

Containment Plan for COVID-19

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TOPICS COVERED...

- Containment Plan for Large Outbreaks.
- Setting up and management of Quarantine facilities.
- Setting up and management of Isolation facilities.
- Transporting a suspected case of COVID-19.
- Management on board in an ambulance.
- Disinfection of ambulance.

1. CONTAINMENT PLAN

Containment Plan for Large Outbreaks

- **Large Outbreak**

- Localized increase in the incidence of COVID-19 cases occurring within a defined geographic area
- More than 15 cases
- Implies progression of a small cluster or evolution of multiple clusters
- Cases may not be epidemiologically linked

Containment Plan for Large Outbreaks

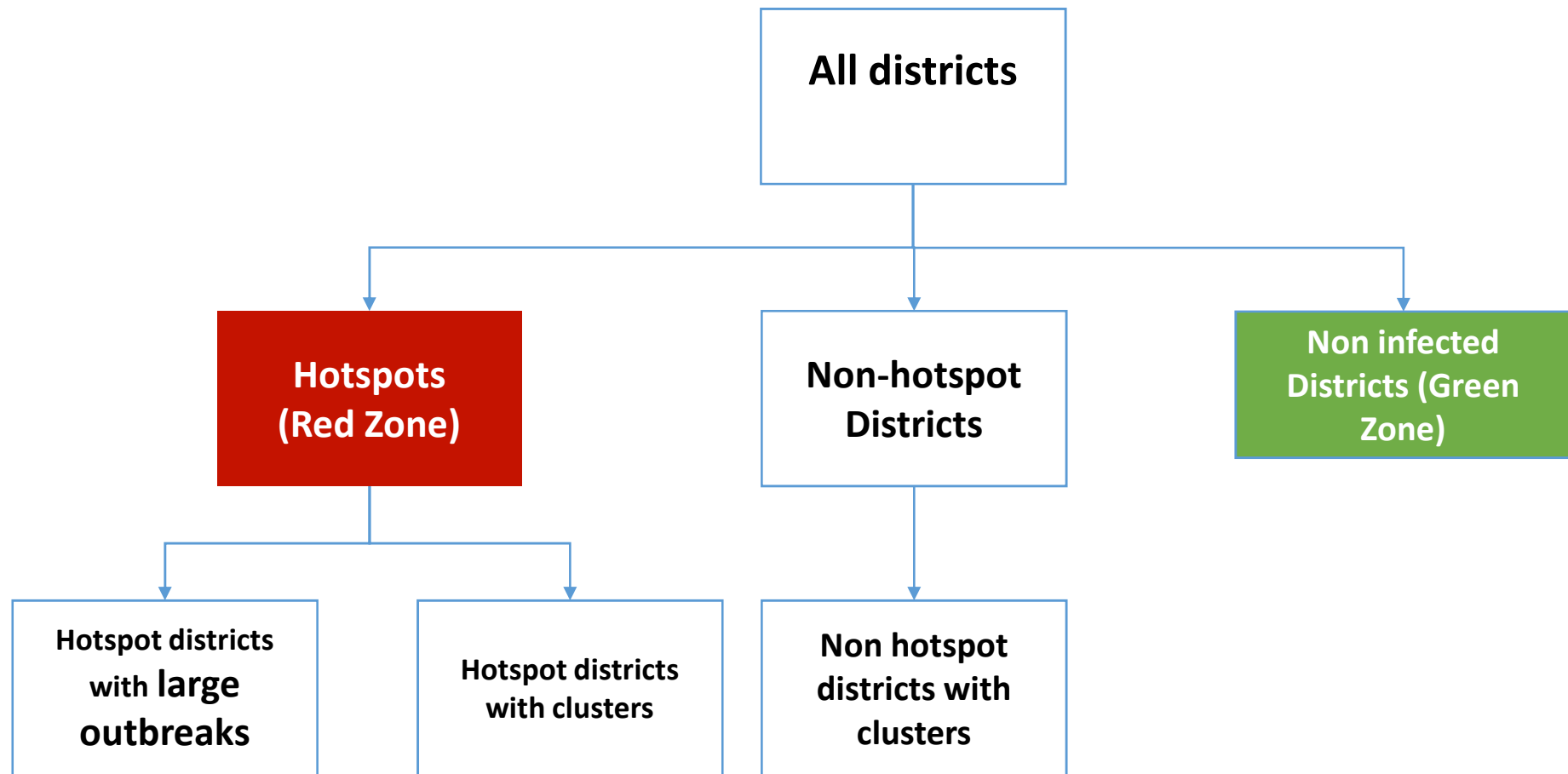
- **Cluster**

- Less than 15 cases in a limited area
- Cases are epidemiologically linked

CLASSIFICATION OF AREA

- Any District, city and villages are classified among following area according to occurrence of cases and prevalence...
 - Red Zone (Hotspots)
 - Orange Zone
 - Green zone
- Administration strategies and planning are based on classification of areas.

