



SANKARA NETHRALAYA

WORK RESUMPTION

AFTER LOCK DOWN

Effective Date: 06.05.2020

SN SOP DOCUMENTS

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General Instructions

1.0 Purpose : The purpose of this Standard Operating Procedure (SOP) is to describe the procedure to follow for resuming work after lockdown due to COVID-19 outbreak.

2.0 Introduction : This SOP is prepared to resume the work at all Units at various locations after the lockdown period due to COVID-19 outbreak. By following this SOP the chain of corona spread shall be eliminated and works can be done safely. All precautionary measures are to be ensured at SN establishments so that employees / contract workers feel safe and secure at work place.

3.0 Scope : This SOP applies to all MRF establishments

4.0 Coverage : This SOP covers all stakeholders working at MRF

- All MRF Employees
- All Contract employees
- All Trainees
- All Patients and Attendants
- Visitors to MRF premises

5.0 Preparedness prior to resumption

5.1 Area Disinfection :

5.1.1 All areas in the premises including the following shall be disinfected completely using user friendly disinfectant mediums.

- a. Entrance Gate of Building, Office etc.
- b. OPD – Rooms, counters and waiting areas
- c. OT complex
- d. Laboratories
- e. Optical shops
- f. Pharmacy
- g. Stores

- h. Administrative complex
- i. Research block
- j. Meeting rooms, Conference halls
- k. Canteen and Coffee shops
- l. Open areas available
- m. Verandah
- n. All Equipment
- o. Washroom, Toilet, Sink etc.
- p. Walls
- q. All other surfaces

5.1.2 Procedure shall be established for the disinfection method, type of medium, periodicity, log register, etc.

5.1.3 Appropriate PPE like Masks, Gloves, Coats / Aprons, Head cover and also appropriate disinfecting gadgets like sprayer, brush, etc are made available.

5.1.4 Display board regarding the procedure of disinfection shall be displayed at entrances / prominent places.

5.2 Official working procedure

Changes in the working methodology shall be made to avoid crowding and maintaining social distance while working.

5.2.1 Working days – As per the Plan A, entire staff will be split into 3 batches. Each batch will work for 2 consecutive days and be off work for next 4 days of the week. This will be adhered to until further notice. The staff should not meet with members of the either batch either within the hospital or outside. Every effort should be made that family members, those travelling together, residing together are placed in the same batch.

5.2.2 Working Hours – The OPD will work from 8 am to 5pm. The employees will work as per the roaster prepared by respective HOD. The staff may leave the premises after completion of work, with permission of HOD.

5.2.3 Work from Home - Work from home may be implemented in select feasible areas / functions / offices. HOD will decide on this after discussion with management.

5.2.4 Flexible work hours - Flexible hours staggered at office can be introduced depending upon the situation / work demand.

5.3 Instructions / Advice to all employees / others - Following instructions shall be communicated to all concerned for strict adherence by them.

5.3.1 As far as possible, usage of bulk public transport shall be avoided.

5.3.2 All to use own vehicle for commuting to office, as far as possible.

5.3.3 In case of cab travel, maximum 2 passengers can use in a single cab.

5.3.4 HR to try and arrange transport for staff up to specified radius for those solely dependent on Public transport. Timings and route will be intimated. All staff to strictly wear masks, follow hand hygiene and maintain physical distancing during travel to the extent possible.

5.3.5 Sanitization of the Hospital buses / ambulance after every trip.

6.0 On resumption of work

6.1 Security procedures at entry gates

6.1.1 Compulsory screening of all staff irrespective of cadre / status entering through gate with thermal scanner by security.

6.1.2 Stoppage of any person found to have fever and cough with breathing problem. Staff will be advised to return home and consult physician for further treatment. In case of Flu like symptoms, strict home quarantine for 2 weeks advised.

6.1.3 No new workers (without valid pass) shall be allowed inside.

6.1.4 All new vehicle shall be stopped at gate and occupants asked to state purpose of visit.

6.1.5 Any parcel / courier person should be stopped at gate. Parcel shall be collected from gate by Security / concerned person.

6.2 Patients registration

6.2.1 Patients will be encouraged to fix appointment over the phone.

6.2.2 All registered patients will be spoken to by DPS the previous day and asked about COVID infection, contact or exposure and fever. Such patients will be asked to defer non-emergency ophthalmic consultation and visit a physician. Registered patients, who are otherwise healthy, will be advised to come at fixed time of appointment only.

6.2.3 During initial period post lockdown, the inflow of patients will be restricted to 1 patient per consultant every 15 minutes.

6.2.4 All patients and attendants will wash hands with soap / sanitizer, have non-contact temperature check, fill COVID form, wear surgical mask and register for consultation at enquiry counter. Patients with appointment will be fast-tracked at enquiry while ensuring physical distancing at all time.

6.2.5 At the OPD area, the patient and attendant will be seated close to the workup / consultation room. Unnecessary movements of patient / attendant will be prohibited.

6.2.6 Patients will be encouraged to use the stairs to avoid crowding in the lifts.

6.2.7 Roving Ambassadors at each floor will ensure that patients maintain physical distancing at the waiting area, avoid crowding near the counters and are seen as early as possible by optometrist / consultant. They will ensure that patients who have finished consultation will leave the premises immediately.

6.2.8 Floor coordinator will control the number of patients in each floor by coordinating with enquiry counter.

6.2.9 Strictly only 1 attendant per patient to be allowed.

6.3 Attendance system

6.3.1 Bio-metric (Finger touch) swiping for attendance shall be discontinued.

6.3.2 Punching of ID cards for attendance (Swiping with bar code or register) to continue.

6.4 Etiquettes during duty hours at Clinic / Lab / Offices

6.4.1 Employees shall work from their seats and avoid going to other's seats as far as possible.

6.4.2 All maximum possible discussions / interaction can be held through land phones and mobile phones.

6.4.3 Meetings are to be avoided as far as possible and VC / Conf calls / other modes can be used in place.

6.4.4 All employees to strictly adhere to the social distance of minimum 1 meter.

6.4.5 To avoid hard copy files where ever possible and soft copy correspondences / approvals are to be obtained by mails or E office.

6.4.6 Approving officials can seek required back up / supporting documents in soft for study before according approval on hard copy to avoid contaminations.

6.5 Sanitization and Upkeep of common places / utilities

6.5.1 To ensure that all doors / windows (as applicable) are in open condition always during office hours between 7 am and 6 pm.

6.5.2 Wherever possible, air-conditioning shall be avoided and natural ventilation shall be used.

6.5.3 To ensure that sanitization of all areas are done before start and after end of duty hours.

6.5.4 Special attention be given to wash rooms / toilets by periodical cleaning, swabbing, disinfecting and maintaining dry.

6.5.5 Walls / Doors / Windows and all fittings in wash rooms shall also be disinfected and cleaned thoroughly.

6.5.6 Soap solutions / hand sanitizers / paper towels shall be placed and replenished periodically.

6.5.7 Other utilities like Electrical equipment, DG set, to be checked before putting in operation.

6.6 Common access places

6.6.1 Lifts shall be cleaned and sanitized frequently.

6.6.2 To ensure that Lifts are not crowded and ensure social distancing inside lift. Only 3 /4 passengers per lift besides the lift operator, depending on size of lift.

6.6.3 Avoid gathering of people in veranda, balcony, parking and other common places.

7 Restriction on the entry of outsiders

7.1 Entry of suppliers like Amazon, Flipkart, Big Basket, etc are to be avoided and collection is to be done at main gate.

7.1.2 Entry of relatives / friends of employees is to be avoided to maximum extent. In case of essential entry, they are to be checked for health issue at the gates.

7.1.3 Entry of visitors to Guest also is to be avoided to maximum extent. In case of essential entry, they are to be checked for health issue at the entry.

7.1.4 Medical representatives and sales personnel will not be permitted into the campus unless special permission is obtained from HIC In Charge. Medical equipment service engineers entering premises for breakdown / maintenance work will coordinate with Biomedical dept and Time office for special pass. Entry formalities will be the same as for staff, namely temperature check, masks and hand sanitization.

7.2 Code of Conduct at common places

7.2.1 All employees of Coffee shop and Utility Shop must wear mask. No cooked food items will be served here.

7.2.2 Vendors shall preferably avoid cash transactions and use e-money modes. Ensure that person handling cash should not handle food items.

7.2.3 Wearing of masks, Social distancing and queue system shall be strictly adhered by all while gathering at the following places

- a) Coffee Shop
- b) Enquiry
- c) Pharmacy
- d) Optical Shop
- e) Laboratory
- f) Other all common places

8.0 Personal Protective Equipment



HOW TO WASH YOUR HANDS

PROTECT YOURSELF AND OTHERS AGAINST INFECTIONS



WET HANDS



APPLY SOAP



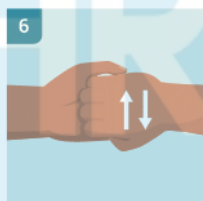
RUB HANDS
PALM TO PALM



LATHER THE BACKS
OF YOUR HANDS



SCRUB
BETWEEN YOUR FINGERS



RUB THE BACKS
OF FINGERS ON
THE OPPOSING PALMS



CLEAN THUMBS



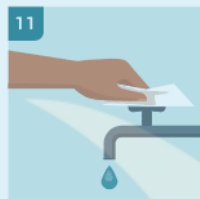
WASH FINGERNAILS
AND FINGERTIPS



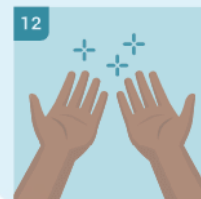
RINSE HANDS



DRY WITH
A SINGLE USE TOWEL



USE THE TOWEL
TO TURN OFF THE FAUCET



YOUR HANDS ARE CLEAN

When using alcohol-based hand sanitizer:

PUT PRODUCT
ON HANDS AND
RUB HANDS
TOGETHER



COVER ALL
SURFACES
UNTIL HANDS
FEEL DRY



THIS SHOULD
TAKE AROUND
20 SECONDS



8.1 Employees / Contract workers / Trainees / Others

8.1.1 All Employees / Contract workers / Trainees / Patients / Attendants / Others whom so ever entering the SN premises shall be permitted only if they wear masks.

8.1.2 SOP regarding PPE for staff, depending on area of work, has been listed below.

8.1.3 Procedure for donning, doffing, storing and discarding of surgical mask will be demonstrated in video. Do not touch outer or inner surface of mask.

8.1.4 Preserving surgical mask for travel to and from hospital is advised. After reaching home the surgical mask should be removed and preserved as per video. On the following day wear the same surgical mask while traveling to hospital. After reaching the hospital the old surgical mask should be disposed off as per protocol and new surgical mask be worn after hand sanitization.

8.2 Sanitation staff

8.2.1 All those involved in floor area, garden area, site, offices & all other areas cleaning and sanitation activities shall use Mask, Gloves, Apron and Shoes.

8.2.2 Staggered shift system shall be made to these personnel to minimize the exposure to sanitation hazards.

8.3 Medical staff

8.3.1 All medical staff including Doctors, Optometrists, Nurses, DPS staff, Sanitation staff and Security staff shall be advised to wear all necessary PPE like following (as applicable to their job profile)

- goggles,
- face shield,
- mask,
- gloves,
- surgical scrubs (with or without aprons),
- head cover and shoe covers

9.0 Department Dress code Instructions

9.1 OPD Consultants, Residents and Optometrists – PPE includes, Head cover, 3 ply surgical mask, face shield and surgical scrubs. Use of Gloves is optional. On 1st day of duty post lockdown, each person will be given a kit consisting of pair of scrubs, surgical mask and single face shield. Consultants and residents will collect their Kit from PR dept (Mahyco block, ... Mukundpur) on the 1st day of reporting for duty post lockdown. Optometrists will collect their kit from HRD.

9.1.1 Drs and Optometrists posted in OPD may change to surgical scrubs in the designated change rooms. Street clothes should be folded and kept in locker / personal bag. Personal bag should not be left behind in the change room.

9.1.2 At the end of the duty, all will change back to their street clothes at the designated change room and carry the surgical scrubs home for washing.

9.1.3 During OPD, Face shields should be periodically cleaned with surface disinfectant provided in room. At the end of the day face shield should be washed with soap and water and dried with tissue paper and stored / carried with self for next day use.

9.1.4 Surgical gown should be worn over the scrubs only if aerosol generating procedure is planned in the OPD.

9.1.5 Surgical mask may be preserved for journey back home, stored as per video, worn next day while traveling to work. This mask will be disposed at the hospital as per protocol, hand sanitized and new surgical mask donned. Alternatively, if commuting by own vehicle, the surgical mask may be discarded immediately at the end of day's work and personal cloth mask be worn.

9.2 Nurses – Nurses will wear uniform, surgical masks, covered shoes with socks and face shields.

9.3 DPS – DPS staff will change from street clothes to clean uniform, wear surgical masks, shoes and face shields.

9.4 Security and Housekeeping – HK staff will wear surgical masks, plastic apron, gloves, and shoes. Security will wear surgical mask. Security at entrance of clinics will also wear face shield.

9.5 OT staff –

9.5.1 In addition to surgical scrubs, OT staff will wear N95 masks, head cover, foot cover and face shields. Details in SOP for OT

9.5.2 Preserving N95 mask is explained in the video. Each N95 mask will be reused, after 4 days gap, for 5 duty days. **N95 will only be used in OT and COVID special OPD.**

10 General OPD Instructions

10.1 For Drs including Anesthetists and Physicians

- 10.1.1** All to report at workplace as per duty time. To coordinate with Secretary and Optometrist for the patient consultations, reduce waiting time and expedite patients' turnover.
- 10.1.2** Each dept has specific SOP for workup, dilation, investigations and procedures
- 10.1.3** To reduce patient interaction time in workup / consulting room to less than 15 minutes
- 10.1.4** Avoid talking to the patient while examining. Maintain physical distance while talking to patient before / after examination. Alternatively, internet phone call / conference call via Secretary's phone can be used to talk to patient who is seated in waiting area.
- 10.1.5** Gloves need not be used in OPD, except in high risk cases, as per existing protocol. In case non sterile glove is used, ensure same hand hygiene protocol of washing with soap and water / use hand sanitizer before and after every examination. Glove should be discarded at the end of the day as per protocol. (Indication for glove use would be to avoid skin allergy).
- 10.1.6** Hand wash before and after examining each patient and patient records.
- 10.1.7** All touch points like armrest, chinrest, headband, various knobs and switches on slit lamp, Indirect ophthalmoscope, Stethoscopes and BP Apparatus to be cleaned with 1% Vircon using tissue paper after every consultation.
- 10.1.8** To ensure minimum crowding in OPD room while examining patient.
- 10.1.9** Ensure 100% paperless work by using EMR. Patient flow chart will be discontinued
- 10.1.10** Reduce / Avoid frequent breaks. Beverages can be had, at the work place, from the mobile cart
- 10.1.11** Avoid going for lunch / Coffee Tea break together
- 10.1.12** Same day surgical procedure may be avoided to reduce patient time in premises
- 10.1.13** Same day investigations / lasers do be done if possible. Review to be fixed with self during same OPD cycle or next week. In case of waiting for investigation / laser, patient may be given specific time and asked to go out of the campus and return at specified time.

11 OT Protocols

11.1 Elective surgeries will resume depending on Govt directive. Emergency surgery will continue as per existing protocols.

11.1.2 COVID, High risk contact patients will not be operated at SN. Such patients will be referred to Govt facility for further management with proper documents and after notifying the COVID authorities.

11.1.2 All existing protocols will be adhered to.

11.1.3 All OT personnel including Consultants, Anesthetists and Residents will use and (reuse) N95 masks as per reuse policy

11.1.4 Patient will be wearing 3 ply surgical mask at all time in the OT complex. It will be removed during GA intubation and new mask placed after extubation.

11.1.5 Avoid delays in surgery. Plan combined surgery such that there is no waiting after anesthesia. Hands on training of residents to be deferred or done judiciously.

11.1.5 SOP PAC and OT (link)

12 SOP Ward - Nursing (link)

13.1 To defer admitting the patients as far as possible. All patients to report to hospital at 7 am on the day of surgery.

13.2 Post surgery, after clearance from anesthetist, the patients to be discharged the same day and advised to follow up next day. To ensure that post-operative dressing does not interfere with OPD patient waiting

14. Equipment care – (to be written by PK – Biomed dept)

15. SOP Pharmacy (Link)

16. Biomedical waste handling (to be written by Hannah)

17 Emergency room protocols

17.1 Residents will wear surgical scrubs, surgical gown, fresh disposable surgical masks, head cover and face shields when reporting for duty. Gloves may be used for high risk cases.

17.2 Triageing to be done with help of optometrist to identify genuine 'E' cases.

17.3 All 'E' patients will be given disposable surgical mask (if not already wearing).

17.4 As far as possible, history taking should be done via telephone. Call directly the patient's mobile no. and complete history taking. During this conversation instruct the patient that only He / She will be next asked to be seated in the emergency room chair unit. No conversation to be done.

