



# **Guideline for Service Provision and Resuming Services Post Lockdown in COVID 19 situation | May 2020**

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## Section 1: Background

### 1.1 Introduction

The COVID-19 pandemic has placed unprecedented stress on health systems all over the world. The relentless demands on health workers, health supply chains and health facilities have relegated all other health care services to the background. This has further impacted the availability and accessibility of sexual and reproductive health care. The COVID-19 crisis is restricting access to contraception and safe abortion services, with the poorest and most marginalised women and girls being worst affected. Despite WHO recognising reproductive health services as one of the essential health services for each country, it assumes secondary priority during a crisis due to non-availability of trained staff, lack of commodities and lack of planning and execution at block and facility level to provide FP services, especially female and male sterilization services at primary and community health centres.

Women in vulnerable and marginalised situations are the worst affected, with access to contraceptives and safe abortion care restricted due to non-availability of health workers and facilities, lack of supplies, travel bans and closed borders further limiting availability of essential products. However, during this pandemic, women will have greater need for contraceptive services and for abortion care.

### 1.2 Impact of COVID-19 on SRH

Data from a recently released UNFPA study has revealed the alarming impact on Family Planning services around the world due to the COVID-19 pandemic.

- ✚ Some 47 million women in 114 low- and middle-income countries are projected to be unable to use modern contraceptives if the average lockdown, or COVID-19-related disruption, continues for 6 months with major disruptions to services.
- ✚ For every 3 months the lockdown continues, assuming high levels of disruption, up to 2 million additional women may be unable to use modern contraceptives.
- ✚ If the lockdown continues for 6 months and there are major service disruptions due to COVID-19, an additional 7 million unintended pregnancies are expected to occur.

The number of unintended pregnancies will increase as the lockdown continues and services disruptions are extended.

Using supply side data of clinical Family Planning (FP) services and sales of over the counter contraceptives (OTC) in 2018 and 2019, FRHS India has attempted to estimate the impact for three scenarios, Best Case, Likely Case and Worst Case.

Even in a **best case scenario**, it is estimated that as a result of the pandemic, **24.55 million couples would not be able to access contraceptives in 2020**. Method wise the loss is **estimated at 530,737 sterilizations, 709,088 Inter Uterine Contraceptive Devices**

(IUCDs), 509,360 doses Injectable contraceptives (IC), 20 million cycles of OCPs, 827,332 ECPs and 342.11 million condoms. This is likely to result in an additional 1.94 million unintended pregnancies, 555,833 live births, 1.18 million abortions (including 681,883 unsafe abortions) and 1,425 maternal deaths.

### 1.3 Service Provision and Resumption of Services post lockdown

Despite this disruption to health care service delivery, the need for family planning will not change. Access to contraceptive services, including emergency contraception, is essential and time-sensitive. Access to abortion services is particularly important at such times, as delay in services may lead to increased gestational age and possible denial of services or increased risk.








The health system has to change the way it operates to ensure safety and prevention of transmission of COVID 19, while protecting voluntary access to family planning services at each health service delivery point. There is a need for greater degree of precautions during this time, to ensure the safety of clients and health workers, while still providing safe and effective contraceptive and abortion care to women and men who need these services.

## Section 2: Scope

This guideline is for health care workers and others working in points of entries (POEs) and primary health care / community settings offering contraceptive care and abortion services. The guideline uses the available evidence and good practices to guide health care providers on the provision of safe contraceptive and abortion care to clients during the COVID-19 pandemic.

The situation is still evolving and this is a live document, which will be continually updated as emerging evidence is shared during the evolution of the pandemic.

The scope of this guideline covers essential facts about the COVID-19 virus, means of transmission and measures to control transmission, and action points for organizations and facilities or teams to ensure their readiness to provide services during this crisis. This would include:

-  SOPs for provision of services (Section 7.1, 7.2 and 7.3)
-  Screening questionnaire -- Annexure 1
-  Detailed Technical Brief about SARS-CoV-2 along with Standard and Transmission Based Precautions to be followed at this time. -- Annexure 2
-  Lists of essential equipment -- Annexure 3
-  Rational Use of Personal Protective Equipment (PPE) -- Annexure 4
-  Flowcharts/ infographics for Donning and Doffing of PPE -- Annexure 5
-  Alternative modes of service delivery during the pandemic --Annexure 6

## Section 3: Technical Background

### 3.1 What are Coronaviruses?

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Rarely, animal coronaviruses can evolve and infect people and then spread between people such as has been seen with MERS and SARS.




The outbreak of Novel coronavirus disease (now named COVID-19) was initially noticed from a seafood market in Wuhan city in Hubei Province of China in mid-December, 2019, has spread to more than 215 countries/territories worldwide including India and infected more than 5.45 million people all over the world.

The causative agent for COVID-19 earlier termed provisionally as novel Coronavirus has been officially named as SARS-CoV-2.

### 3.2 Mode of Transmission




The people most at risk of COVID-19 infection are those who are in close contact with a suspect/confirmed COVID-19 client or persons who care for such clients.

The main modes of transmission are:

-  Through respiratory droplets that get generated when people cough, sneeze, or exhale.
-  By touching, by direct touch and through contaminated surfaces or objects and then touching their own mouth, nose, or possibly their eyes.
-  Healthcare associated infection by SARS-CoV-2 virus

### 3.3 Course of the Illness

It is important to remember that:

-  Most people (about 80%) recover from the disease without needing hospital treatment.
-  Only around 1 out of every 5 people who gets COVID-19 (20%) becomes seriously ill and develops difficulty breathing.
-  Older people, and those with underlying medical problems like high blood pressure, heart and lung problems, diabetes, or cancer, are at higher risk of developing serious illness.

### 3.4 Measures for Preventing and Controlling COVID-19

Limiting transmission of COVID-19 in the healthcare setting requires a range of infection prevention and control measures.

### 3.4.1 Control Measures

In preparedness for implementing these control measures, all health care organisations should immediately plan and test preparedness of their service provision sites before offering services during the pandemic.

#### **This would include:**

- Development of guidelines and protocols for early recognition/reporting of cases and screening guidelines for early assessment/triaging of cases.
- Educating staff, patients and visitors about Standard infection control precautions (SICPs) and Transmission based precautions (TBP).
- Prompt implementation of SICPs and TBPs to limit transmission
- Implementing control measures including maintaining separation in space and/or time between suspected/confirmed COVID-19 patients and healthy clients visiting the facility to avail of FP services.
- Ensure readiness of the team to carry out effective triage, segregation and care of potential or proven COVID-19 positive clients or carriers.
- Ensuring availability of PPEs and other infection prevention resources, in addition to the regular supplies, for specific situations.
- Identification of possible sites/facilities /areas where Family Planning (FP) services can be safely offered, following all prescribed guidelines.

### 3.4.2 Triage

An essential part of controlling transmission of disease is screening and prompt identification of suspected/confirmed COVID-19 patients and their contacts.

**Definition:** Triage is the sorting of clients in an emergency situation according to a system of priorities according to the urgency of their need for care and/or to determine future course of action.

The purpose of Triage in our service delivery settings is to identify clients who may be potential COVID-19 patients or carriers, or who may be in contact with a COVID-19 patients or carriers.

In these cases, it is best to either delay the procedure or refer the client to a higher facility with adequate resources. This would also ensure that no client who meets the medical eligibility criteria is denied services.

### 3.4.3 Identification of potential COVID-19 patients or carriers

If a client has any of the following:

**Acute respiratory infection of any degree of severity, including at least one of:**

1. fever ( $\geq 38^{\circ}\text{C}$ ),
2. shortness of breath or dry cough

OR

3. Fever ( $\geq 38^{\circ}\text{C}$ ) of unknown cause with no other symptoms

The client **MAY** be a potential COVID-19 patients or carriers.

**Less common symptoms are:**

4. Aches and Pains
5. Nasal congestion,
6. Headache,
7. Conjunctivitis,
8. Sore throat,
9. Diarrhoea,
10. Loss of taste or smell
11. Rash on skin
12. Discoloration of fingers or toes.
13. These symptoms are usually mild and begin gradually. Some people become infected but only have very mild symptoms

Clinical judgement should be employed when assessing these criteria. Be alert to the possibility of atypical presentation in patients who are immunocompromised.

### 3.4.4 Defining a 'Contact' of a COVID-19 patient

**A person involved in any of the following from 2 days before to 14 days after the onset of symptoms in the patient:**

- Close contact with a COVID-19 patient (within 1m) for >15 minutes
- Providing direct care for COVID-19 patient without proper Personal Protective Equipment
- Staying in the same close environment as a COVID-19 patient (including sharing a workplace, classroom or household or being at the same gathering) for any amount of time
- Travelling in proximity with (within 1 m) a COVID-19 patient in any kind of conveyance



**Any client who answers “Yes” to any of the above must be considered as a potential COVID-19 patient/carrier and service provision to such clients must be delayed and the local health authorities must be informed immediately.**

**A screening questionnaire is attached to this document as a tool for assessing level of risk for COVID-19. (Annexure 1)**

A trained triage person **MUST** be the first contact for anyone entering the facility. Triage must be carried out for all clients entering the facility, using the screening questions attached.

### **3.5 Preventive measures for COVID-19 disease**

Preventive and mitigation measures are the most important factors in preventing the spread of this disease. The most effective preventive measures in the community include:

- I. Performing hand hygiene frequently with an alcohol-based hand rub if your hands are not visibly dirty or with soap and water if hands are dirty.**
- II. Avoiding touching your eyes, nose, and mouth.**
- III. Practicing respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue.**
- IV. Wearing a medical mask if you have respiratory symptoms and performing hand hygiene after disposing of the mask.**
- V. Maintaining social distance (a minimum of 1 metre) from persons with respiratory symptoms.**

Additional precautions required by health care workers to protect themselves and prevent transmission while caring for clients with potential COVID-19/unknown status include:

- a. Using PPE appropriately- This involves selecting proper PPE and being trained in how to put on, remove, and dispose of it.**
- b. PPE should be discarded in an appropriate waste container after use, and hand hygiene should be performed before putting on and after taking off PPE.**
- c. Frequent hand hygiene and respiratory hygiene should always be performed.**
- d. Ensuring adequate space to allow social distance of at least 1 m to be maintained between clients and between clients and health care workers.**
- e. Cleaning of “frequently touched” surfaces such as medical equipment, door/toilet handles and locker tops, client call bells, over bed tables and bed rails should at least twice daily and when known to be contaminated with secretions, excretions or body fluids.**

### **3.5.1 Standard Precautions to ensure Infection Prevention must be carried out as usual, with special emphasis on the following:**

#### **1. Environmental Cleaning**

- Clean “frequently touched” surfaces such as medical equipment, door/toilet handles and locker tops, client call bells, over bed tables and bed rails at least four hourly and when known to be contaminated with secretions, excretions or body fluids with 1% hypochlorite solution.
- Client isolations rooms, cohort areas and clinical rooms must be decontaminated at least daily by spraying with 1% hypochlorite solution.
- Personal protective equipment (PPE) and other infection prevention and control supplies should be placed in sufficient supply including at patient arrival, waiting area and inside examination room.
- In common waiting areas or during transportation, clients to wear a fluid-resistant surgical face mask to minimise the dispersal of respiratory secretions and reduce environmental contamination.

#### **2. Hand hygiene**

- Hand hygiene includes the use of ABHR (Alcohol Based Hand Rub) for routine hand hygiene and hand washing with soap and water, including thorough drying, if hands are visibly soiled or dirty.
- Hand hygiene must be performed immediately before every episode of direct client care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of personal protective equipment (PPE), equipment decontamination and waste handling.

#### **3. Respiratory Hygiene**

- Tissues and waste bins (lined and foot operated) should be available for clients, visitors and staff.
- Disposable, single-use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose.
- Used tissues should be disposed of promptly in the nearest waste bin.
- Hands should be cleaned (using soap and water if possible, otherwise using ABHR) after coughing, sneezing, using tissues or after any contact with respiratory secretions and contaminated objects

#### **4. Instructions for clients**

- Display posters/charts/IEC materials at the entrance of the reception area with instructions for clients and their attendants

- All clients and their attendants to perform hand hygiene and put on a mask before entering the reception area and keep it on during their visit to the facility
- Cover their mouth/nose when coughing or sneezing, use and dispose of tissues in a foot-operated, closed dustbin kept in an easily accessible place

### 3.4.2 Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) are protective gear designed to safeguard the health of workers by minimizing the exposure to a biological agent. This is an essential aspect of protecting workers and clients from transmission of COVID-19.

