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संजय गांधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ  
Sanjay Gandhi Post Graduate Institute of Med. Sciences,  
Raibareli Road, Lucknow- 226 014 (U.P.), INDIA  
Phones: 0522-2668004-8,2668700-800-900  
Fax: 91-0522- 2668017,2668078

Ref. No. PGI/CMS/Estt./1306/2020

Date 30.4.2020

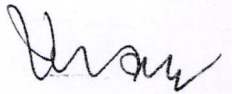
Office Order

Subject: Protocol for NON-COVID areas:

As per recommendation of the committee constituted (vide Office Order No. PGI/DIR/DC/235/2020 date 26.04.2020 Office Order/Dir Camp RSD no. 1485/13); the Protocol for NON-COVID areas is circulated and annexed as Annexure-I

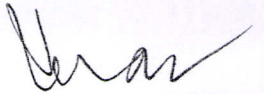
All Heads of Departments, Faculty, Officers, nodal Officers and employees are desired to ensure the compliance of the same.

Encl.: Protocol for NON-COVID area.

  
(Prof. R.K.Dhiman)  
Director

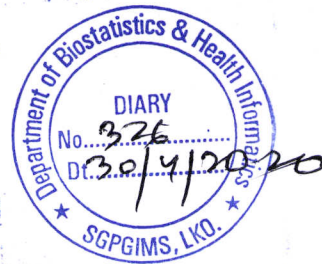
Copy to: For information & necessary action.

1. All HODs.
2. Additional Director.
3. Dean / ER.
4. CMS/MS.
5. Nodal Officer COVID-19.
6. HOD, BHI- with the request to upload the same on Institute website.

  
(Prof. R.K. Dhiman)  
Director

1:30





**Protocol for NON-COVID areas:** The committee constituted for developing and implementing Protocol for Non-COVID area met on 27.04.2020 and discussed the protocol / guidance for patient care activities in Non-COVID areas and deliberated as under :- (vide Director's office order no.PGI/DIR/DC/235/2020 dated 26-04-2020)

1. There should be one entry / exit for the patient and 2 entry / exit for staff (One near LTU/ C block and one entry / exit near pediatric gastro. Rest all entry / exit of the hospital will be sealed )
2. The exit for taking out biomedical waste and garbage etc. will be opened by security personnel at designated time. At all other times it will be closed.
3. Strict screening of all patients entering the hospital will be done.
4. **Screening Area – I** :- This will be situated just outside the entry gate of the hospital. This area shall have thermal scanning and self declaration Performa will be filled by all patients (to be provided by Prof. R.K. Singh, Nodal Officer COVID-19 / Prof. Sushil Gupta, OPD In-charge/Chairman, OPD Management Task Force Committee) thermal scanner and infrared thermometer will be provided by Prof. R.K. Singh, Nodal Officer, COVID-19.
5. From the screening area-I, those patients who are tagged to be in red category will be directed to Rajdhani COVID Hospital (RCH). Those found to be in green category, will be allowed to enter the hospital; however all patients and attendants will have to wear masks.
6. Only one attendant will be allowed with sick or wheelchair bound patients ; with a neonate or pregnant lady two attendants will be allowed. Attendants also will have to fill performa and undergo thermal scanning.
7. **Screening Area – 2** :- After entering the hospital, they have to go second screening in front of PRO Counter. This area will be manned by PRO & SR/JR. Again tagging of the patient will be done by history taking and physical examination will be done by maintaining social distance and thirdly by Aarogya Setu App. DEO will help in downloading the Aarogya Setu App on the patient as well as attendants mobile, whenever feasible.
8. The SR/JR may like to use pulse oxi meter when ever needed to help the triage patient. Two way audio system, stethoscope consent for, N-95 masks, sanitization bottles, gloves, caps, Surgical gowns will be needed at these screening points. Once the patient is tagged as green, he/she would be admitted in HIS ensuring deposit of a moderate sum of money in order to avoid need for repeated deposits. Those patients who are tagged as red will be sent to Rajdhani COVID Hospital (RCH).
9. In both the screening areas social distancing to be ensured by proper signage on the floor.
10. Roster of SR/JR will be prepared by Dr. Alok Nath, HOD, Pulmonary Medicine Department.

