

**COVID-19
(New Coronavirus)
Outbreak in Sri Lanka**

**Interim Guidelines
for Sri Lankan
Primary Care Physicians**

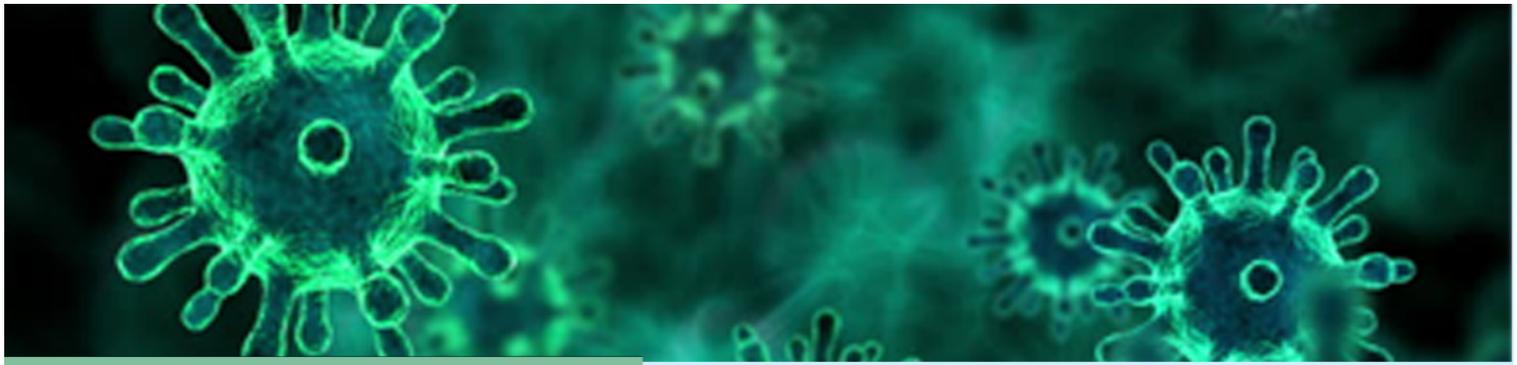
Version 3.0
15th April 2020

COVID-19
(New Coronavirus)
Outbreak in Sri Lanka

**Interim Guidelines for Sri Lankan
Primary Care Physicians**

Version 3.0
15th April 2020

This Guideline is based on the Circulars and Guidelines issued by the Director General of Health Services (DGHS) & other related International Guidelines (WHO,CDC,NHS-UK) for managing COVID-19 Pandemic.



GUIDELINE DEVELOPMENT TEAM

Prof Kumara Mendis

Professor of Family Medicine, University of Kelaniya

Prof. A.R. Wickramasinghe

Professor of Public Health and Head, Department of Public Health, University of Kelaniya

Dr Lalantha Senaratne

Consultant Family Physician, District Hospital Piliyandala

Dr Priyantha Halambaarachchige

Consultant Family Physician, District Hospital Dompe

Dr Asela Anthony

Consultant Family Physician, District Hospital Polgahawela

Dr Rohitha Muthugala

Consultant Virologist, Teaching Hospital Kandy

Dr Shehan Silva

Consultant Physician & Geriatrician, National Institute of Mental Health

Dr A. H. W. De Silva

Consultant Family Physician and Head Department of Family Medicine, University of Kelaniya

Dr Ananda Perera

President, Independent Medical Practitioners Association (IMPA)

Dr Chandana Atapattu

Assistant Registrar, Sri Lanka Medical Council

Dr Deshan Kotugodella

Family Physician

Dr Sankha Randenikumara

Family Physician

Dr Supun Withana

Lecturer, Department of Family Medicine,

Dr Gobith Rathnam

Family Physician

Dr Sindoopa Seneviratne

Postgraduate trainee in Diploma in Family Medicine

Dr Tareen Weerasinghe

Demonstrator, Department of Family Medicine, University of Kelaniya

CONTENTS

1. Introduction	4
2. Case Definition	5
3. Primary care consultation	7
3.1 Remote consultation	7
4. History	14
5. Examination	16
6. Investigations	16
7. Treatment	17
8. Management and disposition of the suspected patients and notification	17
9. Procedure following a close contact	18
10. Managing asymptomatic patients with possible exposure	18
11. Managing other patients with URTI symptoms	18
12. Follow up of COVID patient after discharge	19
13. Home visits	19
14. Handling deaths at primary care settings	19
15. Guidance for Primary Care Doctors and the Staff for Clinic Preparations and Precautionary Measures	21

ACKNOWLEDGEMENTS

We thank Dr. Chiranthi Liyanage for editing this document.

Following doctors commented on draft document to improve the guidelines:

Dr Ananada Hapugoda (Registrar, SLMC), Dr BJC Perera (Consultant Paediatrician), Prof Nilanthi Silva (Senior Professor of Parasitology, University of Kelaniya), Prof Nandani de Silva (Senior Professor in Family Medicine, KDU), Dr Shyamale Samaranyake (Head, Department of Family Medicine, University of Sri Jayewardenepura), Prof MC Weerasinghe (Head, Department of Community Medicine, University of Colombo), Prof A Pathmeswaran (Professor in Community Medicine, University of Kelaniya), Dr Priyantha Atapattu, (Director Primary Health Care, Ministry of Health)



COVID-19 (new Coronavirus)

Outbreak in Sri Lanka

Interim Guidelines for Sri Lankan Primary Care Physicians

We strongly recommend Primary Care Physicians to continue their clinical practice if they can adhere to these guidelines.

1. INTRODUCTION

Coronaviruses (CoV) are a large family of enveloped viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). Coronavirus disease (COVID-19) is a new strain that was discovered in 2019 and has not been previously identified in humans. The World Health Organization (WHO) recently declared COVID-19 as a global pandemic.

Incubation period of the virus is 2-14 days (1). The median incubation period is estimated to be 5.1 days and 97.5% of those who develop symptoms will do so within 11.5 days (2). During the incubation period, the virus may not be identified with the currently available Reverse Transcriptase Polymerase Chain Reaction (RT -PCR) test with single instance. However, people are contagious when they are most symptomatic.

The virus spreads by droplets. Direct spread occurs when a person facing a patient who talks, coughs or sneezes. The droplets can spread to a distance of 1-2 meters and directly get into another person's airways. More importantly it can spread when the virus lands on a surface and its survival that will be determined by the temperature, humidity and the type of surface. The virus spread continues when a person touches the contaminated surface and then the face. The third spread identified is by the virus existing in the air for up to three hours and then getting into the airways.

Primary Care Physicians (PCPs) are in the frontline of patient care in any healthcare crisis as the closest healthcare professionals to the family. They have a major responsibility in looking after high-risk groups, identifying suspected cases, preventing spread and opportunistic patient education during the current pandemic of COVID-19.

This guideline is for Primary Care Physicians in (a) Private Family Practice/General Practice Clinics (b) Primary Medical Care Units (PMCU), and (c) the Divisional Hospitals (d) Doctors working in Outpatient Departments (OPDs) of secondary & tertiary care institutions and private hospitals delivering primary curative care (3).

2. CASE DEFINITIONS

UPDATED INTERIM CASE DEFINITIONS ON COVID-19 AND ADVICE ON INITIAL MANAGEMENT OF PATIENTS (version dated 04.04.2020)

The present recommendation is to isolate and test all clinically/epidemiologically suspected cases of COVID-19 infected patients.

All patients with medical/surgical, obstetrics/gynecological or paediatric conditions should receive the usual standards of care in keeping with clinical status, in a designated area. Management of these patients should NOT be delayed under any circumstances pending COVID-19 test result.

All confirmed cases once stable should be transferred to a designated COVID-19 Treatment Centre.

Clinically Suspected Case:

A. A person with ACUTE RESPIRATORY ILLNESS (with Cough, SOB, Sore throat; one or more of these) with a history of FEVER (at any point of time during this illness), returning to Sri Lanka from ANY COUNTRY within the last 14 days.

