

Report

Yenepoya Medical College

Yenepoya Medical College Hospital Donated 5 Dialysis Machines

During the lockdown period our beneficiaries from Kerala who were undergoing dialysis treatment in our hospital were not able to access our facilities. In order to ensure that our patients had access to quality healthcare facility, Yenepoya Medical College Hospital donated 5 dialysis machines and 25,000 gloves to Sunrise hospital, Kasaragod. In addition to this, 5 dialysis technicians from Yenepoya Hospital were posted in Sunrise hospital, Kasaragod who would operate the dialysis unit. The transportation of the equipments and consumables was coordinated with the help of Mr. N.A Nellikunnu, MLA Kasaragod. Our patients from Kasaragod and nearby locations were directed to Sunrise hospital, Kasaragod, where in their dialysis treatment was continued without any hindrance.

We received numerous encouraging feedbacks from our patients who had availed these services. Also we were delighted to learn that in addition to our patients being beneficiary of this facility, many patients who were availing dialysis facility in other hospitals also benefited from this. All the patients were given treatment free of cost.

The above news was identified by various news channels. The link for the same is mentioned below.

<https://youtu.be/fFRFV4CTko0>

<https://www.newskarnataka.com/mangalore/beyond-borders-brave-hearts-come-forward-to-volunteer-help-to-dialysis-patients>



Dialysis unit set up at Sunrise hospital

Press release in Indian Express news paper

[Signature]
Registrar
YENEPOYA
(Deemed to be University)

[Signature]
Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mangalore 575 018, Karnataka.

MEDICAL SUPERINTENDENT
YENEPOYA MEDICAL COLLEGE HOSPITAL
MANGALORE-575 018

YENEPOYA MEDICAL COLLEGE HOSPITAL

YENEPOYA MEDICAL COLLEGE HOSPITAL

TELEMEDICINE

In the time of turmoil and accessibility concerns due to the pandemic, YMCH has brought into effect of telemedicine services for all in the month of April 2020. It was completely free in the beginning two months and later there is a nominal cost for the consultations. This software is supported by Hodo healthcare private limited.

Key advantages of this healzapp platform is plenty and to name a few, it is a Mobile friendly platform, a patient can opt for audio, video consultation. The unique feature is EMR facility which has got in build facility to send the prescription to patient and if they need it can be sent to WhatsApp of the patient or a medical store.

All the features are following the telemedicine guidelines of the government of India and international standards on usage of technology platforms for medical purposes.

Above all it has got options to communicate with internal team like another doctor and refer a patient internally.

This healzapp site is enabled with home care and other allied service like ordering medicine, lab investigation, nursing care and very useful one is COVID doctor visit online or offline. The system is equipped with patient counselling option and internal communication.

- Application used for telemedicine access: Hodo HealZapp
- There are two channels for Teleconsultation.
 1. Directly through IVR calls (9686985055)
 2. Through Yen Peripheral telecentres.

 ATTESTED

Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Doralakatte
Mangalore 575 018, Karnataka.

YENEPOYA MEDICAL COLLEGE HOSPITAL

Details of Yen Telemedicine Centres across Karnataka:

Sl. no	Partnered organizations	Place	District	Date of inauguration
1	Sanjeevini Healthcare	Tharikere	Chikmagaluru	13-08-2020
2	Dr.H.Habeebulla Clinic	Hospete	Bellary	27-09-2020
3	Faizana Raza va Amjadi welfare Academy	Ranibennur	Haveri	05-11-2020
4	Vishwamanava Grameena Clinic	Chitradurga	Chitradurga	22-01-2021
5	Safa Baithulmaal	Dharwad	Dharwad	21-02-2021

W ATTESTED

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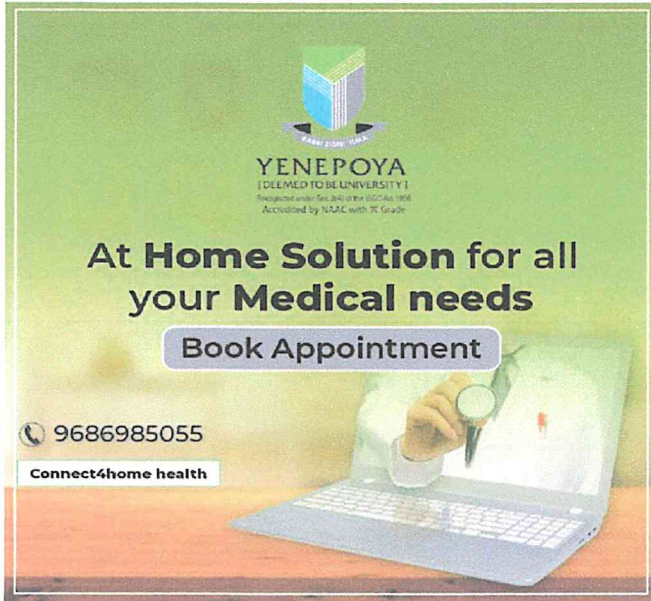
Details of Consultation

S.NO	MONTH	YEAR	NO.OF.DIRECT CONSULTATION	NO.OF.CENTER CONSULTATION	TOTAL CONSULTATION
1	JULY	2020	143	0	143
2	AGUST	2020	100	0	100
3	SEPTEMBER	2020	81	0	81
4	OCTOBER	2020	118	0	118
5	NOVEMBER	2020	68	28	96
6	DECEMBER	2020	64	16	80
7	JANUARY	2021	59	47	106
8	FEBRUARY	2021	46	62	108
9	MARCH	2021	47	73	120
10	APRIL	2021	87	81	168
11	MAY	2021	181	70	251
12	JUNE	2021	150	66	215

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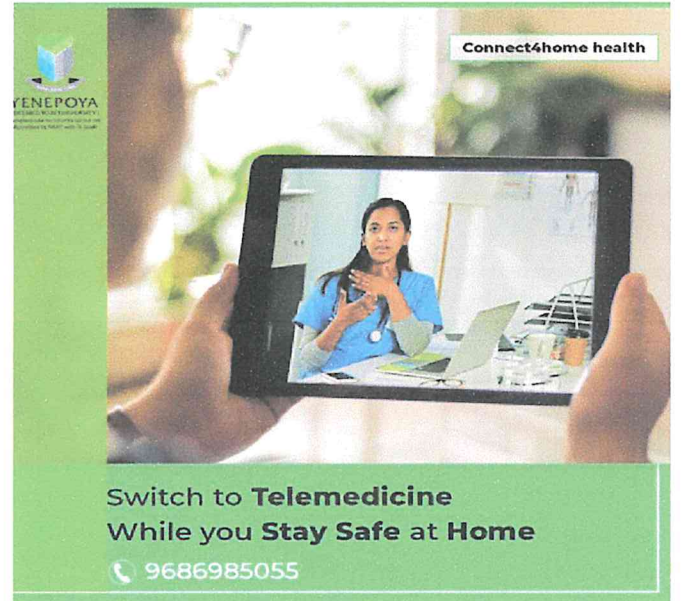


YENEPOYA
[DEEMED TO BE UNIVERSITY]
Recognized under Sec. 3(1) of the DDC Act, 1996
Accredited by NAAC with 'A' Grade

**At Home Solution for all
your Medical needs**

Book Appointment

9686985055
Connect4home health



YENEPOYA
[DEEMED TO BE UNIVERSITY]
Recognized under Sec. 3(1) of the DDC Act, 1996
Accredited by NAAC with 'A' Grade

Connect4home health

**Switch to Telemedicine
While you Stay Safe at Home**

9686985055

ATTESTED
Gr

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ಹೊಸಪೇಟೆ ಮತ್ತು ಅನುಬಾಸಿನ ಕಾಲಾಕಿನ ಜನತೆಗೆ ಸಂತಸದ ಸುದ್ದಿ !



ಯೆನಪೋಯ ವೈದ್ಯಕೀಯ ಕಾಲೇಜು ಆಸ್ಪತ್ರೆ
ದೇರಕಟ್ಟೆ, ಮಂಗಳೂರು.



ಮತ್ತು
ಡಾ. ಹೆಚ್. ಹಬೀಬುಲ್ಲಾ ಆಸ್ಪತ್ರೆ

ಹೊಸಪೇಟೆ, ಬಳ್ಳಾರಿ ಜಿಲ್ಲೆ
ಇವರ ಸಹಭಾಗಿತ್ವದಲ್ಲಿ

ಟೆಲಿಮೆಡಿಸಿನ್ ಸೇವಾ ಕೇಂದ್ರ

ಮತ್ತು

ಆಸ್ಪತ್ರೆಯ ವಾಹಿತಿ ಮತ್ತು ಮಾರ್ಗದರ್ಶನ ಕೇಂದ್ರ

ಉದ್ಘಾಟನಾ ದಿನಾಂಕ : **27-09-2020** ಸಮಯ : **ಬೆಳಿಗ್ಗೆ 11.00 ರಂಟೆರೆ**
ಭಾನುವಾರ

ಸ್ಥಳ : ಡಾ. ಹೆಚ್. ಹಬೀಬುಲ್ಲಾ ಆಸ್ಪತ್ರೆ ಆವರಣ, ಬಳ್ಳಾರಿ ರಸ್ತೆ, ಹೊಸಪೇಟೆ, ಬಳ್ಳಾರಿ ಜಿಲ್ಲೆ

ಉದ್ಘಾಟನಾ ಸಮಾರಂಭ /
ಉದ್ಘಾಟನೆ



ಶ್ರೀ ಅನಂದ್ ಸಾಗರ್

ಡಾ. ಶಾಸ್ತ್ರಿ, ಸಿಕ್ಸಿಟಿ ಮತ್ತು ಹಬೀಬುಲ್ಲಾ ಆಸ್ಪತ್ರೆ
ಕಾನ್ಸಲ್ಟಿಂಗ್ ಮೆಡಿಸಿನ್, ಕಿತ್ತೂರು ಬೆಲಗವಿ (ಕೆ.ಆರ್.ನಗರ)

ಮಹಾ
ಅತಿಥಿಗಳು

ಶ್ರೀ ಅಶೋಕ ಜಾಲಿ (ಅಧ್ಯಕ್ಷರು, ಹೊಸಪೇಟೆ ಪರಿಶಿಷ್ಟ ವ್ಯಾಧಿಗ್ರಸ್ತರಿ ಸಂಘದ ಅಧ್ಯಕ್ಷರು)
ಇಮಾಂಜಿ ಸಿಂಹಾಣಿ (ಕಿತ್ತೂರು ಬೆಲಗವಿ ಮುಖಂಡರು)
ಶ್ರೀನಿವಾಸ ಮೈಸೂರಿ (ಕಿತ್ತೂರು ಬೆಲಗವಿ ಮುಖಂಡರು)
ಡಾ. ಎಸ್.ಕೆ. ವಿನಯಕೃಷ್ಣ (ಕಿತ್ತೂರು ಬೆಲಗವಿ ಮುಖಂಡರು)
ಡಾ. ಮಂಜುನಾಥ ಶೆಟ್ಟಿ (ಕಿತ್ತೂರು ಬೆಲಗವಿ ಮುಖಂಡರು)
ಶ್ರೀಮತಿ ಬಾಲಕೃಷ್ಣ (ಕಿತ್ತೂರು ಬೆಲಗವಿ ಮುಖಂಡರು)



ಕೋರ್ಟಿನ ಆವರಣ ಕ್ಯಾಚರ್

GOOD NEWS TO PEOPLE OF DHARWAD CITY & SURROUNDING



YENEPOYA MEDICAL COLLEGE HOSPITAL
Deralakatte, Mangaluru - 575 018



and

SAFA BAITHULMAAL DHARWAD

Jointly Organise

**TELEMEDICINE,
HOSPITAL
INFORMATION &
GUIDANCE CENTRE**



INAUGURATION PROGRAMME

February 2021
Time : 11.00 A.M

21
Sunday

Venue:
Anjuman-E-Islam Hall,
Dharwad

Sandhya: **Poojya Shri Mallikarjuna Mahaswamy**
(Shri Murugamata Dharwad)

Mufthi Mohammad Haroon Kasmī
(Islamic Scholar, Kithuru Belagavi Dist.)

President: **Shri Amrut Desai**
(M.I.A., Dharwad Rural, Dharwad Dist.)

Chief Guests: **Janab Mohammed Ismail Thamatagara**
(Ex President, Anjuman-E-Islam, Dharwad & Congress Leader)

Dr. Yashavanth Madanikar
(District Health and Family Welfare Officer Dharwad Dist.)

Dr. Salahuddin Ahmed A Contractor
(M.S. General Surgeon)

Janab Najeer Maniyar
(Secretary Anjuman-E-Islam, Dharwad)

Presence: **Dr. Nagaraj Shet**
(Assistant Medical Superintendent, Yenepoya Medical College Hospital)

Mr. Vijayananda Shetty
(Marketing Executive, Yenepoya Medical College Hospital)

All are cordially invited

ATTESTED

Dr. Gangadhaba Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mangalore 575 018, Karnataka.

YENEPOYA MEDICAL COLLEGE HOSPITAL



ಯೆನಪೋಯ ವೈದ್ಯಕೀಯ ಕಾಲೇಜು ಆಸ್ಪತ್ರೆ

ದೇರಳಕಟ್ಟೆ, ಮಂಗಳೂರು. - 575 018.

ಫೋನ್ : 0824 - 2204668 / 69 / 70





ಟೆಲಮೆಡಿಸಿನ್

ಸುಲಭರಲ್ಲ ಆರೋಗ್ಯ ಸೇವೆ ಪಡೆಯುವ ಒಂದು ವಿಧಾನ

ಟೆಲಮೆಡಿಸಿನ್ ಎಂದರೆ ಮನೆಯಿಂದ ಅಥವಾ ಟೆಲಮೆಡಿಸಿನ್ ಸೇವಾ ಕೇಂದ್ರದಿಂದ ದೂರವಾಗಿ ಕರೆ ಅಥವಾ ವಿಡಿಯೋ ಕರೆ ಮುಖೇನ ವೈದ್ಯಕ ಸಮಾಲೋಚನೆಯನ್ನು ಪಡೆಯಬಹುದಾಗಿರುತ್ತದೆ.

