



Department of Health & Family Welfare
Government of Kerala

STANDARD OPERATING PROCEDURE (SOP)
FOR HEALTH CARE IN
COVID-19 FIRST LINE TREATMENT CENTRES
(CFLTC)

JUNE 2020

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ABBREVIATIONS

BMO- Block Medical Officer

BMWM- Bio-Medical Waste Management

CAD- Coronary Artery Disease

CCC- COVID Care Centre

CFLTC- COVID First Line Treatment Centre

CKD- Chronic Kidney Disease

COPD- Chronic Obstructive Pulmonary Disease

COVID- Corona Virus Disease

IEC- Information Education Communication

HTN- Hypertension

LSGI- Local Self Government Institution

NCD- Non-Communicable Disease

PPE- Personal Protective Equipment

RBS- Random Blood Sugar

SOP- Standard Operating Procedure

WHO- World Health Organization

WISK- Walk in Sample collection Kiosk

Message

The world is going through one of the most difficult times facing COVID19 pandemic. All the countries including India and states are taking measures to contain epidemic. In this back ground, I am happy to state that our state had done detailed planning and contain the epidemic to a great extent in the past four months. However, we are now entering in a decisive phase during which Keralite from all over the world and other parts of the country will be coming back to their home state. In order to ensure proper care and support to them, the Government under the leadership of Hon Chief Minister has taken multiprong approach to tackle the epidemic.

I am happy to note that the Department of Health and Family Welfare has introduced a concept of COVID19 First Line Treatment Centres (CFLTCs) to provide care and support to COVID patients especially the ones are asymptomatic or having milder symptoms. In order to build capacities of all health functionaries, this comprehensive document stipulating Standard Operation Procedures is published. I congratulate the team led by Dr Jameela P K Sate Consultant Aardram. I also appreciate the works done by all others who have contributed for preparing the SOP.

I would urge the district teams to use the SOP for establishing CFLTCs in the respective districts and ensure quality services to the patients.

I wish all the success to this endeavour.

K. K. Shailaja Teacher

Minister Health & Family Welfare

Social Justice

Woman and Child Development

STANDARD OPERATING PROCEDURE (SOP) FOR HEALTH CARE IN COVID FIRST LINE TREATMENT CENTRES (CFLTC)

1. INTRODUCTION

The COVID-19 pandemic has had devastating impact on all aspects of life especially on the health systems all over the world. States in India are in various stages of the pandemic. It is very essential that adequate preparedness and response measures are taken to face the pandemic and thereby save lives and protect the health system. The pandemic is expected to continue for quite a long time and sustained efforts needs to be in place. The strategy of identifying suspects, quarantine, testing and isolation has paid dividends in Kerala state. It is essential that as the pandemic intensifies testing and isolation of cases needs further support in curtailing the epidemic curve. The three tier design of COVID care delivery provides equitable distribution of health resources and aligns with other control strategies of COVID prevention and control being implemented in the state.

In the context of Covid 19 pandemic, Department of Health and Family Welfare (H&FW) Government of Kerala has already issued advisory on the three tier patient management system viz Covid Care Centre (CCC), Covid First Line Treatment Centre (CFLTC) and Covid Hospitals (CH) vide order no 31/F2/220/ H&FW dated 28th March and reference guide for converting hospitals into dedicated Covid hospitals. Broad objectives of the CFLTC have been elaborated in these advisories. The LSGI and district administration are directed to identify as many centres as possible for this purpose and to prepare a list of health care professionals to be posted at these centres.

Though department of H&FW has established enough Covid hospitals and there are plans to upscale the facilities, it may not be sufficient to manage all Covid patients in the context of the worst case scenario of community spread. Similarly though we have at least one Primary Health Centre / Family Health Centre at all Panchayaths /Community Health Centres/Taluk Hospitals, these institutions need to be kept aside for the management of non -Covid cases including NCDs, other communicable diseases, maternal and child health, mental health care etc.

CFLTCs provide institutionalised care and treatment to mild or asymptomatic COVID positive patients. This level provides essential COVID care as well as specialised care via telemedicine facility linked to the COVID Hospital. This model brings in confidence to the patients as well as the health care providers. This document guides administrators, medical officers and the medical team in the standard processes that are to be implemented in CFLTCs

2. AIM

To provide quality primary COVID care to all citizens of Kerala and optimize health care resources.

3. PREREQUISITES FOR CFLTC

The district health authorities shall identify the CFLTCs in coordination with the Local Self Government Institutions. The CFLTCs should be linked to designated COVID Hospitals already established in each district. The following requisites are essential for a CFLTC.

- The facility should be able to accommodate at least 50 patients at a time, like auditoriums, marriage halls, indoor stadiums etc
- There should be adequate facility for ward like arrangements (preferred) or individual rooms with adequate furniture.
- Facilities for patient care, staff, kitchen and store should be available.
- Adequate road access should be available.
- Electricity and communication facilities like internet and telephones(land or mobile) should be available
- Adequate toiled facilities should be available at the facility
- The CFLTC should have adequate natural light and cross ventilation. This may be supplemented with mechanical ventilation. (Fans, exhaust fans etc)
- Adequate security services should be available at the CFLTCs.
- The Hub and Spoke model (CFLTC linked to COVID Hospital) should be applied for providing quality care to the patients.

- Transmission based precautions should be practiced by all the health care workers and patients at all times. Physical distancing should also be practiced by Health care workers and patients.
- Building should preferably have a compound wall/fence with gate so that trespassers can be avoided in the CFLTC.

The WHO model of COVID treatment centre is shown in the figure 1. below.

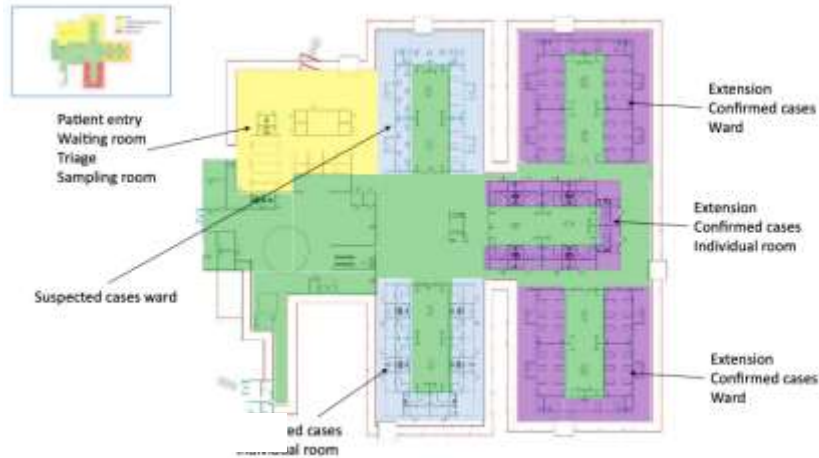


Fig. 1. Model of a treatment centre using cohorting approach. Ref: Severe Acute Respiratory Infections Treatment Centre. Practical manual to set up and manage a SARI treatment centre and a SARI screening facility in health care facilities. WHO March 2020.



Photo courtesy of District Administration & District Medical Office(Health), Ernakulam District, Kerala.

The above picture is a model CFLTC created by converting a convention centre.

4. ADMINISTRATIVE CONTROL OF CFLTC

The administrative control of the CFLTC is to be assigned to the Hospital superintendent from the nearest Taluk Headquarter Hospital / Block Medical Officer (BMO) where the CFLTC is located as decided by the District Health administration and the Local Self Government Institution(LSGI). In case of urban areas the District Health administration shall designate a Medical Officer in consultation with the Health Officers and corresponding LSGI. A Medical Officer designated by the superintendent / BMO will be the COVID-19 Nodal Officer for the CFLTC and shall manage the day-to day activities of the CFLTC. The organogram of CFLTC is given in annexure-1.

