

Foreword

St Jude India Child Care Centres strives to provide physical and emotional space which is conducive for the recovery of children under treatment for cancer staying the Centres.

Treatment for cancer is extremely taxing and very often the accompanying side effects are more life-threatening than the disease. While many of the side effects, such as hair loss, cannot be helped, some can be either treated or prevented.

Prevention of infection in a child during treatment can make a significant difference to the survival rate of children. Our efforts now are focused on providing surroundings that are a)infection-free b) training outsourced cleaning staff c) Centre staff and families to maintain exceptional levels of hygiene at all times.

Our Infection Control policy has been established to ensure that this training is put into practice at all levels and to prevent patients from catching or transmitting infection between patients during their stay at the Centres.

A follow-schedule has been designed to ensure that the families continue to follow the practice of hygiene that has been taught to them, even when they are away from the Centres.

Mr. Anil Nair

CEO

St. Jude India Childcare Center

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1. Scope

Infection control has an integral role in the provision of a safe healthcare environment for both child, parents And Center staff across the continuum of care.

2. Objective

Produce guidelines for the prevention and control of infections in St Jude India Child care center.

3. Definition

- **Infection-**

Infection occurs when germs enter your body and multiply, resulting in disease. The four main types of infections are viral, bacterial, fungal, and parasitic.

- **Signs, Symptoms**

A sign is the effect of a health problem that can be observed by someone else

A symptom is an effect noticed and experienced only by the person who has the condition.

- **Cleaning-**

A process that removes dirt, dust, large numbers of microorganisms and organic matter, killing most, but not all viable organisms.

- **Decontamination-**

Decontamination is the process of removing contaminants on an object or area, including chemicals, micro-organisms.

- **Hand Hygiene –**

Hand hygiene is a way of cleaning one's hands that substantially reduces potential pathogens (harmful microorganisms) on the hands.

- **Alcohol Hand Rub-**

A waterless alcohol-based product appropriate for rapid hand decontamination between patient contacts.



It is recommended for use when hands are not visibly soiled or contaminated with blood and body fluids.

- **Contact Precaution – Direct & Indirect**

The transmission of infectious agents can be divided into two subgroups:

Direct contact transmission and indirect contact transmission:

- **Direct contact** - transmission involves direct physical transfer of micro-organisms from an infected or person to a susceptible host.

- **Indirect contact** transmission involves a susceptible person coming in contact with a contaminated (Usually inanimate/article) object, such as a contaminated instrument or piece of equipment.

- **Personal Protective Equipment –**

Personal protective equipment (PPE) are items worn to provide a barrier to help prevent

Potential exposure to infectious disease.

- **Antiseptics**

Antiseptics on the other hand are substances that are applied to the skin

But not absorbed significantly and which are able to reduce the possibility of infection.

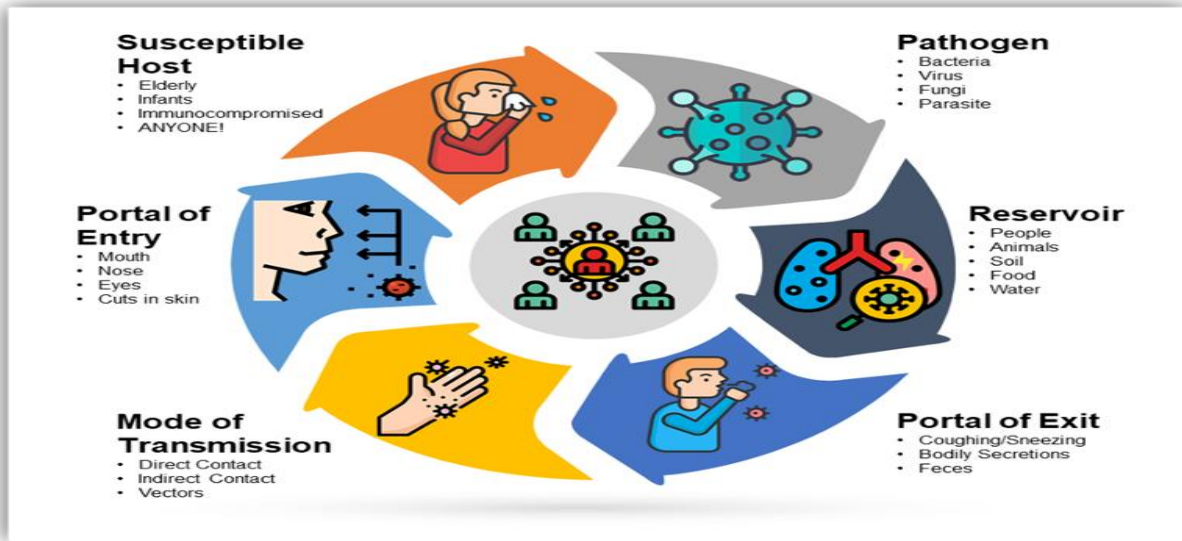
- **Disinfectant**

A substance that is recommended by its manufacturer for application to an inanimate object to kill a range of microorganisms; and that is not represented by the manufacturer to be suitable for internal use.

- **Standard precautions:** Work practices required for the basic level of infection control. Standard precautions are recommended for the treatment and care of all patients and apply to all body fluids, secretions, and excretions (excluding sweat), regardless of whether they contain visible blood (and including dried body substances such as dried blood or saliva), non-intact skin and mucous membranes.

- **Chain of Infection –**

The six links include the infectious agent, reservoir, portal of exit, mode of transmission, Portal of entry, and susceptible host.





Amendment sheet

Sr. No.	SOP	Amendment Done	Reason for amendm ent	Amend ment Month /Year
1	Sanitary Napkin Discarded in the Incinerators.	Doubled wrap Sanitary napkin and dispose of into Main Garbage hub out of the premises.	Revised SOP	Jan 2022
2	Garbage Disposal and color-coding Bags. Black Bag is used for collecting all household material	Dry & Wet garbage segregated at source, color coding as per local policy.	Revised SOP	Jan 2022
3		Slip-on footwear only in the Cold weather during the winter season to all the personnel	SOP	Jan 2022
4	Infectious Diseases	Protocol for Pulmonary Tuberculosis (Infectious & Non - Infectious)	SOP	Jan 2022
5	Personal Protective equipment.	Plastic Apron added to PPE	Revised SOP	Jan 2022
6	Six Steps Hand Hygiene steps	7 steps of Hand wash	Revised SOP	Jan 2022
7	Exiting policy for filter purifier.	Stainless steel Jar cleaning	Revised SOP	Jan 2022
8	Linen Policy	Housekeeping Staff will handover used laundry to laundry person.	Revised SOP	Jan 2022
9	Decontamination Policy	Decontamination Protocol Oximeter, Stretcher, Wheel chair & Vehicle cleaning	SOP	Jan 2022



10	Cleaning Schedule	Weekly cleaning schedule for HK as per Location wise -- Terrace cleaning Cleaning of Urinal and Bedpan	SOP	Jan 2022
11	Spill Management	Spill Management – equipment Gloves Procedure – Caution board, Contact time for 20 min disinfectant solution with body fluids.	Revised SOP	Jan 2022
12		Pre & Post Infection Control policy for Maintenance activity.	SOP	Jan 2022
13	VRE Disinfection Policy	VRE - on discharged of the patient areas of the room must be thoroughly cleaned with Approved St Jude Policy Disinfectant.	Revised SOP	Jan 2022
14	Sitz Bath Policy	Written order & Percentage of povidone as per doctor's order will be follow	Revised SOP	Jan 2022
15	Monitoring of Temperature	Mercury Thermometer procedure Removed	Revised SOP	Jan 2022
16	Cleaning – Mirror Lint Free Cloth Mention Wipe with Wiper / Cloth	Cleaning – Mirror Cloth Material and wipe with wiper	Revised SOP	Jan 2022
17		Toys Cleaning Policy	SOP	Jan 2022
18	COVID -19 Policy	COVID -19 Policy	SOP	Jan 2020



19	COVID -19 Policy	COVID -19 Policy	Revised SOP	Jan 2022
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4. Admitting patients to the Centre

- Introduce yourself to the patient and parents.
- Confirm that it is the right patient as per the admission.
- Obtain a passport size photo of the child.
- Record the temperature of all three family members. If the temperature is high (above 99* F) send them to hospital.
- Record the height and weight of the child on admission.
- Allergy/ status to be documented on the patient chart.
- Decontamination of the luggage with disinfectant solution.
- Parents and child should have Shower wash/ bath.
- Change into fresh and clean clothes.
- Decontamination of previously worn clothes with antiseptic solution.

- Check if the parents/ child is suffering from any infectious disease, if yes send them to a doctor immediately for check-up.
- Explain to the family about discarding of used diapers. They should not be discarded in the center's dustbin, but should be put in the black garbage bag provided to them and thrown in the common dustbin outside the center.
- Any blood stain or dressing material used for child has to be packed and discarded as per local policy.
- Dry and wet garbage to be segregated at the sources and discard in to color code as per local policy
- Explain to the mothers about discarding used sanitary napkins. Doubled wrap Sanitary napkin and dispose of into Main Garbage hub out of the premises.
- Introduce them to the other families living at the center and orient them with the geographical layout of the area (nearby facilities like hospital/ chemist/ market/ transport system).



5. Environmental cleaning

5.1 What is cleaning?

- Cleaning is the physical removal of dirt, dust, rust, debris, spillages and foreign material, i.e. blood stains, body fluids.
- Cleaning physically removes, rather than kills, micro-organisms. Cleaning is achieved with water, detergents and mechanical action.

5.2 Rules of cleaning:

1. Work from clean area to dirty area
2. Start work from top to bottom

5.3 Essential for effective cleaning:

- Cleaning solution
- Water and Friction/mechanical action

5.4 Cleaning frequency

- **Daily Cleaning**-primarily after breakfast, after lunch and at the end of day and **as when required**.
- **Weekly cleaning**, - is done at the end of the week. One area is taken for deep cleaning on a weekly basis (for instance walls, furniture, windows, cupboard's to be cleaned on different days)
- **Six monthly or periodical cleaning** - with the help of plumber, carpenter, and electrician.

5.5 PPE: Personal Protective Equipment (Gloves, Face Mask, Goggles, Gown & Foot wear) Personal protective equipment (PPE) refers to **Gown/Plastic apron, gloves, face shields/goggles, facemasks /respirators** and foot wear or other equipment designed to protect the wearer from injury or the spread of infection or illness.



5.6 Cleaning Methods



Equipment Required

Dry Mop, Black bags, Gloves, Signage of “Cleaning in Progress”

Method

- Wash hands and put on gloves.
- Display the warning signs in the area, ensuring all signs are visible.
- Attach the head to the dust control tool.
- Pick up all large items of litter e.g. tissues, paper, medicine foil etc.
- Starting with the edges, clean the area using an overlapping figure-of-eight (8).
- Start from the furthest point and work towards the door.
- Use a dustpan and brush to remove remaining particles and put it in to a black bag. All equipment should be checked, cleaned, dried and returned to the storage area.
- Remove gloves and wash hands thoroughly.



5.7 Floor Mopping (Damp Mopping)

Cleaning frequency - Thrice a day and as and when required.

Equipment Required

1. Two compartment- bucket with compatible wringer
2. Gloves, Face Mask, Goggles
3. Mop handle/mop head
4. Signage for “Cleaning in Progress”
5. Floor cleaning solution

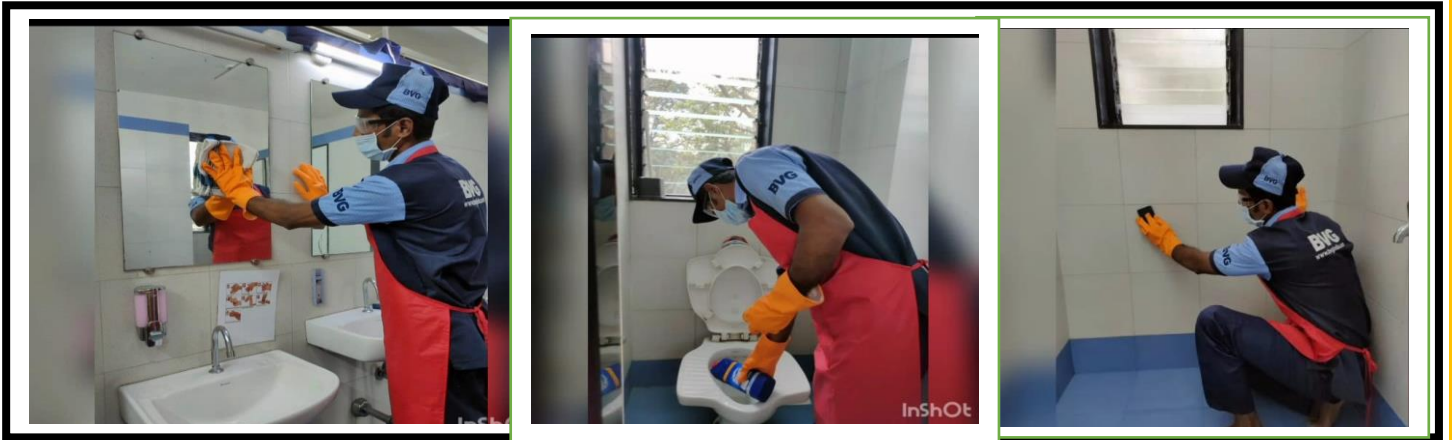


Procedure

- Prepare the cleaning solution in a well-ventilated area.
- Submerge the mop into the cleaning solution and remove excess solution from the mop in the wringer.
- Mop the floor in 1-2 meter square sections.
- Mop edges of the floor with a straight stroke, use a figure of eight (8) pattern, leaving the floor as dry as possible after cleaning the rest of the section.
- Change the water as and when it becomes dirty.
- On completion, remove mop head, wash and place it in freshly prepared solution for one hour.
- Perform hand washing -- 7 steps method shown below on completion of task.



5.8 Bathrooms and Toilets



5.8.1 Cleaning – Wash basins Procedure & mirror

Thoroughly clean the basin with water and detergent, inside and outside.

Special attention to wiping the soap that runs under the basin.

Tap fittings to be washed with mild detergent solution and dried.

Cleaning- Mirrors

Procedure

- Use detergent solution water on a damp duster.
- Wipe over the mirror and surrounding area, then use wiper, buff the mirror to a clean, dry finish.

5.8.2 Cleaning – Stainless Steel Sink / Water Taps & Fitting

Procedure

- Sinks are to be cleaned with a detergent solution. First wet the sink. Shake on a little detergent solution and work around the surface with a cloth, include the plug hole/ drain.
- Wipe overlaps and fittings with a damp cloth and detergent.
- Replace liquid soap if required.

5.8.3. Cleaning – Toilets

Procedure

- Direct nozzle of approved cleaning agent under the rim of the commode then squeeze to apply. Wait for 20 minutes, brush lightly then flush with water.



- If badly soiled, brush again the inside surface of the toilet bowl with detergent.
- Use a little scouring powder and brush. Scrub under the toilet rim and flush away powder on completion.
- Thoroughly clean both sides of seat, outside of the bowl and toilet fittings. Buff toilet seat and fittings dry with clean cloth.
- Thoroughly clean walls, edges, handrails handle, doors and corners with warm water and detergent. Also clean the small bucket and mug with detergent.
- Damp mop the floor, with warm water and detergent and dry it.
- Replace Hand wash liquid soap if required.



2.7.3. Decontamination of cleaning material and toilet brush

All cleaning material need to be clean with detergent solution and keep dry.

Toilet brush to be stored in disinfectant –

After cleaning toilet thoroughly, the toilet brush is cleaned with detergent soap and replaced in the cup (comes with brush) with approved solution in it till next use.



6. Guidelines for Cleaning the Kitchen and Dining hall

Cleaning is important to prevent the transfer of bacteria from a dirty surface and equipment on to food.

6.1 Cleaning Frequency

- Daily basis & as when Necessary
- Weekly basis

6.2 The Cabinet Fronts

- Wipe from top to bottom. Using a Kitchen Duster. Soft scotch dampened with water and a few drops of mild cleanser. Rinse the cloth and repeat.

6.3 The Countertops

- Clean the countertops with a Kitchen Duster.
- Wet it with water and mild cleaner, and wipe the countertops using a circular motion.
- Then moisten with water and wipe down with a clean cloth.
- Wash the tile backsplash using the same method.

6.4 Weekly Cleaning –

Kitchen Unit cleaning with detergent solution from top to bottom including Kitchen cabinet and wash basin area.

6.5 The Garbage Can

- Disinfect with all-purpose cleaner/detergent soap.
- Spray on both the inside and the outside and wipe with a clean cloth.
- Dry and place black garbage bag in it.
- The dry and wet garbage should be kept separately.

6.6 The Sink

- Scrub in a circular motion from the top to the drain with a cloth and cleaner.
- Use cleaning brush to remove any mold lurking in the edges of the drain or faucet.

6.7 Refrigerator

- Wipe down with inside with mild detergent solution weekly basis.



- Wipe down the outside with a cloth dampened with water and dish soap. Refer daily check list.
- Keep Food items & medicine in different compartment.

6.8 Stovetop if applicable

- Scour the surface.
- Clean with kitchen cloth.

6.9 Burner grates if applicable

- Remove from the stovetop.
- Then scrub with a brush and cleaner.

6.10 Cabinets

Wipe shelves with a cloth dampened with water and dish soap.

6.11 Kitchen stores

- Remove all the material and empty the shelves.
- Wipe shelves with a cloth dampened with water and dish soap/Approved solution floor cleaner. Scrub off food particles, oily substances with scrubber.
- Dry with a clean cloth. Rearrange the store, keeping clean dry and tidy.
- Do not keep bottles without lid, and food material in the plastic bags.
- Cleaning of Kitchen cabinet daily & as and when required.
- Cooked & Raw food Materials keep separate.