17.5 Attendant will wait outside, except in case of minor.

17.6 After slit lamp examination the patient will be requested to be seated in waiting area. If further history has to be taken, then the call process is repeated. Decision about dilation / non-mydriatic fundus photo / further tests is taken.

17.10 For fundus examination / tests please repeat call process with clear instructions not to talk. After examination the patient is asked to wait outside.

17.11 Final call is made to patient / attendant regarding advice / treatment / further management.

17.12 In case of connectivity issue, the call process can be made thru landline. Please ensure that the telephone is cleaned with 1% Vircon after each use.

18 Examining COVID / High risk case

18.1 In case of ocular emergency, COVID +ve / High risk contact / Flu like symptoms patient will be examined.

18.2 Such patients will wear surgical masks.

18.3 Such patient will be fast tracked from enquiry / emergency directly to designated COVID room in SN Main campus and Mukundpur only. No other location of SN will examine such patients.

18.4 The floor AHU will be switched off before the patient is taken to designated room. The air curtain and the exhaust in the room will be switched on. AHU will be restarted 15 minutes after the patient exits the COVID room.

18.4 History taking will be done over the phone. No / bare minimum communication with the patient during examination.

18.4 Resident and or Emergency consultant on call will wear the HASMAT Suit along with N95 mask, googles and Face shield and examine the patient. Only the patient and examining Dr will be present in the room.

18.5 Every effort should be made to provide endpoint medical advice without need for investigations / cross consultation.

18.6 In case of surgical intervention, the patient will be referred to Govt designated COVID hospital with all reports and referral letter. The Sate Health authorities should be informed about the patient.

18.7 Before doffing the gown do not touch any surface. Doffing should be done in presence of Nurse in charge of COVID room or colleague and the suit, face shield, googles be discarded in the designated container. Hand hygiene with soap / alcohol sanitizer.

19 SOP Community services (link)

20 SOP EMR / Arogya Setu App protocols (link)

PPE AT VARIOUS AREAS

A. AREA: OPERATION ROOM

HCW	CAP	FACE SHIELD	GOGGLES	N95 MASK	SURGICAL MASK	SCRUBS	SURGICAL GOWN	REGULAR FOOT WEAR	FOOT COVER	CLEAN GLOVES	STERILE GLOVES
Consultants	Yes	Yes	+/-	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes
Residents	Yes	Yes	+/-	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes
Anaesthetist	Yes	Yes	+/-	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes
Asst. Nurse	Yes	Yes	+/-	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes
OT A	Yes	Yes	+/-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-
ICU Nurse	Yes	Yes	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-

B. OUT PATIENT DEPARTMENT:

Hcw	Cap	Face Shield	Goggles	Surgical Mask	Scrubs	Surgical Gown	Regular Foot Wear	Clean Gloves
Consultants	+/-	Yes	+/-	Yes	Yes	Yes *	Yes	When needed
Residents	+/-	Yes	+/-	Yes	Yes	Yes *	Yes	When needed
Physician	-	Yes	-	Yes	Optional		Yes	When needed
Optometrist	+/-	Yes	+/-	Yes	Yes		Yes	When needed
Dilatation Nurse	-	Yes	-	Yes	-	-	Yes	When needed
DPS Staff	-	Yes	-	Yes	-	-	-	-
HK Staff	-	Yes	-	Yes	-	-	Closed shoes	Yes
Lift Operators	-	Yes	-	Yes	-	-	Uniform shoes	-
Security Staff	-	Yes – If presence of patients within 1 mt	-	Yes	-	-	Uniform Shoes	-

*** Surgical gown for Consultants and residents posted in Emergency, Retinal laser rooms, USG**

C. Wards :

Hcw	Cap	Face Shield	Surgical Mask	Scrubs	Surgical Gown	Regular Foot Wear	Clean Gloves
Consultants	+/-	Yes	Yes	Yes	+/-	Yes	When needed
Residents	+/-	Yes	Yes	Yes	+/-	Yes	When needed
Nurse	-	Yes	Yes	-	-	Yes	When needed
Ward Secretary	-	Yes	Yes	-	-	-	-
HK Staff	-	Yes	Yes	-	-	Closed shoes	Yes

Cleaning and Disinfection Protocols

For COVID-19

A.CLEANING STAFF GENERAL INSTRUCTIONS

1. Cleaning staff should wear disposable gloves and a mask plus eye protection or a face shield while cleaning.
2. Cleaners should use alcohol-based hand rub before putting on and after removing PPE.
3. All Housekeeping to wash hands with soap and water before they start the work.
4. Remove all hand jewelry including watch, ID card to be clipped & should not be left dangling
5. Mobile phones and no personal items to be carried while on duty
6. All Housekeeping staff coming from home must change their clean washed uniform in the hospital.

B.SPECIAL INSTRUCTIONS:

7. All housekeeping staff should intimate HK supervisor if they exist with COVID – 19 SYMPTOMS
8. Housekeeping staff to ensure that patients, relatives, healthcare personnel always maintain person – person distance at least 2 meters (2 arm length)except during the direct need for care. (EX :- TRANSFERING THE PATIENTS & HELPING THE PATIENT)
9. All housekeeping staff should follow the donning and doffing procedure as per protocol (as per education by ICNs)
10. All housekeeping staff should follow the cough etiquette (as per education by ICNs)

C. ROUTINE ENVIRONMENTAL CLEANING

It is good practice to routinely clean surfaces as follows:

a. Frequently touched areas:

1. Door handles, Bed side & railings, Table tops, Food trolley, Light switches & telephone & key boards, Medicine cup boards, IV pole knobs,
2. Disinfectant 1% sodium hypochlorite
3. Frequency – once in 2 hours.

b. Minimal touch surfaces:

1. Floor, ceilings, walls, curtains & blinds.
2. Disinfectant 1% sodium hypochlorite
3. Frequency – 2 times a day.
4. Walls & blinds should be changed when visibly dirty

D. TERMINAL CLEANING: DISCHARGE PATIENTS ROOM

1. Terminal cleaning requires both thorough cleaning and disinfection for environmental decontamination.
2. Wear PPE – surgical mask, protective eyewear, apron and gloves.
3. Ensure AC & fan is switched off.
4. Remove the bio medical waste bins and replace after cleaning & disinfecting.
5. Remove soiled linen,
6. Damp dust all surfaces, furniture and fittings with 1% sodium hypo chlorite from top to bottom.
7. Clean all surfaces of bed and mattress with 1% Virkon
8. Wash the floor with R2 followed by disinfection with 1% Sodium hypo chlorite
9. Bed making to be done

E. Biomedical Waste Clearance

- Staff PPE should have the following:
 - Double layered hand gloves (Latex and Puncture Proof)
 - Cap
 - Apron
 - Goggles
 - Mask
 - Shoes

10. Frequency of clearance – 3 times a day

1. The Bio medical Waste is collected in a specific color coded bags & sealed with a plastic tag and carried to the Bio Medical Waste storage area and placed in the color coded big bins.
2. The biomedical waste segregated and collected in the huge bin is weighed and the details are documented in the printed slips.
3. The Bio Medical Waste is loaded in the outsourced facilities vehicle in a safe manner without leak. This clearance is done once a day

E. SOIL LINEN COLLECTION

1. Enter the room with yellow liner & with proper PPE.
2. Switch off the fan.
3. The soiled covers to be transported to the common soiled collection area in designated trolley.
4. The trollies to be cleaned & disinfected & remove the PPE and follow hand hygiene protocols.
5. Note: Linen stock maintained separately.

F. WHEEL CHAIR & STRETCHER

1. After shifting every patients wheel chairs & stretchers will be disinfected with 1% Virkon

G. EQUIPMENT REPROCESSING IN THE WARD:

S.no	Equipment used in ward	Clean/ Disinfect with	Disinfection protocol
1.	Indirect Ophthalmoscope	Alcohol swab (70% Isopropyl alcohol).	Disinfect the surface of Indirect Ophthalmoscope with alcohol swab (end of the day).
2.	20 D lens	1% Sodium Hypochlorite	• Soak in 1% Sodium Hypochlorite for 10 min • Wash with tap water • Dry safely
3.	Slit lamp	• 1% Virkon • 2% Bacillocid	• Surface is disinfected with 1% Virkon • AT head and lens is disinfected with 2%

			Bacillocid
4.	Suction bottle	Detergent powder	The bottle is cleaned with detergent powder
5.	Patient Cot	1% Virkon	All patient cot is wiped with 1% Virkon in between patients and after discharge
6.	IV POLES & Trolleys	1% VIRKON	Wiped with 1% Virkon between patients and after discharge
7.	Patient areas (floor, ward slaps, bed side rails)	R2 ,1% VIRKON	- To mob with R2 every 2nd hourly (floor) - Wiped with 1% Virkon every 2nd hourly.
8.	Face shield	1% Sodium Hypochlorite	- Soak in 1% Sodium Hypochlorite (done by Housekeeping Personnel) for 10 min - Wash with tap water - Dry safely
9.	OPD – patient chair handles, counter tables	1% VIRKON	Wiped with 1% Virkon every 2nd hourly.
10.	Stairs – handrail	1% VIRKON	Wiped with 1% Virkon every 2nd hourly.
11.	Enquiry counter table	1% VIRKON	Wiped with 1% Virkon every 2nd hourly.
12.	Common computer key board, telephone, door handles	1% VIRKON	Wiped with 1% Virkon every 2nd hourly.
13.	In direct Ophthalmoscope barrier cleaning	1% VIRKON	Frequency of Cleaning - Afternoon & End of the day
14.	Slit lamp barrier	1% VIRKON	Frequency of Cleaning - Afternoon & End of the day
15.	BMW from COVID room	To be cleared with double bag and the HK staff to wear appropriate PPE (gown, mask , gloves& face shield)	

PLACEMENTS OF PATIENTS:

1. Minimum of 3 meters (3 arm distance) to be present between the 2 cots in the General ward.

2. The first bay to have only children, the middle 2 bays for adult patients & to have only Chemotherapy children in the last bay.

3. To have adult chemotherapy patients away from the pediatric chemotherapy patients.

SANKARA NETHRALAYA



AHU Maintenance

Based on ISHRAE- Covid 19 and ASHRAE- Covid Guidelines for Air Conditioning

MAIN

1) We have total 3 Chillers - 500 Tr . We shall run the Chillers 24x7 need based. We shall be running 200 TR/400 Tr - 5.00 AM to 6.00 PM. We shall be Running - 100 Tr - 6.00 PM to 5.00 AM.

MAHYCO BLOCK

a) We have AHUs in all Floors of Mahyco Block - We have U V Lamps and Heaters in AHU Room / AHU inside - Heaters. We Have In AHU Fresh Air Entry Damper Controlled also . We can Open Damper more to allow More Fresh Air. Present Position - 25 % open . We can go upto 100 % Damper Open. If needed only.

b) With Respect to Non OT Floors - Recommend floor Temp at 26 Deg Centigrade . AHU Running Timings - 5.00 AM to 6.00 PM. For 1St Floor - 5.00 AM to 9.00 PM.

c) Ref b Above - We intend to Allow fresh air Entry by Keeping Main Entrance and Exist/ Emergency doors (Service Lift Area) open . Fresh Air Changes Per Hr more Than 22 Per Floor .

d) Split A Cs and Fan coil Units and Cassette Units - Recommend Set Temp at 25 - 26 Deg Centigrade . Windows if Available to be kept slightly Open for fresh air entry.

e) All AHU rooms have U V Lamps Installed. Have in the AHU room Direct Fresh Air Entry Opening with Micron Filters. The AHU have Inbuilt 10 Micron Filters . The Said Filters are cleaned one a Week. Moreover the AHU coils are Cleaned - Half Yearly. Last Cleaned - All AHUs - Feb 2020. The AHU rooms are Cleaned weekly and Stagnation of Water is Totally avoided. The Water circulated in the Coils of the AHU are Chemically Treated as Per Cooling Tower Manufacturers Recommendations.

f) Would Recommend - Use of Virkon In A H U room - Once a week .

g) In All AHUs we have Variable Frequency Drives (VFD) - We can increase or Decrease the AHU Drive Motor Speed thereby Increase or decrease Speed which will Help in Air Change Control.

V G Block Do as above

Birvo Block - No Change is At Present. Temp in Floors are Presently Maintained Between 23 - 25 DegC . AHU running Hrs - 5.00 Am to 6.00 Pm.

V R R Block - We have Cassette Units , F C Us and Split A Cs ,(AHU - contact len - 6.00 to 7.00 PM)

I T Server Room - No Change to existing is Envisaged.

Ceiling fans to be Used wherever possible with Windows Slightly Open.

Mehta Block As above.

OTHER LOCATIONS - JKN ,Navasuja , St Thomas Mount - In Line with above

Kolkata - Mukundhpur -

At ABSN Mukundapur - We have 2 nos 200 Tr Chillers. Current Running time- 6 am to 6 pm.

A. OT Zone

1. Temperature constraint - as per guidelines.
2. AHU's fresh air damper should be opened (Current position 15-20% open. To be maintained)
3. Filter media should be provided at the fresh air opening and it should be cleaned regularly. (Current cleaning schedule- ones in a week)
4. AHU rooms should be cleaned regularly (Current cleaning schedule- ones in a week).
5. Installation of UV lamp and heater in every AHU.(UV lamp and heater installed for all the OT AHU)

6. Supply and return filters should be cleaned regularly. (Current cleaning schedule- ones in a week)

B. Non-OT Zone

1. Temperature constraint should be maintained between 26-28 degrees centigrade or as per SOP.

2. Slightly opening of room Windows for the entrance of fresh air (If possible).

3. Entry/ Exit doors/ provision of the maximum fresh air should be opened.

4. CSU's fresh air damper should be opened. (Current position 15-20% open. We can go up to 100% open).

5. Filter media should be provided at the fresh air opening and it should be cleaned regularly. (Current cleaning schedule- ones in a week).

6. Supply and return filters should be cleaned regularly. (Current cleaning schedule- ones in a week)

7. Installation of UV lamp and heater in every CSU. (UV lamps will be installed separately nearby return air dampers)

8. The coil should be cleaned. (Current cleaning schedule- Twice in a year)

9. The temperature of Split AC/ FCU should be 26 degrees and above and the window should slightly open for the entrance of fresh air.

10. The fan should be provided as and where required.

11. IT room temperature- Remain the same.

Note: Due to the entry of maximum fresh air / common chiller water line, temperature constraint may differ. Once we switch over to the proposed practice, technical issues, if any surface, will be addressed accordingly.

Precautions for the maintenance team are as under :

1. Temperature sensors should be used for thermal screening (already provided).

2. Using hand sanitizer/ washing of hand with soap and water (already in practice).

3. Face mask to be used. (Already used).

4. PPE/ safety gloves etc should be used.

SANKARA NETHRALAYA



Department of Biomedical Engineering

1. Avoids all external preventive maintenance schedules of Medical Equipment except Critical care Equipment during this times. Performs minimal preventive maintenance procedure during the period through in-house Biomedical Engineer with support of Manufacturer/Service Provider.
2. Advises Biomedical Engineers to disinfect the hands before and after attending breakdown calls
3. Advises Biomedical Engineers disinfect Non-optical surfaces of Equipment with Isopropanol Alcohol solution 70% or existing current available disinfection solutions after attending calls.
4. Advises Service Engineers to have minimal tools and follow the entry procedure implemented by team while coming to attend the breakdown call and wind-up immediately after the completion of work from the site
5. Advises Vendors to follow-up of AMC contracts, pending payments and other enquires through phone or email not in person
6. Advises Vendor to delivery of spares at Out Gate/Security Office.
7. Provides the shield that requested by the user for the Equipment with respective to reduce the exposure.

