

APPENDIX 'A'

Annexure 11: COVID-19 Disinfection & Decontamination

MOST URGENT/ TOP PRIORITY



Primary & Secondary
Healthcare Department

SO (EP&C) 1-8/2020
Government of the Punjab
Dated Lahore the 10th March 2020

To,

1. All Commissioners in Punjab
2. All Deputy Commissioners in Punjab
3. All Chief Executive Officers, District Health Authorities in Punjab
4. All Medical Superintendents, DHQ/THQ Hospitals in Punjab

SUBJECT: COVID-19: DISINFECTION & DECONTAMINATION PROTOCOLS

Reference to the subject cited above, please find the following guidelines.

1.	WHY ENVIRONMENTAL DECONTAMINATION?
	<p>a) Due to its high infectivity, novel coronavirus (SARS-COV 2) has potential of rapid spread among general public.</p> <p>b) It has potential to survival in the environment for a longer period,</p> <p>c) Public places become potential hotspots for disease transmission.</p> <p>d) This evidence has been seen in other countries where COVID-19 epidemic spread exponentially.</p> <p>e) improper protection and disinfection measures in key places have become an important factor influencing the outbreaks to new places.</p> <p>f) Standardization of decontamination and disinfection procedures in key places is thus key in containment of disease.</p>
2.	PRIORITY HOTSPOTS FOR DISINFECTION:
	PATIENT MANAGEMENT SITES
	<p>Sites where travelers are quarantined (Active Quarantine sites)</p> <p>a) Isolation Units and HDUs/ICUs treating COVID-19 patients</p> <p>b) Hospitals and Institutes (COVID-19 desks in Emergency & OPD)</p> <p>c) Labs dealing with patient samples</p> <p>d) Houses/Residential places of Positive COVID-19 patients (especially the rooms are areas used by the patient during his stay after contacting disease)</p> <p>e) Ambulances and vehicles involved in patient transfers</p> <p>f) Vehicles involved in transportation of passengers to quarantine sites</p> <p>g) Waste disposal vehicles</p>
3.	PRIORITY HOTSPOTS FOR DISINFECTION: PUBLIC PLACES

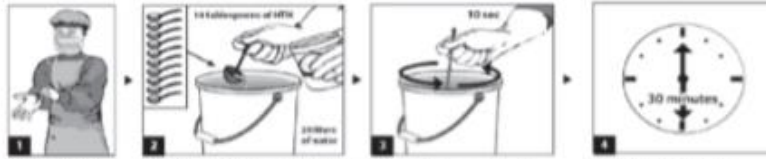
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	<ul style="list-style-type: none"> a) Busy Markets, Malls, and Grocery points b) Goods & Grain Markets (as per Govt. policy will remain operational even during lockdown) c) Religious gathering places (Mosques, Churches, Shrines etc.) d) Railway stations, Bus Terminals e) Offices (Health and others dealing COVID-19)
4.	PRIORITY HOTSPOTS FOR DISINFECTION: VEHICLES & OBJECTS
	<ul style="list-style-type: none"> a) Vehicles involved in transportation of passengers to quarantine sites b) Public Transport vehicles c) Vehicle used for Intra-city transport d) Equipment (Patient Environment) e) Furniture (Patient Home) f) Washrooms (Patient Home) g) Sample carriers of Suspected COVID-19 patient
5.	RECOMMENDED DISINFECTANTS
	<ul style="list-style-type: none"> a) High Test Hypochlorite (Chlorine HTH 70%) b) Soluble Chlorine Tablets (Sodium Dichloroisocyanurate-NaDCC) c) Household Bleaching Powder (Sodium Hypochlorite 20 -30% NaClO) d) Ethanol (ethyl alcohol, and 2-propanol isopropyl alcohol)
6.	USE OF ETHANOL
	Ethanol (methanol, propanol) with a volume of 70% v/v means 70% of alcohol in 100 ml of water can be used for wiping metal surfaces or medical instruments.
7.	USE OF CHLORINE SOLUTION AS DISINFECTANT
	<ul style="list-style-type: none"> a) Chlorine solution is used to disinfect surfaces and objects b) Strong concentration (0.5% chlorine solution) is used to disinfect objects, surfaces, and body fluids spills c) Low concentration (0.05% chlorine solution) is used to wash ungloved hands etc. d) Wait for 30 minutes before using any chlorine solution that is made from powder e) Chlorine solutions need to be labeled with their correct strength. Label strong with (0.5%) and mild as (0.05%) f) Chlorine solutions do not work on heavily soiled surfaces. Clean first then disinfect g) Keep the chlorine solution away from direct sunlight h) Chlorine solutions lose strength over time, so make a fresh batch every day