6.12 Cleaning Policy Stainless steel Jar cleaning –

- Use soft scotch Brite and detergent powder, clean from inside and outside jar and tap,
- Clean the lid in the same manner, rinse with tap water, and repeat rinsing with warm water on daily basis.

6.13 Floor

- Sweep, working from the walls to the middle of the room.
- Then mop in small sections, dipping the mop in clean water and approved solution, squeezing out excess liquid in between each section.
- The kitchen mop should be labeled as “ONLY FOR KITCHEN” and should be placed in designated area. Make sure it doesn’t get mixed with other mops.



6.14 Dining Hall

- Clean ceiling with soft brush, remove all cobweb, dust and dirt.
- Clean all plastic chairs/stools by mopping thoroughly with detergent soap solution.
- Attend to chair legs and remove all dirt, hairs and threads at their base.
- Sweep, working from the walls to the middle of the room.
- Mop in small sections, dipping the mop in a pail of clean water and detergent / floor solution and squeezing out excess liquid in between each section.

6.15 Lift Cleaning

- Work from top to bottom. Remove dust with dry mop.
- Mop the interior with damp cloth.
- Lift doors are to be cleaned from inside and outside.
- Floor cleaning by wet mopping.
- Clean the grooves (the gap between the lift door and the floor) by wet mopping.

6.16 Entrance

- The ceiling should be attended for cobwebs and dust using feather brush.
- Walls should be attended for dust.
- Floor should be dry dusted followed by wet mopping.
- The Donor/sponsor board should be dusted and cleaned using a damp cloth.

6.17 Staircase

- The handrails should be wiped thoroughly using damp cloth
- Dry dust the staircase followed by wet mopping
- The housekeeping person will not move away till the staircase is dry.



7. Bed making

7.1 Purpose of Bed Making:

- To promote comfort.
- To provide a clean environment.
- To provide a smooth, wrinkle- free bed.

7.2 Common types of bed:

- A- Occupied Bed: Is made when the patient is not able or not permitted to get out of the bed.
- B- Unoccupied Bed: Is made when there is no patient confined in bed.

7.3 Kinds of Linens

- A- Blanket: a large piece of cloth often soft, woolen and is used for warmth as a bed cover.
- B- Top sheet: used to cover the patient to provide warmth, made of thick cotton, material.
- C- Bottom sheet: used to cover the bed.

7.4 Points to Remember

- Wash hand thoroughly before and after handling used linen helps to control infection.
- Hold soiled linens away from the body to avoid contact with staff clothes and to avoid spreading micro-organism.
- Soiled linens is placed directly in to a pillow case / handover laundry man to avoid contamination with other materials.

7.5 Procedure:

- Wash your hands thoroughly.
- Bring clean linen to Unit bedside.
- Remove the pillowcase and place it in the laundry bag, cover with clean pillowcase and keep pillow aside.
- Remove the soiled linens, and place them in the laundry bag.



- Place the bottom sheet with its center fold in the middle of the mattress. For a fitted sheet, secure the top and bottom corner over the mattress corner on the side of the bed nearest you.
- For a flat sheet, align the end of the sheet with the foot of the mattress, and miter the top corner to keep the sheet firmly tucked under the mattress.
- To miter the corner, first tuck the top end of the sheet evenly under the mattress at the head of the sheet, the side edge of the sheet from the mattress corner and hold it at a right angle to the mattress.
- Tuck in the bottom edge of the sheet hanging the mattress. Finally, drop the top edge and tuck it under the mattress.

8. Hand Hygiene Technique

8.1 What is Hand Hygiene?

- Hand washing is one of the most effective ways to stop the spread of germs and reduce Infection.
- Because our hands touch many surfaces in the course of day they are prime vehicles for transferring germs to our nose, mouth, eyes or other surfaces from where they can find their ways to another person.
- Hands that appear clean may have dangerous germs /micro-organisms that can easily spread even in a healthcare setting.

8.2 FACILITIES

- All areas Hand-washing facilities appropriate to the area
- Instruction regarding hand washing steps is displayed near every hand washing area.
- Clear unobstructed access to the hand washing sink.
- Hand washing sinks for that purpose only and clear of inappropriate items
- Liquid soap and alcohol hand rubs available according to location wise.



Hand hygiene is a term used, to clean both hands by using soap, water and a mechanical action of rubbing both hands together.



8.3 Alcohol based hand sanitizers.

- These can be applied quickly without access to water.
- However, they are not effective in removing soiling and should only be used if hands are visibly clean. We need to wash our hands with the right technique to get rid of all micro-organisms

Hand Sanitizer/rub is not a substitute for Hand washing.

8.4 Indication of hand washing (when to wash the hands)

- When starting work.
- When going off duty.
- Before and after nursing.
- After contact with a sick person.
- After returning to the center from hospital visits.
- Before starting to cook.
- Before feeding the child.
- Before and after eating.
- After using the toilets.
- After any indoor or outdoor activities.
- Whenever hands are soiled & whenever hands are contaminated with body fluids or organic matter
- After Changing diapers or cleaning diapers or cleaning of child who has used the toilet



- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats.
- After touching & Handling garbage.

8.5 Types of Hand hygiene

- Social hand washing (30 sec)
- Procedural hand washing (1 minutes)
- Surgical hand washing (3 -5 minutes especially for PICC line dressing)

Seven Steps of Hand wash



1. Palm to Palm



2. Back of the fingers to the opposing palm



3. Interlacing of fingers



4. Interlocking of finger and vice versa



5. Rotational rubbing of thumbs and vice versa



6. Tip of the fingers to the opposing palm and vice versa



7. Rotational movements of the wrist and vice versa



9. Personal Hygiene and Respiratory Hygiene and Cough Etiquette

9.1.1 Personal hygiene refers to practices that aim at an individual's cleanliness and grooming of his/her self.

- Personal hygiene is essential for reasons of health, culture and style. An unclean body is often the cause of infections and health issues.
- One also risks acceptance in society if personal appearance is unkempt and the body unclean.

9.1.2 Hair hygiene

- Often, while considering personal hygiene, the hair is neglected. However, many times, the hair gets dirtier than the body.
- For this reason, attention must be given to one's crowning glory. Wash your hair at least twice a week, with a suitable shampoo.
- Never use soap, because Sodium bicarbonate, which soap is rich in, harms the hair.
- Dry your hair after a wash. Oil the scalp once a week.
- Coconut oil is excellent nutrition for the hair.

9.1.3 Skin hygiene

- A person sweats throughout the day, however minimally. Also, in tropical countries, germs abound and these must be got rid of immediately. Soap and water are vital for keeping the skin clean.
- A good bath once or twice a day is recommended.
- Use an anti-bacterial soap and add drops of an antiseptic liquid to the water you bathe with. Dry yourself well.
- Avoid sharing towels. Use a moisturizer to keep the skin supple and well-oiled.

9.1.4. Oral hygiene

- Accumulation of food in the mouth can cause problems ranging from bad breath to
- Dental caries.



- For removal of food particles and oral hygiene, certain steps are to be followed. Brush your teeth at least twice a day, but preferably after each meal to clear your teeth of any remains of food. Use a brush with zig-zag bristles, to reach every nook and corner of your teeth.
- Floss regularly for inter-dental care. Use a tongue scraper to keep your tongue clean. Use a mouthwash whenever you go out. Drink a lot of water to keep the mouth moist and to remove any foul odors.

9. 1.5. Hands, feet and nail hygiene

Hand hygiene

- The commonest way we establish contact with things around us is by using our hands
- And that is why, one must take special care to keep them neat and clean.
- Wash your hands with soap after every meal. Wash thoroughly and in the gaps between your fingers.
- While handling food and cooking, avoid scratching or touching other parts of the body such as the eye, ears or the nose.

9.1.6. Feet hygiene

- The most neglected part of the body is the feet. Ways to keep your feet clean are as follows: Soak your feet in warm water and wash with soap.
- Scrub the heel of your foot with a pumice stone to keep it soft and to prevent it from cracking.
- Use an anti-cracking cream to heal the condition.
- Powder your feet before putting on socks to prevent perspiration and resultant smell.
- Give importance to the footwear you use, for a comfortable gait and a good posture.

9.1.7. Nail hygiene

- Clean your nails by thoroughly removing dirt from them. Trim your nails often and preferably, keep them short.
- Do not keep your nails polished perpetually. It causes the keratin of the nails to split.

9.2. Respiratory Hygiene and Cough Etiquette

This strategy is targeted at patients and accompanying members with undiagnosed transmissible respiratory infections and applies to any person with signs of illness including,

Cough,



Congestion,



rhinorrhea or increase respiratory secretion.



All persons with signs and symptoms of a respiratory infection are instructed to cover the mouth and nose with a tissue when coughing or sneezing;

- Using surgical masks on coughing person when tolerated or cover the mouth & nose during coughing /sneezing with the antecubital fossa i.e. front of elbow
- Dispose of the used tissue in the nearest waste receptacle.
- Perform hand hygiene after contact with respiratory secretions and contaminated object/material.



10. Guidance for Sitz Bath/Tub Bath

Please Note -Sitz bath Procedure is following according to Doctors order with recommended solution.

Sitz bath / tub bath is a form of hydrotherapy (water therapy), which increases the blood flow to the pelvis and abdominal area. Perianal hygiene is the primary reason for using this type of bath when the area is tender and inflamed.



10.1 A Sitz bath may be ordered for a child for any of the following reasons:

- At onset of treatment for comfort and cleanliness.
- At any time for any skin reaction in the perianal or perirectal area.
- Discomfort with bowel movements or continuous discomfort related to perianal inflammation, Hemorrhoid's, and radiation-induced diarrhea.

10.2 Sitz bath supplies

- Sitz bath tub
- As per Doctors recommendation povidone-iodine solution with Percentages
- Bath towel

10.3 Procedure

- Send your child for urination / defecation prior to sitz bath if he wants to do so, to avoid contamination.
- Fill the Sitz bath tub half full with water which is warm to your touch.
- Check with back of palm. Measure out 10 ml (As per Doctors recommendation povidone-iodine liquid with Percentages)
- Pour the povidone-iodine into the Sitz bath and stir.
- Help your child to lower himself so as to sit in the Sitz bath tub for at least 15 minutes.
- Make sure the child hips are immersed in the water.
- Do not allow him to stand in the tub as the dirty feet will contaminate the water.
- If child wants to sit with feet in the tub, wash and his feet thoroughly prior to Sitz bath.
- Rinse off the povidone-iodine on the child's hip with warm water after the Sitz bath is complete. Help your child gently pat the skin dry or expose the area to room air.

Helpful Hint:

- Do not use the entire package of povidone-iodine for one sitz bath.
- Too much povidone -iodine in the bath may cause skin injury. If your child has a documented Allergy to povidone-iodine (Betadine)), or if you have questions about sitz baths,
- Please consult to your child's nurse or doctor.



11. Taking and Recording Temperature

Taking axillary (armpit) temperature thermometer.

Measuring/ monitoring a child's body temperature using digital thermometer.

11. 1 Purpose:

- To determine body temperature to assist in diagnosis.
- To evaluate patient's recovery from illness.
- To determine if immediate measures should be implemented to reduce dangerously elevated body temperature.

11.2 Equipment

- Digital thermometer.
- Alcohol /disinfectant swab.

11.3 Procedure:

- Wash your hands.
- Prepare all required equipment.
- Check the child's identification.
- Explain the purpose and the procedure to the parent/child.
- Maintain privacy.
- Take the thermometer and wipe it with an alcohol/ disinfectant swab from upwards to downwards.
- For digital the thermometer keep pressing the button till it shows "low" on the screen.
- Assist the child to a supine or sitting position to provide easy access to the axilla.





- Move clothing away from shoulder and arm to expose axilla (armpit) for correct thermometer bulb placement.
- Be sure the child's axilla (armpit) is dry. If it is moist, pat it dry gently before inserting the thermometer
- Place the thermometer in the hollow of the axilla (armpit) at 45 degrees or horizontally.
- Keep the arm flexed across the chest, close to the side of the body.
- In Digital thermometer till you hear the beep.
- wipe the thermometer from the upwards to downward position with alcohol swab / to prevent the spread of infection
- Explain the result.
- Dispose of the equipment properly. Wash your hands to prevent the spread of infection.
- Replace all equipment in proper place.
- Record temperature in the child's admission chart and if the fever is high send the child to the hospital.
- Report an abnormal reading to the senior staff or manager.

12. Procedure for Giving and Receiving Laundry

- The provision of clean linen and laundry is a fundamental requirement of care.
- Incorrect handling, laundering and storage of clean and used/dirty linen can pose an infection risk.
- Therefore, it is essential that all linen/laundry is handled safely, washed and dried appropriately and stored correctly in order to prevent and control the spread of infection.
- When collecting, handling, transporting, sorting or washing soiled linen, housekeeping will wear Personal Protective equipment.
- Handle soiled linen as little as possible and avoid shaking linen to prevent the spread of Micro-organisms into the environment and to people.
- The infectious linen should never be mixed with other linen to prevent cross infection.
- The infectious linen should be dipped in Dettol solution for before giving to laundry. Add one capful to 4 lit of water and soak for 10 minutes.



12.1 Procedure for giving laundry

- Take the linen bag and linen register to the unit. With the help of the housekeeping staff, the Supervisor and laundryman will take the count.
- Parents will carry their own linen into a hamper bag.
- Housekeeping staff will put hamper bag linen in the linen bag.
- Record the count of linen in the register. Then move to the next unit.
- When the linen count is complete tie a knot after closing the linen bag.
- Keep all the linen bags outside for laundry man.
- Hand over the total count record slip to the laundry person and obtain the his signature on both the copies.

12.2 Do not spread the dirty linen inside the Centre.

Linen bags -old bed sheet can be used to stitch linen bags in Mother's activity sessions, after fulfilling the disposal formalities.

12.3 Procedure for receiving laundry

- Spread the carpet /chatai at the entrance area. Count all the linen in total, item wise.
- Store clean linen in clean, dry closed storage cupboards
- Give the signed received slip to the laundry man.
- Separate all items Centre wise and hand over to Centre managers.

Do not keep clean laundered linen on the floor.

13) Decontamination Policies

Decontamination -Removal of hazardous substances (bacteria, chemicals, radioactive material) from one's body, clothing, equipment, tools, and/or sites to the extent necessary to prevent the occurrence of adverse health and/or environmental effects.

Decontamination does not eliminate micro-organisms but it is a necessary step preceding disinfection or sterilization.

The significance of this process is to make something safe by eliminating poisonous.



At St. Jude's decontamination is done in following areas

13.1 Decontamination on admission-

- Parent and child come from far off places, having travelled for 12 to 36 hours by train, bus and auto rickshaw.
- Sometimes families have had to stay in dharmashalas or on the footpath and these areas are contaminated. Hence decontamination of the luggage is performed by cleaning with an approved disinfectant solution.
- All three members are asked to take a thorough wash before entering the unit.



13.2 Decontamination of hands

Performing hand washing with seven steps technique.

13.3 Decontamination of the unit

- Parents are instructed to do daily cleaning of the unit and rack with approved Floor Solution and change the solution as required.
- Solution is prepared by housekeeping staff and kept ready all the time for the families to use.

13.4 Decontamination of toilet, bathroom and dry area –

- The housekeeping personnel are responsible for this.
- Approved Toilet solution nozzle is directed under the rim of the toilet then squeezed to apply, wait for 20 minutes, brush lightly then flush with water.



- The walls, door bolt, taps, surrounding area are scrubbed, cleaned with detergent solution.
- Floor is cleaned with approved floor solution by washing, mopping and dried thoroughly.
- The ceiling, walls and floor of the dry area should be cleaned thoroughly, the taps, handles, hinges and cabinets should also be cleaned.

13.5 Decontamination of thermometer, Oximeter

Done with alcohol swab to prevent cross contamination.

13.6 Decontamination of clothes

In cases of chicken pox or any infectious disease, all three members of the family should soak their used clothes in detergent solution for the period of 30 minutes and then wash and put clothes for drying.

13.7 Decontamination of shoe rack

- Done by Parents by rotation, shoe racks are cleaned with detergent solution, mop and dried after wearing the plastic apron provided to them.
- After cleaning the shoe racks the parents must wash the apron, place it in the dry area and then take a thorough bath.

13.8 Decontamination of unit on discharge

- After the child is discharged from the center, the unit is cleaned by the House keeping personnel by thorough cleaning of walls, rack, cupboard and floor by dusting and wet mopping with approved floor solution.
- All mattresses and cot must also be cleaned with the solution.

13.9 Decontamination of floor mat

- Every day the floor mats used during the day are soaked in disinfectant solution (approved solution) after being scrubbed and cleaned.
- After one hour they are squeezed and spread to dry.



13.10 Decontamination of the unit duster and kitchen dusters-

- After the unit is cleaned by parents the color line dusters are decontaminated immediately with detergent soap and water and kept for drying on the designated round hanger / dry stand kept in the dry area.
- After cleaning the kitchen, the color duster is decontaminated by the mother with detergent and water and kept for drying on the designated kitchen hangers kept in the drying area.
- Every duster is marked with the number of the unit to which it belongs to ensure that there is no mix-up amongst units.



Unit Duster



Kitchen Duster

13.11 Decontamination of the bean bags and activity mat

By rotation parents are responsible for decontamination of bean bags and activity mats with disinfectant solution every day.

13.12 Library books

- By rotation mothers do the decontamination of the books using sanitizer and clean only the exterior of the books every day.
- The rack is cleaned using approved solution.

13.13 Filter mesh (If applicable)

Filter mesh used in pure-it water filters are cleaned everyday by removing them from the purifier and tilting it along with a gentle rub under the running tap water.



