



Guidelines for containment of COVID-19 Outbreak

In the last eighteen months we have seen many major COVID-19 outbreaks, especially in the Schools and Monasteries. The COVID-19 outbreaks in our institutions have been on a much larger scale than anywhere else in the community or district. Hence these standard operating procedures (SOPs) are drafted to ensure that our institutions are well prepared to tackle any possible COVID-19 or similar outbreaks in future.

Scope of this document: This guidance document concerns preparations to establish isolation facilities at the level of school and monastery.

All institutions should be prepared for:

- **Containment, including active surveillance and early detection (early testing).**
- **Isolation and case management.**
- **Contact tracing and prevention of onward spread of SARS-CoV-2 infection.**

Among the factors affecting containment in a cluster, *isolation of affected individuals and quarantine of their contacts is the most important procedure for outbreak containment.*

All protocols developed by each institution should provide technical guidance to staff.

1. Plan space for Quarantine and Isolation

Quarantine and isolation are measures that help containment by breaking the chain of transmission in the community.

Quarantine

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

Isolation

Isolation refers to separation of individuals who are ill, with confirmed or suspected infection with COVID-19.

2. Testing:

Residential institutions are advised to test all members of their congregation with Rapid Antigen Test (RAT).

For each RAT-negative, symptomatic person, the RT-PCR needs to be done.



In the case of an outbreak with more than 10 COVID-positive cases in the institution, RAT has to be done with all the symptomatic people in the institution and with all their significant/ close contacts.

The definition of a significant contact is: Any person who has come into contact, for more than 15 mins without mask, with a person who has laboratory-confirmed COVID-19 infection. As an example, all people who share a common dormitory or dining room will be significant contacts. of each other.

(Further details of how to identify significant and non-significant contacts is in the DOH Contact Tracing Guideline - <https://tibetanhealth.org/wp-content/uploads/2020/07/SOP-Contact-tracing.pdf>).

Setting up an Isolation Ward

Bigger schools and monasteries should set aside beds and space to accommodate at least **20% of the institution's population**

In smaller schools and monasteries, the space and beds dedicated to isolation should accommodate a **minimum of 10% of the population**.

A separate block/ room for **confirmed cases** and another block/ room for **suspected cases** should be earmarked. A suspected case must be isolated in the containment/buffer zone until a diagnosis is made by testing. Persons testing positive for COVID-19 will continue in isolation for 14 days from the day of diagnosis.

There are various modalities of isolating a patient. Ideally, patients should be isolated in individual isolation rooms.

In resource constrained settings, all positive COVID-19 cases can be kept in a dormitory with good ventilation. Similarly, all suspected cases should also be kept in a separate dormitory.

However, under no circumstances should confirmed and suspected cases be housed together.

A minimum distance of 1 meter needs to be maintained between adjacent beds. All patients identified as COVID-19-positive need to wear a triple-layer surgical mask at all times.

About 15% of COVID-19 patients are likely to develop pneumonia, and 5 % of these are likely to require ventilator management.

Preplanning referrals to a higher centre

It is of major importance to identify, in advance, which referral Hospital will be used for severe cases of COVID patients, should they require referral. This is a major part of the micro-plan.



3. Infection Control

Infection Prevention Control (IPC)

There shall be strict adherence to IPC practices in the isolation and quarantine facilities. IPC committees may be formed, or alternatively a nurse will be assigned, with the mandate to ensure that all healthcare personnel and volunteers are well aware of IPC practices and that suitable arrangements are in place for requisite personal protective equipment (PPE) and other resources (hand sanitizer, soap, water etc.).

The staff member in charge of healthcare at each school/ monastery will ensure that all healthcare staff and volunteers are trained in washing of hands, respiratory etiquettes, donning/doffing, and the proper disposal of PPEs and management of other bio-medical waste.

At all times doctors, nurses and para-medics working in the clinical areas will wear three-layered surgical mask and gloves.

