

Guidelines for restricting NRC services during COVID-19 Outbreak

Infection control measures at NRCs:

- A. Encourage the habit of washing hands** with 70% alcohol based sanitizer for 20 seconds or with using soap for 40 seconds.
- Each NRC should make necessary arrangements for hand washing (soap and water or sanitizer) before entering the ward before and after feeding children, after defecation and after touching any foreign object.
 - Staff should wash their hands always after attending one child and before attending to another child.
 - Cook should strictly follow hand washing practices before the preparation of Therapeutic food.
 - Every attendant should frequently wash their hands.
 - Posters showing the method of hand washing to be displayed near wash basins.
- B. Medical examination and treatment :**
- Check every child admitted in Nutrition Rehabilitation Center twice a day for fever, cough or difficulty in breathing.
 - Perform relevant investigations.
- C. Ensure necessary treatment, antibiotics and supplements to children as per protocol.**
- D. NRC Medical Officer In-charge should ensure training of all staff in NRC on COVID- 19, focusing on:**
- Signs and symptoms of COVID-19.
 - Safety measures to undertake clinical procedures including examining the SAM child, anthropometry and feeding.
 - Follow infection prevention and control practices.
- E. Ensure social distance:**
1. Entry of unnecessary visitors/attenders to Nutrition Rehabilitation Center should be prohibited.
 2. The movement of COVID-19 suspected cases in hospitals should be strictly restricted near the NRCs.
 3. Staff /Mothers /Caregiver with COVID-19 like symptoms (fever with cough or difficult breathing) to be sent for isolation as per COVID -19 protocol.
 4. All staff and mothers/caregivers should be repeatedly counseled for social distancing (maintaining at least 1 meter distance), hand hygiene and infection prevention measures.
 5. Disinfection practices should be strictly adhered to, while using multi equipment – such as weighing scale, infant meter, Stadiometer, MUAC tapes, etc.
- F. Infection / confirmation of COVID-19 in severely malnourished children or care takers:**
- In the event of confirmed COVID-19 among children/ care taker, health services should be provided as per COVID 19 protocol, keeping them in ISOLATION Centers.
- G. Respiratory hygiene adherence instead of giving group counseling to women.**
- All health workers should practice respiratory hygiene during routine activities and must use triple layer mask covering their nose, mouth and chin and to be disposed after 6-8 hours.

- If the child or care taker has cold, cough, advise them to use mask and follow cough etiquettes.
- In case of non availability of triple layer mask cotton masks can be used and wash with soap or detergent daily.

H. Ensure regular cleaning of Toilets/Wash rooms.

- Advise severely malnourished children and care takers for proper use of toilets.
- Get the toilets cleaned regularly.
- Discourage the use of diapers provide them bed-pan if necessary and follow sanitation measures.
- Dispose the stools safely and clean the bedpan with 0.5% hypochlorite solution.
- Keep germ-free.
- Clean the dust bin regularly with chlorine or other germicides.
- Use only washable toys for children to play and allow children to play one after the other.

I. New Admission:

- All new admissions to be screened for COVID 19 symptoms before admission and children with these symptoms should be referred to COVID 19 screening area compulsorily.
- SAM children with medical complications other than COVID 19 symptoms should be admitted in NRC and steps for F-SAM management to be followed.

J. Care of admitted children:

- All group counseling, play therapy, and cooking demonstration should be suspended till COVID 19 active transmission risk subsides and replaced by individual bedside counseling by trained staff.
- Previously admitted children who are stable and have entered the rehabilitative phase may be discharged early on oral antibiotics, supplements except for potklor and magnesium. They may be advised to take potassium rich diet like banana etc., if received potassium less than 14 days.

OR

- children may be discharged from NRCs once the medical complications have been addressed and weight gain $>5\text{gm/kg/day}$ is achieved for 3 consecutive days (rather than keeping children in facilities for 15 days or till 15% weight gain is achieved) – thus reducing the chances of exposure to infection.

K. Follow-Ups:

- Follow-ups should be done telephonically and only children with medical complications should be called for physical follow-up.