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

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

Authors
1. Dr GM Monsur Habib
   RESPIRE Partner & PhD Scholar, The University of Edinburgh, UK; Founding & Senate member, International Primary Care Respiratory Group (IPCRG); President, Bangladesh Primary Care Respiratory Society (BPCRS)

2. Dr Md. Nazim Uzzaman
   RESPIRE Fellow, The University of Edinburgh, UK; Early Career Member of European Respiratory Society (ERS), and BPCRS

3. Dr SM Rowshan Alam
   Assistant Professor of Community Medicine, Rangpur Medical College, Bangladesh
   General Secretary, Bangladesh Primary Care Respiratory Society (BPCRS)

Editors
1. Ms Siân Williams
   Chief Executive Officer
   International Primary Care Respiratory Group (IPCRG)

2. Professor Dr Hilary Pinnock
   Professor of Primary Care Respiratory Medicine
   The University of Edinburgh, UK

Disclaimer
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Correspondence
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
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<th>Description</th>
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<td>Coronavirus disease 2019</td>
</tr>
<tr>
<td>HCP</td>
<td>Health Care Professional</td>
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<tr>
<td>AGP</td>
<td>Aerosol Generating Procedure</td>
</tr>
<tr>
<td>DGHS</td>
<td>Directorate General of Health Services</td>
</tr>
<tr>
<td>BPCRS</td>
<td>Bangladesh Primary Care Respiratory Society</td>
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<tr>
<td>IPCRG</td>
<td>International Primary Care Respiratory Group</td>
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<tr>
<td>NIHR</td>
<td>National Institute for Health Research</td>
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<td>NIHR Global Health Research Unit on Respiratory Health</td>
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<td>UoE</td>
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<td>GINA</td>
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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.⁷ 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

- **First reported**: 31ˢᵗ December 2019 in Wuhan City, Hubei Province of China⁵
- **Pandemic declared**: 11ᵗʰ March 2020: WHO declared COVID-19 as a pandemic⁶
- **Epidemiological pattern**: The infection follow a slow start with a steep rise in a few days leading to a quick upsurge, collapsing the healthcare system quickly⁶
- **Prevention and treatment**: Prevention is hand hygiene, physical distancing (minimum 6 feet) and respiratory etiquette.⁷ Treatment is supportive
- **Outbreak statistics**: Globally, confirmed cases: 4962707, confirmed deaths: 326459, countries, areas or territories with cases: 216. In Bangladesh, confirmed cases: 30205, and confirmed deaths: 432 (updated 22ᵗʰ May 2020)⁸
Clinical Features and Case Definition of COVID-19

Five common symptoms
1. Fever
2. A new, continuous cough
3. Shortness of breath
4. Loss of smell or taste
5. Fatigue

**Suspect case**
- Fever and at least one sign/symptom of respiratory disease
- History of travel to or residence in a high-risk location
- In contact with a confirmed or probable case in the last 14 days prior to symptom onset

**Probable case**
- A suspect case for whom testing is inconclusive OR suspect case for whom testing could not be performed for any reason.

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

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 performed.

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:

- **Assess**
  - PPE needs. What stockpile you have currently and will need in the future

- **Place**
  - Necessary orders and have supplies delivered in advance before you reopen

- **Note**
  - How you will handle staffing and cleaning if an employee or patient or visitor is diagnosed with COVID-19 after being in the practice

- **Develop**
  - Guidelines for determining when and how long employees who interacted with a diagnosed patient will be out of the practice
3. **Open incrementally**
   - Consider a stepwise approach to reopening so that the practice may quickly identify and address any practical challenges presented.
   - Identify what visits can be done via remote consultation (eg. telephone, video consultation).
   - Identify a separate isolation area for anyone who is suspected to have COVID-19 and ensure you have a protocol about how to use it and clean it.
   - Begin with a few in person visits a day, working on a modified schedule.
   - Direct administrative staff who do not need to be physically present in the office to stay at home and work remotely.
   - Consider bringing employees back in phases or working on alternating days or different parts of the day, as this will reduce contact.
   - Communicate your weekly schedule clearly to the practice’s patients, clinicians and staff.

4. **Implement a tele-triage programme**
   - Use a tele-triage program to ensure that patients seeking appointments are put on the right path by discussing the patient’s condition and symptoms.
   - Train your designated staff on tele-triage.

![Suggested Pathways of Tele-triage](https://example.com/tele-triage-diagram)

**Screen for COVID-19 symptoms**

a. Do they have fever >100.4°F (38°C) ? If no thermometer, have they felt shivery, achy, or hot to touch?
b. Do they have a new continuous cough, different to usual?
c. Do they have a history of travel to or residence in a location reporting community transmission of COVID-19 during the 14 days prior to symptom onset?
d. Do they have loss or change to their sense of smell or taste?

