mask Gloves	Patients get masked
2	Screening area help desk/ Registration counter	Provide information to patients	Mod	Triple layer mask Gloves	
3	Temperature recording station	Record temperature with hand held thermal recorder	Mod	Triple layer mask Gloves	
4	Holding area/ waiting area	Nurses / paramedic interacting with patients	Mod	Triple layer mask Gloves	Minimum distance of one meter needs to be maintained
5	Doctors chamber	Clinical management (doctors, nurses)	Mod	Triple layer mask Gloves	No aerosol generating procedures allowed
6	Sanitary staff	Cleaning frequently touched	Mod	Triple layer mask	



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		surfaces/ Floor/ cleaning linen		Gloves	
7	Visitors accompanying young children and elderlies	Support in navigating various service areas	Low	Triple layer mask	No other visitors should be allowed to accompany patients in OPD settings. Visitors should practice hand hygiene

This requires dedicated areas for triaging, temperature measurement, and a large area for holding with enough space for social distancing. This essentially means that unless there is adequate space available for such activities, small clinics should not be providing care.

In addition, the following issues need to be kept in mind.

1. N95 mask is essential for aerosol generating procedures, which includes obtaining a nasopharyngeal swab for testing.
2. Nebulizers should not be used in patients, as this leads to air borne transmission. Metered dose inhaler use is safer. If nebulization services are required and during nasopharyngeal swab testing, this requires a negative pressure air borne isolation room and full protective gear- full gear PPE with N95 mask.
3. Fast tracking of those with fever, and those with respiratory symptoms.



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4. There has to be continuous emphasis on hand hygiene among staff and patients. Posters on the WHO moments of hand hygiene and the steps of hand hygiene are imperative.
5. Posters on cough etiquette are also mandatory.
6. There should also be a clear protocol on cleaning and disinfection with appropriate agents like Lysol.

Instead, the following options may be considered.

1. Setting up of small mobile clinics, possibly in open public areas that are naturally ventilated with triaging and crowd control facilities, that can be easily cleaned with options to refer up to higher centers as needed.
2. Use of teleconsultation facilities as outlined by the Government of India.
3. Enhancing facilities at major health centers and hospitals that have triaging and crowd control measures.

Centers that do not have such options should ideally stay closed to prevent further transmission.