

COVID-19

Awareness, Precautions and Handling Procedures



Prepared by:

RRCAT Medical Centre

Under the guidance of

ACRMC

Raja Ramanna Centre for Advanced Technology (RRCAT)

Indore-452013

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Foreword by Chairman, ACRMC

Covid-19 pandemic has been spreading rapidly and human race is battling to fight the virus infection. Consequent to the declaration of Covid-19 as pandemic by WHO, our country also took steps to contain spread of the virus and in our centre also we enforced implementation of the guidelines as per MHA/ Local Administration directives.

RMC has provided uninterrupted OPD during this difficult time and took steps to prevent spread of virus among the beneficiaries and also among the very crucial resource of medical staff. All efforts have been made to ensure that beneficiaries face minimal inconvenience and continue to get medical assistance in these unprecedented conditions.

The threat of pandemic is far from over and we need to continue to follow strict guidelines to prevent spread of the virus. At the same time we also need to prepare ourselves for any eventuality which may arise unexpectedly; threatening to disrupt our normal working and life in campus.

This document has been prepared by Medical Officers of RMC, Dr. Z. B. Mirza, Dr. S. Bhavani and Dr. Rahul Verma. Some inputs and suggestions were also provided by Dr Savita Kumawat, Dr. Manisha Chauhan, Dr. Vinit Kumar, Dr. Amalendu Sharma, Shri Kunver Adarsh Pratap Singh, Dr. M. P. Singh, Dr. K. Sahu, Shri Alok Jain and Shri J. K. Pattnaik. The document is intended to provide basic information about the virus to bring awareness and its spread in society. The document also includes SOP to be followed in various scenarios of the infection to our CHSS beneficiaries and residents.

The document is titled **COVID-19 – Awareness, Prevention, Precaution and Handling Procedures** and it is intended to be a document for reference and provides guidelines for handling COVID-19 infection to any beneficiary.

RMC is working smoothly with cooperation of all beneficiaries and it is desired and hoped that the medical support system in the centre will continue to work without any interlude with cooperation and help from all beneficiaries.

Wishing all beneficiaries and residents of RRCAT campus very healthy and happy times.

1st July 2020

Anil Rawat

Preface

We all are, by now, very much familiar and aware of the unprecedented situations and effects imposed on us by the dangerous pandemic COVID 19. The disease which was just on news till Dec 2019 became a reality in India, first on 30th Jan 2020. From then, we have seen the swift increase in the number of cases and unwanted deaths of our fellow citizens. Over these months, the Government of India and our Health care systems have been steadily understanding the pattern, effects and the impact of this disease on human beings. The updated data has been tremendously useful in controlling the number of cases in many parts of India, thus saving many valuable lives. Periodic lockdowns and curfews have greatly attributed to the reduced death rate in India compared to the western counterparts. This would not have been possible without the sincere support of all the people.

Our centre was very prompt and alert in imposing all the control measures well in advance, even before other parts of the city were aware of COVID 19 cases, thanks to the sincere support and efforts of our Director, Shri Debashis Das. We are very thankful for his timely guidance that led to formation of various committees, which implemented the guidelines of the Govt received time to time and we are very grateful to Dr. Anil Rawat, Chairman, ACRMC for his constant support and guidance. We express our sincere gratitude to Shri Shankar V. Nakhe, Director, LG & MSG, Shri Purushottam Shrivastava, Director, PAG and Shri. T. A. Puntambekar, Director, EAG for extending their valuable support in designing this document. The Administration Department aimed at `zero case status' since the beginning and successful till date in this mammoth task.

Effective planning and scrutiny by the Department of Security and CISF is the key to control within RRCAT campus. The working schedule of RRCAT Dispensary also was modified greatly in order to continue medical services to our beneficiaries at the same time restricting the chances of spread of infection among the patients, visitors and the health care workers. No compromise was accepted in any form.

This document aims at providing adequate information to all our beneficiaries aiding at sufficient precautions from their side too. Enormous support and compliance of all is solicited at this point of time, when we have no other choice other than accepting to go ahead with this virus prevailing around us and yet need to proceed with our efforts to stabilise our health and economy.

We strongly believe that with perseverance we will be victorious in combating this COVID-19 menace very soon. Wishing you all good health and happiness always.

With best regards,

Dr. Zahid Beg Mirza , In- Charge , RMC
Dr. S. Bhavani, Medical Officer , RMC
Dr. Rahul Verma , Medical Officer , RMC

Disclaimer

Adherence to the guidelines is mandatory as per the orders from various Government bodies including District Administration in order to contain spread of COVID-19 pandemic. These guidelines are subjected to modifications by Government of India as well as state and local administration according to the changing patterns and continuously enhancing knowledge of the disease. New guidelines, as and when released will supersede the existing guidelines included in this document. The guidelines, standard operating procedures and information given in the document reflect the best available information at the time of preparation of the document and plays as a health advisory role in order to ensure compliance to the instructions and orders issued from time to time by Government of India and District Administration towards COVID-19 pandemic. URL of site from where the pictures/ sketches have been used in this document are included appropriately and authors do not hold the responsibility for their completeness and correctness.

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1. Objective and organization of the document

The objective of the document is to create awareness about the existing **Novel Corona Virus** Disease (nCOVID-19) pandemic, for early identification of COVID-19 suspects, prompt referral, treatment and prevention of further spread of infection. It applies to all staff members of RRCAT, residents of RRCAT colony, and CHSS beneficiaries including those residing outside colony. The document is structured into three parts. First, a brief introduction, along with certain facts about the COVID-19 pandemic is provided in Section 1. This is followed by description of Standard Operating Procedure (SOP) in Section 2. There are eight annexures, which provide additional useful information in Section 3.

2. General facts about COVID-19 Pandemic

This section gives introduction to COVID-19 pandemic, and provides awareness about mode of transmission, signs and symptoms, vulnerability, incubation period, definition of confirmed cases, contacts and suspects, and finally on laboratory tests and diagnosis.

2.1 Background

World Health Organization (WHO) China country office had informed on December 31, 2019 about cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province of China.

The Chinese authorities identified a new type of Corona Virus, which was isolated on January 7, 2020 by laboratory testing. It is a new strain that had not previously been detected in humans before the outbreak was reported in Wuhan, China.

