

King George's Medical University (28/03/2020)

Triage Protocol for SARI patients

SARI (Severe Acute Respiratory Illness)

- **Definition:**An ARI with history of fever or measured temperature $\geq 38\text{ C}^\circ$ and cough; onset within the last ~10 days; and requiring hospitalization (Tachypnea*, Respiratory distress, SpO₂<90%)

*Tachypnea

Age	Respiratory rate more than
>5yr, and adults	30/min
< 2 months	60/min
2-11 months	50/min
1-5 yr	40/min

- All cases fulfilling SARI criteria will be sent to Triage area located in Neurology ground floor. Two sources of patient inflow 1) Fever OPD, 2) Trauma emergency (Figure 1)
- SARI patients will be segregated into 2 groups as follows and both will be managed in separate designated areas:
 - o HIGH Risk SARI: Any of the following:
 1. History of international travel in 14 days prior to symptom onset
 2. Close physical contact with a confirmed case of COVID-19 in the last 14 days
 3. Disease occurs in a health care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for.
 - o LOW Risk SARI: None of the above is present
- All new SARI cases coming to triage will undergo nasal + throat swabbing. It will be done by Resident Doctor posted there / by Microbiology Resident doctor (Appendix 1 sample collection)
- Symptomatic treatment will be provided by the triage team till the reports are awaited (Figure 1)
- Manpower: 2 residents + 2 nurses per shift (each shift of 8hr), One Pediatric senior resident to be on call for 7 days
- List of supplies (drugs/equipments) Appendix 2

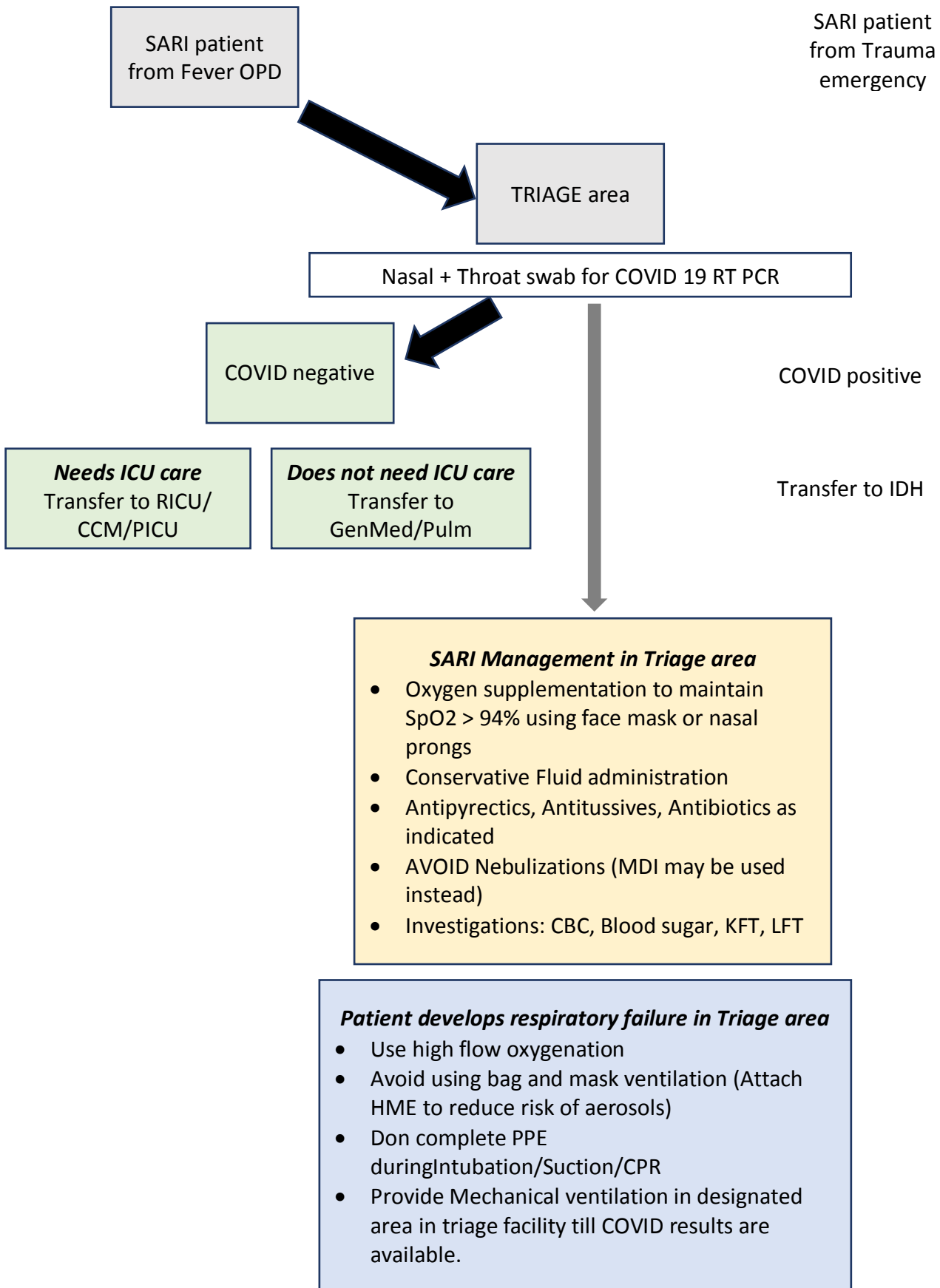


Figure 1: SARI Patient Flow in Triage area

Appendix 1: Nasal + Throat swab collection (WHO protocol)

