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## සෞඛ්‍ය අමාත්‍යාංශය சுகாதார அமைச்சு Ministry of Health

All Provincial Directors/Regional Directors of Health  
All Directors of THs / PGHs and DGHs  
All Medical Superintendent of BHs  
All Heads of Institutions

### Guidance for intermediate care centers on management of COVID-19 positive individuals

All COVID-19 patients confirmed by a positive PCR test require early isolation. Traditionally this care was provided in hospitals. As majority of individuals diagnosed with COVID-19 are asymptomatic and uncomplicated, they do not warrant hospitalized care. This guideline is for the establishment of isolation centers named as Intermediate Care Centers (ICC) where selected COVID-19 positive individuals can be managed under direct medical supervision.

With new developments in the COVID-19 situation in the country, establishing ICCs will optimize the resource utilization of hospitals to provide equitable care for COVID-19 patients with moderate to severe disease/ complications. This mechanism will also ensure optimizing hospital capacity to cater for any illness through efficient utilization of available resources.

This circular is for providing standardized care for those who are treated at intermediate care centers (ICC) given in 2 parts:

- 1) Clinical pathway for admission of COVID-19 confirmed cases
- 2) Provision of medical care within intermediate care centers

As such, medical treatment of COVID-19 patients will take place in 3 tiers:

- Level 1 – Intermediate care centers
- Level 2 – Selected COVID-19 Hospitals (Divisional and Base Hospitals) with consultant cover
- Level 3 – COVID-19 designated Specialized/ Tertiary care hospitals

## Clinical pathway for COVID-19 confirmed cases

### 1) Asymptomatic/ mildly symptomatic COVID-19 patients

- Adults > 18 years of age to < 65 years of age without comorbidities OR comorbidities such as DM and HTN if present, must be well-controlled → admit to intermediate care centers.
- Those in extremes of age → admit to COVID-19 designated Divisional/ Base hospitals (comorbidities such as DM and HTN if present, must be well-controlled)
- Those with existing severe chronic diseases → admit to COVID-19 designated specialized care centers

### 2) Moderately symptomatic COVID-19 patients without evidence of pneumonia

- Admit to divisional/ base hospitals

### 3) Severe patients (those with evidence of pneumonia/ respiratory distress)

- To be managed at NIID (IDH) or other dedicated COVID-19 specialized hospital

### 4) Immune-compromised patients (e.g. cancer patients undergoing treatment and those on long-term immunosuppressants and special cases (e.g. COVID-19 with DHF)

- To be managed at NIID (IDH)

The table overleaf summarizes the criteria for admission of COVID-19 positive adult patients to appropriate care centers.

- All COVID-19 confirmed paediatric age group patients must be admitted to a level 2 or 3 hospital where services of a consultant paediatrician is available (hospital to be decided as per the patient's clinical requirement).
- All COVID-19 confirmed young adult patients ( $\leq 18$  years of age) should be admitted to a Level 2 or 3 hospital as per clinical requirement.
- All COVID-19 confirmed pregnant females should be admitted to a Level 3 hospital.

Patient categorization according to the above table should be done by a designated team of medical officers (e.g. RE and MOH or other).

If the patient shows symptoms/ signs of deterioration he/she should be transferred to an identified specialized hospital for COVID-19 treatment after discussing with the recipient hospital.

Transferring to an institution for higher level of care should be done on a case by case basis depending on the patient's clinical condition. Transferring of patients should take place according to the MoH circular/ Refer Chapter 6, Clinical Practice Guidelines on COVID-19 suspected and confirmed patients ([www.epid.gov.lk](http://www.epid.gov.lk)).