WHO has been monitoring this outbreak round the clock. The Novel **Corona Virus** (nCOVID-19) cases have been confirmed in large number of countries due to which the World Health Organization (WHO) has characterized COVID-19 as pandemic on March 11, 2020.

2.2 Corona Virus

Corona viruses derive their name from the fact that under electron microscopic examination, each virion (An entire virus particle) is surrounded by the corona, as shown in Fig. 1. Corona viruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS - CoV) and Severe Acute Respiratory Syndrome (SARS -CoV). So far, seven types of coronavirus are known to infect people.

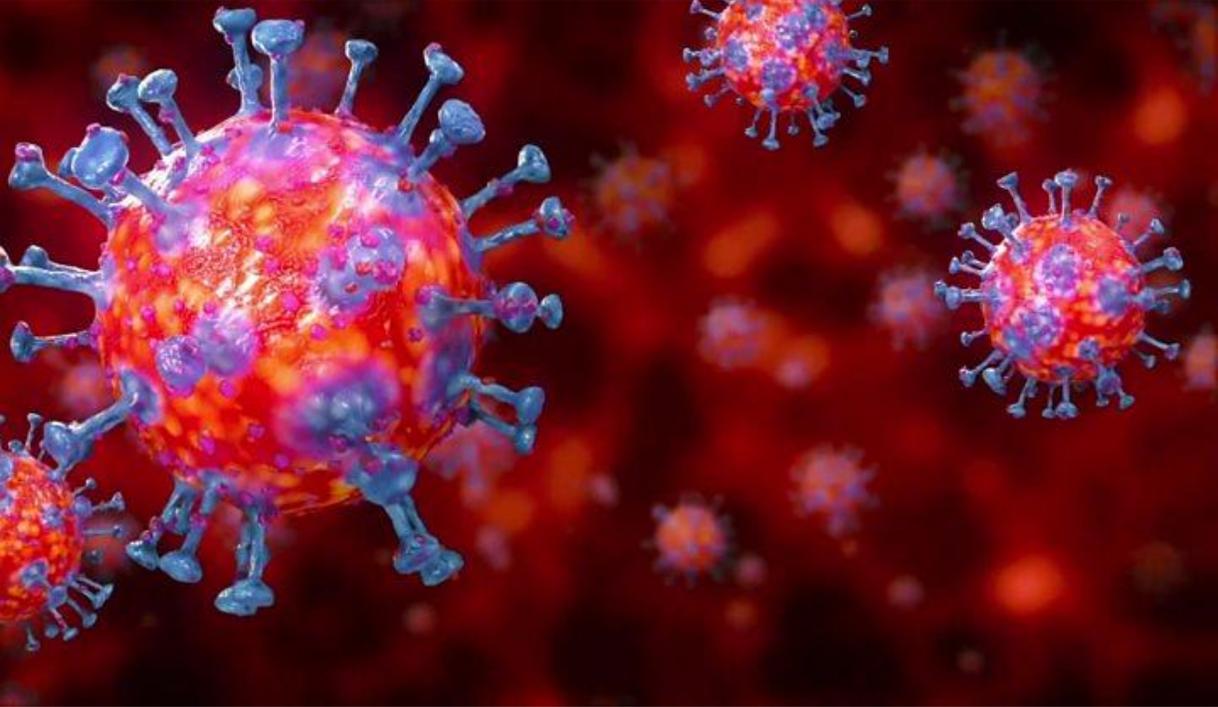


Fig. 1: A schematic view of coronavirus. The sphere like surface (in red) represents envelope and the membrane of the virus in which the genetic material of the virus in form of a single stranded RNA is enclosed. The crown-like structure (in violet) depicts spike proteins of the virus through which it attaches to the target cell to fuse it's membrane with that of the cell and to finally release It's genetic material in the cell. See for details and updates NIH website link <https://www.ncbi.nlm.nih.gov/books/NBK554776/>

2.3 Novel Corona Virus

SARS CoV-2 (previously known as novel coronavirus nCoV) is a new strain that has not been previously identified in humans. The disease caused by this “novel” coronavirus/SARS CoV-2 is now officially named as **Corona Virus Disease 2019** (COVID-19). SARS CoV-2 belongs to the same big family, as illustrated in Fig.2. Evolution analysis shows that they are under different subgroup branches with different genetic sequences.

