



Guidelines for Quarantine facilities for COVID-19 Health Care Personnel of KGMU

King George's Medical University
Lucknow
Uttar Pradesh

1.Introduction

Quarantine is the separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to infection, for the purpose of preventing transmission of diseases. Persons are usually quarantined in their homes, but they may also be quarantined in community-based facilities.

Quarantine can be applied to:

- An individual or to a group of persons who are exposed at a large public gathering or to persons believed exposed on a conveyance during international travel.
- A wider population- or geographic-level basis.

Examples of this application include the closing of local or community borders or erection of a barrier around a geographic area (cordon sanitaire) with strict enforcement to prohibit movement into and out of the area.

The purpose of this document is to provide guidelines for setting up of quarantine facilities during the current COVID-19 outbreak.

The recommended duration of quarantine for Covid-19 based on available information is upto after doing one week of clinical posting in isolation and IDH.

Quarantine versus Isolation

Isolation refers to separation of individuals **who are ill** and suspected or confirmed to have COVID-19 infection.

Quarantine refers to separation of individuals **who are not yet ill but have been exposed** to COVID-19 and therefore have a potential to become ill.

The purpose of quarantine during the current outbreak is to reduce transmission by

1. Separating contacts of COVID-19 patients from community
2. Monitoring contacts for development of sign and symptoms of COVID-19
3. Segregation of COVID-19 suspects, as early as possible from among other quarantined persons

2. Requirements for Quarantine facility is as under:

1. Location:

- Away from the people's reach, crowded and populated area
- Well protected and secured (preferably by security personnel/ army)

2. Access considerations

- Parking space including Ambulances etc.
- Ease of access for delivery of food/medical/other supplies
- Differently-abled Friendly facilities (preferably)

3. Ventilation capacity: Well ventilated preferably natural

4. Basic infrastructure/functional requirements:

- Rooms/Dormitory separated from one another may be preferable with in-house capacity of 5-10 beds/room
- Each bed to be separated 1-2 meters (minimum 1 metre) apart from all sides.
- Lighting, well-ventilation, electricity, ceiling fan.
- Potable water to be available. (at least 2 litres of drinking water per person per day)
- Support services- fooding & Laundry services .
- Sanitation services/Cleaning and House keeping.
- Properly covered bins as per BMW may be placed.
- Exhaust fans in dormitory.
- Face masks. (to be used by quarantined person staying in dormitory)
- Provision of screen in between two beds in dormitory, if possible

5. Space requirements for the facility:

- Reception space
- Logistics areas
- Rest rooms- doctors/nurses/supporting staffs
- Clinical examination room/ nursing station / Sampling area
- Laundry facilities (on- or off-site)
- Mess/Meal preparation (on- or off-site)
- Holding area for contaminated waste
- Wash room/Bathroom/Toilet

6. Social support resources/ Recreational areas

- Television and radio

7. Monitoring the health of quarantined person :

- During that period, quarantined person will be monitored at least twice daily for fever and respiratory symptoms.

2.1. Standard operating Procedures: To ensure smooth operation in the quarantine facility, the standard Operative procedures (SOPs) are framed as under:

- Daily monitoring surveillance using the daily reporting format (annex 1)
- Fever triage/ Isolation
- Case and contact monitoring and response
- Transfers of suspect/symptomatic to designated hospital (through ambulances)
- Provider information (SOPs)
 - I. medical personnel (annex 2)
 - II. nursing staff (annex 3),
 - III. movement of health personnel and support staff (annex 4) and
 - IV. security staff (annex 5)

Functional flow should be maintained to reduce/minimise the interactions between quarantined people and healthcare personnel/supporting staffs so that transmission of disease is prevented and controlled.

[Checklist for establishing a quarantine centre is given in annex. 6]

4. Securing Entry and Exit points

A well informed and trained security personnel at the main entrance gate of the area will be deputed with register for ins and outs. The international biohazard warning symbol and sign to be displayed on the doors of BMW management areas, where samples of higher risk groups are handled. Only authorized & trained persons will be permitted to enter the quarantine areas after ensuring that the concerned person has

put on PPE. Doors to be kept closed at all times preferably under observation of a guard.

