



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./1362/2020

Date 07/05/2020

Office Order

Subject: Micro- management of Protocol for NON-COVID / Holding 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 had been circulated vide Office Order No. PGI/CMS/Estt/ 1306/2020 dated 30.04.2020.

The committee after detailed deliberations has proposed a micro- management/ SOP for Non-COVID/ Holding Area with constitution of a Rapid Response Team, which will be responsible for functioning of Screening Area I & II and Holding Area under chairmanship of the undersigned.

Rapid Response Team:

- | | | |
|--|---|---------------|
| 1. Prof. Puneet Goyal, Dept. of Anesthesiology | - | Nodal Officer |
| 2. Dr Alok Nath, Dept of Pulmonary Medicine | - | Member |
| 3. Prof Punita Lal, Head Radiotherapy | - | Member |
| 4. Prof. Sudeep Kumar, Dept. of Cardiology | - | Member |
| 5. Dr. Amit Goel, Dept of Gastroenterology | - | Member |
| 6. Dr. Dharmendra Bhadauria, Dept. of Nephrology | - | Member |
| 7. Dr. Sanjoy Sureka, Dept. of Urology | - | Member |
| 8. Dr. Tapas Kumar Singh, Dept.of Anesthesiology | - | Member |

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

These issues with the approval of Director.

Encl.: SOP for Non-COVID/ Holding Area.


(Prof. Amit Agarwal)
Chief Medical Spud.

Copy to: For Information & necessary action.

1. Director/ Addl. Director/All HODs.
2. Dean / ER./MS
3. Nodal Officer COVID-19./ Concerned Officers for action taken
4. HOD, BHI- with the request to upload the same on Institute website.


(Prof. Amit Agarwal)
Chief Medical Spud.

Recd
on
07/05/2020
at 4:45 PM

Sanjay Gandhi Post Graduate Institute of Med. Sciences, Lucknow

Ref.:PGI/CMS/Estt./ 1362 /2020

Dated 07.05. 2020

Minutes of Meeting dated 06-05-2020

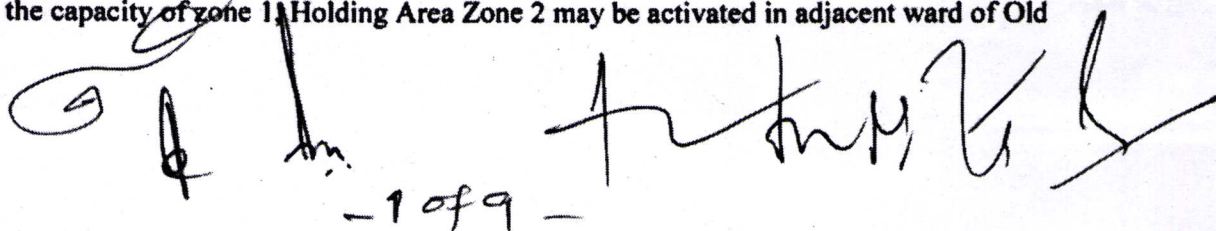
Subject: Implementation of Protocol for NON-COVID areas

Implementation of Protocol for NON-COVID Area has been discussed in accordance with office order no. PGI/CMS/Estt./1306/2020 dated 30-04-2020. The following points discussed and decided.

1. A rapid response team is constituted who will co-ordinate the day to day functioning of emergency micro plan of Holding Area under chairmanship of Prof. Amit Agarwal, CMS. The committee is as under:-
 - I. Prof. Puneet Goyal, Dept. of Anesthesiology - Nodal Officer
 - II. Dr Alok Nath, Dept of Pulmonary Medicine - Member
 - III. Prof Punita Lal, Head Radiotherapy - Member
 - IV. Prof. Sudeep Kumar, Dept. of Cardiology - Member
 - V. Dr. Amit Goel, Dept of Gastroenterology - Member
 - VI. Dr. Dharmendra Bhadauria, Dept. of Nephrology- Member
 - VII. Dr. Sanjoy Sureka, Dept. of Urology - Member
 - VIII. Dr. Tapas Kumar Singh, Dept.of Anesthesiology - Member