The medical personnel working in isolation and critical care facilities will wear the full complement of PPE (including N95 masks).

The support staff engaged in cleaning and disinfection will also wear the full complement of PPE.

Environmental cleaning should be done twice daily and consists of damp dusting and floor mopping with Lysol or other phenolic disinfectants and cleaning of surfaces with sodium hypochlorite solution.

The staff member in charge of healthcare must also ensure the following measures are effected:

- Post signages on the entry gate/door indicating that the space is an isolation area.
- Remove all non-essential furniture and ensure that the remaining furniture is easy to clean, and does not conceal or retain dirt or moisture within or around it.
- COVID-19 patients should be housed in single rooms if resources are available.
- However, if sufficient single rooms are not available, beds could be put with a **spatial separation of at least 1 meter (3 feet)** from one another.
- Preferably the isolation ward should have a separate entry/exit
- Stock the PPE supply and linen outside the isolation room or area (e.g. in the change room). A checklist may be useful to ensure that all equipment is available.
- Place appropriate waste bags in a bin. If possible, use a touch-free bin. Ensure that used (i.e. dirty) bins remain inside the isolation rooms.



- Place a puncture-proof container for sharps disposal inside the isolation room/area. Bio-medical waste **must be managed as per the BMWM guidelines**. Contact the nearest DOHe clinic for waste disposal as per BMWM.
- Keep the patient's personal belongings to a minimum. Keep all items necessary for attending to personal hygiene within the patient's reach.
- Non-critical patient-care equipment (e.g. stethoscope, thermometer, blood pressure cuff, and sphygmomanometer) should be dedicated for the patient, if possible. Any patient-care equipment that is required for use by other patients should be thoroughly cleaned and disinfected before use.
- Ensure that appropriate hand-washing facilities and hand-hygiene supplies are available. Stock the sink area with suitable supplies for hand washing, and with alcohol-based hand rub, near the point of care and the room door.
- Ensure adequate room ventilation. The principle of natural ventilation is to allow and enhance the flow of outdoor air by natural forces such as wind and thermal buoyancy forces from one opening to another to achieve the desirable air change per hour.
- The isolation ward should have its own **separate toilet** with proper supplies and cleaning facilities.
- Visitors to the isolation facility should be restricted /disallowed. For unavoidable entries, they should use PPE.

Nurses and volunteers posted at the isolation facility must be dedicated only to this work, and may not be required to work in other patient-care areas. (**Dedicated duty with clear job description.**)

- Set up a phone number or other method of communication in the isolation room or area to enable patients, family members or visitors to communicate with health-care workers. This may reduce the number of times the workers need to don PPE to enter the room or area.

4. Transport of COVID-Positive Patients

It is recommended that transport of COVID positive patients is limited to movement considered medically essential by the clinicians, e.g. for diagnostic or treatment purposes. Due precautions should be taken for infection prevention and control during transportation.

A dedicated ambulance with driver and patient cabin partition should be available at the institution, and the partition should have a proper air seal. If an ambulance is not available, a vehicle with a partition between driver and patient should be kept ready for any emergency referral.



The referral centre should be informed in advance when a patient is being transferred.

5. Medical Supplies: Basic minimum requirements for the Isolation Centre

- Oxygen Concentrator 2 (or more if possible, depending on the size of the institution).
- Oxygen Tank at least 2 (or more if possible, depending on the size of the institution).
- SpO₂ Probe (Pulse Oximeter) Qty 10,
- PPE at – least 10 sets.

6. Sensitisation of all Members of the Institution

- Everyone should be educated about COVID-19 and the safety protocol.
- Put up posters around the institution to serve as visual reminders of safety protocols.
- Empower students to supervise maintenance of COVID safety protocols.

