

**Government of India
Ministry of Health & Family Welfare**

SOP on preventive measures to contain spread of COVID-19 in offices

1. Background

Offices and other workplaces are relatively close settings, with shared spaces like workstations, corridors, elevators & stairs, parking places, cafeteria/canteens, meeting rooms and conference halls etc. and COVID-19 infection can spread relatively fast among officials, staffs and visitors.

There is a need to prevent spread of infection and to respond in a timely and effective manner in case suspect case of COVID-19 is detected in these settings, so as to limit the spread of infection.

2. Scope

This document outlines the preventive and response measures to be observed to contain the spread of COVID-19 in office settings. The document is divided into the following sub-sections

- i. Generic preventive measures to be followed at all times
- ii. Measures specific to offices
- iii. Measures to be taken on occurrence of case(s)
- iv. Disinfection procedures to be implemented in case of occurrence of suspect/confirmed case.

Offices in containment zones shall remain closed except for medical & essential services. Only those outside containment zones will be allowed to open up.

3. Generic preventive measures

The generic preventive measures include simple public health measures that are to be followed to reduce the risk of infection with COVID-19. These measures need to be observed by all (employees and visitors) at all times. These include:

- i. Individuals must maintain a minimum distance of 6 feet (*2 gaj ki doori*) in common places as far as feasible.
- ii. Use of face covers/masks at all times. They must be worn properly to cover nose and mouth. Touching the front portion of mask/face covers to be avoided.
- iii. Practice frequent hand washing with soap (for at least 40-60 seconds) even when hands are not visibly dirty. Use of alcohol-based hand sanitizers (for at least 20 seconds) can be made wherever feasible.

- iv. Respiratory etiquettes to be strictly followed. This involves strict practice of covering one's mouth and nose while coughing/sneezing with a tissue/handkerchief/flexed elbow and disposing off used tissues properly.
- v. Self-monitoring of health by all and reporting any illness at the earliest to the immediate supervisory officer.
- vi. Spitting shall be strictly prohibited.
- vii. Installation & use of Aarogya Setu App by all employees.

4. Specific preventive measures for offices:

- i. Entrance to have mandatory hand hygiene (sanitizer dispenser) and thermal screening provisions.
- ii. Only asymptomatic staff/visitors shall be allowed entry.
- iii. Any officer and staff residing in containment zone should inform the same to supervisory officer and not attend the office till containment zone is denotified. Such staff should be permitted to work from home.
- iv. Drivers shall maintain physical distancing at all times particularly within rooms/ spaces designated for drivers. They shall follow required do's and don'ts related to COVID-19. It shall be ensured by the service providers/ officers/ staff that drivers residing in containment zones shall not be allowed to drive vehicles.
- v. There shall be provision for disinfection at-least twice a day of the interior of the vehicle using 1% sodium hypochlorite solution/spray. A proper disinfection of frequently touched surfaces i.e. steering, door handles, keys, etc. should be taken up.
- vi. Advise all employees who are at higher risk i.e. older employees, pregnant employees and employees who have underlying medical conditions, to take extra precautions. They should preferably not be exposed to any front-line work requiring direct contact with the public.
- vii. All officers and staff / visitors to be allowed entry only if using face cover/masks. The face cover/mask has to be worn at all times inside the office premises.
- viii. Visitors with proper permission of the officer who they want to meet, should be allowed after being properly screened.
- ix. Meetings, as far as feasible, should be done through video conferencing.
- x. Posters/standees/AV media on preventive measures about COVID-19 to be displayed prominently.
- xi. Proper crowd management in the parking lots and outside the premises – duly following physical distancing norms be ensured.
- xii. Valet parking, if available, shall be operational with operating staff wearing face covers/ masks and gloves as appropriate. A proper disinfection of steering, door handles, keys, etc. of vehicles should be taken up.
- xiii. Any shops, stalls, cafeteria/canteen etc., outside and within the office premises shall follow physical distancing norms at all times.