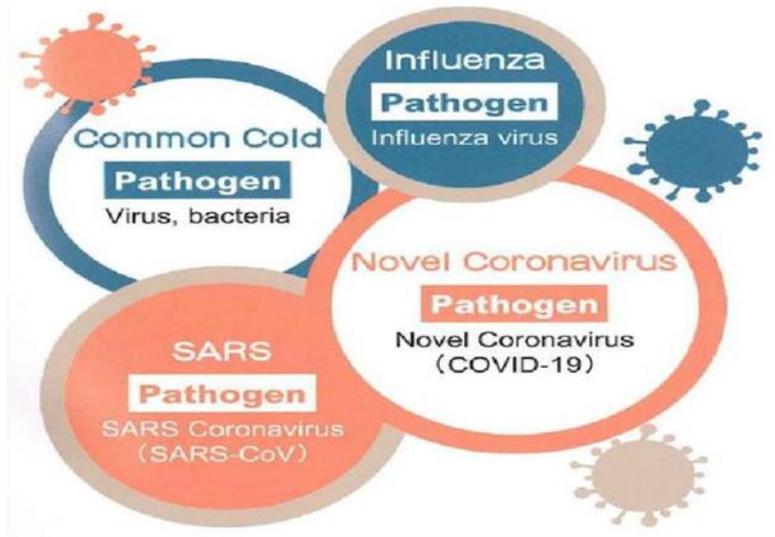


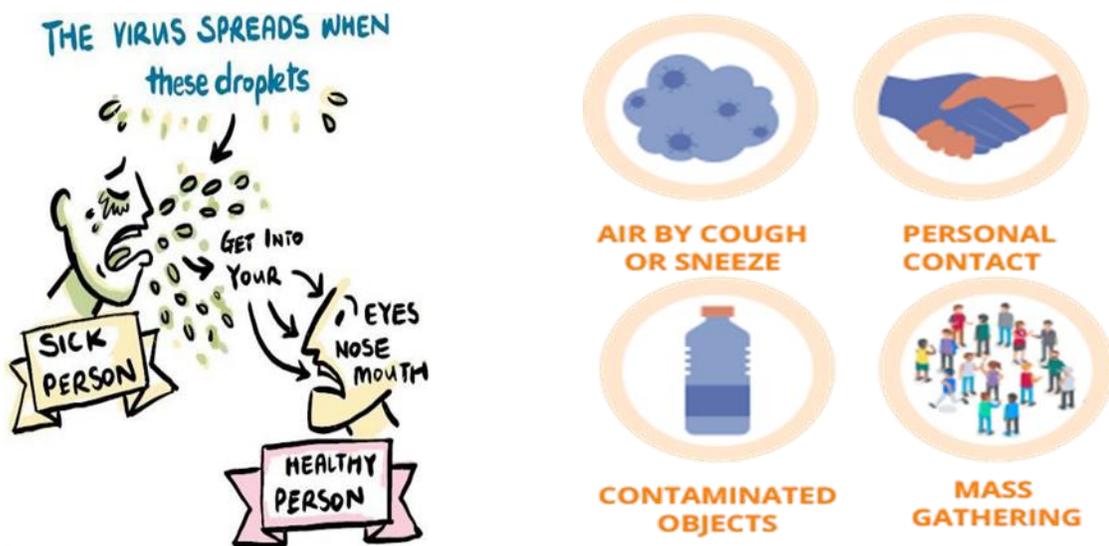
Fig. 2: Covid-19 relation with corona virus family

2.4 Modes of transmission

2.4.1 Droplets and Fomites:

SARS CoV-2 causes respiratory disease, and is mainly transmitted in person-to-person mode, which can happen in the following circumstances, as shown in Fig.3:

- Between people, who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced, when an infected person coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.



http://dcmsme.gov.in/Awareness_corona.htm

Fig. 3: Spread of virus by droplets and fomites

2.4.2 Surface and Articles contamination:

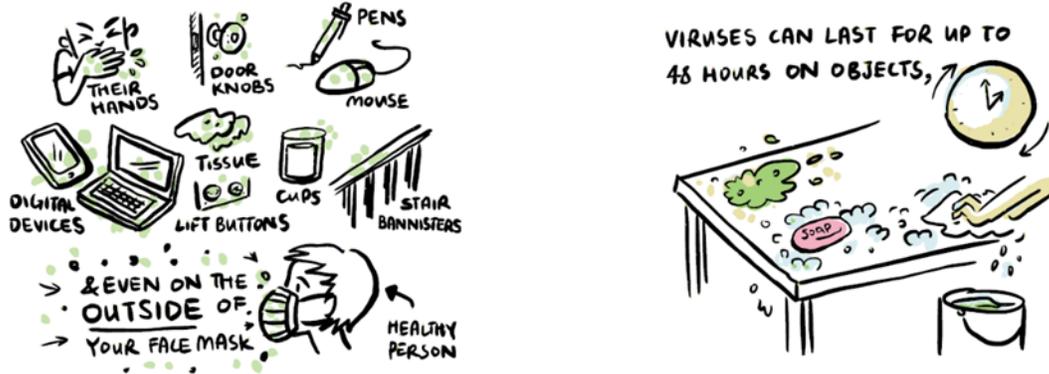


Fig. 4: Spreading of virus by surface contamination

A person can possibly get COVID-19 by touching a surface or an object (e.g. doorknobs and table) having virus on it and then touching his own mouth, nose, or eyes, as illustrated in Fig.4. Ways to prevent the SARS CoV-2 infection are illustrated through Fig. 5.



Fig. 5: Prevention of COVID -19

2.5 Signs and symptoms

The signs and symptoms of COVID-19 are similar to the symptoms of ordinary flu. Details are illustrated in Fig. 6. A study about where a patient has been, or whom the patient has had contact with, will give clues as to whether the patient may have been exposed to COVID-19.

Physical signs and symptoms

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed COVID-19 cases. The following symptoms may appear within 2-14 days, after exposure:

- Fever
- Cough
- Shortness of breath

Other symptoms which have also been observed are included in the Figure 6

Symptoms of COVID-19*

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Diarrhoea

*Individuals with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus.

If you develop any symptoms and think you have been exposed, call a healthcare professional immediately

Learn more at: www.nfid.org/coronaviruses



Fig. 6: Symptoms of COVID-19

2.6 Vulnerability



Fig.7: Elderly people (left) and people with pre-existing medical conditions such as asthma, diabetes and heart disease (right) are more vulnerable.

According to WHO, people of all ages can be infected by COVID-19. Elderly people and people with pre-existing medical conditions such as asthma, diabetes and heart disease appear to be more vulnerable to become severely ill with the virus.

2.7 Incubation period

Transmission may occur during the incubation period before a person shows signs of sickness. The incubation period of the virus is the time between the exposure and the display of symptoms. Current information suggests that the incubation period ranges from 1 to 12.5 days (with median estimates of 5 to 6 days), but can be as long as 14 days.

2.8 Definition of confirmed cases, contacts and suspected cases

2.8.1 Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms is treated as “confirmed case”.

2.8.2 Contacts

A contact is a person who is involved in any of the following:

- Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients.
- Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings).
- Traveling together in close proximity (less than 1 m) with asymptomatic person who later tested positive for COVID-19.

Details of high risk contact and low risk contact are provided below:

High risk contact :

- a) Touched body fluids of the patient respiratory tract secretions, blood, vomit, saliva, urine, faeces
- b) Had direct physical contact with the body of the patient, shook hands, hugged or took care of.
- c) Touched or cleaned the linen, clothes or dishes of the patient.
- d) Lived in the same household as the patient.
- e) Anyone in close proximity (less than one meter) of the confirmed case without precautions.

- f) Passenger traveling in close proximity (less than one meter) for more than 6 hours with asymptomatic person who later tested positive for Covid-19

Direct and high-risk contacts include Health Care Professionals (HCP) who examined a confirmed case without PPE or with a breach in PPE.

