

COVID-19:

MASTER CIRCULAR ON COVID HOSPITALS

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1. Medical Testing Protocol for Migrants | HFW (03-May-2020)

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ବିଷୟ - ଭାବ୍ୟ ବାହାରୁ ଫେରୁଥିବା ପ୍ରବାସୀ ଓଡ଼ିଆଙ୍କ ନିମିତ୍ତ ମାର୍ଗଦର୍ଶକ

ମହାଶୟ

ସ୍ମୃତି କୋରିଛି - ୧ ୯ ସାଲା ଦେଖିରେ ଓ କିଷ୍ଟରେ ଦିଇଛିଲା ସୃଷ୍ଟି କରିଥିବା ଦେଖିଲ ରାଜ୍ୟ ବାହାରୁ ନିଷ ଉପରେ ପ୍ରବାସୀ
ଓଡ଼ିଆ ଭାବୁ ଫେରୁଥିବା ସେମାନଙ୍କ ମଧ୍ୟରେ ଅନେକ ଅତି ସବୁମାର ପ୍ରବଶ ଯୀନ୍ତା (ମହାରାଜ୍, ପୁରୁଷାଚ, ଦିକ୍ଷା, କୋରକଣ
ଇତ୍ୟାଦି) ତୁ ଆସୁଇଛି। ସେମାନଙ୍କର ସମ୍ମନଣ ଲ୍ଲିଟି ଜଣା ନଥିବାରୁ, ଭାବର ସରକାରଙ୍କ ସ୍ଵାସ୍ଥ୍ୟ ଓ ପରିବାର କଲ୍ୟାଣ ବିଭାଗ ରଞ୍ଚ
ଓଡ଼ିଶା ସରକାରଙ୍କ ଭାବରୁ "ଏହି" ଦିପଯାନ ପରିଚାଳନା ଦିଇଏ ପଥରୁ "ବୃଦ୍ଧ ସଜ୍ଜରେଖ" ଓ "ବୃଦ୍ଧ ପୁଅକ ବାସ" ସମ୍ବିଧ
ମାର୍ଗଦର୍ଶକ ଜାଗି ବରା ଯାଇ ଅଛି । ୧୦୦୦୦୦୧ ସମ୍ମତ ଫେରନରା ପ୍ରବାସୀଙ୍କ ଅନ ନାଗନ ପଞ୍ଜାଇରଣ ଓ ୧୪ ଦିନ ବା ତତ୍ତ୍ଵବ୍ୟକ୍ତି
ସମୟ ସଙ୍ଗ୍ରହାଧିଗେ ରହିବା ବାଧତାମୂଳକ ଅଛେ । ଏହି ସହିତ ସାହ୍ୟ ପରାମା ଓ ନମ୍ବର ବସ୍ତୁର ସମ୍ବନ୍ଧରେ ନିଯମାବଳୀ ପ୍ରତିତ
ବୋଲାଇଛି । ସେଥିରୁ ବିଷ୍ଣୁ ଦିବରଣୀ ଏହି ସହିତ ସମ୍ବନ୍ଧ କରା ଯାଉଛି ।

ଏହି ପରିଚ୍ଯେତନାରେ ସେ ସବୁର ଅନୁଧାନ ଓ ପରିପାଳନ ନିର୍ଦ୍ଦିତ କରାଇବାକୁ ଆପଣଙ୍କୁ ଅନୁରୋଧ
କରାଗଲା ।

ଆପଙ୍କ ବିଶ୍ୱାସ

ସୁନୀତ୍ର କୁମାର ୧୨୧୭୯
ଓଡ଼ିଶା ମୁଖ୍ୟ ଶାସନ ସଚିବ

ଆପକ ସଂଖ୍ୟା ୫୩୮୦ / ତାରିଖ ୦୩.୦୨.୨୦୨୦

ଏହାର ନକଳ ସମ୍ପଦ ଜୀବା ମୁଖ୍ୟ ଚିକିତ୍ସା ଓ କନ୍ୟାଶ୍ୱାସ ଅଧିକାରୀଙ୍କ ଅବଗତି ଓ ମାର୍ଗଦର୍ଶନ ନିମନ୍ତେ ପଠାଗଲା।

ପ୍ରଦୀପ କୁମାର ପାତ୍ରାଣ୍ଡ
ଅଭିରିତ ମୁଖ୍ୟ ଶାସନ ସତ୍ତ୍ୱ,

ଆପକ ସଂଖ୍ୟା ୫୩୯୧ / ତାରିଖ ୦୩.୦୨.୨୦୨୦

ଏହାର ନକଳ ପ୍ରମୁଖ ସତ୍ତ୍ୱ, ପାତ୍ରାଣ୍ଡ ଓ ପଲିକାର କର୍ତ୍ତାଙ୍କ ବିଭାଗ, ଡକ୍ଟର କୁମାର ଅବଗତି ନିମନ୍ତେ ପଠାଗଲା।

ପ୍ରଦୀପ କୁମାର ପାତ୍ରାଣ୍ଡ
ଅଭିରିତ ମୁଖ୍ୟ ଶାସନ ସତ୍ତ୍ୱ

ଆପକ ସଂଖ୍ୟା ୫୩୯୨ / ତାରିଖ ୦୩.୦୨.୨୦୨୦

ଏହାର ନକଳ ମୁଖ୍ୟ ଶାସନ ସତ୍ତ୍ୱ, ପାତ୍ରାଣ୍ଡ ଅବଗତି ନିମନ୍ତେ ପଠାଗଲା।

ପ୍ରଦୀପ କୁମାର ପାତ୍ରାଣ୍ଡ
ଅଭିରିତ ମୁଖ୍ୟ ଶାସନ ସତ୍ତ୍ୱ

ରାଜ୍ୟ ବାହାରୁ ରାଜ୍ୟକୁ ଫେରୁଥିବା ପ୍ରକାଶା ଅତିଆକ୍ଷମ ପାଇଁ ମାର୍ଗଦର୍ଶକ ।

(ଡିଜିଟଲ ପରିଚାରକ ରାଜ୍ୟ ଓ ନିର୍ଦ୍ଦିଷ୍ଟ ପରିଚାରକ ବିଭାଗ ନିର୍ଦ୍ଦେଶନାମା ଦାସ୍ତଖ୍ତ ୨୪୭୦/୩ ୧.୫.୨୦୨୦, ଏବଂ ଉଚ୍ଚ ପରିଚାରକ ବିଭାଗ ମହାନାମଙ୍କ ହାରା ପ୍ରକାଶିତ “ଭୃତ୍ୟ ସଜରାଧ ” ଏବଂ “ଭୃତ୍ୟ ପୁଅଳ ବାପ ” ସମ୍ବନ୍ଧିତ ମାର୍ଗଦର୍ଶକ ଆଧ୍ୟାତ୍ମିକ ପ୍ରକ୍ରିୟା ।

