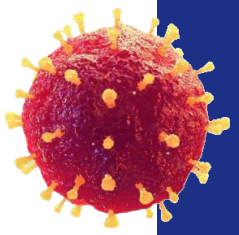
JANUARY 2021

# Maintaining Reproductive Maternal Newborn Child Adolescent and Youth Health services during the COVID pandemic

Family Health Bureau
Ministry of Health



**Message from Director General of Health Services and Secretary of the Ministry of Health**

This outbreak is a common challenge faced by mankind in the age of globalization. It is observed that the COVID 19 pandemic stresses the health system in the country and possess the risk of disruption in provision of Reproductive, Maternal, New born, Child, Adolescent & Youth Health (RMNCAYH) services.

Sri Lanka has prioritized essential RMNCAYH services for continuation during the pandemic as these serve women, children and adolescents, who are especially vulnerable during emergency situations as it is vital to meet their rights.

This document has been prepared, compiling all the guidelines and circulars issued by the Ministry of Health, for maintaining good quality and equitable RMNCAYH service during this pandemic situation.

It can be considered as a precise reference to all our health care workers both in preventive and curative sectors to ensure that the continuation of services to be of high quality, safe and strict IPC practices must always be enforced to ensure safety of the RMNCAH clients and healthcare workers themselves.

Family Health Bureau as the National focal point took the responsibility to prepare this guide with the goal of maintaining the equitable access to essential service delivery throughout the crisis, thus minimizing the impact of the COVID out break on essential RMNCAH services.

I hope this national guide which has been reviewed and updated periodically since March 2020, would optimize the sustainable provision of equitable and good quality essential services for RMNCAH in Sri Lanka.

**Dr. Asela Gunawardena**
**Director General of Health Services**
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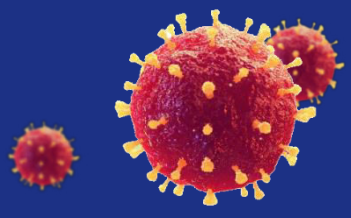
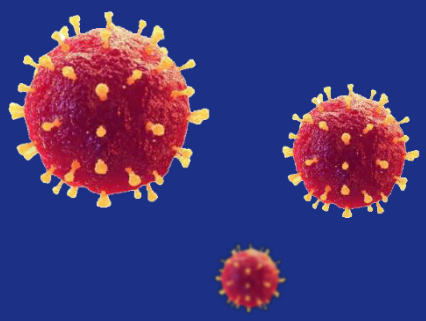
**Sri Lanka**

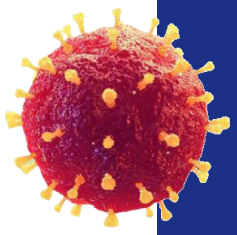
**Dr. S H Munasignhe**
**Secretary**
**Ministry of Health**
**Sri Lanka**

# CONTENTS









## How to Use the guide

This guide is the summary document of all circulars and guidelines issued by the Ministry of Health and Family Health Bureau in providing reproductive, maternal, newborn, child, school, adolescent and youth health services during the pandemic. This is a quick reference guide for program managers, implementers at the Provincial, District and MOH level and hospital based service providers.

There are 4 scenarios which could be anticipated during the pandemic in terms of service provision. High risk or curfew areas might have specific geographical locations in lock down /isolation (eg: a road, a GN division). In such circumstances, the specific area will work according to lock down guidance and the rest of the MOH could function as a high-risk area / curfew area respectively. In a state of confusion, read the description and decide on the stage of service provision.

Both high risk and low risk areas might have quarantined families to whom the services may differ from the rest of the community. Risk area is defined as a MOH area. Depending on epidemiological situation of the country stages and the terminology could be varied.

**Scenarios and Definitions – MOH area wise classification for high risk and low risk**

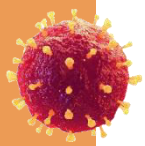
| Stage | Description | Scenario |
|---|---|---|
| **Stage 1**<br>Strict lockdown/ Isolated community/ quarantined families | Isolated community or quarantined households | Mobility is highly restricted .Non authorized individuals are not allowed to enter or exit the area. Refer chapter 1 |
| **Stage 2**<br>Curfew/ lockdown | Government has declared a curfew/ lockdown due to the high risk of transmission | Essential services (health & non –health) are provided and essential workers can report to work. Refer chapter 2 |
| **Stage 3--** High risk | Appearance of > 5 new cases* in a MOH area within last 2 weeks.(*New cases: case reporting from outside of an already quarantined family) | Refer chapter 3 |
| **Stage 4-** Low risk | No case has been reported in last 2 weeks | Refer chapter 4 |

RDHS should decide the situation for each MOH area in consultation of the CCP/district, RE, MOMCH and area MOH and ensure Implementation of services accordingly. Same has to be communicated to the hospitals within the RDHS area and arrange care plans accordingly.

This brief guide was prepared by reviewing the previously published circulars and interim guidelines in COVID 19 pandemic situation. Please refer to the relevant guidelines or circulars using the references given. In addition, there is a separate section on ensuring health workers safety.

**General guidelines for MOH offices and staff**

- MOH office should be opened daily during at least office hours irrespective of the categories mentioned above.
- All MOH staff should be contactable 24/7 basis.
- Central clinics should function regularly in all situations and could increase the frequency to improve the availability of services.
- Supervisory staff always should remind and assess the use of appropriate PPE by public health staff.
- Ensure infection prevention and control measures are followed accordingly in all settings including offices of PHM, PHI and MOH office.
- Contact numbers and current addresses of all staff members of the MOH office should be available and easily accessible at the MOH office.
- A contingency plan should be in place in case one health care worker is not available to work.
- An active communication network should be in place among the MOH staff.