Low risk contact

- a) Shared the same space (same class for school/worked in same room/similar and not having a high risk exposure to confirmed or suspect case of Covid-19)
- b) Travelled in same environment (bus/train/flight/ any mode of transit) but not having a high-risk exposure

2.8.3 Suspect

According to the Indian Council of Medical Research (ICRM) the strategy for COVID-19 testing in India for suspects, is defined as

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset;

OR

B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset;

OR

C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

2.8.4 Probable Case

A. A suspect case for whom testing for the COVID-19 virus is inconclusive.

OR

B. A suspect case for whom testing could not be performed for any reason.

2.9 Laboratory Diagnosis

As per directive from MoHFW (Ministry of Health and Family Welfare), Government of India, all suspected cases are to be reported to district and state surveillance officers.

2.9.1 Sample collection:

Preferred sample: Throat and nasal swab in viral transport media (VTM) and transported on ice

Alternate: Nasopharyngeal swab, Bronchoalveolar lavage (BAL) or endotracheal aspirate which has to be mixed with the viral transport medium and transported on ice.

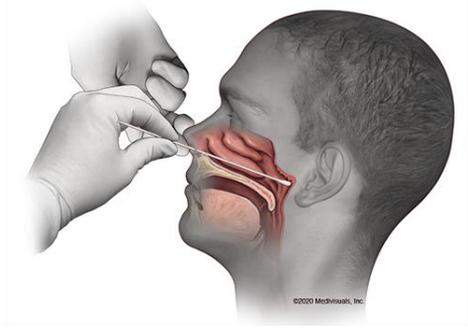
2.9.2 Collection methods:

A. Lower respiratory tract

- Bronchoalveolar lavage, tracheal aspirate, sputum
- Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container

B. Upper respiratory tract

Nasopharyngeal swab and Oropharyngeal swab



<https://health.ucdavis.edu/coronavirus/coronavirus-testing.html>

Standard Operating Procedure (SOP)

This Section describes the SOP to be followed for six different cases. A summary is conveyed with the help of a flowchart at the end, in Fig. 7.

3.1 SOP to be followed by a person with history of travel:

Any person with history of travel will inform RRCAT Medical Centre (RMC) and administration by telephone to seek further course of action, within 24 hours of arrival, and will duly fill the declaration form available at RMC or in the format as available on RRCATInfonet under the COVID-19 Corner. As a Precautionary measures, all such persons may need a quarantine for a minimum of 14 days along with accompanying family members/relatives.

If he/she has any symptoms related to COVID-19 (refer Section 2.5) within a period of 14 days, the individual will inform RMC, and follow the next SOP (3.2)

3.2 SOPs to be followed when a person is symptomatic (suggestive of COVID-19)

When any person is suffering from symptoms suggestive of COVID-19 (see 2.5),

- a) Place the ill person in a room or area, where they are isolated from others at home or the workplace with the face cover/ mask all the time. Provide a mask/face cover if the person is not having it.
- b) The room used for isolation should have good air circulation and should be disinfected after use with 1% hypochlorite solution. The person (at home or office area) carrying out disinfection must use a proper (preferably triple layered) mask, gloves and protective goggles. Care must be given to keep hypochlorite away from children while using at home.
- c) Immediately inform the RRCAT Medical Centre (RMC) **over phone**. Phone numbers are provided in Annexure VI. Beyond normal duty hours of RMC, if any person experiences severe symptoms related to COVID-19, he/she can contact RMC doctor or can go directly to Red category hospital. RMC should be informed on the next working day.

Currently there is no empaneled hospital in Red category for RRCAT CHSS beneficiaries and patient needs to be admitted in M. Y. Hospital, MRTB Hospital, SAIMS (Aurobindo Hospital), INDEX Hospital (Kindly refer to Annexure VI).

- d) The COVID-19 suspect patient should provide history to the RMC Doctor, over phone. A sample questionnaire to identify COVID-19 cases is placed at Annexure 1.
- e) The COVID-19 suspect patient will be given an **appointment** for consultation with RMC Doctor. The patient has to strictly adhere to the timings allotted by the doctor.

- f) A stable patient can commute to the dispensary by his/her own vehicle, preferably a four wheeler. Patients with severe symptoms (difficulty in breathing/ comatose/ confused states of consciousness, etc.) can come to dispensary by the RRCAT ambulance, with **only one attendant**. The attendant should wear adequate mask as per COVID-19 guidelines. (Preferably a triple layer mask)
At the dispensary, the individual shall be placed in an isolated place/room (Transit Check up Point) where the risk assessment will be undertaken by the doctor and accordingly further advice shall be made regarding management of case.
- g) If required the patient is then referred to the **red category hospital /fever clinic. (Any such designated hospital)** (Annexure VI & VII)
- h) The suspect case if reporting very mild/mild symptoms on assessment by the health authorities, would be placed under home isolation and the patient should comply with the current home isolation guidelines.(Annexure-II)
- i) Suspect case, if assessed by health authorities as moderate to severe, will be treated as per health protocol in appropriate health facility.
- j) Patient will inform RMC regarding the advice/prescription received from the outside hospitals/fever clinic in electronic format or copy of prescription.

3.3 SOP to be followed by any person with history of contact with COVID-19 positive patient

- a) The individual must inform the authorities, regarding his/her exposure and contact with COVID-19 Patient, immediately after his/her coming to know this information, to RMC and also to HOD of concerned division/independent section, if the patient is an employee.
- b) Contact tracing will be conducted for close contacts of laboratory confirmed or probable COVID-19 patients by state authorities.
- c) Testing is recommended by state authorities for all close contacts of confirmed or probable COVID-19 patients as per latest government guidelines.(Annexure VIII)
- d) Those contacts who test positive (symptomatic or asymptomatic) should be managed as a confirmed COVID-19 case as described in Sec. 3.6.
- e) If not tested, symptomatic close contacts should self-isolate and be managed as a probable COVID-19 positive case, following SOP described in Sec. 3.4.
- f) Those tested negative COVID-19, should monitor themselves for 14 days from the day of last contact and report if any symptoms are observed.

3.4 SOP to be followed by suspect case in home isolation

- a) Suspect case with mild symptoms may be advised home quarantine for 14 days.
- b) He/she and his/her family members should follow the guidelines as in Annexure II.
- c) In case of any symptoms (fever, cough, shortness of breath), they should contact RMC; as per current protocol home quarantined person will be transported to designated hospitals by an ambulance /vehicle assigned by RMC/state authorities.
- d) The next course of action will be decided by state authorities and person will keep RMC informed and updated about it.