13.14 Decontamination of the Housekeeping cabinet:

The housekeeping staff has to clean his cabinet every single day, all the items should be removed, the whole cabinet should be wiped and the things should be arranged properly.

13.15 Decontamination of the Stretcher, Wheel chair & Vehicle cleaning

- After Each use and once a day Stretcher, Wheel chair & Vehicle cleaning need to be done with disinfectant solution.
- Daily basis cleaning with through wash with detergent solution & disinfectant solution for all Vehicle.

13.16 Decontamination of Urine and Bedpan

Procedure for Cleaning Bedpans and Urinal

- Wear disposable gloves.
- All used bedpans, urinals must be covered with disposable bag the contents should be emptied into a sluice hopper and flushed immediately.
- The sink should not be used for any other purpose than cleaning dirty equipment e.g. not a hand wash basin.
- A biological cleaning detergent and water in washroom area
- Rinse and wash the bedpan using a disinfectant diluted with water contact time 10 minutes and Dry the bedpan.
- Take off your gloves & Follow Hand wash 7 steps.
- After cleaning, the equipment should be rinsed and inspected.
- If the item remains soiled, the cleaning process must be repeated until the equipment is cleaned to a satisfactory standard.

14. Management of Spills of Blood & Body Fluids

14.1 What is spillage?

Occupational exposure to blood, other body fluids, secretions and excretions through Spillage can lead to a potential risk of infection.

The safe and effective management of such a spillage is essential to prevent transmission of infection.



14.2 Why manage blood and other body fluid spillages?

Exposure to blood and other body fluid such as vomit, pus, feces, and urine carry high risk for transmission of infection.

Exposure to viruses such as HIV, Hepatitis B and Hepatitis C through blood and other body fluids can be transmitted easily and therefore, quick and effective management of spillage is essential for the health and safety of all.

14.3 How to deal with a spillage

Equipment Required

- Gloves,
- Face mask, Goggles
- Waste receptacle (as per local policy color code bag) – disposable.
- Old paper/ linen
- Disinfectant solution (approved solution)

Rags (old bed sheets can be cut into 8*8 inches and used as rags, after fulfilling the disposal formalities.)

14.4 Procedure

- Place yellow sign board.
- Take the child to the bathroom and clean him /her thoroughly with tap water.
- Wear personal protective equipment like gloves, goggles, and mask as need be.
- Containment of spillage if spillage is large: first use disposable towel / old newspaper to absorb the fluid.
- Apply approved floor disinfectant over the towels/ newspapers etc. which is used to cover the spillage, ensuring that the spillage is completely covered with old papers/towels and it is fully saturated with the disinfectant.
- Contact time for 20 min disinfectant solution with body fluids.
- Remove the dirty towels/old papers and put them directly into a designated Color code bag as per local policy which should be close at hand.
- Never leave these contaminated towels / papers on any surface.
- Area should be further cleaned using cleaning solution and disposable towel and properly disposed.
- Reusable items e.g. Buckets, Dust pan, mop head, if used, should be decontaminated and dried.



- Personal protective equipment: (goggles should be washed thoroughly),
- Hand hygiene should then be performed by the seven step technique.

15. Garbage disposal and color coding bags

- Collection and the eventual daily disposal of accumulated home garbage are as important as having a daily bath.
- Keep your home premises clean, free of litter and garbage, and you will keep your neighborhood clean; and this can be extended to the ward, city, stand eventually the country.
- Proper garbage disposal is essential.
- Garbage is broadly classified into bio degradable (that which easily disintegrates and assimilates harmlessly with the soil) and non-bio-degradable (that which does not disintegrate).
- **Wet waste** - The former would include kitchen wastes such as vegetable and fruit peels, leftover food items.
- **Dry waste** - will include plastics in any form, metals, batteries and glass.
- Garbage or waste is not only generated in the kitchen but in any living room or bathroom of the house.
- The bio-degradable waste needs to be cleared everyday else it will rot and decay.
- We are using the services of the garbage collectors who come to the Centre on a daily basis if this service is available, or use the waste bins provided by the Corporation.
- You may not need to empty out the dry waste on a daily basis since their disposal is not Urgent but it would make sense to do so else you will find it accumulating in the St. Jude – Dry and Wet garbage is segregated at the source.
- Color code as per local policy are used for collecting all house hold material.
- After a child's dressing is completed the dirty dressing and cotton swabs, gauze, disposable gloves are collected in the color code and disposed of in as per color code local policy.
- There is a central storage facility to store the segregated waste in separate dumps away from the center area.



- This facility is manned and secured from any unauthorized visitors, including stray cattle, dogs and birds.
- Proper cleaning and disinfection of this central dump room is done on daily basis and as when require.

16) Guidelines for communicable disease –Chicken-pox, Measles, Herpes, Mumps & Tuberculosis

16.1 Visiting the hospital and waiting outside for diagnosis

- If the child is suspected to be suffering from chickenpox, measles, or any infectious disease then:
- DO NOT ALLOW the family to go and wait the or doctor in the O P D section as many other patients and their relatives sit there and risk being exposed to the infection.
- Hence parent should take the child to the casualty department. The doctor on duty will come and see the sick child there.

16.2 During the outbreak of chickenpox the procedure to be followed in the center:

- Once the doctor diagnoses a child a chicken pox/measles/or any other infectious disease then:
- The parents /Housekeeping will decontaminate all the bed linen in use, soak it in the Dettol solution for 10 minutes then wash and put them out to dry.
- The parent should then carry required personal belongings child/parents and as per doctor's order get admitted at the hospital or as per Local Facility available (Not to isolation in Center)
- Any further requirements will be communicated Center Manager/Officer telephonically. Parents will not be allowed to visit the center while child is admitted in the hospital. (For washing clothes etc.)
- Due to some reason if child needs food to be supplied from the Centre, (while discharged and staying elsewhere till the scabs dry and fall) the Centre Manager will depute, by rotation, one of mothers to cook extra food for the sick child.
- The tiffin will be handed over to father at the gate by HK staff. Parents will not enter the Centre for this purpose.



16.3 On discharge from the hospital;

- Inform the center manager / center supervisor by phone regarding child's discharge.
- The child will not be taken in the center unless all scabs have dried and fallen off.
- Obtained written permission 'fit to be in the center' from doctor
- The Manager /Supervisor will inspect the child and then permit them to stay in the center.
- All three members will do decontamination of the clothes and thorough body wash before entering the unit.
- In case a parent is the victim the protocol remains the same.

16.4 Points to be noted

If Father is victim, center manager will organize to send him to the hospital with a relative/father monitor.

- If mother is victim ,father will accompany her ,but will not carry the child ,Centre manager and father will request mother monitor to take care of the child till father returns back to the center, the arrangement of the relative for mother's care is immediately initiated .
- On returning from the hospital all the members will have thorough wash /bath.
- Thorough cleaning of the center is mandatory-units will be cleaned by the parents and common area to be cleaned by the House Keeping staff immediately.

16.5 Prophylactic for rest of center personnel

- All St Jude families are instructed to see the doctor and get prophylactic treatment started as prescribed by Doctor.
- During the outbreak the center manager to pay more attention on environmental cleanliness and personal hygiene of the families' .Educate on sign & symptoms of Infection.
- Daily basis temperature records to be maintained for all families by the center manager/supervisor/ to keep records of prophylactic treatment completed by children, parents.
- Maintain records of all chickenpox and fever cases.

**16.6 Chickenpox Vaccination –**

- Vaccination with two doses is recommended to protect.
- Need 2 doses of vaccine separated by minimum of 28 days.
- Getting vaccinated after exposed to someone with chickenpox can:
 - prevent the disease or make it less serious
 - protect you from chickenpox if you are exposed again in the future

People should check with doctor about whether they should get chickenpox vaccine if they:

- Have HIV/AIDS or another disease that affects the immune system
- Are being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer
- Have any kind of cancer
- Are getting cancer treatment with radiation or drugs
- Recently had a transfusion or were given other blood products

16.7 Daily Temperature, Oxygen saturation and pulse monitoring Chart

Note – The above sheet is maintained and displayed for daily basis.

हर दिन बच्चे का तापमान, ऑक्सिमीटर और पीआईसीसी ड्रेसिंग/ फ्लशिंग जानकारी															
Name of the child - _____		Centre No - _____													
Unit No - _____		Month - _____													
दिनांक/ तारीख	सुबह का		दोपहर का	रात का	ड्रेसिंग किया - हो या ना	फ्लशिंग किया - हो या ना	अन्य जानकारी (Remark)	दिनांक/ तारीख	सुबह का		दोपहर का	रात का	ड्रेसिंग किया - हो या ना	फ्लशिंग किया - हो या ना	अन्य जानकारी (Remark)
	तापमान	ऑक्सिमीटर	तापमान	तापमान					तापमान	ऑक्सिमीटर	तापमान	तापमान			
1st बच्चा								9th बच्चा							
मम्मी								मम्मी							
पापा								पापा							
2nd बच्चा								10th बच्चा							
मम्मी								मम्मी							
पापा								पापा							
3rd बच्चा								11th बच्चा							
मम्मी								मम्मी							
पापा								पापा							
4th बच्चा								12th बच्चा							
मम्मी								मम्मी							
पापा								पापा							
5th बच्चा								13th बच्चा							
मम्मी								मम्मी							
पापा								पापा							
6th बच्चा								14th बच्चा							
मम्मी								मम्मी							
पापा								पापा							
7th बच्चा								15th बच्चा							
मम्मी								मम्मी							
पापा								पापा							
8th बच्चा								16th बच्चा							
मम्मी								मम्मी							
पापा								पापा							



16.8 During isolation period:

- Display of the isolation board at the entrance stating the start and end of the isolation period.
- Staff, families and housekeeping staff movements are restricted.
- Children will not go out to the playground till the isolation period is over
- No group activities to be conducted till the isolation period ends.
- The next case of outbreak will continue isolation from the date of onset for 15days.

Above protocol must be explained to parents in routine community sessions by St. Jude staff In case of Mumps- besides above measures keep eye on the children for complaints of

Cold cough, running nose

- Throat pain
- Excess of salivation
- Pain in the breast in female
- Pain in the testis in male

Send the victim to the doctor immediately if the case is suspected. Isolate the victim till confirmation of the diagnosis

In the Centre get pillow cases changed every day if applicable.

Rest all as above.

16.9 In case of Herpes Zoster

- Rash is covered as prescribed by doctor.
- Avoid scratching
- Perform hand washing frequently
- Until rash has developed crust avoid contacts with others
- The child is isolated (out of Centre in the private room) immediately
- The unit deep cleaning is done by the housekeeping with Approved Solution

16.10 In case of Malaria and Dengue –

- Child with fever and chills
- Send the child for the medical treatment.
- Once the diagnosis is confirmed and child is admitted in the hospital.
- Short meeting is held with all the families and informed about the disease.



- Don't keep plastic empty bottles, dirty dusters in the center.
- Parents are instructed to cover the body part as much as they can by giving children long sleeves clothes at night. Only meshed windows are kept open at night.
- Any stagnated water is to be removed from the campus of the Centre.
- Information to the BMC for insecticide spray.

In the Centre all horizontal surfaces and floor cleaning is done with few drops of white vinegar solution.

- Smoke of neem leaves is spread all over the Centre campus. (Please follow fire safety Guideline)
- On discharge of the child pay attention and encourage child for maximum fluids intake as directed by Doctor order

Maintain the cleanliness in the Centre as much as possible

16.11 In case of conjunctivitis -

- Sore eye infections are highly infectious, spread by direct contact with infected person. Send the child (victim) to an eye doctor for an eye exam immediately.
- Maintaining good personal hygiene to prevent the spread of infection.
- Avoid contact with child /parent who have conjunctivitis
- Get the unit and Centre area thoroughly clean.

16.12.1 Families to be explained

- Keep fingers away from eyes.
- Avoid rubbing the eyes.
- Wash hands often.
- Wash Linen cases every day.
- Do not share hand towel, eye drops and ointment.
- Contact lenses not to be worn till the eyes are fully clear as per doctor's order.
- Staff to educate families by taking short teaching session in the Centre.

16.13 In case of scabies /fungal/skin infection

- Send child immediately to the doctor.



- Confirm by asking parent if they are suffering with any such rash- If so send them all to doctor for treatment.
- Isolate the family.
- Outside (in separate room) of the center if possible till they all get cure If only child is victim, then as per Doctor's instruction, isolate within the center,
- Instruct parents to apply the ointment / cream as prescribed by doctor at night before going to bed and they remain in their unit as far as possible.
- Mother to perform hand washing frequently and avoid contact with others, Staff to pay more attention while mother is in the kitchen
- In the morning they wash all their clothes and linen after keeping them in hot water with Dettol solution for half an hour and then dry.
- They take warm bath with few drops of Dettol in the water.
- They clean their units, floor three times a day with domex solution they are provided with separate bucket and mug for the bath.
- Toys used by the child is decontaminated after use.
- Child and parent do not taking part in any group activities till scabies is cured.
- Teaching Sessions are conducted to know the signs and symptoms to educate the parent and is an ongoing process at St Jude.

16.14 In case of Swine Flu - H1 N1

When interviewing persons who are either suspected of having, or are confirmed with the virus, following is recommended:

- Keep a distance of at least 6 feet from the ill person.
- When collecting respiratory specimens from an ill, confirmed or suspected swine influenza virus case,
- It is recommended that one uses personal protective equipment (PPE): fit-tested N95 respirator. If this respirator is unavailable, wear a medical-surgical mask, disposable gloves, gown, and goggles.
- When completed, place all PPE in a bio-hazard bag for appropriate disposal.
- Wash your hands thoroughly with soap and water or alcohol-based hand gel.



16.15 Controlling Infection

Recommended Infection Control for a non-hospitalized patient

Separate the person in a single room, if available, until the person is asymptomatic.

- If the ill person needs to move to another part of the house, they should wear a mask.
- The ill person should be encouraged to wash their hands frequently and to follow respiratory hygiene practices.
- Cups and other utensils that have been used by the ill person should be thoroughly washed with soap and water before they are used by other person.
- Standard, Droplet and Contact precautions for 7 days after illness onset or until symptoms have resolved as per instruction of doctor.
- In addition, personnel should wear N95 respirators when entering the infected person room.

17. Guidelines for MDRO, VRE & MRSA

Multidrug resistant organism (MDRO) and Vancomycin resistant Enterococcus (VRE) & Methicillin-resistant Staphylococcus aureus (MRSA)

17.1 Multidrug resistant organism (MDRO)

MDROs are defined as microorganisms – predominantly bacteria – that are resistant to one or more classes of antimicrobial agents.

- MDROs are transmitted by the same routes as other infections. Patient-to-patient Transmission in healthcare settings, usually via hands of Health Care Workers, has been a major factor accounting for the increase in MDRO incidence and prevalence.
- Preventing the emergence and transmission of these pathogens requires education and training of medical and other healthcare personnel, patients' caregivers, judicious antibiotic use, comprehensive surveillance for targeted MDROs, application of infection control precautions during patient care, environmental measures (e.g., cleaning and disinfection of the patient care environment and equipment, dedicated single-patient-use of non-critical equipment), and decolonization therapy when appropriate.
- Bacterium normally found in soil and water rarely affect healthy people, but can cause serious illness in immune-compromised people (HIV or cancer patients).
- In healthcare settings it contaminates wet reservoirs e.g. in dwelling catheters, central line, PICC line And can cause serious device related infections.



- Some bacteria, normally living in soil and water can sometimes be found on the skin, posing no risk to healthy people but can cause infections in people who are already unwell.
- Cross-infection between patients does occur mainly by hands contaminated by contact with colonized or infected patients, contaminated surfaces or through mites.
- They can also cause urinary tract infections, bacteremia, and meningitis and wound infections. The file of the patient with MDRO is marked as such and the center is also informed on discharge of patient by the hospital.

Isolation and use of separate toilet by the child should be ensured.

17.2 VRE

- The emergence of vancomycin-resistant enterococci (VRE) as an important nosocomial pathogen in susceptible populations represents a significant challenge to infection control personnel.
- It is spread by **direct contact with an infected person's bodily fluids**, such as blood, phlegm, urine, or stool, or by touching surfaces that have been contaminated by the bacteria.
- VRE is usually spread by **direct contact** with hands, environmental surfaces or medical equipment that has been contaminated by the feces of an infected person.

17.3 Methicillin-resistant Staphylococcus aureus (MRSA)

- **A bacterium that causes infections** in different parts of the body.
- It's tougher to treat than most strains of staphylococcus aureus -- or staph -- because it's resistant to some commonly used antibiotics.
- MRSA is commonly found in **the nose**, back of the throat, armpits, skin folds of the groin and in wounds.
- In addition, MRSA organisms can remain viable on some surfaces for **about two to six months** if they are not washed or sterilized.

17.4 Patient Screening at Hospital

Faces are the most useful screening specimen. Where a faces sample is unobtainable a rectal swab may be taken.



17.4 .1 Patient Placements

Place VRE infected or colonized patients in a single room with own toilet facilities or cohort with other affected patients.

STRICT ADHERENCE TO CONTACT BASED PRECAUTION MUST BE PRACTISED AT ALL TIMES

Isolation may be discontinued when the rectal swab is negative on 2 consecutive tests after appropriate treatment as per the doctor order and differ from Location wise.

17.5 Hand Hygiene

Thorough hand washing by staff before and after patient contact, after handling incontinence material or faces.

Patients with VRE should be educated to wash their hands after using the toilet.

17.6 Transfer of Infected or Colonized Patients

Patients that are colonized with MDRO or VRE must not be transferred without prior knowledge of the other center.

17.7 Waste Disposal

- Dispose of aprons/ gloves and incontinence wear in clinical waste bin.
- Soiled linen must be placed in an alginate bag prior to placement in outer bag.
- Other linen treat as normal or keep it soaked in the Disinfectant solution.

