

PRIVATE CHAMBER PRACTICE DURING COVID-19: A POCKET GUIDE FOR HEALTH CARE PROFESSIONALS IN BANGLADESH

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Member of



Private Chamber Practice during COVID-19 Pandemic: A Pocket Guide for Health Care Professionals in Bangladesh

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Disclaimer

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We welcome feedback from readers and users of this pocket guide, as we may need a Version-2. For correspondence, please write email to Dr GM Monsur Habib at gmmhabib@gmail.com

List of abbreviations

COVID-19	Coronavirus disease 2019
HCP	Health Care Professional
AGP	Aerosol Generating Procedure
DGHS	Directorate General of Health Services
BPCRS	Bangladesh Primary Care Respiratory Society
IPCRG	International Primary Care Respiratory Group
NIHR	National Institute for Health Research
RESPIRE	NIHR Global Health Research Unit on Respiratory Health
UoE	University of Edinburgh
GINA	Global Initiative for Asthma

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Introduction

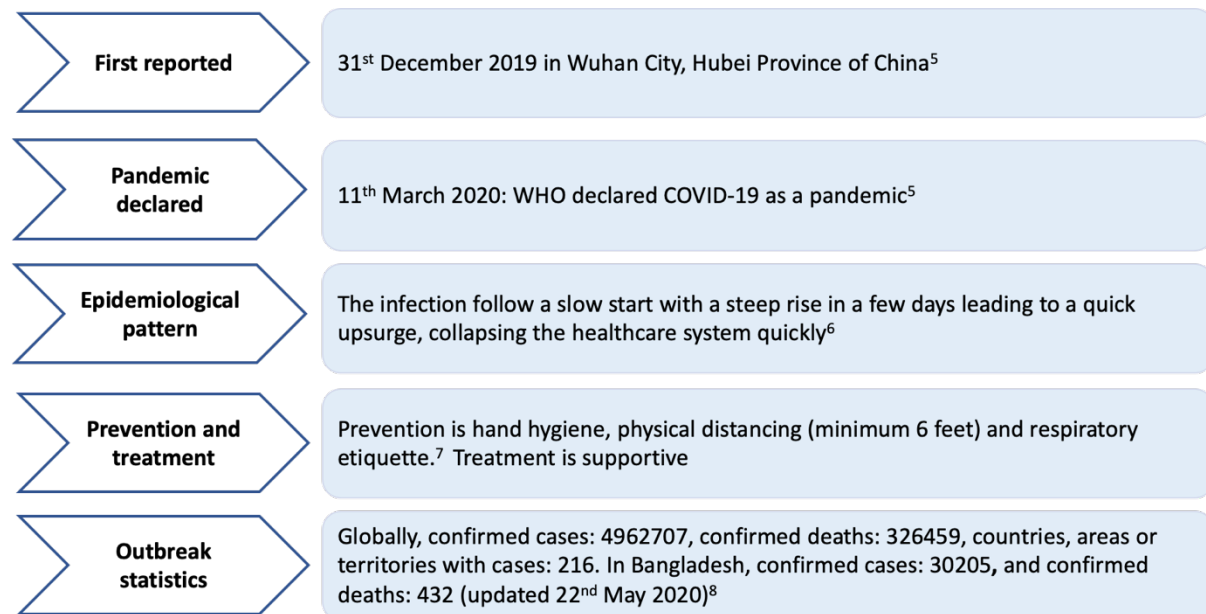
The term “Private Chamber Practice” is quite common in Bangladesh. A ‘chamber’ could be defined as a place where a physician consults patients one-to-one in a separate room where general and/or specialised health care services are being provided. Sometimes multiple chambers are placed under the same roof in the name of a consultation centre.

Dual practice by physicians in public and private sectors is a common trend in Bangladesh and approximately 80% of physicians commonly practise privately after their routine job at hospitals or clinics.¹ Although there are pros and cons of private chamber practice,² it has contributed enormously to address the unmet needs of a substantial number of patients seeking health care services in this densely populated country.³

