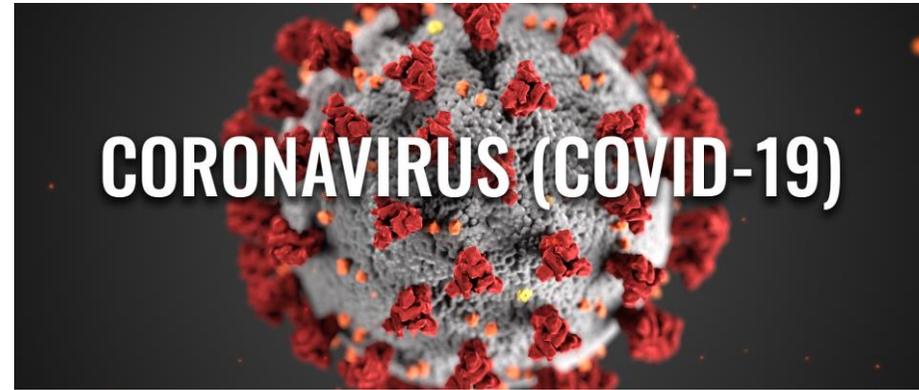


Protocol for emergency and
trauma cases with special
reference to COVID-19



Note

This Document is dynamic and maybe modified as per progression of the disease in India and when more data are available regarding epidemiology, transmission, and treatment.

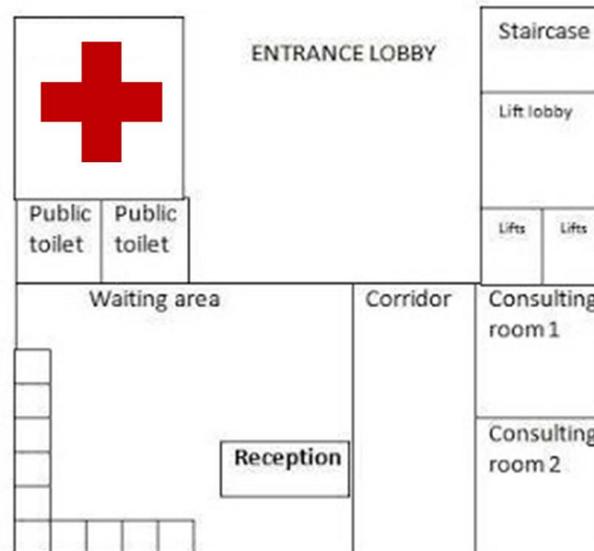
- This protocol training is divided into two parts:
 - A. I will take up the main protocol and how to apply
 - B. Dr. Prashant will train you for safety and bio-medical waste management in the area.

