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# I-Safe Network: Keeping primary care physicians safe from SARS CoV-2 in Kerala, India

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**Abstract**

Covid-19 had been a challenging time for primary care physicians, who are the first contact for most rural patients around the world. Lockdowns, increasing number of infected people and the emerging evidence of infection dynamics of SARS CoV-2 had caused closure of many rural primary healthcare facilities in Kerala, India initially. I-Safe network initiative, through logistics support and training in infection control, had helped reopening and continued clinical practice effectively. If replicated in other institutions this can complement local governments' efforts to contain the spread of the virus, while maintaining functionality.

**Keywords:** SARS CoV-2;Primary care physicians;Kerala; I-Safe

## SARS CoV-2

CoViD-19 had been a testing time for primary care physicians around the world. They are usually the first contact for most patients, and are being consulted for routine fevers and related illnesses in large numbers. The number of doctors getting infected and dying due to CoViD-19is increasing [1], and those working in Clinics and Emergency Rooms are most susceptible [2]. India has lost 307 doctors due to CoViD-19, which isa worrying concern for Indian Medical Association (IMA), the professional body of Doctors in India [3].

About 70 percent of Kerala's healthcare is being provided by private hospitals, clinics and primary care physicians. The first case of SARS CoV-2 infection in the country was reported from Kerala, in three medical students who had returned from Wuhan in late January [4].During the initial nationwide lockdown in the country, 52 percent of the private healthcare facilities in Kerala were closed down for more than one month. I-Safe network was established with small (Out Patient Department alone) and medium institutions (20 or below beds) in which 769 healthcare facilities, mostly belonging to rural areas across Kerala, were enrolledmore than half of them are run by a single primary care physician or a specialist with 1 to 5 nursing and paramedical staffs [5]. The project provided infection control training for 1080 doctors through virtual meeting platforms, and had distributed Infection control kits comprising of sanitizer, disinfectant, soap solution, masks, face shields and gloves, thereby enabling reopening and safe and continued medical practice. After online training, an infection control certificate andpostersabout various social distancing methods were displayed in all institutions. Periodic refresher training and a system to provide infection control materials was kept in place. Various guidelines and latest updates on management were sent subsequently.

All the network institutions are actively participating in the project and is keen to continue according to a recent electronic survey, in which the approval rating was 9.75 out of 10 from the affiliated members. In the same survey, quality of online training by I-Safe was rated 9.4, and infection control kits at 9.14. The utility of training to implement and improve infection control in the institutions had a rating of 9.2, and assessment on giving confidence for clinical practice was rated 9.21.

Despite the daily increase in infection amongst health care workers, more than 96 percent of the institutions in the network did not have any employee diagnosed with SARS CoV-2 infection so far, emphasizing the effectiveness of social distancing measures in clinical practice to prevent Hospital Acquired Infections. Continued online training, monitoring, logistic support and supply of provisions for infection control are cost effective and is easy to implement. This model, if replicated by all associations and self- help groups while maintaining functionality, can supplement the efforts of local governments to contain the spread ofSARS CoV-2.

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