୧) ରାଜ୍ୟ ବାହାରୁ ଫେରୁଥିବା ଅମ୍ବା ପ୍ରକାଶା ଆନ୍ ଲାଇନ୍ < covid19.odisha.gov.in > ରେ ପ୍ରାକ୍ ପଞ୍ଜୀକରଣ କରାଯାଇଛି । କାଥିମ ମୂଳକ ଯେଉଁଠିରେ ଫେରୁଥିବା ବାକ୍ତି ଓ ବାଦବୁଢ଼ ଗାତି ସଂବନ୍ଧରେ ବିଷ୍ୟ ଉଚିତ ।

୨) ଫେରୁଥିବା ପ୍ରେମାନଙ୍କୁ ୧୪ ଦିନ ଲିମ୍ବା ଦିଗ୍ବୋଧକ (ୟାହା ସାଇମ କିମାର ଲୁକ ବିଶେଷତା ରୁଚି ଉଚିତ) ସଙ୍ଗରୋଧରେ ରାଜ୍ୟକୁ ଦେବାକୁ ଦେବ ।

୩) ସହପାତ୍ରକ ଓ ଭ୍ରାମାତ୍ମକ ପାଇଁ ବର୍ତ୍ତମାନ କାହାର ବିଦ୍ୱିତ ଅଧିକାରୀ ଯାନୀୟ ସାଇମ ଅଧିକାରୀଙ୍କ ସହଯୋଗରେ ରାଜ୍ୟକୁ ଫେରୁଥିବା ବ୍ୟକ୍ତିମାନଙ୍କୁ ବହାବହୀ ଦେବରେ ସମ୍ମାନଙ୍କୁ ସଙ୍ଗରୋଧରେ ରଖାଯିବ ।

୪) ତେବେ ସାଧାରଣତଃ ସହପାତ୍ରକରେ ଭୁବନେଶ୍ୱର କିମ୍ବା ଭୁବନେଶ୍ୱର ନିର୍ଦ୍ଦିଷ୍ଟ ଜ୍ୟୋତିତା/ନର ରେ ନିଜ ଅର୍ଦ୍ଧରେ ରାଜ୍ୟକୁ ପରାମର୍ଶ ଦିଆଯା ଯାଇଥିବା ବେଳେ ଭ୍ରାମାତ୍ମକ ସଙ୍ଗରୋଧରେ ରଖୁଥିବା ପାଇଁ ପାଇଁ କରା ଯାଇବ ।

୫) ଭୁବନେଶ୍ୱର ସଙ୍ଗରୋଧରେ ବ୍ୟକ୍ତିକ ମାର୍ଗ ସଙ୍ଗରୋଧ ସମ୍ବନ୍ଧୀୟ କ୍ଷେତ୍ର ନିର୍ଦ୍ଦିଷ୍ଟ ।

୬) ପରୋଇ ସଙ୍ଗରୋଧରେ ଥିବା ଦ୍ୱୟତ୍ଵ ନିର୍ମାତାବା ଠିକ କାବେ ପାଇନ କରୁଛିବି ନାହିଁ, ବ୍ୟକ୍ତି ଅଧିକାରୀ ପ୍ରତିବିନି ନିର୍ମାତା କରିବି ଏ ବିଭିନ୍ନ ଉପକାରୀଙ୍କ ବ୍ୟକ୍ତିଗତ ପ୍ରକାଶନ ଆଜନ -୨୦୦୫ ଏବଂ ଭ୍ରାମକ ପୋତ ପ୍ରତିବାଧ ଆଜନ ୧୮୯୭ ଓ ତାର ସଂସକଣ ଅଧ୍ୟାତ୍ମିକ ନିର୍ମାତା କରାଯିବ ।

୭) ସାଇମ ବିଭାଗ କର୍ମଚାରୀ/ବିଭାଗ ସର୍ବତ୍ରେ ବକ / out bound call centre(OCC) ନିଯମିତ କାବେ ସଙ୍ଗରୋଧରେ ଥିବା ବ୍ୟକ୍ତିକୁରୁଧ୍ୟାବଳୀ ବୁଝିବେ । ଯଦି ଏହି ସମୟ ଭିତରେ କିମ୍ବା ଲାକର ପ୍ରକାଶ ପାଇଁ , ତେବେ ନିବାନ ପରାମା କରାଯାଇବା ଓ କୋରିଦି ତିକିଟାକରୁ ପଠାଇବାର ବ୍ୟବସ୍ଥା ଉତ୍ତରାଧିକାରୀ ସଂପୂର୍ଣ୍ଣ ବ୍ୟକ୍ତି ମଧ୍ୟ ନିଜ ଆହୁ ଦେଇମୁକ୍ତ ଜୟୁତି ୧୦୪ କୁ ପୋତ କରି ନିବ ସାଇମ ସମ୍ବନ୍ଧରେ ତଥ୍ୟ ଦେଇ ପାରିବେ ।

୮) ନିବାନ ପରାମାରେ କେହି କେତିଦି ସାଇମିକ ବୋଲି ଚିହ୍ନଟ ହେଲେ , ଲାକର ତାପ୍ରତାକୁ ବିଭାଗକୁ ନେଇ କାହିଁ ଭୁବନେଶ୍ୱର ପ୍ରକାଶର ବାବୁ କିମ୍ବା ଭୁବନେଶ୍ୱର ପାଇଁ କୋରିଦି ତିକିଟାକରୁ ରଖାଯିବ ।

୯) ସଠିକ ଭାବେ ସଙ୍ଗରୋଧ ସମ୍ମାନକୁ ବ୍ୟକ୍ତିକୁ ୨୦୦୦ ଟଙ୍କା ପ୍ରୋତ୍ସହନ ଘାରୀ ମିକିବ ।

ଭୁବନେଶ୍ୱର ସଙ୍ଗରୋଧରେ ରହୁଥିବା ବ୍ୟକ୍ତିଙ୍କ ପାଇଁ ନିଯମାବଳୀ :