How to Make Strong (0.5%) Chlorine Solution from 70% Chlorine Powder

Use strong (0.5%) chlorine solution to clean and disinfect surfaces, objects, and body fluid spills.

Make new strong (0.5%) chlorine solution every day. Throw away any leftover solution from the day before.



1 Make sure you are wearing **extended PPE**. 2 Add 10 tablespoons of HTH (70% chlorine) to 20 liters of water. 3 Stir well for 10 seconds, or until the HTH has dissolved. 4 Wait 30 minutes before use.



5 Label bucket "Strong (0.5%) Chlorine Solution - Cleaning". 6 Cover bucket with lid. 7 Store in shade. Do not store in direct sunlight.



Supplies Needed

WARNING
Do NOT drink chlorine water.
Do NOT get chlorine water in mouth or eyes.

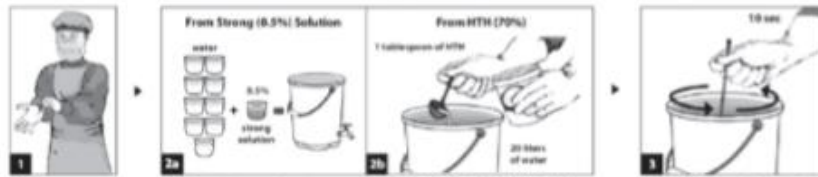


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How to Make Mild (0.05%) Chlorine Solution

Use mild (0.05%) chlorine solution to wash ungloved hands.

Make new mild (0.05%) chlorine solution every day. Throw away any leftover solution from the day before.



1 Make sure you are wearing **extended PPE**. 2a Pour 9 parts water and 1 part strong (0.5%) solution into a bucket. Repeat until full. 2b Add one tablespoon of HTH (70%) to 20 liters of water in a bucket. 3 Stir well for 10 seconds, or until the HTH has dissolved.



4 Wait 30 minutes before use. 5 Label bucket "Mild (0.05%) Chlorine Solution - Hand Washing". 6 Cover bucket with lid. 7 Place at hand washing stations.



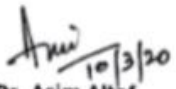
Supplies Needed

WARNING
Do NOT drink chlorine water.
Do NOT get chlorine water in mouth or eyes.



Summarized Table on Use of Disinfectants

Sr.#	Site/Setting	Disinfectant	Frequency
1	Patient-care environment (ICU/HDU & Isolation Units) Floor, Walls; Furniture; Door Handles; Washroom	0.5% Chlorine Solution; Washing; Mops; Wipes	Twice daily; Immediately in case of heavy soiling of environment by patient's secretions, excreta etc.
2	Patient-care environment (House of Patient's room) Floor, Walls; Furniture; Door Handles; Washroom being used by patient	0.5% Chlorine Solution; Washing; Mops; Wipes	Twice daily ; Immediately in case of heavy soiling of environment by patient's secretions, excreta
3	Patient Care Equipment	Alcohol based solutions	Once in each shift; After use
4	Dishes & Utensils	0.5% Chlorine Soln. Dipped in tub for 30 minutes and then wash	After each use
5	Linens & Laundry	Wash using household detergent (don't shake clothes)	Daily
6	Vehicles (Ambulance & Quarantine Transport)	0.5% Chlorine Solution; Washing; Mops; Wipes	After each use
7	Quarantine Site (Rooms; Corridor, Offices, Washes etc.) floors, walls; Furniture	0.5% Chlorine Solution; Washing; Mops; Wipes,	Daily (Residential Rooms) Washroom 3-4 times/day


