

13.3. UTI case report form

Case ID:		
Hospital name:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: __/__/__	Birth weight: _____ grams (NICU only)
Date of hospital admission: __/__/__		Date of admission to surveillance unit: __/__/__
Location prior to hospital admission:	<input type="checkbox"/> Home/Community <input type="checkbox"/> Another hospital <input type="checkbox"/> Unknown	
List all other Case IDs assigned to this patient since hospital admission:		
1. UTI details		
Date of event (dd/mm/yyyy):	___/___/___	
Type of UTI	<input type="checkbox"/> Culture confirmed UTI	
Fill out culture results in Section 4, organisms and antibiotic susceptibility		
1a. Inpatient locations		
List all locations, in chronology, where patient housed on date of event (DoE):		
List all locations, in chronology where patient housed day before DoE		
2. Invasive devices: urinary catheters		
Did the patient have a Foley catheter in place at any time on: <ul style="list-style-type: none"> The date of event or The day before the DOE? 	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 3, outcome) <input type="checkbox"/> Unknown	
If YES, was Foley catheter in place for >2 calendar days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
3. Outcome		
Patient outcome	<input type="checkbox"/> Discharged <input type="checkbox"/> Transferred to other hospital <input type="checkbox"/> Died <input type="checkbox"/> Unknown	
Date of discharge, transfer, or death (dd/mm/yyyy)	___/___/___	

13.5. Surveillance periods for SSI following selected NHSN operative procedures

Day 1 = the date of the procedure

30-day surveillance			
Code	Operative procedure	Code	Operative procedure
AAA	Abdominal aortic aneurysm repair	LAM	Laminectomy
AMP	Limb amputation	LTP	Liver transplant
APPY	Appendix surgery	NECK	Neck surgery
AVSD	Shunt for dialysis	NEPH	Kidney surgery
BILI	Bile duct, liver or pancreatic surgery	OVRY	Ovarian surgery
CEA	Carotid endarterectomy	PRST	Prostate surgery
CHOL	Gallbladder surgery	REC	Rectal surgery
COLO	Colon surgery	SB	Small bowel surgery
CSEC	Caesarean section	SPLE	Spleen surgery
GAST	Gastric surgery	THOR	Thoracic surgery
HTP	Heart transplant	THYR	Thyroid and/ or parathyroid surgery
HYST	Abdominal hysterectomy	VHYS	Vaginal hysterectomy
KTP	Kidney transplant	XLAP	Exploratory laparotomy
90-day surveillance			
Code	Operative procedure		
BRST	Breast surgery		
CARD	Cardiac surgery		
CBGB	Coronary artery bypass graft with both chest and donor site incisions		
CBGC	Coronary artery bypass graft with chest incision only		
CRAN	Craniotomy		
FUSN	Spinal fusion		
FX	Open reduction of fracture		
HER	Herniorrhaphy		
HPRO	Hip prosthesis		
KPRO	Knee prosthesis		
PACE	Pacemaker surgery		
PVBY	Peripheral vascular bypass surgery		
VSHN	Ventricular shunt		

Note: Superficial incisional SSIs are followed only for a 30-day period for all procedure types. Secondary incisional SSIs are followed only for a 30-day period regardless of the surveillance period for the primary site.



Advisory on the use of hydroxy–chloroquine as prophylaxis for SARS-CoV-2 infection

The National Task force for COVID-19 constituted by Indian Council of Medical Research recommends the use of hydroxy– chloroquine for prophylaxis of SARS-CoV-2 infection for high risk population. Copy is annexed.

The Advisory provides for placing the following high risk population under chemoprophylaxis with hydroxy chloroquine:

- Asymptomatic Healthcare Workers involved in the care of suspected or confirmed cases of COVID-19
- Asymptomatic household contacts of laboratory confirmed cases

The protocol recommended by the National Task force has been approved by the Drug Controller General of India for restricted use in emergency situations.

While following the above recommendations, States should take note of the following:

- 1) **The placing of healthcare workers under chemoprophylaxis should not instill a sense of false security.** They should follow all prescribed public health measures such as frequent washing of hands, respiratory etiquettes, keeping a distance of minimum 1m and use of Personal protective equipment (wherever applicable).
- 2) They should self-monitor their health and report to health authorities immediately in the event of them becoming symptomatic.
- 3) The high risk contacts of a positive case placed under chemo prophylaxis, **should remain in home quarantine while on prophylactic therapy.**
- 4) As recommended by the said Task Force, the drug should only be given on the prescription of a registered medical practitioner. The contraindications mentioned in the recommendations should strictly be followed.
- 5) Apart from the symptoms of COVID-19 (fever, cough, breathing difficulty), if the person on chemo-prophylaxis develops any other symptoms, he should immediately seek medical treatment of the medical practitioner who has prescribed the chemoprophylaxis.

It is reiterated that the intake of the above medicine should not in still sense of false security.



सत्यमेव जयते

प्रोफेसर (डा.) बलराम भार्गव, पद्म श्री

एमडी, डीएम, एफआरसीपी (जी.), एफआरसीपी (ई.), एफएसीसी,
एफएएचए, एफएएमएस, एफएनएस, एफएएससी, एफ.एन.ए., डी.एन.सी.

सचिव, भारत सरकार

स्वास्थ्य अनुसंधान विभाग

स्वास्थ्य एवं परिवार कल्याण मंत्रालय एवं

महानिदेशक, आई सी एम आर

Prof. (Dr.) Balram Bhargava, Padma Shri

MD, DM, FRCP (Glasg.), FRCP (Edin.),
FACC, FAMA, FAMS, FNAsc, FASc, FNA, DSc

Secretary to the Government of India

Department of Health Research

Ministry of Health & Family Welfare &

Director-General, ICMR



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भारतीय आयुर्विज्ञान अनुसंधान परिषद

स्वास्थ्य अनुसंधान विभाग

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

भारत सरकार

वी. रामलिंगस्वामी भवन, अंसारी नगर

नई दिल्ली - 110 029

Indian Council of Medical Research

Department of Health Research

Ministry of Health & Family Welfare

Government of India

V. Ramalingaswami Bhawan, Ansari Nagar

New Delhi - 110 029

D.O.No.VIR/4/2020/ECD-I

22nd March, 2020

Dear Madam

Please find attached the final recommendation of the National Taskforce for COVID-19 for the use of hydroxychloroquine as prophylaxis. This recommendation supersedes the earlier recommendation dated 21.3.2020

With regards

Yours sincerely,

(Balram Bhargava)

Encl: As above

Smt. Preeti Sudan,

Secretary (Health & Family Welfare)

Ministry of Health & Family Welfare,

Nirman Bhawan,

New Delhi-110008.

Recommendation for empiric use of hydroxy-chloroquine for prophylaxis of SARS-CoV-2 infection

Background:

Hydroxy-chloroquine is found to be effective against coronavirus in laboratory studies and in-vivo studies. Its use in prophylaxis is derived from available evidence of benefit as treatment and supported by pre-clinical data. The following recommendation for the use of hydroxy-chloroquine as a prophylactic agent against SARS-CoV-2 infection is based on these considerations, as well as risk-benefit consideration, under exceptional circumstances that call for the protection of high-risk individuals.

The National Taskforce for COVID-19 recommends the use of hydroxy-chloroquine for prophylaxis of SARS-CoV-2 infection for selected individuals as follows:

Eligible Individuals:

- Asymptomatic healthcare workers involved in the care of suspected or confirmed cases of COVID-19
- Asymptomatic household contacts of laboratory confirmed cases

Dose:

- Asymptomatic healthcare workers involved in the care of suspected or confirmed cases of COVID-19: 400 mg twice a day on Day 1, followed by 400 mg once weekly for next 7 weeks; to be taken with meals
- Asymptomatic household contacts of laboratory confirmed cases: 400 mg twice a day on Day 1, followed by 400 mg once weekly for next 3 weeks; to be taken with meals

Exclusion/contraindications:

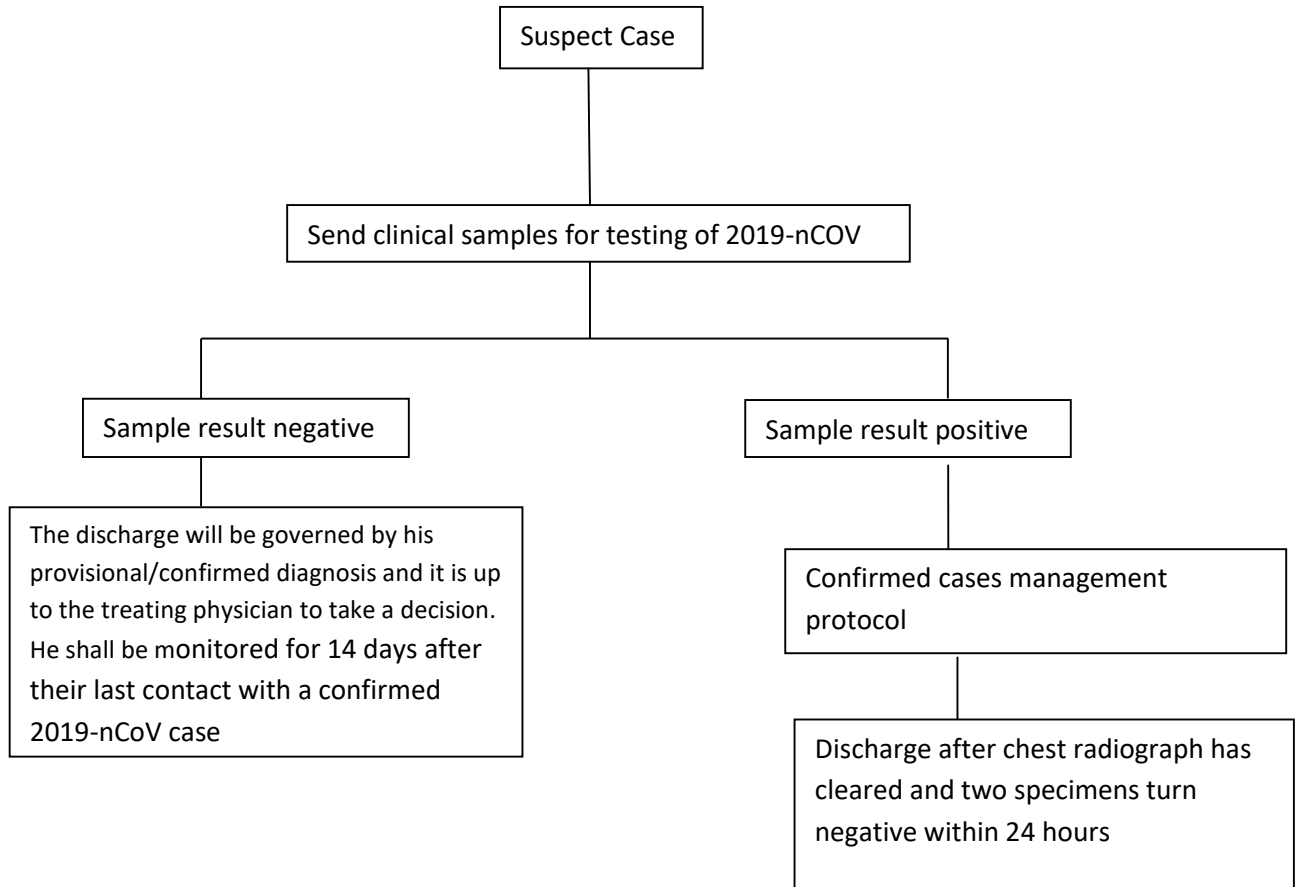
- The drug is not recommended for prophylaxis in children under 15 years of age.
- The drug is contraindicated in persons with known case of retinopathy, known hypersensitivity to hydroxychloroquine, 4-aminoquinoline compounds

Key considerations:

- The drug has to be given only on the prescription of a registered medical practitioner.
- Advised to consult with a physician for any adverse event or potential drug interaction before initiation of medication
- The prophylactic use of hydroxychloroquine to be coupled with the pharmacovigilance for adverse drug reactions through self-reporting using the Pharmacovigilance Program of India (PvPI) helpline/app.
- If anyone becomes symptomatic while on prophylaxis he/she should immediately contact the health facility, get tested as per national guidelines and follow the standard treatment protocol.
- All asymptomatic contacts of laboratory confirmed cases should remain in home quarantine as per the national guidelines, even if they are on prophylactic therapy.
- Simultaneously, proof of concept and pharmacokinetics studies be taken up expeditiously. Findings from these studies and other new evidence will guide any change in the recommendation.

Discharge Policy of nCoV Case

Clinical samples of any suspect/probable case* of nCoV will be sent for laboratory confirmation to designated laboratories. The case will be kept in isolation at health facility till the time of receipt of laboratory results and given symptomatic treatment as per existing guidelines. If the laboratory results for nCoV are negative, the discharge of such patients will be governed by his provisional/confirmed diagnosis and it is up to the treating physician to take a decision. The case shall still be monitored for 14 days after their last contact with a confirmed 2019-nCoV case. In case the laboratory results are positive for nCoV, the case shall be managed as per the confirmed case management protocol. The case shall be discharged only after evidence of chest radiographic clearance and viral clearance in respiratory samples after two specimens test negative for nCoV within a period of 24 hours.



Case Classification*

Suspect case

A. Patients with severe acute respiratory infection (fever, cough, and requiring admission to hospital), **AND** with no other etiology that fully explains the clinical presentation **AND** at least one of the following:

- a history of travel to or residence in the city of Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or
- patient is a health care worker who has been working in an environment where severe acute respiratory infections of unknown etiology are being cared for.

B. Patients with any acute respiratory illness **AND** at least one of the following:

- close contact with a confirmed or probable case of 2019-nCoV in the 14 days prior to illness onset, or
- visiting or working in a live animal market in Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or
- worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital-associated 2019-nCoV infections have been reported.

Probable case

Probable case: A suspect case for whom testing for 2019-nCoV is inconclusive or for whom testing was positive on a pan-coronavirus assay.

Confirmed case

A person with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms.

(Source: WHO: [https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov)))

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Exclusion/contraindications:

- The drug is not recommended for prophylaxis in children under 15 years of age.
- The drug is contraindicated in persons with known case of retinopathy, known hypersensitivity to hydroxychloroquine, 4-aminoquinoline compounds

Key considerations:

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- All asymptomatic contacts of laboratory confirmed cases should remain in home quarantine as per the national guidelines, even if they are on prophylactic therapy.
- Simultaneously, proof of concept and pharmacokinetics studies be taken up expeditiously. Findings from these studies and other new evidence will guide any change in the recommendation.

Note - It is reiterated that the intake of above medicine should not in still sense of false security. The hydroxy-chloroquine may not be replaced by any other compound.



**Government of India
Ministry of Health & Family Welfare
Directorate General of Health Services
(EMR Division)**

COVID-19: GUIDELINES ON DEAD BODY MANAGEMENT

15.03.2020

1. Scope of the document

- There are currently over 100 laboratory confirmed cases and two deaths due to Novel Coronavirus disease (COVID-19) in India. Being a new disease there is knowledge gap on how to dispose of dead body of a suspect or confirmed case of COVID-19.
- This guideline is based on the current epidemiological knowledge about the COVID-19. India is currently having travel related cases and few cases of local transmission. At this stage, all suspect/ confirmed cases will be isolated in a health care facility. Hence the document is limited in scope to hospital deaths.

2. Key Facts

- The main driver of transmission of COVID-19 is through droplets. There is unlikely to be an increased risk of COVID infection from a dead body to health workers or family members who follow standard precautions while handling body.
- Only the lungs of dead COVID patients, if handled during an autopsy, can be infectious.

3. Standard Precautions to be followed by health care workers while handling dead bodies of COVID.

Standard infection prevention control practices should be followed at all times.

These include:

1. Hand hygiene.
2. Use of personal protective equipment (e.g., water resistant apron, gloves, masks, eyewear).
3. Safe handling of sharps.

4. Disinfect bag housing dead body; instruments and devices used on the patient.
5. Disinfect linen. Clean and disinfect environmental surfaces.

4. Training in infection and prevention control practices

All staff identified to handle dead bodies in the isolation area, mortuary, ambulance and those workers in the crematorium / burial ground should be trained in the infection prevention control practices.

5. Removal of the body from the isolation room or area

- The health worker attending to the dead body should perform hand hygiene, ensure proper use of PPE (water resistant apron, goggles, N95 mask, gloves).
- All tubes, drains and catheters on the dead body should be removed.
- Any puncture holes or wounds (resulting from removal of catheter, drains, tubes, or otherwise) should be disinfected with 1% hypochlorite and dressed with impermeable material.
- Apply caution while handling sharps such as intravenous catheters and other sharp devices. They should be disposed into a sharps container.
- Plug Oral, nasal orifices of the dead body to prevent leakage of body fluids.
- If the family of the patient wishes to view the body at the time of removal from the isolation room or area, they may be allowed to do so with the application of Standard Precautions.
- Place the dead body in leak-proof plastic body bag. The exterior of the body bag can be decontaminated with 1% hypochlorite. The body bag can be wrapped with a mortuary sheet or sheet provided by the family members.

- The body will be either handed over to the relatives or taken to mortuary.
- All used/ soiled linen should be handled with standard precautions, put in bio-hazard bag and the outer surface of the bag disinfected with hypochlorite solution.
- Used equipment should be autoclaved or decontaminated with disinfectant solutions in accordance with established infection prevention control practices.
- All medical waste must be handled and disposed of in accordance with Bio-medical waste management rules.
- The health staff who handled the body will remove personal protective equipment and will perform hand hygiene.
- Provide counseling to the family members and respect their sentiments.

6. Environmental cleaning and disinfection

All surfaces of the isolation area (floors, bed, railings, side tables, IV stand, etc.) should be wiped with 1% Sodium Hypochlorite solution; allow a contact time of 30 minutes, and then allowed to air dry.

7. Handling of dead body in Mortuary

- Mortuary staff handling COVID dead body should observe standard precautions.
- Dead bodies should be stored in cold chambers maintained at approximately 4°C.
- The mortuary must be kept clean. Environmental surfaces, instruments and transport trolleys should be properly disinfected with 1% Hypochlorite solution.
- After removing the body, the chamber door, handles and floor should be cleaned with sodium hypochlorite 1% solution.

8. Embalming

- Embalming of dead body should not be allowed.

9. Autopsies on COVID-19 dead bodies

Autopsies should be avoided. If autopsy is to be performed for special reasons, the following infection prevention control practices should be adopted:

- The Team should be well trained in infection prevention control practices.
- The number of forensic experts and support staff in the autopsy room should be limited.
- The Team should use full complement of PPE (coveralls, head cover, shoe cover, N 95 mask, goggles / face shield).
- Round ended scissors should be used
- PM40 or any other heavy duty blades with blunted points to be used to reduce prick injuries
- Only one body cavity at a time should be dissected
- Unfixed organs must be held firm on the table and sliced with a sponge – care should be taken to protect the hand
- Negative pressure to be maintained in mortuary. An oscillator saw with suction extraction of the bone aerosol into a removable chamber should be used for sawing skull, otherwise a hand saw with a chain-mail glove may be used
- Needles should not be re-sheathed after fluid sampling – needles and syringes should be placed in a sharps bucket.
- Reduce aerosol generation during autopsy using appropriate techniques especially while handling lung tissue.

- After the procedure, body should be disinfected with 1% Sodium Hypochlorite and placed in a body bag, the exterior of which will again be decontaminated with 1% Sodium Hypochlorite solution.
- The body thereafter can be handed over to the relatives.
- Autopsy table to be disinfected as per standard protocol.

10. Transportation

- The body, secured in a body bag, exterior of which is decontaminated poses no additional risk to the staff transporting the dead body.
- The personnel handling the body may follow standard precautions (surgical mask, gloves).
- The vehicle, after the transfer of the body to cremation/ burial staff, will be decontaminated with 1% Sodium Hypochlorite.

11. At the crematorium/ Burial Ground

- The Crematorium/ burial Ground staff should be sensitized that COVID 19 does not pose additional risk.
- The staff will practice standard precautions of hand hygiene, use of masks and gloves.
- Viewing of the dead body by unzipping the face end of the body bag (by the staff using standard precautions) may be allowed, for the relatives to see the body for one last time.
- Religious rituals such as reading from religious scripts, sprinkling holy water and any other last rites that does not require touching of the body can be allowed.
- Bathing, kissing, hugging, etc. of the dead body should not be allowed.

- The funeral/ burial staff and family members should perform hand hygiene after cremation/ burial.
- The ash does not pose any risk and can be collected to perform the last rites.
- Large gathering at the crematorium/ burial ground should be avoided as a social distancing measure as it is possible that close family contacts may be symptomatic and/ or shedding the virus.

**Mock Drill for Emergency Response for Handling
COVID -19 cases in Govt Hospitals**

Setting	Personnel Required	Inventory/Activity/ Skills to be tested
1. Outpatients facilities/ Initial Triage		
Consultation Room	Healthcare workers (Doctors and Nurses)	Physical examination of patients with respiratory symptoms. Inventory PPEs & Medicines, hand washing and sanitizer facility.
	Healthcare workers (Doctors and Nurses)	Physical examination of patients without respiratory symptoms but based on self-declaration and /or history
	Cleaners	After and between consultations with patients with respiratory symptoms; Disinfectants.
Waiting Room		Well ventilated areas with Exhaust Fans/Open Areas
2. Emergency /Inpatient facilities/Isolation Rooms and Duty Stations		
	Healthcare workers (Doctors and Nurses)	<ul style="list-style-type: none"> • PPE • Drugs & Disposable • Oxygen Apparatus • Suction Machine • Hand washing and Hand sanitizer facility
	Cleaners	Entering the room of COVID-19 patients with proper PPE
Laboratory	Lab Technician	Collection of Respiratory samples
Administrative Areas	All staff, including healthcare workers	Administrative tasks that do not involve contact with COVID -19 patients but work on logistics and supply and record maintenance. Hand washing and hand sanitizer facility.

Setting	Personnel Required	Inventory/Activity/ Skills to be tested
3. ICU Facilities		
ICUs	Respiratory specialists Anaesthesiologist <ul style="list-style-type: none"> • ICU Nurses • OT Technician 	<ul style="list-style-type: none"> • PPEs • Knowledge and skill as per treatment protocols • Oxygen supply • Emergency medicines • Monitors • Defibrillators • Ventilators
4. Ambulance or transfer vehicle (For shifting to Tertiary Care Centre)		
	Healthcare workers	Transporting suspected COVID-19 patients to the referral healthcare facility.
	Driver with Paramedical workers	Involved only in driving the patient with suspected COVID-19 disease and the driver's compartment is separated from the main compartment.
		Assisting with embarkation /disembarkation of patient with suspected COVID-19 disease.
Cleaners	Cleaning and disinfection after and between transport of patients with suspected COVID-19 disease to the referral healthcare facility	
5. Details of Tertiary Care Centre (Contact No. of Nodal Person and Emergency No.) are available		

General Tips:

1. In addition to using the appropriate PPE, frequent hand hygiene and respiratory hygiene should always be performed. PPE should be discarded in an appropriate waste container after use, and hand hygiene should be performed before putting on and after taking off PPE.

2. The number of visitors should be restricted. If visitors must enter a COVID-19 patient's room, they should be provided with clear instructions about how to put on and remove PPE and about performing hand hygiene before putting on and after removing PPE; this should be supervised by a healthcare worker.
3. This category includes the use of no-touch thermometers, thermal imaging cameras, and limited observation and questioning, all while maintaining a spatial distance of at least 1 m.
4. All rapid response team members must be trained in performing hand hygiene and how to put on and remove PPE to avoid self-contamination.

Laboratory investigations (i) All kits required for collection (Respiratory samples like Nasopharyngeal Swab, Sputum and bronchoalveolar lavage) such as swabs, VTMs, Zip Lock Bag & Cold Chain etc. are available (ii) All lab investigations of a COVID-19 suspect case should be restricted to a bare minimum as deemed appropriate by the treating physician till such time as the confirmatory COVID-19 tests are made available. After confirmation proper bio safety precautions should be observed if any invasive investigations are done.

Assessment of Healthcare workers

Doctors, Nurses, Technicians should undergo knowledge assessment along with skill assessment and if needed the requisite training should be provided to fill the gaps. A Microbiologists should be posted for Supervising the samples collection from the patients in a proper way and ensuring the transportation of sample to designated laboratories for testing under appropriate condition including maintenance of cold chain for this purpose.

Public Health Specialist should be engaged to advise about the reduction of infection in the medical care facility. They will also supervise the handing over of discharged patients to State Surveillance teams for monitoring and tracking these patients till the requisite period is over. They will also supervise proper biomedical waste disposal of the healthcare facility.

Guidelines for notifying COVID-19 affected persons
by Private Institutions

In the wake of the prevailing COVID-19 situation and in order to strengthen the containment measures, it is of utmost importance that each and every case (suspects/confirmed) of COVID-19 is isolated and provided appropriate treatment and their contacts are traced at the earliest to break the chain of transmission. It is important that support and cooperation of private sector is enlisted, in this regard.

Therefore, it shall be mandatory for all hospitals (Government and Private), Medical officers in Government health institutions and registered Private Medical Practitioners including AYUSH Practitioners, to notify such person(s) with COVID-19 affected person (as defined in the attached annexure) to concerned district surveillance unit. All practitioners shall also get the self-declaration forms (enclosed), who, within their knowledge, are having travel history of COVID-19 affected countries as per the extant guidelines and are falling under the case definition of COVID-19 (Suspect/Case)

In case the person has any such history in the last 14 days and is symptomatic as per case definition of COVID-19, the person must be isolated in the hospital and will be tested for COVID-19 as per protocol.

Information of all such cases should be given to the State helpline number (list enclosed) and also to national helpline 1075. Email may also be sent at ncov2019@gov.in.

S.No.	State	Helpline numbers
1	Andhra Pradesh	0866-2410978
2	Arunachal Pradesh	9536055743
3	Assam	6913347770
4	Bihar	104
5	Chhattisgarh	077122-35091
6	Goa	104
7	Gujarat	104
8	Haryana	8558893911
9	Himachal Pradesh	104
10	Jharkhand	104
11	Karnataka	104
12	Kerala	0471-2552056
13	Madhya Pradesh	0755-2527177
14	Maharashtra	020-26127394
15	Manipur	3852411668
16	Meghalaya	108
17	Mizoram	102
18	Nagaland	7005539653
19	Odisha	9439994859
20	Punjab	104
21	Rajasthan	0141-2225624
22	Sikkim	104
23	Tamil Nadu	044-29510500
24	Telangana	104
25	Tripura	0381-2315879
26	Uttar Pradesh	18001805145
27	Uttarakhand	104
28	West Bengal	3323412600
S. No	Name of Union Territory (UT)	Helpline numbers
1	Andaman & Nicobar Islands	03192-232102
2	Chandigarh	9779558282
3	D & N Haveli	104
	Daman & Diu	104
4	Delhi	011-22307145
5	Jammu	1912520982
	Kashmir	0194-2440383
6	Ladakh	01982-256462
7	Lakshdweep	04896-263742
8	Puducherry	104

COVID-19 Case Definitions

Suspect Case:

A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath) **AND** a history of travel to of residence in a country/area or territory reporting local transmission (See NCDC website for updated list) of COVID-19 disease during the 14 days prior to symptom onset;

OR

A patient / Health care worker with any acute respiratory illness **AND** having been in contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR

A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) **AND** requiring hospitalization **AND** with no other etiology that fully explains the clinical presentation;

OR

A case for whom testing for COVID-19 is inconclusive

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

महाराष्ट्र शासन

अत्यंत तातडीचे

क्रमांक कोरोना २०२०/प्र.क्र. ५८/आरोग्य ५
सार्वजनिक आरोग्य विभाग
गोकुळदास तेजपाल रुग्णालय आवार
कॉम्प्लेक्स बिल्डिंग, नविन मंत्रालय,
मुंबई-४०० ००९
दिनांक- २९ मार्च २०२०

प्रति,

आयुक्त, महानगरपालिका (सर्व)
जिल्हाधिकारी (सर्व)
मुख्य कार्यकारी अधिकारी
जिल्हा परिषद (सर्व)

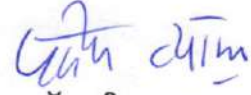
विषय: राज्यात कोरोना विषाणू (कोव्हीड १९) चा प्रादुर्भाव रोखण्यासाठी प्रतिबंधात्मक उपाययोजना करण्याबाबत (उद्रेक सदृश्य व आपत्कालीन परिस्थितीचा मुकाबला करण्यासाठी राज्यातील सर्व रुग्णालयांसाठी मार्गदर्शक सूचना..

राज्यामध्ये कोव्हीड १९ या रोगाने बाधित रुग्ण बऱ्याच जिल्हयांमध्ये आढळून येत आहेत. या रुग्णांवर मुख्यत्वे शासकीय रुग्णालये, वैद्यकीय महाविद्यालयाची रुग्णालये / महानगरपालिका रुग्णालयातून उपचार करण्यात येत आहेत. तथापि, बाधित रुग्णांची वाढती संख्या लक्षात घेता भविष्यात आपत्कालीन परिस्थिती उदभवल्यास उपचारास्तव खाजगी रुग्णालयांच्या सेवा व विलगीकरण कक्ष याची आवश्यकता भासणार आहे. उपचार प्रक्रियेत खाजगी रुग्णालयांच्या सहभागास्तव याबाबतीत त्यांनाही याबाबीची कल्पना देणे आवश्यक आहे. यास्तव आपण आपल्या अधिपत्याखालील क्षेत्रातील सर्व रुग्णालयांच्या व्यवस्थापनासोबत बैठक घेऊन त्यांना खालील सूचना देण्यात याव्यात. याबाबत आरोग्य व कुटुंब कल्याण मंत्रालय, भारत सरकार यांचेकडून प्राप्त झालेल्या मार्गदर्शक सूचना सोबत जोडण्यात येत आहेत.

१. तातडी नसलेल्या सर्व शस्त्रक्रिया पुढे ढकलण्यात याव्यात.
२. विषाणुबाधेची आपत्कालीन परिस्थिती हाताळण्यासाठी त्यांच्या रुग्णालयात विलगीकरण कक्ष व काही खाटा राखून ठेवण्यात याव्यात.
३. रुग्णालयात पुरेसा मास्क, ग्लोव्हज व पर्सनल प्रोटेक्शन किटचा साठा उपलब्ध करून ठेवण्यात यावा.
४. रुग्णालयात ऑक्सीजनचा पुरेसा साठा व व्हेन्टीलेटर्स सुस्थितीत स्थितीत असणे तसेच आवश्यकते नुसार हाय फ्लो ऑक्सीजन मास्क उपलब्ध करून ठेवावे.
५. अतिदक्षता विभागात आरोग्य सेवा देण्यासाठी पुरेसे प्रशिक्षित डॉक्टर्स व कर्मचारी उपलब्ध करून द्यावेत.
६. ज्या रुग्णांच्या बाबतीत परिस्थिती पूर्णतः नियंत्रणाखाली आहे तसेच गंभीर परिस्थिती नसलेल्या रुग्णांना (ज्यांना बाहय रुग्ण उपचाराद्वारे रुग्णसेवा देणे शक्य आहे) घरी सोडण्यात यावे. तसेच अशा स्वरूपाचे नविन रुग्ण दाखल करून घेऊ नयेत.
७. आंतररुग्ण असलेल्या इतर रुग्णांसाठी केवळ एकच नातेवाईकास रुग्णालयात थांबण्याची परवानगी देण्यात यावी.

८. रुग्णालयात येणाऱ्या सर्व रुग्णांना शिकणे, खोकणे याबाबतचे नियम पाळण्याची / आवश्यकतेनुसार मास्कचा वापर व हाताळणी बाबतचे शास्त्रशुद्ध माहिती देणारे व कोव्हीड १९ चा प्रादुर्भाव टाळण्यासाठी घ्यावयाची दक्षता व हात धुणे व अन्नसेवन व स्वच्छता पाळणे याबाबतची माहिती द्यावी अथवा भिक्तीपत्रके रुग्णालयात लावावी.
९. सर्व रुग्णालयाच्या आवारात अथवा जवळपास औषधी दुकाने व त्यावर होणारी गर्दी नियंत्रणासाठी उपाययोजना करावी.
१०. आवश्यकतेनुसार इंडीयन रेडक्रॉस सोसायटी व राष्ट्रीय आपत्ती निवारण पथकाची मदत घेण्यात यावी.

उपरोक्त सूचना साथरोग प्रतिबंधात्मक कायदा, १८९७ अन्वये निर्गमित करण्यात आलेली अधिसूचना व नियमावली मधील तरतुदीनुसार सक्षम प्राधिकाऱ्याच्या मान्यतेने सर्व शासकीय, महापालिका, खाजगी, जिल्हास्तरीय, तालुकास्तरीय, नगरपरिषद / नगरपंचायत व ग्रामीण क्षेत्रातील रुग्णालयांना देण्यात येत आहेत.



(डॉ. प्रदीप व्यास)

प्रधान सचिव, महाराष्ट्र शासन

- प्रत अपर मुख्य सचिव (महसुल)
- प्रत अपर मुख्य सचिव (ग्रामविकास)
- प्रत प्रधान सचिव (नगरविकास)
- प्रत सचिव, (वैद्यकीय शिक्षण व औषधीद्रव्ये)
- मंत्रालय, मुंबई
- प्रत विभागीय आयुक्त, (सर्व)
- प्रत मा. मुख्यमंत्री यांचे प्रधान सचिव
- प्रत मा. उपमुख्यमंत्री यांचे सचिव
- प्रत मा. मुख्य सचिव यांचे उपसचिव
- प्रत खाजगी सचिव, मा. मंत्री (सा.आ.) मंत्रालय, मुंबई

**Advisory issued by Ministry of Health and Family Welfare, Government of India
for Hospitals and Medical Education Institutions**

The medical infrastructure in the country needs to be prepared for any possible influx of patients on account of COVID 19. In this context, the following interventions are proposed up to 15th April, 2020. They will be reviewed as per the evolving situation.

Indoor Facilities:

1. Non-essential elective surgeries should be postponed.
2. Some beds should be set apart and prepared for creating isolation facilities in every public and private hospital.
3. All hospitals should mobilize additional resources including masks, gloves and personal protection equipment. Healthcare personnel should be trained for dealing with any foreseeable emergencies.
4. All doctors, nurses and support staff in different specialities, including pre and para clinical departments, should be mobilized and trained in infection prevention and control practices.
5. Hospitals must procure sufficient numbers of ventilators and high flow oxygen masks in preparation for future requirements.
6. All hospitals must ensure that they have adequate trained manpower and resource pools for ventilator/ ICU care.
7. Hospitals may ensure that stable patients are discharged as early as possible while further new admissions (of stable patients) are also restricted.
8. Number of patient attendants should be strictly restricted to 'one' only.

IEC Activities:

9. Patients must be educated about cough etiquette, Do's and Don'ts, proper use of masks instead of using them indiscriminately and inefficiently; and personal hygiene. Hospitals should put up posters etc. to increase awareness amongst patients on Do's and Don'ts regarding COVID 19.
10. Patients must be counselled against attaching any kind of stigma to Corona virus patients or to facilities where such patients are admitted. They must be made aware that quick disclosure of symptoms and undergoing testing if advised is the surest way of battling COVID 19.

Administrative:

11. All hospitals should carry out a preparedness drill on Sunday, 22nd March 2020. Guidelines for this drill will be made available on the Health Ministry website.
12. Non-essential audits of hospitals by various regulators and accreditation agencies may be postponed.
13. All hospitals must provide treatment free of cost to any medical personnel who pick up infection while treating patients.
14. No suspected COVID 19 patient should be turned away from any hospital and the admission of any such patient should be notified to NCDC or IDSP immediately.
15. Similarly, all pneumonia patients must also be notified to NCDC or IDSP so that they can be tested for COVID 19.
16. Hospitals to ensure social distancing in their premises.
17. All ongoing examinations may be rescheduled after 31.03.2020.
18. All evaluation work may be rescheduled after 31.03.2020.
19. All Educational Institutions and Examination Boards are requested to maintain regular communication with the students and teachers through electronic means and keep them fully informed so that there is no anxiety amongst the students, teachers and parents.
20. Institutions are also requested to notify help-line numbers/e-mails which students can access for their queries.
21. All unauthorized/ authorized shops (excluding pharmacies) and eateries in the vicinity of hospitals should be compulsorily shut.
22. Leave of all kinds (except under emergency and unavoidable circumstances) may be cancelled immediately.

OPD:

23. All patients may be advised not to come for routine visits to the OPD if it can be avoided or postponed.
24. OPDs may be organised in such a manner that patients exhibiting flu like symptoms are attended separately from other patients and spaced out so as to avoid overcrowding.
25. Patients suffering from chronic diseases and minor elements may be advised to utilise OPDs in primary/ secondary care facilities rather than crowding tertiary care centres.
26. Pharmacy counters may be increased and queue management systems to be followed by engaging Indian Red Cross/ NDRF volunteers.

