

NATIONAL INSTITUTE OF AYURVEDA

ACTION PLAN TO COMBAT SPREAD OF COVID-19

Background

On 31st December 2019, the World Health Organization (WHO) China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. On 7th January 2020, Chinese authorities identified a new strain of Coronavirus as the causative agent for the disease. The virus has been renamed by WHO as SARS-CoV-2 and the disease caused by it as COVID-19. In India, as on 26th February, 2020, three travel related cases (from Hubei province, China), were reported (all from Kerala).

WHO on 30th January, 2020 declared the current novel coronavirus outbreak as a Public Health Emergency of International Concern (PHEIC). According to WHO, "all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of SARS-CoV-2 infection.

In humans, the transmission of SARS-CoV-2 can occur via respiratory secretions (directly through droplets from coughing or sneezing, or indirectly through contaminated objects or surfaces as well as close contacts). Nosocomial transmission has been described as an important driver in the epidemiology of SARS and MERS and has also documented in COVID-19. Current estimates of the incubation period of COVID range from 2-14 days, and these estimates will be refined as more data become available. Most common symptoms include **Pranavaha Sroto Dushti lakshanas: fever, fatigue, dry cough and breathing difficulty**. Upper respiratory tract symptoms like **sore throat, rhinorrhoea**, and gastrointestinal symptoms like **diarrhoea** and **nausea/vomiting** are seen in about 20% of cases.

NIA would be following a scenario based approach for the following possible scenarios:

- i. Travel related case reported in NIA
- ii. Local transmission of COVID-19
- iii. Community Transmission of COVID-19 disease
- iv. India becomes endemic for COVID-19 which affects NIA also

Approach for Current Scenario:

Our Institute can play a role in this situation as per following strategy -

1. General advisory for general Public (Education and awareness regarding COVID-19 disease).
2. Advisory for Consultants and other staff in NIA, Hospitals
3. Advisory regarding treatment of suspect/confirmed cases of COVID-19.
4. Advisory regarding HIC Program in light of COVID-19 disease prevention in NIA, Hospitals.

"only travel related cases reported from India"

- (i) Surveillance and contact tracing through Integrated Disease Surveillance Programme (IDSP) for tracking travellers in the community who have travelled from affected countries and to detect clustering, if any, of acute respiratory illness.
- (ii) Data of patients reporting with **Pranavahasroto Dushti Lakshanas: fever, fatigue, dry cough and breathing difficulty**. Upper respiratory tract symptoms like **sore throat, rhinorrhoea**, and gastrointestinal symptoms like **diarrhoea** and **nausea/vomiting** to be collected and reported by concerned consultant to Dr. Vishvanath, M.O. (IDSP Officer), NIA in prescribed format already in practice as part of notifiable diseases.
- (iii) Buffer stock of personal protective equipment to be maintained.
- (iv) Risk communication for creating awareness among public to follow preventive public health measures as per prepared general advisory.

Local transmission of COVID-2019 disease

The strategy will remain the same explained as above.

In addition cluster containment strategy will be initiated with:

- ☑ Active surveillance in containment zone with contact tracing within and outside the containment zone.
- ☑ Establishing surge capacities for isolating all suspect / confirmed cases for medical care. Separate area to be converted into isolation ward with necessary arrangements as per standard guidelines.
- ☑ **Implementing social distancing measures.**
- ☑ Intensive risk communication.

ACTION PLAN

The IDSP, NIA identifying a cluster of **Pranavaha sroto dushti Lakshanas fever, fatigue, dry cough and breathing difficulty**. Upper respiratory tract symptoms like **sore throat, rhinorrhoea**, and gastrointestinal symptoms like **diarrhoea** and **nausea/vomiting**; Influenza like Illness (ILI) or Severe Acute Respiratory syndrome (SARI), which may or may not have epidemiological linkage to a travel related case will be reported to District IDSP officer, Jaipur and patient will be referred to SMS, Medical College, Jaipur.

Rapid Response Team (RRT):

- Prof. Pawankumar Godatwar
- Dr. Ashok Kumar, Chair, HIC
- Dr. Udairaj Saroj
- Dr. Rashmi Mutha
- Dr. Bharat Kumar Padhar
- Dr. Sona Goyal
- Dr. Vishvanath (IDSP officer)

Surveillance

The RRT will list the contacts of the suspect / laboratory confirmed case of COVID-19. The district IDSP will be informed as mentioned above.

Passive Surveillance

IDSP, NIA shall report clinically suspect cases of COVID-19 on real time basis (including 'Nil' reports) to the control room at the district level.

Measures such as personal hygiene, hand hygiene, social distancing to be enhanced through enhanced IEC activities

HOSPITAL CARE

Action plan to be prepared and implemented by the Department of Kaya Chikitsa

Pre-hospital care (ambulance facility)

Patient suspected/confirmed may be shifted to SMS Medical College, Jaipur for treatment and further care.