3.5 SOP to be followed by family Member of COVID-19 Positive patient, who is admitted in a red category hospital

- a) All family members are advised to remain in home quarantine for 14 days and followed up for additional 14 days or till report of patient turn out negative as per recent guidelines.
- b) The Testing of family members will be carried out as per latest Government guidelines.(Annexure VIII)
- c) If any family member is having symptoms of COVID-19, then it should immediately be informed to RMC.
- d) All family members should stay in home Following COVID-19 social distancing measures and all non-essential visitors should be prohibited.

3.6 SOP to be followed by COVID-19 positive case

If any of the above patients tested turns out to be COVID-19 positive,

- a) He will be admitted in **Red Category hospital** by state authority and the family members will be quarantined at home /quarantine centre and should follow guidelines of sec 3.5.
- b) If the patient is an employee of RRCAT, the concerned reporting officer must be informed immediately.
- c) The rapid response team of state authority will undertake screening and contact tracing.
- d) The area in vicinity of his residence will be marked /cordoned off by state authority as containment area and movement in this area will be highly restricted.
- e) The necessary actions for disinfection of containment area and work place will be taken by state authorities.

- f) The period of containment / home isolation is decided by the state authorities.
- g) The Administration and Security department of RRCAT will be informed accordingly as and when the report of the patient is received by patient. They will assist the State health authorities in identifying the residence and the workplace (if the patient is an employee of RRCAT), for allotment of containment zones, disinfection etc.
- h) The security personnel will ensure that the people within the containment areas comply to the rules strictly and do not step out of their residence.
- i) If any COVID-19 positive case is reported who has visited RMC, RMC will be closed for 24hrs and thorough disinfection will be done.

Note:

1. All the individuals are advised not to indulge in any self-medication or any therapy without medical guidance.
2. Mild symptomatic patients may commute by their own vehicle to RMC/Hospital. Patients with severe symptoms will be transported by the Ambulance (**Ambulance will return immediately to RMC after dropping the patient at the hospital**).
3. The room/place must be sanitized with 1% sodium hypochlorite after every such suspect is examined **each time a suspected individual or positive case is transported, the ambulance must be disinfected.**
4. **Any person in the containment area, having symptoms suggestive of COVID-19, will be referred to the Fever clinic/Red category hospital.**
5. **Any employee who is COVID-19 positive or advised Quarantine, when returns back after the treatment, will be issued Medical fitness certificate by RMC doctor in order to get clearance for joining RRCAT office.**

Guidelines are subjected to change as new evidences emerge and studies and knowledge evolve.

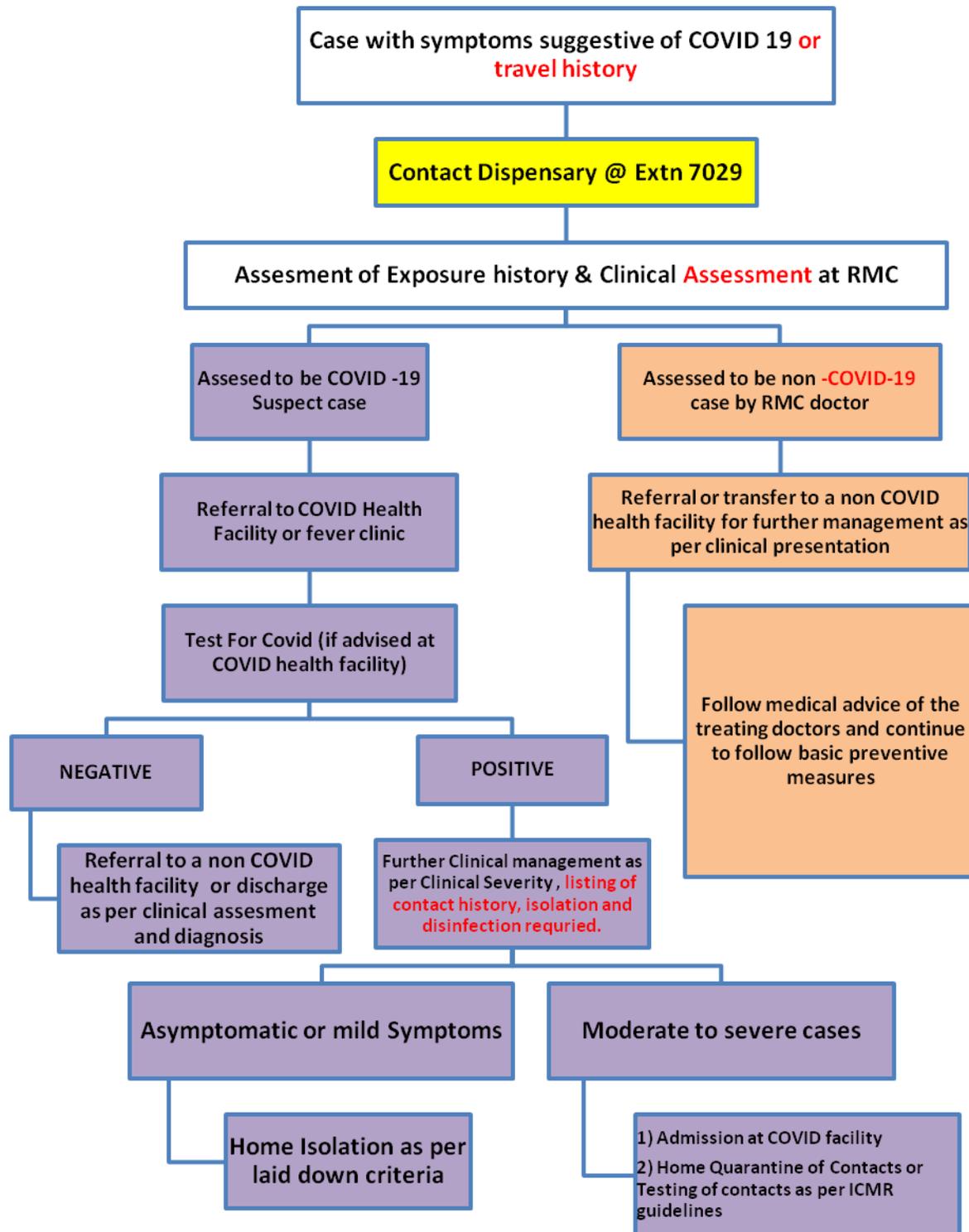


Figure 8: Flowchart for management of COVID-19 positive case

Annexure-I

COVID-19 Questionnaire

<u>Question</u>	<u>Response</u>
Has someone in your close family returned from a foreign country	Yes/No
Is the patient under home quarantine as advised by local health authority?	Yes/No
Have you or someone in your family come in close contact with a confirmed COVID-19 patient in the last 14 days?	Yes/No
Do you have fever?	Yes/No
Do you have cough?	Yes/No
Do you have sore throat?	Yes/No
Do you feel shortness of breath?	Yes/No

If answer of any of the above question is YES kindly contact RMC.