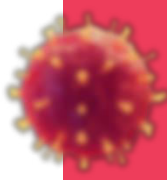


# 1. Strict lockdown/Isolated community/Quarantined families

- No routine clinics and no field sessions are provided for quarantined families and in isolated communities (lock down areas). MOOH should arrange special antenatal clinics based on the feasibility for these groups.
- PHM should get a daily update on pregnant women and postpartum women quarantined in her area including mothers those who are not routinely receiving her care (eg: quarantine camp, exclusive private sector follow-up).
- PHM should prepare a list of all pregnant women with EDD and risk conditions under her care in the lockdown / quarantined homes. List of high risk children also should be maintained. The list has to be updated once new families are included. A copy of the list to be sent to MOH.
- If the PHM is not available for work in a particular area, a suitable cover up arrangement should be made.
- Pregnant and postpartum women should be advised to call Suwasariya ambulances (Call 1990) in an emergency.

## 1.1 Field health services

- PHM should be in constant contact with the family.
- Antenatal registration could be done over the phone and pregnant women should be educated on danger signals. If they have any risk conditions, the PHM should do home visit, guided by MOH/AMOH or PHNS/SPHM, adhering to strict infection control procedures.
- PHM should contact all antenatal and postnatal mothers who are due to receive domiciliary or clinic visits during a particular day and decide on the need for a home visit or urgent referral.
- Home visits – whenever possible PHM may conduct home visits at the same time when MOH/PHI visit quarantined homes.
- Referrals - to be decided by MOH. An ambulance (hospital or Suwaseriya) should be arranged in case of a referral to a hospital, and the hospital to be informed in advance.
- Delivery plans of all pregnant women should be reviewed by PHM and referred to the nearest hospital with a Consultant Obstetrician for child birth. Ensure the hospital where the delivery will take place is documented in pregnancy record (H512A &B).
- Postpartum home visits – at least one home visit should be conducted for postpartum women and newborns within first 10 days. Mothers and family members should be made aware of the danger signals of mothers and newborns and communicate to PHM/ MOH for any concern.
- Families with high risk children (SAM, chronic illness and special needs) should be contacted and assess their health status.
- Urgent referrals for hospital care of mothers and children can be decided by any member of the field healthcare team.
- PHM should follow up the regular users of family planning and support continued use.
- Family planning services should be continued.
- Antenatal, postpartum women and parents/ caregivers of children under five should be advised to contact the PHM regarding obtaining clinic services depending on the quarantine/lockdown (isolation) situation of the family / area.

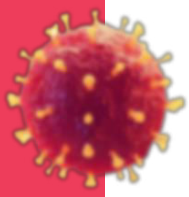


## 1.2 Emergency transfer to a hospital

- Any mother or child who need be transferred to a hospital should be done using a hospital ambulance or Suwaseriya ambulance. 24x 7 ambulance service should be made available. Hospitals should be informed in advance. Personal vehicles can be used under strict guidance of MOH and PHI.
- The staff accompanying the mother / child should wear appropriate personal protective equipment as for a suspected patient with COVID (Refer Interim guideline No PA/DDG PHS11/3/COVID/Gen/2020 on 31/03/2020).
- Mothers or children or adolescents from lock down areas (isolated communities) or from quarantined centers / households should be taken to the nearest hospital with isolation facility.
- Arrangements should be made to transport COVID 19 positive women who are at their residences at the time of confirmation of diagnosis to the nearest designated hospital caring for pregnant women after discussing with National Operational Centre and the Head of the institution. A Suwaseriya ambulance should be arranged to transport pregnant women. If emergency occurs, the women should be sent to the nearest hospital with isolation facility , stabilized and transferred to the designated hospital (Refer Interim guideline No FHB/MCU/COVID-19/2021 on 02/01/2021).

## 1.3 Care in the hospital

- Pregnant/ postpartum mother or newborn or child should be provided inward care in the isolation unit.
- If the reason for hospital admission is non-COVID related, manage at the same institution if possible or transfer to a higher level institution once stabilized.
- If the reason for hospital admission is COVID related-transfer them to the designated hospital with testing facilities for COVID for confirmatory testing and further management only after stabilizing the patient. (Refer interim guideline No.FHB/MCU/Covid-19/2020 on 18/03/2020)
- Provide them with standard medical, pediatric and obstetric care according to national guidelines.
- When discharging maternity cases to quarantined homes or to lock down areas (isolated communities), their obstetric or pediatric management plan should be communicated to the MOH of the area of residence. If discharging to a Quarantine Center, the MO in charge of the Quarantine Center should be informed of the obstetric or pediatric management plan. Based on the case scenario, MOH should discuss with the MOMCH, CCP and RE and develop a plan for post discharge management urgently and communicate with the hospital.
- Optimum care should be provided for pregnant/ postpartum women, newborns, children and adolescents irrespective of the COVID status.
- Family planning services should be continued in the hospital.