PPE needed: N95 respirator, Goggles, Gown (Water resistant), Gloves (Double), Shoe cover, Hood

Donning the PPE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

- 1. GOWN**
 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten in back of neck and waist
- 2. MASK OR RESPIRATOR**
 - Secure ties or elastic bands at middle of head and neck
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit-check respirator
- 3. GOGGLES OR FACE SHIELD**
 - Place over face and eyes and adjust to fit
- 4. GLOVES**
 - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

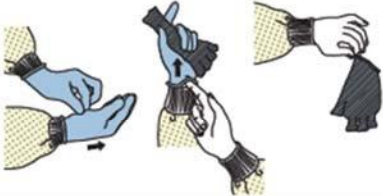



- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



Doffing the PPE

**HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 1**

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

- 1. GLOVES**
 - Outside of gloves are contaminated!
 - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
 - Hold removed glove in gloved hand
 - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
 - Discard gloves in a waste container
- 2. GOGGLES OR FACE SHIELD**
 - Outside of goggles or face shield are contaminated!
 - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Remove goggles or face shield from the back by lifting head band or ear pieces
 - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container
- 3. GOWN**
 - Gown front and sleeves are contaminated!
 - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
 - Pull gown away from neck and shoulders, touching inside of gown only
 - Turn gown inside out
 - Fold or roll into a bundle and discard in a waste container
- 4. MASK OR RESPIRATOR**
 - Front of mask/respirator is contaminated — DO NOT TOUCH!
 - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
 - Discard in a waste container
- 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



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Swab Collection technique:

1. Tilt patient's head back 70 degrees. While gently rotating the swab, insert swab less than one inch into nostril (until resistance is met at turbinates). Rotate the swab several times against nasal wall and repeat in other nostril using the same swab. Place tip of the swab into sterile viral transport media tube and cut off the applicator stick.
2. For throat swab, take a second dry swab, insert into mouth, and swab the posterior pharynx and tonsillar areas (avoid the tongue); avoid touching the tongue, teeth, and gums. Place tip of swab into the same tube and cut off the applicator tip.

Annexure 2
Supplies for Triage area (Low burden estimate) 28 March 2020

S No	Name of equipment/Drug	Quantity		
1.	PPE Kit (N95 mask+ Goggles+ Gown+ Headcover+ Shoe cover) 25/day	60 per day		
2.	Face mask Adult size	500		
3.	Face mask Child size	100		
4.	Nasal Prongs	500		
5.	Non rebreathing face mask	100		
6.	Endotracheal tubes 3,3.5,4,4.5,5,,5.5,6 cuffed & uncuffed both each	50		
7.	Suction catheter 8,10 Fr each	100		
8.	NG tube 8,10,12	100		
9.	IV Cannula 24,22,20,18 G	10000		
10	AMBU bag 250,500, 750 ml each	100		
11	Laryngoscope Pediatric + Adult with blade size 0,1,2	50		
12	Ventilator tubing - disposable	100		
13	Examination gloves	1000		
14	Sterilium	100		
15	Suction catheter (8F,10F,12F,14F)	5000 each		
16	Tracheostomy tube (4,4.5,5,5.5) cuffed & uncuffed each	150		
17	BP apparatus (automatic)	10		
18	Fingertip spO2 monitor	20		
19	Adhesives Dynaplast, Micropore	500		
20	Closed circuit suction catheter	500		
21	Vacutainers Red top	1000		
22	Vacutainers Purple top	1000		
23	Vacutainers Blue top	500		
24	Vacutainers Grey top	150		
25	Inj Ceftriaxone 500mg	500		
26	Oseltamivir (Tamiflu) Syp	500		
27	Tab Osletamivir	1000		
28	Tab Chloroquine 250 & 500 each	10000		
29	Tab Azithromycin 250 &	5000		

	500			
30	Syp Azithromycin 200	5000		
31	Inj Atropine	200		
32	Inj Dopamine	5000		
33	Inj Adrenaline	10000		
34	Inj Noradrenalin	5000		
35	Inj Midazolam	100		
36	Inj fentanyl	500		
37	Inj Vecuronium/ Rocurnium	100		
38	InjPatoperozole	500		
39	InjRantac	500		
40	Inj Paracetamol	100		
41	MDI Salbutamol	100		
42	MDI Spacer	100		
43	DNS 500ml			
44	NS 500 ml			
45	RL 500 ml			
46	5% Dextrose 500ml			
47	NS 100 ml			
48	Syringes (2 ml, 5 ml, 10 ml)			