Classification



Criteria for shifting categories

Hotspots (Red Zone Districts)

No case in last 14 days

(Hotspot) Orange Zone

No case in last 14 days

Non infected Districts (Green Zone)

A district currently in **hotspots** can move to **green category** if no new cases arise in 28 days

Hotspots (Red zone)

- **Hotspots (Red zones)** – to focus attention on districts/cities reporting large number of cases/high growth rate.
- **Inclusion Criteria**
 - Highest case load districts contributing to **more than 80% of cases in India or**
 - Highest case load districts contributing to **more than 80% of cases for each state in India or**
 - Districts with doubling rate less than 4 days (calculated every Monday for last 7 days, **to be determined by the state government**)

Hotspots (Red zone)

- **Exclusion criteria**
 - No new confirmed cases for last 28 days (**Green zone**)

Strategic Approach for Containment

- Defining area of operation and applying perimeter control
- Active search of cases, early isolation, contact listing and tracking, quarantine and follow up of contacts.
- Testing all suspect cases, symptomatic contacts, asymptomatic direct and high-risk contacts of a confirmed case and SARI cases

Strategic Approach for Containment

- Clinical management based on risk profile
- Social distancing measures
- Create awareness on hand hygiene, respiratory etiquettes and sanitation

Applying Perimeter Control

- Perimeter of mapped cluster, facilitated by existing geographic boundaries - like roads , rivers, etc.
- Establish clear entry and exit points.
- Only 1 or 2 arterial roads into containment zone will be kept open for essential services

Applying Perimeter Control

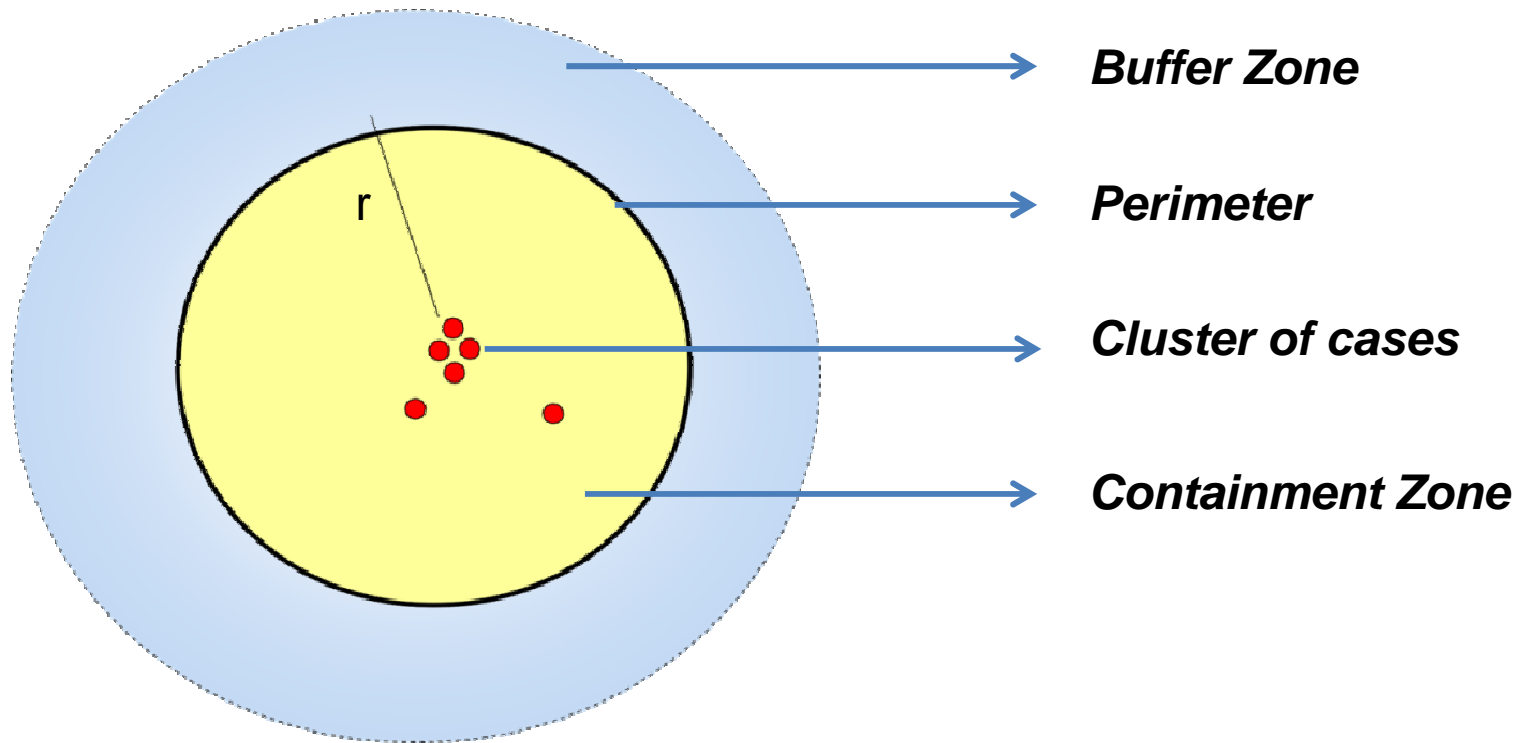
- All roads connecting the containment zone will be guarded by police/ volunteers.
- No unchecked outward movement except for essential services
- No unchecked influx of population into the containment zone