Annexure-II

**Government of India
Ministry of Health & Family Welfare
Directorate General of Health Services
(EMR Division)**

Guidelines for home quarantine

Scope

Detection of a travel related/unrelated suspect case of novel Coronavirus Disease (COVID-19) will be followed by rapid isolation of such cases in designated health facilities and line listing of all contacts of such cases. Home quarantine is applicable to all such contacts of a suspect or confirmed case of COVID-19.

This intervention will be limited to the initial phase of India reporting only (i) travel related cases and (ii) focal clusters arising from a travel related/unrelated case where cluster containment strategy is adopted (iii) Persons coming from COVID-19 affected areas where local and community transmission is evident.

Definition of contact

A contact is defined as a healthy person that has been in such association with an infected person or a contaminated environment as to have exposed and is therefore at a higher risk of developing disease.

A contact in the context of COVID-19 is:

- A person living in the same household as a COVID-19 case;
- A person having had direct physical contact with a COVID-19 case or his/her infectious secretions without recommended personal protective equipment (PPE) or with a possible breach of PPE
- A person who was in a closed environment or had face to face contact with a COVID-19 case at a distance of within 1 metre including air travel; The epidemiological link may have occurred within a 14 day period before the onset of illness in the case under consideration.

Instructions for contacts being home quarantined

The home quarantined person should:

- Stay in a well-ventilated single-room preferably with an attached/separate toilet. If another family member needs to stay in the same room, it's advisable to maintain a distance of at least 1 meter between the two.

- Needs to stay away from elderly people, pregnant women, children and persons with co-morbidities within the household.
- Restrict his/her movement within the house.
- Under no circumstances attend any social/religious gathering e.g. wedding, condolences, etc.

He should also follow the under mentioned public health measures at all times:

- Wash hand as often thoroughly with soap and water or with alcohol-based hand sanitizer
- Avoid sharing household items e.g. dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people at home.
- Wear a surgical mask at all the time. The mask should be changed every 6-8 hours and disposed off. Disposable masks are never to be reused.
- Masks used by patients / care givers/ close contacts during home care should be disinfected using ordinary bleach solution (5%) or sodium hypochlorite solution (1%) and then disposed of either by burning or deep burial.
- Used mask should be considered as potentially infected.
- If symptoms appear (cough/fever/difficulty in breathing), he/she should immediately inform the nearest health centre or call 011-23978046.

Instructions for the family members of persons being home quarantined

- Only an assigned family member should be tasked with taking care of the such person.
- Avoid shaking the soiled linen or direct contact with skin.
- Use disposable gloves when cleaning the surfaces or handling soiled linen.
- Wash hands after removing gloves.
- Visitors should not be allowed.
- In case the person being quarantined becomes symptomatic, all his close contacts will be home quarantined (for 14 days) and followed up for an additional 14 days or till the report of such case turns out negative on lab testing.

Environmental sanitation

- a) Clean and disinfect frequently touched surfaces in the quarantined person's room (e.g. bed frames, tables etc.) daily with 1% Sodium Hypochlorite Solution.
- b) Clean and disinfect toilet surfaces daily with regular household bleach solution/phenolic disinfectants.
- c) Clean the clothes and other linen used by the person separately using common household detergent and dry.

Duration of home quarantine

The home quarantine period is for 14 days from contact with a confirmed case or earlier if a suspect case (of whom the index person is a contact) turns out negative on laboratory testing.

Annexure-III

General guidelines and do's & dont's:

New Normal Etiquettes to Combat COVID-19



Do's



Greet people without physical contact



Maintain physical distance of minimum 1 meter



Wear reusable face-cover/mask at all times



Maintain respiratory hygiene, cover nose & mouth while coughing/sneezing



Wash hands frequently or use alcohol based hand sanitizer



Clean and disinfect frequently touched surfaces regularly

Dated: 3 June,2020

New Normal Etiquettes to Combat COVID-19

Don'ts



Avoid unnecessary travel



Don't spit in public places



Avoid touching eyes, nose and mouth



Don't discriminate COVID-19 patients/caregivers/ others fighting against COVID-19



Keep number of guests to the minimal if social event cannot be postponed



Do not visit crowded places/ avoid mass gatherings

Dated: 3 June,2020

Annexure-IV

General Etiquettes

- 1) Wash your hands for at least 20 sec thoroughly whenever you get home or touch any potentially contaminated surface or items.



- 2) Use soap and water or sanitizer with at least 60% alcohol to wash or clean hands thoroughly before cooking and eating, after using washroom, after blowing your nose, coughing or sneezing etc.
- 3) Do practice social distancing a minimum distance of 6 feet/2 meters



<https://www.pdsigns.ie/product/please-ensure-social-distancing-sign/>

- 4) Cough or sneeze in to your bent elbow or use tissue paper or napkin/handkerchief and dispose the tissue immediately in a covered bin.



✗ Wrong



✗ Wrong



✓ Right

- 5) Wear a mask whenever you go outside your home.

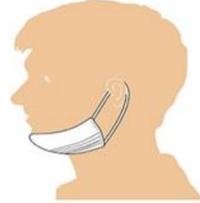
DOs AND DON'Ts OF WEARING A MASK



✗



✗



✗



✓

- 6) Clean frequently touched surfaces often with soap water or sanitizer.



7) Avoid touching surfaces with your hands.