महाराष्ट्र शासन

अत्यंत तातडीचे

क्रमांक कोरोना २०२०/प्र.क्र. ५८/आरोग्य ५

सार्वजनिक आरोग्य विभाग

गोकुळदास तेजपाल रुग्णालय आवार

कॉम्प्लेक्स बिल्डिंग, नविन मंत्रालय,

मुंबई-४०० ००९

दिनांक- २९ मार्च २०२०

प्रति,

आयुक्त, महानगरपालिका (सर्व)

जिल्हाधिकारी (सर्व)

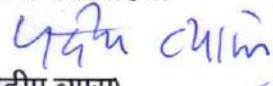
मुख्य कार्यकारी अधिकारी

जिल्हा परिषद (सर्व)

विषय: राज्यात कोरोना विषाणू (कोव्हिड १९) चा प्रादुर्भाव रोखण्यासाठी प्रतिबंधात्मक उपाययोजना करण्याबाबत (उद्रेक सदृश्य व आपत्कालीन परिस्थितीचा मुकाबला करण्यासाठी खाजगी रुग्णालयांची सेवा उपलब्ध करून घेण्याबाबत..

राज्यात कोरोनाचा वाढता प्रादुर्भाव लक्षात घेऊन उद्रेक सदृश्य परिस्थिती हाताळण्यासाठी शासकीय रुग्णालये अपुरी पडण्याची शक्यता नाकारता येत नाही. त्यामुळे आपल्या अधिपत्याखालील क्षेत्रातील खाजगी रुग्णालयांची अद्ययावत यादी तयार करण्यात यावी. या खाजगी रुग्णालयांकडून आपत्कालीन परिस्थिती हाताळण्याकरिता काही खाटा राखून ठेवण्याबाबत निर्देशित करावे व यानुसार संबंधीत खाजगी रुग्णालयांकडून जास्तीत जास्त किती खाटा उपलब्ध होऊ शकतात याची तालुकानिहाय यादी तयार करण्यात यावी. यामध्ये विलगीकरण कक्षासह व्हेन्टीलेटर्सच्या सुविधा असलेल्या किती खाटा उपलब्ध आहेत व व्हेन्टीलेटर्सच्या सुविधेशिवाय किती खाटा उपलब्ध होऊ शकतात याचीही रुग्णालयनिहाय माहिती घ्यावी व उपरोक्त तपशिलासह जिल्हानिहाय यादी शासनास उपलब्ध करून द्यावी. रुग्णालयाची तपासणी करून माहिती घेण्यासाठीची चेकलिस्ट सोबत जोडण्यात येत आहे.

उपरोक्त सूचना साथरोग प्रतिबंधात्मक कायदा, १८९७ अन्वये निर्गमित करण्यात आलेली अधिसूचना व नियमावली मधील तरतुदीनुसार सक्षम प्राधिकाऱ्याच्या मान्यतेने देण्यात येत आहेत.


(डॉ. प्रदीप व्यास)

प्रधान सचिव, महाराष्ट्र शासन

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प्रत मा. उपमुख्यमंत्री यांचे सचिव

प्रत मा. मुख्य सचिव यांचे उपसचिव

प्रत खाजगी सचिव, मा. मंत्री (सा.आ.) मंत्रालय, मुंबई

**Hospital Preparedness for n- Corona Virus Disease
Hospital Assessment Checklist**

1 Generic Hospital Information			
			Comments
1.1	Name of the Hospital		
1.2	Address		
1.3	Contact No.		
1.4	Name of Director/ Med Supdt.		
	Contact Number		
1.4	Name of Second in Command		
	Contact Number		
1.5	Total Number of Beds in the Hospital		
2 Hospital Plan			
2.1	Hospital Disaster Plan/ Manual	Yes	No
2.1.1	The Manual has provided for surge capacity to manage an outbreak of Emerging diseases (EVD)		
2.2	Hospital Committee/ Adhoc Group to support technical decision making	Yes	No
3 Isolation Facility			
3.1	Location within the hospital (Away from main crown, ground floor, level etc)		
3.2	No of beds available		
3.1	No. of beds available as single isolation rooms with washroom facility.		
3.2	By use of Exhaust fans (direction must outside & not towards dormitory /patient waiting area)	Yes	No
3.3	Ante room / changing room attached to the Isolation facility	Yes	No
3.4	Separate entry to the isolation facility	Yes	No
4 Infection prevention and control; practices			
4.1	Hand washing Facility	Yes	No
4.2	Hand sanitizer	Yes	No
4.3	Avallability of 24 X 7 Water & Generator Back up	Yes	No
4.4	Avallability of Sodium Hypochlorite in different strengths.	Yes	No
4.5	Facilities for disposable of sharps, and other consumable wastes as per bio medical waste management rules.	Yes	No
4.6	Disposable bags available at the ante rooms for bio medical hazard	Yes	No

4.7	Decontamination of infectious waste done prior to disposal through identified waste management agency.	Yes	No	
4.8	Frequency of Disinfection of floors, door knobs, bed railings etc.			
4.9	Hospital Infection Control Committee exists	Yes	No	
4.10	Frequency of meeting & last date when the committee met			
4.11	Infection Control Protocols available	Yes	No	
4.12	Hospital workers knowledgeable about hand hygiene, cough Etiquettes, distancing measures Use of PPE			
4.13	Laid down protocol for limiting entry of visitors	Yes	No	
5 ICU/ Critical care (AC)				
5.1	Number of intensive care beds available and earmarked for nCorona virus disease			
5.2	ICU beds available within the nCorona virus disease isolation facility	Yes	No	
5.3	Mode of Oxygen availability Cylinders/ Central supply with Generator backup			
5.4	Consumables: masks, respirators, ET tubes, etc for managing critical patient available.	Yes	No	
5.5	Ventilators, Monitors, Pulse, Dialysis machine, Oxymeters, Nebulizers, Syringe infusion pumps etc for managing, ECG machine critical patient available	Yes	No	
5.6	Specialists/ Physicians trained in critical care/ intensive care/ respiratory medicine to manage cases	Yes	No	
5.7	Standard case management protocol available	Yes	No	
5.8	Availability of dedicated doctor, nurses and support staff for ncorona cases			
5.9	Training on Donning and Doffing of PPE to ICU staff.			
6 Laboratory				

6.1	Laboratory with in the hospital has the required facilities to handle nasopharyngeal swab/oropharyngeal swab/ blood/serum/ bronchoalveolar lavage / tracheal or nasopharyngeal aspirate/ nasal swab/ sputum	Yes	No	
6.2	Sample collection kits available for collection, labeling and transportation	Yes	No	
6.3	Vaccine carriers available	Yes	No	
6.4	Refrigerator available for storing samples at 2-8 degree C	Yes	No	
6.5	Trained personal available for taking samples	Yes	No	
6.6	Identified laboratory personal aware of the lab where samples are to be sent and the contact details of the lab.	Yes	No	
7	PPE			
7.1	Personal Protective equipment available	Yes	No	
7.1.1	Stock available (in absolute numbers)			
7.1.2	The Personal protective kit has an outer impermeable gown	Yes	No	
7.3	3 layered surgical mask (quantity)			
7.4	N 95 Respirator (quantity)			
7.5	Surgical gloves (quantity)			
7.6	Rubber gloves (quantity)			
7.7	Gum boots (quantity)			
7.8	Availability of NIV guidelines for sample collection and transportation	Yes	No	
8	Communication			
8.1	Important contact numbers listed	Yes	No	
8.2	Networking with the attached Airports	Yes	No	
9	Training			
9.1	Hospital staff trained on nCorona virus / SARS/ H1N1/ MERS-COV Disease			
10	Ambulance			
10.1	Dedicated ambulance available for shifting of patients, with BLS/ Transport Ventilator	Yes	No	
10.2	Driver knows how to wear 3 layered surgical mask and Gloves	Yes	No	

10.3	Stretcher Bearers are trained to wear personal protective equipment and it safe disposal	Yes	No	
11	Morgue			
11.1	Motuary staff trained in handling patients and dorning PPE	Yes	No	
11.2	Availability of body bags	Yes	No	

BOARD OF GOVERNORS
In supersession of the Medical Council of India

Telemedicine Practice Guidelines

**Enabling Registered Medical Practitioners to Provide Healthcare Using
Telemedicine**

[This constitutes Appendix 5 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics Regulation, 2002)]

25 March 2020

**These Guidelines have been prepared
in partnership with NITI Aayog**

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TELEMEDICINE

‘The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.’

TELEHEALTH

‘The delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies.’

REGISTERED MEDICAL PRACTITIONER

‘A Registered Medical Practitioner [RMP] is a person who is enrolled in the State Medical Register or the Indian Medical Register under the Indian Medical Council Act 1956.’ [IMC Act, 1956]

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Background

Telemedicine: An Enabler of Healthcare Access and Affordability

There are a number of benefits of telemedicine. It increases *timely access* to appropriate interventions including *faster access* and *access to services that may not otherwise* be available.

In India, providing In-person healthcare is challenging, particularly given the large geographical distances and limited resources. One of the major advantages of telemedicine can be for saving of cost and effort especially of rural patients, as they need not travel long distances for obtaining consultation and treatment. In this type of scenario, telemedicine can provide an optimal solution for not just providing timely and faster access. It would also reduce financial costs associated with travel. It also reduces the inconvenience/impact to family and caregivers and social factors. Telemedicine can play a particularly important role in cases where there is no need for the patient to physically see the RMP (or other medical professional), e.g. for regular, routine check-ups or continuous monitoring. Telemedicine can reduce the burden on the secondary hospitals.

With telemedicine, there is higher likelihood of maintenance of records and documentation hence minimalizes the likelihood of missing out advice from the doctor other health care staff. Conversely, the doctor has an exact document of the advice provided via tele-consultation. Written documentation increases the legal protection of both parties. Telemedicine provides patient's safety, as well as health workers safety especially in situations where there is risk of contagious infections. There are a number of technologies that can be used in telemedicine, which can help patients adhere better to their medication regimens and manage their diseases better. Telemedicine can also enable the availability of vital parameters of the patient available to the physician with the help of medical devices such as blood pressure, blood glucose, etc management.

Disasters and pandemics pose unique challenges to providing health care. Though telemedicine will not solve them all, it is well suited for scenarios in which medical practitioners can evaluate and manage patients. A telemedicine visit can be conducted without exposing staff to viruses/infections in the times of such outbreaks. Telemedicine practice can prevent the transmission of infectious diseases reducing the risks to both health care workers and patients. Unnecessary and avoidable exposure of the people involved in delivery of healthcare can to be avoided using telemedicine and patients can be screened remotely. It can provide rapid access to medical practitioners who may not be immediately available in person. In addition, it makes available extra working hands to provide physical care at the respective health institutions. Thus, health systems that are invested in telemedicine are well positioned to ensure that patients with Covid-19 kind of issues receive the care they need.

The government is committed to providing equal access to quality care to all and digital health is a critical enabler for the overall transformation of the health system. Hence, mainstreaming telemedicine in health systems will minimize inequity and barriers to access. India's digital health policy advocates use of digital tools for improving the efficiency and outcome of the healthcare system and lays significant focus on the use of telemedicine services, especially in the Health and Wellness Centers at the grassroots level wherein a mid-level provider/health worker can connect the patients to the doctors through technology platforms in providing timely and best possible care.

However, there has been concern on the practice of telemedicine. Lack of clear guidelines has created significant ambiguity for registered medical professionals, raising doubts on the practice of telemedicine. The 2018 judgement of the Hon'ble High Court of Bombay had created uncertainty about the place and legitimacy of telemedicine because an appropriate framework does not exist.

In India, till now there was no legislation or guidelines on the practice of telemedicine, through video, phone, Internet based platforms (web/chat/apps etc). The existing provisions under the Indian Medical Council Act, 1956, the Indian Medical Council (Professional Conduct, Etiquette and Ethics Regulation 2002), Drugs & Cosmetics Act, 1940 and Rules 1945, Clinical Establishment (Registration and Regulation) Act, 2010, Information Technology Act, 2000 and the Information Technology (Reasonable Security Practices and Procedures and Sensitive Personal Data or Information) Rules 2011 primarily govern the practice of medicine and information technology. Gaps in legislation and the uncertainty of rules pose a risk for both the doctors and their patients.

There are some countries that have put in legislative measures and some countries, which follow non-legislative measures such as guidelines to practice telemedicine. In some countries guidelines are treated as professional norms that need to be followed by medical practitioners. We reviewed these other guidelines and consulted to put together these guidelines to enable medical practitioners to practice telemedicine.

Telemedicine will continue to grow and be adopted by more healthcare practitioners and patients in a wide variety of forms, and these practice guidelines will be a key enabler in fostering its growth.

Purpose

The purpose of these guidelines is to give practical advice to doctors so that all services and models of care used by doctors and health workers are encouraged to consider the use of telemedicine as a part of normal practice. These guidelines will assist the medical practitioner in pursuing a sound course of action to provide effective and safe medical care founded on current information, available resources, and patient needs to ensure patient and provider safety.

These telemedicine guidelines will help realize the full potential of these advancements in technology for health care delivery. It provides norms and protocols relating to physician-patient relationship; issues of liability and negligence; evaluation, management and treatment; informed consent; continuity of care; referrals for emergency services; medical records; privacy and security of the patient records and exchange of information; prescribing; and reimbursement; health education and counseling.

These guidelines will provide information on various aspects of telemedicine including information on technology platforms and tools available to medical practitioners and how to integrate these technologies to provide health care delivery. It also spells out how technology and transmission of voice, data, images and information should be used in conjunction with other clinical standards, protocols, policies and procedures for the provision of care. Where clinically appropriate, telemedicine is a safe, effective and a valuable modality to support patient care.

Like any other technology, the technology used for telemedicine services can be abused. It has some risks, drawbacks and limitations, which can be mitigated through appropriate training, enforcement of standards, protocols and guidelines,

These guidelines should be used in conjunction with the other national clinical standards, protocols, policies and procedures.

1. Telemedicine: Definitions and Applications

1.1 DEFINITIONS

1.1.1 Definition of Telemedicine

World Health Organization defines telemedicine as

“The delivery of health-care services, where distance is a critical factor, by all health-care professionals using information and communications technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and the continuing education of health-care workers, with the aim of advancing the health of individuals and communities.”

1.1.2 Definition of Telehealth

NEJM Catalyst defines *telehealth* as *“The delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies.”*

In general, telemedicine is used to denote clinical service delivered by a Registered medical practitioner while telehealth is a broader term of use of technology for health and health related services including telemedicine.

1.1.3 Definition of Registered Medical Practitioner (RMP)

For the purpose of this document a ‘Registered Medical Practitioner’ is defined as a person who is enrolled in the State Medical Register or the Indian Medical Register under the IMC Act 1956.

1.2 SCOPE

Within the broad paradigm of telemedicine, these guidelines will be published under the IMC Act and are for privileged access only. These guidelines are designed to serve as an aid and tool to enable RMPs to effectively leverage Telemedicine to enhance healthcare service and access to all

- The guidelines are meant for RMPs under the IMC Act 1956
- The guidelines cover norms and standards of the RMP to consult patients via telemedicine
- Telemedicine includes all channels of communication with the patient that leverage Information Technology platforms, including Voice, Audio, Text & Digital Data exchange

EXCLUSIONS:

The guidelines specifically explicitly **exclude** the following:

- Specifications for hardware or software, infrastructure building & maintenance
- Data management systems involved; standards and interoperability
- Use of digital technology to conduct surgical or invasive procedures remotely
- Other aspects of telehealth such as research and evaluation and continuing education of health-care workers
- Does not provide for consultations outside the jurisdiction of India

1.3 REGISTERED MEDICAL PRACTITIONERS ARE ENTITLED TO PRACTICE TELEMEDICINE: ALL OF THEM WILL TAKE AN ONLINE COURSE ON PRACTICE OF TELEMEDICINE

- 1.3.1** A *Registered Medical Practitioner* is entitled to provide telemedicine consultation to patients from any part of India
- 1.3.2** RMPs using telemedicine shall uphold the *same professional and ethical norms and standards* as applicable to traditional in-person care, within the intrinsic limitations of telemedicine
- 1.3.3** To enable all those RMPs who would want to practice telemedicine get familiar with these Guidelines as well as with the process and limitations of telemedicine practice:
- An online program will be developed and made available by the Board of Governors in supersession of Medical Council of India.
 - All registered medical practitioners intending to provide online consultation need to complete a mandatory online course within 3 years of its notification.
 - In the interim period, the principles mentioned in these guidelines need to be followed.
 - Thereafter, undergoing and qualifying such a course, as prescribed, will be essential prior to practice of telemedicine.

1.4 TELEMEDICINE APPLICATIONS

1.4.1 Tools for Telemedicine

RMP may use any telemedicine tool suitable for carrying out technology-based patient consultation e.g. telephone, video, devices connected over LAN, WAN, Internet, mobile or landline phones, Chat Platforms like WhatsApp, Facebook Messenger etc., or Mobile App or internet based digital platforms for telemedicine or data transmission systems like Skype/ email/ fax etc.

Irrespective of the tool of communication used, the core principles of telemedicine practice remain the same.

- 1.4.2** Telemedicine applications can be classified into *four basic types*, according to the *mode of communication, timing of the information transmitted, the purpose of the consultation and the interaction between the individuals involved*—be it RMP-to-patient / caregiver, or RMP to RMP.

1.4.2.1 According to the Mode of Communication

- Video (Telemedicine facility, Apps, Video on chat platforms, Skype/Face time etc.)
- Audio (Phone, VOIP, Apps etc.)
- Text Based:
 - Telemedicine chat based applications (specialized telemedicine smartphone Apps, Websites, other internet-based systems etc.)
 - General messaging/ text/ chat platforms (WhatsApp, Google Hangouts, Facebook Messenger etc.)
 - Asynchronous (email/ Fax etc.)

1.4.2.2 According to timing of information transmitted

Real time Video/audio/text interaction	Asynchronous exchange of relevant information
Video/audio/text for exchange of relevant information for diagnosis, medication and health education and counseling	Transmission of summary of patient complaints and supplementary data including images, lab reports and/or radiological investigations between stakeholders. Such data can be forwarded to different parties at any point of time and thereafter accessed per convenience/need

1.4.2.3 According to the purpose of the consultation

For Non-Emergency consult:

First consult with any RMP for diagnosis/treatment/health education/ counseling	Follow-up consult with the <i>same RMP</i>
Patients may consult with an RMP for diagnosis and treatment of her condition or for health education and counseling	Patients may use this service for follow up consultation on his ongoing treatment with the same RMP who prescribed the treatment in an earlier in-person consult.

Emergency consult for immediate assistance or first aid etc.

- In case alternative care is not present, tele-consultation might be the only way to provide timely care. In such situations, RMPs may provide consultation to their best judgement. Telemedicine services should however be avoided for emergency care when alternative in-person care is available, and telemedicine consultation should be limited to first aid, life-saving measure, counseling and advice on referral.
- In all cases of emergency, the patient must be advised for an in-person interaction with an RMP at the earliest.

1.4.2.4 According to the individuals involved

<i>Patient to RMP</i>	<i>Caregiver to RMP</i>
Telemedicine services may connect patients to an RMP	Telemedicine services may connect Care givers to an RMP, under certain conditions as detailed in Framework (Section 4)
<i>RMP to RMP</i>	<i>Health worker to RMP</i>
RMP may use telemedicine services to discuss with other RMPs issues of care of one or more patients, or to disseminate knowledge	A Health Worker ¹ can facilitate a consultation session for a patient with an RMP. In doing so, the former can help take history, examine the patient and convey the findings. They can also explain/reinforce the advice given by the RMP to the patient.

¹ Nurse, Allied Health Professional, Mid-level health provider, ANM or any other health worker designated by an appropriate authority

2. Technology Used & Mode of Communications

Multiple technologies can be used to deliver telemedicine consultation. There are 3 primary modes: **Video, Audio, or Text** (chat, messaging, email, fax etc.) Each one of these technology systems has their respective strengths, weaknesses and contexts, in which, they may be appropriate or inadequate to deliver a proper diagnosis.

It is therefore important to understand the strengths, benefits as well as limitations of different technologies. Broadly, though telemedicine consultation provides safety to the RMP from contagious conditions, it cannot replace physical examination that may require palpation, percussion or auscultation; that requires physical touch and feel. Newer technologies may improve this drawback.

STRENGTHS AND LIMITATIONS OF VARIOUS MODES OF COMMUNICATION

Mode	Strengths	Limitations
VIDEO: Telemedicine facility, Apps, Video on chat platforms, Facetime etc.	<ul style="list-style-type: none"> • Closest to an in person-consult, real time interaction • Patient identification is easier • RMP can see the patient and discuss with the caregiver • Visual cues can be perceived • Inspection of patient can be carried out 	<ul style="list-style-type: none"> • Is dependent on high quality internet connection at both ends, else will lead to a sub optimal exchange of information • Since there is a possibility of abuse/ misuse, ensuring privacy of patients in video consults is extremely important
AUDIO: Phone, VOIP, Apps etc.	<ul style="list-style-type: none"> • Convenient and fast • Unlimited reach • Suitable for urgent cases • No separate infrastructure required • Privacy ensured • Real-time interaction. 	<ul style="list-style-type: none"> • Non-verbal cues may be missed • Not suitable for conditions that require a visual inspection (e.g. skin, eye or tongue examination), or physical touch • Patient identification needs to be clearer, greater chance of imposters representing the real patient
TEXT BASED: Specialized Chat based Telemedicine Smartphone Apps, SMS, Websites,	<ul style="list-style-type: none"> • Convenient and quick • Documentation & Identification may be an integral feature of the platform • Suitable for urgent cases, or follow-ups, second opinions provided RMP has enough context from other sources, 	<ul style="list-style-type: none"> • Besides the visual and physical touch, text-based interactions also miss the verbal cues • Difficult to establish rapport with the patient.

messaging systems e.g. WhatsApp, Google Hangouts, FB Messenger	<ul style="list-style-type: none"> • No separate infrastructure required, • Can be real time 	<ul style="list-style-type: none"> • Cannot be sure of identity of the doctor or the patient
ASYNCHRONOUS: Email Fax, recordings etc.	<ul style="list-style-type: none"> • Convenient and easy to document • No specific app or download requirement • Images, data, reports readily shared • No separate infrastructure required • More useful when accompanied with test reports and follow up and second opinions 	<ul style="list-style-type: none"> • Not a real time interaction, so just one-way context is available, relying solely on the articulation by the patient • Patient identification is document based only and difficult to confirm • Non-verbal cues are missed • There may be delays because the Doctor may not see the mail immediately

3. Guidelines for Telemedicine in India

The **professional judgment of a Registered Medical Practitioner** should be the **guiding principle for all telemedicine consultations**: An RMP is well positioned to decide whether a technology-based consultation is sufficient or an in-person review is needed. Practitioner shall exercise proper discretion and not compromise on the quality of care. Seven elements need to be considered before beginning any telemedicine consultation (see panel)

Seven Elements to be considered before any telemedicine consultation	
1	Context
2	Identification of RMP and Patient
3	Mode of Communication
4	Consent
5	Type of Consultation
6	Patient Evaluation
7	Patient Management

3.1 TELEMEDICINE SHOULD BE APPROPRIATE AND SUFFICIENT AS PER CONTEXT

3.1.1 The Registered Medical Practitioners should exercise their professional judgment to decide whether a telemedicine consultation is appropriate in a given situation or an in-person consultation is needed in the interest of the patient. They should consider the mode/technologies available and their adequacy for a diagnosis before choosing to proceed with any health education or counseling or medication. They should be reasonably comfortable that telemedicine is in the patient’s interest after taking a holistic view of the given situation.

3.1.2 Complexity of Patient’s health condition

Every patient/case/medical condition may be different, for example, a new patient may present with a simple complaint such as headache while a known patient of Diabetes may consult for a follow-up with emergencies such as Diabetic Ketoacidosis. The RMP shall uphold the same standard of care as in an in-person consultation but within the intrinsic limits of telemedicine.

3.2 IDENTIFICATION OF THE REGISTERED MEDICAL PRACTITIONER AND THE PATIENT IS REQUIRED

3.2.1 Telemedicine consultation is should not be anonymous: both patient and the RMP need to know each other’s identity.

3.2.2 An RMP should verify and confirm patient’s identity by name, age, address, email ID, phone number, registered ID or any other identification as may be deemed to be appropriate. The RMP should ensure that there is a *mechanism for a patient to verify* the credentials and contact details of the RMP.

- 3.2.3 For issuing a prescription, the RMP needs to explicitly ask the age of the patient, and if there is any doubt, seek age proof. Where the patient is a minor, after confirming the age, tele consultation would be allowed only if the minor is consulting along-with an adult whose identity needs to be ascertained.
- 3.2.4 An RMP should begin the consultation by informing the patient about his/her name and qualifications.
- 3.2.5 Every RMP shall *display the registration number* accorded to him/her by the State Medical Council/MCI, on prescriptions, website, electronic communication (WhatsApp/ email etc.) and receipts etc. given to his/her patients

3.3 MODE OF TELEMEDICINE

- 3.3.1 Multiple technologies can be used to deliver telemedicine consultations. All these technology systems have their respective strengths, weaknesses and contexts in which they may be appropriate or inadequate in order to deliver proper care.
- 3.3.2 *Primarily there are 3 modes: Video, Audio or Text (chat, images, messaging, email, fax etc.).* Their strengths, limitations and appropriateness as detailed in Section 2 need to be considered by the RMP.
- 3.3.3 There may be situations where in order to reach a diagnosis and to understand the context better; a real-time consultation may be preferable over an asynchronous exchange of information. Similarly, there would be conditions where an RMP could require hearing the patient speak, therefore, a voice interaction may be preferred than an email or text for a diagnosis. There are also situations where the RMP needs to visually examine the patient and make a diagnosis. In such a case, the RMP could recommend a video consultation. Considering the situation, using his/her best judgment, an RMP may decide the best technology to use to diagnose and treat.

3.4 PATIENT CONSENT

Patient consent is necessary for any telemedicine consultation. The consent can be Implied or explicit depending on the following situations:

- 3.4.1 If, the patient initiates the telemedicine consultation, then the consent is **implied**².
- 3.4.2 An **Explicit patient** consent is needed if:
A **Health worker, RMP or a Caregiver** initiates a Telemedicine consultation.

² Implied Consent: In an in-person consultation, it is assumed the patient has consented to the consult by his/her actions. When the patient walks in an OPD, the consent for the consultation is taken as implied. Like an in-person consultation, for most of the tele-consultations the consent can be assumed to be implied because the patient has initiated the consultation.

3.4.3 An **Explicit consent can be recorded** in any form. Patient can send an email, text or audio/video message. Patient can state his/her intent on phone/video to the RMP (e.g. “Yes, I consent to avail consultation via telemedicine” or any such communication in simple words). The RMP must record this in his patient records.

3.5 EXCHANGE OF INFORMATION FOR PATIENT EVALUATION

RMPs must make all efforts to gather sufficient medical information about the patient’s condition before making any professional judgment.

3.5.1 Patient’s Information

- An RMP would use his/her professional discretion to gather the type **and extent of patient information** (history/examination findings/Investigation reports/past records etc.) required to be able to exercise proper clinical judgement.
- This information can be **supplemented** through conversation with a healthcare worker/provider and by any information supported by **technology-based tools**.
- If the RMP feels that the **information received is inadequate**, then he/she can request for additional information from the patient. This information may be shared in real time or shared later via email/text, as per the nature of such information. For example, an RMP may advise some laboratory or/and radiological tests to the patient. In such instances, the consult may be considered paused and can be resumed at the rescheduled time. An **RMP may provide health education as appropriate at any time**.
- Telemedicine has its own set of limitations for adequate examination. **If a physical examination is critical information for consultation, RMP should not proceed until a physical examination can be arranged through an in-person consult**. Wherever necessary, depending on professional judgement of the RMP, he/she shall recommend:
 - Video consultation
 - Examination by another RMP/ Health Worker ;
 - In-person consultation
- The information required may vary from one RMP to another based on his/her professional experience and discretion and for different medical conditions based on the defined clinical standards and standard treatment guidelines.
- RMP shall maintain all patient records including case history, investigation reports, images, etc. as appropriate.

3.6 TYPES OF CONSULTATION: FIRST CONSULT/ FOLLOW-UP CONSULT

There are two types of patient consultations, namely, first consult and the follow-up consult.

An RMP may have only a limited understanding of the patient seeking teleconsultation for the first time, when there have been no prior in-person consultation. However, if the first consult happens to be via video, RMP can make a much better judgment and hence can provide much better advice including additional medicines, if indicated.

On the other hand, if a patient has been seen in-person earlier by the RMP, then it is possible to be more comprehensive in managing the patient.

3.6.1 First Consult means

- The patient is consulting with the RMP for the first time; or
- The patient has consulted with the RMP earlier, but more than 6 months have lapsed since the previous consultation; or
- The patient has consulted with the RMP earlier, but for a different health condition

3.6.2 Follow-Up Consult(s) means

- The patient is consulting with the same RMP within 6 months of his/her previous in-person consultation and this is for continuation of care of the same health condition. However,

it *will not be considered* a follow up if:

- There are new symptoms that are not in the spectrum of the same health condition; and/or
- RMP does not recall the context of previous treatment and advice

3.7 PATIENT MANAGEMENT: HEALTH EDUCATION, COUNSELING & MEDICATION

3.7.1 If the condition can be appropriately managed via telemedicine, based on the type of consultation, then the RMP may proceed with a professional judgement to:

- Provide *Health Education* as appropriate in the case; and/or
- Provide *Counseling* related to specific clinical condition; and/or
- *Prescribe Medicines*

3.7.2 Health Education: An RMP may impart health promotion and disease prevention messages. These could be related to diet, physical activity, cessation of smoking, contagious infections and so on. Likewise, he/ she may give advice on immunizations, exercises, hygiene practices, mosquito control etc

3.7.3 Counseling: This is specific advice given to patients and it may, for instance, include food restrictions, do's and don't's for a patient on anticancer drugs, proper use of a hearing aid, home physiotherapy, etc to mitigate the underlying condition. This may also include advice for new investigations that need to be carried out before the next consult.

3.7.4 Prescribing Medicines

Prescribing medications, via telemedicine consultation is at the professional discretion of the RMP. It entails the same professional accountability as in the traditional in-person consult. If a medical condition requires a particular protocol to diagnose and prescribe as in a case of in-person consult then same prevailing principle will be applicable to a telemedicine consult.

RMP may prescribe medicines via telemedicine ONLY when RMP is satisfied that he/ she has gathered adequate and relevant information about the patient's medical condition and prescribed medicines are in the best interest of the patient.

Prescribing Medicines without an appropriate diagnosis/provisional diagnosis will amount to a professional misconduct

Specific Restrictions

There are certain limitations on prescribing medicines on consult via telemedicine depending upon the type of consultation and mode of consultation. The categories of medicines that can be prescribed via tele-consultation will be as notified in consultation with the Central Government from time to time.

The categories of medicines that can be prescribed are listed below:

- **List O:** It will comprise those medicines which are safe to be prescribed through any mode of tele-consultation. In essence they would comprise of
 - Medicines which are used for common conditions and are often available 'over the counter'. For instance, these medicines would include, paracetamol, ORS solutions, cough lozenges etc
 - Medicines that may be deemed necessary during public health emergencies.

- **List A:** These medications are those which can be prescribed during the first consult which is a video consultation and are being re-prescribed for re-fill, in case of follow-up.
 - This would be an inclusion list, containing relatively safe medicines with low potential for abuse Is a list of medication which RMP can prescribe in a patient who is undergoing follow-up consult, as a refill.

- **List B:** Is a list of medication which RMP can prescribe in a patient who is undergoing follow-up consultation in addition to those which have been prescribed during in-person consult for the same medical condition.
- **Prohibited List:** An RMP providing consultation via telemedicine **cannot prescribe** medicines in this list. These medicine have a high potential of abuse and could harm the patient or the society at large if used improperly
 - Medicines listed in **Schedule X** of Drug and Cosmetic Act and Rules or any **Narcotic** and **Psychotropic** substance listed in the Narcotic Drugs and Psychotropic Substances, Act, 1985

The drugs in the above mentioned list is summarized in Annexure 1

3.6.4.2 Issue a Prescription and Transmit

- If the RMP has prescribed medicines, RMP shall issue a prescription as per the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations and shall not contravene the provisions of the Drugs and Cosmetics Act and Rules. A sample format is suggested in Annexure 2
- RMP shall provide photo, scan, digital copy of a signed prescription or e-Prescription to the patient via email or any messaging platform
- In case the RMP is transmitting the prescription directly to a pharmacy, he/ she must **ensure explicit consent** of the patient that entitles him/her to get the medicines dispensed from any pharmacy of his/ her choice

Table: Matrix of the permissible drug lists based on the type and mode of consultation

List Group	Mode of Consultation [Video/Audio/Text]	Nature of Consultation [First-consultation/ Follow-up]	List of Medicines
O	Any	Any	List O ¹
A	Video	First Consultation Follow-up, for continuation of medications	List A ²
B	Any	Follow-up	List B ³
Prohibited	Not to be prescribed	Not to be prescribed	Schedule X of Drug and Cosmetic Act and Rules or any Narcotic and Psychotropic substance listed in the Narcotic Drugs and Psychotropic Substances, Act, 1985 ⁴
<ol style="list-style-type: none"> 1. <i>This list included commonly used 'over-the-counter' medications such as Paracetamol, Oral Rehydration Solution (ORS) packets, Antacids etc. This list also includes medicines that may be deemed necessary during emergencies and would be notified from time to time.</i> 2. <i>This list includes usually prescribed medications for which diagnosis is possible only by video consultation such as antifungal medications for Tinea Cruris, Ciprofloxacin eye drops for Conjunctivitis etc. and Re-fill medications for chronic diseases such as Diabetes, Hypertension, Asthma etc</i> 3. <i>This list includes 'add-on' medications which are used to optimize an existing condition. For instance, if the patient is already on Atenolol for hypertension and the blood pressure is not controlled, an ACE inhibitor such as Enalapril</i> 4. <i>For instance, Anti-Cancer drugs; Narcotics such as Morphine, Codeine etc</i> 			

3.7 DUTIES AND RESPONSIBILITIES OF A RMP IN GENERAL

3.7.1 MEDICAL ETHICS, DATA PRIVACY & CONFIDENTIALITY³

3.7.1.1 Principles of medical ethics, including professional norms for protecting patient privacy and confidentiality as per IMC Act shall be binding and must be upheld and practiced.

3.7.1.2 Registered Medical Practitioner would be required to fully abide by Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002 and with the relevant provisions of the IT Act, Data protection and privacy laws or any applicable rules notified from time to time for protecting patient privacy and confidentiality and regarding the handling and transfer of such personal information regarding the patient. This shall be binding and must be upheld and practiced.

3.7.1.3 Registered Medical Practitioners will not be held responsible for breach of confidentiality if there is a reasonable evidence to believe that patient's privacy and confidentiality has been compromised by a technology breach or by a person other than RMP. The RMPs should ensure that reasonable degree of care undertaken during hiring such services.

3.7.1.4 Misconduct

It is specifically noted that in addition to all general requirements under the MCI Act for professional conduct, ethics etc, while using telemedicine all actions that wilfully compromise patient care or privacy and confidentiality, or violate any prevailing law are explicitly not permissible.

Some examples of actions that are not permissible:

- RMPs insisting on Telemedicine, when the patient is willing to travel to a facility and/or requests an in-person consultation
- RMPs misusing patient images and data, especially private and sensitive in nature (e.g. RMP uploads an explicit picture of patient on social media etc)
- RMPs who use telemedicine to prescribe medicines from the specific restricted list
- RMPs are not permitted to solicit patients for telemedicine through any advertisements or inducements

3.7.1.5 Penalties: As per IMC Act, ethics and other prevailing laws.

³ It is the responsibility of the RMP to be cognizant of the current Data Protection and Privacy laws. RMP shall not breach the patient's confidentiality akin to an in-person consultation. For example: If the RMP is planning to create virtual support group for disseminating health education for patients suffering from a particular disease condition then he/she shall be wary of the patient's willingness and not violate patient's privacy and confidentiality by adding them to the group without their consent.

3.7.2 MAINTAIN DIGITAL TRAIL/ DOCUMENTATION OF CONSULTATION

It is incumbent on RMP to maintain the following records/ documents for the period as prescribed from time to time:

- 3.7.2.1** Log or record of Telemedicine interaction (e.g. Phone logs, email records, chat/ text record, video interaction logs etc.).
- 3.7.2.2** Patient records, reports, documents, images, diagnostics, data etc. (Digital or non-Digital) utilized in the telemedicine consultation should be retained by the RMP.
- 3.7.2.3** Specifically, in case a prescription is shared with the patient, the RMP is required to maintain the prescription records as required for in-person consultations.

3.7.3 Fee for Telemedicine Consultation

- 3.7.3.1** Telemedicine consultations should be treated the same way as in-person consultations from a fee perspective: RMP may charge an appropriate fee for the Telemedicine consultation provided.
- 3.7.3.2** An RMP should also give a receipt/invoice for the fee charged for providing telemedicine-based consultation.