Applying Perimeter Control

- All vehicular movement, public transport and personnel movement will be restricted
 - Details of people moving out of perimeter will be recorded & followed up with IDSP

The perimeter control operations for the clusters & large outbreaks remain the same except for the enhanced scale of arrangements for large outbreaks

Buffer and Containment Zone



A containment operation (large outbreak or cluster) is deemed to be over 28 days from the date the last case in the district tests negative

Activities in Buffer and Containment Zone

Containment Zone

- Defined area around epicenter
- Perimeter control
- Active search for cases
- Testing of all cases as per sampling guidelines

Activities in Buffer and Containment Zone

Buffer Zone

- Defined area around the containment zone
- No perimeter control
- No active search for cases
 - ILI/SARI cases report to health institutions falling in the buffer zone
- Testing of ILI/SARI cases reporting to health institutions falling in the buffer zone

**The buffer zone is an area where new cases are more likely to appear
Thus, the health institutions, including private institutions, should be
aware of the signs & symptoms**

Surveillance & Testing

Surveillance

- Active case search through house-to-house visit
- 1 designated health worker to visit on an average 50 households
 - ASHAs, Aanganwadi workers and ANMs
 - Additional workforce from Red Cross, NSS, NYK, & Ayush students
- Questionnaire regarding signs, symptoms, & travel
- Listing of contacts and their tracking
- Inform supervisory officers of cases detected and contacts listed
- Daily collection, collation, and analysis of data

Surveillance & Testing

Testing

- All symptomatic individuals who have undertaken international travel in the last 14 days
- All symptomatic contacts of lab confirmed cases
- All symptomatic health care workers
- All patients with SARI (fever and cough and/or shortness of breath)
- Asymptomatic direct and high-risk contacts of a confirmed case should be tested once between day 5 and day 14 of coming in his/her contact

Surveillance & Testing

The surveillance and testing activity remains the same for clusters and large outbreaks

For large outbreaks

- For active case search & contact tracing will require large compliment of workforce deployment
- Large number of samples will require testing

Other Focus Areas

Institutional Care

- All cases would be admitted to – COVID Care Center, COVID health Center or COVID hospital – depending upon clinical profile.
- All contacts will be kept in home quarantine except for high risk contacts who would be kept in institutional quarantine.
- Cases would be managed as per clinical management protocol

Pharmaceutical Interventions

- Administer HCQ to health care workers in field & those in hospitals
- Severe cases should be treated with HCQ in the prescribed dose

Other Focus Areas



**Non-
pharmaceutic
al
Interventions**

- Physical distancing measures, including staying at home
- Closure of schools & other establishments, except for emergency and essential services
- Public health measures (hand washing & cough etiquettes)
- Ban on public gathering
- Cancellation of public transport

Other Focus Areas



Human Resource

- Trained health workforce for surveillance – ANM, AASHA, Anganwadi, NSS, Red Cross, Ayush students and NYK Volunteers
- Trained supervisory field staff – PHC, Ayush and CHC doctors
- For COVID Care Center – Ayush doctors
- For COVID Health Center – PHC doctors
- For COVID Hospitals – staff drawn from medical college/private hospitals (district-wise trained manpower made available on dashboard)
- All training material made available on IGOT platform

Other Focus Areas

Material Resource

- Personal protection of health workforce is of prime importance
- Sufficient stock of PPEs/N95 masks etc to be made available in the districts in accordance with guidance on rational use of PPEs

Risk Communication

- Awareness to be created through mass communication modalities and through inter-personal communication at the time of house-to-house visit of healthcare workers

Cluster Containment in Non-hotspot Districts

- Preemptive action for cluster containment is to be initiated in all these districts.
- Clear delineation of containment zone and buffer zone to be done.
- Contact tracing and surveillance to be initiated.
- Laboratory testing as per protocol.