- xiv. Specific markings may be made with sufficient distance to manage the queue and ensure physical distancing in the premises.
- xv. Proper cleaning and frequent sanitization (at-least twice a day) of the workplace, particularly of the frequently touched surfaces must be ensured.
- xvi. Ensure regular supply of hand sanitizers, soap and running water in the washrooms.
- xvii. Number of people in the elevators shall be restricted, duly maintaining physical distancing norms for which purpose proper marking be made on the floor of the elevators.
- xviii. For air-conditioning/ventilation, the guidelines of CPWD shall be followed which mentions that the temperature setting of all air conditioning devices should be in the range of 24-30° C, relative humidity should be in the range of 40- 70%, intake of fresh air should be as much as possible and cross ventilation should be adequate.
- xix. Large physical gatherings continue to remain prohibited.
- xx. Effective and frequent sanitation within the premises shall be maintained with particular focus on lavatories, drinking and hand washing stations/areas.
- xxi. Cleaning and regular disinfection (using 1% sodium hypochlorite) of frequently touched surfaces (doorknobs, elevator buttons, handrails, benches, washroom fixtures, etc.) shall be done in office premises and in common areas at-least twice a day.
- xxii. Proper disposal of face covers / masks / gloves left over by visitors and/or employees in covered bins, shall be ensured.
- xxiii. In the cafeteria/canteen/dining halls:
 - a. Mandatory placement of hand sanitizers at the entrance to ensure personal hygiene.
 - b. Staff to take their temperature regularly and check for respiratory symptoms. They must see a doctor if feeling unwell or having flu-like symptoms.
 - c. Adequate crowd and queue management to be done to ensure physical distancing norms for which purpose markings be made on the floor of cafeteria/canteen/dining halls.
 - d. Staff / waiters to wear mask and hand gloves and take other required precautionary measures.
 - e. The seating arrangement to ensure a distance of at least 6 feet between patrons as far as feasible.
 - f. In the kitchen, the staff to follow physical distancing norms.

5. Measures to be taken on occurrence of case(s):

Despite taking the above measures, the occurrence of cases among the employees working in the office cannot be ruled out. The following measures will be taken in such circumstances, when one or few people(s) who share a room/close office space is/are found to be suffering from symptoms suggestive of COVID-19:

- a. Place the ill person in a room or area where they are isolated from others at the workplace. Provide a mask/face cover till such time he/she is examined by a doctor.

- b. Immediately inform the nearest medical facility (hospital/clinic) or call the state or district helpline.
- c. A risk assessment will be undertaken by the designated public health authority (district RRT/treating physician) and accordingly further advice shall be made regarding management of case, his/her contacts and need for disinfection.
- d. The management of cases and contacts will be done as per the existing protocol (<https://www.mohfw.gov.in/pdf/FinalGuidanceonMangaementofCovidcasesversion2.pdf> and <https://ncdc.gov.in/showfile.php?lid=570>).

6. Management of premises

- i. If there are one or two cases reported, the disinfection procedure will be limited to places/areas occupied and visited by the patient in past 48 hours and work can be resumed after disinfection as per laid down protocol.
- ii. In case of larger number of cases are being reported at the workplace, the whole block or building, as the case may be, should be disinfected.

Ministry of Health & Family Welfare
Directorate General of Health Services
EMR Division

Guidance document on appropriate management of suspect/confirmed cases of COVID-19

1. Introduction: Since its first detection in China, Coronavirus Disease 2019 (COVID-19) has now spread to over 210 countries/territories, with reports of local transmission happening across the world. As per WHO (as of 7th April, 2020), there has been a total of 12,14,466 confirmed cases and 67,767 deaths due to COVID-19 worldwide.

In India, as on 7th April, 2020, 4421 confirmed cases and 114 deaths reported from 31 States/UTs.

2. Purpose of this document

A series of measures have been taken by both the Central and State Governments to break the chain of transmission. One among these is to isolate all suspect and confirmed cases of COVID-19. However, as the number of cases increases, it would be important to appropriately prepare the health systems and use the existing resources judiciously. Available data in India suggests that nearly 70% of cases affected with COVID-19 either exhibit mild or very mild symptoms. Such cases may not require admission to COVID-19 blocks/ dedicated COVID-19 hospitals.

It is important to put in place mechanisms for triaging and decisions making for identification of the appropriate COVID dedicated facility for providing care to COVID-19 patients. The purpose of this document is to put in place such SOPs to ensure optimal utilization of available resources and thereby providing appropriate care to all the COVID-19 patients. This will ensure that available hospital beds capacity is used only for moderate to severe cases of COVID-19. The SOPs specified hereafter also specify the different types of facilities to be set up for various categories of Covid-19 cases.