EMR / ArogyaSetu App protocols

EMR Related

For fixed appointments

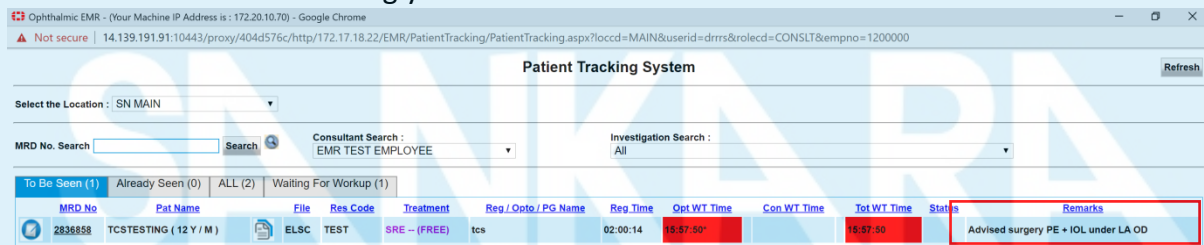
1. Covid triage questionnaire – which we can push to their mobile and make sure all of them fill before they come.
2. Patients should be encouraged to use the covid questionnaire in Arogyasetu app – once the E-pass is enable in the app will explore how to use.
3. We are also working on History screen which the patient will fill at home and come or they can even fill once they are waiting for the optometrist after registration. This is for all regular patients only with fixed appointments. Once completed video demo will be posted.
4. All regular patients who have fixed appointments to be allowed in 10 mts before their appointment time
5. If the payment gateway is enabled they can also pay in advance or pay at cashier.
6. The floor coordinator will allocate the room of the optometrists and make the patient sit in front of the room. (enter the room number in remarks column of appointment list in EMR)
7. Optometrist will know whom to call by the room number entered in remarks column in the appointment screen
8. Optometrist will talk to the patient over mobile phone and complete all the history before patient is called in.
9. Optometrist will do vision check , refraction, Pupillary evaluation and cover test and send the patient to consultant for slit lamp and AT
10. Consultants to enter slit lamp findings, AT and decide on Dilatation if required – and enter action plan and dispose patient
11. IF dilatation is required patient will be advised by consultant accordingly
12. All review, cross consultation patients go directly to the consultants as before

VR patients same protocol

Slit lamp to be done by PGs or fellows and then dilate after optometry workup once they finish they will enter the dilatation orders in EMR and send the patient for dilatation. Dilatation nurse will enter if the dilatation is over in the remarks column so that consultant can call that patient and finish examination.

Flow chart: Try to avoid and use Remarks column for all communications

If patient is advised surgery which is entered in surgery advice portion in EMR – SFC will look into it and schedule accordingly



MRD No.	Pat Name	File	Res Code	Treatment	Reg / Opto / PG Name	Reg Time	Opt WT Time	Con WT Time	Tot WT Time	Status	Remarks
2836858	TCSTESTING (12 Y / M)	ELSC	TEST	SRE -- (FREE)	tcs	02:00:14	18:57:50		18:57:50		Advised surgery PE + IOL under LA 00

Back Portion of the Appointment slip : Name and MRD no will be written in bold with sketch pen and given to patient who will pin to their dress for identification as we will not have flow charts.

Will continue Teleconsultation for all doctors: Patients will be encouraged to use Telecounselling for all reviews unless until it is mandatory to come to hospital.

Old regular patients who do not have emergency will continue Telecounselling they will be advised by the appointment fixing dept to fix appointment through web with their consultants directly or appointment secretary can all fix an appointment.

We will be enabling tele counselling from EMR directly for doctors who are in PLAN A and do tele counselling for their reviews directly.

Personal Protective Equipment (PPE) Donning & Doffing Procedure

[VIDEO CLICK](#)

PROPOSED SOP for Preoperative Clinic and Administering

Anaesthesia

Department of Anaesthesiology

1.0 Preoperative clinic (PAC)

We will assess and review patients at our Anaesthesia Room / VG OT/ Basement room depending upon the number of surgical cases / number of anesthesiologists available on that day

- 1.1 Patient along with one attender (if required) both with surgical mask will be allowed inside the PAC
- 1.2 SOP for Institutional General OPD instructions will be followed
- 1.3 In PAC, detailed history for COVID and examination will be done
- 1.4 For all patient, oxygen saturation using pulse oximeter will be noted
- 1.5 Apart from routine blood investigations (CBC / ESR), for all patients CRP to be done
- 1.6 For all preoperative cases (No age limit) EXCEPT for repeat GA exam cases, Chest X-ray will be taken and we will have Radiologists opinion
- 1.7 If there are one or more positive findings in history/ examination / lab reports during pre-op check-up, case has to be discussed with the surgeon to defer for 2 weeks or refer to COVID center
- 1.8 Mouth examination to be done only if deemed necessary
- 1.9 After examination of each patient, stethoscope/BP cuff/ pulse oximeter probe to be cleaned with alcohol swipes
- 1.10 For second or subsequent eye surgery, 2 weeks' time interval post the previous surgery is required and again the above mentioned protocol to

be followed

2.0 Regional Anesthesia

2.1 Pre-operative instructions and advise

2.1.1 For patient

To wear 3 layered surgical mask throughout the OT time period

To be instructed not to touch his mask and in case he/she touches it, then hand hygiene to be followed

2.1.2 For OT Technicians and Sisters

Patient to be shifted to OT directly without any waiting/holding in the ICU area

Patient will be received by an ICU sister wearing surgical gown, cap, N95 mask, face shield, gloves, boots and he/she will accompany with the patient to the concerned OT / will start IV line inside the OT, attach ECG cables, tie BP cuff and keep nasal cannula near the patient nostrils beneath the patient's surgical mask

One OT technician with surgical gown, N95 mask, face shield, boots and gloves will handle the monitors and anaesthesia machine

Before putting pulse oximeter probe, hand hygiene for the patient to be done

All monitors / anaesthesia machine on three sides except over the back side to be covered with transparent plastic sheet

Assisting theatre sister should wear surgical gown/ N95 mask/ boots/ double gloves / face shield or goggles

2.1.3 For Anaesthesiologist

EMR review of Pre-operative file / preoperative fitness inside the OT

Needle blocks to be performed with surgical gowns, N95 mask, gloves and face shield

Following needle blocks, gloves to be discarded and hand hygiene to be

followed

2.1.4 For Surgeon

Routine aseptic precautions to be followed

Apart from surgical gown, PPE includes N95 mask / surgical mask, boots, gloves, goggles/face shield, especially if not operating through microscope

Only one surgical case to be posted / performed at a time

To counter check with OT technician / sister whether the necessary equipment's / surgical materials etc are kept ready inside the OT

2.1.5 For PG's

Anterior / surface cases – Needle blocks will be done ONLY inside the OT and not in the ICU area

Patients must be encouraged/advised to wear surgical mask during needle block procedure

Needle blocks to be performed with surgical gown, gloves, N95 mask and face shield/goggles

Following needle blocks, gloves to be discarded and hand hygiene to be followed

2.2 Intraoperative instructions and precautions

In case the surgical mask getting inadvertently stuck to patient's nostril and if he/she feels any suffocation owing to it, then he/ she is advised to adjust the surgical mask using his hands and immediately following which hand hygiene has to be done

Surgical duration to be kept as minimum as possible

2.3 Post-operative instructions

2.3.1 For OT technician and sisters

Following surgery patient must continue to wear the surgical mask

Patient to be shifted directly to ward / room

Regular OT cleaning will be done after each case

Also, all high touch areas over the plastic covering sheet to be cleaned thoroughly with alcohol swipes

At the end of the day the plastic cover to be removed and discarded

After each case, BP cuff, ECG cable and pulse oximeter probe to be cleaned thoroughly with alcohol swipes

Minimum time of 15 minutes' interval to be allowed before subsequent patient is shifted inside the OT

2.3.2 For Surgeon / PG's

Documentation of LA chart through EMR will be done only after doffing in the designated area / hand hygiene

3.0 General Anaesthesia

3.1 Preoperative instructions and advise

3.1.1 For OT technicians and Sisters

No premedication in the ward for adult and cooperative patients except for GA exam pediatric cases

Patient to be shifted directly to OT without any waiting/holding in the ICU area

One ICU sister with surgical gown, N95 mask, face shield, gloves, boots to receive patient and accompany the patient inside OT / to start IV line and connect to IV set / tie BP cuff / put ECG chest leads

One theatre technician with full cover all, N95 mask, face shield, gloves and boots to handle the anaesthesia machine, monitor, ventilator and assists us in airway through the hood

One runner / helper technician will be standing outside the OT during intubation and extubation in case of any help/things required during crisis

Transparent plastic sheet coverings for all machine / monitors

Assisting theatre sister should wear surgical gown, N95 mask, gloves, face

shield or goggles, boots

3.1.2 For Anaesthetist

PPE – Surgical gown / N95 mask / face shield or goggles / boots / gloves / (also the same to be provided for OT technician assisting airway)

Surgical mask over N95 mask to be considered to avoid contamination of N95 mask

EMR review of GA chart and file

Check for the circuit, anesthesia machine, equipment, suction and monitor settings

Loaded and labelled anesthesia drugs, airway equipment, ETT, Laryngoscope and blades to be kept over a tray, covered with a transparent plastic sheet

3.1.3 For Surgeon

PPE – Surgical gown / N95 mask / boots / double gloves / face shield or goggles (optional)

To enter into the corresponding OT, 15 minutes after intubation procedure

3.2 General Anaesthesia Technique

3.2.1 For Adults

Induction under anaesthesia hood / plastic sheet, 3-5 min pre-oxygenation with tight fitting mask / No deep breathing, just ordinary breath will do/ RSI preferable with Propofol / Rocuronium / No bag mask ventilation/ 60 -90 seconds ETT intubation / Consider Video laryngoscope / ETT connector end is covered(occluded) with any tape, once intubated clamp the ETT with forceps, remove the tape, connect ETT to the Circuit with HME filter end/ remove the clamp / Inflate ETT cuff nicely then ONLY positive pressure ventilation given / ETT placement to be confirmed with ETCO2 trace and chest movement / avoid auscultation with stethoscope / Immediately change the first pair of gloves / Consider to change surgical gown if there is any chance for contamination i.e

cough/ bucking / secretions during intubation / Heat and Moisture Exchange Filters (HMEFs) preferably three: first placed between ETT and breathing circuit; and the second(BACT-TRAP) and third(BACT-TRAP) in both the inspiratory and expiratory limb of the anaesthesia machine / Use low fresh gas flow technique / avoid any kind of leak / avoid Sigh / consider anti-emetic / Extubation under anaesthesia hood / Smooth extubation should be considered without much cough (IV lidocaine / Dexmed) / Avoid forced or unnecessary suction / place face mask on the patient immediately after extubation to minimize droplet dispersion if the patient coughs / place a surgical mask on the patient once the face mask is no longer required

For intubation and extubation procedure a separate hood, laryngoscope blade and handle to be used. Once intubation is done, hood, laryngoscope blade/handle should be sent for cleaning / disinfection

During intubation and extubation procedure, only the anaesthesiologist, one ICU sister and one OT technician should be inside the OT/ Surgeon's team should enter inside the OT Only after a duration of 15 minutes

3.2.2 For Paediatrics

Consider inhalational induction with low gas flows and once the child is induced, the anesthesia hoods can be placed and used for intubation

To avoid leak, consider cuffed tube in paediatrics too, if uncuffed tubes are used, then pack the throat nicely with wet gauze and use low flow gas technique

In case, second anaesthetist is required to start an IV line, then after helping, he/ she should change the surgical gown/gloves and then only to enter into his/her OT

Extubation to be done under anaesthesia hoods and same above mentioned procedure for adults to be followed

3.3 Post-operative instructions

3.3.1 For anaesthetist

Patient to be observed inside the OT for a while with the surgical mask and supplementation oxygen given with appropriate fitting face mask with HME filter

For assessing recovery from GA, consider to avoid instructions like deep breaths /opening of mouth

Consider hand / head lift for assessing recovery

To be shifted to an ambulatory ward / room and vitals (HR/ ECG/ Oxygen saturation) to be observed with monitors and noted

Filling of GA chart through EMR only after doffing and hand hygiene

Consider to discharge the patient on the same day

3.3.2 For ICU sister in the post-operative bay

One sister with surgical gown, gloves, N95 mask, face shield and boots for monitoring vitals from an appropriate physical distance

If glove / face shield / gowns is /are contaminated with any vomitus / secretions of the patient, then it should be discarded and after hand hygiene new one to be used

3.3.3 For Surgeon / PG's

Documentation to be done only after doffing / hand hygiene

Patient to be discharged on the same day following procedure with the concurrence from the OT anaesthetist

3.3.4 For OT technician and sisters

Regular OT cleaning to be followed after each case

After each case, alcohol swipes for all high touch areas to be done including BP cuff, ECG cables, pulse oximeter probes etc

Sodalime, airway, breathing circuit and HME filters are to be discarded

All unused items in the drug tray and airway trolley are considered to be contaminated and discarded

Gloves to be changed after any procedure like intubation / extubation

Senior OT anesthetist (GA Helper) after helping a case and if need to proceed for another GA case then has to change his surgical gown/ gloves before entering another OT

Anaesthesia hoods will be disinfected with VIRKON (1%) after each GA case and at end of the day, will be washed with 1% hypochlorite solution and wiped with VIRKON

Laryngoscope blades, handles, magill forceps/ stylets / bougie will be cleaned with Virkon solution/ dried and sent for ETO / Plasma sterilization

4.0 GA exam

4.1 Before the procedure

Premedication to be given in the ward

EMR review of pre-op File

All GA exams to be put inside the OT and NOT in I A since inside the theatre we can use closed circuit easily unlike in 1A where we will be using open circuit

Anaesthetist, Surgeon and OT technician / Sister should wear Surgical gown / N95 mask, boots, gloves and face shield/goggles

Drugs like Fentanyl to be loaded and labelled in a separate syringe along with LMA, airway over a tray, covered with a transparent plastic sheet

4.2 Technique

Appropriate tight fitting face mask over the patient to be used / Avoid any leak / Avoid positive pressure ventilation

If LMA is inserted, then patient's mouth around the LMA to be covered with wet gauze on either side

Also, the hole in the bag to be covered with a thin layer of wet gauze

Don't auscultate chest with Stethoscope

HME(Mini) filter at the patient end in the Ayre's T piece circuit

High gas flow to be avoided

4.3 After procedure

Gloves to be discarded

Surgical gowns to be changed if contaminated with vomitus/ blood/ secretions etc

Face shield/googles can be cleaned with alcohol swipes and can be discarded only if it is contaminated or when the field in getting is obscured by it

Trolley sheet to be changed

Discard circuit, airway, LMA and any unused drugs loaded in the syringe

High touch areas like patient trolley, monitor, machine etc to be cleaned with alcohol swipes

GA chart /file to be filled through EMR after doffing and hand hygiene

Child after procedure to be sent directly to ambulatory ward / room to be identified

5.0 Difficult Airway Management

If it is really every difficult airway to be intubated and cannot be ventilated patients / or history of previous difficult airway is present, then it is better to defer such cases for now as fibre-optic intubation is contraindicated in the current scenario

If slight difficult in airway is anticipated then Second anesthetist along with one more OT technician with full cover all / face shield / boots cover / gloves should stand outside the concerned OT, so that in case of any call for help they can enter into the OT easily.

6.0 General Instructions to be followed inside the OT Complex

Donning and doffing to be done in a separate area designated(marked) in each

OT complex accordingly

No movements in and out of the OT during surgery

No shift change in the middle of surgery

Not to enter Surgeon / technician/ sister rooms with surgical gown and gloves

Technical person like bio-engineering should enter into the OT complex only after informing the concerned OT in-charge Sister / after hand hygiene and along with cap and mask, glove to be worn

7.0 PROTECTED CODE BLUE

Shared Updated Algorithm for BLS (Adult and Paediatrics) and ACLS for suspected COVID patients or situations proposed by American Heart Association, 2020

Mild vasovagal attacks / Hypoglycemia and patient being conscious to be managed in the protected code blue area with full PPE

Patient with seizures / unconsciousness to be shifted directly to OT to save golden time period in such cases

SOPs for slit lamp examination in the COVID era– For VR department

- Do not handle patient's previous records. Ask the patient to show the papers from a distance.
- For a regular patient where the optometrist has already recorded normal anterior segment, there is no need for the VR consultant to do slit lamp examination.

User concerns	Solutions
Should the gloves be changed for each patient?	After each patient the gloved hands should be sanitized with sterilium. The gloves should be changed if they get damaged or torn.
Procedures to be done at the slit lamp such as AC reformation, suture removal, etc may become difficult	Such procedures may become difficult. It is advisable that the procedures be done by the consultant rather than the senior resident or the fellow, in order to finish them quickly.
Patient concerns	Solutions
Patients who are obese , have difficulty in positioning themselves at the slit lamp	Avoid slit lamp examination if possible. Also they may touch a lot more area and points of the slit lamp. The examiner should carefully note all these areas and disinfect them after the check up.
Young children have difficulty to reach the slit lamp	Avoid slit lamp examination if possible. Schedule GA exam if surgical indication suspected.

Various guidelines to be followed to prevent cross-infection between users/ doctor-patient while using IO/ LIO:

1. To limit the use of IO on the same patient (avoid multiple doctors examining the same patient as far as possible).
2. To use a sterilization method like hand wash/ alcohol based sterilium and air dry immediately prior to and after using any IO system including LIO.
3. The correct sequence is:
 - a. Wash hands with soap and water, use alcohol based sterilium and air dry as per the protocol.
 - b. Wear IO, adjust the IPD/ head gear and switch on the light.
 - c. Use sterilium again (as washing hands may not be possible with wired IO/ LIO).
 - d. Complete the procedure.
 - e. Use sterilium again and switch off the light. The IO can be handed over to the assistant/ secretary who has already cleaned and sterilized the hands to be kept on the wall mounted/ examination chair mounted stand.