2. **Objective of Holding Area (Non-Covid):** This is in compliance with the Govt order No. 470/71-3-2020 dated 22.04.2020 issued by Principle Secretary, Medical Education, Govt of UP, in order to protect the entire patient care services being shut down due to spread of corona positive patients within the non-covid area and protect the health care workers as well .So holding area is being designated to hold patients requiring admission in SGPGI (Main hospital building and PMSSY block), till their Covid test report becomes available. They would be shifted to respective specialty ward or to ERS, as soon as Covid report comes negative. If unfortunately, Covid test report comes positive then the patient would be shifted to RCH by back door of Old OPD block.

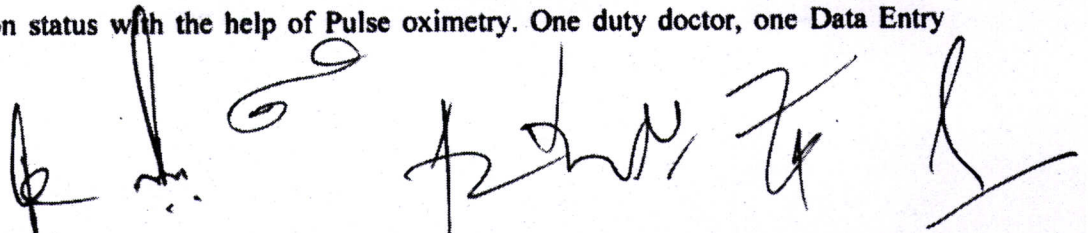
3. **Holding Area Zone 1** will be activated from Friday i.e. 8th May 2020 with 18 beds. Palliative Care ward in Old OPD Block would be used for this purpose and 18 bedded facility would be activated, initially. In principle, zone 1 will be responsible **only for management of stable patients**(who would require minimal or no intervention for first 24 hrs / till covid report becomes available). Later on, when patient load exceeds the capacity of zone 1, Holding Area Zone 2 may be activated in adjacent ward of Old


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OPD Block to make a total capacity of maximum 40 beds, depending upon the availability of manpower to run this.

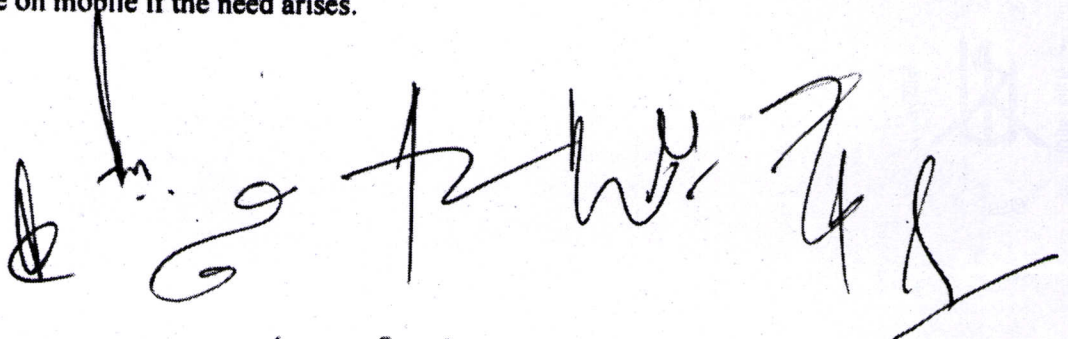
Only those patients who are stable and are really required to stay in hospital till their COVID report becomes available would be admitted, OR those patients who are requested by Medical and Surgical Specialty for admission would be admitted in holding area. It would be the responsibility of concerned unit to transfer them back to their respective wards, as soon as COVID report becomes available, preferably within one hour in order to avoid congestion in the holding area.