Objectives

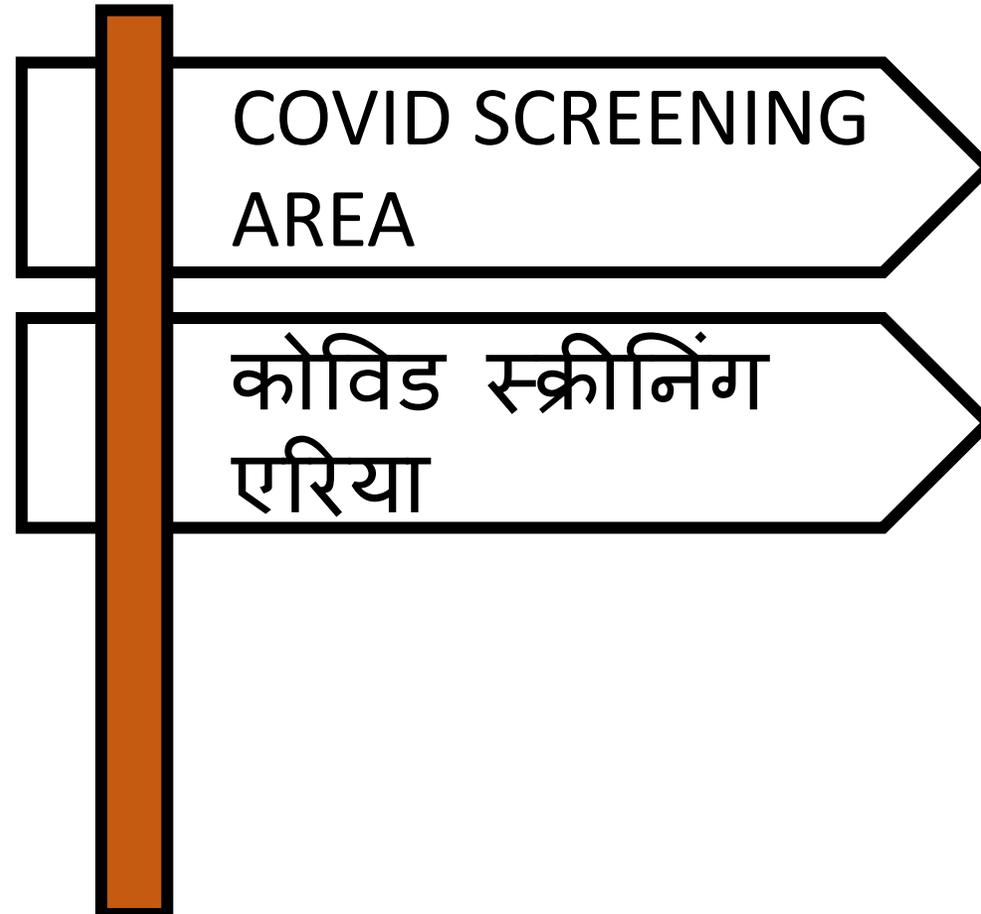
- COVID-19 has emerged as a pandemic and it is a national disaster, making this protocol is for the hospitals which are still dealing with trauma and emergencies.
- These emergencies and trauma patients might be having COVID-19.
- Such patients must be detected, tested and should be isolated at the entry point of hospital so that medical and paramedical staff and other patients and the entire building of trauma centre and emergency does not get infected.
- Further, we should try to keep each and every medical and paramedical staff safe, not to get infected by the patients.