8) Eat proper diet and drink plenty of fluids. Get adequate rest, sleep and relaxation



9) If you are sick Stay at home, Limit contact with others, Seek Medical advice, do not touch your eyes, nose and mouth frequently.

10) Do not go to crowded places.

HOW TO PRACTICE SOCIAL DISTANCING

healthshots
Your daily dose of wellness

- Don't go to crowded places and avoid large gatherings
- Make use of online services for your daily groceries
- Ask your employer for work from home facilities
- Stand at least six feet away from other people
- Lay low if you've come in contact with someone with flu-like symptoms
- Have dates on Skype and don't eat outside

<https://www.healthshots.com/preventive-care/self-care/life-in-the-time-of-coronavirus-heres-how-you-can-practice-social-distancing/>

11) Don't shake hands.

AVOID CLOSE CONTACT WITH ANYONE

The graphic illustrates two types of hand contact. On the left, a handshake is shown with a red 'X' below it, indicating it is incorrect. On the right, a prayer gesture (hands pressed together) is shown with a green checkmark below it, indicating it is correct. Small virus icons are scattered around the handshake.

12) Don't spit in public.



Figure 20: Don't spit in public.

<https://www.tribuneindia.com/news/nation/police-hires-dacoit-to-stop-people-from-spitting-at-public-places-79029>

13) Avoid going out except for essential needs especially elderly people, pregnant women and children.

14) Pregnant women

Routine Ante Natal case (Pregnancy) visit to be deferred unless it's an emergency.
Minor problems to be sorted telephonically.

15) Lactating women

Wash your hands before and after touching the baby.
Wear mask during breast feeding

Annexure-V

Myth-Busters: These are the facts.



Cold weather and snow CANNOT kill the **SARS-CoV-2**



Hand dryers are NOT effective in killing the **SARS-CoV-2**.



There is NO evidence that regularly rinsing the nose with saline has protected people from infection with the **SARS-CoV-2**.



The **SARS-CoV-2** CAN be transmitted in areas with hot and humid climates.



Ultraviolet light SHOULD NOT be used for sterilization and can cause skin irritation.



Garlic is healthy but there is NO evidence from the current outbreak that eating garlic has protected people from the **SARS-CoV-2**.



The **SARS-CoV-2** CANNOT be transmitted through mosquito bites.



Thermal scanners CAN detect if people have a fever but CANNOT detect whether or not someone has the **SARS-CoV-2**.



Antibiotics DO NOT work against viruses, antibiotics only work against bacteria.



There is NO evidence that companion animals/pets such as dogs or cats can transmit the **SARS-CoV-2**.



Spraying alcohol or chlorine all over your body WILL NOT kill viruses that have already entered your body.



To date, there is NO specific medicine recommended to prevent or treat the **SARS-CoV-2**.



Taking a hot bath DOES NOT prevent the **SARS-CoV-2**.



Vaccines against pneumonia, such as pneumococcal vaccine and Haemophilus influenzae type b (Hib) vaccine, DO NOT provide protection against the **SARS-CoV-2**.

Annexure-VI

Important Telephone Numbers:

Medical Officer	Designation	Email ID	Phone No. when on duty 0800 to 1600 hrs.	Mobile No. for contacting beyond office hours (EMERGENCY ONLY)
Dr. Zahid Beg Mirza	In-charge, RRCAT Medical Centre, SOF	zimirza@rrcat.gov.in	2488222	9826667989
Dr. (Smt.) S. Bhavani	I/C RMC, SOE	bhavani@rrcat.gov.in	2487222	9039519267
Dr. Rahul Verma	I/C RMC, SOD	rahulv@rrcat.gov.in	2487042	9713168569
Dr. (Smt.) Savita Kumawat	SOC	savita@rrcat.gov.in	2487154	9977877222
Dr. (Smt.) Manisha Chauhan	SOC	manishac@rrcat.gov.in	2487057	7581082005



Ministry of Health and Family Welfare, Government of India Helpline for COVID 19 :+91-11-23978046, 1075

Helpline Email ID: ncov2019@gov.in

Call Center Toll Free Number (24 × 7) (M.P): **104**

Indore Corona Call Center (8 AM to 8 PM): **0731- 2567333** or
0731- 2537253 or
0755- 2527177

Names of Government & Private Institutes	
M.Y. Hospital LG-9, A B Road, M Y Road, Indore, Madhya Pradesh 452001	Sri Aurobindo Institute of Medical Sciences Ujjain State Highway, Near MR 10 Crossing, Sanwer Road, Indore, Madhya Pradesh 453111
MRTB Hospital South Tukoganj, Indore,	Index Medical College Hospital & Research Centre Index City, Nemawar Road, NH-59A, Indore, Madhya Pradesh 452016

Annexure-VII

List of Fever Clinics in Indore

As per Order No. 550/PA/2020 dated 23rd May 2020 issued by District Magistrate, Indore