4. Framework for Telemedicine

This section lays out the framework for practicing telemedicine in 5 scenarios:

1. Patient to Registered Medical Practitioner
2. Caregiver to Registered Medical Practitioner
3. Health Worker to Registered Medical Practitioner
4. Registered Medical Practitioner to Registered Medical Practitioner
5. Emergency Situations

Essential Principles:

- The **professional judgement** of a Registered Medical Practitioner should be the guiding principle: an RMP is well positioned to decide whether a technology-based consultation is sufficient, or an in-person review is needed. Practitioner shall exercise proper discretion and not compromise on the quality of care
- **Same principles apply irrespective of the mode** (video, audio, text) used for a telemedicine consultation. However, the patient management and treatment can be different depending on the mode of communication used.
- RMP should exercise **his/her professional discretion** for the mode of communication depending on the type of medical condition. If a case requires a video consultation for examination, RMP should explicitly ask for it
- The RMP **can choose not to proceed** with the consultation at any time. At any step, the RMP may refer or request for an in-person consultation
- At any stage, the **patient has the right to choose to discontinue** the teleconsultation

4.1 CONSULTATION BETWEEN PATIENT AND REGISTERED MEDICAL PRACTITIONER

Specifically, this section details with the key elements of the process of teleconsultation to be used in the First consults and Follow up consults when a patient consults with an RMP.

In these 2 situations, the patient initiates telemedicine consultation and thereby consent is implied

4.1.1 First Consult: Patient to Registered Medical Practitioner

4.1.1.1 First Consult means

1. The patient is consulting with the RMP for the first time; or
2. The patient has consulted with the RMP earlier, but more than 6 months have lapsed since the previous consultation; or
3. The patient has consulted with the RMP earlier, but for a different health condition

4.1.1.2 Tele-Consultation Process

The flow of the process is summarized in the Figure 1 and the steps are detailed below.

1. Start of a Telemedicine Consultation for First Consult

- The telemedicine consultation is initiated by the patient (For example, a patient may do an audio or video call with a RMP or send an email or text with a health query)
- RMP accepts to undertake the consultation

2. Patient identification and consent

- RMP should confirm patient identity to his/her satisfaction by asking patient's name, age, address, email ID, phone number or any other identification that may be reasonable
- Telemedicine consultation should be initiated by the patient and thereby consent is implied

3. Quick assessment:

- The patient's condition needs to be quickly assessed by the RMP based on available inputs and RMP uses his professional discretion if emergency care is needed, to decide if emergency care is needed.
- If the condition of the patient merits emergency intervention, then advice for first aid/ immediate relief is provided and guidance is provided for referral, as appropriate.

If the condition does not merit an emergency intervention, the following steps are undertaken:

4. Exchange of Information for Patient Evaluation

- The RMP may ask the patient to provide relevant information (complaints, information about any other consults for the same problem, available investigation and medication details, if any). The patient shall be responsible for accuracy of information shared by him/her with the RMP.
- If the RMP feels that the information provided at this stage is inadequate, then he/she shall request for additional information from the patient. This information may be shared in real time or shared later via email/text, as per the nature of such information. The consultation may be resumed at a rescheduled time after receipt of the additional information (this may include some laboratory or radiological tests). In the meantime, the RMP may provide health advice as appropriate.
- If the RMP is satisfied that he/she has adequate patient information for offering a professional opinion, then he/she shall exercise one's professional judgment for its suitability for management via telemedicine.
- If the situation is NOT appropriate for further telemedicine consultation, then the RMP should provide Health advice/ Education as appropriate; and/or refer for in-person consultation.

5. Patient Management

If the condition can be appropriately managed via telemedicine, then the RMP may take a professional judgement to either:

- Provide *Health Education* as appropriate in the case; and/or
- Provide *Counseling* related to specific clinical condition, *including advice related to new investigations that need to be carried out before next consult*; and/or
- Provide *specific treatment by prescribing medicines* as in List O (which are over the counter drugs or others as notified). Additional medicines (as per List A) can also be prescribed if the ongoing tele-consultation is on video.

4.1.2 Follow-up Consult: Patient to Registered Medical Practitioner

In a follow-up consultation, since the RMP-patient interaction has already taken place for the specific medical condition under follow-up, there is already an understanding of the context, with availability of previous records. This allows a more definitive and secure interaction between the RMP and the patient.

4.1.2.1 Follow-Up Consult means

The patient is consulting with the RMP within 6 months of his/her previous in-person, and this consultation is for continuation of care of the same health condition. Follow-up can be in situations of a chronic disease or a treatment (e.g. renewal or change in medications) when a face-to-face consultation is not necessary. Examples of such chronic diseases are: asthma, diabetes, hypertension and epilepsy etc

4.1.2.2 Tele-Consultation Process

The flow of the process is summarized in Figure 2 and the steps are detailed below:

1. Start of a Telemedicine Consultation for Follow Up

- Patient may initiate a follow up consult with a RMP for continuation of his/her ongoing treatment or for a new complaint or complication arising during the course of the ongoing treatment using any mode of communication. For e.g., the patient may do an audio or video call with a RMP or send him/her an email or text message with a specific health query
- RMP accepts to undertake the consultation

2. Patient identification and consent

- RMP should be reasonably convinced that he/she is communicating with the known patient, for e.g. if the patient is communicating with RMP through the registered phone number or registered email id
- If there is any doubt RMP can request the patient to reinitiate the conversation from a registered phone number or email id or should confirm patient identity to his/her satisfaction by asking patient's name, age, address, email ID or phone number. [Details in the section 3.2]
- Patient initiates the Telemedicine consultation and thereby consent is implied

3. Quick Assessment for Emergency Condition

- If the patient presents with a complaint which the RMP identifies as an emergency condition necessitating urgent care, the RMP would then advice for first aid to provide immediate relief and guide for referral of the patient, as deemed necessary.

4. In case of routine follow-up consultation, the following would be undertaken:

- If the RMP has access to previous records of the patient, he/ she may proceed with continuation of care.
- RMP shall apply his/her professional discretion for type of consultation based on the adequacy of patient information (history/examination findings/Investigation reports/past records).
- If the RMP needs additional information, he/ she should seek the information before proceeding and resume tele-consultation for later point in time.

5. Patient Management

- If RMP is satisfied that he/she has access to adequate patient information and if the condition can be appropriately managed by tele-consultation, he/she would go ahead with the tele-management of the patient.
- If the follow-up is for continuation of care, then the RMP may take a professional judgement to either:
 - Provide health education as appropriate in the case; or
 - Provide counseling related to specific clinical condition *including advice related to new investigations that need to be carried out before next consult*;
 - And/or Prescribe Medications. The medications could be either of the below:
 - If the follow up is for *continuation of care for the same medical condition*, the RMP would re-prescribe original set of medications for a refill (List A of medications, which has been previously prescribed for the patient).

- If the RMP considers addition of a new drug, as an ‘add-on’ medication to optimize the underlying medical condition, then the RMP can prescribe medications listed under List B.
- If the follow-up consult is for a new minor ailment necessitating only ‘over the counter’ medications or those notified for this purpose, medications under List O can be prescribed.
- If the follow-up consult reveals new symptom pertaining to a different spectrum of disease, then the RMP would proceed with the condition as enunciated in the scenario for a first-time consultation (4.1.1).

4.2 CONSULTATION BETWEEN PATIENT AND RMP THROUGH A CAREGIVER

4.2.1 For the purpose of these guidelines “**Caregiver**” could be a family member, or any person authorized by the patient to represent the patient.

4.2.2 There could be two possible settings:

1. Patient **is present** with the **Caregiver** during the consultation.
2. Patient **is not present** with the **Caregiver**. This may be the case in the following:
 - 2a. Patient is a minor (aged 16 or less) or the patient is incapacitated, for example, in medical conditions like dementia or physical disability etc. The care giver is deemed to be authorized to consult on behalf of the patient.
 - 2b. **Caregiver** has a formal authorization or a verified document establishing his relationship with the patient and/or has been verified by the patient in a previous in-person consult (explicit consult).

In all of the above, the consult shall proceed as in the case of RMP and the patient (first or follow up consult, vide 4.1)

CONSULTATION BETWEEN HEALTH WORKER AND RMP

For the purpose of these guidelines, “Health worker” could be a Nurse, Allied Health Professional, Mid-Level Health Practitioner, ANM or any other health worker designated by an appropriate authority

Proposed Set up

- This sub section will cover interaction between a Health Worker seeking consultation for a patient in a public or private health facility.
- In a public health facility, the mid-level health practitioner at a Sub-center or Health and wellness center can initiate and coordinate the telemedicine consultation for the patient with a RMP at a higher center at district or State or National level. Health and Wellness centers are an integral part of comprehensive primary health care.
- This setting will also include health camps, home visits, mobile medical units or any community-based interaction.

Tele-Consultation Process

The flow of the process is summarized in Figure 3 and the steps are detailed below:

1. Start of a Telemedicine Consultation through a Health Worker/RMP

- The premise of this consultation is that a patient has been seen by the Health worker
- In the judgment of the health worker, a tele-consultation with a RMP is required
- Health Worker should obtain the patient’s informed consent
- Health worker should explain potential use and limitations of a telemedicine consultation
- He/she should also confirm patient identity by asking patient’s name, age, address, email ID, phone number or any other identification that may be reasonable
- Health Worker initiates and facilitates the telemedicine consultation.

2. Patient Identification (by RMP)

- RMP should confirm patient identity to his/her satisfaction by asking patient’s name, age, address, email ID, phone number or any other identification that may be reasonable
- RMP should also make their identity known to the patient

3. Patient Consent (by RMP):

- RMP should confirm the patient’s consent to continue the consultation

4. In case of Emergency,

- The Health Worker would urgently communicate about the underlying medical condition of the patient to the RMP.
- If based on information provided, if the RMP identifies it as an emergency condition necessitating urgent care, he/she should advise for first aid to be provided by the Health Worker for immediate relief and guide for referral of the patient, as deemed necessary.

In case, the condition is not an emergency, the following steps would be taken:

5. Exchange of Information for Patient Evaluation (by RMP)

- The Health Worker must give a detailed explanation of their health problems to the RMP which can be supplemented by additional information by the patient, if required.
- The RMP shall apply his professional discretion for type and extent of patient information (history/examination findings/Investigation reports/past records) required to be able to exercise proper clinical judgement.
- If the RMP feels that the information provided is inadequate, then he/she shall request for additional information. This information may be shared in real time or shared later via email/text, as per the nature of such information. For e.g., RMP may advise some laboratory or/and radiological tests for the patient. For such instances, the consult may be considered paused and can be resumed at the rescheduled time. RMP may provide health education as appropriate at any time.

6. Patient Management

- Once the RMP is satisfied that the available *patient information is adequate* and that the case is *appropriate for management via telemedicine*, then he/she would *proceed with the management*. Health worker should document the same in his/her records.
- The RMP may take a professional judgement to either:
 - Provide health education as appropriate in the case,
 - Provide counseling related to specific clinical condition *including advice related to new investigations that need to be carried out before next consult*;
 - And/or prescribe medications.
 - as prescribed for use in guidelines from time to time for a particular cadre of Health Workers.

5.2 Role of Health Worker:

In all cases of emergency, the Health Worker must seek measures for immediate relief and first-aid from the RMP who is being tele-consulted. Health worker must provide the immediate relief/first aid as advised by the RMP and facilitate the referral of the patient for appropriate care. The Health Worker must ensure that patient is advised for an in-person interaction with an RMP, at the earliest.

For patients who can be suitably managed via telemedicine, the Health Worker plays a vital role of

- Reinforcing the health education and counseling provided by the RMP
- Providing the medicine prescribed by the RMP and providing patient counseling on his/her treatment.

4.4 REGISTERED MEDICAL PRACTITIONER TO ANOTHER RMP/ SPECIALIST

- Registered Medical Practitioner might use telemedicine services to consult with another RMP or a specialist for a patient under his/her care. Such consultations can be initiated by a RMP on his/her professional judgement.
- The RMP asking for another RMP's advice remains the treating RMP and shall be responsible for treatment and other recommendations given to the patient.
- It is acknowledged that many medical specialties like radiology, pathology, ophthalmology, cardiology, dermatology etc. may be at advanced stages of adoption of technology for exchange of information or some may be at early stage. Guidelines support and encourage interaction between RMPs/ specialists using information technology for diagnosis, management and prevention of disease.
 - **Tele-radiology** is the ability to send radiographic images (x-rays, CT, MRI, PET/CT, SPECT/CT, MG, Ultrasound) from one location to another.
 - **Tele-pathology** is use of technology to transfer image-rich pathology data between distant locations for the purposes of diagnosis, education, and research.
 - **Tele-ophthalmology** access to eye specialists for patients in remote areas, ophthalmic disease screening, diagnosis and monitoring.

4.5 EMERGENCY SITUATIONS

In all telemedicine consultations, as per the judgment of the RMP, if it is an emergency situation, the goal and objective should be to provide in-person care at the soonest. However critical steps could be life-saving and guidance and counseling could be critical. For example, in cases involving trauma, right advice and guidance around maintaining the neck position might protect the spine in some cases. The guidelines are designed to provide a balanced approach in such conditions. The RMP, based on his/ her professional discretion may

- Advise first aid
- Counseling
- Facilitate referral

In all cases of emergency, the patient MUST be advised for an in-person interaction with a Registered Medical Practitioner at the earliest

5. Guidelines for Technology Platforms enabling Telemedicine

This specifically covers those technology platforms which work across a network of Registered medical practitioners and enable patients to consult with RMPs through the platform

- 5.1 Technology platforms (mobile apps, websites etc.) providing telemedicine services to consumers shall be **obligated to ensure** that the consumers are consulting with **Registered medical practitioners** duly registered with national medical councils or respective state medical council and comply with relevant provisions
- 5.2 Technology Platforms shall conduct their **due diligence** before listing any RMP on its online portal. Platform must provide the **name, qualification and registration number, contact details of every RMP** listed on the platform
- 5.3 In the event some non-compliance is noted, the technology platform shall be required to **report** the same to BoG, in supersession to MCI who may take appropriate action
- 5.4 Technology platforms based on **Artificial Intelligence/Machine Learning are not allowed to counsel the patients or prescribe any medicines** to a patient. Only a RMP is entitled to counsel or prescribe and has to directly communicate with the patient in this regard. While new technologies such as Artificial Intelligence, Internet of Things, advanced data science-based decision support systems etc. could **assist and support a RMP** on patient evaluation, diagnosis or management, the final prescription or counseling has to be directly delivered by the RMP
- 5.6 Technology Platform must ensure that there is a proper mechanism in place to address any queries or grievances that the end-customer may have
- 5.7 In case any specific technology platform is found in violation, BoG, MCI may designate the technology platform as blacklisted, and no RMP may then use that platform to provide telemedicine

6. Special responsibilities of Board of Governors in supersession to Medical Council of India (BoG-MCI)

6.1 Any of the drug-lists contained in Telemedicine Practice Guidelines can be modified by the Board of Governors in super-session of the Medical Council of India/Medical Council of India from time to time, as required.

6.2 The Board of Governors in super-session of the Medical Council of India may issue necessary directions or advisories or clarifications in regard to these Guidelines, as required.

6.3 The Telemedicine Practice Guidelines can be amended from time to time in larger public interest with the prior approval of Central Government [Ministry of Health and Family Welfare, Government of India].

Flow charts

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**First Consult:
Patient and Registered Medical Practitioner (RMP)**

RMP can choose not to proceed with the consultation at any time
At any step, the RMP may refer or request for an in-person consultation

At any stage, the patient has the right to choose to discontinue the teleconsultation

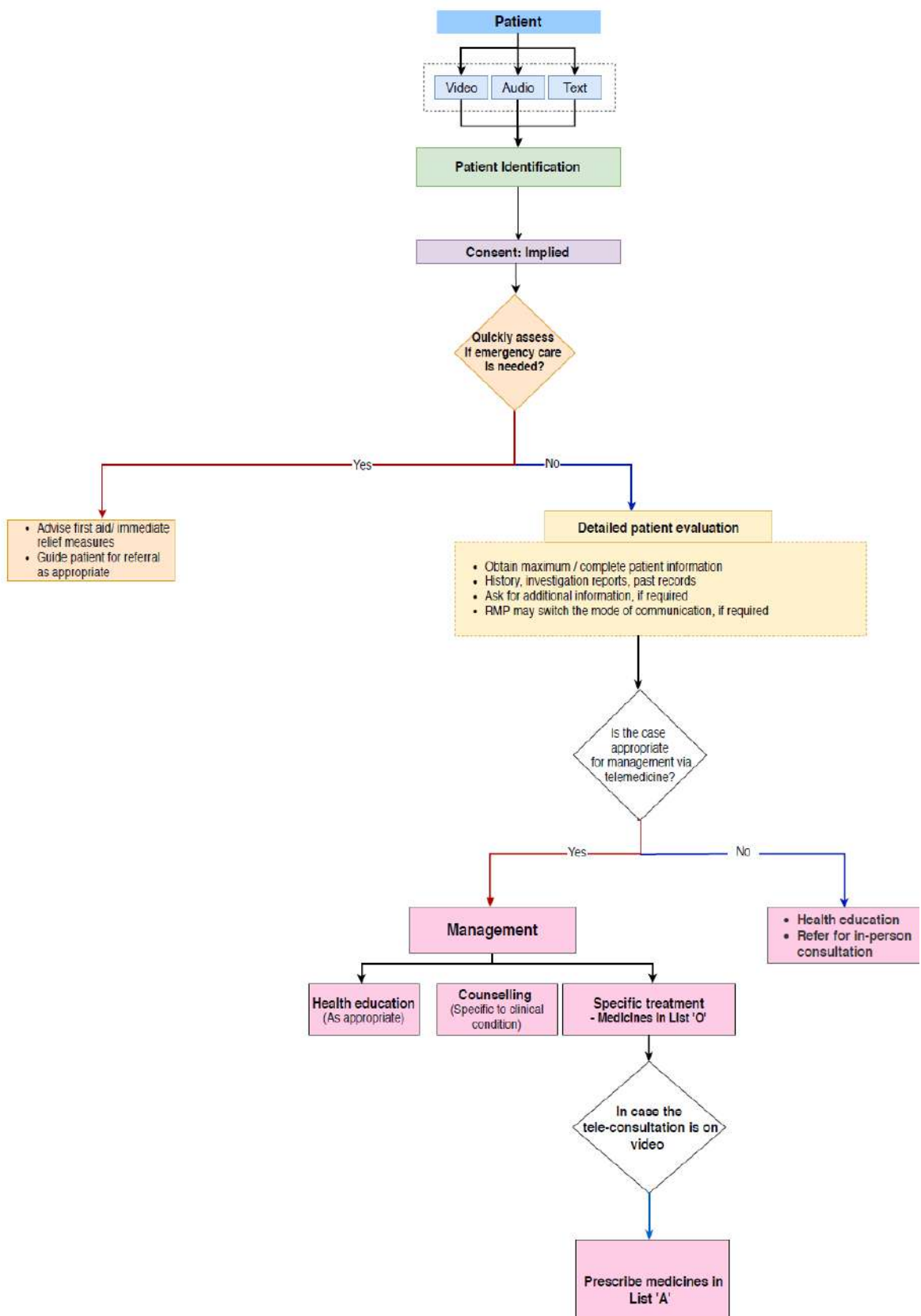


Figure 1: Flow chart for teleconsultation for first consult

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**Follow up Consult:
Patient and Registered Medical Practitioner (RMP)**

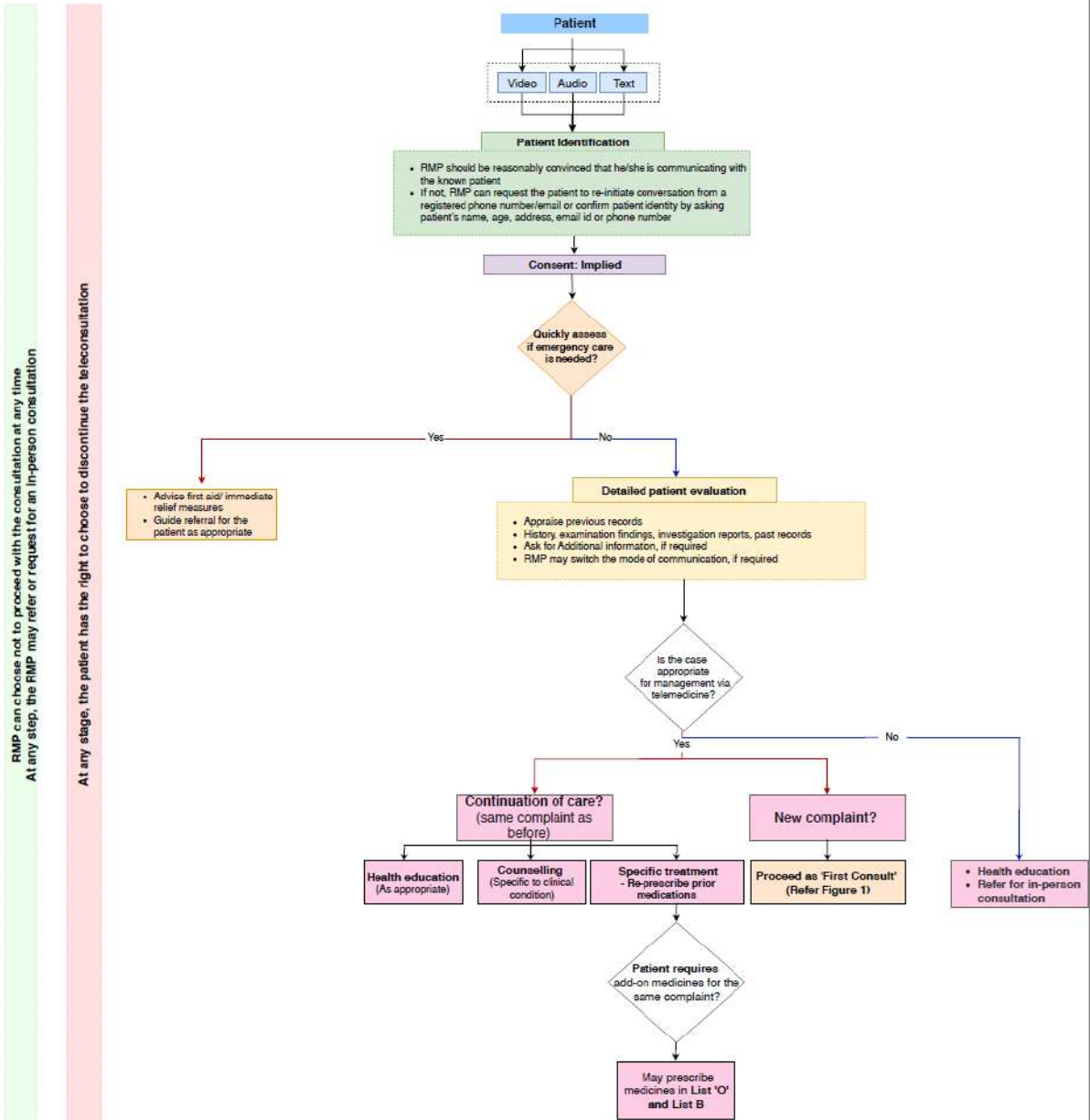


Figure 2: Flow Chart for teleconsultation on follow-up Consult

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Health Worker (HW) and Registered Medical Practitioner (RMP)

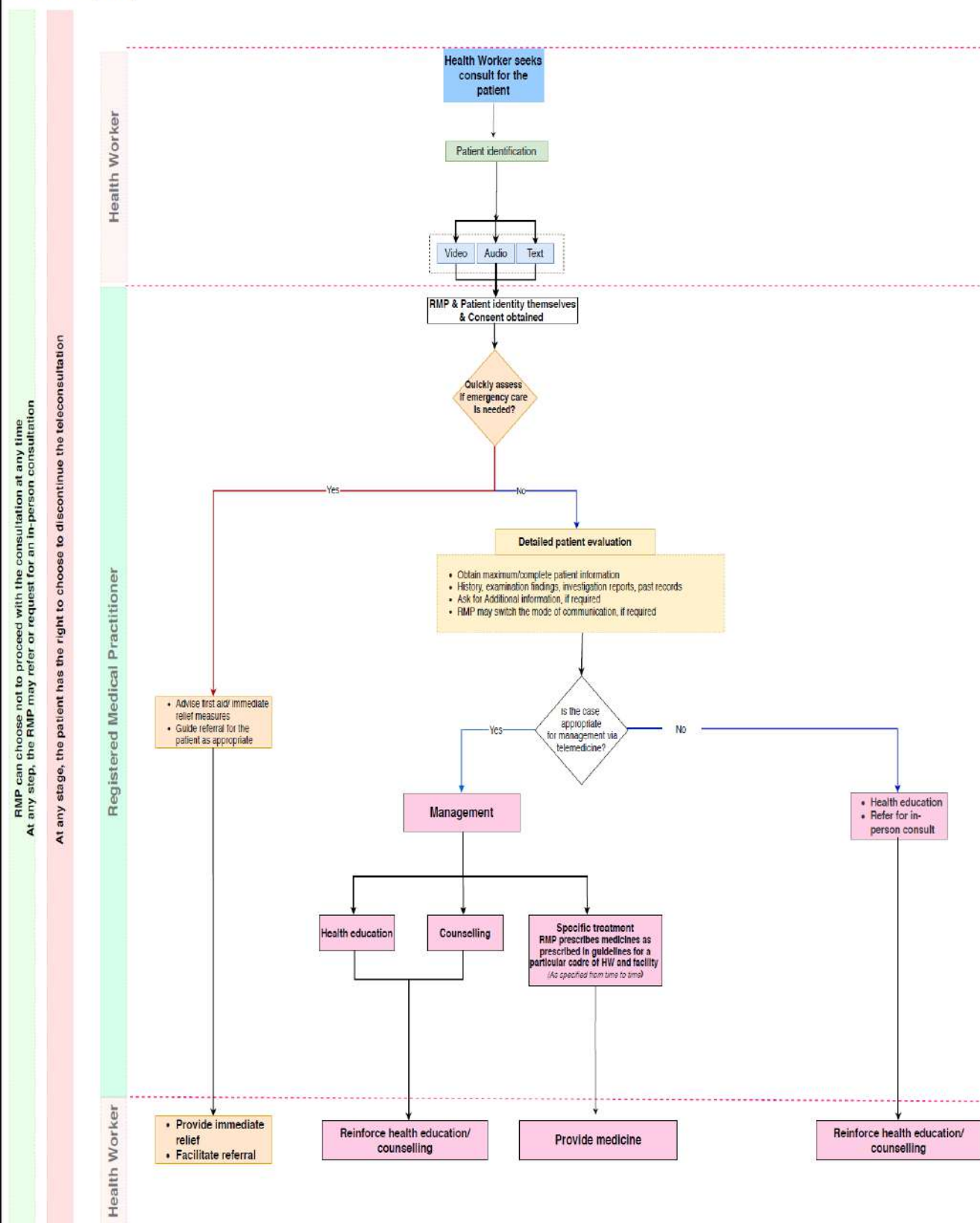


Figure 3: Flow chart for a teleconsultation between a Health Worker (HW) and a Registered Medical Practitioner

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Annexures

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MEDICINE LISTS

List O

- **Common over-the counter medications such as**
 - Antipyretics: Paracetamol
 - Cough Supplements: Lozenges,
 - Cough/ Common-cold medications (such as combinations of Acetylcysteine, Ammonium Chloride, Guaifensen, Ambroxol, Bromhexene, Dextromethorphan)
 - ORS Packets
 - Syrup Zinc
 - Supplements: Iron & Folic Acid tablets, Vitamin D, Calcium supplements
 - Etc
- **Medications notified by Government of India in case from time to time on an Emergency basis**
 - Such as Chloroquine for Malaria control for a specific endemic region, when notified by Government

List A

- **First Consult Medications (Diagnosis done on video mode of consultation) such as**
 - Ointments/Lotion for skin ailments: Ointments Clotrimazole, Mupirocin, Calamine Lotion, Benzyl Benzoate Lotion etc
 - Local Ophthalmological drops such as: Ciprofloxacin for Conjunctivitis, etc
 - Local Ear Drops such as: Clotrimazole ear drops, drops for ear wax etc..
 - Follow-up consult for above medications
- **Follow-up medications for chronic illnesses for 're-fill' (on any mode of consultation) such as medications for**
 - Hypertension: Enalapril, Atenolol etc
 - Diabetes: Metformin, Glibenclamide etc
 - Asthma: Salmeterol inhaler etc
 - Etc

List B

- **On follow-up, medications prescribed as 'Add-on' to ongoing chronic medications to optimize management such as for hYpertension: Eg, add-on of Thiazide diuretic with Atenolol**
 - Diabetes: Addition of Sitagliptin to Metformin
 - Etc

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6.1 SAMPLE PRESCRIPTION FORMAT

REGISTERED MEDICAL PRACTITIONER'S NAME

QUALIFICATION

REGISTRATION NUMBER

ADDRESS

CONTACT DETAILS (EMAIL AND PHONE NUMBER)

Date Of Consultation	<input type="text"/>		
Name of Patient	<input type="text"/>	Age	<input type="text"/>
Address	<input type="text"/>	Gender	<input type="text"/>
		Height	<input type="text"/>
		Weight	<input type="text"/>
		LMP	<input type="text"/>

CHIEF COMPLAINTS**DIAGNOSIS OR PROVISIONAL DIAGNOSIS****RELEVANT POINTS FROM HISTORY****EXAMINATION / LAB FINDINGS****SUGGESTED INVESTIGATIONS****Rx**

1. NAME OF MEDICINE (in capital letters only with generic name)
drug form, strength, frequency of administration & duration.
2. NAME OF MEDICINE (in capital letters only with generic name)
drug form, strength, frequency of administration & duration.
3. NAME OF MEDICINE (in capital letters only with generic name)
drug form, strength, frequency of administration & duration.

SPECIAL INSTRUCTIONS**RMP's Signature & Stamp**

Note: This prescription is generated on a teleconsultation.

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Guidelines for Quarantine facilities COVID-19

The purpose of this document is to provide interim guidance for setting up of quarantine facilities

Guidelines for Quarantine facilities

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1.0. Introduction

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. Persons are usually quarantined in their homes, but they may also be quarantined in community-based facilities.

Quarantine can be applied to

- An individual or to a group of persons who are exposed at a large public gathering or to persons believed exposed on a conveyance during international travel.
- A wider population- or geographic-level basis.

Examples of this application include the 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.

The purpose of this document is to provide guidelines for setting up of quarantine facilities during the current COVID-19 outbreak.

The recommended duration of quarantine for Covid-19 based on available information is upto 14 days from the time of exposure.

The 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, and
- Segregation of COVID-19 suspects, as early as possible from among other quarantined persons

The scope of this document is to cover the procedures required for

- Physical infrastructure/Functional Services requirement at quarantine facilities
- Procedure for medical monitoring of contacts, reporting formats
- Protocol for referrals of suspects/ Symptomatics and isolation of symptomatics if required temporarily
- Infection control practices by medical personnel, supporting staffs and catering staffs etc.

2.0. Evaluation of potential sites for facility-based quarantine is important for preparedness planning (Checklist at Annexure-11).

Requirements for Quarantine facility in a community-based facility is as under

1. Location:

- preferably placed in the outskirts of the urban/ city area (can be a hostel/unused health facilities/buildings, etc.)
- away from the people's reach, crowded and populated area
- well protected and secured (preferably by security personnel/ army)
- preferably should have better approachability to a tertiary hospital facility having critical care and isolation facility

2. Access considerations

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

3. Ventilation capacity: Well ventilated preferably natural

4. Basic infrastructure/functional requirements:

- Rooms/Dormitory separated from one another may be preferable with in-house capacity of 5-10 beds/room
- Each bed to be separated 1-2 meters (minimum 1 metre) apart from all sides.
- Lighting, well-ventilation, heating, electricity, ceiling fan
- Potable water to be available
- Functional telephone system for providing communications.
- Support services- fooding, snacks, recreation areas including television
- Laundry services
- Sanitation services/Cleaning and House keeping
- Properly covered bins as per BMW may be placed

5. 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
- Laundry facilities (on- or off-site)
- Mess/Meal preparation (on- or off-site)
- Holding area for contaminated waste
- Wash room/Bathroom/Toilet

6. Social support resources/ Recreational areas

- Television and radio / Reading materials/ indoor plays

7. **Monitoring the health of contacts:** During that period, contacts should be monitored at least daily for fever and respiratory symptoms.

2.2. Standard operating Procedures: To ensure smooth operation in the quarantine facility, the standard Operative procedures (SOPs) needs to be framed as under

- Daily monitoring surveillance using the daily reporting format (annex 1)
- Fever triage/ Isolation
- Case and contact monitoring and response
- Transfers of suspect/symptomatic to designated hospital (through ambulances)
- Public information
- Provider information (SOPs)
 - medical personnel (annex 2),
 - nursing staff (annex 3),
 - movement of health personnel and support staff (annex 4) and
 - security staff (annex 5)

Functional flow should be maintained to reduce/minimise the interactions between quarantine people and healthcare professionals/supporting staffs so that transmission of disease is prevented and controlled

3.0. 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 includes identification of the biohazard risk precaution levels, along with its associated activities. 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 procedures performed in the Quarantine camp. Areas were segregated and labeled as:

- **Low risk areas:** Areas having less direct contact with evacuee suspects such as control room center in the quarantine center, nursing station and areas of kitchen where food is cooked.
- **Moderate risk areas:** Moderate risk areas are where infectious aerosols are generated from areas where the suspects were inhabiting in their bed linen, pillows and nearby clothes; low concentration of infectious particles. Contaminated surface near the quarantine zones.
- **High risk areas (containment Quarantine camp):** Areas where direct dealing with the suspects are as under
Medical examination room, sample collection areas(high concentration of infectious particles while coughing, sneezing, gag reflex during nasopharyngeal & oropharyngeal sample collection). Toilet and bathroom areas, dining areas, areas of bio-waste collections, segregation and disposal.

Based on risk assessment, areas should be earmarked and infection prevention control measures to be applied as per MOHFW guidelines.

4.0 Securing Entry and Exit points

- In order to prevent and control infection in the facility, strategic points in the facility needs to be identified including
- The Control room where a person entering inside quarantined building to get proper awareness and training on infection control measures,
- A well informed and trained security to check (main entrance gate of the area) and a guard (24*7) with registers for ins and outs and a designated nursing officer for checking proper PPE wear (main entrance gate in the building)
- 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 groups are handled

- Only authorized & trained persons or those designated in work areas to permitted to enter the quarantine areas;
- Doors to keep closed at all times preferably under observation of a guard.
- There should be double door entry was managed with only one door to be open at a single time.

5.0 . Human resource Deployment: In the quarantine facility, Chief Medical officer needs to be appointed as In-charge /nodal officer for overall coordination and supervision of the quarantine center. Services of General duty medical doctors, Medicine specialists, Pediatrics, Microbiologist (for diagnostic support and IPC), Psychiatrists & Psychologists are required for routine examination and relevant clinical care of the quarantined people. Para-medics including Staff Nurse and Lab. Technician, Pharmacist need to be posted. Public health specialist are required for monitoring public health aspects of the facility while services of clinical microbiologist are required for sample collection, packaging and infection prevention & control practices. House keeping staff also need to be deployed.

6.0 Training – Training is the most important and critical part to ensure that all activities takes place as per established protocol and SOPs, training of health care professionals and other relevant staffs was undertaken initially. Training of medical officers on 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.

Training of clinicians, laboratory technicians and medics needs to be undertaken on appropriate sample collection (nasopharyngeal and throat) and triple layer packaging with cold chain maintenance.

Paramedical staffs i.e., staff nurses; medics, pharmacist etc. needs to be trained on SOPs to be followed at Quarantine centers and use of PPE kit. Staff undertaking the work in Laundry, Mess/Canteen, security and other related staff i.e., drivers, general duty staff etc. needs to be trained on use of mask, gloves , cleaning and disinfection procedures and use of PPE kit, etc.

Refresher training or regular direction to all the above staffs needs to be provided as on need basis. During the quarantine period as and when new staff was posted, it needs to be ensured that he/she received proper training before undertaking the work. It is to emphasized that all activities / procedures must be done under strict monitoring/observations of trained specialists.

7.0 . Daily Clinical Examination and referral - All quarantined people needs to be examined twice (morning & evening) daily clinically and 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.

Daily census of the people needs to be undertaken twice a day (ex. Morning 8 am and evening 6 pm).

8.0 Coordination– Chief medical officer needs to supervise and coordinate with various organizations working with the facility. To ensure all activities take place according to standard protocol, separate teams were constituted for various purposes- Supervisory team, admin team, logistic team, referral team, medicine / equipment team, hygiene sanitation team.

Daily review meetings needs to be conducted under chairmanship of Chief medical officer to discuss day to day affairs and sort out any issue requiring attention.

24*7 control room needs to be established at the facility with monitor for CCTV cameras and speakers at each floor so that quarantined people can be communicated on routine basis and necessary instructions can be provided.

9.0 Recording and reporting mechanisms- To ensure standardized reporting, daily reporting formats of suspected cases with symptoms related to corona virus, no. of cases requiring referral, sample collection status needs to be designed (as per annexure 1). It needs to be sent daily to relevant higher authorities.