- ମୁକ୍ତ ନାୟୁ ଚଳା ଚଳ କରୁଥିବା ଏଇ ଅନ୍ତରା କୋଠାରେ ଉଚିତ । ଏହି ଅନ୍ତରା ପାଇଥାର ବ୍ୟବହାର କରିବା ଉଚିତ ।
- ମୁଦ୍ର ଶିଖୁ ଓ ଗର୍ଭବତୀ ମହିଳା ଏବଂ ଭାଇବେଟିସ, ଉତ୍ତ ଜାତିହାତ, ହୃଦ ଗୋଟ ଆଦି ଗୋପୁଥିବା ପରିବାର ସନ୍ଧାର ଦାତୁ ମୁରେଇ ଉଚିତ ।
- ତାଙ୍କ ହାରା ବ୍ୟବସ୍ଥା ବିଜଳା, ହୃଦାପତା, ଗାମୁଡା , ବାସନ କୁଣ୍ଡନ ଆଦି ଅନ୍ୟ କୋଟି ବ୍ୟବହାର କରିବେ ନାହିଁ

- ସର୍ବଦା ମାୟ ବ୍ୟବହାର କରିବେ ।
- ବ୍ୟବହାର ପରେ ମାୟକୁ ୫ % ଦୂରେ ପାଇବା ଦ୍ରୁବତି କିମ୍ବା ୧ % ଯୋଗିତା ହାଲଗୋଲୋଗାଳଟ ଦ୍ରୁବତାରେ ବିଶେଷନ କଲାପରେ ପୋଡ଼ି ଦେବେ କିମ୍ବା ପୋଡ଼ିବେ ।
- ସାମୁଜିକ ବାରମ୍ବାର ହାତ ଧୋଇବେ ।
- ଯୁଦ୍ଧ ସଙ୍ଗୋଧ ସମୟରେ କ୍ରାତ୍ରି, କାଷା, କିମ୍ବା ଅଣିକିଷ୍ଟାବୀ ହେବା ଭାବୀ ଲକ୍ଷ୍ୟ ପ୍ରକାଶ ପାଏ , ଦେବେ ନିକଟର ସାମ୍ନ କିମ୍ବା ୧୦୪ ନିୟମ କୁ ପୋଲ କରି ଦୂରତ କରାଇବେ ।
- ପରିଵାର କେହି ଜଣେ କିର୍ତ୍ତି ସୁତ ବ୍ୟକ୍ତି ସଙ୍ଗୋଧରେ ଥୁବା ବ୍ୟକ୍ତିଙ୍କୁ ଆଜିବା ପେଇବା କୁ ହେବା ,କୁଗା ପଢା ସବା ଜାରିବାରେ ନିୟମିତ ଉଦ୍‌ଦିବା ଭାବିତ ।
- ଏହି ସେବାକାରୀ ସେବା ବାଜାରରେ ଦିଶୋତ୍ତବ୍ୟ ଦ୍ୱୟାରେ ବ୍ୟବହାର କରିବେ ।
- ସଞ୍ଚାରିତରେ ଥୁବା ବ୍ୟକ୍ତିଙ୍କର କୁଗା ପଢା ଯେଉଁ ସହ ଉପା ହେବ ।
- ତାଙ୍କ ଉଦ୍‌ଦିବା କୋଠରୀକୁ ଓ କୁର୍ରି ଥୁବା ବ୍ୟକ୍ତିଙ୍କୁ ପ୍ରତିଦିନ ୧ % ହାଲଗୋଲୋଗାଳଟ ଦ୍ରୁବତା ରେ ବିଶେଷନ କରାଯିବ ।
- ତାଙ୍କ ପାଇସାନାକୁ ମଧ୍ୟ ପ୍ରତିଦିନ ଥପା ଓ ବିଶେଷନ କରାଯିବ ।
- ପରିଦର୍ଶକମାନଙ୍କୁ ତାଙ୍କ ସହ ନିଶ୍ଚିବାକୁ ନିଷେଧ କରାଯିବ ।

ସାମୁଜିକ ବ୍ୟକ୍ତିଙ୍କର ଲକ୍ଷଣ ପ୍ରକାଶ ମୂର୍ଖତା ଓ ହାଲକା ଲକ୍ଷଣ ଥୁବା ବ୍ୟକ୍ତିଙ୍କର ଘରୋଇ ପୃଥକ ବାସ ପାଇଁ ନିଯମାବଳୀ :

- ସାମୁଜିକ ତୋଳି ଚିହ୍ନଟ ହୋଇଥିବା ଲକ୍ଷଣ ନଥିବା ବ୍ୟକ୍ତି ଓ ମୂର୍ଖ ବା ହାଲକା ଲକ୍ଷଣ ଥିବା ବ୍ୟକ୍ତି କାର୍ଯ୍ୟକ୍ଷଳ ନିକି ପରେ ଥିଲେ ବାସରେ ରହି ପାରିବେ । କିନ୍ତୁ ଚିହ୍ନଟାମାଧ୍ୟକାରୀ ଏହାକୁ ଅନୁମୋଦନ କରିବା ଆବଶ୍ୟକ ।
- ପରେ ଗୋଟିକ ପାଇଁ ପ୍ରଥମକାର ନିମିତ୍ତ ଆବଶ୍ୟକ ବ୍ୟବହାର ଓ ତାଙ୍କ ସମସ୍ତରେ ଆସିଥିବା ପରିବାରର ଅନ୍ୟ ବ୍ୟକ୍ତିଙ୍କ ପାଇଁ ସ୍ଵର୍ଗ ସଙ୍ଗୋଧର ବ୍ୟବହାର ଉପରକୁ ଥୁବା କରୁଥାଇ ।
- ଘରେ ସେବାକାରୀ ଏଥୁପାଇଁ ଆବଶ୍ୟକ , ଯେ କୁ ବିକିତବଳ ସହ ନିଯମିତ ଯୋଗାଯୋଗରେ ରହିବେ ।
- ସେବାକାରୀ ଓ ସାମ୍ପର୍ଯ୍ୟରେ ଆସିଥିବା ବ୍ୟକ୍ତି କୁ ଚିହ୍ନଟକ ପରାମର୍ଶରେ ପ୍ରବିଷ୍ଟିତ ବିଅ ଦୀର୍ଘ ।
- ତିରା ଗୋର ସର୍ବେଷଣ ଦିଗାର ତାଙ୍କ ବିଷୟରେ ନିଯମିତ ତଥ୍ୟ ରଖିବେ ଓ ପରାମର୍ଶ ଦେବେ ।
- ଏ ସବୁ ବିଷୟରେ ଗୋଟା ନିର୍ଦ୍ଦିଷ୍ଟ ଫର୍ମ ରେ ଘୋଷଣା ପାତ୍ର ସ୍ବାକ୍ଷର କରିବେ ଓ ନିକି ମୋବାଇଲ ରେ “ଆଗୋରୀ ଯେହୁ” ଆୟ ବ୍ୟବହାର କରିବେ ।
- ସ୍ଵାସତୋଧ, ଛାତିରେ ଯତତା , ବାଜକି ତାତକି ହେବା କିମ୍ବା ୫୦ ବା ମୁଁ ନୀଳ ପହିବା ଭାବୀ ଲକ୍ଷ୍ୟ ଦେଖାଇଲେ ତୋଟାକୁ ତୁରି କୋରି ଚିହ୍ନଟକରୁ ଯାନାଟର କରାଯିବ ।
- ନଚେତ ଯଦି ପରେ ଚିହ୍ନଟାମାଧ୍ୟ ରହି ସେ ଲକ୍ଷଣ-ମୁକ୍ତ ଓ ସାମ୍ପର୍ଯ୍ୟ-ମୁକ୍ତ ତୋଳି ଚିହ୍ନଟକ ଗୋଟିଏ ବରିବେ ତେବେ ତାଙ୍କ ସୁମଧୁର କରାଯିବ ।