5. DUTIES AND RESPONSIBILITIES:

- The Superintendent / Block Medical Officer and the Nodal officer of the CFLTC should co-ordinate with district health authorities and with the corresponding LSGI for the smooth functioning of the CFLTC.
- The Superintendent / Block Medical Officer as per requirement may utilise the service of medical, paramedical staff and public health staff for the critical functional components of CFLTC without affecting the smooth functioning of the Govt. health facilities.
- CFLTC Nodal Officer will be responsible for imparting capacity building to different categories of staff.
- Nodal officer of CFLTC shall coordinate with LSGI and Health department for procurement and installation of general items and medical items and ensure uninterrupted supply of materials and consumables.
- Nodal officer of CFLTC should prepare the duty roster for all categories of staff.
- CFLTC Nodal Officer should ensure that the Registers and records are maintained.
- A daily report shall be sent to the district by the Nodal Officer of CFLTC.
- All medical and health related administrative files will be channelized through the respective govt. health care institution. It will be the responsibility of the respective ministerial staff to provide required support in this regard.
- **Doctors:** Provide Medical care. All guidelines should be followed. Four doctors will be

posted for 14 days and duties will be divided as 6 shifts. If number of patients Increases more doctors should be posted. Minimum two clinical rounds per day shall be conducted at CFLTC and as per the requirement. A psychological assessment should be done during the clinical rounds. Management of Co-morbidities should also be done. Proper clinical documentation should be made.

- **Staff nurse:** Provide Nursing care. Three staff nurses are to be posted for 14 days and they will take rounds twice along with the doctors and progress of each patient are being monitored frequently and informed to medical officer/Doctor. Proper clinical documentation should be made.

(As per WHO, where possible, cohort health-care workers to care exclusively for people with COVID-19 to reduce the risk of transmission due to inadvertent infection control breaches)

- **Other staff:** Other staff shall perform the duties as per the instructions of the Nodal Officer/Superintendent
- **Volunteers:** The volunteers should be trained and contribute to the activities as instructed by the Nodal Officer/Superintendent.

6. CO-ORDINATION WITH DISTRICT HEALTH AUTHORITIES AND COVID HOSPITALS

The CFLTC shall work in proper co-ordination with the District Health Authorities and liaison with the COVID Hospitals. All communications shall loop the Superintendent of the Hospital attached. The Hub and spoke model advisory shall be followed for the smooth functioning of the system.

7. ADMISSION CRITERIA TO CFLTC

- A. Category-A COVID Positive patients
- B. Asymptomatic COVID Positive patients

8. ARRANGEMENTS AT ENTRY TO CFLTC

- A multilingual display board should be placed in front of the entry gate as 'Covid First Line Treatment Centre' (*Prathamika Covid Chikithsakendram*)
- Board should also specify that entry is restricted to Covid patients and staff on duty only.
- 24 x 7 security service of Watchman/ Gatekeeper should be provided.
- As part of infection control, entry of vehicles should be restricted, except for patients, staff, logistics delivery and transportation of waste.
- Single bystander (preferably constant) will be permitted only for children and those who need support like old age people and physically challenged.
- Adequate number of signages showing the direction of entry to the CFLTC should be installed.
- Sanitising area with wash basins, soap and uninterrupted water supply.
- Poster on hand washing methods to be displayed.
- Provision of face masks for patients and bystanders (as per guidelines).
- Poster / Standee for IEC on Corona prevention, control and on Do's and Don'ts.

9. PATIENT WAITING AREA

- Spacious waiting area with adequate lighting and ventilation and 5-10 easily cleanable chairs arranged at a minimum distance of two meters apart.
- Drinking water supply should be provided.
- Poster / Standee for IEC on Corona prevention, control and on Do's and Don'ts should be placed.

10. TRIAGING AND REGISTRATION

- Triage area should be an open space with adequate lighting and ventilation.
- An office table and a chair for the nurse and two chairs on the opposite side for the patient and the bystander and a stool for the clinical examination of the patient.
- Reception, registration and triaging should be done at one point by staff nurse on duty.
- The triage template (annexure-6) should be used for the purpose
- The Triage or screening area should have
 - Clear directions to triage area
 - Algorithm for triage
 - Screening questionnaire (Triage template)
 - Documentation papers
 - PPE
 - Hand hygiene equipment
 - IEC materials and IPC posters
 - Infrared thermometer, BP Apparatus, Pulse Oxymeter, Stethoscope
 - Waste bins and access to cleaning/disinfection
 - Signage in local language for patients with specific symptoms to alert HCWs
 - At least one wheel chair and stretcher trolley each.
- Following steps should be done by the triage nurse
 - Name, age and address of the patient with mobile number with name and mobile number of contact person also.
 - Presenting complaints, history of presenting complaint, history of travel/ contact with Covid positive case/ primary contacts.
 - Co-morbid conditions like diabetes, HTN, COPD, cancer, renal disease, mental illness, any other chronic illnesses with treatment details.
- Preliminary clinical examination
 - Pulse, BP, respiratory rate, temperature, weight, SPO2, Random Blood Sugar (RBS) with Glucometer in patients with comorbidities.

- Based on the medical history and clinical parameters, triaging should be done into three categories:
 - Asymptomatic suspects
 - Symptomatic Mild (category A)
 - Symptomatic Category B
 - With severe symptoms Category C

Category C should be examined by the doctor immediately to be referred to Covid Hospital.

The COVID-19 triage template is to be used at the triage station. (annexure-6)

Govt. of Kerala, Department of Health & Family Welfare

COVID-19 Triage Template

Pt. ID		Date		Time	
Name of patient				Age	
Address				Gender	
Phone				Pin code	
Bystander/Guardian Name and address				Phone:	
Referred/ transferred from (Name of hospital)					
Presenting Complaints					
Travel / contact History					
Pregnancy details (if applicable)					
Treatment History					
Temperature		⁰ F	SpO2 on room air		
Resp. Rate		/ min	Comorbidities		
Heart Rate		/min			
BP		mm/Hg	Red flag signs		

Triage Impression: (Put tick mark whichever is applicable)

Asymptomatic	Category A	Category B	Category C
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COVID Lab result: Positive / Negative / Pending. **Date of first Positivity:**.....

Admission: Date:..... Time:.....

Referred to (if applicable):

Signature of Doctor:.....

Refer annexure 8 for Patient Admission and Referral Flow Diagram

11. CHECK LIST FOR SCREENING AT ADMISSION AND REFERRAL

The checklist prescribed should be applied as a screening method at the time of admission as well as during the course of the stay of the patient in the hospital.

Parameter	Description
Temperature	>100 ⁰ Fahrenheit
Respiratory rate	>20/ minute
Heart rate	>100/minute
Blood Pressure	< 100/70 mmHg
Comorbidities	Uncontrolled Diabetes, uncontrolled Hypertension, CAD, COPD, malignancies, patients on Chemotherapy and Immunosuppressants, CKD, CLD etc
SpO2 on room air	<95% on room air
Any red flag signs	Altered sensorium, Breathlessness, Chest pain Cyanosis, Drowsiness, Haemoptysis

If any of the above parameters are met the patient should be referred to the COVID Hospital attached in consultation with the hub team.

In order to provide timely referral to higher centres BLS Ambulances services would be made available/linked with at these centres.

