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## Guidelines

# Guidelines for working of Outdoor Patient Departments/ Primary Health Care Centre in wake of COVID-19 outbreak

### Objective

To provide guidelines for patients seeking healthcare for various ailments and operationalizing Out Patient Departments (OPDs)/ Primary Health Care Centres (PHCC) during the COVID-19 outbreak

### Rationale

Major hospitals are required to reduce the number of unnecessary visits of patients which can be managed at OPDs and diverting them to Primary Health Care Centres not only to reduce avoidable patient load at hospitals but also to protect these patients from unnecessary risk of getting COVID-19 infection.

### Approach

As a general strategy the OPDs of the hospitals have been closed down/downsized to minimize disease transmission to other patients and healthcare personnel (HCP). This has negatively affected the access of the patients for services related to illnesses other than COVID-19. These guidelines have been prepared on the premise that such patients should get uninterrupted services during the current pandemic. It envisages that the OPD services for illnesses other than COVID-19 should be regulated/controlled in large hospitals and also be shifted to primary health care centres (BHUs/RHCs/Dispensaries/MCH centres/Medical centres and others) to function as an OPD of hospital and as a frontline triage mechanism at the primary care level. Medical officers of large hospitals may be shifted/rotated to the PHCC.

Wherever possible utilization of telehealth methods (including but not limited to telephone/ mobile phone or WhatsApp or Internet) for the doctors working at PHCC will further seek specialist advice from hospitals (each large hospital to have its own catchment area) and accordingly will decide whether the patient should be referred to hospital or not. Hospital OPDs may also entertain walk in OPD patients according to local SOPs in addition to referred patients from the PHCC.

The activation of services for non-COVID19 patients at primary care would potentially result in increased patient turn over at these facilities but nearer to the doorsteps of population, resulting in lesser mobility of the public and reduction of influx to major hospitals.



This guidance reflects the need to

1. Ensure provision of services for illnesses other than COVID19 in OPDs of large hospitals and linking the primary care doctors with the specialists at hospitals through telemedicine where feasible (preferably all facilities to be linked through internet)
2. Identify persons with presumptive COVID-19 disease and implement a triage procedure to assign appropriate levels of care through implementation of ‘Fever clinics’
3. Reduce the burden on emergency departments and major hospital OPDs so that they can deal with COVID-19 cases and serious emergencies
4. Put in place precautionary measures for the doctors/HCPs, all of whom should go through relevant trainings programs (“We Care” and others)

## Outpatient department

All large hospitals offering OPD service to non COVID19 patients and PHCC should develop local SOPs, in consultation with stakeholders, appropriate to their local environment but keeping in mind the general principals stated in these guidelines. Essential functional components of any OPD service should include Screening area, Registration area, Waiting area, Consultation rooms and other services like Pharmacy/labs etc.

All OPD services should either establish a “Fever Clinic” or develop effective working linkage with any such facility in the existing premises. Fever clinics in the context of ongoing pandemic are meant to identify COVID-19 cases in early stage of disease and to reduce the risk of infection to HCPs. Every fever patient should be suspected and investigated to avoid potential spread. The medical personal at the Fever Clinic should obtain a brief history (including contact and travel history), conduct a brief examination (pulse, respiratory rate, oxygen saturation) and make a decision for onward disposal of the patient. Those with definite etiology of fever and least possibility of COVID-19 can be given necessary treatment at OPD while maintaining precautionry measures. If suspicion of COVID-19 is there than appropriate referrals and management as per protocol should be extended.

The following general guidelines for risk assessment, use of PPE and activities may be adopted for developing local SOPs at hospital OPDs or PHCCs:

Serial No	Setting	Activity	Risk	Recommended PPE	Remarks
1.	Screening area	Everyone entering the OPD/PHCC (patients, attendants/staff) should be screened for fever at this point	Moderate Risk	Surgical/ medical mask Gloves/Gowns	-All patients with fever to be managed at “Fever clinic” -Everyone should be wearing face mask -Availability of sanitizers / hand disinfectants