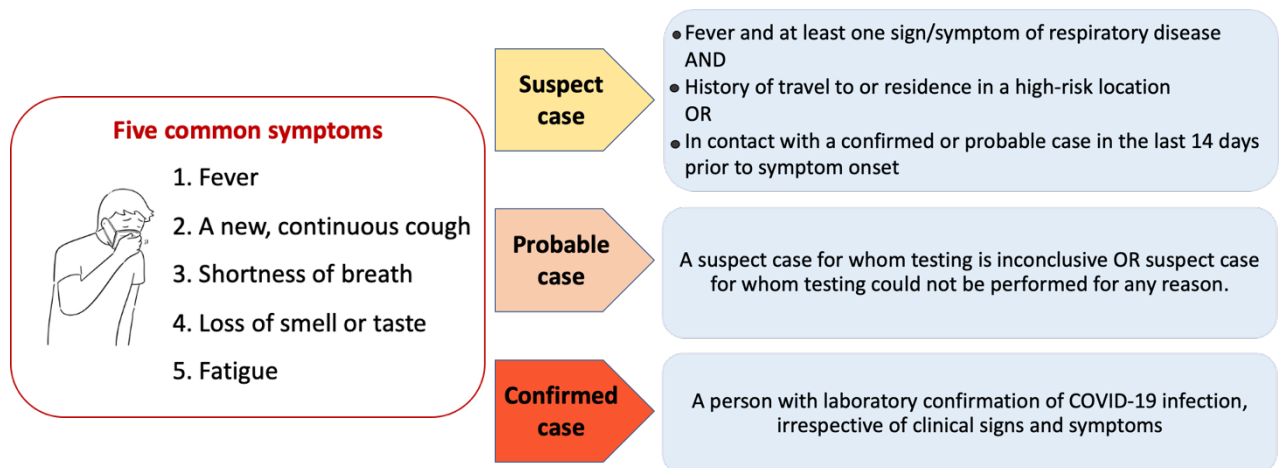
Physicians and allied health professionals are at high-risk of contracting coronavirus disease (COVID-19)⁴ due to close contact with infected patients, consequently, they might act as potential spreader of infections among non-infected patients. Hence, many physicians suspended clinical practice in their private chambers since the ‘Stay at Home’ orders of the Government of Bangladesh. Considering the population unmet needs of health care services, we suggest that physicians ought to consider ways in which they can reopen their private practice ensuring safety of patients, clinicians and associated staff.

This pocketbook will provide an evidence-based guide to health care professionals in Bangladesh to resume their private chamber practice during the COVID-19 pandemic and thereafter.

Brief history of COVID-19



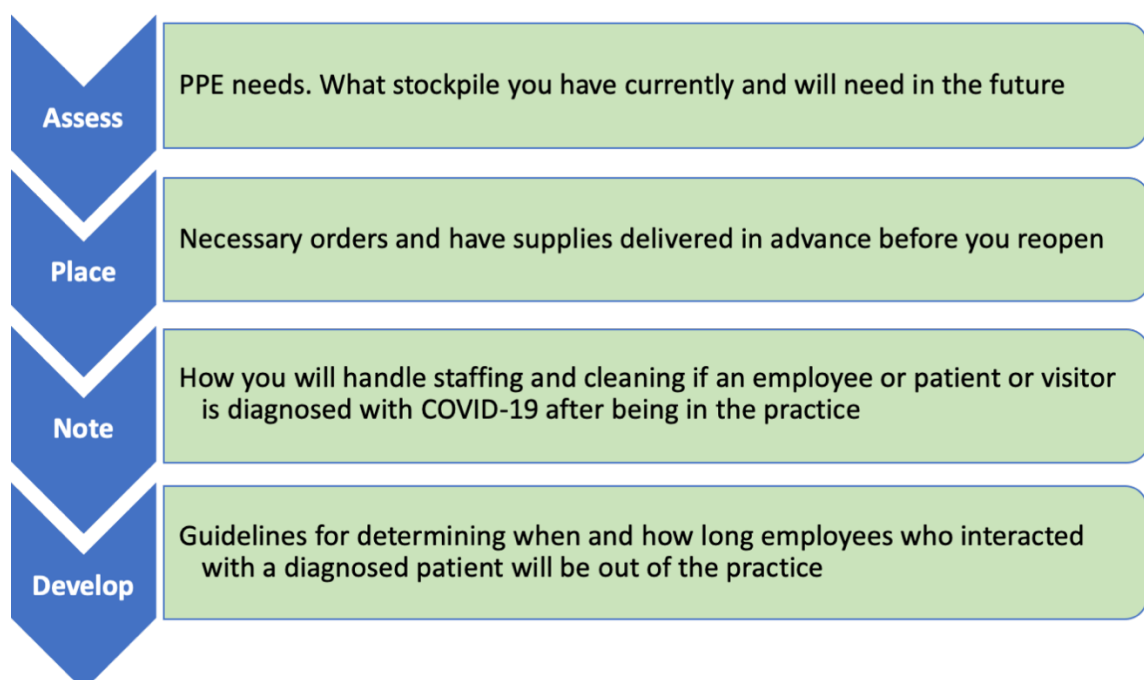
Clinical Features⁹ and Case Definition¹⁰ of COVID-19