- f. Wash the hands again with soap and water and use alcohol based sterilium/ air dry as per the protocol.

Parts of the IO/LIO which will need cleaning/ disinfection every morning by a trained staff:

1. All the 3 knobs (depth/ circum/ side).
2. Switch (on IO or on the rheostat in wired/ spectacle mounted).
3. Lock knob (front) and adjustive plank (which rests directly on forehead).
4. Illumination control knob (IO/ Rheostat), IPD covers and front adjustment panel (all including spectacle mounted).
5. Rheostat knob and plug (in a wired IO/ LIO), and adaptor (in a wireless IO).
6. IO lens (condensing lens), the sclera depressor and the IO case.

Important points to be remembered while cleaning the IO system/ LIO system:

A mild soapy solution can be used to gently wipe the IO, excluding the lenses as enlisted later. However, it should not be immersed into the water; a cotton cloth gently immersed in a mild soap solution is sufficient to clean the frequently touched points on IO/ LIO.

The LIO head will be cleaned only by an authorised technician who has expertise in handling the equipment like a biomedical engineer

Any oil stains on the lenses should be cleaned only by a lint free cloth after moistening with tap water in a rotating fashion.

How to clean the IO lens (condensing lens; +20D/ +28D):

1. **In between the cases/ clinic:**
 - a. Wash with tap water and dry with a lint free cloth (circular motion) in between the cases.
2. **At the end of the day:**
 - a. 3% hydrogen peroxide solution
 - b. 2% Glutaraldehyde aqueous solution for 20-25 min
 - c. Sodium hypochlorite 1:10 parts for 10 min
 - d. Pure 70% Isopropyl Alcohol for 5-10 min
 - e. Autoclave the lens in a steel chamber with perforation for steam (as is done routinely in theatres).

How to clean the sclera depressor:

1. Wash with soap and water and dry with paper tissue.
2. Wash with alcohol based sanitizer like sterilium and clean with a dry paper tissue, if a suspected/ infected patient has been examined.
3. Clean the hands as discussed above prior to handling the IO-depressor-IO before and after the procedure.

Parts of the indirect which do not need cleaning/ disinfection:

1. Ocular lens
2. IPD lenses
3. Prism lens
4. Bulb

SOP Laser Protocol

- Avoid slitlamp laser to extent possible and use indirect ophthalmoscopy laser wherever feasible.
- To be done with a surgical cap, transparent plastic face shield (+/- Goggles), three-ply surgical mask and Surgical scrubs and disposable scrubs (1 per day).
- No attender in laser room, can accompany only if patient is minor or needs support.
- Slit-lamp barriers or breath shields to be used. The slit lamp touch-contact parts and barrier shield should be cleaned by alcohol wipes after examining. At the end of OPD, barriers can be washed with soap water, dried and reused.

Cleaning of lenses

- Do not allow the lens to dry after use. Rinse lens immediately for at least 30 seconds under **warm** running tap water/water for irrigation
- Use a very soft, non-abrasive sponge/clean soft cotton cloth, with a mild cleaning solution (liquid soap or mild detergent such as diluted dishwashing liquid/ Dawn soap), to gently clean the entire lens surface. Clean lens one side at a time in a clockwise direction. Cleaning in a counter-clockwise direction may loosen the glass element from the ring over time. Don't scrub hard or rub the lens surface with force. This could cause damage to the anti-reflective coating over time.
- Rinse again with water for 30 seconds
- Dry the lens with a low-lint cotton, or cotton-synthetic towel. Microfiber cloths can be used to dry a wet lens, as long as the microfiber cloth and the lens are clean. Don't use microfiber cloths on a dirty dry lens. They can be used only if clean, to dry a clean, wet lens. Don't dry lenses with paper products such as napkins, paper towel, or Kim Wipes as these may scratch the lens surface over time. Don't air dry your lens; water droplets left to dry on the surface of the lens may deposit hard water minerals which will cause damage to the coating.

Fundus photography including FFA, ICG and OPTOS

When to ask for the above tests?

(I). Non interventional tests (Slit lamp/ fundus photography/Optos)

For cases which need absolute documentation for purpose of planned treatment or follow up for monitoring.

First time visiting patients with new fundus findings/ fresh findings in old patients

For cases where FFA/ICGs can be avoided.

(II). Interventional investigations (FFA/ICG)

Pre COVID protocols in the VR manual for FFA will NOT hold valid in the present situation.

Should ask for these interventional test only if the test bear an absolute role to play in the treatment plan for the particular case.

Macular diseases which needs focal laser/ PDTs which is based on 'only' FFA/ICG tests.

Retinal findings such as NV not conclusive with any non-interventional tests other than FFA/ICG to plan laser PRP.

OCT and OCT A

When to do:

1. Patients with suspected CNV/DME/ RVO /CME / VMT /Macular hole who are likely to need intervention
2. Unexplained vision loss in the presence of a healthy optic nerve and clear media, where macular pathology is suspected
3. Follow up cases on treatment with anti VEGF where repeat injections/ change in protocol is required
4. CSR cases to decide on treatment
5. Pin point or poorly dilating pupils where there is unexplained drop in vision (swept source is better)

When not to do: Can document with fundus photo if imperative

1. Routine screening of a patient with DR , HT where there is no vision problem and no obvious treatable pathology
2. Scarred CNV where treatment is unlikely to benefit the patient
3. Indication for OCT is unclear
4. Poor fixation, very elderly or sick patient, hazy media , uncooperative patient
5. Patient already has a recent OCT and clinical findings do not suggest a change

OCTA : In case of CNV, PCV, RVO, DR, chronic CSCR– instead of FFA

SOP

1. Operator and patient should wear a face mask.
2. Operator should wear gloves (change between cases/sanitize with alcohol based sanitizer). Operator can use goggles / face shield.
3. Check details of indications, previous record, protocol required, patient profile before patient enters the room. Indication for OCT, probable diagnosis, machine and protocol including area of interest should be entered in the EMR file. If this is not present, the operator will call up the consultant to confirm before starting.
4. Before calling the patient, data is entered in the respective machine and protocol set (prefer macular cube unless specifically indicated).
5. Only the patient is called inside the examination room, except in special circumstances like children or differentially abled. If a language issue is expected, an appropriate operator can

take up the case (decide previously) In case of a male operator, to have an attendant for female patients.

6. A quick examination (only necessary protocol is taken) and patient is immediately made to wait outside the examination room. Patient can be instructed orally.
7. The head and chin rest are disinfected with bacillocid followed by documenting interpretation and handing over the reports. (prefer to avoid print) The patients are guided back to the consultant.
8. Prefer a gap of 10 minutes between patients.

When planning an ultrasound examination in the context of COVID-19, the following are important steps:

- Prepare and clean the ultrasound room and equipment prior to and after each examination.
- Only the patient will be allowed into the examination/procedure room unless they require assistance (e.g. language, mobility) from a care giver.
- Hand hygiene: All ultrasound practitioners should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before and after removing personal protective equipment (PPE) including gloves. Hand hygiene should be performed using an alcohol-based hand rub (70% alcohol) or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before the alcohol-based hand rub. Latex free disposable gloves may be used during the ultrasound examination and cleaned with sterilium in-between cases
- Scanning , as much as possible, should be performed with one hand on the transducer and the other hand in contact with the keyboard and machine controls. This helps **avert any cross-contamination** due to aerosols and particulate matter that can accumulate to the crevices of the keyboard.
- After the scan, thorough cleaning of the USG probe and its cable wire , the gel bottle and all touched surfaces including the keyboards, the desk table, the tray that held patient's papers and the patient's couch (its Rexene cover) should be performed . This can be done by using a tissue paper sprayed with 70% alcohol. When using this wet wipes one must make sure that it **does not drip**. The USG and the computer monitor would need cleaning if the patient concerned had sneezed or coughed during his/her examination.
- The method of probe cleaning in between cases needs to be verified with biomedical personnel in accordance with the manual of the machine and its accessories
- If required to scan a Covid suspect or a patient in isolation, ultrasound practitioners should don personal protective equipment PPE (respirator, goggle or face protective shield, surgical gown and gloves) prior to the examination. It is better to schedule such a patient at the end of the day so that the full room in addition can be cleaned.
- Assuming every patient to be a Covid suspect it is preferable for the Sonographer and their single assistant to don clean surgical scrubs, a dry, clean, surgical mask, head shield or visor and disposable gloves.

SOP Ocular Electrodiagnostics

General instructions:

Number of appointments to be restricted to less than 10 a day including day-to-day.
(Normal 15-16/day)

Hand hygiene is practiced by optometrist before and after taking care of every patient.

Provide hand sanitizer to the patient and ask him/her to use hand sanitizer as well before coming into the clinic

No attendant is allowed in the ERG room.

If the patient is a child or special/ differently abled person, who would require additional assistance from an attendant, only one attendant can accompany the patient.

Regarding Investigations.

Prefer to avoid ERG, MfERG and PERG during Plan A

In case it is essential, following procedures are to be followed.

ERG

Patient is prepared for 20 minutes of dark adaptation

Eyes of patient are patched with **disposable patch**.

Dilatation to be done using drops with nontouch technique.

Recordings of ERG are done according to ISCEV protocol or if photopic responses can suffice only photopic ERG can be done

Full field ERG and pattern ERG is to be recorded with disposable electrodes.

Do not use Burian Allen electrodes

VEP

Patient enters the cabin prepared for minimum of 15 minutes testing.

Gold cup electrodes are placed as is required for the testing with more conductive paste such that the cup doesn't touch the patient.

Recordings are taken according to ISCEV protocol.

Once the recordings are completed, all patient contacted areas (including chin rest and hand rests) are sterilized thrice with bacillocid 0.2%.

All disposable materials used (including eye patches, disposable electrodes, and cotton swabs) are disposed into the infectious waste cover with proper care.

Jet electrodes can be reused after adequate sterilization by either of the following methods

- 1) ETO Sterilization : Takes 16 hours (We will need multiple packs)
- 2) Dipping in Sodium Hypochlorite
- 3) The gold cup is cleaned thoroughly with isopropyl alcohol swab, rinsed in water and dried before reuse.

Possible covering of the Ganzfield with a cling cover.

Ocular Oncology SOP

Retinoblastoma

1. Active retinoblastoma should continue as per regular guidelines
2. Adjuvant chemotherapy for high risk HPE with unilateral RB- Can defer monthly EUA
3. Neoadjuvant chemotherapy after staging EUA for bilateral intraocular RB – defer 2nd EUA only IVC can be planned .
4. Unilateral orbital retinoblastoma after staging EUA – defer monthly EUA – OPD exam and chemo will continue and Enucleation as per orbital protocol after MRI at the necessary timeline.
5. Regressed retinoblastoma on follow up to be taken for EUA only when in doubt
6. EUA to be done inside OT in closed door environment to minimise the spread of aerosol.
7. Patient has to be intubated . Avoid using LMA .
8. During intubation and extubation surgeon and resident must stay outside.
9. Patient to be draped until chest with blue surgidrape for EUA.
10. Perform EUA wearing your cap,mask ,face shield, surgical gown, glove and foot cover.
11. Retinal camera when used – the lens should be cleaned with disposable alcohol swabs between each case
12. Adequate time inbetween patients to be given for performing adequate safe cleaning measures.
13. Lens must be washed with soap and water inbetween every patient.
14. Alcohol swabs for cleaning rim of the lens and face shield.

Concern	Solution
Retinoblastoma pts belong to high risk vulnerable group	Paediatrician screening followed by ophthalmologist – anaesthetist - EUA
Suspicious children /attender	Chemo in SRMC/Rainbow/KKCTH – discretion of Dr Julius scott

Comments:

Paediatrician, oncologist and anaesthetist will lead the way to safety.

Brachytherapy- Remains suspended till JKCN OT resumes work

Planning the post-op visits:

1. First postop visit should be day 1 after surgery in the OPD. Routine checkup with appropriate precautions should be done in the OPD.
2. Routine Postoperative Clinic Visits Be Phased Out during the working hours
3. Third or fourth POD visit if preferred by the consultant can be planned through tele-counselling portal.
4. If stable, can ask to come at glass appointment. However, if clinical examination warrants postop monitoring of IOP or inflammation, the patient can be examined according to the surgeon's preference.

Patient concerns and solutions

Concern	Solution
If I have problem on the evening of the surgery, what should I do?	Patient should call the emergency and the call should be answered by the VR SR on call.
If after surgery, during postop period, someone at home or near residence becomes covid positive	Follow the guidelines as suggested by the health authorities, inform SN about the status. Telecounselling can be planned
Post-surgery, especially GA, develop cough	Have monitoring of temperature at home. If associated with fever, should consult local physician.

The Clean OT- VR surgeries can be triaged in to 3 basic considerations:

Immediate Sight Threatening that need a procedure as a priority :

Surgical:

1. Retinal detachment with macula on due to horse shoe tear
2. GRT
3. Trauma induced RD (acute) secondary to retinal tears
4. Lens matter induced uveitis (whether due to trauma or surgery) causing intractable glaucoma
5. Recent IOFB or IOFB induced inflammation
6. Stage 4 B ROP

Medical indications needing intravitreal anti-vegf injection:

1. APROP

2. CNVM recurrence or recent loss of vision from CNVM due to Myopia, inflammatory (Serpiginous Choroiditis, PIC, choroidal rupture, Angioid streaks)
3. Macular edema secondary to DME or RVO in a single eyed patient
4. Discretion with regards to first time macular edema due to RVO and DME or first time subfoveal CNVM due to AMD.

Vision and anatomy stabilizing procedures that can be scheduled pending availability of OT

Surgical:

1. Retinal detachment with macula on due to lattice/ dialysis/no PVD
2. Retinal detachment with macula-off and PVR
3. Trauma induced RD with PVR
4. PDR with
 - a. non-clearing vitreous haemorrhage (in one eyed or the better eye)
 - b. tractional macular detachment of recent onset
 - c. combined retinal detachment.
5. Medically managed Lens matter induced glaucoma (whether due to trauma or surgery) needing glaucoma control.
6. Recent IOFB or IOFB induced inflammation
7. FEVR causing recent vision loss due to tractional or rhegmatogenous retinal detachment
8. Stage 4 A ROP

Medical indications needing intravitreal anti-vegf injection:

1. ROP needing adjuvant injection to stabilize plus disease.
2. Any CNVM, macular edema secondary to diabetes or RVO and other anti-vegf indications needing stabilization
3. Intra-ocular gas injection for Pneumoretinopexy or pneumatic displacement of submacular haemorrhage

Lasers or Cryo therapy

1. ROP follow up lasers
2. Coats disease
3. FEVR

	When to do	When not to do
	Within 1 week	Pending fitness for medical condition such as : 1. Positive COVID history. 2. Positive COVID test (PCR) 3. Co-morbid conditions precluding

		anaesthetist fitness

Elective procedures that can be given a fixed date (based on Surgeon's discretion) as these are procedures that will not cause vision loss in the short term (one month)

Surgery:

1. Chronic RD
2. Chronic PDR (long standing vitreous haemorrhage- first visit or follow up visit)
3. Chronic vitreous hemorrhage
4. Trauma related chronic retinal detachment
5. Stage 5 ROP
6. Vitreous biopsy
7. FEVR causing tractional retinal detachment seen in the first visit
8. Subluxated or Dislocated IOL
9. Secondary IOL/ SFIOL implantation
10. Dislocated lens not causing uveitis
11. ERM
12. Macular hole
13. Optic disc (pit) maculopathy
14. SOR
15. Combined corneal and retinal procedures (non-infection)
16. Combined glaucoma and retina procedures

These patients can be given tele-consultation dates after 2 weeks to consultants to know their progress and re-assess the urgency for surgery

	When to do	When not to do
	Fixed date	Pending fitness for medical condition such as : 1. Positive COVID history. 2. Positive COVID test (PCR) 3. Co-morbid conditions precluding anaesthetist fitness

OT timings:

1. The VR OT timings will remain the same (8 am – 5 pm).

2. The surgical team should adhere to OT timings and start on time and finish OT by 5 pm.

Case scheduling strategy is being made considering the fact that the VR consultants will be divided into surgical and OPD teams with a similar team for fellows and that surgeries will be performed in SN Main MB OT:

1. Considering the extra time that will be spent between cases to sanitise the theatre, each VR theatre should not schedule more than 3 cases.
2. Cases should be divided equally in the theatres so as to maximize OT utilization.
3. Preferably no cases to be posted on emergency basis without anaesthetist consent.
4. Avastin injections should be capped at 6 injections and should be given in the SN MAIN MB OT 1B by a single senior resident (to reduce the gowning and movement of OT personnel).
5. Injections other than Avastin should be given by the operating surgeon's team. The number of patients should be decided keeping in mind the surgery list and need to finish by 5 pm.
6. Laser or cryo- procedure should be planned in 1 B with and I/O with face shield and gowns and gloves
7. Laser should be scheduled beforehand and avoid emergency lasers in the theatre as far as possible.
8. All patients will be discharged the same day except for patients who the anaesthetists will advise monitoring.
9. All post injection patients can be tele-consulted the next day to know the status of the injected eye and an appointment for the next visit be sent by SMS or email by the DPS at the same time.