If possible manage with a remote consultation

If necessary arrange a ‘safe’ face-to-face consultation

**COVID-19 is a notifiable disease. Please report all cases (confirmed or suspected) to health authority (civil surgeon, DGHS)**

*Hot line numbers (central):* 01313 791 130; 01313 791 138; 01313 791 139; 01313 791 140

*Nearest health complex help line:* [https://corona.gov.bd/service-request?service_type=1](https://corona.gov.bd/service-request?service_type=1)
5. Remote consultation

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

**Covid-19: remote consultations**

A quick guide to assessing patients by video or voice call

1. **Set up**
   - Prepare yourself and decide how to connect
   - Have current ‘stay at home’ covid-19 guidance on hand

2. **Connect**
   - Make video link if possible, otherwise call on the phone
   - Check video and audio
   - Can you hear/see me?
   - Confirm the patient’s identity
   - Name
   - Date of birth

3. **Get started**
   - Quickly assess whether sick or less sick
   - Rapid assessment:
     - If they sound or look very sick, such as too breathless to talk, go direct to key clinical questions
   - Establish what the patient wants out of the consultation, such as:
     - Clinical assessment
     - Referral
     - Certificate
     - Reassurance
     - Advice on self-isolation

4. **History**
   - Adapt questions to patient’s own medical history
   - Contacts
     - Close contact with known covid-19 case
     - Immediate family member unwell
   - History of current illness
     - Date of first symptoms
   - Occupational risk group

5. **Examination**
   - Assess physical and mental function as best as you can
   - Over phone, ask carer or patient to describe:
     - State of breathing
       - Colour of face and lips
     - General demeanour
       - Skin colour
   - Over video, look for:
     - Temperature
     - Pulse
     - Peak flow
     - Blood pressure
     - Oxygen saturation

6. **Decision and action**
   - Advise and arrange follow-up, taking account of local capacity
   - Likely covid-19: well, with mild symptoms
     - Self-management: fluids, paracetamol
     - Reduce spread of virus - follow current government ‘stay at home’ advice
   - Likely covid-19: unwell, deteriorating
     - Arrange follow-up by video, monitor closely if you suspect pneumonia
     - Safety netting
     - If living alone, someone to check on them
     - Maintain fluid intake - 8 to 10 glasses per day
   - Relevant comorbidities
   - Unwell and needs admission
   - Ambulance protocol (999)
   - Seek immediate medical help for red flag symptoms

**Clinical characteristics**

Based on 1099 hospitalised patients in Wuhan, China

- **69%**: Cough
- **22%**: Temperature ≥ 37.5°C
- **22%**: Temperature >38°C
- **33%**: Fatigue
- **34%**: Sputum
- **19%**: Shortness of breath
- **13%**: Muscle aches
- **14%**: Sore throat
- **14%**: Headache
- **12%**: Chills
- **5%**: Nasal congestion
- **5%**: Nausea or vomiting
- **4%**: Diarrhoea
- **24%**: Any comorbidity

**Red flags**

- **Covid-19**: Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in the chest
- Cold, clammy, or pale and mottled skin
- New confusion
- Becoming difficult to arouse
- Blue lips or face
- Little or no urine output
- Counting US blood
- Other conditions, such as:
  - Neck stiffness
  - Non-blanching rash

* Breaths per minute  † Beats per minute  ‡ If oximetry available for self monitoring

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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](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/online-training)


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![Image for Hand Hygiene](World Health Organisation)

**Image source:** World Health Organisation
6.2 Assess risk and select PPE in face-to-face consultation for professionals and staff

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

<table>
<thead>
<tr>
<th>Risk level</th>
<th>Low-risk</th>
<th>Moderate-risk</th>
<th>High-risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk estimation</td>
<td>Indirect contact with patients, e.g. consultation, prescription etc.</td>
<td>Direct contact with patients, e.g. physical examination, injection, puncture etc.</td>
<td>Action or operation involving splashing of blood, body fluid and secretions</td>
</tr>
<tr>
<td>PPE</td>
<td>Work clothes, isolation gowns, surgical masks, work caps, hand hygiene products</td>
<td>Work clothes plus isolation gowns, surgical masks/medical protective masks, work cap, goggles/face shield, gloves and hand hygiene products</td>
<td>Protective clothing and isolation gown, medical protective masks, work cap, goggles/face shield, double layer gloves and hand hygiene products</td>
</tr>
</tbody>
</table>

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.

