

GOVERNMENT OF NAGALAND
DIRECTORATE OF HEALTH AND FAMILY WELFARE
NAGALAND : KOHIMA

NO. DHFW/COVID-19/2019-20/1458-61

Dated Kohima, the 2nd June, 2020

To

The CMO / MS (COVID Hospital)
Dimapur / Kiphire / Kohima / Longleng / Mokokchung / Mon / Peren / Phek / Tuensang / Wokha /
Zunheboto

Subject: **Rational deployment of health personnel and quarantine following COVID duty.**

Sir/Madam,

Whereas the trend suggests that the fight against the COVID-19 pandemic will be a prolonged battle, the safety of frontline workers is crucial. Also the number of health personnel in the State is limited. Therefore, the need to rationally deploy health manpower and taking the workers' safety into consideration at the same time are needed for sustainability. In this regard, the '*Advisory for Healthcare Workers in COVID Hospitals and Quarantine Centres*' was issued on the 26th May 2020 (enclosed).

It has been observed that this advisory is not followed as large groups of health workers are formed, which after their duty shift goes for long duration quarantine, irrespective of risk of exposure. Irrational tenure of COVID-19 duty would not only overwhelm the Quarantine Centres but will also exhaust the existing Health Personnel for subsequent deployment to COVID-91 duty. Further, continuity of delivery essential healthcare services cannot be avoided.

Therefore, you are directed to review the constitution of teams and tenure of duty roster in compliance with the government SOP and the ATR is to be furnished by email to the undersigned without failed.

Yours faithfully


(DR. VIZOLIE Z. SUOKHRIE)


Principal Director
Directorate of Health and Family Welfare
Nagaland : Kohima

Dated Kohima, the 2nd June, 2020

NO. DHFW/COVID-19/2019-20/1458-61

Copy to:

1. The Deputy Secretary to Chief Secretary, Government of Nagaland for information
2. The Commissioner and Secretary, Health and Family Welfare Department for information
3. The Deputy Commissioner and Chairman of District Task Force of all districts for information and necessary action
4. Guard File / Office copy


(DR. VIZOLIE Z. SUOKHRIE)

Principal Director
Directorate of Health and Family Welfare
Nagaland : Kohima


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NO. DHFW/COVID-19/2019-20/ 15/4-15

Dated Kohima, the 26th May, 2020

ADVISORY

Advisory for healthcare workers engaged in COVID Hospital and Quarantine Centres is enclosed herewith for necessary compliance. CMO and MS (COVID Hospital) of all districts concerned will work out the duty schedule for healthcare workers for their district quarantine centres and COVID hospitals respectively in compliance with the advisory. The SOPs for infection control, testing strategy, discharge policy, and rational use of PPEs will be followed alongside.


(DR. VIZOLIE Z. SUOKHRIE)

Principal Director
Directorate of Health and Family Welfare
Nagaland : Kohima

NO. DHFW/COVID-19/2019-20/15/4-15

Dated Kohima, the 26th May, 2020

Copy to:

1. The Principal Secretary to the Government of Nagaland, Health and Family Welfare Department for information
2. The Chief Medical Officer and Medical Superintendent (COVID Hospital) of all districts for information and necessary action
3. Guard File / Office copy


(DR. VIZOLIE Z. SUOKHRIE)

Principal Director
Directorate of Health and Family Welfare
Nagaland : Kohima

**ADVISORY FOR HEALTHCARE WORKERS IN COVID HOSPITALS
AND QUARANTINE CENTRES**

1. If there was a **high risk exposure*** to a COVID case, the healthcare worker will be relieved from duty and be tested immediately.
 - a) If the test result is **negative and asymptomatic**, will be placed in facility quarantine with **active surveillance[#]** for 14 days, and then will resume duty.
 - b) If tested **negative and symptomatic**, will be put in *facility quarantine or isolation ward/cabin for the suspected cases* depending on the severity of the symptom and be re-tested on 14th day from the day of exposure.
 - c) If tested **positive**, will be admitted in COVID hospital.
2. If there was a **low risk exposure**** to a COVID case, or if healthcare workers provide direct care to COVID patients in **high risk areas[^]** of hospital, after 7 days of duty in the hospital, they will be subject to testing on the 8th day (testing for this category will strictly be based on these two criteria only). If tested **negative**, they will receive 2 days break, and then resume work. If tested **positive**, they will be shifted to COVID Hospital.
3. For the healthcare workers in **low risk areas^{^^}** of the hospital who have no or minimal possibility of exposure to COVID and there was no breach of PPE and are asymptomatic, there is no need for testing or quarantine and will continue to work as per the requirement of the hospital.
4. For healthcare workers in **medium risk areas^{^^}** of the hospital, daily self monitoring of temperature and symptoms will be done. No testing or quarantine is necessary unless symptom is developed or there was high risk contact.
5. For **Quarantine centres**, medical officers will be on call only. Symptoms monitoring will be done telephonically as far as possible, or with minimal physical contact.
6. In a quarantine centre, if a case (e.g. an inbound traveler) was found to be tested positive, the contact tracing will be done. Those healthcare workers who had **high risk exposure*** will be treated as healthcare workers in the above advisory No. 1. Healthcare workers who had contact but were **low risk exposure[#]** will also be tested. If tested **negative**, they will resume work. If tested **positive**, will shift to COVID Hospital.
7. Pregnant and lactating mothers will be exempted from COVID duty. Non COVID duties may be assigned to such and other healthcare workers with co-morbidity.
8. If spouses are both healthcare workers, both will not be placed on COVID duty at the same time.
9. As far as possible, specialists from disciplines such as O&G, Anesthesiology, Surgery, Paediatrics may be exempted from COVID duty in order to provide emergency and continuity of essential services.



Definitions:

High risk exposure*:

- Healthcare workers or other person providing care to a COVID-19 case or lab worker handling respiratory specimens from COVID-19 cases without recommended PPE or with possible breach of PPE
- Performed aerosol generating procedures without appropriate PPE.
- Healthcare workers without mask/face-shield/goggles:
 - having face to face contact with COVID-19 case within 1 metre for more than 15 minutes
 - having accidental exposure to body fluids

Low risk exposure**:

- Contacts who do not meet criteria of high risk exposure.


Risk areas classification of COVID Hospital

- a) **High risk areas^**: Those working in COVID care areas and are directly involved with the care of a COVID confirmed patient.
- b) **Medium risk areas^^**: Those working in a screening area, emergency, medicine, pediatrics, laboratory and other critical care areas where potential exposure is a possibility.
- c) **Low risk areas^^^**: Those working in areas where patient interaction is minimal or absent.

Active surveillance#: To download the nCOVID Nagaland App and report/submit symptoms twice daily. If symptoms not reported and unresponsive, the surveillance will be done through the Police. Arogya Setu App should also be activated by all healthworkers.

Reference:

1. MoHFW: Advisory for managing Health care workers working in COVID and Non-COVID areas of the hospital
(<https://www.mohfw.gov.in/pdf/AdvisoryformanagingHealthcareworkersworkinginCOVIDandNonCOVIDareasofthehospital.pdf>)
2. AIIMS: Guidance document on isolation and Quarantine of HCWs at AIIMS (13 April)
(<https://covid.aiims.edu/wp-content/uploads/2020/04/AIIMS-Guidance-Isolation-and-Quarantine-of-HCWs.pdf>)
3. Center for Disease Control and Prevention (CDC): Interim Operational Considerations for Public Health Management of Healthcare Workers Exposed to or with Suspected or Confirmed COVID-19: non-U.S. Healthcare Settings (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings-public-health-management-hcw-exposed.html>)


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