4. Largely following types of patients would be admitted.
 - a. Stable Cancer patients requiring urgent care
 - b. Neonates
 - c. Pregnant Mothers for delivery / Emergency care
 - d. Patients requested by Medical / Surgical Specialties for preoperative assessments.
5. No patient with fever, Flu like illness, respiratory difficulty/distress would be admitted in holding area; they would be Red tagged and would be shifted to Rajdhani COVID Hospital (RCH) from screening area itself.
6. The committee apprised the director with the difficulties of starting holding area of unstable or sick patients particularly with the issues of scarce manpower including residents. After due deliberation with Nodal officer of RCH the Director decided that all unstable patients with suspicion of Covid 19 will be triaged through T3 at RCH.
7. Chemotherapy / Radiotherapy patients with Covid Negative status, if become unstable, would be shifted to ERS.
8. Special precaution will be taken to screen patients coming from localities tagged as Red Zone / Containment Zone by State govt / Local administration. Ms Kusum Yadav, PRO to make available the updated list of Hot spots / Red Zones at Screening area 1 and 2.
9. Screening of Patients: There will be only one entrance to the Main Hospital and that would be through the gate near the PRO counter. Two screening areas have been set up near the entrance. At a time 4 persons will be screened with priority being given during day time to the patients who would need radiotherapy or chemotherapy on OPD basis. Screening would be done as per recommended guidelines including history taking, temp recording by non-contact IR thermometer, as well as oxygen saturation status with the help of Pulse oximetry. One duty doctor, one Data Entry

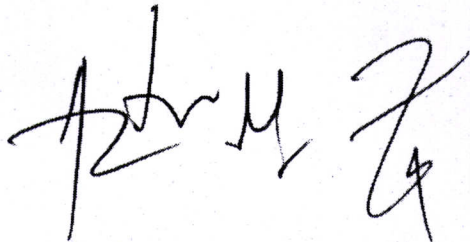


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Operator and one PRO will be available round the clock for screening patients at Screening-2. DEO will register the patient and will generate CR No. then raise the form for Covid test. Same procedure will be followed for relative / attendant of the patient. Relative and Patient would pay the regular charges of hospital registration but their covid testing form will be generated on payment of Rs 1/- only. The duty resident or DEO would admit the patient in the holding area for which a separate ward has been created in HIS. He would then inform the Senior Resident of the concerned specialty.

10. Guard at the entrance of Main Hospital building would check the Green Tag / OK Stamp of Screening 1 and Screening 2 area (situated at PRO Counter of Main Hospital Building) and Covid Sample taken Stamp of Sample collection Centre (situated at SBI e-Corner) and then only allow the patient to proceed towards Holding area. They would also check the COVID screening status of patient relatives, who are allowed inside and would not allow anyone to enter without Covid status (either negative report or Green stamp from screening 1 and Screening 2 plus Covid sample taken. Signages are being displayed to guide patients from screening area towards SBI e corner and then from there towards holding area (entry through back door of Old OPD block).
11. Nurse receiving the patient in Holding area would cross check before admission (taking all precautions of minimal interaction with patient or relatives) to make sure that patient has passed Screening 1, Screening 2 and his/her Covid Sampling has been done.
12. No attendant / relative would be allowed in holding area with stable patients without Covid report. If they have COVID report from a Govt approved lab, it will be honoured. If they do not have Covid report then their registration would have been done at screening area itself and Covid sampling ordered from our lab. They would visit to Covid sampling kiosk at SBI e Corner and would give sample along with their patient. Relatives would not be allowed to go out of hospital till their reports of Covid becomes available. Their food arrangement will be done from hospital kitchen on payment basis. Relatives (with COVID negative status) will only be allowed to wait in the Old Registration hall of main hospital building and would be contacted by the duty nurse on mobile if the need arises.

