



COVID 19 (nCorona) Virus Outbreak Control and Prevention State Cell
Health & Family Welfare Department
Government of Kerala

**COVID-19 – GUIDELINES for HUMAN RESOURCE MANAGEMENT in
COVID Hospitals– Reg**

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WHO has declared the COVID-19 epidemic affecting more than 201 countries as a Pandemic. Due to the inflow of persons from affected countries, Kerala state has strengthened the surveillance and control measures against the disease. As part of improving capacity to test samples taken from suspected and contacts more labs from public sector are added to the pool in the state with ICMR approval.

In view of increasing number of COVID-19 cases reported from the state and the rising threat of community spread, it is essential that the valuable human resources in the health sector are used judiciously. An optimal use of Health Care Providers and Volunteers is essential to run the system during the pandemic phase. In view of this, the following arrangements are to be made in Health Care Institutions across the State, to ensure the safety of the frontline workers and to enable judicious use of PPEs.

1. The list of the following categories should be kept ready so that duty arrangements shall be done on a need basis
 - a. Doctors
 - b. Nurses (Staff Nurse/Head Nurses/Nursing superintendents)
 - c. Pharmacists
 - d. Lab Technicians
 - e. Nursing Assistants
 - f. Hospital Attendants
 - g. Drivers
- * District Medical Officer shall do the stratification of all categories of staff in the district based on skill (ICU care, Ventilator, Intubation etc)
2. In all major hospitals, all staff belonging to the above categories of staff should be segregated in to three tiers by the concerned medical superintendent/RMO.

- a. Tier 1: Staff directly involved in care of COVID-19 suspected/confirmed cases and also maintaining the facility (e.g.) isolation ward
 - b. Tier 2: Backup team for support of Isolation facilities
 - c. Tier 3: Staff involved in care of other patients
3. Duty shall be arranged so that each staff needs to be in PPE only for a maximum period of 4 hours continuously. (For example, two people on duty at one time- one in PPE for 4 hours and one outside, for documentation; after which they reverse roles) There should also be an additional team which will function as emergency relievers to support the tier 1 staff in case of increased patient load or if any staff has to be relieved off duty.
4. The backup team for the support of isolation facilities should not be involved in direct patient care.
5. In addition to the above tier, a staff reserve pool comprising of 15 staff in each category should also be made available in the district level to replace any staff that need to be placed under isolation or staff that are unable to attend work due to a family member being placed under isolation (as per guidelines) or other medical reasons. This district pool should include staff working in peripheral hospitals where the patient load is less.

STAFF MANAGEMENT

Workflow Management

1. All staff working in Isolation facilities must undergo strict training and examination to ensure that they are well versed in donning and doffing of Personal Protective Equipment.
2. The staff should be divided into different teams. Each team should be limited to a maximum of 4 hours of working in an isolation ward wearing PPE. The teams shall work in the isolation wards on a rotation basis.
3. Each team in the tier must be assigned specific tasks so as to reduce the frequency of staff movement in and out of the isolation wards and ICUs
4. Before going off duty, staff should take bath in the hospital itself, change dress and take necessary personal hygiene measures to prevent possible infection.

Health Management

1. The frontline staff in the isolation areas shall be provided isolation accommodation and shall not go out without permission.
2. The health status of all staff on the job to be monitored and any physiological or psychological issues to be addressed at the earliest with the relevant experts.
3. If any staff develops fever and/or respiratory symptoms, then they shall be admitted immediately and treated as per the guidelines.
4. When the frontline staffs finish their work in the isolation area, they shall be isolated collectively at a specified area for 14 days before being discharged from medical observation. In case any staff develops fever and/or respiratory symptoms, then they shall be admitted immediately and treated as per the guidelines.

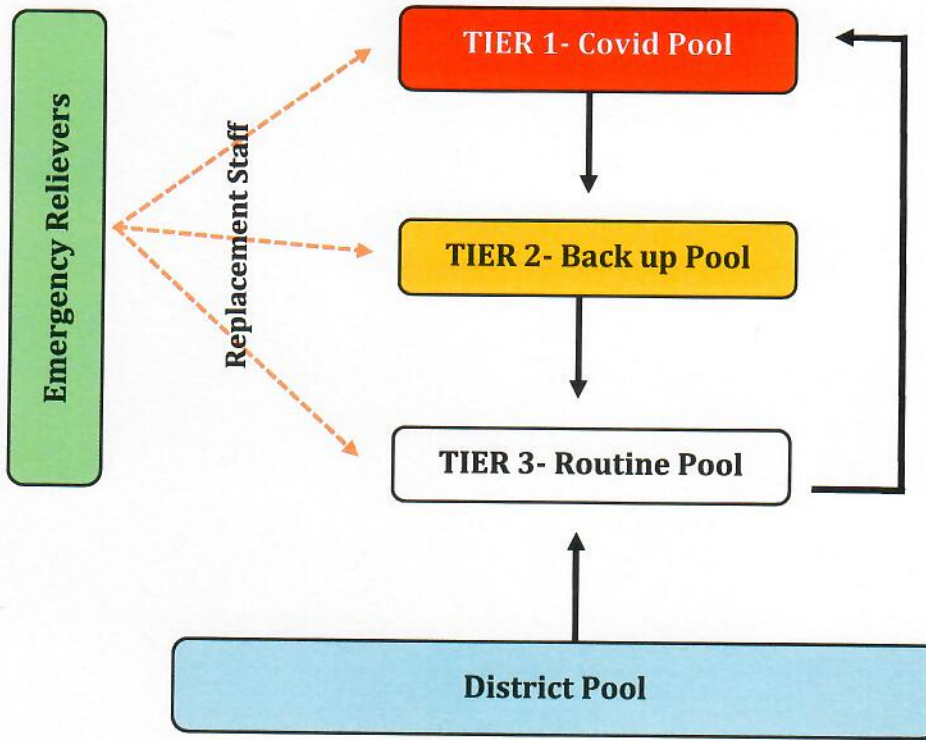
Duty Rotation

1. Tier 1 staff will work in the Isolation facility/ICU for a period of one week
2. After one week of duty
 - Tier 1 staff will become Tier 2
 - Tier 3 staff will become Tier 1
 - Tier 2 Staff will become Tier 3

Instructions

1. All Staff working in Isolation facilities and the General OP should strictly adhere to Infection Control Guidelines issued and protect themselves and others from acquiring the infection.
2. If any staffs involved in direct patient care become ill during this period, she/he should be placed under isolation and a substitute shall be posted to his station from the district pool.

STAFF ROTATION



Rajan
Principal Secretary