



LVPEI Strategy Practice Document for COVID-19 Containment *Released 17th March 2020*

VISION: Implementation of Public health measures for containment of COVID-19 will provide safe environment to our staff and visitors

TASK FORCE

- 1. Nodal Person In-charge:** Network Head of Quality + Network Head of Infection control. They will work on all inputs and information.
 - a. Roles and responsibilities:** They will work to bring forth the best Global and National practices and updated knowledge to the Strategy committee. They will coordinate implementation of Govt. circulars and regularly update all stakeholders. They will be responsible for coordination with all members of execution committee, including but not limited to dissemination of Instructions, monitoring compliance and effectiveness, surveillance data of any cases detected, analysis of the situation, communication details and any emergency measures. They will also coordinate with other Campus Directors and their designated Executives for setting up infection containment across the network.
 - b. All Instructions will be released only from the Head of Quality.** Head of Infection control will do so, in dire emergency, if Head of Quality is not available.

- 2. Strategy committee:**
 - Includes following
 - Network Head – Quality
 - Network Head-infection Control
 - Campus Director
 - Director of Operations
 - Director of Public health
 - Campus Patient care Incharge
 - Quality Network Administrator
 - Specific area Executives/admins: Operations, Patient Care, Communications and Cornea department
 - Chairperson and Vice Chairs depending on their availability.

Roles and Responsibilities: To brainstorm various issues and come up with action items; to keep updated with situation on the ground.

3. Action Plan Execution Committee: Admins/ executives/ program-area In-charges as deemed necessary, so that no area of LVPEI campus is left un-monitored

Roles and Responsibilities:

- i. To ensure strict and universal implementation of all Instructions
- ii. To monitor compliance
- iii. To provide feedback to Nodal committee about any difficulties/ non-compliances
- iv. To escalate issues immediately to nodal committee in case of any emergent situation
- v. Phone numbers: Dr Subhadra Jalali: XXXXXXX; Dr Savitri Sharma: XXXXXX

Strategy committee meeting:

- Daily at 5.30 pm, in Directors’ office
- Daily communication will be sent out as required to network
- Twice a week, Nodal committee members will interact with faculty and fellows at 8.00 am
- Twice a week they will also interact with the Execution committee members at 8.30 am
- This would be modified based on situation as it evolves
- Once social distancing is in place, briefings will happen more via digital media and small groups

SOCIAL DISTANCING:
What does it mean?

Social distancing is the practice of reducing close contact between people to slow the spread of infections or diseases. Social distancing measures include limiting large groups of people coming together, closing buildings and cancelling events.

AVOID	USE CAUTION	SAFE TO DO
<ul style="list-style-type: none"> Group Gatherings Sleep Overs Playdates Concerts Theatre Outings Athletic Events Crowded Retail Stores Malls Workouts in Gyms Visitors in your House Non-essential workers in your house Mass Transit Systems 	<ul style="list-style-type: none"> Visit a local Restaurant Visit Grocery Store Get Take Out Pick up Medications Play Tennis in a Park Visiting the Library Church Services Traveling 	<ul style="list-style-type: none"> Take a Walk Go for a Hike Yard Work Play in your Yard Clean out a Closet Read a Good Book Listen to Music Cook a Meal Family Game Night Go for a Drive Group Video Chats Stream a favorite show Check on a Friend Check on Elderly Neighbour

Strategy planning: Level of threat based actions: Dr LG from Singapore shared how to assess threat levels in an area and same is being used here. When we started planning on

January 10th (first case reported to WHO on Dec 31) to serious work February 20th and more detailed March 2nd (after first case reported from Telangana), it was assessed that we are in Yellow zone. The time interval between yellow to orange is expected around 3-4 weeks based on global data. Hence first steps were taken to consolidate actions for immediate YELLOW status while Plan B for Orange Status was formulated and rolled out at a less expeditious pace. At each step, importance was given to:

- Clear evidence from literature and protocols
- Clear Instructions and communication
- Monitoring and auditing of compliances
- Getting feedback and Improving
- Daily meeting of nodal and strategy teams with daily updated data and actions.