5. Human Resource Deployment:

In the quarantine facility, a faculty is to be appointed as In-charge for coordination and supervision of the quarantine centre. Psychiatrists & Psychologists are required for clinical care of the quarantined people if needed. Para-medics including Staff Nurse will be posted. Public health specialists are required for monitoring public health aspects of the facility while services of clinical microbiologist are required for sample collection, packaging and infection prevention and control. Housekeeping staff will also be deployed.

6. Training:

All health care staff posted at quarantine centre will be trained as per Standard Operating Protocols, in relation to daily examination, use of PPE kits, sample collection and infection prevention and control. Staff undertaking the work in Laundry, Mess/Canteen, security and other related staff i.e., drivers, general duty staff etc. will trained on use of mask, gloves , cleaning and disinfection procedures and use of PPE kit etc.

7. Daily Clinical Examination and referral :

All quarantined people will be examined twice (morning & evening) daily clinically and those requiring referrals for related symptoms of Corona virus (fever, cough, sore throat, breathlessness etc.) or any other reason will be referred to designated hospital in ambulance directly with due precautions as per referral SOP. Ambulances will be placed in the facility in standby mode. Daily census of the people needs to be undertaken twice a day (ex. Morning 8 am and evening 6 pm).

8. Coordination:

Quarantine Committee Members will supervise and coordinate with various teams at the centre to ensure that all activities take place according to standard protocols. Daily review meetings will be conducted under Quarantine Committee Members to discuss day to day affairs and sort out any issue requiring attention.

9. Recording and reporting mechanisms:

To ensure standardized reporting, daily reporting formats of quarantined person with symptoms related to corona virus, no. of suspect cases requiring referral, sample collection status will be designed (as per annexure 1).

10. Monitoring and Supervision:

Daily visits will be conducted by Quarantine Team Members inside quarantine facility and outside the facility & the surrounding campus. Necessary corrective actions and preventive actions will be taken by the committee if needed. Visits by senior officials will be done as and when required.

11. Establishment of Infection Prevention Control (IPC) measures :

To ensure that all health care personnel use PPE as per guidelines, they will be properly trained and assisted during wearing of PPE. Separate areas will be earmarked for PPE Donning and Doffing. Security personnel will be stationed at the building to regulate the movement of the staffs entering the facility. It will be ensured that all the quarantine facility is decontaminated daily (refer to infection prevention control guidelines) with disinfectants (freshly prepared 1% hypochlorite, detergent solution) including surface mopping of all the floor, bathrooms, toilets facility, under side of beds, other related items placed in the rooms of quarantine people .

12. Lodging, Catering, Laundry and other related activities:

Disposable and pre-packed food will be served to quarantined people. Bed sheets provided will be changed every third day. Before laundering, all the washable items will be soaked in freshly prepared 1% hypochlorite solution for upto 30 minutes and later washed in detergent solution with hot water and will be dried under sunlight.

13. Biomedical waste (BMW) management:

To ensure that biomedical waste management in the facility takes place as per standard guidelines, separate yellow, red bags, foot operating dustbins will be kept at each floor and outside the facility. It is to strictly ensured that Doffing takes place in the designated area with all the PPE kit including mask, gloves is properly placed in yellow bags. All the health care workers collecting the possible infectious material such as food items, PPE kits from yellow bags should also wear PPE and following the IPC measures. Designated place to be earmarked outside the building for collection of yellow and red bags. It should be collected at least twice daily by biomedical waste management vehicle/any other local established practice.

Site of collection of biomedical waste will be regularly disinfected with freshly prepared 1% hypochlorite solution. All officials concerned with the administration and all other health care workers including medical, paramedical, nursing officers, other paramedical staff and waste handlers such as safaikarmacharis, attendants & Sanitation attendants needs to be well oriented to requirements of handling and management of general and biomedical waste generated at the facility. Steps in the management of biomedical waste include generation, accumulation, handling,

storage, treatment, transport and disposal as mentioned in the SOP will be followed. Continuous training, monitoring & supervision to monitor the implementation to be done on daily basis to manage compliance related issues. All the generated waste from Quarantine facility to be treated as isolation waste and its disinfection /treatment was strictly monitored by specialists in the health authorities.