#### Components of PPE:



Each component and rationale for its use is given in the following paragraphs:

**Masks:** Respiratory viruses including Coronaviruses spread by air-borne droplets released during talking, coughing or sneezing. Hence using masks which protect against droplet infections are crucial while dealing with a suspect or confirmed case of COVID-19.

**There are two types of masks which are recommended for various categories of personnel:**

1. Triple layer medical mask
2. N-95 Respirator mask

**Gloves:** When a person touches an object or surface contaminated by a COVID-19 positive person, and then touches his own eyes, nose, or mouth, he may get exposed to the virus. Latex disposable gloves protect against contaminated surfaces and must be worn when providing direct client care, during exposure to blood and/or other body fluids and during equipment and environmental decontamination. Gloves however, do not replace proper hand hygiene.

**Coverall/Gowns:** Coverall/gowns are designed to protect torso of healthcare providers from exposure to virus. An apron can also be worn over the gown in case of extensive splashing or if non fluid-resistant gowns are used, a disposable plastic apron should be worn underneath.

**Face Shield and goggles:** Eye/face protection should be worn when there is a risk of contamination to the eyes from splashing of secretions (including respiratory secretions), blood, body fluids or excretions.

Eye/face protection can be achieved by the use of any one of the following:

- Surgical mask with integrated visor;
- Full face shield/visor;
- Polycarbonate safety spectacles or equivalent;
- Regular corrective spectacles are not considered adequate eye protection.

**Caps/head Covers:** Those using gowns should use a head cover that covers the head and neck while providing clinical care for clients. Hair and hair extensions should fit inside the head cover.

**Shoe covers:** Shoe covers should be made up of impermeable fabric to be used over shoes to facilitate personal protection and decontamination.

By using appropriate protective clothing, it is possible to create a barrier to eliminate or reduce contact and droplet exposure, both known to transmit COVID-19, thus protecting healthcare workers working in close proximity (within 1 meter) of suspect/confirmed COVID-19 cases or their secretions.

## Section 4: Provision of Contraceptive services

The current pandemic has greatly restricted access to health care and vulnerable women, especially those seeking quality contraceptive services. During Covid-19 related restriction in face-to-face contact with healthcare professionals, modifications to our way of working are required to support ongoing provision of effective contraception. These include modifying the way we offer services as well as alternate ways of service delivery.

There are several WHO recommended options available to optimize service delivery settings and platforms including task-sharing, digital health interventions and self-care. Telehealth may provide a valuable tool to ensure continued access to contraceptive care. (Annexure 6)

The Ministry of Health and Family Welfare, Govt. of India, had advised the states to suspend provision of sterilizations and IUCD during the current COVID-19 pandemic and the ensuing lockdown. Family Planning services had been suspended in all three states where we work in accordance with letters issued by the district health authorities. FRHS India will resume services through COTs only at the request and in consultation with State and district health authorities. We are confident that in the coming weeks, in a phased manner, many districts are likely to commence Fixed Day Services at CHC/PHCs.

Throughout the crisis, FRHS India will work with blocks and districts of our three operational states to ensure family planning remains a priority service and can be provided while maintaining and following the guidelines of MSI and Govt. of India.

### 4.1 Challenges for Provision of Family Planning Services

To sustain services it's critical to maintain availability of essential medications, equipment, and supplies. This can be a challenge in crisis situations like the current pandemic, when all health systems and resources are diverted to containing the spread of the virus and ensuring effective treatment of infected cases to minimize morbidity and mortality.

#### 4.1.1 Major challenges:

- Ensuring availability and accessibility of contraceptive supplies- supply of both raw materials like progesterone and finished products like IUCDs and condoms have been impacted.
- Ensuring availability and accessibility of trained providers- Several providers have been diverted to "Corona duty" and many providers are limiting in-person visits or are limiting their hours.
- Limiting access to abortion services- Even in countries where access is widely available, abortion procedures become more difficult to schedule due to decreased capacity and supplies as well as social distancing. Measures such as "lockdowns" or

movement restrictions make it even more difficult for clients to access safe abortion services.

#### **4.1.2 Special Challenges for provision of Family Planning Services in the Outreach**

**The challenges during service provision of Family Planning Services in the outreach are:**

- Due to lockdown, the number of clients is expected to be quite high, leading to increased pressure on teams and facilities.
- Gathering of large number of clients with their attendants and motivators may be a trigger for an outbreak, as even if one positive client/contact reaches the facility, it would result in an outbreak.
- Advance Screening for all is not possible as many of the clients reach the health facility without prior information.
- Many clients would not be able to answer all screening questions due to lack of awareness.
- Testing for COVID-19 would not be possible for all clients/attendants and it would be very expensive and time-consuming.
- Effective screening and triage would be difficult in case of large numbers
- Difficulty in following all precautions due to large number of clients
- Inter-mingling of apparently healthy clients with possible patients or contacts at the health facility which also deals with other patients
- Difficulty for clients in reaching the health facility due to lack of transport
- Lack of sufficient number of PPE for all personnel/clients/attendants.
- Difficulty in procurement of sufficient PPE materials.
- Most clients come for permanent methods and would not be willing to accept other methods.
- Majority of our providers are over 60 and therefore more vulnerable and unwilling to offer services.

#### **4.2 Measures to address these challenges**

As discussed above, the biggest problems in provision of FDS services are the high numbers and lack of advance information.

- ❖ Services offered must be according to the attached Standard Operating Protocols (Section 7.1, 7.2 and 7.3)
- ❖ All staff members must be oriented in the specific Standard Precautions (SP) and Transmission based precautions (TBP) before initiating services at this time. (Annexure 2)
- ❖ PEs and FDS coordinators to work with the MOICs to advise ASHAs to share potential client list and client details (names and phone numbers) one day prior to provision of

services. Counsellors and Clinic in charges to coordinate with the motivators at the centres.

- ❖ All motivators to be given a copy of the screening questionnaire in the local language (Annexure 1) and oriented to its use.
- ❖ All clients/motivators and attendants to be screened using the contact-less infra-red thermometer, pulse oximeter and the screening questionnaire and only those who have no signs/symptoms / have no history of possible contact/ come from areas which have no cases of COVID-19 will be offered services.
- ❖ Not more than one attendant shall be permitted per client inside the facility.
- ❖ Any client answering “Yes” to any of the questions in the screening questionnaire should be provided with a surgical mask, kept separate from other clients, maintaining 6 feet distance between them and the district health authorities should be informed immediately.
- ❖ The number of clients to be restricted to a number which can ensure all possible precautions can be carried out to ensure the safety of our clients and our teams.
- ❖ One extra nurse who has been oriented for screening and triage to accompany all Clinical Outreach Teams (COT). If there is no extra nurse, one of the nurses in the team should be oriented for the process of triage.
- ❖ The team shall strictly follow the Standard Operating procedures (Section 7.1, 7.2 and 7.3).
- ❖ The team shall ensure sufficient numbers of PPE for the maximum number of clients permitted.(Annexure 3)
- ❖ At the health facility, a separate entrance and area to be earmarked for FP services to avoid inter-mingling of clients.
- ❖ A trained triage person MUST be the first contact for anyone entering the facility.
- ❖ The number of staff at the centre must be the minimum required to carry out safe service provision.
- ❖ All staff must wear Personal protective equipment (PPE) as per the attached guidelines. (Section 7.1, 7.2 and 7.3)
- ❖ A hand-washing station with soap and water must be set up at the entrance of the facility– this is highly important and its use by all must be ensured by someone deputed for the task.
- ❖ Alcohol based hand rub (ABHR) should be available at every step of service provision especially at the entry point of the service provision area.
- ❖ All the service areas and “frequently touched” surfaces such as medical equipment, door/toilet handles and locker tops, client call bells, over bed tables and bed rails should be cleaned every 4 hours with 1% hypochlorite solution and when known to be contaminated with secretions, excretions or body fluids and again at the end of the day.
- ❖ All staff to be given clear instructions regarding protocols to be followed in case of suspected COVID patient or carrier, including district emergency numbers. The contact numbers of the concerned district health officials must be prominently displayed at the reception.
- ❖ Public and private referral centres which are authorized to carry out both 1<sup>st</sup> and 2<sup>nd</sup> trimester abortions must be identified for all districts for our clients in coordination with the SCSM/ surgeon.

## Section 5: Operational Guidelines

This section will cover the operational aspects of service delivery during this challenging time.

The areas covered are:

- Reorganization Of Service Delivery Points and prior planning of FDS
- Insuring Supplies Of Equipment's, Consumable And PPE Material
- Human Resources Management And Capacity Building
- Fixed Day Services (FDS) Management:
- Financial Management.
- Adherence to AFB guidelines

### 5.1 Reorganization of service delivery points and prior planning of FDS

**5.1.1 Identification of priority District:** The districts have been classified as Red, Orange and Green zone as per the COVID-19 case load in the district. The program managers and coordinators are responsible for obtaining and updating regularly the zone wise districts list. Initiation of services following lockdown would be easier in the **green zone districts**.

**5.1.2 Health facility mapping:** Service delivery at the moment should only be initiated at PHCs and CHCs where a separate entrance to the building and a clearly demarcated area is available to provide sterilization services to avoid inter-mingling of clients.

**5.1.3 Planning of FDS:** The following points need to be discussed with district health officials (Deputy/Add.CMHO-FW and ASO) before preparation of monthly FDS roster.

- Double FDS in a day in same district should not be planned if you do not have enough essential resource as per clinical guideline and protocol, as the district ambulance cannot be moved to support during this crisis.
- FDS should be planned at only those facilities where a separate entrance to the facility building and a clearly demarcated area is available to provide sterilization services.
- The number of clients in a day should not exceed 10 /FDS camp. High Client load facilities can have more frequent FDS or more sessions to ensure we are able to offer services to all our clients.
- Additional FDS should not be organized by the team on short notice without adequate planning and preparation.
- Make sure that the roster is modified during the month without proper reason.
- Try to prepare FDS roster by 28<sup>th</sup> of the previous month so that the surgeon and team compiled work roster can be prepared on time. Try and work with the district CMHO and ACMHO to prepare a three month schedule/roster instead of monthly.



- Roster should be share with clinical team at district level and SCSM, SPM and CSD for necessary guidance and approval.

## 5.2 Ensuring Supplies of equipment's, consumable and PPE material

**5.2.1 Availability of PPE material and other consumables:** TL, PC or Stock In-charge are responsible to make sure that PPE kits are available for each clinical staff at district offices. Without adequate PPE material FDS cannot be organized by team. (Annexure 3) If there is any issue related to PPE kits, like non-availability or unsuitability, please inform the SCSM, SPM and AMO immediately by phone and email. Other consumables can be transferred from red zone district where FDS are not being planned in case of any emergency. Availability should be checked weekly by the Stock In-charge and report shared with the Team Leader and the PC. This should be signed off by both on a weekly basis.

**5.2.2 Sharing of MSR:** Monthly stock report should be shared on time with State office and HO for compilation and preparing the district wise requirement. Please check MSR with the actual availability of consumables in the district store.

**5.2.3 Client forecasting and prior information of requirements:** The month wise quarterly forecasting as per the allocation of FDS and client flow in the district during the pandemic crisis should be shared promptly. The stock in charge must provide information 15 days in advance for any shortages of consumables and supplies.

**5.2.4 Essentials Approvals:** Local procurements are not permitted at district level as it is being managed centrally. In case of any emergency, approval of procurement officer, SPM, SCSM and CSD is mandatory. Do not provide any equipment's and consumables to govt. department without proper approval. **Please refer to the updated AFB guideline with special reference to COVID-19 as shared on 30/04/2020.**

## 5.3 Human Resources Management and capacity building

**5.3.1 Readiness of team members:** Information about resuming the services should be shared with all on roll, on call and short term staff. Prepare a comprehensive list of all team members and take their written consent to provide services during the pandemic. Make sure that one additional nurse should always be available with team for providing additional support in screening the client, documentation and follow of clients. Discuss whether all staff can reach at office on time easily without any hurdle. Please discuss in any other support required to provide services in outreach. Please ensure availability of surgeons and their movement across districts and zones, especially across red, orange and green zones.

