



COVID-19 Guidelines for Screening Centers and isolation Facilities in Hospitals

Fundamental principles of isolation are

- (i) Standard precautions
- (ii) droplet precautions
- (iii) Airborne precautions and
- (iv) contact precautions.

An isolation facility needs to follow these precautions to ensure that the hospital is not a source of infection to the hospital patients with in and the community. A brief note on each of these precautions is at Annexure-I.

All hospitals indented to screen and admit patients with COVID-19 should conform to these guidelines.

Identified hospitals would have a separate screening area to screen outdoor patients and an isolation facility to admit those requiring indoor treatment.

For clarity, these guidelines are in six parts:

- (i) Generic Guidelines
- (ii) Guidelines for pre hospital care
- (iii) Guidelines for the screening centre
- (iv) Guidelines for isolation facility
- (v) Guidelines for critical care
- (vi) Mortuary care.

(i) Generic guidance

- Standard Precautions to be followed at all patient care areas : hand hygiene, Gloves and use of personal protective equipment (PPE) to avoid direct contact with patient's blood, body fluids, secretions and non-intact skin, prevention of needle stick/sharp injury and cleaning and disinfection of the environment and equipment.
- Droplet precautions to be followed when caring for patients with COVID-19 (masks, respirators and eye shield) in isolation facilities.
- Airborne and Contact Precautions should complement Standard Precautions while managing case of Pandemic COVID-19 in critical care facilities.
- Hospitals should been following the hospital waste management protocols as per the hospital waste management rules.
- Deadbody should be handled using full cover of PPE.
- Contact List of Health care worker involved in-Patient Care
 - Clinician
 - Nursing Staff

- Staff involved in disinfection/cleaning etc.

(ii) Guidelines for Pre Hospital Care

- All identified hospitals to have advanced life support ambulance.
- Designated paramedic and driver for the ambulance
- The ambulance staff should follow standard precautions while handling the patient and airborne precautions if aerosol generating procedures are done.
- Triple layer surgical masks should be available and worn during transport
- As far as possible the movements should be restricted.
- During transport, optimize the vehicle's ventilation to increase the volume of air exchange (e.g. opening the windows). When possible, use vehicles that have separate driver and patient compartments.
- Aerosol generating procedures to be avoided to the extent possible.
- Disinfect the ambulance after shifting patient.
- Notify the receiving facility as soon as possible before arrival that a patient.

(iii) Guidelines for setting up Screening Centre (Triage)

Purpose of the Screening Centre is to:

- Attend to patients of influenza like illness in a separate area as to avoid these patients further infecting other patients in Out Patient Department.
- To facilitate implementing standard and droplet precautions
- To triage the patients
- Collect samples, as per the Guideline.

The screening area would have:

- A waiting area of about 2000 sq feet to accommodate 50-100 patients
- Preferably stand alone building with separate entry.
- Well ventilated to ensure frequent air changes. If air-conditioned, then independent from central air conditioning. Exhaust air to be filtered through HEPA filter (desirable).
- Patient's seating to have at least one meter clearance on all sides. Avoid overcrowding of patients.
- Will have cabins for registration, clinical examination chambers, sample collection rooms and drug distribution centre.
- The waiting area should be adequately cleaned and disinfected.
- Source control (e.g. use of tissues, handkerchiefs, piece of cloth or triple layer surgical mask to cover nose and mouth) of the patient in the waiting room when coughing or sneezing, and hand hygiene after contact with respiratory secretions.
- Facility for hand wash. / Wash room setc