14. Logistic management:

All logistic to be used in quarantine facility i.e., PPE , medical equipments i.e. Thermal thermometer, Stethoscope, BP machine etc., office logistic, sample collection and packaging material, etc. will be purchased in advance.

15. Information, Education & Communication (IEC) and Psycho-social support:

To avoid an obvious sense of psychological fear and panic among all the quarantined people and health care professionals/staffs including doctors, security personnel etc. psychiatric consultation will be provided as per need.

16. Sample collection and packaging:

For baseline testing, Samples (Nasopharyngeal swab and throat swabs) for COVID-19 will be collected from all quarantined people & sent with triple layer packaging maintained in cold chain (2-8 degree Centigrade) to designated laboratory as per the guidelines. Just before the end of the 14 days quarantine period, resampling of nasopharyngeal swabs will be done.

17. Discharge of quarantined people from Quarantine Facility:

The quarantined people will be discharged at the end of 15th day, provided result of samples taken on 14th day is negative. Instructions should be provided to self-monitor their health at their home (home quarantine) for next 14 days

3. Indications for quarantine All the contacts, regardless of their risk of exposure, shall be advised for quarantine

Duration of quarantine

Total duration of 14 days after completion of seven days of clinical posting.

Covid-19 testing of those on quarantine

All those on quarantine shall be tested for Covid-19 twice; once at the 5th day of quarantine and second time at just before the completion of 14 days of quarantine period

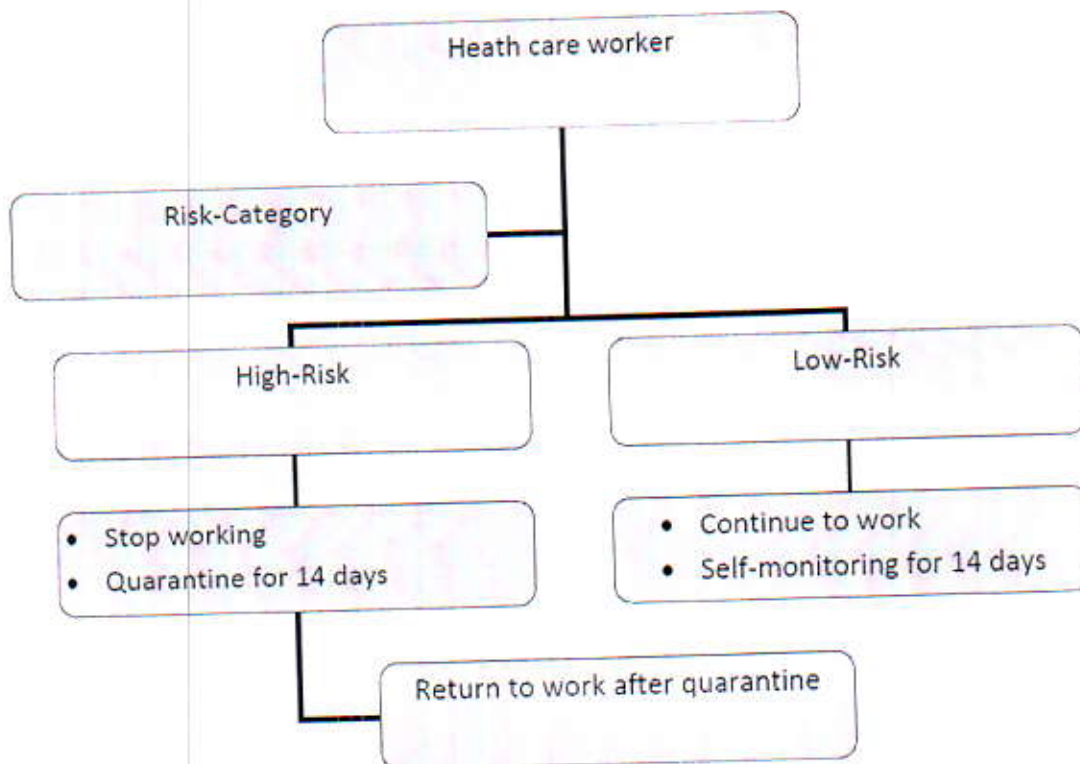
- All health care personnel working in fever clinic will go for home quarantine after finishing their duty. Following criteria must be fulfilled :
 1. He/she shall have a separate room with attached toilet.
 2. The room, shall not be shared by other family members.
 3. There shall be no sharing of utensil and linen between the quarantined person and other family members.
 4. He/She shall be able and agree to monitor for symptoms (fever, cough, breathing difficulty) twice daily.
 5. Take bath immediately after entering the house .
 6. Change your remaining clothes and discard them in the laundry for separate cleaning with detergent and warm water.
 7. Maintain the minimum distance of one meter (3 feet) from other family members.
 8. Maintain standard hygiene practices and respiratory etiquettes.
 9. Ensure nutritious diet.

