

COVID-19 : STANDARD OPERATING PROCEDURES AND PRECAUTIONS

In the past weeks, some TIFR employees who have been attending office have tested positive for Covid-19, and it is possible that as 'Mission Begin Again' proceeds, there may be some other cases as well. In every case, it is necessary to strictly follow some precautionary measures to prevent further spread of the infection. These procedures are laid out in this document and should be followed carefully by all the relevant employees and functionaries of the Institute.

1. COVID-POSITIVE PATIENTS:

- (a) *Treatment:* In the recent months of the Covid-19 pandemic, it has been observed that going through CHSS dispensary or BARC Hospital (BARCH) is the fastest route for treatment and management for any suspected Covid-19 case. BARCH has the facility to admit patients (if required medically) while the test reports are awaited. Then the patient will be shifted to another hospital, if deemed necessary. This will avoid delay in treatment wherever it is needed.

BARC helpline numbers: 022 25520051/52/53

BARC Control Room No: 022 25598402

- (b) *Private treatment:* In cases where the beneficiary is staying far away from the dispensary, he/she can get the authorisation for testing from any registered medical practitioner and get the test conducted by the designated testing centre in Mumbai as per the ICMR guidelines. Such charges will be reimbursed by CHSS only after completing the reimbursement formalities. Please note that only actual testing charges will be reimbursed, not home visit charges.
- (c) *Contact tracing:* If anyone tests positive for Covid-19 contact tracing needs to be done. A "contact" is a person who has been **exposed** to a confirmed Covid-positive case any time starting from 2 days prior to the onset of symptoms of that case, and till the date of confirmation of Covid-positive/negative status. The procedure for contact tracing is set out in Sections 3 and 4.

2. EMPLOYEES WORKING IN THE SAME OFFICE/LABORATORY:

- (a) *Immediate action:* The suspected cases should be immediately sent to appropriate health facility for further course of action. The necessary actions for contact tracing and disinfection of work place will start once the report of the patient is received as Covid-positive.
- (b) *Infection Cluster:* If there are large numbers of contacts of a pre-symptomatic/asymptomatic cases, there could be a possibility of a cluster emerging due to the closed environment in a workplace setting. The essential principles of risk assessment, isolation, and quarantine of contacts, case referral and management will remain the same. However, the scale of arrangements will be higher.
- (c) *Disinfection:* If there are one or two cases reported, the surface disinfection by spraying sodium hypochlorite solution (at the appropriate dilution) will be

limited to places/areas visited by the patient in the past 48 hrs. There is no need to close down the entire office building or to halt work in other areas of the office. Work can be resumed in the offices/laboratories/workshops after disinfection.

- (d) *Closure of laboratory*: The laboratories housing sensitive equipment where spraying is not possible, should be kept isolated for 48 hours. However, if there is a larger outbreak, the entire building will have to be closed for 48 hours after thorough disinfection. For this, advice of the Medical section will be followed.
- (e) *Attendance*: All the staff of the affected office/laboratory will work from home, till the building is adequately disinfected and is declared fit for re-occupation.

3. CONTACTS AND ISOLATION:

- (a) *Classification of contacts*: Contacts are of two kinds — high risk contacts and low risk contacts. They are to be understood as follows:

High risk contacts are all those who

- touched body fluids of the patient (e.g. respiratory secretions, blood, saliva, urine, faeces, vomit, etc.);
- had direct physical contact with the patient (including physical examination without PPE);
- touched or cleaned the linen, clothes or dishes of the patient ;
- live in the same household as the patient;
- have been in close proximity (within 1 metre) of the patient without precautions (mask, etc.);
- have travelled as a passenger in close proximity (within 1 metre) for more than 6 hours in a conveyance with an asymptomatic patient who later tested Covid-positive.

Low risk contacts are all those who

- shared the same space (same classroom/worked in same room) and did not have high risk exposure to the positive patient (i.e. had face mask, maintained safe distance, etc.);
- travelled in same environment but not having a high risk exposure (i.e. had face mask, maintained safe distance, etc.)