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ପ୍ରସ୍ତୁତୀ ସାସ୍ତ୍ର୍ୟ ଶିବିରରେ ସାସ୍ତ୍ର୍ୟ କର୍ମମାନଙ୍କ ଦଳ ପରୀକ୍ଷା କରିବା ପାଇଁ ନିୟମାବଳୀ

୧. ଜିଲ୍ଲାର ମୁଖ୍ୟ ଚିନିସ୍ଥାଧାକାରୀ ଏକ ଅଣ୍ଠୁ ଯୋଜନା ପ୍ରସ୍ତୁତ କରିବେ । ସାସ୍ତ୍ର୍ୟ କର୍ମମାନଙ୍କ ଦଳରେ ଆଗା ସହିତ ପରୁଷ କିମ୍ବା ମହିଳା ସାସ୍ତ୍ର୍ୟ କର୍ମୀ / ପରୁଷ କିମ୍ବା ମହିଳା ସାସ୍ତ୍ର୍ୟ ପରିଦର୍ଶକ ରହିବା ଆବଶ୍ୟକ । ଏହି ପରୀକ୍ଷକ ଦଳ ଏକ ନର୍ଦ୍ଦେଶ ଅସ୍ତ୍ରୀୟ ସାସ୍ତ୍ର୍ୟ ଶିବିର ଦ୍ୱାୟିତରେ ରହିବେ ।
୨. ଏହି ସାସ୍ତ୍ର୍ୟ ପରାକ୍ରାନ୍ତିକରା ଦଳ ନିମ୍ନତ ପଦକ୍ଷେପ ଅନୁଯାୟୀ ସଂଧର୍ଗ ଲୋକ ସଂଖ୍ୟା ଆକଳନ ସହିତ ସାସ୍ତ୍ର୍ୟ ପରାକ୍ରାନ୍ତିକରା କରିବେ ।
୩. ଯେଉଁ ଲୋକମାନେ କୃତ କାଣ ସହିତ ଶ୍ଵାସ, ପ୍ରଶ୍ଵାସ କଷ ଅନୁଭବ କରୁଥିବେ / ସିଏ ଟିନ୍‌ଟ କିମ୍ବା ସଂଧର୍ଗ ଗୋଟିଏ ସଂପର୍କରେ ଆସିଥିବେ / ବିଗତୀ୪ ଦିନ ମଧ୍ୟରେ ସଂକ୍ରମିତ ଅଂଦଳ ଗ୍ରେ କରିଥିବେ / ଯେଉଁ ଗର୍ଭବତୀ ମହିଳାଙ୍କର ୫ ଦିନ ମଧ୍ୟରେ ପ୍ରସବ ହେବାର ଥିବ କିମ୍ବା ପ୍ରସବ ବେଦନାରେ ଥିବେ / ୨୦ ବର୍ଷରୁ ଉଦ୍‌ବ୍ୟାପକ ଗୋଟିଏ ବ୍ୟକ୍ତି କୁ ଅଳଗା କରି ପୃଥିକୀକରଣ କରିବା ସଂଗେ ସଂଗେ ସାବ ନମ୍ବନା ପରାକ୍ରାନ୍ତିକରା କରିବା ପାଇଁ ସଂଗ୍ରହ କରାଯିବ ।

ଲକ୍ଷଣ

- ସମାନ୍ୟ
- ଅତି ବେଶୀ ନୁହେଁ
- ଅତି ବେଶୀ

ପଠାୟିବା ସ୍ଥାନ

- କୋଡ଼ିତ କେଯାର ସେଂଚର
- ନିର୍ବାଚିତ କୋଡ଼ିତ ହେଲୁଥ ସେଂଚର
- ନିର୍ବାଚିତ କୋଡ଼ିତ ହେଲୁଥ ସେଂଚର

ଅନ୍ୟ ସମସ୍ତ ଲକ୍ଷଣ ଥିବା ବ୍ୟକ୍ତି ମାନଙ୍କୁ ସଂଗନ୍ଧିରୋଧ ସ୍ଥାନରେ ୧୪ ଦିନ ରହିବାକୁ ହେବ ।

୪. ମୂଲ୍ୟାଙ୍କନ ବିଷ୍ଣୁଶଣ ପତ୍ର ଅନୁଯାୟୀ କରାଯିବ - ପରିଛେଦ ୧

୫. ସାସ୍ତ୍ର୍ୟ ପରାକ୍ରାନ୍ତିକରା ଦଳଙ୍କୁ ନିମ୍ନ ଲିଖିତ ସାମଗ୍ରୀ ଦିଆଯିବ ।

- ବିଷ୍ଣୁଶଣ ପତ୍ର
- ମାସ
- ଗ୍ରୌବସ
- ସାନିଟାଇସର
- ଡିଜିଟାଲ ଥର୍ମୋମିଟର

୬. ବୁଝ କନ୍ତୁ ସାସ୍ତ୍ର୍ୟ ଅଧାକାରୀ ଏହି ସମସ୍ତ ପ୍ରକିଯାକୁ, ଜିଲ୍ଲା ସର୍ବେକ୍ଷଣ ସଂସ୍ଥା ଉତ୍ସବଧାନରେ ତଥାରଙ୍ଗ କରିବେ ।