## 1.4 Communications

- MOOH and PHMM should share their contact numbers with all pregnant and postpartum women and parents/caregivers of children under five years in the area. MOOH and PHMM should have the contact numbers of all pregnant and postpartum women in the locked down area as well.
- The PHM should inform all pregnant/postpartum women over the phone about maternal and neonatal danger signals. In the event a danger signal occurs, they should be informed to get admitted to the closest suitable hospital, based on the status of COVID-19 infection of the woman (negative or suspected).
- The public should be made aware regarding the Health, Sexual and gender based violence and Mental Health help lines:
  - 1999- Health Promotion Bureau
  - New health line - 0117966366
  - 0714 432361 -Mithuru Piyasa
  - 1938- Women's Helpline
  - 1926- National Mental Health Helpline
- The public should be made aware about the contact details of nearby Mithuru Piyasa centres, if it is needed (Make use of the directory on service providers for survivors of GBV).
- Maintain records/document all the services provided to the quarantined families in PHM diary (H511), 512 B and CHDR B portions.

## 1.5 Protective measures

- All Infection Prevention and Control measures should be practiced by public health staff during every home visit or clinic session to prevent exposure to COVID-19 infection and ensure staff well-being.

## 1.6 Reproductive Health in Emergencies

- If PHI detects or got to know of any other sexual and reproductive health issues in quarantined households, he should bring that to the attention of MOH.
- Provide of essential FP services if needed.
- If possible, Dignity kits / hygiene packs need to be made available, which contain hygiene and sanitary items (at least soap and sanitary pads) for needy women and girls of reproductive age.
- Should sensitize the public to maintain an environment in households that prevent women and children from Sexual and gender based violence.
- For Mithuru piyasa staff- If any client seek distant care from Mithuru Piyasa centre, support them and maintain records and follow them up adhering to Mithuru Piyasa Protocol
  - National Supplementary Guideline for Mithuru Piyasa/ Natpu Nilayam staff to be adopted during COVID-19 Pandemic (Interim guideline No FHB/GWH/04/20 on 15/04/2020)
  - Mithuru Piyasa Protocol

# 2. Curfew period/ lockdown

## 2. 1 Maternal and newborn care

*Field Health Services*

- Ensure all clients have emergency plan to reach a hospital in emergency. This can be reviewed in over the phone discussions with clients, at clinic visits and during home visits during the curfew period.

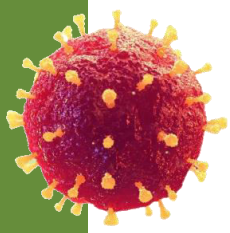
*Antenatal care*

- Antenatal registration
  Done through home visits / over the phone and get the pregnant women with risk conditions to MOH office for the initial assessment. (Refer:Interim guideline No.FHB/MCU/COVID-19 on 27/03/2020)
- Booking visit
  Should assess over the phone and advised to attend the clinic if required. (Refer: Circular on 27/03/2020)
- Referral to the hospital
  High risk approach is implemented. Refer interim guideline No FHB/MCU/COVID-19 on 17/03/2020 to identify the high risk groups. No dating scan until curfew status is revised.
  Admit all mothers and newborns with danger signs, including flu like illness immediately to the hospital. Delivery plans of all pregnant women should be reviewed by PHM and referred to the nearest hospital with a Consultant Obstetrician for child birth.
- Following services to be provided
  - Basic investigations and tetanus immunization should be completed before 26 weeks of POA. Examination and standard care provided.
  - All mothers with more than 32 weeks of POA and or with risk factors (in any POA) are seen at the field or hospital clinics and provided with standard care.

*Post natal clinics*

- Conducted only for mothers and newborns with complications (Interim guideline No FHB/MCU/COVID-19 on 17/03/2020)

*Home visits*



- PHM to contact all pregnant / postpartum women who are due to receive care during a particular day and decide on home visits.
- Based on the risk assessment, PHM can decide which mothers or children require a home visit with priority to high risk pregnant, postpartum mothers and infants. (refer interim guideline FHB/MCU/COVID-19 on 27/03/2020 and 17/03/2020 circular)
- At least one home visit should be conducted for postpartum women and newborns within first 10 days. Mothers and family members should be made aware of the danger signals of mothers and newborns and communicate to PHM/ MOH for any concern and seek medical care urgently. (refer interim guideline FHB/MCU/COVID-19 on 27/03/2020 circular).
- If danger signals are present, immediately instruct mothers to go to a hospital using 1990 “Suwaseriya” / personal vehicle / or any emergency transport vehicles.

All activities and clinics should strongly adhere to recommended infection prevention control measures in the section 2.5.

## 2.2 Reproductive health services

*Reproductive health in emergencies*

- If possible, to make Dignity kits available, which contain hygiene and sanitary items (at least soap and sanitary pads) for needy women and girls of reproductive age in collaboration with relevant sectors.
- Should sensitize the public to maintain an environment in households that prevent women and children from SGBV
- Make aware the public regarding the SGBV and Mental Health helplines

  714 432361 - Mithuru Piyasa
  1938 - Women's Helpline
  1926 - National Mental Health Helpline
- Make them aware about the contact details of nearby Mithuru Piyasa centres, if it is needed (Make use of the directory on service providers for survivors of GBV).

*Family planning clinic in hospitals and clinics*

- Continued for existing users with strict adherence to IPC measures
- Distribution of condoms and pills should be continued

*Well women and pre-conception clinics*

- Not recommended
- Over the phone consultations and advises could be provided to clients.