**5.3.2 Authorization and Identification Proofs:** The PC/PE should try and obtain an authorization letter from the CMHO office to be provided to COT team with all team members' names to avoid any delay at police check points. All staff should carry the official ID card of FRHS-India and team members are required to be in uniform provided by the organization while providing the COT services and attending the district offices.

**5.3.3 Ensuring staff safety and security measures:** Please ensure that all staff should have essential amenities to protect from infection even in ambulance.

**5.3.4 Team Movement:** The teams must start early and reach on time without any delay. There should be no halts in between the journey from office to FDS site (To the site and back) to avoid any exposure of contact with infected person or spot. Maintain proper distancing of at-least one meter while providing service at FDS site or in office. If possible, do not use ambulance AC in city area, it may be more prone to absorb and spread infection.

**5.3.5 Orientation on clinical guideline, protocol and proper uses of PPE material:** All district team members are required to be oriented on updated guideline, protocols, and uses of PPE material and sensitization process at FDS site before providing services during COVID 19 pandemic. SCSM and authorized surgeons, medical officer will arrange skype or zoom call with district team members to orient district team before proceeding to provide any services and participation in these calls is mandatory.

**5.3.6 Hiring of new Staff:** New Recruitment / replacement of staff can only be made after approval of HO. Staff either on roll, on call or short term cannot be hired at district and state level. Staff may be hired after analysing the need approval of HO. Non-empanelled staff should not be used in FDS or at the centre.

## **5.4 Fixed Day Services (FDS) Management**

**5.4.1 Pre FDS Planning:** PC and PE are responsible to share the details of the FDS with date, place and expected clients of FDS with clinical team prior to the FDS date. The surgeon and medical officer should be informed two days prior to the planned FDS and get his/her consent to facilitate FDS so that last minute hassles can be avoided.

The following actions are required before service provision at the FDS site:

- Identification of a separate entrance to the building and a clearly demarcated area for FP services at the FDS site.
- At sites where an OPD slip/card/prescription has to be obtained before availing of FP services, speak with the MOIC so that a separate site specific card can be issued to FP clients at our registration counter itself, to prevent mingling of clients.
- The tent vendor must be informed in advance to provide the essential materials required for FDS. Coolers, ORS packs and water should be available for clients

- Ensure a rope barrier (or any other barrier) at the registration and triage counter along with clearly demarcated circles to maintain social distancing.
- Make sure that all the stations of the nine steps are properly cleaned and OT Assistant should be oriented on the sanitization process with hypochlorite solution.
- PEs and FDS coordinators to work with the MOICs to advise ASHAs to share potential client list and client details (names and phone numbers) one day prior to provision of services. Counsellors and Clinic in charges to coordinate with the motivators at the centres.
- Counsellor cum mobilizer should inform the team about expected clients. Make sure that client number does not exceed 10. Counsellor may call the motivators directly to share the list of the potential clients and ensure their participation.
- **Pre-Registration Process:** PC/PE should discuss with MOIC/BCMO/ Deputy CMHO about pre-registration process by mobile phone in areas where high client flow are expected like Ganganagar, Hanumangarh, Churu, Bikaner, Nagour to avoid crowding at the FDS site.
- **Pre-Screening Process:** The questionnaire (Annexure 1) for screening needs to be used to pre-screen the clients. A soft copy must also be shared with the ASHAs/motivators through WhatsApp to enable them to carry out pre-screening of their clients.
- A letter can be issued by Add. / Deputy CMHO regarding pre-registration and pre-screening process and that only one person is allowed with the client at the FDS site.
- If any clients are identified as possible contacts/suspects for COVID-19, they must be immediately separated from the rest of the clients and information shared with the TL/PC/ MOIC and the district health official responsible for COVID-19 cases. These cases or those found ineligible as per the clinical protocol cannot be provided services. The pre-screening questionnaire signed by client & motivator should be attached with each case card.
- Check the referral hospital status whether it is being operated regularly and inform them about resuming our services in the district. If our referral hospital is not functional, alternate arrangement should be made in consultation with the SCSM and SPM.
- Please speak with the district health officials about the person to be informed in case of any suspected contacts, and where to refer such cases. This information is to be displayed at the district office and shared with all the team members.

**5.4.2 Management during FDS:** All nine steps should have circles marked to ensure maintenance of proper distance of minimum 1 metre between clients.

The following actions are required on the day of the FDS:

- FDS Coordinator and counsellor should reach at sharp 9:00 AM and make sure that all essential stuff like water-cooler, beds, sheets, tables, chairs and drinking water facility are available at FDS site.
- Ambulance checklist should be filled by nurse before departure from office and make sure that all required equipment, consumables and documents are available.

- Prepare the waiting area, placing seats at a distance of 10 meters from registration area and separated from each other so that proper social distancing can be maintained. Arrange separate water facility at waiting area so that clients and attendants do not move all around the facility.
- Display the IEC of Social distancing under COVID 19 at the waiting, registration and counselling areas.
- Only client should be allowed after registration process. The motivators should not accompany the clients for the other eight steps of service delivery points. 1:1 ratio needs to be maintained during counselling.
- No other person is allowed to enter in the service area. If possible, the door can be closed after registration process is completed.
- Make sure that no more than 10 clients are registered in a FDS. If there are more clients, they should be counselled and provided a short term method (condom or OCP) and asked to come on the next FDS day.

**5.4.3 Post FDS actions required:** The following actions after the FDS are extremely important to complete the service process.

- The client should not be discharged without proper post-operative counselling and check-ups. Make sure that all clients are in good condition before discharge.
- **Submitting NHM claim voucher:** Claim Voucher should always be submitted on the same day of FDS to avoid any delay in settlement. If possible, get the reimbursement for the services provided on the day.
- FDSC should share FDS expenses details with PE/PE immediately after FDS completion for updating DDR.
- **24 Hour Follow UP:** It is most important to ensure follow up of all clients within 24 hours without any delay. If there are any complaints/abnormality in any client, inform the TL/Surgeon and SCSM immediately.
- Ensure timely follow up of pending NHM reimbursement at the level of same block/facility where FDS is being organized.

## 5.5 Financial Management

It is important to manage and control financial processes during a crisis. There may be more chances of delay in financial transactions like receiving of expenses, vendor bills and NHM reimbursements etc. Local purchase and cash flow at district level may also be increased due to lockdown and non-availability of other supporting services. Managers, therefore, need to have clear guidelines for effective financial management.

Some useful measures would be:

- Compile all expenses on a daily basis and ask FDS to send their FDS expenses with COT team to PCs/ PEs.

- Local purchase should not be made without approval of AMO/SPM or SCSM for clinical items.
- Take all services like taxi, photocopy, linen cleaning and office cleaning with our empanelled vendors. No other vendor bills to be entertained by finance.
- Do not make any cash payment at district level except office expenses which should not be more than INR 500. Take approval from your line managers in case of any emergency.
- All expenses should be submitted fortnightly without any delay.
- Do not take non empanelled staff for any services. Please take approval from state office in case of any emergency. On call time sheet of non-empanelled staff will not be accepted by the finance department.
- **Follow up of NHM Reimbursement:** PC/PE are advised to make regular follow up for NHM reimbursement and try to settle our claim within a week or next FDS day so that cash flow can be properly managed at state and HO level.

## 5.6 Adherence of AFB updated Guide

The PC/PE should ensure strict adherence to the updated version for managing fraud and bribery risk during pandemic.

The SOP and guideline for clinical process need to be followed at In-reach centres and outreach services delivery points. These shall be reviewed regularly to keep up with new developments. Teams should keep in touch with SCSM for any clarification as there are many changes have been made in clinical process to avoid any adverse effect of our service provisions.

## Section 6: Planning and Preparing for Service Provision

Before resuming services after the current lockdown has been lifted, we have to ensure that the organization as a whole and especially our service delivery teams are fully oriented, trained and have all the resources required to offer service delivery while maintaining safety of our clients and the staff.

The measures to be ensured are:

### Orientation and Training of staff on:

- Effective Triage of clients
- History taking to identify potential or proven COVID-19 positive clients or carriers
- Signs and symptoms of infection
- How to safely undertake clinical procedures including examination
- Correct infection control practices and personal protective equipment (PPE) use

### Availability of sufficient IEC and PPE commodity supplies:

- Sufficient PPE kits and resources
- Sufficient supplies of Infection control supplies- keeping in mind both the lower number of staff and greatly increased turnover of PPE
- Access to waste management services

### Sufficient workforce to ensure safe and effective FP service provision:

- Monitoring and Audit for ensuring adherence to Infection Prevention measures by all staff members.
- Identification of possible sites/facilities /areas where Family Planning (FP) services can be safely offered.

## Section 7: Standard Operating Protocols

This section contains detailed guidelines for service provision for each of our channels.

## 7.1 Revised Standard Operating Protocols for Service Provision at FRHSI CENTRES

### 7.1.1 General

- Services offered must be according to these guidelines
- PEs and clinic-in-charge/counsellors to work with the ASHAs to share potential client list and client details (name and phone numbers) one day prior to provision of services.
- The attached screening questionnaire (Annexure 1) must be shared with the ASHAs/motivators and they must be oriented to its use to enable them to screen clients before coming to the facility.
- All clients to be screened using the contact-less infra-red thermometer, pulse oximeter and the screening questionnaire and only those clients which have no signs/symptoms / have no history of possible contact/ come from areas which have no cases of COVID-19 will be offered services.
- If a client answers “Yes” to any of the questions in the screening questionnaire, provide them with a surgical mask and keep them separate from other clients, maintaining 6 feet distance between them and inform the district health authorities immediately.
- The number of clients to be restricted to a number (not more than 10 in total per day) which can ensure all possible precautions can be carried out to ensure the safety of our clients and our teams. If there are more clients, they should be counselled and provided a short term method (condom or OCP) and asked to come on the next day.
- All staff members must be oriented in the specific Standard Precautions (SP) and Transmission based precautions (TBP) before initiating services and strictly follow them. (Annexure 2)
- The team shall ensure sufficient numbers of PPE for the maximum number of clients permitted. (Annexure 3)
- Not more than one attendant shall be permitted per client inside the facility.
- All clients/ attendants/motivators shall be screened using the infra-red thermometer, pulse oximeter and the screening questionnaire before permitting them to enter the health facility.
- A trained triage person MUST be the first contact for anyone entering the facility. The position of this triage nurse is at the registration counter, prior to the process of registration.
- The number of staff at the centre must be the minimum required to carry out safe service provision.
- **At the centres, the following staff must be present:**
  - I. Counsellor cum clinic-in-charge
  - II. Nurses- 2
  - III. Provider / surgeon -1
  - IV. Cleaner-1
  - V. Driver -1 (if the ambulance is being used for transport of staff)
- All staff must wear Personal protective equipment (PPE) as per the attached guidelines. (Annexure 4).

- A hand-washing station with soap and water must be set up at the entrance of the facility– this is highly important and it's use by all must be ensured by someone deputed for the task.
- Alcohol based hand rub (ABHR) should be available at every step of service provision especially at the entry point of the service provision area.
- All the service areas like registration area, waiting area, pre and post-operative area except Operation Theatre (OT) should be sanitised by spraying with 1% Hypochlorite solution.
- The OT should be sanitised in the usual way, using 1% Hypochlorite solution.
- All “frequently touched” surfaces such as medical equipment, door/toilet handles and locker tops, client call bells, over bed tables and bed rails should be cleaned every 4 hours with 1% Hypochlorite solution and when known to be contaminated with secretions, excretions or body fluids and again at the end of the day.
- All staff to be given clear instructions regarding protocols to be followed in case of suspected COVID patient or carrier, including district emergency numbers. The contact numbers of the concerned district health officials must be prominently displayed at the reception.
- Public and private referral centres which are authorized to carry out both 1<sup>st</sup> and 2<sup>nd</sup> trimester abortions must be identified for our clients in coordination with the SCSM/ surgeon.