Screening Area at entry of Trauma Centre/Emergency

Screening Area of Hospital

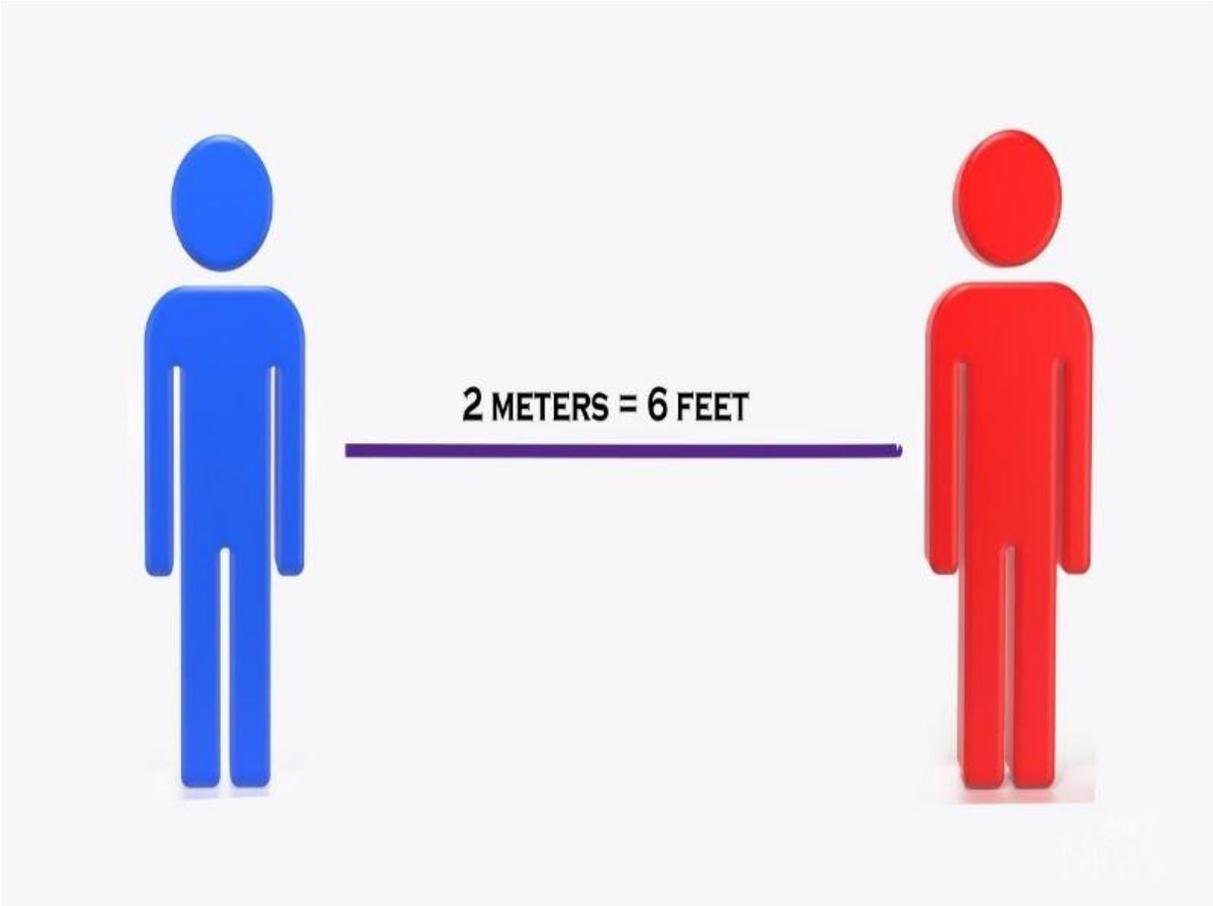


Screening area should be separate and should have a large sign board in Hindi and English, area should be enough to inquire emergency patients with social distancing.



- Screening of all subjects must be done under strict precautions like
 1. Social distancing
 2. Protection of medical and paramedical staff with triple layer mask with proper distancing of 1-2 meters.
 3. Proper hand sanitation, disinfection and environmental hygiene.
 4. Screening personnel should sit in a glass cabin or a room with one wall with perforation or with microphone for communication with the patients.
 5. Screening cabin should be placed at entry, and preferably in open area or the screening room should be such that one window opens outside or the room is located close to the entrance.

Social Distancing





If N95 mask is not available, triple layer mask is sufficient



A. Screen for

1. Fever - using handgun & infrared thermometer
2. International travel within 28 days
3. Contact with COVID-19 positive person/from hotspot* area/ large migration gathering/evacuee centre
4. Participation and/or contact with Tabliqi Jamaat within a month
5. All suspected health care workers.
6. Screen for SARI (Fever, cough, breathlessness for less than 10 days)
7. Antibody testing for COVID-19 (if available).

*List of hotspot areas should be at this screening area

Such format should be tagged to the case sheet of the patient



Name:	Age:	
Sex:	ID:	
Address:	Mobile No.:	
Tag Green: <input type="checkbox"/>	Red: <input type="checkbox"/>	(Yes/No)
Fever?		
International travel within 28 days?		
Contact with COVID-19 positive person/from hotspot area/ large migration gathering/evacuee centre?		
Participation and/or contact with Tabliqi Jamaat within a month?		
All suspected health care workers.		
Screen for SARI?		
Antibody testing for COVID-19?		

B. Team at Screening Area

1. Causality Medical Officer
2. 1 senior/junior resident
3. Staff nurse
4. Ward boy
5. Bio-medical waste personnel
6. Volunteer to guide the patient

Note: Training of all medical and paramedical staff is mandatory.

- All the medical and paramedical staff should ensure full safety protocol as they must use triple layer surgical mask and keep at least 1 to 2m distance between suspected patients and other patients.
- All the patients in this area must wear a mask.
- Care of hand sanitization must be taken care of.
- Care and sanitation of environment should also be taken care of.

C. Any suspicious patient will be tagged as RED and others as GREEN



Suspected



Others

RED Tag

- Fulfilling any one (or more) of the points for screening



A. Screen for

1. Fever - using handgun & infrared thermometer
2. International travel within 28 days
3. Contact with COVID-19 positive person/from hotspot* area/ large migration gathering/evacuee centre
4. Participation and/or contact with Tabliqi Jamaat within a month
5. All suspected health care workers.
6. Screen for SARI (Fever, cough, breathlessness for less than 10 days)
7. Antibody testing for COVID-19(if available).