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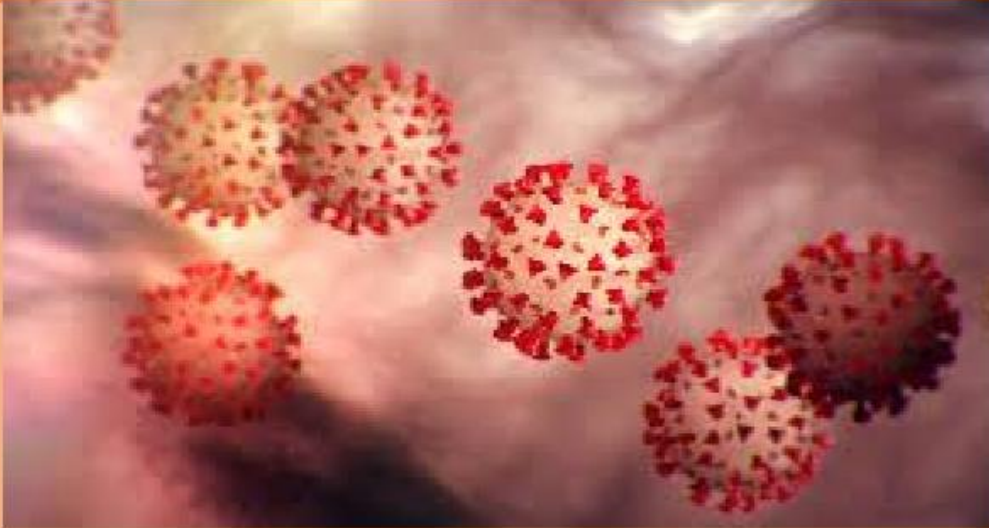
No. & Date Even:

A copy is forwarded for information and further necessary action to:

1. Secretary, SHC&MED, Government of the Punjab
2. Secretary, LG&CDD, Government of the Punjab
3. Additional Secretary (Staff) to Chief Secretary, Punjab
4. Director General Health Services, Punjab, Lahore
5. PSO to Secretary, P&SHD, Lahore

APPENDIX 'B'

**GUIDELINES
Novel Corona Virus Waste Management**



INFECTION CONTROL PROGRAM

**PRIMARY & SECONDARY
HEALTHCARE DEPARTMENT**



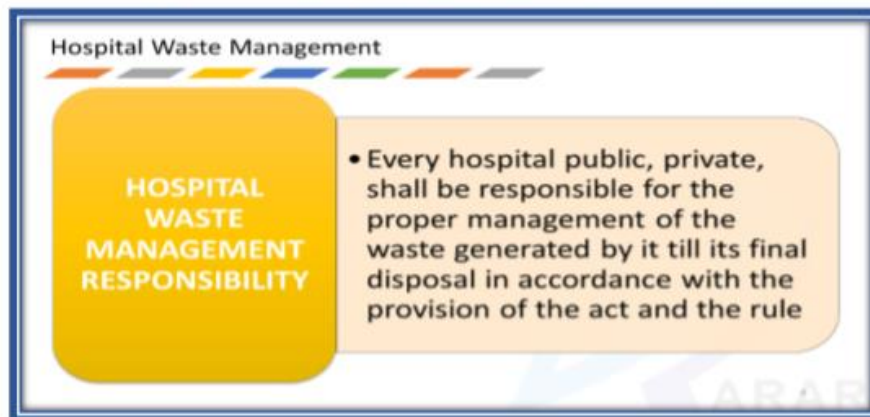
March 2020

GUIDELINES
Novel Corona Virus Waste
Management
March 2020



Waste of all Novel Corona patient is considered as Infectious and all protocols applicable to Infectious waste should be applied to Novel Corona patient waste or environment.