- All doctors, staff nurses, sweepers, lab workers, those working in triage, ICUs & other supporting staffs will go for 14 days of quarantine after 7 days of work at KGMU quarantine centre. Transportation will be provided by KGMU, Lucknow.
- If any health care worker develops symptoms during their posting, their samples will be sent to lab test for COVID 19, if found positive , they will be shifted to isolation
- Till the results are awaited they will be shifted to KGMU quarantine centre.
- Compulsory use of face mask and to maintain social distancing if staying in dormitory.

WHO's Quarantine recommendation for Health Care Workers (HCWs)

HCWs refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP does not include clinical laboratory personnel.

Flow chart showing WHO's recommendation for quarantine of HCWs



Quarantine recommendation for Health Care Workers (HCWs)

Definition of HCWs

The HCWs will include as follows (i) Doctors (ii) Nurses (iii) Radiology technician (iv) Dietician (v) Physiotherapist (vi) Pharamacist (vii) Laboratory personnel (viii) Medical social workers (ix) Hospital attendents (x) Cleaners and other safai karmchari (xi) Catering and kitchen staff who are involved in delivering food to the patient area

Risk categories

All the HCWs will be categorized as High-Risk or Low-Risk category as defined below

High-risk category

1. All HCWs working in ICUs in any area in COVID hospital
2. HCWs involved in performance of aerosol generating procedures such as
 - a) Endotracheal intubation or extubation
 - b) Cardio-pulmonary resuscitation (CPR)
 - c) Application of non-invasive ventilation (NIV) or open air-way suctioning
 - d) Bronchoscopy or tracheostomy
 - e) Nasopharyngeal swab or Sputum or Broncho-alveolar fluid specimen collection
3. Any protected contact of more than 15 minutes and at a distance less than 2 meters from a suspected or confirmed case
4. Any unprotected exposure to suspected or confirmed case
5. Laundry workers
6. Waste disposal staff
7. Sanitary staff
8. If any of the staff feels that there was a breach in personal protection during the entire duration of exposure while working in Covid hospital
9. Any HCW who became symptomatic during the seven days work

Low risk category

1. A protected or unprotected exposure of less than 15 minutes
2. A protected exposure with a distance less than 2 meters and duration less than 15 minutes such as
 - a) X-ray technician
 - b) Porters involved in patient transport
 - c) Kitchen staff
 - d) Registration counter staff
 - e) Security personnel
 - f) Data entry operator
 - g) Those involved in sample transport
3. Protected HCWs involved in non-ICU setting

Active quarantine (Stay during duty days)

All the HCWs, while on duty for seven days, will be mandatorily staying in in-house quarantine.