Cluster Containment in Non-hotspot Districts

- Clinical management of positive cases to be undertaken
- Effective community engagement to be ensured

Action for Non-infected Districts

- These districts needs to be under enhanced surveillance for ILI and SARI
- ILI and SARI cases in Facilities to be tested
- Preparation for dedicated COVID Care Centers, COVID Health Centre and COVID hospitals
- Health professionals training to be undertaken
- Effective community engagement for awareness creation

2. Quarantine

Quarantine

Quarantine is the separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to infection, for the purpose of preventing transmission of diseases.

1. Quarantine at home
2. Quarantine at community based facility

Quarantine can be applied to

- An individual or to a group of persons who are exposed –
 - Large public gathering
 - on a conveyance during international travel
 - A wider population - or geographic area – (closing of local or community borders or erection of a barrier around a geographic area (cordon sanitaire) with strict enforcement to prohibit movement into and out of the area.)

- Recommended duration of quarantine for Covid-19 – 14 days
- Purpose of quarantine during the current outbreak is to reduce transmission by-
 - Separating contacts of COVID-19 patients from community
 - Monitoring contacts for development of sign and symptoms of COVID-19,
 - Segregation of COVID-19 suspects, as early as possible from among other quarantined persons

Requirements for Quarantine facility

1. Location:

- Placed in the outskirts of the urban/city area – hostel / unused health facilities / buildings, etc.
- Away from the people's reach, crowded and populated area
- Well protected and secured - by security personnel / army
- Better approachability to a tertiary hospital facility having critical care and isolation facility

Requirements for Quarantine facility

2. Basic infrastructure

- Rooms / Dormitory separated from one another
- Each bed to be separated 1-2 meters (minimum 1 meter) apart from all sides.
- Lighting, well-ventilation, heating, electricity, ceiling fan, potable water to be available
- Functional telephone system.
- Support services- food, snacks, recreation-television, Laundry services
- Sanitation services/Cleaning and House keeping
- Properly covered bins as per BMW may be placed

Requirements for Quarantine facility

3. Access Consideration

- Parking space including Ambulances etc.
- Ease of access for delivery of food/medical/other supplies
- Differently-abled Friendly facilities

Requirements for Quarantine facility

4. Space requirements for the facility:

- Administrative offices- Main control room/clerical room
- Logistics areas/Pharmaceutical rooms
- Rest rooms- doctors/nurses/supporting staffs
- Clinical examination room/ nursing station / Sampling area

Requirements for Quarantine facility

- Laundry facilities (on- or off-site)
- Mess/Meal preparation (on- or off-site)
- Holding area for contaminated waste
- Wash room/Bathroom/Toilet

Standard operating Procedures

- Daily monitoring surveillance
- Fever triage / Isolation
- Case and contact monitoring and response
- Transfers of suspect/symptomatic to designated hospital
- Public information

Standard operating Procedures

- Provider information (SOPs)
 - medical personnel
 - Nursing staff
 - Movement of health personnel and support staff
 - Security staff

Risk assessment of the quarantine facility

The risk level refers to how likely it is that someone in the Quarantine camp will become infected with corona virus as a result of movements and activities performed in the Quarantine camp.

Risk assessment of the quarantine facility

- 1. Low risk areas:** Areas having less direct contact with evacuee suspects such as control room, nursing station and areas of kitchen.
- 2. Moderate risk areas:** Where infectious aerosols are generated from areas where the suspects were inhabiting in their bed linen, pillows and clothes; low concentration of infectious particles.
- 3. High risk areas (containment Quarantine camp):** Areas where high concentration of infectious particles while coughing, sneezing, gag reflex during nasopharangeal & oropharangeal sample collection e.g. Medical examination room, sample collection areas, Toilet and bathroom, dining areas, areas of BMW collections, segregation and disposal.

Securing Entry and Exit points

- **The Control room** - a person entering inside quarantined building to get proper awareness and training;
- **A well informed and trained security** to check at main entrance gate and 24*7 guard with registers for ins and outs;
- **A designated nursing officer** for checking proper PPE wear;

Securing Entry and Exit points

- The international biohazard warning symbol and sign – to be displayed on the doors of the rooms where suspects are kept, BMW management areas, samples of higher risk areas;
- Only authorized & trained or on duty persons to be permitted to enter and Doors to keep closed at all times.