COVID-19 is highly contagious. These could be reasons why it is frightening, even if patients have mild or no sickness at all. We need to assume all people could be COVID-19 positive until test is performed¹¹

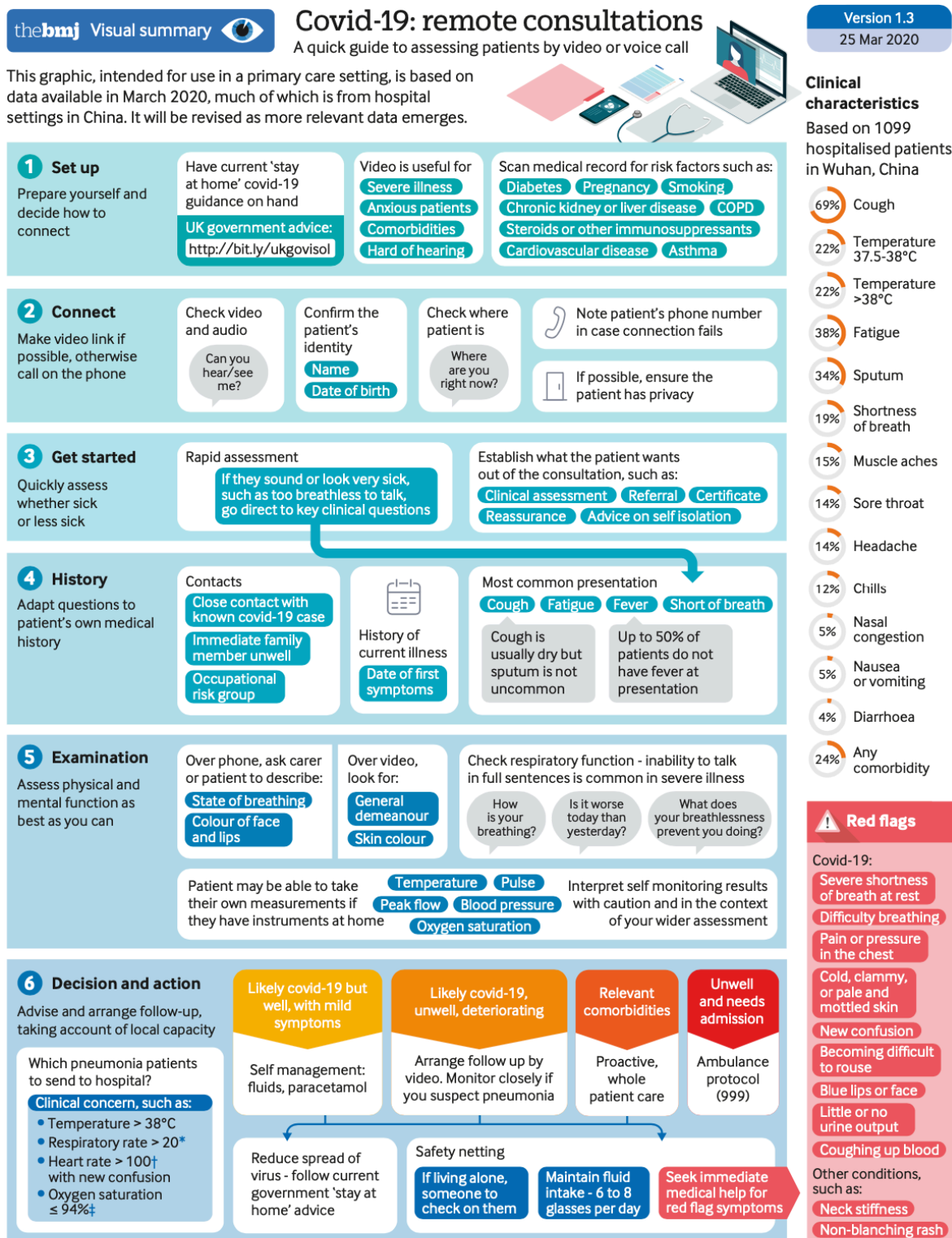
Reopening of private chamber practice

1. **Comply with governmental guidance:** Before reopening, follow government orders and guideline regarding COVID-19.
2. **Make a plan:** Pre-opening planning is vitally important to the success of your practice reopening. The planning might involve:¹²