OR

B. A person with ACUTE RESPIRATORY ILLNESS (with Cough, SOB, Sore throat; one or more of these) AND having been in **close-contact*** with a confirmed or suspected COVID-19 case during the last 14 days prior to onset of symptoms;

***Close-contact:** A person staying in an enclosed environment for >15 minutes (e.g. same household/workplace/social gatherings/travelling in same vehicle). OR who had direct physical contact.
OR

C. A person with ACUTE RESPIRATORY ILLNESS (with cough, SOB, sore throat ; one or more of these) with a history of fever (at any point of time during this illness)with a **history of travel to or residence in a location designated as an area of high transmission of COVID-19** disease as defined by the Epidemiology Unit, MoH, during the 14 days prior to symptom onset.

OR

D. A patient with acute pneumonia (not explainable by any other aetiology) regardless of travel or contact history as decided by the treating Consultant.

- Management of such patients should NOT be delayed under any circumstances.
- Patients should receive the standards of care in keeping with the known underlying cause in a designated area (ETU/isolation unit/designated respiratory unit/designated

- A sample for the PCR test obtained and sent (not the patient) to a designated laboratory.
- Once the result is available, if positive, the patient (once stable) can be transferred to a designated COVID-19 treatment center.

OR

E. A patient with fever and in respiratory distress as evident by RR>30 per minute, SpO₂ <90% on room air, regardless of travel or contact history and without a definable cause, as decided by the treating Consultant.

- Management of such patients should NOT be delayed under any circumstances.
- Patients should receive the standards of care in keeping with the clinical condition in a designated area (ETU/isolation unit/designated respiratory unit/designated ward-HDU/ICU).
- A sample for the PCR test obtained and sent (not the patient) to a designated laboratory.
- Once the result is available, if positive, the patient (once stable) can be transferred to a designated COVID-19 treatment center.

F. Any person irrespective of the presence of symptoms, with an epidemiological link to a confirmed COVID-19 case who needs testing, as decided by the Regional Epidemiologist or the Central Epidemiology Unit.

Confirmed Case:

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Disposition of cases:

Disposition of suspected cases

- All patients fitting to the above suspected case definitions (A, B, C) should be admitted and transferred by ambulance to the closest designated hospital (refer updates on the list of designated hospitals) for confirmatory testing and management. **This should be done only after stabilizing the patient and in prior consultation with the respective designated hospital**, adhering to necessary infection prevention and control (IPC) precautions.
- In case of D and E, patient should be managed in the same hospital in a designated area (ETU/isolation unit/designated respiratory unit/designated ICU). A sample for the PCR test obtained and sent (not the patient) to the designated laboratories. Once the result is available, if positive, the patient (once stable) can be transferred to a designated COVID-19 treatment center. In case of F, all COVID-19 positive individuals will be admitted to a designated treatment facility.

Disposition of confirmed cases

All confirmed cases should be transferred to a COVID-19 Treatment Centre.

This is to be applied in all hospitals/settings, including those in the private sector.

The above case definition was adopted from ‘[Updated interim case definitions on COVID-19 and advice on initial management of patients \(Version dated 04.04.2020\)](#)’

3. PRIMARY CARE CONSULTATION

It is advisable to discourage patients with respiratory symptoms with or without fever visiting your practice for treatment. This recommendation is valid also for any chronic disease consultation.

It is **strongly recommended to establish a remote consultation service (hotline / video conferencing)** with your patients which will enable you to advise them and clarify queries related to respiratory symptoms and fever regardless of your availability in your practice due to the situation in the country (4).

3.1 REMOTE CONSULTATION

During the COVID-19 pandemic it is recommended to initiate all first contact care consultations as remote consultations over the phone. This will enable to triage COVID-19 suspected patients appropriately with minimum exposure to healthcare staff and other patients. At the same time it enables non-COVID patients to be managed appropriately. Patients with respiratory symptoms should be discouraged visiting primary care settings without a prior telephone consultation.

Modes of communication for remote consultations

- *With audio only* -Telephone calls etc.
- *With audio and video* – WhatsApp, Viber, Video conferencing with Zoom, Google hangouts, Skype etc.

Of the two methods, telephone consultations are familiar and would be adequate most instances such as for delivering general information, having mild and uncomplicated symptoms and providing routine/periodic care (4).

However, video consultations can provide additional visual diagnostic clues and therapeutic presence. Thus, video conferencing could be suitable for the sicker and more anxious.

Preparation

A notice could be displayed outside your clinic indicating the above facts. (*Sample notice in Annex 1*)

Documentation of remote consultations

Use the '*Doctor – Patient telephone consultation record*' (*Annex 2*) or the usual medical record to document the remote consultation. If documented in existing medical records use it as a guide. Record keeping is even more important in this crisis situation as consultations without active follow-up is of less value.

Tips for a successful remote consultation

- Be proactive – doctor-initiated consultations for high risk patients
- Introduce yourself
- Confirm the identity of the patient
- Open ended questions and closed ended questions for triage purpose.

- Listen with a third ear – pick not only the literal meaning but also the emotions and context
- Check for understanding
- Give opportunity to clarify
- Use simple culturally appropriate non-medical language

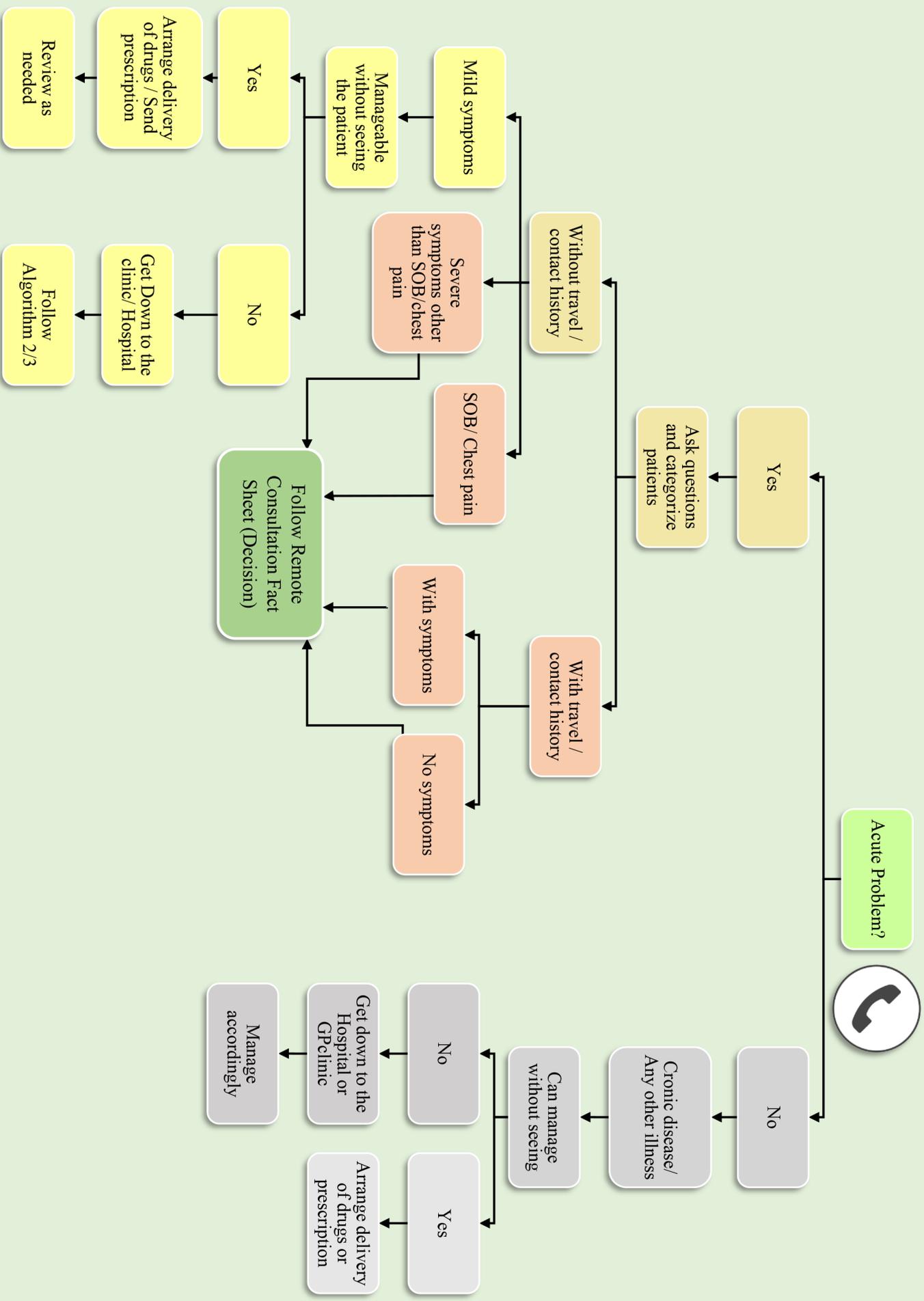
When to avoid remote consultation

- To assess patients with serious or potentially high risk conditions requiring a physical examination (5)
- When a physical examination is required to support the clinical decision making
- When a patient’s ability to communicate via telephone or video is compromised and there is no one to assist during the consultation
- When the doctor has any doubt about the clinical appropriateness of a remote consultation