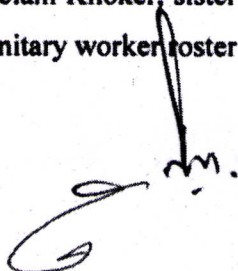
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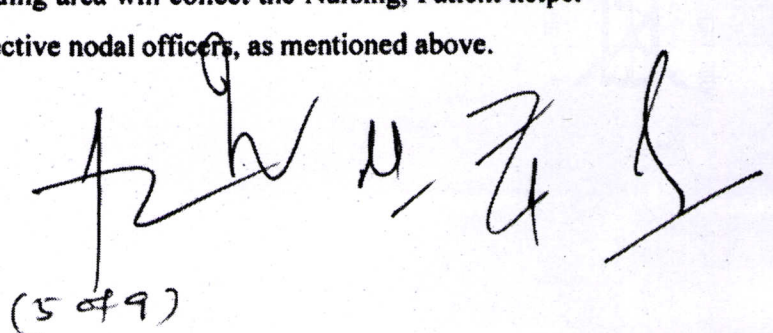
13. One relative would be allowed with Neonate, pregnant mother and wheelchair bound patients and would also be screened and tested for Covid before allowing entry in Holding area.
14. Unstable patients would be directed to RCH from screening area itself.
15. **Two staff nurses, 1 hospital attendant and 1 housekeeping staff** will be posted in holding areas in 4 shifts (6 hours). They would follow the duty roster of 2 weeks (Active Quarantine) followed by 2 weeks of passive quarantine, as per MOHFW, Govt. of India guidelines.
16. HCWs posted in **Holding Area** will be donning in **Full complement of PPE** while on duty, they would utilize the designated donning and doffing cubicles and perform this as per protocol. They are encouraged to take bath after their duty gets over in designated private rooms outside Holding Area Zone 1 and exit from a separate back door situated at back of Old OPD block. This is as per guidelines of MOHFW and adopted and approved by competent authority of SGPGIMS.
17. All subspecialties will post **one SR on call** who will be actively involved in **all aspects of management** of patients admitted in this holding area. They will don and doff the full complement of PPE while attending the patients.
18. Safety gear and PPE requirement will be sent to HRF according to manpower deployed in the micro plan.
19. Physical alterations needed in the Screening Area, Holding Area and Swine Flu ICU will be taken care by EE Civil and work has already been started. (Action to be taken by EE Civil/ A.E. Civil)
20. In the Screening Area-2, Duty doctor or DEO will inform the S/R of concerned specialty (on-call S/R roster of all concerned specialties to be made available for needful, Ms Kusum Yadav, PRO will do this needful)
21. A special protocol has been designed for patients who require daily or twice to thrice weekly visits for chemotherapy, radiotherapy or any special treatment to hospital from following departments:
 - a. Hematology department
 - b. Radiotherapy department
 - c. Nephrology department (Dialysis patients only)
 - d. Patients on chemotherapy or special therapies from other departments. (Genetics, Endocrine surgery etc)



- e. These patients will be entering the hospital through screening area and will be enrolled in their respective treatment programme after documentation of negative COVID status.
 - f. Those affording COVID testing can get it done from a government accredited private laboratory.
 - g. The respective departments should organize the visits of their patients in such a way that the patient should undergo COVID at least one day prior to the scheduled visit.
 - h. Their subsequent daily hospital visit will be from screening area (mandatory).
 - i. On each visit they will have to undergo the standard questionnaire and last date COVID testing will be recorded in the questionnaire.
 - j. All these patients will be tested again after 14 days.
 - k. In between the visits if screening area feels that the patient needs to be kept in holding area and repeat testing is needed, the patient will be admitted in holding area.
 - l. Department of Microbiology may design a method to label these samples separately as priority samples so that sample processing may be prioritized, and report may be available within 24 hours.
22. A new ward "HOLDING AREA" is created on HIS for admission of such patients.
23. Ms. Neelam Khokhar, DNS will be the Sister In charge of Holding area.
24. HRF counter will be activated from 4th may, 2020 as Mr. Abhay Mehrotra, SPO has informed that unit of HRF already existed in the Holding area and will function as per demand on payment basis.
25. Roster of HCWs posted in the Holding area will be prepared and provided by persons mentioned in the Office Order No PGI/CMS/Estt/1306/2020 dated 30/4/2020 and would be as follows.
- a. Roster for SR/JR at screening area by Dr Alok Nath of Pulmonary Medicine
 - b. Neonatology and MRH SR – by respective deptt
 - c. Data Entry Operator and PRO roster: by CMS office / Ms Kusum Yadav, PRO
 - d. Nursing staff roster by CNO
 - e. Patient helper- by Mr Nikhil Chandra, SAO
 - f. Sanitation- by Dr R Harshvardhan
26. Ms Neelam Khoker, sister I/C of holding area will collect the Nursing, Patient helper and Sanitary worker roster from respective nodal officers, as mentioned above.