Surgical etiquettes and precautions:

1. The surgical team will decide beforehand the need for instrumentation on a case-to case basis and the sterilization team shall prepare a second set of instruments in the theatre as back up. This is to reduce the movement of OT personnel.
 - a. IOL, buckle explants
 - b. Specific surgical instrument such as long forceps, curved , laser probes, video etc.This will be conveyed to the OT scrub nurse before the next case is wheeled in.
2. The Surgical team will enter the theatre only after the anaesthetist completes the anaesthesia procedure.
3. Cleaning and draping procedure and patching will be done as before.
4. The surgical team shall leave the theatre at the end of surgery and re-enter only after the next patient is ready.
5. The surgical team shall discard the gowns and gloves at doffing zone.

SOP for the Dept of Orbit & Oculoplasty OPD:

1. All consultants to go through the patient list a day before and decide on the need for full work up and / or dilation beforehand.
2. The secretary will implement the necessary action by conveying to the optometrist as soon as the patient registers in OPD
3. Workup: Patients presenting within 6 months of last visit do not need full work up unless there are new complaints. Patients with glaucoma/retina problems fixed with Oculoplasty can be informed to the consultant and shifted to respective consultant without wasting time by the optometrist.
4. Dilation: Patients presenting within last 1 year do not need dilation unless there are visual complaints. (decrease in vision/floaters/flushes/visual field loss)
5. Investigations: Any intervention to be avoided e.g., syringing, probing, nasal endoscopic examination. If absolutely necessary, face shields to be used. Disposable gloves to be used for socket/orbital examinations.
6. Procedure: OPD procedures to be avoided, e.g. inj botox; I&C/ I&D. Disposable gloves to be used while doing dressings, suture removals. Used sets can be placed in disinfectant solution

S.O.P - Glaucoma - for examination of OPD patients.

1. History taking to be done through land line or cell phone or in waiting area. slit lamp examination and IOP measurements will be done by optometrists. (For glaucoma department slit lamp examination and gonioscopy and applanation tonometry will be done by consultants.)
2. Optometrists to be instructed to immerse applanation prism tip in a dish containing bacilloid for 2 minutes.
3. Neither the examiner or patient to converse during slit lamp examination.
4. Any history taking or instruction to patient to be done when patient is seated in the chair, not at the slit lamp.
5. Use a cotton tip applicator to keep the eyelids open if you're not using gloves.
6. If gloves are used, dispose pair after each examination.
7. Optometrists requested not to perform gonioscopy.
8. Optometrists to check IOP only for routine regular appointments.
9. For all new patients, post operative patients and glass appointments, GAT to be done only by consultants.
10. Pachymetry to be deferred except for new patients if required for decision making.

Gonioscopy

1. Avoid gonioscopy unless absolutely necessary.
2. If gonioscopy is performed, place the gonio prism in a kidney tray with bacilloid solution for 2 minutes with the mirror immersed just sufficient for disinfection.
3. Do not touch the eye lids if gloves are not being used.

Ophthalmoscope

- Take care that 90 D lenses or 20 D lenses do not touch the patient's eyes. Please clean lens. With alcohol wipes. Avoid dilation as far as possible.
- For IOP measurements in children, use tonopen or icare tonometer.
- Please clean the slit lamp with bacilloid after examination of each patient.
- Wash hands thoroughly or use sanitizer thoroughly after examination.
- Avoid. Cross consultation. Discuss with concerned consultant if needed.
- Avoid investigations unless they are required for initiating or changing therapy.
- Avoid investigations for routine reviews.
- No elective surgeries to be performed for the immediate future

SOP for community services

Safety of employees and patients

- Will adhere to the guidelines established across SN concerned with Patient and employee safety.
- The staff will come as per Plan A in 3 groups
- Each group 2 days a week

Patient Entry area

- Separate wash area to wash hands
- Before entering the OPD, Hand Rub is provided and usage of mask is ensured
- Mandatory Thermal screening for patients, attenders and employees.
- Ensure Social distancing in all areas
- Floor plan, seating arrangements etc shall be revisited and modified
- Cleaning and disinfection procedures to be strictly followed and monitored
- All the housekeeping staff, in triage, waiting and examination areas shall wear gown, heavy duty gloves, medical mask, eye protection (if risk of splash from organic material or chemical), boots or closed work shoes

Appointment section:

- Provide a 1 meter barricade so that the patient don't crowd closer to front desk.
- Only walk in patients and emergencies to be catered for now
- Travel/contact/covid symptoms history has to be recorded
- In case of positive history they will be referred to nearby government hospital
- Consent form [if possible in TAMIL AND TELUGU TOO] has to be signed by the patient.
- To restrict the number of registrations for local patients –reviews and GA to be distributed across the day and not to accumulate same time as the staff are going to come in rotation once the lockdown is lifted
- Follow the appropriate triage algorithm

- Immediately isolate/separate patients at high risk for COVID-19 in: single-person rooms with doors closed OR designated “respiratory waiting areas/Triage room”
- Ensure healthcare personnel (HCP) caring for the patient adhere to Standard, Contact, and Droplet Precautions
- Only essential HCP with designated roles should enter the room and wear appropriate personal protective equipment
- **Inform:** Notify the hospital infection control program and other appropriate staff

Optometrists

- To wear scrubs, 3 plyer mask, Faceshield [As per optometrist protocol]
- To ensure safety precautions and social distancing
- To ensure the risky refractions done by seniors to avoid repetition
- To enter autorefr values too and fine tune with retinoscopy only if needed
- Slit lamp examination and AT need not be done
- Rest as per guidelines suggested by optometry Department

Postgraduates and Fellows

- To wear scrubs, 3 plyer mask, Face shield and Apron
- Slit lamp transparent shields needs to be provided.
- Slit lamp and AT to be done
- Avoid NLD Syringing at all costs.
- Not more than 10 minutes per patient
- To avoid Gonioscopy as it has to be repeated for cross checking
 - If in doubt, the consultant can check directly before dilatation.
- To stringently follow cleaning and hand washing protocols as per guidelines
- Any queries can be consulted over phone, unless the patient needs to be seen twice before permission.

Consultants

- The postgrads and consultants will be seeing patients in individual rooms/ not more than 2 postgrads and 2 patients per room.
- To wear scrubs, 3 plyer mask, Face shield and Apron
- Not more the 10 minutes per patient.
- To reconfirm Covid history as final checkpoint
- To see the patient in designated rooms than group practice

Physician

- All equipment and instruments to be kept separate and cleaned as per guidelines
- Any patient with negative history of COVID but still having auscultation findings has to be segregated and referred for appropriate treatment.
- To follow guidelines provided by the Anaesthesiology department
- Any patient under high risk category to be given later date and sent home immediately

Investigations

- Only emergency USG and HVF will be done. JCOC patients require a long time for HVF-Needs to be avoided unless mandatory.

Preop Assessment

- Avoid admission for patients with respiratory symptoms /fever
- Only ROPLAS and lid evaluation to be done, No NLD syringing
- Preop antibiotics and preferable postoperative ciplox eye drops 6 times/day for 2 weeks.
- Rest guidelines as before

Ward Protocols:

- Thermal screening and hand rub once more while receiving for admission
- To provide 2 bed distance between patients

- Can consider temporary isolation cubicles.
- To ensure hygiene and clean sheets
- Currently only day-care patients will be admitted
 - The patients can be discharged and called next day morning for postop check-up
- No attender will be allowed in ward
- Hand wash and hand rub before and after seeing patient.

OT PROTOCOLS

- Only Consultants and senior residents to operate
 - Preferably Topical anaesthesia and SICS
 - Senior residents can operate give LA
- All doctors and OT staff to wear complete PPE
- Patient to be shifted directly into the OT from the ward. No patient waiting in ICU.
- All LA in the OT
- Single OT Table per room as in paying section.

OT sterilisation, Biomedical waste management, AHU, Equipment maintenance protocols as per suggested SN norms

General Protocol

- Patient food and travel has to be on their own expenses as the camps are shut down for now.
- To avoid unnecessary patient movement and to avoid cross consultations
- To maintain good ventilation and follow unidirectional flow of Patients
- Avoid eating together and gathering in canteen and cafeteria
- To identify separate room for triage and emergency care with separate set of instruments
- Patient awareness and education videos and posters with pictures/Tamil and Telugu to be displayed in OPD and ward.

This is ideal time to go paperless and consider EMR in JCOC

Contact lens clinic protocol:

Reception, two consultations rooms, one with trial stocks, and other exam room will only be used.

One roaming staff to monitor safety and following protocol.

1. Registration and general disinfection procedures to be followed as in SN SOP.
2. Appointments:
 - a. Will be limited to irregular Cornea, Anisometropes, Amblyopes, Aphakes, Therapeutic purposes. Contact lenses for simple refractive errors, for refits, or refilling of packs will be decided on case by case basis by Optom incharge for that day.
 - b. Staff will take the request for appointment, consult with optom and then schedule the appointment.
 - c. Staff to inform patients to maintain proper hygiene of lenses and lens care products and bring them along, also any unused pack of lenses.
 - d. Staff to instruct that if their eye requires a trial lens to finalize the fitting or power, they may be charged for the same as it cannot be reused. Only those agree for the same will be given appointments.
 - e. Each appointment will be spaced 1 hour initially.
 - f. To avoid review appointments for some period as much possible.
 - g. Appointments can be scheduled at flexible hours depending on the time of optom and staff arriving.
 - h. Staff to consult optom before scheduling lens collection appointments.
3. Sales of solution and lenses:
 - a. Solutions and lenses will be rationed depending on availability of the same from the distributor and available stocks. Patients will not be allowed to buy bulk stocks unless freely available. (restrict to 1-2 solution per patient)
 - b. Lenses in stock will be dispensed as first come first serve basis, and further depending on refilling. Staff will communicate the status of availability from lab or distributor to patients at end of the day or when necessary.
 - c. To stop automated lens ready SMS message for now as, appointments have to plan in advance for lens collection.
 - d. **Receiving and delivering of lenses and solutions:**
 - i. **Lens delivery boys from the companies will place the package in one tray kept in the clinic and avoid any direct touching of the lenses)**
 - ii. **Staff will collect all the packs in one tray. Every day at one particular time (wearing a gloves) will wipe disinfect all the packs surfaces or covers before checking. Open the packs and keep lenses ready to check then remove the gloves. (Not to touch any other surfaces while wearing gloves).**
 - iii. **Lenses checked will be documented and kept ready for dispensing.**
 - iv. **Lenses and solutions will be placed in one lens delivery package cover, and not touched again after handing over to patient.**
4. Optometrist procedure:
 - a. Telephonic history taking
 - b. Patients must be counselled about lens availability and time taken to procure lenses.

- c. Two optom to work up one case at a time in case of new trials, One person to handle the lens insertion, removal in new trials, **if old wearers – To ask patients to insert and remove the lens. (To use gloves where ever necessary – immediate post op, BCL, known Eye infection, discharge in eyes) Other optom to confirm refraction and fitting -slit lamp exam. Can alternate between each case/day.**
- d. Handwashing after every procedure should be strictly followed. (Do not reuse gloves, do not wash hands with gloves) Person wearing gloves to restrict movement and procedure and wait until lens removal if required the discard the gloves.
- e. Trial lenses bank to be handled only by one optom for a day. Including cleaning, disinfecting and replacing GP lenses. SCL trials must be used only once and discarded or handed over to the same patient. SCL must not be reused in other patients.
- f. Both optom to come to consensus about the trial lens or empirical final lens to be used after the history and reviewing the refraction and clinical records.
- g. Other ancillary dry eye tests or invasive procedures will not be recommended now.
- h. Patients will be charged for any extra new trial lenses (**most commonly customized scls and toric lenses which are charged by the supplier**) required to finalize lens fitting.
- i. Optometrist to take picture of the trial lens fit in irregular Cornea and save as pdf in EMR. (Primary gaze, lateral gaze, superior and inferior gaze, fluorescein picture, vault - central vault, lowest and highest vault picture).
- j. Optometrist to communicate with staff, and labs and schedule next appointment only if required and guide the patient.
- k. Other general SOP as advised must be followed strictly.
- l. **BCL protocol**

For normal corneal diameter and corneal coverage:

- Silk lens 14mm (can be used **for a month** then changed depending on clinical indication, lens deposits and medication used).
- Acuvue Oyasys disposable (can be used **one to two weeks** maximum)

For Glaucoma bleb coverage or large corneal wound requiring larger coverage,

- Flexi -16mm or 18mm can be used. As large diameter lenses are difficult to procure in this current situation, need to use it wisely.

	SRI NATHIELLA SAMPATHU CHETTY CLINICAL LABORATORY (UNIT OF MEDICAL RESEARCH FOUNDATION) STANDARD OPERATING PROCEDURE –POST LOCKDOWN	MAIN LABORATORY
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1. PURPOSE:

To describe the step wise procedure to be followed to ensure low risk from SARS CoV-2 infection during duty performance in SN Main Laboratory post lockdown easement.

2. GENERAL: (personnel)

2.1 Risk assessment:

Based on in-house site-specific and activity-specific risk assessment performed on March 17, 2020

The following is the classification of the risk categories of personnel:

High risk-direct patient exposure

- Laboratory enquiry and registration secretaries

-Phlebotomists

Medium risk-indirect patient exposure

All other personnel

2.2 Duty time:

All personnel according to enclosed duty roster: 8.00am to 6.00pm

Sample collection time 8.00am to 5.00pm

2.3 Duty Roster:

Please find annexure at end

2.4 Guidelines:

1. All personnel to arrive at their designated duty time ie.8.00am to 6.00pm (extension of time subject to patient load).
2. All personnel shall bring an extra set of appropriate clothes.
3. All personnel shall arrive through personal transport/ cab(restricted to 3 per cab) already wearing masks and gloves and get screened before entry into laboratory.
4. On entry into laboratory all personnel to de-glove, hand sanitise, change clothes in the wash rooms then enter their work area post wearing new gloves, same mask.
5. All personnel to remain in their respective designated work areas. Movement allowed only in essential cases.
6. All interdepartmental communications shall be only through phone or email. No personal contact between individuals.

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	STANDARD OPERATING PROCEDURE –POST LOCKDOWN	

7. All records maintained to be stored in soft copy. No physical signing of records. No inter departmental transfer of records.
8. All communications shall be strictly through phone or email only.
9. All employees to bring their own lunch and to take breaks individually for 10 minutes for Lunch, Coffee etc.
10. All personnel to maintain a distance of minimum 6 feet.
11. All personnel to adhere to their activity wise designated PPE at all times.
12. All personnel to immediately inform in case of history of contact or evidence of symptoms and do not report to work. Post risk assessment, the HOD and Management will decide to allow the personnel to continue work or to quarantine or to seek medical care in designated GH for COVID 19 treatment.(protocol to be decided with supporting inputs)
13. Symptoms to watch for:
 - Loss of sense of smell/taste, loose stools, fever, cough, sore throat, shortness of breath.
 - Self-assess for risk factors like increased age and associated co-morbidities like Diabetes mellitus, Hypertension, Heart disease, Asthma, low immunity, cancer, smoking, alcohol.
 - Personnel shall be made to be aware of atypical presentations of COVID 19. Education shall be done through webinar.

3.PERSONAL PROTECTIVE EQUIPMENT PROTOCOL:

Area	Staff	Mask	Gloves	Eye goggles	Full body cover	Head cover	Face shield
Lab enquiry, Registration, billing	Secretaries	✓	✓				
Sample collection area	Phlebotomist	✓	✓	✓	✓	✓	✓
Reception	Secretary	✓	✓				
Report Authorisation	Head of Department/ Assistant professor	✓	✓				
Department of Hematology	Executive/ Technician	✓	✓	✓		✓	✓
Department of Biochemistry	Executive/ Technician	✓	✓	✓		✓	✓

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	STANDARD OPERATING PROCEDURE –POST LOCKDOWN	

Department of Clinical Pathology	Executive/ Technician	✓	✓	✓		✓	✓
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4.LABORATORY TESTING GUIDELINES FOR PATIENTS:

4.1 Entry and Registration counter

- Barrier shall be created at first entry point to the laboratory(near the elevator).
- Patient alone shall be allowed to enter beyond this point. The others would not be allowed to crowd and linger in the area. (exceptions will be made based on HOD discretion)
- 6 individuals shall be served at a time. (patient plus attender in case of exceptions)
 - 1 patient at sample collection
 - 1 patient at billing area
 - 4 patients at their designated chairs to wait for their turn
- At a time maximum 4 patients allowed to wait with a minimum distance of 1 meter between them. Chairs at the waiting hall to be arranged that way.
- Everyone will be provided with tokens to denote their turn.
- Registration area shall be shielded from patient contact.
- Through telephone registration shall be done and digital mode of payment shall be preferred. Cash transaction to be avoided, if inevitable, precautions shall be taken for the same.(process for contactless cash transaction to be decided)
- Through intercom registration status and billing status to be informed by secretary to the phlebotomist.
- Once the sample collection booth is empty the phlebotomist shall call the next patient through intercom at the secretary area. Token number if displayed by secretary then patient can enter the laboratory sample collection area.
- If more than 6 patients enter for Laboratory testing then they will be given a time to come for sample collection. They will be contacted through telephone for reporting for blood collection.
- Emergency and Paediatric patients will be given priority.