*Mithuru Piyasa center*

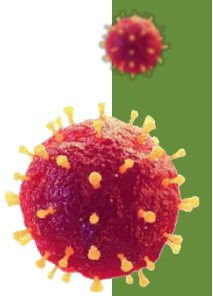
- For Mithuru piyasa staff-

  If any client seek distant care from Mithuru Piyasa centre, support them and maintain records and follow them up adhering to Mithuru Piyasa Protocol (refer National Supplementary Guideline for Mithuru Piyasa/ Natpu Nilayam staff to be adopted during COVID-19 Pandemic (refer interim guideline FHB/GWH/04/20 on 15/04 2020) Mithuru Piyasa Protocol)

## 2.3 Child health services

*Growth monitoring, nutrition clinic and routine growth promotion activities*

- Routine weighing posts, nutrition clinics and growth promotion activities not recommended
- Children with SAM / suspected of SAM with risk factors or co-morbidities to be referred to the hospital as and when necessary.
- Call the hospital and get an appointment prior to referring.
- Distribute Thriposha based on the most recent growth assessment data without gathering people.
- Opportunistic supplementation of MMN, Vitamin A mega dose, Mebendazole and Thriposha



*Child welfare clinics*

- Children should be followed up over the phone with necessary instructions/ age appropriate counseling on child health and nutrition.

- Immunization activities to be performed adhering to the guideline on resumption of immunization activities dated 17/04/2020 issued by the Epidemiology unit

## 2.4 Other activities in the MOH office

*RHMIS*

- PHM diary and all documents should be maintained and updated to the RHMIS.
- Maintain a high risk register at the MOH office and all details of high risk mothers and children to be recorded in it. MOH/AMOH (if unavailable PHNS or any other supervisory officer) should see care plans available for each one of them during the curfew period.

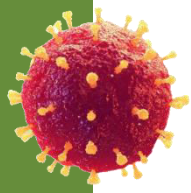
*Surveillance*

- All maternal, feto-infant and child death notification and investigation should be done. Precautions should be taken when conducting the field investigation with the participation of staff or community members.

*Supervisions*

- Supervisions to be continued whether the expected services are provided by the staff adhering to COVID guidelines during curfew. Clinic supervisions should include a section on infection prevention and control measures.

*Monthly conference / in-service training*



- Safer meeting protocol need to be adhered. Meeting space has to be well ventilated. Attendees should be placed according the recommended distance. Face masks should be worn. Those who are quarantined or having respiratory symptoms/ fever should not attend the meeting physically (can join virtually if technology available). All who participate in the meeting should sign in the attendance book. If outsiders (district team, other health care teams or non-health personnel) attend the meeting, same protocol to be applied. Get them to sign the attendance book, name, address and telephone number. These measures need to be followed at all times including during lunch time.

## 2.5 General instruction on Conduction of clinics during Curfew period

*Preparation for the staff*

- Call all mothers who are supposed to attend the clinic and give them an appointment to attend the clinic.
- Inform all mothers that pregnancy record can be used as a curfew pass.
- Always maintain at least 1 meter distance in the waiting area, blood testing area, weighing area and in the examination room.
- Depending on the size of the clinic and available physical space decide the number of women to be taken in a given time. Number of appointments per hour should be depending on the physical space of the clinic. (refer : COVID 19 Handbook for field health staff in maternal and child health)

*Triage*

- Screen mothers and children for fever and respiratory symptoms at the entrance of the clinic.
- All clinic arrivals should wash hands and wear masks.

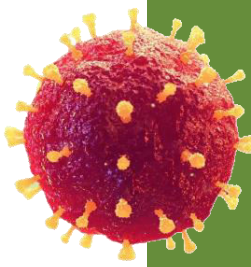
*PPE for health care workers*

- Health staff should always take precautions. Hand wash between patients. Should wear face masks at all times and should not touch mouth, ear, nose. Staff should maintain recommended physical distance from each other and with clients. (refer: Guidance in the rational use of personal protective equipment in hospitals in the context of COVID -19 disease - 15/03/2020, Ministry of Health and interim guideline No PA/DDG PHS11/3/COVID/Gen/2020 on 31/03/2020)

*Environmental cleaning*

- Reusable equipment with 70% ethyl alcohol
- Metal equipment - autoclave
- Surface cleaning - hypochlorite at 0.1% (1000ppm)
- Cleaning of other equipment - hypochlorite 0.5% (refer Environment cleaning guidelines to be used during the COVID-19 outbreak - 15/03/2020, Ministry of Health Sri Lanka)

*Safety precautions in home visits – please refer to Handbook for field health workers during COVID 19*



# 3. High risk areas

## 3.1 Maternity care

*Antenatal and postnatal care*

- Antenatal registration and booking visit
  Should be provided according to maternal care package guidelines
- Referral to the hospital clinic
  All newly registered mothers for booking visit and investigations of all pregnant mothers who need specialist opinion.
- Who should attend clinic
  Clinic visits should include one visit each between 20-24 weeks, 26- 28 weeks periods for mothers in the second trimester.
  All mothers more than 32 weeks and less than 32 weeks with risk factors should be seen at field or hospital clinics.
- Services at the clinic
  At 26-28 weeks, should screen for Anaemia and hyperglycemia.
  Tetanus immunization should be completed before 26 weeks in all women.
  Provide all standard services including examination and investigations
- Postnatal clinic
  Conduct postnatal clinics for both low risk and high risk clients at 4-5 weeks.
- Home visits
  Every PHM should do routine visits as per national guidelines and with priority to high risk pregnant and postpartum mothers and newborns.

## 3.2 Sessions and health education sessions

- Temporary withhold all gatherings for health education. Individual sessions can be conducted with IPC measures.

## 3.3 Reproductive health services

*Reproductive Health in Emergencies*

- Should empower the public to maintain a supportive environment in households that preserve happiness and wellbeing among all the members of the family: A happy family
- Should address the harmful gender norms and attitudes of the community to maintain an environment that prevent women and children from SGBV
- Identify SGBV survivors, provide basic emotional support to them, and refer them to the nearest Mithuru Piyasa centre.
- Make aware the public regarding the SGBV and Mental Health helplines
  714 423 361 -Mithuru Piyasa
  1938- Women's Helpline
  1926- National Mental Health Helpline
- Make them aware about the contact details of nearby Mithuru Piyasa centres, if it is needed (Make use of the directory on service providers for survivors of GBV).