### 7.1.2 For Clients/ Motivators/Attendants

- ✚ All clients/ motivators/attendants to be screened using the infra-red thermometer, pulse oximeter and the screening questionnaire and only those who have no signs/symptoms / have no history of possible contact/ come from areas which have no cases of COVID-19 will be offered services.
- ✚ The number of clients to be restricted to a number which can ensure all possible precautions can be carried out to ensure the safety of our clients and our teams. (Could be restricted to not more than 10 maximum in total per day) at the present time.
- ✚ All clients/ motivators/attendants to be given a surgical mask on entry to the facility.
- ✚ Only one attendant is to be permitted with each client.
- ✚ All clients/ motivators/attendants should be instructed to wash their hands with soap and water on entering the facility and use the ABHR at each step of service delivery.
- ✚ All clients/ motivators/attendants to strictly maintain 1 metre distance.

### 7.1.3 For Staff

#### When leaving home for workplace

1. Wear a surgical mask while travelling



2. Travel by either private transport or organisation ambulance, which is sanitized twice daily by spraying with 1% hypochlorite solution
3. Strictly maintain social distance of 1 metre
4. Use ABHR when entering the vehicle and again after getting off

### On Entry at the facility

1. On entry to the facility, wash your hands with soap and water
2. Carry out Hand hygiene with Alcohol Based Hand Rub (ABHR)
3. Put on clean clothing and PPE- cap, surgical mask, gown, shoe cover, gloves in the proper sequence. (Annexure 5)
4. For female staff - while putting PPE ensure that your hair is completely covered with the cap
5. While putting on the mask, the proper way of donning must be followed. Every mask has two colours, on one side white and other side is coloured (BLUE or GREEN). The coloured side should be on outer side and the nose clip should be adjusted so that it fits tightly. The folds on the mask should be facing downwards

### 7.1.4 Nine Steps

#### Step 1: Registration

1. The trained triage person MUST be the first contact for anyone entering the facility.
2. The triage nurse will wear the following PPE- N95 mask, gloves, non-sterile gown and shoe covers.
3. Set up the triage station at the entrance of the facility, at the registration counter, with a nurse trained to triage.
4. Use a contact-less infra-red thermometer, pulse oximeter and the screening questionnaire (using the attached questionnaire translated in the local language- Annexure 1) to screen clients at the entrance to the facility.
5. All clients/motivators and attendants to be screened using the contact-less infra-red thermometer, pulse oximeter and the screening questionnaire and only those who have no signs/symptoms / have no history of possible contact/ come from areas which have no cases of COVID-19 will be offered services.
6. If a client answers “Yes” to any of the questions in the screening questionnaire, provide them with a surgical mask and keep them separate from other clients, maintaining 6 feet distance between them and inform the district health authorities immediately.
7. Post signs (Chart/poster) in waiting areas reminding anyone with symptoms to alert the triage person.
8. Only one attendant or ASHA worker will be allowed per client.
9. No clients with any respiratory symptoms will be offered services.
10. Place an alcohol based sanitiser at the entry point of the facility and ensure it is used by all personnel, clients and motivators.
11. Mark circles for the positioning of clients to strictly maintain a distance of one metre between clients.
12. Provide ALL clients and motivators with surgical mask

13. Keep ABHR in an accessible place with foot operated dust bins.
14. AVOID touching your face with gloved hands or with bare hands without handwashing or using ABHR in the correct technique
15. Keep a foot-operated closed bin for waste disposal in an easily accessible and visible place.

### Step 2: Counselling

1. Counsellors will wear the following PPE- surgical mask, gloves, non-sterile gown and shoe covers.
2. Counselling should be on a 1 – 1 basis, ideally in a suitable location outdoors or in a very well ventilated room.
3. Distance of one metre between clients will be strictly maintained by marking circles for the positioning of clients.

### Step 3: Laboratory services

1. Lab technicians should wear the following PPE- N-95 masks, gloves, caps and non-sterile gowns.
2. Gloves to be changed and ABHR used for Hand Hygiene after every client.

### Step 4 and 5: Pelvic and Pre-op Examination

1. Clinical staff examining clients will wear N-95 masks, gloves, caps and non-sterile gowns.
2. Clinical staff will carry out proper hand-hygiene and change gloves before and after examining each client. ABHR will be elbow operated.
3. All surfaces including the BP apparatus must be cleaned before and after each client with 1% sodium hypochlorite solution.
4. Handwashing facilities should be available for every client before they enter the service delivery site and before they enter the service delivery room
5. All the service area like registration area, waiting area, and pre and post op. area except OT should be sanitised with 1% Hypochlorite solution every 4 hours and when known to be contaminated with secretions, excretions or body fluids and again at the end of the day.

### Step 6: Pre-procedure medication

1. Providers will wear the following PPE -N95 masks, gloves, caps, goggles/face shield and non-sterile gowns.

2. The surfaces of BP instruments, stethoscope & all equipment used should be disinfected every 4 hours with 1% hypochlorite solution.
3. All surfaces must be cleaned with 1% hypochlorite solution before and after each client.
4. Gloves must be changed and Hand hygiene carried out as per guidelines before and after each client.
5. Gloves and all PPE must be disposed of in line with recommended guidelines.

#### **Step 7: During the procedure**

1. Providers will wear the following PPE - N95 masks, gloves, caps, goggles/face shield and sterile gowns with a plastic apron under the gown.
2. The OT will be cleaned in the usual manner using 1% hypochlorite solution.
3. The surfaces of BP instruments, stethoscope & all equipment used should be disinfected every 4 hours with 1% hypochlorite solution.
4. All surfaces must be cleaned with 1% hypochlorite solution before and after each client.
5. Gloves must be changed and Hand hygiene carried out as per guidelines before and after each client.
6. Gloves and all PPE must be disposed of in line with recommended guidelines.

#### **Step 8: Post-Procedure Room**

1. Clinical staff examining clients will wear the following PPE- N95 masks, gloves, caps and non-sterile gowns.
2. Clinical staff will carry out proper hand-hygiene and change gloves before and after examining each client. ABHR will be elbow operated.

#### **Step 9: Post-procedure counselling and Discharge**

1. Counsellors will wear the following PPE- surgical mask, gloves, non-sterile gowns and shoe covers.
2. Counselling should be on a 1 – 1 basis, in a very well ventilated room.
3. Maintain minimum 1 metre distance from the client or their attendant

#### **7.1.5 Before going home**

1. Remove PPE without touching the outer surface (Annexure 5).
2. Dispose of it properly.
3. All staff will carry out hand hygiene after changing out of the hospital clothes, which must be changed and washed daily.

#### **7.1.6 After Reaching Home**

1. Change clothes immediately.
2. Take a bath (preferable) or wash all exposed areas.

### 7.1.7 Provision of Specific services

The following precautions must be followed for specific procedures, in addition to the general guidelines and Standard Precautions to be followed for specific procedures.

#### Short Term Methods

Method	PPE required	Special Precautions
Oral Contraceptive Pills	Surgical mask Non-sterile Gown Gloves Shoe covers	Confirm medical eligibility using the MEC wheel Give the client sufficient supply for 3 months. Consider tele-counselling for follow-up
Inj DMPA	Surgical mask Non-sterile Gown Gloves Shoe covers	Confirm medical eligibility using the MEC wheel Client to visit the clinic for injection if she opts for the service Consider tele-counselling for follow-up

#### IUCD Services

Method	PPE required	Special Precautions
IUCD	N-95 mask Face Shield Non-sterile Gown Sterile Surgical Gloves Eye protection Shoe Cover	Clients may be advised to delay replacement for 3 months in containment areas. Can be advised back-up methods over phone - condoms/ OCPs if they cannot visit the centre Confirm medical eligibility using the MEC wheel Can be prescribed Inj DMPA if ineligible for IUCD Consider tele-counselling for follow-up

#### Termination of Pregnancy

Method	Possible Scenarios	PPE required	Special Precautions
Termination of Pregnancy (TOP)	Less than 9 weeks- Both Medical Abortion and Surgical abortion to be offered. If the client opts for Medical Abortion:	N-95 mask Non-sterile Gown Gloves Eye protection Shoe Cover	May be offered medical Abortion- with 1st dose at the clinic and 2nd dose at home. 3rd visit only if required. 24X7 Tele-counselling available Emergency contact number and details of health facility to be contacted in case of emergency to be shared during counselling
	Surgical termination of pregnancy	N-95 mask Face Shield Gown with plastic apron Sterile Surgical Gloves Eye protection	All Infection Prevention measures listed above to be strictly followed. Gown and gloves to be changed after each client. Hand hygiene to be followed strictly before and after each

		Shoe Cover	client. All clients to be given a surgical mask on registration. All clients to use hand sanitizer before entering the Operation theatre.
Post-Abortion Family Planning (PAFP)	All clients to be offered choice of PAFP OCPs/ Injectable contraceptives/ IUCD / Female Sterilization	According to choice of contraception	Confirm medical eligibility using the MEC wheel Can be offered along with Termination of Pregnancy as per guidelines

### Female and Male Sterilization

Method	PPE required	Special Precautions
Female Sterilization	N-95 mask Face Shield Sterile Gown with plastic apron Sterile Surgical Gloves Eye protection Shoe Cover	Before entering the Operation theatre (OT), all staff to change their shoe covers for covered OT slippers or fresh shoe covers. Gown and gloves to be changed after every client Hand hygiene to be strictly followed before and after each client. All clients to be given a surgical mask on registration. All clients to use hand sanitizer before entering the Operation theatre.
Male sterilization	N-95 mask Face Shield Sterile Gown with plastic apron Sterile Surgical Gloves Eye protection Shoe Cover	Before entering the Operation theatre (OT), all staff to change their shoe covers for covered OT slippers or fresh shoe covers. Gown and gloves to be changed after every client Hand hygiene to be strictly followed before and after each client. All clients to be given a surgical mask on registration. All clients to use hand sanitizer before entering the Operation theatre.

## 7.2 Revised Standard Operating Protocols for Service Provision at FDS SITES (COT)

### 7.2.1 General

- Services offered must be according to these guidelines.
- PEs and FDS coordinators to work with the MOICs to advise ASHAs to share potential client list and client details (name and phone numbers) one day prior to provision of services.
- The attached screening questionnaire (Annexure 1) must be shared with the ASHAs/motivators and they must be oriented to it's use to enable them to screen clients before coming to the facility.
- Clients must be registered after proper screening, both by the ASHAs before coming to the health facility and again at the site. No walk-in clients to be entertained.

- All clients to be screened using the contact-less infra-red thermometer , pulse oximeter and the screening questionnaire and only those clients which have no signs/symptoms / have no history of possible contact/ come from areas which have no cases of COVID-19 will be offered services.
- If a client answers “Yes” to any of the questions in the screening questionnaire, provide them with a surgical mask and keep them separate from other clients, maintaining 6 feet distance between them and inform the district health authorities immediately.
- The number of clients to be restricted to a number which can ensure all possible precautions can be carried out to ensure the safety of our clients and our teams. (The number of clients should be restricted to not more than 10 maximum in the present scenario). If there are more clients, they should be counselled and provided a short term method (condom or OCP) and asked to come on the next FDS day /session.
- All staff members must be oriented in the specific Standard Precautions (SP) and Transmission based precautions (TBP) before initiating services and strictly follow them.(Annexure 2)
- One extra nurse who has been oriented for screening and triage to accompany all Clinical Outreach Teams (COT). If there is no extra nurse, one of the nurses in the team should be oriented for the process of triage.
- The team shall ensure sufficient numbers of PPE for the maximum number of clients permitted.(Annexure 3)
- At the health facility, a separate entrance and area to be earmarked for FP services to avoid inter-mingling of clients.
- Not more than one attendant shall be permitted per client inside the facility.
- All clients/ attendants/motivators shall be screened using the infra-red thermometer, pulse oximeter and the screening questionnaire before permitting them to enter the health facility.
- A trained triage person MUST be the first contact for anyone entering the facility. The position of this triage nurse is at the registration counter, prior to the process of registration.
- The number of staff at the facility must be the minimum required to carry out safe service provision.
- **At the service delivery point (SDP), the following staff must be present:**
  - FDS Coordinator
  - Counsellor
  - Nurses- 3 ( 2 for service delivery and one for triage OR 1 nurse for triage initially who will later move to the OT, 1 nurse and one OT assistant )
  - Provider / surgeon -1
  - Cleaner-1
  - Driver -1 (if the ambulance is being used for transport of staff).
- All staff must wear Personal protective equipment (PPE) as per the attached guidelines.(Annexure 4)
- A hand-washing station with soap and water must be set up at the entrance of the facility– this is highly important and it’s use by all must be ensured by someone deputed for the task.