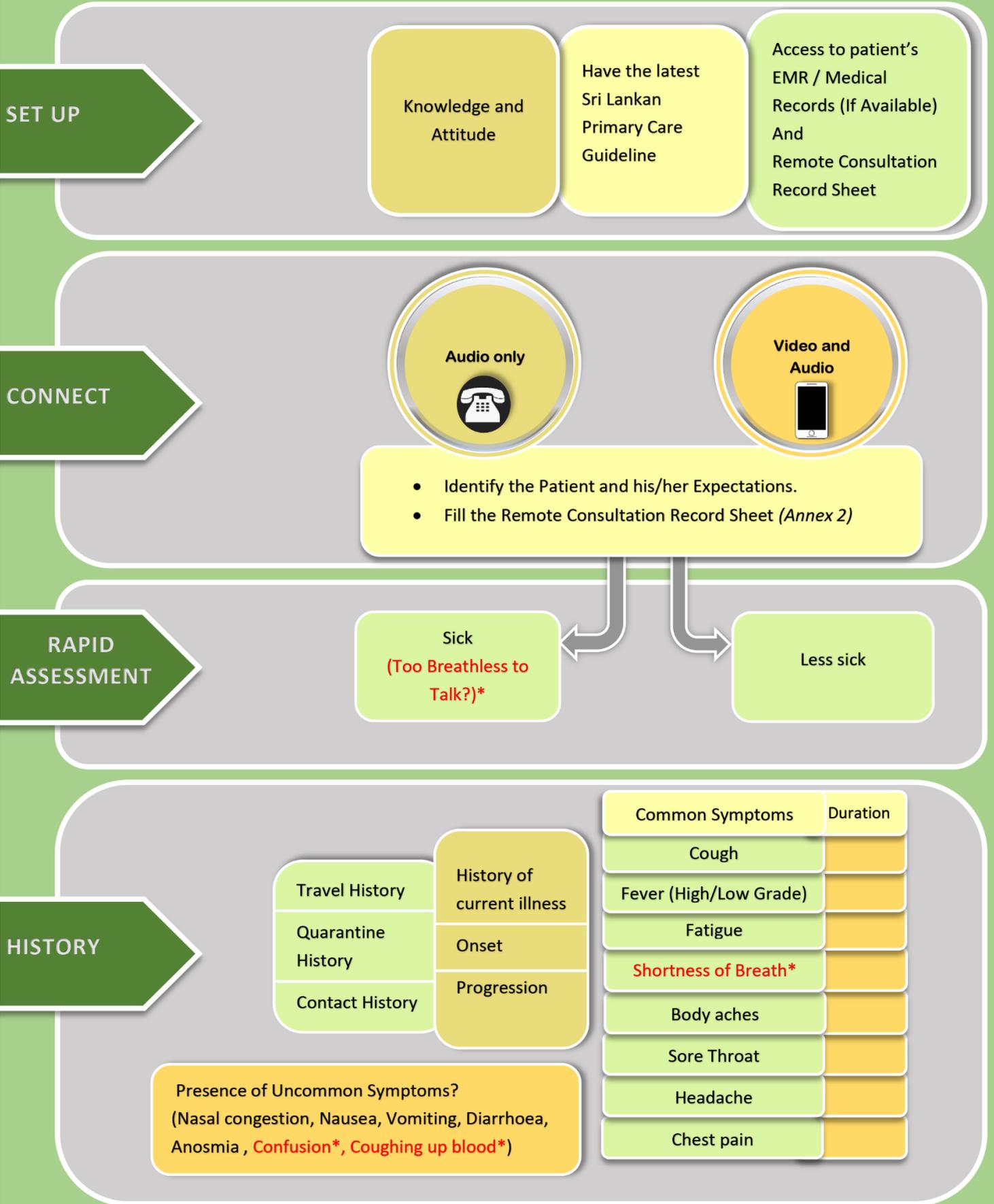
Figure 1 (Algorithm on Remote Consultation) and the Figure 2 (Quick Fact Sheet) will guide you for a successful Remote Consultation.

Confidential

Figure 1. REMOTE CONSULTATION



**Figure 2. REMOTE CONSULTATION WITH SUSPECTED COVID-19 PATIENT
“QUICK FACT SHEET” FOR PRIMARY CARE PHYSICIANS**



EXAMINATION



Ask the Patient/ Guardian to describe breathing pattern. (Regular , Irregular, Laboured)

Ask to Complete a Full Sentence

Look for

Shortness of Breath*

Look for cyanosis*

Ill Appearance

Ask for Home Measurement of Blood Pressure / Temperature / Pulse Rate/ Respiratory Rate

ASSESSMENT

No contact / Travel history



With contact / Travel history

Mild symptoms

Severe symptoms other than SOB/chest pain

SOB / chest pain

Symptoms

No symptoms

Follow algorithm 1

Discuss with Regional Epidemiologist



Admit to the closest COVID-19 isolation centre

Inform MOH/PHI/Police

DECISION



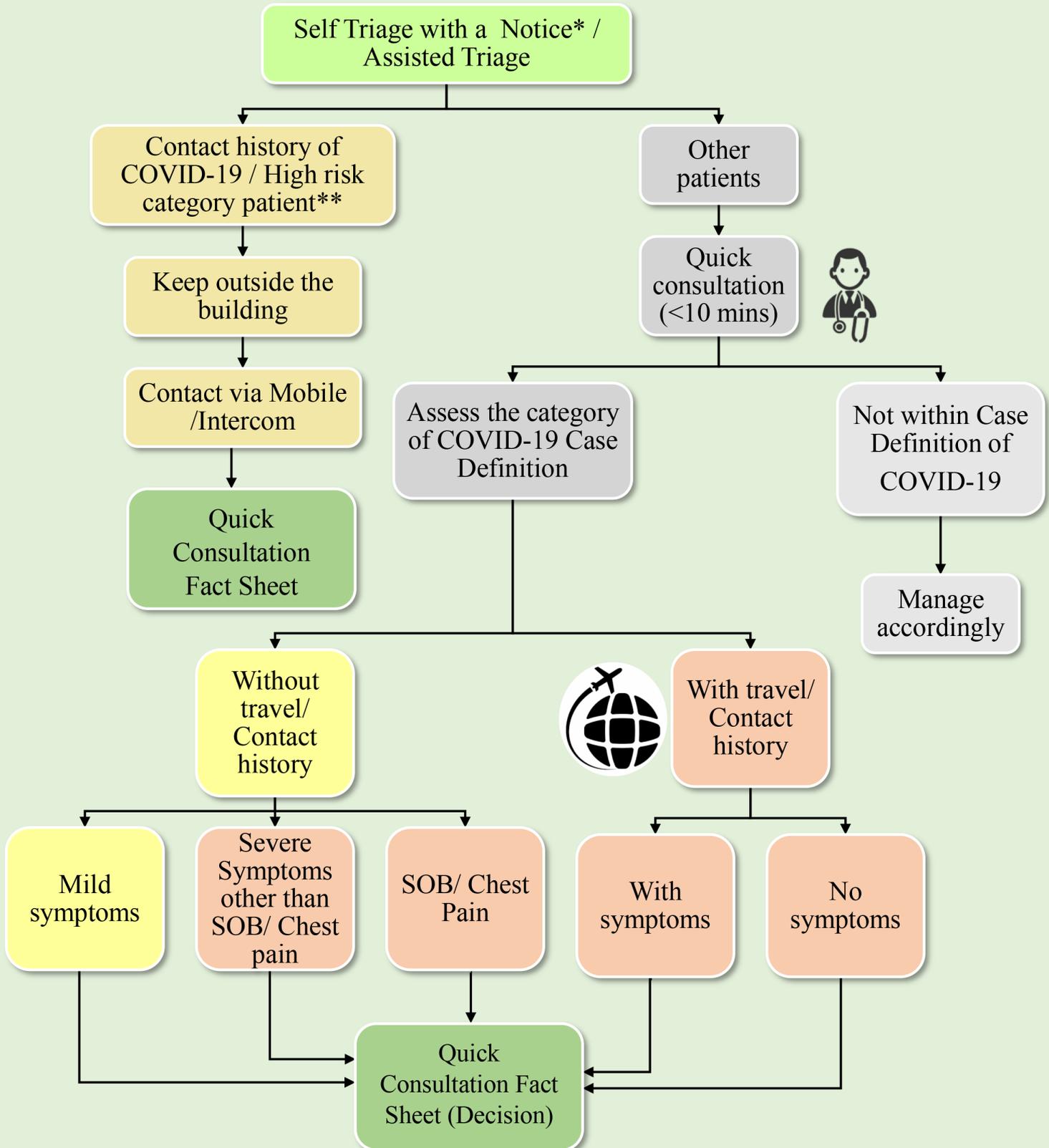
Admit to nearest hospital with facilities