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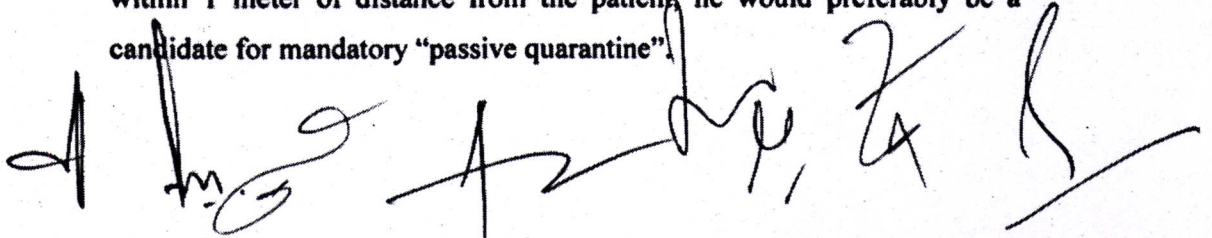



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27. All HODs are requested to send the on-call roster of residents / faculty who shall attend the calls from holding area, about clinical management of these patients.
28. Donning and Doffing of HCWs entering Holding Area Zone 1 would be supervised by Ms Rachna (Nurse) and her team.
29. The sample collection center at SBI e-Corner has been made functional. This center will be responsible for samples of patients coming to screening, holding area and all wards areas in main PGI building and PMSSY block. The stable patients once tagged green from the screening area-2 will be sent to SBI corner sampling center where their form will be stamped "SAMPLE TAKEN" and there after they will go & get admitted in holding area.
30. Sample collection center at SBI e corner is functional from 9AM to 5PM only. Patients coming after the routine time, would be sampled at Holding area by on call resident from Microbiology. **Dr Ujjawla Ghoshal may kindly be requested for the same.** On call resident would collect sample after wearing full PPE. For practical purposes, he can collect sample in batches, like every 4 hourly when few patients get accumulated in holding area.
31. **Quarantine Policy:** As per the new guidelines of MOHFW, Govt of India, HCWs posted in this area (Nursing staff, patient helper and Sanitation worker) will be following pattern of 2 weeks of duty (active quarantine) and 2 weeks of passive quarantine and tested before release from quarantine.

Quarantine policy for residents will be as follows:

- i. All Resident on call will be on active "Active Quarantine" starting from the day of start of his duty or the day he visits first patient.
- ii. He / She is supposed to follow Covid report of the patients attended by him, by next day.
- iii. If all the patients attended by him turn out to be Covid Negative at end of his duty period, he/she would not require "passive quarantine".
- iv. If any patient attended by him tests positive, he / she will go for passive quarantine of 14 days and quarantine protocol of our institute would be applicable on him / her.
- v. If any resident on call has a prolonged exposure i.e. more than 30 minutes within 1 meter of distance from the patient, he would preferably be a candidate for mandatory "passive quarantine".