10.0 Monitoring and Supervision – Daily monitoring visit needs to be conducted inside quarantine facility and outside the facility in the surrounding campus by public health and incharge officers and gaps to be noted. Necessary corrective actions and preventive actions to be taken by the nodal officer.

Visits also given by senior officers from for regular review.

11.0 Establishment of Infection Prevention Control (IPC) measures – As per risk assessment was undertaken with respect to probability of infection from possibly infected quarantine people to health care, other staffs and surrounding areas. Special map of the facility needs to be prepared to outline the details of movement of health care and other personnel around the quarantine area and in the building. It need to be ensured that movement of health care staffs and other personnel to undertake as per the designed map to prevent and control infections.

Separate fence needs to be raised around the building to prevent entry of animals especially dogs, monkeys and even birds if possible.

Well informed and trained security personnel needs to be deployed all around the building on 24*7 rotation basis to monitor the facility and to avoid entry of undesired persons/animals and even birds for eating any food remains/droppings inside the area.

To ensure that all health care personnel use PPE as per guidelines, they need to be properly trained and assisted during wearing of PPE. Separate areas to be earmarked for PPE Donning and Doffing. Compliance for same to be ensured by nodal officer.

Separate well informed and trained nursing officers need to be stationed at the building to regulate the movement of the staffs entering the facility. He/ She should be assigned the duty that every person entering the facility enters in the register of all the details on time of name, designation entry/exit. Nursing officer to ensure that all the persons are labeled while entering the building so that they can be identified by security staff. At the entrance, two door entries may be ensured to avoid mixing of quarantine people with health care staff.

It is to be ensured that all the quarantine facility is decontaminated daily (refer to infection prevention control guidelines) with disinfectants (freshly prepared 1% hypochlorite, detergent solution) including surface mopping of all the floor, bathrooms, toilets facility, under side of beds, other related items placed in the rooms of quarantine people .

A separate cubicle for people developing mild symptoms for temporary observation (transit room) may be considered so that it will lead to an early isolation of any symptomatic person and to prevent transmission to other cluster of groups.

12.0 Lodging, Catering, Laundry and other related activities –Disposable and

pre-packed food to be needs to be served to quarantined people. All the quarantined people to be kept on separate beds with distance of 1-2 meters with no bed facing opposite to each other. All Beds were having disposable bed sheet that should be changed on daily basis. Personal toiletries/ towel/ blanket/ pillow with covers/electric kettle, room heater and water dispenser may be provided to each person depending on availability.

A separate room needs to be assigned to perform laundry services for cleaning of all the clothes and other washing related activities. Before laundering, all the washable items needs to be placed in 1% hypochlorite up to 30 minutes and later washed in detergent solution.

13.0 Biomedical waste (BMW) management- To ensure that biomedical waste management in the facility takes place as per standard guidelines, separate yellow, red /black bags, foot operating dustbins needs to be kept at each floor and outside the facility. It is to strictly ensured that Doffing takes place in the designated area with all the PPE kit including mask, gloves is properly placed in yellow bags. All the health care workers collecting the possible infectious material such as food items, PPE kits from yellow bags should also wear PPE and following the IPC measures. Designated place to be earmarked outside the building for collection of yellow and black bags. It should be collected at least twice daily by biomedical waste management vehicle/any other local established practice.

Site of collection of biomedical waste should be regularly disinfected with freshly prepared 1% hypochlorite solution. All officials concerned with the administration and all other health care workers including medical, paramedical, nursing officers, other paramedical staff and waste handlers such as safaikarmacharis, attendants & Sanitation attendants needs to be well oriented to requirements of handling and management of general and biomedical waste generated at the facility. Steps in the management of biomedical waste include generation, accumulation, handling, storage, treatment, transport and disposal as mentioned in the SOP needs to be followed. Continuous training, monitoring & supervision to monitor the implementation to be done on daily basis to manage compliance related issues. All the generated waste from Quarantine facility to be treated as isolation waste and its disinfection /treatment was strictly monitored by specialists in the health authorities.

14.0 Logistic management- All logistic to be used in quarantine facility i.e., PPE , medical equipments i.e. 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, etc. and monitored by logistic team on daily basis.

15.0 Information, Education & Communication (IEC) and Psycho-social support – As on arrival, there might be an obvious sense of psychological fear and panic among all the quarantine people and some of the involved stakeholders like health care professionals/staffs including doctors, security personnel etc.. An interpersonal communication needs to made to all of them one after another in groups by Psychiatrist team initially and later on with individual counselling sessions. 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 to contain and avoid spread of the infection. 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. If there is fear in the surrounding community it needs to be addressed.

16.0 Sample collection and packaging – For baseline testing, Samples (Nasopharyngeal swab and throat swabs) for COVID-19 need to be collected from all quarantine people & sent with triple layer packaging maintained in cold chain (2-8°C) to designated laboratory .

Safe collection & handling of specimens in the Quarantine camp needs to be performed in identified locations as per the SOP. Specimen containers generally used are viral transport medium (VTM vials containing 3 ml medium) with falcon tubes (50 ml) as secondary layer of Triple layer packaging system. Containers needs to be correctly labeled to facilitate proper identification. Specimen request or specification forms to be placed in separate waterproof zip pouch envelopes with locking facility and pasted on the outside walls of the sample transport containers (Performa annexure). Just before the end of the 14 days quarantine period, resampling of nasopharyngeal swabs needs to be done.

17.0 Discharge of quarantine people from Quarantine Facility - The quarantine people needs to be discharged at the end of 14 days of incubation period provided samples are negative on resampling. Instructions should be provided to self-monitor their health at their home (home quarantine) for next 14 days and immediately report to their District Surveillance officer (DSO), in case of development of symptoms suggestive of COVID-19. Written instructions were handed over to them individually. The District Surveillance Units (DSO) and State Surveillance Units (SSO) to be provided with contact details of the quarantine people to conduct active surveillance for next 14 days under intimation to the Central Surveillance Unit, IDSP (NCDC).

18.0 Terminal Disinfection and decontamination procedures: Quarantine facility terminal disinfection procedures to be performed as per guidelines. Cleaning/ decontamination to be performed using the proper personal protective equipment (PPE) and adopting three bucket system as prescribed in the SOP (at attached annexure).

Spraying of 1% sodium hypochlorite working solution (dilution 1:4 from an initial concentration of 4%) to be done on all the surfaces (protecting electrical points/appliances). This was followed by cleaning with a neutral detergent that is used for removing the traces formed by hypochlorite solution. While

cleaning, windows need to be opened in order to protect the health of cleaning personnel.

All frequently touched areas, such as all accessible surfaces of walls and windows, the toilet bowl and bathroom surfaces needs to be carefully cleaned. All textiles (e.g. pillow linens, curtains, etc.) should be first treated with 1% hypochlorite spray and 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.

DAILY REPORTING FORMAT (Daily Clinical Examination)

COVID-19

Name of the Centre:

Address:

Centre In Charge:

Contact No:

S.no	Date of reporting	Census in the Centre (8 AM)	Clinically examined	Suggestive Symptoms like fever, cough, breathing difficulty, other respiratory problems,	Other clinical cases and non 2019-nCoV	Cases referred to designated hospital	Cumulative cases referred to designated hospital	Cases discharged from designated hospital	Cases still admitted at designated hospital	Census in the Centre (8PM)	Remarks
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etc

M				M						
M	FM	FM	F	M	FM	FM	FM	FM	FM	F

Annex 2

Standard Operative Procedures for medical personnel

There are shift duties of the doctors may be as under

Morning :	800AM to 200 PM
Afternoon :	200PM to 800 PM
Night :	800PM to 800 AM (next day)

General instructions for medical doctors from designated hospital (s) for performing their duty at Quarantine facility may be as under:

- a. The name of the duty officers and duty roster for to be displayed at the control room.
- b. Each team to follow the procedure mentioned below:
- c. The resident doctors on duty will report to the centre at the reporting time and mark attendance in the register.
- d. After that, they will go to clinical area to examine the quarantined people in the centre.
- e. The doctors on working duty will team up with medical officers from Quarantine facility to form a paired team (one from hospital and another from the Quarantine facility) to examine the cases.
- f. They will examine and assess the patients and report to the In-charge of the Quarantine facility.
- g. They will take care of the infection control/protective measures while examining the persons and follow guidelines placed at the door for safety/infection control measures.
- h. If any symptomatic case/ additional symptoms are observed/ reported, it should be discussed with the In-charge of the Quarantine facility for referral to the designated hospital, if required.
- i. They will complete examination of all patients and report before 12 noon on the same day and handover the report to the Office In-charge for onward transmission to the Ministry.
- j. They will not leave till the next relieving team arrived.
- k. They will hand over this information to the next relieving team.
- l. They will leave the Quarantine facility with due permission of In-charge of the Quarantine facility.
- m. If any doctor has not reported due to unavoidable circumstances, present available team will inform to the concerned authority of designated hospital for substitute.
- n. In case any patient needs to be transferred due to any eventuality to the referral centre, senior most doctor will accompany the ALS Ambulance to take care of the patient till he/she reaches and handed over to the centre.
- o. The medical team may take help of psychiatric/ counsellor team if required, for psychosocial support
- p. Team to work in harmony with the Quarantine facility medical team.
- θ. The senior most doctor on duty from the designated hospital will take decision of the clinical management.

Annex 3

Standard Operative Producers for Nursing Officer (supervisor)

- Maintain log of medical professionals/staffs entering/exiting in the quarantine facility, where the quarantine people are housed.
- A designated nursing officer (infection prevention & control nurse) has to ensure that the incoming officers/ staff to the quarantine building that are wearing appropriate PPE, and they are aware of universal infection control precautions {hand washing (alcohol/ sanitizers or soap + water; mask, gloves, PPE).
- After this he/she will allow the person to enter.
- The PPE doffed off by the outgoing medical professionals needs to be disposed in the yellow bag and hand sanitization should be ensured after disposing the PPE. **(PPE- donning On / doffing Off enclosed).**
- Yellow bags containing the infected materials placed in the nearby gate should be disposed off daily as per the Biomedical Waste Management Rules.
- The dustbins should be covered at all times. This should be ensured by Nursing officer. If required, disinfection has to be done as advised.
- Black bags (municipal wastes) - to be disposed after proper packaging daily as per the Biomedical Waste Management Rules.
- Supervise IPC in the facility in coordination with Microbiologist/Clinician

Standard Operative Procedures for Movement of Health Professionals and Support Staff Inside the Quarantine facility

The movements of health professionals are to be monitored at three vital points considering the control of infection for the prevailing disease-

CONTROL ROOM:

- Health professionals and support staff need to be made aware and trained in correct procedure of wearing mask and gloves.
- They need to be trained to follow the infection control measures as instructed including
 - hand washing with soap and water and sanitizing with alcohol-based sanitizers,
 - cough etiquettes,
 - donning and doffing of PPE etc.
 - before entering the quarantine facility.

Main Gate Security post: To monitor entry of persons/visitors to the facility and ensure that the personnel should comply with instructions / including wear the mask correctly.

Nursing Station at Quarantine building (ground floor):

1. Registration of name with time and purpose for entering the building
2. PPE should be donned here.
3. Nursing officer will check and ensure strict and correct wearing of PPE before entering the main quarantine area
4. After coming out from the main quarantine area, PPE to be doffed properly and placed in the designated bin for infective material (Yellow bag)
5. The hands should be sanitized before exiting the quarantine area
6. Mobile phones are not allowed to be used inside the building
7. Name of doctors to be written on the PPE with permanent marker for identification.

Standard Operative Producers for Security Personnel at Quarantine facility

1. For security purpose, ensure 24 hours manning of the post of the quarantine facility.
2. The person manning the area must be trained and instructed to wear mask and gloves during the duty period.
3. Instructions for infection control measures like hand washing etc. should be properly briefed.
4. Doctors/Nursing staff/supporting staffs/other entering the quarantine area should wear appropriate PPE before entering the quarantine centers.
5. Log of those entering/exiting the Quarantine facility should be maintained. Only those having specific purpose inside the Quarantine facility should be allowed to enter.
6. The log should be put up daily to the controlling authority.
7. Security guard should have a whistle to give signals to people to not come near the quarantine facility if they do not have any purpose to visit the Quarantine facility.
8. He should report immediately to the officer In-charge controlling the security of the quarantine facility, if anybody does not follow the instructions as directed.
9. The security personnel should not leave after completing his shift till his reliever reports for duty.
10. The officer In-charge controlling the security of the quarantine facility will supervise the duty roster and roles and responsibilities of all the personnel deployed at the quarantine area for smooth functioning.

Annexure-6

Requirements of Equipment for Quarantine Facility

Equipment	Daily Consumption for holding 300 persons
Gloves <ul style="list-style-type: none"> • reusable vinyl or rubber gloves for environmental cleaning • latex single-use gloves for clinical care 	200
Hair covers (optional)	1500
Particulate respirators (N95, FFP2, or equivalent)	150
Medical (surgical or procedure) masks	1500
Gowns and aprons (single-use long-sleeved fluid-resistant or reusable non-fluid-resistant gowns)	150
PPE Kit	130
Alcohol-based hand rub	50
Plain soap (liquid if possible, for washing hands in clean water)	500
Clean single-use towels (e.g. paper towels)	1500
Sharps containers	5
Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or equipment	20 litres
Large plastic bags	200
Appropriate clinical waste bags	100
Linen bags	500
Collection container for used equipment	200

Human Resource requirement for Quarantine Facility

The requisite human resources at a Quarantine Facility can be divided into two broad categories:

General Requirements of medical personnel for the facility as under

Medical personnel- (catering facility of 300 people)

- I. On- Duty Doctors in 6 hours shift of 2 doctors
- II. Nursing Staff in 6 hours shift of 4 nurses
- III. Lab. Technicians in 6 hours shift of 4 technicians

1. Health professionals: (Multi-disciplinary team)

- Medical doctors (Multi-Speciality team)- General duty doctors, Specialists like Medicine, Paediatrician, Psychiatrist / Psychologist, Public Health specialist, Microbiologist etc.
- Nursing officers
- Pharmacists
- Paramedics
- Lab. Technicians (preferably)

2. Supporting staffs like Safai Karamchari, Housekeeping, Laundry workers, Cooks, etc.

3. Security staffs

Annexure- 8

Checklist for screening entry of persons inside the quarantine building

- Only authorised personnel should enter the quarantine facility for carrying out pre-determined activity. While entering the quarantine facility, it should be ensured that personnel are wearing the requisite personal protective equipment
 - A pre-identified staff should be designated to screen the personnel entering in the quarantine facility using following check-list.
 - I. Is the person entering the quarantine building either doctors/nursing officers/ supporting staffs/ Govt. officials etc. posted or authorized to enter the quarantine building in the Centre?
 - II. Whether the person entering the quarantine building is having duty inside the building during that time?
 - III. Whether the person entering wear protective suit correctly?
 - IV. Whether the person entering wear N-95 Mask correctly?
 - V. Whether the person entering wear goggles correctly?
 - VI. Whether the person entering wear headgear correctly?
 - VII. Whether the person entering wear boots correctly?
 - VIII. Whether PPE has no gaps/physical damages which can be a risk in the disease transmission?
 - IX. If it is 'YES' in all Qs from 1to 9, then, the person is allowed to enter the quarantine building.
 - X. If any of the Qs is NO, then , to ask for appropriate donning of PPE initially and if not still then, to contact the concerned officer supervising the nursing officers and if required, NCDC Team on duty /In-charge of the center.
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Annexure – 9

Guidelines for Disinfection of quarantine facility (for COVID-19)

(Refer to NCDC Website for latest updates)

Guidelines for disinfection of quarantine facility (for COVID-19)

Scope: This document aims to provide interim guidance about the environmental cleaning / decontamination in quarantine camp facilities (e.g. barracks, cubicles in rooms, offices, and toilets, etc.) where persons with potential exposure to COVID-19 have housed.

The causative agent involved in the current outbreaks of 2019-nCoV acute respiratory disease, the 2019-nCoV (genus: Betacoronavirus), belongs to the family of Coronaviridae, a large family of enveloped, positive-sense single-stranded RNA viruses. Coronaviruses are transmitted in most instances through large respiratory droplets and contact transmission, but other modes of transmission have also been proposed worldwide.

The time of survival and the conditions affecting the 2019-nCoV viability in the environment are currently unknown. According to studies assessing the environmental stability of other coronaviruses, the Severe Acute Respiratory Syndrome coronavirus (SARS-CoV) is estimated to survive several days in the environment and the Middle East Respiratory Syndrome-related coronavirus (MERS-CoV) more than 48 hours at an average room temperature (20°C) on different surfaces [1-3].

Environmental cleaning: Due to the potential survival of the virus in the environment for several days, the premises and areas potentially contaminated with the 2019-nCoV should be cleaned before their re-use, using products containing antimicrobial agents known to be effective against coronaviruses. Although there is lack of specific evidence for their effectiveness against 2019-nCoV virus, cleaning with water and household detergents and use of common disinfectant products should be sufficient for general precautionary cleaning. Tests carried out using SARS-CoV showed that sodium hypochlorite is effective.

These guidelines provide guidance for environmental cleaning in quarantine facilities housing people exposed/ potential exposure to COVID-19 and have been adapted based on the Hospital Infection Prevention and Control guidelines drafted by NCDC in collaboration with WHO and other stakeholders.

	Care of mop	Hot water Detergent Sodium hypochlorite 1%	<ul style="list-style-type: none"> • Clean with hot water and detergent solution, disinfect it with sodium hypochlorite and keep for drying upsidedown.
Doors and door knobs	Damp cloth or Sponge squeeze mop Detergent	Thorough washing	<ul style="list-style-type: none"> • The doors are to be washed with a brush, using detergent and water once a week (on one defined day); gently apply cloth to soiled area, taking care not to remove paint, then wipe with warm water to remove excess cleaningagent. • Door knobs and other frequently touched surfaces should be cleaned daily.
Isolation room	Detergent/ Sanitizer– warm water, sodium hypochlorite (1%) Three buckets (one with plain water and one with detergent solution); separate bucket for sodium hypochlorite (1%)	Terminal cleaning	<ul style="list-style-type: none"> • Before cleaning an isolation room, liaise with infection control team for details of any special requirements. Staff will be instructed on specific cleaning procedures required with reference to • Safety uniform to be worn. • Chemicals or disinfectants to be used. • Also, if bed screen and shower screen are to be cleaned or changed, refer cleaning in isolation rooms.
All clinical areas/ Laboratories/ Wherever spill care is required	Sodium hypochlorite (1%) Rag piece Absorbent paper Unsterile gloves Spill care kit Mop Hot water	Blood and body fluid spill care	<ul style="list-style-type: none"> • Wear non-sterile gloves. • For large spills, cover with absorbent paper/ rag piece • if any broken glass and sharps, using a pair of forceps and gloves, carefully retrieve. Use a large amount of folded absorbent paper to collect small glass splinters. Place the broken items into the puncture proof sharps container. • Cover the spill with sodium hypochlorite(1%)for 10–20 minutes contact time. • Clean up spill and discard into infectious waste bin, and mop area with soap and hot water. • Clean the mop and mop area with 1% sodium hypochlorite. • Wash mop with detergent and hot water and allow it to dry.

Stethoscope	Alcohol-based rub/Spirit swab	Cleaning	<ul style="list-style-type: none"> Should be cleaned with detergent and water. Should be wiped with alcohol based rub/spirit swab before each patient contact.
BP cuffs and covers	Detergent Hot water	Washing	<ul style="list-style-type: none"> Cuffsshouldbewipedwithalcohol-based disinfectant and regular laundering is recommended for the cover.
Thermometer	Detergent and water Alcohol rub Individual thermometer holder	Cleaning	<ul style="list-style-type: none"> Should be stored dry in individual holder. Clean with detergent and tepid water and wipe with alcohol rub in between patient use. Store in individual holder inverted. Preferably one thermometer for each patient.
Injection and dressing trolley	Detergent and water Duster Disinfectant (70% alcohol)	Cleaning	<ul style="list-style-type: none"> To be cleaned daily with detergent and water. After each use should be wiped with disinfectant.
Refrigerators	Detergent and water Absorbent paper or clean cloth	Cleaning (weekly)	<ul style="list-style-type: none"> Empty the fridge and store thingsappropriately. Defrost, decontaminate and clean with detergent. Dry it properly and replace the things. Weekly cleaning is recommended.

Area/Items	Item/Equipment	Process	Method/ procedure
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Lodging area

General cleaning	Detergent and warm water Mop Two buckets Clean utility gloves Handmops	Daily mopping floors Thorough washing	<ul style="list-style-type: none"> Scrub floors with hot water and detergent with using minimal water. (Do not pour the water.) Clean with plainwater. Allow to dry Hypochlorite 1% mopping canbe done. <p>Note:Recommend general cleaning procedure should be done twice a day</p>
Lockers, tables, cupboard, wardrobes, benches, shelves and cots	Damp duster Warm water Detergent Dry duster	Damp dusting	<ul style="list-style-type: none"> Damp dust with warm waterand detergent.
Railings	Detergent/ Sanitizer–hotwater, sodium hypochlorite	Daily dusting	<ul style="list-style-type: none"> Damp dust with warm water and detergent followed by disinfection with hypochlorite

	1% Three small buckets/ or big bowls One with plain water One with detergent solution One for sodium hypochlorite 1%		
Mirrors and Glass	Warm water Detergent water/ cleaning solution Damp cloth Wiper	Cleaning	<ul style="list-style-type: none"> Using warm water and a small quantity of detergent and using a damp cloth, wipe over the mirror and surround, then using a dry lint-free cloth, buff the mirror and glass to a clean dry finish.
Sluice room Stainless steel/ Any other sink	Powder cleanser Detergent powder Wiper Cloth	Cleaning	<ul style="list-style-type: none"> Sinks are to be cleaned with a powder cleanser. First wet the sink. Sprinkle on a little powder cleanser and work around the surface with a cloth, include the plug hole. Do not use the powder cleanser on a dry sink. After removing spillage and any stains, flush away with running water. Wipe down the surface of the sink.
Pantry furniture	Duster	Dusting	<ul style="list-style-type: none"> Damp dust
Telephone	Warm water detergent solution Duster	General cleaning	<ul style="list-style-type: none"> Damp dust with warm water and detergent. Pay special attention to the ear and mouth piece and dry it properly.
Desks	Damp cloth Furniture polish	Dusting	<ul style="list-style-type: none"> Wipe top sides and draw handles with a damp cloth. Wooden desks should be cleaned with furniture polish and buffed to clear glows. Pen holder etc. to be cleaned or dusted.
Chairs (Vinyl)	Warm water and detergent	Cleaning	<ul style="list-style-type: none"> Wipe down with warm water and detergent. Remove any marks under arms and seat. Check for damage to stoppers, if stopper require replacement, report to maintenance department.
Furniture and fittings	Warm water and detergent Rag piece	Dusting	<ul style="list-style-type: none"> Using warm water and detergent, damp dust all furniture and fittings, including chairs, stools, beds, tables, cupboards, wardrobes, lockers, trolleys, benches, shelves and storage racks, waste/ bins, fire extinguishers, oxygen cylinders, televisions window sills and dry properly.
Bed tables, bedside lockers	Warm water and detergent Wiper Duster	Cleaning	<ul style="list-style-type: none"> Wipe down over bed table. Wipe top and underneath base and stand, using warm water and detergent. Dry on completion. Wipe down the bedside. Remove marks from fronts of draws and sides. Using warm water and detergent, wash the top to remove any sticky marks and dust.
Light switches	Damp cloth (never	Cleaning	<ul style="list-style-type: none"> Light switches to be cleaned of dust, spots and finger

and over-bed lights	wet) Detergent Warm water		marks. Clean with a damp cloth (never wet) and detergent. <ul style="list-style-type: none"> Over-bed lighting to be damp dusted. Clean with warm water and detergent.
Curtains	Soft clothes Water Mild soap solution	Cleaning	<ul style="list-style-type: none"> Clean with water and soap for curtains
White clothes	Sodium hypochlorite 1% Tap water	Washing	<ul style="list-style-type: none"> Should be washed under running water and soaked in 1% sodium hypochlorite for 20minutes. Note: PPE should be worn while washing soiled linen.
Mattress and pillow covers (cloth)	Tap water	Washing	<ul style="list-style-type: none"> Mattress and pillows should be covered with a reusable mattress cover. It should be changed for each patient and when soiled sent to the laundry according to schedule.
Mattress/ Pillow with rexin cover	Sodium hypochlorite 1%	Terminal Damp dusting and cleaning	<ul style="list-style-type: none"> If with rexin cover, can be cleaned with 1% sodium hypochlorite before use for next patient
Normal/ without rexin	Sunlight	Drying in sunlight	<ul style="list-style-type: none"> If routine mattress, dry it in bright sunlight for 1-2 days before using for next patient
Water jars	Vim powder Soap and water	Cleaning	<ul style="list-style-type: none"> Recommended boiled water for drinking Water jars should be scrubbed/ cleaned with soap and water and boiled water before filling withwater.

Areas	Agents / Toilet cleaner	Procedure
Cleaning of toilets		
Toilet pot/ commode	Sodium hypochlorite 1%/ Soap powder / long handle angular brush	<ul style="list-style-type: none"> Inside of toilet pot/commode: Scrub with the recommended agents and the long handle angular brush. Outside: Clean with recommended agents; use a nylon scrubber.
Lid/commode	Nylon scrubber and soap powder	<ul style="list-style-type: none"> Wet and scrub with soap powder and the nylon scrubber inside and outside
Toilet floor	Soap powder and scrubbing brush/ nylon broom	<ul style="list-style-type: none"> Scrub floor with soap powder and the scrubbing brush Wash with water Use sodium hypochlorite1% dilution
Tap	Nylon scrubber and soap powder	<ul style="list-style-type: none"> Wet and scrub with soap powder and the nylon scrubber.
Outside sink	Soap powder and nylon scrubber	<ul style="list-style-type: none"> Scrub with the nylon scrubber.
Showers area / Taps and fittings	Warm water Detergent powder Nylon Scrubber	<ul style="list-style-type: none"> Thoroughly scrub the floors/tiles with warm water and detergent Wipe over taps and fittings with a damp cloth and detergent. Care should be taken to clean the underside of taps and fittings.

Soap dispensers	Detergent and water	<ul style="list-style-type: none"> • Taps should be dried after cleaning • Daily dusting • Should be cleaned weekly with detergent and water and dried.
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Note: Dry the floors with a separate drying mop.

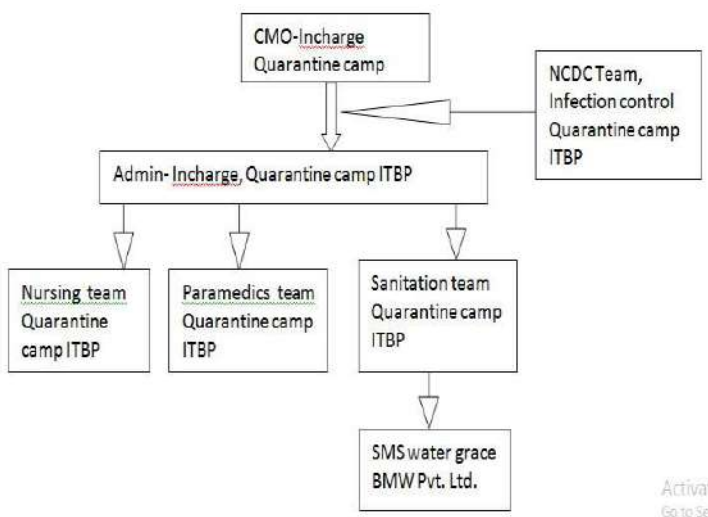
SoPs for Management of Bio-medical Waste (BMW) in the Quarantine Quarantine facility

“Bio-medical waste” means any waste, which is generated during the surveillance, monitoring, diagnosis, treatment or immunization of quarantined personnel in health Quarantine facility. The Bio-medical Waste Management rules are applicable to all persons who generate, collect, receive, store, transport, treat, dispose, or handle bio medical waste in any form at the quarantine Quarantine facility.





Management of Hospital/Healthcare/Biomedical waste at the quarantine Quarantine facility is of utmost concern having global implications and immediate attention. It is documented that even the general waste generated from Quarantine Quarantine facility is a potential health hazard to the health care workers, public, flora and fauna of the area.

All officials concerned with the Quarantine facility administration and all other health care workers including medical, dental, nursing officers, other paramedical staff and waste handlers such as safai karmacharis, attendants & Sanitation attendants are well oriented to requirements of handling and management of general and biomedical waste generated at the Quarantine facility. Steps in the management of biomedical waste include generation, accumulation, handling, storage, treatment, transport and disposal.

Organogram for Biomedical waste management(ITBP Chhawla):



Bio-medical waste has been classified in to 4 major categories to improve the segregation of waste at the source itself:

Categories	Type of Bags	Type of Waste	Treatment/Disposal
Yellow 	Non chlorinated plastic, autoclavable bags	1. Donned off PPE 2. PPE with spill 3. Gloves 4. Shoe covers 5. Head Covers 6. disposable bed sheets	Incineration or Plasma pyrolysis or deep burial*
Red 	Non chlorinated plastic, autoclavable bags	1. Eye protection goggles 2. recyclable materials like pens 3. plastic water bottles used by quarantine people 4. Bed sheets	Autoclaving/microwaving /hydroclaving and then sent for recycling not be sent to landfill
White 	Puncture, leak, tamper proof containers	1. sharp waste including metals	Auto or Dry Heat Sterilization followed by shredding or mutilation or encapsulation
Blue 	Cardboard boxes with blue coloured marking	Glassware/tubelight/CFL bulbs/LED used in quarantine Quarantine facility	Disinfection or autoclaving, microwaving, hydroclaving and then sent for recycling

Duties of the Quarantine Quarantine facility Authorities:

1. Provide training to all its health care workers and others involved in handling of bio medical waste.
2. To provide a safe, ventilated and secured location for storage of segregated BMW within premises of quarantine Quarantine facility.
3. Provide legal authorization and access to Waste collecting van/vehicle.

Duties of the Bio-medical waste management company (SMS water grace BMW Pvt. Ltd.):

1. Ensure timely collection (atleast twice daily morning & evening) of BMW from Quarantine Quarantine facility
2. Handing over of recyclable waste after treatment by autoclaving and incineration to authorized agencies identified by Government of India.
3. Assist health care facilities in training of workers.

4. Provide PPE kits and other safety measures to their vehicle driver, collector, helper, safai karamchhari.
5. Issue authorized Identity card to all the persons coming to the Quarantine Quarantine facility.

Treatment and Disposal:

1. Quarantine Quarantine facility does not have an onsite setup for BMW treatment facilities there it should be taken to their designated BMW facility and treatment/disposal must be done as per BMW regulations approved in their contract.
2. No untreated bio-medical waste shall be kept stored beyond a period of 48 hours.
3. All the waste (even the general waste) generated from the quarantine Quarantine facility must be treated as Biomedical waste.

Maintenance of Records:

1. Records in relation to generation, collection, reception, storage, transportation, treatment and disposal shall be maintained as per rules For 5 years.

Accident Reporting: In case of major accident-intimate immediately and submit a report within 24 hours to the Quarantine facility incharge(CMO-Incharge ITBP Quarantine facility).

Implementation:

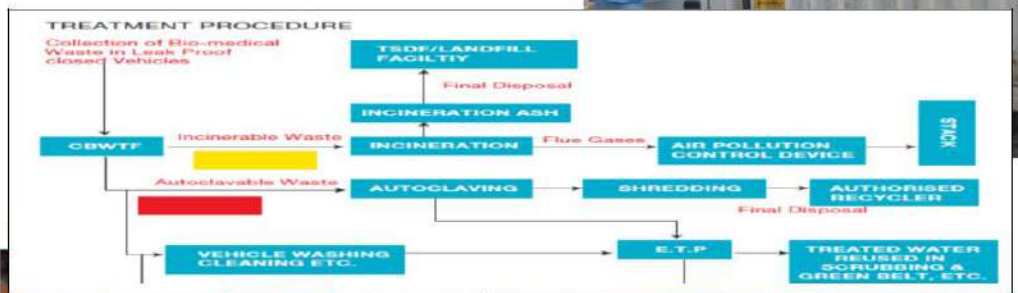
Efficient implementation of the bio-medical waste management pivots on orientation, training and

involvement of all the staff in the Quarantine facility. Ensuring proper disposal and segregation at source is the most important step as this is the limiting factor for most health care settings. Continuous training, monitoring & supervision to monitor the implementation must be done on daily basis.

Generation to Disposal process:

1. BMW is collected from various sites in the quarantine facility.
2. All Collected Bags are loaded on to special Bio Medical Waste Trucks/Van and are transported to BMW management facility for treatment and disposal thereafter.

Procedure/ Flowchart for Treatment of Biomedical Waste:



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Guidelines for Quarantine facility Incharge, Health professionals, Quarantine people and their family members to guide them with respect to the discharge from Quarantine facility and follow up action in the community.

A. For the Quarantine facility Incharge & Health Professionals at the Quarantine facility:

- The final sample collection for all the travellers shall be taken up on the 13th and 14th day while being in the facility.
- The samples shall be collected and sent to the designated laboratories.
- The reports for the same shall be received latest by 16th/17th day in the facility through ICMR.
- Based on the reports a decision can be taken to discharge the travellers.
- Discharge shall accordingly, if agreed to, will be done on the 18th day from the Quarantine facility. Quarantine facility Incharge shall accordingly intimate the travellers in advance for them to make arrangement for their onward journey.
- A detailed enumeration of the proposed place of stay by the travellers during the next 14 days will be obtained including contact numbers by the Quarantine facility Incharge.
- The Quarantine facility Incharges will plan dropping the travellers in either of the locations i.e. ISBT, Railway Station or Airport as per the preference of the travellers.

B. For the Travellers in the Quarantine facility:

1. While travelling back home:

- Provide details of your stay for next 14 days including the contact numbers.
- Obtain list of District and State Surveillance Officers for follow up and reporting in case of any issue.
- Use triple layer surgical mask (follow correct use and disposal of mask as briefed during the stay in quarantine centre)
- Follow frequent hand-wash with soap and water or use alcohol based hand sanitizer.
- Use respiratory etiquettes (use tissue paper/ hand-kerchief to cover your nose and mouth, turn head away from the person facing of you, while coughing/ sneezing).
- Monitor your temperature twice daily.

- Retain the aircraft boarding pass/ rail ticket/ details of Journey by taxi (including contact number of drivers etc)

2. After reaching home

- Avoid crowded places.
- Monitor your health for a period of next 14 days (after leaving the quarantine centre).
- Monitor body temperature twice daily.
- At all times:
 - Maintain personal hygiene
 - Wash hands with soap and water frequently or use alcohol based hand sanitizer.
 - Use respiratory etiquettes (use tissue paper/ hand-kerchief to cover your nose and mouth, turn head away from the person facing of you, while coughing/ sneezing).
- Report to nearest health facility if you develop fever, cough or difficulty in breathing besides reporting it to the State and District Surveillance Officer.
- Allow attendance by health workers / respond to call received from Health functionaries. Keep their contact numbers handy.
- Inform about your health at the end of 14 days period to the Healthcare worker and State and District Surveillance Officer.

3. In case you develop fever, cough or difficulty in breathing any time after leaving the quarantine Centre (within next 14 days):

- Call the nearest health facility or health worker visiting you/ talking to you besides informing the State and District Surveillance Officer.
- An identified care giver (among family members) will only attend to you. He / she will wear mask and wash hands, every time he/ she comes in contact with you.
- Use surgical triple layer mask immediately on realization of symptoms.
- Get admitted to the identified health facility as advised.
- The vehicle/ ambulance which was used for transportation also needs to be disinfected. (Contact the health facility for the disinfection procedure).
- Follow infection prevention and control practices at all times and places.
- If further assistance is required, call Ministry of Health, Government of India's Control Room no. +91-11-23978046.

C. Advice to other family members at home:

- Wash your hands with soap and water frequently.
- If the person (discharged from the quarantine centre) develops symptoms inform the health worker and also the State and District Surveillance Officer.
- In case advised to shift the patient to a health facility:
 - Share list of all contacts till date with the treating doctor/ health care worker and the State and District Surveillance
 - Family members to be in home quarantine till either medical examination rules out novel coronavirus infection or the result of sample is negative.
 - Proper disinfection of bedding/ clothing/ room/ all personal belongings should be followed with 1% Sodium hypochlorite solution.

CHECKLIST FOR ESTABLISHING A QUARANTINE CENTER

I. Basic Information:

1) Name of the Quarantine Centre_

2) Address: _

3) Officer In charge:_

4) Email address:

5) Phone Number: _

6) GPS Coordinates:_

II. Location of quarantine centre

7) Located away from the residential area?

Yes

No

8) Distance to nearby residential area?

9) Away from an area where gathering expected (Eg: Temples, stadiums, Churches etc):

Yes

No

III. Accessibility to the quarantine centre :

10) How far is it from the nearby airport?

11) How far is from the nearest railway station?

