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Government of Odisha

General Administration & Public Grievance Department

GAD-COOD-MISC-0001-2018-17290 / Gen., Dated the 23rd July, 2020.

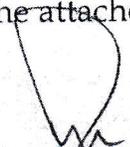
ORDER

Subject: Actions to be taken by the Departments and Heads of Offices, in case of detection of COVID infection.

It has come to notice that in the past few days, some Government employees working in the Lokaseva Bhawan have been identified to be COVID infected.

The likelihood of more number of positive cases being reported from Government offices cannot be ruled out. Hence, immediate follow up action needs to be taken once a positive case is reported in any Government office.

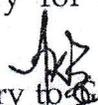
In consultation with the Health & Family Welfare Department, an advisory has been drawn up, as attached, for managing the work place once a COVID-19 positive case is reported. Head of Office / COVID Compliance Officer will be responsible for implementation of the attached protocol, once a COVID positive case is identified in that office


Principal Secretary to Government.

Memo. No. 17291 / Gen Dt. 23.07.2020.

Copy forwarded to all Departments of the Government/ All Heads of Offices/ All Revenue Divisional Commissioners/ All Collectors for information and necessary action.

Copy forwarded to the OSD to Chief Secretary for favour of kind information of the Chief Secretary.

Addl. Secretary to Government.
DISTRICT OFFICE, DHENKANAL
(EMERGENCY SECTION) 

Memo No. XIV-10/2020 7998 / Emgy/ Dt. 04.09.2020

Copy forwarded to the Superintendent of Police, Dhenkanal/ PD, DRDA, Dhenkanal/CDM & PHO, Dhenkanal/all Sub-Collectors, Dhenkanal/all Tahasildars-Cum-Incident Commanders, Dhenkanal/all BDOs, Dhenkanal/ all EOs of ULB, Dhenkanal/ all Deputy Collectors & Assitant Collectors, Collectorate, Dhenkanal/ all District Level Officers, Dhenkanal/all Line Deptt. Officers, Dhenkanal/DIPRO, Dhenkanal for information and necessary action.


2020

Advisory on Work place management upon occurrence of
Covid-19 positive case(s)

1. Immediate isolation of person to Home isolation/ Covid treatment facility as per protocol (Contact BMC control room/ ADUPHO Cell Number 9937549932/1929)
2. Contact tracing (By Rapid Response Team team of BMC)
3. Quarantine of contacts as per category (High risk/ low risk) (as per Annexure I)
4. Management of contacts as per guideline.

With respect to actions at serial 2 to 4, the responsibility will lie with BMC Control Room/ADUPHO- can be contacted at 9937549932/1929.