Guiding principles

All the selected facilities must be dedicated for COVID management. Three types of COVID dedicated facilities are proposed in this document. All 3 types of COVID Dedicated facilities will have separate ear marked areas for suspect and confirmed cases. Suspect and confirmed cases should not be allowed to mix under any circumstances.

All suspect cases (irrespective of severity of their disease) will be tested for COVID-19. Further management of these cases will depend on their (i) clinical status and (ii) result of COVID-19 testing.

All three types of facilities will be linked to the Surveillance team (IDSP)

All these facilities will follow strict infection prevention and control practices

3. Types of COVID Dedicated Facilities: There are three types of COVID Dedicated Facilities –

(1) COVID Care Center (CCC):

- 1.1.** The COVID Care Centers shall offer care only for cases that have been clinically assigned as **mild or very mild cases or COVID suspect cases.**
- 1.2. The COVID Care Centers are makeshift facilities. These may be set up in hostels, hotels, schools, stadiums, lodges etc., both public and private. If need be, existing quarantine facilities could also be converted into COVID Care Centers. Functional hospitals like CHCs, etc, which may be handling regular, non-COVID cases should be designated as COVID Care Centers as a last resort. This is important as essential non COVID Medical services like those for pregnant women, newborns etc, are to be maintained.
- 1.3. Wherever a COVID Care Center is designated for admitting both the confirmed and the suspected cases, these facilities **must have separate areas for suspected and confirmed cases with preferably separate entry and exit. Suspect and confirmed cases must not be allowed to mix under any circumstances.**
- 1.4. As far as possible, wherever suspect cases are admitted in the COVID Care Center, preferably individual rooms should be assigned for such cases.
- 1.5. Every Dedicated COVID Care Centre must necessarily be mapped to one or more Dedicated COVID Health Centres and at least one Dedicated COVID Hospital for referral purpose (details

given below).

- 1.6. Every Dedicated COVID Care Centre must also have a dedicated Basic Life Support Ambulance (BLSA) equipped with sufficient oxygen support on 24x7 basis, for ensuring safe transport of a case to Dedicated higher facilities if the symptoms progress from mild to moderate or severe.
- 1.7. The human resource to man these Care Centre facilities may also be drawn from AYUSH doctors. Training protocols developed by AIIMS is uploaded on MoHFW website. Ministry of AYUSH has also carried out training sessions. The State AYUSH Secretary/ Director should be involved in this deployment. State wise details of trained AYUSH doctors has been shared with the States. Their work can be guided by an Allopathic doctor.

(2) Dedicated COVID Health Centre (DCHC):

- 2.1. The Dedicated COVID Health Centre are hospitals that shall offer care for all cases that have been **clinically assigned as moderate**.
- 2.2. These should either be a full hospital or a separate block in a hospital with preferably separate entry\exit/zoning.
- 2.3. Private hospitals may also be designated as COVID Dedicated Health Centres.
- 2.4. Wherever a Dedicated COVID Health Center is designated for admitting both the confirmed and the suspect cases with moderate symptoms, these hospitals **must have separate areas for suspect and confirmed cases. Suspect and confirmed cases must not be allowed to mix under any circumstances**.
- 2.5. These hospitals would have beds with assured Oxygen support.
- 2.6. Every Dedicated COVID Health Centre must necessarily be mapped to one or more Dedicated COVID Hospitals.
- 2.7. Every DCHC must also have a dedicated Basic Life Support Ambulance (BLSA) equipped with sufficient oxygen support for ensuring safe transport of a case to a Dedicated COVID Hospital if the symptoms progress from moderate to severe.

(3) Dedicated COVID Hospital (DCH):

- 3.1. The Dedicated COVID Hospitals are hospitals that shall offer comprehensive care primarily for those who have been **clinically assigned as severe**.
- 3.2. The Dedicated COVID Hospitals should either be a full hospital or a separate block in a hospital with preferably separate entry\exit.

- 3.3. Private hospitals may also be designated as COVID Dedicated Hospitals.
- 3.4. These hospitals would have fully equipped ICUs, Ventilators and beds with assured Oxygen support.
- 3.5. These hospitals **will have separate areas for suspect and confirmed cases. Suspect and confirmed cases should not be allowed to mix under any circumstances.**
- 3.6. The Dedicated COVID Hospitals would also be referral centers for the Dedicated COVID Health Centers and the COVID Care Centers.