Disposition of COVID-19 confirmed individuals

	<b>Level 1</b> Intermediate Care Center	<b>Level 2</b> COVID-19 designated Divisional/ Base Hospital	<b>Level 3</b> COVID-19 designated Tertiary care hospital
<b>Medical History</b>			
Age	Adult age group < 65 years; > 18 yrs	Extremes of age ≥ 65 years; ≤ 18 years	Any age
DM/HTN/ Bronchial Asthma	None/ well-controlled	None/ well-controlled (not at risk of acute emergencies)	Poorly controlled ± complications
Chronic Respiratory/ CVS/ Renal/ Liver disease, Cancer, Obese (BMI >30)	No	Yes	Yes
Immunocompromised status	No	No	Yes
Pregnancy	No	No	Yes – designated hospitals
<b>Symptom status</b>			
Fever (> 38°C)	Absent	May be present, but not prolonged	Persistent fever (>5 days)
Respiratory symptoms	± Mild cough No breathing difficulty/ No shortness of breath	± cough No evidence of pneumonia/ respiratory distress	Evidence of pneumonia/ respiratory distress present
Other symptoms Sore throat, anosmia, diarrhea etc.	May be present	May be present	May be present
<b>Clinical parameters</b>			
			<i>(any one of the below)</i>
Respiratory rate/min	12 – 20	12 – 20	> 20
Heart rate/min	< 100	< 100	> 100
Oxygen saturation – on room air (% by pulse oximeter)	> 96	96-94	< 94

**Also refer Annexure 1 for the flowchart on disposition and monitoring of COVID-19 positive adult patients.**

### **Provision of medical care at Intermediate Care Centers (ICC)**

A medical team consisting of an appropriate number of medical and nursing officers must be present at all times at the Intermediate Care Centers. Composition of the staff allocation should be decided by the RDHS of the area/Director of the DGH with the VP assigned to the center.

These centers should be well equipped with the following:

- necessary equipment for patient monitoring (e.g. pulse oximeters)
- medication for management of common ailments
- appropriate medication for management of chronic diseases (Diabetes Mellitus, Hypertension)
- emergency drugs and equipment
- Ambulance facilities

### **Monitoring of patients**

All patients should be assessed at least twice a day and monitored for any signs of deterioration of clinical condition. The following should be carefully assessed during each ward round:

- development of new symptoms
- worsening of existing symptoms/ respiratory distress
- clinical parameters (respiratory rate, heart rate, oxygen saturation)

A station to observe the patients with adequate protection should be available and a means of communication between patients and healthcare staff must be made available.

### **Disposition of COVID-19 confirmed cases:**

All recommended infection prevention and control practices currently in place for management of COVID-19 patients must be practiced at the Intermediate Care Centers. Visitors will not be allowed at the ICC.

In addition to provision of medical care, physical and psychological wellbeing of patients must be considered at the ICCs. Refer Ministry of Health Circular on General Welfare of COVID-19 PCR positive asymptomatic and mildly symptomatic individuals, dated 12/05/2020.

### **Disposition of those requiring specialist care**

If a patient is found to have a deteriorating clinical condition or if the medical officer is of the opinion that a particular patient is in need of special care, this should be discussed with the VP overseeing the ICC and a decision to transfer the patient to a level 2 or 3 hospital should be made.


Prior to transfer, communication should be established with the destination hospital and necessary information should be shared. A duly filled transfer form with all relevant clinical details should be sent with the patient upon transfer.

### **Discharge Criteria**

Discharge of patients from ICC must take place according to the Ministry of Health guidelines. The overseeing VP will be consulted for advice when discharging patients from ICC.

An oversight committee appointed by the Ministry of Health will be visiting ICCs regularly to discuss and address the issues in providing the above standard of care to COVID-19 positive individuals.

Relevant PDHS/RDHS and Hospital Directors should make the necessary arrangements according to this circular, and note that this circular may be updated according to the condition of the country and will be informed accordingly.