- (b) *Recommended action for contacts*: High risk contacts should remain isolated for minimum 14 days. They should be in touch with the CHSS facility for further course of action. Generally, high risk contacts are tested for Covid-19 between 5 to 10 days of contact. The developments must be informed to the TIFR Medical Section.

Low risk contacts do not require isolation but they should follow all precautions and be vigilant about any development of symptoms in the next 14 days.

- (c) *Recommended action for families:* In cases where a family member is Covid-positive, all other members staying in the same household are considered high risk contacts and the isolation is mandatory. The duration of isolation is minimum 14 days, which may be extended if other members turn out to be Covid-positive subsequently. This period is usually advised by the local BMC Medical authority.
- (d) *Containment zone:* If the area is declared as a containment zone, people are not allowed to attend work even if they are asymptomatic or not high risk contacts.

4. PROCEDURES FOR CONTACT TRACING:

- (a) *Definition of Contact:* As mentioned above, “Contact” is a person who has been exposed to a ‘confirmed Covid-positive case’ any time starting from 2 days prior to onset of symptoms, till the date of confirmation of COVID positive status.
- (b) *Contact Tracing:* This is the process of identifying, assessing and managing people who have been exposed to a disease to prevent onward transmission. To begin with, a set of information (listed below) needs to be collected. This information will have to be conveyed to a risk assessment committee which will decide on further action. A Contact should be alert for 14 days from the last date of exposure and immediately report to the Healthcare facility (defined below) in case symptoms show up.
- (c) *Who will collect the initial information?* If the Covid-positive patient has been in office from 2 days prior to onset of symptoms, then in-office contacts need to be traced. The Section Heads (with help of section staff where required) will gather the necessary information on telephone. For students and postdocs, the School/Department Chairs or their nominees should help in getting this information.
- If the COVID positive patient has been residing in one of our residential colonies then BMC in principle is expected to do the contact tracing and take a decision. However, to expedite the matter, the local Resident Welfare Association (RWA) equivalent (e.g. CIBRA in the case of Colaba housing colony) can also involve volunteers to get the necessary information on telephone.
- (d) *What information needs to be collected?* Comprehensive information needs to be obtained by consulting on telephone the (i) patient, (ii) his/her family members, and (iii) co-workers in the department/section. The detailed questions are listed in the Appendix.
- (e) *Communication of information:* The gathered information should be sent by email to the Contact Risk Assessment Committee [CRAC] (crac@tifr.res.in) which will take a decision and inform the Section Head/RWA head on what needs to be done. The CRAC will consist of the Head Medical Section, Deputy Registrar and Head of Security.

The CRAC will assess Contacts and classify them into ‘Low risk’ or ‘High risk’ and then recommend one of the following: Clear OR self-Quarantine OR Report to the

healthcare facility immediately. This information will be sent to Section Head/RWA head who will then inform the Contacts without delay.

The process should ideally be completed within 48 hrs.

(f) *Guidelines for CRAC:* The CRAC will follow the following guidelines:

- (i) *Low risk, no symptoms-* Clear, may continue to work. If any symptoms show up in next 14 days, self-quarantine immediately and report to the healthcare facility (CHSS dispensary or BARCH fever clinic for regular employees, TIFR Medical Section for Research scholars).
- (ii) *Low risk with symptoms-* Report to the healthcare facility immediately and remain in self-quarantine till cleared by healthcare facility.
- (iii) *High risk, no symptoms-* Self-quarantine immediately and report to the healthcare facility for further guidance. A high risk asymptomatic contact who is in self-quarantine for 14 days, should be tested for Covid-19 infection by RT-PCR test on the 13th day. If the test is negative, the person can resume duty from the 15th day.
- (iv) *High risk, with symptoms-* Immediately report to the healthcare facility.

5. DISINFECTION PROCEDURES FOR COSMETIC MAINTENANCE SECTION (COS)

In view of the occurrence of Covid-positive cases attending office in the Institute, the following procedures will be followed for cleaning and disinfection.