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

1. Entrance

- **Hand hygiene**
  Patient will wash hands with liquid soap and water following recommended guidelines outside the gate supervised by an assistant;
  Dry hands with tissue paper and discard in a covered bin

- **Disinfectant (e.g. bleaching solution) soaked mat**
  Patient will walk through

- **Gate keeper**
  Allow patient to enter one by one according to the capacity of the practice.

- **Covered Shoe Rack**
  Patient will put his/her shoes

- **Face-mask**
  An assistant will provide mask to the patient if not already worn by the patient

2. Triage

- **Triage area set-up**
  The patient and a medical assistant will sit keeping at least 6 feet distant (a transparent plastic sheet could be used) between them

- **Screen for COVID-19 symptoms**
  See tele-triage questionnaire, action for suspected cases.
  Suspected patient will leave the practice place from triage area

- **Other triage activities by medical assistant**
  Detect temperature using thermal gun;
  May provide low cost transparent polythene/face-shield to cover face and neck of the patient if present with respiratory symptoms;
  Allocate a seat number with arrangement where the patient will sit at the waiting room

3. Waiting room arrangement

- Seats will be arranged in manner (preferably fixed with floor) where at least 6 feet distance 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

**Chamber set-up**
The physician and patient will sit keeping at least 6 feet distant (a transparent plastic sheet could be used) between them; Restrict chair only for patient, not for companion

**Physical examination**
Soon after performing physical examination, and completing consultation process, physician will take infection control measures (e.g., change hand gloves, disinfect used instruments)

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**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 recommenced 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

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Suggested activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients may be a carrier of COVID-19, symptomatic or asymptomatic</td>
<td>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;</td>
</tr>
<tr>
<td>Social distancing at triage, and sitting area</td>
<td>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?’</td>
</tr>
<tr>
<td>Safety of health care professionals (HCPs)</td>
<td>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</td>
</tr>
<tr>
<td>Panic of family members of HCPs about being infected</td>
<td>Ensure training and support for HCPs on mental health during COVID-19</td>
</tr>
<tr>
<td>Inadequate infection prevention and control arrangement</td>
<td>Follow trusted guidelines (eg. WHO) for infection prevention and control measures</td>
</tr>
<tr>
<td>Lack of awareness, and panic among patients</td>
<td>Display videos, and posters in and around the chamber</td>
</tr>
<tr>
<td>Inefficient appointment schedule</td>
<td>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.</td>
</tr>
<tr>
<td>Out of appointment visits</td>
<td>Avoid and provide an appointment on subsequent days. If not possible, arrange in less busy hours.</td>
</tr>
<tr>
<td>History taking and physical examination</td>
<td>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</td>
</tr>
<tr>
<td>Aerosol Generating Procedure (AGP)(^{19})</td>
<td>Suspend all AGPs [eg. nebuliser therapy (use large volume spacer instead), spirometry, chest physiotherapy etc]</td>
</tr>
</tbody>
</table>
Recommended Steps:
Putting On Personal Protective Equipment (PPE)

1. Perform Hand Hygiene
2. Put on Gown
3. Put on Mask/N95 Respirator
4. Put on Protective Eyewear
5. Put on Gloves

Recommended Steps:
Taking Off Personal Protective Equipment (PPE)

1. Remove Gloves
2. Remove Gown
3. Perform Hand Hygiene
4. Remove Eye Protection
5. Remove Mask/N95 Respirator
6. Perform Hand Hygiene

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

Image source: Public Health Ontario, Canada
Sterile technique of putting on gloves

1. Pinch and hold the outside of the glove near the wrist area.
2. Peel downwards, away from the wrist, turning the glove inside-out.
3. Pull the glove away until it is removed from the hand, holding the inside-out glove with the gloved hand.
4. With your un-gloved hand, slide your fingers under the wrist of the remaining glove. Do not touch the outer surface of the glove.
5. Peel downwards, away from the wrist, turning the glove inside out.
6. Continue to pull the glove down and over the inside-out glove being held in your gloved hand.

How to remove gloves safely

Images: Reproduced from open sources
“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

Acknowledgement
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- Dr SM Abdullah Al Mamun, Treasurer, BPCRS
- Dr Huma Ahmed, Executive Member, BPCRS
- Dr Dominique Balharry, RESPIRE Research Manager, University of Edinburgh, UK
Reference


“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”

Bangladesh Primary Care Respiratory Society (BPCRS)
246 Haji Ismail Road; Khulna; Bangladesh; Tel: 041 723636
Email: bangladeshpcrs@gmail.com; Website: www.bpcrs.org