ಅನುಕೂಲಗಳು

- ಸುಲಭವಾಗಿ ಪರಿಚಿತ ವೈದ್ಯಕ ಸಂದರ್ಶನವನ್ನು ಮನೆಯಿಂದ ಅಥವಾ ಟೆಲಮೆಡಿಸಿನ್ ಸೇವಾ ಕೇಂದ್ರದಿಂದ ಪಡೆಯಬಹುದು.
- ಆಸ್ಪತ್ರೆಗೆ ಉನ್ನತ ವೈದ್ಯಕೀಯ ಚಿಕಿತ್ಸೆಗೆ ಪ್ರಯಾಣಿಸುವ ಅಗತ್ಯವಿಲ್ಲದೇ ಅಥವಾ ಸ್ಥಳೀಯವಾಗಿಯೇ ಚಿಕಿತ್ಸೆ ಪಡೆಯಬಹುದೇ ಎಂಬುದನ್ನು ನಿರ್ಧರಿಸಬಹುದು.
- ಅಗತ್ಯವಿರುವ ವೈದ್ಯಕೀಯ ನಿಲುವು ಔಷಧಿ, ಇತರ ಪ್ರಯೋಗಾಲಯದ ಪರೀಕ್ಷೆಗಳ ಪೂರೈಕೆಯನ್ನು ಸ್ಥಳೀಯವಾಗಿಯೇ ಪಡೆಯಬಹುದು.
- ಉನ್ನತ ವೈದ್ಯಕೀಯ ಚಿಕಿತ್ಸೆಗೆ ಆಸ್ಪತ್ರೆಗೆ ಹೋಗುವ ಅಗತ್ಯವಿಲ್ಲದೇ ಸೇವಕಾರಿಯನ್ನು ಖಚಿತ ಮಾಡಿಕೊಳ್ಳಬಹುದು.
- ಅನಗತ್ಯವಾಗಿ ದೂರದ ಆರೋಗ್ಯ ಆಸ್ಪತ್ರೆಗೆ ಹೋಗಲು ವ್ಯಯ ಮಾಡುವ ಸಮಯದ ಅಲಾಭತೆಯು ಮುಕ್ತವಾಗಿ ಕಾಲಕಳಿಸಿ ಕಾರ್ಯಗಳಿಗೆ ಸಮರ್ಪಣೆ ಮಾಡಬಹುದು.
- ದೂರದ ಆರೋಗ್ಯ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಹೋಗಲು ರೋಗಿಗೆ ಮತ್ತು ಅವರ ಸಹಾಯಕರಿಗೆ ಅಂಟಾಜನಿವ ಅನಗತ್ಯ ಪ್ರಯಾಣದ ಖರ್ಚು ವೆಚ್ಚಗಳನ್ನು ಕಡಿಮೆ ಮಾಡಬಹುದು.

**ಯೆನಪೋಯ ಮೆಡಿಕಲ್ ಕಾಲೇಜು ಆಸ್ಪತ್ರೆ ಯ ಸಹಭಾಗಿತ್ವದ
ಕಾರ್ಯಾಚರಿಸುತ್ತಿರುವ ಟೆಲಮೆಡಿಸಿನ್ ಸೇವಾ ಕೇಂದ್ರಗಳು**

ಶ್ರೀ ಲಕ್ಷ್ಮಣ ಆಸ್ಪತ್ರೆ

ಕಡ್ಲಿಂಜೆ, ಚಾಮರಾಜಿ, ಬೆಳ್ತಂಗಡಿ ತಾಲೂಕು.

ಫೋನ್ ☎ : 9483 525 100

ಸಂಜೀವಿನಿ ಹೆಲ್ತ್ ಕೇರ್

ಬಿ.ಎಚ್. ರೋಡ್, ಕರೀಕೇರಿ, ಬಳ್ಳಾರಿ ಜಿಲ್ಲೆ.

ಫೋನ್ ☎ : 7204 864 572

ಡಾ. ಹೆಚ್. ಪಂಜಾಬಿ ರಾಜ್ ಸಿ. ಆಸ್ಪತ್ರೆ

ಬಳ್ಳಾರಿ ರಸ್ತೆ, ಹೊಸವೇಣಿ, ಬಳ್ಳಾರಿ ಜಿಲ್ಲೆ.

ಫೋನ್ ☎ : 9986 888 272

ವೈಜಾನಿ ರಸ್ತಾ ವ ಅಮೆದಿ ವೆಲ್‌ಫೇರ್ ಆಹಾರ್‌ವಿ (೦)

ರಸ್ತಾ ಕಂಪೌಂಡ್, ಕೋರ್ಟ್ ಮುಂಭಾಗ, ಬಸ್ ನಿಲ್ದಾಣ ಹತ್ತಿರ, ರಾಣಿಬೆನ್ನೂರು.

ಫೋನ್ ☎ : 9986 400 222

ದಿವ್ಯ ಮಾನವ ಗ್ರಾಮೀಣ ಸ್ಪೆಷಿಲ್

ದಿವ್ಯ ಮಾನವ ವಸತಿ ಶಾಲಾ ಆವರಣ, ಸೀಬಾರ್-ಗುತ್ತಿನಾಡು, ವನಜ ಅಂಚೆ, ಜಿತ್ತದುರ್ಗ.

ಫೋನ್ ☎ : 8951 022 815

ಸರ್ಕಾರಿ ವೈದ್ಯಕೀಯ ಕಾಲೇಜು

ಒಂದನೇ ಮಹಡಿ, ಅಂಬುಮನ್ ಕಾಂಪ್ಲೆಕ್ಸ್,
ಹೆಚ್ ಕೆ.ಎಸ್.ಆರ್.ಟಿ.ಸಿ ಬಸ್ ನಿಲ್ದಾಣದ ಎದುರುಗಡೆ, ಧಾರವಾಡ.

ಫೋನ್ ☎ : 9686 499 609

ಭಾರತೀಯ ವೈದ್ಯಕೀಯ ಕಾಲೇಜು

ಎನ್.ಕೆ. ಆಟೋ ಸ್ಟಾಂಡ್, ನ್ಯೂ ಮಂಜಿ, ಎನ್.ಟಿ. ರೋಡ್, ಶಿವಮೊಗ್ಗ-577 202

ಫೋನ್ ☎ : 081822 95889, 9448 988 048, 9901 580 215

ಯೆನಪೋಯ ಟೆಲಮೆಡಿಸಿನ್ ಸೆಂಟರ್

1 ನೇ ಕ್ರಾಸ್, ಕನಕ ನಗರ, ನ್ಯೂ ಜಿಲ್ಲೆ ರೋಡ್, ಭದ್ರಾವತಿ, ಶಿವಮೊಗ್ಗ

ಫೋನ್ ☎ : 9844 569 172, 9449 858 935

ATTESTED

Dr. Gangadhara Somayaji K S
 Registrar
 Yenepoya (Deemed to be University)
 University Road, Deralakatte
 Mangalore 575 018, Karnataka.

YENEPOYA MEDICAL COLLEGE HOSPITAL

Telemedicine Information Brochure



Inauguration of Chitradurga Telemedicine Centre

ವಜ್ರಕರ್ನಾಟಕ

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ಟೆಲಿಮೆಡಿಸಿನ್ ವ್ಯವಸ್ಥೆ ಅತ್ಯುಪಯುಕ್ತ

ಚಿತ್ರದುರ್ಗ: ವೈದ್ಯಕೀಯ ಕ್ಷೇತ್ರದಲ್ಲಿ ಸಮೃದ್ಧ ಬೆಳವಣಿಗೆಯನ್ನು ಪ್ರಗತಿ ಸಾಧಿಸಿದೆ. ಪ್ರಸ್ತುತ ದಿನಗಳಲ್ಲಿ ಟೆಲಿಮೆಡಿಸಿನ್ ವ್ಯವಸ್ಥೆ ಅತ್ಯುಪಯುಕ್ತ ಎಂದು ಜಿಪಂ ಆರೋಗ್ಯ ಶಿಬಿರದ ಸುರೇಶ್ ಬಾಬು ತಿಳಿಸಿದರು. ಪಾಲಕನ ಸೀನಾರ್ ಗುತ್ತಿನಾಡು ವಿಶ್ವಮಾನವ ವಸತಿ ಶಾಲಾ ಆವರಣದಲ್ಲಿ ಟೆಲಿಮೆಡಿಸಿನ್, ರಕ್ತದ ಮಾದರಿ ಸಂಗ್ರಹ ಮತ್ತು ಆಸ್ಪತ್ರೆಯ ಮಾಹಿತಿ ಹಾಗೂ ಮಾರ್ಗದರ್ಶನ ಕೇಂದ್ರ ಉದ್ಘಾಟನೆ ಮಾಡಲಾಯಿತು. ಜಿಪಂ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆಯ ಜಿಪಂ ಸರ್ವೋನ್ನತಾಧಿಕಾರಿ ಜಿ.ಪುಷ್ಪ ರಂಗನಾಥ್, ಜಿಪಂ ಸಾಮಾಜಿಕ ನ್ಯಾಯ ಸ್ವಾಯಂ ಸಮಿತಿ ಅಧ್ಯಕ್ಷ ಆರ್. ನರಸಿಂಹರಾಜು ಇದ್ದರು.

ಸೀನಾರ್ ಗುತ್ತಿನಾಡು ವಿಶ್ವಮಾನವ ವಸತಿ ಶಾಲಾ ಆವರಣದಲ್ಲಿ ಟೆಲಿಮೆಡಿಸಿನ್ ಕೇಂದ್ರವನ್ನು ಜಿಪಂ ಆರೋಗ್ಯ ಶಿಬಿರದ ಸುರೇಶ್ ಬಾಬು ದೀಕ್ಷಿಸಿದರು.

ATTESTED

Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Doralakatte
Mangalore 575 018, Karnataka.

YENEPOYA MEDICAL COLLEGE HOSPITAL



Inauguration of Dharwad Telemedicine Centre

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Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mangalore 575 018, Karnataka.

YENEPOYA MEDICAL COLLEGE HOSPITAL



ವಿಶೇಷ ಸಾಧನೆಗಳನ್ನು ನಿರ್ವಹಿಸುತ್ತಿರುವ ಈ ಹೊಸದಾಗಿ ಕಟ್ಟಿಸಿದ ಆಸ್ಪತ್ರೆ ಅನೇಕ ರೋಗಿಗಳಿಗೆ ಪ್ರಯೋಜನವನ್ನು ತರುವಂತಹ ಸೇವೆಗಳನ್ನು ನಿರೀಕ್ಷಿಸಲಾಗಿದೆ. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಮಾನ್ಯ ಪ್ರಧಾನ ಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ ಅವರ ಪರಿಶ್ರಮದಿಂದ ಈ ಆಸ್ಪತ್ರೆ ನಿರ್ಮಿಸಲಾಗಿದೆ.

ಬಳ್ಳಾರಿ : ಗ್ರಾಮ ಪಂಚಾಯತಿ ಹಾಗೂ ರಾಜ್ಯ ಸರ್ಕಾರದ ಸಹಭಾಗಿತ್ವದಲ್ಲಿ ನಿರ್ಮಿಸಲಾಗುತ್ತಿರುವ ಯೆನಪೆಯ ಚಿರಮೇವಿ ಆಸ್ಪತ್ರೆಗೆ ಇಂದು ಶೇಖರಣೆ ಕಾರ್ಯಕ್ರಮ ನಡೆಯಿತು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಮಾನ್ಯ ಪ್ರಧಾನ ಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ ಅವರ ಪರಿಶ್ರಮದಿಂದ ಈ ಆಸ್ಪತ್ರೆ ನಿರ್ಮಿಸಲಾಗಿದೆ.

2015 ರ ಏ.1 ರಂದು ಕಾರ್ಯಕ್ರಮ ನಡೆಯಿತು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಮಾನ್ಯ ಪ್ರಧಾನ ಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ ಅವರ ಪರಿಶ್ರಮದಿಂದ ಈ ಆಸ್ಪತ್ರೆ ನಿರ್ಮಿಸಲಾಗಿದೆ.

ಗಣಿ ನಗರಿಯಲ್ಲಿ ಚಿರಮೇವಿ ಸೇವಾ ಕೇಂದ್ರ ಉದ್ಘಾಟನೆ



ಬಳ್ಳಾರಿ : ಗಣಿ ನಗರಿಯಲ್ಲಿ ಚಿರಮೇವಿ ಸೇವಾ ಕೇಂದ್ರದ ಉದ್ಘಾಟನೆ ಕಾರ್ಯಕ್ರಮ ನಡೆಯಿತು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಮಾನ್ಯ ಪ್ರಧಾನ ಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ ಅವರ ಪರಿಶ್ರಮದಿಂದ ಈ ಆಸ್ಪತ್ರೆ ನಿರ್ಮಿಸಲಾಗಿದೆ.

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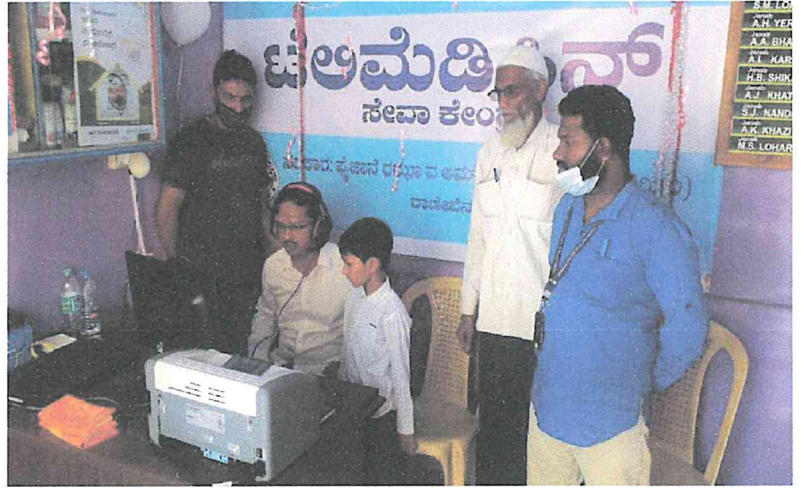
Inauguration of Hosapeta centre

ATTESTED
 Dr. Gangadhara Somayaji K S
 Registrar
 Yenepoya (Deemed to be University)
 University Road, Doralakatte
 Mangalore 575 018, Karnataka.