DORSCON Alert levels attached (from Singapore courtesy Prof. Lingam Gopal)

DORSCON ALERT LEVELS (Disease Outbreak Response System Condition)				
	GREEN	YELLOW	ORANGE	RED
Nature of Disease	Disease is mild OR Disease is severe but does not spread easily from person to person (e.g. MERS, H7N9)	Disease is severe and spreads easily from person to person but is occurring outside Singapore. OR Disease is spreading in Singapore but is (a) Typically mild i.e only slightly more severe than seasonal influenza. Could be severe in vulnerable groups. (e.g. H1N1 pandemic) OR (b) being contained	Disease is severe AND spreads easily from person to person, but disease has not spread widely in Singapore and is being contained (e.g. SARS experience in Singapore)	Disease is severe AND is spreading widely
Impact on Daily Life	Minimal disruption e.g. border screening, travel advice	Minimal disruption e.g. additional measures at border and/or healthcare settings expected, higher work and school absenteeism likely	Moderate disruption e.g. quarantine, temperature screening, visitor restrictions at hospitals	Major disruption e.g. school closures, work from home orders, significant number of deaths.
Advice to Public	<ul style="list-style-type: none"> • Be socially responsible: if you are sick, stay at home • Maintain good personal hygiene • Look out for health advisories 	<ul style="list-style-type: none"> • Be socially responsible: if you are sick, stay at home • Maintain good personal hygiene • Look out for health advisories 	<ul style="list-style-type: none"> • Be socially responsible: if you are sick, stay at home • Maintain good personal hygiene • Look out for health advisories • Comply with control measures 	<ul style="list-style-type: none"> • Be socially responsible: if you are sick, stay at home • Maintain good personal hygiene • Look out for health advisories • Comply with control measures • Practise social distancing: avoid crowded areas

LVPEI COVID -19 Task Force Structure

Ground floor

- MRD and telephones – Mr. Golla Sreenivas
- Rehab all corridors – Ms. Mamatha

- Biomedical and ISD group – Mr. Rathinam Thyagarajan.
- Maintenance – Mr. Rakesh Maini including generator area and gardens
- Cafeteria including coffee day and all housekeeping – Anjani Prathi
- Security – Padmaraju will also cover parking areas
- Main Gate areas, fire safety department – Mr. J Shiv Shanker
- Rite Cure Pharmacy – Mr. K. Srinivas
- All pt care desks: Help desk; International pt desk – Ms. Nagmani
- Cornea dept, Insurance, Physician at ground floor – Ms. Kavitha
- Arogyasri counter and Nonpaying/paying walk-in areas and emergency reception: Mr. Naveen

First floor

- HR and First Floor clinical research area – Ajay Nath
- Innovation Center and Srujana/Engineering department – Raghu Gullapalli
- Education and ONA department including classrooms –Yamuna
- Comprehensive and Refractive and cataract OPD - Ms. Rafiunnisa
- Sight savers and GPR building front lobby - Ms .AH Jyothi
- Library, accounts and mailing department – Ms. Banu
- Research team – Dr. Premnandini
- Retina and Glaucoma and physician areas - Ms.Vijaya laxmi

Second floor and fourth floor

- Admission and Discharge office/accounts room including lift :Mr .Praveen Kumar

Third floor

- Ward, Biochem Labs dietician , V. Murthy and CECC OR – Ms. G.Vijaya
- Pediatric and plasty/oncology/ genetics/pediatrician and uvea OPd 's including EUA counter - Ms.Saradha
- QA/PR – Mr. Siddhartha Sen Gupta
- Communication – Ms.Shobha M.
- EMR: Mr. Wasim

Fourth floor

- Cornea Institute and guest house – Mr. Raghuram Vyas
- OR – Durga

Fifth floor

- Eye bank – Mr. Hari Haran
- Research and labs – Ms. Elena
- GSS will cover 6th floor including exclusive; both lecture halls and secretaries on 6th floor and also Dhobi

Premises – Stores and purchase whole building – Mr. Anjaneylu

Service Block – Telephonic appointment system – Mr. Varaprasad Rao.

Opticals – Mr. Sandeep Reddy

All Hostels – Ms. Ruksana.