ଭ୍ରାମ୍ୟମାଣ ନମୁନା ସଂଗ୍ରହକାରୀ ଦଲ ପାଇଁ ନିୟମାବଳୀ

ପାଇଁକରଣ

ପ୍ରତ୍ୟେକ ଚିହ୍ନିତ ରୋଗୀଙ୍କ ପାଇଁକରଣ ବାଧ୍ୟତାମୂଳକ ଥିଲା । ରୋଗୀମାନଙ୍କର ବ୍ୟକ୍ତିଗତ ତଥ୍ୟ, ଲକ୍ଷଣ ଏବଂ ରୋଗୀ ସଂପର୍କରେ ଆସିଥିବା ତଥ୍ୟ (ICMR – SRF Form) ରେ ଲିପିବିଷ୍ଟ ହେବା ଆବଶ୍ୟକ ।

ପ୍ରତ୍ୟେକ ଦଲରେ ନିମ୍ନ ଲିଖିତ କର୍ମଚାରୀ ରହିବେ

- ଦୁଇ ଜଣ ତାଲିମ ପ୍ରାପ୍ତ ଏଲ.ଟି.
- ଡାଟା ଏଂଟ୍ରି ଅପରେଟର
- ସହାୟକ
- ସଫ୍ଟୱେର କର୍ମଚାରୀ

ସଂଗ୍ରହ କେନ୍ଦ୍ର ବର୍ଜ୍ୟବସ୍ତୁ (BMW) ୨୦୧୯ ନିୟମ ଅନୁସାରେ ପରିଚାଳିତ ହେବ

ନମୁନା ସଂଗ୍ରହ ଓ ପ୍ରେରଣା

- ତାଲିମ ପ୍ରାପ୍ତ କର୍ମଚାରୀ ବ୍ୟକ୍ତିଗତ ସୁରକ୍ଷା ଉପକରଣ ବ୍ୟବହାର କରି ନମୁନା ସଂଗ୍ରହ କରିବେ ।
- ନମୁନା ସଂଗ୍ରହ ସମୟରେ ସଂକ୍ରମଣୀ ନିଗୋଧ ନିୟମାବଳୀକୁ ପ୍ରାବଧାନ ଦିଆଯିବ ।

ପ୍ରତ୍ୟେକ ନମୁନା ସଂଗ୍ରହ ପରେ

- ହାତରୁ ଗ୍ରୋବସ ବାହର କରାଯିବ ।
- ହାତକୁ ସାନିଟାଇଜର ରେ ବିଶେଷଜ୍ଞ କରାଯିବ ।
- ପରବର୍ତ୍ତୀ ନମୁନା ସଂଗ୍ରହ କରିବା ପୂର୍ବରୁ ନୂଆ ଗ୍ରୋବସ ପିଛିବେ ।

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8-68893B

2. Guideline for delivery of essential health services during COVID 19 situation | DHS (01-May-2020)

Department	Directorate of Health Services
Document Reference No.	HA-MISS-01-2020 9600
Date of Issue	01-May-2020
Website Link	https://health.odisha.gov.in/pdf/Non-COVID.pdf

DIRECTORATE OF HEALTH SERVICES, ODISHA
Health and Family Welfare Department, Government of Odisha

No. 9600 /HA-MISC-01/2020, BBSR .Dated: 01/05/2020

ORDER

The attention of all concerned is invited to the Guidance note for delivery of essential health services during COVID-19 issued by the Ministry of Health & Family Welfare, Govt. of India where by it was emphasized that while continuing to focus on COVID 19 related activities, providing other essential services was important not only to maintain people's trust in the health system to deliver essential health services, but also to minimize an increase in morbidity and mortality from other health conditions. Accordingly all states were advised to identify essential services such as: pregnant women, those recently delivered, infant and children under five, those on treatment for chronic diseases, communicable diseases like TB/Leprosy, vector borne diseases, requiring treatment for dialysis, cancer, blood transfusions and other special needs that would be prioritized in the efforts to maintain continuity of service delivery.

It has come to the notice that some hospitals in the private sector, are hesitating in providing critical services, such as dialysis, blood transfusion, chemotherapy and institutional deliveries to their regular patients, either on account of fear of contracting COVID-19 or they are keeping their hospitals/ clinics closed. It is also noticed that many places the hospitals/ clinics are insisting on a COVID-19 test before providing services. This is not acceptable. All private hospitals and clinics are directed that every Non COVID Hospital should keep a designated isolation unit to accommodate critically ill suspected COVID patient until their condition is stabilized for transfer to COVID Hospitals after testing.

In this context the following orders/ Guidelines/ SOPs issued by the Government is brought to notice of all concerned:-

- 1) Revised Guidelines for Dialysis of COVID-19 patients dated 07.04.2020 issued by the Ministry of Health & Family Welfare, Govt. of India.
- 2) Advisory for Voluntary Blood Donation during COVID-19 scenario dated 09.04.2020 issued by the Ministry of Health & Family Welfare, GoI.
- 3) Guidelines for COVID-19 testing dated 17.04.2020 issued by The Indian Council of Medical Research.

P.T.O.

- 4) Guidelines on rational use of Personal Protective Equipment dated 24.03.2020 issued by the Ministry of Health & Family Welfare, GoI.
- 5) Guidelines to be followed on detection of suspect or confirmed COVID-19 case in a non-COVID Health facility dated 20.04.2020 issued by the Ministry of Health & Family Welfare, GoI.
- 6) Advisory on the use of Hydroxy- Chloroquine as prophylaxis for SARSD-COV-2 Infection dated 23.03.2020

In view of the above facts all the Hospitals/Clinics, especially those in private sectors, are hereby directed to remain functional and ensure that anyone needing any essential critical services including dialysis, blood transfusion, chemotherapy and institutional deliveries, is not denied such services.