Home Isolation

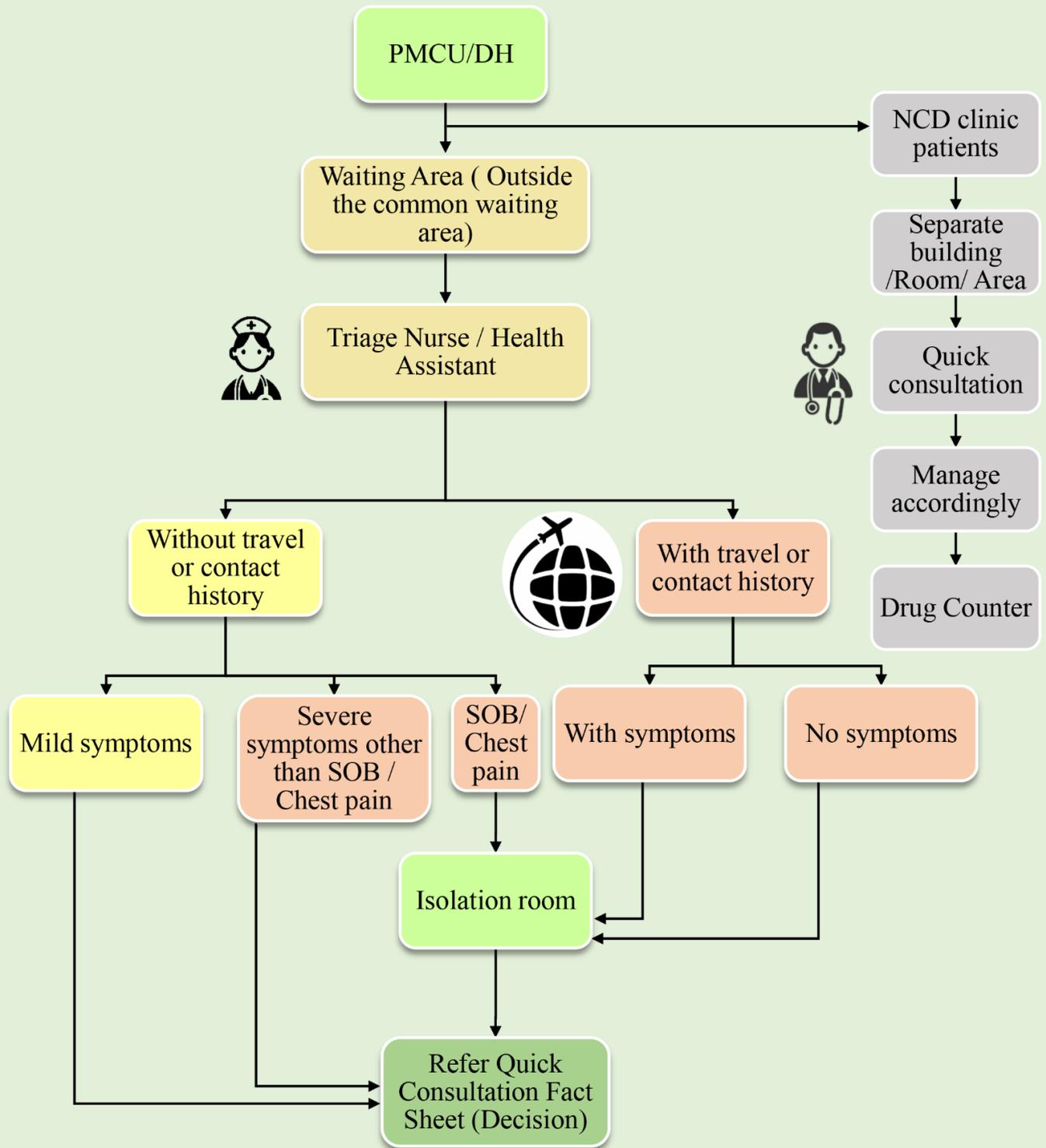
* **RED FLAGS - NEED TO ADMIT ASAP**

Figure 3. MANAGEMENT AT GP CLINIC



*Annex 5
** Page 15

Figure 4. MANAGEMENT AT PMCU/DH

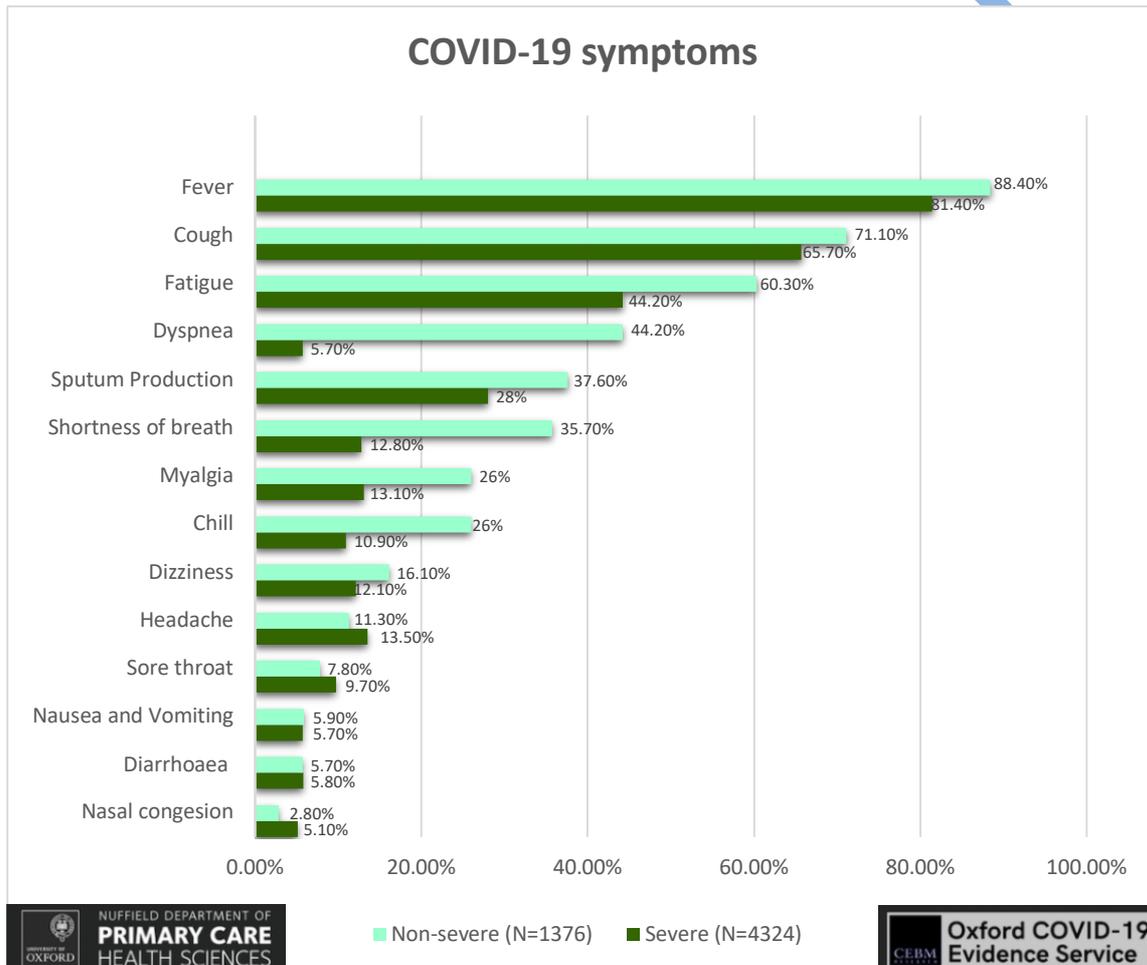


- Please refer page 21 and 22 for safety precautions for Primary Care Physicians.

4. HISTORY

The majority of the patients with COVID-19 infection identified up to now have a clear contact history. This makes a detailed history extremely important in a primary care setup.

Important points to elicit in the history; (6)



- Elderly patients can present with atypical symptoms (confusion, drowsiness) (7)
- Anosmia can be an early symptom of COVID-19 (8).
- Travel and social history is extremely important.
 - Recent visit to any foreign country (within 1 month)
 - Coming into contact with a suspected or a confirmed COVID-19 patient within last 14 days
 - Coming into contact with a person that arrived from abroad within last 14 days
 - Residing in or recent visit to an area of high transmission of COVID-19
 - Contacts of the current high-risk healthcare workers

- Employees in aviation, tourism and hotel industry
- Recently released from a quarantine centre / self-quarantine
- Staff or armed forces who have worked in quarantine facilities
- Family members, relations or associates of any of the above groups

Patients at risk of developing complications from COVID-19

Patients with NCDs and multiple comorbidities are at a higher risk of developing complications. This makes it high priority primary care doctors to pay attention to this group of patients. Minimizing exposure by social isolation should be the top preventative strategy and specifically discouraged from visiting clinics. The caregivers should be requested to come instead and get the prescription refills if needed. Alternatively, such patients should be offered remote consultations and e prescriptions could be issued. (as above)

Patients should be permitted to contact you at any time of the day and get your advice. It would help them not feeling alone and helpless.

Following categories of patients are at higher risk.

- Older adults (above 50 years of age) are at higher risk and the elderly patients above 70 years of age are the most susceptible to develop severe disease from the COVID-19 infection (9).
- PCPs are advised to specially focus on the following groups of patients (10).
 - a) Patients with chronic medical conditions - heart disease, lung disease (cystic fibrosis, asthma and COPD), diabetes, hypertension, liver disease, kidney disease
 - b) Smokers, alcohol consumers and patients with substance abuse (11).
 - c) People with Body Mass Index (BMI) 40 or above
 - d) Patients with psychiatric disorders
 - e) Immunocompromised patients - patients on steroids, immunosuppressive therapy, undergone organ transplantation, cancer, HIV/AIDS
 - f) Patients living alone
 - g) Patients living in elderly homes
- Pregnant women - all newly registered, high risk and mothers whose POA >32 should be followed up at routine antenatal clinics. For more details please refer to the specific guideline issued by the Ministry of Health (12). [\(Interim Guidelines for field maternal and child care services during the outbreak of COVID -19\)](#)

5. EXAMINATION

Key equipment: Infrared / digital thermometer, fingertip pulse oximeter, stethoscope.
It is advisable not to use a mercury thermometer and avoid taking oral/anal temperature.

- Limited examination is recommended. Auscultation is not essential if overall clinical judgment is clear about respiratory illness status. It is advisable to all doctors not to examine the throat of patients.
- Assessing blood pressure increases contact time significantly, thus should be considered only in essential decision making unless you have a digital blood pressure meter (13).
- For cleaning of equipment please refer to the environmental cleaning guideline by the Ministry of Health (14). (Annex 7)

Initial presentation: No specific signs would be found.