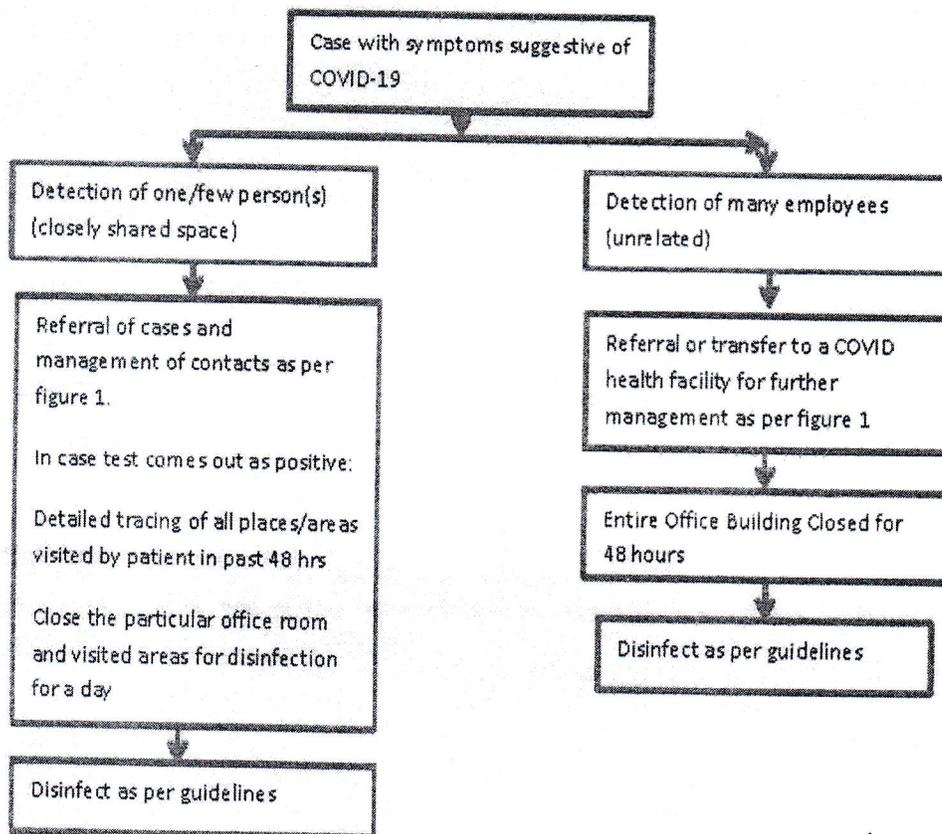
5. Workplace disinfection as per guideline of disinfection of common public places including offices.
<https://www.mohfw.gov.in/pdf/Guidelinesondisinfectionofcommonpublicplacesincludingoffices.pdf> (Annexure II)
6. Closure of workplace: if there are one or two cases reported, places/ areas visited by the patient in past 48 hours will be closed/sealed for entry. There is no need to close the entire office building / halt work in other areas of the office. The work can be resumed after following the laid down disinfection protocol as attached (closing down for minimum 24 hours after disinfection).
7. However, if there is a large outbreak, the entire building has to be closed for 48 hours after thorough disinfection.
8. All the staff will work from home, till the building is adequately disinfected and is declared fit for reoccupation.



9. Use of face mask, frequent hand washing and social distancing is to be rigorously followed.
10. Disinfection to be undertaken with particular attention to high contact and highly visited areas
11. The equipments and furniture used by the person(s) need to be thoroughly disinfected
12. Other employees on resuming duties should adopt proper work place protocol and personal hygiene.

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Fig-2: Disinfection of workplace



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Annexure I

Risk profiling of contacts

Contacts are persons who have been exposed to a confirmed case anytime between 2 days prior to onset of symptoms (in the positive case) and the date of isolation (or maximum 14 days after the symptom onset in the case).

High-risk contact

- Touched body fluids of the patient (respiratory tract secretions, blood, vomit, saliva, urine, faeces; e.g. being coughed on, touching used paper tissues with a bare hand)
- Had direct physical contact with the body of the patient including physical examination without PPE
- Touched or cleaned the linens, clothes, or dishes of the patient.
- Lives in the same household as the patient.
- Anyone in close proximity (within 1 meter) of the confirmed case without precautions.
- Passengers in close proximity (within 1 meter) in a conveyance with a symptomatic person who later tested positive for COVID-19 for more than 6 hours.

Low-risk contact

- Shared the same space (worked in same room/similar) but not having a high-risk exposure to confirmed case of COVID-19.
- Travelled in same environment (bus/train/flight/any mode of transit) but not having a high-risk exposure.



COVID-19: Guidelines on disinfection of common public places including offices

Scope: This document aims to provide interim guidance about the environmental cleaning /decontamination of common public places including offices in areas reporting COVID-19.

Coronavirus Disease 2019 (COVID -19) is an acute respiratory disease caused by a novel Coronavirus (SARS-CoV-2), transmitted in most instances through respiratory droplets, direct contact with cases and also through contaminated surfaces/objects. Though the virus survives on environmental surfaces for varied period of time, it gets easily inactivated by chemical disinfectants.

In view of the above, the following guidelines are to be followed, especially in areas reporting COVID-19. For ease of implementation the guideline divided these areas into (i) indoor areas, (ii) outdoor areas and (iii) public toilets.

1. Indoor areas including office spaces

Office spaces, including conference rooms should be cleaned every evening after office hours or early in the morning before the rooms are occupied. If contact surface is visibly dirty, it should be cleaned with soap and water prior to disinfection. Prior to cleaning, the worker should wear disposable rubber boots, gloves (heavy duty), and a triple layer mask.