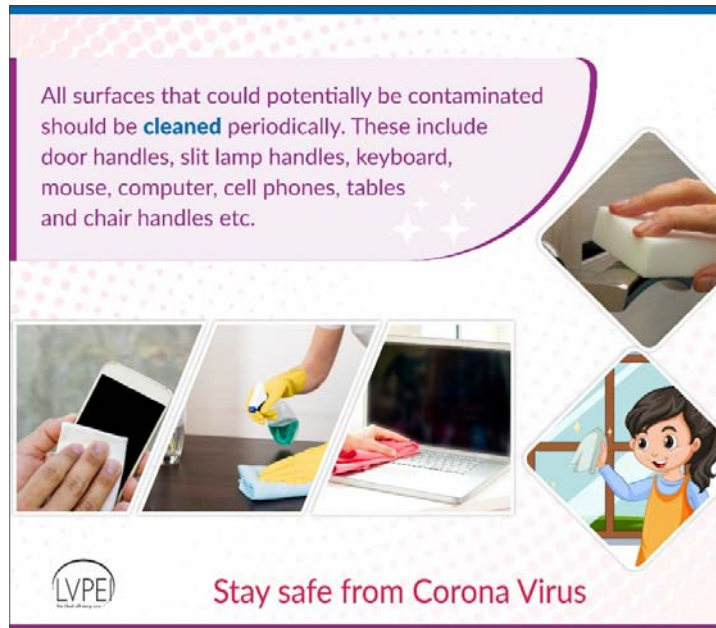
Internal Medicines - G Raghulu

Patient care policy

1. **International patients:** Reschedule your appointment by 4-6 weeks, in consultation with your doctor, who is also copied on this email. Should you decide to travel, please keep yourself updated of Govt of India and your own Govt. notifications regarding Travel advisories, Quarantine rulings and medical test requirement? These could change on day to day basis, and are available daily on Govt. of India Health and Family welfare website.
2. LVPEI one attendant policy with the patient (*in ODD cases we do have the policy to allow 2 attenders for any wheelchair/Old patients and also with the infant patients*) and also in the IP wards during the visiting hours and make sure we do not allow excess visitors and all telephonic appointment seekers should be informed about the one attendant policy and all printed appointments slips should carry one attendant policy.
3. Stock taking of all materials (masks/sterillium/ cleaning antiseptics etc). Cloth masks 2 to each worker for self -use as a double mask, so as to conserve the scarce available disposable masks. This is being rolled out as we move from yellow to orange threat level. This is as a stop gap temporary measure till we get enough of disposable masks. Government has declared face-masks as an essential commodity. We are aware
4. It was decided that COVID_ Infected patients with eye problems will not be attended to and will be directed to Govt. hospital where systemic and eye care have been set up very well by Govt.
5. Give information about the COVID-19 control nodal and strategy groups and phone numbers of SJ/Savitri and 104 Government.

Cleaning

1. All patient care areas on all floors, the furniture surfaces and furniture fixtures (Door handles, Knobs, Hand rails etc.) will be wiped more frequently. This additional dedicated cleaning activity will be done by 3-4 additional A to Z HK staff for next 1 to 1½ months
2. **Chemical to be used:** CDC guidelines say any EPA registered household disinfectant is sufficient. Details of all types of chemicals currently in use for cleaning at LVPEI were evaluated by Dr. Savitri Sharma in terms of efficacy, certification, availability, pricing, ease of use, any side effects etc. Info was gathered from Mr. GSS, Ravinder, Purchase, and actual pilot usage on keyboard. "Lemoniser" also known as "Grenadier" was found most suitable and was finalized for usage both, as a spray or as a solution to clean all fixtures. It does not leave any stains/deposits. G Singh informed we will be doubling the order from what we are currently using so that there is no shortage.
3. **Who?:** House- keeping staff on all floors will clean thrice a day all fixtures including the door handles, table-tops, hand-rails, furniture etc. with 1:60 dilution