- (a) *Regular Cleaning:* Cleaning of the institute premises will be done on a daily basis by the Cosmetic Maintenance Section (COS). Office spaces, including conference rooms and toilets will be cleaned every day as per the cleaning roster at 8.30 am, 11.00 am, 2.00 pm and 5.30 pm. All indoor areas such as entrance lobbies, corridors, staircases, elevators, security guard booths, East/West canteen will be mopped with a disinfectant. Jet spray machine will be used to clean open areas.
- (b) *Hand Sanitisation:* Washing hands with soap is encouraged as it is safer than alcohol based hand sanitisers and less damaging to skin. Nevertheless, sanitiser dispenser stands are kept in the following common areas and will be periodically refilled by COS.
 - (i) East and West Canteen entrances
 - (ii) Medical section entrance
 - (iii) A, D block reception area
 - (iv) Central Library entrance
 - (v) Central Workshop entrance
 - (vi) Pelletron building entrance
 - (vii) Stores receipt area

- (c) *Departmental Hand Sanitisation Arrangements*: Other Departments/Sections who decide to make provision of sanitisers/ sanitiser dispenser stands for their members, should acquire them using their Departmental budgets. They should get the sanitiser refills from Central Stores using their budget code and take the responsibility of refilling the dispensers.
- (d) *In case of a Covid-positive person*: Enhanced cleaning and disinfection (with appropriate sodium hypochlorite solution) will be done at a particular place on a case-by-case basis *after notification of a confirmed case* of Covid-19. Section Heads can request for disinfection of an area if a Covid-positive person has been in that area in the past 48 hrs and has spent a considerable amount of time there (>30min). If not, then the risk is very small and the place need not be specially sanitized. All such requests must be conveyed to the CRAC at [crac@tifr.res.in].

These being extraordinary times with a lot of stress on COS manpower, Departments/Sections should strictly adhere to the above guidelines for seeking help with disinfection of an area.

6. REITERATION OF SAFETY PRECAUTIONS

In addition to the above, it is reiterated that all Institute members should continue to maintain the standard precautions, viz.

- (a) *Face masks*: Wear face masks covering both nose and mouth, especially in the presence of others;
- (b) *Social distancing*: Maintain safe distance of 6 feet between persons (or more if there is an air current);
- (c) *Hand sanitisation*: Frequently wash/sanitise hands; avoid touching mouth, nose and eyes with unsanitised hands;
- (d) *Avoiding crowds*: Avoid crowding in lifts, canteens, offices, laboratories; use stairs (without touching rails) if possible, do not gather anywhere for chatting/time pass;
- (e) *Safe discussions*: Hold all meetings/discussions by electronic means; for one-on-one discussions use the open air spaces in the Institute premises as far as possible.
- (f) *Discouraged practices*: Avoid smoking and spitting in public areas.

If anyone feels the onset of Covid-like symptoms, they should immediately consult the healthcare facility before coming to the Institute. If rostered but medically advised not to come, the Section Head must be informed immediately, so that alternative arrangements can be made.

APPENDIX

Information to be collected for Contact tracing

A. Index case (person who was COVID positive)

1. Name & Section:
2. Age(yrs) & Sex(M/F):
3. Home Address:
4. Mob. Phone & Email:
5. Date of onset of symptoms:
6. Date of swab test:
7. Recent travel history:
8. Places visited at workplace/community starting 2 days prior to onset of symptoms:
9. Names of possible workplace contacts:
10. Names of possible contacts at home/community:

B. Contacts (person who came in contact with Index case)

1. Serial No.:
2. Name:
3. Age(yrs) & Sex(M/F):
4. Home Address:
5. Mob. Phone & Email:
6. Relation with Index case (colleague/family member):
7. Do you have any symptoms (fever/cough/sore throat/weakness etc.):
8. Date & place of the contact:
9. Duration of close contact (less than 1 meter) <15 mins or >15 mins:
10. Did you share the same room with the person? If so, mention duration:
11. Did you have tea/lunch together? If so mention distance & duration:
12. Was the person wearing a mask during the contact? If so, what type of mask?
13. Were you wearing a mask during the contact? If so, what type of mask?
14. Was hand hygiene performed immediately after contact?
15. Name others in your knowledge who possibly came in contact with the confirmed case.