17.8 Cleaning Policy

- Separate equipment must be kept for isolation areas.
- Thorough cleaning of all surfaces including bed rails, commodes, bathroom and toilets must be done on a daily basis.
- On discharge of the patient all areas/surfaces of the room must be thoroughly cleaned with disinfectant solution

17. 9 At St Jude:

- The child a with MDRO is re confirmed with file record.



- Parents are informed regarding the child's report child - above 6 years is given a toilet for his personal use but can be shared by his father.
- The parents are responsible for cleaning the toilet after each use with approved Solution.
- Centre manager will hand over the Cleaning solution for toilet cleaning to the parent.
- Similarly, a female child is also given a toilet for personal use along with her parents who will be responsible for cleaning it.
- Seven steps hand wash technique must be followed and insisted upon.
- Unit is frequently done by the parent. A separate duster need be placed

**18. Disinfectant & Antiseptic used in St Jude Childcare Centres:**

SR. No	Name of the solution	Preparation	Direction to use	Remark
1	Domex toilet	Ready to use	Direct nozzle Under the rim then squeeze to Apply, wait for 20 minutes, brush Lightly, then flush with water.	Preparation-as Per manufacturer's instruction
2	Domex floor	2 cups full in a 4 liter Water	To be prepared and kept ready for unit Cleaning. Keep it Closed	Preparation-as Per manufacturer's instruction
3	Hydrogen peroxide 11% w/v with diluted 0.01% silver nitrate solution (Microquelshield)	10% 100 ml Hydrogen peroxide 11% w/v with diluted 0.01% silver nitrate solution + 900 ml water	Fogging	Preparation-as Per manufacturer's instruction
4	Betadine/wok dine(Percentage as Prescribed by Doctor)	10 ml solution in $\frac{1}{2}$ a tub for small Children 10-15 ml for older children in $\frac{3}{4}$ the tub of tap water(as per	Use during Sitz Bath(As per Doctor Written Order)	Preparation-as per Manufacturer's instruction Duration of contact 15 minutes (as per recommendation by



		recommendation by Doctor)		Doctor)
5	Hand Rub	Ready to use To be taken 2 puff on palm	Rub it all over the hands with 7 steps	Do not use with water
6	Hand wash (Liquid Soap)	Take sufficient of Liquid soap on palm	Wet hands, lather, follow 7 steps of Hand wash, rise & dry.	

19 .Daily checklist for the Managers and Supervisors

	Daily cleaning checklist	Date		
	Name and sign. of the Supervisor c/o Manager			
	AREA			
A	Garden			
	Is Garden clean?	Yes	No	Remark
	Entrance			
	Is visibly clean? Feel			
	Walls are clean?			
	Is floor clean?			
	Is ceiling and fan clean and free of cobwebs?			
	Is shoe rack clean? See			
	Did mother take bath following shoe rack cleaning?			



	Ask			
B	KITCHEN			
	Is kitchen visibly clean? See/feel			
	Is the notice displayed for the kitchen timing and general rules to be followed by the users ask/see			
	Did mother wear apron throughout in the kitchen? Observe.			
	Is kitchen kept closed during non-working hours see /ask			
	Are kitchen cabinets cleaned – check randomly /ask			
	Is kitchen cleaned using separate mop -bucket kept for kitchen cleaning only? Check			
	Is dish cloth freshly washed with detergent powder after use and hang on the appropriate hanger? Ask			
	Is left over food and dry waste removed immediately after breakfast and meal times?			
	Is dry and wet garbage kept separate at the source?			
	Is Pure it / filter Mash Clean daily? Batteries checked for its working? See.			
C	DINING HALL			
	Is dining hall is clean? See			
	Is Dining hall scrubbed, cleaned thoroughly thrice after the meal?			
	Are dining tables and chairs are scrubbed at least			



	once a week?			
D	REFRIGERATORS			
	Is there other than required material kept in the fridge? See			
	Is refrigerator clean? See			
	Is Ice bag available in the fridge ?see			
	Is Temperature of the fridge monitored and kept at 0 to 5 degree C ? see			
	Is refrigerator moved to ensure proper cleaning of the space behind and bellow the fridge? Check/see			
E	COMMUNITY AREA			
	Is entrance visibly clean? Feel			
	Check if new photographs, activities placed on board?			
	Update of all the old circulars and telephone list.			
	If sponsorship board dirty, broken, confirm and arrange to replace & Cleaned			
	Are libraries book cleaned from outside with sanitizer? Ask/See			
	Are bean bags cleaned daily? Ask			
	Are monitors, TV, Electric wire on the desk telephone dam dusted daily? See /ask			
	Are first aid box received and check daily? See/Ask			
F	Stair Case			



	Is lift cleaned & damp dusted daily? Ask/See			
	Is stair case cleaned and damp dusted? Ask			
	Is handrail cleaned and damp dusted? See			
G	Dry Area			
	Is emergency escape key available? check the lock for its functions			
	Does the Duster hanger have the same type of cleaning dusters? See			
	Are all mops and cleaning equipment is clean and replaced? See			
	Is area around the dry room clean? see check			
H	HOUSEKEEPING			
	Hk personnel well-groomed and are clean in uniform? See			
	Is their cupboard clean? Check			
	Did HK Perform hand washing technique after completing job, before preparing tea/coffee and offering water to the visitors?			
	Is approved solution prepared in the morning for the days use and topped? see /ask			
	Are all floor mats immersed in the Domex solution for at least 1/2 an hour and then kept for drying? see /check			
	Is thorough wash /bath taken by housekeeping person after bathrooms and toilet cleaning?			
	On discharge is the units deep cleaning done as per the			



Cleaning with Domex solution																		
Bed is clean ,intact and rust free																		
Mattress and pillow with cover are clean , intact and stain free																		
Bed sheet clean , free of stains wrinkles and not torn																		
Cupboard clean ,tidy , rust free																		
Curtain with rod clean ,stain free and intact																		
Soft boards free of dust and with fresh pictures on it																		

20. Daily and Weekly Work Schedule for the House keeping staff

A - Daily cleaning schedule

Daily work schedule for the House keeping

TIME	Nature of Work	Responsibility	Remark
8.30- 9.00	Staircase cleaning at entry area and lift	HK	Making presentable
9.00 - 10.00 am	Dusting all offices and common area Dry moping and Wet moping—1	HK	
10.00- 11.00 am	Kitchen and dining thorough cleaning Garbage clearing-1	HK	
11.00 -11 15	Preparing Tea for staff	HK	



11.15-12.00	Bathrooms and toilets cleaning, floor mops decontamination, cleaning all buckets and mugs	HK	HK has bath after cleaning, change into clean clothes
12-12.30	Follow-up on Weekly cleaning schedule	HK	Supervisor to check
12.30 - 1.00	Cleaning all office and common area after activities Dry mopping ,Wet mopping		

	check fogging machine for cleanliness		
1.00-3.00	LUNCH BREAK 2 batches	HK	In two batches alternate floor Hk
2.00- 3.00	Kitchen and dining thorough cleaning Garbage clearing after lunch-2		
3.00 -4.00	Left over work, mop drying, cleaning		
4.00-4.30	Tea /coffee, Helping for store related work if any	HK	
4.30-5.30	Cleaning all common area and dry room Dry mopping /Wet mopping----3	HK	
5.30- 6.00	Bathrooms and toilets drying, toping solution	HK	Late duty HK
6.00- 700pm	Cleaning the garden and watering	HK	Late duty Hk and Parents



Saturday/ Sunday	Deep cleaning of common Area, toilet, bathroom, kitchen, staircase and lift	HK	Parents ,reliever HK no flooding of Water
	Above all work has to be supervised by the supervisor on duty		
	Cleaning terrace area on rotation		To be supervised by the HK supervisor
	Cleaning escape area staircase in coordination with each other rotation		To be supervised by the HK supervisor
	Doctor's quarters –preparing tea, coffee then cleaning common floor, bathroom and toilets if applicable.		To be supervised by the HK supervisor
	Parents responsibility		
7.00 - 8.00am	Unit cleaning, dry dusting ,cleaning kitchen and dining after breakfast	Parents	
8.00-9.00 am	Cleaning kitchen and dining after dinner	Parent	
8.30.-9.00 Am	Cleaning shoe racks	Mother	Take bath after cleaning shoe rack
9.30 pm	Cleaning and drying kitchen cabinet	Mother	
9.00 pm	Garbage clearing after dinner	Parent	
9.30 pm	Cleaning unit dry and wet moping	Father	
	Checking and locking all the	Monitor	HK will help



	safety doors	- father	
Sunday	Deep cleaning of the unit ,kitchen, dining	Parents	With HK
	Above schedule is prepared to maintain the discipline and time management		

20.1 WEEKLY CLEANING SCHEDULE FOR HOUSEKEEPING

Sr.n o,	Days	Topic	Remark
1	Monday	Washing and cleaning of entrance, staircase and cleaning of lift.	
2	Tuesday	Glass cleans, mirror cleaning of windows and surrounding	
3	Wednesday	Cleaning of soft boards and sponsor frames and unit numbers.	
4	Thursday	Furniture cleaning, cupboards, desk, doors and fans.	
5	Friday	Bath room, toilets, all taps, commodes, basins, Dispensers from outside, all plastic buckets and mugs.	
6	Saturday	Deep cleaning of Kitchen, dining hall ceiling walls dry - mopping, taps cleaning, cabinet/cupboards cleaning with the help of mothers	
7	Sunday	<ul style="list-style-type: none">Remove all mattresses, move the cot in the center empty the racks then attend ceiling, fans, walls, all corners by dry dusting, Deep cleaning of entire	Units with the help of parents



		<p>center area</p> <ul style="list-style-type: none"> • Followed by wet moping in the unit (bring little in front) then replace back with the help of HK • All other furniture (attend corners) in the hallways and utility area followed by wet dusting desk, cupboards, and floor washing in the center; rearrange the rack Orderly. • If applicable - Terrace cleaning needs to be done. 	
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NB;-Weekly cleaning is done by Housekeeping personnel as per the St Jude protocol, under the supervision of center supervisor /managers. Centres can adjust timing as per their requirement.

21 . Toys cleaning Policy

Stationer Toys	Clean with Disinfectant at least once per day when in use & weekly Basis.
Moveable toys	Clean with Disinfectant at least once per day when in use & weekly Basis.
Soft toys	Communal soft toys are not permitted
Toys used in isolation rooms	Sharing with other children is not allowed.
	Soap and water for cleaning visible dirt/soil .wash with soap and water with friction .rinse with the water and dry. And Clean with Disinfectant.



22. Preparation for the discharge

- Doctor at the hospital informs parents about the discharge of the child 2 to 3 days in advance.
- Parent inform the manager regarding the discharge on the same day.
- Manager keeps all the things ready for the discharge like current treatment, future treatment date and date of confirmed ticket.

22.1 On the day of discharge, Manager give education to the family on the followings points:

- Continue cleanliness at home.
- Frequency of medicine to be given to child as per the prescription given by doctor.
- Boiling water for drinking.
- Utensils to be washed once and as and when necessary & boiled once in the morning for the day's use.
- Child's bed should be near the window for sufficient ventilation.
- Child's clothes to be kept and washed separately, not to mix with others.
- Good, nutritious food and fruits at intervals as per dietician's recommendation.
- If the child is going to school, make sure the child doesn't mixed with other children for too long especially with children suffering from cold or cough.
- Environmental cleaning is taken care of by frequently cleaning the rooms, toilet, bathrooms and outside areas.
- Use of Neem leaves smoke, full sleeves clothes for the child in case there are mosquitoes.
- Make sure there is no stagnant water in or around the house. If child gets fever, diarrhea, cough or vomiting is persisting. Take child to nearby doctor immediately.



23. Follow up Schedule with Families after the Child Goes Home

23.1 Follow up instructions and questions to be asked to parents.

- After 15 days of discharge from the center, staff will make a follow-up call to the family.
- They should call on the number provided at the time of admission.
- After confirming the right number / right child, speak to the parents of the child or a close relative.

23.2 Routine Questions to be asked;

- How is the child's health?
- Who all are there at home and how are they?
- Is the family facing any problems?
- Is child taking medication and food properly as explained by the doctor?
- Are cleaning instructions being followed as explained at the center, like hand washing?
- What changes did they make to keep environment clean for their child and family?
- How is toilet cleaning being managed? Is there sufficient water supply? If not how are they managing?
- If the child runs fever do not ignore it. Contact treating doctor and do a blood count (CBC) if possible as advice by Doctor.
- If doctor cannot be contacted request center manager to call the doctor with the information.
- Please take child to nearest hospital immediately if fever, diarrhea, cough or vomiting is persisting.
- Call every two -weeks to check and more frequently if child was unwell
- Ask for any change in telephone/mobile no. or home address. Record the same



24. General Rules of Infection Control

- The staff should be well dressed with their hair nicely combed preferably tied up.
- Staff should avoid wearing full sleeves to work, and if worn, full sleeves should be folded up to elbow when at work, to ease hand washing.
- All staff should be in their uniform all the time.
- Slip-on footwear only in the Cold weather during winter season to all the personnel.
- The sanitary napkins of the staff should be disposed as per guideline.
- The staff should stay away from work, if they are suffering from conjunctivitis or even if they have any kind of discharge from the eyes.
- The staff should wear a mask while on duty, if they have cold or cough. And if it's too much then should stay at home & During Pandemic.
- Any skin infection should be treated immediately and should be considered most urgent. Staff should join in after the infectious stage is over and fitness certificate from the doctor.
- The staff should also avoid coming to work if detected with chicken pox or measles or any other infectious disease. If someone in their house also gets it, they should preferably avoid coming to work or carry spare clothes to work and take a thorough Wash, change into the clean pair of clothes and resume the work. Permission for thorough wash and changing to be obtained from the COO.
- Taking kids on lap, hugging and kissing them are strictly prohibited.
- The housekeeping staff should also be instructed to keep away from the children
- Do not entertain any child/family who is not from St Jude unless you have been asked to do so by the higher authorities.
- The doubts of the patients or families (specially the uneducated) or even their health issues should be dotted down on a paper and should be sent to the doctor along with the family, so it becomes easier for the doctor to understand and help them clear their doubts. The patients often humble in front of the doctor. This also saves the doctor's time. This can be done by any staff.
- It is advisable for the fathers to come back in to the center once bar-code is obtained from the hospital and not wander around as it takes not more than half an hour.



- Throwing of sanitary napkins in the center campus is strictly prohibited.
- Dry and wet garbage should be segregated at source.
- During rainy season the wet umbrellas should be kept in a bucket provided at the entrance.
- During monsoon it is mandatory for the staff to keep one pair of clothes in the center to change into dry.
- St Jude staff, child, parent should not sit on the floor for sessions, activities and food. Make use of the chattais and dhurries.
- Staff should not sit on the floor for receiving and giving laundry.
- Staff, child and parent should comb their hair only in the bathroom area and should pick up the hair and dispose it into the bin.
- St Jude child and family will not sleep on the floor. They should make use of dhurry.
- All the St Jude families will have thorough wash after coming from the hospital and before entering the unit.
- After coming from the hospital, all the St Jude staff will have a thorough wash and change the uniform.
- St Jude staff and families have to try and not lean on the walls while sitting or standing as it leaves imprints of oily heads and sweaty hands.
- The center staff to follow all the infection control practices as per the protocol.
- The children from isolated center will avoid using the play area till the isolation period ends. Indoor activities to be planned for them by the managers.
- Centre staff will not join the housekeeping staff for meals.



25 .FOGGING Policy

25.1 .1SOP on Fogging at St Jude Centres

Instructions before fogging to be followed by the center Managers, Centre officers and center supervisors.

Inform all the families in the center, the purpose of fogging to obtain their co-operation because it is essential to get thorough cleaning (Deep cleaning) of the center before setting fogging.

25.1.2 Pre-Fogging Checklist

- In the unit parents have to remove the bed sheet and put to wash/ laundry.
- Fruit basket is kept in the cupboard.
- All pictures in the unit are bundled and kept in the corner and soft board are exposed.
- Both the mattresses and beds are exposed.
- All the fans are put off in the center.
- All the curtains are removed and put for washing. Close all the windows and ventilators.
- Cover all Electronic equipment.
- Gas burner of all the gas stove nobs is closed.
- Covered refrigerator from behind.
- Exhaust in the kitchen and dining area covered seal with cello tape from inside with the cardboard.
- Parents have closed all the cabinets with food covered.
- All electronic equipment like Telephone T V, keyboard, fire alarm, smoke alarm and switches are covered.
- Toilet Exhaust need to be covered.

25.1.3 Fogging sequence.

- a) Units and hallways
- b) Kitchen and dining area
- c) Bathrooms and toiles



25.1.4 Fogging is a technique.

- This technique used for killing of microorganisms. Which is directed by a blower and vaporized spray
- This process requires fogging machine, extension board and fogging solution.
- By these fogger machines solution is sprayed in the area in form of aerosol.
- The small particles of disinfectant solution suspend in the air for long time and kill all the air borne bacteria, fungus and their spores.
- This is very effective way to control environmental aerosol contamination.
- The recommended ULV (Ultra Low Volume) fogger used for fogging.
- Fogging purpose Hydrogen peroxide 11% w/v with diluted 0.01% silver nitrate solution
- Microquelshield. (Earlier BIONIL) as per disinfectant policy used for better controlling of microbes.
- Fogging is safer activity.

25.1.5 Instruction for use:

- Wear personal protective gears like goggles, plastic apron, mask and gloves before preparing the working solution.
- Prepare Maicroquell Solution as per recommended dilution for different center preferably use tap water for preparing the diluted solution.