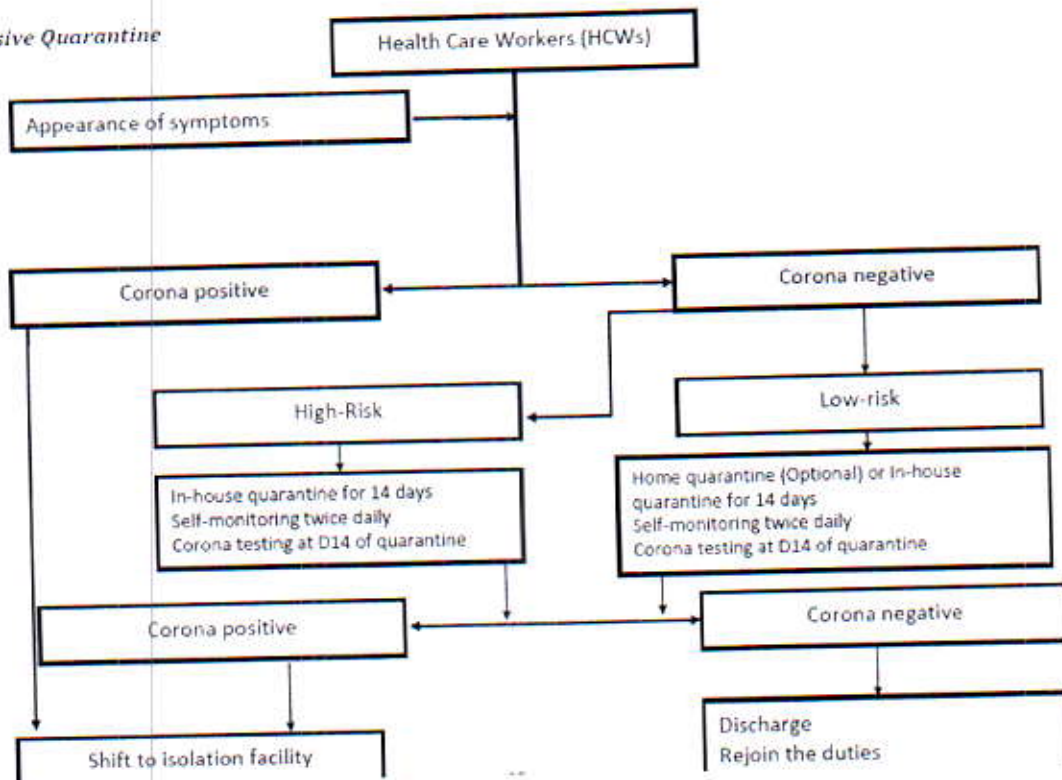
Determination of the risk category of the HCWs

The nodal office, Covid hospital, will assign the responsibility to a nodal person for determining the risk categorization for each of the HCWs who is completing their duties and are planned for passive quarantine.

The risk categorization will be informed to the HCWs as well as the quarantine committee in writing in duplicate.

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Passive Quarantine



Daily Monitoring Format for COVID-19
For Quarantined Health Personnal of King George's Medical University, Lucknow

Name: _____ Age: _____ Sex: _____
 Designation: _____
 Address: _____
 Place of Quarantine: _____

Sr. No	Date	Time	Suggestive Symptoms	Meal Received	Related Symptoms	Remarks
1		8:00 AM				
		8:00 PM				
2		8:00 AM				
		8:00 PM				
3		8:00 AM				
		8:00 PM				
4		8:00 AM				
		8:00 PM				
5*		8:00 AM				
		8:00 PM				
6		8:00 AM				
		8:00 PM				
7		8:00 AM				
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8		8:00 AM				
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9		8:00 AM				
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10		8:00 AM				
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11		8:00 AM				
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12		8:00 AM				
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13		8:00 AM				
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14#		8:00 AM				
		8:00 PM				
15		8:00 AM				
		8:00 PM				
16		8:00 AM				
		8:00 PM				

* Sample for Covid testing to be taken, Result=
 # Sample for Covid testing to be taken, Result=

Standard Operative Producers for medical personnel

There are shift duties of the doctors may be as under

Morning : 800AM to 200 PM
Afternoon : 200PM to 800 PM
Night : 800PM to 800 AM (next day)

General instructions for medical doctors from designated hospital (s) for performing their duty at Quarantine facility may be as under:

- a. The name of the duty officers and duty roster for to be displayed at the control room.
- b. Each team to follow the procedure mentioned below:
- c. The resident doctors on duty will report to the centre at the reporting time and mark attendance in the register.
- d. After that, they will go to clinical area to examine the quarantined people in the centre.
- e. The doctors on working duty will team up with medical officers from Quarantine facility to form a paired team (one from hospital and another from the Quarantine facility) to examine the cases.
- f. They will examine and assess the patients and report to the In-charge of the Quarantine facility.
- g. They will take care of the infection control/protective measures while examining the persons and follow guidelines placed at the door for safety/infection control measures.
- h. If any symptomatic case/ additional symptoms are observed/ reported, it should be discussed with the In-charge of the Quarantine facility for referral to the designated hospital, if required.
- i. They will complete examination of all patients and report before 12 noon on the same day and handover the report to the Office In-charge for onward transmission to the Ministry.
- j. They will not leave till the next relieving team arrived.
- k. They will hand over this information to the next relieving team.
- l. They will leave the Quarantine facility with due permission of In-charge of the Quarantine facility.
- m. If any doctor has not reported due to unavoidable circumstances, present available team will inform to the concerned authority of designated hospital for substitute.
- n. In case any patient needs to be transferred due to any eventuality to the referral centre, senior most doctor will accompany the ALS Ambulance to take care of the patient till he/she reaches and handed over to the centre.
- o. The medical team may take help of psychiatric/ counsellor team if required, for psychosocial support
- p. Team to work in harmony with the Quarantine facility medical team.
- θ. The senior most doctor on duty from the designated hospital will take decision of the clinical management.

Standard Operative Producers for Nursing Officer (supervisor)

- Maintain log of medical professionals/staffs entering/exiting in the quarantine facility, where the quarantine people are housed.
- A designated nursing officer (infection prevention & control nurse) has to ensure that the incoming officers/ staff to the quarantine building that are wearing appropriate PPE, and they are aware of universal infection control precautions (hand washing (alcohol/ sanitizers or soap + water; mask, gloves, PPE).
- After this he/she will allow the person to enter.
- The PPE doffed off by the outgoing medical professionals needs to be disposed in the yellow bag and hand sanitization should be ensured after disposing the PPE. **(PPE- donning On / doffing Off enclosed).**
- Yellow bags containing the infected materials placed in the nearby gate should be disposed off daily as per the Biomedical Waste Management Rules.
- The dustbins should be covered at all times. This should be ensured by Nursing officer. If required, disinfection has to be done as advised.
- Black bags (municipal wastes) - to be disposed after proper packaging daily as per the Biomedical Waste Management Rules.
- Supervise IPC in the facility in coordination with Microbiologist/Clinician

Standard Operative Procedures for Movement of Health Professionals and Support Staff Inside the Quarantine facility

The movements of health professionals are to be monitored at three vital points considering the control of infection for the prevailing disease-

CONTROL ROOM:

- Health professionals and support staff need to be made aware and trained in correct procedure of wearing mask and gloves.
- They need to be trained to follow the infection control measures as instructed including
 - hand washing with soap and water and sanitizing with alcohol-based sanitizers,
 - cough etiquettes,
 - donning and doffing of PPE etc.
 - before entering the quarantine facility.

Main Gate Security post: To monitor entry of persons/visitors to the facility and ensure that the personnel should comply with instructions / including wear the mask correctly.

Nursing Station at Quarantine building (ground floor):

1. Registration of name with time and purpose for entering the building
2. PPE should be donned here.
3. Nursing officer will check and ensure strict and correct wearing of PPE before entering the main quarantine area
4. After coming out from the main quarantine area, PPE to be doffed properly and placed in the designated bin for infective material (Yellow bag)
5. The hands should be sanitized before exiting the quarantine area
6. Mobile phones are not allowed to be used inside the building
7. Name of doctors to be written on the PPE with permanent marker for identification.