Late presentation: Change in vital signs, lung signs (reduced air entry and added sounds), tachypnoea (respiratory rate >30), low oxygen saturation (SpO₂ <90%).

Look for atypical signs in elderly patients. (Confusion, drowsiness)

6. INVESTIGATIONS

- There is **no specific clinical or laboratory investigation to screen** for COVID-19 at the moment.
- We do not recommend FBC, CRP to arrive at a diagnosis of a probable COVID 19
- Real time polymerase chain reaction (RT-PCR) test is available for ‘suspected cases’ of COVID-19 as a confirmatory test at government hospitals and some approved private hospitals after admission.
- Patients should be informed that the PCR is not a screening test. In addition, it is important to explain that even if the PCR is negative, the patient may harbour the virus during the incubation period (15).
- Although detection of IgM/IgG to diagnose COVID-19 has been suggested, it cannot replace RT-PCR in acute diagnosis and management of patients due to late antibody response. It would miss the patients in early stages of the disease (16).

7. TREATMENT

- **Do not use any medications specific to COVID-19 in primary care**, specifically chloroquine, hydroxychloroquine, azithromycin or any other antiviral drug **for treatment or prophylaxis** (17).
- **It is recommended to continue** the usual anti-hypertensive, antidiabetic and anti-asthmatic drugs the patients are currently using (18).

8. MANAGEMENT AND DISPOSITION OF THE PATIENTS AND NOTIFICATION

	Contact/travel history	Symptoms	Problem definition	Action
Category 1	NO	Mild symptoms	Non COVID-19	Reassure, treat accordingly (see page 18)
Category 2	NO	Severe symptoms other than SOB/chest pain	Unlikely to be COVID-19	1990 and admit to nearest hospital
Category 3	NO	SOB/ Chest pain	Possible case of COVID - 19 (Case definition – D, E)	Inform Regional Epidemiologist (RE) and arrange admission to nearest hospital through 1990. Inform Hospital.
Category 4	Present	NO	Asymptomatic contact (Case definition – F)	Inform RE and MOH/PHI for home quarantine* and follow-up through the public health team.
Category 5	Present	Present	Suspected case of COVID-19 (Case definition – A, B,C,F)	-Inform RE, MOH/PHI -Admit to the nearest COVID acute care isolation hospital. -Follow-up through public health team -Inform hospital.

Above table summarizes the circular ‘Interim guideline for risk assessment referral system to rationally manage COVID-19 case load in isolation centers by DDG-MS-1/23/2020 dated 6/4/2020’ (19).

* [Patient information leaflet on home quarantine](#) is available at epidemiology website.

- If you suspect a patient to have COVID-19 infection according to the above ‘suspected case’ definitions (Category 3 and 5/A to F), immediately leave the consultation room to avoid further exposure. Follow the precautionary methods (20).
- Call and get down an ambulance (*Suwasariya* - 1990) and transfer the patient to the closest designated hospital (*see Annex 3*) (21) adhering to necessary infection prevention and control (IPC) precautions without exposing the general public.

- Stabilize the patient and preferably contact the relevant hospital before transferring.
- If any patient refuses to admit / home isolation, seek police/legal support in accordance with the Quarantine Law.

9. PROCEDURE FOLLOWING A CLOSE CONTACT

A Primary Care Physician and the staff with high or medium risk exposure to a patient suspected of having COVID-19 infection (until excluded) should refrain from working for 14 days after the last exposure with self-quarantine measures (22). They should be actively monitored by the local public health authority by establishing regular communications to assess the development of any clinical features such as fever or respiratory symptoms. In low risk exposure, self-monitoring by taking their temperature twice a day and remaining alert for respiratory symptoms would be adequate. If they develop fever or respiratory symptoms further medical evaluation is needed.