(iv) Guidelines for setting up isolation facility /ward

- Patients should be housed in single rooms, whenever possible.
- However, if sufficient single rooms are not available, beds could be put with a spatial separation of at least 1 m (3 feet) from one another.
- To create a 10 bed facility, a minimum space of 2000 sq feet area is required clearly segregated from other patient-care areas.
- There should be double door entry with changing room and nursing station. Enough PPE should be available in the changing room with waste disposal bins to collect used PPEs.
- Place a puncture-proof container for sharps disposal inside the isolation room/area.
- Keep the patient's personal belongings to a minimum. Keep water pitchers and cups, tissue wipes, and all items necessary for attending to personal hygiene within the patient's reach.
- Non-critical patient-care equipment (e.g. stethoscope, thermometer, blood pressure cuff, and sphygmomanometer) should be dedicated to the patient, if possible. Any patient-care equipment that is required for use by other patients should be thoroughly cleaned and disinfected before use.
- Dedicated hand washes and wash room facilities.
- If room is air-conditioned, ensure 12 air changes/ hour and filtering of exhaust air. A negative pressure in isolation rooms is desirable for patients requiring aerosolization procedures (intubation, suction nebulisation) . These rooms may have stand alone air-conditioning. These areas should not be a part of the central air-conditioning.
- If air-conditioning is not available negative pressure could also be created through putting up 3-4 exhaust fans driving air out of the room.
- In District hospital, where there is sufficient space, natural ventilation may be followed. Such isolation facility should have large windows on opposite walls of the room allowing a natural unidirectional flow and air changes. The principle of natural ventilation is to allow and enhance the flow of outdoor air by natural forces such as wind and thermal buoyancy forces from one opening to another to achieve the desirable air change per hour.
- Avoid sharing of equipment, but if unavoidable, ensure that reusable equipment is appropriately disinfected between patients.
- Ensure regular cleaning and proper disinfection of common areas, and adequate hand hygiene by patients, visitors and caregivers.
- Visitors to the isolation facility should be restricted. For unavoidable entries, they should use PPE according to the hospital guidance, and should be instructed on its proper use and in hand hygiene practices prior to entry into the isolation room/area.
- Doctors, nurses and paramedics posted to isolation facility need to be dedicated and not to be allowed to working other patient-care areas.
- Consider having designated portable X-ray equipment

- Corridors with frequent patient transport should be well-ventilated.
- All health staff involved in patient care should be well trained in the use of PPE.
- A telephone or other method of communication should be set up in the isolation room/area to enable patients or family members/visitors to communicate with nurses.

(V) Guidelines for Critical Care facility

- At least one identified hospital may have a 10 bed dedicated intensive care facility at State Capital.
- The critical care facility requires to follow all the guidelines as mentioned above for infection control.
- Also have than or equal to 12 air changes and maintain negative pressure of 40psi.
- Should have dedicated equipments. It should also have additional equipments to ventilate at least 10 patients manually.
- A telephone or other method of communication should be set up in the isolation room/area to enable patients or family members/visitors to communicate with nurses inside the facility.
- Would have an information board outside to update relatives on the clinical status.

(vi) Mortuary care

- Mortuary staff should apply Standard Precautions i.e. perform proper hand hygiene and use appropriate PPE (use of gown, gloves, facial protection if there is a risk of splashes from patient's body fluids/secretions onto staff's body and face).
- Embalming, if required should be conducted according to usual procedures, subject to local regulations/legislation.
- Hygienic preparation of the deceased (e.g. cleaning of body, tidying of hair, etc) also may be done using standard precautions.

Annexure-I

Fundamentals of Isolation Precautions

1. Standard Precautions

Use Standard Precautions, or the equivalent, for the care of all patients. The standard precautions are:

Hand washing

Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands immediately

after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.

Gloves

Wear gloves (clean, non-sterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.

Mask, Eye Protection, Face Shield

Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

Gown

Wear a gown (a clean, non-sterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible, and wash hands to avoid transfer of microorganisms to other patients or environments.

Patient-Care Equipment

Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Ensure that single-use items are discarded properly.

Environmental Control

Ensure that the hospital has adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, beds, bed rails, bedside equipment, and other frequently touched surfaces and ensure that these procedures are being followed.

Linen

Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing, and that avoids transfer of microorganisms to other patients and environments.

Occupational Health and Blood borne Pathogens

Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, which are located as close as practical to the area in which the items were used, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

Patient Placement

Place a patient who contaminates the environment or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control in a private room. If a private room is not available, consult with infection control professionals regarding patient placement or other alternatives.

2. Airborne Precautions

In addition to Standard Precautions, use Airborne Precautions, or the equivalent, for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (small-particle residue {5 μm or smaller in size} of evaporated droplets containing microorganisms that remain suspended in the air and that can be dispersed widely by air currents within a room or over a long-distance).

Patient Placement.

Place the patient in a private room that has (1) monitored negative air pressure in relation to the surrounding area, (2) 12 air changes per hour, and (3) appropriate discharge of air outdoors or monitored high-efficiency filtration of room air before the air is circulated to other areas in the hospital. (23) Keep the room door closed and the patient in the room. When a private room is not available, place

the patient in a room with a patient who has active infection with the same microorganism, unless otherwise recommended, (23) but with no other infection. When a private room is not available and cohorting is not desirable, consultation with infection control professionals is advised before patient placement.