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Inauguration of Tarikere Centre

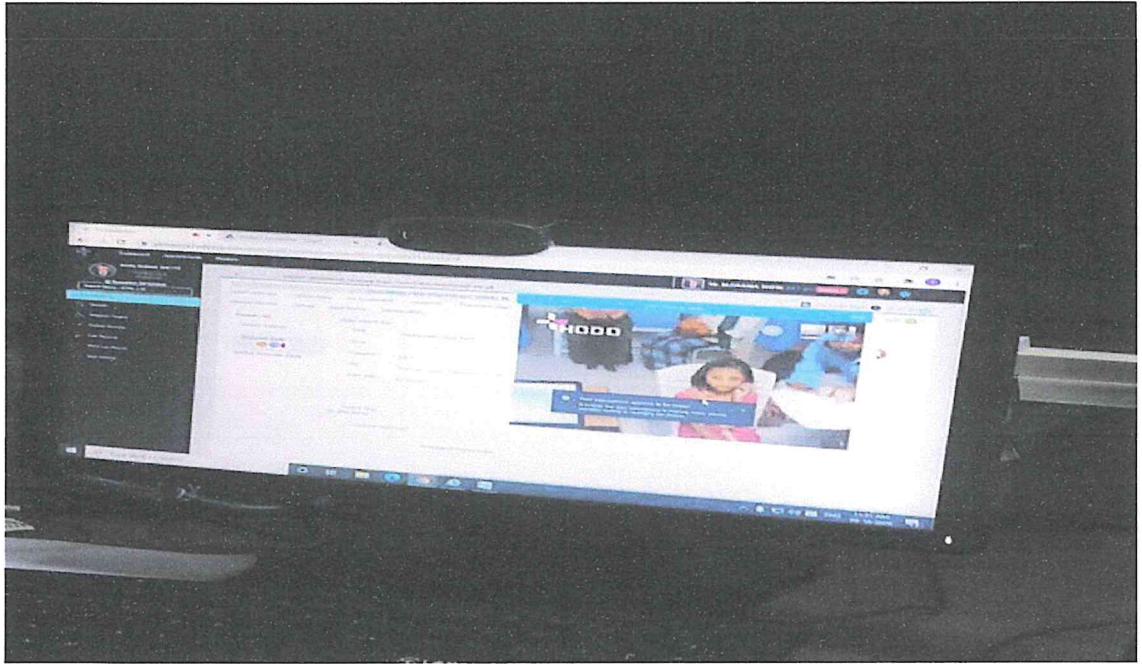


Inauguration of Ranebennur Telemedicine Centre

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Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mangalore 575 018, Karnataka.

YENEPOYA MEDICAL COLLEGE HOSPITAL



Telemedicine Consultation

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Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Derlakatte
Mangalore 575 018, Karnataka.

Tele-counselling intervention for those tested positive for COVID 19

Jeyaram Srinivasan

When India announced its first lockdown in the month of March 2020, thousands of returning non-resident Indians on their arrival were quarantined for 4 weeks in Udupi district. Growing concern on psychosocial well-being, health department of Udupi approached for providing psychosocial care for the quarantined.

About 55 individuals were provided tele-counselling services. These individuals were contacted on alternate days. Umbrella of care otherwise called as spectrum of care and psychosocial care as given by nodal agency for disaster National Institute of Disaster Management (NIDM) (1) was provided to the quarantined individuals.

The results of interventions were positives. Psychological reactions of individuals varied amongst individuals and in same individuals as days progressed. Worrying, panic, shock, sadness, anger, guilt, helplessness, despair, confusion, nightmares to poor attention and concentration. Initially over half of the respondents were reluctant to speak over phone which changed in course of time attributable to psychosocial care approach which provided pin cushion for them to fallback. All most all the participants appreciated the tele-counselling support services.

With the success of the tele-counselling intervention, Dr Ravi Vaswani, Professor of Medicine suggested the same be implemented to Covid 19 quarantined individuals at Yenepoya Medical College. Since the case load was increasing each passing day, it required the support of more professionals. Few psychologists and social workers were inducted and a basic psychosocial care orientation was given with daily debriefing. This intervention commenced on June 2020 and went till March 2021. During this period a total of 1553 people were counselled. This includes those appeared for RT-PCR for international travel purpose and those who were home quarantined.

Rationale for tele-counselling in hospital quarantined: Reports of people committing suicide Covid hospitals across the country necessitated an intervention to cushion the blow of bad news. Also, our earlier experience of tele-counselling gave us an insight on psychological distress and positive impact of a psychosocial intervention on the quarantined

The Covid suspected patients were kept in ward semi-isolated ward meant for suspected patients. Once the results of RT-PCR were available, the positive patients were moved to

Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mangalore 575 018, Karnataka.

Covid ward. The team of Microbiologist sends us the list of RT-PCR positives of the day's run. Tele-counselling is a time-based intervention which is aimed at breaking the bad news before the patient was shifted to Covid special ward, hence we had to work 7 days a week. We had to work outside scheduled standard work hours to deliver this time-bound service.

The telephone services provided was based psychosocial care recommended by NIDM. It includes, facilitation of ventilation, providing psychological support, active listening and helping them in relaxation. The psychological issues varied with passage of time and between the various age groups. In the initial days, the problems reported included worries about the Covid positive status and worries pertaining to any family members who might have exposed to the patient.

Fear of death was prominent amongst those tested positives. Many medical professionals and para professionals were no exception. This is followed by fear of passing contagion to family members, media influences, loaded information on newly contracted and voluminous report on dying, dynamic information on how the disease spreads. Another complaint during initial days were sleeplessness. Sleeplessness was more observed amongst the medical and para medics.

The challenging reaction among non-medical students was rebellious attitude. Many of the students who were quarantined did not show signs and symptoms which resulted in them questioning the validity of RT-PCR. The same reactions were seen amongst those undertook RT-PCR for travel purpose. Frustration and disappointment were reasons for such reactions.

Amongst home quarantined individuals, absence of accurate information, accessing appropriate supplies of food and ration was found to be cause of distress. Fear of new born contracting Covid and two weeks of isolation from the rest of the family members were main reasons for distress amongst the perinatal mother.

Tele-counselling addressed these issues. In a pandemic situation with large number of infected population, tele-counselling is the best way to address psychosocial issues. Psychosocial support is cost-effective and easy to replicate with minimum resources.

This intervention also underscores the need to institutionalise psychosocial care in medical college hospital like us. In the process we have also found that the hospital administration has limited knowledge on the psychosocial needs of the quarantined and very minimal understanding on the work carried out by the team of psychosocial experts as they mostly


Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mangalore 575 018, Karnataka.

work around mundane things of the institution. As such, a psychosocial emergency team in the hospital shall help plan things in advance and work efficiently. This team shall comprise experts in the field of psychosocial care and representation from each clinical department. This intervention amongst 1553 individuals has proved that providing psychosocial support in a pandemic has helped not only to thwart any untoward incidences such as suicide or self-harm but also helped in reducing the distress of the individuals who are kept under quarantine.

1. Management NIOD. Psychosocial care in disaster management: A training of trainers module New Delhi 2009 [Available from: <https://nidm.gov.in/PDF/modules/psychosocial.pdf>].

ATTESTED


Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mangalore 575 018, Karnataka.



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Certificate No. H - 2019 - 0618
March 31, 2019 - March 30, 2022

YENEPOYA MEDICAL COLLEGE HOSPITAL

COVID - 19 MANUAL

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Dr. Gangadhara Somayaji KS
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mangalore 575 018, Karnataka.

**YENEPOYA MEDICAL COLLEGE HOSPITAL
MANUAL FOR CoVID -19**

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Contributors:

1. Dr. Prabha Adhikari
2. Dr. Ravi Vaswani
3. Dr. Anuragh Bhargava
4. Dr. Abhay Nirgude
5. Dr. Sunita Saldanha
6. Dr. Rouchelle Tellis

Approved by: Dr.S Padmanabha, Medical Superintendent, YMCH

Note: This is a dynamic document and will be updated subject to revisions in guidelines directed by the Ministry of Health & Family Welfare, Govt of India & Govt. Of Karnataka.

Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mangalore 575 018, Karnataka.

**YENEPOYA MEDICAL COLLEGE HOSPITAL
MANUAL FOR CoVID -19**

INTRODUCTION

Scope

This document is to be used by the staff of YMCH with regards to the assessment and care of Corona virus (CoVID -19) suspected and confirmed patients

Purpose:

This document explains the protocols to be followed when handling CoVID -19 suspected and confirmed patients

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Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mangalore 575 018, Karnataka.

YENEPOYA MEDICAL COLLEGE HOSPITAL MANUAL FOR CoVID -19

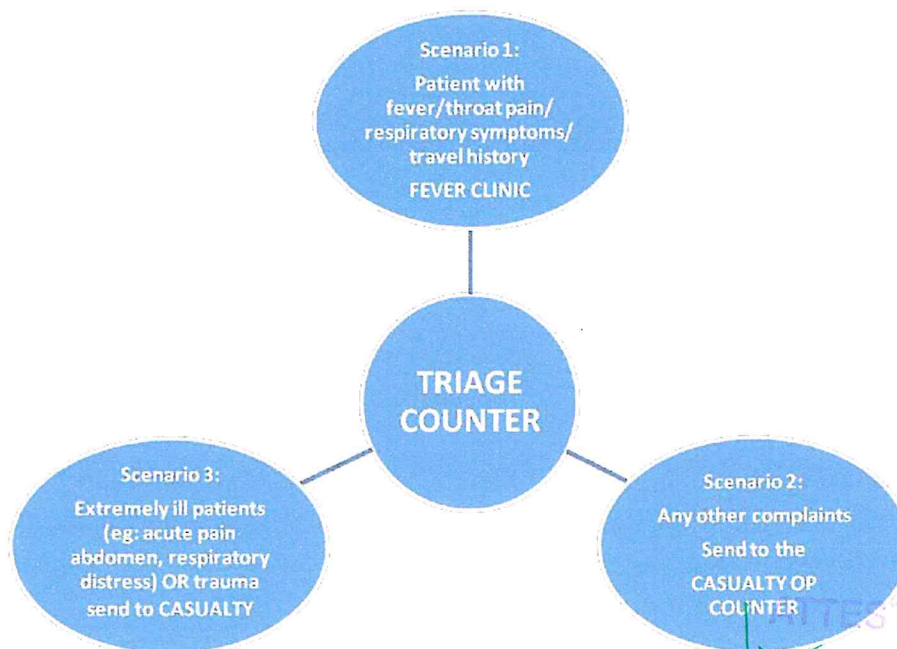
UNIT 1 PROTOCOL FOR OPD PATIENTS TRIAGE COUNTER

- All patients will enter the hospital through Gate 1 (YDC gate)
- Hand wash facility is provided at the hospital entry
- Triage Counter is set up at the entrance of the Yenepoya Dental College (board displayed)

Information for the staff posted at the triage counter:

- Staff at the Triage counter: 1 Medical Officer, 1 PG Resident, 1 staff nurse
- Triage counter timings: 8.30 am to 4.00 pm
- PPE to be worn by staff at the triage counter: N95 mask , surgical gown & Hood
- Hand sanitizer to be used after interacting with each patient
- Role of the doctor at the triage counter: The Medical Officer at the triage counter should obtain a brief history (including contact and travel history) and obtain information about symptoms of the patient
- Direct the patient to the appropriate sections for further medical care

***A 3 ply surgical mask will be provided to all patients referred
Movement of patients from the triage counter to other sections**



**YENEPOYA MEDICAL COLLEGE HOSPITAL
MANUAL FOR CoVID -19**

FEVER CLINIC PROTOCOL

- Fever clinic is set up at the open bay adjacent to the entrance of YMCH
- Patients with fever/ throat pain/ respiratory symptoms/ travel history or contact history will be referred to the fever clinic

Information for the staff posted at the triage counter:

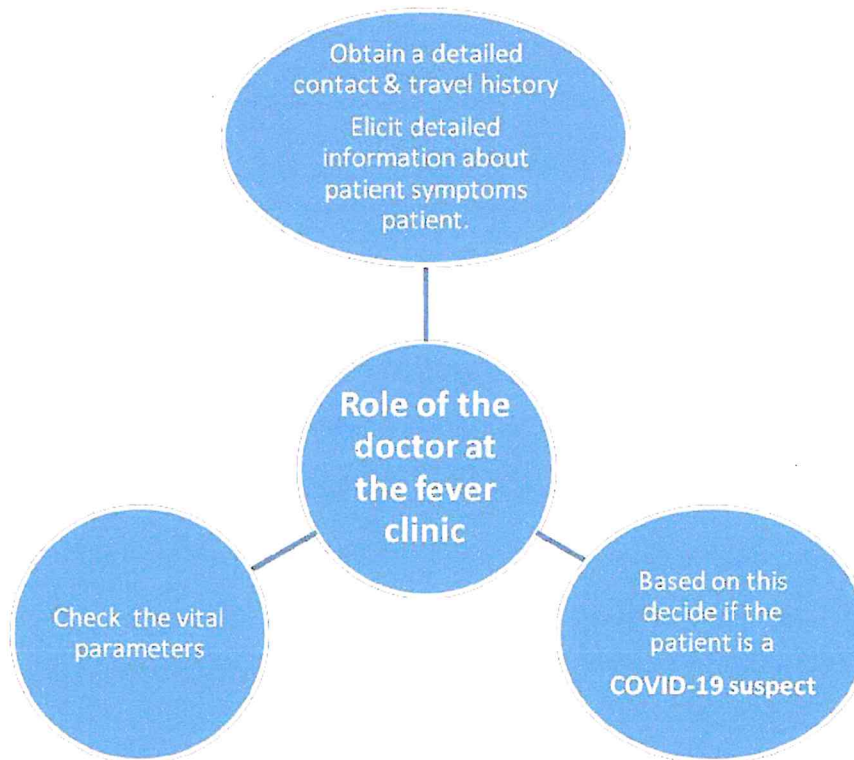
- Staff at the Fever Clinic: 2 Medical Officers, 1 staff nurse, 1 attender
- Fever clinic timings: 8.30 am to 4.00 pm
- **PPE to be worn by staff at the fever clinic : N95 mask , surgical gown & Hood**
- Hand sanitizer to be used after examining each patient
- Staff posted must follow standard precautions & wear PPEs
- Medical Officer posted is responsible for patient data capture in the given format
- If the patient is a COVID-19 Suspect Case, the medical officer should counsel the patient for admission in the isolation ward (In the isolation ward nasopharyngeal swab will be collected for COVID-19 testing)
- The nurse in the fever clinic should initiate the isolation ward admission procedure and also inform the HIC nurse regarding the case
- Patients who are a COVID-19 Suspect Case should not be sent around the hospital for any radiology or blood investigations. Provision for investigations is available in the isolation ward on admission.
- COVID-19 Suspect Case should be shifted to the isolation ward using **PATIENT LIFT NO. 2** in the hospital building with all precautions

