

MICROPLAN FOR EMERGENCY AND TRAUMA: COVID 19

Objective

- This presentation is not about emergency & trauma *per se* but it is about how to save Non-COVID Hospital from COVID patients, as 70% of COVID positive patients are asymptomatic
- To develop effective patient flow map and staff practices to prevent admission of asymptomatic COVID positive patient in a Non COVID hospital that can cause shut down of that hospital or its services

What's Happening

COVID-19



Non-COVID-19



Suspect COVID-19 being shunted b/w hospitals

THREAT



Current Scenario

- Single facility catering to both covid 19 and non-covid 19 patients or suspect patients being shunted between a non-covid and covid facility
- High risk of cross infection
- Risk to HCW
- Risk of stoppage of whatever limited facilities being provided if there is infection and quarantine of staff and centre is sealed
- Biggest sufferers: non-covid patients with critical illnesses

Solution

- Hospital should have single entry
- Two different physically separate buildings /blocks: covid hospital and non-covid hospital
- Both having designated screening and holding areas
- In non- COVID hospital, only after passing two screening areas & holding area patient can enter main hospital premises

1st Screening Area

- This is a triage area at the entry
- This is common to both covid and non-covid hospital
- All patients are first evaluated here
- Should be in open with adequate ventilation
- Manned by JR /intern /nurse /PRO
- Patient screened with a screening questionnaire and thermal scanner

Screening questionnaire

- Fever, cough, breathlessness.
- International travel within 28 days
- Contact with Covid 19 positive from hotspot area/ large migration gathering/ evacuee center.
- Participation and contact of Tabliqi jamaat within a month.
- All suspected HCWs
- SARI (fever, cough, breathlessness for less than 10 days)
- Antibody testing for Covid19 or RTPCR if positive.

PROFORMA FOR COVID SCREENING

QUESTIONNAIRE FOR SCREENING

S. No.	History	Points
1-	History of foreign travel	3
2-	History of contact with Covid positive patients	3
3-	If He/ she is from Hot spot zone	2
4-	If He/ She is health care worker	2
5-	Referred from any quarantine centre	2
6-	Presence of following symptoms	
	• Fever	2
	• Dry cough	2
	• Shortness of Breath	2
	• Sore throat	1
	• GIT symptoms-nausea, vomiting, diarrhea	1
	• Headache, dizziness	1

1 - 3 Low risk	Normal care	Shift to Casualty
4 - 7 Moderate risk case	Screen & Covid care	Inform Isolation Physician on duty
> 7 High risk case	Screen and Covid care	Inform Isolation Physician on duty

1st Screening Area

Requirements

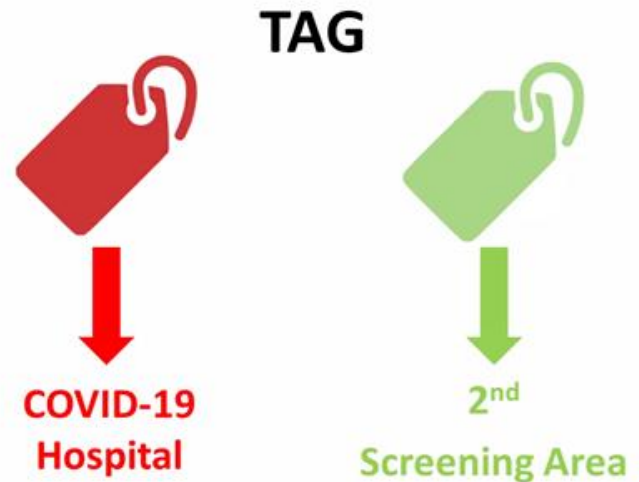
- Staff in glass cabin
- Social distancing of 1-2m from patient
- Microphone for bi-way communication
- Infrared thermometer or thermal scanner based temperature measurement
- Staff wear triple layer mask
- Standard hand hygiene
- Cleaning and disinfection regularly
- BMW disposal

1st Screening Area

Depending on temperature and score patient is tagged

Red: Suspect or confirmed covid; refer to covid 19 hospital

Green: Non-covid; refer to 2nd screening area



Red tagged patients

All go to covid hospital

- Covid 19 positive: isolation ward
- Covid 19 suspect: covid hospital holding area

Under no circumstances should any red tagged patient enter non-covid facility

2nd Screening Area

- Trained doctors (SR/ JR)
- All green tagged patients from 1st screening area come here
- Aim: to prevent any accidental entry of suspect covid patient into non-covid hospital
- Detailed history, SpO2, NIBP, temperature and other clinical features
- Tags can change at any stage
- If tag changed to red: send to covid 19 hospital
- If tag remains green: send to holding area of non-covid hospital

Screening area



Sampling area

Holding Area

- SOP same as any covid 19 facility
- All covid non-suspects after 2nd screening will come here
- Patients can still be either + or –
- Same guidelines of infection prevention and control, cleaning and disinfection and BMW management
- Quarantine policy of HCWs in place
- Continued training of HCWs
- Adequate supply of PPE & N95 mask
- Dedicated equipment for patient care
- Stable and unstable patients categorised as per the ESI