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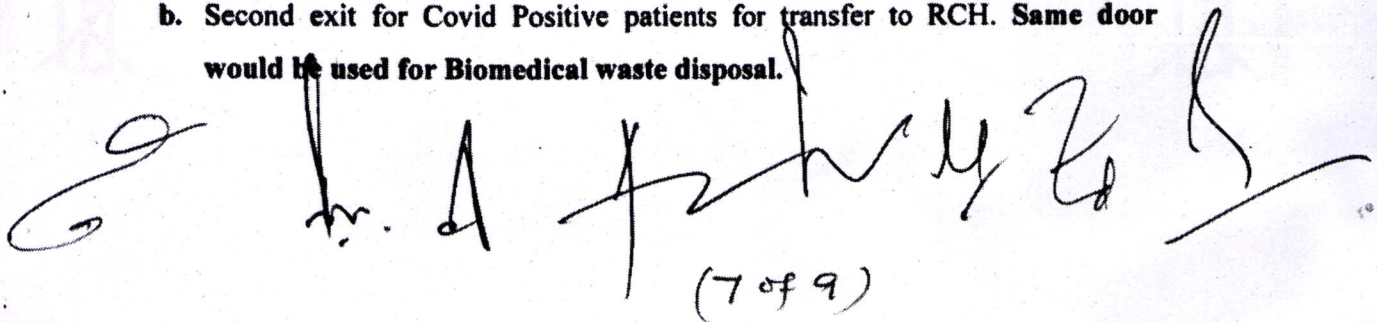
- vi. Quarantine committee will take care and arrange the facility for their stay in hospital campus during active quarantine.
- vii. If any patient turns out to be positive, then the Holding Area Zone 1 (Palliative care ward) would be closed and patient would be shifted to Swine Flu ICU which has been prepared and kept ready as backup area for patient holding. A back up medical team has also been kept which will be brought into action in above circumstances.
- viii. If any HCW comes out positive than entire team would require to be quarantined.

32. Kitchen / Food Policy: Nursing staff would order the food from kitchen for admitted patients. Since we are not allowing relatives to go out frequently, food for them would be arranged from hospital kitchen on payment basis. Dr Anita Saxena has kindly consented for this arrangement. (Action Taken: by Dr Anita Saxena)

33. Radiology services: It is strongly recommended that any radiological imaging should be kept on hold till Covid report becomes available and should be ordered only if urgency exists for the same. Arrangement of radiological imaging before COVID report would again expose so many areas of our hospital hence should be discouraged. Only a Portable Xray machine is available in holding area, to be used for any urgent requirement. HCW from Radiology deptt would be allowed inside with full PPE but would not require quarantine if they have a brief period of contact as defined as < 30 minutes and more 1 meter from the patient. If any patient becomes unstable and requires emergent CT scan, then patient would be required to shift to RCH from back door of Old OPD block.

34. Entry and Exit points for holding area: Patients would go from screening area to SBI e corner for Covid sample collection. After that they would enter the holding area through back door of Old OPD block (They can follow signages and Guards would also direct them). Three separate exit points exist at the back side of Old OPD block, specific exit point would be used for exit in 3 different circumstances earmarked for that purpose only;

- a. Onepoint would be used for entry of patients, and for shifting patients requiring CT scan in PMSSY building
- b. Second exit for Covid Positive patients for transfer to RCH. Same door would be used for Biomedical waste disposal.



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- c. Third exit point would be used by Neonatology and MRH patients.
- d. Exit of HCWs after doffing and bathing, after the end of their duty would be through a separate point at opposite side of old OPD block.
- e. Patients with Negative Covid status, who would require to be transferred to G Block / PMSSY block, would use the old OPD block corridor and then through old registration hall enter in G Block.