Who is responsible for Hospital Waste Management?



Where should the waste of Novel Corona patient go?

All waste should be thrown in yellow small bin present at the side of bed, with double yellow bag placed in it.

Where are the protocols for janitorial staff?

Janitorial staff should wear Personal Protective Equipment (PPE) before handling waste.

What are the Supplies and Personal Protective Equipment (PPE) required?

- Gloves, face masks (Respirators such as N95 masks), and goggles/safety glasses for protection of skin and eyes during cleaning and high boots.



- Hand sanitizer with 60% to 90% alcohol

What is the Personal Protective Equipment's?

Personal Protective Equipment's

Personal Protective Equipment (PPE) means all protective barriers that are essential for protecting patients/clients from microorganisms, and all health care staff.

More recently, with the emergence of Novel Corona the use of PPE has become important for protecting the health care staff as well.

- PPE should be available for use always. This includes, but is not limited to gloves, masks, eyewear (face shields, goggles and glasses), caps, gowns, aprons, and other items.
- PPE is must for use by all staff (doctors, paramedics and other staff) for any situation where they may have contact with blood, body fluids, excretions, or secretions. The staff must be properly trained in appropriate use of PPE.

Gloves

- Puncture proof gloves for waste handlers
- Surgical Gloves for surgeons
- Latex-free nitrile gloves are worn to care for patients in isolation
- Proper hand hygiene must be followed before wearing the gloves and after use and before taking the gloves off, the gloves must be decontaminated by cleaning with hand sanitizer or soap and then disposal procedures must be followed.



Masks N95

Masks are worn to contain moisture droplets expelled when health care workers and surgical staff speak, cough, or sneeze. They also prevent accidental splashes of blood or other contaminated body fluids from entering the health care worker's nose or mouth.



- Use masks that are large enough to cover the nose, lower face, jaw, and facial hair/beard. Use masks that are made of fluid-resistant materials, or they would not be effective in serving both purposes.
- Do not reuse disposable masks.

In Corona wards, health care workers should use N95 masks to protect themselves while patients should also use these to prevent air borne infections, especially during transportation. (N95 =N: Not oil resistant, 95: Filters at least 95% of airborne particles)

Eyewear

Eyewear is extremely important as it protects health care workers from accidental splashes of blood or other body fluids by covering the eyes. Many infections including Hepatitis B virus can be acquired through conjunctival route. Eyewear includes plastic goggles, safety glasses, etc. Prescription glasses or glasses with plain lenses also are acceptable, if they are large enough to offer proper coverage.



- Put on eyewear during any task in which a splash into the face can occur, or is likely (e.g., all major and minor surgical procedures, vaginal and caesarean deliveries, during cleaning of instruments and waste disposal).
- Routinely decontaminate eyewear.
- Different eyewear may require different cleaning methods.



Aprons and Gowns

Clean, impermeable, non-sterile aprons/macintosh/lexine should be worn under sterile gowns to protect the health care worker's skin and prevent soiling of clothes during procedures that are likely to generate splashes of blood, body fluids, secretions, or excretions, such as incision and drainage of abscess and during vaginal and caesarean deliveries.



Non-Sterile Aprons

- If a large spill occurs, the best thing to do is to take a bath by showering immediately, or as soon as possible, after completing the operation or procedure.
- After completion of the procedure, the non-sterile aprons should be washed and disinfected with 0.5 % chlorine solution.

Sterile Gowns

Sterile gowns should be worn on top of apron for labour, delivery, surgery and for droplet and contact precautions.

The procedure of gowning is as follows:

- First: non-sterile apron, cap and mask should be worn
- Then surgical scrubbing should be done.

Caps

Caps cover the hair and scalp so that hair and skin flakes are not shed into the wound during surgical procedures, and to protect the worker from body fluid splashes and sprays. Use caps that are large enough to cover all hair.



Footwear

Footwear is worn to protect feet from injury by sharps or fluids.