*List of hotspot areas should be at this screening area

Green Tag

- Not fulfilling any one of the points for screening



A. Screen for

1. Fever - using handgun & infrared thermometer
2. International travel within 28 days
3. Contact with COVID-19 positive person/from hotspot* area/ large migration gathering/evacuee centre
4. Participation and/or contact with Tabliqi Jamaat within a month
5. All suspected health care workers.
6. Screen for SARI (Fever, cough, breathlessness for less than 10 days)
7. Antibody testing for COVID-19(if available).

*List of hotspot areas should be at this screening area

Green Tag patients



Treat as usual, non-COVID emergency

Red Tag patients



These patients should be shifted with **full precautions** to:

- 1. Suspected Isolation Ward, or**
- 2. TRIAGE management ward**

Red tag patients will be kept in these wards till the nasal/throat swab report for COVID-19 comes out to be positive or negative. It will take 12-24 hours.

These wards should have preferably separate chambers/rooms with separate toilets. If separate rooms are not available, patients should be kept at least 2m apart from each other.

Red Tag patients



Suspected Isolation ward or TRIAGE management ward

In this ward, nasal and throat swab of all the patients should be taken in viral transport medium (VTM) and transported on ice(cool chain) for COVID-19 by trained healthcare professional with appropriate PPE with gloves; maintaining infection control when collecting the samples and proper disposal of all waste generated.



Red Tag patients after 12-24 hours

- If report is negative, treat as non-COVID patients
- If report is **positive**, i.e. COVID +ve, they should be treated in either of the following according to the diagnosis:
 - a) Medical isolation ward
 - b) Dedicated COVID +ve OT
 - c) Dedicated COVID +ve CATH lab

Protocol for medical and paramedical staff at RED tag zone



- All the medical and paramedical staff should ensure full safety protocol.
- Full team of treating patients will be on active quarantine and passive quarantine.
- All the areas should follow the strict protocol for safety and sanitation and disinfection.

Training of all medical and paramedical staff is mandatory.

Protocol for medical and paramedical staff at RED tag zone: SAFETY



- Strict protocol of safety for medical and paramedical staff and protocol for sanitation and disinfection is **applicable to all places** according to guidelines.
- Infection prevention control is a critical and integral part of managing such patients starts from point of entry and standard precautions including hand hygiene, use of **PPE & N-95 masks** and avoiding direct contact with the patients and patients body fluids and secretion should be practiced. Droplet precautions should also be taken care of.

Protocol for medical and paramedical staff at RED tag zone: SAFETY



- Dedicated equipment like stethoscopes, Infrared/handgun thermometers and BP instrument should be used.
- Standard precautions must also include prevention of injury, safe waste management, cleaning and disinfection of equipment.
- Environmental cleaning is a part of precaution and ensure disinfection procedure consistently and correctly.



- Bio-medical Waste Management: All PPEs, face masks and gloves worn during sampling to be incinerated (yellow bin). Rest of all plastics should be autoclaved (red bin)
- Separate Laundry facility should be available.
- **Wherever possible disposable sheet should be used.**
- Laundry of active quarantined to be soaked in 0.5% hypochlorite for 30 minutes followed by wash by hot water. (70°C)



“As per government regulations, Trauma, Emergencies and Emergencies of Cardiology, Anti-Natal and Peri-Natal services, Radiotherapy and Dialysis will continue to run in hospitals.”



D. Departments like cardiology, Gynecology & Obstetrics, radiotherapy, and dialysis units should follow the same protocol for staff, sanitation, disinfection and protection.

- Cardiology department
 1. Should have dedicated and fully equipped ward with separate entry/exit.
 2. Dedicated CATH lab for COVID positive patients to be earmarked.
- Gynaecology & obstetrics
 1. Should have dedicated and fully equipped ward with separate entry/exit.
 2. Dedicated COVID positive OT and labour room to be earmarked.