Infection Prevention Control Practices

COVID-19 specific HIC Directions

Following instructions/directions are to be ensured in Hospitals of the Institute in addition to the HIC Program already in practice-

All clinicians should keep themselves updated about recent developments of COVID-19 including global / domestic spread of disease. They should access reliable web sites such as the WHO, CDC, Govt. of India, Rajasthan State Government for the same.

Non essential international travel as well as travel to those areas in India where there is intense transmission should be avoided.

It would be prudent to not organize seminars, meetings and conferences or any type of mass gatherings in the institute at this time.

Visitor entry in the clinics and hospitals should be restricted.

Well baby visits and immunization visits can be scheduled at a particular time where there is minimum mixing with sick patients.

Hand rubs should be made available in the OPD and IPD setting and health care workers, patients and relatives should be encouraged to use them frequently. Regular cleaning of hospital floor, high touch surfaces and equipment should be done.

Doctors should set up a system of triage of patients with respiratory illness in the outpatient department and separate these patients from other patients in a separate area of the OPD. These patients should be given a simple surgical mask to wear. Doctors should use surgical masks themselves while examining such patients and practice hand hygiene frequently.

All patients presenting with **Pranavaha sroto dushti Lakshanas; fever, cough, sore throat or breathing difficulty** should be asked for history of international

travel in the past 2 weeks. Contact with people who are sick and who have travelled internationally should also be enquired for. If there is **respiratory illness** with a positive travel history then patients should be referred to government designated centers for isolation and testing. The doctors should maintain a record of the patients referred to the government centers.

Patients admitted with **Pranavaha sroto dushti Lakshanas** , **severe pneumonia** and/ or **acute respiratory distress syndrome** should be evaluated for travel history and placed under contact and droplet isolation. These isolation precautions mean keeping these patients in either separate rooms or cohorting patients with similar illness in one room with at least 1-2 meter distance between patients. The doctor and nurses should wear a surgical mask while approaching these patients and use gown and gloves while touching these patients. They should practice hand hygiene before and after patient contact. Regular decontamination of surfaces should be done.

Doctors should stop spreading myths and false information about the disease and try to allay panic and anxiety of the public.

Patients/Visitors to enter the OPD/IPD only after hands sanitization and wearing masks. (Hand sanitization and masks will be provided by the Hospital administration)

After triaging, the patients of Pranavaha sroto dushti to be segregated and sent to the special designated area. (Hospital administration to set up segregated PSDOPD)

Non essential procedures including Panchakarma, Shalya Tantra, Shalakyia Tantra, Bal Roga, Stree & Prasooti Tantra to be stopped till further orders.

Indoor admissions to be done only when it is deemed mandatory.

Presence of Ph.D. / P.G. scholars in the OPD/IPD to be restricted to be minimum as per requirement as decided by the concerned Head of the Department.

Surfaces such as door knobs, table tops, registration desks, fixtures and furniture to be cleaned with disinfectant i.e. Sodium Hypochlorite 1% frequently as needed.

(In addition to the “Guidelines for disinfection of quarantine facility (for COVID-19)”, National Centre for Disease Control)

NON-PHARMACEUTICAL INTERVENTIONS

- Preventive public health measures - of community-wide practice of **frequent washing of hands and respiratory etiquettes** in schools, colleges, work places and homes.
- Gojivhadi Kwatha** to be distributed to all consultants and patients of OPD/ IPD at regular intervals.
- Quarantine and isolation: Special Ward and OPD area designated and set up.**
- Social distancing measures adopted**
- Closure of UG and Nursing classes done.**
- Duties of PG and PhD scholars regulated more stringently**
- Cancellation of mass gatherings, Seminars, Workshops etc.**
- Advisory to avoid public places enforced**

MATERIAL LOGISTICS

Personal Protective Equipment
Triple Layer Surgical mask; N-95 Mask and gloves
Adequate stock of personal protective equipment

RISK COMMUNICATION

Risk communication material
Risk communication materials [comprising of (i) posters and pamphlets; (ii) audio only material; (iii) AV films] will be prepared and / or downloaded from PIB / official government sites.

Media Management: only **Director** or **official spokesperson** will speak to the media. All other faculty members and other personnel are advised to avoid speaking with the media or take only the official line in this matter. No suggestion on curative measures are to be offered.

INFORMATION MANAGEMENT: RRT will manage and update the information on regular basis.

CAPACITY BUILDING

Training content
Trainings will be designed to suit requirement of each and every section of healthcare worker involved in the containment operations.
These trainings for different target groups may cover:

1. Contact tracing, data management and reporting
2. Surveillance at designated entry and exit points
3. Hospital infection prevention and control including use of appropriate PPEs and biomedical waste management.
4. Clinical care of suspect and confirmed cases including **referral** at the **Pranavaha Sroto Dushti OPD**
6. Risk communication to general community
7. Preparation of the IEC material
8. Awareness and education of general public visiting NIA hospitals.

Foreign Students

The foreign Students studying in NIA and who have gone back to their countries will be quarantined on their arrival back. Those who are in NIA/Jaipur will be treated as Indians and they will have to obey/follow the Guidelines and Instructions in this regard accordingly.