Human resource Deployment

1. Chief Medical officer as In-charge /nodal officer – overall coordination and supervision of the quarantine center.
2. Para-medics including Staff Nurse, Lab. Technician, Pharmacist
3. Public health specialist - for monitoring public health aspects of the facility
4. clinical microbiologist - sample collection, packaging and infection prevention & control practices
5. House keeping staff

Training

1. **Medical officers and Paramedical staffs** - SOPs needs to be followed at Quarantine centers for daily examination, movements in the facility, infection prevention control measures and use of PPE kit etc.
2. **Training of clinicians, laboratory technicians and medics** - sample collection (nasopharyngeal and throat) and triple layer packaging with cold chain maintenance.
3. **Housekeeping staff** - use of mask, gloves , cleaning and disinfection procedures and use of PPE kit,

Daily Clinical Examination and referral

- All quarantined people needs to be examined clinically twice – **at morning 8:00 am & evening 6:00 pm daily**
- Those requiring referrals for related symptoms of Corona virus - fever, cough, sore throat, breathlessness etc. or any other reason needs to be **referred to designated hospital** in ambulance directly with due precautions as per referral SOP.
- **Ambulances need to be placed in the facility in standby mode** for transport including advanced lifesaving ambulance.

- **Coordination by CMO –**
 - Daily review meetings needs
 - 24*7 control room with monitor for CCTV cameras
- **Recording and reporting mechanisms**
- **Monitoring and Supervision –**
 - Inside and outside of quarantine facility
- **Establishment of Infection Prevention Control (IPC) measures –**
 - movement of health care staffs
 - fence needs to be raised around the building
 - Well informed and trained security personnel
 - use PPE as per guidelines
 - Decontamination and disinfection daily

Lodging, Catering, Laundry and other related activities

- Disposable and pre-packed food to be needs to be served
- disposable bed sheet that should be changed on daily basis
- Personal toiletries/ towel/blanket/ pillow with covers/electric kettle, room heater and water dispenser
- Before laundering, all the washable items needs to be placed in 1% hypochlorite up to 30 minutes and later washed in detergent solution.

Biomedical waste (BMW) management

- Designated place to be earmarked outside the building for collection of yellow and black bags.
- It should be collected at least twice daily
- Site of collection of biomedical waste should be regularly disinfected
- Sanitation attendants needs to be well oriented
- Continuous training, monitoring & supervision

Logistic management

- All logistic to be used in quarantine facility i.e., PPE, medical equipment, Thermal thermometer, Stethoscope, BP machine etc., Office logistic, sample collection and packaging material, etc. to purchased in advance.
- Performa needs to be prepared for daily consumption of PPE, triple layer mask, gloves

IEC and Psycho-social support

- An interpersonal communication
 - Quarantine people needs to be explained on –
 - Universal infection control measures
 - personal protective measures,
 - written instructions on Do's and Don'ts in the quarantine zone to be provided
 - Importance of frequent Hand washing specially after touching surfaces like door handles, stair railings, bed railings, etc. to be instructed for strict compliance.
- Everyday quarantine people to be counseled by clinicians regarding day to day queries.
- If needed, referral to be made to psychiatrist /psychologist team.

Discharge of quarantine people

- At the end of 14 days of incubation period provided samples are negative on resampling.
- With instructions to –
 - self-monitor their health at their home (home quarantine) for next 14 days
 - Immediately report to their District Surveillance officer (DSO), in case of development of symptoms suggestive of COVID-19.

Discharge of quarantine people

- Written instructions were handed over to them individually.
- Contact details of the quarantine people is obtained to conduct active surveillance for next 14 days

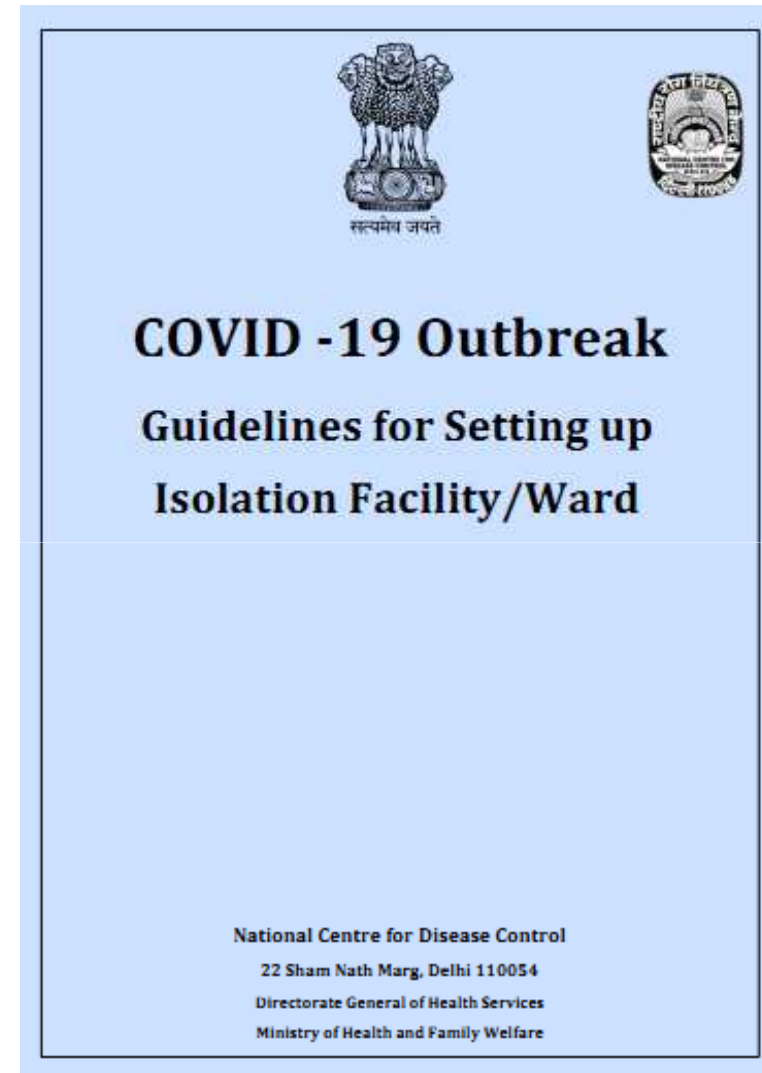
Terminal Disinfection and decontamination

