

LIVING WITH CORONAVIRUS-2

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(COVID-19 is a disease, caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), a Novel Coronavirus, which emerged in the city of Wuhan, Hubei, China, in early December 2019 and which is transmitted as a Droplet Infection and has spread worldwide as a pandemic. Genetic sequencing of the virus suggests that SARS-CoV-2 is a betacoronavirus closely linked to the SARS virus.)

NOUS has compiled the following advisory for operating offices of small consulting offices

INTRODUCTION

Coronavirus-2 disease, COVID-19, is an infectious disease caused by a newly discovered coronavirus that infects humans. The virus spreads through droplets of saliva or discharge from the nose when an infected person coughs or sneezes or shouts or sings loudly. Currently, there are no specific treatments available nor any vaccines are available.

There is no Herd Immunity against this virus at present. Herd Immunity is when 70% or more persons in a given population have immunity to infection with virus due to presence of antibodies in their body. Immunity develops as a result of sub-clinical infection with virus or as a result of specific vaccination. So, we may be able to return to Pre-Covid era, when nearly 70% of our population gets infected and develop natural immunity or get a protective vaccine. It will eventually happen in 1 - 3 years or more; and in a shorter time if we are able to vaccinate 70% of our population. (1918 Spanish Flu pandemic)

Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, transplant patients and cancer are more likely to develop serious illness, when infected. They need more protection and care, even when they have sub-clinical infections because they have a poor immune response to Viral infections due to these co-morbid diseases.

So, the fact is that Coronavirus-2 is here to stay and let us learn to live with it.

In the long term, when a reasonably large population will be immune (say over 50%), we shall not face the explosive spread of the disease that we are witnessing now and we shall start treating this as any other flu like disease.

Getting infected intentionally to develop Herd Immunity, is not recommended, as the COVID-19 is highly morbid and the large number of patients will stretch our Healthcare Systems which shall lead to higher rate of mortality.

By droplet infection, virus can spread in a zone of 1.8 meters around a person. Rarely, when virus shedding is high and/or when air re-circulation is happening, virus can travel longer, as an aerosol. The distance Virus can travel depends on the particle size and the air velocity, these particles experience.

HOW TO PROTECT YOURSELF, YOUR STAFF AND OTHERS

You can reduce the chances of being infected or spreading Coronavirus-2 in this estimated period (Upto next 3 years) by observing the following precautions.

- 1 Wash your hands with soap and water for minimum 20 seconds or sanitise them using a 70 % Alcohol-based (ethanol, isopropanol, and n-propanol), Hand Rub, gel or liquid, popularly called a hand Sanitiser. Do this upto 20 times a day on any working day when you are away from Home and once every waking hour when at Home.

Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.

Wash your hands before eating food or before touching your eyes, nose and mouth with your hands

Maintain at least 1 metre (3 feet), preferably 1.8 metre (6 feet), distance between yourself and others.

Keeping the distance prevents your breathing in the droplets, including the COVID-19 virus if the person has the disease.

- 2 Avoid face to face interactions. Use technology, like intercoms, voice activated systems, web meetings, etc. For reception desk, provide a Glass Screen or Polycarbonate screen or a distance manager in front of the reception desk
- 3 Avoid crowds, gatherings, group lunches, religious functions, travelling packed in Cars, Metros, Aircrafts, Buses and Trains.
- 4 Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Wherever possible, cover your mouth and nose with an ordinary cloth mask to prevent formation of droplets when you talk. You can use a Gamcha, your Handkerchief, Chunni, Dupatta, etc., if these are able to provide multiple layered protection.

Dispose of the used tissue immediately and wash your hands. Your cloth masks or other apparels like Gamcha, Handkerchief, Chunni, Dupatta, etc. must be washed with soap and water every day.

- 5 If you are above 60 years of age or if you are younger but have any co-morbid disease, minimise your interactions with other people. Have a Glass Panel in your cabin to interact with others. Wear a face shield over the mask when outside your home or your office.
- 6 If you are pregnant, minimise your interactions with other people. Wear a face shield over the mask when outside your home or your office.
- 7 Stay home and self-isolate even with minor symptoms such as cough, headache, mild fever, until you recover. Have someone bring you supplies.

MAKE YOUR OFFICE READY FOR PREVENTING COVID-19 INFECTIONS

When someone who has COVID-19 coughs or exhales they release droplets of infected fluid. Most of these droplets fall on nearby surfaces and objects, such as desks, tables, computer keyboards, computer mouse, telephones or files on the tables. It is called Virus shedding,

People catch COVID-19 by touching contaminated surfaces or objects, and then touching their eyes, nose, or mouth. Or if they are standing within 1 meter of a person with COVID-19 they can catch it by breathing in droplets coughed out or exhaled by them.