4. *How many times in a day:* Twice daily was considered sufficient for non-exam room areas. This will be done by Housekeeping staff and Mr. Ravinder/MS. Anjani will be informed.
5. In exam rooms, more detailed cleaning will be done. This will be conveyed in writing to Ravi Incharge Optometry and teaching group in Optometry cadre staff and also reiterate in Optometry class/ doctors' class this week.
6. In the exam rooms, slit lamp/ mouse/ keyboard/tablets will be cleaned by optometry staff/ fellows/ doctors twice a day and in between patients as often as needed using alcohol wipes. Clean hands with sterillium before touching any equipment once patient has been touched. Open door policy as we move from yellow to orange. SJ is taking classes to sensitize and improve compliance.
7. Clean slit lamp/mouse and computers etc with alcohol and do not go back and forth from patient to equipment's.
8. While performing **gonioscopy**, keratometry, A scan, B Scan, Oculyser, HVF, so on, no talking and thoroughly clean instruments before and after every new case.
9. Stop Contact Lens trial, direct ophthalmoscopic evaluation.
10. **Syringing:** to be done the routine way with autoclaved sets and wash hands after doing syringing. Disposable cannula, as is practiced will continue.
11. OPD – occluders (both the one for testing binocular vision and the one used in trial frame), trial frames, lenses to be wiped with alcohol swabs after checking vision or doing refraction for each case. All non-essential non-critical examinations should be avoided and patient explained the truncated protocol and need for more elaborate testing in future as feasible.
12. Sanitizers: already placed on all front desks and doctors' corridors. Wall mounted Fixtures in Common patient care areas were ordered (GSS) and fixation will be complete in 3 days. Stock details from stores shows adequate stock

13. **Wards:** Bedsheets /Towels – to be washed with soap and water after single use as is happening currently. Do not reuse these without washing. As of now, do not keep blankets in wards, if you have – wash and store those.
14. **Opticals:** Patient should use Sterilium before touching any frames. Sample frames tried by patients, mirror and furniture should be cleaned immediately after every use.
15. **Vehicle cleaning:** Cleaning of the vehicle twice a day including handles, window panes, the seats twice a day with Lemonizer
16. While receiving any material to centres – keep the materials separate and wash hands after touching those. Same when the material is taken to OR. To follow the strict protocols in OR
17. All the canteen staff should maintain personal hygiene and also maintain the dining areas. Canteen Staff should have enough personal protection while handling/serving food. Request the canteen vendor to provide the required protection gear to all the staff working in our facilities. Any of the canteen staff having cold/cough/ fever should be given leave.
18. Personal hygiene all over, including hand hygiene. With clean hands check your phones then keep cell phones in bag after checking in morning. Check during lunch time after washing and drying hands. Check after cleaning hands at the end of the day. Give intercom number or telephone department number to family for emergency contact. No need to use UNSAFE cell phones or contaminate them and take any potential bugs home.

Staff training and cleaning and hygiene



1. All the reception desks will have hand sanitizers placed on the desks for patients and staff use: done
2. All the common patient care areas will also have wall mounted hand sanitizers dispensers: needs to check: GSS
3. HK staff will be responsible to refill all the hand sanitizers dispensers from time to time.
4. Stores HOD has been advised to review the hand sanitizer stock in the main stores and if required order for additional stocks: to get details
5. Education of staff, improved hygiene surveillance and information sharing will be done. Thumb scans are not more risk than the other equipment that are shared by staff, hence can continue. Hand hygiene after scan and also after touching other shared infrastructure will be reiterated to all staff. Just to re-emphasize, infection control is possible only if we clean our hands and do not touch your face/eyes/nose with unwashed hands.
6. Currency notes, coins are dirt and vending machines also.

Patient triaging

1. Screening and Triage of patients is already implemented. These practices will be reinforced and monitored, by members of execution and Strategy committees. Manjula informed that Since March 5, all patients with appointments are getting an SMS at 9.00 am **one day prior** to appointment. This is at Tertiary centres and at KAR campus. **"If you have cold, cough, breathlessness, head-ache and fever, please consult a general physician before coming for your eye check up."** At secondary centres they are screening at front desk and sending patients to local Govt. hospital.
2. **Objectively temperature checking for all patients, attendants coming to our hospitals (including staff):** This is going to be tricky as there is lots of contact procedure in thermometer checking. Non-contact strips and temperature guns are being looked out for but are not currently available in market.
3. Those with international travel history
 - a. If patient has obvious cough/cold/fever or says yes or has travelled international in last 4 weeks or has come in contact with such a traveler, then no temp check is to be done (as they are symptomatic and highest chance of infection) - these pts to be sent back or referred to Govt. hospital, note their phone number and address and inform local govt health contact; Eye care appointment is rescheduled.
 - b. Patient visited International place and has fever/cough/cold: Give the mask, tell to contact **104 GOVT helpline** and leave premises and give them the pamphlet. Take phone number and contact address and name using gloves by hospital staff. Note if any hospital staff got exposed. No need to know if eye problem is emergency or not. At Gandhi hospital eye and systemic problems will be taken care of.
 - c. If fever, cough, cold but no contact and no travel history, give mask and send to physician
 - d. If Patient or family member visited international place, no symptoms, non – emergency: stay at home and reschedule. If emergency, take them in and