25.1.6 Precaution:

- Solution will be irritant to the skin, in case accidental spillage or exposure, wash with plenty of water and obtain medical advice.
- No personnel should enter the room for 60 minutes after the fogging

25.1.7 Operation:

Before stating the Fogging Activity Keep the area under thorough deep manual cleaning. After completion of the activity continuously circulate the air by opening windows and exhaust fans, and center fans

25.1.8 Frequency:

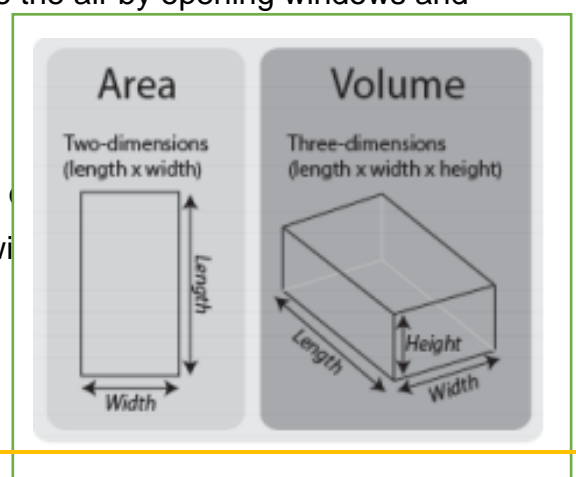
Whenever expose the infectious disease case in the

And Floor wise fogging is done according location with

How to calculate the Area Volume?

Area length x Width X Height.

1000/1500 x100





Amount of Microquelshield. needed for fogging Area Volume (ml)	Dilution Percentage	Preparation of dilution		Uses	Contact Time
		Microquelshield (ml)	Water (ml)		
multiply the length measurement in feet by the width measurement in feet = square feet					
7000	10%	700	6300	Fogging	45 min
6000	10%	600	5400	Fogging	35 min
5000	10%	500	4500	Fogging	30 min
10000	10%	1000	9000	Fogging	1 hrs.
30000	10%	3000	27000	Fogging	3 hrs.
2000	10%	20	1980	Fogging	15 min
3000	10%	300	2700	Fogging	20 min
1000	10%	100	900	Fogging	10 min

Please Note- Follow instruction as per Fogging manufacturer for fogging.

25.2. Cleaning and maintenance of Fogger and Fogging of St Jude Child care Centres

25.2.1. Responsibility

Centre Manager / Center officer / Center Staff

25.2.2. Accountability

Centre manager / Centre officer / House Keeping



25.2.3 Standard operating procedure

- Place the caution board at the entrance
- Close all the windows ventilators and doors
- All fans should be switched OFF before fogging.
- The room should be completely closed without any ventilators open.
- All center area should be thoroughly deep manual cleaned before setting up for fogging
- Use 10% Microquell shield solution for fogging and pour the tap water into the fogger through the auto funnel, till desired Mark on the tank lid
- Place the filter at the air inlet.
- Place the fogger at one corner of the room on the ground keep the angle of the nozzle at 45 degrees with the help of adjustment knobs.
- Connect timer switch and fogger switch to the extension board and time according to the volume of the dilution added.
- Connect the Electrical cord of the extension board to the power supply and then switch on the mains.
- Move out of the room and close the door completely and do not enter the room for minimum 60 minutes after the fogging has completed.
- Switch ON the exhaust and fan not before 60 minutes has completed.
- Record the details as date of fogging done.

25.2.4 Cleaning and maintenance:

- Clean the fogger tank with clean tap water after every fogging operation by removing the tank from the blower.
- After every fogging add tap water 100 ml and then start the machine for 2/3 minutes for cleaning the inner tubes and nozzle to prevent it from getting choked.
- Thoroughly wipe the outer body of the fogger with plain cloth after successive fogging.
- Do not touch the blower head while the fogger is in operation as it gets warmed up.



Dilution and Use Volume of disinfectant solution : As per manufacturers



- Make sure the tank is emptied and dried after each fogging

26 RENOVATION AND MAINTENANCE WORK IN PATIENT CARE AREAS

Purpose

To minimize the risk for acquisition of healthcare associated infections (HAIs) that may result when fungi or bacteria are dispersed into the air via dust or water aerosolization during construction, renovation, or maintenance activities.

The process of determining the potential risk of transmission of various air and waterborne biological contaminants in the facility during construction, renovation, and maintenance activities.

26.1 Pre Infection Control policy for Maintenance activity

- The Center staff / team will ensure that the areas is segregated, traffic flow is minimized to the construction area.
- Major construction all material will be kept closed /away from center to avoid any aerosol contamination.
- Use designated travel route/elevators for all construction related activities if not after each used cleaning will be done.
- Doors and windows within the work zone to remain closed at all times except during ingress/egress.
- Daily cleaning of the work zone area.
- During major work e.g. any work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies. Includes but is not limited to sanding walls, for painting or wall coverings, removing floor coverings, ceiling tiles and millwork, new wall construction, minor ductwork or electrical work above ceilings, major cabling activities , require unit empty .



26.2 Post Infection Control policy for Maintenance activity

- Deep cleaning including ceiling, wall high touch & low touch surface three times if fogging not advice in center.
- After completion of work center will be deep clean and fogging for one time as per availability.

27. Awareness of Heart Attack



A heart attack is also called a myocardial infarction or MI. It occurs when a blood vessel that provides the heart muscle with oxygen becomes blocked, stopping blood flow to a part of the heart.

If treatment is not done right away, part of the heart muscle dies.

The sooner you get help, the less damage you will have to your heart

27.1 Blockage in the blood vessel may occur from:

- Fatty deposits called plaque
- Blood clot
- Spasm in the blood vessel

27.2 Signs of a Heart Attack

- Pain, pressure, tightness, heaviness, squeezing or burning in your chest, arm, jaw, shoulders or neck
- Occurs both during activity and at rest. It lasts for more than 5 minutes or goes away then comes back
- Sweating
- Shortness of breath
- Nausea or vomiting



- Stomach pain or heartburn
- Feeling very tired, dizzy or faint
- Feeling scared or panicked

The first hour after the onset of heart attack is called the golden hour. This concept is extremely important to understand because most deaths and cardiac arrests occur during this period. However, if the person reaches hospital and gets treated within this period s/he can expect near-complete recovery.

27.3 Right away

- If you have any of these signs.
- Sit or lie down until the emergency team arrives.
- Do not drive to the hospital or delay by calling your doctor.
Some people, especially women, may not have chest pain, or they may have very mild signs.
- The more signs you have, the more likely you are having a heart attack.
- If you had a heart attack before, you may have different signs with a second heart attack. Do not ignore your signs.

Call for help quickly to limit damage to your heart

27.4 Care at the Hospital

Tests will be done to see if you had a heart attack and if there was damage to your heart.

You may be in the hospital for a few days. You may be started on medicines and have treatments to improve the blood flow to your heart.

27.5 Discharge Instructions after a heart attack

- Ask about getting into a cardiac rehab program
- Limit your activity for 4 to 6 weeks. Rest each day.
- Increase your activity over time.
- Rest for 1 hour after eating meals and at least 30 minutes after activities such as bathing, showering or shaving.
- Limit stair climbing. Take the stairs slowly.
- Avoid lifting more than 10 pounds or 4.5 kilograms.



- Do not vacuum, mow grass, rake or shovel.
- You may do light house work.
- Go to your follow-up doctor's appointment. Ask your doctor when you can drive and when you can return to work.
- Talk to your doctor about any limits if you plan to travel.
- Sexual activity can be resumed when you are able to walk up 20 stairs without any problems.
- Follow the diet your doctor and dietitian suggest.
- Eat foods that are low in fat.
- Avoid salty foods.
- Weigh yourself each day to check for fluid build-up. Extra fluid makes your heart work harder.
- Call your doctor if you gain 2 to 3 pounds or 1 kilogram overnight.
- Avoid temperatures that are very hot or very cold.
- Do not take hot or cold showers.
- Stay indoors during humid weather or very hot
- Many people feel very sad or have changes in emotions after a heart attack.
- Call your doctor if this gets worse or does not go away in a few weeks.
- Your doctor may give you other instructions to improve your heart health
- Do not smoke or use tobacco products and avoid other people's tobacco smoke.
- Treat high blood pressure if you have it.
- Exercise at least 30 minutes each d



Section II

INFECTIOUS DISEASES

Infectious disease, also known as transmissible disease or communicable disease is illness resulting from an infection, caused by harmful organisms — such as bacteria, viruses, fungi or parasites.

Incubation period - *(time between becoming infected and developing symptoms)*

Infectious period- *(time during which an infected person can transmit the infestation to others)*

28 Chicken pox

28. 1 Chickenpox: Symptoms and causes and prevention:



- An infectious disease causing a mild fever and a rash of itchy inflamed pimples which turn to blisters and then loose scabs. It is caused by the herpes zoster virus and mainly affects children.
- Anyone who hasn't had chickenpox or got the chickenpox vaccine can get the disease. Chickenpox illness usually lasts about 5 to 7 days.
- The classic symptom of chickenpox is a rash that turns into itchy, fluid-filled blisters that eventually turn into scabs.
- The rash may first show up on the face, chest, and back then spread to the rest of the body, including inside the mouth, eyelids, or genital area.
- It usually takes about one week for all the blisters to become scabs.



Other typical symptoms that may begin to appear 1-2 days before rash include:

- Fever
- Tiredness
- Loss of appetite
- Headache

Vaccinated Persons

Some people who have been vaccinated against chickenpox can still get the disease.

However, the symptoms are usually milder with fewer red spots or blisters and mild or no fever.

28.2 Prevention

- The best way to prevent chickenpox is to get the chickenpox vaccine. Children, adolescents, and adults should get two doses of chickenpox vaccine.
- Chickenpox vaccine is very safe and effective at preventing the disease.
- Most people who get the vaccine will not get chickenpox.
- If a vaccinated person does get chickenpox, it is usually mild—with fewer red spots or blisters and mild or no fever.
- The chickenpox vaccine prevents almost all cases of severe disease.
- For people exposed to chickenpox, call a health care provider if the person has never had chickenpox disease and is not vaccinated with the chickenpox vaccine · is pregnant
- Has a weakened immune system caused by disease or medication; for example, ·
People with HIV / AIDS or cancer
 - Patients who have had transplants, and
 - People on chemotherapy, immunosuppressive medications, or long-term use of steroids

28.3 The person is at risk of serious complications:

- less than 1 year-old
- older than 12 years of age
- has a weakened immune system is pregnant, or

Serious complications from chickenpox include

- Bacterial infections of the skin and soft tissues in children including Group A streptococcal infections



- Pneumonia
- Infection or inflammation of the brain (encephalitis, cerebellar ataxia)
- Bleeding problems
- Blood stream infections (sepsis)
- Dehydration

28.4 At St Jude Centres

- Child diagnosed with chicken pox is admitted as per Doctor Advice
Isolation need to be keep away from center.
- Acyclovir, an antiviral medication, is licensed for treatment of chickenpox.
- The medication works best if it is given within the first 24 hours after the rash starts as per doctor's recommendation.
- Temperature record is maintain for all families
- Deep cleaning of the Centre with the help of parents and HK.
- Fogging Centre after thorough cleaning
- Daily cleaning is monitored by the St Jude staff.

29. 1.Measles

29.1.1 What are the measles?

- Measles, or rubella, is a viral infection of the respiratory system. Measles is a very contagious disease that can spread through contact with infected mucus and saliva.
- An infected person can release the infection into the air when they cough or sneeze. Measles virus can live on surfaces for several hours. As the infected particles enter the air and settle on surfaces,
Anyone within close proximity can become infected.
- Drinking from an infected person's glass, or sharing eating utensils with an infected person, increases your risk of infection.
- Measles is a leading cause of death in children.
- Contact a doctor immediately if you suspect measles.





29.1.2 What are the symptoms of measles?

Symptoms of measles generally appear within 14 days of exposure to the virus.

Symptoms include:

- Cough
- Fever
- Red eyes
- Light sensitivity
- Muscle aches
- Runny nose
- Sore throat
- White spots inside the mouth
- A widespread skin rash is a classic sign of measles.
- This rash can last up to seven days and generally appears within the first three to five days of exposure to the virus.
- A measles rash, which appears as red, itchy bumps, commonly develops on the head and slowly spreads to other parts of the body.

29.1.3 Who is at risk for measles?

- Measles primarily occurs in unvaccinated children. Some parents choose not to vaccinate their children for fear that vaccines will have adverse effects on their children.
Most
- Children and adults who receive a measles vaccine do not experience side effects.
- A vitamin A deficiency is also a risk factor for measles.
Children with too little vitamin A in their diets have a higher risk of catching the virus.

29.1.4 Diagnosing measles

- Doctor can confirm measles by examining skin rash and checking for symptoms that are characteristic of the disease,
- Such as white spots in the mouth, fever, cough, and sore throat.
- Doctor may order a blood test to check for the measles virus.



29.1.5 How to treat measles

There is no prescription medication to treat measles. The virus and symptoms typically disappear within two to three weeks. However, doctor may recommend:

- medication to relieve fever and muscle aches
- Rest to help boost your immune system
- Plenty of fluids (six to eight glasses of water a day)
- Humidifier to ease a cough and sore throat
- Vitamin A supplements

29.1.6 Complications associated with measles

It is important to receive a measles vaccine because measles can lead to life-threatening complications, such as pneumonia and inflammation of the brain (encephalitis).

Other complications associated with measles may include:

- Ear infection
- Bronchitis
- Miscarriage or preterm labor
- Decrease in blood platelets
- Blindness
- Severe diarrhea

29.1.7 How to prevent measles

- Immunizations can help prevent a measles outbreak.
- The MMR vaccine is a three-in-one vaccination that can protect you and your children from the measles, mumps, and rubella (German measles).
- Children can receive their first MMR vaccination at 12 months, or sooner if traveling internationally, and their second dose between the ages of 4 and 6. Adults who have never received an immunization can request the vaccine from their doctor.
- If you or a family member contracts the measles virus, limit interaction with others.
- This includes staying home from work and avoiding social activities.
- At St Jude Centres, child diagnosed with measles is admitted into hospital as per Doctors recommendation /Isolation away from center.



- As Per Doctors recommendation Ribavirin medication given to all the children in the center. The medication works best if it is given within the first 24 hours after the rash starts.
- Temperature record is maintain for all families.
- Deep cleaning of the Centre with the help of parents and HK.
- Fogging Centre after thorough deep cleaning manually cleaning.
- Daily cleaning is monitored by the St Jude staff.

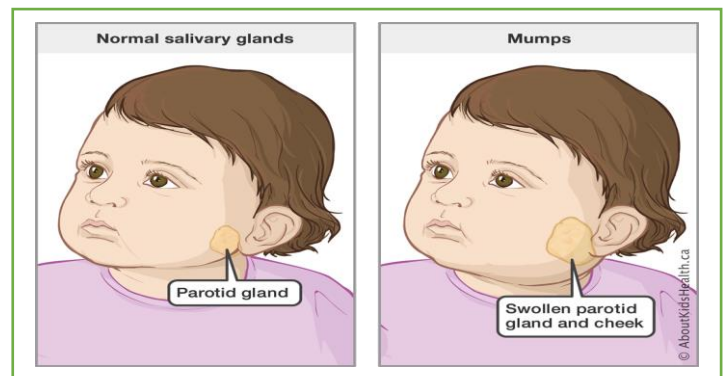
Close watch is kept on the children for fever, rash, cold and cough.

Suspected child is sent to the doctor immediately.

29.2 Mumps

29.2.1 Causes, Diagnosis, and Treatment

- Mumps is an extremely contagious viral infection of the salivary glands that most
- Commonly affects children. The most obvious symptom is swelling of one or both Of the salivary glands on the sides of the face.
- These glands are called the parotid glands, when they swell, the patient develops a "hamster-like" face. Sometimes the mumps virus can also cause inflammation of the testis, ovary, pancreas, or meninges. Once someone has had mumps, they usually become immune to future infections.
- To reduce the spread of mumps, the MMR (measles, mumps, and rubella) vaccine is often given at an early age to help the body become immune to the virus.
- Since the MMR vaccination was brought in, there has been a decrease in mumps cases in the country.





29.2.2 Symptoms of mumps

Mumps most commonly affects the salivary glands

The symptoms of mumps normally appear 2-3 weeks after the patient has been infected.

The main symptom of mumps is painful and swollen parotid (salivary) glands, which cause the person's cheeks to puff out.

Other symptoms of mumps can include:

- Pain in the sides of the face where it is swollen
- Pain experienced when swallowing
- Trouble swallowing
- Feeling tired and weak
- Fever/high temperature
- Headache
- Nausea
- A dry mouth
- Pain in joints
- Reduced appetite

29.2.3 Tests and diagnosis of mumps

- Normally, mumps can be diagnosed by its symptoms alone, especially by examining the
- Facial swelling.
- In addition to examining this area and taking a note of the symptoms, doctor might:
- Check inside the mouth to see the position of the tonsils - when infected with mumps, a person's tonsils can get pushed to the side
- Take the patient's temperature
- Take a sample of blood, urine, or saliva for testing
- Take a sample of CSF (cerebrospinal fluid) from the spine for testing - this is usually only in severe cases.



29.2.4 Treatment for mumps

- Mumps is viral, antibiotics cannot be used to treat it, and at present, there are no anti-viral medications that can treat mumps.
- Current treatment can only help relieve the symptoms until the infection has run its course and the body has built up an immunity, much like a cold.
- In most cases, people recover from mumps within 2 weeks.
- Symptomatic treatment of mumps include:
 - Consuming plenty of fluids, ideally water - avoid fruit juices as they stimulate the production of saliva, which is painful for someone with mumps.
 - Putting something cold on the swollen area to alleviate the pain.
 - Eating mushy or liquid food as chewing will also be painful.
 - Getting sufficient rest and sleep.
 - Gargling warm salt water.
 - Taking painkillers as advised by the doctor.