- Radiotherapy

1. Should have dedicated and fully equipped ward with separate entry/exit.

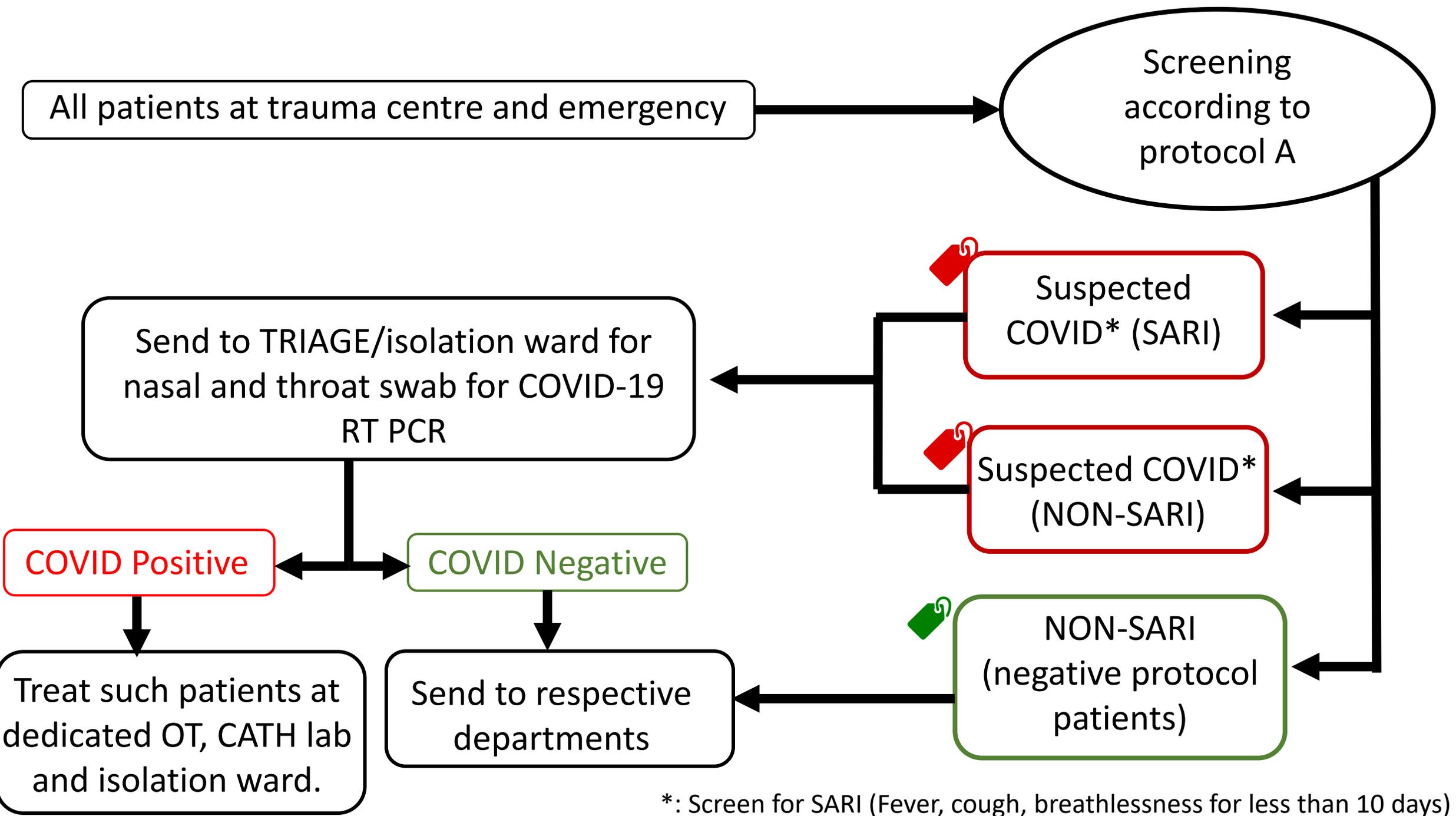
- Dialysis Unit

1. Should have dedicated and fully equipped ward with separate entry/exit.
2. Dedicated dialysis machine for the patients.
3. All COVID positive precautions must be strictly followed and all staff members should be monitored for COVID-19 infection.
4. Doctors, technicians, nursing staff, inserting lines in such patients should wear PPE. Rest of all staff can maintain a safe distance with standard precautions



- All departments should have round the clock services with trained paramedical and medical staff.
- All dedicated OTs/Cath Labs/wards/labour rooms should have separate donning and doffing rooms.

Flowchart for emergency and
trauma cases with special
reference to COVID-19



*: Screen for SARI (Fever, cough, breathlessness for less than 10 days)

Thank You

Committed to fight COVID-19 and to keep all medical and paramedical
personnel SAFE