***** PPE for Healthcare
workers in fever clinic:
N95 mask, Surgical Gown &
Hood**

*****Single point of contact for
admissions to isolation ward &
COVID ICU
Dr. Ravi Vaswani
(Prof. General Medicine)
Mobile No: 9448858983**

YENEPOYA MEDICAL COLLEGE HOSPITAL MANUAL FOR CoVID -19

Role of the Medical Officer at the fever clinic :



COVID-19 Case Definitions Suspect Case:

- A patient with acute respiratory illness (fever and at least one sign/ symptom of respiratory disease (e.g., cough, shortness of breath) AND a history of travel to of residence in a country/area or territory reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset;

OR

- A patient / Health care worker with any acute respiratory illness AND having been in contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms

OR

- A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation
- A case for whom testing for COVID-19 is in-conclusive

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[Signature]

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MANUAL FOR CoVID -19**

**SOP FOR FEVER CLINIC YENEPOYA MEDICAL COLLEGE HOSPITAL
DERALAKATTE, MANGALORE**

PLACE: AMBULANCE PARKING AREA

FACILITIES: Wash area, PPE, examination table, chairs, clinical examination kit

PERSONNEL: 2 Medical Officers, 1 Team leader (supervisory), 1 Staff Nurse, 1 Attender

CLINICAL SOP :

Step	Action	Faculty	Remarks
Step 1	Receive patient	Nurse	Enter details in register
Step 2	Check vitals	Nurse	Check temperature
Step 3	Take history	Medical Officer	Record details in case sheet
Step 4	Check vitals	Medical Officer	Check pulse, BP, Respiratory rate
Step 5	If a symptomatic with contact & travel history		Home / Hostel /Quarantine
	Suspected COVID (as per case definition on page 5)		a) Inform the General Medicine staff on duty & HIC nurse b) In night inform General Medicine staff on duty & HIC nurse c) Admission in the isolation ward 2A

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MANUAL FOR CoVID -19**

FEVER CLINIC CHECKLIST

Name		Date:
Age		Time:
Address		Seen by:
Dr.		Nurse:
Phone		
History of	Yes/ No	Duration
Fever		
Cough		
Shortness of breath		
Any other symptoms		
History of	Yes/ No	Details
International travel in the last two weeks		Country : When :
Domestic travel in last 2 weeks		Place : When :
History of contact with COVID positive case		Who : When :
History of being tested for COVID		Result : Where: When:
Examination findings	Finding	Impression
Temperature		<ul style="list-style-type: none"> • Suspect COVID case: Yes/ No • Inform General Medicine staff on duty & HIC nurse • Admission to isolation ward 2A
Pulse		
Respiratory rate		
Blood pressure		COVID unlikely:
Conjunctivitis		Refer to casualty OP desk if needed:
Systemic findings		Investigations:

Signature of the Medical Officer :

Date :

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EMERGENCY DEPARTMENT PROTOCOL

All patients visiting the hospital during Non-OPD timings & whoever comes in the ambulance have to be screened in the Emergency department. Triage will be done at the entrance bay of the casualty by the RMO

For patients presenting with fever or respiratory illness or ARDS

- These patients will be received and examined in the casualty on beds labelled as **RESERVED BEDS** only.
- The immediate next bed will be placed at least 1 meter apart and should ideally be left vacant
- The patient will be initially assessed by the RMO and if patient fits into the COVID-19 suspect case criteria, the same to be informed to the General Medicine staff on call.
- If the patient is a COVID-19 Suspect Case, the RMO should counsel the patient for admission in the isolation ward for nasopharyngeal swab collection for COVID-19 testing
- The nurse in-charge in the casualty should initiate the isolation ward admission procedure and also inform the HIC nurse regarding the case.
- Patients who are a COVID-19 Suspect Case should not be sent around the hospital for any radiology or blood investigations. Provision for investigations is available in the isolation ward on admission.
- COVID-19 Suspect Case should be shifted to the isolation ward using **PATIENT LIFT NO. 2** in the hospital building with all precautions

If the patient has SARI/ARDS

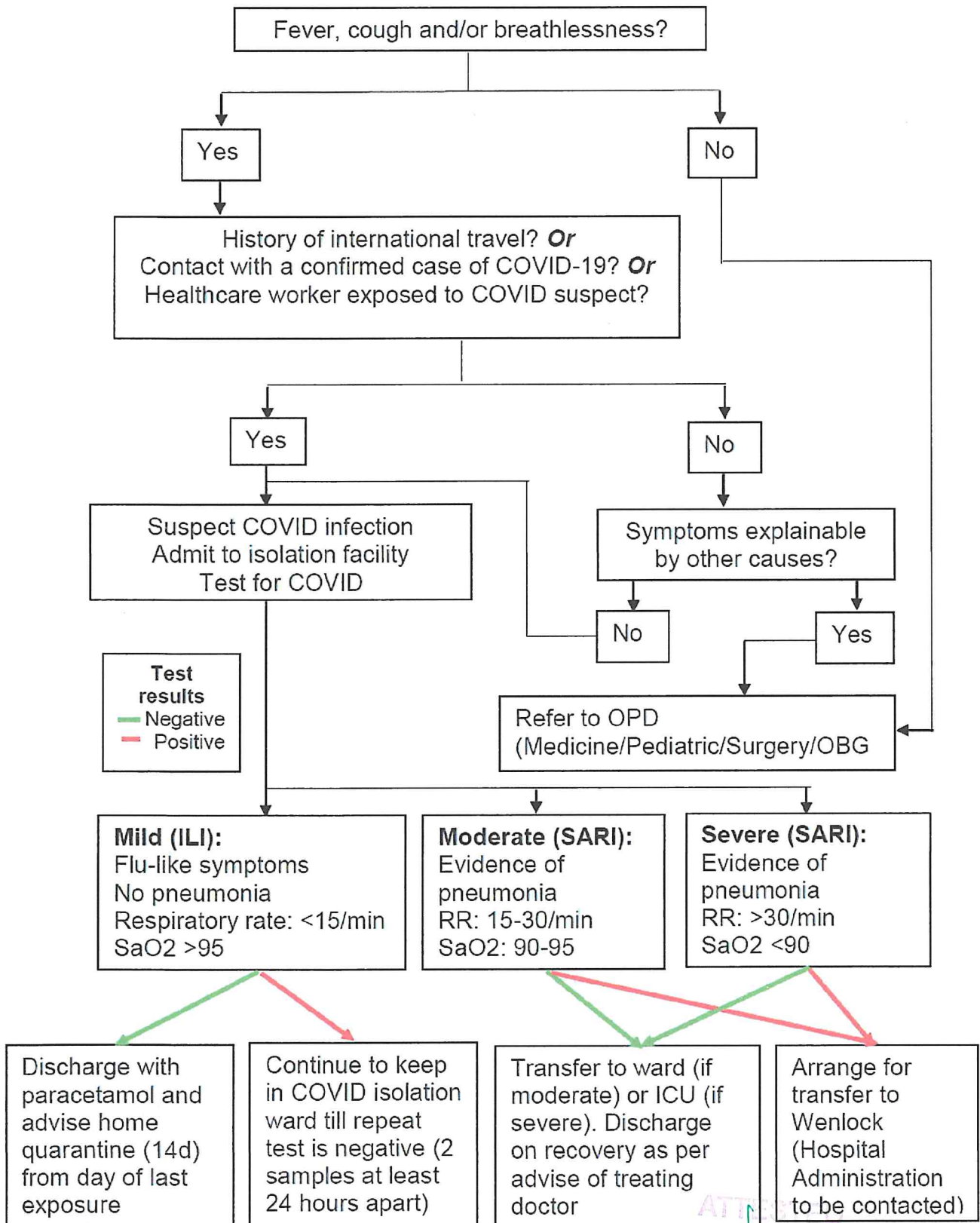
- After initial assessment by the RMO immediate reference to be given to the General Medicine staff on call.
- Patients with respiratory distress who fulfil the case definition of COVID-19 Suspect Case will be admitted to the COVID ICU on the second floor

***** PPE for Healthcare workers attending to COVID suspect cases :
N95 mask, Surgical Gown & Hood & Gloves**

*****Single point of contact for admissions to isolation ward & COVID ICU
Dr. Ravi Vaswani
(Prof. General Medicine)
Mobile No: 9448858983**

**YENEPOYA MEDICAL COLLEGE HOSPITAL
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FLOW CHART TO ASSESS COVID-19 CASE MANAGEMENT



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2.1 Revised CoVID -19 testing strategy: *

- I. ALL symptomatic persons (fever, cough, difficulty in breathing) within 14 days of international travel
- ii. ALL symptomatic contacts of confirmed cases
- iii. ALL symptomatic healthcare workers
- iv. All hospitalized patients with Severe Acute Respiratory Illness (fever AND cough, and/or shortness of breath) - After ruling out other causes
- v. Asymptomatic direct and high-risk contacts of a confirmed case should be tested once between day 5 and day 14 of coming in his / her contact.

Direct and High-Risk contacts include:

- Those who live in the same household with a confirmed case, and
- Healthcare workers who examined a confirmed case without adequate protection as per WHO recommendations.

***Reference:** Revised Lab Testing Protocol - COVID - 19, Government of Karnataka Directorate of Health and Family Welfare Services No. DHS/PS/118/20\9-20 dated 24.03.2020.

YENEPOYA MEDICAL COLLEGE HOSPITAL MANUAL FOR CoVID -19

2.2 Sample Collection Protocol:

2.2.1 Checklist of items for preparedness for sample collection

Sl. No.	Items
1	Hand sanitizer
2	Hand wash facility with running water and soap
3	PPE: Head cover, N-95 mask, Eye goggles, Gown/ body suit, Shoe covers, gloves
4	Patient proforma for Covid testing
5	VTM vials with sterile packed swabs
6	Triple layer packing materials: paraffin tape, cotton, zip lock pouch and cold packs, thermocol box and biohazard label


2.2.2 General guidelines for sample collection

- The clinician should decide the necessity for collection of clinical specimens for laboratory testing of 2019-nCoV only after following the case definition given by the State health authorities & Government of India.
- Appropriate clinical sample needs to be collected by trained health care worker
- Prior to testing the physician in charge of the isolation ward should fill up the format for requesting for approval for sample collection.
- This completely filled format should be mailed to infectioncontrol@yenepoya.edu.in HIC team will send the request for approval to the state testing centre
- Sample should be collected only after receiving the UID from the state testing laboratory.
- It is important to follow infection control protocols during sample collection
- Restrict entry for visitors during sample collection
- Proper disposal of biomedical waste in yellow bag
- Samples to be collected in the isolation ward in the designated area

*****Single point of contact for
queries regarding sample collection
& reports Dr. Rouchelle Tellis
(Hospital Infection Control Officer)
Mobile No: 9449075102**

***** PPE for sample collection Full
PPE Kit(Body suit, hood, goggles
N95 mask,gloves, shoe cover)**

ATTESTED


Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (to be University)
University Road, Deralakotte
Mangalore 575 018, Karnataka.

YENEPOYA MEDICAL COLLEGE HOSPITAL MANUAL FOR CoVID -19

2.2.3 Format for requesting for approval for sample collection:

ICMR Specimen Referral Form for COVID-19 (SARS-CoV2)

INSTRUCTIONS:	
<ul style="list-style-type: none"> ⊗ Inform the local / district / state health authorities, especially surveillance officer for further guidance ⊗ Seek guidance on requirements for the clinical specimen collection and transport from nodal officer ⊗ This form may be filled in and shared with the IDSP and forwarded to a lab where testing is planned 	
SECTION A – MANDATORY FIELDS (FORM WILL NOT BE ACCEPTED IN CASE OF ANY BLANK)	
*A.1 PERSON DETAILS	
*Patient Name:	*Age:Years.....Month , Gender: * Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
*Present Patient Village or Town:	*Mobile Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
.....	*Mobile Number belongs to: Self <input type="checkbox"/> Family <input type="checkbox"/> Other <input type="checkbox"/>
*District of present residence:.....	*Nationality:
*State of present residence:.....	
<i>(These fields to be filled for all patients including foreigners)</i>	
*A.2 SPECIMEN INFORMATION FROM REFERRING AGENCY	
*Specimen type	BAL/ETA <input type="checkbox"/> TS/NPS/NS <input type="checkbox"/> Blood in EDTA <input type="checkbox"/> Acute sera <input type="checkbox"/> Covalescent sera <input type="checkbox"/> Other <input type="checkbox"/>
*Collection date	
*Label	
*Is it a repeated sample? Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Sample collection facility name:	*Collection facility pin-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*A.3 PATIENT CATEGORY (PLEASE SELECT ONLY ONE)	
Cat 1: Symptomatic international traveller in last 14 days.....	<input type="checkbox"/>
Cat 2: Symptomatic contact of lab confirmed case.....	<input type="checkbox"/>
Cat 3: Symptomatic healthcare worker.....	<input type="checkbox"/>
Cat 4: Hospitalized SARI (Severe Acute Respiratory Illness) patient.....	<input type="checkbox"/>
Cat 5a: Asymptomatic direct and high risk contact of confirmed case – family member.....	<input type="checkbox"/>
Cat 5b: Asymptomatic healthcare worker in contact with confirmed case without adequate protection...	<input type="checkbox"/>
Section B- OTHER FIELDS TO BE UPDATED	
B.1 PERSON DETAILS	
Present patient address:	Pin code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
.....	Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (dd/mm/yy)
.....	Patient Passport No. (for Foreign national only).....
Email id:.....	
Patient Aadhar No. (For Indians) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
B.2 EXPOSURE HISTORY(2 WEEKS BEFORE THE ONSET OF SYMPTOMS)	
1. Did you travel to foreign country in last 14 days: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, place(s) of travel:, Stay/travel duration: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (dd/mm/yy)	
2. Have you been in contact with lab confirmed COVID-19 patient: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, name of confirmed patient:	
3. Were you Quarantined?: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where were you quarantined: Home <input type="checkbox"/> Facility <input type="checkbox"/>	
4. Are you a health care worker working in hospital involved in managing patients: Yes <input type="checkbox"/> No <input type="checkbox"/>	

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B.3 CLINICAL SYMPTOMS AND SIGNS

Date of onset of symptoms / / (dd/mm/yy) First Symptom:

Symptoms	Yes	Symptoms	Yes	Symptoms	Yes	Symptoms	Yes	From (dd/mm)	To (dd/mm)
Cough	<input type="checkbox"/>	Diarrhoea	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	Fever at evaluation	<input type="checkbox"/> if yes,	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Breathlessness	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	Haemoptysis	<input type="checkbox"/>	Body ache	<input type="checkbox"/> if yes,	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Sore throat	<input type="checkbox"/>	Chest pain	<input type="checkbox"/>	Nasal discharge	<input type="checkbox"/>				
Sputum	<input type="checkbox"/>	Abdominal pain	<input type="checkbox"/>						(HISTORY)

Respiratory infection at sample collection: Severe Acute Respiratory Illness (SARI): Yes No ARI: Yes No

B.4 UNDERLYING MEDICAL CONDITIONS

Condition	Yes	Condition	Yes	Condition	Yes	Condition	Yes
COPD	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>
Chronic renal disease	<input type="checkbox"/>	Malignancy	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	Asthma	<input type="checkbox"/>

IMMUNOCOMPROMISED CONDITION: YES/ NO Other underlying conditions:

B.5 HOSPITALIZATION, TREATMENT AND INVESTIGATION

Hospitalization date: / / (dd/mm/yy) DIAGNOSIS:

DIFFERENTIAL DIAGNOSIS: ETIOLOGY IDENTIFIED:

ATYPICAL PRESENTATION: YES/NO UNUSUAL/UNEXPECTED COURSE: YES/NO

OUTCOME: Discharge/Death/ OUTCOME date: / / (dd/mm/yy)

Phone mobile number: Hospital Name/address:

Name of Doctor: Signature and date: / / (dd/mm/yy)

DETAILS OF HEALTH AUTHORITY (FOR SENDING THE REPORT)

Name of Doctor Hospital Name /address


EMAIL ID

Phone /mobile number Signature and Date

For Official Use – To be filled by COVID-19 testing lab facility

Date of sample receipt(dd/mm/yy)	Sample accepted/ Rejected	Date of testing	Test result	Repeat Sample required	Sign of Authority (Lab in charge)

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 Dr. Gangadhara Somayaji K S
 Registrar
 Yenepoya (Deemed to be University)
 University Road, Derakatte
 Mangalore 575 018, Karnataka.