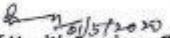
Non Compliance will be viewed seriously and action as per provisions of law, including cancellation of the registration of the defaulter hospital/nursing home will be initiated without further notice.


Director Health Services, Odisha

Memo. No. 9601 BBSR

Date. 1/5/2020

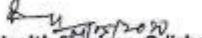
Copy to PS to Principal Secretary, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.


Director of Health Services, Odisha

Memo. No. 9602 BBSR

Date. 1/5/2020

Copy to PS to MD (NHM), Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.


Director of Health Services, Odisha

Memo. No. 9603 BBSR

Date. 1/5/2020

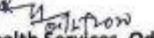
Copy to DMET/DPH, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.


Director of Health Services, Odisha

Memo. No. 9604 BBSR

Date. 1/5/2020

Copy to All collector-cum-DM for information and necessary action.


Director of Health Services, Odisha

Memo. No. 9605 BBSR

Date. 1/5/2020

Copy to All CDM&PHO for information and necessary action.


Director of Health Services, Odisha

3. Approval of unit cost for running of Temporary Medical Camps (TMCs) for the people stranded outside the State who intend to come back to Odisha after the lockdown period | R&DM (27-Apr-2020)

Department	Revenue & Disaster Management
Document Reference No.	2332/R&DM(DM)
Date of Issue	27-Apr-2020
Website Link	https://health.odisha.gov.in/pdf/Letter-No-2332.pdf



ଓଡ଼ିଶା ସରକାର
ରାଜସ୍ୱ ଓ ବିପର୍ଯ୍ୟୁକ୍ତ ପରିଚାଳନା ବିଭାଗ
(ବିପର୍ଯ୍ୟୁକ୍ତ ପରିଚାଳନା)
**GOVERNMENT OF ODISHA
REVENUE & DISASTER MANAGEMENT DEPARTMENT
(DISASTER MANAGEMENT)**

By Fax/e-mail/Post

ରାଜ୍ୟ ଭବନ, ଭୁବନେଶ୍ୱର-୭୫୧୦୦୧
RAJIV BHAWAN, BHUBANESWAR-751001

Ph. No. 0674-2534177
Fax : 0674 - 2534176
e-mail: srodisshagov@gmail.com
src.or@nic.in

No. 2332 /R&DM(DM) Date: 27.04.2020

From

Pradeep Jena, IAS
Special Relief Commissioner &
Principal Secretary to Government
(Disaster Management)

To

The Principal Secretary to Government,
Panchayati Raj & DW Department/ Housing and UD Department

Sub: Approval of unit cost for running of Temporary Medical Camps (TMCs) for the people stranded outside the State who intend to come back to Odisha after the lockdown period

Ref: PR&DW Department letter No.7767/ dated 24.4.2020

Sir,

The Government has approved the following expenditure for Temporary Medical Camps (TMCs) for the people stranded outside the State who intend to come back to Odisha after the lockdown period:-

1. Food expenditure: **Rs.120/-** per Adult Per day and **Rs.100/-** per Child below 14 years per day for the period of 14 days from the date of report in the GP/ ULB.
2. Personal Hygiene Kit (for the 14 Day period): **Rs.300/-** per person (tooth brush, paste, tongue cleaner, soaps, oil, razor, masks, sanitary pad, mug, bottle, bucket, etc)
3. Two bed sheets and two pillow covers may be procured for each bed (Where not available on hire or not procured out of other fund).
4. Cleaning, Sanitation, Security: Cost as per actual not exceeding **Rs.2000/-** per day per facility.

Procurement of Beds (cots and mattresses, pillows) may be made through hiring and hiring cost can be charged to SDRF. If these have to be procured, funds under other schemes of the concerned Department may be utilized.

Detailed account of persons kept in the TMC shall be maintained in a register. The data of such people shall be uploaded in the official website of the concerned district.

Details of people engaged for cleaning and maintenance of the facilities shall also be maintained for record.

This norm shall also be applicable to H & UD Dept for all ULBs.

The Guidelines for Management of Temporary Medical Camps / Quarantine Centres is attached, which may be followed in letter and spirit for smooth management of the camps.

Yours faithfully,

27.04.2020
Special Relief Commissioner &
Additional Chief Secretary to Govt.
(Disaster Management)

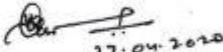
Memo No. 2333 /R&DM(DM) Date: 27-04-2020

Copy along with copy of Guidelines forwarded to the Private Secretary to Hon'ble Chief Minister/ Private Secretary to all Ministers/ Chief Secretary/ Development Commissioner/ Agriculture Production Commissioner for kind information.


27.04.2020
Special Relief Commissioner &
Additional Chief Secretary to Govt.
(Disaster Management)

Memo No. 2334 /R&DM(DM) Date: 27-04-2020

Copy along with copy of Guidelines forwarded to the Addl. Chief Secretary/ Principal Secretary/ Commissioner-cum-Secretary of all Departments/ Director General of Police/ Director General of Police Fire Services/ Police Commissioner, Bhubaneswar-Cuttack/ All RDCs/ All Collectors/ All Superintendents of Police/ All Municipal Commissioners for kind information and immediate necessary action.


27.04.2020
Special Relief Commissioner &
Additional Chief Secretary to Govt.
(Disaster Management)

Guidelines for Management of Temporary Medical Camps / Quarantine Centres

Government has ordered the Panchayati Raj Department and Housing & Urban Development Department to maintain Medical Centres where people from outside the State on their return to their villages or towns shall be quarantined mandatorily for a period of fourteen (14) days before being allowed to go to their homes, if found otherwise fit. The task of managing these centres in turn has been assigned to Gram Panchayats (GPs) & Urban Local Bodies (ULBs), who have also been instructed to register all such people intending to return to the State mandatorily. No one from outside the State shall go to their homes / houses without being subjected to and satisfactorily completing the mandatory quarantine in a place so ordered / allowed by the concerned Gram Panchayat or ULB.