- Alcohol based hand rub (ABHR) should be available at every step of service provision especially at the entry point of the service provision area.
- All the service areas like registration area, waiting area, pre and post-operative area except Operation Theatre (OT) should be sanitised by spraying with 1% Hypochlorite solution.
- The OT should be sanitised in the usual way, using 1% Hypochlorite solution.
- All “frequently touched” surfaces such as medical equipment, door/toilet handles and locker tops, client call bells, over bed tables and bed rails should be cleaned every 4 hours with 1% Hypochlorite solution and when known to be contaminated with secretions, excretions or body fluids and again at the end of the day.
- All staff to be given clear instructions regarding protocols to be followed in case of suspected COVID patient or carrier, including district emergency numbers. The contact numbers of the concerned district health officials must be prominently displayed at the district office and at the registration area.
- Public and private referral centres which are authorized to carry out both 1<sup>st</sup> and 2<sup>nd</sup> trimester abortions must be identified for all districts for our clients in coordination with the SCSM/ surgeon.

### 7.2.2 For Clients/ Motivators/Attendants

- All clients/ motivators/attendants to be screened using the infra-red thermometer, pulse oximeter and the screening questionnaire and only those who have no signs/symptoms / have no history of possible contact/ come from areas which have no cases of COVID-19 will be offered services.
  - The number of clients to be restricted to a number which can ensure all possible precautions can be carried out to ensure the safety of our clients and our teams. (Could be restricted to not more than 10 maximum at the present time). If there are more clients, they should be counselled and provided a short term method (condom or OCP) and asked to come on the next FDS day/ session.
1. All clients/ motivators/attendants to be given a surgical mask on entry to the facility.
  2. Only one attendant is to be permitted with each client.
  3. All clients/ motivators/attendants should be instructed to wash their hands with soap and water on entering the facility and use the ABHR at each step of service delivery.
  4. All clients/ motivators/attendants to strictly maintain 1 metre distance.

### 7.2.3 For Staff:

#### When leaving home for workplace

1. Wear a surgical mask while travelling

2. Travel by either private transport or organisation ambulance, which is sanitized twice daily by spraying with 1% hypochlorite solution.
3. Strictly maintain social distance of 1 metre.
4. Use ABHR when entering the vehicle and again after getting off.

### On Entry at the facility

1. On entry to the facility, wash your hands with soap and water.
2. Carry out Hand hygiene with Alcohol Based Hand Rub (ABHR).
3. Put on clean clothing and PPE- cap, surgical mask, gown, shoe cover, gloves – in the proper sequence .(Annexure 5)
4. For female staff - while putting PPE ensure that your hair is completely covered with the cap.
5. While putting on the mask, the proper way of donning must be followed. Every mask has two colours, on one side white and other side is coloured (BLUE or GREEN). The coloured side should be on outer side and the nose clip should be adjusted so that it fits tightly.

### 7.2.4 Nine Steps

#### Step 1: Registration

1. The trained triage person MUST be the first contact for anyone entering the facility.
2. The triage nurse will wear the following PPE- N95 mask , gloves, non-sterile gown and shoe covers.
3. Set up a triage station at the entrance of the facility with a nurse trained to triage at each centre. The position of this triage nurse is at the registration counter, prior to the process of registration.
4. Use a contact-less infra-red thermometer, pulse oximeter and the screening questionnaire (using the attached questionnaire translated in the local language- Annexure 1) to screen clients at the entrance to the facility.
5. All clients/motivators and attendants to be screened using the contact-less infra-red thermometer, pulse oximeter and the screening questionnaire and only those who have no signs/symptoms / have no history of possible contact/ come from areas which have no cases of COVID-19 will be offered services.
6. If a client answers “Yes” to any of the questions in the screening questionnaire, provide them with a surgical mask and keep them separate from other clients, maintaining 6 feet distance between them and inform the district health authorities immediately.
7. Post signs (Chart/poster) in waiting areas reminding anyone with symptoms to alert the triage person.
8. Only one attendant or ASHA worker will be allowed per client.
9. No clients with any respiratory symptoms will be offered services.
10. Place an alcohol based sanitiser at the entry point of the facility and ensure it is used by all personnel, clients and motivators.



11. Mark circles for the positioning of clients to strictly maintain a distance of one metre between clients.
12. Provide ALL clients and motivators with surgical mask
13. Keep ABHR in an accessible place with foot operated dust bins.
14. AVOID touching your face with gloved hands or with bare hands without handwashing or using ABHR in the correct technique
15. Keep a foot-operated closed bin for waste disposal in an easily accessible and visible place.

## Step 2: Counselling

1. Counsellors will wear the following PPE- surgical mask, gloves, non-sterile gown and shoe covers.
2. Counselling should be on a 1 – 1 basis, ideally in a suitable location outdoors or in a very well ventilated room.
3. Distance of one metre between clients will be strictly maintained by marking circles for the positioning of clients.

## Step 3: Laboratory services

1. Lab technicians should wear the following PPE- N95 masks, gloves, caps and non-sterile gown.
2. Gloves to be changed and ABHR used for Hand Hygiene after every client.

## Step 4 & 5: Pelvic and Pre-op Examination

1. Clinical staff examining clients will wear the following PPE - N95 masks, gloves, caps and non-sterile gown.
2. Clinical staff will carry out proper hand-hygiene and change gloves before and after examining each client. ABHR will be elbow operated.
3. All surfaces including the BP apparatus must be cleaned before and after each client with 1% hypochlorite solution.
4. Handwashing facilities should be available for every client before they enter the service delivery site and before they enter the service delivery room
5. All the service area like registration area, waiting area, and pre and post op. area except OT should be sanitised with 1% hypochlorite solution every 4 hours and when known to be contaminated with secretions, excretions or body fluids and again at the end of the day.

## Step 6: Pre-procedure medication

1. Providers will wear the following PPE - N95 masks, gloves, caps, goggles/face shield and non-sterile gown.
2. The surfaces of BP instruments, stethoscope & all equipment used should be disinfected every 4 hours with 1% hypochlorite solution.
3. All surfaces must be cleaned with 1% hypochlorite solution before and after each client.

4. Gloves must be changed and Hand hygiene carried out as per guidelines before and after each client.
5. Gloves and all PPE must be disposed of in line with recommended guidelines.

#### **Step 7: During the procedure**

1. Providers will wear the following PPE - N95 masks, gloves, caps, goggles/face shield and sterile gown with a plastic apron under the gown.
2. The OT should be sanitised in the usual way, using 1% Hypochlorite solution.
3. The surfaces of BP instruments, stethoscope & all equipment used should be disinfected every 4 hours with 1% hypochlorite solution.
4. All surfaces must be cleaned with 1% hypochlorite solution before and after each client.
5. Gloves must be changed and Hand hygiene carried out as per guidelines before and after each client.
6. Gloves and all PPE must be disposed of in line with recommended guidelines.

#### **Step 8: Post-Procedure Room**

1. Clinical staff examining clients will wear the following PPE - N95 masks, gloves, caps and non-sterile gowns.
2. Clinical staff will carry out proper hand-hygiene and change gloves before and after examining each client. ABHR will be elbow operated.

#### **Step 9: Post-procedure counselling and Discharge**

1. Counsellors will wear the following PPE- surgical mask, gloves, non-sterile gown and shoe covers.
2. Counselling should be on a 1 – 1 basis, in a very well ventilated room.
3. Maintain minimum 1 metre distance from the client or their attendant

#### **7.2.5 Before going home**

1. Remove PPE without touching the outer surface (Annexure 5).
2. Dispose of it properly.
3. All staff will carry out hand hygiene after changing out of the hospital clothes, which must be changed and washed daily.

#### **7.2.6 After Reaching Home**

1. Change clothes immediately.
2. Take a bath (preferable) or wash all exposed areas.

#### **7.2.7 Provision of Specific services**

The following precautions must be followed for specific procedures, in addition to the general guidelines and Standard Precautions to be followed for specific procedures.

### Female and Male Sterilization

Method	PPE required	Special Precautions
Female Sterilization	N-95 mask Face Shield Sterile Gown with plastic apron Sterile Surgical Gloves Eye protection Shoe Cover	Before entering the Operation theatre (OT), all staff to change their shoe covers for covered OT slippers or fresh shoe covers. Gown and gloves to be changed after every client Hand hygiene to be strictly followed before and after each client. All clients to be given a surgical mask on registration. All clients to use hand sanitizer before entering the Operation theatre.
Male sterilization	N-95 mask Face Shield Sterile Gown with plastic apron Sterile Surgical Gloves Eye protection Shoe Cover	Before entering the Operation theatre (OT), all staff to change their shoe covers for covered OT slippers or fresh shoe covers. Gown and gloves to be changed after every client Hand hygiene to be strictly followed before and after each client. All clients to be given a surgical mask on registration. All clients to use hand sanitizer before entering the Operation theatre.

### Short Term Methods

Method	PPE required	Special Precautions
OCPs	Surgical mask Non-sterile Gown Gloves Shoe covers	Confirm medical eligibility using the MEC wheel Give the client sufficient supply for 3 months
Inj DMPA	Surgical mask Non-sterile Gown Gloves Shoe covers	Confirm medical eligibility using the MEC wheel Consider tele-counselling for follow-up

### IUCD Services

Method	PPE required	Special Precautions
IUCD	N-95 mask	Confirm medical eligibility using the MEC

	Face Shield Non-sterile Gown Sterile Surgical Gloves Eye protection Shoe Cover	wheel Consider tele-counselling for follow-up
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## 7.3 Revised Standard Operating Protocols for Service Provision at MINI-COT SITES

### 7.3.1 General

1. Services offered must be according to these guidelines.
2. Counsellors to work with the ASHAs to share potential client list and client (name and phone numbers) details one day prior to provision of services.
3. The attached screening questionnaire (Annexure 1) must be shared with the ASHAs/motivators and they must be oriented to it's use to enable them to screen clients before coming to the facility.
4. Clients must be registered after proper screening, both by the ASHAs before coming to the health facility and again at the site. No walk-in clients to be entertained.
5. All clients to be screened using the contact-less infra-red thermometer, pulse oximeter and the screening questionnaire and only those clients which have no signs/symptoms / have no history of possible contact/ come from areas which have no cases of COVID-19 will be offered services.
6. If a client answers "Yes" to any of the questions in the screening questionnaire, provide them with a surgical mask and keep them separate from other clients, maintaining 6 feet distance between them and inform the district health authorities immediately.
7. The number of clients to be restricted to a number which can ensure all possible precautions can be carried out to ensure the safety of our clients and our teams. (The number of clients should be restricted to not more than 10 maximum in the present scenario). If there are more clients, they can be called back on the next day / session of service provision.
8. All staff members must be oriented in the specific Standard Precautions (SP) and Transmission based precautions (TBP) before initiating services and strictly follow them. (Annexure 2)
9. The nurse must be oriented for screening and triage. The team shall ensure sufficient numbers of PPE for the maximum number of clients permitted.
10. At the health facility, a separate entrance and area to be earmarked for FP services to avoid inter-mingling of clients.
11. Not more than one attendant shall be permitted per client inside the facility.
12. All clients/ attendants/motivators shall be screened using the infra-red thermometer , pulse oximeter and the screening questionnaire before permitting them to enter the health facility.
13. The trained triage nurse MUST be the first contact for anyone entering the facility. The position of this triage nurse is at the registration counter, prior to the process of registration.
14. At the service delivery point (SDP), the following staff must be present:

15. All staff must wear Personal protective equipment (PPE) as per the attached guidelines.(Annexure 4)
16. A hand-washing station with soap and water must be set up at the entrance of the facility– this is highly important and it's use by all must be ensured by someone deputed for the task.
17. Alcohol based hand rub (ABHR) should be available at every step of service provision especially at the entry point of the service provision area.
18. All the service areas like registration area, waiting area and procedure area should be sanitised with 1% hypochlorite solution.
19. All “frequently touched” surfaces such as medical equipment, door/toilet handles and tables, chairs, etc should be cleaned every 4 hours with 1% hypochlorite solution and when known to be contaminated with secretions, excretions or body fluids and again at the end of the day.
20. All staff to be given clear instructions regarding protocols to be followed in case of suspected COVID patient or carrier, including district emergency numbers. The contact numbers of the concerned district health officials must be prominently displayed at the reception.

