

**2019 Novel Coronavirus  
SARS CoV2 and CoVID-19  
Prevention and Management Preparedness Document  
Seth G S Medical College & KEM Hospital, Mumbai**

Corona Viruses are a large family of viruses causing infection in humans and various animal species. They are commonly associated with common cold. However, a few of them such as SARS CoVID in 2002, MERS CoV in 2012 and the present SARS CoV-2 are associated with more severe disease and higher death rates.

**When to suspect**

**Any patient with acute respiratory illness and**

- A history of travel to or residence in any of the affected counties in the 14 days prior to symptom onset, *or*
- Close contact with a confirmed/ suspected case of 2019-nCoV in the 14 days prior to symptom onset, *or*
- Healthcare worker taking care of confirmed/ suspected patients of 2019-nCoV

As per MCGM policy, all suspected cases are to be referred to Kasturba Hospital for Infectious Diseases. Keep a record of the patients referred in the register available in casualty. The patient should be sent in the ambulance parked outside casualty. If the patients is serious, he / she should be accompanied by a doctor. **(To contact helpline number – 1916)**

**Case Definition of 2019-nCoV**

**Suspected case**

Patients with acute respiratory infection (sudden onset of at least one of the following: fever, cough, shortness of breath) whether requiring hospitalization or not

**AND**

In the 14 days prior to onset of symptoms, met at least one of the following epidemiological criteria:

- Were in close contact with a confirmed or probable case of 2019-nCoV infection;
- OR**
- Had a history of travel to affected countries with ongoing community transmission of 2019-nCoV;
- OR**
- Worked in or attended a health care facility where patients with 2019-nCoV infections were being treated.

### **Close contact**

Close contact is defined as:

- Healthcare associated exposure, visiting patients or staying in the same close environment as an nCoV patient.
- Working together in close proximity or living in the same household with an nCoV patient.
- Travelling together with an nCoV patient in any kind of conveyance
- The epidemiological link may have occurred within a 14-day period before or after the onset of illness in the case under consideration.

### **Probable case**

A suspected case for whom testing for 2019- nCoV is inconclusive (the result of the test reported by the laboratory) or for whom testing was positive on a pan-coronavirus assay.

### **Confirmed case**

A person with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms

### **Clinical Features**

The clinical and radiological manifestations of 2019-nCoV include:

- Fever (83%)
- Cough (82%)
- Shortness of breath (31%)
- Sore throat (5%)
- Rhinorrhoea (4%)
- Diarrhea (2%)
  
- Bilateral pneumonia on imaging (75%)
- ARDS (10-17% of admitted patients)

### **Laboratory Diagnosis**

#### **Whom to test (Presently not for patients attending KEM Hospital)**

All the suspect cases as per definition above.

## **KEM Hospital Policy**

The procedure to be followed at this hospital is as follows -

- Community medicine interns will be posted at the registration counters and casualty.
- Two interns during morning duty hours and one each for evening and night duty.
- These interns will segregate suspected cases.
- The suspected cases will be provided with a mask immediately.
- The suspected cases will be educated / informed to cover nose and mouth during coughing or sneezing with tissue or flexed elbow when mask is not available.
- These patients will be immediately referred to Kasturba Hospital in an ambulance stationed outside casualty.
- In case the patient is serious, the patient will be accompanied by a doctor.
- All the interns and doctors examining such suspects should wear a medical/surgical mask or N95 respirators, gloves and preferably protective goggles when providing care in close contact.
- The ambulance should be disinfected on a regular basis after transporting suspected cases with a 1:10 dilution of sodium hypochlorite.
- All points of entry will have signages promoting hand hygiene and respiratory hygiene.
- All health care workers to comply with all the 5 moments of hand hygiene.
- HCWs should refrain from touching their eyes, nose and mouth with potentially contaminated hands.
- All used PPE and tissues should be discarded in yellow bags.
- Environmental cleaning / decontamination should be done at least once in each shift at these two areas with a 1:10 dilution of sodium hypochlorite.

**Note:** This document is dynamic and may be modified as per progression of the disease in India and when more data are available regarding epidemiology, transmission, and treatment and as per directives from MoHFW and MCGM from time to time.

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