maintain all hygienic measures. If alert changes to orange/red then only with full PPE and only basic emergency care will this be done.

4. Try to avoid public transportation, rather take taxi or self-driving preferred. These can also be contaminated.
5. An S- Shaped entry was discussed to be set up so that security and staff are not surrounded by so many patients. Dr. PG asked operations team to set this up in a safe and effective least disruptive manner
6. From all these, it looks like that we should reduce our patient numbers significantly in the next two weeks when condition becomes orange or red. TBD (See below)
7. Make advanced preparation for step wise closure and critical use of the facility as the situation worsens
8. Awareness videos on conjunctivitis and pink eye are being played in the waiting lounges

Clinical practice

1. Examination routine: Best Clinical Ophthalmology OPD Practices to prevent transfer of Infection from one patient to other will be reinforced and monitored by all end users
2. All slit lamps to have acrylic sheets attached so that the direct contact with the patients is avoided. Discussion was held regarding slit lamp barricades: GSS to get more information and will discuss along with SJ the issue with engineering team and make a decision. You can use any thing that functions as a barrier and which can be cleaned with alcohol. There are two options, as per published literature and information by all users. One to use the discarded x-ray raw sheets. Second option that has been used by others are the overhead projection sheets that should be available at bookstores? or similar material. Whatever material is used should be able to clean with alcohol.
3. Regarding slit lamp barricades, we need some more info about material, cost etc and they are not really needed currently unless we are in orange zone (as per Singapore practice pattern document circulated earlier). On 17th March,2020 the barricades placement on slit lamps was started and likely to be completed across network in 3-4 days.
4. Protective face masks for all those dealing with patients - There are recommendations that face masks should be used by health care professionals and those sick. However, medical grade masks are not available. Literature was evaluated for Cloth masks to be used in epidemic areas. Based on review of literature and non-availability of enough medical masks, it has been decided to supply 2-3 cloth masks for each and every staff across our network. They can wear double masks and wash and dry their own masks. Just spoke to Beula and her team who used to make bags, they said they will be able to supply us rapidly good numbers (100 made in a day) in house by visually challenged tailoring team!
5. 300 Cloth masks received and given to OT. 5000 medical masks and adequate sterillium stocks achieved.
6. Tell the patient that you will see them and no talking when you are examining the patient
7. **For patients having adenoviral conjunctivitis, do not call them early for follow-up examinations, you can inform them to come if needed or may be after two to**

three weeks in case of worsening. Special handling of conjunctivitis patients with non-contact gloves and cotton buds, after triaging for any COVID-risk factors. COVID RISK Factor patients to be directed to Gandhi hospital. Dr. PG sent the conjunctivitis management protocol to all doctors.

- 8. Air conditioning restriction/ stopping and Open door policy at all locations (except operating room)**
- 9. No community screening programs till further notice**