- Start cleaning from cleaner areas and proceed towards dirtier areas.
- All indoor areas such as entrance lobbies, corridors and staircases, escalators, elevators, security guard booths, office rooms, meeting rooms, cafeteria should be mopped with a disinfectant with 1% sodium hypochlorite or phenolic disinfectants. The guidelines for preparing fresh 1% sodium hypochlorite solution is at **Annexure I**
- High contact surfaces such elevator buttons, handrails / handles and call buttons, escalator handrails, public counters, intercom systems, equipment like telephone, printers/scanners, and other office machines should be cleaned twice daily by mopping with a linen/absorbable cloth soaked in 1% sodium hypochlorite. Frequently touched areas like table tops, chair handles, pens, diary files, keyboards, mouse, mouse pad, tea/coffee dispensing machines etc. should specially be cleaned.
- For metallic surfaces like door handles, security locks, keys etc. 70% alcohol can be used to wipe down surfaces where the use of bleach is not suitable.
- Hand sanitizing stations should be installed in office premises (especially at the entry) and near high contact surfaces.
- In a meeting/conference/office room, if someone is coughing, without following respiratory etiquettes or mask, the areas around his/her seat should be vacated and cleaned with 1% sodium hypochlorite.
- Carefully clean the equipment used in cleaning at the end of the cleaning process.
- Remove PPE, discard in a disposable PPE in yellow disposable bag and wash hands with soap and water.

In addition, all employees should consider cleaning the work area in front of them with a disinfecting wipe prior to use and sit one seat further away from others, if possible

2. Outdoor areas

Outdoor areas have less risk than indoor areas due to air currents and exposure to sunlight. These include bus stops, railway platforms, parks, roads, etc. Cleaning and disinfection efforts should be targeted to frequently touched/contaminated surfaces as already detailed above.

3. Public toilets

Sanitary workers must use separate set of cleaning equipment for toilets (mops, nylon scrubber) and separate set for sink and commode). They should always wear disposable protective gloves while cleaning a toilet.

Areas	Agents / Toilet cleaner	Procedure
Toilet pot/ commode	Sodium hypochlorite 1%/ detergent Soap powder / long handle angular brush	<ul style="list-style-type: none"> Inside of toilet pot/commode: Scrub with the recommended agents and the long handle angular brush. Outside: clean with recommended agents; use a scrubber.
Lid/ commode	Nylon scrubber and soap powder/detergent 1% Sodium Hypochlorite	<ul style="list-style-type: none"> Wet and scrub with soap powder and the nylon scrubber inside and outside. Wipe with 1% Sodium Hypochlorite
Toilet floor	Soap powder /detergent and scrubbing brush/ nylon broom 1% Sodium Hypochlorite	<ul style="list-style-type: none"> Scrub floor with soap powder and the scrubbing brush Wash with water Use sodium hypochlorite 1% dilution
Sink	Soap powder / detergent and nylon scrubber 1% Sodium Hypochlorite	<ul style="list-style-type: none"> Scrub with the nylon scrubber. Wipe with 1% sodium hypochlorite
Showers area / Taps and fittings	Warm water Detergent powder Nylon Scrubber 1% Sodium Hypochlorite/ 70% alcohol	<ul style="list-style-type: none"> Thoroughly scrub the floors/tiles with warm water and detergent Wipe over taps and fittings with a damp cloth and detergent. Care should be taken to clean the underside of taps and fittings. Wipe with 1% sodium hypochlorite/ 70% alcohol
Soap dispensers	Detergent and water	<ul style="list-style-type: none"> Should be cleaned daily with detergent and water and dried.

- 70% Alcohol can be used to wipe down surfaces where the use of bleach is not suitable, e.g. metal. (Chloroxylenol (4.5-5.5%) / Benzalkonium Chloride or any other disinfectants found to be effective against coronavirus may be used as per manufacturer's instructions)
- Always use freshly prepared 1% sodium hypochlorite.