- Mithuru Piyasa center in hospitals
    - First contact point health care workers- identification of GBV survivors and referring them to the Mithuru Piyasa centre is expected from all the first contact health care providers of the hospitals
    - Mithuru piyasa staff - provide routine support for the Mithuru piyasa clients

*Family Planning services*

- Routine services (clinics and distribution of condoms and OCP) are provided with increased emphasis on IPC measures

*Pre-conceptional clinics*

- Should provide routine Preconception care (refer Guidelines for delivery of the service package for newly married couples -No /FHB/GWH/2018/08 on 16/03/2018)

*Well women clinic services*

- Well women clinic services are recommended to provide in high risk areas ( where at least 1 case was reported in past 2 weeks ) based on feasibility and adhering to all strict infection prevention control measures in conducting clinics.

## 3.4 Child health services

*Child welfare clinics*

- Strictly on appointment basis.
- Give appointments via telephone for clinic attendance
- Growth monitoring to be provided for all clinic attendees for immunization (refer interim guideline No: FHB/EU/GOSL/COVID 19/2020 on 14/05/2020) adhering to safety measures given under field weighing posts below

*Field weighing post*

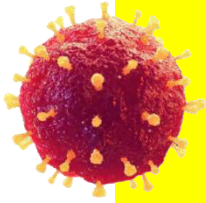
- Can be conducted if feasible with precautions. Give appointments by times for mothers and children who would attend the weighing center. Only 5 mothers and children should be taking in at a time. A volunteer should be wearing a mask and do the crowd control. Any mother or child with fever or respiratory symptoms should not come to the weighing post. Physical distance with at least 1 m should be maintained between attendees. PHM should wear a mask and do hand washing / hand sanitizing between children. Mothers to be encouraged to bring their own weighing trousers. Minimize number of attendees from the same household to the center.

*Nutrition clinic*

- Give appointments to children and take all pre cautions in conducting the session. Try to minimize the waiting time in the clinic for mothers and children.
- Provide BP 100 for SAM children according to routine protocol in the hospital based nutrition clinic and in pediatric clinics

*Micronutrient and Thriposha supplementation and deworming*

- According to national guidelines for clinic attendees, at field weighing posts and at home visits



*Immunization services*

- Adhere to the interim guideline on resumption of immunization activities dated 17/04/ 2020 issued by the Epidemiology unit

## 3.5 Adolescent and youth friendly health services

- Provision of necessary adolescent and youth friendly health services for adolescents and youth (eg. Adolescents and youth with mental health issues and sexual and reproductive health issues. MOH staff should be contactable for needy adolescents.

- Provision of sexual and reproductive health services for needy adolescents as per circular number 01-25 dated 08.07.2015 issued by DGHS on provision of sexual and reproductive health services for needy adolescents (Eg. Cohabiting adolescents etc.)

- Conduct 'Yowun Piyasa' Clinic adhering to strict infection prevention and control measures

- If schools are closed ensure MOH / field based 'Yowun Piyasa' clinic facility to be conducted more frequently.

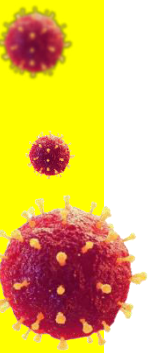
## 3.6 Home visits

- Conduct routine home visits according to national guidelines.

- If the number of clients is high, prioritize high risk antenatal, postnatal mothers and infants.

### General instruction on conducting clinics

- Please refer the guidance on safety measures on conducting clinics during curfew period.
- Minimize waiting time for clinic attendees.



# 4. Low risk MOH areas

- The final decision on resumption of routine field services should be taken by the PDHS/RDHS considering the risk of transmission of COVID 19 locally and with the technical guidance from the national level.

## 4.1 Routine RMNCAYH services

- To be provided based on standard national guidelines.

- While providing routine services, special attention should be paid to the following measures:
    - Services should be provided strictly on an appointment basis.
    - Designated person should be appointed for triage (e.g. Public Health Midwife)
    - Any client or persons accompanying the client with respiratory symptoms, fever should NOT be allowed in clinics/sessions/classes/weighing posts and they should not be provided with routine services at these clinics/sessions

## 4.2 Child health services

- When carrying out weighing of infants using beam balance and length measurements of infants and young children with length board, encourage mothers to bring their own napkins/ soft cloth to lay the baby and when older children are weighed using the spring balance to bring hanging trousers of their own to avoid cross contamination.
- Routine immunization services to be continued as per national guidelines.

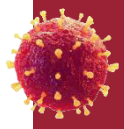
## 4.3 Health services for adolescents and youth

- Use social media platforms for health promotion with youth improvement where applicable

## 4.4 Health program/ sessions

For any health program or sessions, should adhere to following measures

- Should be conducted in a well-ventilated, spacious place.
- Number of attendees should be decided based on the facilities available at the venue.
- Advice participants not to attend if they have respiratory symptoms and inform the organizer.
- Organize seating 1-2 meters away from each other. If there are activities, where participant physical interaction is required please conduct them cautiously (eg: holding hands or group activities). Same attention should be paid in tea time and lunch time and advice participants to keep the distance.
- Ask all participants to wear face masks.