11. **Holding Area:** - Patient who is tagged green will move from screening area towards **Holding Area**. The 20 bedded palliative care ward situated in the old OPD (134 beds ward) is designated as the holding area ward.
12. This area will be staffed by following manpower-
  - i. One SR from medical and SR from surgical speciality – roster to be prepared by Dr. Alok Nath.
  - ii. Neonatology and MRH SR – roster to be prepared by respective speciality.
  - iii. Nursing Staff – roster to be prepared by CNO.
  - iv. Patient Helper – roster to be prepared by Mr. Nikhil Chandra, SAO.
  - v. Sanitation – roster to be prepared by Dr. R. Harsvardhan.
13. The entire activity of holding area will be supervised by faculty on call. Roster to be prepared by Dr. Alok Nath.
14. The suspected patients (tagged as red) who were directed to Rajdhani COVID Hospital (RCH) and who are tested negative then he / she will be transferred to the main hospital to the respective specialty ward for admission.
15. Dr. Narayan Prasad, representing the department of Nephrology had informed that, the area of dialysis has been partitioned into two physically distinct areas, each with its own entry / exit points. New patient requiring dialysis will be dialysed in the holding area itself & will follow the protocol (vide supra).
16. **Radiotherapy department movement plan layout in COVID times provided by HOD, RT**

Since cancer treatment continues, we have to maintain utmost safety precautions.

**Our essential goals –**

- i. Contain any potential spread into the hospital as far as possible
- ii. Keep the Health care workers as safe as possible
- iii. Create a stand by team, if possible

Following the discussions with the faculty a modified plan has been designed

**Zone A (Containment area) -**

- i. Entry and exit from the back entrance.
- ii. For patients who are receiving radiotherapy and/or chemotherapy in day care and for RTP.
- iii. For the following staff – Resident posted in OPD 6, Pall care physician, Technologists on Linac -2 machine, Nurses posted in Day care and at the entrance

screening desk, Poorv sainik and lift attendant posted in the reception desk, Housekeeping staff posted in the machine area and day care.

- iv. No attendant allowed inside except for wheel chair bound patients or 1 attendant for chemotherapy (Social distancing in the waiting area of day care ward will have to be ensured)
- v. Second manned check points at around TPS area. All check points (Dept/ward/OPD) are expected to screen each patient and not allow any movement (other than permitted). No mingling of staff is allowed.
- vi. Teams of technologists, nurses and housekeeping need to be formed. Each day a certain team operates, so that if there is exposure, the team of that day is quarantined and removed from the roster. The rest of the work continues, if possible
- vii. Opening and closing of the department and handing over off the keys needs to be looked into. Mechanism will have to be made
- viii. Seating of attendants outside the building, may need to be looked into
- ix. May need to request the administration to deploy a security at the entrance
- x. Need to request the administration to clear the passage
- xi. Patient toilets and staff toilets in the machine area, need to be looked into

#### **Zone B (Back up area) –**

- i. Back entrance is NOT to be used. Entry and exit from the existing entrance
- ii. Zone A cordoned off by placing a check point at the end of the TPS/RTP corridor
- iii. No patient allowed beyond this point
- iv. Linac 1 machine CLOSED for patients. PMI and standardizing work to be conducted during this period.
- v. Following staff enters from the main entrance – Faculty, residents posted in TPS, Technicians working in RTP and Linac 1 machine, Office staff, office attendants, Housekeeping staff posted in this area.
- vi. This will act as the standby zone and the staff will get into action if the Zone A gets infected.
- vii. NO intermingling of Zone A and Zone B staff
- viii. Any exchange of stuff can be left on the checkpoint .

#### **17. Sampling and Testing in Holding Area: -**

- i. The SR on duty with all recommended precautions will take the sample of all patients and attendants.