5. Remote consultation

Remote consultation is very important during this pandemic, particularly when there is lockdown in almost all the parts of globe. As a technique it is necessary to learn, and practice remote consultation and the following infographics¹⁴ could be considered as a model:



6. Face-to-face consultation

6.1 Ensure essential training for clinicians and staff

Communicate personal health requirements clearly to clinicians and staff. Before starting practice, all health care professionals (eg. physician, nurse, medical assistant etc) and staff (eg. receptionist, pharmacist, attendant, cleaners etc) MUST receive the following trainings from authentic resources:

1. Hand hygiene
2. Use of PPE
3. Infection prevention and control
4. Waste management

Useful link for the above training:

WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/online-training>

DGHS, GoB:

<https://dghs.gov.bd/index.php/bd/publication/guideline>



Image source: World Health Organisation

6.2 Assess risk and select PPE in face-to-face consultation for professionals and staff ¹⁵

Management Process of Graded Protection for Suspected Cases of COVID-19 Infection by Primary Health Care Professional

Risk level	Low-risk	Moderate-risk	High-risk
Risk estimation	Indirect contact with patients, eg. consultation, prescription etc.)	Direct contact with patients, eg. physical examination, injection, puncture etc.	Action or operation involving splashing of blood, body fluid and secretions
PPE	Work clothes, isolation gowns, surgical masks, work caps, hand hygiene products	Work clothes plus Isolation gowns, surgical masks/medical protective masks, work cap, goggle/face shield, gloves and hand hygiene products	Protective clothings and isolation gown, medical protective masks, work cap, goggles/face shield, double layer gloves and hand hygiene products

6.3 Ensure safety measures for patients

- Utilise a modified schedule to avoid high volume or density
- Consider a flexible schedule, with perhaps a longer span of the day with more time in between visits to avoid late-running and long waits for patients
- Ensure infection prevention and control measures for patients



6.4 Limit non-patient visitors

- Clearly post your policy for individuals who are not patients or employees to enter the practice (including vendors, educators, service providers, etc.)
- For visitors who must physically enter the practice (to do repair work, for example), designate a window of time outside of the practice's normal practice hours

5. Ventilation management: Windows of chamber should be opened 2-3 times a day for ventilation and at least 30 min each time.¹⁶

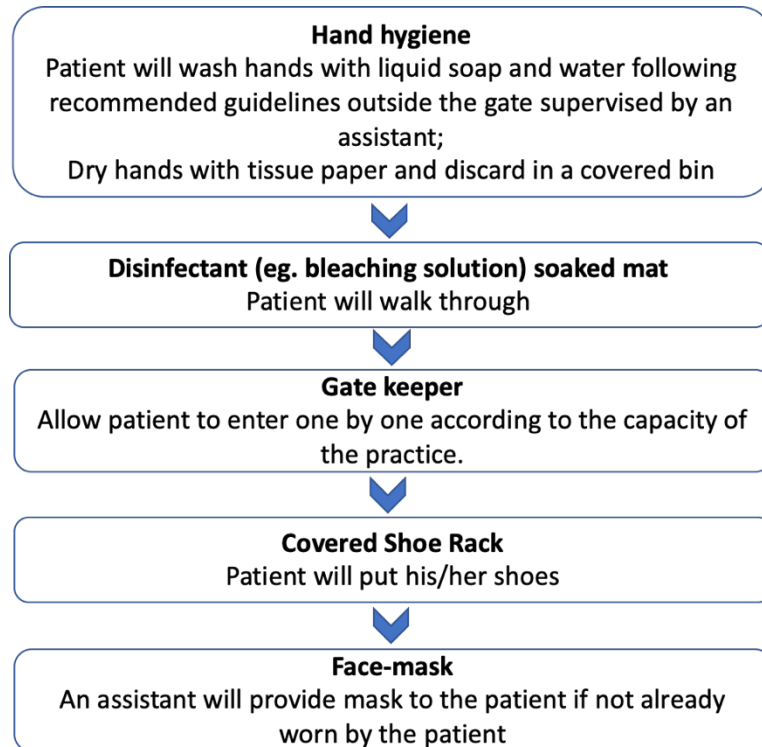
6. Cleaning and disinfection of the chamber: The surfaces and ground should be wiped and disinfected with 500 mg/L chlorine dioxide or other chlorine-containing disinfectants at least 2-3 times a day and 30 min at a time.