12. CONSULTATION ROOM

- Consultation room with a minimum of 5 x 3 meter size, or in case of bigger rooms / halls consultation areas may be arranged with adequate privacy.
- Proper lighting and ventilation.
- Examination table with foot stand, consultation table with two chairs and a stool in addition to one chair for doctor.

- Washing area with uninterrupted supply of water.
- Consultation rooms should not be air conditioned.
- At a time only one patient would be permitted inside the consultation room.
- Overcrowding should be avoided in front of the consultation room.

13. CLINICAL EXAMINATION OF THE PATIENT

- Clinical examination and assessment of the patient based on the triage findings.
- Decision regarding the management of the patient to be taken – whether to take throat swab, other investigations, whether the patient to be managed as outpatient / inpatient / referral.
- Patient and bystander counselling to be done
- Doctor should enter the details in the computer system/ register / case sheet
- Management of the patient would be as per the clinical management advisory of Govt. of Kerala.

14. OBSERVATION ROOM

- About 4- 6 cots with bed and mattresses (standard hospital mattresses/ mattresses with seamless plastic cover), back rest and a few chairs for the observation room.
- Attached or nearby toilet facility should be provided.
- Privacy should be maintained.

15. PATIENT RESPONSIBILITIES

- Follow the rules and regulations of the centre
- Follow the Instructions of FLTC staffs and Volunteers
- Wear Mask properly, keep Physical distancing.
- Practice Infection control measures such as Hand washing, Maintain healthy habits, avoid spitting in any place other than wash basin.
- Wash own cloths daily with 1% hypochlorite solution, with Soap / Detergent provided to them.

- Take medication as per the direction of the Doctor and Nurse.
- Respect the privacy of other inmates and staff in the CFLTC.

16. TELEMEDICINE

Telemedicine shall be used in the Hub and Spoke model to ensure that specialist consultation is provided to the required patients in CFLTCs. The Doctor in CFLTC shall make a list of patients who require specialist consultation and group them based on the specialty. The same should be informed to the Hub-team in the COVID Hospitals. The Hub team shall make the necessary arrangements and make a schedule for teleconsultation with the CFLTC patients requiring specialist consultation. The schedule should be communicated to the Medical officer in charge of CFLTC and a designated senior consultant/senior faculty should be identified from each specialty for the same. Video calls shall be made wherever required for the purpose of Physician-patient and Physician-Physician consultations. Video call facilities shall be arranged in CFLTCs as well as in COVID Hospitals for the same. Internet connectivity should be made available at CFLTCs for the purpose. Written consent should be taken from the patient for teleconsultation on the case sheet of the patient. Confidentiality and privacy of the consultations should be ensured. Gender sensitivity should be considered while conducting teleconsultations.

17. IN PATIENT WARDS

- If facilities permit all Covid patients should be managed in separate rooms with attached toilet facilities.
- If managed in wards, separate male and female wards should be provided.
- It is preferable to cohort symptomatic and asymptomatic COVID positive patients
- Cots with mattresses, pillow with covers and sheets should be provided
- The cots should be placed with a gap of at least 2 metres
- Separate plates, glass, flask should be provided for each person

- Adequate lighting and cross ventilation should be available in the wards
- Air conditioning should not be used.
- Individual utility kits(soap, brush, towel etc) may be provided

18. THROAT SWAB COLLECTION AREA

- Dedicated area for swab sample collection / Walk in Sample collection Kiosk (WISK)
- Room with good ventilation (with exhaust fan) and lighting.
- Ideal location is farthest end of the ward with separate entry from outside the ward and inside.
- Attached donning and doffing facility, with display boards on steps of donning and doffing (SOP).
- Wash area with elbow tap, soap dispenser, sanitizer.
- Paper towel dispenser.
- Two chairs one each for doctor and patient and a side table.
- Adjustable stand lamp
- Disposable tongue depressors

19. INFECTION CONTROL, DONNING AND DOFFING AREA

Hospital infection control is of prime importance and should be observed at all times. Transmission based precautions should be taken. Adequate PPE as per the annexure 2 & 3 is to be followed.

Special attention should be paid in donning and doffing areas

- Separate cubicles for Donning and Doffing to be partitioned
- Should be near to sample collection area
- One stool to be provided
- Washbasin with elbow tap, soap
- Hand sanitizers should be available

- Paper towel dispenser
- Almira for PPE storage
- Adequate PPE stock
- Biomedical waste management facility should be provided in the donning and doffing area

20. SINGLE ROOM FACILITY FOR PATIENTS

- Adequate lighting and ventilation
- Attached toilet mandatory
- Cot with mattress and pillow with seamless covering should be provided
- Table with chair is to be provided
- Separate plates, glass, flask should be provided for each room
- Toilet should have a wash area and bathing facility with uninterrupted water supply
- Soiled laundry collection bin and food waste collection bin should be provided
- Reading materials (not to be exchanged), free wi –fi connectivity are optional

21. PHARMACY

- Dedicated room for pharmacy with facilities for storage of essential drugs and consumables needed for the management of Covid patients and comorbid conditions with refrigeration facility.
- Adequate lighting and ventilation
- One table and chair.
- Stock register and daily dispensing register
- Pharmacist of the nearby Govt. health care facility will co –ordinate, support and supervise the pharmacy.

22. LABORATORY SERVICES

- CFLTC should provide basic laboratory services through the existing nearby Govt. health care institutions. This can be operated as hub and spoke method.
- Collection of samples may be done at the CFLTC by staff nurses.

- Transportation of samples and issue of reports to be arranged as part of the general administrative system of the LSGI.
- Facilities for the investigation of NCD patients should be available.

23. LAUNDRY SERVICES

- Cleaning of linen is very important as part of infection control measures. Sufficient stock of clean linen should be ensured.
- CFLTC should have either dedicated laundry services or may be outsourced strictly following infection control guidelines.

24. DIETARY SERVICES

- Patients, staffs and bystanders if any should be provided a balanced diet and drinking water at the CFLTC itself.
- There should be provision for cooking food at the facility or alternative arrangements may be done by the LSGI.
- Special dietary requirements of patients with comorbid conditions should be prescribed by the Medical Officers / dietician if available
- Diet should be provided free of cost assuring cleanliness and quality.
- Drinking water should be provided individually. Drinking water dispensers should not be used commonly by the inmates.
- Food should be supplied timely, placed outside each isolation rooms and dormitory and will be informed to patients through mobile phone or call bell system.

25. COUNSELLING AND PSYCHOLOGICAL SUPPORT:

- The CFLTC shall liaison with the District Mental Health Team for providing the necessary counselling and psychosocial support.

- The staff should also counsel and provide adequate psycho-social support to the patients.
- Patients showing psychological distress should be provided consultation

26. CAPACITY BUILDING

CFLTC nodal officer will be in overall charge of imparting capacity building, with the support of trained nursing staff, Health Inspector / Public Health Nurse/ Volunteers etc.

Any volunteers recruited should be screened clinically as well as for any history of travel or contact history and shall be posted in low risk areas after adequate training.

a) General Covid awareness training

- For all staff including security, cleaning staff, dietary staffs, volunteers etc.

b) General CFLTC management training (focussing on the administrative management aspects of CFLTC)

- For key health staff, LSGI team & volunteers involved.

c) Skill training

- Medical Officers: Swab collection, clinical case management, infection control measures including usage of PPE.
- Staff Nurses: Triaging, observation and in patient management, infection control including the use of PPE, swab collection.
- Pharmacist, lab technician (if available): Infection control including use of PPE, lab / pharmacy management, swab and other sample collection storage and transportation arrangements.