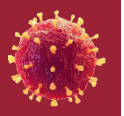


## 4.5 School health programme

- MOH should ensure following precautions during a SMI
    - Scholl Medical Inspection should take place only 1 month after school re-opening.
    - All health workers who take part in SMI should be free of respiratory symptoms and should wear face mask at all times.
    - Wash hands when entering the school and periodically when doing work.
    - Organize the SMI in a well-ventilated place and prevent overcrowding in the examination room.
    - Establish a good student flow, so that once the examination / immunization done, children can go back to the class room in a smooth flow.
- School dental clinics could be commenced in your area based on the decision made at the district level by evaluating the risk of spread of COVID- 19( Please refer guideline on School Dental Services in the New-Normal phase of COVID 19 pandemic- FHB/OHU/COVID/2020 on 02/09/2020)
- Adolescent dental clinics and outreach dental programmes can resume with adherence to strict IPC measures.
- Referring school children for hospital clinics, if they have resumed activities in clinics, send them in appointment basis.

## 4.6 Other activities

- When working in the field and visiting house-holds standard IPC measures should be followed.
- Monthly conference and in-service training
    - Need to be conducted according to circulars issued.
    - Special measures should be taken to wash hands at the entrance, adequate distance should be kept between chairs, no staff member with respiratory symptoms or fever should attend the session and everybody should mark their attendance



# 5. Hospital Services

*General recommendations*

- All admissions should go through the triage process stipulated by the hospital and use the isolation facility to care for mothers and newborns with" suspected" COVID status

## 5.1 Hospital services during the curfew period

### 5.1.1 Maternal and newborn care

*Antenatal clinics*

- Should follow the appointment system. Limit the stay of mothers in the clinic waiting areas and minimize walking in the hospital (eg: to get investigations, or to get the USS).
- All mothers with risk factors should be seen at antenatal clinics.

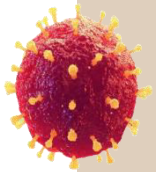
*Delivery care*

- Isolated delivery facility should be available for mothers from lockdown areas / quarantined families / suspected COVID status. Similarly isolated facility should be available to stabilize newborns from lockdown areas / quarantined families / suspected COVID status. National guidelines for maternal care (Section on management of labour) should be adhered. Mothers may undergo antigen or PCR testing for COVID on admission to labour room or prior to caesarian delivery depending on the risk assessment for COVID-19.
- For all deliveries, standard universal precautions need to be taken. Mother and newborn should not be separated due to COVID status (suspected/ confirmed). (refer: Interim Guideline on management of newborns suspected or confirmed to have COVID-19 ,No FHB/INBU/COVID-19/2020 on 24/04/2020 )

*Postnatal care*

- All newborns should receive standard care in terms of skin to skin contact, breast feeding etc. according to the national recommendations. Practical feeding support and psychosocial support for breastfeeding should be provided by health staff. Washing hands before and after touching / feeding the baby and expressing breast milk, is advised to all mothers.

- Newborns of a confirmed or suspected mother with COVID should receive breast feeding. Mother can cover mouth and nose during feeding the baby with a face mask. Kangaroo mother care should be given in the similar manner. Wash hands with soap and water before and after handling the baby, breastfeeding and expressing breast milk.



- Routine care for the newborn should be carried out before discharge.
- When discharging a quarantined or a mother from a lock down area, inform the area MOH. If the mother is within the quarantine period, safe transport should be arranged.
- A newly identified suspected mother of COVID, need to be informed to the area MOH.
- A hotline or telephone number of the hospital (eg: SCBU/ NICU and LMC) should be given to the mother to contact for any complications, advise or getting an appointment before discharge.
- When a mother from a quarantine centre delivers in the isolation facility, both mother and the newborn should be kept in the unit until they are fit to be sent back to the quarantine centre. If facilities are not available in the unit, arrangements should be made to establish such a facility in an underutilized divisional hospital closer by. (17/03/2020 circular and refer 24/04/2020 Interim Guideline on management of newborns suspected or confirmed to have COVID-19).

*Postnatal and neonatal clinics*

- Should be conducted. Priority should be given for mothers and newborns with complications on appointment basis.

*Lactation management centers*

- Should function as usual. The telephone number should be given to all postpartum mothers. When caring for mothers and newborns with confirmed or suspected of COVID, required personal protective equipment should be worn. Arrangements should be made to advise for feeding problems and refer to relevant health staff via telephone as well. When providing services adhere to standard IPC measures.

### 5.1.2 Child health services

*Pediatric admissions*

- Emergency services should be provided to all children including children from quarantined homes, lock down areas and suspected of COVID.
- Always admitting children should be accompanied by a mother or a responsible guardian.

*Pediatric clinics*

- Should contact the relevant unit and get the advice regarding the clinic care. Medicines should be obtained using the drug delivery system available within the hospital. In an emergency, reach the hospital for admission or emergency care.

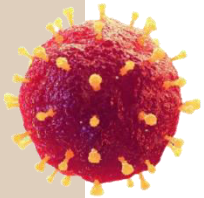
## 5.2 Hospital Services during non-curfew period

- Provide all services with triage in hospital admissions. If clients are from quarantined homes / lock down areas or with suspected with symptoms of COVID manage in the isolation facility.

*Antenatal clinic*

- Adhere to IPC measures and appointment systems and provide the standard care.

*Delivery care-*



- There should be an isolated facility in all hospitals with maternity care services to care for women and newborns from quarantined households and women with symptoms of COVID with a probable contact history.

*Postnatal care*

- As per the national recommendations (Maternal care package).
- A hotline or telephone number of the hospital (eg: SCBU/ NICU and LMC) should be given to the mother to contact for any complications, advise or getting an appointment before discharge.