35. Sanitization Policy: Regular sanitization and disinfection of the entire corridor, holding area and back side area after exit points (Backyard of old OPD block, which would be used for transferring patients to RCH) would be performed under supervision of Dr Richa Mishra, Microbiology. Dr Richa Mishra has kindly consented to prepare SOP and designate persons for the same. (Action Taken: Dr Richa Mishra, Microbiology Deptt)

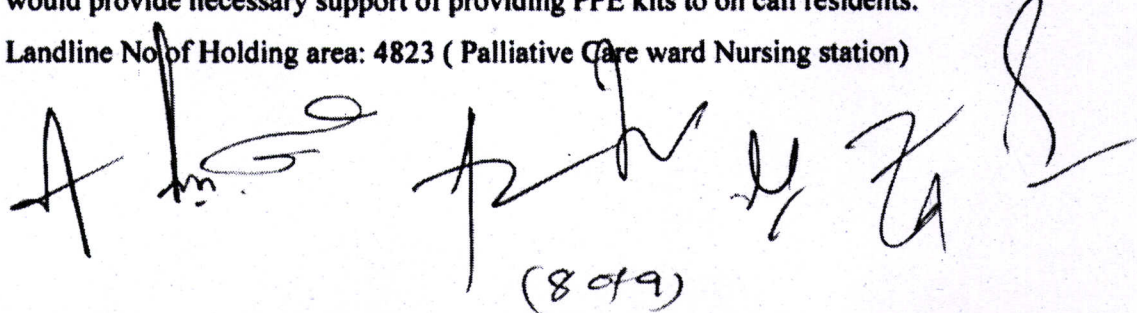
36. Biomedical Waste: BMW management would be done as per the protocol. In unfortunate incidence of death of any patient, Dead Body Disposal would be performed as per already circulated guidelines. Dr R Harshvardhan would provide necessary support in this regard. (Action Taken: Dr R. Harshvardhan, Hosp. Admn)

37. A Control room would be set up near screening area by Dept of Hospital administration. They would post their staff / PG student, who would report to nodal officer holding area /CMS. Dr R Harshvardhan has kindly consented for the same. (Action Taken: Dr. R. Harshvardhan, Hosp. Admn Deptt)

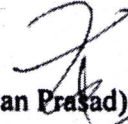
38. Transport committee (Land line Nos 4070 / 4071 and CUG 8765977853) would be contacted if any patient requires shifting from Holding area to Covid hospital or to PMSSY for CT scan. (Action Taken: Prof. Gaurav Agarwal/ Dr R.P. Singh, CMSSO)

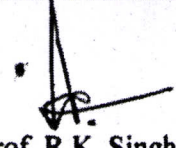
39. Phone Numbers related with this entire arrangement:


- a. Land line Phone Nos of Screening 2 Area: 4070 and 4071.
- b. A separate CUG would be provided to duty doctor at screening 2 and number of the same would be intimated later.
- c. Nursing counter outside holding area: 4076 (Medical Oncology ward) This would provide necessary support of providing PPE kits to on call residents.
- d. Landline No of Holding area: 4823 (Palliative Care ward Nursing station)

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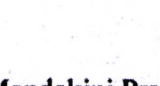
e. Since the situation is very dynamic and evolving very rapidly everyday the SOP may need to be tweaked from time to time. Of course the success of the mechanism laid down is dependent upon close and active co-operation of all staff members of the Institute and based upon constant feedback from one and all, modifications would be made from time to time.

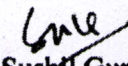

(Dr. Narayan Prasad)



(Prof. R.K. Singh)

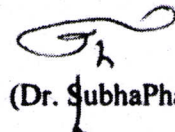

(Dr. Alok Nath)


(Dr. Purnita Lal)


(Dr. Mandakini Pradhan)

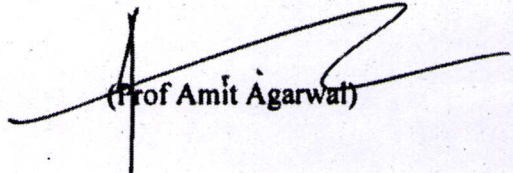

(Dr. Sushil Gupta)


(Dr. Aditya Kapoor)


(Dr. SubhaPhadke)

e-signed
(Dr. Girish Gupta)

(Prof. A.K. Bhatt)


(Prof. Amit Agarwal)