The risk exposure categories are given in the *Annex 4*. (23)

10. MANAGING ASYMPTOMATIC PATIENTS WITH POSSIBLE

- **Close contacts of patient with confirmed or suspected COVID-19 infection:** Advice on strict home quarantine after discussing with the regional epidemiologist. Inform the MOH, PHI and Police.
- **Low risk exposure to a patient with confirmed COVID-19 infection:** Reassure and advise to be vigilant about symptoms.

11. MANAGING OTHER PATIENTS WITH URTI SYMPTOMS

A face-to-face consultation **is not required** for symptoms of common cold and upper respiratory tract symptoms within the first 2-3 days of the illness. There is no clinical examination that can differentiate COVID-19 infection from other common viral respiratory tract infections.

Even though community spread is not visible at the moment, the risk cannot be excluded. It is best to advise all your patients with respiratory symptoms (with or without fever) to rest at home without exposing themselves to the community as much as possible. Although it is

advisable to wear a facemask when going out of the house, they should be encouraged to strictly practice social distancing, respiratory hygiene and hand washing frequently (24).

Medical certificates could be issued for a few days depending on the severity of illness. Obtain patient's contact details and maintain a register for patients with fever and respiratory symptoms.

(Refer above Quick Fact Sheet and the Algorithms)

12. FOLLOW UP OF COVID-19 PATIENTS AFTER DISCHARGE

Patients are discharged when they are clinically well, fever free for more than 72 hours with two (2) negative PCR tests more than 24 hours apart (9).

Patients should be advised to follow **strict home isolation for a minimum period of three weeks** as viral shedding may be prolonged. Medical certificates for that period should be issued by the government institution treating the patient.

The Patient should be advised to stick to remote/telephone consultations as much as possible. The immediate follow up could be done together with the MOH office.

13. HOME VISITS

It is best to avoid visiting patients with respiratory tract infections considering your safety. Home visits may be arranged according to your clinical judgement in situations involving patients with a disability or other specific circumstances. PPE should be worn on such a visit. History should be obtained over the phone before visiting the patient to screen the risk factors for COVID-19 infection (25).

14. HANDLING DEATHS AT PRIMARY CARE SETTINGS

In case a Primary Care Physician handles a death at any of the following setting, the doctor and the supporting staff should wear appropriate PPE.

1. A death of a patient treated in a Divisional Hospital DH/PMCU
2. A dead body is brought to DH / PMCU
3. A GP is called to confirm a death taken place at home
4. A dead body is brought in to the general practice

The PCP should go through the history and find out whether the diseased fit in to the case definition of COVID-19 infection. If the diseased person fits into either suspected or high risk COVID-19 case definition, the PCP should not give a cause of death, but should take steps to inform the police, MOH/PHI and the RE. If so, rest of the handling of the body and the

quarantine decision of the family members should be done according to the instructions received from the RE.

If the diseased person does not fall into the case definition of COVID-19, the PCP may give the cause of death according to the usual practice (9).

Confidential

15. Guidance for Primary Care Doctors/GP's and the staff for clinic preparation and precautionary measures.



1. Recommended attire for doctors: Short-sleeved shirts or tops. Wear covered shoes. No ties. No sarees or *osarees*. No jewelry and accessories. Better to avoid mustaches, beards and fold and tie long hair.



2. Bring your food and beverages in a disposable container.



3. Encourage the staff not to use public transport. Arrange a private vehicle for their transport if possible.



4. The doctor and the staff should wear appropriate PPE (goggles, surgical mask, overall).

5. Display a notice outside the clinic asking patients to kindly wait outside **without entering** if they have a possible contact history or if they belong to high-risk exposure category, and instead to contact the doctor over the phone. (See *annex 4*)



6. Make arrangements to provide handwashing facilities to the patients before entering and at the time of leaving the clinic or provide 70% alcohol hand rub.

7. Display notices in appropriate languages with pictures at the entrance and inside the practice to alert, remind and educate patients about the disease, its symptoms and hygienic practices.



8. Discourage using handkerchiefs and make facial tissues available with a pedal bin in the waiting area.

9. It is best if you could reorganize the waiting area to have a separated area for patients with respiratory symptoms. If not arrange seating facilities in the waiting area to keep 1m distance between patients. You can also inform them to wait in their vehicle (if available) until called in.



10. Try to reduce waiting time for the patients who are presenting with fever with respiratory tract symptoms. Give them priority without keeping them waiting in the waiting area.

11. Discontinue the use of toys, magazines, pens and other shared items in the waiting area.



12. During the consultation, **keep at least one to two meters (1-2m) distance from the patient** by placing the chair at that distance. Keep the chairs of the doctor and patient at 90° to each other.

If you cannot maintain at least 1m distance, it is advisable to wear goggles/face shield in addition to the surgical face mask. Placing a transparent screen (glass or polythene) in between you and the patient would be an alternative method that could be adopted.



13. Perform necessary examinations only and try to perform the examination steps from behind as much as possible. Do not talk to the patient while examining.

14. Keep the consultations related to patients with upper respiratory tract infections as brief as possible. Reduce the waiting time at the dispenser and the cashier.



15. Hand washing is the gold standard and irreplaceable.

Use soap and water to wash hands for 20 seconds after seeing each and every patient. Follow the correct handwashing technique.

16. If soap and water are not accessible, use 70% alcohol hand rub. Isopropyl alcohol could also be used.



17. Staff at risk (dispenser, health assistants, cashier) could frequently wash hands or if not practical, provide 70% alcohol rub to be used after each patient.

18. Cancel group health activities that you have planned.

19. Postpone elective procedures like minor surgeries and cosmetic procedures.

Avoid unnecessary aerosol producing procedures such as nebulization as much as possible. Instead, bronchodilator MDIs with spacer could be used. Staff should wear N95 masks in unavoidable procedures such as emergency nebulization. Keep other patients away from the area.



20. After each consultation with a patient with respiratory symptoms, disinfect the utensils (stethoscope, thermometer, goggles, phone etc), consultation table, counter and the doorknobs with 70% alcohol. 1% Hypochlorite could be used to clean spills.



21. Clinical waste segregation is strictly advisable and all infected waste (including PPE and Mask) should be removed by no-touch techniques (pedal bins) preferably after adding 0.5% hypochlorite solution.

22. At the end of the session clean the clinic floor and walls with 0.1% Hypochlorite spray.



23. It is advisable to take a shower after the practice and wash all the clothes before having contact with family members.



24. Work shoes should be wiped with 0.5% hypochlorite & left at work or leave outside in garage/outside the front door when you enter the home.

25. Focus on wellness activities/exercises at least 30 min/day.



26. Primary Care Physicians/General Practitioners with risk factors (old age and other comorbidities) are advised to self-monitor their health and strictly adhere to the above precautionary measures.

Disclaimer

This guideline is produced by a group of Family Physicians / General Practitioners representing academics, government and private sector, the expert advice from other relevant specialist colleagues and peer reviewed and published with the approval of Ministry of Health.

Management of your patients may vary according to the epidemiological progression within Sri Lanka, clinical picture and the context in which you see the patient. Therefore, this guideline will be a dynamic one that will be updated according to the prevailing situation in the country.

General advice that could be given to patients by PCPs are found in Annex 6.