### **7.3.2 For Clients/ Motivators/Attendants**

1. All clients/ motivators/attendants to be screened using the infra-red thermometer, pulse oximeter and the screening questionnaire and only those who have no signs/symptoms / have no history of possible contact/ come from areas which have no cases of COVID-19 will be offered services.
2. The number of clients to be restricted to a number which can ensure all possible precautions can be carried out to ensure the safety of our clients and our teams. (Could be restricted to not more than 10 maximum at the present time.
3. All clients/ motivators/attendants to be given a surgical mask on entry to the facility.
4. Only one attendant is to be permitted with each client.
5. All clients/ motivators/attendants should be instructed to wash their hands with soap and water on entering the facility and use the ABHR at each step of service delivery.
6. All clients/ motivators/attendants to strictly maintain 1 metre distance.

### **7.3.3 For Staff:**

#### **When leaving home for workplace**

1. Wear a surgical mask while travelling.
2. Travel by either private transport or organisation ambulance, which is sanitized twice daily by spraying with 1% hypochlorite solution.
3. Strictly maintain social distance of 1 metre.
4. Use ABHR when entering the vehicle and again after getting off.

#### **On Entry at the facility**

1. On entry to the facility, wash your hands with soap and water.

2. Carry out Hand hygiene with Alcohol Based Hand Rub (ABHR).
3. Put on clean clothing and PPE- cap, surgical mask, gown, shoe cover, gloves.
4. For female staff - while putting PPE make sure that your hair is well covered with cap.
5. While putting on the mask, the proper way of donning must be followed. Every mask has two colours, on one side white and other side is coloured (BLUE or GREEN). The coloured side should be on outer side and the nose clip should be adjusted so that it fits tightly.

### 7.3.4 Steps

#### Registration

1. The trained triage nurse MUST be the first contact for anyone entering the facility
2. Set up a triage station at the entrance of the facility. The position of the triage nurse is at the registration counter, prior to the process of registration.
3. Use a contact-less infra-red thermometer, pulse oximeter and the screening questionnaire (using the attached questionnaire translated in the local language- Annexure 1) to screen clients at the entrance to the facility.
4. All clients/motivators and attendants to be screened using the contact-less infra-red thermometer, pulse oximeter and the screening questionnaire and only those who have no signs/symptoms / have no history of possible contact/ come from areas which have no cases of COVID-19 will be offered services.
5. If a client answers “Yes” to any of the questions in the screening questionnaire, provide them with a surgical mask and keep them separate from other clients, maintaining 6 feet distance between them and inform the district health authorities immediately.
6. Post signs (Chart/poster) in waiting areas reminding anyone with symptoms to alert the triage person.
7. Only one attendant or ASHA worker will be allowed per client.
8. No clients with any respiratory symptoms will be offered services.
9. Place an alcohol based sanitiser at the entry point of the facility and ensure it is used by all personnel, clients and motivators.
10. Mark circles for the positioning of clients to strictly maintain a distance of one metre between clients.
11. Provide ALL clients and motivators with surgical mask
12. Keep ABHR in an accessible place with foot operated dust bins.
13. AVOID touching your face with gloved hands or with bare hands without handwashing or using ABHR in the correct technique
14. Keep a foot-operated closed bin for waste disposal in an easily accessible and visible place.

#### Counselling

1. Counsellors will wear the following PPE- surgical mask, gloves, non-sterile gown and shoe covers.

2. Counselling should be on a 1 – 1 basis, ideally in a suitable location outdoors or in a very well ventilated room.
3. Distance of one metre between clients will be strictly maintained by marking circles for the positioning of clients.

#### Pre-op Examination and Procedure

1. Clinical staff examining clients will wear the following PPE - N95 masks, gloves, caps and non-sterile gowns.
2. Clinical staff will carry out proper hand-hygiene and change gloves before and after examining each client. ABHR will be elbow operated.
3. All service areas like registration area, waiting area, and pre and post op. area and procedure room should be sanitised with 1% hypochlorite solution every 4 hours and when known to be contaminated with secretions, excretions or body fluids and again at the end of the day.
4. All surfaces including the BP apparatus must be cleaned before and after each client with 1% hypochlorite solution.
5. Handwashing facilities should be available for every client before they enter the service delivery site and before they enter the service delivery room
6. All the gloves must be changed and Hand hygiene carried out as per guidelines before and after each client.
7. Gloves and all PPE must be disposed of in line with recommended guidelines.(Annexure 4)

#### Post-procedure counselling

1. Counsellors will wear the following PPE- surgical mask, gloves, non-sterile gown and shoe covers.
2. Counselling should be on a 1 – 1 basis, in a very well ventilated room.
3. Maintain minimum 1 metre distance from the client or their attendant

#### 7.3.5 Before going home

1. Remove PPE without touching the outer surface (Annexure 5).
2. Dispose of it properly.
3. All staff will carry out hand hygiene after changing out of the hospital clothes, which must be changed and washed daily.

#### 7.3.6 After Reaching Home

1. Change clothes immediately.
2. Take a bath (preferable) or wash all exposed areas.

#### 7.3.7 Provision of Specific services

The following precautions must be followed for specific procedures, in addition to the general guidelines and Standard Precautions to be followed for specific procedures.

### IUCD Services

Method	PPE required	Special Precautions
IUCD	N-95 mask Face Shield Non-sterile Gown Sterile Surgical Gloves Eye protection Shoe Cover	Confirm medical eligibility using the MEC wheel Can be advised back-up methods over phone-condoms/ OCPs Can be prescribed Inj DMPA Consider tele-counselling for follow-up

### Other Short Term Methods

Method	PPE required	Special Precautions
OCPs and condoms	Surgical mask Non-sterile Gown Gloves Shoe covers	Confirm medical eligibility using the MEC wheel Give the client sufficient supply for 3 months
Inj DMPA	Surgical mask Non-sterile Gown Gloves Shoe covers	Confirm medical eligibility using the MEC wheel Consider tele-counselling for follow-up

## Section 8: Orientation and Training of Staff



The current pandemic has forced us to modify the way we operate and offer services. Our staff would need a thorough orientation and training in these to enable them to understand the rationale behind these changes in protocols and the modifications in our working required at each step to ensure the safety of our clients and staff.

To ensure effective dissemination , and because of the current travel restrictions, these guidelines would initially be shared with the Executive team and all the State Clinical and Program managers (SCSM and SPMs) followed by a preliminary session over Skype or Zoom. These can then be translated into Hindi and cascaded to the district level teams by the SCSM and the SPMs, along with the operational guidelines. Approval from the district health authorities, proper orientation and training of our staff, covering all aspects of these guidelines is mandatory before initiation of service provision after the lockdown.

## Section 9: Monitoring

The team leaders and the Program Coordinators are jointly responsible for ensuring these guidelines are strictly followed at the district level.

## Section 10: Key Take Home Messages

- **We must change the way we offer services during this COVID-19 pandemic, and some of these changes are going to stay for a long time.**
- **Strict adherence to Standard Precautions for Infection Prevention, especially Transmission Based Precautions, is essential for the safety of our clients and our staff.**
- **Strict Hand Hygiene and Social Distancing are the key to prevent infection.**
- **Careful planning of resources, human and commodities, is essential for effective service provision.**
- **Follow all guidelines and protocols.**

## Section 11: Way Forward

COVID-19 has changed the way health care services will be delivered in future. Organizations will have to find a way to offer services that would follow all precautions to ensure the safety of clients, their attendants and all the health care teams and still ensure that all women and men who need contraception are able to obtain safe, effective and accessible services. This would involve adding stricter infection prevention measures, newer protocols and guidelines and more efficient planning and utilization of all our resources- supplies as well as personnel.

1. Resource planning for better estimation of contraceptive and other requirement for longer time periods than usual. Wherever possible, invest in inventory to avoid stock-out situation, especially in the present situation where there is no clear picture of how long this situation will last.
2. Contingency plans prepared and shared such that operational and procurement bottlenecks may be avoided.
3. Identify alternate sources and vendors of contraceptive products.
4. Explore alternative means of service delivery, like telehealth.
5. Ensure well-being of providers and staff. Organizations should ensure their own employees are well informed and supported, with flu shots, hand sanitizer, and plenty of reassurance.
6. Develop clear guidelines and SOPs for extra precautions during service provision.
7. Minimize staff traveling between sites to reduce risk of transmission.
8. Prepare back-up staffing for absences of up to 2 weeks.

The contraceptive needs of people do not cease to exist simply because of the COVID-19 pandemic. In fact, it is of even greater importance that women do not, in these difficult times, have to bear the stress of an unwanted pregnancy. It is the responsibility of policy makers and health care providers to ensure that effective and safe contraceptive choices are available to women and men.

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## ANNEXURES

## Annexure 1

### **Screening Checklist**

Name

Address

Mobile number

1. Do you have any fever/ Cold/ Flu or any respiratory illness?
2. Have you had any fever/ Cold/ Flu or any respiratory illness in the last two weeks?
3. Have you travelled anywhere in the last two weeks to any place where Corona virus cases have been detected (hot spots)?
4. Have any of your family members suffered from fever/ Cold/ Flu or any respiratory illness in the last two weeks?
5. Has any guest travelling from abroad stayed at your house in the last two weeks?
6. Have you come into contact with anyone who has been found to be Corona positive or suspected to be having any symptoms or a carrier?
7. Is there any Corona virus positive case or person who has been isolated at home/community/hospital in suspicion of Corona virus from your locality/village/your neighborhood?

***The above statement is true to the best of my knowledge.***

### ***Signature of client***

If a client answers “Yes” to any of these questions, they should be referred to the district health officials for further testing. Service provision is to be delayed till the result of the test is received. They can be counselled for alternative FP methods like condoms/oral contraceptives in the meanwhile.

### ***Temperature of the Client***

### ***Oxygen Saturation***

### ***Temperature of the Attendant***

नाम

पता

मोबाइल नंबर

1. क्या आपको बुखार / सर्दी / फ्लू या कोई सास की बीमारी है?
2. क्या आपको पिछले दो हफ्तों में बुखार / सर्दी/ फ्लू या कोई भी सांस की बीमारी है?
3. क्या आपने पिछले दो हफ्तों में कहीं भी किसी भी जगह की यात्रा की है जहां कोरोना वायरस के मामलों का पता चला है (हॉट स्पॉट)?
4. क्या आपके परिवार के किसी सदस्य को पिछले दो हफ्तों में बुखार / कोल्ड / फ्लू या सांस की कोई बीमारी हुई है? 5. क्या पिछले दो हफ्तों में आपके घर पर विदेश से कोई मेहमान आया है?
5. क्या आप किसी ऐसे व्यक्ति के संपर्क में आए हैं जिसे कोरोना पॉजिटिव पाया गया है या कोई लक्षण या वाहक होने का संदेह है?
6. क्या कोई कोरोना वायरस पॉजिटिव केस या व्यक्ति है जो आपके इलाके / गांव / आपके पड़ोस से कोरोना वायरस के संदेह में घर / समुदाय / अस्पताल में अलग-थलग पड़ा है?

उपरोक्त कथन मेरे सर्वोत्तम ज्ञान के अनुसार लिए सही है।

ग्राहक का हस्ताक्षर

ग्राहक का तापमान

ऑक्सीजन संतृप्ति

अटेंडेंट का तापमान

## **COVID-19 PANDEMIC-TECHNICAL DETAILS**

### **1:1 What are Coronaviruses?**

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Rarely, animal coronaviruses can evolve and infect people and then spread between people such as has been seen with MERS and SARS.

The outbreak of Novel coronavirus disease (now named COVID-19) was initially noticed from a seafood market in Wuhan city in Hubei Province of China in mid-December, 2019, has spread to more than 185 countries/territories worldwide including India.

