



Standard Operating Procedure (SOP) For Flu Corner/Fever Clinic in UPHC/PHC/MH/RH

1. Administrative Planning:

- Dedicated staff should be appointed for flu corner.
- Staff must be engaged on rotation basis and a backup team must be available in case of exigency.
- Timings should be from 9.00 A.M to 4.30 P.M.

2. Personnel: (All personnel should be strictly dedicated to flu corner)

- i. 1 Doctor
- ii. 1 Nursing staff
- iii. 1 Cleaning staff
- iv. 1 Security personnel

3. Engineering Requirements:

- Waiting area for patients with flu like symptoms should be separated from other waiting areas with a physical partition which can be cleaned
- Waiting area should be well ventilated – natural ventilation/exhaust fans (Avoid using ceiling fans/AC)
- The chairs in waiting area should be placed at a minimum of 3 feet distance from each other
- Only one attendant should be allowed for one patient
- Posters should be displayed about cough etiquette, hand hygiene, PPE use and social distancing
- Wash basin should be made available in the consultation room with wall mounted hand wash solution
- Hand sanitizers should be made available at waiting area / entry doors/ exit doors/ consultation room and regularly refilled
- Biomedical waste bins should be placed at appropriate areas

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4. Use of Personal Protective Equipment

- All the staff working in flu corner should wear gown, mask, gloves, shoe covers, cap and goggles
- All patients with fever/cold/cough/respiratory distress/ any other flu like symptom should be provided with surgical masks
- Gloves should be changed after examining/contact/ consulting every patient
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- If surgical masks are used it should be changed every 8 hours/when soiled/when moist
- All the PPE should be donned by workers on entering the flu corner and doffed off while exiting the flu corner
- The healthcare workers in flu corner should not move out of the flu corner for any reason without doffing off the PPE

5. Disinfection protocols for Flu Corner

- After each patient the table surfaces, chairs used by patients should be wiped with 1% sodium hypochlorite and examination bed covers should be changed
- The room should be mopped with 1% sodium hypochlorite every 2 hours
- High touch surface areas should be cleaned every 2 hours with 1% sodium hypochlorite (table, chairs, rods)
- The physical partition should be wiped with 1% sodium hypochlorite thrice daily
- Hand wash sinks should be cleaned with commercially available registered disinfectants thrice daily

6. Hand Hygiene

- Hand wash should be followed after removing gloves
- Hand wash should be followed after each patient
- Hand rubs can be used if hands are not visibly soiled

7. Patient Movement Protocol

- All patients with symptoms of flu like fever, cough, headache etc should be directed to flu corner from reception counter.

- On patient and staff to follow social distancing and disinfection protocol
- Only one patient should be allowed inside flu corner at a time
- History of travel to COVID-19 Affected countries / Contact with suspected or confirmed cases should be referred. If such history is present then patient should be referred for COVID-19 Testing.
- Suspected COVID 19 Patient's address and contact details must be entered in referral format provided and patient must be sent for COVID 19 testing.
- Patient without any history of travel to COVID-19 Affected countries / Contact with suspected or confirmed cases should be treated accordingly and Medicines to be issued at Pharmacy counter.

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Special commissioner (Health)
BBMP