7. Disinfection of medical devices

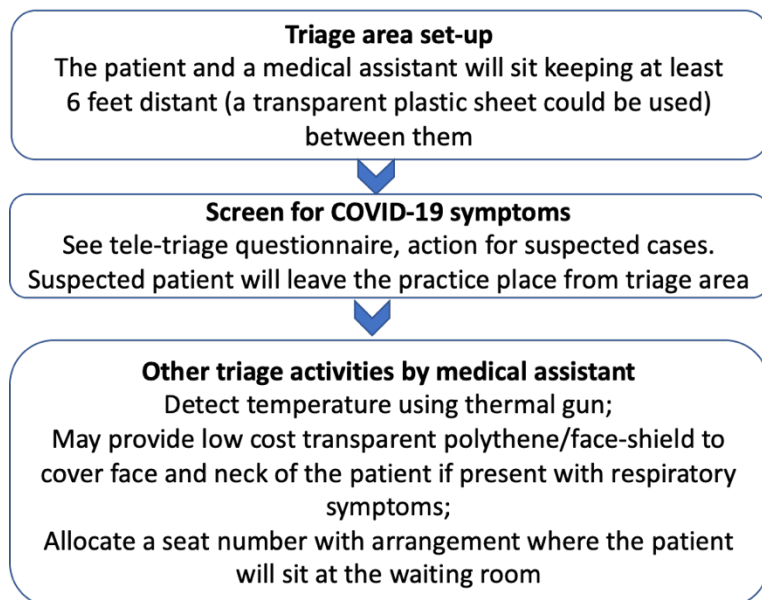
- Universal diagnosis and treatment equipment (e.g. sphygmomanometer cuffs and stethoscopes) to be used in contact with the skin should be kept clean and if contaminated, immediately cleaned with detergents and water
- The sphygmomanometer cuffs contaminated with the blood and body fluids should be soaked in disinfectants containing 250-500 mg/L available bromine or available chlorine for 30 min, and then cleaned and dried. Stethoscopes can be wiped and disinfected with 60%-75% ethanol as the basis of cleaning.¹⁶

Suggested practice set-up and patient consultation process in a low-resource setting

1. Entrance



2. Triage



3. Waiting room arrangement

- Seats will be arranged in manner (preferably fixed with floor) where at least 6 feet distance¹⁷ will be maintained from all sides, a covered steel bin must be made available in the waiting room for waste disposal
- Aware-raising posters and videos could be displayed