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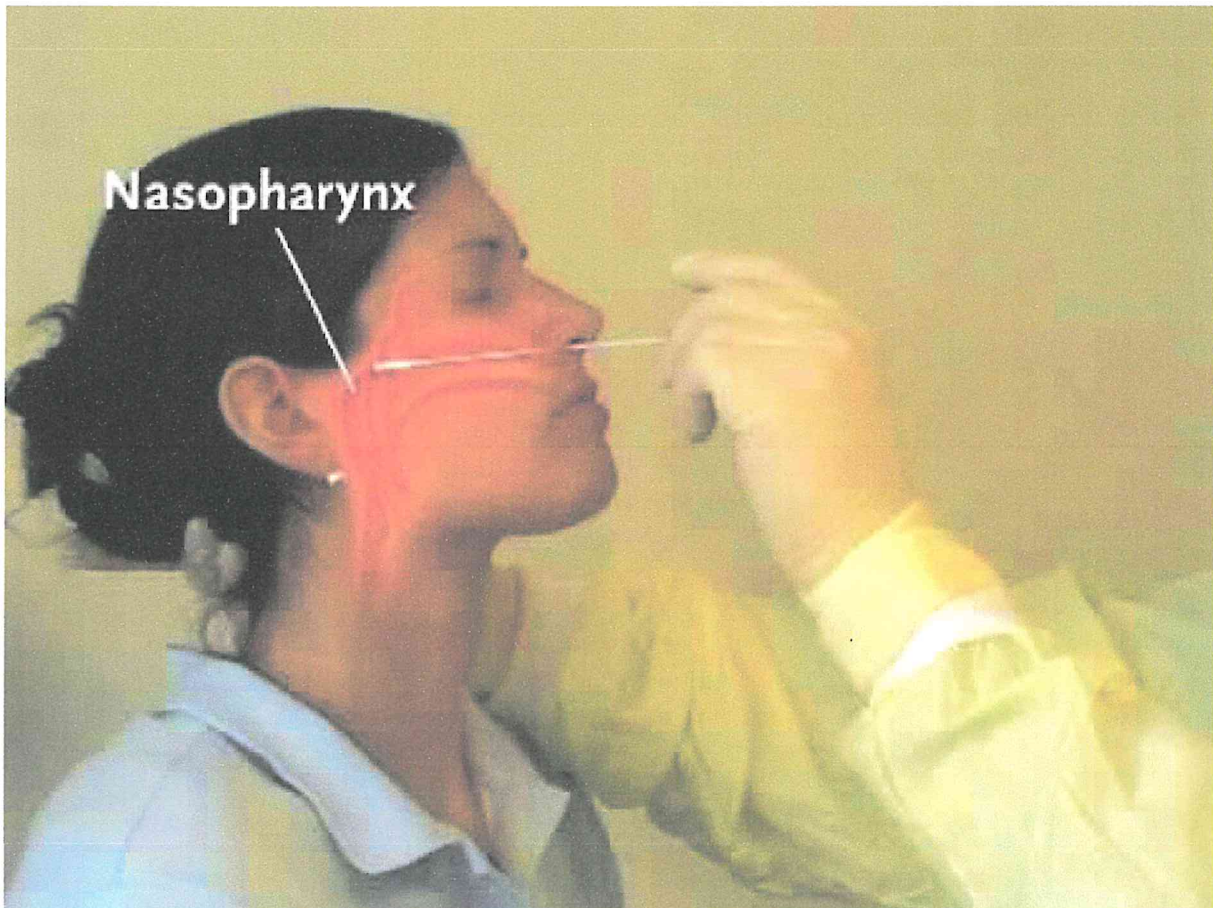
2.2.4 Preferred sample:

- In case of URTI Nasopharyngeal swab in Viral Transport Media(VTM) and transported to the testing lab at 4⁰c
- For LRTI alternate is endotracheal aspirate which has to be mixed with VTM

2.2.5 Specimen collection methods

a) Nasopharyngeal swab:

- Tilt patient's head back 70 degrees.
- Insert flexible swab through the nares parallel to the palate (not upwards) until resistance is encountered or the distance is equivalent to that from the ear to the nostril of the patient.
- Gently, rub and roll the swab.
- Leave the swab in place for several seconds to absorb secretions before removing.



Reference: Uploaded by: NEJMvideo, Nov 23, 2009



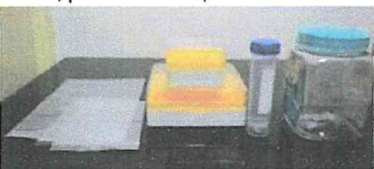



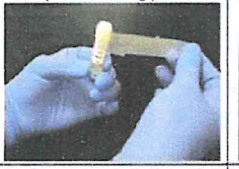
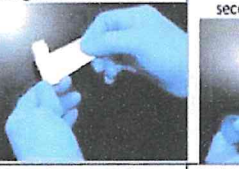






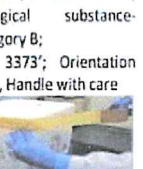
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2.2.6 Specimen packaging and transport:



Specimen Collection, Packaging and Transport Guidelines for 2019 novel Coronavirus (2019-nCoV)

Requirements for Clinical Samples Collection, Packaging and Transport			
<p>1. Sample vials and Virus Transport Medium (VTM)</p> 	<p>2. Adsorbent material (cotton, tissue paper), paraffin, seizer, cello tape</p> 	<p>3. A leak-proof secondary container (e.g., ziplock pouch, cryobox, 50 mL centrifuge tube, plastic container)</p> 	
<p>4. Hard-frozen Gel Packs</p> 	<p>5. A suitable outer container (e.g., thermocol box, ice-box, hard-board box) (minimum dimensions: 10 x 10 x 10 cm)</p> 		
Procedure for Specimen Packaging and Transport			
<p>1. Use PPE while handling specimen</p> 	<p>2. Seal the neck of the sample vials using parafilm</p> 	<p>3. Cover the sample vials using absorbent material</p> 	<p>4. Arrange primary container (vial) in secondary container</p> 
<p>5. Placing the centrifuge tube inside a zip-lock pouch</p> 	<p>6. Placing the zip-lock pouch inside a sturdy plastic container and seal the neck of the container</p> 	<p><i>Note: Sample vials can also be placed inside a zip-lock pouch, covered in absorbent material and secured by heat-sealing or rubber bands. Then, the zip-lock pouch should be placed inside another plastic pouch and secured</i></p>	
<p>7. Using a hard card-board box as an outer container and placing the secondary container and the gel packs</p> 	<p>8. Placing the completed Specimen Referral Form (available on www.niv.co.in) and request letter inside a leak-proof, zip-lock pouch</p> 	<p>9. Securing the zip-lock pouch with the Specimen Referral Form on the outer container</p> 	<p>10. Attaching the labels:</p> <ul style="list-style-type: none"> • Senders' address, contact number; Consignee's address/contact number; • Biological substance- Category B; • 'UN 3373'; Orientation label, Handle with care 
<p>Documents to accompany: 1) Packaging list/proforma Invoice 2) Air way bill (for air transport) (to be prepared by sender or shipper) 3) Value equivalence document (for road/rail/sea transport) [Note: 1. A vaccine-carrier/ice-box can also be used as an outer container 2. The minimum dimensions of the outer container should be 10 x 10 x 10 cm (length x width x height)]</p>			
<p>Routing of samples:</p> <ul style="list-style-type: none"> • Clinical specimens, official documents and Specimen request forms for testing of 2019-nCoV need to be sent to the ICMR-NIV address (The Director, ICMR-National Institute of Virology, 20-A, Dr Ambedkar Road, Pune, Maharashtra, Pin: 4110001). • For shipment-related queries/information, kindly contact Dr Sumit Bharadwaj (Scientist B, Influenza Group) on email: sumitdttbhardwaj@gmail.com, phone 020-26006290/26006390 			

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**UNIT 3
COVID-19 ISOLATION WARD**

3.1 Isolation:

Isolation refers to separation of individuals who are ill and suspected or confirmed of COVID-19. All suspect cases detected in the containment/buffer zones (till a diagnosis is made), will be hospitalized and kept in isolation in a designated facility till such time they are tested negative. Persons testing positive for COVID-19 will remain to be hospitalized till such time 2 of their samples are tested negative as per MoHFW's discharge policy. About 15% of the patients are likely to develop pneumonia, 5 % of whom requires ventilator management.

3.2 Location and description of the isolation ward

- COVID isolation ward at YMCH is located in the 2A ward. It has 24 beds.
- All COVID -19 suspect cases will be cohorted in this ward that is well ventilated.
- A minimum distance of 1 meter is maintained between adjacent beds.
- All the patients need to wear a triple layer surgical mask at all times.
- Portable X-ray and portable ultrasound equipment facility is available
- Limit transport and movement of patients
- Use disposable or dedicated patient-care equipment
- Prioritize cleaning and disinfection of the rooms

3.3 PPE for staff in the isolation ward:

- The medical, nursing and support staff working in isolation ward will wear full complement of PPE (including N95 masks) at all times.
- A roster of all staff working in the isolation areas is maintained for possible outbreak investigation and contact tracing.

3.3.1 Wearing and removing PPE

Before entering the isolation room or area:

- Collect all components of the PPE needed at the donning area arranged at the entrance of the 2 C ward.
- Perform hand hygiene with an alcohol-based hand rub (preferably when hands are not visibly soiled) or else hand wash using soap and water
- Put on PPE in the order that ensures adequate placement of PPE items and prevent self-contamination as displayed on the placard in the donning area.

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Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Dornakalle
Mangalore 575 018, Karnataka.

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Leaving the isolation room or area

- Remove PPE in the doffing area provided.
- Remove PPE in a manner that prevents self-contamination as shown in the placard displayed at the doffing area.
- Discard the disposable items in the yellow bin
- Place the re-usable items in a closed the bucket.
- Perform hand hygiene immediately after removing gloves
- Remove the N 95 mask last by grasping the ties and discard in the yellow bin placed just outside the exit.

Donning sequence*	Doffing sequence
Hand wash	Outer gloves
Cap	Hood
Shoe cover	Cover all/ gown
Hand rub	Shoe cover
Inner glove	Hand rub on gloved hand
Cover all/ gown	Goggles
N 95 mask	Cap
Goggles	Inner glove
Hood	N 95 mask**
Outer gloves	Hand rub

*Before donning- remove all jewellery, ear rings, watch, bangles, pen, ID card etc

**Mask should be removed only outside patient room

- Entry of visitors into the isolation facility is restricted. For unavoidable entries, they should use PPE according to the hospital guidance and perform hand hygiene.