4.2 Sample collection area :

- Entry of only patient is allowed, attenders will be allowed to accompany the patients only in case of a child patient or any other extraordinary circumstances.
- Our main laboratory attenders will accompany and help the patients in wheelchair.
- All phlebotomist are to adhere to designated PPE as described under section 3.
- Phlebotomist to sanitize before every patient effectively. Work area to be completely disinfected after every patient
- Reusable consumables like tourniquets have to be sanitized before use for patients. Usage of two sets of tourniquets to prevent cross contamination. One set in use other

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set to be disinfected according to protocol before use.(Plan in place to procure one time use tourniquets)

6. No more than 1 patient inside the laboratory at a time. (maximum 2-depending on patient load)
7. Interaction with patient will be at bare minimum and time taken from patient entry to blood collection will be lowered as much as possible.

4.3 **Laboratory reception**

1. Secretary should adhere to PPE protocol.
2. Direct Interaction with patients shall be avoided or will be at bare minimum and only in important cases.

4.4 **Head of department:**

1. Direct interaction will be avoided.
2. Interaction only through telephone or emails.

4.5 **Departments:**

1. All personnel to follow PPE protocol and general guidelines for personnel as given in section 2 and 3.

5. GUIDELINES ISSUED BY MOHFW GOVERNMENT OF INDIA FOR DECONTAMINATION OF WORK AREA.

GUIDELINES FOR USE OF MASK

The correct procedure of wearing triple layer surgical mask

1. Perform hand hygiene
2. Unfold the pleats; make sure that they are facing down.
3. Place over nose, mouth and chin.
4. Fit flexible nose piece over nose bridge.
5. Secure with tie strings (upper string to be tied on top of head above the ears –lower string at the back of the neck.)
6. Ensure there are no gaps on either side of the mask, adjust to fit.
7. Do not let the mask hanging from the neck.
9. Disposable masks are never to be reused and should be disposed off.
10. While removing the mask great care must be taken not to touch the potentially infected outer surface of the mask
11. To remove mask first untie the string below and then the string above and handle the mask using the upper strings.

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	SRI NATHALLA SAMPATHU CHETTY CLINICAL LABORATORY (UNIT OF MEDICAL RESEARCH FOUNDATION)	MAIN LABORATORY
	STANDARD OPERATING PROCEDURE –POST LOCKDOWN	

12. Disposal of used masks: Used mask should be considered as potentially infected medical waste. Discard the mask in a closed bin immediately after use.

6. Guidelines for disinfection:

Wash rooms and toilets:

Sanitary workers must use separate set of cleaning equipment for toilets (mops, nylon scrubber) and separate set for sink and commode). They should always wear disposable protective gloves while cleaning a toilet.

Areas	Agents / Toilet cleaner	Procedure
Toilet pot/ commode	Sodium hypochlorite1%/ detergent Soap powder / long handle angular brush	• Inside of toilet pot/commode: • Scrub with the recommended agents and the long handle angular brush. • Outside: clean with recommended agents; use a scrubber
Floor	Soap powder /detergent and scrubbing brush/ nylon broom 1% Sodium Hypochlorite	Scrub floor with soap powder and the scrubbing brush • Wash with water • Use sodium hypochlorite1% dilution

Inside the laboratory:

Start cleaning from cleaner areas and proceed towards dirtier areas.

- All indoor areas such as entrance lobbies, office rooms, meeting rooms should be mopped with a disinfectant with 1% sodium hypochlorite or phenolic disinfectants.
 - High contact surfaces such all switches, equipment buttons, handrails / handles and call buttons, public counters, intercom systems, equipment like telephone, printers/scanners, and all equipments should be cleaned twice daily by mopping with a linen/absorbable cloth soaked in 1% sodium hypochlorite.
- Frequently touched areas like table tops, chair handles, pens, diary files, keyboards, mouse, mouse pad etc. should specially be cleaned.
- For metallic surfaces like door handles, security locks, keys etc. 70% alcohol can be used to wipe down surfaces where the use of bleach is not suitable.
 - Hand sanitizing stations installed in premises (especially at the entry) and near high contact surfaces shall be utilised.
 - In a meeting/office room, if someone is coughing, without following respiratory etiquettes or mask, the areas around his/her seat should be vacated and cleaned with 1% sodium hypochlorite.
 - Carefully clean the equipment used in cleaning at the end of the cleaning process.

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- Remove PPE, discard in a disposable PPE in yellow disposable bag and wash hands with soap and water.

In addition, all employees should consider cleaning the work area in front of them with a disinfecting wipe prior to use and sit one seat further away from others, if possible.

Floor and work surface cleaning:

- 1% sodium hypochlorite
- 70% Alcohol can be used to wipe down surfaces where the use of bleach is not suitable, e.g. metal. (Chloroxylenol (4.5-5.5%)/ Benzalkonium Chloride or any other disinfectants found to be effective against coronavirus may be used as per manufacturer's instructions EPA registration to be checked with CDC and OSHA guidelines)
- Do not use disinfectants spray on potentially highly contaminated areas to prevent splashes
- To prevent cross contamination, discard cleaning material made of cloth (mop and wiping cloth) in appropriate bags after cleaning and disinfecting. Wear new pair of gloves and fasten the bag.
- Disinfect all cleaning equipment after use and before using in other area.
- Disinfect buckets by soaking in bleach solution or rinse in hot water

6.LABORATORY WASTE MANAGEMENT ACCORDING TO CDC GUIDELINES

Handle laboratory waste from testing suspected or confirmed COVID-19 patient specimens as all other bio-hazardous waste in the laboratory.

Currently, there is no evidence to suggest that this laboratory waste needs any additional packaging or disinfection procedures

7.SAMPLE PACKING AND INTERDEPARTMENTAL TRANSFER OF SPECIMENS:

1. Biosafety guidelines in place to be continued with proper PPE according to CDC.

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	SRI NATHELLA SAMPATHU CHETTY CLINICAL LABORATORY (UNIT OF MEDICAL RESEARCH FOUNDATION)	MAIN LABORATORY
	STANDARD OPERATING PROCEDURE –POST LOCKDOWN	

BATCH -1		BATCH-2		BATCH-3	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<u>DR.DOREEN GRACIAS</u>	<u>DR.KK, DR.HARINI</u>	<u>DR.DOREEN GRACIAS</u>	<u>DR.KK, DR.HARINI</u>	<u>DR.DOREEN GRACIAS</u>	<u>DR.KK, DR.HARINI</u>
PUNITHAM	RAJALAKSHMI	PUNITHAM	SRINIVASAN	PUNITHAM	R.TAMILSELVI
RAJALAKSHMI	SHYLAJA	SRINIVASAN	SAUMYA	R.TAMILSELVI	SAUMYA
SHYLAJA	GAYATHRI	RAJALAKSHMI	MYTHILI	SAUMYA	EMELDA MARY
GAYATHRI	BAGGIYALAKSHMI	MYTHILI	THELOTHAMA	EMELDA MARY	SENTHIL KUMAR
BAGGIYALAKSHMI	KARTHIK	THELOTHAMA	SAKTHIDEVI	SENTHIL KUMAR	KAJAL
KARTHIK	RAJESH	SAKTHIDEVI	DIVYA	KAJAL	MAHALAKSHMI
RAJESH	--	DIVYA	--	MAHALAKSHMI	GUNASEKAR
--	--	--	--	GUNASEKAR	DINESHKUMAR
--	--	--	--	DINESHKUMAR	--
*ALL EXECUTIVE LEVEL STAFF WILL HAVE TO DO ONE DAY EXTRA AS AND WHEN REQUIRED					
*FIRST BATCH SHOULD BE READY TO COME AT SHORT NOTICE ON THE DAY OF DUTY RESUMPTION					

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	SRI NATHELLA SAMPATHU CHETTY CLINICAL LABORATORY (UNIT OF MEDICAL RESEARCH FOUNDATION) Standard Operating Procedure- Post Lockdown	Histopathology
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1.PURPOSE:

To describe the step wise procedure to be followed to ensure low risk from SARS CoV-2 infection during duty performance in SN Histopathology Laboratory post lockdown easement.

2. GUIDELINES

- 2.1. On entry into laboratory all personnel to hand sanitise, change clothes in the wash rooms then enter their work area post wearing gloves and same mask.
- 2.2. All employees to bring their own lunch and to take breaks individually for 10 minutes for Lunch, Coffee etc.
- 2.3. Protection: If samples are going to be received from OT, the lab attender would go to the theatre (with necessary PPE) and put the sample in formaldehyde and then get the tissue sample. In this way spill of blood or fluid material -which could be infective can be avoided
- 2.10 If frozen sections come PPE should be worn by the lab staff and to the pathologist
- 2.11. We may need around 3 PPE during frozen section time
- 2.12. No movement for materials unnecessarily in or out of the lab. If received , use a plastic cover, spray spirit, and then open.
- 2.13. No visitors including company fellows are allowed. Ask them to call. If materials are delivered ask him to keep it on our receiving place and ask him to wait outside. Wipe with spirit before taking it. Use gloves all the time. In case of contact with materials, hands need to be sterilized .
- 2.14. Patients should not be allowed into the laboratory. If the patient needs slides/block for second opinion, let the consultant make official request, the same can be handed over to them or their secretary by the lab attender.

2.2..PERSONAL PROTECTIVE EQUIPMENT PROTOCOL:

Staff	Mask	Gloves	Eye goggles	Full body cover	Head cover	Face shield
Lab Technician	✓	✓	✓			
Executive						
Attender	✓	✓	✓			

	SRI NATHIELLA SAMPATHU CHETTY CLINICAL LABORATORY (UNIT OF MEDICAL RESEARCH FOUNDATION)	Histopathology
	Standard Operating Procedure- Post Lockdown	

Secretary	✓	✓				
Head of Department	✓	✓				

3. GUIDELINES FOR USE OF MASK

The correct procedure of wearing triple layer surgical mask

3.1. Perform hand hygiene

3. 2. Unfold the pleats; make sure that they are facing down.

3.3. Place over nose, mouth and chin.

3.4. Fit flexible nose piece over nose bridge.

3.5. Secure with tie strings (upper string to be tied on top of head above the ears –lower string at the back of the neck.)

3.6. Ensure there are no gaps on either side of the mask, adjust to fit.

3.7. Do not let the mask hanging from the neck.

3.8. Change the mask after six hours or as soon as they become wet.

3.9. Disposable masks are never to be reused and should be disposed off.

3.10. While removing the mask great care must be taken not to touch the potentially infected outer surface of the mask

4.Guidelines for disinfection:

Start cleaning from cleaner areas and proceed towards dirtier areas.

4.1 All indoor areas such as entrance lobbies, office rooms, meeting rooms should be mopped with a disinfectant with 1% sodium hypochlorite or phenolic disinfectants

4.2.High contact surfaces such as all switches, equipment buttons, handrails / handles and call buttons, public counters, intercom systems, equipment like telephone, printers/scanners, and all equipments should be cleaned twice daily by mopping with a linen/absorbable cloth soaked in 1% sodium hypochlorite.

	SRI NATHIELLA SAMPATHU CHETTY CLINICAL LABORATORY (UNIT OF MEDICAL RESEARCH FOUNDATION) Standard Operating Procedure- Post Lockdown	Histopathology
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4.3. Frequently touched areas like table tops, chair handles, pens, diary files, keyboards, mouse, mouse pad etc. should specially be cleaned.

4.4. For metallic surfaces like door handles, security locks, keys etc. 70% alcohol can be used to wipe down surfaces where the use of bleach is not suitable.

4.5. Hand sanitizing stations installed in premises (especially at the entry) and near high contact surfaces shall be utilised. In a meeting/office room, if someone is coughing, without following respiratory etiquettes or mask, the areas around his/her seat should be vacated and cleaned with 1% sodium hypochlorite.

4.6. Carefully clean the equipment used in cleaning at the end of the cleaning process.

4.7. Remove PPE, discard in a disposable PPE in yellow disposable bag and wash hands with soap and water.

In addition, all employees should consider cleaning the work area in front of them with a disinfecting wipe prior to use and sit one seat further away from others, if possible.

5. Floor and work surface cleaning:

- 1% sodium hypochlorite
- 70% Alcohol can be used to wipe down surfaces where the use of bleach is not suitable, e.g. metal. (Chloroxyleneol (4.5-5.5%)/ Benzalkonium Chloride or any other disinfectants found to be effective against coronavirus may be used as per manufacturer's instructions EPA registration to be checked with CDC and OSHA guidelines)
- Do not use disinfectants spray on potentially /highly contaminated areas to prevent splashes
- To prevent cross contamination, discard cleaning material made of cloth (mop and wiping cloth) in appropriate bags after cleaning and disinfecting. Wear new pair of gloves and fasten the bag.
- Disinfect all cleaning equipment after use and before using in other area.

Disinfect buckets by soaking in bleach solution or rinse in hot water.

Department of Optometry

TRAINING VIDEO

1.0 Scope : This SOP applies to all optometrists

2.0 Coverage : This SOP covers all stakeholders working at MRF

- All Optometrists
- All Trainees

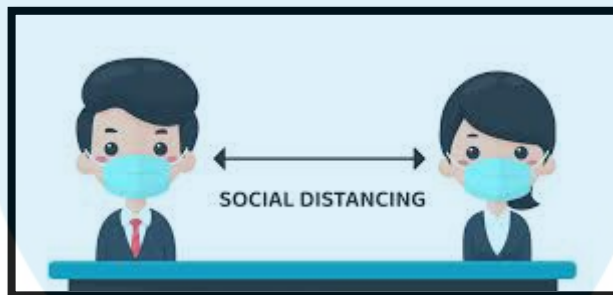
10.2 For Optometrist

10.2.1 Commute to work

- Use private vehicles.
- Public transport to be avoided if unavoidable sit alone and keep windows open.



- Maintain social distancing and use a mask all through.



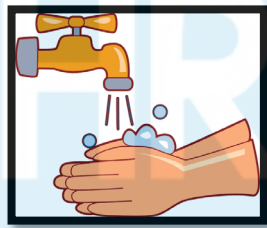
- Before wearing the mask hands to be washed with soap and water. Mask should cover nose and mouth with no gap.

Home Rules

- a. Stay home if sick.



- b. Frequent hand hygiene with soap and water to be practiced.



- c. Have a bath on return from hospital, Disinfect your mask as advised.

Incident Reporting

- a. Optometrist to report any untoward to their HOD as soon as possible.(symptoms of flu, fever, either self/other colleague or patient)
- b. HOD in turn would bring it to the notice of HIC committee immediately.
- c. Optometrist before they leave for work should send a message to the respective in charge, confirming that, .
- d. They do not have fever or symptoms of COVID 19.
- e. They have not visited any containment zone or met anyone with COVID positive.
- f. Then start to work.

10.2.3 Working days Protocol

- a. As per the Plan A, optometrists will be split into 3 batches.
- b. Each batch will work for 2 consecutive days and be off work for next 4 days of the week. This will be adhered to until further notice.
- c. The optometrist should not meet with members of the either batch, either within the hospital or outside.

Working Hours

Optometrist will work as per the roaster prepared by the respective HOD.

Leave protocol

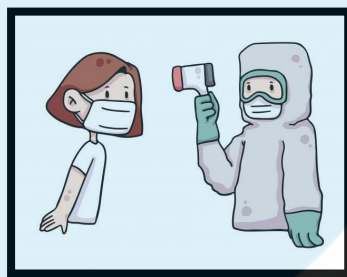
- a. Optometrists to be present on the day of duty allocation.
- b. In case of absenteeism, will be considered as their own leave.
- c. Exchange of postings among optometrists is not allowed.

Breaks in-between work

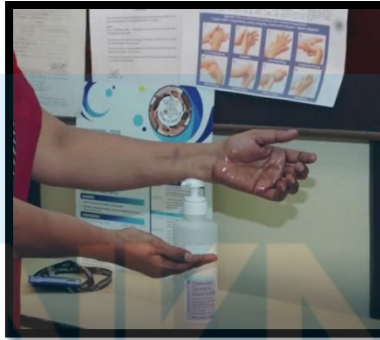
- a. Have quick lunch and coffee.
- b. Visiting and roaming between rooms to be strictly avoided.