All these facilities will follow strict infection prevention and control practices.

4. Management of COVID cases

4.1. Assessment of patients:

In addition to patients arriving directly through helpline/ referral to above categories of COVID dedicated facilities, in field settings during containment operations, the supervisory medical officer to assess for severity of the case detected and refer to appropriate facility.

States\UTs may identify hospitals with dedicated and separate space and set up Fever Clinics in such hospitals. The Fever Clinics may also be set up in CHCs, in rural areas subject to availability of sufficient space to minimize the risk of cross infections. In urban areas, the civil\general hospitals, Urban CHCs and Municipal Hospitals may also be designated as Fever Clinics. These could be set up preferably near the main entrance for triage and referral to appropriate COVID Dedicated Facility. Wherever space allows, a temporary make shift arrangement outside the facility may be arranged for this triaging.

The medical officer at the fever clinics could identify suspect cases and refer to COVID Care Centre, Dedicated COVID Health Centre or Dedicated COVID Hospital, depending on the clinical severity.

4.2 Categorization of patients

Patients may be categorized into three groups and managed in the respective COVID hospitals – Dedicated COVID Care Centre, dedicated COVID Health Centre and dedicated COVID

Hospitals.

Group 1: Suspect and confirmed cases clinically assigned as mild and very mild

Group 2: Suspect and confirmed cases clinically assigned as moderate

Group 3: Suspect and confirmed cases clinically assigned as severe

Group 1: Suspect and confirmed cases clinically assigned as mild and very mild (COVID Care Centres)

- **Clinical criteria:** Cases presenting with fever and/or upper respiratory tract illness (Influenza Like Illness, ILI).
- These patients will be accommodated in COVID Care Centers.
- The patients would be tested for COVID-19 and till such time their results are available they will remain in the “suspect cases” section of the COVID Care Center preferably in an individual room.
- Those who test positive, will be moved into the “confirmed cases” section of the COVID Care Center.
- If test results are negative, patient will be given symptomatic treatment and be discharged with advice to follow prescribed medications and preventive health measures as per prescribed protocols.
- If any patient admitted to the COVID Care Center qualifies the clinical criteria for moderate or severe case, such patient will be shifted to a Dedicated COVID Health Centre or a Dedicated COVID Hospital.
- Apart from medical care the other essential services like food, sanitation, counseling etc. at the COVID Care Centers will be provided by local administration. Guidelines for quarantine facilities (available on MoHFW website) may be used for this purpose.

Group 2: Suspect and confirmed cases clinically assigned as moderate (Dedicated COVID Health Centres)

- **Clinical criteria:** Pneumonia with no signs of severe disease (Respiratory Rate 15 to 30/minute, SpO₂ 90%-94%).
- Such cases will not be referred to COVID Care Centers but instead will be admitted to Dedicated COVID Health centres.
- It will be manned by allopathic doctors and cases will be monitored on above mentioned clinical parameters for assessing severity as per treatment protocol (available on MoHFW website).
- They will be kept in “suspect cases” section of Dedicated COVID Health Centres, till such time as their results are not available preferably in an individual room.
- Those testing positive shall be shifted to “confirmed cases” section of Dedicated COVID Health Centre.
- Any patient, for whom the test results are negative, will be shifted to a non-COVID hospital and will be managed according to clinical assessment. Discharge as per clinical assessment.
- If any patient admitted to the Dedicated COVID Health Center qualifies the clinical criteria for severe case, such patient will be shifted to a Dedicated COVID Hospital.

Group 3: Suspect and confirmed cases clinically assigned as severe (Dedicated COVID Hospital)

- **Clinical criteria:** Severe Pneumonia (with respiratory rate ≥ 30 /minute and/or SpO₂ < 90% in room air) or ARDS or Septic shock
- Such cases will be directly admitted to a Dedicated COVID Hospital’s ICU till such time as test results are obtained.
- If test results are positive, such patient will remain in COVID-19 ICU and receive treatment as per standard treatment protocol. Patients testing negative will be managed with adequate infection prevention and control practices.

Algorithm for isolation of suspect/confirmed cases of COVID-19