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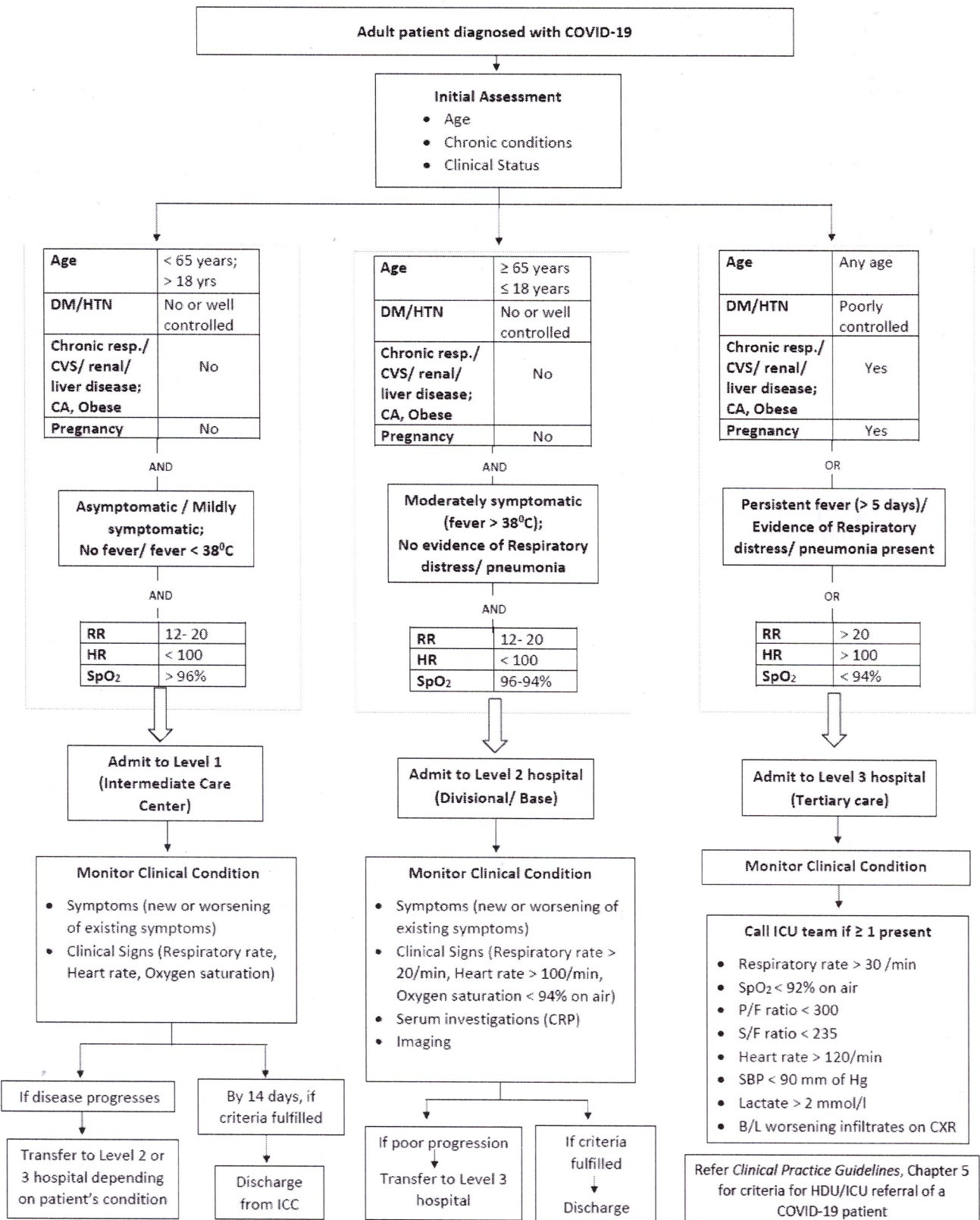
Cc:

Hon. Minister of Health  
Secretary of Health  
Additional secretaries

All DDGs  
All COVID-19 treatment facilities



**Annexure 01 – Disposition and monitoring of COVID-19 positive individuals**



Developed by the **COVID-19 Clinical Management Expert Committee**