Annexure-5

Standard Operative Producers for Security Personnel at Quarantine facility

1. For security purpose, ensure 24 hours manning of the post of the quarantine facility.
2. The person manning the area must be trained and instructed to wear mask and gloves during the duty period.
3. Instructions for infection control measures like hand washing etc. should be properly briefed.
4. Doctors/Nursing staff/supporting staffs/other entering the quarantine area should wear appropriate PPE before entering the quarantine centers.
5. Log of those entering/exiting the Quarantine facility should be maintained. Only those having specific purpose inside the Quarantine facility should be allowed to enter.
6. The log should be put up daily to the controlling authority.
7. Security guard should have a whistle to give signals to people to not come near the quarantine facility if they do not have any purpose to visit the Quarantine facility.
8. He should report immediately to the officer In-charge controlling the security of the quarantine facility, if anybody does not follow the instructions as directed.
9. The security personnel should not leave after completing his shift till his reliever reports for duty.
10. The officer In-charge controlling the security of the quarantine facility will supervise the duty roster and roles and responsibilities of all the personnel deployed at the quarantine area for smooth functioning.

CHECKLIST FOR ESTABLISHING A QUARANTINE CENTER

I. Basic Information:

1) Name of the Quarantine Centre_

2) Address: _

3) Officer In charge: _

4) Email address: _

5) Phone Number: _

6) GPS Coordinates: _

II. Location of quarantine centre

7) Located away from the residential area? Yes No

8) Distance to nearby residential area? _____

9) Away from an area where gathering expected (Eg: Temples, stadiums, Churches etc):

Yes No

III. Accessibility to the quarantine centre :

10) How far is it from the nearby airport?

11) How far is from the nearest railway station?

12) How far is the nearest bus station?

13) Is the road to quarantine centre is free from heavy traffic?

14) Is the road to quarantine centre is wide enough to have two vehicles at a time?

Yes No

15) How far is the nearest tertiary care centre?

16) How far is the nearest District Hospital?

IV. Facilities & basic amenities at quarantine facility:

17) How many floors are there in the quarantine building?

18) How many rooms available at the quarantine facility?

19) How many numbers of beds in each room at quarantine facility?

- 20) What is the distance between beds in the quarantine room?
- 21) Is there 24*7 supply of electricity at the facility? Yes No
- 22) Is there 24*7 supply of water at the facility? Yes No
- 23) Is there air conditioning available? Yes No
- 24) If yes, it is by centralised AC or individual air conditioning in each room?
i. If individual AC ? a: Split b: Window
- 25) Does window space covers at least 10% of total area? Yes No
- 26) How many windows in each room?
- 27) Is there exhaust fans in each room? Yes No
i. If Yes, how much air exchange rate expressed in cubic feet per minute (CFM)?
- 28) Is there drainage facility available in each floor? ? Yes No
- 29) Is there any separate sewage line from Quarantine areas?
- 30) Are there separate exit & entry points? Yes No
- 31) Is there availability of 24*7 security services at the quarantine area?
- 32) Is there any separate door for entry of non-health professionals for housekeeping, catering?
 Yes No
- 33) Yes No
- 34) Is there any separate washroom facility for each room at the facility? Yes
 No
- 35) If not, how many wash rooms per person/area?
- 36) Are the floors washable & easily dried? Yes No
- 37) Is the floor mappable? Yes No
- 38) Is there any in-house mess facility available at quarantine area?
- 39) Is there any separate room/ resting facility for?
i. Doctors
ii. Nurses
iii. Paramedics
iv. Cleaning staffs

v. Linen management

- 40) What is the Frequency of changing linen in Quarantine rooms?
- 41) Whether disposable of Linen used? Yes No
i. If No then, How they are disinfecting & cleaning linen?
ii. How frequently linens changed?

42) Is there any curtains available in the quarantine rooms/wards? Yes

No

- i. If yes frequency of changing them?
- ii. frequency of disinfecting & cleaning?

43) Is there any policy for disinfecting mattress at quarantine facility? Yes

No

44) Is there any written policy for disinfecting beds at quarantine centres?

