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During  **COVID-19**
For Gynaecologists

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MODULE 1

OPD : Best Practice during COVID 19

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Authors:

Dr. Sujata Dalvi

Consultant:

- Global / Saifee / Bhatia / St Elizabeth / Ruxmani - Jain Group of Hospitals
- Hon Clinical associate:
- Nowrosjee Wadia / Jagjivanram Railway Hospital
- Assistant Editor of JOGI (Journal of Ob Gyn of India)
- First Joint Secretary of AMOGS (Association of Maharashtra Ob Gyn Societies)
- Member of Managing Council of Mumbai Ob Gyn Society

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Authors:



Dr. Neelima Ardak (Thakare)
M.B.B.S., Dip.G.O., D.F.W. (ICMCH)
President, Amravati OBGY Society,
Amravati. (2020-21)



Dr. Gauri Dank
MBBS DGO DNB
Consultant:
Dept Of OBGY, Dr. Hedgewar Rugnalaya
Aurangabad

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Introduction

The **COVID 19** outbreak has placed unprecedented demands on our health system. Focusing on COVID 19 related activities, and continuing to provide essential services, is important to maintain *people's trust in the health system*.

Particular attention needs to be paid to the delivery of OPD services as it is a potential area of exposure for health care workers. Ensuring the safety of health workers is of paramount importance.

In this article, we outline the best practices for OPD during COVID pandemic.

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Measures for pregnant women to prevent COVID - 19 infection

“DO THE FIVE”

They can protect themselves by following the motto.

HOME

1. Stay at home as much as possible unless there is an emergency.
2. Routine antenatal visits are to be deferred and virtual visits through teleconsultation preferred.
3. Keep the traffic of home visitors including home care personnel, maids and staff members to a minimum or avoid completely if possible.

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Measures for pregnant women to prevent COVID - 19 infection

“DO THE FIVE”

They can protect themselves by following the motto.

HOME

- ▶ **HANDS:** Washing hands frequently and properly with soap and water or rubbing hands with alcohol based hand rub for 20 seconds is advised.
- ▶ **ELBOW:** Special precautions while coughing and sneezing by covering the mouth and nose with their bent elbow. Dispose off the tissue paper used while coughing or sneezing immediately.
- ▶ **FACE :** Avoid touching face, eyes, nose and mouth with hands.
- ▶ **SPACE :** Keep a distance of at least one metre while dealing with people at home or outside.

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Antenatal care during COVID - 19

Three main recommendations are put forward for patients receiving routine antenatal care

- ▶ Limit clinic visits only to those that require in person services like sonography, lab tests, etc. The antenatal visits should be limited to initial prenatal visit and anatomy USG between 12 - 19 weeks of gestation and the 28th, 36th and 39th weeks' visits. All labs should be conducted during these visits. Emergency visits for high risk antenatal patients following the triage should be done.
- ▶ Encourage virtual visits for antenatal care that can be done remotely through telemedia, video visits wherever possible and ask to take help of remote monitoring measures like home check up of blood pressure, foetal heart rate and weight.
- ▶ Provide support to pregnant women creatively - Regular phone calls from your hospital to your patients will give supportive care. Inform them regularly regarding safety measures for COVID - 19

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Precautions for healthcare workers

Three main recommendations are put forward for patients receiving routine antenatal care

Healthcare workers (HCW) are at high risk of acquiring the COVID - 19 infection when they are caring for the patients. There is a risk of spread of infection from an infected patient to the healthcare provider and then onwards spread to more patients and the population at large.

Three principles that HCW should follow are:-

1. Social Distancing
2. Use of appropriate PPE correctly
3. Chemoprophylaxis

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Health Awareness / Education for Patients in OPD

- ▶ Visual alerts should be posted at the entrance and in strategic areas (waiting room / elevators / cafeterias)
- ▶ To reinforce importance of hand - respiratory hygiene and cough etiquette
- ▶ (Display material can be procured from Government Websites)

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Care to be taken while receiving a patient in OPD

OPD time should be restricted (limited hours)

1. Patients should be given an appointment to ensure proper social distancing to avoid exposure.
2. Basic history taking should be done on the phone with proper checklist tool (e.g.- travel history/contact history/resident of buffer zone)
3. If needed, a pre consultation test to be recommended and soft copy reports to be called for.
4. The patient should be asked to visit alone or with one attendant at scheduled time.
5. Patients should be asked to visit the hospital in private vehicle and stay in vehicle till called for visit.

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Care to be taken while receiving a patient in OPD

OPD time should be restricted (limited hours)

6. Patients should remove shoes outside the clinic, wash hands / use a sanitiser.
7. Patient should use a mask. If he doesn't have one, the hospital should provide masks to the patient and attendant.
8. Get a thermal scan done at the entry.
9. Patient should not carry extra things with her like a purse, bag, etc.
10. If patient's data is available online by using a software, files and hard copies are not necessary to carry.