12) How far is the nearest bus station?

13) Is the road to quarantine centre is free from heavy traffic?

14) Is the road to quarantine centre is wide enough to have two vehicles at a time?

Yes

No

15) How far is the nearest tertiary care centre?

16) How far is the nearest District Hospital?

IV. Facilities & basic amenities at quarantine facility:

17) How many floors are there in the quarantine building?

18) How many rooms available at the quarantine facility?

19) How many numbers of beds in each room at quarantine facility?

- 20) What is the distance between beds in the quarantine room?
- 21) Is there is 24*7 supply of electricity at the facility? Yes No
- 22) Is there 24*7 supply of water at the facility? Yes No
- 23) Is there air conditioning available? Yes No
- 24) If yes, it is by centralised AC or individual air conditioning in each room?
 i. If individual AC ? a: Split b: Window
- 25) Does window space covers at least 10% of total area? Yes No
- 26) How many windows in each room?
- 27) Is there exhaust fans in each room? Yes No
 i. If Yes, how much air exchange rate expressed in cubic feet per minute (CFM)?
- 28) Is there drainage facility available in each floor? ? Yes No
- 29) Is there any separate sewage line from Quarantine areas?
- 30) Are there separate exit & entry points? Yes No
- 31) Is there availability of 24*7 security services at the quarantine area?
- 32) Is there any separate door for entry of non-health professionals for housekeeping, catering?
 Yes No
- 33) Yes No
- 34) Is there any separate washroom facility for each room at the facility? Yes
 No
- 35) If not, how many wash rooms per person/area?
- 36) Are the floors washable & easily dried? Yes No
- 37) Is the floor mappable? Yes No
- 38) Is there any in-house mess facility available at quarantine area?
- 39) Is there any separate room/ resting facility for?
 i. Doctors
 ii. Nurses
 iii. Paramedics
 iv. Cleaning staffs

v. Linen management

- 40) What is the Frequency of changing linen in Quarantine rooms?
- 41) Whether disposable of Linen used? Yes No
 i. If No then, How they are disinfecting & cleaning linen?
 ii. How frequently linens changed?

- 42) Is there any curtains available in the quarantine rooms/wards? Yes
 No
- i. If yes frequency of changing them?
 - ii. frequency of disinfecting & cleaning?
- 43) Is there any policy for disinfecting mattress at quarantine facility? Yes
 No
- 44) Is there any written policy for disinfecting beds at quarantine centres?
 Yes No
- 45) If yes, please verify policy and elaborate /

VI. Infection control practices

- 46) Is adequate PPE supply available at the quarantine facility? Yes
 No
- 47) Is there adequate supply of disinfectants at the centre? Yes
 No
- 48) Are the staffs in the facility trained in wearing PPE? Yes
 No
- 49) Is there a separate area for donning & doffing PPE? Yes
 No
- 50) Is there hand washing facility with soap with dispenser / hand sanitizer available at donning & doffing areas?
 Yes No
- 51) If yes, what type of hand rub dispensers are available? (select all applicable answers)
- i. Pocket bottle
 - ii. Bottle affixed to trolley/tray
 - iii. Bottle affixed to bed
 - iv. Wall dispenser
 - v. Dispenser located on bedside table/trolley
- 52) Whether all staff has access to hand rub dispensers? ? Yes
 No
- 53) Are hand rub dispensers replaced when empty?
- i. Always
 - ii. Intermittently

- iii. Rarely
- iv. Never
- v. Not applicable

54) Are posters illustrating handwash technique displayed beside each sink?

Yes No

55) Is there availability of bleaching solution of different strength available?

% of hypochlorite solution	YES	NO
1%		
5%		
10%		

56) Is there any policy for rodent & pest control management?

No

Yes

57) If yes, is it being implemented & followed?

Yes

No

58) Are the staffs trained in infection control practices?

Yes

No

59) Is there a structured curriculum / training module for Infection Control

Practices? ?

Yes

No

60) What is the Frequency of cleaning of

- i. floors of quarantine rooms/wards
- ii. Bathrooms
- iii. Ambulatory areas
- iv. Resting rooms
- v. What is the Frequency of cleaning high touch surfaces like door knobs, bed rails etc?

61) Is there any separate sample collection area?

Yes

No

62) Is there is separate thermometer & BP apparatus available at the quarantine centre?

Yes

No

63) Are there colour coded bags available for BMW management?

64) Is the waste being segregated and disposed as per protocol?

No

Yes

65) Are the sharps being disposed as per protocol?

Yes

No

66) How the food waste is being disposed?

VII. Recreational facilities

- 67) Is there provision for mobile phone or internet at the facility? Yes
 No
- 68) Are the mobiles phone disinfected?
i. If Yes how
ii. How frequently
- 69) Is there any recreational room / area available? Yes No
- 70) Is there any provision for Television or Radio at the quarantine facility?
 Yes No
- 71) Is there a provision of printed reading materials at the facility? Yes
 No
i. If Yes how the materials are disposed off?

VIII. Human resources & logistics

- 72) Is there a dedicated Infection nurse for the quarantine facility to monitor IPC activities?
- 73) Is there is rotational shift for doctors/nurses/paramedics?
i. If Yes, how many shifts?
ii. Doctors in each shift
iii. Nurses in each shift
iv. Cleaning staffs in each shift
- 74) Is there any pulmonologists/physician available when it is needed? Yes
 No
- 75) Is there a phlebotomist/ lab technician available when it is needed? Yes
 No
- 76) Is there any availability of clinical psychologist in quarantine facility? Yes
 No

IX. SOP & policies

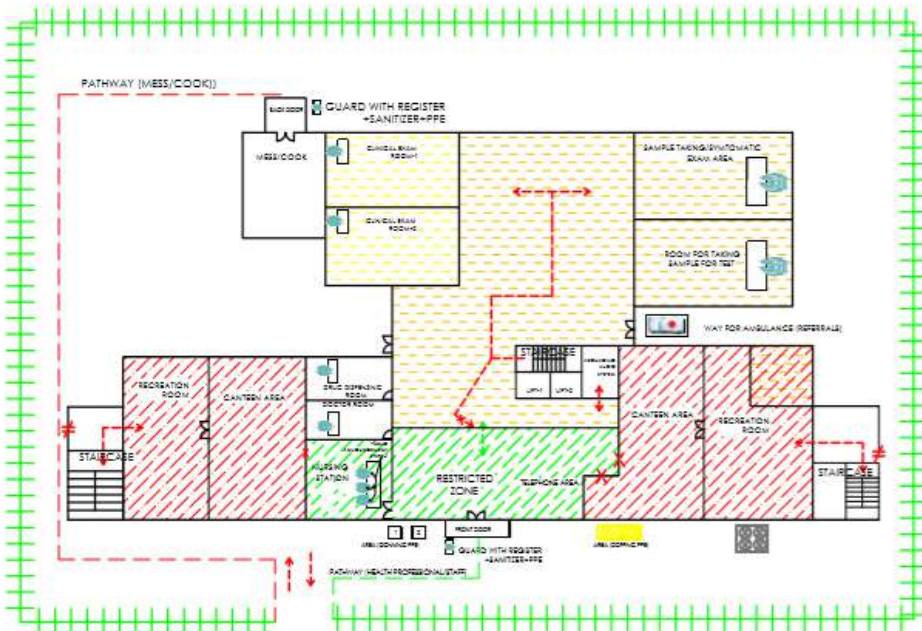
- 77) Is there any guidelines/ inhouse SOP for infection control practices? Yes
 No

- 78) Is there any protocol for limiting the visitors to quarantine area? Yes
 No
- 79) Is there any written policy for the recreational area? Yes No
- 80) Biomedical waste management guidelines 2016 & amendments 2019 available?
 Yes No
- 81) Does the quarantine health facility in charge aware of National IPC guidelines for
healthcare facilities 2020? Yes No
- 82) Is there any linen policy available? Yes No
- 83) Is there any SOP for working of doctors, nurses & paramedics at quarantine
facility? Yes No
- 84) Is there any protocol for disinfecting ambulance after transporting patient to
isolation centre?
- 85) Is there any policy for monitoring health of staffs at quarantine area?
- 86) Is there enough IEC displayed at the quarantine centre?

x. Transporting Patients to Isolation centre

- 87) Is there any protocol for transfer of patients to tertiary care/transfer of
symptomatic cases to isolation centre?
- 88) Is there separate ambulance available for transporting patients to isolation
centre? Yes No
- 89) Are the ambulance staff trained in wearing PPE & infection control practices?
- 90) How far is the Isolation facility from the quarantine centre

**MAP SHOWING FUNCTIONAL AREAS IN THE GROUND FLOOR
 (QUARANTINE BUILDING) RESTRICTIONS & FLOW OF MOVEMENT OF PEOPLE**



CHHWALA QUARANTINE CENTRE (ITBP CAMP)

LEGENDS:-

<p>1. UNSAFE ZONE (Only people with H/O travelling to China access)</p> <ul style="list-style-type: none"> AREA WHERE QUARANTINED PEOPLE ENJOYS IN THE GROUND FLOOR AREA PATHWAY FOR QUARANTINED PEOPLE NO ENTRY FOR QUARANTINED PEOPLE <p>2. SAFE AND RESTRICTED ZONE</p> <ul style="list-style-type: none"> NO QUARANTINED PEOPLE ENTERS HERE ONLY HEALTH PROFESSIONALS/ STAFFS STAY 	<p>3. ALERT ZONE (Transmission of infection from quarantined people to health professionals can occur here)</p> <ul style="list-style-type: none"> AREA WHERE QUARANTINED PEOPLE AND HEALTH PROFESSIONAL OR STAFFS MAY INTERACT (RISK ZONE FOR TRANSMISSION OF INFECTION) BLACK BAG (BMW) YELLOW BAG (BMW) CLOSED DOORS WITH KEYS IN NURSING STATION (In case of emergency to open). INCOMING QUARANTINED PEOPLE (From China) CANTENTER FROM THESE DOORS TO THE QUARANTINE BUILDING ON THE DAY OF ARRIVAL PUBLIC ANNOUNCEMENT SYSTEM AT RECEPTION
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COVID -19 Outbreak Guidelines for Setting up Isolation Facility/Ward

National Centre for Disease Control

22 Sham Nath Marg, Delhi 110054

Directorate General of Health Services

Ministry of Health and Family Welfare

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WHO has declared the COVID-19 (SARS-CoV-2) outbreak as Public Health Emergency of international concern and has raised the risk assessment of China, Regional Level and Global Level to Very High and “all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of SARS-CoV-2 infection. Among the factors affecting cluster containment, Isolation of cases and quarantine of contacts is the mainstay of outbreak containment.

Scope of document: This guidance document has been prepared to establish an isolation facility at the level of district hospital, a secondary health care facility.

A. Quarantine and isolation

Quarantine and Isolation are important mainstay of cluster containment. These measures help by breaking the chain of transmission in the community.

Quarantine

Quarantine refers to separation of individuals who are not yet ill but have been exposed to COVID-19 and therefore have a potential to become ill. There will be voluntary home quarantine of contacts of suspect /confirmed cases. The guideline on home quarantine available on the website of the Ministry provides detail guidance on home quarantine.

Isolation refers to separation of individuals who are ill and suspected or confirmed of COVID-19. 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 as per MoHFW's discharge policy. About 15% of the patients are likely to develop pneumonia, 5 % of whom requires ventilator management.

Hence dedicated Intensive care beds need to be identified earmarked. Some among them may progress to multi organ failure and hence critical care facility/ dialysis facility/ and Salvage therapy [Extra Corporeal Membrane Oxygenator (ECMO)] facility for managing the respiratory/renal complications/ multi-organ failure shall be required. If such facilities are not available in the containment zone, nearest tertiary care facility in Government / private sector needs to be identified, that becomes a part of the micro-plan.

There are various modalities of isolating a patient. Ideally, patients can be isolated in individual isolation rooms or negative pressure rooms with 12 or more air-changes per hour.

In resource constrained settings, all positive COVID-19 cases can be cohorted in a ward with good ventilation. Similarly, all suspect cases should also be cohorted in a separate

ward. However under no circumstances these cases should be mixed up. A minimum distance of 1 meter needs to be maintained between adjacent beds. All such patients need to wear a triple layer surgical mask at all times.

Nosocomial infection in fellow patients and attending healthcare personnel are well documented in the current COVID-19 outbreak as well. There shall be strict adherence to Infection prevention control practices in all health facilities. IPC committees would be formed (if not already in place) with the mandate to ensure that 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. The designated hospitals will ensure that all healthcare staff is trained in washing of hands, respiratory etiquettes, donning/doffing & proper disposal of PPEs and bio-medical waste management.

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. Detailed guidelines available on MoHFW's website may be followed.

B. Setting up isolation facility/ward

An isolation facility aims to control the airflow in the room so that the number of airborne infectious particles is reduced to a level that ensures cross-infection of other people within a healthcare facility is highly unlikely.

- At State level, a minimum of **50** bed isolation ward should be established.
- At District level, a minimum of **10** bed isolation ward should be established.
 - 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.
 - To create a 10 bed facility, a minimum space of 2000 sq. feet area clearly segregated from other patientcare areas is required.
 - Preferably the isolation ward should have a separate entry/exit and should not be co-located with post-surgical wards/dialysis unit/SNCU/labour room etc.
 - It should be in a segregated area which is not frequented by outsiders.
 - 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 BMW guidelines.
- 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.
- 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.
- Place an appropriate container with a lid outside the door for equipment that requires disinfection or sterilization.
- 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.
- Ensure adequate room ventilation. If room is air-conditioned, ensure 12 air changes/ hour and filtering of exhaust air. A negative pressure in isolation rooms is desirable for patients requiring aerosolization procedures (intubation, suction nebulisation). These rooms may have standalone air-conditioning. These areas should not be a part of the central air-conditioning.
- If air-conditioning is not available negative pressure could also be created through putting up 3-4 exhaust fans driving air out of the room.
- In **district hospital**, where there is sufficient space, natural ventilation may be followed. Such isolation facility should have large windows on opposite walls of the room allowing a natural unidirectional flow and air changes. The principle of natural ventilation is to allow and enhance the flow of outdoor air by natural forces such as wind and thermal buoyancy forces from one opening to another to achieve the desirable air change per hour.
- The isolation ward should have a separate toilet with proper cleaning and supplies.
- Avoid sharing of equipment, but if unavoidable, ensure that reusable equipment is appropriately disinfected between patients.

- Ensure regular cleaning and proper disinfection of common areas, and adequate hand hygiene by patients, visitors and care givers. Keep adequate equipment required for cleaning or disinfection inside the isolation room or area, and ensure scrupulous daily cleaning of the isolation room or area.
- **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. Keep a roster of all staff working in the isolation areas, for possible outbreak investigation and contact tracing.
- 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.
- All health staff involved in patient care should be well trained in the use of PPE.
- 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. This may reduce the number of times the workers need to don PPE to enter the room or area.

C. Checklist for isolation rooms

- Eye protection (visor or goggles)
- Face shield (provides eye, nose and mouth protection)
- Gloves
- reusable vinyl or rubber gloves for environmental cleaning
- latex single-use gloves for clinical care
- Hair covers
- Particulate respirators (N95, FFP2, or equivalent)
- Medical (surgical or procedure) masks
- Gowns and aprons
- single-use long-sleeved fluid-resistant or reusable non-fluid-resistant gowns
- plastic aprons (for use over non-fluid-resistant gowns if splashing is anticipated and if fluid-resistant gowns are not available)
- Alcohol-based hand rub
- Plain soap (liquid if possible, for washing hands in clean water)
- Clean single-use towels (e.g. paper towels)
- Sharps containers

- Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or equipment
- Large plastic bags
- Appropriate clinical waste bags
- Linen bags
- Collection container for used equipment
- Standard IEC
- Standard protocols for hand hygiene, sample collection and BMW displayed clearly
- Standard Clinical management protocols

D. Wearing and removing Personal Protective Equipment (PPE)

Before entering the isolation room or area:

- Collect all equipment needed;
- Perform hand hygiene with an alcohol-based hand rub (preferably when hands are not visibly soiled) or soap and water;
- Put on PPE in the order that ensures adequate placement of PPE items and prevent self-contamination and self-inoculation while using and taking off PPE; an example of the order in which to don PPE when all PPE items are needed is hand hygiene, gown, mask or respirator, eye protection and gloves

Leaving the isolation room or area

- Either remove PPE in the anteroom or, if there is no anteroom, make sure that the PPE will not contaminate either the environment outside the isolation room or area, or other people.
- Remove PPE in a manner that prevents self-contamination or self-inoculation with contaminated PPE or hands. General principles are:
 - remove the most contaminated PPE items first;
 - perform hand hygiene immediately after removing gloves;
 - remove the mask or particulate respirator last (by grasping the ties and discarding in a rubbish bin);
 - discard disposable items in a closed rubbish bin;
 - put reusable items in a dry (e.g. without any disinfectant solution) closed container; an example of the order in which to take off PPE when all PPE items are needed is gloves (if the gown is disposable, gloves can be peeled off together with gown upon removal), hand hygiene, gown, eye protection, mask or respirator, and hand hygiene
 - Perform hand hygiene with an alcohol-based hand rub (preferably) or soap and water whenever un-gloved hands touch contaminated PPE items.

E. Transport of Infectious Patients

It is recommended that transport of infectious patients is limited to movement considered medically essential by the clinicians, e.g. for diagnostic or treatment purposes. Where infectious patients are required to be transported to other units within the hospital or outside the following precautions may be implemented:

- Infected or colonised areas of the patient's body are covered: - For contact isolation this may include a gown, sheets or dressings to surface wounds; these patients are transferred to a Standard Pressure or Protective Environment Isolation room - For respiratory isolation the patient is dressed in a mask, gown and covered in sheets; these patients are accommodated in a Negative Pressure Isolation Room - For quarantine isolation the patient may be transported in a fully enclosed transport cell or isolator with a filtered air supply and exhaust; these patients are accommodated in a high level quarantine isolation suite.
- The transport personnel remove existing PPE, cleanse hands and transport the patient on a wheelchair, bed or trolley, applying clean PPE to transport the patients and when handling the patient at the destination. Gown-up and gown-down rooms located at the entry to a Unit will assist the staff to enter and exit the facility according to the strict infection control protocols required, thereby reducing the risk of contamination
- The destination unit should be contacted and notified prior to the transfer to ensure suitable accommodation on arrival.
- It is preferred that the patient is transported through staff and service corridors, not public access corridors During planning stages, design can assist transfer of infectious patients by providing service corridors and strategically placed lifts, capable of separation from other lifts. The nominated lift may be isolated from public and staff transit through access control measures and cleaned following transit of the infectious patient.
- Design may also incorporate a designated floor for horizontal bed transfers of infectious patients away from busy clinical areas. The designated floor may be located at mid-level in the hospital
- A combination of nominated lifts, corridors and a bed transfer floor would assist in the movement of infectious patients through the hospital and minimise the risk of spread of infection.

Annexure I

Checklist for isolation rooms

- Eye protection (visor or goggles)
- Face shield (provides eye, nose and mouth protection)
- Gloves
- reusable vinyl or rubber gloves for environmental cleaning
- latex single-use gloves for clinical care
- Hair covers
- Particulate respirators (N95, FFP2, or equivalent)
- Medical (surgical or procedure) masks
- Gowns and aprons
- single-use long-sleeved fluid-resistant or reusable non-fluid-resistant gowns
- plastic aprons (for use over non-fluid-resistant gowns if splashing is anticipated and if fluid-resistant gowns are not available)
- Alcohol-based hand rub
- Plain soap (liquid if possible, for washing hands in clean water)
- Clean single-use towels (e.g. paper towels)
- Sharps containers
- Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or equipment
- Large plastic bags
- Appropriate clinical waste bags
- Linen bags
- Collection container for used equipment
- Standard IEC
- Standard protocols for hand hygiene, sample collection and BMW displayed clearly
- Standard Clinical management protocols

Annexure II

Hospital Preparedness & Isolation Facility Assessment Checklist - COVID19

I . GENERAL INFORMATION

1. Name of the healthcare facility (HCF)				
2. Type	<input type="checkbox"/> Public <input type="checkbox"/> Private			
3. Category of HCF	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary			
4. Subcategory	<input type="checkbox"/> PHC <input type="checkbox"/> UPHC <input type="checkbox"/> CHC <input type="checkbox"/> Taluk/Sub-District Hospital <input type="checkbox"/> District Hospital <input type="checkbox"/> General Hospital <input type="checkbox"/> Medical College Hospital <input type="checkbox"/> Multi-Speciality Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Dispensary <input type="checkbox"/> Clinic			
5. Address of the health facility				
a) Block				
b) District				
c) State				
d) Email ID				
e) Contact no.				
6. Name of Director/ Principal/Medical superintendent				
a) Email ID				
b) Contact no.				
7. Name of RMO/Hospital In-charge				
a) Email ID				
b) Contact no				
8. Total number of inpatient beds				
9. Total number of ICU beds				
10. Average number of OPD attendance per month				
11. Average number of new admissions /months				
12. Bed occupancy rate (Annual)				
13. Total staff strength	Doctors – MBBS			
	Doctors- AYUSH			
	Clinical Specialists other than Intensivist/Pulmonologist			
	Non-Clinical specialists other than Microbiologist			
	Microbiologists			
	Intensivists #	Pulmonologist #	Int	Pulm
	Senior Resident #	Junior Resident #	SR	JR
	Interns			
	Nurses			
	Lab technicians			

	Pharmacists	
	Laboratory Technicians	
	Cleaning staff	
	Ambulance drivers	
14. Does this HCF have a designated COVID 19 isolation facility		<input type="checkbox"/> Yes <input type="checkbox"/> No

II. HCF PREPAREDNESS TO MANAGE MAJOR EPIDEMICS & PANDEMICS

15. Core Emergency Response / Rapid Response Team for outbreak management identified?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
16. Roles and responsibilities of RRT/ERT clearly defined?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
17. Is there a contingency plan for covering for a core team member who is absent?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
18. Monitoring and managing Health Care Personnel (HCP) a) The facility follows the Central/State public health policies/procedures for monitoring and managing HCP with potential for exposure to COVID-19 b) The facility have a process to conduct symptom and temperature checks prior to the start of duty shift for HCP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Training for Healthcare Personnel (HCP) a) Education and job-specific training to HCP regarding <ul style="list-style-type: none"> • Signs and symptoms of infection • Triage procedures including patient placement and filling the CIF • Safely collect clinical specimen • Correct infection control practices and PPE use • HCP sick leave policies • Recommended actions for not using recommended PPE • How and to whom suspected cases (COVID-19)should be reported 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started

III. TRIAGE

20. Triage protocols available at the healthcare facility?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
21. Availability of telemedicine facility as a way to provide clinical support without direct interaction with the patient	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
22. Is there specific waiting area for people with respiratory symptoms?	
23. Availability of designated ARI/COVID-19 triage area	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
24. Do they have non-contact Infra-Red thermometer available near the registration desk?	
25. Availability of signage directing to triage area and signage to instruct patients to alert staff if they have symptoms of COVID-19	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
26. Do they have dedicated/single examination rooms in Triage area? (Dedicated room should satisfy criteria of one patient per room with door closed for examination)	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Triage area has signs/alerts about respiratory etiquette and hand hygiene?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Does the HCF provide masks for patients with respiratory symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No

29. Triage staff trained on revised COVID19 case definition and identify suspected cases ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Screening questionnaire and algorithm for triage available with staff	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
31. Infrared thermometer available with the triage staff	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
32. Waste bins and access to cleaning/ disinfection supplies available in Triage area	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
33. Physical barriers (e.g., glass or plastic screens) at reception areas available to limit close contact between triage staff and potentially infectious patients	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
34. Does the patient waiting area have cross ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Waiting area cleaned at least twice daily with 0.5% hypochlorite solution (or) 70% alcohol for surfaces that do not tolerate chlorine	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Does the hospital have dedicated infrastructure for isolation facility? (If No skip to Section IV)	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Type of isolation Facility	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
<u>IV Isolation Facility</u>	
38. Is the isolation facility near OPD/IPD/other crowded area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Screening rooms identified and available at the isolation area?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
40. Is there separate entry to the isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Dedicated space for staff to put on PPE while entering the isolated area	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
42. Is there separate exit for isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Dedicated space for staff to take off PPE near exit?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
44. Isolation facility is separate and has rooms/wards?	<input type="checkbox"/> Rooms <input type="checkbox"/> Wards
45. Are washrooms available as 1 toilet per 20 persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. Number of beds in each isolation rooms/wards	
47. Is the distance between two beds in isolation wards/rooms more than 1 meter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Do the hospital have policy to segregate clinical staff (e.g. nurses) for care of COVID19 cases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Whether PPEs available and located near point of use? a. Gloves b. Gowns c. Face masks d. 95 respirators	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
50. Whether the hospital limits the movement of patients in the isolation facility outside for medically necessary purposes only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Are the known or suspected COVID19 patients placed on contact and droplet precautions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. If a patient leaves their room for medical purposes, are they provided face mask ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Do staff transporting the patient wear PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. While transporting patients are specific routes used to minimize contact with other patients and staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. For a patient on Airborne Precautions, air pressure is monitored daily with visual indicators (e.g., smoke tubes, flutter strips), regardless of the presence of differential pressure sensing devices (e.g., manometers):	<input type="checkbox"/> Yes <input type="checkbox"/> No

56. Are these isolation rooms/wards satisfying the criteria of negative pressure class N? (Applicable if an aerosol generating procedure is performed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
57. Is there Provision food in the isolation area?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
58. Policy for leftover food waste management?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
59. Is there an ICU facility attached to isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60. Availability of cross ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No
61. Is there any designated area for sample collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. Are they following standard precautions and PPE while taking sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Does the facility have a written policy for sample collection and transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. Are these sample transported in triple packing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
65. Does the transportation package contain IATA DG code (UN3373)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
66. Are they following standard precautions while transporting the sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Are the floors of isolation facility suitable for moping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. Is drinking water available at isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. Availability of management protocols for COVID19	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
70. Is rotation roster of duty shift for staff posted at isolation facility	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
71. Is there any protocol for limiting the entry of visitors at isolation area?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
72. Availability of separate Thermometers BP apparatus with adult & Pediatric cuffs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
73. Availability of discharge policy for COVID19	<input type="checkbox"/> Available <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started

IV. INFECTION PREVENTION AND CONTROL PRACTICES

74. Does the hospital have Hospital Infection control Committee (HICC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
75. Are there any infection control protocols/guidelines available?	<input type="checkbox"/> Available <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Not started
76. Functioning hand washing stations (including water, soap and paper towel or air dry) at isolation area?	
77. Does the facility have uninterrupted running water supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No
78. Is alcohol based hand sanitizer available at isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
79. Are the staff following five movements of hand washing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
80. Are the staff following six steps of hand washing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
81. Is there posters to reinforce hand washing and PPE at hand washing stations	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started

VI. ENVIRONMENTAL CLEANING

82. Are objects and environmental surfaces in patient care areas touched frequently (e.g., bed rails, overbed table, bedside commode, lavatory surfaces) are cleaned	<input type="checkbox"/> Yes <input type="checkbox"/> No
83. Are they disinfected with an approved disinfectant frequently (at least daily) and when visibly soiled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
84. Is there cleaning chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No
85. Frequency of cleaning of high touch areas, Bed rails, Tables, Chairs, Keyboards etc.,	
86. Is there any housekeeping policy available at isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No

87. Availability of terminal cleaning checklist	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
88. Availability of three bucket system	<input type="checkbox"/> Yes <input type="checkbox"/> No
89. Are they following correct contact time for disinfection with hypochlorite solution? (10 minutes for non-porous surfaces)	<input type="checkbox"/> Yes <input type="checkbox"/> No
90. Are the staff following outward mopping technique	<input type="checkbox"/> Yes <input type="checkbox"/> No
91. Availability of separate mops for each area	<input type="checkbox"/> Yes <input type="checkbox"/> No
92. Frequency of cleaning of isolation rooms?	
93. Frequency of cleaning of ambulatory areas?	
94. Frequency of cleaning of bathrooms of isolation areas?	
95. Staff wearing PPE while cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Masks	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Apron	<input type="checkbox"/> Yes <input type="checkbox"/> No
96. Are the staff trained in housekeeping and infection control practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
97. Doctors, nurses & cleaning staff available/ shift at isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
98. Barrier nursing practiced at isolation area in 1:1 ratio?	<input type="checkbox"/> Yes <input type="checkbox"/> No
99. Is there any policy for linen management for isolation facility?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
100. What is the frequency of changing linen in isolation rooms?	<input type="checkbox"/> Daily <input type="checkbox"/> Alternate Days <input type="checkbox"/> Weekly <input type="checkbox"/> When Soiled
101. Type of linen used	<input type="checkbox"/> Disposable <input type="checkbox"/> Reusable

VII. BIOMEDICAL WASTE MANAGEMENT (BMW)

102. Availability of SOP for BMW management?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
103. Availability of agreement with CWTF	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
104. Are they following color codes bins in BMW management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
105. Is there sufficient quantity color coded bags available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
106. Are they disinfecting the waste before it is disposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
107. Method of disposing biomedical wastes?	<input type="checkbox"/> CWTF <input type="checkbox"/> Deep burial <input type="checkbox"/> Incineration
108. Disposal of sharps as per the standard protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
109. Availability of biomedical waste trolley?	<input type="checkbox"/> Yes <input type="checkbox"/> No
110. Availability of dedicated BMW collection area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
111. BMW collected from isolation facility within 48hrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. ICU FACILITY

112. Are there any beds dedicated for COVID 19 infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
113. If Yes, Number of beds dedicated to COVID 19 cases?	
114. Is the distance between beds in ICU more than 1 meter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
115. Is the oxygen supply is by cylinder or central connection?	
116. Are there any separate Ventilators, nebulizers, Infusion pumps in ICU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
117. Adequate supply of masks, ET tubes, PPE kits available at ICU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
118. All ICU Staff received training in donning & doffing of PPE?	<input type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> Not started
119. Are there separate area for donning & doffing of PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
120. Hand washing facility & hand sanitizer available at donning & doffing areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No

XII.OTHER ESSENTIAL SERVICES

121.Is there strategy available for optimizing the PPE supply	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
122.Are there any stockout experience for PPEs in the las year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
123.Designated ambulance facility for transporting patients from isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
124.list of contact numbers of ambulance drivers displayed at isolation area?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
125.Ambulance staff trained in wearing PPE & and other Infection control practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
126.SOP for disinfecting ambulance after transporting confirmed case/dead body?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
127.Written protocol available for disposing dead bodies of confirmed cases?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
128.Is there enough availability of body bags?	<input type="checkbox"/> Yes <input type="checkbox"/> No
129.Are the staff trained in handling dead bodies and wearing PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Revision 1:

**Guidelines for Handling, Treatment and Disposal of Waste Generated during
Treatment/Diagnosis/ Quarantine of COVID-19 Patients**

25th March, 2020

(In suppression earlier guidelines upload at CPCB website on 19/03/2020)



Central Pollution Control Board

(Ministry of Environment, Forest & Climate Change)

Parivesh Bhawan, East Arjun Nagar

Delhi – 110032

Guidelines for Handling, Treatment, and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients – Rev. 1

In order to deal with COVID-19 pandemic, State and Central Governments have initiated various steps, which include setting up of quarantine centers/camps, Isolation wards, sample collection centers and laboratories.

Following specific guidelines for management of waste generated during diagnostics and treatment of COVID-19 suspected / confirmed patients, are required to be followed by all the stakeholders including isolation wards, quarantine centers, sample collection centers, laboratories, ULBs and common biomedical waste treatment and disposal facilities, in addition to existing practices under BMW Management Rules, 2016.

These guidelines are based on current knowledge on COVID-19 and existing practices in management of infectious waste generated in hospitals while treating viral and other contagious diseases like HIV, H1N1, etc. These guidelines will be updated if need arises. This Revision-1 of guidelines is done mainly to incorporate specific requirements and responsibilities of persons operating quarantine camps or caretakers of quarantine homes/home-care units and also the responsibilities of Urban Local Bodies (ULBs) at sections (c) and (f) respectively. Specific provisions are also incorporated for States not having common CBWTFs and for allowing hazardous waste incinerators to dispose COVID-19 waste.

Guidelines brought out by WHO, MoH&FW, ICMR, CDC and other concerned agencies from time to time may also be referred.

Guidelines for handling, treatment and disposal of COVID-19 waste at Healthcare Facilities, Quarantine Camps/ Quarantine-homes/ Home-care, Sample Collection Centers, Laboratories, SPCBs/PCCs, ULBs and CBWTFs is give below;

(a) COVID-19 Isolation wards:

Healthcare Facilities having isolation wards for COVID-19 patients need to follow these steps to ensure safe handling and disposal of biomedical waste generated during treatment;

- Keep separate color coded bins/bags/containers in wards and maintain proper segregation of waste as per BMWM Rules, 2016 as amended and CPCB guidelines for implementation of BMW Management Rules.
- As precaution double layered bags (using 2 bags) should be used for collection of waste from COVID-19 isolation wards so as to ensure adequate strength and no-leaks;
- Collect and store biomedical waste separately prior to handing over the same CBWTF. Use a dedicated collection bin labelled as “COVID-19” to store COVID-19 waste and keep separately in temporary storage room prior to handing over to authorized staff of CBWTF. Biomedical waste collected in such isolation wards can also be lifted directly from ward into CBWTF collection van.
- In addition to mandatory labelling, bags/containers used for collecting biomedical waste from COVID-19 wards, should be labelled as “COVID-19 Waste”. This marking would enable CBWTFs to identify the waste easily for priority treatment and disposal immediately upon the receipt.
- General waste not having contamination should be disposed as solid waste as per SWM Rules, 2016;

**Guidelines for Handling, Treatment, and Disposal of Waste Generated during
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- Maintain separate record of waste generated from COVID-19 isolation wards
- Use dedicated trolleys and collection bins in COVID-19 isolation wards. A label “COVID-19 Waste” to be pasted on these items also.
- The (inner and outer) surface of containers/bins/trolleys used for storage of COVID-19 waste should be disinfected with 1% sodium hypochlorite solution daily.
- Report opening or operation of COVID-19 ward and COVID ICU ward to SPCBs and respective CBWTF located in the area.
- Depute dedicated sanitation workers separately for biomedical waste and general solid waste so that waste can be collected and transferred timely to temporary waste storage area.

(b) Sample Collection Centers and Laboratories for COVID-19 suspected patients

Report opening or operation of COVID-19 sample collection centers and laboratories to concerned SPCB. Guidelines given at section (a) for isolation wards should be applied suitably in in case of test centers and laboratories also.

(c) Responsibilities of persons operating Quarantine Camps/Homes or Home-Care facilities*

Less quantity of biomedical waste is expected from quarantine Camps / Quarantine Home/ Home-care facilities. However, the persons responsible for operating quarantine camps/centers/home-care for suspected COVID-19 persons need to follow the below mentioned steps to ensure safe handling and disposal of waste;

- General solid waste (household waste) generated from quarantine centers or camps should be handed over to waste collector identified by Urban Local Bodies or as per the prevailing local method of disposing general solid waste.
- Biomedical waste if any generated from quarantine centers/camps should be collected separately in yellow colored bags (suitable for biomedical waste collection) provided by ULBs. These bags can be placed in separate and dedicated dust-bins of appropriate size.
- Persons operating Quarantine camps/centers should call the CBWTF operator to collect biomedical waste as and when it gets generated. Contact details of CBWTFs would be available with Local Authorities.
- Persons taking care of quarantine home / Home-care should deposit biomedical waste if any generated from suspected or recovered COVID-19 patients, by following any of the following methods as may be arranged by ULBs;
 - Hand over the yellow bags containing biomedical waste to authorized waste collectors at door steps engaged by local bodies; or
 - Deposit biomedical waste in yellow bags at designated deposition Centers established by ULBs. The bag again be stored in yellow bag or container; or
 - Handover the biomedical waste to waste collector engaged by CBWTF operator at the doorstep.

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- Persons operating Quarantine camps/centers or Quarantine-homes/Home-care should report to ULBs in case of any difficulty in getting the services for disposal of solid waste or biomedical waste.

Clarifications:

- Quarantine Camps / Quarantine-Home / Home-care are the places where suspected people or the contacts of suspected / confirmed cases who have been directed by authorised hospitals or local authorities to stay at home for at least 14 days for observation for any symptom of COVID-19, if any.
- Patients positive for COVID-19 will not be treated at Quarantine Camps / Quarantine-Home / Home-care unless such situation is notified by the State/Central Governments.
- Biomedical waste at Quarantine Camps / Home-care will comprise of used syringes, date expired or discarded medicines, used masks/gloves and in case of patients with other chronic diseases may also include drain bags, urine bags, body fluid or blood soaked tissues/cotton, empty ampules etc.
- Biomedical waste generated from Quarantine Camps / Quarantine-Home / Home-care would be treated as 'domestic hazardous waste' as defined under Solid Waste Management Rules, 2016, and shall be disposed as per provisions under Biomedical Waste Management Rules, 2016 and these guidelines.
- General waste from Quarantine Camps / Quarantine-Home / Home-care shall be disposed as Solid waste as per provisions under SWM Rules, 2016.