4. Physician's chamber

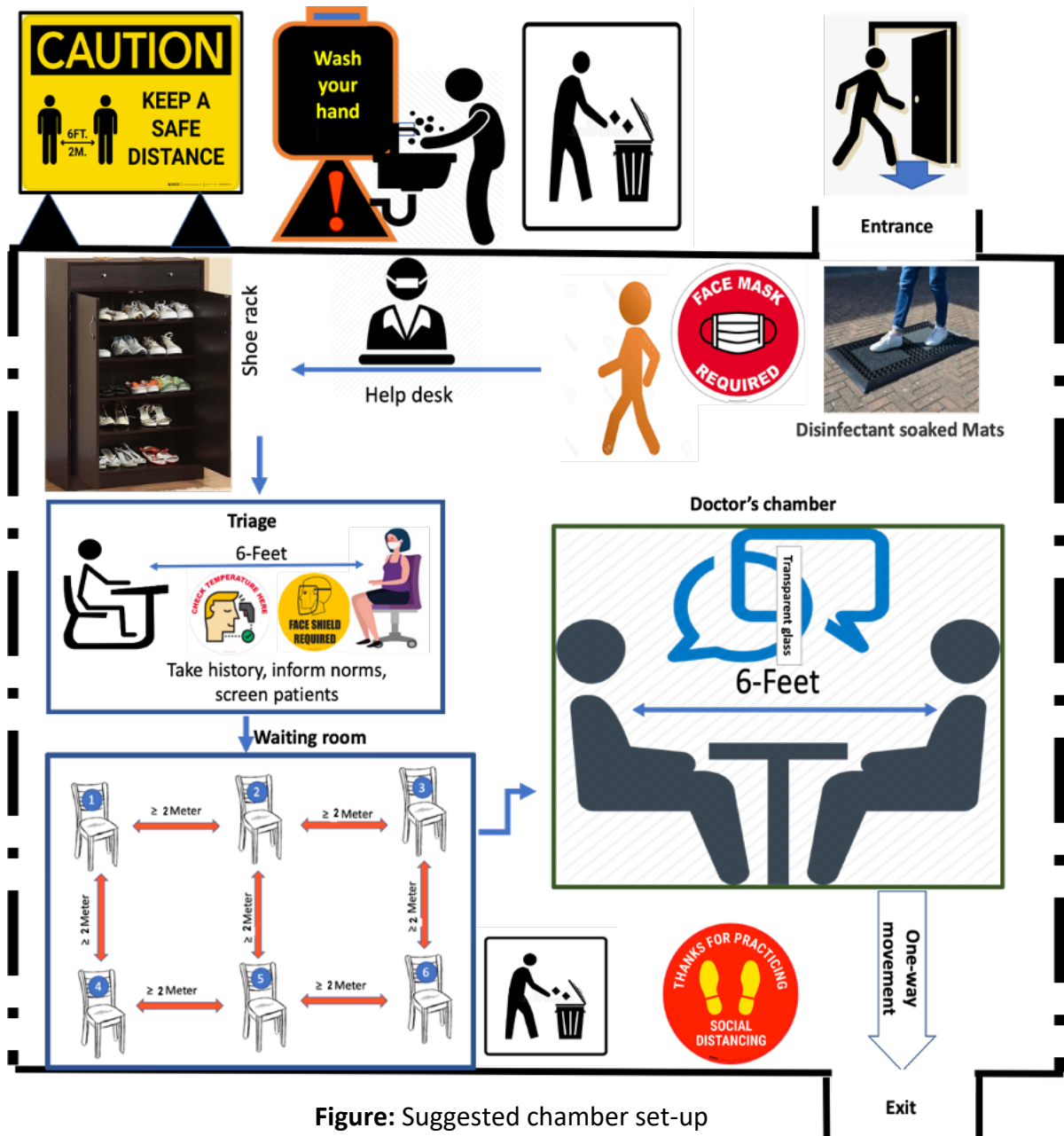
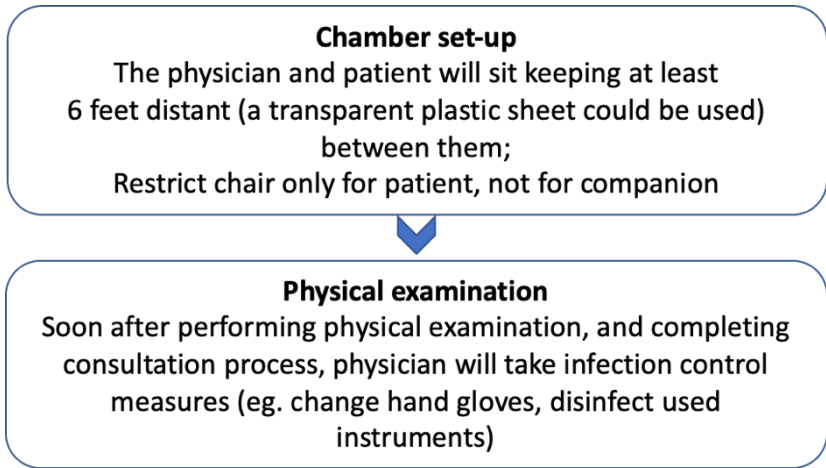


Figure: Suggested chamber set-up

5. Patient counsellor/educator (if applicable)

Set-up will be similar as physician's chamber. However, if applicable, inhaler device demonstration will be made by counsellor and if possible, the patient could demonstrate their inhaler technique using their own inhaler.