Respiratory Protection

Wear respiratory protection (three layered surgical mask / N 95 respirator) when entering the room of a patient.

Patient Transport

Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplet nuclei by placing a surgical mask on the patient, if possible.

3. Droplet Precautions

In addition to Standard Precautions, use droplet precautions, or the equivalent for a patient known or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets {larger than 5 μm in size} that can be generated by the patient during coughing, sneezing, talking, or the performance of procedures).

Patient Placement

Place the patient in a private room. When a private room is not available, place the patient in a room with a patient(s) who has active infection with the same microorganism but with no other infection (cohorting). When a private room is not available and cohorting is not achievable, maintain spatial separation of at least 3 ft between the infected patient and other patients and visitors. Special air handling and ventilation are not necessary, and the door may remain open.

Mask

In addition to standard precautions, wear a mask when working within 3 ft of the patient. (Logistically, some hospitals may want to implement the wearing of a mask to enter the room.)

Patient Transport

Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplets by masking the patient, if possible.

4. Contact Precautions

In addition to Standard Precautions, use Contact Precautions, or the equivalent, for specified patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact that occurs when performing patient-care activities that require touching the patient's dry skin) or indirect contact (touching) with environmental surfaces or patient-care items in the patient's environment.

Patient Placement

Place the patient in a private room. When a private room is not available, place the patient in a room with a patient(s), who has active infection with the same microorganism but with no other infection (cohorting).

Gloves and Hand Washing

In addition to wearing gloves as outlined under Standard Precautions, wear gloves (clean, non-sterile gloves are adequate) when entering the room. During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of microorganisms (fecal material and wound drainage). Remove gloves before leaving the patient's environment and wash hands immediately with an antimicrobial agent or a waterless antiseptic agent. After glove removal and hand-washing, ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer of microorganisms to other patients or environments.

Gown

In addition to wearing a gown as outlined under Standard Precautions, wear a gown (a clean, non-sterile gown is adequate) when entering the room if you anticipate that your clothing will have substantial contact with the patient, environmental surfaces, or items in the patient's room.

Patient Transport

Limit the movement and transport of the patient from the room to essential purposes only. If the patient is transported out of the room, ensure that precautions are maintained to minimize the risk of transmission of microorganisms to other patients and contamination of environmental surfaces or equipment.

Patient-Care Equipment

When possible, dedicate the use of non critical patient-care equipment to a single patient (or cohort of patients infected or colonized with the pathogen requiring precautions) to avoid sharing between patients. If use of common equipment or items is unavoidable, then adequately clean and disinfect them before use for another patient.

Protocol of Isolation Ward

1. Isolation (patient placement)

- a. Any possible case should be managed in **negative pressure** single room if available. If this is not possible, then a single room with attached toilet facilities should be used. Room doors should be kept closed.
- b. The nature of the area adjoining the side room should be taken into account to minimise the risk of inadvertent exposure (such as high footfall areas, confused patients, vulnerable and high-risk patient groups).
- c. If on a critical care unit, the patient should be nursed in a negative-pressure single or side room where available, or, if not available, a neutral-pressure side room with the door closed.
- d. If there is no attached toilet, a dedicated commode (which should be cleaned as per local cleaning schedule) should be used with arrangements in place for the safe removal of the bedpan to an appropriate disposal point.
- e. Avoid storing any extraneous equipment in the patient's room
- f. Display signage to control entry into room

2. Anterooms and putting on and removing PPE

- a. Anterooms (otherwise known as a 'lobbies') also have the potential to become contaminated and should be regularly decontaminated as described in environmental decontamination.
- b. It is strongly advised that staff progress through 'dirty' to 'clean' areas within the anteroom as they remove their PPE and wash hands after they leave the patient room. To this effect, movements within the anteroom should be carefully monitored and any unnecessary equipment should not be kept in this space.
- c. In the event that no anteroom or lobby exists for the single room used for COVID-19 patients, then local infection prevention and control teams (IPCT) will need to consider alternative ways of accommodating these recommendations to suit local circumstances.

3. Notices about infection risks

- a. Written information must be placed on the isolation room door indicating the need for isolation, including the infection prevention and control precautions which must be adhered to prior to entering the room.
- b. Patient confidentiality must be maintained.

4. Entry records

- a. Only essential staff should enter the isolation room.
- b. A record should be kept of all staff in contact with a possible case, and this record should be accessible to occupational health should the need arise.