Security procedures at entry gates

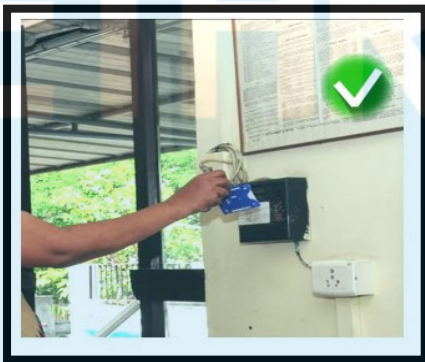
- a. Optometrist should undergo screening before entering through the In-gate with thermal screener.



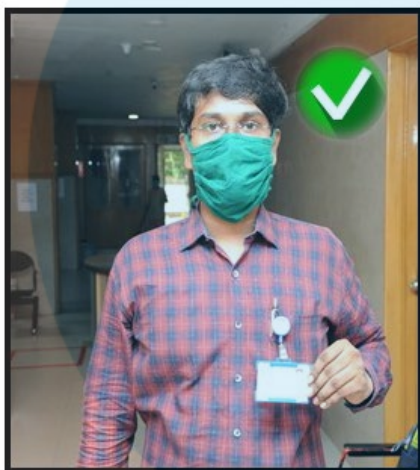
- b. All optometrist should use hand sanitizer placed at time office



- c. Avoid gathering while swiping the ID card at time office and maintain social distancing.



- d. Do not use hanging tag, switch to a clip based holder.



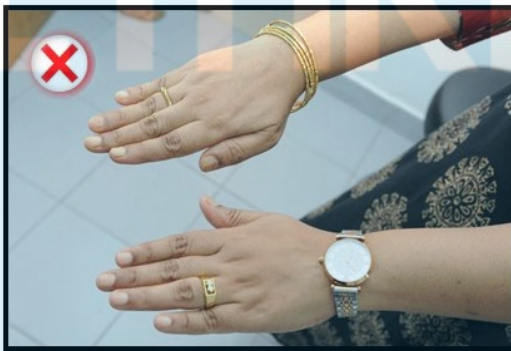
- e. Discard the mask which was used during commuting collect a new surgical mask from entry points.



- f. Wear the new mask with broad white border on top. If you wear glasses and wear a mask fix the upper portion of the mask with mediotape or paper tape.



- g. Carry reusable, washable bags (Avoid Sling bags and Wallets). Avoid wearing watch, ring and ornaments.



- h. If any optometrist found to have fever and cough with breathing problem will be advised to return home and consult physician for further treatment. In case of Flu like symptoms, strict home quarantine for 2 weeks advised.

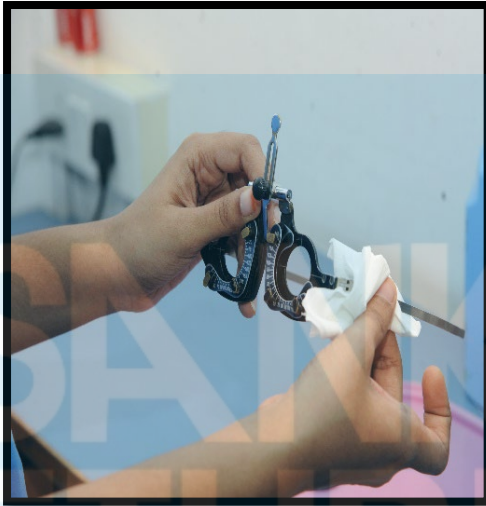
10.2.4 Optometrist Workup room

- a. OPD rooms door to be kept open all the time.



- b. Door knobs/handle, chairs, computer, trail box, trail frame, Slit lamp (Chin rest, forehead rest, breathe shield, hand and table) to be cleaned before start of work up.





- c. Alcohol based sanitizer used before and after examining each patient.
- d. One attendant allowed inside OPD room.
- e. Ideal time for workup is 15 minutes or less.
- f. Only one Optometrist to be posted in a room – No observation.
- g. Exchange of things within optometrists from one room to other to be avoided.

***General Instructions for all the OPD**

- a. Optometrists posted in OPD may change to surgical scrubs in the designated rooms. Street gowns should be folded and kept in locker / personal bag.



- b. Dry hands with disposable tissue after washing hands (should not use towels).

- c. Donning and Doffing of PPE to be followed.
- d. Fix the face shield so that it covers your mask, eyes and eye glasses. Secure the shield with a rubber band. It is compulsory to wear the face shield for Optometrist.



- e. Patient reports after thermal checkup. Registration is done.



- f. A billing slip will be placed on the counter according to the timing this will replace the flow chart.



- g. The optometrist will pick up the billing slip. Escort the patient to work up room and discard the billing slip in the dustbin.



- h. Patient and attender should wear mask all the time.
- i. History taking to be done by optometrist.
- j. Hand sanitization to be done before and after handling the patient old reports/documents.



k. Lensometer to be wiped with 1% virkon.

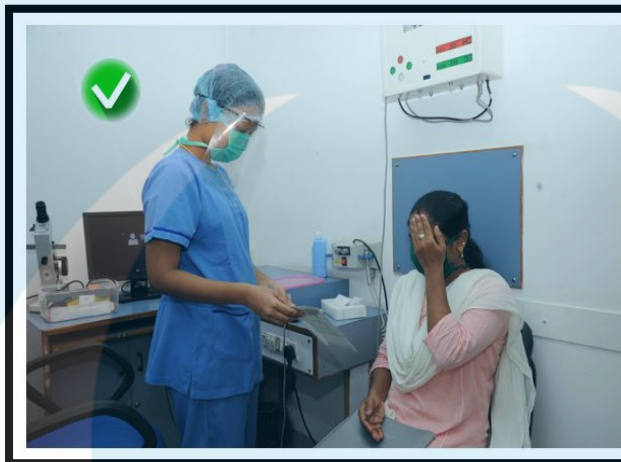


Visual acuity assessment

- a. Prefer non-contact occlusion such as using tissue papers – Hand-held occluder used over patient spectacles.



- b. Trail frame to be used for vision check.
- c. Follow disinfection protocol after handling hand held visual acuity charts.
- d. Examiner to hold the near vision chart at patient working distance.



- e. Auto Refraction / Retinoscopy (if required) should be done (To be disinfected after completing each patient) followed by subjective refraction.
- f. Refractions need to be done only for new patients, glass appointments and those who want their glasses changed. All the rest can have vision check.

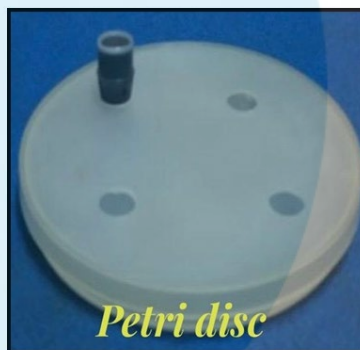
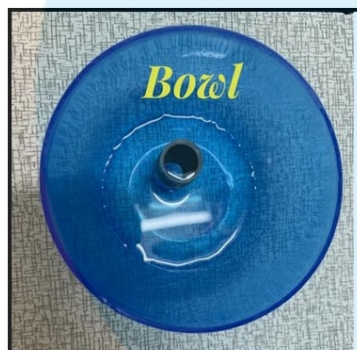


- g. Used Trial lenses to be kept separately and to be cleaned after every use.



Slit lamp Bio-microscope

- a. Use breath shields and disinfect with isopropyl alcohol.
- b. Applanation tonometer to be done in indicated cases (disinfect the prism head for each patient). A bowl or Petric disc for the applanation prism will be placed in all optometrists and consultants rooms for disinfecting.



- c. All touch points to be cleaned with 1% Virkon.
- d. Optometrists to defer ROPLAS, may be done by consultants if patient is posted for surgery.

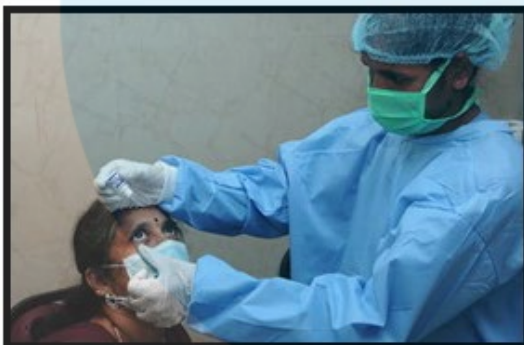
- e. Once the work up is done the optometrist will fill the dilatation instruction in a flow chart.



- f. The patient hands over the flow chart to the nurse in the dilatation counter. The nurse notes down the details and discards the flow chart in the dustbin.



- g. The drops are instilled. Once dilatation is over the nurse writes down the dilatation time and hands over a slip to the patient.



- h. The patient reports to the consultant clinical secretary. The clinical secretary in-turn notes down the patient name in the appointment slip and places in the consultant room.



- i. The consultant sees the fundus and decides on further management. The patient reports back to consultant's clinical secretary for disposal.



10.2.4.1 Glaucoma OPD

*General Instructions to be followed

- a. For all glaucoma patients, who are being examined by glaucoma consultants, slit lamp examination, applanation tonometry and gonioscopy will be done by the consultants.
- b. For all non-glaucoma patients, slit lamp examination and applanation tonometry should be done by the optometrists. No optometrist needs to do gonioscopy. If the patient has a shallow AC, the optometrist should send the patient to the consultant for dilation permission.

10.2.4.2 Neuro-Ophthalmology OPD

*General Instructions to be followed.

10.2.4.3 Oculoplasty OPD

*General Instructions to be followed.

10.2.4.4 Vitreo Retina OPD

*General Instructions to be followed.

ROP and RB- Children less than 3 years (both old and new cases) – direct consultation
–No optometry work-up.

10.2.4.5 Pediatric OPD

Work-up specific guidelines

- a. Children less than 3 years (both old and new cases) – direct consultation – No optometry work-up.
- b. Defer doing stereopsis test, WFDT and additional tests such as color vision.
- c. No squint evaluation for regular follow-up and patients above 12 years of age (document Hirschberg).
- d. Old reports/ handling hand held visual acuity charts – need to follow hand hygiene protocols.

Visual acuity assessment

- a. Prefer non-contact occlusion such as using tissue papers – Can use hand-held occluder if child wears spectacles – extra precautions need to be taken to avoid peeking – parents can use their hands to occlude (hand hygiene).
- b. Defer refraction if visual acuity is 6/6 with or without glasses.
- c. Defer un-dilated refraction.
- d. Defer subjective acceptance if the decision is to be taken based on cyclo refraction.
- e. Perform Tonometry only in Aphakia, Pseudophakia, and Glaucoma cases.
- f. Reviewing before dilatation for squint evaluation when in doubt– call consultants over phone/ intercom to discuss before dilatation.
- g. No special kids consultation.

Dilatation guidelines

- a. Within 6 months of full work-up - dilatation not required.
- b. No need cyclo refraction – Only Tropicamide for cyclo refraction.
- c. For progressive myopes, new myopes - Can use only 2 drops of Cyclopentolate.
- d. Other cases – 2 drops of HA.

10.2.4.6 Cornea OPD

*General Instructions to be followed

- a. Defer Schirmer I and II, TBUT.
- b. Dry eye assessment with the help of non-contact instruments (Keratograph, Lipiview) to be performed.

10.2.2 General Guidelines

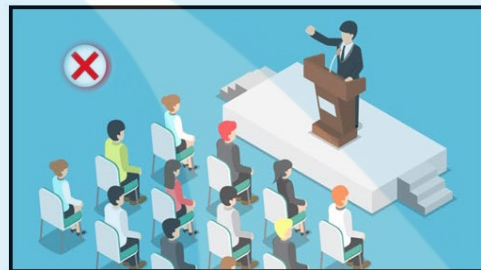
- a. Optometrist would be encouraged to have discussions / interactions through land phones and mobile phones.



- b. Open cut or wounds to be treated and plastered immediately.



- c. Do not conduct Department meetings. Meeting are to be avoided as far as possible and VC / Conference calls / other modes can be used in place.



- d. Optometrist to use stair case while stepping up and down to avoid overcrowding in the lift.



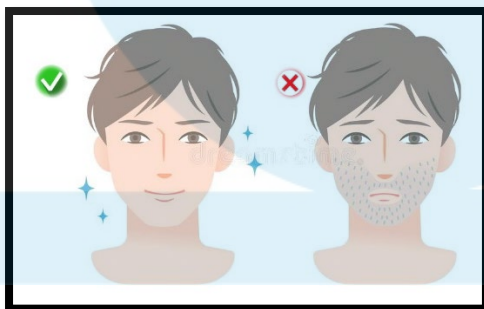
- e. Sharing of printed materials to be avoided.
- f. Going out to Canteen / Coffee shop to be avoided to minimize exposure.



- g. Having group lunches to be avoided to follow staggered lunch hours.
- h. Meeting visitors not allowed.

Grooming

- a. Optometrist should wear clean and laundered garments.
- b. Beards to be shaved or trimmed.



- c. Finger nails to be trimmed well.



- d. Hair to be well groomed (long hairs to be restrained).

DEPARTMENT DRESS CODE INSTRUCTIONS -DPS

1. Staff will wear surgical mask and face shields.



2. DPS staff may change to uniform in the designated rooms and the street gowns will be kept neatly in the locker or personal bag.
3. Staff is not allowed to wear ornaments like bangle, bracelet, ring and wristwatch.



4. To follow hand hygiene and social distancing at all times.



ENQUIRY COUNTER

1. The DPS Staff will be wearing face mask and face shields.



2. When the patients report to enquiry counter the security should make sure that they maintain social distancing.



3. The staff should obtain Covid declaration form and Covid consent form from all the patients.
4. The patients with appointment will be directed to the respective floor and patient without appointments will be directed to the first floor.
5. The patients with appointments will be send to the respective floor 15 minutes prior to the reporting time.
6. Every half an hour 10 walk in patients will be send to the first floor.
7. Strictly one attendant will be allowed to accompany the patient. Same is applicable for children.
8. No visitor will be allowed inside to meet the staff members.
9. If any patients want to clarify any doubt the enquiry counter staff should contact the consultant and inform the patient.
10. The staff posted at the enquiry are not allowed to visit any other floor. All the doubts can be clarified over the phone.

11. Patients should not be allowed to stand near the desk.



12. To keep masks at the enquiry counter and ensure that all the patient and attendant wear face mask before they enter inside. The charges can be collected in the reception.

GOPD COUNTER:

1. After the registration, the patient can be made to sit in the reception maintaining social distance.



2. The optometrist can view the registration screen and request the GOPD staff using intercom to send the patient to the respective room.



3. After work up the patient can be directed to the consultant concerned.

4. if we are not using the flow chart the instructions can be written at the back side of the registration slip, the staff need not touch it.



CLINICAL SECRETARY:

1. Receives the regular patients after the work up and review patients directly.
2. Patient is sent for consultation without any delay.
3. To seek the help of roving ambassador/floor coordinator in case of any issues.
4. Receive the patient after the consultation and guide them for further process.
5. Always ensure the hand hygiene and physical distancing.

SURGERY SCHEDULING:

1. The patient will be asked to sanitize the hands before entering the SFC.
2. EMR will be referred for advice from the consultants.
3. To hand over the lab request form and surgery schedule to the patient.
4. Preoperative instructions will be given only over the phone.
5. The staff should not be going to the other floors.
6. Surgery confirmation can be done over the phone. No need to visit the consultant cabin.



PROTOCOL FOR DEPARTMENT OF NURSING

I. Wards:

A. **Nurse's preparation before starting the duty:**

1. All nurses to wash hands with soap and water before they start the work.
2. Remove all hand jewellery including watch, ID card to be clipped & should not be left dangling
3. Mobile phones and no personal items to be carried while on duty
4. Nurses coming from home must change their uniform in the hospital.
5. Nurses to wear PPE such as surgical mask&face shield always. Gloves as per standard precautions.

B. **Special Considerations:**

1. All patients and their relatives should wear a face mask all times and if they don't have they should be provided with a mask included in the patient's bill.
2. All patient's and relatives to be encouraged to wash hands / practice hand hygiene as they get admitted in the ward.
3. Strictly only one relative permitted.
4. Ensure patients / relatives do not move around unnecessarily.
5. Encourage all patients to be discharged same day of surgery, after approval of anaesthetist / operating surgeon
6. As far as possible to provide single room to the patient.

C. **SOP For donning & doffing PPE :**https://www.youtube.com/watch?time_continue=1&v=of73FN086E8&feature=emb_title

7. Visiting hours eliminated
8. Nurses strictly adhere to their patient assignment.
9. Nurses to ensure that patients, relatives, healthcare personnel always maintain person – person distance at least 2 meters (2 arm length)except during the dire need for nursing care.