To prevent this spread in your Office, workplace or factory floors, observe the following precautions

- 1 Reduce the clutter. Put everything that is not required into an enclosed cabinet, where it will not require frequent cleaning.
- 2 Put up as prominently displayed, adequate notices to educate and remind all your staff about precautions to be observed.
- 3 Rearrange seating or work counters to maintain the 2 Meter c/c distance.
- 4 Encourage all employees to clean their work area in front of them with a disinfecting wipe or with Hand rub containing 70% alcohol prior to starting their work.
- 5 All used cutlery, crockery and water bottles, glasses, etc., shall be soaked in Hot Water containing some detergent, for minimum of 5 Minutes, before it is cleaned further.
- 6 Clean, wipe, and disinfect, twice or thrice every day, (once in morning and second time during lunch break and third time in evening) all horizontal surfaces including but not limited to desks, tables, counter tops, chairs, telephones, keyboards, door handles, lifts, staircase rails, WCs, washbasins, fridges, cabinet tops, etc., within reach of staff, It will include all surfaces from finished floor level upto 1.8 meters height. It will include all types of surfaces, book stacks, file cabinets, displays, etc.
- 7 The Floor of all indoor areas such as entrance lobbies, corridors and staircases, escalators, elevators, security guard booths, office rooms, meeting rooms, cafeteria should be mopped with a disinfectant with 1% sodium hypochlorite or phenolic disinfectants.
- 8 Always use freshly prepared 1% sodium hypochlorite.**
- 9 High contact surfaces such as elevator buttons, handrails, door handles, call buttons, escalator handrails, public counters, intercom systems, telephone, printers, scanners, and other office machines should be cleaned twice daily

by mopping with a linen or any other absorbable cloth soaked in 1% sodium hypochlorite.

- 10 Frequently touched areas like tabletops, chair handles, pens, diary files, keyboards, mouse, mouse pad, tea or coffee dispensing machines etc. should specially be cleaned appropriately.
- 11 For metallic surfaces like door handles, security locks, keys, etc. hand rubs containing 70% alcohol can be used to wipe down surfaces where the use of bleach is not suitable.
- 12 Clean Toilet floor with 1% Sodium Hypochlorite or phenolic disinfectants. Thoroughly scrub the floors/tiles with warm water and detergent either daily or every alternate day based on its use. Clean all dispensers and high touch surfaces appropriately.
- 13 Cover the sitting type, western WC after use and before flushing to prevent aerosol formation in the cubicle. For squat type, Indian WC, provide 1% Sodium Hypochlorite or phenolic disinfectants, in the cubicle, for use as final flush.
- 14 Cover all infrequently used surfaces with a suitable barrier paint, removeable plastic or washable cotton cloth, as appropriate and clean these once a week or more frequently.
- 15 Disinfect buckets by soaking in bleach solution or rinse in hot water.
- 16 Carefully clean the equipment used in cleaning at the end of the cleaning process. Discard all wipes, mops and cleaning cloths in appropriate bags after the cleaning cycle. Then wear new pair of gloves and fasten the bag.
- 17 All housekeeping staff should don Personal Protective Equipment (PPE) when doing cleaning and after cleaning is over, discard PPE in yellow disposable bag or container and wash hands with soap and water.
- 18 Outdoor areas have less risk than indoor areas due to air currents and exposure to sunlight. These include car parking areas, parks, open-air seating, security counters, delivery counters, etc., appropriate cleaning and disinfection should be carried out. All potentially contaminated surfaces and all High contact surfaces shall be cleaned as stated above.
- 19 Keep Hand rub dispensers in prominent places around the workplace. A few drops of solution are generally sufficient.
- 20 Provide a soap or preferably no-touch, automatic, soap dispensers for Handwashing.
- 21 Preferably provide pull type tissue dispensers, not tissue boxes.
- 22 Provide face masks to all visitors and staff.

- 23 Use of Air Sanitisers like Plasma Bipolar Ion particle precipitators or Air Sanitisers, UVGI devices, etc. can be used within their stated limitations. Various types of floor standing air purifiers can be used within their stated limitations.
- 24 Stockpile all needed supplies so that there is a reserve for one month in the office.

PLAN FOR EMERGENCY

- 1 Establish a system of Visitors Register to record contact details of all visitors to office, specifically their mobile telephone number, email, and address where they are staying. Keep this record for at least 3 months or more.
- 2 Practice ways to record body temperature, say Hello without touching (say Namaste), use of an alcohol rub by all participants at the meeting or event and use of face masks. Hugging is forbidden.
- 3 After registration, take their body temperature. They should either wash their hands or use hand rub before entering the office or work area.
- 4 At least once in 3 months, they will read and sign a declaration that their details will be shared with local public health authorities if any person in office or from visitors, becomes ill with a suspected infectious disease. Anyone who does not agree to this condition cannot attend the office or the event or the meeting.
- 5 Scale down conferences and meetings to minimal numbers.
- 6 Develop a **Response Plan** in case someone at the office or a visitor in a meeting becomes ill, with symptoms of COVID-19 (dry cough, fever, malaise). This plan should include a designated room or area where this unwell person can be safely isolated, a plan for how they can be safely transferred from the office or the workplace to a health facility and a plan to sanitise the designated room or area.
- 7 Develop a **Response Plan** in case a meeting participant, staff member, or service provider tests positive for COVID-19 during or just after the meeting or visit. Provide a verified contact number for communication to all visitors including staff.
- 8 Anyone with body temperature of 37.3 C or more, should be encouraged to leave and stay home.
- 9 Always remember, excessive use of hand rub is a fire hazard. Open windows and doors whenever possible to make sure the venue is well ventilated.