27. GENERAL PATIENT MANAGEMENT ISSUES

a. NSAID use

Acetaminophen is the preferred anti pyretic agent, if possible. If other NSAIDs are needed, it's better to use the lowest effective dose. There are only minimal data regarding the risk of NSAIDs in the setting of COVID 19.

b. Nebulised medications

Inhaled medications should be administered by metered dose Inhalers (MDI), whenever possible, rather than through nebuliser to avoid the risk of aerosolization of SARS- CoV-2.

c. Glucocorticoid use

WHO recommends that systemic glucocorticoids have no role in the management of COVID 19 patients unless there are other indications (eg: COPD and critically ill patients).

d. Managing chronic conditions

ACEI/ ARBs- patients receiving ACE inhibitors or ARBs should continue treatment with these agents if there is no other reason for discontinuation (eg: Hypotension, AKI). The speculation that the patients receiving these agents may be at high risk for adverse outcomes, has not been supported by findings from observational studies.

Conversely, ARBs which has been proposed to have potential protective effects, have no evidence to support the hypothesis.

e. Use of statins

Continue statins in hospitalized patients with COVID 19, who are taking them. Although clinicians may be concerned about hepatotoxicity from statins, particularly since transaminase elevations are common in COVID 19, most evidence indicates that liver injury from statins is uncommon.

f. Antibiotics

Empirical treatment with antibiotics for bacterial superinfection pneumonia is reasonable in patients with documented COVID 19, if there is clinical suspicion for it. Most probably such patients will be shifted to dedicated covid treatment centre rather than keeping at the CFLTC.

g. Prevention of Thromboembolism

Non-pharmacological intervention for prevention of thromboembolism among hospitalized patients should be considered in patient care.

28. REGISTERS AND REPORTS

- Registers should be kept in the triage area, consultation room, observation, IP wards, pharmacy and for lab services.
- Daily reporting may be done as per existing guidelines.
- Attendance registers of the health care staff to be maintained properly.
- All registers should be in the format of existing Govt. system.

Refer Annexure-8 for the list of registers to be kept in CFLTC

29. COMMITTEES

The Various committees are formed to ensure the smooth functioning of the FLTC as follows:

Sl no	Name of the Committee	Chairperson / Co-Chair
1	CFLTC Management Committee	Superintendent/ Block MO LSGD Representative
2	Institutional Medical Board	Superintendent/ Block MO Nodal Officer
3	CFLTC Management Committee	Superintendent/ Block MO

		LSGD Representative
4	CFLTC Infection Control Committee	Nodal Officer Nursing Superintendent/Officer/Head Nurse
5	Logistics Committee	Superintendent / Block MO Nodal Officer PSK
6	Human Resource Committee	Superintendent / Block MO Nodal Officer
7	Food Committee	Superintendent / Block MO Nodal Officer Head Clerk
8	Finance Committee	Superintendent / Block MO Lay Secretary
9	Training Committee	Nodal Officer / Superintendent / Block MO Nursing Superintendent/Officer/ Head Nurse

30. DAILY REVIEW MEETING:

Daily review meetings should be conducted by the Superintendent / Nodal Officer

- Number of patients seeking Help at the help desk
- Number of patients admitted, sent on quarantine
- Number of samples sent, result received, positive, negative and pending results
- Bed / Dormitory Occupancy
- Number of patients discharged / referred
- Logistics

- Transportations
- Human Resources
- Complaints/suggestions
- Liaison with COVID Hospital
- Other relevant matters

31. LOGISTICS

Sufficient supply of medicine, equipment and other items should be ensured. Logistics to be reviewed daily and appropriate actions to be taken

32. HOUSE KEEPING & WASTE MANAGEMENT:

Proper environmental hygiene and housekeeping to be observed in the facility.

Waste bins are kept in each isolation rooms and dormitory. Bio-medical waste should be managed as per BMW rules. IMAGE facility may be used accordingly.

Refer: Annexure-2

ACKNOWLEDGEMENT

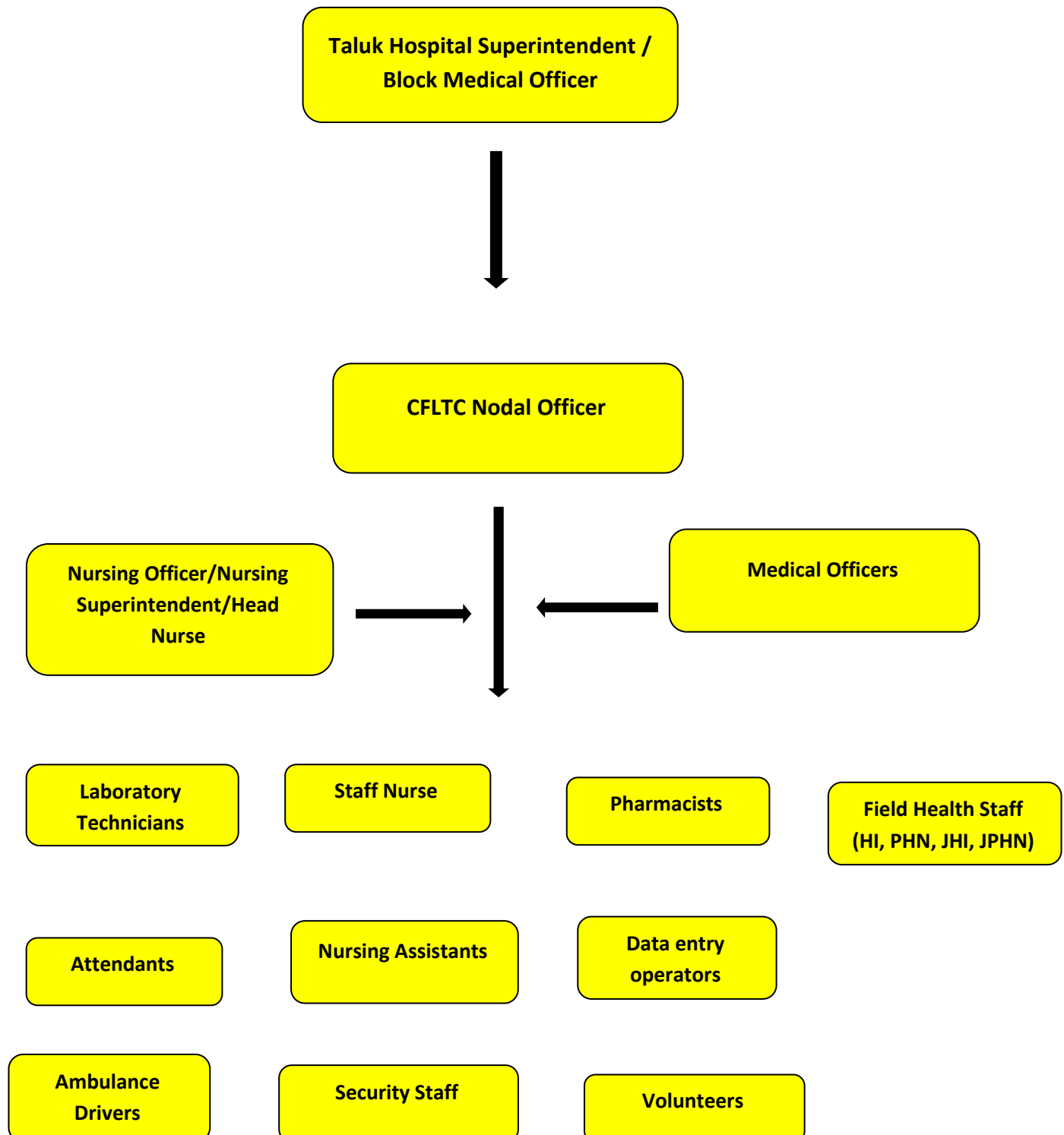
1. Aardram Mission, Govt. Of Kerala.
2. Govt. General Hospital Kozhikode, Kerala
3. District Medical Office (Health), Ernakulam District, Kerala
4. District Medical Office (Health), Kozhikode District, Kerala
5. Department of Community Medicine, Govt. Medical College Thiruvananthapuram, Kerala
6. Department of Infectious Diseases, Govt. Medical College Thiruvananthapuram, Kerala
7. Ministry of Health and Family Welfare, Govt. of India