3.5 Bio-Medical Waste Management

- Double layered yellow bags should be used for collection of waste from COVID-19 patients. Bags should be labelled as “COVID-19” waste
- Collect & Store BMW separately prior to transfer
- Transport waste in dedicated bins

Reference: Guidelines for Setting up Isolation Facility/Ward by MoHFW, Govt of India 23.03.2020

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MANUAL FOR CoVID -19**

**UNIT 3
COVID-19 ISOLATION WARD**

4.1 COVID-ICU Setting:

- Location: Second floor Hospital Building (2E)
- Total Bed Capacity: 13 Beds
- Total Ventilators: 7
- Staffing of the COVID ICU per shift : (in three shifts) O 1 Physician, 1 anaesthetist
 - O 1 Medicine Resident, 1 Anaesthesia resident
 - O One nurse per ventilated patient, one nurse per two beds for non-ventilated patients

4.2 Admission process to COVID ICU:

- Based on the critical screening score, the patients will be triaged and admitted to COVID-ICU as per their clinical symptoms.
- Patients in isolation ward with worsening of signs & symptoms of patients will be admitted to the COVID-ICU

4.3 Protocol for management of COVID-19 Suspect Cases requiring intensive care:

- Categorise patients into A,B,C based on symptoms, co-morbidity and age as follows: A=Mild symptoms in people less than 60 years with no co-morbidity
B=Mild symptoms in people aged >60 years or with co-morbidity of diabetes OR hypertension Or CKD OR CAD or COPD or CLD or Epilepsy or neurological disease or HIV or Cancer or immunosuppression
C=Respiratory distress with saturation <92% or derangement in multiple systems in addition to mild to moderate respiratory symptoms
 - Category A and B will be admitted in isolation beds in ward 2 A
 - **Category C will be admitted in COVID-ICU**
 - Baseline investigations-CBC, RFT, LFT, electrolytes, ECG and Q-Tc to be noted
 - CRP,IL-6,Ferritin, LDH, D-Dimer may be asked
 - Pro-calcitonin, blood cultures, sputum culture ,urine culture in cases of suspected sepsis
 - Influenza panel if Flu symptoms are predominant
 - For sudden respiratory infections of unknown aetiology, Influenza testing is mandatory and Tamiflu to be started if flu symptoms are still present such as fever, myalgia, sore throat, rhinorrhea

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**UNIT 3
COVID-19 ISOLATION WARD**

Category	Treatment	Precautions
Category A Mild sore throat, cough, rhinitis, diarrhea	Azithromycin 500mg once a day for 5 days	Beware of progression to category B where addition of HCQ is only with Q-Tc monitoring
Category B Fever and or severe sore throat/cough PLUS lung/heart/liver/kidney/neurodisease /hypertension/diabetes/cancer/HIV/long termsteroids/pregnant lady/Age more than 60 years	<ol style="list-style-type: none"> 1. Azithromycin 500mg day followed by 250mg x 4 days 2. Hydroxychloroquine 13 mg/ Kg body weight in divided doses rounded off to nearest 100mg followed by 200mg BD for 4 days OR Chloroquine 10mg per Kg base stat and 5 mg /KG base after 12 hours and 5mg/kg BD upto day 5 if HCQ is not available 3. Tab oseltamavir 75 mg BD or OD based on GFR until PCR report in patients with Flu symptoms 	<ol style="list-style-type: none"> 1. Avoid in diarrhea 2. Q-Tc monitoring is essential daily while prescribing HCQ to this group <ul style="list-style-type: none"> • Avoid if Q-Tc > 500 msec • Myasthenia • Retinopathy • Porphyria • Myocardial injury with elevated troponin use with caution try low dose or withhold
Category C	Category B treatment plus treatment of respiratory distress with oxygen antibiotics if bacterial pneumonia is suspected	Send Influenza panel too
Category C- Mild Hypoxia to ARDS	Oxygen therapy Low Tidal volume ventilation of 6ml/Kg Prone ventilation if possible	Avoid nebulisation Avoid NIV –use only in desperate situations
Category C -Septic Shock	Saline bolus ,if improvement continue fluid or else Noradrenaline 0.5microgram/kg/minute Antibiotics broad spectrum Look for cytokine storm syndrome	Proclacitonin may help rule out sepsis

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Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mangalore 575 013, Karnataka.

Category	Treatment	Precautions
Category C-Acute Kidney Injury	Dialysis	Risk of worsening respiratory distress and hypotension during dialysis
Category C-Myocardial injury	Heart failure treatment if signs of heart failure like raised JVP or Low ejection fraction with worsening tachypnoea-diuretic challenge with low dose to be given If improvement in respiration continue heart failure treatment	Lowest possible dose of diureticsto be used as they are likely to goto shock
C-Cytokine storm syndrome Grade I-mild reaction Grade II-fever, need for IV fluids/mild oxygen Grade III-severe liver dysfunction, kidney injury, IVF for hypotension, low dose vasopressor Grade IV-life threatening, mechanical ventilation, high dose vasopressors	<ol style="list-style-type: none"> 1. No treatment 2. Send for CRP/IL-6 3. Consider Tocilizumab for 24hrs.- no response Low dose steroids 4. As grade III and coriosteroids 	<p>In our setting use methyl prednisolone 0.5-1 mg /kg body weight in divided doses for 5days</p> <p>Risk of worsening diabetes, accelerated hypertension delirium, fungal and bacterial sepsis and GI bleed Hence continue only if significant clinical improvement</p>
Hemophagocytic syndromeSuspect if cytopenias	Mythlprednislone as above Try for 24hrs. If good response continue upto 5 days	Same as above

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4.4 Co-morbidity Management

1. Diabetes has to be managed with intravenous insulin for the first 24 to 48 hours
2. Hypertension medications to be adjusted or stopped in hypotension and BP to be carefully monitored
3. Type 2 respiratory failure will need mechanical ventilation
4. Cardiac patients are more prone for arrhythmias and sudden death
5. CKD patients may have AKI which will need dialysis
6. Delirium is common and needs to be managed with medications while treatable conditions such as infection , hypoxia, hyponatremia needs to be corrected
7. Hypokalemia is common and needs to be corrected

4.5 Procedures in ICU

4.5.1 Intubation:

- Apply Airborne Precautions
- Minimise number of medical staff during the Intubation
- Avoid movements after the intubation
- Wear PPE completely ,than only perform & assist in Procedures
- Avoid Pre-Oxygenation with Bagging
- Assume difficult airway and only experienced person should perform procedure
- Place NG Tube & Foley Catheter at the same time.

4.5.2 Diagnostic procedures:

- A Portable X-Ray, Echo & USG will be used for patients
- All technicians should wear the complete set of PPE
- For CT Scan patient will be shifted to the radiology department following all the infection control protocols.

4.5.3 Oxygen Therapy

- Oxygen Mask
- Face Mask-Upto 15 Litres per minute
- Nasal Cannula: upto 4 Litre/min
- Monitor for spo2 every one hourly
- Check for Breathing Pattern

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4.5.4 NIV Support

- Consider Mechanical Ventilator for NIV Support than the Bipap Machines.
- Do Not Use NIV for patients with Shock & ARDS

4.5.5 Ventilator Support

- Use Lower Tidal Volumes
- Lower Inspiratory Pressures
- Apply Ventilator Protocols
- Application of prone ventilation is strongly recommended for patients with severe ARDS
- Higher PEEP instead of lower PEEP is suggested

4.5.6 CPR Protocol

- Follow Airborne Precautions
- Wear PPES with N95 Masks
- Wear Eye Protection
- Only two health care workers should manage the CPR to minimise exposure
- After the CPR procedure, cleaning should be done thoroughly.
- AHA Suggests for Endotracheal Intubation immediately to reduce aerosol Generation.

4.6 Visitor Policy for CoVID ICU

- No visitors are permitted inside the COVID-ICU
- Under special circumstances if a visitor has to enter the ICU he/ she has to do so with due permission from the physician in-charge and after performing hand hygiene and donning appropriate PPE.

4.7 End of life care

- ⊙ Managing pain and symptoms, ensuring comfort in dying will be provided
- ⊙ Counselling for families will be done by a medical personnel in the treating team

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Use of PPE in CoVID ICU

- **PPE: Fit tested N95 mask**, gloves, gown, head wear, goggles during close personal contact such as physical examination or while giving nursing care
- **Aerosol generating procedures:** Intubation, nasopharyngeal swab, or suctioning: Full PPE kit to be used
- Change masks, gown, gloves after aerosol generating procedure.
- Change masks if wet /contaminated
- **Standard Precautions for all:** Hand hygiene, Cough etiquette

*****Single point of contact for
admissions to COVID ICU
Dr. Ravi Vaswani
(Prof. General Medicine)
Mobile No: 9448858983**

Further reading

COVID 19 –Interim protocol by Kerala Ministry of health updated on March 20th 2020

COVID19 –Interim protocol by Ministry of Health Karnataka Govt, dated April 2nd 2020

**YENEPOYA MEDICAL COLLEGE HOSPITAL
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**UNIT 5
TRANSPORT OF INFECTIOUS PATIENTS**

5.1 Transport of Infectious Patients within the hospital

- Transport of infectious patients should be extremely limited only to those medically essential diagnostic or treatment purposes that cannot be provided in the isolation ward or CoVID-ICU after due permission from the Physician in-charge.
- Whenever infectious patients are required to be transported to other units within the hospital the following precautions have to be implemented:
 - a) For respiratory isolation the patient is dressed in a mask, gown and covered in sheets
 - b) The transport personnel should remove existing PPE, cleanse hands and wear fresh set of PPE. The health care workers at the destination unit should also wear appropriate PPE.
 - c) Patient may be shifted on a wheelchair/ bed trolley which is covered with a bed sheet. After use wheelchair/ bed trolley should be cleaned using 1% Sodium hypochlorite solution.
 - d) The destination unit should be contacted and notified prior to the transfer to ensure suitable accommodation/ placement of patient on arrival. The patient should be immediately attended to and not made to wait in the common area.
 - e) CoVID suspect or confirmed cases should always be transferred using patient Lift No. 2.
 - f) Immediately after transport of the patient, the lift must be cleaned and disinfected using 1% Sodium hypochlorite as per protocol displayed in the lift.

5.2 Transfer to CoVID confirmed cases to District Wenlock hospital

- As per the directives of the District Health Administration all CoVID-19 confirmed cases should be transported to the District Wenlock hospital in the ambulance designated by the authorities
- All staff involved in transfer of the patient should wear appropriate PPE

*****Single point of contact for transfer out of
CoVID -19 positive patients
Dr. Sunita Saldanha
(In-charge Hospital Operations)
Mobile No: 99452 84021**

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Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Derlakatte
Mangalore 575 018, Karnataka,

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**UNIT 6
RADIOLOGY DEPARTMENT PROTOCOL**

- For CoVID -19 suspected patients admitted in the isolation ward and CoVID ICU portable X-ray, USG & echo is used
- If CT scan is required patient will be shifted to the radiology department following all the infection control protocols as described in Unit 5.
- Completely cover the CT table with a plain sheet
- The operator in the CT scan area should wear complete set of PPE
- After the procedure all the surfaces should be disinfected with 1 % sodium hypochlorite
- CT machine will be disinfected as per the manufacturers guidelines

12.1 For Radiology Technician:

- N 95 mask
- Eye protection with goggles and face mask/ hood
- Disposal fluid resistant gown
- Disposable gloves

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Dr. Gangadhara Somayaji KS
Registrar
Yenepoya (Deemed to be University)
University Road, Derahakatte
Mangalore 575 018, Karnataka.

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**UNIT 7
INFECTION CONTROL PRACTICES IN CoVID PREVENTION**

Transmission of infection

Person-to-person transmission of COVID virus occurs via droplet and contact transmissions.

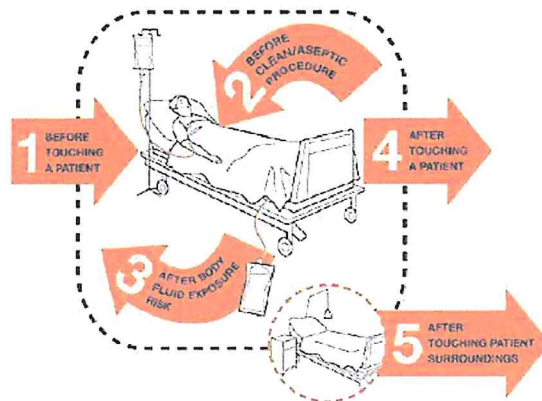
Transmission	Situations	Prevented by
Droplet transmission	Respiratory droplets produced when the infected person coughs or sneezes can infect the persons (by seeding on their mouths, noses, or eyes) who are within 1 meter distance	Surgical Mask (if within 1mt of infected case)
Contact transmission	Respiratory droplets settles down on floor and surfaces, inanimate objects. Any one at a later stage, when touches the floor, surfaces, door handles, inanimate objects etc and then touch face (nose, mouth, eyes), virus can easily spread	Hand hygiene (the most important measure)
Airborne transmission	Airborne transmission from person-to-person over long distances is unlikely	-
	Aerosol generating procedures: Aerosols may be produced during aerosol generating procedures such as tracheal intubation, open suctioning, non-invasive positive pressure ventilation (BiPAP and CPAP), tracheostomy, cardio-pulmonary resuscitation, manual ventilation before intubation, bronchoscopy, airway suction, chest physiotherapy, nebulizer treatment, sputum induction, collection of specimens	N95 Mask

HAND HYGIENE:

Hand hygiene is the most important measure for the prevention and control of COVID-19.

Hand hygiene can be performed with soap and water or alcohol-based hand rubs.

Duration: Hand rub 20sec & Hand wash 40sec.



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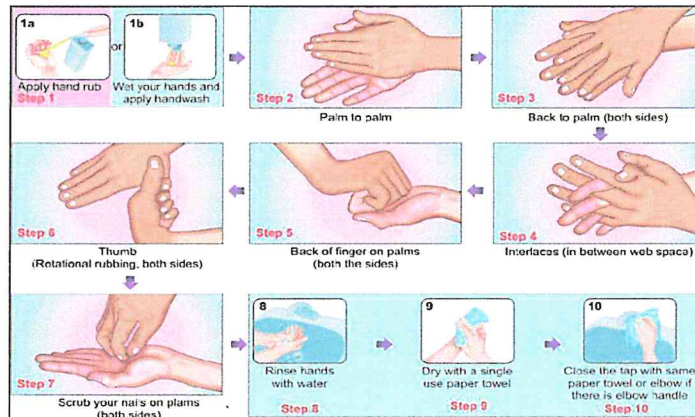
Dr. Gangadhara Somayaji K S
Registrar
Yanepoya (Deemed to be University)
University Road, Deraskotte
Mangalore 575 018, Karnataka.

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Five moments of Hand hygiene and examples of clinical situations

Moment-1 and 4 : Before and after touching a patient	Moment-2 and 3: Before and after aseptic procedure/body fluid exposure	Moment-5: After touching patient surroundings
Before and after	Before and after	After contact with
<ul style="list-style-type: none"> • Taking pulse, blood pressure • Auscultation and palpation • Shaking hands • Helping a patient to move around • Applying oxygen mask • Giving physiotherapy • Recording ECG • Use of gloves 	<ul style="list-style-type: none"> • Oral/dental care • Aspiration of secretions or accessing draining system • Skin lesion care, wound dressing • Giving injection • Drawing of blood or sterile fluid • Handling an invasive device (catheter, central line, ET tube) • Clearing up urines, faeces, vomit, • Handling bandages, napkin etc • Instilling eye drops • Moving from a contaminated body site to another body site during care of the same patient • Decanting urobag 	<ul style="list-style-type: none"> • Handling the case sheet • Medical equipment the immediate vicinity of the patient • Bed or bed rail • Changing bed linen

Remember, Handwash is the most important measure for COVID-19 prevention



Indications for using handrub:

- Handrub should be used during routine clinical rounds and handling the patient
- If the hands are not visibly dirty, not contaminated with blood, or body fluids

Indications for using hand wash:

- Hands are visibly dirty, contaminated with blood, or body fluids
- Potential exposure to spore forming organisms (e.g., *Clostridium difficile*); non enveloped viruses (e.g. Norovirus, rotavirus, enteroviruses)
- Handling patients having diarrhoea
- After using restroom
- Before handling medication or food

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Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatta
Mangalore 575 018, Karnataka.