29.2.5 Prevention of Mumps

- The MMR vaccine prevents mumps, measles, and rubella.
- The mumps vaccine is the best method for preventing mumps; it can come on its own or as part of the MMR vaccine. The MMR vaccine also defends the body from rubella and measles.
- The MMR vaccine is given to an infant when they are just over 1 year old and again, as a booster, just before they start school.
- Anyone born after the 1990s would most probably have been given the MMR vaccine but if unsure it is always advised to check with a doctor.
- An adult can be given the MMR at any age; a doctor may advise someone to take the vaccine before traveling abroad to certain areas of the globe.
- Other reasons someone may be advised to have the MMR vaccine in adulthood is if they are:
 - Working in healthcare e.g. hospital or medical facility
 - Working or attending somewhere with lots of young people, such as a college



- If suffering from cancer or a disease that lowers the immune system, a doctor would need to be consulted before the MMR vaccine is considered.
- Individuals are not advised to have the MMR vaccine if:
- The patient's immune system is seriously compromised
- The patient is pregnant or soon to be pregnant (in the next four weeks)

29.2.6 Preventing the spread of mumps

There are a number of precautions that will help prevent the spread of infection; these are as follows:

- Washing hands with water and soap frequently
- Not going into work/school until 5 days after the symptoms start
- Covering the nose and mouth with a tissue when sneezing or coughing

29.2.7 At St Jude Centres

- Child diagnosed with Mumps is admitted into hospital as per Doctor advice /Isolation away from center
- Ribavirin medication given to all the children in the Center as per doctor recommendation.
- The medication works best if it is given within the first 24 hours after the rash starts.
- Temperature record is maintain for all families.
- Deep cleaning of the Centre with the help of parents and HK.
- Fogging Centre after thorough cleaning.
- Daily cleaning is monitored by the St Jude staff.
- Close watch is kept on the children for fever, rash, cold and cough etiquettes.
- Suspected child is sent to the doctor immediately.

30. Herpes zoster (Shingles)

Shingles is an infection caused by the varicella-zoster virus, which is the same virus That causes chickenpox.

Even after the chickenpox infection is over, the virus may live

In your nervous system for years before reactivating as shingles. Shingles may also be referred to as herpes zoster. This type of viral infection is characterized by a red skin rash that can cause pain and burning. Shingles usually appears as a



stripe of blisters on one side of the body, typically on the torso, neck, or face. Most cases of shingles clear up within two to three weeks.



30.1 Symptoms of Shingles

The first symptoms of shingles are usually pain and burning. The pain is usually on one side of the body and occurs in small patches. A red rash typically follows.

- Rash characteristics include:
- Red patches
- Fluid-filled blisters that break easily
- a rash that wraps around from the spine to the torso
- a rash on the face and ears ,itching

Some people experience symptoms beyond pain and rash with shingles.

These symptoms may include:

- A fever
- Chills
- A headache
- Fatigue
- Muscle weakness

30.2 Diagnosing shingles

Most cases of shingles / herpes can be diagnosed with a physical examination of rashes and blisters. Doctor will also ask questions about your medical history.

Sample of tissue or fluid are sent to a medical laboratory to confirm the presence of the virus.



Shingles is contagious. If person gets infected, following steps must be taken to prevent the spread of the infection, including:

- Keeping rash covered
- Avoiding contact with people who haven't had chickenpox or who have weakened immune systems
- Frequent hand washing

31 .Swine Flu (H1N1)

H1N1 (Swine Flu)

H1N1 flu is also known as swine flu. It's called swine flu because in the past, the people who caught it had direct contact with pigs.

That changed several years ago, when a new virus emerged that spread among people who hadn't been near pigs.

Influenza A (H1N1) virus is the subtype of influenza A virus that was the most common cause of human influenza (flu) It is an Orthomyxo virus that contains the glycoprotein hemagglutinin and neuraminidase.

For this reason, they are described as H1N1, H1N2 etc. depending on the type of H or N antigens they express.

31.1Symptoms of Swine Flu

- Cough
- Fever
- Sore throat
- Respiratory illness to include nasal congestion
- Headache
- Fatigue and chills.

31.2 Clinical Care and Collection of Respiratory Specimen.

A confirmed case of SIV is defined as a person who is experiencing an acute respiratory illness combined with laboratory confirmation of the SIV virus through one of the following tests:

- Real-time RT-PCR
- Viral culture



31.3 Healthcare Worker Recommendations

When interviewing persons who are either suspected of having, or are confirmed with the SIV virus, it is recommended to:

- Keep a distance of at least 6 feet from the ill person; or use
- Personal protective equipment: fit-tested N95 respirator. If this respirator is unavailable, wear a medical surgical mask.
- When collecting respiratory specimens from an ill confirmed or suspected swine influenza A virus case, the following is recommended:
- Wear a fit-tested disposable N95 respirator or a medical-surgical mask, disposable gloves, gown, and goggles.
- When completed, place all PPE in a bio-hazard bag for appropriate disposal
- Wash your hands thoroughly with soap and water.

Controlling Infection

Recommended Infection Control for a non-hospitalized patient

- Separate the person in a single room until the person is asymptomatic.(In St Jude Away from the center isolation)
- If the ill person needs to move to another part of the house, they should wear a face mask.
- The ill person should be encouraged to wash their hands frequently and to follow respiratory hygiene practices.
- Cups and other utensils that have been used by the ill person should be thoroughly washed with soap and water
- Standard, Droplet and Contact precautions for 7 days after illness onset or until symptoms have resolved.
- In addition, personnel should wear N95 respirators when entering the patient room.

31.4 Treatment with Antivirals

Treating either confirmed or suspected cases of swine flu with antivirals.

During any outbreaks of swine flu. These actions include:



- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Try to avoid close contact with sick people.
- Preparedness and stockpiling may be needed if an illness is near or in your area.
- Social distancing is implemented to reduce the spread of the illness. Social distancing may be used to prevent large crowds of people from gathering.
- For example, schools and shopping Centres may be closed; sporting events or other special events may be canceled in order to protect the community from spreading illness.

32 Conjunctivitis:

Conjunctivitis, also known as pinkeye, is an inflammation of the conjunctiva.

The conjunctiva is the thin clear tissue that lies over the white part of the eye and lines the inside of the eyelid.

32.1 Signs and symptoms-

- Redness in the white of the eye or inner eye
- Increased amount of tears
- Thick yellow discharge that crusts over the eyelashes, especially after sleep
- Green or white discharge from the eye
- Itchy eyes
- Burning eyes
- Blurred vision ,Increased sensitivity to light



32.2 Prevention:

At St Jude you explain the families –

- The patient will remain in isolation out of the center, till the eyes are fully clear.



- Sore eye infections are highly infectious, spread by direct contact with infected Person.
- Contact your health care provider or an eye exam immediately.
- Maintaining good personal hygiene is the key to prevent the spread of infection.
- Avoid contact with people who have conjunctives.
- Disinfect household's surfaces, with approved solution.
- Keep your fingers away from your eyes.
- Avoid rubbing the eyes.
- Wash your hands often
- Wash your pillow cases every day
- Do not share your hand towel, bath towel ,eye drops and ointment
- Take care of your contact lenses correctly if any
- They should remain away from center till the eyes are fully clear
- Change your pillow cover every day.

33 Scabies

33.1 Infectious period- (time during which an infected person can transmit the infestation to others)

Until the mites and eggs are destroyed by treatment.

People can be infectious even before the itching begins.

33.2 What is scabies?

What causes a scabies infestation?

When mites have been transmitted from animals (such as dogs) to people, the mites are commonly found on areas of skin having contact with the animal, including forearms, chest and neck.

However, mites from animals cannot breed on humans, so do not cause on going infestation.

Scabies mites cause intense itching, especially at night. Thread-like 'tunnels', Scabies infection may appear on the genitals as small itchy lumps.



33.3 Is scabies contagious? – Yes, highly contagious.

33.4 How scabies is spread?

Scabies is usually transmitted by direct skin-to-skin contact, or rarely, by underwear or bed clothes that have been freshly contaminated by an infected person. The mites can survive for only a few days off the human or animal body.

33.5 Signs and symptoms

Scabies rash is found:

- Between the fingers (see images).
- On the front of the wrists.
- In the folds of the elbows, armpits and buttocks.
- Genitals.
- Itching begins 2 to 6 weeks after infestation in individuals not previously exposed to Scabies and within 1 to 5 days in individuals previously exposed.



33.6 Diagnosis

Scabies and other mites that cause skin disease are diagnosed by examining skin scrapings with a microscope.



33.7 Treatment

- Skin disease caused by mites can easily be confused with other skin diseases.
- Treatment should not be undertaken until the diagnosis has been confirmed by a doctor, following examination of skin scrapings for mites.
- This is particularly important for babies, pregnant women or people who already have other forms of skin disease.
- Babies under 12 months of age need special treatment.

33.8 Prevention

- Exclude people with scabies from childcare, preschool, school and work until one day after treatment commences.
- All close (skin-to-skin) contacts and other people in the same household should be treated at the same time, even if no itching or other symptoms are present. By the time scabies is diagnosed in one person, many other people may have been infested.
- If everyone is not treated at the same time, treatment is likely to be unsuccessful.
- Underwear, clothing, towels, bed linen and personal effects such as slippers, bed jackets, dressing gowns and knee rugs used by the affected person in the 72 hours prior to treatment should be sent to the laundry.
- If child is with scabies, check / ask both parent for having similar rash on their body, if so then send all of them at same time for checkup and to get treatment started together.



34. Dengue

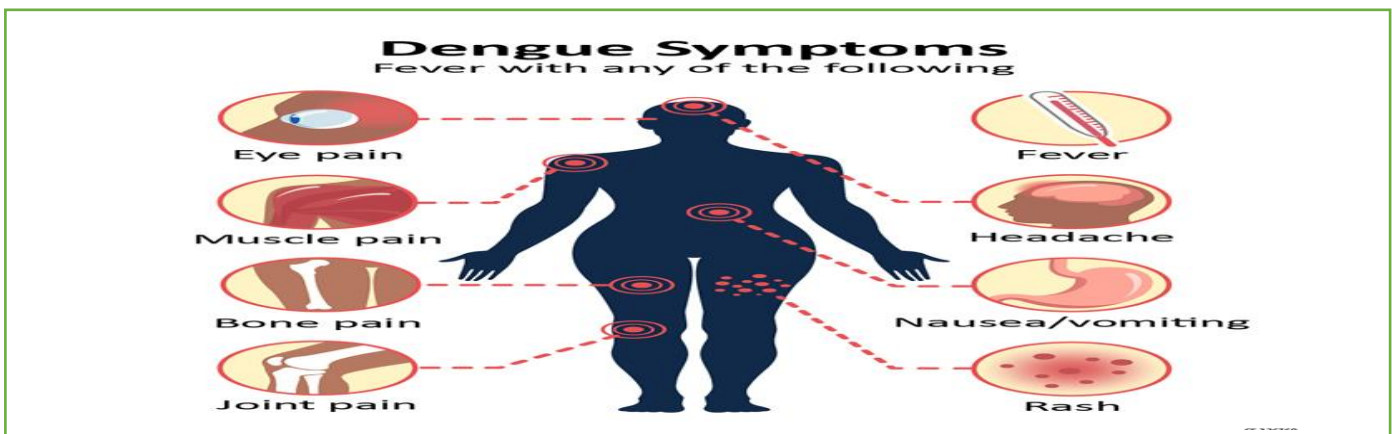
Dengue viruses are spread to people through the bite of an infected Aedes species

34.1 Causes:

This viral diseases transmitted to human bodies through the bite of female Aedes mosquitoes and from an infected human to another, in cases of blood transfusion.

34.2 Symptoms

The patient suffers from fever for the initial three-four



Retro-orbital pain i.e. pain behind the eyes is also common.

In acute cases, decreased urine output, respiratory difficulties and increased bleeding Tendencies also accompany the usual symptoms.

Nausea and vomiting

Nausea and vomiting are symptoms of a disease or condition.

The underlying cause of the illness causing nausea and vomiting should be identified and treated.

Nausea and vomiting symptom control is important both for comfort's sake and to prevent dehydration.

34.3 Complications

- Hemorrhages
- Dengue can cause internal bleeding.
- Myalgia get muscle pains when you contract dengue



- Abdominal pain, Hemorrhage in the abdomen along with other conditions can also cause severe abdominal pain.
- Unbearable headache is a common characteristic of dengue hemorrhagic fever. Debilitating headaches also transmit to the eye, neck and shoulders.
- Fluid accumulation in the liver
- It is a serious complication as it can lead to liver failure if left untreated.

34.4 Treatment

- Dengue is viral diseases and do not have treatment drugs as such.
- “The treatment for dengue is symptomatic.
- Dengue patients are given paracetamol for the fever to subside, but not in the first three days.
- The patients are prone to dehydration and therefore, are advised to increase their intake of fluids.

34.5 Prevention

- Avoid getting bitten by mosquitoes, because there are no medical ways or vaccines to avoid prevention of these diseases.
- Wear clothes that cover you fully and apply mosquito-repellent creams

IF RECOMMENDED BY THE DOCTORS.

- Use of camphor OR neem oil smoke as repellent.
- This can also be applied on the open area of the skin as home remedies.
- Cleaning all horizontal surfaces and floor by full white vinegar at least once a day during outbreak of dengue cases.
- As a community, to prevent such diseases, ensures that there is no water stagnation in the surroundings, because they become excellent breeding grounds for mosquitoes.
- In the Centre, remove all old plastic bottles and replace all dirty, old dusters and mops with new ones.
- Make sure that your living area and surroundings are hygienic and clean.
- Change the water in room coolers at least once a week.
- Inform to local authority for further action.



35 .Malaria

Malaria is a serious, sometimes fatal, disease spread by mosquitoes and caused by a parasite.

Malaria was a significant health risk.

The illness presents with flu-like symptoms that include high fever and chills.

35.1 Is malaria contagious?

- Malaria is not spread from person to person (except in pregnancy) but can be spread in certain circumstances without a mosquito.
- This occurs rarely and is usually found in a transmission from the mother to the unborn child (congenital malaria), by blood transfusions, or when intravenous-drug users share needles.

35.2 What is the incubation period for malaria?

Following the mosquito bite, there is about a seven- to 30-day period before symptoms appear (incubation period). *P. falciparum* usually has a short incubation period.

35.3 What are malaria symptoms and signs?

Malaria has a wide spectrum of symptoms.

After the bite by the infected mosquito occurs, it can take between seven and 30 days (average is seven to 15 days) before symptoms start (incubation period).

Malaria is classified as uncomplicated or complicated (severe).

The most common symptoms are

- Fever and chills,
- Headaches
- Weakness
- **Nausea and vomiting**

Nausea and vomiting are symptoms of a disease or condition. The underlying cause of the illness causing nausea and vomiting should be identified and treated.

Nausea and vomiting symptom control is important both for comfort's sake and to prevent dehydration.



35.4 Complications

This occurs when different body systems are affected by malaria.

- Severe anemia (due to destruction of red blood cells)
- Kidney failure
- Cerebral malaria -- seizures, unconsciousness, abnormal behavior, or confusion
- Cardiovascular collapse
- Low blood sugar (in pregnant women after treatment with quinine)

35.5 Diagnose malaria:

- The definite diagnosis is made by looking at the blood of an infected patient under the
- Microscope (blood smear) and identifying the presence of the parasite.

- Rapid diagnostic tests (antigen tests) are available that can give the diagnosis in a few minutes.

- It is recommended that a positive test is followed with a blood smear examination

35.6 Treatment for malaria

Anti-malarial drugs like chloroquine and artemisinin are available and symptomatic treatment for pain and fever.

35.7 Prevention

These preventive measures should include the following:

- Sleeping under bed nets: These should cover all of the bed down to the floor.
- These nets are- Avoid getting bitten by mosquitoes, because there are no medical ways or vaccines to avoid prevention of these diseases.
- Wear clothes that cover you fully and apply mosquito-repellent creams

IF RECOMMENDED BY THE DOCTORS

- Use of camphor in neem oil smoke can be used as repellent.
- This can also be applied on the open area of the skin as recommended by doctor.
- Cleaning all horizontal surfaces and floor two tea spoon full white vinegar helps control mosquitoes during outbreak of malaria.



- As a community, to prevent such diseases, ensure that there is no water stagnation in the surroundings, because they become excellent breeding grounds for mosquitoes.
- Also, make sure that your living area and surroundings are hygienic and clean.
- Change the water in room coolers at least once a week.
- In the Centre, remove all old plastic bottles and replace all dirty, old dusters and mops with new ones.

36. Pulmonary and Extra pulmonary tuberculosis

It is for patients known or suspected to be infected with infectious agents transmitted person- to-person by the airborne route (e.g., M tuberculosis, Measles, Chicken pox, disseminated herpes zoster)

Tuberculosis (TB) is an infectious disease that typically affects the lungs, though it can also involve other body parts.

36.1 Pulmonary TB

When it affects the lungs, it's called pulmonary TB.

Pulmonary TB is **caused by the bacterium Mycobacterium tuberculosis** (M tuberculosis). TB is contagious.

This means the bacteria are easily spread from an infected person to someone else.

Pulmonary TB is curable with an early diagnosis and antibiotic treatment.

36.1.1 Sign & symptoms

- cough up phlegm
- Cough up blood
- have a consistent fever , including low-grade fevers
- have night sweat
- have chest pains
- have unexplained weight loss



T B is airborne, which means you can become infected with *M. tuberculosis* after breathing air exhaled by someone with tuberculosis. This can be air from:

- coughing
- sneezing

The germs can stay in the air for several hours. It's possible to inhale them even when the infected person isn't in the room. But usually you have to be close to someone with TB for a long period of time to catch it.