It is, therefore, important that GPs/ ULBs, select and prepare such number and with such bed capacity of Medical / Quarantine facilities with provision for accommodation along with facilities for bath and toilets, etc. While preparing such facilities, it must be kept in mind that people who may be required to be quarantined may comprise of men, women and children and people of all ages - old to children and infants and people with sickness, physically and mentally challenged. Among women, there may be some pregnant and lactating women and adolescent girls. While organizing such facilities, needs of each of these category of people must be taken into consideration. The three sacred principles that must be kept in mind and must be followed are **(a) Privacy** **(b) Safety and** **(c) Dignity**. As far as **Privacy** is concerned separate rooms, baths and toilets must be arranged for men and women. In case there are people from LGBT community, separate provisions should be made. Special needs of differently abled people must also be addressed. When it comes to **Safety**, all persons so accommodated should never have a feeling of being under threats of any kind. **Safety** of women and children and their security concerns need to be addressed specially. **Dignity** of individuals must be respected by all concerned - those managing the facilities and those who stay there. **Respect** for individuals – their religion, caste, and faith and beliefs must be respected. No **discrimination** of any sort shall be practised, promoted or tolerated.

Social distancing and **personal hygiene** being the only known method to break the chain of spread of COVID-19 infection from person to person, it needs to be meticulously observed especially in camps both by the inmates and service personnel. Camp manager will ensure this in letter and spirit.

The following guidelines shall be followed for smooth management of TMCs and quarantine centres.

Camp arrangement	<ol style="list-style-type: none">1. A register will be maintained in the camp containing details about the people staying including information about pregnant women, infants, elderly, people with existing health condition and persons with disability.2. There will be an information board containing the contact details of Sarpanch, GP Nodal Officer, Local Medical Officer, ASHA, Anganwadi Worker, and ANM.
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	<ol style="list-style-type: none">3. The beds should be arranged in such a way that at least one meter distance remains between 2 beds.4. Appropriate planning & demarcations shall be made in advance to ensure social distancing in the camp. Required disabled-friendly arrangements shall also be made, wherever required, to the extent possible.5. Separate rooms and separate toilet arrangement to be made for men and women.6. Separate room for LGBT members, if any, may be arranged.7. If possible, separate room for pregnant women/ lactating mothers may be arranged.8. Appropriate arrangements for cleaning and drying of clothes by the inmates shall be made.9. Proper light and fan arrangement to be made. Electrical safety must be adhered to.10. Adequate number of plug points may be provided for mobile charging.11. Local police shall be kept informed about the location of the camp and number of people staying in it. Police may be requested to make basic security arrangement or arrange for regular and periodic visit to such camps during day as well as at night.12. Banners/ Posters containing information on Do's and Don'ts for prevention of spread of COVID-19 and social distancing should be displayed in appropriate places in the camp.13. The camp manager may explore possibility of arranging story telling by the local teacher or AW Worker/ Health Worker for the children to keep them engaged. Similarly, 'Puraana Patha' or any other activity may be organized for others.14. Voluntary support of NGOs, CSOs and other such local organizations/individuals may be taken for organizing yoga session, painting competition for children, Antakshyari, motivational talk, story telling, health care awareness discussions, etc. psycho-social counseling by trained personnel and other activates in the camp.15. The services of trained personnel available with the District Legal Services Authority may also be utilized for above activities.
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	<p>16. District Administration and camp managers may utilize the volunteers registered in the new COVID SANGRAMI volunteer portal created by OSDMA.</p>
Items to be provided free of cost to each inmate in the camp	<ol style="list-style-type: none"> 1. Tooth brush-1 2. Tongue cleaner-1 3. Small tooth paste-1 4. Bathing soap (50-75 gm)-1 5. Washing soap (150-200 gm)-1 6. Bucket-1 7. Plastic mug-1 8. Coconut oil bottle (50 ml)-1 9. Comb-1 10. Water bottle (1 Ltr.)-1 11. Razor (disposable) -1 (for men only) 12. Mosquito repellent coil – 1 packet 13. Double layer washable face mask- 2 <ul style="list-style-type: none"> • Sanitary pads for the women and young girls as per requirement may be supplied from ASHA/ local WSHGs/ other local facility, as and when required.
Sanitation	<ol style="list-style-type: none"> 1. Proper sanitation shall be maintained in the camp with minimum 3 time cleaning of common spaces. 2. Spitting, smoking and chewing of tobacco are strictly prohibited. 3. As far as possible, disposable plates are to be used for eating. 4. The used plates shall be disposed off in a pit at a safe distance and covered with soil. The place is to be disinfected with bleaching powder from time to time. 5. No one in the camp will be permitted to use personal items of others.
Food	<ol style="list-style-type: none"> 1. Food should be cooked hygienically and served preferably as per the following timings: <ul style="list-style-type: none"> ○ Breakfast: 8.00 am to 9.00am ○ Lunch: 12.30 noon to 2.00 pm ○ Evening tea and snacks: 5.00 pm ○ Dinner: 7.30 pm to 9.00 pm

	<ol style="list-style-type: none"> 2. Food should be palatable and meet the need of old, sick, children, pregnant and lactating women. 3. Efforts will be made by the Camp Manager to arrange chhatua and any other foods such as milk, egg and biscuits for children as far as possible. 4. Potable and safe drinking water to be provided, preferably, boiled, filtered and if required, treated with halazone tablets.
Health Care	<ol style="list-style-type: none"> 1. People coming to the camp with fever and cold symptoms shall be immediately segregated from others and it shall be brought to the notice of the local medical officer for required screening and treatment. 2. Daily monitoring of health condition of all inmates shall be done by the ASHA/AWW/ANM/ health personnel. 3. Any suspected person with SARI (Severe Acute Respiratory Infection) and ILI (Influenza Like Infection) symptoms shall be immediately shifted to designated health facility. 4. All inmates will wear their mask during the entire period of stay in the camp. 5. Keen attention will be given for earliest detection of diseases like measles, diarrhoea, cholera and skin diseases in the camp and immediate steps shall be taken for their treatment. 6. First Aid box and sufficient ORS packets are to be kept in the camp. 7. Special care and attention should be given to the elderly, sick and differently abled. 8. Local ASHA and Anganwadi Worker will pay regular visit to the camp to monitor the health of pregnant and lactating women and children and facilitate their special needs.