- Footwear should be used in OT, labour room and other places where there is risk of blood and body fluids encountering feet.
 - Footwear should be such that it covers the feet and does not allow fluid to permeate through it.
 - Clean footwear should be kept separately from unclean footwear, such that personnel shoes and slippers from outside does not encounter clean footwear.
- Wash and decontaminate ALL shoes/slippers with 0.5% Chlorine solution at the end of the day, or as needed.



What should be the discarding Personal Protective Equipment's protocols?

Personal Protective Equipment's

Disinfect/Discard Used PPE

PPE	Disinfect	Precautions
Standard surgical mask Use disposable only		Discard in infectious waste bag
Eye protector / goggles / face shield	Clean with detergent and water, dry, soak in 1% hypochlorite solution for 20 minutes and rinse and dry.	
Gown, cap and apron		Safely send to laundry
Gloves		Discard in the infectious waste bag
Reusable footwear	Clean with detergent and water, dry, disinfect with 0.5% bleach solution	Store dry



Note: Respirators such as N95 masks are only recommended for people who are sick and for those who are caring for people who are ill and are not recommended for routine cleaning and disinfection


Where should the waste from bed-side bins go?

- A large foot handled Yellow waste bin with double yellow bag placed at nursing station dedicated for Novel Corona waste should receive the waste from the small yellow bed-side bin.
- The waste handler should collect the waste and as per protocol seal it with thermal sealer, barcode it and weight it. A third yellow bag is used to cover the sealed double yellow bag.
- The waste is not collected to be taken to yellow room, the waste will be kept in the quarantine room and will be handed over to waste collector when the yellow vehicle arrives.
- The schedule of yellow vehicle will be shortened and will come to hospital every six hours.
- The yellow should take the waste to be incinerated at the nearest installed incinerators.



Spill Management

Spill Management



What is Spill

- Liquid to flow over the edge of its container, especially unintentionally.

Body fluids are defined as Blood,

- Feces,
- Urine,
- Vomit,
- Saliva, and
- any other fluids that originate from a human body.

All body fluids can potentially carry infectious agents.

Proper Spill management include the steps stated below



Spill Management

SPILL MANAGMENT

- Proper procedures for clean-up, decontamination and disposal of a body fluid spill.

Spill Management

SPILL KIT

- The workers must have spill kit with trolley for disinfection with all following things.
 - Face Mask
 - Apron
 - Gloves
 - Absorbent
 - Waste bags
 - disinfectant

Spill Management

Spillage on Uniforms

- Put off the cloths as soon as possible
- Wear the gloves (plastic or rubber) and use absorbent material (paper towel or cotton swab) to soak up the blood.
- Place the absorbent material in secure place
- Now pour the disinfectant (0.5% chlorine solution) directly onto the cloths from where blood was soaked and the absorbent material used to soak up the blood.
- Keep the chlorine solution intact for 30 minutes.
- Now discard the absorbent material and gloves safely in to yellow waste bag
- Wash your uniform/cloths with any good detergent



Note: The person on which spillage occurred, must take a shower immediately and report the incidence.



Spill Management

Spillage on Trolley

If spillage occurs during transporting the trolley

Identify the area of spillage (into or outside the trolley)

If there are splashes on the trolleys

Wear the gloves (rubber or plastic) and clean the blooded area with cotton swab

Put the swab in yellow waste bag

Now put the new swab in 0.5% chlorine solution and clean the area of trolley again.

Put the chlorinated swab in yellow waste bag

Keep standing trolley for 30 minutes.

Wash the area of trolley again with any detergent.

Spill Management

Spillage on Floor

- Cordon off the area so that patients and staff do not accidentally step on the spill.
- Contain the spill with chalk powder or any other safe absorbent material
- Apply disinfectant concentrically beginning at the outer margin of spill area, working towards the center.
- Use 1% bleach solution for disinfecting spills and wait for at least 10 minutes
- Call the cleaning staff. Cleaning staff should wear all the personal protective equipment's which include utility gloves, gum boots, face protection and eye protection.
- Mop up the solution from outside to inside and dispose the soaked chalk-powder in an infectious waste bag.
- Do not use hands for collection of glass and other materials.
- If there is a broken glass or other sharp involved, use a forcep, dustpan or a piece of stiff cardboard to collect the material and deposit it into a puncture-resistant container for disposal and at the end clean with water and detergent.