क्र .	नगर निगम के जोन क्र .	वार्ड नंबर	फीवर मोहल्ला क्लिनिक का नाम व पता	प्रभारी मेडिकल ऑफिसर)शासकीय(सहायक चिकित्सक (SAIMS)	पैरामेडिकल स्टाफ)शासकीय(
1	2	3	4	5	6	7
1.	01	4,7,8,9,16	मल्हारगंज पालिकलीनिक पता-मल्हारगंज थाने के सामने	डॉ.अशोक मालू 9827225576	डॉ.चिराग व्यास 7869298321	वैजन्ती वर्मा 9993650068
2.	02	6,67,68,69,70,	प्रेम कुमारी देवी हॉस्पिटल पता- 09 ख्यालौराम मार्ग बियाबानी ,इन्दौर	डॉ.मोहन कुमावत 9977207831	डॉ.यश रिमझा 9993660866	बिंसी जैकब 7869794516
3.	03	56,57,58	शिवाजी नगर यूपीएचसी पता -राजकुमार सब्जीमंडी के पास मालवामील	डॉ.विजय हरलालका 9826210412	डॉ.मोहम्मद जावेद 741516552	कु .दिपशिखा पाण्डे 9826522075
4.	04	12,13,10,11,17	सामुदायिक स्वास्थ्य केन्द्र बाणगंगा पता- बाणगंगा पानी की टंकी के सामने	डॉ.विभूती पाठक 9993734785	डॉ.किशोर घोंद 9421969836	संगीता ओव्हाल 9826417460
5.	05	28,33,21,22	सुयश विहार यूपीएचसी पता-ई.एस.आई.हॉस्पिटल के पिछे	डॉ.शिवानी वासेकर 7747871149	डॉ.जोसफ थॉमस 8889659598	रिना गुप्ता)फार्मा(7566062394
6.	06	26,27,24,25	सुभाष नगर यूपीएचसी पता -सुभाष नगर पानी की टंकी के सामने	डॉ.पुनीता सादिजा 8989504568	डॉ.जय चौधरी 7697473339	कविता सोलंकी 96444442355
7.	07	29,32,31,34	अरण्य डिस्पेंसरी यूपीएचसी पता -आशादीप हॉस्पिटल के सामने	डॉ.प्रीति शाह भंडारी 9755990473	डॉ.अगराज शर्मा 7000596626	रूबी खान 9977664222
8.	08	30,35,36,37	निरंजनपुर यूपीएचसी पता -जे.सी.बी.शोरूम के सामने निरंजनपुर	डॉ.नितेश कुमार चौधरी 9755119876	डॉ.शिखर अवरस्थी 7415672081	भारती शाह 9753137910
9.	09	44,45,46,47	मांगीलाल चुरिया अस्पताल पता - अंबेडकरनगर	डॉ.मंजु वर्मा 7999704065/ 9425045755	डॉ.सोम्या एस.आर्य 8770184982	वंदना पटेल 9560911744

10.	10	38,39,40,42,43	खजराना यूपीएचसी पता - खजराना दरगाह के पास	डॉ.कश्यप शाह 9425061751	डॉ.रामकिशोर सिंह 9470439994	आशा सालोमन 9009467237
11.	11	54,55,60,48,49	बड़ी ग्वालटोली पता - हनुमान मंदिर के पास बड़ी ग्वालटोली	डॉ.अनुभा गंगराडे 9827067632	डॉ.हमजाह आसिफ 9752483229	धन्याडी बाबू 9993658552
12.	12	59,61,62,65,66	जूनी इन्दौर डिस्पेंसरी पता -जबरन कॉलोनी , इन्दौर	डॉ.मधु मारग्रेट 9926300583	डॉ.गजेन्द्र अहिरवार 7225920915	तिलोत्मा सिंह 9329738925
13.	13	77,81,74,78,80	राजेन्द्र नगर पीएचसी पता -राजेन्द्रनगर मेनरोड़	डॉ.ओपी कदम 7974392952	डॉ.सुरभि मोहासे 8878393888	नंदिता निगम 7984149506
14.	14	84,85,82,79	सुदामा नगर यूपीएचसी पता -एलेन स्कूल के पास सुदामानगर	डॉ.कालु सिंह भवस्कर 8109910413	डॉ.सिमरन उके 9111110172	पूजा ओव्हाल 9907658966
15.	15	02,72,83,71,73	एमओजी लाईन डिस्पेंसरी पता -सराफा स्कूल के सामने वाली गली में एमओजी लाईन	डॉ.मधु व्यास 9303239391	डॉ.शान्तनु सोनटक्के 7869381622	मीनू शुक्ला 9993990399
16.	16	01,05,03,15,14	बाबुमुराई यूपीएचसी पता -रिलायंस पेट्रोलपंप के पास एयरपोर्ट रोड़ ,इन्दौर	डॉ.अवनि गुप्ता 8878338755	डॉ.सदाम अली 9009400786	अंजली चौबे 7000921881
17.	17	23,18,20,19	शिवकंठ नगर यूपीएचसी पता -जेमिनी केरियर इंस्ट्रीट्यूट के पास शिवकंठ नगर ,इन्दौर	डॉ.रोशनी मालेवाड 9340287970	डॉ.अंकिता जांगड़े 7697670609	सीमा निगम 8989463366)वर्तमान में नंदा नगर(
18.	18	51,52,53,63,64	भंवरकुआ डिस्पेंसरी पता - सिंधी कॉलोनी सब्जीमंडी के पास भंवरकुआ	डॉ.कामिनी सिमलोट 9425107847	डॉ.रानी बोध 9907817222	गायत्री सागौरे 9753535498
19.	19	41,75,50,76	पीएचसी बिचौलिहप्सी पता -बाईपास रोड़ बिचौलिहप्सी	डॉ.रितु विश्वास 9826873843	डॉ.सौरभ बड़जात्या 9981846424	निशा कैथवास 8817120971
20.	रिजर्व दल		-	-	डॉ.रोहित सिंह 9900924026	-

Annexure-VIII

List of Authorized Covid Test Labs in Indore – Government and Private

As per notification issued by ICMR dated 29th June 2020

Test Category	Names of Government Institutes	Names of Private Institutes
RT-PCR	374. Mahatma Gandhi Memorial Medical Collage, Indore	172. Central Path Labs Private Ltd, MZ 117-118, Yeshwant Plaza, Indore
	396. District Tuberculosis Centre, Indore	174. Sri Aurobindo Institute of Medical Sciences, Indore
	439. Government PC Sethi Hospital, Indore	176. Sampurna Sodani Diagnostic Clinic, LG-1, Morya Centre, 16/1, Race Course Road, Indore

References/Further reading:

1. [https://www.mohfw.gov.in/pdf/clinical management protocol.version 3,dated 13.06.20](https://www.mohfw.gov.in/pdf/clinical%20management%20protocol.version%203,dated%2013.06.20)
2. Standard operating procedures for offices, work places, Ministry of Health and Family welfare, dated 04.06.20
3. National Directives for COVID-19 management, Ministry of Home Affairs order No. 40-3/2020-DM-I(A)/ dated 01.05.2020.
4. Indian Council for Medical Research <http://www.icmr.nic.in>
5. Centre for Disease Control and Prevention <http://www.cdc.gov/coronavirus/2020>
6. World Health Organization (2020) - Laboratory testing for corona virus disease 2019 (COVID-19) in suspected human cases.

www.nrhmmp.gov.in
7. Guidance on specimen collection, processing, transportation, including related biosafety procedures, is available at:
https://www.mohfw.gov.in/pdf/5Sample%20collection_packaging%20%202019-nCoV.pdf