33. REFERENCE

1. Sop Standard Operating Procedure (Sop) For Health Care In Covid First Line Treatment Centres, Aardram Mission, Govt. of Kerala
2. SOP Govt. General Hospital Kozhikode. Draft: Standard Operative Procedure for First Line Treatment Centre – COVID-19 under Govt. General Hospital; Kozhikode
3. DMO(H), Ernakulam District: Standard Operating Procedure (regarding setting up of new FLCTC at Adlux Centre, Angamali)
4. Severe Acute Respiratory Infections Treatment Centre. Practical manual to set up and manage a SARI treatment centre and a SARI screening facility in health care facilities. WHO, March 2020.
5. Advisory for patient admissions to COVID First Line treatment centres, No. 31/F2/2020/health 28th March 2020
6. Reference Guide for Converting Hospitals into dedicated COVID Hospitals. Health & Family Welfare Department Government of Kerala, March 2020.

Annexure-1

Organogram of CFLTC



Annexures

Annexure: 2

Infection Control Measures for CFLTC

a) Environmental cleaning:

Due to the potential survival of the virus in the environment for few days, the premises and areas potentially contaminated with the 2019-nCoV should be cleaned before their re-use, using products containing antimicrobial agents known to be effective against coronaviruses. Although there is lack of specific evidence for their effectiveness against 2019-nCoV virus, cleaning with water and household detergents and use of common disinfectant products should be sufficient for general precautionary cleaning. Tests carried out using SARS - CoV showed that sodium hypochlorite is effective.

These guidelines provide guidance for environmental cleaning in quarantine facilities housing people exposed/ potential exposure to COVID-19 and have been adapted based on the Hospital Infection Prevention and Control guidelines drafted by NCDC in collaboration with WHO and other stakeholders.

Table i: Environment cleaning methods

Area/Item	Items equipment	Process	Method/ Procedure
General clinical areas	Dust mops Mop (No broom will be used for sweeping)	Sweeping Cleaning Daily mopping	<ul style="list-style-type: none"> • Sweep with the dust mop or damp mop to remove surface dust. Sweep under the furniture and remove dust from corners. Gathered dust must be removed using a hearth brush and shovel. • The sweep tool should be cleaned or replaced after use. • Prepare cleaning solution using detergent with warm water
Floors (clinical areas) – daily mopping	Detergent/ sanitizer–hot water, sodium hypochlorite(1%) Three buckets (one with plain water		

	and one with detergent solution; one bucket for sodium hypochlorite (1%)		<ul style="list-style-type: none"> • Use the three-bucket technique for mopping the floor, one bucket with plain water and one with the detergent solution. • First mop the area with the warm water and detergent solution. • After mopping clean the mop in plain water and squeeze it. • Repeat this procedure for the remaining area. • Mop area again using sodium hypochlorite 1% after drying the area. • In between mopping if solution or water is dirty change it frequently. • Mop the floor starting at the far corner of the room and work towards the door. • Clean articles between cleaning. Note: Mopping should be done twice a day
Ceiling and Walls	Sweeping tool Duster Bowl/ small bucket of soap solution Plain water	<ul style="list-style-type: none"> • Damp dusting with a long handled tool for the walls and ceiling done with very little moisture, just enough to collect the dust. • Damp dusting should be done in 	

		<p>straight lines that overlap one another.</p> <ul style="list-style-type: none"> • Change the mop head/cover when soiled. <p><i>Note: Should be done once a week or after examining a suspect case</i></p>	
	Care of mop	Hot water Detergent Sodium hypochlorite	<ul style="list-style-type: none"> • Clean with hot water and detergent solution, disinfect it with sodium hypochlorite and keep for drying upside down.
Doors and door knobs	Damp cloth or Sponge squeeze mop Detergent	Thorough washing	<ul style="list-style-type: none"> • The doors are to be washed with a brush, using detergent and water once a week (on one defined day); gently apply cloth to soiled area, taking care not to remove paint, then wipe with warm water to remove excess cleaning agent. • Door knobs and other frequently touched surfaces should be cleaned daily.
Isolation Room	Detergent/ Sanitizer– warm water, sodium hypochlorite (1%) Three buckets (one with plain water and one with detergent solution);	Terminal cleaning	<ul style="list-style-type: none"> • Before cleaning an isolation room, liaise with infection control team for details of any special requirements. Staff will be instructed on specific cleaning procedures required with reference to • Safety uniform to be worn.

	separate bucket for sodium hypochlorite (1%)		<ul style="list-style-type: none"> Chemicals or disinfectants to be used. Also, if bed screen and shower screen are to be cleaned or changed, refer cleaning in isolation rooms
All clinical areas/ Laboratories/ Wherever spill care is required	Sodium hypochlorite (1%) Rag piece Absorbent paper Unsterile gloves Spill care kit Mop Hot water	Blood and body fluid spill care	<ul style="list-style-type: none"> For large spills, cover with absorbent paper/ rag piece if any broken glass and sharps, using a pair of forceps and gloves, carefully retrieve. Use a large amount of folded absorbent paper to collect small glass splinters. Place the broken items into the puncture proof sharps container. Cover the spill with sodium hypochlorite (1%) for 10–20 minutes contact time. Clean up spill and discard into infectious waste bin, and mop area with soap and hot water. Clean the mop and mop area with 1% sodium hypochlorite. Wash mop with detergent and hot water and allow it to dry.
Stethoscope	Alcohol-based rub/Spirit swab	Cleaning	<ul style="list-style-type: none"> Should be cleaned with detergent and water. Should be wiped with alcohol based rub/spirit swab before each patient contact.
BP cuffs and covers	Detergent Hot water	Washing	<ul style="list-style-type: none"> Cuffs should be wiped with alcohol-based disinfectant and regular

			laundrying is recommended for the cover
Thermometer	Detergent and water Alcohol rub Individual thermometer holder	Cleaning	<ul style="list-style-type: none"> • Should be stored dry in individual holder. • Clean with detergent and tepid water and wipe with alcohol rub in between patient use. • Store in individual holder inverted. • Preferably one them
Injection and dressing trolley	Detergent and water Duster Disinfectant (70% alcohol)	Cleaning	<ul style="list-style-type: none"> • To be cleaned daily with detergent and water. • After each use should be wiped with disinfectant.
Refrigerators	Detergent and water Absorbent paper or clean cloth	Cleaning (weekly)	<ul style="list-style-type: none"> • Empty the fridge and store things appropriately. • Defrost, decontaminate and clean with detergent. • Dry it properly and replace the things • Weekly cleaning is recommended