[*Amended in Rev. 1 of guidelines dated 24/03/2020]

(d) Duties of Common Biomedical Waste Treatment Facility (CBWTF):

- Report to SPCBs/PCCs about receiving of waste from COVID-19 isolation wards / Quarantine Camps / Quarantined homes / COVID-19 Testing Centers;
- Operator of CBWTF shall ensure regular sanitization of workers involved in handling and collection of biomedical waste;
- Workers shall be provided with adequate PPEs including three layer masks, splash proof aprons/gowns, nitrile gloves, gum boots and safety goggles;
- Use dedicated vehicle to collect COVID-19 ward waste. It is not necessary to place separate label on such vehicles;
- Vehicle should be sanitized with sodium hypochlorite or any appropriate chemical disinfectant after every trip.
- COVID-19 waste should be disposed-off immediately upon receipt at facility.
- In case it is required to treat and dispose more quantity of biomedical waste generated from COVID-19 treatment, CBWTF may operate their facilities for extra hours, by giving information to SPCBs/PCCs.
- Operator of CBWTF shall maintain separate record for collection, treatment and disposal of COVID-19 waste.

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- Do not allow any worker showing symptoms of illness to work at the facility. May provide adequate leave to such workers and by protecting their salary.

(e) Duties of SPCBs/PCCs

- Shall maintain records of COVID-19 treatment wards / quarantine centers / quarantines homes in respective States.
- Ensure proper collection and disposal of biomedical waste as per BMW Rules, 2016 and SoPS given in this guidance document;
- Allow CBWTFs to operate for extra hours as per requirement;
- May not insist on authorisation of quarantine camps as such facilities does not qualify as health facilities. However, may allow CBWTFs to collect biomedical waste as and when required;
- In case of States not having CBWTFs as well as rural or remote areas, not having access to CBWTFs, the existing captive facilities of any hospital may be identified for disposal of COVID-19 waste as per provisions under BMW Rules, 2016 and these guidelines.
- Coordinate with CBWTFs and ULBs in establishing adequate collection and disposal of COVID-19 waste.
- In case of generation of large volume of yellow color coded (incinerable) COVID-19 waste, permit HW incinerators at existing TSDFs to incinerate the same by ensuring separate arrangement for handling and waste feeding.

(f) Duties of Urban Local Bodies +

Urban Local Bodies are responsible for ensuring safe collection and disposal of biomedical waste, if any, generated from Quarantine Camps/ Quarantine Homes/ Home Care for COVID-19 suspected persons.

- Information on each Quarantine Camps/ Quarantine Homes/ Home-Care should be available with local administration and provide updated list to SPCBs from time to time;
- In case of quarantine camps, ensure that biomedical waste is collected directly by CBWTFs identified by ULB. Waste from quarantine camps to be lifted by CBWTFs on call basis as and when the biomedical waste gets generated. Provide contact details of CBWTF operator at Quarantine Camps;
- Provide necessary support, security including authorisation to staff of CBWTFs;
- ULB shall engage CBWTF operator for ultimate disposal of biomedical waste collected from quarantine home/home care or waste deposition centers or from door steps as may be required depending on local situation; ULB shall make agreement with CBWTF in this regard.
- ULBs envisage following options to facilitate safe collection and disposal of biomedical waste from quarantined homes/Home care;
 - a) Engage authorized waste collectors for door steps collection of biomedical waste and transfer to collection points for further pick-up by CBWTF; and/or
 - b) In case number of quarantined homes/Home-care units are less, ULBs may engage services of CBWTFs to collect the waste directly from door-steps.

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- Provide yellow colored bags (designated for BMW) to the persons responsible for operating Quarantine Camp or home-care. If required, such bags may be provided through CBWTF.
- ULBs shall ensure the following in engaging authorized waste collectors at door-steps or at waste deposition centers;
 - Create a separate team of workers who shall be engaged in door step waste collection at waste deposition centres or at quarantine homes or home care.
 - Ensure that only designated staff collects biomedical waste from quarantine homes or home care.
 - Training should be provided for sanitization, about collection of biomedical waste, precautionary measures to handle biomedical waste.
 - Impart training to waste collector in handling of biomedical waste including methods of sanitization. Training to waste collectors should be arranged through CBWTF operators;
 - The staff involved in handling and collection of waste from quarantine homes or home care centers shall be provided with adequate Personnel Protective Equipment such as three layer masks, splash proof aprons/gowns, heavy-duty gloves, gum boots and safety goggles. These PPEs are required to be worn all the time while collecting of waste from quarantine center/quarantine homes/home care/waste deposition centres.
 - Use dedicated carts / trolleys / vehicles for transport of biomedical waste. Ensure sanitization of vehicles with 1% hypochlorite after each trip.
 - Ensure that, waste collectors arriving at quarantine center or at home care shall spray the disinfectant (1% hypochlorite solution) on the bin used for yellow bag.
- Establish common waste deposition centers (as stipulated under SWM Rules, 2016) for receiving / collection of biomedical waste. For this purpose, existing Dhalaos if any may be converted suitably.
- The general solid waste collected from quarantine homes or home care shall be disposed off as per SWM Rules, 2016.
- Services of Common Biomedical Waste Treatment & Disposal Facilities (CBWTFs) and staff associated with CBWTFs for collection, transportation, treatment and disposal of biomedical waste generated from hospitals including COVID-19 isolation wards, Quarantine Camps, etc. may be considered an essential service as part of health infrastructure.
- Facilitate smooth operations of CBWTFs.

[* Inserted in Rev. 1 of guidelines dated 24/03/2020]

Ministry of Health and Family Welfare
Directorate General of Health Services
[Emergency Medical Relief]

Coronavirus Disease 2019 (COVID-19): Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19

1. About this SOP

This SOP is applicable to current phase of COVID-19 pandemic in India (local transmission and limited community transmission), wherein as per plan of action, all suspect cases are admitted to isolation facilities. These procedures are meant to guide and be used for training ambulance drivers and technicians in transporting COVID-19 patients. These also aim to support programme officers in monitoring functionality and infection prevention protocols of the ambulances.

2. Introduction

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. In humans, the transmission of COVID-19 can occur via respiratory droplets directly (through droplets from coughing or sneezing) or indirectly (through contaminated objects or surfaces). The people most at risk of COVID-19 infection are those who are in close contact with a suspect/confirmed COVID-19 patient and those who care for such patients.

3. Transportation of patients

Ideally, there should be ambulances identified specifically for transporting COVID suspect patients or those who have developed complications, to the health facilities. Currently, there are two types of ambulances – ALS (with ventilators) and BLS (without ventilators). States may empanel other ambulances having basic equipment like that of BLS and use it for COVID patients. However, this must be ensured that strict adherence to cleaning and decontamination protocols given here in the guidance note need to be followed. The fleet in - charge or person designated by CMO/CS, will supervise its adherence.

Call centres after receiving the call will try to triage the condition of the patient and accordingly dispatch either ALS, BLS or other registered ambulances. However, please ensure that 102 ambulances should not be used for corona patients and should only be used for transporting pregnant women and sick infants. Ambulance staff (technicians as well as drivers) should be trained and oriented about common signs and symptoms of COVID-19 (fever, cough and difficulty in breathing). A sample questionnaire to identify COVID-19 cases is placed at **Annexure I**. They should also be aware about common infection, prevention and control practices including use of Personal Protective Equipment (PPE). Both the EMT and driver of ambulance will wear PPE while handling, managing and transporting the COVID identified/ suspect patients. Similar use of PPE is to be ensured by the health personnel at receiving

health facility. Patient and attendant should be provided with triple layer mask and gloves. Simple public health measures like hand hygiene, respiratory etiquettes, etc. need to be adhered by all.

Augmenting the capacity of ambulances in districts

Local authorities should prepare a line list of all private ambulance service providers in their respective areas. These ambulances should be linked with centralized call centre so as to ensure adequate number of ambulances based on population and time to care approach (Avg. response time of 20 minutes). Orientation on Infection Prevention Protocols and protocols for transporting COVID patients should also be ensured for staff of these ambulances. To ensure response time of 20 minutes, ambulances should be strategically located at hospitals, police stations.

Only identified and designated ambulances should be used for transportation. People, health functionaries, nursing homes, private clinics, hospitals should be made aware to use ambulance services for COVID patients being provided through toll free numbers. Otherwise it might increase the chances of transmission of infection. 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. To minimize the risk of transmission, it is strongly recommended that if other than empaneled ambulances are bringing COVID or suspect patients, such vehicles need to be quarantined for thorough cleaning and disinfection and should only be released after certification by district administration/ district health official.

- 3.1** Call Centre: On receiving the call, the call centre needs to enquire following details:
- a) Demographic details of the patient i.e. name, age, gender etc.
 - b) To ascertain whether the patient is suspect case of COVID-19
 - i. Symptoms of patient: Ask whether the patient is suffering from fever, cough and difficulty in breathing
 - ii. Whether patient has recently returned from a foreign country
 - iii. Whether the patient was under home quarantine as directed by local health administration
 - c) Clinical condition of patient to be transported: whether stable or critical
- 3.2** In case of an inter-facility transfer, the casualty medical officer of the referring hospital has to ensure that bed is available in referral hospital with supporting equipment and needs to convey the same while making the call.
- 3.3** Assign the job to nearest ambulance with dedicated facility at strategic locations as mentioned in the box above.
- 3.3.1 Check for state of preparedness of ambulance: **Annexure II**
 - 3.3.2 Ensure PPE for ambulance staff: **Annexure III**

3.4 Both call centre and ambulances should always keep the updated list of available hospitals and beds.

3.5 On receiving the call, from the call centre and prior to shifting the patient, EMT will perform following:

- 3.5.1 the EMT will seek the above mentioned details again to ensure whether the patient is a suspect case of COVID-19.
- 3.5.2 The EMT will wear the appropriate PPE.
- 3.5.3 The EMT shall assess the condition of the patient
- 3.5.4 If the patient is ambulatory and stable, he/she may be asked to board the ambulance otherwise the EMT (while using the prescribed PPE) may assist loading of patient.
- 3.5.5 Only one caregiver should be allowed to accompany the patient (while using the prescribed PPE).
- 3.5.6 EMT should also ensure availability and provision of adequate triple layered mask and gloves for patient and/or attendant.
- 3.5.7 The patient and the care giver will be provided with a triple layer medical mask.
- 3.5.8 EMT will contact the identified health facility for facility preparedness and readiness.

3.6 Management on board

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

3.7 Handing over the patient

- 3.7.1 On reaching the receiving hospital, the EMT will hand over the patient and details of medical interventions if any during transport. After handing over the patient, the PPEs will be taken off as per protocol followed by hand washing. Use Alcohol based rub /soap water for hand hygiene.
- 3.7.2 The biomedical waste generated (including PPE) to be disposed off in a bio-hazard bag (yellow bag). Inside would be sprayed with Sodium Hypochlorite (1%) and after tying the exterior will also be sprayed with the same. It would be disposed off at their destination hospital. This shall again be followed by hand washing.

3.8 Disinfection of ambulance

- 3.8.1 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. (see **Annexure – IV** for preparation of 1% Sodium hypochlorite solution)
- 3.8.2 Clean and disinfect reusable patient-care equipment before use on another patient with alcohol based rub.

- 3.8.3 Cleaning of all surfaces and equipment should be done morning, evening and after every use with soap/detergent and water.

3.9 Capacity building

District Authorities to ensure capacity building of EMT and driver on following areas:

- 3.9.1 Donning and doffing of PPE
- 3.9.2 Infection prevention protocols given in this guideline (**Annexure V**)
- 3.9.3 Triaging and identifying COVID-19 suspects based on their signs and symptoms.
- 3.9.4 Similarly, emergency staff of health facility should also be trained in segregation, isolation and management of COVID-19 patients. They should not be mixed with other patients.

3.10 Monitoring

A checklist for weekly monitoring by District Surgeon/ Anesthetist is at Annexure VI

Annexure I

<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

Annexure II

Checklist for list of consumables, equipment

S. No.	Item	Available (Yes/No)	If yes, whether functional	Remarks: quantity, expiry, last inspection date etc.
1	Stretcher trolley (foldable)			
2	Vital sign monitor			
2.1	✓ NIBP			
2.2	✓ SPO ₂			
2.3	✓ ECG			
3	Ventilator with O ₂ Source			
4	Defibrillator with battery			
5	Syringe infusion pump			
6	Ventimask with O ₂ flowmeter			
7	Ambu bag with face mask			
8	Laryngoscope with batteries			
9	ETT with oro-pharyngeal airway			
10	Suction apparatus with suction and catheter			
11	Emergency drug tray			
12	IV Fluids			
13	Nebulizer			
14	Any other items:			
14.1	✓ Foleys catheter			
14.2	✓ ECG Electrode			
14.3	✓ IV Cannula			

Annexure III

Rational use of PPE by ambulance staff*

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	

* The training of EMTs on COVID-19 will strictly adhere to the above mentioned rational use of PPE (the above recommendation is by an expert group (including WHO) and recommended by Joint Monitoring Group under DGHS available at www.mohfw.gov.in)

Annexure IV

Guidelines for Preparation of 1% sodium hypochlorite solution

Product	Available chlorine	1percent
Sodium hypochlorite – liquid bleach	3.5%	1 part bleach to 2.5 parts water
Sodium hypochlorite – liquid	5%	1 part bleach to 4 parts water
NaDCC (sodium dichloro-isocyanurate) powder	60%	17 grams to 1 litre water
NaDCC (1.5 g/ tablet) – tablets	60%	11 tablets to 1 litre water
Chloramine – powder	25%	80 g to 1 litre water
Bleaching powder	70%	7g g to 1 litre water
Any other	As per manufacturer's Instructions	

Infection Prevention for Pre-hospital Care

1.1. General

Ambulance or emergency health care workers are exposed to many infectious agents during their work. Transmission of infectious disease can occur while providing emergency care, rescue and body recovery/removal. Effective infection prevention and control is central to providing high quality health care for patients and a safe working environment for those that work in healthcare settings. Implementation of good infection control practices help to minimize the risk of spread of infection to patients and staff.

Pre-hospital care need to have an infection prevention program to monitor for HAIs (Healthcare Associated Infections) and prevent the spread of diseases/infection.

1.2. Standard Precautions

Standard precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. These set of measures are intended to be applied to the care of all patients in all healthcare settings, regardless of the suspected or confirmed presence of an infectious agent. Standard precautions include:

- Hand hygiene
- Use of barrier precautions or personal protective equipment
- Safe injection practices

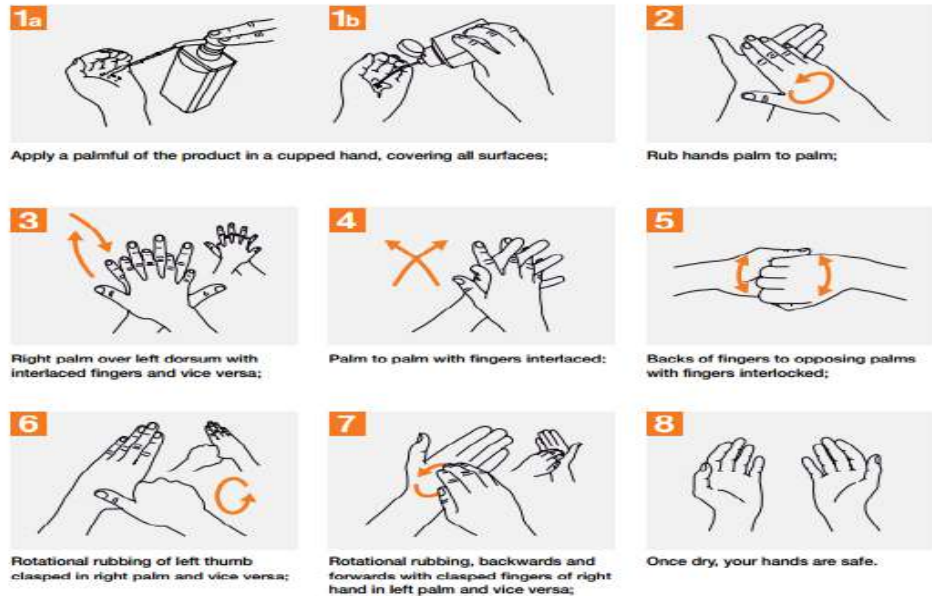
1.2.1. Hand Hygiene

Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings. The term “hand hygiene” includes both hand washing with either soap and water, and use of alcohol-based products (gels, rinses, foams) that do not require the use of water. It is important to ensure the availability of hand rub products at all times in the ambulance to ensure hand hygiene compliance.

HOW TO HAND WASH ?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds



1.2.2. Use of barrier precautions or Personal Protective Equipment (PPE)

COVID-19 is primarily a droplet transmitted infection, with indirect transmission through fomites/contaminated surfaces/objects. The standard precautions on use of personal protective equipment, as per the risk profile are given in annexure III.

The Healthcare worker must possess knowledge and skill regarding use and removal of the PPE after its use.

1.3. Equipment disinfection:

Equipment and surfaces are contaminated if they have come in contact with patient's skin, blood or body fluids. These can spread infection. Therefore, it is mandatory that these are cleaned and disinfected using 1% sodium hypochlorite or alcohol based disinfectants at least once daily and after every patient contact. Patient care items and surfaces that can contribute to the spread of infection include:

- Stethoscopes
- Blood pressure cuffs

- Monitors
- Stretchers, backboards, and immobilization devices
- Laryngoscope blades
- Radios/mobiles
- Shelves
- Door handles
- Other items and surfaces in ambulance or transport vehicle

1.4. **Decontamination of ambulance:**

- Decontamination of ambulance needs to be performed every time a suspect/confirmed case is transported in the ambulance. The following procedure must be followed while decontaminating the ambulance:
- Gloves and N-95 masks are recommended for sanitation staff cleaning the ambulance.
- Disinfect (damp wipe) all horizontal, vertical and contact surfaces with a cotton cloth saturated (or microfiber) with a 1% sodium hypochlorite solution. These surfaces include, but are not limited to: stretcher, Bed rails, Infusion pumps, IV poles/Hanging IV poles, Monitor cables, telephone, Countertops, sharps container. Spot clean walls (when visually soiled) with disinfectant-detergent and windows with glass cleaner. Allow contact time of 30 minutes and allow air dry.
- Damp mop floor with 1% sodium hypochlorite disinfectant.
- Discard disposable items and Infectious waste in a Bio/Hazard bag. The interior is sprayed with 1% sodium hypochlorite. The bag is tied and exterior is also decontaminated with 1% sodium hypochlorite and should be given to the hospitals to dispose of according to their policy.
- Change cotton mop water containing disinfectant after each cleaning cycle.
- Do not place cleaning cloth back into the disinfectant solution after using it to wipe a surface.
- Remove gloves and wash hands.

Checklist for Monitoring

Weekly monitoring by District Surgeon/ Anesthetist to be ensured. Following parameters to be monitored:

1. Daily stock-check & functionality test of critical equipment (Oxygen, Suction, etc.)
2. Decontamination & Disinfection Protocols – before and after transporting COVID patients
3. Waste Management – Segregation, General Waste, BMW, Liquid Waste, etc.
4. Spill Management
5. Linen Management
6. Patients' property
7. 'End of Life' care
8. Fire Safety
9. Outcome –
 1. Deaths while transporting
 2. Death after reaching the facility
 3. No. of successful resuscitation (return to spontaneous circulation after cardiac arrest)
 4. IV Fluid Usage Rate – Number of Units (1 unit = 500 ml) transfused/ Patients transported
 5. Percentage of cases, reporting more than 95% Oxygen Saturation level on arrival
 6. Incidence of Aspiration Pneumonia
 7. Service Experience (Feed-back Score on Likert scale 1-5)

INDIAN COUNCIL OF MEDICAL RESEARCH

DEPARTMENT OF HEALTH RESEARCH

Revised Strategy of COVID19 testing in India (Version 3, dated 20/03/2020)

Background:

WHO declared an outbreak of febrile respiratory illness of unknown etiology in December 2019 from Wuhan, Hubei province of China. Since its emergence, the disease rapidly spread to neighboring provinces of China as well as to 182 other countries. Infection is spread through droplets of an infected patient generated by coughing and sneezing or through prolonged contact with infected patients.

Currently, India has witnessed cases of COVID19 mostly related to travel and local transmission from imported cases to their immediate contacts. Community transmission of the disease has not been documented till now. Once community transmission is documented, the above testing strategy will undergo changes to evolve into stage appropriate testing strategy.

Advisory for testing are being reviewed and updated periodically (09/03/2020, 16/03/2020 and 20/03/2020). The testing strategy is reviewed by the National Task Force constituted by Secretary DHR & DG, ICMR and Chaired by Prof. V. K. Paul, Member, NITI Aayog.

Objectives:

- To contain the spread of infection of COVID19.
- To provide reliable diagnosis to all individuals **meeting the inclusion criteria of COVID19 testing.**

Current testing strategy:

- All asymptomatic individuals who have undertaken international travel in the last 14 days:**
 - They should stay in home quarantine for 14 days.
 - They should be tested only if they become symptomatic (fever, cough, difficulty in breathing)
 - All family members living with a confirmed case should be home quarantined
- All symptomatic contacts of laboratory confirmed cases.**
- All symptomatic health care workers.**
- All hospitalized patients with Severe Acute Respiratory Illness (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.**
 - Direct and high-risk contact include those who live in the same household with a confirmed case and healthcare workers who examined a confirmed case without adequate protection as per WHO recommendations.

Specimen Collection, Packaging and Transport Guidelines for 2019 novel Coronavirus (2019-nCoV)

Title: Specimen Collection, Packaging and Transport Guidelines for 2019 Novel Coronavirus (2019-nCoV)	SOP number: ICMR-NIV/2019-nCoV/Specimens_01 Prepared by: Dr. Y.K. Gurav Date: 19/01/2020 Reviewed by: Dr. V. Potdar Date: 20/01/2020 Approved by: Dr. P. Abraham Date: 20/01/2020
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Scope:

To be used by the Government health authorities/ hospitals/ clinicians/ laboratories planning to collect appropriate clinical samples as indicated for diagnosis of 2019-nCoV.

Purpose:

This document describes the information for collection, packaging and transport of clinical specimens to Influenza group at ICMR-National Institute of Virology (NIV), Pune, Maharashtra for diagnosis of 2019 Novel Coronavirus (2019-nCoV)

Responsibilities:

- The clinician should decide necessity for collection of clinical specimens for laboratory testing of 2019-nCoV only after following the case definition as given by the health authorities, Government of India.
- Appropriate clinical sample need to be collected by laboratory personnel/ health care worker trained in specimen collection in presence of a clinician.
- By following all biosafety precautions and using personal protective equipment (PPEs), clinical samples need to be sent to the designated laboratory (ICMR-NIV, Pune) by following standard triple packaging.

Selection of patient:

Any person who presents with Severe Acute Respiratory Illness (SARI) AND any one of the following i.e. a history of travel from Wuhan, China in 14 days prior to symptoms onset; disease in healthcare worker working in an environment of SARI patients; unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment; should be urgently investigated. Updated case definition need to be followed as per MOHFW, Govt of India which is available on the website www.mohfw.gov.in

Specimen collection details:

(Adapted from the WHO guidelines on 2019-nCoV):











Specimen type	Collection materials	Transport to laboratory	Storage till testing	Comment
Nasopharyngeal and oropharyngeal swab	Dacron or polyester flocked swabs*	4 °C	≤5 days: 4 °C >5 days: -70 °C	The nasopharyngeal and oropharyngeal swabs should be placed in the same tube to increase the viral load.
Bronchoalveolar lavage	sterile container*	4 °C	≤48 hours: 4 °C >48 hours: -70 °C	There may be some dilution of pathogen, but still a worthwhile specimen
Tracheal aspirate, nasopharyngeal aspirate or nasal wash	sterile container*	4 °C	≤48 hours: 4 °C >48 hours: -70 °C	Not applicable
Sputum	sterile container	4 °C	≤48 hours: 4 °C >48 hours: -70 °C	Ensure the material is from the lower respiratory tract
Tissue from biopsy or autopsy including from lung	sterile container with saline	4 °C	≤24 hours: 4 °C >24 hours: -70 °C	Autopsy sample collection preferably to be avoided
Serum (2 samples – acute and convalescent)	Serum separator tubes (adults: collect 3-5 ml whole blood)	4 °C	≤5 days: 4 °C >5 days: -70 °C	Collect paired samples: • acute – first week of illness • convalescent – 2 to 3 weeks later

**For transport of samples for viral detection, use VTM (viral transport medium) containing antifungal and antibiotic supplements. Avoid repeated freezing and thawing of specimens.*

Specimen labelling and processing:

- Personal protective equipment (apron, hand gloves, face shield, N95 Masks etc.) need to be used and all biosafety precautions should be followed so as to protect individuals and the environment.
- Proper labelling (name/age/gender/specimen ID) need to be done on specimen container and other details of sender (name/address/phone number) on the outer container by mentioning “To be tested for 2019-nCoV”
- For any queries, the nodal officer from ICMR-NIV Pune (Dr Yogesh K. Gurav, Scientist E) may be contacted (Phone 020-26006290/ 26006390; Email: gurav.yk@gmail.com/gurav.yk@gov.in) and need to be informed in advance before sending specimens to ICMR-NIV, Pune.

Specimen Collection, Packaging and Transport Guidelines for 2019 novel Coronavirus (2019-nCoV)

Requirements for Clinical Samples Collection, Packaging and Transport			
<p>1. Sample vials and Virus Transport Medium (VTM)</p> 	<p>2. Adsorbent material (cotton, tissue paper), paraffin, seizer, cello tape</p> 	<p>3. A leak-proof secondary container (e.g., ziplock pouch, cryobox, 50 mL centrifuge tube, plastic container)</p> 	
<p>4. Hard-frozen Gel Packs</p> 	<p>5. A suitable outer container (e.g., thermocol box, ice-box, hard-board box) (minimum dimensions: 10 x 10 x 10 cm)</p> 		
Procedure for Specimen Packaging and Transport			
<p>1. Use PPE while handling specimen</p> 	<p>2. Seal the neck of the sample vials using parafilm</p> 	<p>3. Cover the sample vials using absorbent material</p> 	<p>4. Arrange primary container (vial) in secondary container</p> 
<p>5. Placing the centrifuge tube inside a zip-lock pouch</p> 	<p>6. Placing the zip-lock pouch inside a sturdy plastic container and seal the neck of the container</p> 	<p>Note: Sample vials can also be placed inside a zip-lock pouch, covered in absorbent material and secured by heat-sealing or rubber bands. Then, the zip-lock pouch should be placed inside another plastic pouch and secured</p>	<p>7. Using a thermocol box as an outer container and placing the secondary container within it, surrounded by hard-frozen gel packs</p> 
<p>7. Using a hard card-board box as an outer container and placing the secondary container and the gel packs</p> 	<p>8. Placing the completed Specimen Referral Form (available on www.niv.co.in) and request letter inside a leak-proof, zip-lock pouch</p> 	<p>9. Securing the zip-lock pouch with the Specimen Referral Form on the outer container</p> 	<p>10. Attaching the labels:</p> <ul style="list-style-type: none"> • Senders' address, contact number; Consignee's address /contact number; • Biological substance- Category B; • 'UN 3373'; Orientation label, Handle with care 
<p>Documents to accompany:</p> <p>1) Packaging list/proforma Invoice 2) Air way bill (for air transport) (to be prepared by sender or shipper) 3) Value equivalence document (for road/rail/sea transport) [Note: 1. A vaccine-carrier/ice-box can also be used as an outer container 2. The minimum dimensions of the outer container should be 10 x 10 x 10 cm (length x width x height)]</p>			
<p>Routing of samples:</p> <ul style="list-style-type: none"> • Clinical specimens, official documents and Specimen request forms for testing of 2019-nCoV need to be sent to the ICMR-NIV address (The Director, ICMR-National Institute of Virology, 20-A, Dr Ambedkar Road, Pune, Maharashtra, Pin: 4110001). • For shipment-related queries/information, kindly contact Dr Sumit Bhadwaj (Scientist B, Influenza Group) on email: sumitduttbhadwaj@gmail.com, phone 020-26006290/26006390 			

INDIAN COUNCIL OF MEDICAL RESEARCH

DEPARTMENT OF HEALTH RESEARCH

Date: 28/03/2020

Total Government Laboratories Approved by ICMR: 122

Operational Laboratories for COVID19 Testing: N= 113

Laboratories in the process of Operationalization = 09

S. No.	Names of States	Names of Medical Colleges
1.	Andhra Pradesh (4)	1. Sri Venkateswara Institute of Medical Sciences, Tirupati 2. Rangaraya Medical College, Kakinada 3. Sidhartha Medical College, Vijaywada 4. Govt. Medical College, Ananthpur
2.	Assam (4)	5. Gauhati Medical College, Guwahati 6. Regional Medical Research Center, Dibrugarh 7. Jorhat Medical College, Jorhat 8. Silchar Medical College, Silchar
3.	Bihar (2)	9. Rajendra Memorial Research Institute of Medical Sciences, Patna 10. Indira Gandhi Institute Medical Sciences, Patna
4.	Chandigarh (2)	11. Post Graduate Institute of Medical Education & Research, Chandigarh – 239 samples can be tested 12. Govt. Medical College, Chandigarh
5.	Chhattisgarh (2)	13. All India Institute of Medical Sciences, Raipur 14. Late Baliram Kashyap M Govt. Medical College, Jagdalpur
6.	Delhi (6)	15. All India Institute Medical Sciences 16. Lady Hardinge Medical College 17. National Centre for Disease Control 18. Ram Manohar Lohia Hospital 19. Institute of Liver & Biliary Sciences 20. Army Hospital Research & Referral
7.	Gujarat (6)	21. BJ Medical College, Ahmedabad 22. MP Shah Govt Medical College, Jamnagar 23. Govt. Medical College, Surat 24. Govt. Medical College, Bhavnagar 25. Govt. Medical College, Vadodara 26. GMC, Rajkot, Gujarat
8.	Haryana (2)	27. Pt. B.D. Sharma Post Graduate Inst. of Med. Sciences, Rohtak, Haryana 28. BPS Govt. Medical College, Sonipat
9.	Himachal Pradesh (2)	29. Indira Gandhi Medical College, Shimla 30. Dr. Rajendra Prasad Govt. Medical College, Tanda
10.	Jammu & Kashmir (4)	31. Govt. Medical College, Jammu 32. Command Hospital (NC) Udhampur 33. Sher-i-Kashmir Institute of Medical Sciences, Srinagar 34. Govt. Medical College, Srinagar

11.	Jharkhand (2)	35. MGM Medical College & Hospital, Jamshedpur 36. Rajendra Institute of Medical Sciences, Ranchi
12.	Karnataka (7)	37. Hassan Inst. of Med. Sciences, Hassan 38. Mysore Medical College & Research Institute, Mysore 39. Shimoga Instt. of Medical Sciences, Shivamoga Inst. of Med. Sciences, Shivamogga 40. Command Hospital (Air Force) Bengaluru 41. Bangalore Medical College & Research Institute, Bengaluru -1400 samples can be tested 42. National Institute of Virology, Bangalore Field Unit, Bengaluru -400 samples can be tested 43. Gulbarga Institute of Medical Sciences, Gulbarga -
13.	Kerala (9)	44. National Institute of Virology Field Unit, Allapuzha 45. Govt. Medical College, Thiruvananthapuram 46. Govt. Medical College, Kozhikode 47. Govt. Medical College, Thrissur 48. Rajiv Gandhi Center for Biotechnology, Thiruvananthapuram 49. Sree Chitra Tirunal Institute of Medical Sciences, Thiruvananthapuram 50. State Public Health Laboratory, Trivandrum 51. Interuniversity, Kottayam 52. Malabar Cancer Center, Thalassery
14.	Maharashtra (8)	53. National Institute of Virology, Pune 54. Seth GS Medical College & KEM Hospital, Mumbai 55. Kasturba Hospital for Infectious Diseases, Mumbai 56. National Institute of Virology Field Unit, Mumbai 57. Armed Forces Medical College, Pune 58. BJ Medical College, Pune 59. Indira Gandhi Govt. Medical College, Nagpur 60. Grant Medical College & Sir JJ Hospital, Mumbai 61. V. M. Government Medical College, Solapur 62. Govt. Medical College, Aurangabad
15.	Madhya Pradesh (4)	63. All India Institute of Medical Sciences, Bhopal 64. National Institute for Research on Tribal Health, Jabalpur 65. Mahatma Gandhi Memorial Medical College, Indore 66. Gandhi Medical College, Bhopal
16.	Manipur (2)	67. Jawaharlal Nehru Institute of Med. Sciences, Imphal-East, Manipur 68. Regional Institute of Medical Sciences, Imphal
17.	Meghalaya (1)	69. North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong, Meghalaya
18.	Odisha (2)	70. Regional Medical Research Centre, Bhubaneswar 71. All India Institute of Medical Sciences, Bhubaneswar
19.	Puducherry (1)	72. Jawaharlal Institute of Postgraduate Medical Education & Research, Puducherry
20.	Punjab (2)	73. Govt. Medical College, Amritsar 74. Govt. Medical College, Patiala

21.	Rajasthan (8)	75. Sawai Man Singh Medical College, Jaipur 76. Dr. Sampurnanand Medical College, Jodhpur 77. Jhalawar Medical College, Jhalawar 78. RNT Medical College, Udaipur 79. SP Medical College, Bikaner 80. All India Institute of Medical Sciences, Jodhpur 81. JLN Medical College, Ajmer 82. Govt. Medical College, Kota
22.	Tamil Nadu (10)	83. King Institute of Preventive Medicine & Research, Chennai 84. Madras Medical College, Chennai 85. Govt. Theni Medical College, Theni 86. Tirunelveli Medical College, Tirunelveli 87. Govt. Medical College, Thiruvarur 88. Kumar Mangalam Govt. Medical College, Salem 89. Coimbatore Medical College, Coimbatore 90. Govt. Medical College, Villupuram 91. Madurai Medical College, Madurai 92. K A P Viswanatham Govt. Medical College, Trichy
23.	Telangana (5)	93. Gandhi Medical College, Secunderabad 94. Osmania Medical College, Hyderabad 95. Sir Ronald Ross of Tropical & Communicable Diseases, Hyderabad. 96. Nizam's Institute of Medical Sciences, Hyderabad 97. Institute of Preventive Medicine, Hyderabad
24.	Tripura (1)	98. Government Medical College, Agartala
25.	Uttar Pradesh (8)	99. King George Medical University, Lucknow 100. Institute of Medical Sciences, Banaras Hindu University, Varanasi 101. Jawaharlal Nehru Medical College, Aligarh 102. Command Hospital, Lucknow 103. Lala Lajpat Rai Memorial Medical College, Meerut 104. Sanjay Gandhi Post Graduate Institute, Lucknow 105. Uttar Pradesh RIMS, Saifai 106. Regional Medical Research Centre, Gorakhpur
26.	Uttarakhand (2)	107. Govt. Medical College, Haldwani 108. All India Institute of Medical Sciences, Rishikesh
27.	West Bengal (4)	109. National Institute of Cholera & Enteric Diseases, Kolkata 110. Institute of Post Graduate Medical Education & Research, Kolkata 111. Midnapore Medical College, Midnapore 112. North Bengal Medical College, Darjeeling
28.	Andaman & Nicobar Islands (1)	113. Regional Medical Research Centre, Port Blair

Other Laboratories approved by ICMR:**N = 09**

S. No.	State	Name of the Medical College	Status
1.	Andhra Pradesh	1. Guntur Medical College	DHR/ICMR have provided Real Time PCR Machine. State Govt. to provide Biosafety cabinet, microfuge and consumables
2.	Assam	2. Fakhruddin Ali Ahmed Medical College, Barpeta	Reagents
3.	Bihar	3. Darbhanga Medical College, Darbhanga	Reagents received more than 2 days ago. Still not started.
		4. Patna Medical College, Patna	Real Time PCR machine has been dispatched.
4.	Delhi	5. Maulana Azad Medical College	Reagents in transit
5.	Kerala	6. Regional Cancer Centre, Thiruvananthapuram	Reagents in transit
6.	Madhya Pradesh	7. Bhopal Memorial Hospital & Research Centre	Reagents yet to be dispatched
7.	Maharashtra	8. Shri Bhausaheb Hire Government Medical College, Dhule	Real time PCR machine installed. Reagents will be handpicked by the Colleges.
8.	West Bengal	9. School of Tropical Medicine, Kolkata	Reagents yet to be dispatched