- Spraying of 1% sodium hypochlorite working solution (dilution 1:4 from an initial concentration of 4%) to be done on all the surfaces.
- windows need to be opened.
- All frequently touched areas, - all accessible surfaces of walls and windows, the toilet bowl and bathroom surfaces needs to be carefully cleaned.

Terminal Disinfection and decontamination

- All textiles (e.g. pillow linens, curtains) should be first treated with 1% hypochlorite then, packed and sent to get washed in laundry using a hot-water cycle (90°C) and adding laundry detergent.
- 1% hypochlorite solution should also sprayed in the PPE doffing area and discard area twice a day on daily basis.
- Mattresses / pillows after spraying with 1% hypochlorite should be allowed to get dry (both sides) in bright sunlight for upto 3 hrs each.

3. Isolation Facility



Scope of the session

- Guidance to establish an isolation facility at the level of district hospital

Cluster containment

- Active surveillance
- Early detection
- Isolation & case management
- Contact tracing and prevention of onward transmission by quarantine of contacts

Isolation of cases and **quarantine of contacts** are the mainstay of outbreak containment

Quarantine & Isolation

- Presence of Illness
- Presence of exposure
- Type of patient

Isolation

- All **suspect cases** detected in the containment/buffer zones (till a diagnosis is made), will be hospitalized and kept in isolation in a designated facility till such time they are tested negative.
- Persons **testing positive** for COVID-19 will remain to be hospitalized till such time 2 of their samples are tested negative.
- About **15%** of the patients are likely to develop pneumonia, **5 %** of whom requires ventilator management.