5. Recommendations regarding ventilator support are provided in the critical care section.

- a. All respiratory equipment must be protected with a high efficiency filter (such as BS EN 13328-1). This filter must be disposed of after use.
- b. Disposable respiratory equipment should be used wherever possible.

- c. Re-usable equipment must, as a minimum, be decontaminated in accordance with the manufacturer's instructions
- d. Closed suctioning system must be used
- e. Ventilator circuits should not be broken unless necessary
- f. Ventilators must be placed on standby when carrying out bagging
- g. PPE must be worn
- h. Water humidification should be avoided, and a heat and moisture exchanger should be used

6. Visitors

- a. Visitors should be restricted to essential visitors only, such as parents of a paediatric patient or an affected patient's main carer.
- b. Visitors should be permitted only after completion of a local risk assessment which includes safeguarding criteria as well as the infection risks.
- c. The risk assessment must assess the risk of onward infection from the visitor to healthcare staff, or from the patient to the visitors. The risk assessment should include whether it would be feasible for the visitor to learn the correct usage of PPE (donning and doffing under supervision), and should determine whether a visitor, even if asymptomatic, may themselves be a potential infection risk when entering or exiting the unit. It must be clear, documented and reviewed.
- d. If correct use of PPE cannot be established then the visitor must **not** proceed in visiting.

7. Hand hygiene

- a. This is essential before and after all patient contact, removal of protective clothing and decontamination of the environment.
- b. Use soap and water to wash hands or an alcohol hand rub if hands are visibly clean.
- c. Rings (other than a plain smooth band), wrist watches and wrist jewellery must not be worn by staff.

8. Equipment

- a. Re-useable equipment should be avoided if possible; if used, it should be decontaminated according to the manufacturer's instructions before removal from the room.
- b. Use dedicated equipment in the isolation room. Avoid storing any extraneous equipment in the patient's room
- c. Dispose of single use equipment as per clinical waste policy inside room
- d. Ventilators should be protected with high efficiency filter, such as BS EN13328-1.
- e. Closed system suction should be used
- f. Disposable crockery and cutlery may be used in the patient's room as far as possible to minimize the numbers of items which need to be decontaminated.

9. Environmental decontamination

- a. Cleaning and decontamination should only be performed by staff trained in the use of the appropriate PPE; in some instances, this may need to be trained clinical staff rather

than domestic staff.

- b. After cleaning with neutral detergent, a chlorine-based disinfectant should be used, in the form of a solution at a minimum strength of 1,000ppm available chlorine. If an alternative disinfectant is used within the organization, the local IPCT should be consulted on this to ensure that this is effective against enveloped viruses.
- c. The main patient isolation room should be cleaned at least once a day, and following aerosol generating procedures or other potential contamination.
- d. There should be more frequent cleaning of commonly used hand-touched surfaces and of anteroom or lobby areas (at least twice per day).
- e. To ensure appropriate use of PPE and that an adequate level of cleaning, it is strongly recommended that cleaning of the isolation area is undertaken separately to the cleaning of other clinical areas.
- f. Dedicated or disposable equipment (such as mop heads, cloths) must be used for environmental decontamination.
- g. Reusable equipment (such as mop handles, buckets) must be decontaminated after use with a chlorine-based disinfectant as described above.
- h. Communal cleaning trolleys should not enter the room.

10. Specimens

- a. All specimens and request forms should be marked with a biohazard label.
- b. The specimens should be double-bagged. The specimens should be placed in the first bag in the isolation room by a staff member wearing recommended PPE.
- c. Specimens should be handled and delivered to the laboratory by someone who understands the nature of the specimens.

11. Mobile healthcare equipment

The following advice applies to devices that cannot be left in the isolation room, such as portable X-ray machines, ultrasound machines:

- a. Use of mobile healthcare equipment should be restricted to essential functions as far as possible to minimize the range of equipment taken into and later removed from the room
- b. The operator of the device, if not routinely looking after the patient, must be trained and supervised in infection prevention and control procedures, including the use of PPE
- c. The operator should wear PPE as described above when in the isolation room
- d. Any equipment taken in to the room and which must be subsequently removed, must be disinfected prior to leaving the anteroom
- e. Any additional items such as a digital detector, ultrasound probes or a cassette will also need to be disinfected, regardless of whether there has been direct contact with the patient or not. This is due to the risk of environmental contamination of the equipment within the isolation room.

12. Transfers to other departments.

- a. Where possible, all procedures and investigations should be carried out in the single room with a minimal number of staff present.
- b. Only if clinical need dictates, and in consultation with the infection control team,

should patients be transferred to other departments.