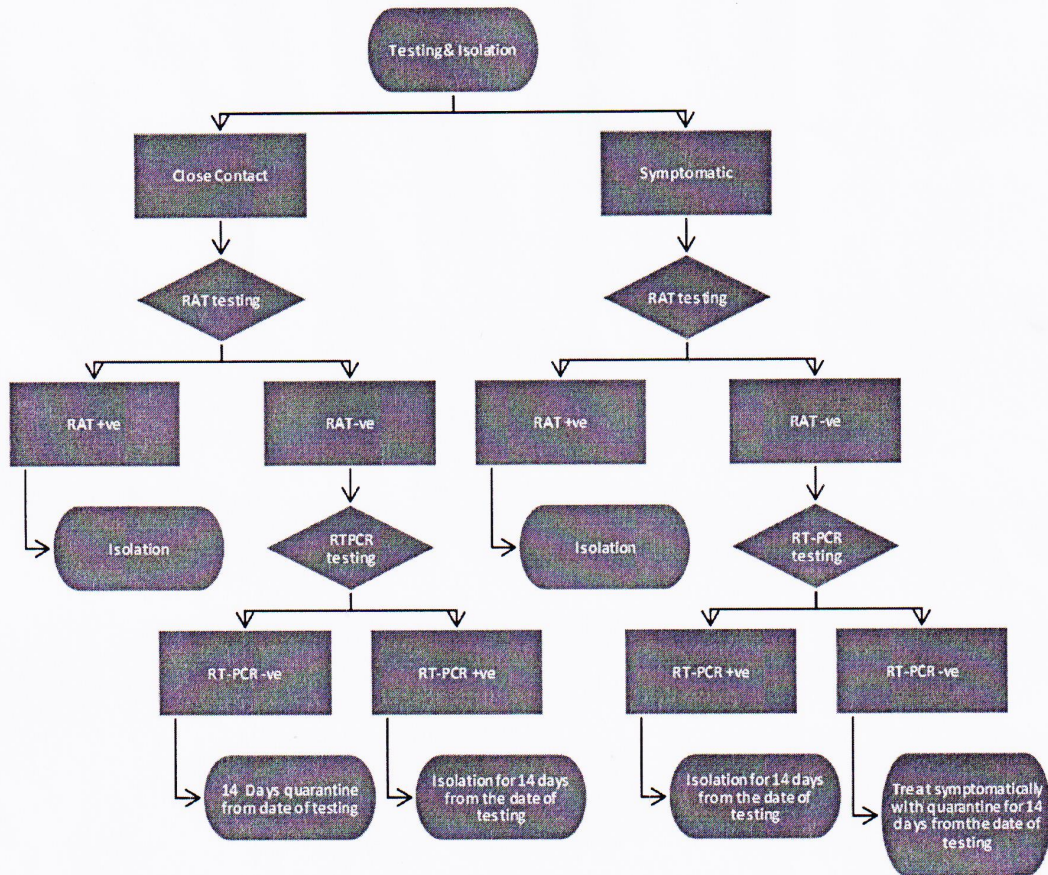
7. Relieve Stress and Anxiety: Counselling, meditation, prayers, voga

8. Consider suspension of in-person classes or gathering depending on the percentage of staff and students affected. Advice maybe sought from experts.
9. Identify students and staff with medical conditions like Diabetes, Chronic lung diseases, Cancers as they can get severe COVID disease.
10. Train maximum number of volunteers as backup staff to assist the frontline workers for efficient containment of an outbreak. Ideally these volunteers should be vaccinated and have no known comorbidities.

These guidelines are partly based on the COVID-19 Outbreak Guidelines for Setting up Isolation Facility/ Ward published by the National Disease Control, Directorate General of Health Services, MOHFW.



Algorithm for testing and Isolation in Institutions





COVID Patients Twice Daily Vitals Chart										
Isolation Centre/Home No:										
Date:										
Time:										
S.No	Name	Age	Sex	Comorbidities	SpO ₂ in %	Temperature	Breathing (Better/ Same/ Worse)	Feeling (Better/ Same/ Worse)	Remarks	
1										
2										
3										
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