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APPROPRIATE USE OF PERSONAL PROTECTIVE

Personal Protective Equipments (PPEs) are protective gears designed to safeguard the health care workers by minimizing the exposure to a biological agent. In view of PPE shortage, the following strategies should be adopted which can facilitate their optimal and rational use. The overuse/misuse of PPE will have a further impact on supply shortages.

Minimize the need for PPE

1. Restrict visitors to the COVID ward
2. Restrict HCWs from entering the COVID ward if they are not involved in direct care.
3. Consider **bundling activities** to minimize the number of times a room is entered (e.g., check vital signs during medication administration or have food delivered by HCWs while they are performing other care)
4. **Screening area: Restrict HCWs evaluating suspected cases** of COVID-19 disease, one HCW can evaluate/screen, others can maintain distance and interact; thus minimizing the need for these individuals to go to healthcare facilities for evaluation.

Ensure PPE use is rationalized and appropriate for the situation

PPE should be used based on the risk of exposure and will vary according to the setting and type of personnel and activity involved.

Direct Contact without Aerosol generating procedures	Aerosol-generating procedures***
PPE to be used: Gowns, Gloves, Surgical mask and Eye protection (goggles or face shield)	PPE to be used: Gowns, Gloves, Eye protection (goggles or face shield) o Additional PPE: Respirators (N95) and Apron
General public, without respiratory symptoms No need of mask. Avoid closed crowded spaces: social distancing Maintain distance – 1 meter (two arm distance) Practice hand hygiene and respiratory hygiene Refrain from touching face, nose, mouth	General public with respiratory symptoms Wear a surgical mask Perform hand hygiene Learn mask management

****Aerosol-generating procedures: (e.g., tracheal intubation, open suctioning, non-invasive positive pressure ventilation (BiPAP and CPAP), tracheostomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy, airway suction, chest physiotherapy, nebulizer treatment, sputum induction, collection of specimens)*

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Extended use and Limited Reuse of N95 Mask

To combat the short supply of PPEs, the following is recommended by CDC and WHO.

- **Extended use of N95 Mask:** Refers to wearing the same N95 respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters; as long as they are functional well (up to 8 hrs).
- Discard N95 mask when contaminated with blood, respiratory or nasal secretions etc
- Consider use of a cleanable face shield (preferred) worn over an N95 respirator and/or other steps (e.g., masking patients) to reduce surface contamination.
- Perform hand hygiene before and after touching or adjusting the N95 mask

Limited Reuse of N95 Mask: Refers to the practice of using the same N95 respirator for multiple encounters with patients but removing it ('doffing') after each encounter. There is tremendous risk when exposed to Coronavirus, MDR-TB etc. due to contact transmission; therefore exercise this option with great CAUTION.


Hospital Policy for PPE use:

Risk Category for COVID 19	Activities involved	PPE to be used
Category A	<ul style="list-style-type: none"> • COVID ICU/HDU/OT (areas where aerosol generating procedures are performed) • Specimen collection for suspected or confirmed COVID • COVID Lab (Personnel directly handling specimen) • COVID OT (operating team with direct contact)* 	N95 mask and full PPE
Category B	<ul style="list-style-type: none"> • COVID Isolation rooms (areas where aerosol generating procedures are NOT performed) • COVID triage/ screening areas (involves touching/ examining) 	Surgical mask (3 ply) gloves, long sleeved water-proof gown and goggles /visor with good coverage
Category C	<ul style="list-style-type: none"> • Non COVID ICUs/EMS/ OTs (for aerosol generating procedures only) 	Surgical mask (3 ply) gloves, goggles/visor and gown
Category D	<ul style="list-style-type: none"> • Corridor / nursing station outside COVID ward/ICU • COVID pre-screening areas (without touching/ examining, keeping 3 feet distance at all times) • Non-COVID ICUs/EMS/OTs (if operating, bed making) • Non-COVID Wards and OPDs (handling patients with respiratory symptoms) 	Surgical mask (3 ply)
Category E	<ul style="list-style-type: none"> • Non-COVID wards and OPDs (not handling patients with respiratory symptoms) • Non-COVID ICUs/EMS/OTs (if there is no anticipated splashing or open wound or surgery) 	Mask is NOT required

○ * **Direct contact** refers to coming closer to patients by less than one meter.

○ **Cleaners** should wear boot and heavy duty gloves, in addition.

○ **Full PPE** means gloves (2 pairs), mask, coverall, shoe cover and goggles. Coverall may be replaced with gown and head cover.


Dr. Gangadhara Somayaji K S
 Registrar
 Yenepoya (Deemed to be University)
 University Road, Doralakatte
 Mangalore 575 018, Karnataka.


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RATIONAL USE OF GLOVES

DOS	DON'TS
Wear gloves only when there is indication (e.g. anticipated exposure to blood/body fluid)	Don't wear gloves if there is no indication (e.g. measuring BP, pulse etc)
Remove glove after single use and then wear fresh gloves for next activity	Don't keep wearing same gloves for long time (as it creates false sense of security and prevents us to the most important measure, i.e. hand hygiene)
Do hand hygiene before and after glove use Disposal in red bag after use	Don't do hand hygiene over gloved hand Don't dispose in yellow bag after use


HOW TO DON GLOVES

1



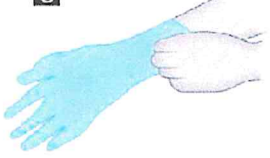
Take out a glove from its original box

2




Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)

3




Don the first glove

4



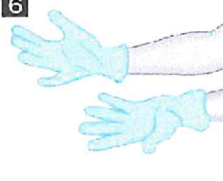
Take the second glove with the bare hand and touch only a restricted surface of the glove corresponding to the wrist

5



To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand

6

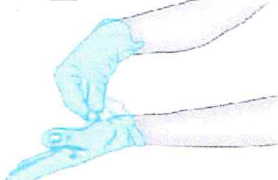


Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

Wearing gloves is not a substitute for hand hygiene

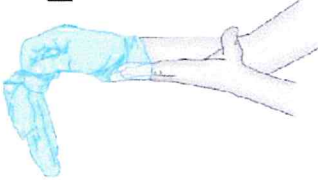
HOW TO REMOVE GLOVES

1




Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out

2



Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove

3



Discard the removed gloves in a red biohazard bag (REB BAG)

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RATIONAL USE OF MASK

Dos	DON'Ts
<p>Use mask only when clinically indicated</p> <ul style="list-style-type: none"> ● Surgical mask- when handling respiratory patients ● N95 mask- when doing aerosol generating procedures 	<p>Do not use mask when clinically not indicated</p> <p>Wearing masks when not indicated creates a false sense of security that can lead to neglect the other essential measures such as hand hygiene practices</p>
<p>Always hold by its strings</p>	<p>Don't touch/hold front/back part of mask</p>
<p>Fitting : Compress the mask to ensure a seal across nose bridge, face and cheeks</p> <p>Discard after 4-6h for surgical mask and 8h for N95 mask</p> <p>Discard in yellow bags</p>	<p style="text-align: center;">Do not allow tangling of mask around neck</p> <p>Do not keep using mask for longer time/days</p> <p>Do not wash mask and reuse</p> <p>Do not throw masks here and there after use</p>

***Aerosol generating procedures:** endotracheal intubation, open ET suctioning, non-invasive ventilation, tracheostomy, cardiopulmonary resuscitation, manual ventilation, bronchoscopy, (extra for corona patients- chest physiotherapy, nebulization, sputum induction, throat swab)



HOW TO WEAR OF FACE MASK

1. Bring the mask to the face, placing the metal nosepiece over the bridge of the nose to ensure a close and comfortable fit
2. Secure by tying the top set of strings behind the head
3. Pull the bottom of the mask to fit closely under the chin
4. Secure by tying the bottom set of strings, high on the head above the first set

HOW TO REMOVE FACE MASK

1. Remove gloves if worn and decontaminate the hands
2. Untie the strings and remove the mask handling only by the strings
3. Dispose of the mask into the waste bin (YELLOW BAG)
2. Decontaminate the hands

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Fit check for N95 respirators - HCWs must perform fit test each time they put on a N95 respirator to ensure if it is properly fitting and functional.

1. **Placement:** The respirator is placed on the face with bands placed over the head and at base of the neck.
2. **Sealing:** N95 mask is compressed to ensure a seal across the face, cheeks and bridge of the nose.
3. **The positive pressure seal** of N95 mask is checked by gently exhaling. If air escapes, the N95 mask needs to be adjusted.
4. **The negative pressure seal** of the N95 mask is checked by gently inhaling. If the N95 mask is not drawn in towards the face, or air leaks around the face seal; the N95 mask is readjusted and the process is repeated.
5. If still not proper, then it respirator should be checked for any defect or damage.

Reference:

COVID-19: Infection Prevention & Control Standard Operating Procedure JIPMER

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Dr. Gangadhara Somayaji K S
 Registrar
 Yenepoya (Deemed to be University)
 University Road, Deralakatte
 Manipaluru 575 018, Karnataka

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UNIT 8 ENVIRONMENTAL CLEANING AND DISINFECTION PROTOCOL

COVID-19 virus can potentially survive on surfaces in the environment for several hours/days. These surfaces should be cleaned periodically to break the chain of transmission. Transfer of microorganisms from environmental surfaces to patients is mostly via hand contact with the surface. Hand hygiene is important to minimize the impact of this transfer. Cleaning and disinfecting environmental surfaces is fundamental in reducing healthcare-associated infections

- All high touch surfaces should be cleaned and/or disinfected every 4th hourly
- List of high touch surfaces:

• Bed rails	• Wall area around the toilet in patient room
• Bed frames	• Edges of privacy curtain
• Moveable lamps	• Mobile and telephone
• Tray table	• Computer, mouse, key board
• Bedside table	• Lift buttons
• Door handles	• Hand rails of staircase
• IV poles	• Side rails of stretches Chair arms (including wheel chairs)
• Blood-pressure cuff	

Corona isolation ward (when patient is present)

- **Floor:** Mop with sodium hypochlorite (0.5%) three times a day
- **High touch areas:** Wipe with sodium hypochlorite (1%) every 4th hourly or more frequently if soiled.
- **Low touch areas:** Wipe with sodium hypochlorite (1%) daily once
- Sodium hypochlorite (1%) should be sprayed in PPE doffing area twice a day
- The supervisor must use a checklist to promote accountability for cleaning responsibilities

Terminal disinfection (After Corona patient discharge or transfer or death)

- **Clean with Soap and water followed by disinfection with 0.5% hypochlorite:** All surfaces and floor including walls, ceiling, toilet etc that were in contact with patient or may have become contaminated during patient care
- Mattress / pillows after spraying with 1% hypochlorite should be allowed to air dry in bright sunlight for upto 3 hrs.
- **Do not spray or fog** occupied or unoccupied rooms with disinfectant - potentially dangerous practice, that has no proven benefits

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Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mangalore 575 010, Karnataka.

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Cleaning of dishes and eating utensils used by a COVID infected patient

- Wash with soap and water
- Wear gloves and surgical three ply mask when handling patient trays, dishes and utensils

Equipment cleaning/ disinfection protocols:

Area/Items	Agent	Process	Method/ procedure
Stethoscope	Alcohol-based Rub /Spirit swab	Disinfection	Should be wiped with alcohol based rub/ spirit swab before each patient contact
BP cuffs & covers	Disinfection with Alcohol-based Rub /Spirit swab Washing with Detergent & Hot Water	Disinfection & Cleaning	Cuffs should be wiped with alcohol-based disinfectant and regular laundering is recommended for the cover
Injection and dressing trolley	Clean with detergent and water Disinfectant (1% Hypochlorite)	Cleaning & disinfection	To be cleaned daily with detergent and water After each use should be wiped with disinfectant
Mobile phones and intercom landline phones	Alcohol wipes	Disinfection	<ul style="list-style-type: none"> • Twice per shift • And also before leaving workplace • Switch off during wiping
Ventilator Monitors Defibrillator USG machine	Alcohol wipes	Disinfection	Disinfectant will work only when Organic matter is removed
Ventilator tubings	ETO or plasma sterilization	Sterilization	First do enzymatic cleaning and then send for ETO /plasma sterilization
Ventilator-suction apparatus	1% hypochlorite	Disinfection	Discard the suction fluid as per BMW rule, then immerse in detergent followed by water and finally in 1% hypochlorite for 30 mins

PPE for housekeeping staff:

- House keeping staff should wear appropriate PPE when handling and transporting used patient care equipment (gloves) or while cleaning/disinfecting corona ward (surgical mask, gown with plastic apron, heavy duty gloves, eye protection if risk of splash), boots or closed work shoes.
- Housekeeping staff should wash their hands with soap and water immediately after removing the PPE, and when cleaning and disinfection work is completed.

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Surface cleaning/ Disinfection protocols:

COVID isolation room/ ICU	Disinfectant	Contact time	Frequency
High touch surfaces	Hypochlorite 1% (wipe)	10 min	Twice/ shift (4thhourly)
Floor	Clean (soap & water) then Hypochlorite 0.5% (mop)	10 min	Once/ shift (8hourly)
Wall, ceiling	Hypochlorite 1% (wipe)	10 min	Once daily
Linen (used)	Hypochlorite 1%	30 min	As on when
Toilet	Clean (soap & water) and then Hypochlorite 1% (wash)	10 min	Twice/ shift (4thhourly)
Corridor	Hypochlorite 0.5% (mop)	10 min	Once / shift (8hourly)
Slippers	Soap and water first and then with Hypochlorite 1% (dip)	10 min	Once /day
Termination disinfection	Soap and water followed by 1% hypochlorite	10 min	As on when needed

Protocol for mopping

- Progress from the least soiled areas to the most soiled areas and from high surfaces to low surfaces
- Remove gross soil (visible to naked eye) prior to cleaning and disinfection
- **Never shake mops:** Minimise turbulence to prevent the dispersion of dust that may contain micro-organisms
- Use dust control mop prior to wet/damp mop. **Do not use brooms**
- Wash the mop under running water before doing wet mopping
- Do not '**double-dip**' mops (dip the mop only once in the cleaning solution, as dipping it multiple times may re contaminate it)
- An area of **120 square feet** to be mopped before re-dipping the mop in the solution
- Cleaning solution to be changed for every room. Change more frequently in heavily contaminated areas, when visibly soiled and immediately after cleaning blood and body fluid spills.
- **Cleaning sequence:** Always clean should be proceeded in a top-to-down sequence i.e., ceiling based equipment first, walls, then floor based equipment and lastly the floor.