*Postnatal clinics*

- Provide the routine care in an appointment basis.

*Neonatal clinics*

- Babies who have been given appointments previously and come to the clinic during this period - They will be seen by the medical team while adhering to safe distancing and other universal precautions. Appointments will be given follow up on a case by case basis.
- On discharge mothers should be given the contact number of the hospital and the extension of the neonatal unit and asked to call if there is a problem. A medical officer should attend the problem case by case (e.g. giving appointments).

*Lactation management centers*

- Services should be available to needy client.

*Pediatric clinics*

- Will be conducted as a routine, but on appointment basis to minimize overcrowding. Staff should adhere to personal protective measures. Recommended physical distancing to be maintained and clients to wear masks when attending clinics.

IPC measures to be followed in wards and clinics – refer relevant guidelines issued by Ministry of Health.

## 6. Antenatal and child care in quarantine centers

- Pregnant women should be instructed to carry their pregnancy records when they move to Quarantine Centers. Both MOH and area PHM should be aware on such instance where a pregnant woman (belonged to the MOH area) is being moved to a quarantine center.

- MOH should obtain details of pregnant women admitted to Quarantine Centers, i.e. name, age, address, MOH, and PHM areas registered in, POA/EDD, service providers, risk factors/complications etc. It should be communicated to the RDHS, MOMCH and MOH of the area where the Quarantine Center is situated in.

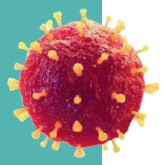
- MOH should ensure the registration of any newly diagnosed pregnancies during the stay in Quarantine Centers with appropriate referrals to specialist in case of a risk condition.

- Ensure provision of recommended clinic services for pregnant women in Quarantine Centers via alternative arrangements through MO in charge of Quarantine Center.

- Ensure provision of psychological counseling services when necessary.

- Maintain rapport with MO in charge of the Quarantine centers on the following:

    - Initial assessment of pregnant women in quarantine centers (information on POA, service providers of women, risk conditions/complications )
    - Reinforce MOs in charge of Quarantine Centers to educate all pregnant and postpartum women in the center regarding the danger signals and actions to be taken.
    - For pregnant women above 36 weeks of POA, a plan should be prepared for delivery in the closet specialist hospital, if need arises. This should be prepared in consultation with hospital consultants.
    - Ensure provision of specialist care from closest specialist hospital when necessary.
- Parents/caregivers of under five children should be instructed to carry their CHDRs and any other health records when they move to Quarantine Centers. Both MOH and area PHM should be aware on such instance where a child under the age of five years (belonging
- to the MOH area) is being moved to a quarantine center.
- Have to decide on essential services that may be provided to children in these quarantine centers
- A conducive environment should be made available for breast feeding.



# Chapter 7: Safety of Health care workers

## 7.1 If a health care worker tested positive in a MOH area

MOH, AMOH, PHI or PHM could be tested positive in COVID at any time. Following is a guide to identify the contacts of the HCW and quarantine them appropriately. However, inform the District Team on the situation and get the support of RDHS, CCP, MOMCH and RE in handling the matter.

- Identify the period of contact of the index case and use the exposure guide for that.
- Identify close contacts of the HCW, in the office, clinic, during home visits and in other times.
- Could use PHM diary, PHI note book, clinic attendance documents and other attendance lists to identify those who got exposed.
- However, appropriate and consistent use of personal protective equipment (mainly a face mask and gown when necessary) and washing hands or sanitizing regularly, maintaining 1 meter distance at all times and being in well ventilated places are protective against the infection risk. If these measures need to be considered when identifying potential contacts of an infected health care worker.
- After identifying those who are at high risk of exposure, consider the algorithm when managing health care workers.

## 7.2 Accidental discovery of a confirmed COVID patient visited the clinic

The index patient who received care in the clinic or weighing post could be a mother, child or a by stander. Further management of the situation is based on the exposure made in the clinic setting.

*Identify the contact period?*

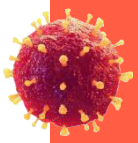
For a symptomatic patient – should be within the period of 2 days before the symptom onset and 14 days from the symptom onset.

For an asymptomatic patient – Up to 10 days prior to the PCR sample is taken is considered for the contact period.

*What is an exposure?*

There should be face to face encounter within less than 1 meter for more than 15 minutes while patient not wearing face masks. If there are multiple exposures, all encounters should be evaluated separately.

In terms of touch direct physical contact should happen without wearing appropriate PPE (eg: gloves for hand touch) or hand sanitizing or washing. Consider the follow up after a physical contact - removing the gloves and practice of handwashing.



Splashing of secretions to a mucus membrane

Or any health care interaction with a confirmed case, during the contact period without appropriate personal protective equipment (PPE) (example: weighing a child, immunization without wearing the gloves or hand sanitizing or washing regularly)

If the answer to any of the above is “yes”, a particular individual is considered as “high risk” of acquiring the infection.

*Classification of health care workers according to the risk status*

Identify who were on duty on the day of the visit of the infected patient.

Using the duty roster and time of arrival of the index patient, identify those who were at risk of exposure.

Interview and each and individual staff on the use of personal protective equipment and the exposure they had with the patient.

Identify those who responded as “yes” to any of the exposure questions. They are at high risk of acquiring the infection.

*Classification of other clients according to the risk status*

Identify which clients were inside the clinic on the given date and time

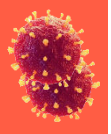
Assess the risk of exposure to other clients from the index patient. Exposure is taken in the same way as for health care workers.