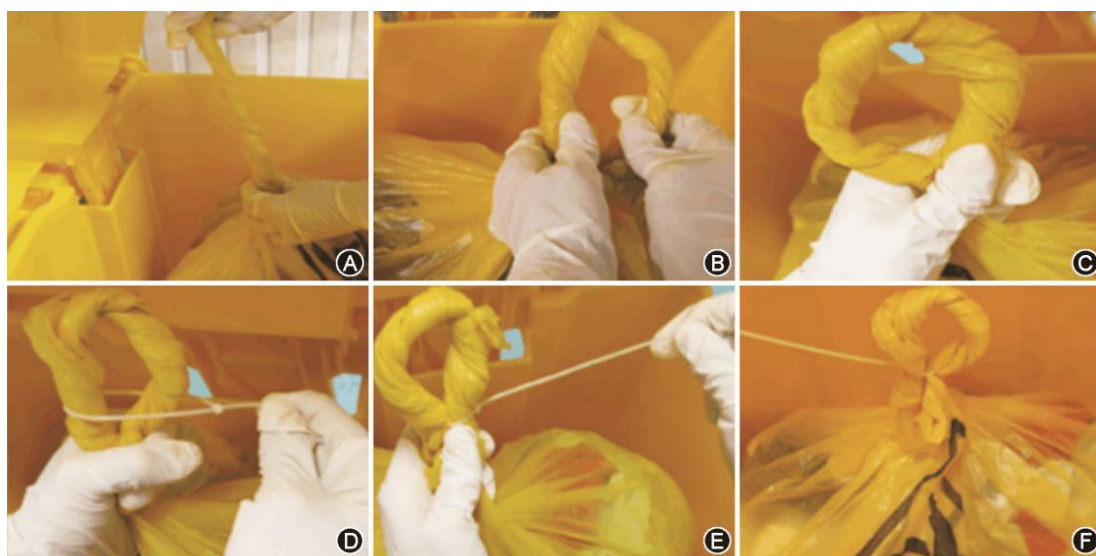
6. Exit of patient

After completing the whole process, patient will collect his/her shoes and leave the practice using a different gate if possible, continuing to wear the mask.

One directional entry and exit patient is recommended where possible.

7. Closing of practice for a day

Clean and disinfect the whole practice area, re-usable PPEs, medical devices, and bins.



Flowchart of gooseneck sealing of medical waste bag: A. Seal the bag by twisting, with the waste amount equal to 3/4 of the bag volume. B. Twist and fold the opening securely. C. Hold the twisted part. D. Tie the strap to the lower part of the folded section of the medical waste bag. E. Tighten the strap for effective sealing. F. Sealed medical waste bag: "gooseneck tie".¹⁸

At a Glance: Challenges and suggested activities in a private chamber practice

Challenges	Suggested activities
Patients may be a carrier of COVID-19, symptomatic or asymptomatic	At entrance, every patient should wash their hands and face by soap and water; Must wear surgical face masks; Keep their shoes in a definite place and disinfect by bleaching liquid;
Social distancing at triage, and sitting area	At the entrance and triage area maintain a queue keeping the social distancing (at least 6 feet); No companions unless essential for children or those unable to take responsibility for themselves; Display posters and videos on 'How to prevent spread of infection?'
Safety of health care professionals (HCPs)	Ensure two sets of WHO recommended reusable PPEs; Provide training to HCPs and allied staff; Arrange changing room, with a locker for each HCP; Ensure periodic infection control measures
Panic of family members of HCPs about being infected	Ensure training and support for HCPs on mental health during COVID-19
Inadequate infection prevention and control arrangement	Follow trusted guidelines (eg. WHO) for infection prevention and control measures
Lack of awareness, and panic among patients	Display videos, and posters in and around the chamber
Inefficient appointment schedule	Maintain a schedule so that patients do not have to wait for long, and do not gather in large numbers beyond the capacity of the practice waiting room.
Out of appointment visits	Avoid and provide an appointment on subsequent days. If not possible, arrange in less busy hours.
History taking and physical examination	Place a transparent barrier (eg. polythene sheet or glass) between patient and physician; During physical examination, patient must wear face mask. Low-cost transparent polythene/face-shield could be provided to patient with active respiratory symptoms if possible
Aerosol Generating Procedure (AGP) ¹⁹	Suspend all AGPs [eg. nebuliser therapy (use large volume spacer instead), spirometry, chest physiotherapy etc]

Recommended Steps: Putting On Personal Protective Equipment (PPE)

1. Perform Hand Hygiene

2. Put on Gown

- Tie neck and waist ties securely

3. Put on Mask/N95 Respirator

- Place mask over nose and under chin
- Secure ties, loops or straps
- Mould metal piece to your nose bridge
- For respirators, perform a seal-check

4. Put on Protective Eyewear

- Put on eye protection and adjust to fit
- Face shield should fit over brow

5. Put on Gloves

- Put on gloves, taking care not to tear or puncture glove
- If a gown is worn, the glove fits over the gown's cuff

For more information, please contact Public Health Ontario's Infection Prevention and Control Department at ipac@ohpp.ca or visit www.publichealthontario.ca.

Recommended Steps: Taking Off Personal Protective Equipment (PPE)

1. Remove Gloves

- Remove gloves using a glove-to-glove / skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle

2. Remove Gown

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting with waist ties, then neck ties, pull the gown forward from the neck ties and roll it so that the contaminated outside of the gown is to the inside. Roll off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance.