What are the protocols for Waste carrying Vehicle disinfection?

Disinfection of Waste carrying Vehicle

- Vehicle Helper is responsible for cleaning of vehicle at the end of each visit.
- The person responsible for disinfection of vehicle must wear complete Personal Protective Equipment (PPE) before disinfection of the waste carrying vehicle.
- The entire area of the vehicle inside and out has to be mopped with 5% Chlorine solution.
- After mopping with chlorine solution, the vehicle has to remain still for 30 minutes.
- After thirty (30) minutes, the vehicle may be washed with any detergent.
- Water used in washing must be channeled in proper sewerage. After washing, the sewerage system is also to be disinfected with 5% Chlorine solution.
- The PPE of the person and equipment used in disinfection process are to be discarded in yellow bag, which shall be incinerated immediately.
- The filter of air conditioner is being cleaned / washed after every visit.

How is effective chlorine solution prepared?

CHLORINE SOLUTION PREPARATION GUIDELINES

Preparation of 0.5% Chlorine solution

Prepare dilute chlorine solution from concentrated Liquid Bleach

- Total parts of water = [% concentrate/% dilute] -1.
- For example, to make a 0.5% dilute solution of chlorine from 5% concentrated liquid household bleach = $[5.0\%/0.5\%] - 1 = 10 - 1 = 9$ parts of water; hence add one part of concentrated bleach to nine parts of water.

Preparation of 0.5% Chlorine solution

Using commercially available dry powder chlorine

- Grams/litre = [% dilute/% concentrate] x 1000.
- For example to make a 0.5% dilute chlorine solution from a dry powder of 35% Sodium hypochlorite = $[0.5\%/35\%] \times 1000 = 14.2$ g. Hence add 14.2 grams of dry powder to 1 litre of water or 142 grams to 10 litres of water.



Patient Care

Ensure that the patient wear Hospital clothes that can be thrown into yellow bags and sent for incineration.

Give food in disposable utensils and throw the remains in yellow bag that will be sent for incineration.

Ensure that the bed sheets are disposable and sent to incineration in yellow bags.

If on daily basis the bedsheet cannot be incinerated, then the other option is to have disposable tissue paper sheet tailor-made for beds.

Patient Environment care

Environmental surfaces: Bedrails, food utensils, bedside tables, patient furniture and floors should be Cleaned/mopped with detergent water then mopped with 0.5% bleach.



What should be done with Urine of such patients?



What should be done with Us: The Liquid/Urine

- Wear utility gloves
- Throw Urine/contaminated liquid in solution of 0.5% chlorine bleach and the plastic container goes to yellow bag in large yellow bin.
- Drain the bleach

Cough Etiquettes/ Respiratory Hygiene

- Cover nose and mouth with tissue paper.
- If tissue not available, one should cough or sneeze in upper sleeve or elbow or dupatta.
- Perform hand hygiene after having contact with respiratory secretions.



APPENDIX 'C'

Home Isolation Informed Consent Form

Name of Patient	
Father/Husband Name	
Name of Care giver	
Relationship with Patient	
Date of onset of symptoms	
Date of Testing	
Date of Lab Report	

1. I, Mr/Ms _____, (Patient / Care giver if patient is minor) hereby confirm that I / Name of Patient _____ have / has been tested for COVID-19 by _____ Lab on _____ and my report is positive for SARS-COV 2.
2. I have been advised and educated by the hospital/doctor _____ on disease COVID-19 and its possible complications.
3. I have been informed on my treatment plan by the hospital/doctor.
4. I have been also informed on spread of infection to my family and relatives.
5. I, Mr/Ms _____, with all above awareness and knowledge, decide to opt for 'Home Isolation' for full duration advised by my doctor.
6. I take full responsibility of my decision.
7. I will fully comply with the instructions and measures advised by the hospital/doctor during my 'home isolation' period.