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Care to be taken while receiving a patient in OPD

OPD time should be restricted (limited hours)

11. Ask the patient to occupy a disinfected seat. Every time the patient leaves, the seat should be sanitized.
12. One metre distance should be maintained between two patients.
13. If the checklist is missed telephonically, give the checklist again.
14. Waiting room should be properly ventilated with minimum furniture. (Flower pot, decoration items, etc. to be avoided.) Air conditioners should be avoided.

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Care to be taken while receiving a patient in OPD

OPD time should be restricted (limited hours)

15. Payment for tests, UGS & consultation should be taken online / e-Wallet. If not available, keep a separate box for collection of money. All pregnant patients from the buffer zone should be tested for COVID - 19
16. Physical barriers like glass / plastic shields should be installed to limit close contact between triage personnel and potentially infectious patients
17. HCW attending the waiting room should wear appropriate PPE - Face mask, Face shield and gloves. HCW should maintain one metre distance from patients.

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Antenatal Care Visits

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Antenatal Care Visits

1. It is advisable to minimize the number of OPD visits for a pregnant woman
2. Low risk, asymptomatic and uninfected woman, it is recommended conduct antenatal care visits by phone or video call supplemented with home blood pressure monitoring
3. Some OPD visits may be deferred - Questions, counselling and minor ailments can be addressed remotely
4. Ultrasonography is advised at 12-13 weeks and 18-22 weeks -
5. Pregnancy visits can be timed with these sonographies

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Antenatal Care Visits

6. Next visit can be at about 30 to 32 weeks
7. Vaccinations and antenatal profile (blood and other investigations) can be planned during these visits.
8. Growth scans in the last trimester are advised or performed only if indicated.
9. Women are advised to note fetal movements every day. For women who have high risk factors, the guidance of the HCP (Health Care Provider) is needed.

Note: Attendant in the reception area must wear a facemask, face-shield, gloves and should maintain distance of at least one meter from patients

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Arrangements in consultation chamber

1. The health care personnel should wear appropriate PPE kits while examining the patient.
2. Ensure proper ventilation in the consulting chamber by switching on the exhaust fan or keeping the window open. Avoid using air conditioning.
3. A ceiling fan or standing / table fan blowing air in direction away from the doctor should be made use of.
4. The consulting room should contain minimum furniture.
5. The patient examination table should have disposable cover which can be disposed off regularly.

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Arrangements in consultation chamber

6. Minimize the number of fomites (mobile phones, electronic devices, pens, measuring tapes, stethoscopes, BP apparatus, etc.) in the clinic and should be frequently cleaned and sanitised.
7. Don't fold the files, papers or any reports carried by the patient, ensure that you see the documents with the patient holding them for you. Preferably ask for soft copies.
8. Clean the consulting room / examination table frequently.
9. If the patient prefers, emailing should be done on his/her email address. The same can be forwarded by her to the chemist to get the medications
10. While dispensing medicines - prefer no touch technique

Note: Doctors should wear complete PPE kit while examining the patient, scrub hands with soap / water and use alcohol based disinfectants after each patient interaction

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Cleaning of Clinics

1. Fumigation of clinics, both, in morning & evening with plasma air sterilizer or UV lamp.
2. Checking the protection gear stock for both doctors & staff.
3. Medical staff should be trained on do's & don'ts on a routine basis. Regular drills of using & disposing PPE and hand washing should be taken.
4. Equipment's' sanitization process charts should be displayed.
5. Chemoprophylaxis of medical staff should be done.

(HCQ Day 1 - 400 mg bid, repeated one tablet once a week for 7 weeks)

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Cleaning of Clinics

6. Floors, walls and object surfaces should be wiped 2 -3 times a day or there is a visible contamination.
7. If there is a large fluid spillage, Sodium Hypochlorite powder should be spread over the spill and left in contact for 30 minutes before swabbing or cleaning it.
8. Reusable medical equipment, linen, fabrics and clothes should also be treated with Sodium Hypochlorite before they are processed further.
9. Pharmacy counters may be increased and queue management systems to be followed

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Note:

For surface cleaning and disinfection, agents that are useful are alcohol or chlorine based. Alcohol based agents should contain 70% isopropyl alcohol. Chlorine based solutions are prepared by diluting liquid chlorine (1000 mg/L strength) or freshly prepared 1% sodium hypochlorite solution.

The appropriate concentration of sodium hypochlorite for disinfecting general liquid biological waste is approximately 1%. Household bleach is 5 - 6 % sodium hypochlorite; therefore a 1:5 (v/v) dilution of bleach to liquid biological waste is appropriate.

The contact time of these solutions should be at least 30 minutes.

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References.....

- ▶ FOGSI GCPR Guidelines
- ▶ Michigan Medicine - OBGY

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As it goes with the saying ... *“It is our attitude at the beginning of a difficult task which will affect its successful outcome”* let us change our attitude and adapt the new practices.

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