**INDIAN COUNCIL OF MEDICAL RESEARCH
DEPARTMENT OF HEALTH RESEARCH**

Date: 28/03/2020

List of Private Laboratories to test COVID-19

S. No.	Names of States	Names of Laboratory and Address
1	Delhi (8)	<ol style="list-style-type: none"> 1. Lal Path Labs, Block -E, Sector 18, Rohini, Delhi 2. Dr Dangs Lab, C-2/1, Safadarjung Development Area, New-Delhi 3. Laboratory Services, Indraprastha Apollo Hospitals, Sarita Vihar, New Delhi 4. Max Lab, Max Super Speciality Hospital, Saket, New-Delhi 5. Sir Ganga Ram Hospital Clinical Lab Services, Sir Ganga Ram Hospital, Delhi 6. Oncquest Labs Ltd, 3-Factory Road, New-Delhi 7. Prognosis Laboratories, 515-16, Sector 19, Dwarka 8. City X-Ray & Scan Clinic Pvt Ltd, 4B/18, Tilak Nagar, New-Delhi
2.	Gujarat (4)	<ol style="list-style-type: none"> 1. Unipath Specialty laboratory limited, 102, Sanoma Plaza, Opposite Parimal Garden, Besides JMC House, Ellisbridge, Ahmedabad 2. Supratech Micropath Laboratory & Research Institute Pvt Ltd, Kedar, Ahmedabad 3. SN GeneLab Pvt Ltd, President Plaza –A, Near Mahavir Hospital, Nanpura, Surat 4. Pangenomics International Pvt Ltd, Ellis Bridge, Ahmedabad
3.	Haryana (5)	<ol style="list-style-type: none"> 1. Strand Life Sciences, A-17, Sector 34, Gurugram 2. SRL Limited, GP26, Sector 18, Gurugram 3. Modern Diagnostic & Research Centre-Lab, 363-364/4, JAwarhar Nagar. Gurgaon 4. Core Diagnostics Pvt Ltd, Udyog Vihar Phase-3, Gurgaon 5. MolQ Laboratory, Plot 28,29; Sector 18(P), Electronic city, Udyog Vihar, Phase IV, Gurgaon
4.	Karnataka (2)	<ol style="list-style-type: none"> 1. Neuberg Anand Reference Laboratory, Anand Tower, #54, Bowring Hospital Road, Bengaluru 2. Cancyte Technologies Pvt Ltd, Sri Shankara Research Centre, Bengaluru
5.	Maharashtra (10)	<ol style="list-style-type: none"> 1. Thyrocare Technologies Limited, D37/1, TTC MIDC, Turbhe, Navi Mumbai 2. Suburban Diagnostics (India) Pvt. Ltd., 306, 307/T, 3rd Floor, Sunshine Bld., Andheri (W), Mumbai 3. Metropolis Healthcare Ltd, Unit No. 409-416, 4th Floor, Commercial Building-1, Kohinoor Mall, Mumbai 4. Sir H.N. Reliance Foundation Hospital and Research Centre, Molecular Medicine, Reliance Life Sciences Pvt. Ltd., R-282, TTC Industrial Area, Rabale, Navi Mumbai 5. SRL Limited, Prime Square Building, Plot No 1, Gaiwadi Industrial Estate, SV Road, Goregaon, Mumbai 6. A.G. Diagnostics Pvt Ltd, Nayantara Building, Pune

		<p>7. Kokilaben Dhirubhai Ambani Hospital Laboratory, Four Bungalows, Mumbai</p> <p>8. InfeXn Laboratories Private Limited, A/131, Therelek Compound, Road No 23, Wagle Industrial Estate, Thane (W)</p> <p>9. iGenetic Diagnostics Pvt Ltd, Krislon House, Andheri East, Mumbai</p> <p>10. Tata Memorial Centre Diagnostic Services-Tata Memorial Hospital, Parel, Mumbai</p>
6.	Orissa (1)	1. Dept of Lab Services, Apollo Hospitals, Bhubaneswar
7.	Tamil Nadu (4)	<p>1. Dept. of Clinical Virology, CMC, Vellore</p> <p>2. Department of Laboratory Services, Apollo Hospitals Enterprise Ltd, Chennai</p> <p>3. Neuberg Ehrlich Lab Pvt Ltd, 46-48 Masilamani Road, Balaji Nagar, Chennai</p> <p>4. Sri Ramachandra Medical College & Research Institute, Porur, Chennai</p>
8.	Telangana (8)	<p>1. Laboratory Services, Apollo Hospitals, 6th Floor, Health Street Building, Jubilee Hills, Hyderabad</p> <p>2. Vijaya Diagnostic Centre Pvt Ltd, Street No 19, Himayath Nagar, Hyderabad</p> <p>3. Vimta Labs Ltd, Plot No 142, Phase 2, IDA Cherlapally, Hyderabad</p> <p>4. Apollo Health and Lifestyle Limited, Diagnostic Labortory, Bowenpally, Secunderabad</p> <p>5. Dr. Remedies Labs Private Ltd, A3, Titus Plaza, Sharma Commercial Complex, Punjagutta, Hyderabad</p> <p>6. Pathcare Labs Pvt Ltd, Medchal, Hyderabad</p> <p>7. American Institute of Pathology And Lab Sciences Pvt Ltd, Citizens Hospital, Serilingampally, Hyderabad</p> <p>8. Medcis Pathlabs India Pvt Ltd, Plot No 16 & 17, Swathi Plaza, Anand Nagar, New Bowenpally, Secunderabad</p>
9.	U.P. (1)	1. RML Mehrotra Pathology Pvt Ltd, Nirala Nagar, Lucknow
10.	West Bengal (2)	<p>1. Apollo Gleneagles Hospitals, 58 Canal Circular Road, Kolkata</p> <p>2. Tata Medical Center, Rajarhat, Kolkata</p>
11.	Kerala (2)	<p>1. DDRC SRL Diagnostics Pvt Ltd, Panampilly Nagar, Ernakulam</p> <p>2. MIMS Lab Services, Govindapuram, Kozhikode</p>

INDIAN COUNCIL OF MEDICAL RESEARCH
DEPARTMENT OF HEALTH RESEARCH

Guidance document for State Nodal & Testing VRDLs for nCoV

You have been identified as the State Nodal Laboratory for ensuring collection and transport of suspected nCoV sample to ICMR-NIV, Pune. In addition, you are also identified as a testing laboratory for nCoV.

Your roles and responsibilities are as follows:

- You are supposed to make phone calls to VRDLs in your State (list of VRDLs and contact numbers are attached) and inform them the following:
 - If they collect any suspect samples of nCoV directly or through State Health Authorities/IDSP, they should inform you immediately (on real time basis).
 - As soon as you get the information about a sample collected from suspect case, you are supposed to contact Sequel Logistics or World Courier and arrange pick up of samples from the respective sites. Contact details of the relevant agencies are placed at **Annexure 1**.
- Once the courier agency picks up the sample, you need to coordinate with the concerned courier agency for getting the sample(s) delivered to NIV, Pune by the shortest route in shortest time.
- Pick up of the sample by the courier agency will be directly from the VRDL where the sample has been collected and stored. You are not supposed to ask any VRDL to ship the sample to your centre.
- Once the sample is shipped, immediate notification of dispatch of sample along with details should be sent to:
 - Dr. Sumit Bharadwaj – sumitduttbhardwaj@gmail.com;
 - DHR-ICMR - vrldtechnicalevaluation@gmail.com and
 - Whatsapp group (DHR-ICMR VRDLs).

For State Nodal VRDLs who are also the testing sites, following are the directives:

- Till the time you receive the reagents, nCoV primers and probes from NIV Pune, you should ship the samples to ICMR-NIV, Pune.
- Once you receive the reagents, you have to acknowledge on the Whatsapp group (Preparedness for nCoV) immediately. After the receipt of samples before opening a positive control, first aliquot reagents and primers. Then aliquot positive control. Run the PCR assay with appropriate positive and negative controls (as indicated in the SOP), and share the results with NIV, Pune within 24 hrs. The results should include the gel doc pictures showing the molecular ladder and the band for the positive control.
- After the Positive Control PCR results are verified by NIV, Pune, your VRDL must initiate the **testing of respiratory samples collected from suspected nCoV cases.**
- After initiation of testing for nCoV at your VRDL, **aliquots of all respiratory samples tested POSITIVE** for nCoV must be shared with NIV, Pune. Minimum volume of 2 ml of positive respiratory sample needs to be shared with NIV, Pune.
- In addition, the first 10 respiratory samples tested negative must also be shared with NIV, Pune for verification of results. Minimum volume of 1 ml of negative respiratory sample should be sent to NIV, Pune.
- **Shipment of all the positive respiratory samples and the first 10 negative respiratory samples to NIV, Pune needs to be on a real-time basis.**
- **In case you get any positive result by testing suspect nCoV respiratory sample, you are not supposed to disclose the results to anyone.** You should only **advise the treating clinician to isolate the patient in an appropriate facility and follow all biosafety precautions till further confirmation.** In such situations you should immediately send an aliquot of sample to ICMR-NIV, Pune for nCoV reconfirmation. **A positive result (if any) would only be declared by NIV, Pune after reconfirmation.**
- In case of a negative respiratory sample, results should be reported as tentative clearly mentioning that confirmation is awaited from NIV, Pune.

- Blood samples (whole blood in EDTA vacutainer and yellow serum vacutainer for serum) should also be collected from all suspected cases.
- **Blood samples from cases tested positive for nCoV need to be shipped to NIV, Pune on a real-time basis.**
- **For any positive cases, a convalescent serum sample needs to be collected after 2 weeks.**
- Blood samples (serum and plasma) from negative cases should be frozen after aliquoting and then sent to NIV, Pune in batches.
- Ensure **proper precautions to prevent cross-contamination and ensure PCR quality**. Some of the important precautions are as follows-
 - Ensure proper calibration of Micropipettes.
 - Make multiple aliquots of primers, nuclease free water for PCR and for the Positive control plasmids.
 - Strictly ensure uni-directional workflow in the molecular biology laboratory.
 - Ensure that the reagents for the nCoV assay are stored separately from the Positive control.
 - Positive Control should be added in a separate area than the extracted sample RNA.
 - Ensure proper disinfection measures as well as avoiding cross-contamination by cleaning all work surfaces in the molecular biology laboratory with bleach followed by 70% ethanol.
 - Strictly follow SOP shared by NIV Pune and include positive control and negative controls as per the instructions.

- ***Please Note: No results for nCoV should be reported on NIE portal. However, other respiratory virus screening should be reported as usual.***

You are requested to read the advisories on following web-links:

<https://mohfw.gov.in/diseasealerts/novel-corona-virus>

[http://niv.co.in/SOP Specimen Collection 2019-nCoV.pdf](http://niv.co.in/SOP_Specimen_Collection_2019-nCoV.pdf)

[http://niv.co.in/Specimen referral form.pdf](http://niv.co.in/Specimen_referral_form.pdf)

Annexure 1

Sequel Logistics:

Deba Prasad Sahoo – 9019642443

Hardik Shah – 7738350002

World Courier:


Mr. Pradeep - 9004367878

F. No. Z.28015/23/2020-EMR
Government of India
Ministry of Health and Family Welfare

Nirman Bhawan, New Delhi
Dated the 21st March, 2020

ORDER

The guidelines laid down by Indian Council of Medical Research for COVID-19 testing in private laboratories in India (as annexed) is notified vide Clause (i) and (l) of sub-section 2 of Section 10 of DM Act, 2005, under the power delegated vide order F. NO. 40-2/2020-DM1 (A); dated 11th March, 2020 for strict follow up and compliance.


Preeti Sudan
Secretary,
Ministry of Health & Family Welfare
Government of India

Guidelines for COVID-19 testing in private laboratories in India

The test to be conducted by a laboratory which has NABL accreditation for real-time PCR assay for RNA virus.

Whom to test:

Laboratory test should only be offered when prescribed by a qualified physician as per the ICMR guidelines for COVID-19 testing. Since the guidance evolves periodically, the latest revised version should be followed (link below).

https://icmr.nic.in/sites/default/files/upload_documents/2020-03-20_covid19_test_v3.pdf/ www.mohfw.gov.in.

Sample collection and Testing guidelines:

- Appropriate biosafety and biosecurity precautions should be ensured while collecting respiratory samples (oropharyngeal and nasal swab) from a suspect patient. Alternatively, a COVID-19 specific separate sample collection site may be created.
- Preferably, home collection of samples may be done by all the private laboratories. This will help avoid the contact of people with the suspect case during local travel to reach the laboratory.
- Only real time PCR based assays are recommended. Conventional PCR, in-house real time PCR and antibody/antigen tests are not recommended for COVID19 testing.
- Commercial kits for real time PCR based diagnosis of COVID-19 should be US FDA approved or European CE Certified or both for *in vitro* diagnosis of COVID-19 under emergency use, under intimation to DCGI, MoH&FW. Nucleic acid extraction kits and other reagents should be of standard quality.
- All the laboratory staff involved in COVID-19 testing should be appropriately trained in Good Laboratory Practices and performing real-time PCR.
- All the biomedical waste should be disposed off in accordance with National guidelines (https://dhr.gov.in/sites/default/files/Bio-medical_Waste_Management_Rules_2016.pdf).
- The sample should be opened only in Biosafety Cabinet Class II A2. At the time of sample disposal, the Viral Transport Medium (VTM) with swabs should be discarded in a biohazard bag containing 2% Lyzol or 5% freshly prepared hypochlorite solution.

Bag should then be sealed using plastic tag and disposed of in accordance with the National guidelines.

- Government ID to support the current address and contact number of the suspect patient should be collected at the time of sample collection.

Reporting protocols:

- Before any laboratory (private or public) start their activities, they must ensure immediate/real time reporting of the test results along with the contact details to the ICMR HQ database accessible at <https://cvstatus.icmr.org.in>. Login credentials to each lab for uploading the data will be given by ICMR.
- Each laboratory will be given a registration number by ICMR. The registration number given by ICMR should be prominently exhibited in case any advertisement is made and also in the report.
- The access to specified data and analysis to stakeholders like IDSP, MoHFW will be provided through API for timely initiation of contact tracing and appropriate control measures.
- The request should be send at aggarwal.n@icmr.gov.in indicating name, contact details and mobile number of nodal contact for the lab.

Policy for sample storage and destruction:

- All COVID19 positive samples will need to be transported to ICMR-NIV, Pune under suitable biosafety and biosecurity precautions as laid down by ICMR. The negative samples will be destroyed within one week of collection.
- No sample should be shared with any other organisation for any purpose.

Cost of the test:

The National Task Force recommends that the maximum cost for testing sample should not exceed Rs 4,500/-. This may include Rs 1,500 as a screening test for suspect cases, and an additional Rs 3,000/- for confirmation test. However, ICMR encourages free or subsidized testing in this hour of National public health emergency.

These guidelines may be amended from time to time.

Failure to comply with any of the above guidelines will result in legal action.

INDIAN COUNCIL OF MEDICAL RESEARCH

DEPARTMENT OF HEALTH RESEARCH

Requisite information to be submitted by private laboratories interested in COVID 19 testing

S.No	Name of lab	Head Office	Total No of collection sites	Location of Collection sites	Influenza testing by RT-PCR Y/N	No of RT-PCR Machine available	No of Biosafety cabinets	Dedicated area for molecular diagnostics	COVID 19 testing reagents available Y/N	List of reagents available	Quantity of Reagent available	If not available please mention timeline for procurement	NABL/CAP/ILAC Accreditation & Scope of Accreditation	Participation in EQAS Programme (If any)	Modality of Sample Collection	No cost /chargeable
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

Interested private laboratories may kindly send the filled in performa to Dr. Neeraj Aggarwal at: aggarwal.n@icmr.gov.in

Guidance on Rapid antibody kits for COVID-19

Not recommended for diagnosis of COVID-19 infection

- Can be done on blood/serum/plasma samples
- Test result is available within 30 minutes
- Test comes positive after 7-10 days of infection
- The test remains positive for several weeks after infection
- Positive test indicates exposure to SARS-CoV-2
- Negative test does not rule out COVID-19 infection

These tests are not recommended for diagnosis of COVID-19 infection

List of CE-IVD approved antibody based rapid kits

1. COVID-19 IgM-IgG Dual Antibody Rapid Test (CE-IVD): **BioMedomics** (+1- 9198903070, info@biomedomics.com, USA)
2. One Step Test for Novel Coronavirus (2019-nCoV) IgM/IgG antibody (Colloidal Gold) (CE-IVD): **Getein Biotech** (+86-25-68568594, sales@getein.com, overseas@getein.com.cn, Nanjing, China)
3. COVID 19 Rapid Test Kit (IgM/IgG) (CE-IVD) (**Sensing Self Ltd**, Singapore.), also validated by NIV, Pune
4. COVID-19 IgG/IgM Rapid Test Cassette (Whole Blood/Serum/Plasma) (CE- IVD): **Hangzhou Biotech Biotech Co.,Ltd.** (info@alltests.com.cn, +86-57- 158120625, China)
5. COVID-19 IgM/IgG test kit (CE-IVD) (**AmonMed Biotechnology Co. Ltd**, info@amonmed.com)
6. COVID-19 Antibody (IgG/IgM)Test Kit (CE-IVD) (**Beijing Abace Biology Co., Ltd.**, huanyi.cheng@rd.abace-biology.com)
7. Tigsun COVID-19 Combo IgM/IgG Rapid Test (CE-IVD) (**Beijing Tigsun Diagnostics Co.,Ltd.**, hu.duan@tigsun.com)
8. 2019-nCoV IgG/IgM Rapid Test Cassette (CE-IVD) (**BIOMAXIMA S.A**, Poland, export@biomaxima.com)
9. OnSite COVID-19 IgG/IgM Rapid Test (CE-IVD) (**CTK Biotech, Inc.**, USA, sparker@ctkbiotech.com)
10. COVID-19 IgG/IgM Detection Kit (Colloidal Gold) (CE-IVD) (**Hunan Lituo Biotechnology Co., Ltd.**)
11. VivaDiag SARS-CoV-2 IgM/IgG rapid test. (CE-IVD) **Vivacheck Lab** (91- 4448544811, info@vivacheck.com, vivachek.india@gmail.com India office: Tamil Nadu)
12. COVID-19 Antibody Kit Serological Test. (CE-IVD) **GenSure Biotech Inc.**, <https://www.ozo.life> (+91 7021901240, tarshant@ozo.life India Office: Bangalore)

Antibody based rapid kit are validated by ICMR-NIV, Pune

1. SARS-CoV-2 Antibody Test: **Wondfo** (+86-3032296083, sales@wondfo.com.cn, China), validated by NIV, Pune

This is an evolving list, and kits which will get CE/FDA approval or validated by NIV Pune will be added.

Guidelines for use of commercial kits for nasal/throat swab based diagnosis of COVID-19 in India, 28 March, 2020

- Currently, RT-PCR probes for diagnosis of COVID-19 are procured from USA by ICMR-NIV and are distributed to the testing laboratories across the country
- ICMR welcomes use of commercial kits for diagnosis of COVID-19
- US FDA EUA/CE IVD approved kits can be used directly after due approval from DCGI and intimation to ICMR
- ICMR has established a fast-track mechanism for validation of non US FDA EUA/CE IVD approved kits at ICMR NIV. Test kits with 100% concordance among true positive and true negative samples will be approved for commercial use in India
- ICMR NIV has completed evaluation of **17** non- US FDA EUA/CE IVD kits. The results of the validation are summarized in the following table

Name of Company	Name of the Kit	Concordance among true negative (%)	Concordance among true positive (%)
1. Altona Diagnostics	RealStar SARS-CoV-2 RT-PCR kit 1.0	100%	100%
2. MY LAB	Patho Detect	100%	100%
3. BGI	Real Time Fluorescent RT-PCR Kit for detecting 2019-nCoV	100%	90%
4. Krishgen Bio System	SARS-CoV-2 Coronavirus Real Time RT-PCR (RT-qPCR) Detection Kit v1	100%	80%
5. ABI	TaqMan 2019-nCoV Control Kit v1	100%	90%
6. HIMEDIA	Hi –PCR Corona Virus (CoViD-19) Probe PCR Kit	100%	5%
7. HUWEL	Quantiplus Coronavirus (2019nCoV) detection kit	100%	40%
8. IIT-Delhi	SYBR Green based one step QRT-PCR	98%	10%
9. KILPEST (BLACKBIO)	TRUPCR	100%	75%
10. Genesig	Coronavirus (COVID19) genesig Real Time PCR Assay	100%	84%
11. Roche	LightMix Modular SARS and Wuhan CoV E gene	91%	100%
12. Roche	LightMix Modular SARS and Wuhan CoV N gene	93%	67%
13. Roche	LightMix Modular Wuhan RdRp gene	100%	60%
14. Seegene	Allplex 2019-nCoV assay	100%	100%
15. SD Biosensor	nCoV Real-Time Detection kit	100%	100%
16. AmpliGene India Biotech	AmpEZ Covid -19 using real-time PCR machine	Inconclusive results. Needs further product development	
17. AmpliGene India Biotech	AmpEZ Covid -19 using Ampligene device	Inconclusive results. Needs further product development	

(Sensitivity and specificity of the kits could not be calculated since there were no false positive and false negative samples)

- ICMR recommends these results and the Central Drugs Standard Control Organization (CDSCO) has been intimated.



भारतीय आयुर्विज्ञान अनुसंधान परिषद
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार
कल्याण मंत्रालय, भारत सरकार

Indian Council of Medical Research
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

Date: 25/03/2020

Notice

ICMR has identified following institutes to serve as Depot for storage of Reagents required for COVID-19 testing.

S. No.	Name of Institute	Officer's Name, Designation and Contact Details
1	ICMR - National Institute of Cholera & Enteric Diseases (NICED), Kolkata	Dr Shanta Dutta, Director Email: shanta.niced@icmr.gov.in Mob: +91-9830152971
2	ICMR - Regional Medical Research Centre (RMRC), Dibrugarh	Dr Kanwar Narain, Director Email: knarain.rmrcne@gov.in Mob: +91-9435334901
3	ICMR - National Institute of Epidemiology (NIE), Chennai	Dr Manoj Murhekar, Director Email: director.nie@icmr.gov.in Mob: +91-9444414663
4	ICMR - National Institute of Nutrition (NIN), Hyderabad	Dr Hemalatha R, Director Email: directornin@icmr.gov.in Mob: +91-9246283362
5	ICMR - National Institute for Research in Reproductive Health (NIRRH), Mumbai	Dr Smita Mahale, Director Email: dir@nirrh.res.in Mob: +91-9920391165
6	ICMR - National Institute of Malaria Research (NIMR), Delhi	Dr Amit Prakash Sharma, Director Email: director@mrcindia.org Mob: +91-9810111336
7	ICMR - National Institute for Research on Environmental Health (NIREH), Bhopal	Dr Rajnarayan Tiwari, Director Email: tiwari.rr@gov.in Mob: +91-9225224605

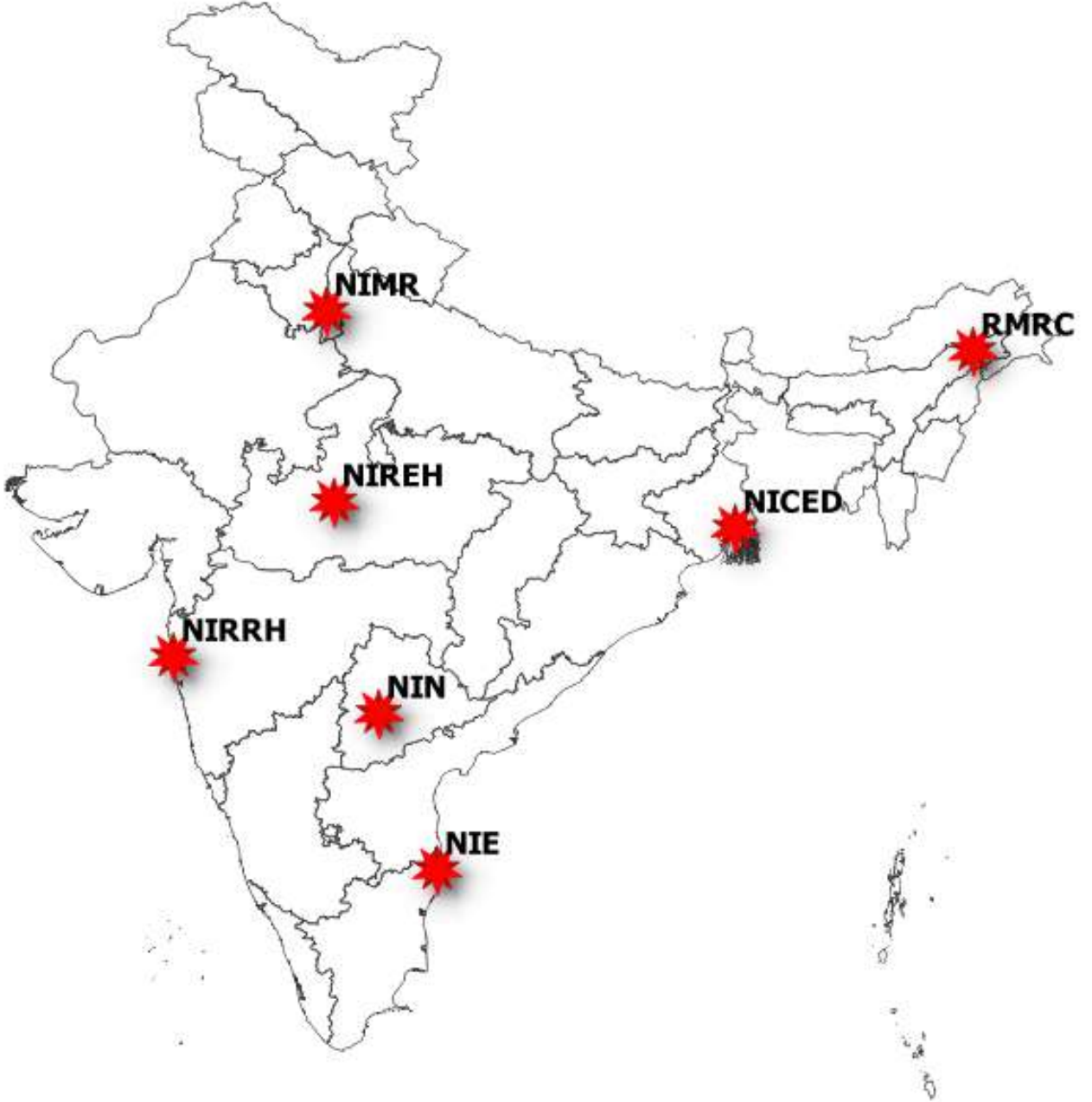


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कल्याण मंत्रालय, भारत सरकार

Indian Council of Medical Research
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

Location Map



GOVERNMENT OF MAHARASHTRA

Department of Revenue and Forest, Disaster Management,

Relief and Rehabilitation, Mantralaya, Mumbai- 400 032

No: DMU/2020/CR. 92/DisM-1, Dated: 23rd March 2020

NOTIFICATION

COVID -19 – The Epidemic Diseases Act, 1897- Lockdown – Orders

Reference:

1. The Epidemic Diseases Act, 1897
2. The Disaster Management Act, 2005
3. Government Notification, Public Health Department, No. Corona-2020/CR-58/Aarogya-5, Dated- 13th March 2020, 14th March 2020, 15th March 2020

No: DMU/2020/CR. 92/DMU-1- Whereas the State Government is satisfied that the State of Maharashtra is threatened with the spread of Covid-19 Virus, which has already been declared as a pandemic by World Health Organization, and it is therefore necessary to take certain further emergency measures to prevent and contain the spread of virus, the Government in exercise of the powers conferred under Section 2 of The Epidemic Diseases Act, 1897, read with all other enabling provisions of The Disaster Management Act, 2005, **hereby notify lockdown in the entire State of Maharashtra with Immediate effect till 31st of March, 2020**, prescribing the following regulations and measures during the said period:

1. All state borders shall be sealed other than for movement of essential and perishable commodities.
2. All public transport services including inter-city MSRTC buses and Metro will not be permitted. Taxis with not more than two persons besides driver, auto-rickshaws with not more than one passenger besides driver are permitted only for the purposes specified in the order. However, transport of passengers for accessing emergency medical services shall be permitted. Plying of private vehicles shall be restricted only to the extent

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of procuring essential commodities, health services and activities permitted under this order, and with only one person besides driver.

3. Operation of all inter-state bus and passenger transport services (including private vehicles) including those by private operators shall stand suspended.
4. Every person who is required to observe home quarantine shall strictly observe the same failing which he/she will be liable for penal action and shifted to government quarantine.
5. Residents shall stay at home and come out only for permitted activities while strictly observing social distancing norms and abiding the conditions stated at para 2 above.
6. Any congregation of more than 5 persons in public places is prohibited.
7. All shops including commercial establishments, offices and factories, workshops, godowns etc. shall close their operations. However, production and manufacturing units which require continuous process & pharmaceuticals, API etc will be permitted. Further, manufacturing units engaged in production of essential commodities like dal and rice mills, food and related units, dairy units, feed and fodder units etc. may function will also be permitted to operate.
8. Government offices, shops and establishments permitted to operate during this period with barest minimum staff and shall take steps to ensure social distancing such as painting of foot marks at distances of 3 feet from each other near check out counters. They shall also ensure proper sanitation in their premises and ensure availability of hand sanitizers/hand washing facilities.
9. The following shops/establishments providing essential goods and services shall be excluded from the above restrictions:
 - a) Banks/ATMs, insurance, FinTech services and related activities.
 - b) Print and electronic media
 - c) IT and ITeS, including telecom, postal, internet and data Services
 - d) Supply chain and transport of essential commodities
 - e) Export and Import of agricultural goods and products, and all commodities.

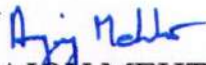
- f) E-Commerce (delivery) of essential goods including food, pharmaceutical and medical equipment
- g) Sale of food items, groceries, milk, bread, fruits, vegetables, eggs, meat, fish and their transportation and warehousing activities
- h) Bakery and veterinary establishments for the pets
- i) Take-away/ home delivery at restaurants
- j) Hospitals, pharmacies and optical stores, pharmaceuticals manufacturing & their dealers and their transportation
- k) Petrol pumps, LPG gas, oil agencies, their godowns and their related transport operations
- l) All security and facility management services including those provided by private agencies to institutions providing essential services
- m) Private establishments that support the provisioning of essential services or the efforts for containment of COVID-19
- n) The supply chain relating to above.
- o) All enforcing authorities to note that fundamentally strict restrictions relate to movement of people but not to goods and commodities as a matter of principle.

10. The Departments/Offices of the State Government and its Public Sector Undertaking (PSU) providing services shall be functional only to the extent of providing essential services.
11. All religious places of any denomination shall be closed by issuing suitable prohibitory orders.
12. During the lockdown period, steps will be taken to ensure that there is no disruption in the supply of essential commodities to the people.
13. All elective surgeries shall be re-scheduled in all private and Government hospitals to enhance the availability of health care facilities to COVID-19 patients.
14. All Divisional Commissioners, Municipal Commissioners and Collectors are directed to identify vacant places near hospitals for housing health staff in case of necessity.

Hijrah

15. The Collectors of following districts which are at presently Corona disease free shall issue orders prohibiting any vehicular movements into their districts, Viz. Wardha, Bhandara, Gondia, Chandrapur, Gadchiroli, Satara, Sangli, Kolhapur, Solapur, Buldhana, Amravati, Akola, Washim, Nashik, Dhule, Nandurbar, Jalgaon, Beed, Jalna, Osmanabad, Parbhani, Hingoli, Latur, Nanded and Sindhudurg. This shall noy apply to medical emergencies.
16. All the District Collectors, District Superintendents of Police, Commissioners of Police, Municipal Commissioners of Corporations and other competent authorities in respect of the concerned institutions, organizations and establishments are hereby authorized and directed to take all necessary measures in a humane and judicious manner for enforcement and implementation of the aforesaid regulations and measures.
17. Any person, institution, organization violating any provision of these regulations shall be dealt under the provisions of The Epidemics Diseases Act 1897, The Disaster Management Act 2005, other relevant Acts and regulations there under.
18. No suit or legal proceedings shall lie against any person for anything done or intended to be done in good faith under these regulations.
19. All earlier orders issued by the various authorities will be aligned with this order by the enforcement agencies.

BY ORDER AND IN THE NAME OF THE GOVERNOR OF
MAHARASHTRA


(AJAY MEHTA)

CHIEF SECRETARY
GOVERNMENT OF MAHARASHTRA

Copy to:

- 1) Principal Secretary, to Hon'ble Governor of Maharashtra, Rajbhavan, Mumbai
- 2) Principal Secretary to Hon'ble Chief Minister, Government of Maharashtra
- 3) Secretary to Hon'ble Deputy Chief Minister, Government of Maharashtra
- 4) Private Secretaries of All Hon''ble Minister / Minister of State, Mantralaya
- 5) All Additional Chief Secretaries / Principal Secretaries / Secretaries of Government of Maharashtra, Mantralaya

- 6) Director General of Police
- 7) Principal Secretary, Public Health Department, Mantralaya
- 8) Secretary, Medical Education, Mantralaya
- 9) All Divisional Commissioners in the State
- 10) All Commissioners of Police in the State
- 11) All Commissioners of Municipal Corporations in the State
- 12) All District Collectors
- 13) All District Superintendents of Police in the State

CC:

The Manager, Government Printing Press with a request to publish the Government Notification in the extraordinary issue of Maharashtra State Gazette

महाराष्ट्र शासन

अत्यंत तातडीचे

क्रमांक कोरोना २०२०/प्र.क्र. ५८/आरोग्य ५
सार्वजनिक आरोग्य विभाग
गोकुळदास तेजपाल रुग्णालय आवार
कॉम्प्लेक्स बिल्डिंग, नविन मंत्रालय,
मुंबई-४०० ००९
दिनांक- १९ मार्च २०२०

प्रति,

आयुक्त, महानगरपालिका (सर्व)
जिल्हाधिकारी (सर्व)
पोलीस आयुक्त (सर्व)
पोलीस अधिक्षक (सर्व)
मुख्य कार्यकारी अधिकारी, जिल्हा परिषद सर्व

विषय: राज्यात कोरोना विषाणू (कोव्हिड १९) चा प्रादुर्भाव रोखण्यासाठी प्रतिबंधात्मक उपाययोजना करण्याबाबत (१२ देशातील प्रवाशांचे अलगीकरण, विलगीकरण तसेच महाराष्ट्रात प्रविष्ट होणाऱ्या २२ चेकपोस्टवरील प्रवाशांच्या तपासणीबाबत मार्गदर्शक सूचना)..

संदर्भ: शासन समक्रमांक दिनांक १८ मार्च २०२० चे पत्र व त्या समवेतची सहपत्रे.

संदर्भाधिन पत्रान्वये राज्यात कोरोनाचा प्रादुर्भाव रोखण्यासाठी प्रतिबंधात्मक उपाययोजना म्हणून केंद्र व राज्य शासनाकडून यापुर्वी नमूद केल्यानुसार एकूण १२ कोरोनाबाधित पाच देशातून / या देशामार्गे अथवा या देशांस भेट देऊन आलेल्या प्रवाशांची विमानतळावर तपासणी करुन त्यांना अलगीकरण (Quarantine) व आवश्यकतेनुसार विलगीकरण (Isolation) करणे अनिवार्य करण्यात आलेले होते.

आता सक्षम प्राधिकार्यांकडून प्राप्त झालेल्या निर्देशानुसार प्रवाशांचे अलगीकरण व विलगीकरणाबाबत खालील सूचना देण्यात येत आहेत.

१. या बाधित देशांतून / देशांमार्गे अथवा या देशांस भेट देऊन आलेल्या प्रवाशांद्वारे प्रवासात अथवा त्यांच्या वास्तव्यामुळे होऊ शकणाऱ्या संसर्गास अटकाव करण्याच्या दृष्टीने सदर प्रवाशांचे आंतरराष्ट्रीय विमानतळानजीक अलगीकरण कक्षात/ संस्थेत किंवा आयुक्त, महानगरपालिका / जिल्हाधिकारी यांनी अलगीकरणासाठी अधिग्रहीत केलेल्या शासकीय / खाजगी इमारतीमधील अलगीकरण कक्षातच त्यांचे अलगीकरण करण्यात यावे.
२. अलगीकरण संस्थेत असलेल्या प्रवाशांपैकी ज्या प्रवाशांचे घर किंवा नातेवाईक आंतरराष्ट्रीय विमानतळ असलेल्या (मुंबई / पुणे / नागपूर) शहर व उपनगरात नाहीत व ज्या प्रवाशांना अलगीकरण कक्षात रहाण्याची इच्छा नाही असे प्रवासी स्वखर्चाने त्यांची इच्छा असल्यास जिल्हाधिकारी व महापालिका आयुक्त यांनी अलगीकरणासाठी अधिग्रहीत केलेल्या हॉटेलमध्येच वास्तव्य करू शकतात.