Monitoring

1. Monitoring checklist have been developed by Quality team. This includes monitoring of one attendant policy, awareness of health messages and compliance and cafeteria hygiene (last one already in place, quality team will reinforce).
2. Monitoring would be a general responsibility. While daily monitoring is initiated by Quality department, all execution team members and responsible persons must monitor their own area and reinforce compliance. Cleaning of Premises: Evaluation of efficacy and monitoring – sent to Ravinder/Anjani and did checking on Sunday.
3. An example of how the data is analyzed and tracked for compliance is attached. Beside this, all the execution committee and Quality team are personally meeting each and every employee in each and every department including contract employees, as an ongoing activity. Director KAR Campus, Dr. Prashant Garg is also meeting Heads of Services, Operations team, Purchase and Stores team to ensure supplies, reduce anxieties and get feedbacks besides providing guidance for implementation, monitoring, compliance and Incident Reports of any serious breach of protocol. Similarly, Directors of other campuses are providing similar leadership in this situation (Dr. Merle Fernandez- GMRV campus; Dr. Suryasanath Rath at MTC campus, Dr. Prashant Garg at KVC campus and Dr. Rohit Khanna at the Village vision complex network)
4. The Quality team shared the Instructions and forms with all across network. They pilot test for one or two days any checklists here at centre of excellence and then is good to go across network.
5. Monitoring systems: Know who is checking, what is being checked and please monitor each other and encourage colleagues/patients/visitors to follow instruction.

Communication Strategy

Posters

1. 65 large sized posters were printed after ensuring that branding color of the state Govt (English and Telugu – with the local helpline number (below is an example of the poster displayed at Vijayawada and Visakhapatnam campuses)
2. These posters have been shared with all campuses and centres
3. Very basic paper quality was used to print these posters

CORONA VIRUS CONTROL

Please immediately report to
our Reception Desk:

Symptoms



- If you are suffering from **cough, cold, fever** or any kind of **breathing problem**
- If you have **travelled internationally** in the last four weeks
- If you came in **contact with a patient infected** (confirmed or probable) **with Corona Virus**
- If you came in contact **with a patient having respiratory infection who has travelled internationally**
- Importantly, contact your **General Physician** and avoid going out

Reduce the risk of Corona Virus infection

Important precautions

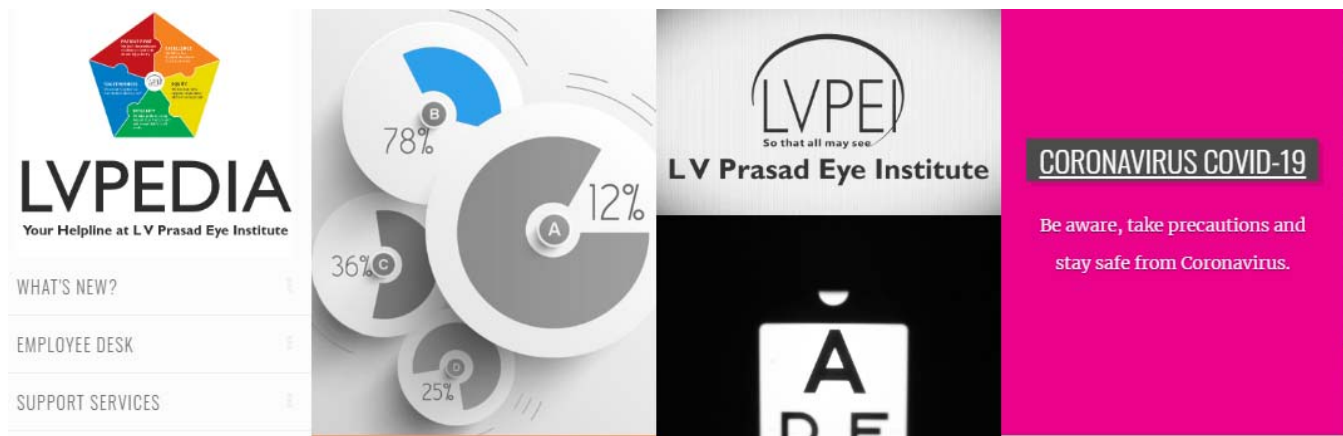
- Cover your nose and mouth while sneezing
- Regularly wash your hands with soap
- Stay far away from persons who have Cough, Cold or Fever



Government Helpline: 0866 2410978

Stay protected! Stay safe from Corona Virus!

4. Robust and authentic communication with all cadres of staff on a daily basis. It was decided that Dr Jalali will send an email to entire-network to watch out for daily updates on Intranet.
5. A special section on 'Coronavirus Covid-19' has been created on the LVPEI intranet portal and on a daily basis it is being updated with awareness messages. This has been synchronized with govt of India blinking ICON. This is now active on the INTRANET and can be viewed by all employees.