Table ii: Environment cleaning methods

Area/Items	Item/Equipment	Process	Method/ procedure
General cleaning Thorough washing	Detergent and warm water Mop Two buckets Clean utility gloves Hand mops	Daily mopping floors Thorough washing	<ul style="list-style-type: none"> • Scrub floors with hot water and detergent with using minimal water. (Do not pour the water.) • Clean with plain water. • Allow to dry • Hypochlorite 1% mopping can be done. Note: Recommend general cleaning procedure should
Lockers, tables, cupboard, wardrobes, benches, shelves and cots	Damp duster Warm water Detergent Dry duster	Damp dusting	<ul style="list-style-type: none"> • Damp dust with warm water and detergent
Railings	Detergent/ Sanitizer-hot water, sodium hypochlorite 1% Three small buckets/ or big bowls One with plain water One with detergent solution One for sodium hypochlorite 1%	Daily dusting	<ul style="list-style-type: none"> • Damp dust with warm water and detergent followed by disinfection with hypochlorite

Mirrors and Glass	Warm water Detergent water/ cleaning solution Damp cloth Wiper	Cleaning	<ul style="list-style-type: none"> Using warm water and a small quantity of detergent and using a damp cloth, wipe over the mirror and surround, then using a dry lint-free cloth, buff the mirror and glass to a clean dry finish.
Sluice room Stainless steel/ Any other sink	Powder cleanser Detergent powder Wiper Cloth	Cleaning	<ul style="list-style-type: none"> Sinks are to be cleaned with a powder cleanser. First wet the sink. Sprinkle on a little powder cleanser and work around the surface with a cloth, include the plughole. Do not use the powder cleanser on dry sink. After removing spillage and any stains, flush away with running water. Wipe down the surface of the sink.
Pantry furniture	Duster	Dusting	<ul style="list-style-type: none"> Damp dust
Telephone	Warm water detergent solution Duster	General cleaning	<ul style="list-style-type: none"> Damp dust with warm water and detergent. Paying special attention to the ear and mouth piece and dry it properly.
Desks	Damp cloth Furniture polish	Dusting	<ul style="list-style-type: none"> Wipe top sides and draw handles with a damp cloth. Wooden desks should be cleaned with furniture polish and buffed to clear glows. Pen holder etc. to be cleaned or dusted
Chairs (Vinyl)	Warm water and detergent	Cleaning	<ul style="list-style-type: none"> Wipe down with warm water and detergent. Remove any marks

			under arms and seat. Check for damage to stoppers, if stopper require replacement, report to maintenance department.
Furniture and fittings	Warm water and detergent Rag piece	Dusting	<ul style="list-style-type: none"> Using warm water and detergent, damp dust all furniture and fittings, including chairs, stools, beds, tables, cupboards, wardrobes, lockers, trolleys, benches, shelves and storage racks, waste/ bins, fire extinguishers, oxygen cylinders, televisions window sills and dry properly.
Bed tables, bedside lockers	Warm water and detergent Wiper Duster	Cleaning	<ul style="list-style-type: none"> Wipe down over bed table. Wipe top and underneath base and stand, using warm water and detergent. Dry on completion. Wipe down the bedside. Remove marks from fronts of draws and sides. Using warm water and detergent, wash the top to remove any sticky marks and dust.
Light switches and over-bed lights	Damp cloth (never wet) Detergent Warm water	Cleaning	<ul style="list-style-type: none"> Light switches to be cleaned of dust, spots and finger marks. Clean with a damp cloth (never wet) and detergent. Over-bed lighting to be damp dusted. Clean with warm water and detergent.
Curtains	Soft clothes Water Mild soap solution Cleaning	Cleaning	<ul style="list-style-type: none"> Clean with water and soap for curtains

White clothes	Sodium hypochlorite 1% Tap water Washing	Washing	<ul style="list-style-type: none"> Should be washed under running water and soaked in 1% sodium hypochlorite for 20minutes. Note: PPE should be worn while washing soiled linen
Mattress and pillow covers (cloth)	Tap water	Washing	<ul style="list-style-type: none"> Mattress and pillows should be covered with a reusable mattress cover. It should be changed for each patient and when soiled sent to the laundry according to schedule.
Mattress/ Pillow with rexin cover Normal/ without rexin	Sodium hypochlorite 1% Sunlight	Terminal Damp dusting and cleaning Drying in sunlight	<ul style="list-style-type: none"> If with rexin cover, can be cleaned with 1% sodium hypochlorite before use for next patient If routine mattress, dry it in bright sunlight for 1-2 days before using for next patient
Water jars	Vim powder Soap and water	Cleaning	<ul style="list-style-type: none"> Recommended boiled water for drinking Water jars should be scrubbed/ cleaned with soap and water and boiled water before filling with water.

b) Cleaning of toilets

Table iii: Method of cleaning toilets

Areas	Agents / Toilet cleaner	Procedure
Toilet pot/ commode	Sodium hypochlorite 1%/ Soap powder / long handle angular brush	<ul style="list-style-type: none"> Inside of toilet pot/commode: Scrub with the recommended agents and the long handle angular brush.

		<ul style="list-style-type: none"> • Outside: Clean with recommended agents; use a nylon scrubber.
Lid/commode	Nylon scrubber and soap powder	Wet and scrub with soap powder and the nylon scrubber inside and outside
Toilet floor	Soap powder and scrubbing brush/ nylon broom	<ul style="list-style-type: none"> • Scrub floor with soap powder and the scrubbing brush • Wash with water • Use sodium hypochlorite 1% dilution
Tap	Nylon scrubber and soap powder	Wet and scrub with soap powder and the nylon scrubber.
Outside sink	Soap powder and nylon scrubber	<ul style="list-style-type: none"> • Soap powder and nylon scrubber
Showers area / Taps and fittings	Warm water Detergent powder Nylon Scrubber	<ul style="list-style-type: none"> • Thoroughly scrub the floors/tiles with warm water and detergent • Wipe over taps and fittings with a damp cloth and detergent. • Care should be taken to clean the underside of taps and fittings. • Taps should be dried after cleaning
Soap dispensers	Detergent and water	<ul style="list-style-type: none"> • Daily dusting • Should be cleaned weekly with detergent and water and dried.

Annexure: 3

Personal Safety Measures & PPE use**Hospital Setting***Table 1: PPE in hospital settings*

Sl no	Setting	Activity	Risk	Recommended PPE	Remarks
1	Triage area	Triaging patients Provide triple layer mask to patient.	Moderate risk	N 95 mask Gloves	
2	Screening area help desk/ Registration	Provide information to patients	Moderate risk	N-95 mask Gloves	
3	Temperature recording station	Record temperature with hand held thermal	Moderate Risk	N 95 mask Gloves	
4	Holding area/ waiting area	Nurses / paramedic interacting with patients	Moderate Risk	N 95 mask Gloves	Minimum distance of one meter needs to be maintained.
5	Doctors chamber	Clinical management (doctors, nurses)	Moderate Risk	N 95 mask Gloves	No aerosol generating procedures should be allowed
6	Sanitary staff	Cleaning frequently	Moderate risk	N-95 mask	

		touched surfaces/ Floor/ cleaning linen		Gloves	
7	Bystander accompanying young children and elderly	Support in navigating various service areas	Low risk	Triple layer medical mask	No other visitors should be allowed to accompany patients in OPD settings.