Yes No

45) If yes, please verify policy and elaborate /

VI. Infection control practices

46) Is adequate PPE supply available at the quarantine facility? Yes

No

47) Is there adequate supply of disinfectants at the centre? Yes

No

48) Are the staffs in the facility trained in wearing PPE? Yes

No

49) Is there a separate area for donning & doffing PPE? Yes

No

50) Is there hand washing facility with soap with dispenser / hand sanitizer available at donning & doffing areas?

Yes No

51) If yes, what type of hand rub dispensers are available? (select all applicable answers)

- i. Pocket bottle
- ii. Bottle affixed to trolley/tray
- iii. Bottle affixed to bed
- iv. Wall dispenser
- v. Dispenser located on bedside table/trolley

52) Whether all staff has access to hand rub dispensers? Yes

No

53) Are hand rub dispensers replaced when empty?

- i. Always
- ii. Intermittently

- iii. Rarely
- iv. Never
- v. Not applicable

54) Are posters illustrating handwash technique displayed beside each sink?

Yes No

55) Is there availability of bleaching solution of different strength available?

% of hypochlorite solution	YES	NO
1%		
5%		
10%		

56) Is there any policy for rodent & pest control management? Yes

No

57) If yes, is it being implemented & followed? Yes No

58) Are the staffs trained in infection control practices? Yes No

59) Is there a structured curriculum / training module for Infection Control

Practices? Yes No

60) What is the Frequency of cleaning of

- i. floors of quarantine rooms/wards
- ii. Bathrooms
- iii. Ambulatory areas
- iv. Resting rooms
- v. What is the Frequency of cleaning high touch surfaces like door knobs, bed rails etc?

61) Is there any separate sample collection area? Yes No

62) Is there is separate thermometer & BP apparatus available at the quarantine centre?

Yes No

63) Are there colour coded bags available for BMW management?

64) Is the waste being segregated and disposed as per protocol? Yes

No

65) Are the sharps being disposed as per protocol? Yes No

66) How the food waste is being disposed?

VII. Recreational facilities

- 67) Is there provision for mobile phone or internet at the facility? Yes
 No
- 68) Are the mobiles phone disinfected?
i. If Yes how
ii. How frequently
- 69) Is there any recreational room / area available? Yes No
- 70) Is there any provision for Television or Radio at the quarantine facility?
 Yes No
- 71) Is there a provision of printed reading materials at the facility? Yes
 No
i. If Yes how the materials are disposed off?

VIII. Human resources & logistics

- 72) Is there a dedicated Infection nurse for the quarantine facility to monitor IPC activities?
- 73) Is there is rotational shift for doctors/nurses/paramedics?
i. If Yes, how many shifts?
ii. Doctors in each shift
iii. Nurses in each shift
iv. Cleaning staffs in each shift
- 74) Is there any pulmonologists/physician available when it is needed? Yes
 No
- 75) Is there a phlebotomist/ lab technician available when it is needed? Yes
 No
- 76) Is there any availability of clinical psychologist in quarantine facility? Yes
 No

IX. SOP & policies

- 77) Is there any guidelines/ inhouse SOP for infection control practices? Yes
 No

- 78) Is there any protocol for limiting the visitors to quarantine area? Yes
 No
- 79) Is there any written policy for the recreational area? Yes No
- 80) Biomedical waste management guidelines 2016 & amendments 2019 available?
 Yes No
- 81) Does the quarantine health facility in charge aware of National IPC guidelines for
healthcare facilities 2020? Yes No
- 82) Is there any linen policy available? Yes No
- 83) Is there any SOP for working of doctors, nurses & paramedics at quarantine
facility? Yes No
- 84) Is there any protocol for disinfecting ambulance after transporting patient to
isolation centre?
- 85) Is there any policy for monitoring health of staffs at quarantine area?
- 86) Is there enough IEC displayed at the quarantine centre?

X. Transporting Patients to Isolation centre

- 87) Is there any protocol for transfer of patients to tertiary care/transfer of
symptomatic cases to isolation centre?
- 88) Is there separate ambulance available for transporting patients to isolation
centre? Yes No
- 89) Are the ambulance staff trained in wearing PPE & infection control practices?
- 90) How far is the Isolation facility from the quarantine centre