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- Do not use disinfectants spray on potentially highly contaminated areas (such as toilet bowl or surrounding surfaces) as it may create splashes which can further spread the virus.
 - To prevent cross contamination, discard cleaning material made of cloth (mop and wiping cloth) in appropriate bags after cleaning and disinfecting. Wear new pair of gloves and fasten the bag.
 - Disinfect all cleaning equipment after use and before using in other area
 - Disinfect buckets by soaking in bleach solution or rinse in hot water
4. **Personal Protective Equipment (PPE):** Wear appropriate PPE which would include the following while carrying out cleaning and disinfection work.
- Wear disposable rubber boots, gloves (heavy duty), and a triple layer mask
 - Gloves should be removed and discarded damaged, and a new pair worn.
 - All disposable PPE should be removed and discarded after cleaning activities are completed.
 - Hands should be washed with soap and water immediately after each piece of PPE is removed, following completion of cleaning. (Refer to **Annexure II: Steps of Hand Hygiene**)

Masks are effective if worn according to instructions and properly fitted. Masks should be discarded and changed if they become physically damaged or soaked. (**Annexure-III: Guidelines for use of mask**)

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Areas	Agents / Toilet cleaners	Procedure
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Lid/ commode	Nylon scrubber and soap powder/detergent 1% Sodium Hypochlorite	<ul style="list-style-type: none"> Wet and scrub with soap powder and the nylon scrubber inside and outside. Wipe with 1% Sodium Hypochlorite
Toilet floor	Soap powder /detergent and scrubbing brush/ nylon broom 1% Sodium Hypochlorite	<ul style="list-style-type: none"> Scrub floor with soap powder and the scrubbing brush Wash with water Use sodium hypochlorite 1% dilution
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Showers area / Taps and fittings	Warm water Detergent powder Nylon Scrubber 1% Sodium Hypochlorite/ 70% alcohol	<ul style="list-style-type: none"> Thoroughly scrub the floors/tiles with warm water and detergent Wipe over taps and fittings with a damp cloth and detergent. Care should be taken to clean the underside of taps and fittings. Wipe with 1% sodium hypochlorite/ 70% alcohol
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Guidelines for Preparation of 1% sodium hypochlorite solution

Product	Available chlorine	1percent
Sodium hypochlorite – liquid bleach	3.5%	1 part bleach to 2.5 parts water
Sodium hypochlorite – liquid	5%	1 part bleach to 4 parts water
NaDCC (sodium dichloro-isocyanurate) powder	60%	17 grams to 1 litre water
NaDCC (1.5 g/ tablet) – tablets	60%	11 tablets to 1 litre water
Chloramine – powder	25%	80 g to 1 litre water
Bleaching powder	70%	7g g to 1 litre water
Any other	As per manufacturer's Instructions	



Steps of Hand Hygiene

Hand-washing technique with soap and water

1. Wet hands with water
2. Apply enough soap to cover all hand surfaces
3. Rub hands palm to palm
4. Rub back of each hand with palm of other hand with fingers interlaced
5. Rub palm to palm with fingers interlaced
6. Rub with back of fingers to opposing palms with fingers interlocked
7. Rub each thumb clasped in opposite hand using a rotational movement
8. Rub tips of fingers in opposite palm in a circular motion
9. Rub each wrist with opposite hand
10. Rinse hands with water
11. Use elbow to turn off tap
12. Dry thoroughly with a single-use towel
13. Hand washing should take 15-30 seconds

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Guidelines for use of mask

Annexure III

The correct procedure of wearing triple layer surgical mask

1. Perform hand hygiene
2. Unfold the pleats; make sure that they are facing down.
3. Place over nose, mouth and chin.
4. Fit flexible nose piece over nose bridge.
5. Secure with tie strings (upper string to be tied on top of head above the ears -lower string at the back of the neck.)
6. Ensure there are no gaps on either side of the mask, adjust to fit.
7. Do not let the mask hanging from the neck.
8. Change the mask after six hours or as soon as they become wet.
9. Disposable masks are never to be reused and should be disposed off.
10. While removing the mask great care must be taken not to touch the potentially infected outer surface of the mask
11. To remove mask first untie the string below and then the string above and handle the mask using the upper strings.
12. Disposal of used masks: Used mask should be considered as potentially infected medical waste. Discard the mask in a closed bin immediately after use.