36.1.2 .Diagnosis

- a physical exam to check for fluid in lungs
- medical history
- chest X-ray
- Direct sputum smear microscopy(cough and produce sputum up to three separate times)
- order a medical test to confirm pulmonary TB

Most common TB drugs

The most common medications used to treat tuberculosis include as per doctor recommendation

- Isoniazid
- Rifampin (Rifadin, Rimactane)
- Ethambutol (Myambutol)
- Pyrazinamide

36.1.3 How to prevent Pulmonary TB

- Provide education on preventing TB like cough etiquette.
- Avoid extended close contact with someone who has TB.
- Air out rooms regularly.
- Cover your face with a mask that is approved for protection against TB.



36.1.4 Precaution at St Jude Center

- Child diagnosed with Pulmonary TB is admitted into hospital as per Doctor advice /Isolation away from the center
- Deep cleaning of the Centre with the help of parents and HK.
- Fogging Centre after thorough cleaning.
- Suspected child is sent to the doctor immediately.

Extra pulmonary TB (EPTB) is TB outside the lungs.

EPTB includes lymphadenitis (often cervical), pleuritic, and meningitis, abdominal TB including peritonitis, skeletal TB such as Pott disease (spine), and genitourinary (renal) TB.

36.2 The most common forms of extra pulmonary TB are:

- Lymph node TB. This is the most common form of extra pulmonary TB. ...
- Pleural TB. Pleural TB is TB of the thin skin surrounding the lungs. ...
- TB of the bone and the joint. ...
- TB of the central nervous system. ...
- TB of other places.

36.3 What causes extra pulmonary tuberculosis?

Extra pulmonary tuberculosis (EPTB) is an infectious disease caused by **Mycobacterium tuberculosis** that occurs in organ systems other than the lungs.

Epidemiologic risk factors include birth in high TB-prevalent countries, exposure at place of residence/work in an institutional setting, and homelessness

36.4 What are the symptoms of extra pulmonary tuberculosis?

Symptoms include

- fever,
- chills,
- weakness,
- Malaise, and often progressive dyspnea.



- Intermittent dissemination of tubercle bacilli may lead to a prolonged fever of unknown origin (FUO).
- Bone marrow involvement may cause anemia, thrombocytopenia, or a leukemoid reaction.

36.5 Diagnosis of Extra pulmonary TB

- Acid-fast staining, microscopic analysis, and mycobacterial culture of fluid and tissue samples, and, when available, nucleic acid–based testing
- Chest x-ray
- Tuberculin skin testing (TST) or interferon-gamma release assay (IGRA)

36.6 TB outside of the lung is called extra pulmonary TB.

It can also be categorized as being either active or latent.

- **Active TB is contagious and causes symptoms**
- **Latent TB, on the other hand, doesn't cause symptoms and isn't contagious**

36.7 How can extra pulmonary tuberculosis be prevented?

- EPTB is generally not associated with person-to-person spread.
- Prevention is the key to stop its transmission.
- It consists of early diagnosis and treatment of active TB to stop infectiousness, the prevention of active disease in latently infected individuals and vaccination.



Section III

BASIC FIRST AID

37 What is First Aid?

First aid is the assistance given to any person suffering a sudden illness or injury, with care provided to preserve life, prevent the condition from worsening, or to promote recovery. It includes initial intervention in a serious condition prior to professional medical help being available.

First aid is generally performed by the layperson, with many people trained in providing basic levels of first aid, and others willing to do so from acquired knowledge.

List of First Aid Box

Sr. No.	Name of items	Quantity	Date of Expiry material
1	Sterile Cotton Bandage 2',4'	1 each	
2	Band aid	5	
3	Sterile Gauze piece 2.5' & 5'	1 each	
4	Sterile Gamgee pad	1	
5	Sterile cotton small	1	
6	Micro pore 2'	1	



7	Sterile Gloves 6.5 & 7	Pair each	
8	Dettol Antiseptic liquid	1	
9	Soframycin Skin cream	1	
10	Burnol cream (Small)	1	
11	Alcohol swab	1	
12	Relispray small	1	
13	Normal saline 100 ml	1	
14	Arm sling	1	
15	Safety pins big	2	
16	Scissor	1	
17	Tweezers	1	
18	Digital thermometer	1	
19	Oximeter	1	
20	Torch with batteries small	1	
21	Small diary to write usage	1	



37.1 Universal Precautions and Personal Protective Equipment (PPE)

- Universal Precautions also known as Standard Precautions is a way to limit the spread of disease by preventing contact with blood borne pathogens.
- Blood borne pathogens include but are not limited to: Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).
- To follow Universal Precautions correctly means whether or not you think a victim's blood or body fluid is infected, you act as if it is. All blood and body fluids are considered hazardous material and should be treated as if infectious.

37.2 To reduce the risk of infections:

- Wear disposable gloves when giving first aid.
- Remove gloves properly –without touching the bare skin, grasp the inside palm of your
- Gloves with the fingers of the opposite hand and pull gloves off inside out –repeat with 2ndhand and dispose of gloves in an appropriate manner.
- Clean hands with an alcohol based hand sanitizer. If not available, wash well with soap and water Remove gloves properly –without touching the bare skin, grasp the inside palm of gloves with the fingers of the opposite hand and pull gloves off inside out –repeat with 2ndhand and dispose of gloves in an appropriate manner.

37.3 Basic First Aid Instructions Minor Wounds

- Minor wounds include abrasions, lacerations, punctures and incisions.
- The most significant issues to consider with any open wound are control of bleeding and infection

Signs and symptoms

- Break, cut or opening in the skin
- Bleeding –may be minor, moderate or severe
- Bruising and pain
- Infection
- Progressing shock
- If bleeding, apply direct pressure with a clean cloth or absorbent pad
- Cover area with an adhesive bandage or gauze wrap



Minor wound

- Wash area with tap water and clean until there appears to be no foreign matter in the wound apply thin layer of antiseptic ointment Cover area with an adhesive bandage or gauze wrap

37.4 Crush Injury:

- Occurs when a body part is subjected to a high degree of force or pressure. Example: smashed fingers in door.

Signs and Symptoms:

- Pain and swelling
- Discoloration: new bruising will be dark purple / older bruising will fade to greenish yellow

First Aid:

- Apply ice to injury to reduce pain, bleeding and swelling
- To prevent frost bite to the injured area, place a thin towel or cloth between the skin and ice.
- Limit ice application to 20 minutes on, 20 off
- Wash area with water and clean until there appears to be no foreign matter in the wound apply thin layer of antiseptic ointment
- Cover area with an adhesive bandage or gauze wrap.

37.5 Bruises

- Caused by broken blood vessels leaking blood under the skin.
- Bruising can be minimal or large and severe.

Signs and Symptoms:

- Pain and swelling
- Discoloration and sometimes deformity



First Aid:

- Apply ice just as you would with bruising injury
- If pain is severe and does not lessen with ice or there is decrease sensation paleness in the affected area, seek emergency medical
- Wash area with tap water and clean until there appears to be no foreign matter in the wound
- Apply thin layer of antiseptic ointment
- Cover area with an adhesive bandage or gauze wrap.

37.6 If Severe bleeding

First Aid:

- Help person lie on their back.
- Keep victim lying flat with feet slightly elevated if possible.
- Cover person to keep them warm, but prevent overheating.
- If not responding, not breathing Shift the victim to the hospital immediately.

Child Choking: Severe

Airway Blockage. **Victim is responsive:**

Quickly ask, "Are you choking?"

If the victim nods yes, or is unable to talk speak or cough

Act quickly

- If foreign body is visible in the mouth but the finger in the mouth from the side and remove it.
- Take care not to push it further down the throat.
- Stand behind the victim-Make a fist and place the thumb side of that hand against the victim's abdomen, just above the navel and below the ribs. Grasp fist with the other hand.
- Quickly thrust inward and upward into the abdomen- Repeat
- thrusts until object is expelled or victim becomes unresponsive,
- Place the victim in left lateral position with head low

Shift the victim to the hospital immediately.



38 Burns: Minor / Major

38.1 Types of burns

- a) Thermal burns are caused by sun, fire, hot liquids or objects and sometimes hot gases.
- b) Chemical burns are caused by contact with wet or dry chemicals.
- c) Electrical burns are caused by contact with electrical wires, current, or lightning.
 - Burns on the face, hands, feet, and genitals can be particularly serious.
 - Burns can cause tremendous damage to the body.
 - They can cause extreme pain, scarring, massive infection, organ failure, and even death.

A rescuer's highest priority is personal safety.

- If a victim is on fire, tell him/her to STOP, DROP, and ROLL.
- If a victim is in contact with electricity DO NOT TOUCH them until the source of electricity
Has been shut off.

38.2 Signs and Symptoms:

- Pain,
- Redness
- Swelling,
- Blisters

First Aid:

- Expose the burn
- Cool burns with cold water and continue until pain lessens
- After cooling, cover with a dry, sterile bandage or clean dressing
- Protect from friction /pressure
- DO NOT pop blisters or apply any ointment or other substance
- Seek for medical help immediately if burn is deep, moderate and large



39 Bites and Stings

- Bites and stings that could require first aid care can occur from a wide variety of sources.
- Most only cause minor discomfort and can easily be treated by a first aid provider.
- However bites and stings from venomous snakes, insects or animals can cause intense pain and swelling. Bites from humans and animals such as dogs, cats, bats etc. can cause severe injury and infection, including tetanus and rabies.
- Some people have severe allergic reactions to bites or stings that can be life threatening.

In these cases, the most important first aid measure is rapid access to advanced emergency medical care.

39.1 General Signs and Symptoms associated with bites and stings:

- Redness
- Swelling
- Pain
- Itching
- Nausea
- Problems breathing

39.2 General First Aid for bites and stings:

- Remove jewelry and constrictive clothing
- Wash the area with soap and clean water
- Cover the area with an adhesive bandage or gauze wrap
- Apply ice if needed to reduce pain and swelling



40. Eye Injuries

- Eye injuries can range from minor irritations to severe and sight threatening.
- Injuries are frequently caused by objects in the eye, burns, and blunt force injuries.
- Any of these conditions or situations can lead to permanent loss of vision.

40 .1 what can you do to prevent an eye injury?

Wear protective eyewear during risky activities.

- Wear safety glasses with side shields anytime you might be exposed to flying particles, objects or dust.
- Wear goggles when exposed to chemicals —even if you're just a bystander.
- Protective eyewear counts during sports, too. Any sport featuring a ball, racket or flying object poses a potential risk of eye injury.

40 .2 Take caution with chemicals and cleaners.

- Carefully read the labels of chemicals and household cleaning supplies,
- Such as bleach, before using.
- Don't mix products.
- Keep all chemicals and sprays in safe areas.

40.3 Signs and Symptoms

- Pain, redness, stinging
- Burning, itching
- Bleeding/bruising in or around eyes
- Sensitivity to light
- Decreased or double vision
- Loss of vision
- Something actually visibly stuck in eye

40 .4 First Aid Interventions:

- Rinse eye with saline solution or tap water if saline is not available.
- Do not try to remove object.
- Do not allow the victim to rub or apply pressure to the injured eye.



- Cover the eye lightly with a gauze pad or clean cloth.
- Seek medical attention.

40.5 Nose bleeds

- Most nosebleeds are not serious and can be handled by a first aid responder.
- Most will stop on their own or with simple first aid actions.
- In some cases nosebleeds can indicate a more serious condition which may require
- Ongoing medical attention.
- If the nose bleed is related to an injury, the victim should be assisted in finding medical
- Assistance urgently.
- Some people may be taking medications that make them more prone to bleeding.
- These people should also seek care urgently.

Signs and symptoms to monitor:

Bleeding from one or both nostrils.

Bleeding in the back of the throat, causing the victim to vomit blood.

First Aid Interventions:

Sit upright and lean forward.

By remaining upright, you reduce blood pressure in the Veins of your nose. This discourages further bleeding.

Sitting forward will help you avoid Swallowing blood, which can irritate your stomach. Have the victim spit out blood that collects in the back of the throat or mouth.

Pinch the nose firmly. Use your thumb and index finger to pinch your nostrils shut.

Breathe through your mouth. Continue to pinch for five to 10 minutes. Pinching sends Pressure to the bleeding point on the nasal septum and often stops the flow of blood.

To prevent re-bleeding: don't pick or blow your nose and don't bend down for several hours after the bleeding episode. During this time remember to keep your head higher than the level of your heart.



41. Diabetic Emergency

- Diabetes is a lifelong medical condition where the body cannot produce enough insulin.
- Insulin is a chemical made by the pancreas (a gland behind the stomach), which regulates the blood sugar (glucose) level in the body.
- Normally our bodies automatically keep the right blood sugar levels, but for someone
- With diabetes their body can't. Instead, they have to control the blood sugar level themselves by monitoring what they eat, and taking insulin injections or pills.
- There are two types of diabetes: Type1, or insulin-dependent diabetes, and
- Type 2, -also known as non-insulin-dependent diabetes.
- Sometimes people who have diabetes may have a diabetic emergency, where their blood
- Sugar becomes either too high or too low. Both conditions are potentially serious and may need treatment in hospital.

41.1 Hyperglycemia

- Too little insulin can cause high blood sugar (hyperglycemia).
- If it's not treated and gets worse, the person can gradually become unresponsive
- (Going into a diabetic coma). So it's important to get them to see a doctor in case they need emergency treatment.

41.2 Hypoglycemia

- Too much insulin can cause low blood sugar or hypoglycemia (hypo).
- This often happens when someone with diabetes misses a meal or does too much exercise.
- It can also happen after someone has had an epileptic seizure or has been binge drinking.

If someone knows they are diabetic, they may recognize the start of a hypo attack, but without help they may quickly become weak and unresponsive.

What to look for - Diabetic emergency

If you think someone is having a diabetic emergency, you need to check against the



Symptoms listed below to decide if their blood sugar is too high or too low.

High blood sugar (hyperglycemia)

- Warm, dry skin
- Rapid pulse and breathing Fruity sweet breath
- Really thirsty
- Drowsiness, leading to unresponsiveness if not treated

Low blood sugar (hypoglycemia)

- Weakness, faintness or hunger
- Confusion and irrational behavior
- Sweating with cold, clammy skin , Rapid pulse Trembling
- Deteriorating level of response
- Medical warning bracelet or necklace and glucose gel or sweets
- Medication such as an insulin pen or tablets and a glucose testing kit

What you need to do – for high blood sugar (hyperglycemia)

Call medical help/ take the victim to the hospital straight away

While you wait for help to arrive, keep checking their breathing, pulse and level of response.

41.3 What you need to do – for low blood sugar (hypoglycemia)

- Help the victim sit down.
- If the victim have their own glucose gel, help him/her take it.
- If not, you need to give them something sugary like fruit juice, a fizzy drink, three teaspoons of sugar, or sugary sweets.
- If the victim improves quickly, give them more sugary food or drink and let them rest.
- If the victim have his/her glucose testing kit with them, help them use it to check their glucose level. Stay with them until they feel completely better.
- If victim do not improve quickly, look for any other causes and then call for medical help.
- While waiting, keep checking responsiveness, breathing and pulse (chest movements).



What you need to do –

If you're unsure whether victim's blood sugar is high or low

- If you're not sure whether someone has high or low blood sugar, give him/her something Sugary.
- Anyway, as this will quickly relieve low blood sugar and is unlikely to do harm in cases of high blood sugar, if the victim doesn't improve quickly, shift the victim to the hospital immediately.

Issued on 16 March 2020

42. COVID -19

42.1 Objectives -

To provide Case Definition for Suspected & confirmed COVID 19

- To provide a protocol on the practical steps to deal with COVID-19 cases
- To detail the measures necessary to protect Child, Families & St Jude staff.

42.2 Introduction to SARS –Cov-2

- Corona virus is a large family of viruses that cause illness in humans and animals
- In people, CoV can cause illness ranging in severity from the common cold to SARS.
- SARS COV2 is one of seven types of known human corona viruses.
- SARS COV2 like the MERS and SARS corona viruses, likely evolved from a virus previously found in animals.
- The estimated incubation period is unknown and currently considered to be up to 14 days.
- Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus
- **Coronavirus disease 2019 (COVID-19)** is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
- The disease was first identified in 2019 in Wuhan, Central China, and has since spread globally, resulting in the 2019–20 coronavirus pandemic.

42.3 Symptoms of COVID-19

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

42.4 COVID-19 Symptoms Protocol

- All Centres to identify and tie up with a Pathology lab authorized to conduct tests for COVID -19.
- Centres to request partner doctors to provide a prescription for testing.
- All Centres to maintain and update inventory of gloves, masks, sanitizer on a weekly basis.
- All families, staff, outsourced staff present in the center should be checked for Fever, Cough, and Breathlessness thrice a day using non-contact thermometers.
- In absence of center staff, Parent monitor should follow the process of symptoms checking.
- In case the center is being monitored remotely, Staff should update the online tracker in the format specified.
- If any resident, colleague exhibits symptoms of COVID -19, the staff / parent monitor to inform the Centre Manager / Resident Manager / COO as the case may be.
- The manager should follow the SOP circulated with regard to Suspected or Positive cases at the Centres



Safety measures to be followed by all staff available in the Centres

- Staff to inform the Senior staff/ Resident Manager / COO in case they are suffering from blood pressure, hypertension, diabetes, are pregnant; if any of their family members are showing symptoms of cold, cough, sore throat; if their family member is a government employee with exposure to possible positive cases or using public transport during this active pandemic stage.
- Staff should stay home if any symptoms are exhibited by their family members or themselves. Such staff can resume duties only after producing 'Test reports'/ Medical certificate.
- Staff should wear St. Jude lab coat at all times inside the Centres.
- Staff should wear Mask and Gloves in the center and during commute. Staff should carry extra masks.
- All staff to be checked for COVID-19 symptoms before entering the Centres.
- Staff should wear gloves while handling ration packages or donations received, in cash or kind all cash donations received should be placed in a separate box/ sealed plastic bag for 12 hours before touching the cash.
- Staff should follow Hand washing with soap at regular intervals.
- Each center should have required stock of PPEs, Masks, Gloves, Sanitizers and other cleaning material.
- Centre staff should not move across different Centres

42.5 Policy for Admissions

42.5.1 Criteria for New Admission

- No new admissions will be considered during the pandemic stage.
- Request for New admissions by treating doctor will be assessed and admissions will be given on need basis.
- Data of interviews to be maintained in the location 'Waitlist'.
- The potential admission should fit into our basic admission criteria mentioned below.
 1. Unable to afford housing and who live on the footpaths and generally in very poor conditions
 2. Must be a registered patient of the hospital.
 3. Treating doctor's reference before finalizing the admission.