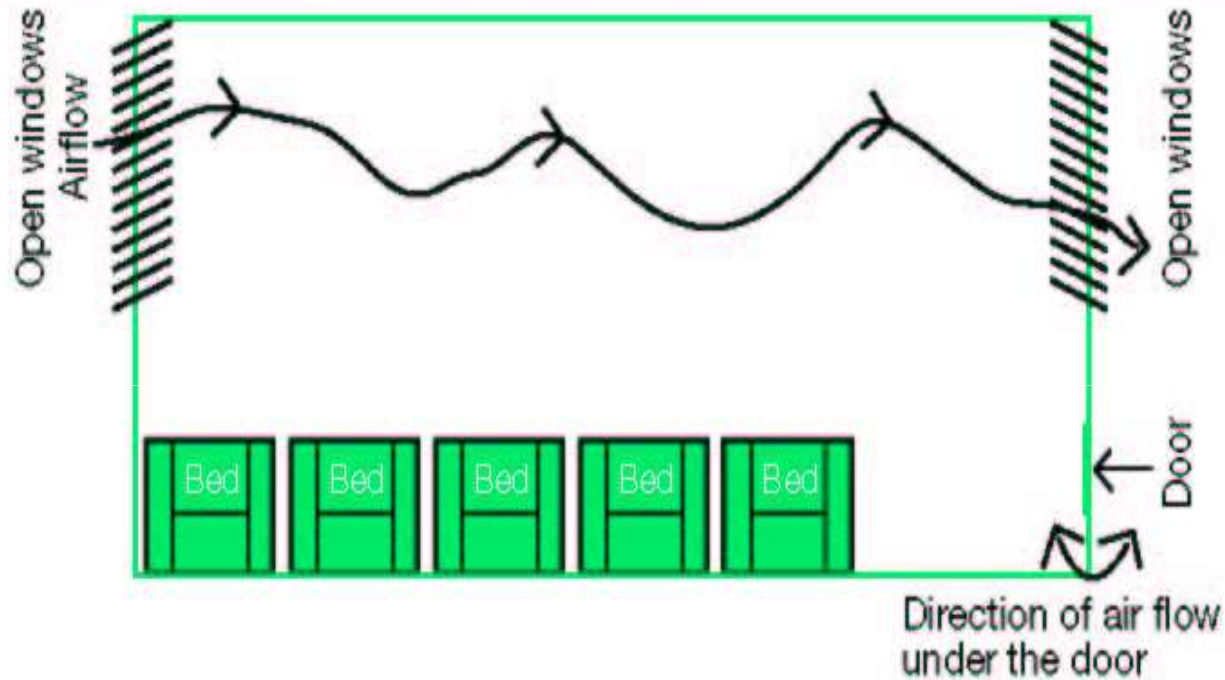
Isolation Facility

- Separate isolation for 'Confirmed' and 'Suspected' cases. **Under no circumstances suspected & confirmed cases should be mixed up.**
- Separate Intensive Care Unit and High Dependency Unit with facility manage multiorgan failure (CCU).
- If such facilities are not available in the containment zone, nearest tertiary care facility in Government / private sector needs to be identified.

Isolation Facility

- Ideally, patients can be isolated in individual isolation rooms or negative pressure rooms with 12 or more air-changes per hour (ACH) = **High Risk Setting**
- In resource constrained settings, all positive COVID-19 cases can be cohorted in a ward with good ventilation (natural) = **Typical Health Care Settings** (can provide up to 6 ACH)

Isolation Facility



Goal for effective cross-ventilation: openings for at least 10% of the floor area on each side (total 20%)- **Open all windows and doors**

Isolation Facility

- A minimum **distance** of 1 meter needs to be maintained between adjacent beds.(In ICU it is 3 meter)
- All patients need to wear a **triple layer surgical mask** at all times. (Source isolation)

Isolation Facility

- **Nosocomial infection** in fellow patients and attending healthcare personnel are well documented in the current COVID-19 outbreak.
- Strict adherence to infection prevention control practices.
- IPC committees would be formed (if not already in place).
- All healthcare personnel are well aware of IPC practices and suitable arrangements for requisite PPE and other logistic (hand sanitizer, soap, water etc.) are in place.

Isolation Facility

- Ensure that all healthcare staff is trained in
 - washing of hands,
 - respiratory etiquettes,
 - donning/doffing & proper disposal of PPEs and bio-medical waste management

Isolation Facility

- At all times doctors, nurses and para-medics working in the **clinical areas** will wear three layered surgical mask and gloves.
- The medical personnel working in **isolation and critical care facilities** will wear full complement of PPE (including N95 masks).
- The **support staff engaged in cleaning and disinfection** will also wear full complement of PPE.
- **Environmental cleaning** should be done **twice daily** and consist of damp dusting and floor mopping with Lysol or other phenolic disinfectants and cleaning of surfaces with sodium hypochlorite solution.

Setting up an Isolation Facility

- It should be in a **segregated area** which is not frequented by outsiders.
- **Post signages** on the door indicating that the space is an isolation area.
- **Remove all non-essential furniture** and ensure that the remaining furniture is easy to clean and does not conceal or retain dirt or moisture within or around it.
- COVID-19 patients should be housed in single rooms. However, if sufficient single rooms are not available, beds could be put with a spatial separation of **at least 1 meter (3 feet)** from one another.

Setting up an Isolation Facility

- The isolation ward should have a **separate entry/exit** and should not be co-located with any other patients care settings.
- The **access** to isolation ward should be through dedicated lift/guarded stairs.
- 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. Used PPEs should be disposed as per the BMWM guidelines.

Setting up an Isolation Facility

- Stock the PPE supply and linen outside the isolation room or area (e.g. in the change room). Setup a trolley outside the door to hold PPE. A checklist may be useful to ensure that all equipment is available.
- Place appropriate waste bags in a bin. If possible, use a touch-free bin. **Ensure that used (i.e. dirty) bins remain inside the isolation rooms.**
- Place a **puncture-proof container for sharps disposal** inside the isolation room/area and bio-medical waste should be managed as per the BMW guidelines.

Setting up an Isolation Facility

- 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 for the patient, if possible. Any patient-care equipment that is required for use by other patients should be **thoroughly cleaned and disinfected before use.**

Setting up an Isolation Facility

- Ensure that **appropriate hand washing facilities and hand-hygiene supplies** are available. Stock the sink area with suitable supplies for hand washing, and with alcohol-based hand rub, near the point of care and the room door.
- The isolation ward should have a **separate toilet** with proper cleaning and supplies.
- Ensure **regular cleaning and proper disinfection of common areas**, and adequate hand hygiene by patients, visitors and care givers.

Setting up an Isolation Facility

- Visitors to the isolation facility should be restricted /disallowed. 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.
- Ensure that visitors consult the health-care worker in charge (who is also responsible for keeping a visitor record) before being allowed into the isolation areas.