3. Perform Hand Hygiene

4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use

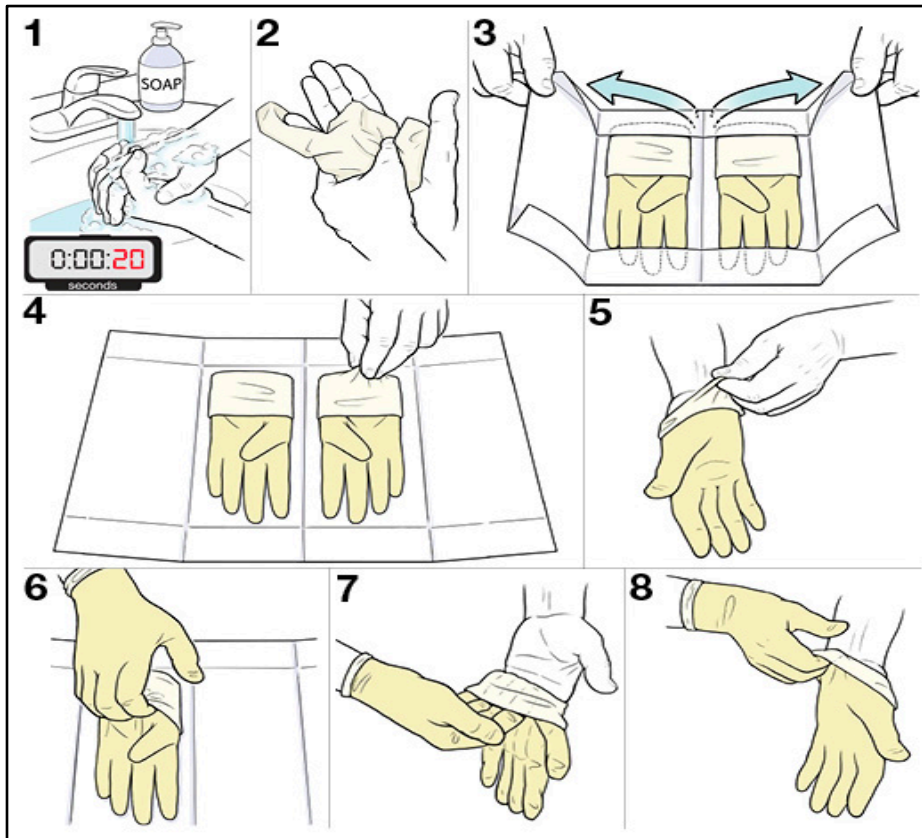
5. Remove Mask/N95 Respirator

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle

6. Perform Hand Hygiene

This is an excerpt from Routine Practices and Additional Precautions In All Health Care Settings (Appendix L) and was reformatted for ease of use.

Sterile technique of putting on gloves



How to remove gloves safely



Images: Reproduced from open sources

COVID-19: GINA answers to frequently asked questions on asthma management²⁰

- “People with *asthma* should continue all of their inhaled medication, including inhaled corticosteroids, as prescribed by their doctor.
- In *acute asthma attacks* patients should take a short course of oral corticosteroids if instructed in their asthma action plan or by their health care provider, to prevent serious consequences.
- In rare cases, patients with severe *asthma* might require long-term treatment with oral corticosteroids (OCS) on top of their inhaled medication(s). This treatment should be continued in the lowest possible dose in these patients at risk of severe attacks/exacerbations. Biologic therapies should be used in severe asthma patients who qualify for them, in order to limit the need for OCS as much as possible.
- Nebulisers should, where possible, be avoided for acute attacks due to the increased risk of disseminating COVID-19 (to other patients AND to physicians, nurses and other personnel).
 - Pressurized metered dose inhaler (pMDI) via a spacer is the preferred treatment during severe attacks. (Spacers must not be shared at home)
 - While a patient is being treated for a severe attack, their maintenance inhaled asthma treatment should be continued (at home AND in the hospital).
- Patients with *allergic rhinitis* should continue to take their nasal corticosteroids, as prescribed by their clinician.
- Routine *spirometry* testing should be suspended to reduce the risk of viral shedding?”

The Lancet Voice: Asthma and COVID-19

A special episode speaks with **Professor Hilary Pinnock** to examine the current evidence and advice for patients with asthma and clinicians caring for them.

<https://www.thelancet.com/the-lancet-voice>

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“In epidemics and pandemics, WHO is fighting a second “disease”; an infodemic - an over-abundance of information – some accurate and some not – that makes it hard for people to find trustworthy sources and reliable guidance when they need it” - World Health Organization (WHO)

“COVID-19 is a frightening disease, even if patients have mild or no sickness at all”

“Create new protocol of practice that suits you with the COVID-19 crisis”

“We need to assume all people could be COVID-19 positive until test is performed”