The causative agent for COVID-19 earlier termed provisionally as novel Coronavirus has been officially named as SARS-CoV-2.

### **1:2 Mode of transmission:**

The people most at risk of COVID-19 infection are those who are in close contact with a suspect/confirmed COVID-19 client or who care for such clients.

The main modes of transmission are:

- Through respiratory droplets that get generated when people cough, sneeze, or exhale.
- By touching, by direct touch and through contaminated surfaces or objects and then touching their own mouth, nose, or possibly their eyes.
- Healthcare associated infection by SARS-CoV-2 virus

### **1:3 Measures for preventing and controlling COVID-19**

Limiting transmission of COVID-19 in the healthcare setting requires a range of infection prevention and control measures which can be considered as a hierarchy of controls. Controls are implemented at an organisational level (e.g. the design and use of appropriate processes, systems and provision and use of suitable work equipment and materials) to help prevent the introduction of infection and to control and limit the transmission of infection in healthcare and at the facility level by the provision and use of personal protective equipment (PPE), including respiratory protective equipment (RPE) to protect staff, clients and visitors.

The principles below are listed as a hierarchy of infection prevention and control measures at organisational and local facility level. (This list is not exhaustive but includes key principles and illustrates a useful approach to preventing and controlling COVID-19).

#### **1:3:1 Control measures at the Organizational Level**

In preparedness for implementing these control measures, all health care organisations should immediately plan and test preparedness of their service provision sites before offering services during the pandemic.

This would include:

- Development of guidelines and protocols to guide the staff regarding all precautions to keep our clients and personnel safe at this time.

- Assessment of the readiness of the team to ensure infection control practices- both for themselves and their clients.
- Ensure readiness of the team to carry out effective triage, segregation and care of potential or proven COVID-19 positive clients or carriers..
- Identification of possible sites/facilities /areas where Family Planning (FP) services can be safely offered, following all prescribed guidelines.

### **1:3:2 Facility level**

- Protocols for early recognition/reporting of cases
- Screening guidelines for early assessment/triaging of cases
- Educating staff, patients and visitors about Standard infection control precautions (SICPs) and Transmission based precautions (TBP).
- Prompt implementation of TBPs to limit transmission
- Implementing control measures including maintaining separation in space and/or time between suspected/confirmed COVID-19 patients and healthy clients visiting the facility to avail of FP services.
- Ensuring availability of PPEs and other infection prevention resources, in addition to the regular supplies, for specific situations.

**1:4 Triage-** Triage is the sorting of clients in an emergency situation according to a system of priorities according to the urgency of their need for care and/or to determine future course of action.

The purpose of Triage in our service delivery settings is to identify clients who may be potential COVID-19 patients or carriers, or who may be in contact with a COVID-19 patients or carriers.

In these cases, it is best to either delay the procedure or refer the client to a higher facility with adequate resources. This would also ensure that no client who meets the medical eligibility criteria is denied services.

### **1:4:1 Identification of potential COVID-19 patients or carriers**

If a client has any of the following:

- Acute respiratory infection of any degree of severity, including at least one of the following:
  - fever ( $\geq 38^{\circ}\text{C}$ ),
  - shortness of breath or dry cough
 OR

Fever ( $\geq 38^{\circ}\text{C}$ ) of unknown cause with no other symptoms

The client **MAY** be a potential COVID-19 patients or carriers.

Less common symptoms are:

- Aches and Pains

- Nasal congestion,
- Oxygen Saturation less than 93%
- Headache,
- Conjunctivitis,
- Sore throat,
- Diarrhea,
- Loss of taste or smell
- Rash on skin
- Discoloration of fingers or toes.

These symptoms are usually mild and begin gradually. Some people become infected but only have very mild symptoms.

Clinical judgement should be employed when assessing these criteria. Be alert to the possibility of atypical presentation in patients who are immunocompromised.

#### **1:4:2 Defining a 'Contact' of a COVID-19 patient**

A person involved in any of the following from 2 days before to 14 days after the onset of symptoms in the patient:

- Close contact with a COVID-19 patient (within 1m) for >15 minutes
- Providing direct care for COVID-19 patient without proper Personal Protective Equipment
- Staying in the same close environment as a COVID-19 patient (including sharing a workplace, classroom or household or being at the same gathering) for any amount of time
- Travelling in proximity with (within 1 m) a COVID-19 patient in any kind of conveyance

**Any client who answers “Yes” to any of the above must be considered as a potential COVID-19 patient/carrier and service provision to such clients must be delayed and the local health authorities must be informed immediately.**

**A screening questionnaire is attached to this document as a tool for assessing level of risk for COVID-19. (Annexure 1)**

A trained triage person **MUST** be the first contact for anyone entering the facility. Triage must be carried out for all clients entering the facility, using the screening questions attached.

#### **1:5 Course of Illness**

- Most people (about 80%) recover from the disease without needing hospital treatment.
- Only around 1 out of every 5 people who gets COVID-19 (20%) becomes seriously ill and develops difficulty breathing.
- Older people, and those with underlying medical problems like high blood pressure, heart and lung problems, diabetes, or cancer, are at higher risk of developing serious illness.



## **1:6 Preventive measures for COVID-19 disease**

Preventive and mitigation measures are the most important factors in preventing the spread of this disease. The most effective preventive measures in the community include:

- Performing hand hygiene frequently with an alcohol-based hand rub if your hands are not visibly dirty or with soap and water if hands are dirty;
- Avoiding touching your eyes, nose, and mouth;
- Practicing respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue;
- Wearing a medical mask if you have respiratory symptoms and performing hand hygiene after disposing of the mask;
- Maintaining social distance (a minimum of 1 metre) from persons with respiratory symptoms.

Additional precautions are required by health care workers to protect themselves and prevent transmission in the healthcare setting. Precautions to be implemented by health care workers caring for clients with potential COVID-19/unknown status include:

- Using PPE appropriately- This involves selecting proper PPE and being trained in how to put on, remove, and dispose of it.
- PPE should be discarded in an appropriate waste container after use, and hand hygiene should be performed before putting on and after taking off PPE.
- In addition to using the appropriate PPE, frequent hand hygiene and respiratory hygiene should always be performed.
- Ensuring adequate space to allow social distance of at least 1 m to be maintained between clients and between clients and health care workers.
- Cleaning of “frequently touched” surfaces such as medical equipment, door/toilet handles and locker tops, client call bells, over bed tables and bed rails should at least twice daily and when known to be contaminated with secretions, excretions or body fluids.

**1:6:1 Standard Precautions to ensure Infection Prevention must be carried out as usual, with special emphasis on the following:**

### **1. Environmental Cleaning-**

- Clean “frequently touched” surfaces such as medical equipment, door/toilet handles and locker tops, client call bells, over bed tables and bed rails at least four hourly and when known to be contaminated with secretions, excretions or body fluids with 1% hypochlorite solution.
- Client isolations rooms, cohort areas and clinical rooms must be decontaminated at least daily by spraying with 1% hypochlorite solution.
- Personal protective equipment (PPE) and other infection prevention and control supplies should be placed in sufficient supply including at patient arrival, waiting area and inside examination room.

- In common waiting areas or during transportation, clients to wear a fluid-resistant (Type IIR) surgical face mask (FRSM) to minimise the dispersal of respiratory secretions and reduce environmental contamination.

## **2. Hand hygiene**

- Hand hygiene includes the use of ABHR (Alcohol Based Hand Rub) for routine hand hygiene and hand washing with soap and water, including thorough drying, if hands are visibly soiled or dirty.
- ABHR must be available for all staff as near to point of care as possible, where this is not practical, personal dispensers should be used.
- Hand hygiene must be performed immediately before every episode of direct client care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of personal protective equipment (PPE), equipment decontamination and waste handling.

### **Before performing hand hygiene:**

- Expose forearms (bare below the elbows);
- Remove all hand and wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene);
- Ensure finger nails are clean, short and that artificial nails or nail products are not worn;
- Cover all cuts or abrasions with a waterproof dressing.

## **3. Respiratory Hygiene**

- Tissues, waste bins (lined and foot operated) and hand hygiene facilities should be available for clients, visitors and staff.
- Disposable, single-use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose.
- Used tissues should be disposed of promptly in the nearest waste bin.
- Hands should be cleaned (using soap and water if possible, otherwise using ABHR) after coughing, sneezing, using tissues or after any contact with respiratory secretions and contaminated objects
- Encourage clients and staff to keep hands away from the eyes, mouth and nose.

## **4. Instructions for clients**

- Display posters/charts/IEC materials at the entrance of the reception area with instructions for clients and their attendants.
  - a. All clients and their attendants to perform hand hygiene and put on a mask before entering the reception area and keep it on during their visit to the facility.
  - b. Cover their mouth/nose when coughing or sneezing, use and dispose of tissues in a foot-operated, closed dustbin kept in an easily accessible place.
  - c. Perform hand hygiene after contact with respiratory secretions.

## **Annexure 3**

**LIST OF IP and PPE EQUIPMENT AND MEDICAL CONSUMABLES REQUIRED PER SITE (in addition to IP materials already present)**

Step	Type of provider	PPE required	Other IP material required
Pre-registration	Driver	Surgical Mask Non-sterile Gloves	Disinfection with hypochlorite solution/ bleaching solution Hand sanitizer
	Staff	Surgical Mask Non-sterile clean gloves	
	Client (if used to transport clients)	Surgical Mask	
Triage	Triage Nurse	N-95 mask (issued weekly)  Non-sterile clean gloves Non-sterile gown Cap	Disinfection with hypochlorite solution/ bleaching solution Hand sanitizer Non-contact infrared thermometer Bleaching solution for sanitizing every 4 hours
Registration	FDS Coordinator	Surgical Mask Non-sterile clean gloves	Disinfection with hypochlorite solution/ bleaching solution Hand sanitizer Bleaching solution for sanitizing every 4 hours
	Client Attendant	Surgical Mask Surgical Mask	
Counselling	Counsellor	Surgical mask Non-sterile clean gloves Non-sterile cotton gown	Disinfection with hypochlorite solution/ bleaching solution Hand sanitizer Bleaching solution for sanitizing every 4 hours
Lab services	Lab technician	N-95 mask (issued weekly) Non-sterile clean gloves Non-sterile cotton gown Cap Shoe cover	Disinfection with hypochlorite solution/ bleaching solution Hand sanitizer Bleaching solution for sanitizing every 4 hours
Pre-op pelvic examination	Medical officer/nurse	N-95 mask (issued weekly) Non-sterile clean gloves (changed after each client) Goggles or Face shield Non-sterile cotton gown Cap Shoe cover	Disinfection with hypochlorite solution/ bleaching solution Hand sanitizer Bleaching solution for sanitizing every 4 hours Equipment for pelvic examination
Pre-op general examination	Medical officer/nurse	N-95 mask (issued weekly)	Disinfection with hypochlorite solution/

		Non-sterile clean gloves Non-sterile cotton gown Cap Shoe cover	bleaching solution Hand sanitizer Bleaching solution for sanitizing every 4 hours Equipment for examination
Pre-procedure medication	Nurse	N-95 mask (issued weekly) Non-sterile clean gloves Goggles Non-sterile cotton gown Cap Shoe cover	Disinfection with hypochlorite solution/ bleaching solution Hand sanitizer Bleaching solution for sanitizing every 4 hours
Procedure	Surgeon Assisting nurse Nurse -circulating	N-95 mask (issued weekly) Sterile Gloves Goggles or Face shield Non-sterile cotton gown Cap Shoe cover	Disinfection with hypochlorite solution/ bleaching solution Hand sanitizer Bleaching solution for sanitizing every 4 hours
Post-op nurse	Nurse	N-95 mask (issued weekly) Non-sterile clean gloves Non-sterile cotton gown Cap Shoe cover	Disinfection with hypochlorite solution/ bleaching solution Hand sanitizer Bleaching solution for sanitizing every 4 hours

#### [Annexure 4](#)

### **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Personal Protective Equipment (PPE) are protective gear designed to safeguard the health of workers by minimizing the exposure to a biological agent. This is an essential aspect of protecting workers and clients from transmission of COVID-19.