The following procedures then apply:

- c. The trolley used to transport the patient from the isolation room, should be disinfected as far as possible (see environmental decontamination immediately before leaving the room by an individual wearing protective clothing and PPE as described previously).
- d. The department must be informed in advance of the patient's arrival.
- e. Any extraneous equipment to be removed safely from the investigation or treatment room.
- f. The patient must be taken straight to and from the investigation or treatment room and must not wait in a communal area.
- g. The patient should wear a surgical mask if this can be tolerated - this will prevent large respiratory droplets being expelled into the environment by the wearer.
- h. The treatment or procedure room, trolley or chair and all equipment should be decontaminated after use, as per the cleaning instructions above.
- i. To enable appropriate decontamination after any procedure, patients should be scheduled at the end of a list, as far as possible.
- j. After the procedure, access to such spaces should be restricted and environmental decontamination implemented.
- k. During patient transfers, a process to ensure that no individuals not wearing PPE come within 2 meters of the patient should be followed. Anyone in the vicinity of the patient (for example carrying out procedures, transferring the patient or standing within 2m of the patient) must wear the PPE previously described.

13. Transfers to other hospitals

- a. Transfer of cases to another hospital should be avoided unless it is necessary for medical care.
- b. If transfer is essential, the receiving hospital and the ambulance staff must be advised in advance of the special circumstances of the transfer, so that appropriate infection control measures can be taken.

14. Handling dead bodies

- ▮ The act of moving a recently deceased patient onto a hospital trolley for transportation to the mortuary might be sufficient to expel small amounts of air from the lungs and thereby present a minor risk.
- ▮ A **body bag** (zip bag) should be used for transferring the body and those handling the body at this point should use full PPE.
- ▮ The outer surface of the body bag should be decontaminated (see environmental decontamination) immediately before the body bag leaves the anteroom area. This may require at least 2 individuals wearing such protective clothing, in order to manage this process.
- ▮ The trolley carrying the body must be disinfected prior to leaving the anteroom.
- ▮ Prior to leaving the anteroom, the staff members must remove their protective clothing.
- ▮ Once in the hospital mortuary, it would be acceptable to open the body bag (zip bag) for

family viewing only (mortuary attendant to wear full PPE).

- ▮ Washing or preparing the body is acceptable if those carrying out the task wear PPE.
- ▮ Mortuary staff and funeral directors must be advised of the biohazard risk. Embalming is not recommended.
- ▮ If a post mortem is required, safe working techniques (for example manual rather than power tools) should be used and full PPE worn, in the event that power tools are used.
- ▮ After use, empty body bags should be disposed as per protocol of Biomedical Waste Management.

The updated case definitions and contact-categorization

It has been observed that WHO has recently updated the case definitions based on the current information available and will be revised as new information accumulates. India may also need to adapt case definitions depending on current epidemiological situation. Based on the available information on COVID-19, the following case definitions are put forth for approval:

Suspect Case:

A patient with acute respiratory illness {fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)}, AND a history of travel to or residence in a country/area or territory reporting local transmission (See NCDC website for updated list) of COVID-19 disease during the 14 days prior to symptom onset;

OR

A patient/Health care worker with any acute respiratory illness AND having been in contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR

A patient with severe acute respiratory infection {fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)} AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation;

A case for whom testing for COVID-19 is inconclusive.

OR

Laboratory Confirmed case:

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

Updated definition of contact:

A contact is a person that is involved in any of the following:

- Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients
- Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings).
- Traveling together in close proximity (1 m) with a symptomatic person who later tested positive for COVID-19.

High Risk Contact: Those are

- Touched body fluids of the patient (Respiratory tract secretions, blood, vomit, saliva, urine, faeces)
- Had direct physical contact with the body of the patient including physical examination without PPE.
- Touched or cleaned the linens, clothes, or dishes of the patient.
- Lives in the same household as the patient.

- Anyone in close proximity (within 3 ft) of the confirmed case without precautions.
- Passenger in close proximity (within 3 ft) of a conveyance with a symptomatic person who later tested positive for COVID-19 for more than 6hours.

Low Risk Contact:Those are

- Shared the same space (Same class for school/worked in same room/similar and not having a high risk exposure to confirmed or suspect case ofCOVID-19).
- Travelled in same environment (bus/train/flight/any mode of transit) but not having a high-risk exposure.