Setting up an Isolation Facility

- Doctors, nurses and paramedics posted to isolation facility need to be **dedicated and not allowed to work in other patient-care areas.**
- Consider having **designated portable X-ray and portable ultrasound equipment.**
- **Corridors** with frequent patient transport should be **well-ventilated.**
- **Set up a telephone or other method of communication** in the isolation room or area to enable patients, family members or visitors to communicate with health-care workers.

4. Transporting a suspect / confirmed case of COVID-19

Transfer of patient required

- From home to hospital
- From hospital to hospital
- Two types of ambulances:
 - ALS (With ventilator)
 - BLS (Without ventilator)

Call centers will receive the call

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graph TD; A[Call centers will receive the call] --> B[Triage the condition of patient based on history]; B --> C[Dispatch ALS / BLS ambulance]; C --- D[Separate ambulance for transporting pregnant women or sick infant];
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Triage the condition of patient based on history

Dispatch ALS / BLS ambulance

Separate ambulance for transporting pregnant women or sick infant

Care during transportation

- EMT and Driver should be well trained in
 - Signs and symptoms of COVID-19
 - Filling of a questionnaire form
 - Common infection prevention and control measures, Use of PPE
 - List of available hospital
- Both EMT and driver should wear PPE
- PPE should be used by health personnel at receiving end
- Provide triple layer mask and gloves to patient and attendant.
- Hand hygiene, Respiratory etiquettes need to be adhered by all.

Augmenting the capacity of ambulances in districts

- Prepare a line list of all private ambulance service
- Linked with centralized call centers
- Orientation on Protocols for Infection Prevention and transporting COVID patients
- Strategically located at hospitals
- Only identified and designated ambulances should be used for transportation

Augmenting the capacity of ambulances in districts

- Every district should facilitate empaneling of ambulances other than those in the public health system even if the present situation may not require using them.
- Other than empaneled ambulances are bringing COVID or suspect patients, such vehicles need to be quarantined

Call Centre: needs to enquire

- Demographic details of the patient i.e. name, age, gender etc.
- To ascertain whether the patient is suspect case of COVID-19
 - i. Symptoms of patient
 - ii. Whether patient has recently returned from a foreign country
 - iii. Whether the patient was under home quarantine
- Clinical condition of patient to be transported: whether stable or critical

Inter facility transfer – Ensure bed and supporting equipment

EMT will:

- Wear PPE while transferring severely ill patient
- Fill questionnaire form
- Assess the condition of the patient
- Ambulatory and stable patient is asked to board
- Severely ill can be assisted
- Only one care giver is allowed
- Patient and the care giver will be provided with a triple layer medical mask and gloves
- EMT will contact the identified health facility for facility preparedness and readiness

Questionnaire for EMT

<u>Question</u>	<u>Response</u>
Has someone in your close family returned from a foreign country	Yes/No
Is the patient under home quarantine as advised by local health authority?	Yes/No
Have you or someone in your family come in close contact with a confirmed COVID-19 patient in the last 14 days?	Yes/No
Do you have fever?	Yes/No
Do you have cough?	Yes/No
Do you have sore throat?	Yes/No
Do you feel shortness of breath?	Yes/No

Management on board:

- Measure vitals of patient and ensure patient is stable.
- If required, give supplementary O₂ therapy at 5 L/min and titrate flow rates to reach target SpO₂ ≥90%.
- If patient is being transported on ventilator, follow ventilator management protocols, provided the EMT is either trained or assisted by a doctor well versed in ventilator management.

Handing over the patient

- Hand over the patient and details of medical interventions if any
- PPEs will be taken off as per protocol followed by hand washing
- biomedical waste generated (including PPE) to be disposed off in a bio-hazard bag (yellow bag).
- sprayed with Sodium Hypochlorite (1%)
- Disposed off at their destination hospital
- Again be followed by hand washing

Disinfection of ambulance:

- Cleaning of all surfaces and equipment should be done morning, evening and after every use with soap/detergent and water
- All surfaces that may have come in contact with the patient or materials contaminated during patient care e.g., stretcher, rails, control panels, floors, walls and work surfaces should be thoroughly cleaned and disinfected using 1% Sodium Hypochlorite solution.
- Clean and disinfect reusable patient-care equipment before use on another patient with alcohol based rub.

Rational use of PPE

Activity	Risk	Recommended PPE	Remarks
Transporting patients not on any assisted ventilation	Moderate risk	N-95 mask Gloves	
Management of SARI patient while transporting	High risk	Full complement of PPE	When aerosol generating procedures are anticipated
Driving the ambulance	Low risk	Triple layer medical mask Gloves	

THANK

YOU