References

1. Coronavirus [Internet]. [cited 2020 Mar 24]. Available from: <https://www.who.int/health-topics/coronavirus>
2. Lauer SA, Grantz KH, Bi Q, Jones FK, Zheng Q, Meredith HR, et al. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. *Ann Intern Med* [Internet]. 2020 Mar 10 [cited 2020 Apr 13]; Available from: <https://annals.org/aim/fullarticle/2762808/incubation-period-coronavirus-disease-2019-covid-19-from-publicly-reported>
3. Reorganising Primary Health Care in Sri Lanka.pdf.
4. Greenhalgh T, Koh GCH, Car J. Covid-19: a remote assessment in primary care. *BMJ*. 2020 Mar 25;m1182.
5. Guide-to-providing-telephone-and-video-consultations.pdf [Internet]. [cited 2020 Apr 12]. Available from: <https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/Guide-to-providing-telephone-and-video-consultations.pdf>
6. COVID-19 Signs and Symptoms Tracker [Internet]. CEBM. [cited 2020 Apr 4]. Available from: <https://www.cebm.net/covid-19/covid-19-signs-and-symptoms-tracker/>
7. Saxena and Lawley - 2009 - Delirium in the elderly a clinical review.pdf.
8. Russell B, Moss C, Rigg A, Hopkins C, Papa S, Van Hemelrijck M. Anosmia and ageusia are emerging as symptoms in patients with COVID-19: What does the current evidence say? *ecancermedicalscience* [Internet]. 2020 Apr 3 [cited 2020 Apr 13];14. Available from: <https://ecancer.org/en/journal/editorial/98-anosmia-and-ageusia-are-emerging-as-symptoms-in-patients-with-covid-19-what-does-the-current-evidence-say>

9. COVID-19 CPG _ version 4.pdf [Internet]. [Cited 2020 Apr 2]. Available from: http://www.epid.gov.lk/web/images/pdf/Circulars/Corona_virus/covid-19%20cpg%20_%20version%204.pdf
10. CDC. Coronavirus Disease 2019 (COVID-19) [Internet]. Centers for Disease Control and Prevention. 2020 [cited 2020 Apr 7]. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>
11. Vardavas and Nikitara - 2020 - COVID-19 and smoking A systematic review of the e.pdf.
12. Interim guidelines for field maternal and child care services during the outbreak of covid-19 infection .pdf [Internet]. [Cited 2020 Mar 24]. Available from: http://www.epid.gov.lk/web/images/pdf/Circulars/Corona_virus/interim%20guidelines%20for%20field%20maternal%20and%20child%20care%20services%20during%20the%20outbreak%20of%20covid-19%20infection%20.pdf
13. Rapid diagnosis of community-acquired pneumonia for clinicians [Internet]. CEBM. [Cited 2020 Apr 10]. Available from: <https://www.cebm.net/covid-19/rapid-diagnosis-of-community-acquired-pneumonia-for-clinicians/>
14. [Environment cleaning.pdf](#) [Internet]. [Cited 2020 Mar 24]. Available from: http://www.epid.gov.lk/web/images/pdf/Circulars/Corona_virus/environment%20cleaning.pdf
15. Gorbalenya et al. - 2020 - iSevere acute respiratory syndrome-related coron.pdf.
16. Patel R, Babady E, Theel ES, Storch GA, Pinsky BA, St. George K, et al. Report from the American Society for Microbiology COVID-19 International Summit, 23 March 2020: Value of Diagnostic Testing for SARS-CoV-2/COVID-19. mBio. 2020 Apr 28;11(2):mBio.00722-20, e00722-20.
17. [COVID19 Specific Treatment Guidance Version 1 \(22_03_2020\) - PDF584596308145516105](#)
18. Angiotensin converting enzyme (ACE) inhibitors and angiotensin receptor blockers in COVID-19 [Internet]. CEBM. [Cited 2020 Apr 4]. Available from: <https://www.cebm.net/covid-19/angiotensin-converting-enzyme-ace-inhibitors-and-angiotensin-receptor-blockers-in-covid-19/>
19. DDG (MS)1_23_2020_6_04_2020_Interim_guideline_for_risk_assesment_referral_system_to_rationally_manage_COVID_19_case_load_in_isolation_centers.pdf.
20. Coronavirus disease 2019 (covid-19): a guide for UK GPs | The BMJ [Internet]. [cited 2020 Mar 24]. Available from: <https://www.bmj.com/content/368/bmj.m800>
21. Sri Lanka Pharmacy Locator - Online Pharmacy Database [Internet]. Sri Lanka Pharmacy Locator - Online Pharmacy Database. [Cited 2020 Apr 5]. Available from: <http://pharmacy.health.gov.lk/pharmacylocator/index.php>
22. [Screening_and_management_of_healthcareworkers_following_exposure_to_a_confirmed_suspected_case_of_COVID_19_\(V2_dated_01042020\).pdf.](#)

23. CDC. Coronavirus Disease 2019 (COVID-19) [Internet]. Centers for Disease Control and Prevention. 2020 [cited 2020 Mar 24]. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
24. [guidance-on-the-rational-use-of-personal-protective-equipment.pdf](#) [Internet]. [cited 2020 Mar 24]. Available from: http://www.epid.gov.lk/web/images/pdf/Circulars/Corona_virus/guidance-on-the-rational-use-of-personal-protective-equipment.pdf
25. [COVID_19_Guidance_for_infection_prevention_and_control_in_healthcare_settings_Version_1..pdf](#).

Confidential

Notice

Please contact the doctor first over the phone and get advices before coming here if you have cough, cold or fever.

That is for your own safety.

Please call

Confidential

oekaùuhs

Tng WK " leiai fyda fiim%;sYHdj je<£ we;aki" tl jr
ffjoHjrhd fj; fkdmeñK ýrl:k weu;=ula yryd iqyiq
Wmfoia ,nd.ekSu jvd fhda.H fõ'

th Tnf.a u wdrlaldj i |ydh'

wu;kak

Confidential

பணிவான வேண்டுகோள்

உங்களுக்கு காய்ச்சல், இருமல், தடிமன்
இருக்கும் பட்சத்தில் சிகிச்சை
நிலையத்தினை நாடுவதற்கு முன்பு
உடனடியாகத் தொலைபேசி மூலம் உங்கள்
வைத்தியரைத் தொடர்பு கொண்டு
ஆலோசனை பெற்று கொள்வது
பாதுகாப்பானதும் சிறந்ததும் ஆகும்.

தொலைபேசி

Doctor – Patient Telephone Consultation Record (Remote Consultation)	
Provider (Dr)	Patient Record No: <input style="width: 100px; height: 20px;" type="text"/>
Patient Name: Age: D.O.B: Address: Contact No: E-mail:	
Reason For Encounter:	
Current Medication:.....	
<input type="checkbox"/> Travel History - *Country..... Arrival Date: <input type="checkbox"/> Contact History - Date..... <input type="checkbox"/> Quarantine History	
Common Symptoms:	
<input type="checkbox"/> Fever <input type="checkbox"/> S.O.B <input type="checkbox"/> Headache <input type="checkbox"/> Chest Pain <input type="checkbox"/> Cough <input type="checkbox"/> Fatigue <input type="checkbox"/> Sore Throat <input type="checkbox"/> Body Ache	
Less Common Symptoms: <input type="checkbox"/> Anosmia <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea	
Other Symptoms :.....	
Existing Condition: <input type="checkbox"/> CVD <input type="checkbox"/> DM <input type="checkbox"/> HTN <input type="checkbox"/> Cancer <input type="checkbox"/> Chronic Respi	
Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Condition (Diagnosis / Problem Definition):	
Plan : <input type="checkbox"/> Referred to Hospital..... <input type="checkbox"/> Discuss with RE <input type="checkbox"/> Inform MOH/PHI/Police <input type="checkbox"/> Need Face to Face Consultation:-Appointment Date/Time:	
Treatment: Given <input type="checkbox"/> Not Given <input type="checkbox"/>	
Advices:	
Prescription	
Prescription Via : <input type="checkbox"/> Unmanned Counter <input type="checkbox"/> Whatsapp/Viber <input type="checkbox"/> E-mail	
Provider : Rate this Tele Consultation Session (Scale of 1-10) :	
Patient: Did you receive the expected support through Tele Consultation :	
<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No <input type="checkbox"/> Not sure	

The Ministry of Health has named the following 32 hospitals with isolation facilities to admit and treat suspected patients.