Holding Area

All patients in non-covid suspect holding area

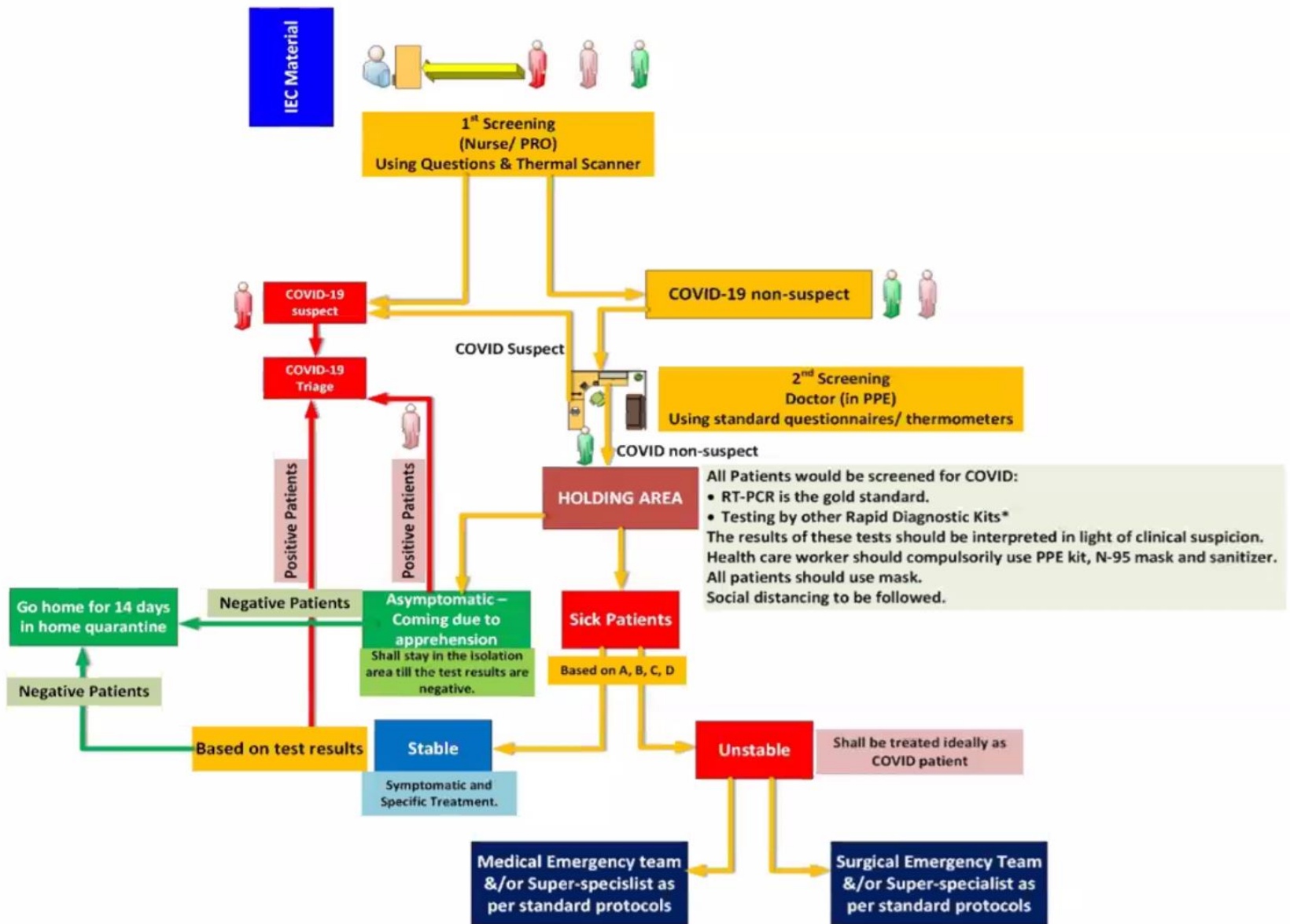
- Would be screened for covid
- The test results should be available in 24 hours
- The patients should be in separate rooms to prevent cross-infection
- The result will be clinically correlated
- HCW should be compulsorily in PPE and N95 mask
- Patients should wear mask
- Social distancing to be followed
- Sick patients triaged into stable and unstable as per A B C D

Holding Area

- All unstable patients should be ideally treated as covid patient
- Stable and asymptomatic (coming due to apprehension) patients if negative should be sent to 14 days of home quarantine; if positive, goes to covid 19 triage

In both covid and non-covid hospitals

- 8-12 hourly duties for 14 days with 14 days quarantine
- Beds and equipments should be ear-marked for suspect cases
- All healthcare workers to be in full PPE
- All patients to wear mask
- Regular sanitisation



- 8-12 hourly duties for 14 days is recommended with 14 days quarantine.
- The beds/ dialysis machine/ OT/ etc. should be earmarked for suspect cases.
- All health care workers to use full protective measures; all patients to use masks and sanitizers.
- Toilets to be sanitized regularly.

THANK YOU