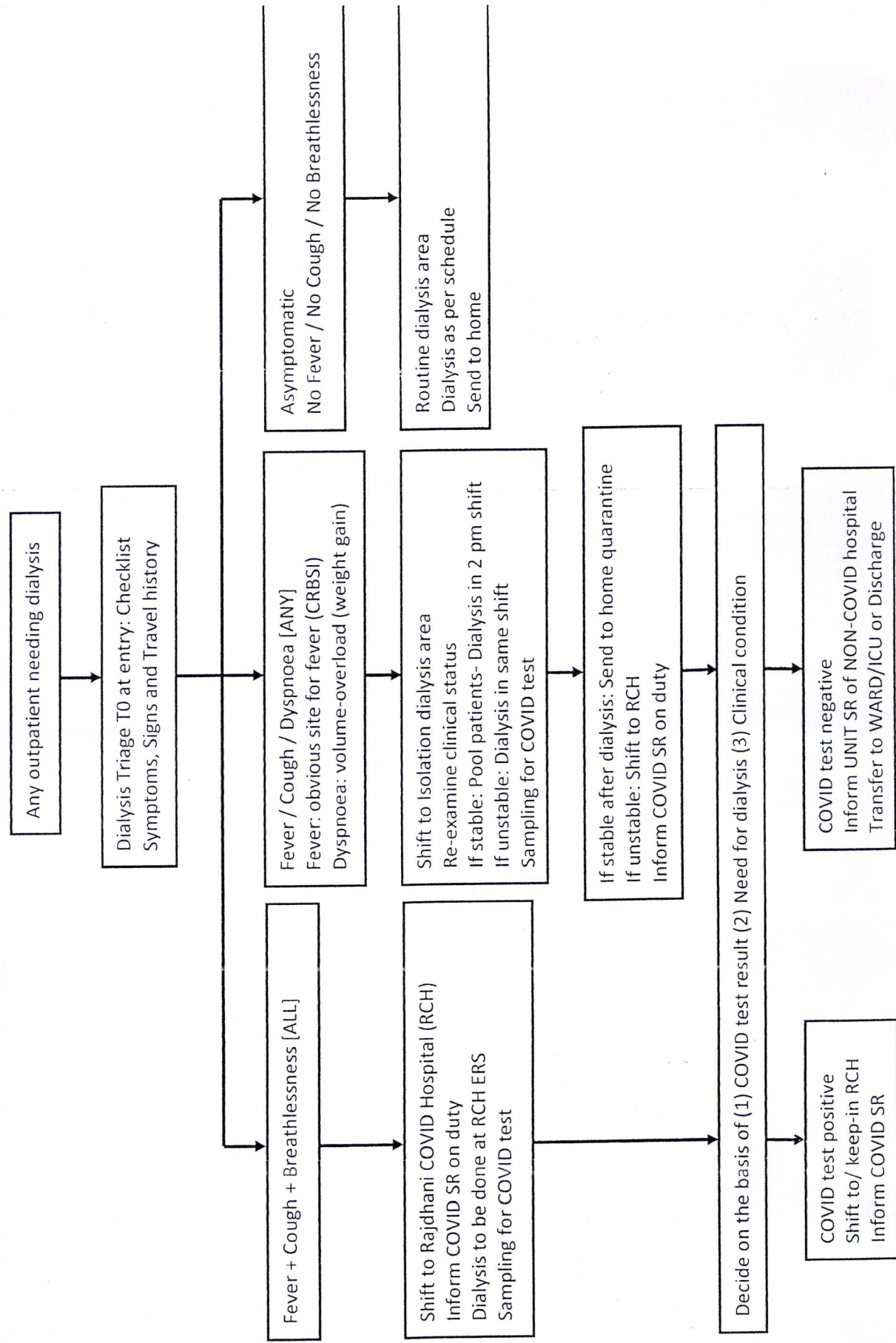
- ii. Once the report become available and reports are negative then patient will move to respective department. In case the report is positive than patient will move out from back gate of the holding area to Rajdhani COVID Hospital (RCH).
  - iii. During the stay in holding area, the SR on duty can raise the basic investigations in consultation with the respective faculty.
18. If the patient and his attendant has negative COVID report from outside (from approved hospital / laboratory) then patient after being checked at screening area and found to be tagged as green, can be directed to respective ward for admission without going to holding area.
  19. Disinfection of the holding area will be carried out under the supervision of Dr. Richa Misra, Microbiology Department.
  20. Biomedical waste to be looked after by Dr. Harsvardhan, HOD, H.A / Nodal Officer, Sanitation.
  21. \*For NICU Care one level – 3 fully equipped bed will be created in one of the rooms in Holding Area and one specialized nurse from neonatology will be posted in holding area.  
\*\* For care of Pregnant Patient: delivery bed with necessary equipments will be created in one of the rooms in Holding Area. Nursing staff for assisting delivery will be shifted as & when required.
  22. For the safety of HCW's in the entire Non-COVID area, N-95 masks can be issued (depending on availability) on use and re-useable basis as per approved policy.
  23. It is recommended that all HCW's download Aarogya Setu App.

**General Rules** – General Rules are to be followed in the waiting area of attendants –

- i. Proper social distancing and wearing of masks all the time is mandatory.
- ii. Regular disinfection, sanitization and regular monitoring by response team to ensure restricted attendants with the aim of having one attendant per patient in the waiting areas.

  
(Prof. Amit Agarwal)  
Chief Medical Spud.

Protocol for patient requiring dialysis in NON-COVID hospital (Version. 1.1, Date 28/04/2020)



General Guidelines

Subject:- General Principles for Emergency Radiology

1. If plain X-ray is required, portable X-ray should be preferred.
2. Preferably USG should be done.
3. One CT machine should be dedicated for patients of holding area needing a CECT Scan. CT Scan of PMSSY can be earmarked for this purpose. Patients from holding area can be sent to PMSSY from the back door. A physical partition must need to be put-up to shield the MRH area from the CECT room in PMSSY.

All personnel doing radio diagnosis procedures will wear PPE (Surgical Gown + Mask+ Gloves etc.) as per guidelines.