4. Girl child to be given preference.
 5. Age at the time of admission should be below 15yrs.
 6. Patients with good prognosis (70%).
 7. Willingness to follow vegetarian diet.
- All new admissions to be housed outside the Centres in guest houses or isolation Centres for **14 days**.
 - For this, a list of possible guest houses, hotels should be kept ready at every location.
 - Children who have been in hospital for a continuous stay of more than 14 preceding days and are moving in to the center directly from the hospital, do not require to be moved to a guest house or isolation center unless they have symptoms of cold, cough, sore throat.
 - Centre staff / Occupancy team to monitor health status of all family members, in person or on call.
 - Assign a buddy family to the new admission for better integration.
 - Induction counselling to be done using online services.
 - All family members to be tested for COVID 19 before being moved from the guest house or isolation center to the center.

Protocol to be followed post cooling period

When Family Tests Positive for COVID-19

- Admission should then be cancelled. Partner hospital, guest house and local authorities should be informed without any delay.

When Family Tests Negative for COVID-19

- St. Jude's vehicle should bring the family to the center from the alternate accommodation.
- Staff / Security / Parent monitor to ensure decontamination of luggage and family members is done before entering the Centres.
- A 'buddy family' should be assigned to help the new admission assimilate in the center.
- Rules – regulation induction should be done for staff either in person or on video call. Centres must have a laminated copy of Rules and Regulations on the common area soft board. Family could be asked to refer the same copy during induction.



- Family should be inducted by a counsellor preferably the same week.
- One-month confirmation/ family evaluation will be done by center staff over video calls if not available in the Centres. The month will begin from the family's admission in the center.
- The soft copies of the documents such as Adhaar card of all three members, Hospital registration / file photo, Rapid test result and photos of all family members to be uploaded on MIS as a part of protocol.
- Since physical documentation may not always be possible. The physical copies can be procured later when required.

42.5.2. Guidelines for discharging patients from the Centres

Prior to the discharge

- Centre should intimate the Occupancy team of the potential/confirmed discharges.
- Hospital files should be checked by the center staff in person or on video call. (Family can be requested to send photos of the file)
- Ticket confirmation should be taken from family and verified.
- In cases of first time discharges, Exit counselling should be arranged. Video call should be arranged if the lock down continues to the date.

On the day of discharge

- Inventory should be checked by the staff. If a parent monitor is assigned by the Centre Manager, the staff will supervise the process via video call.
- Family should thoroughly decontaminate linen, utensils and unit before exiting the center.
- Centre staff should remain in contact with the family.
- MIS should be updated with relevant details.
- Family to be provided adequate masks for the journey.



42.6 Centre Schedule

Families to strictly not move across Centres

42.6.1. Guidelines for usage of kitchen

- Advisable to split the families in each center into two batches. The composition of the batch to be constant till any family is discharged.
- Kitchen schedule to be staggered across locations to avoid overcrowding. 50% units should be allowed to cook at a time. For example, in a center of 12 units, 6 mothers will be allowed at a time. Use of alternate stoves should be encouraged maintain social distancing.
- Children will be given priority to consume meals. One parent can accompany a child. Parents should be encouraged to maintain distance in the kitchen.
- Kitchen slots to be drawn up and communicated to the families, in batches. Revised time for cooking will be 1 hr 15 minutes for morning and evening time. Tea time of 10 minutes will remain unchanged.

42.6.2. Guidelines for usage of bathroom areas

- Bathrooms should not be overcrowded.
- During parents' bath time, only 5 adults are allowed in each bathroom block.
- During sitz bath and children bathing time, only 3 children with 3 adults are allowed in each bathroom block.

42.6.3. Guidelines for hospital visits

- Families should strictly use St. Jude's shuttle services for hospital visits.
- No family should be allowed to step out of the Centres for any other purposes without permission from the Centre Manager.
- Centre staff / Parent monitor to ensure only those families go to the hospital who have treatment. Hospital files should be checked for verification.

42.6.4. Guidelines for Laundry

- Families will continue cleaning the laundry items in-house till the vendor services resume.
- Each unit must be provided with extra bedcovers and pillow cases.
- The vendor must wear Gloves and Mask while collecting, washing and delivering laundry items.



42.6.5 .Guidelines for cleaning of center / vehicle / lift

Centres

a) Units

- Should be cleaned every two hours.
- Domex or available disinfectant solution should be used for cleaning.
- Cleaning to be monitored and checked by the assigned parent monitor.

b) Community areas

- Should be dry and wet mopped using Domex or available disinfectant solution by the assigned parent hall monitor at least four times a day in absence of housekeeping.

c) Kitchen

- Should be dry and wet mopped using Domex or available disinfectant solution by the assigned parent kitchen monitor at least four times a day. (After each meal)
- Gloves and masks should be worn while disposing garbage twice a day.

d) Bathrooms and Toilets

- Should be cleaned twice with floor or toilet domex by the assigned team of parents in absence of housekeeping.
- Each family should clean the toilet / bathroom before and after usage with domex solution.

e) Shoe racks and outside area (stairs, compound, entrance etc.)

- All above mentioned areas to be cleaned at least once a day with Domex or available disinfectant solution.

Vehicle

- Daily thorough cleaning with disinfectant. (Cleaning of seats, handles, doors, windows, steering wheels, rubber mats and ceiling of the vehicle).
- No vehicle should have cloth seat covers.
- Cleaning to be done by the families.

Lift

Avoid using lift if,

- It is shared with other members of the building society (Other than St. Judes)
- If children and family members are able to climb stairs.
- If there is a suspected / positive case in the building.

If using lift

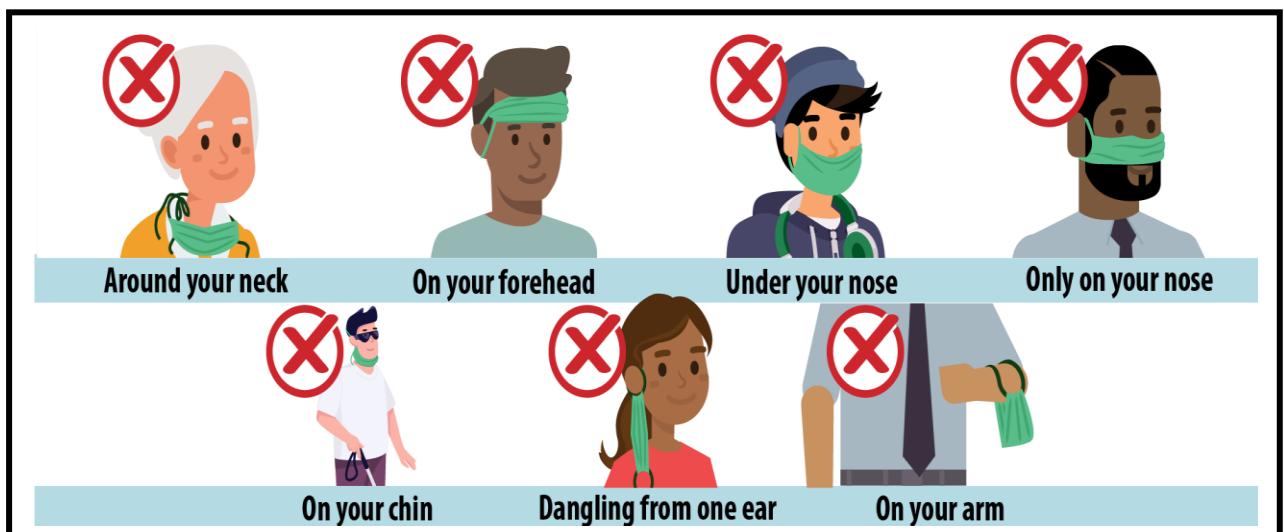
- One family to be allowed to use the lift at a time.
- Sanitizer stand to be installed in the lift. (if / when possible)
- Family should follow hand sanitization before entering the center.
- Daily cleaning to be done by the families thrice a day.
- Avoid touching the indicators directly for calling the lift / selection of floor. Provide pieces of paper that the family use for this purpose and throw away before entering the Centres. Alternatively, they should use their elbow for indicators.

Do wear a mask that



- Covers your nose and mouth and can be secured under your chin.
- Fits snugly against the sides of your face.

How NOT to Wear a Mask

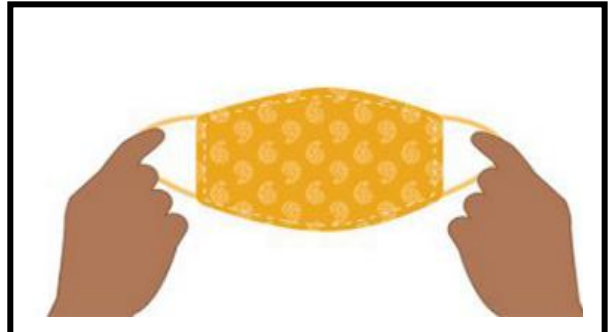




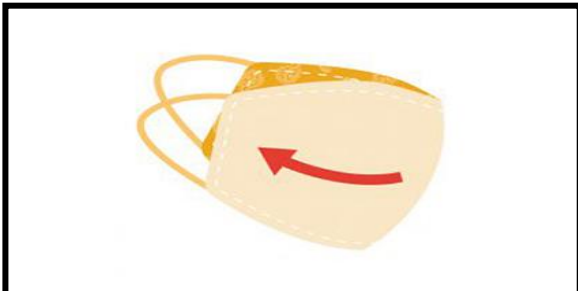
How to take off a mask



1. Carefully, untie the strings behind your head or stretch the ear loops



2. Handle only by the ear loops or ties



3. Fold the outside corners together



4. Hand Wash Immediately

Be careful not to touch your eyes, nose, and mouth when removing and wash hands immediately after removing

42.7. SOP for dealing with suspected Covid-19 cases in the Centres

Issued on 22 November 2021

Function	Steps	Responsibility
Centre Staff	<p>All center families, center staff, housekeeping and other support staff including the drivers, security, should be checked daily.</p> <p>Any person exhibiting the following symptoms to be classified as a suspected case:</p> <ul style="list-style-type: none"> • Temperature higher than 99 degrees • Runny Nose • Sore throat • Difficulty in breathing. <p>Measures to be taken in case of suspected cases:</p> <ol style="list-style-type: none"> 1. Any staff / resident exhibiting above-mentioned symptoms, should be immediately isolated out of the centre and transport to testing centre to be arranged. <i>(At CGC, case to be isolated in centre M21)</i> 2. For further assessment and confirmation of diagnosis such persons should be sent to an 	Location head / Infection control consultant



authorized Government Covid-19 treatment centre. Please refer to the **Annexure 1** for the list of Government hospitals at St Jude locations.

3. Staff to immediately alert the reporting manager.

4. Partner hospital to be informed.

5. Relevant local authorities should be intimated.

6. Entire centre to be under isolation for the period of 15 days.

7. Maintain at least 1meter distance from the suspected case while following the protocol.

8. Staff to closely monitor for above mentioned symptoms and act in accordance with the guidelines provided herewith.

9. Staff to provide extra bedsheets, domex and other cleaning material to the families.

10. HK to be provided extra cleaning material.



	11. 'Protective suits' to be provided to the staff as soon a case is detected	
Families	<ol style="list-style-type: none">1. Entire centre should be thoroughly cleaned using domex solution.2. All families to be allowed to use hot water for decontamination.3. All families should be asked to change into clean clothes after thorough decontamination.4. Bedsheets should be changed, washed and dried in the sunlight.5. Families to maintain personal hygiene.6. As and when required, one centre will be converted into an isolation in CGC.	Centre Staff
Transport	<ol style="list-style-type: none">1. Suspected case should be taken to the local Covid19 treatment centre by St Jude vehicle only. Driver to be provided protective suit for the same.2. The vehicle shall then be decontaminated using domex solution.	Admin

42.8 SOP for dealing with positive Covid-19 cases

Issued on 22 November 2021

Function	Steps	Responsibility
Centre Staff	<ol style="list-style-type: none"> 1. In case of a confirmed Covid19 diagnosis, local municipal authorities should be contacted. 2. Centre staff must follow the guidelines provided by the local authority. 3. The respective partner Hospitals must be informed about the case. Centres must follow the guidelines provided by the hospital. <p>In case the center has to be quarantined:</p> <ol style="list-style-type: none"> 1. Everyone present in the center on that day, will adhere to the instructions given and wait for further information. 2. The center staff present on the day will ensure that the families are provided with ration and supplements for upcoming 2 weeks. 	COO



Families	In case the center has to be quarantined: 1. Families not on campus at the time of confirmation, will be provided alternate accommodation by St. Jude's. In case no staff is present at the center: 1. Each center will have a parent monitor to ensure that: <ul style="list-style-type: none">- All families follow the infection control protocols- Provide regular updates on families and center to the respective center staff- Immediately inform the center staff in case any more suspected cases are found in the center and follow the SOP for suspected cases.	Centre Staff
Transport	In case the center has to be quarantined: 1. St. Jude's Shuttle service to be suspended with immediate effect.	Admin

42.9 COVID -19 - Guideline - January 2022

42.9.1 .Asymptomatic cases/ mild cases of COVID-19

The asymptomatic cases are laboratory confirmed cases who are not experiencing any symptoms and have oxygen saturation at room air of more than 93%.

Clinically assigned mild cases are patients with upper respiratory tract symptoms with or without fever, without shortness of breath and having oxygen saturation at room air of more than 93%.

42.9.2. Instructions for the child & families

- Person infected must isolate inform if signs & symptoms of infection to immediately notify to the Center staff.
- If Tested COVID Positive will isolated away from other center and if require hospitalization as per sever symptoms doctor recommendation.
- The COVID Positive person should stay in a well-ventilated room with cross ventilation and windows should be kept open to allow fresh air to come in.
- Patient should at all times use triple layer medical mask if not able to tolerate not to wear face mask and away from other people. They should discard mask after 6-8 hours of use or earlier if the mask becomes wet or is visibly soiled.
- Patient must take rest and drink lot of liquids to maintain adequate hydration.
- Follow respiratory etiquettes at all times.
- Undertake frequent hand washing with soap and water or clean with alcohol-based sanitizer and medication as prescribed by doctors.
- The patients shall not share personal items including utensils with other people.
- Need to ensure cleaning of frequently touched surfaces in the room (tabletops, doorknobs, handles, etc.) with disinfectant solution.
- Self-monitoring of blood oxygen saturation with a pulse oximeter for the patient is advised and temperature.

42.9.3. When to discontinue isolation

- Patient under isolation will stand discharged and end isolation after at least 7 days have passed from testing positive and no fever for 3 successive days and they shall continue wearing masks.
- Guideline differ from patient clinical manifestation and Pan India location wise .

42.9.4. Important Ways to Slow the Spread of COVID-19

- Get a COVID-19 vaccine

The number of vaccine doses need depends on which vaccine receive please follow doctor recommendation before vaccination.

- Two doses of Pfizer –biontech vaccine should be given 3 weeks (21 days) apart.
- Two doses of Moderna vaccine should be given 4 weeks (28 days) apart.
- Only one dose of Johnson & Johnson’s Janssen vaccine should be given.
- COVID-19 vaccines are not interchangeable for your COVID-19 vaccine primary series
- Everyone ages 16 years and older can get a Precautionary dose (Booster Dose) after they have completed their COVID-19 vaccine primary series.
- A COVID-19 **booster** is given when a person has completed their vaccine series, and protection against the virus has decreased over time.
- An **additional dose** is administered to people with moderately to severely compromised immune systems.
- Wear a mask that covers your nose and mouth to help protect yourself and others.
- Stay 6 feet apart from others .
- Avoid crowds and poorly ventilated indoor spaces.
- Test to prevent spread to others if symptomatic as per doctor recommendation
- Wash your hands often with soap and water. Use hand sanitizer if soap and water aren’t available.

42.9.5. What We Know about Omicron

The Omicron variant likely will spread more easily than the original SARS-CoV-2 virus and how easily Omicron spreads compared to Delta remains unknown.



Omicron infection can spread the virus to others, even if they are vaccinated or don't have symptoms.

Tools to Fight Omicron

- COVID-19 vaccines are highly effective at preventing severe illness, hospitalizations, and death.
- Masks offer protection against all variants.
- Stay 6 feet away from others
- Avoid crowds and poorly ventilated spaces
- Test to prevent spread to others
- Wash your hands often
- Cover coughs and sneezes

42.9.6. Delta variant

The Delta variant causes more infections and spreads faster than early forms of SARS-CoV-2, the virus that causes COVID-19

42.9.7. The Delta variant is more contagious: The Delta variant is highly contagious, more than 2x as contagious as previous variants.

42.9.3. Precaution Delta variant

- Avoid crowded spaces and keep your distance from others.
- Keep all indoor spaces well ventilated (this can be as simple as opening a window).
- Wear a mask when in public places where there is community transmission and where physical distancing is not possible.
- Wash your hands regularly with soap and water or an alcohol-based hand rub.
- Get vaccinated.