In-patient Services

Table 2: PPE to be used during in-patient services

Sl no	Setting	Activity	Risk	Recommended PPE	Remarks
1	Individual isolation rooms/ cohorted isolation rooms	Clinical management	Moderate risk	N 95 mask Gloves	Patient masked. Patients stable. No aerosol generating activity.
2	Sanitation	Cleaning frequently touched surfaces/ floor/ changing linen	Moderate risk	N 95 mask Gloves	
3	Caretaker accompanying	Taking care of the	Low risk	Triple layer medical mask	The care taker thus allowed

	the admitted patient	admitted patient			should practice hand hygiene, maintain a distance of 1 meter
4	Administrative staff	Providing administrative support	No risk	No PPE	No contact with patients of COVID19. They should not venture into areas where suspect COVID-19 cases are being managed

Pre-hospital (Ambulance) Services

Table 3: PPE to be used by ambulance services

Sl No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Ambulance Transfer to designated hospital	Transporting patients not on any assisted ventilation	Moderate risk	N-95 mask Gloves	
		Management of SARI patient while transporting	High risk	Full complement of PPE	When aerosol generating procedures are anticipated
		Driving the ambulance	Low risk	Triple layer medical mask Gloves	Driver helps in shifting patients to

					the emergency
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Other Supportive/ Auxiliary Services

Table 4: PPE to be used by supportive services

SI No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Laboratory	Sample collection and transportation	High Risk	Full complement of PPE	
		Sample testing	High Risk	Full complement of PPE	
2	Sanitation	Cleaning frequently touched surfaces/ Floor/ cleaning linen in COVID treatment areas	Moderate risk	N-95 mask Gloves	
3	CSSD/Laundry	Handling linen of COVID patients	Moderate risk	N-95 mask Gloves	
4	Other supportive services	Administrative Financial Engineering Security, etc	No risk	No PPE	No possibility of exposure to COVID

					patients. They should not venture into COVID-19 treatment areas.
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Points to be remembered while using PPE

- ❖ PPEs are not alternative to basic preventive public health measures such as hand hygiene, respiratory etiquettes which must be followed at all times.
- ❖ Always (if possible) maintain a distance of at least 1 meter from contacts/suspect/confirmed COVID-19 cases
- ❖ Always follow the laid down protocol for disposing off PPEs as detailed in infection prevention and control guideline available on website of MoHFW.

PPE Kit Donning (wearing) and Doffing (removing) - (COVID SAFETY for Health Care Staff)

- Ref: Department of Community Medicine, Government Medical College Trivandrum
- YouTube link for video - [youtube.com/watch?v=UylUdnNfx4&feature=youtu.be](https://www.youtube.com/watch?v=UylUdnNfx4&feature=youtu.be)

Table 5: Sequential steps

Donning (wearing)	Doffing (removing)
<ol style="list-style-type: none"> 1. Remove personal items, tie hair, go to toilet etc 2. Read donning SOP on wall once again 3. Check PPE kit-undamaged? Correct size gloves? 4. Do hand hygiene 5. Wear shoe cover 6. Do hand hygiene 7. Wear inner glove 	<ol style="list-style-type: none"> 1. Start calmly, re-run sequence in mind, or read doffing SOP on wall once again, or ask ‘Buddy’ to guide with checklist 2. Do hand hygiene 3. Remove outer glove (glove 1, pinch away at wrist from outside and peel back, compress in palm→Glove 2, remove by sliding finger under rim, and remove

<ol style="list-style-type: none"> 8. Do hand hygiene 9. Wear N-95 mask → check fitting 10. Wear apron, hood → move and try, check for gaps, seal 11. Wear Outer glove 12. Wear goggles (Persons using spectacles should not remove it on wearing goggles. Spectacles should be first tied on the back of head before wearing PPE) 	<p>inside out, without touching outside surface</p> <ol style="list-style-type: none"> 4. Do hand hygiene 5. Remove goggles 6. Do hand hygiene 7. Remove hood and gown, sitting on “Dirty” don’t touch outer surfaces 8. Do hand hygiene 9. Sit on ‘clean’ chair, → remove shoe covers 10. Do hand hygiene 11. Remove inner gloves as in 12. Do hand hygiene 13. Remove N95, lower elastic first, upper one last 14. Soap-and-water hand wash <p>**All removed PPE is discarded in yellow bag (double bag which is tied tightly)</p>
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Annexure – 4

Bio-Medical Waste Management at CFLTC

Biomedical waste devices, articles generated during diagnosis, treatment, management, immunization etc from patients with nCoV and HCW working in such ward/OPD should be managed in accordance with safe routine procedures and rules

Based on: *BMWM (Principal) rules 2016 and, BMWM (Amendment) rules 2018, 2019, National IPC guidelines 2020, CDC and WHO IPC update Jan 2020, SJ &H VMMC Policy on Bio medical waste management of nCOV.*

Table 1.

Category	Type of waste	Type of bag or container to be used	Treatment and disposal options
Yellow	Soiled Waste: Items contaminated with blood, body fluids like dressing, plaster casts, cotton swabs		Incineration by CBMWTF
	Expired or Discarded Medicines: antibiotics cytotoxic drugs	Yellow coloured non chlorinated plastic bags or containers with cytotoxic labels	Expired cytotoxic drugs to be returned back to the manufacturer or supplier for incineration at temperature >1200 °C. Leftover cytotoxic drugs and items contaminated with cytotoxic drugs Along with glass or plastic ampoules, vial set, common vials etc. to common biomedical waste treatment facility for incineration at >1200°C incineration at >1200 C.

	Chemical Waste: solid discarded chemicals	Yellow coloured non chlorinated plastic bags or containers	Disposed by incineration by CBMWTF
	Chemical Liquid Waste: Liquid Waste generated due to use of chemicals and used or discarded disinfectants	Separate collection system leading to effluent treatment plant (ETP) system	After resource recovery, the chemical liquid waste shall be pre-treated before mixing with other wastewater. The combined discharge shall conform to the discharge norms given in BMWM rules, 2016
	Discarded linen: contaminated with blood or body fluid Routine mask and gown	Non-chlorinated yellow plastic bags or suitable packing material	Non-chlorinated (alcoholic: 5% lysol, 5% phenol) chemical disinfection Followed by incineration
	Microbiology, Biotechnology and other clinical laboratory waste, PVC Blood bag	Autoclave safe plastic bags or containers	Autoclave or Pre-treat to disinfect.** Treated waste to be sent to CBMWTF for incineration
Red	Contaminated Waste (Recyclable) Plastics tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers with their needles cut) and gloves	Red coloured non chlorinated plastic bags or containers	Autoclaving/Chemical disinfection. Treated waste to be sent to CBMWTF who would send such waste to registered or authorized recyclers or for energy recovery
	Waste sharps		Disinfection/Autoclaving or dry heat sterilization / sent to CBMWTF and who will ensure final disposal to iron foundries

White (Translucent)		Puncture proof, Leak proof, tamper proof containers	(having consent to operate from the SPCB/PCC)
Blue	Glass: medicine glass vials or broken or discarded and contaminated glass	Puncture proof and leak proof boxes or containers with blue coloured marking	Autoclaving/Microwaving/hydroclaving by CBMWTF and then recycling. Contaminated glass slides require pre-treatment (disinfection by sodium hypochlorite)
	Metal implants/metal guns etc	Puncture proof and leak proof boxes or containers with blue coloured marking	

- Barcode label will have to be made available on every bag or container as per CPCB guidelines
- For disinfection of BMW freshly prepared 1-2% Sodium hypochlorite is recommended
- 1% Sodium hypochlorite is 1:100 dilution (525-615 ppm of available chlorine)

Articles: Bins, Bags, Trolleys

- Bags: The bags used for storing and transporting biomedical waste shall be in compliance with the Bureau of Indian Standards. Till the Standards are published, the carry bags shall be as per the Plastic Waste Management Rules, 2016.
- Yellow, Blue, Red and translucent bags/bins/containers are marked with Biohazard symbol, hospital logo and with barcoding to be supplied by CBMWTF

Bins:

- Containment of waste: An optimum number of easy to use, standard, uniform, covered, foot operated bins of colours i.e, yellow, red bins of appropriate size would be placed at identified places in all clinical areas.