6. These daily posts are being approved by nodal person so as to ensure correct information.
7. In biweekly briefing, there will be reinforcement to all execution task force and in classroom need to disseminate to team members, esp those with no access to intranet. All other Campus heads/Program Incharges should do the same.
8. Regular dialogue and answering anxieties of staff by nodal team. More effort needed on this front as individuals get lots of inputs and get anxious. These to be addressed more comprehensively and one to one also as the number of cases will increase.

Keyword	NCs related to	NCs on 12/03/2020	NCs on 13/03/2020	NCs on 14/03/2020	NCs on 16/03/2020	Grand Total Till date
Emergency Number	Staff NOT aware of emergency number of Government for COVID-2019 information /	8	7	6	3	24
Masks, Givoes, Sterillium	The reception desk is NOT maintaining a) Masks, b) Unsterile, gloves, c) Sterillium, d) Govt. of	6	3	1	1	11
Touching part of face	Compliance of not touching any part of the face without washing your hands or using sterillium. (For	2	0	0	0	2
Cold / Cough	Check if receptionist is asking the following : Patient is having cold / cough ?	1	0	0	0	1
Personal hygiene measures	At time of admission, all patients paying and non-paying and attendants will be briefed by the nurse	1	0	0	0	1
Fever	Check if receptionist is asking whether the patient is having Fever	1	0	0	0	1
Travel history	Check if the receptionist is asking travel history of the patient, if the patient is having any cough and	1	0	0	0	1
	Grand Total	20	10	7	4	41

Social distance

1. Six feet MINIMUM was decided based on the recommendation by Prof. Albert Ko, Public health chair at Yale university (partly evidence based as per him).
2. All areas are being decongested (including dining area). Staggered inflow into cafeteria are being arranged. Anjani and Ghanshyam Singh are on this job
3. It has been decided that all eating areas are to be decongested so that there are no groups/crowds. Maintain 6 feet minimum distance. For this cafeteria seating at KAR campus (soon will be followed at all other campuses) has been reduced to half.

Chairs are placed at diagonal ends of tables (tables here diagonally are 6.5 feet). Extra eating areas are being opened up in garden and 7th floor here. Enter eating area only when a chair falls vacant. Eat and leave- do not linger as others are awaiting seating. Spread out your department teams cafeteria timing- if each department does so, we will be able to avoid crowds. Soap is being provided at all areas for hand wash.

4. As of today please cancel/postpone/reschedule any meeting with outsiders. These can happen over phone/zoom etc.
5. Let us postpone all repair / construction projects or any such projects: discussed and started to implement
6. Please postpone all social gatherings/parties/ ceremonies/ visits to temples and family holiday as it is not safe for yourself and your loved ones.
7. Those who are given leave from workplace must remain isolated at home and not be going around the city/town as it is unsafe for you and family. Try to complete any pending works/work from home. Discuss with your supervisors if any work is pending and can be completed during this time from home.
8. Suspension of morning classes. Education department workforce can be used for monitoring work in patient care areas.
9. Working from home: Employees with high risk factors (aged, pregnant mothers, staff on immunosuppressive therapy, uncontrolled diabetics, COPD, Cardiac surgery etc) to opt to work from home.
10. Try to avoid unnecessary crowding in the parking lots and other outside waiting areas.
11. Use gloves/Elbows/ cloth for elevators knobs and door handles or use sterilium/ hand wash. Avoid elevators for some minutes when other people are just coming out (there are reports that the breath aerosol is hanging around for some minutes in closed places).

Staff travel

1. All employees coming back from vacation have to report to HR and inform travel history and any history of contact with actual or potential patient. It's also better to ask them to fill a simple form that asks specific questions related to travel history - list all the places you visited. Also ask them if they have any family member who recently came back from international travel. This is very critical so as to avoid exposure of other staff and areas of hospital.
2. Encourage our colleagues to come out and tell of any possible exposure they have. Discussed and started to implement
3. Be vigilant of any person with COVID disease whom you might have been in contact with during these visits.