#### **1:1 Components of PPE:**

- A. Mask
- B. Gloves
- C. Coverall/gowns (with or without aprons),
- D. Goggles,
- E. Caps/head Covers
- F. Face-shield,
- G. Shoe cover

Each component and rationale for its use is given in the following paragraphs:

#### **A) Masks**

Respiratory viruses that includes Coronaviruses target mainly the upper and lower respiratory tracts. Hence the droplet precautions/airborne precautions using masks are crucial while dealing with a suspect or confirmed case of COVID-19 performing aerosol generating procedures.

There are two types of masks which are recommended for various categories of personnel working in hospital or community settings, depending upon the work environment:

1. Triple layer medical mask - A triple layer medical mask is a disposable mask, fluid-resistant, provide protection to the wearer from droplets of infectious material emitted during coughing/sneezing/talking.
2. N-95 Respirator mask - An N-95 respirator mask is a respiratory protective device with high filtration efficiency to airborne particles. If correctly worn, the filtration capacity of these masks exceeds those of triple layer medical masks. Since these provide a much tighter air seal than triple layer medical masks, they are designed to protect the wearer from inhaling airborne particles.

- B) Gloves:** When a person touches an object or surface contaminated by a COVID-19 positive person, and then touches his own eyes, nose, or mouth, he may get exposed to the virus. Latex disposable gloves must be worn when providing direct client care and when exposure to blood and/or other body fluids is anticipated/likely, including during equipment and environmental decontamination. Gloves must be changed immediately following the care episode or the task undertaken. Gloves however, do not replace proper hand hygiene.
- C) Coverall/Gowns** - Coverall/gowns are designed to protect torso of healthcare providers from exposure to virus. An apron can also be worn over the gown in case of extensive splashing of blood and/or other body fluids e.g. during aerosol generating procedures (AGPs). If non fluid-resistant gowns are used, a disposable plastic apron should be worn underneath. Disposable aprons and gowns must be changed between clients and immediately after completion of a procedure/task.
- D) Face Shield and goggles:** Contamination of mucous membranes of the eyes, nose and mouth is likely in a scenario of droplets generated by cough, sneeze of an infected person. Inadvertently touching the eyes/nose/mouth with a contaminated hand is another likely scenario. Eye/face protection should be worn when there is a risk of contamination to the eyes from splashing of secretions (including respiratory secretions), blood, body fluids or excretions.

Eye/face protection can be achieved by the use of any one of the following:

- Surgical mask with integrated visor;
- Full face shield/visor;
- Polycarbonate safety spectacles or equivalent;
- Regular corrective spectacles are not considered adequate eye protection.

- E) Caps/head Covers** - Those using gowns should use a head cover that covers the head and neck while providing clinical care for clients. Hair and hair extensions should fit inside the head cover.

- F) Shoe covers** -Shoe covers should be made up of impermeable fabric to be used over shoes to facilitate personal protection and decontamination.

By using appropriate protective clothing, it is possible to create a barrier to eliminate or reduce contact and droplet exposure, both known to transmit COVID-19, thus protecting healthcare workers working in close proximity (within 1 meter) of suspect/confirmed COVID-19 cases or their secretions.

## 1:2 Technical Standards for PPE

### All PPE should be:

- Compliant with the relevant local standards
- Located close to the point of use;
- Stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to);
- Single-use only;
- Changed immediately after each client and/or following completion of a procedure or task; and
- Disposed of after use into the correct waste stream i.e. healthcare/clinical waste (this may require disposal via orange or yellow bag waste; local guidance will be provided depending on the impact of the disease)

## 1:3 Guidelines for use of PPE in clinical settings

Out-patient Client Health Care Facilities				
	Target personnel or clients	Activity	Level of Risk	Type of PPE or procedure
<b>Screening area help desk/ Registration counter</b>	Administrative staff / Nurses / paramedic interacting with clients	Registration of clients	Moderate	Triple layer Medical Mask Gloves Maintain 1 m distance
<b>Consultation rooms and Out-client service delivery rooms</b>	Health care workers	Physical examination of client with respiratory symptoms	High	N-95 mask Gown Gloves Eye protection
		Physical examination of clients without respiratory symptoms	Moderate	PPE according to standard precautions and risk assessment. No aerosol generating procedures should be allowed.
	Clients with respiratory symptoms	Any		Provide medical mask if tolerated.

	Clients without respiratory symptoms	Any		No PPE required
	Cleaners	Cleaning frequently touched surfaces/ Floor/ cleaning linen	Moderate	Medical mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes
<b>Administrative Areas</b>	All staff, including health care workers (HCW)	Administrative tasks		No PPE required
	All staff, including HCW	Administrative tasks		No PPE required
<b>Ambulance and Client Transport services</b>	Health care Workers	Transporting suspected COVID-19 clients to the referral health care facility		Medical mask Gowns Gloves Eye protection
	Driver	Driving the client with suspected COVID-19 disease and the driver's compartment is separated from the client		Maintain spatial distance of at least 1 metre. No PPE required
		Assisting with loading or unloading and driving client with suspected COVID-19		Medical mask Gowns Gloves Eye protection
		No direct contact with client with suspected COVID-19, but no separation between driver's and client's compartments		Medical mask
		Cleaning after and between transport of clients with suspected COVID-19 to the referral facility.		Medical mask Gown Heavy duty gloves Eye protection (if risk of splash). Boots or closed work shoes

#### [Annexure 5](#)

### **DONNING AND DOFFING OF PPE**







## 1:1 Donning of PPE

# Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)\*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANis-Jdi2s>

### Pre-donning instructions:

- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

<p><b>1</b> Perform hand hygiene before putting on PPE.</p> 	<p><b>2</b> Put on apron and tie at waist.</p> 	<p><b>3</b> Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.</p> 
<p><b>4</b> With both hands, mould the metal strap over the bridge of your nose.</p> 	<p><b>5</b> Don eye protection if required.</p> 	<p><b>6</b> Put on gloves.</p> 

\*For the PPE guide for AGPs please see: [www.gov.uk/government/publications/whan-novel-coronavirus-infection-prevention-and-control](http://www.gov.uk/government/publications/whan-novel-coronavirus-infection-prevention-and-control)

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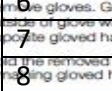







### Donning Checklist

S.No.	Procedure
1	Wash hands with soap and water
2	Wear shoe cover
3	Wear 1st pair of gloves
4	Wear gown
5	Wear the mask/respirator (check for any leaks)
6	Wear goggles/face shield
7	Wear cap
8	Wear 2nd pair of gloves

**Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)\***

Please see donning and doffing video to support this guidance: <https://youtu.be/eANis-Jdi2s>

**PPE should be removed in the order that minimises the risk of self-contamination**

<p><b>1</b> Remove gloves. Grasp the outside of glove with the opposite gloved hand.</p> 	<p><b>2</b> Clean hands.</p> 	<p><b>3</b> Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself.</p> 	<p>Break ties at waist and fold apron in on itself – do not touch the outside – <b>this will be contaminated.</b> Discard.</p> 
<p><b>4</b> Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.</p> 	<p><b>5</b> Clean hands.</p> 	<p><b>6</b> Remove facemask once your clinical work is completed. Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.</p> 	
<p><b>7</b> Clean hands with soap and water.</p> 			

## 1:2 Doffing of PPE

\*For the doffing guide to PPE for AGPs see: [www.gov.uk/government/publications/whan-novel-coronavirus-infection-prevention-and-control](http://www.gov.uk/government/publications/whan-novel-coronavirus-infection-prevention-and-control)

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<b>Doffing Checklist</b>	
<b>S.No.</b>	<b>Procedure</b>
1	Check for any leak or soiling in PPE before doffing, (disinfect site if contaminated)
2	Disinfect the hands while wearing gloves (similar to hand hygiene procedure)
3	Remove shoe covers only by touching the outer surface (by sitting on chair)
4	Perform hand hygiene
5	Remove outer gloves
6	Perform hand hygiene
7	Remove cap
8	Remove gown
9	Perform hand hygiene
10	Remove goggles/face shield
11	Perform hand hygiene
12	Remove second pair of gloves
13	Perform hand hygiene
14	Remove mask (don't touch the front of mask, handle with slings/bands)
15	Perform hand hygiene

## [Annexure 6](#)

### **ALTERNATIVE METHODS OF SERVICE DELIVERY**

The current restrictions make it difficult for clients to freely access Family Planning (FP) services. Until face to face services are freely accessible, the possibility of alternative modes of delivering FP services can be explored.

In situations where service delivery by in-person visits is required, extra precautions are to be followed to minimize chances of infection.

These alternative modes and precautions are listed below:

#### **1:1 Before the visit:**

1. Clients may be offered telehealth patient-centred counselling on range of methods and patient priorities.
2. Use evidence based extended use for all methods.
3. Review of risks and benefits of ongoing effectiveness of IUD beyond prescribed duration.
4. Assess need for in-person visits if required. Initiate a bridging method if required.
5. Triage clients before visits using the screening questionnaire.
6. Provide person-centred contraceptive counselling, method initiation and continuation, as well as method switching.

### **1:2 Contraception Initiation:**

1. Provide telehealth patient-centred counselling on range of methods, patient priorities and follow-up of clients.
2. Assess risk of pregnancy
3. **Assess need for in-person visits if required.**
4. Post signs regarding walk-in appointments and triage.
5. Have masks available for anyone with symptoms.
6. Continue to counsel on all FP methods.

### **1:3 Contraception Continuation:**

1. Use evidence based extended use for all methods:
2. Review of risks and benefits of ongoing effectiveness of IUD beyond prescribed duration.
3. Assess need for in-person visits if required. Initiate a bridging method if required
4. Need of in-person visit for IUD, DMPA or sterilization.
5. Delay visit if COVID-19 symptoms, PUI (person undergoing investigation), pending test results, or asymptomatic contact.
6. In case of in-person visits, ensure necessary level of infection prevention for minimizing the risk of COVID exposure to providers/staff and their clients.
7. Empower patients regarding social distancing, hand hygiene, respiratory hygiene and other methods of prevention.
8. Preserve staff availability and PPE to see high priority patients.

### **1:4 Contraceptive Change or Discontinuation:**

1. Use evidence based extended use for all methods.
2. Advise condoms, initiate bridging methods.
3. Review risks and benefits of ongoing effectiveness of IUD beyond evidence.
4. Assure services like insertion/removal will be facilitated on request.
5. Continue to counsel on all FP methods.
6. In case of in-person visits, ensure necessary level of infection prevention for minimizing the risk of COVID exposure to providers/staff and their clients.

# ABOUT FRHS India

Foundation for Reproductive Health Services India (FRHS India) is an affiliate of Marie Stopes International (MSI), which is a global organisation providing personalised contraception and safe abortion services to women and girls across 37 countries. Working since 2009, FRHS India has been contributing towards enabling women and men to exercise their sexual and reproductive rights and choices by providing information and services in the states of Bihar, Uttar Pradesh and Rajasthan. We are the country's largest provider of clinical family planning services in the private and non-government sector and have been recognised for our quality of care. We are client-focused and result-driven, working towards driving the social and economic development of women and families in the country.



## CLIENTS SERVED

IN 2019



## OUR IMPACT

IN 2019



**Support us**

Family Planning enables both men and women to decide whether, when and how many children to have. FRHS India works towards creating a world where every family is planned and healthy.

Partner with us and follow us on:

[@FoundationforReproductiveHealthServicesIndia](#) [@FrhsPragati](#) [@FrhsPragati](#)

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Website: <http://www.frhs.org.in/>

## OUR SERVICE DELIVERY MODELS



### Clinical Outreach Team (COT)

A fully staffed and equipped team providing a full range (spacing, long-acting reversible and permanent methods) of family planning choices to clients in public sector sites.

### Marie Stopes Clinic

A one-stop facility offering an entire range of high quality family planning and reproductive health services in Ajmer, Jaipur, Banswara, Bareilly, Gaya and Saharsa.

### Mini-Clinical Outreach Team (Mini-COT)

Reaching out to young adults closer to where they live and providing them with information, counselling and family planning services (spacing and long-acting reversible methods).

### Public Sector Support (PSS)

Improving choices and quality of family planning services for clients in identified public sector sites in Rajasthan.