Name and Signature	CNIC
(Date and Time)	Contact Numbers
To be attested by the concerned Government Health Officer	
Name of the Officer	
Designation	

Note: If patient is minor, then biodata of care giver will be filled.

APPENDIX 'D'
Checklist/ Score Sheet for COVID-19 Home Isolation Assessment Committee

Area	Score	Question		
			Yes	No
Location	1	The proposed home selected for Isolation is not very far (less than 01 hour drive) from designated Isolation / HDU facility.		
Placement	5	Is there a dedicated room available in the house for patient isolation?		
Toilet Facility	3	Is the reserved room for COVID-19 patient has separate or dedicated washroom?		
Communication Link	1	Does the patient have 24/7 availability and access to phone?		
Patient	2	Does the patient has no uncontrolled co- morbidity?		
Care giver	1	Is the caregiver available and healthy?		
Transportation	1	Does the patient have adequate arrangement of transport in case symptoms worsen?		
Education	1	Does the patient and family have sufficient education of disease dynamics of COVID-19 and understands Home isolation guidelines issued by the Government of Punjab?		

- Qualifying score 12 out of 15
- For each Yes total score will be added, If No then 0 to be given
- Location distance criteria will be considered by concerned Home Isolation Committee as per local circumstances.
- Data to be entered online in the android application developed by HISDU

APPENDIX 'E'

CHECKLIST FOR DOCTORS FOR ASSESSMENT OF PATIENT AND PRIMARY CAREGIVER FOR HOME ISOLATION OF LABORATORY CONFIRMED COVID – 19 CASES

A. PATIENT INFORMATION

Name			
Age		Gender	
CNIC			
Contact No			
Address of the Patient			
MR No.			
Hospital Name			

S. #	Question	Status	
		Yes	No
1	Is patient asymptomatic / mildly symptomatic?		
2	Confirm that there is no chronic health condition such as poorly controlled diabetes, hypertension, heart disease, liver or kidney disease.		
3	Confirm that patient does not have lung disease e.g. active TB, severe asthma, COPD or pulmonary fibrosis etc.		
4	Confirm that patient is not immune-compromised (Cancer, HIV, Long term steroid use)		
5	There is no one living in the same house with above conditions list in S.#. 2,3 &4.		
6	Is the patient able to understand & follow infection prevention & control instruction (written or verbal)		
7	Is the patient aware of the warning sign of sever disease / worsening of condition like shortness of breath, tachypnea, tachycardia		

- **If the answer to all of above is yes, then complete the primary care giver questionnaire.**

B. Primary Care Giver's Information

Name			
Age		Gender	
CNIC			
Contact No			
Address of the Caregiver			

S. #	Question	Status	
		Yes	No
1	Is primary care giver healthy?		
2	Is caregiver under 50 years?		
3	Is caregiver able & willing to look after the patient?		
4	Confirm that primary care giver does not have any long standing health condition such as poorly controlled Diabetes, Hypertension, heart disease, lung, liver or kidney disease, cancer, HIV or taking steroids		
5	Does the caregiver understand how COVID -19 spreads?		
6	Does the caregiver understand that if infection prevention is not being followed at home, it is his responsibility to ensure the patient is admitted to isolation facility immediately?		

If the answer to all of above is yes, then refer to the concerned authority for home assessment.

Physician's Name & Designation	
Signatures of Physician	
Details of Caregiver	
Date and Time	

APPENDIX 'F'

GENERAL GUIDELINES FOR HOME ISOLATION OF COVID-19 PATIENTS

1. STEPS TO FOLLOW

- i. Patients and household members should be educated about personal hygiene, basic IPC measures and how to care as safely as possible to prevent the infection from spreading to household members and contacts.
- ii. All persons to be Home-Isolated should be provided written instructions regarding monitoring of symptoms and establishing contact with healthcare provider via telemedicine.