					-Adequate space and markings for queuing with 6 feet distance
2.	Help desk area/ Registration counter	Provide information to patients/registration	Moderate Risk	Surgical/ medical mask Gloves/Gowns	-Availability of sanitizers / hand disinfectants
4.	Holding area/ waiting area	Nurses/ Paramedics interacting with patients	Moderate Risk	Surgical/ medical mask Gloves/Gowns	-Social distancing of 6 feet needs to be maintained while seated -Handwashing facility with soap -Display of SOPs and information materials
5.	Doctors Chamber	Clinical Management (Doctors & Nurses)	Moderate Risk	Surgical/ medical mask Glove/Gowns	-No aerosol generating procedures should be allowed -Handwashing facility with soap
6.	Sanitary staff	Cleaning frequently touched surfaces/ floor/cleaning linen	Moderate Risk	Surgical/ medical mask Gloves/Gowns	
7.	Visitors accompanying young children and elderlies	Support in navigating various services	Low risk	Surgical/ medical mask	-No attendant should be allowed to accompany patients in OPD settings unless absolutely necessary -The visitors thus allowed should be screened for fever and they should practice social distancing

In addition, the Screening area should be at the entrance to the facility, away from patient waiting areas

- Clear sign posts should direct the patient to this area
- Measures should be taken to have hand washing facilities at the facility
- Continuous monitoring of adherence to such practices among staff and facility attendees
- Any patient who fits in to the definition of COVID-19 suspect should be managed as per the COVID19 protocols

All PHCC (BHUs/RHCs/Dispensaries/MCH centres/Medical centres and others) should develop formal linkages with the large hospitals of their catchment area. These PHCC should find separate screening area and waiting area for patients to separate the suspected COVID-19 and non-COVID-19 patients. The patients who are suspected of COVID-19 should be seen by a doctor in separate



room and managed as per the COVID19 protocols. The non-COVID19 patients should be seen by another doctor (if possible) in a separate room. If the doctor managing the non-COVID19 patient requires a specialist opinion, s/he should contact the relevant specialist at the hospital.

Appropriate transport/Ambulance access should be available at all PHCC and hospital OPDs in case urgent transfers/referrals are needed. The tertiary hospitals should make a duty roster for specialists to be available inhouse during OPD timings (connected to respective PHC facilities in their drainage area through internet or other telehealth options) and if circumstances permit relevant specialists should visit the designated PHCC.

## Patients Protection at OPD

- Identify a separate, well-ventilated space that allows waiting patients and additional attendants to be separated
- Place visual alerts such as signs and posters at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette
- Ensure supplies are available such as: tissue papers, hand washing facilities with soap, waste baskets, and alcohol-based hand sanitizer in readily accessible areas
- Ensure surgical/medical facemasks are available at all places for patients with respiratory symptoms
- If facility lacks a waiting area, then designated areas or waiting lines should be created by partitioning or signage.
- To reduce crowding in waiting rooms, consider asking patients waiting to be seen to remain outside (e.g., stay in their vehicles, if applicable) until they are called into the facility for their appointment or set up triage booths to screen patients safely.

## Telemedicine/Telehealth

- Where feasible PHCC will act as the OPD of hospitals while hospital OPDs remain closed/downsized to ease the burden at tertiary level hospitals and avoid spread of infection
- All PHC facilities should preferably be internet enabled or other forms of telehealth should be provided by the management
- **Telehealth** has emerged as a critical tool in the fight against COVID-19. Health care personnel at PHCC should be connected to specialists at hospital for telemedicine and referral advice, in order:
  - Screen patients who need hospital services through a proper referral system
  - Improve access to specialty expertise for patients and providers without the need for a face-to-face visit to hospital
  - Support triage and remote management of patients

*Note: The above recommendations are being regularly reviewed by the Ministry of National Health Services, Regulations & Coordination and will be updated based on the international & national recommendations and best practices.*



*The Ministry acknowledges the contribution of Dr Saira Kanwal and HSA/ HPSIU/ NIH team to compile these guidelines.*

## References

1. Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States CDC Guidelines
2. <https://medicaldialogues.in/medicine/guidelines/ministry-of-health-and-family-welfare-novel-coronavirus-disease-2019-covid-19-guidelines-64224>
3. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>

**For more information, please contact:**

HSA/ HPSIU/ NIH, PM National Health Complex, Islamabad

<http://covid.gov.pk/>

<http://nhsrco.gov.pk/>

<https://www.facebook.com/NHSRCOOfficial>

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