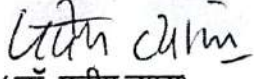
३. अलगीकरण करण्यात आलेल्या प्रवाश्यांना कोणत्याही परिस्थितीत अलगीकरणाचा कालावधी पूर्ण होईपर्यंत सार्वजनिक वाहतुक व्यवस्थेद्वारे प्रवास करण्यास प्रतिबंध करण्यात येत आहे. यास्तव अलगीकरण कक्षातून महाराष्ट्रातील रहिवाशी प्रवाशांसाठी एका दिशेने अथवा एकाच गंतव्यस्थानी प्रवास करणाऱ्या प्रवाशांना एकत्र करून संबंधीत जिल्हाधिकारी, प्रवाशांच्या स्वखर्चाने प्रवासी संख्येनुसार खाजगी वाहन (टॅक्सी, मिनीबस व बस इत्यादी) आवश्यक ती दक्षता घेण्याच्या शर्तीवर उपलब्ध करून देतील. या वाहन, वाहन चालक व प्रवाशांबाबतची माहिती / सूचना कोरोना नियंत्रण कक्ष व त्यांचे गंतव्यस्थानाच्या पोलीस स्टेशनला देणे जिल्हाधिकाऱ्यांना आवश्यक राहिल. प्रवास पश्चात त्या वाहनाचे निर्जंतुकीकरण व वाहन चालकाची तपासणी करण्यात यावी.
४. त्याचप्रमाणे महाराष्ट्रा लगतच्या गोवा, गुजरात व कर्नाटक या राज्यातील आंतरराष्ट्रीय विमानतळावर उतरलेल्या व महाराष्ट्रात येणाऱ्या प्रवाशांनाही दिनांक १८ मार्च २०२० च्या पत्रात उल्लेख केल्याप्रमाणे त्यांच्या "अ" "ब" व "क" प्रवर्गानुसार अलगीकरण व विलगीकरण करण्याच्या सूचना सक्षम प्राधिकाऱ्यांकडून देण्यात आलेल्या आहेत. त्यानुसार राज्य सरकारकडून संबंधीत राज्यांना घरात अलगीकरणाच्या सूचना असलेल्या प्रवाश्यांना अलगीकरणाच्या कालावधीत संबंधीत राज्याने अधिग्रहीत केलेल्या अलगीकरण कक्षात ठेवण्याची विनंती करण्यात आलेली आहे. तसेच अशा प्रवाशांना देखील अलगीकरणाचा कालावधी नमूद केलेले स्टॅम्प तळहाताच्या पाठीमागे दर्शनी भागावर मारण्याबाबत संबंधीत राज्यांना विनंती केलेली आहे.
५. याचबरोबर महाराष्ट्र राज्यात एकूण २२ चेकपोस्टवर कोणत्याही वाहनाद्वारे प्रवेश करणाऱ्या प्रवाशांची आंतरराष्ट्रीय विमानतळाच्या धर्तीवर आरोग्य तपासणी करण्याबाबतच्या सूचना निर्गमित करण्याबाबत सक्षम प्राधिकाऱ्यांचे निर्देश आहेत. (चेकपोस्टची यादी गृह / परिवहन विभागाकडून स्वतंत्रपणे पाठविण्यात येत आहे). या चेकपोस्टवर परिवहन अधिकारी (आरटीओ), पोलीस व आरोग्य सेवेतील प्रशिक्षित कर्मचारी असतील. या कर्मचाऱ्यांनी या वाहनातील कर्मचाऱ्यांना या पत्रासमवेत जोडलेले स्वघोषणापत्र वाचून दाखवावे व जे प्रवासी नमूद बाधित देशांतून / देशांमार्गे अथवा या देशांस भेट देऊन आलेले आहेत व ज्यांना घरात अलगीकरणाच्या सूचना देण्यात आलेल्या आहेत / स्टॅम्प मारलेला आहे अशा प्रवाशांना कोरोनाबाधेसंबंधी (सर्दी, ताप, खोकला इत्यादी) काही लक्षणे आढळल्यास तात्काळ त्यांना तपासणीसाठी विनिर्दिष्ट रुग्णालयात भरती करण्यात यावे. आवश्यकतेनुसार त्यांना विलगीकरण कक्षात दाखल करण्यात यावे. या प्रक्रियेदरम्यान प्रवाशांना सौजन्य व सौहार्दपूर्ण वागणूक देण्यात यावी. अलगीकरण करण्यात आलेला प्रवासी प्रवास करतांना आढळल्यास तात्काळ त्यांना अलगीकरण कक्षात दाखल करण्यात यावे.
६. या सर्व चेकपोस्ट जवळदेखील अलगीकरण संस्था कक्ष स्थापन करण्यासाठी इमारत / होस्टेल अधिग्रहीत करण्याबाबत संबंधीत जिल्हाधिकारी / महापालिका आयुक्त यांना निर्देशित करण्यात येत आहे. या तपासणीमध्ये इतर राज्यातून महाराष्ट्रात प्रवेश करणाऱ्या व कोरोनाबाधित विनिर्दिष्ट १२ देशांतून / देशांमार्गे / देशांना भेट देऊन आलेल्या प्रवाशांबाबत खातरजमा करून घरात अलगीकरण आवश्यक असलेल्या प्रवाशांना स्टॅम्प मारलेले नसल्यास अलगीकरण कालावधी नमूद केलेले स्टॅम्प मारून त्यांना विनिर्दिष्ट अलगीकरण कक्षात भरती करण्यात येईल. अलगीकरण कक्षातून महाराष्ट्रातील रहिवाशी प्रवाशांसाठी एका दिशेने अथवा एकाच गंतव्यस्थानी प्रवास करणाऱ्या



प्रवाशांना एकत्र करून संबंधीत जिल्हाधिकारी, प्रवाशांच्या स्वखर्चाने प्रवासी संख्येनुसार खाज्. वाहन (टॅक्सी, मिनीबस व बस इत्यादी) आवश्यक ती दक्षता घेण्याच्या शर्तीवर उपलब्ध करून देतील. या वाहन, वाहन चालक व प्रवाशांबाबतची माहिती / सूचना कोरोना नियंत्रण कक्ष व त्यांचे गंतव्यस्थानाच्या पोलीस स्टेशनला देणे जिल्हाधिकाऱ्यांना आवश्यक राहिल. प्रवास पश्चात त्या वाहनाचे निर्जंतुकीकरण व वाहन चालकाची तपासणी करण्यात यावी.

७. उपरोक्त विषयाच्या अनुषंगाने दिनांक १८ व १९ मार्च २०२० च्या पत्रान्वये निर्गमित करण्यात आलेल्या सर्व सूचना आंतरराष्ट्रीय जलवाहतुकीद्वारे राज्यात आलेल्या प्रवाशांनाही लागू राहतील.
८. अलगीकरण करण्यात आलेल्या प्रवाशांना कोणत्याही परिस्थितीत अलगीकरणाचा कालावधी पूर्ण होईपर्यंत सार्वजनिक वाहतुक व्यवस्थेद्वारे प्रवास करण्यास प्रतिबंध करण्यात येत आहे. अलगीकरण केलेल्या व्यक्ती, अलगीकरणाच्या कालावधीत जर त्यांच्या घराव्यतिरिक्त सार्वजनिक ठिकाणी आढळल्यास अथवा प्रवास करीत असल्याचे दिसून आल्यास त्यांचेवर भारतीय दंडसंहिता कलम १८८ नुसार कारवाई करण्यात यावी असे निर्देशीत करण्यात येत आहे.

उपरोक्त सूचनांनुसार सर्व संबंधितांनी तात्काळ कार्यवाही करावी.


(डॉ. प्रदीप व्यास)

प्रधान सचिव, महाराष्ट्र शासन

प्रत अपर मुख्य सचिव (गृह / परिवहन)

प्रत अपर मुख्य सचिव (महसुल)

प्रत अपर मुख्य सचिव (ग्रामविकास)

मंत्रालय, मुंबई

प्रत विभागीय आयुक्त, (सर्व)

प्रत आयुक्त, आरोग्य सेवा, मुंबई

प्रत संचालक, आरोग्य सेवा मुंबई / पुणे

प्रत संचालक, वैद्यकीय शिक्षण व संशोधन, मुंबई

प्रत मा. मुख्यमंत्री यांचे प्रधान सचिव

प्रत मा. उपमुख्यमंत्री यांचे सचिव

प्रत मा. मुख्य सचिव यांचे उपसचिव

प्रत खाजगी सचिव, मा. मंत्री (सा.आ.) मंत्रालय, मुंबई

प्रत खाजगी सचिव, मा. राज्य मंत्री (सा.आ.) मंत्रालय, मुंबई

दिनांक

स्वघोषणापत्र

मी श्री / श्रीमती _____ असे स्वघोषित करित आहे की, मी / माझे कुटुंबिय यापैकी कोणीही दिनांक १५ फेब्रुवारी २०२० वा त्या नंतर चीन, इटली, इराण, दक्षिण कोरीया, फ्रान्स, स्पेन, जर्मनी, संयुक्त अरब एमिरेट्स (युएई अंतर्गत), कतार, ओमान, कुवेत व युनायटेड स्टेट ऑफ अमेरीका या देशांतून / देशांमार्गे / अथवा देशांत भेट देऊन हवाईमार्गे अथवा जलवाहतुकी मार्गे प्रवास केलेला नाही /आहे.

केला असल्यास मी माझ्या घरात / अलगीकरण कक्षात / हॉटेलमध्ये (स्वखर्चाने) पुढील १४ दिवस अलगीकरणात राहीन.

या कालावधीत मी कोणत्याही सार्वजनिक वाहतुक व्यवस्थेचा वापर करणार नाही.

स्वाक्षरी

GOVERNMENT OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
G.T. Hospital Compound, 10th Floor, New Mantralaya,
Mumbai 400 001 Dated 14th March, 2020

Notification

No. Corona-2020/CR-58/Aarogya-5: Whereas State Government has decided to invoke provisions of Epidemic Disease Act, 1897 vide Notification No. Corona 2020/CR 58/Aarogya-5, dated 13th March, 2020 from the date of issue of the notification,

Therefore in exercise of the powers conferred under section 2, 3 & 4 of the Epidemic Diseases Act, 1897, Government of Maharashtra is pleased to frame following Regulations for prevention and containment of Coronavirus Disease-2019 (COVID-19).

1. These regulations may be called 'The Maharashtra COVID-19 Regulations, 2020'.
2. COVID-19 means the Coronavirus Disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS CoV 2) as defined by the World Health Organization (WHO) / Government of India.
3. 'Empowered Officer' under Section 2(1) of the Act. shall be Commissioner, Health Services, Director of Health Services (DHS-I & II), Director, Medical Education & Research (DMER), all Divisional Commissioners of Revenue Divisions & all Collectors and Municipal Commissioners & they are empowered to take such measures as are necessary to prevent the outbreak of COVID-19 or the spread thereof within their respective jurisdictions.
4. All hospitals (Government & Private) should have separate corners for screening of suspected cases of COVID-19.
5. All hospitals (Government & Private) during screening of such cases shall record the history of travel of the person to any country or area



where COVID-19 has been reported. In addition, the history of contacts with the suspected or confirmed case of COVID-19 is also required to be recorded. Information of all such cases must be given to State Integrated Disease Surveillance Unit and Collector of the district/ local Municipal Commissioner immediately.

- i. In case the person has any such history of travel to affected areas in last 14 days and he/ she is asymptomatic, he/ she must remain in home quarantine for 14 days from the day of exposure. He/ she must abide by the Home Quarantine Guidelines issued by Ministry of Health & Family Welfare, Government of India meticulously. Persons who do not observe the Home Quarantine Guidelines shall be quarantined in the quarantine facilities set up by Government.
 - ii. Person with travel history and symptoms as per case definition of COVID-19, must be isolated in a hospital as per protocol and he/ she will be tested for COVID-19 as per protocol.
These stipulations of duration & symptoms may undergo changes based on advisories issued by Government of India.
6. No person/ Institution/ organization will use any print or electronic or social media for dissemination of any information regarding COVID-19 without ascertaining the facts and prior clearance of the Commissioner, Health Services, Director of Health Services (DHS-I & II), Director, Medical Education & Research (DMER), or Collector as the case may be. This is necessary to avoid spread of any unauthenticated information and/or rumors regarding COVID-19. If any person / Institution / organization is found indulging in such activity, it will be treated as a punishable offence under these Regulations.
7. Only laboratories authorized to take test samples for COVID-19 will collect the samples as per guidelines of Government of India. Such samples shall be sent to designated laboratories as authorized by Government of Maharashtra / Government of India.



8. Any person with a history of travel in last 14 days to a country or area from where COVID-19 has been reported, must voluntarily report to State Control Room (020- 26127394) or to the State Surveillance Officer, IDSP (020-27290066) / Toll Free number 104 or to such numbers as may be assigned, so that necessary measures may be initiated by Commissioner, Health Services, Director of Health Services (DHS-I&II), Director, Medical Education & Research (DMER), and the Collector/ Municipal Commissioner as the case may be.
9. Officers empowered under the Act are authorized to isolate and / or admit a person who develops symptoms simulating that of the COVID 19 infection as per the case definition criteria published by WHO or Government of India from time to time. The empowered officer may initiate action under the section 188 of Indian Penal Code (48 of 1860) against the person who refuses to comply with such advice of isolation and/or admission.
10. In the event of COVID-19 being reported from a defined geographic area such as village, town, ward, colony, settlement, the Collector of the concerned District / Municipal Commissioner of the concerned Municipal Corporation shall be competent to implement following containment measures, but not limited to these, in order to prevent spread of the disease.
 - i. Sealing of the geographical area.
 - ii. Barring entry and exit of population from the containment area.
 - iii. Restricting Vehicular Movement in the area.
 - iv. Closure of schools, offices, cinema halls, swimming pools, gyms, etc. and banning mass congregations, functions as may be deemed necessary.
 - v. Initiating active and passive surveillance of COVID-19 cases.
 - vi. Hospital isolation of all suspected cases and their contacts.

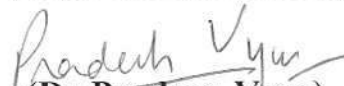


- vii. Designating any Government or Private Building as a quarantine facility.
- viii. Any other measure as directed by Public Health Department of Government of Maharashtra.

Staff of all Government Departments and Organisations of the concerned area will be at the disposal of Collector/ Municipal Commissioner for discharging the duty of containment measures. If required, Collector / Municipal Commissioner may requisition the services of any other person also.

11. Any person / Institution / organization found violating any provision of these Regulations shall be deemed to have committed an offence punishable under section 188 of Indian Penal Code (45 of 1860). Empowered Officers may penalize any person / institution / organization found violating provisions of these Regulations or any further orders issued by Government under these Regulations.
12. No suit or legal proceedings shall lie against any person for anything done or intended to be done in good faith under this Regulation unless proved otherwise
13. These regulations shall come into force immediately and shall remain valid for a period of one year, or until further orders, whichever is earlier from the date of publication of this Notification.

By order and in the name of Governor of Maharashtra,


(Dr Pradeep Vyas)

Principal Secretary to Government

1. Principal Secretary to Hon'ble Governor, Rajbhavan, Mumbai
2. Principal Secretary to Hon'ble Chief Minister, Mantralaya, Mumbai

3. Principal Secretary to Hon'ble Deputy Chief Minister, Mantralaya, Mumbai
4. Hon'ble Minister (Health & Family Welfare), Mantralaya, Mumbai
5. Hon'ble Minister of State (Health & Family Welfare), Mantralaya, Mumbai
6. Additional Chief Secretary/ Principal Secretary/ Secretary (All), Mantralaya, Mumbai
7. Secretary, Maharashtra Legislature Secretariat, Vidhan Bhavan, Mumbai
8. Commissioner (Health Services) & Mission Director, NHM, Mumbai
9. All Divisional Commissioners
10. All District Collectors
11. All Municipal Commissioners
12. All Chief Executive Officers, Zilla Parishad
13. Director, Health Services- I/II, Mumbai/Pune
14. Additional Director, Health Services (All)
15. Joint Director, Health Services (All)
16. Deputy Directors, Health Services (All)
17. Civil Surgeons (All)
18. District Health Officers (All)
19. District Malaria Officers (All)
20. Deputy Secretary to Chief Secretary, Mantralaya, Mumbai
21. All Joint / Deputy Secretary, Public Health Department
22. PA to Principal Secretary, Public Health Department
23. All Section Officers, Public Health Department
24. Select File: Aarogy-5

अधिसूचना

सार्वजनिक आरोग्य विभाग,
गोकुळदास तेजपाल रुग्णालय संकूल,
१० वा मजला, नवीन मंजालय, मुंबई ४०० ००१.
दि. १४ मार्च २०२०.

क्रमांक कोरोना २०२०/प्र क्र ५८/ आरोग्य ५ : ज्याअर्थी महाराष्ट्र राज्यात दिनांक १३ मार्च २०२० च्या अधिसूचनेनुसार, अधिसूचनेच्या दिनांकापासून साथरोग अधिनियम, १८९७ ची अंमलबजावणी सुरु झालेली आहे, त्याअर्थी साथरोग अधिनियम, १८९७ च्या खंड २, ३ व ४ नुसार प्रदान करण्यात आलेल्या अधिकारानुसार महाराष्ट्र शासन राज्यात कोरोना विषाणुमुळे (COVID 19) उदभवलेल्या संसर्गजन्य रोगाचा प्रतिबंध व नियंत्रण यासाठी खालीलप्रमाणे नियम प्रसिध्द करीत आहे.

१. या नियमांना " महाराष्ट्र कोव्हीड १९ उपाययोजना नियम, २०२०" असे संबोधण्यात येईल.
२. "कोव्हीड १९" म्हणजे भारत सरकार व जागतिक आरोग्य संघटनेने परिभाषित केल्यानुसार सिव्हीअर ॲक्यूट रेस्पिरेटरी सिंड्रोम कोरोना व्हायरस २ (सार्स कोव्ही २).
३. साथरोग अधिनियमाच्या खंड २ (१) नुसार आयुक्त, आरोग्य सेवा, संचालक, आरोग्य सेवा १, संचालक, आरोग्य सेवा २, संचालक, वैद्यकीय शिक्षण व संशोधन, सर्व विभागीय आयुक्त महसुल विभाग, सर्व जिल्हाधिकारी व महानगरपालिका आयुक्त हे सक्षम प्राधिकारी घोषित करण्यात येत आहे व त्यांना त्यांच्या कार्यक्षेत्रात कोव्हीड १९ वर नियंत्रण आणण्यासाठी व त्याचा प्रादुर्भाव रोखण्यासाठी ज्या उपाययोजना करणे आवश्यक आहे त्या करण्यासाठी ते सक्षम असतील.
४. सक्षम प्राधिकाऱ्यांनी घोषित केलेल्या सर्व शासकीय व खाजगी रुग्णालयात कोरोना विषाणु संशयीत रुग्णांची तपासणीसाठी स्वतंत्र कक्ष स्थापन करण्यात येईल.
५. सर्व शासकीय व खाजगी रुग्णालयांनी सदर रुग्णांची तपासणी करतांना त्यांनी कोरोना विषाणुबाधित इतर देशात प्रवास केला होता किंवा कसे याबाबत नोंदी घेतील. त्याचप्रमाणे सदर रुग्णांचा संपर्क संशयीत किंवा संसर्गग्रस्त व्यक्तीशी आल्याची नोंद ठेवण्यात येईल. वरीलप्रमाणे घेण्यात आलेली रुग्णांची माहिती तातडीने एकात्मिक रोग सर्वेक्षण केंद्र, पुणे तसेच संबंधीत जिल्हाधिकारी / आयुक्त, महानगरपालिका यांना सादर करणे आवश्यक राहिल.
- i. प्रवाशाने कोरोना बाधित प्रदेशात मागील १४ दिवसांच्या कालावधीत प्रवास केल्याचा इतिहास असल्यास व रुग्णास कोरोना बाधा झाल्याची लक्षणे नसल्यास त्यांना तपासणी दिनांकापासून

पुढील १४ दिवस स्वतःच्या घरात अलगीकरण करून रहाणे आवश्यक राहिल. स्वतःच्या घरात अलगीकरण करून रहातांना त्यांनी आरोग्य व कुटुंब कल्याण मंत्रालय, नवी दिल्ली यांनी अलगीकरणाबाबत दिलेल्या सूचनांची काटेकोर अंमलबजावणी करणे त्यांचेवर बंधनकारक असेल. केंद्र शासनाच्या अलगीकरणासंबंधीच्या सूचनांचे स्वतःच्या घरात अलगीकरणासाठी पालन न करणाऱ्या रुग्णांना राज्य शासनाने कार्यान्वित केलेल्या अलगीकरण कक्षात भरती करण्यात येईल.

- ii. ज्या प्रवाशांना कोरोना बाधित प्रदेशातील प्रवासाचा इतिहास असेल व त्यांना कोव्हीड १९ संसर्गाबाबत निश्चित केलेल्या व्याखेनुसार रोगलक्षणे दिसत असतील तर त्यांना अलगीकरणाबाबत विनिर्दिष्ट उपचारपध्दतीनुसार शासकीय रुग्णालयातील स्वतंत्र विलगीकरण कक्षात भरती करण्यात यावे व त्यांची कोव्हीड १९साठी प्रयोगशाळा तपासणी व औषधोपचार सुरु करण्यात यावा.

सदर अलगीकरण व विलगीकरण सूचनांमध्ये केंद्र शासनाच्या सूचनेनुसार वेळोवेळी झालेले बदल लागू राहतील.

६. कोणत्याही व्यक्तीस / संस्था / संघटनांना कोव्हीड १९ बाबत कोणत्याही प्रकारच्या अफवा, अनधिकृत माहिती ईलेक्ट्रॉनिक किंवा सोशल मिडीयाच्या माध्यमातून पसरविण्यास प्रतिबंध करण्यात येत आहे. याबाबत आयुक्त, आरोग्य सेवा व संचालक, राष्ट्रीय आरोग्य अभियान, संचालक, आरोग्य सेवा, मुंबई, संचालक, आरोग्य सेवा, पुणे व संचालक, वैद्यकीय शिक्षण व संशोधन, मुंबई, विभागीय आयुक्त व जिल्हाधिकारी यांचेमार्फतच अधिकृत माहितीचे प्रसारण करण्यात येईल. याबाबतची कोणतीही अनधिकृत माहिती अथवा अफवा पसरविणाऱ्या व्यक्ती अथवा संस्था अथवा संघटना या कायद्यान्वये कायदेशिर व दंडनिय कारवाईस पात्र राहिल.
७. आरोग्य व कुटुंब कल्याण मंत्रालय, भारत सरकार व महाराष्ट्र शासन यांनी प्राधिकृत केलेल्या प्रयोगशाळेमधूनच कोव्हीड १९ बाबतच्या नमुने गोळा करण्यात येतील व भारत सरकार व महाराष्ट्र शासन यांनी प्राधिकृत केलेल्या प्रयोगशाळांमधूनच या नमुन्यांची तपासणी केली जाईल.
८. मागील १४ दिवसांत ज्या व्यक्ती कोरोना बाधित देशातून प्रवास करून आलेल्या असतील त्यांनी स्वतःहून याबाबतची माहिती कोरोना नियंत्रणासाठीचा राज्य नियंत्रण कक्ष (०२०-२६१२ ७३९४), एकात्मिक रोग सर्वेक्षण प्रकल्प कक्ष (०२०-२७२९ ००६६) किंवा टोल फ्रि क्रमांक १०४ किंवा यासाठी



प्राधिकृत अधिकार्यांनी दिलेल्या दुरध्वनी क्रमांकावर कळविणे आवश्यक राहिल जेणकरुन त्या अनुषंगाने आवश्यक उपचारात्मक व प्रतिबंधात्मक उपाययोजना प्राधिकृत अधिकारी आयुक्त, आरोग्य सेवा व संचालक, राष्ट्रीय आरोग्य अभियान, संचालक, आरोग्य सेवा, मुंबई, संचालक, आरोग्य सेवा, पुणे व संचालक, वैद्यकीय शिक्षण व संशोधन, मुंबई, विभागीय आयुक्त व जिल्हाधिकारी यांचेमार्फतच त्यांच्या त्यांच्या कार्यक्षेत्रामध्ये करतील.

९. वरीलप्रमाणे साथरोग प्रतिबंधात्मक कायदा, १८९७ नुसार प्राधिकृत अधिकारी यांना प्रवाश्यांचे अलगीकरण व जागतिक आरोग्य संघटना किंवा आरोग्य व कुटुंब कल्याण मंत्रालय यांनी कोव्हीड १९ बाधित रोग व्याखेत नमूद केलेली लक्षणे असल्यास सदर संशयीत रुग्णांना शासकीय रुग्णालयातील विलगीकरण कक्षात भरती करण्याचे अधिकार राहतील. अलगीकरण किंवा रुग्णालयात विलगीकरणास मज्जाव / प्रतिबंध / अडथळा आणणाऱ्यांविरुद्ध सक्षम प्राधिकाऱ्यामार्फत भारतीय दंड संहितेच्या कलम १८८ नुसार कारवाई करण्यात येईल.
१०. एखाद्या भौगोलीक क्षेत्र उदाहरणार्थ गांव, शहर, तालुका, वॉर्ड, कॉलनी इत्यादी मध्ये कोव्हीड १९ चा प्रादुर्भाव / उद्रेक आढळल्यास अशा उद्रेकजन्य क्षेत्राबाबत खाली नमूद केलेल्या तसेच प्रसंगानुसार आवश्यक असलेल्या प्रतिबंधात्मक उपाययोजना करण्यासाठी संबंधित जिल्हाधिकारी / महानगरपालिका आयुक्त सक्षम प्राधिकारी असतील. अशा भौगोलिक क्षेत्रांच्या बाबतीत -
- अ) क्षेत्र प्रतिबंधित करणे
 - आ) क्षेत्रातील नागरीकांचे आगमन व प्रस्थान प्रतिबंधित करणे
 - इ) क्षेत्रातून वाहनांचे आवागमन प्रतिबंधित करणे
 - ई) क्षेत्रातील शाळा, कार्यालये, सिनेमागृहे, नाट्यगृहे, जलतरण तलाव, व्यायामशाळा, गर्दी टाळण्याच्या दृष्टीने आवश्यकतेनुसार सामुदायीक कार्यक्रमास प्रतिबंध करणे
 - उ) कोव्हीड १९ बाधीतांचे प्रत्यक्ष व अप्रत्यक्ष सर्वेक्षण करणे
 - ऊ) संशयीत व त्यांचे संपर्कातील व्यक्तींचे आवश्यकतेनुसार रुग्णालयात विलगीकरण करणे
 - ए) शासकीय किंवा खाजगी इमारत / मत्ता अलगीकरणासाठी आवश्यकतेनुसार नामनिर्देशित करणे
 - ऐ) कोव्हीड १९चा प्रादुर्भाव व प्रतिबंध करण्यासाठी सार्वजनिक आरोग्य विभाग, महाराष्ट्र शासन यांनी दिलेल्या मार्गदर्शक उपाययोजना व सूचनांची अंमलबजावणी करणे



जिल्हाधिकारी / महानगरपालीका आयुक्त यांना अशा क्षेत्रामधील सर्व शासकीय विभाग / संस्थांच्या आस्थापनेवरील कर्मचाऱ्यांच्या सेवा किंवा निर्देशित करतील अशी कोणत्याही व्यक्तीच्या सेवा कोव्हीड १९ या रोगाचे नियंत्रण / प्रतिबंधात्मक / आपत्कालीन उपाययोजना करण्याचे कामासाठी आवश्यकतेनुसार अधिग्रहीत करता येतील.

११. कोणतीही व्यक्ती, संस्था अथवा संघटना यांनी या नियमावलीतील नियमांचे उल्लंघन केल्यास ते भारतीय दंडसंहिता (४५ ऑफ १८६०) च्या कलम १८८ नुसार दंडनिय / कायदेशीर कारवाईस पात्र राहतील व या नियमावलीनुसार प्राधिकृत अधिकारी उपरोक्त नुसार व वेळोवेळी शासनाने या नियमानुसार दिलेल्या सूचनांचे उल्लंघन करणाऱ्याविरुद्ध दंडनिय कारवाई करण्यास सक्षम असेल.
१२. या नियमावलीची अंमलबजावणी करणाऱ्या प्राधिकृत अधिकार्याविरुद्ध कोव्हीड १९चा प्रादुर्भाव रोखण्यासाठी सदभावनेने केलेल्या किंवा करण्यात येणाऱ्या कृतीबद्दल अंमलबजावणीच्या अनुषंगाने अन्यथा दोषी नाही तोपर्यंत कोणतीही कायदेशीर कारवाई अथवा गुन्हे दाखल करता येणार नाही.
१३. सदर नियमावली ही अधिसूचना निर्गमित झाल्याच्या दिनांकापासून तात्काळ अंमलात येईल व अधिसूचनेच्या दिनांकापासून पुढील एक वर्ष किंवा आवश्यकतेनुसार पुढील आदेशापर्यंत अस्तित्वात राहिल.

महाराष्ट्राचे राज्यपाल यांचे आदेशानुसार व नावांने



(डॉ. प्रदीप व्यास)

शासनाचे प्रधान सचिव

१. मा. राज्यपाल यांचे प्रधान सचिव
२. मा. मुख्यमंत्री यांचे प्रधान सचिव
३. मा. उपमुख्यमंत्री यांचे प्रधान सचिव
४. मा. मंत्री (आरोग्य), मंत्रालय, मुंबई
५. मा. राज्यमंत्री (आरोग्य) मंत्रालय, मुंबई
६. अपर मुख्य सचिव/प्रधान सचिव/सचिव, मंत्रालय, मुंबई
७. सचिव, विधानमंडळ सचिवालय, मुंबई
८. आयुक्त, आरोग्य सेवा तथा संचालक, राष्ट्रीय आरोग्य अभियान, मुंबई
९. सर्व विभागीय आयुक्त

१०. जिल्हाधिकारी (सर्व)
११. आयुक्त, महानगरपालिका (सर्व)
१२. मुख्य कार्यकारी अधिकारी, जिल्हा परिषद (सर्व)
१३. मा. मुख्य सचिव यांचे उप सचिव
१४. संचालक, आरोग्य सेवा, आरोग्य सेवा संचालनालय, मुंबई / पुणे
१५. अतिरिक्त संचालक, आरोग्य सेवा (सर्व)
१६. सहसंचालक, आरोग्य सेवा (सर्व)
१७. उपसंचालक, आरोग्य सेवा (सर्व)
१८. जिल्हा शल्यचिकित्सक (सर्व)
१९. जिल्हा आरोग्य अधिकारी (सर्व)
२०. जिल्हा हिवताप अधिकारी सर्व
२१. सर्व मंत्रालयीन विभाग
२२. सर्व सह सचिव/उपसचिव, सार्वजनिक आरोग्य विभाग
२३. प्रधान सचिव, सार्वजनिक आरोग्य विभाग यांचे स्विय सहायक
२४. सर्व कार्यासन अधिकारी, सार्वजनिक आरोग्य विभाग, मंत्रालय, मुंबई
२५. निवड नस्ती-आरोग्य ५

F.No.C-13014/1/2020-Vig.
Government of India
Ministry of Personnel, Public Grievances and Pensions
(Department of Personnel and Training)

North Block, New Delhi
Dated: 06/03/2020

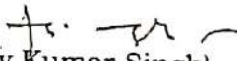
OFFICE MEMORANDUM

Subject: Exemption to employees to mark biometric attendance in Aadhar Based Biometric Attendance System(AEBAS) - reg.

Though only a small number of novel coronavirus(COVID-19) cases are reported in our country but keeping in view the nature of virus, it is a must to take all possible preventive measures to stop spread of virus.

2. It is learnt that most common method of transmission of virus seems to be through infected surfaces. Therefore, it is desirable to avoid touching surfaces, which might be infected due to human touch.

3. In view of the above, all the Ministries/Departments are requested to exempt their employees to mark biometric attendance in Aadhar Based Biometric Attendance System(AEBAS) till 31st March, 2020. However, all the employees are required to mark their attendance in Attendance register, (as done prior to launch of biometric system), during this period.


(Ajay Kumar Singh)
Under Secretary to the Govt. of India
Ph: 23094579

To,

1. All the Ministries/Departments, Government of India
 2. PMO/Cabinet Secretariat
 3. PS to Hon'ble MOS(PP)
 4. PSO to Secretary(Personnel)
 5. Sr. Tech. Dir., NIC, DoP&T
- } For Information

**Press Information Bureau
Government of India**

Finance Minister announces Rs 1.70 Lakh Crore relief package under Pradhan Mantri Garib Kalyan Yojana for the poor to help them fight the battle against Corona Virus

- **Insurance cover of Rs 50 Lakh per health worker fighting COVID-19 to be provided under Insurance Scheme**
- **80 crore poor people will to get 5 kg wheat or rice and 1 kg of preferred pulses for free every month for the next three months**
- **20 crore women Jan Dhan account holders to get Rs 500 per month for next three months**
- **Increase in MNREGA wage to Rs 202 a day from Rs 182 to benefit 13.62 crore families**
- **An ex-gratia of Rs 1,000 to 3 crore poor senior citizen, poor widows and poor disabled**
- **Government to front-load Rs 2,000 paid to farmers in first week of April under existing PM Kisan Yojana to benefit 8.7 crore farmers**
- **Central Government has given orders to State Governments to use Building and Construction Workers Welfare Fund to provide relief to Construction Workers**

New Delhi, 26th March 2020

The Union Finance & Corporate Affairs Minister Smt. Niramla Sitharaman today announced **Rs 1.70 Lakh Crore relief package under Pradhan Mantri Garib Kalyan Yojana for the poor to help them fight the battle against Corona Virus**. While addressing the press conference here today, Smt. Sitharaman said “Today’s measures are intended at reaching out to the poorest of the poor, with food and money in hands, so that they do not face difficulties in buying essential supplies and meeting essential needs.”

The Minister of State for Finance & Corporate Affairs Shri Anurag Singh Thakur was also present besides Shri Atanu Chakraborty, Secretary, Department of Economic Affairs and Shri Debashish Panda, Secretary, Department of Financial Services. **Following are the components of the Pradhan Mantri Garib Kalyan Package: —**

PRADHAN MANTRI GARIB KALYAN PACKAGE

I. Insurance scheme for health workers fighting COVID-19 in Government Hospitals and Health Care Centres

- Safai karamcharis, ward-boys, nurses, ASHA workers, paramedics, technicians, doctors and specialists and other health workers would be covered by a Special insurance Scheme.
- Any health professional, who while treating Covid-19 patients, meet with some accident, then he/she would be **compensated with an amount of Rs 50 lakh under the scheme.**

- All government health centres, wellness centres and hospitals of Centre as well as States would be covered **under this scheme approximately 22 lakh health workers would be provided insurance cover to fight this pandemic.**

II. PM Garib Kalyan Ann (अन्न) Yojana

- Government of India would not allow anybody, especially any poor family, to suffer on account of non-availability of foodgrains due to disruption in the next three months.
- **80 crore individuals, i.e, roughly two-thirds of India's population would be covered under this scheme.**
- Each one of them would be provided double of their current entitlement over next three months.
- This additionality would be free of cost.

Pulses:

- To ensure **adequate availability of protein** to all the above mentioned individuals, 1 kg per family, would be provided pulses according to regional preferences for next three months.
- These pulses would be provided **free of cost** by the Government of India.

III. Under Pradhan Mantri Garib Kalyan Yojana,

Benefit to farmers:

- **The first instalment of Rs 2,000 due in 2020-21 will be front-loaded and paid in April 2020 itself under the PM KISAN Yojana.**
- It would cover 8.7 crore farmers

IV. Cash transfers Under PM Garib Kalyan Yojana:

Help to Poor:

- A total of **20.40 crores PMJDY women account-holders** would be given an ex-gratia of **Rs 500 per month for next three months.**

Gas cylinders:

- Under **PM Garib Kalyan Yojana, gas cylinders, free of cost,** would be provided to 8 crore poor families for the next three months.

Help to low wage earners in organised sectors:

- **Wage-earners below Rs 15,000 per month in businesses having less than 100 workers** are at risk of losing their employment.
- Under this package, government proposes to pay **24 percent of their monthly wages into their PF accounts for next three months.**
- This would **prevent disruption in their employment.**

Support for senior citizens (above 60 years), widows and Divyang:

- There are around 3 crore aged widows and people in *Divyang* category who are vulnerable due to economic disruption caused by COVID-19.
- Government will **give them Rs 1,000 to tide over difficulties during next three months.**

MNREGA

- Under PM Garib Kalyan Yojana, **MNREGA wages would be increased by Rs 20 with effect from 1 April, 2020.** Wage increase under MNREGA will provide an additional Rs 2,000 benefit annually to a worker.
- This will benefit approximately 13.62 crore families.

V. Self-Help groups:

- Women organised through 63 lakhs Self Help Groups (SHGs) support 6.85 crore households.
 - a) Limit of collateral free lending would be increased from Rs 10 to Rs 20 lakhs.

VI. Other components of PM Garib Kalyan package

Organised sector:

- Employees' Provident Fund Regulations will be amended to include Pandemic as the reason to **allow non-refundable advance of 75 percent of the amount or three months of the wages, whichever is lower, from their accounts.**
- Families of four crore workers registered under EPF can take benefit of this window.

Building and Other Construction Workers Welfare Fund:

- Welfare Fund for Building and Other Constructions Workers has been created under a Central Government Act.
- There are around 3.5 Crore registered workers in the Fund.
- **State Governments will be given directions to utilise this fund to provide assistance and support to these workers to protect them against economic disruptions.**

District Mineral Fund