High risk employees

1. Everyone with a confirmed pregnancy
2. Any staff over 60 in patient care related areas, above 65 in non-patient care related areas (HR to provide this list).
3. Any employees with - COPD (Chronic bronchitis/ emphysema etc), uncontrolled diabetes, uncontrolled Hypertension, with cardiac surgery, those with renal failure, those on Immunosuppressives/ steroids etc

Any employee requesting work from home if his admin can confirm that they can work effectively from home (responsibility of definition and scope of work rests with admin). We can approve on case to case basis with information to the campus director to ensure minimal work disruption. Full paid salary leave to all identified as high risk and no job loss assured even if they cannot work from home.

Strategy to Reduce patient Inflows: Aim to reduce overcrowding. In discussion, as long as alert is yellow and not an orange, we will reduce overcrowding but not cut down on any services to patients. Measures to achieve this being discussed.

One may consider to shut down all services in case of Orange that is progressing to Red. It is expected that restraint is needed for next 4 weeks or so.

Recommendation: Team for clinical care (Dr. Lingam Gopal)

1. It is purely based on the available personnel and how you can split into two teams but not loose on your efficacy.
2. Best to have a core COVID response team including 2 senior doctors, 2 junior doctors, two managers, one nurse from clinic and one senior nurse from OT. By having this spread we can have idea of ground reality while planning. If only the senior doctors decide- they will have no idea of how the OPD is run, the patient flow, the difficulties faced by the junior staff etc.
Smaller team is better since decisions can be taken quickly. The decisions taken by this team should be binding on the rest. Others can give suggestions but cannot disobey.
3. You can split all the clinical departments into two vertically. Have equitable distribution of senior and junior doctors in each department. The residents and fellows are also distributed. Although 2 weekly rotation is ideal, it is not practicable. A one week rotation should be OK. The team that assists the doctors also rotates along with them.
4. You have several options depending on the type of hospital and type of patients you see.
 - a. Same team can be involved in OT and OPD work for the entire week. In which case the other team is literally free from clinical work. This produces issue of how to utilise their time best.
 - b. If it is acceptable to have one team operating and other team staying in the OPD- that is also acceptable. i.e One team may advise surgery but the surgery is done by another team and subsequent follow up is back to the first team - at least in that week. The subsequent week the roles are reversed.
 - c. A third alternative: which has not been tried here could be staggered working hours: One team working from morning 7 am to 12 noon and the second team working from 2 pm to 7 pm. You give ample time in between for avoiding overlap- especially in the OR, changing room etc
5. As long as you design a system where the two teams are physically segregated and do not meet even socially, the purpose is achieved. I gave just three examples. But you can design what suits you best
6. The planning for segregation should go to the finest detail: including which lifts which team uses; where do they sit in leisure time; where do they eat food etc. (these apply if both the teams are likely to be in the campus same time)

Note: As we are dispatching this document: (March 17,2020)

- Message from Chairperson to all employees “We are going through one of the most difficult times forcing lot of changes in our lives. At our Institute, we are ramping down our services significantly across our network, keeping the safety of patients, their families and our staff”.
- It has been decided in consultation with Heads of Services that all nonessential eye care services across the LVPEI network will be suspended. All emergency care services will be provided.
- Actions taken:
 - 1) Meeting with all admin departments
 - 2) Management along with HR identified the departments that can work from home or be temporarily closed
 - 3) Briefing to all department heads to divide their workforce into team A, B and C, so that these teams work on the principles of Dr Lingam Gopal’s communication (Shared above)
 - 4) The teams will be on rotation basis: **Team A-** Monday and Thursdays; **Team B-** Tuesday and Friday; **Team C-** Wednesday and Saturday
 - 5) Following SMS has been sent to all patients “In view of the global challenge posed by COVID 19 (Corona virus) and concerned about the health and safety of all our patients and their families the L V Prasad Eye Institute has made a decision to stop all non-essential services with immediate effect until further notice. We will continue to take care of emergency services”.
 - 6) Teleconsultation will be available for the patients; the team will comprise of – Faculty, Senior Fellow and Counsellor and phone number will be given to all patients where appointment is rescheduled or not given such as fresh patients.
 - 7) The care of patients will not suffer. The faculty and the fellows will be reaching out to any patient who is in need.

Avoid large gatherings.
If one guest is infected,
all present can get infected.

Stay safe from
Corona Virus



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