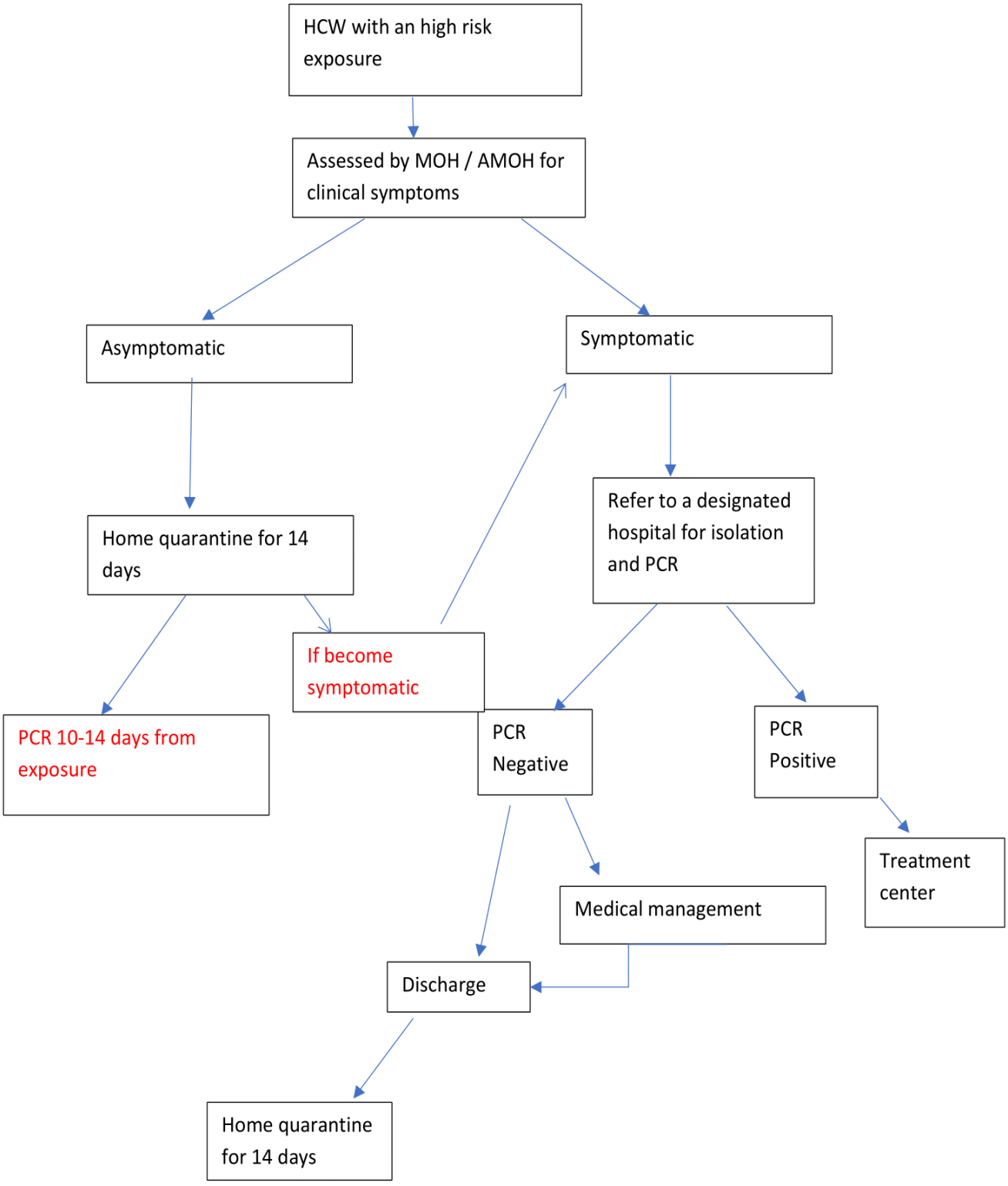
Accordingly, if hand hygiene is strictly adhered to, clinic / weighing post was not overcrowded and 1 m distance maintained at all times, all adults (or possible children) were wearing face masks at all times no client would have contacted the index patient.

Based on the categorization, if any high-risk exposure had been there, the client need to be informed and managed accordingly.

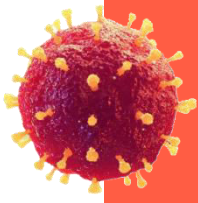
*Management of high risk exposure*

Upon identification of high-risk exposures, follow the algorithm.






Refer Circular number EPID/400/2019-nCoV dated 04/11/2020 Screening and management of health care workers following exposure to confirmed / suspected case of COVID 19 (version 2 dated 20/10/2020)



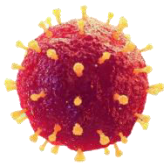
- After appropriate cleaning with disinfectants, functions can be resumed in the clinic / weighing post.
- If the health worker got quarantined, a suitable cover up arrangement needs to be organized.

*For clients of a clinic following high risk exposure*

- Follow the routine procedure for any close contact for COVID positive patient

## 7.3 Accidental discovery that a PHM visited a house of a COVID positive patient during the contact period

- If a PHM reports a home visit to a house of a positive patient without knowing the COVID status and reports it to the MOH, we need to explore the risk for the PHM and manage her risk situation.
- PHM should have visited the household within the contact period of the index patient as stated section 7.2.
- Exposure of that person to the PHM has to be explored in detail. The potential exposures are listed above.
- If there was a significant exposure and PHM is classified as high risk, follow the algorithm



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