National Hospital of Sri Lanka (NHSL)	District General Hospital Vavuniya
National Hospital Kandy	District General Hospital Polonnaruwa
Colombo South Teaching Hospital (CSTH)	District General Hospital Chilaw
Castle Street Hospital for women (CSHW)	District General Hospital Monaragala
Lady Ridgeway Hospital for children (LRH)	District General Hospital Hambantota
North Colombo Teaching Hospital, Ragama	District General Hospital Matara
Teaching Hospital Karapitiya	District General Hospital Hambantota
Teaching Hospital Jaffna	Base hospital Minuwangoda
Teaching Hospital Anuradhapura	Base Hospital Kattankudi
Teaching Hospital Batticaloa	Base Hospital Homagama
Provincial General Hospital Badulla	Nevil Fernando (Teaching) Hospital (For maternal care)
Provincial General Hospital Kurunegala	
Provincial General Hospital Ratnapura	Colombo East Base Hospital Mulleriyawa
District General Hospital Negombo	Base Hospital Beruwala
District General Hospital Gampaha	District General Hospital Kalutara
COVID-19 Treatment Centres	
<ul style="list-style-type: none"> • Iranawila special COVID Hospital • National Institute of Infectious Diseases (IDH) – Colombo East Hospital • Base Hospital Welikanda • Kotelawala Defence University Hospital ICU 	

Risk exposure for Healthcare Professionals

Close contact for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

High-risk exposures

High-risk exposures refer to healthcare professionals (HCP) who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, nebulizer therapy) on patients with COVID-19 when the healthcare providers' eyes, nose, or mouth were not protected, is also considered high-risk.

Medium-risk exposures

Medium-risk exposures generally include HCP who had prolonged close contact with patients with COVID-19 who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Some low-risk exposures are considered medium-risk depending on the type of care activity performed. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure. If an aerosol-generating procedure had not been performed, they would have been considered low-risk.

Low-risk exposures

Low-risk exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a face mask or respirator. Use of eye protection, in addition to a face mask or respirator would further lower the risk of exposure.

Reference: Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)

Notice

Do you have fever, cough, cold, muscle pain, vomiting or diarrhoea?

and

Are you or any of your close contacts

- **Coming from abroad?**
- **Was under quarantined in a quarantined centre or under home quarantine?**
- **Doing any job related to the tourist industry?**
- **Employed in the health sector?**
- **Employed in tri- forces or the Police?**
- **Working in a quarantine centre?**
- **Employed in the hotel industry?**

Or

Did you spend time with anyone who falls in to one of the above categories within the last two weeks?

If so, please wait outside this medical centre without coming in, and call the doctor via below number.

.....

oekaùuhs

Tn WK " leiai" fiim%;sYHdj" uiamsvq fõokdj" jukh " fyda
wÔrK ;;ajhlska fmf,kafka o@

tfukau Tn fyda Tfí ióm;ufhl=,

- msgrgl isg meñ,fha o@
- ksfrdaOdhk uOHia:dkhl fyda ksjfia iajhx
ksfrdaOdhkh fjñka isáfha o@
- ixpdrI l¾udka;h g iinkaO /lshdjl kshf,kafka o@
- fi!LH lafl;%fha /lshdjl ksr; jkafka o@
- ;%súO yuqodfõ fyda fmd,sisfha /lshdjl ksr; jkafka
o@
- fydag,a lafla;%h yd iinkaO /lshdjl ksr; jkafka o@
- tfia ke;fyd;a by; i|yka lsisjl= Tn miq.sh i;s fol we;=<;
yuq jQjd o@

tfia kī tl jr fuu ffjoH uOHia:dkh ;=<g fkdmeñK msg; isg
my; ýrl;k wxlh yryd ffjoHjrhd wu;kak'

.....

உங்கள் கவனத்திற்கு

உங்களுக்கு காய்ச்சல், இருமல் அல்லது தடிமன் ஆகிய அறிகுறிகள் இருப்பதுடன்,

நீங்கள் அல்லது உங்கள் குடும்ப உறுப்பினர்கள் யாராவது பின்வருவோரில் ஒருவராக இருந்தால்,

- ✓ வெளிநாட்டில் இருந்து வந்தவர்
- ✓ சுற்றுலாத்துறைக்கு சம்பந்தமான வேலையில் உள்ளவர்
- ✓ ஹோட்டல் துறை அல்லது அதனுடன் தொடர்புடைய துறையில் பணி புரிபவர்
- ✓ சுகாதாரத்துறை ஊழியர், முப்படை அல்லது காவல்துறையில்
- ✓ தனிமைப்படுத்தல் நிலையத்தில் வேலை செய்பவர்

அல்லது

- ✓ மேற்குறிப்பிட்ட யாருடனாவது கடந்த இரண்டு வாரங்களினுள் தொடர்பில் இருந்தவர்

அவ்வாறாயின், தயவுசெய்து இந்த மருத்துவ நிலையத்திற்கு வெளியே காத்திருந்து கீழேயுள்ள இலக்கம் வழியாக மருத்துவரை அழைக்கவும்.

.....

Annex 6

General advices that can be given to the public by primary care physicians

- Promote using face masks among people who are under quarantine, immunocompromised patients, care givers of the immunocompromised patients, all the patients with respiratory symptoms and fever.
- Frequent hand washing with soap and water following correct hand washing techniques. When soap and water is not accessible, use 70% alcohol hand rub.
- Maintain social distancing by keeping at least 1 metre distance between two people specially with anyone who is coughing or sneezing.
- Advice patients who are at high risk categories (immunosuppressed, hypertension, diabetes, CKD) against leaving home.
- Avoid touching face, eyes, nose and mouth
- Maintaining coughing etiquette to protect respiratory hygiene.
- Avoid crowded places and public transport as much as possible. If unavoidable, choose transport with minimal congestion.
- Avoid social gatherings.
- Drink adequate water and liquids to maintain good hydration.
- Consume foods containing vitamin C and zinc to ensure good immunity.

Environmental Cleaning Guidelines to be used during the COVID-19 outbreak –
15/03/2020

- 1. Environment Cleaning/ surface cleaning in isolation units and Triage areas**
 - Hypochlorite at 0.5% (equivalent 5000ppm)
 - Door knobs of isolation rooms- Wipe with 70% Ethyl alcohol after each use
 - Other metal surfaces in the isolation and triage- 70% Ethyl alcohol
- 2. Reusable dedicated equipment (e.g., thermometers, stethoscope, BP cuffs) between uses**
 - 70% Ethyl alcohol
- 3. Metal equipment (Kidney trays etc)**
 - Autoclave
- 4. Environment Cleaning/ surface cleaning in other vulnerable areas (OPD, Medical wards, ICU etc)**
 - Hypochlorite at 0.1% (1000ppm)
- 5. Spill cleaning-**
 - Hypochlorite at 1%(10,000ppm) , contact time at least 10 min
- 6. Soiled bedding, towels and clothes from patients with COVID-19**
 - Washing by machine with warm water (60-90°C) and laundry detergent.
 - If machine washing is not possible soak linen in 0.05% chlorine for approximately 30 minutes. Finally, rinse with clean water and let linen dry fully in the sunlight.
 - (If there is any solid excrement on the linen, such as feces or vomit, scrape it off carefully with a flat, firm object and put it in the commode or designated toilet before putting linen in the designated container. If the latrine is not in the same room as the patient, place soiled excrement in covered bucket to dispose of in the toilet)
- 7. Bedpans**
 - Hypochlorite at 0.5% after disposing of excreta and cleaning with a neutral detergent and water. (Chlorine is ineffective for disinfecting media containing large amounts of solid and dissolved organic matter. Therefore, there is limited benefit to adding chlorine solution to fresh excreta and, possibly, this may introduce risks associated with splashing.)
Contact time at least 10min
 - Use washer disinfectant if available
- 8. Reusable PPE**
 - Boots- Hypochlorite at 0.5%
 - Goggles- Soap and water and Ethyl 70% alcohol
- 9. Ambulances**
 - Hypochlorite spray at 0.1%

EMERGENCY CONTACTS

 Suwasariya Ambulance Service 1990	 Police Emergency Call Centre 119	 Health Promotion Bureau 1999
 Tourist Police 011-2421052	 National Hospital Colombo 011-2691111	 Fire and Rescue / Ambulance 110
 Information and Complaints regarding quarantine process 113	 National Emergency Operation Center / President Task Force 117	 Disaster Unit - Ministry of Health and Indigenous Medical Services 011-3071073
 Women's Help Line 1938	 Hotline for Pregnant Mothers 071-0301225	 Child Line 1929

 **World Health
Organization**
Sri Lanka

 **සෞඛ්‍ය ප්‍රවර්ධන කාර්යාංශය**
சுகாதார மேம்பாட்டுப் பணியகம்
Health Promotion Bureau 