10. *Nebulization should be administered using N95 mask by the Nurse*



D. People Who Are at Higher Risk for n COVID 19 Infection: To minimize the contact with such patients and to strictly have them admitted in private rooms

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People above 65 years of age
- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

E. Equipment Reprocessing in the ward:

S .no	Equipment used in ward	Clean/ Disinfect with	Disinfection protocol
1.	Sphygmomanometer	Alcohol swab (70% Isopropyl alcohol).	Disinfect the surface of Sphygmomanometer with Alcohol swab
2.	Accucheck Machine	Alcohol swab (70% Isopropyl alcohol).	Disinfect the surface of Accucheck Machine with alcohol swab (between each patient use).
3.	Indirect Ophthalmoscope	Alcohol swab (70% Isopropyl alcohol).	Disinfect the surface of Indirect Ophthalmoscope with alcohol swab (after each use).



4.	20 D lens	1% Sodium Hypochlorite	• Soak in 1% Sodium Hypochlorite (done by Housekeeping Personnel) for 10 min • Wash with tap water • Dry safely
5.	Slit lamp	• 1% Virkon • 2% Bacillocid	• Surface is disinfected with 1% Virkon • AT head and lens is disinfected with 2% Bacillocid • Whole slit lamp is disinfected with Steriwipe (Conjunctivitis Patients)
6.	Thermometer (digital)	Alcohol swab (70% Isopropyl alcohol).	Disinfect the surface of Thermometer with alcohol swab (between each patient use).
7.	Nebulizer	2 % Bacillocid	Disinfect the surface
8.	Oxygen Humidifier	Alcohol swab (70% Isopropyl alcohol).	• Disinfect the surface of the humidifier with alcohol swab after use. • Distilled water to be used to refill the humidifier
9.	Oxygen Face mask	• Alcohol swab (70% Isopropyl alcohol). • ETO	• Disinfect the surface of the face mask with alcohol swab after use. • To be sent for ETO sterilization
10.	Suction bottle	Detergent powder	The bottle is cleaned with detergent powder
11.	Patient Cot	1% Virkon	All patient cot is wiped with 1% Virkon after discharge (done by Housekeeping Personnel)
12.	Injection tray	• Alcohol swab (70% Isopropyl alcohol). • Autoclave	• Disinfect the inject tray with alcohol swab after use. • To be sent for Autoclave
13.	IV POLES & Trolleys	1% VIRKON	Wiped with 1% Virkon after discharge (done by Housekeeping Personnel)

**F. Details of PEP To be worn in the ward**

S. NO	HCW	CAP	FACE SHIELD	GOGGLES	N 95 MASK	SURGICAL MASK	SCRUB PANTS & TOP	SURGICAL GOWN	GUM BOOT	REGULAR FOOT WEAR	BOOTS	CLEAN GLOVES	STERILE GLOVES
1.	OPHTHALMOLOGIST	-	Yes	-	-	Yes	Yes	If needed	-	YES	-	When needed	-
2.	Asst PG / Fellow	-	Yes	-	-	Yes	Yes	If needed	-	YES	-	When needed	-
4.	Nurse	-	Yes	-	-	Yes	-	-	-	YES	-	When needed	-
5.	Ward Secretary	-	Yes	-	-	Yes	-	-	-	-	-	-	-
6.	HK Staff	-	Yes	-	-	Yes	-	-	-	Closed shoes	-	When needed	-
7.	Patient & their Relative					Yes							
PPE THAT TO BE REPROCESSED: FACE SHIELDS													

G. Placement of Patients:

1. minimum of 3 meters (3 arm distance) to be present between the 2 cots in the General ward.
2. The first bay to have only children, the middle 2 bays for adult patients & to have only Chemotherapy children in the last bay.
3. To have adult chemotherapy patients away from the paediatric chemotherapy patients.

SOP for Optical Store

General guidelines

a. Staffs at the store will ensure that all patients maintain physical distancing at the wait area, avoid crowding near the sales counter, and are attended as early as possible by the sales staff. They will ensure that patients who have finished the sales will leave the optical store immediately.

b. Security outside the store will control the number of patients entering the store. Strictly only 1 attendant per patient to be allowed.

c. The delivery representatives from lens companies will be given a special pass. All entry formalities will be the same as staff, namely temperature check, masks and hand sanitization.

d. All staffs are advised to avoid long causal talks with patients.

e. To discard envelope/lens cover immediately after receiving the parcel.

f. To avoid staff interchange across stores.

g. To discourage vendors, suppliers visiting the store.

h. To declutter the store especially at the cash counter/delivery area.

i. To reduce movable furniture.

j. To display preventive/safety measures taken at a prominent location in the store.

k. To hand sanitize every one entering and exiting the store.

l. To keep the door open to avoid frequent cleaning.

Sales and customer interaction

a. To greet patients and say Namaste and strictly 'No' handshakes.

b. To ensure all patients wear mask before entering the store.

c. To ensure social distancing of 1-1.5m during customer interaction.

d. To sanitize your hands before and after taking each order.

e. To showcase products in a separate tray.

f. Patient orientation- The sales person must communicate the new method of showcasing the products due to the current situation. Also, patients are not allowed to move freely to access the display counters to pick up and try frames/sunglasses on their own.

SOP for Pharmacy and Central stores

Pharmacy:

- Initially pharmacy shall function between 8 am to 6 pm, instead of functioning till 7.30 pm. (now 9 to 5) Based on patient strength in OPD, shall decide timing within the couple of days
- Will request security to manage queue and maintain social distance at the counter
- To use Ramp exclusively for drug counter patient and steps for others to access rest of floors in VG. At Mukudpur, JKC, REH, & NSN we need to allocate few 3 seater chairs to patient to sit and come on queue. Security to help in these locations.
- Card payment to be encouraged. To use gloves while dealing with cash.
- Return drugs are to be avoided as far as possible. Board highlighting the same to be displayed in English, Tamil, Bengali and Hindi outside the Pharmacy

Central Stores:

- Store will work from 8 am to 7.30 pm.
- Vendor vehicle will be stopped outside of the gate and stores personnel will receive the goods from them.
- To inform consignment stock (IOLs) vendors not to come to check their inventories till further notice.

SN work resumption after Lock down – General & Other Admin Staff

[WEARING & REMOVING SURGICAL MASK VIDEO CLICK](#)

- 1. Scope:** Applies to all staff who are not covered by SOPs briefed above
- 2. Official working procedure:**
 - a. Working days:**
 - i. Divide your staff into 3 batches and assign 2 days of work per week for each of the staff until further notice
 - ii. Please keep the staff informed about the schedule to avoid mix ups
 - iii. Instruct them to stay at home during the other days
 - iv. Instruct them to avoid meeting their colleagues of other batch within hospital premises or outside
 - b. Working Hours:**
 - i. The employees will work as per the roster prepared by respective HOD.
 - c. Work from Home:**
 - i. Work from home will be decided based on operational needs and functional areas by your HOD
 - ii. This would be implemented purely in consultation with the administration
 - iii. On such instances, information to be shared with HR for their records
 - d. Flexible work hours:**
 - i. Flexible hours staggered at office can be introduced depending upon the situation / work demand.
 - ii. This would be implemented purely in consultation with the administration
 - iii. On such instances, information to be shared with HR for their records
- 3. Attendance:**
 - a. Bio-metric (Finger touch) swiping for attendance shall be discontinued until further notice
 - b. Punching of ID cards for attendance (Swiping with bar code or register) to continue
- 4. Transportation to work:**
 - a. Staff can be encouraged to use their own vehicle as far as possible to avoid exposure to the disease
 - b. If they are forced to use the public transportation, instruct them to take adequate precaution like keeping social distancing wherever possible and wearing proper PPEs like 3 layered mask or Cloth masks with full coverage. Keep your nose and mouth covered through out the travel.

- c. Avoid touching frequently touched surfaces in vehicles and common places
- d. Use hand sanitizers frequently if you have access to one, if not do a thorough hand wash using soap and water as instructed by the health authorities.

5. Usage of Personal Protective Equipment :

- a. Staff will be allowed to enter the campus only if they are wearing protective masks
- b. Staff should carry their uniform and change into the same in the hospital. They should fold and keep street clothes in their bag. At the end of duty, they should change back to street clothes. Staff identified in clinical services will be provided with hospital scrub suits if need be.

6. Sanitization during entry:

- a. All staff will be requested to go through thermal screening (Temperature Checking) at the entrance, before they are being allowed to punch their cards to ensure safety of rest of the staff and as well the patients
- b. Staff shall disinfect their hands with hand sanitizers made available to them at vantage locations before resuming their duty
- c. Staff shall cooperate with the management in adhering to the protocols as and when implemented, for their safety and well being.

7. General Instructions during your working hours:

- a. Adhering to social distancing shall be strictly enforced and it's the duty of HOD to ensure this always
- b. Staff shall restrict their movements during their working hours by remaining seated to their work places
- c. Avoid going to other's seats as far as possible
- d. Staff will be encouraged to have discussions / interactions through land phones and mobile phones
- e. Staff meetings shall be avoided as far as possible
- f. Sharing of printed materials to be avoided
- g. Ensure that all doors / windows (as applicable) are in open condition always during working hours
- h. Use natural ventilation as far as possible
- i. Ensure sanitization of all areas before start and after end of duty hours
- j. Avoid going out to Canteen / Coffee shop to minimize exposure
- k. Avoid having group lunches. HOD to ensure staggered lunch hours for staff
- l. Avoid meeting Visitors
- m. Staff shall be requested to use hand sanitizers or any other resources rationally, which could be under short supply

8. Incident Reporting:

- a. Staff shall be encouraged to report any untoward to their HOD as soon as possible
- b. Encourage every staff in self reporting if they seemed to have Flu like symptoms
- c. If any staff found to be exhibiting any symptoms, they shall be advised to return home and consult physician for further treatment
- d. HOD in turn shall bring it to the notice of HIC committee immediately
- e. Staff shall be also encouraged to report if any of their family members are exhibiting COVID symptoms and possible quarantining by health authorities in the interest of other staff members and patients

9. Return after working hours:

- a. Staff shall be encouraged to wash their hands with soap and water before leaving the campus or they can even use hand sanitizers provided at vantage locations
- b. Avoid using crowded public transports to return home
- c. Have a bath as soon as you reach home and before resuming any of the house hold works
- d. Wash uniform and street clothes same day. Use washed set of clothes and uniform each day.

g. To shortlist about 5 frames and all the used frames, spectacle lenses, demo lenses, and pupillometer must be disinfected using VIRKON 1% before it is sent back to the display counter.

h. For IPD measurements, 'Face Shield' is to be used.

i. To extend a tray (separate trays for in-coming and outgoing to avoid contamination) to collect cash/card from customers, and wherever possible digital payments are to be encouraged.

j. To avoid hardcopy of order form/sales bills and to ensure 100% paperless work by using HMS.

k. Completed spectacle are to be couriered (this is to avoid patients coming back to our hospital)

l. To communicate to the patients that all products will be sanitized before we dispatch.

Disinfection and sanitization

a. All areas in the stores are to be disinfected every day completely using user friendly disinfectant medium before start and after end of duty hours.

b. To ensure that all doors are in open condition during office hours

c. To ensure that all touchpoints such as doors/handle knobs/chairs/table must be sanitized after every usage.

d. To disinfect phone, mouse, keyboard with 70% isopropyl alcohol.

Employee guideline:

a. As per the Plan A, each staff will work only for two consecutive days and stay away from work for the remaining days.

b. The Optical store will be open between 9.00 am to 6.00 pm with two shifts (9.00 am to 5.00 pm and 10.00 am to 6.00 pm).

c. Staffs are advised not to take public transport, to strictly wear mask, follow hand hygiene and maintain physical distancing during travel to the extent possible.

d. In case of any symptoms like fever, cough or breathing difficulties, they will be advised to return home and consult physician for further treatment.

e. Staffs are advised to work from their seats and avoid going to other's seat unnecessarily.

f. All staffs to wear masks and strictly maintain social distancing of minimum 1 meter with patients and colleagues.

SOP for Security personnel

1. All security personnel will be paraded, and inspected daily during the **'roll call'** for their physical fitness and health condition. The shift duty ASO will conduct temperature checking for all of them before deploying on duty.
2. Besides, they will be also sensitised and asked to self-declare if there are any signs/symptoms of illness like dry cough, fever, dry throat, lack of appetite, muscle pain, breathing difficulty and or diarrhea etc.,
3. They will be further sensitised about the dire need of wearing face mask at all times, maintaining social distance and ensuring hand hygiene etc.,
4. No security personnel will be asked to continue duty after night shift.
5. All the security personnel will be frequently imparted the training of appropriate use of thermal scanner and inform the supervisor as and when any errors displayed.
6. At no point of time any person seeking entry either through the main gate or through the two wheeler gate or through the wicket gate gains entry without subjecting to thermal screening. Temperature exceeding **100°F** will be denied entry and asked to report to the nearest Govt hospital.
7. No security personnel will be allowed to discharge duty if they are residing within the containment zone. To ensure the same, the field manager has to verify their residential address to avoid administration getting misled. The security supervisor and the assignment manager are jointly responsible to ensure this aspect.
8. The duty ASO should also ensure that all personnel use **'HAND RUB'** as often as required. Besides they will ensure that all those entering are **'Sanitised'** immediately after thermal scanning.
9. The duty security personnel outside the main buildings including the enquiry area will ensure that the patients are taking position within the marked Square in order to ensure social distancing.
10. They will not touch anyone physically or move closer but interact with them from the appropriate distance (1meter).
11. They will exercise vigil to identify patients removing their mask and sitting or standing idle. Patients, attendants or drivers not having mask are to be advised to obtain one if they have to be around the hospital premises.

12. Security personnel will bring their washed and ironed uniform and change over at the work place/dressing room before resuming duty. The aim is to ensure that they are not infected during travel.
13. All security personnel must be advised to use the same mask for 24hrs i.e., to use, dry up and reuse until next morning when the new mask can be taken while disposing off the old one safely without throwing here and there.
14. The patients are required to be seated at all OPD centres maintaining social distance. To accomplish the same, the duty ASO and the location security guard will move around and ensure observance without affecting their dignity.
15. The lady guard at all elevators will ensure that there are only 5 occupants during one single trip. As far as possible, patient attendants can be advised to take the stair way if they are required go up to the nearest floor. Those waiting for the lift have to stay put with in the square-ground marked.
16. Similarly, while descending, lady guards will further ensure that able bodied men and women with no vision related issues are advised to take the stairway down which will perhaps ensure unnecessary crowding in the elevator. They have to be polite at all times.
17. There will be minimum 1 security guard at all important OPD floors to regulate seating of patients and preventing unnecessary rush in front of the reception and cash counters.
18. There will be 1 security guard in general shift at the canteen to restrict entry of patients to ensure that the social distance is maintained both at the cash counter, delivery counter, the dining table and of course the wash area.
19. It is the responsibility of the duty ASO to ensure that no large scale visitors are allowed to meet the patient admitted. They should not allow more than two at the same time.
20. The duty guard at VG block will ensure that patients stay within the bracket for collecting drugs. They will be lined up along the ramp in this regard. All those seeking entry to VG block can avail the stairway and or use the ramp depending upon availability.
21. The patient attendants when present in large scale can be asked to move over to the OSR land park and wait. They should not be allowed to loiter unnecessarily in the hospital premises.

22. As before; the minimum no of patient vehicles can be allowed to park in the basement while the drivers are not allowed to stay there along with the vehicle. They should be asked to come up and stay put in the waiting area/OSR park with the face mask. Others have to drive out their vehicles.
23. The lady security guard at OT and Ward will further ensure social distance at all times at their respective locations.
24. There will be staggered timings for security personnel to avail canteen facility. They should not unnecessarily add to the crowd and create inconvenience, and
25. Last but not the least, these instructions will remain in force until further order.

SAHNIKARA
NETHRALAYA



Canteen and Coffee shop SOP

1. Only 2 persons can sit on a table and we can mark (x) diagonally opposite.
2. Outside people (from DPI, SBI and auto drivers) entry for dining should be restricted.
3. Those who bring food from home will be restricted from eating in the canteen.
(Consultants, PGs and staff)
4. During peak hours' crowd will be monitored and guided as per the norms
5. The soiled plates will be removed by the users and put in the trolley identified.
6. Uncooked food items will be avoided.
7. Canteen suppliers to be allowed till the back entry of the canteen as before.

SOP for coffee shop and Utility shop

1. Staff will be provided with surgical masks
2. Working hours 8 am to 6pm
3. Coffee cart for OPD will be functional
4. Each table will have 2 chairs only and extra chairs will be kept separately.
5. Queue system will be followed with physical distance of 1 meter. Circle or square to be drawn
6. One of the SWAN staff will monitor the crowd and queue from outside.
6. Possibility of other payment options instead of cash to be explored.
7. In the Utility shop only dry snacks will be available and not the perishable snacks like samosa, paratha, sandwich etc...
8. Will ensure hygiene and cleanliness in all possible ways.
9. Soap and hand sanitizer will be provided.