A. PLACEMENT

- i. Place the person in a well-ventilated single room (i.e. open windows and an open door) preferably with attached bathroom.
- ii. Ensure that shared spaces (i.e. kitchen, bathroom, lounge etc) are well ventilated (keep windows open).

B. MOVEMENT RESTRICTION

- i. Limit the movement of the person in the house and minimize shared space.
- ii. Household members should stay in different room and if that is not possible, the patient should be shifted to Government Isolation Facility.
- iii. The Isolation person should avoid preparing, cooking and serving food to other family members.
- iv. Only an assigned family member should be tasked with taking care of the-person in isolation.
- v. Visitors should not be allowed until the completion of Isolation period.

C. INFECTION PREVENTION PRACTICES FOR PATIENT AND CARE GIVER

- i. Perform hand hygiene frequently at least for 20 seconds
- ii. Hand hygiene should also be performed before and after preparing food, before eating, after using of toilet and whenever hands look dirty.
- iii. If hands are not visibly dirty, an alcohol based hand-rub/ sanitizer may be used.
- iv. For visibly dirty hands, use soap and water.
- v. When washing hands with soap and water, it is preferable to use disposable paper towels or hand should be air-dried. If towel is used then, it should not be shared.

D. USE OF PROTECTIVE MASK

- i. To contain spread by droplets, a surgical mask should be provided to the person in isolation and worn as much as possible, and changed daily.
- ii. Individuals who cannot tolerate a surgical mask should practice rigorous respiratory hygiene (i.e. while coughing mouth and nose should be covered, with a disposable paper tissue or cough in flexed elbow). Items used to cover the mouth and nose should be discarded properly.
- iii. Family members should wear a surgical mask that covers their mouth and nose when in the same room as the person in Isolation.

E. DISINFECTION OF ENVIROMENT

- i. Clean and disinfect frequently touched surfaces in the designated room for isolation (e.g. bed frames, tables, door handles, knobs, switches etc.) daily with 1% Sodium Hypochlorite Solution / 0.05% chlorine solution.
- ii. Clean floor often with solutions available for floor cleaning or prepare 1% Sodium Hypochlorite Solution. (Use bleach powder 01 TSF in one litter of water).

F. DISINFECTION OF TOILETS

- i. Clean and disinfect bathroom and toilet surfaces at least once daily.
- ii. Regular household soap or detergent should be used first for cleaning, and then after rinsing, disinfect with regular household bleach solution/phenolic disinfectants.
- iii. If bathroom is shared, should be cleaned after every use.

G. UTENSILS AND LINEN

- i. Use dedicated linen and eating utensils for the person in isolation; these items should be cleaned with soap and water after use and may be re-used instead of being discarded.
- ii. Clean the used cloths, bed linen, and bath/ hand towels using regular laundry soap and water or machine wash at 60-90 °C with common household detergent, and dry thoroughly.
- iii. Place used linen into a laundry bag. Do not shake soiled laundry and avoid contaminated materials coming into contact with skin and clothes.

2. SPECIAL INSTRUCTIONS

- i. Person in isolation needs to specially stay away from elderly people, pregnant women, children and persons with co-morbidities within the household.

- ii. Under no circumstances person in isolation should attend any social/religious gathering (e.g. wedding, condolences, etc.) till the completion of Isolation period.
- i. Patient should use medication regularly as prescribed by the Physician and continue with regular prescription medication (if any).
- ii. If symptoms worsen (cough/fever/difficulty in breathing), immediately inform the health authorities or call 1033.

3. MANAGEMENT OF CONTACTS

If a care provider of patient develops symptoms, following steps should be taken:

- i. Immediately inform health authorities to seek guidance.
- ii. Symptomatic contact will be labelled as Suspect and all relevant protocols will be activated.

4. INFORMATION MANAGEMENT

All the information related to persons in isolation should be maintained and shared with the DDOH concerned.