- **Disinfection Of Bins:** Chemical disinfection of the waste bins using hypochlorite solution (1-2%) should be done frequently at a separate washing facility in the hospital, daily preferably, at least once a week.

Segregation, Package, Transport And Storage To Common Waste Site

All the biomedical waste is labelled as waste type, site of generation, date of generation before transportation from the generation site. Waste is stored in the areas of generation at an identified safe area, for an interim period after which it is transported to CBMWTF for final treatment and final disposal.

During this period it is the responsibility of the administration, sanitation and security staff to ensure the safety and prevention of pilferage and recycling of the waste. No untreated bio-medical waste shall be kept stored beyond a period of 48 hours. Collection is done twice daily or more frequently from wards/laboratories Label is filled up by staff on duty and given to waste collectors Each patient care area has been provided with the waste receipt (log) book to record the quantity /number of yellow, blue, red, white(translucent) bags handed over to HCW. All the staff are required to duly fill in the waste book colour code wise mentioning the number and size of bags handed over and sign the slip for further record and also to fill BMW register daily colour category wise

Annexure -5

Equipment, Drugs and consumables for CFLTC*Table 1: Equipment*

Sl. No.	Item	Quantity
1	Suction apparatus	5
2	Oxygen cylinder with flow meter and trolley	10
3	Medicine trolley	5
4	Stretcher	5
5	IV stand with 2 hooks/ Fixed to walls	20
6	Pulse Oximeter	5
7	ECG machine single channel	1
8	Autoclave (vertical)	2
9	Sterilizer (medium)	2
11	No- touch Digital Thermometer	5
12	Glucometer	2
13	Glucometer strip	1500 strips/month
14	BP apparatus	5
15	Stethoscope	5
16	Nebulizer	5
17	MDI with spacer	10
18	AMBU bag	3
19	Laryngoscope (adult & paediatric)	2
20	Needle destroyer	2
21	Nursing tray	5
22	Autoclave drum	5
23	Kidney tray, stainless tray with lid	10
24	3 fold screen	5
25	Sample collection kit (Disposable tongue depressor)	10 boxes of 100 pcs. each

26	Bed pan	10
27	Puncture-proof container for sharps disposal	20
28	PPE	50 per day
29	N-95 Mask	50 per day
30	Surgical mask	100/day
31	Latex Gloves	250/day
32	Goggles	50/day
34	Face shield	50/day
35	Urinary catheter, urobag	10
33	Hair Cap	50/day
36	Ryles tube	20
37	Oxygen rebreather mask	10
38	Nebulization mask and tubings	10
39	ET Tube (Size 2, 2.5, 3, 4)	15 each (Total 60)
40	ET Tube (Size 6.5, 7, 7.5, 8)	15 Each (Total 60)
43	Sanitizers/ Alcohol based handrub (for 28 days)	70 per week
41	Disinfectant kit (Reusable vinyl or rubber gloves, cloth wipes, spray nozzle etc.)	30
42	Sodium hypochlorite (for 28 days)	100 L per day
44	Colour coded bags for waste disposal	30 bag pack
48	Refrigerator	1
49	Cold chain facility (Ice pack and thermocol box)	10
46	Swab collection materials	25 Per Day
47	VTM	25 Per Day

Table 2: Drugs and Consumables

Sl. No.	Item	Quantity/month	
		1	CFTC
1	Tab Paracetamol 500 mg	10000	
2	Tab Cetirizine 10mg	3000	
3	Tab Salbutamol 4mg	2000	
4	Tab Chlorpheniramine maleate 4mg	2000	
5	Tab Metformin 500mg	1000	
6	Tab Amlodipine 5mg	1000	
7	Tab Atorvastatin 10mg	1000	
8	Tab Losartan Potassium 50 mg	1000	
9	Tab Eteophylline theophylline	1000	
10	Tab Glimipride 1mg	1000	
11	Cap Amoxicillin 250 mg	1000	
12	Cap Amoxicillin 500 mg	1000	
13	Tab Ciprofloxacin 500mg	1000	
14	Tab Metronidazole 400mg	1000	
15	Tab Pantoprazole 40mg	2000	
16	Tab Domperidone 10mg	1000	
17	Tab Ondansetron 4mg	1000	
18	Calamine lotion	200	
19	Salbutamol expectorant	1000	
20	Mixture expectorant	300	
21	Tab Prednisolone 10mg	1000	
22	Tab Doxycycline 100mg	1000	
23	Tab Amoxicillin and Clavulanic acid (1000/ 625 mg)	1000	
24	In Paracetamol	500	
25	Injection Ranitidine	1000	
26	Inj Hydrocortisone	300	
27	Inj Avil	300	
28	Inj. Ondansetron	300	

29	Inj Pantoprazole	500
30	IV Fluids RL,NS,DNS,5%Dextrose	500 each
31	Insulin 30/70	500
32	ORS	500
Specific drugs		
33	Tab Hydroxychloroquine	500
34	Tab Azithromycin	1000
35	Tab Oseltamivir	500
Other items		
36	Surgical spirit	30
37	Adhesive tape	40
38	Non adhesive bandage	40
39	IV set	1000
40	Needle (18,20,22,24 G)	300 each
41	IV canula(16,18,20G)	300 each
42	Syringe (2cc,5cc)	300 each
43	Insulin Syringe	500
44	Cotton	200
45	Gauze	50
NEBULISER SOLUTIONS		
46	salbutamol respoules 2.5ml	300
	Budesonide	
	Levosalbutamol	200
47	Nebuliser masks	
	Adult	50
	Paediatric	50

Annexure-6

Govt. of Kerala, Department of Health & Family Welfare

COVID-19 Triage Template

Pt. ID		Date		Time	
Name of patient				Age	
Address				Gender	
Phone				Pin code	
Bystander/Guardian Name and address				Phone:	
Referred/ transferred from (Name of hospital)					
Presenting Complaints					
Travel / Contact History					
Pregnancy details (if applicable)					
Treatment History					
Temperature	⁰ F	SpO2 on room air			
Resp. Rate	/ min	Comorbidities			
Heart Rate	/min				
BP	mm/Hg	Red flag signs			

Triage Impression: (Put tick mark whichever is applicable)

Asymptomatic	Category A	Category B	Category C
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COVID Lab result: Positive / Negative / Pending. **Date of first Positivity:**.....**Admission:** Date:..... Time:.....**Referred to (if applicable):****Signature of Doctor:**.....

*Annexure- 7***LIST OF REGISTERS AND RECORDS TO BE MAINTAINED AT CFLTC**

- ❖ Register of registers
- ❖ Attendance register
- ❖ Admission register
- ❖ Observation register
- ❖ Discharge register / Referral register
- ❖ Rounds register
- ❖ Hand over register
- ❖ Stock register
- ❖ Sub Stock register
- ❖ Indent register
- ❖ Communication register
- ❖ Training Register
- ❖ BMW management register
- ❖ Doctors on call Register
- ❖ Positive case register
- ❖ Housekeeping and Infection control register
- ❖ Meeting register
- ❖ FAQ register
- ❖ Visitors register
- ❖ Inspection register
- ❖ Phone number register
- ❖ Police aid post/Security register
- ❖ Food committee register
- ❖ Duty assignment Register
- ❖ Volunteers register
- ❖ Report book
- ❖ Sample collection register
- ❖ Complaints register

Annexure- 8. Patient Admission and Referral Flow Diagram