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- When cleaning the floor, begin at the end farthest from the door and move towards the door (*in to out*)
- The cleaning staff should always move from clean to unclean areas and never vice versa
- When cleaning individual equipment: clean from top to down
- **Figure of eight technique for mopping:** In open areas use a figure eight stroke in open and wide spaces, overlapping each stroke; turn mop head over every five or six strokes.
- While in small spaces, starting in the farthest corner of the room, drag the mop toward you, then push it away, working in straight, slightly overlapping lines and keeping the mop head in full contact with the floor. Repeat until entire floor is done.
- **Disinfection:** After cleaning, all equipment used for cleaning , wash with soap and hot water; followed by decontamination with 1% hypochlorite for 10 min and then dry it in sunlight
- Change the mop head when heavily soiled
- Collect waste, handle plastic bags from the top (do not compress bags with hands)
- Clean hands before leaving the room.



Measures during surface wiping

- Go from clean to unclean area and top to down
- No. of strokes per wipe- vary depends on area and material and size of the wipe
- Use new wipe for each use
- Never do zig-zag cleaning, never do re-dipping of cloth

Reference:

COVID-19: Infection Prevention & Control Standard Operating Procedure JIPMER

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**UNIT 9
LAUNDRY INFECTION CONTROL PROTOCOL**

- Never carry soiled linen against body; place soiled linen in a leak-proof bag or bucket
- Hand hygiene and PPE (surgical mask, heavy duty gloves, plastic apron, boots) to be worn while handling linen
- Soiled linen will be pre-cleaned in the dedicated area at the basement of the hospital premises.
- Soiled linen should be placed in clearly labelled, leak-proof bags or containers, carefully removing any solid excrement and putting in covered bucket to dispose of in the toilet or latrine
- All linen used for CoVID-19 suspected or confirmed case should first be disinfected in 1% Sodium hypochlorite solution for 30 minutes
- After disinfection the linen is bagged and sent to laundry for wash
- In the laundry hot water wash at 90°C with laundry detergent should be done

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UNIT 10 LIFT INFECTION CONTROL & DISINFECTION PROTOCOL

- Hand rub/wash before and after lift use
- Only 3-4 people will be allowed inside the lift. Maintain two arms distance from each other
- Facing the walls of the lift is an ideal way for social distancing
- Clean high touch area of lift such as lift-buttons, rails and adjacent-wall area, door every hourly with 1% hypochlorite and more often if soiled
- Clean other areas of lift every 4th hourly



Disinfection of mobiles & laptop:

- Avoid bringing to hospital if not absolute necessary
- Clean front and back surface with Alcohol wipes
- Clean twice per shift and also before leaving workplace
- Switch off during wiping

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ls

Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Derlakatte
Mysuru, Karnataka.

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**UNIT 11
BIOMEDICAL WASTE MANAGEMENT FOR COVID-10**

- COVID-19 isolation wards and the ICU need to follow these steps to ensure safe handling and disposal of biomedical waste generated during patient care.
- Follow the same principle segregation of waste as per BMWM Rules, 2016.

Color coded bag/box	Items included
Yellow	Infectious non-plastic, non-sharp
Red	Infectious plastic, non-sharp
White Sharp box	Sharp (metal)
Blue Box	Glass, metal implants

Additional steps to be followed for BMW in CoVID wards/ ICU:

- The color coded bins/bags/containers in corona isolation wards and should be labelled as “COVID-19 Waste”
- **Double layered bags (2 bags)** should be used for collection of waste from COVID-19 isolation wards so as to ensure adequate strength and no-leaks
- Use **dedicated trolley and collection bins** and label as “COVID-19 Waste”
- **Keep the “COVID-19 Waste” separately** in temporary storage room prior to handing over to Ramky.
- **Disinfection:** The inner and outer surface of bags/containers/ collection bins/ trolleys should be disinfected with 0.5 % sodium hypochlorite
- **General waste** not having contamination should be disposed as solid waste (**black bag**)
- Maintain **separate record** of waste generated from COVID-19 isolation wards
- **PPEs:** Depute dedicated sanitation worker and use adequate PPEs- three layered mask, splash proof apron/gowns, nitrile gloves, gum boots, safety goggles for handling COVID-19 Waste
- **Separate dedicated trolleys/vehicle should be used for transport of this waste** It should be disinfected with 0.1% sodium hypochlorite.
- **Quarantine facility for suspected COVID patients:** Treat the routine waste as general solid waste and dispose to local municipal as per solid waste management rule, 2016.


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Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Coimbatore
Maharashtra 411 004, India

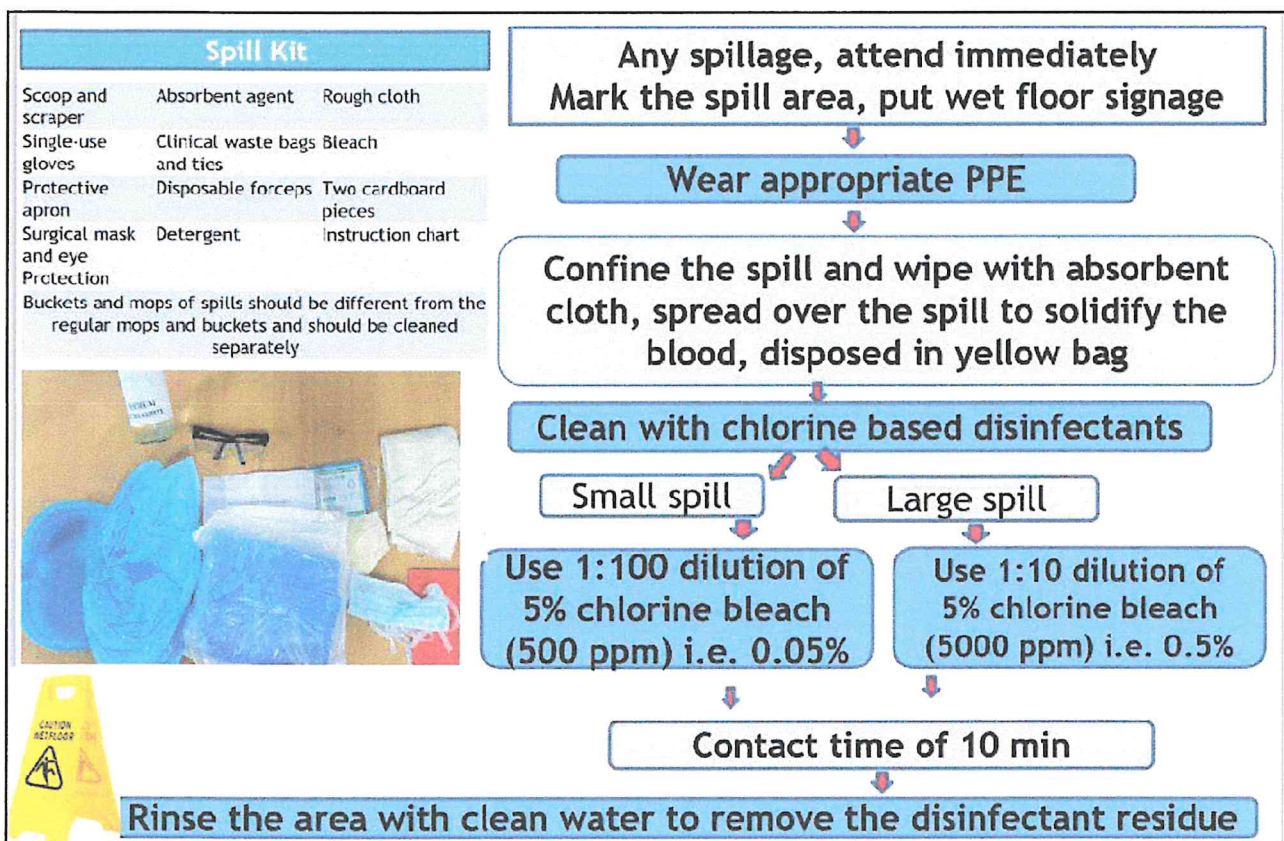
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Only biomedical waste which is expected to be little quantity should be collected and handed over to Ramky following the above guidelines.

• **PPE disposal:**


- Gloves, plastic apron, goggles - red
- Non-plastic items such as Mask, gown, cap, shoe cover- yellow bag

Spill management protocol:



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ATTESTED

Dr. Gangadhara Somayaji K S
 Registrar
 Yenepoya (Deemed to be University)
 University Road, Ceralakatte
 Mangalore 575 018, Karnataka.

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UNIT 12 DEAD BODY MANAGEMENT FOR CoVID -19

- Transmission of COVID-19 is through droplets. Therefore it is unlikely to have an increased risk of COVID infection from a dead body to health workers or family members who follow standard precautions while handling body.
- Only the lungs of dead COVID patients, if handled during an autopsy, can be infectious.
- All staff identified to handle dead bodies in the isolation area, mortuary and ambulance have been trained in the infection prevention and control practices.

Standard Precautions to be followed by HCWs while handling dead bodies of COVID

1. Hand hygiene.
2. Use of personal protective equipment (e.g., water resistant apron, gloves, masks, eye wear).
3. Safe handling of sharps.
4. Disinfect bag housing dead body; instruments and devices used on the patient.
5. Disinfect linen. Clean and disinfect environmental surfaces.

Removal of the body from the isolation room or area

- The health worker attending to the dead body should perform hand hygiene, ensure proper use of PPE (water resistant apron, goggles, N95 mask, gloves).
- All tubes, drains and catheters on the dead body should be removed.
- Any puncture holes or wounds (resulting from removal of catheter, drains, tubes, or otherwise) should be disinfected with 1% hypochlorite and dressed with impermeable material.
- Apply caution while handling sharps such as intravenous catheters and other sharp devices. They should be disposed into a sharps container.
- Plug oral, nasal orifices of the dead body to prevent leakage of body fluids.
- If the family of the patient wishes to view the body at the time of removal from the isolation room or area, they may be allowed to do so with the application of Standard Precautions (hand hygiene, mask and gloves)
- Place the dead body in leak-proof plastic body bag. The exterior of the body bag can be decontaminated with 1% hypochlorite.

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- The body bag can be wrapped with a mortuary sheet or sheet provided by the family members.
- The body will be either handed over to the relatives or taken to mortuary.
- All used/ soiled linen should be handled with standard precautions, put in bio-hazard bag and the outer surface of the bag disinfected with hypochlorite solution.
- Used equipment should be autoclaved or decontaminated with disinfectant solutions.
- All surfaces of the isolation area (floors, bed, railings, side tables, IV stand, etc.) should be wiped with 1% Sodium Hypochlorite solution; allow a contact time of 30 minutes, and then allowed to air dry.

Handling of dead body in Mortuary

- Mortuary staff handling COVID dead body should observe standard precautions
- Dead bodies should be stored in cold chambers maintained at approximately 4°C
- The mortuary must be kept clean. Environmental surfaces, instruments and transport trolleys should be properly disinfected with 1% Hypochlorite solution
- After removing the body, the chamber door, handles and floor should be cleaned with sodium hypochlorite 1% solution

Embalming

- Embalming of dead body should not be allowed

Autopsies on COVID-19 dead bodies

- Autopsies should be avoided
- If autopsy is to be performed for special reasons, the following infection prevention control practices should be adopted:
 - a) The number of forensic experts and support staff in the autopsy room should be limited
 - b) The team should use full complement of PPE (coveralls, head cover, shoe cover, N 95 mask, goggles / face shield)
 - c) Round ended scissors should be used.
 - d) PM40 or any other heavy duty blades with blunted points to be used to reduce prick injuries
 - e) Only one body cavity at a time should be dissected

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Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Perakatte
Manipalaya 576 019, Mangalore,

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- f) Unfixed organs must be held firm on the table and sliced with a sponge – care should be taken to protect the hand
- g) Negative pressure to be maintained in mortuary
- h) An oscillator saw with suction extraction of the bone aerosol into a removable chamber should be used for sawing skull, otherwise a hand saw with a chain-mail glove may be used
- I) Needles should not be re-sheathed after fluid sampling – needles and syringes should be placed in a sharps bucket.
- j) Reduce aerosol generation during autopsy using appropriate techniques especially while handling lung tissue
- k) After the procedure, body should be disinfected with 1% Sodium Hypochlorite and placed in a body bag, the exterior of which will again be decontaminated with 1% Sodium Hypochlorite solution
- l) The body thereafter can be handed over to the relatives
- m) Autopsy table to be disinfected with 1% Sodium Hypochlorite

Transportation of the dead body:

- The body, secured in a body bag, exterior of which is decontaminated poses no additional risk to the staff transporting the dead body
- The personnel handling the body may follow standard precautions (surgical mask & gloves)
- The vehicle, after the transfer of the body to cremation/ burial staff, will be decontaminated with 1% Sodium Hypochlorite

At the crematorium/ Burial Ground:

- The Crematorium/ burial Ground staff should be sensitized that COVID 19 does not pose additional risk
- The staff will practice standard precautions of hand hygiene, use of masks and gloves
- Viewing of the dead body by unzipping the face end of the body bag (by the staff using standard precautions) may be allowed, for the relatives to see the body for one last time
- Religious rituals such as reading from religious scripts, sprinkling holy water and any other last rites that does not require touching of the body can be allowed

ATTESTED


Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mysuru - 576 104, Karnataka.

**YENEPOYA MEDICAL COLLEGE HOSPITAL
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- Bathing, kissing, hugging, etc. of the dead body should not be allowed
- The funeral/ burial staff and family members should perform hand hygiene after cremation/ burial
- The ash does not pose any risk and can be collected to perform the last rites
- Large gathering at the crematorium/ burial ground should be avoided as a social distancing measure as it is possible that close family contact may be symptomatic and /or shedding the virus.

Reference: COVID-19: GUIDELINES ON DEAD BODY MANAGEMENT, Government of India Ministry of Health & Family Welfare Directorate General of Health Services, Dated 15.03.2020

ATTESTED


Dr. Gangadhara Somayaji K S
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mangalore 575 018, Karnataka.

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MEDICAL COLLEGE HOSPITAL

University Road, Deralakatte, Mangaluru - 575 018, India
Ph: 0824 2204668 Website : www.yenepoya.edu.in