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4. Temporary Medical Camps (TMCs) to accommodate and quarantine people coming from outside the state | PR&DW (22-Apr-2020)

Department	Panchayati Raj & Drinking Water
Document Reference No.	PR-SFC-MISC-0007-2020-7721/PR&DW
Date of Issue	22-Apr-2020

Website Link	https://health.odisha.gov.in/pdf/Arrangement-of-Temporary-Medical-Camps-TMCs-to-accommodate-and-quarantine.pdf
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ପଞ୍ଚାୟତୀ ରାଜ ଓ ପାନୀୟ ଜଳ ବିଭାଗ
GOVERNMENT OF ODISHA
PANCHAYATI RAJ & DRINKING WATER
DEPARTMENT

ଓଡିଶା ଲୋକ୍ଷେବ ଭାଵାନ
ବିଭାଗ ମାର୍ଗ, ଭୁବନେଶ୍ୱର - ୭୫୧୦୦୧

Odisha Lokseva Bhawan
Sachivalaya Marg, Bhubaneswar-751 001
e.mail: prsec.or@nic.in

No. ୭୭୨୧ /PR&DW, dated. ୨୨-୪-୨୦୨୦
PR-SFC-MISC-0007-2020

From

Shri Deoranjan Kumar Singh, IAS,
Principal Secretary to Government.

To

All Collectors
All Project Directors, DRDAs
All Block Development Officers
All District Panchayat Officers

Sub :- Arrangement of Temporary Medical Camps (TMCs) to accommodate and quarantine large number of people such as Student, Professionals, stranded Pilgrims and Workers coming from outside the State.

Ref:- This Deptt.Lr.No. 6604, dtd.16.03. 2020, No.7076, dtd.20.03.2020 and No.. 7606, dtd.18.04.2020

Madam / Sir,

In inviting a reference to this Deptt. letters as cited above, I am directed to say that, as per instructions communicated vide this Deptt. letter No.6604, dtd.16.03. 2020 and No.6810, dtd.18.03.2020, all the Gram Panchayats have been advised to spend up to Rs.5.00 lakh for setting up of Temporary Medical Camps (TMCs) out of the available funds of 14th CFC and 4th SFC to prevent spread of COVID-19 pandemic. Till now, all the 6798 GPs have set up 7045 nos. of TMCs with capacity of 2,22,963 beds which may not be adequate to accommodate influx of large number of migrant people coming from outside the State to their native place in Odisha immediately after lifting of the lockdown.

Basing on this Deptt. letter No.7606. dtd.18.04.2020, you must have assessed the numbers of migrant people such as Student, Professionals, stranded Pilgrims and Workers who are likely to come from other States to their native place in Odisha in the post lock down period. Accordingly, it must have been planned to make arrangement of more numbers of TMCs (if required after assessing numbers of migrant people likely to return home) in the locations such as in the Buildings of Secondary High Schools, Colleges, Cyclone Shelters, Kalyan Mandaps, Nodal M.E. Schools and Primary Schools preferably at the outskirts of the villages / habitations having Compound Wall. Such additional TMCs identified by the G.P are to be properly coloured/ white washed with provision of water supply, hygienic Community Toilet, hand Wash Basin etc.

[Signature]

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and big Vat to store sufficient water with platform for bathing and washing purpose. All these works are to be taken up by the G.Ps immediately out of the fund available under 14th CFC / 4th SFC as per actual with due technical estimate and observing due economy following proper financial procedures. While setting up of the beds in the TMCs, due procedure as issued by Govt. for social distancing shall be strictly observed. Provision of electricity, lighting and Fan should also be taken care of while taking up all these works in the TMCs / additional TMCs (if required).

Further, It is clarified by Ministry of Home Affairs (Disaster Management) vide letter dtd.14.03.2020 that provision of temporary accommodation, food, clothing, medical care, sanitation materials like soap, hand wash, bleaching, Phenyl etc. for the people sheltered in quarantine camps (other than home quarantine) or for cluster containment operations are to be met out of SDRF Grant released by the SRC, Odisha.

Therefore, except the civil construction work in the TMCs, other expenditures as mentioned in the above para are to be claimed by the G.P from the SDRF fund sanctioned to the District by the SRC.

In no case, persons coming from outside the state, even if without being registered, shall be allowed to go to his home without being kept in quarantine in the TMC of the Gram Panchayat for 14 days.

The GPs have already been assigned with the power to handle the influx of large number of migrant people from outside the State to prevent spread of COVID-19 pandemic. In this regard, the recent Office Order issued by R & DM (Disaster Management) Department vide No. 2232, dtd. 19.04.2020 have elaborated the followings, which shall be strictly adhered to.

- The Sarpanch(es) of all Gram Panchayats shall put necessary arrangement to check and ensure that any person arriving in their respective jurisdictions from outside the State has been registered.
- Every person on return from outside Odisha shall have to compulsorily stay in the Panchayat level Quarantine Facility (TMC) for 14 days observing the guidelines issued by the Health & Family Welfare Department.
- The Gram Panchayat shall make necessary provisions of temporary accommodation, food, water and sanitation for the quarantined persons at the identified quarantine centres (TMCs) during the quarantine period.

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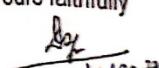
- Health checkup of the quarantined persons including screening for COVID-19 and testing of the suspected / random cases shall be conducted in coordination with the health officials. In case any person is tested COVID-19 positive, he / she will be immediately shifted to the designated hospital for treatment.
- The Sarpanch(es) of all Gram panchayats are authorised to administer gratuitous relief as per the direction of the Government under the overall supervision of the District Disaster Management Authority (DDMA).
- Anyone found violating the instructions of the Sarpanch of the Gram Panchayat regarding quarantine protocols and guidelines shall be penalised under the relevant provisions of the Disaster Management Act, 2005, the Epidemic Disease Act, 1897 read with the Odisha COVID-19 Regulation, 2020 and provisions of any other relevant Act.
- The Sarpanch(es) of all Gram Panchayats are hereby authorised under sections 59 and 60 of the Disaster Management Act, 2005 to file complaint / prosecution before the appropriate forum against the violators.

As advised vide this Deptt. letter No.7076, dtd.20.03.2020, the nomination of designated officer for every G.P. for management of the TMCs in the GPs shall be notified and their designation, mobile number shall be shared with the District as well Govt.. At every level, proper coordination must be done with the Medical Officer as well as other Line Deptt. officials for effective management of the TMCs.

You are, therefore, requested to take up the matter immediately and make necessary arrangements for completion of all these TMCs / additional TMCs arrangements on or before 30th April, 2020 and furnish a report in the prescribed format about the nos. of persons likely to arrive and nos. of accommodation in the TMCs / additional TMCs arranged in the GPs to Govt. by e.mail in the e.mail ID. ddmispr@gmail.com for further course of action .

The B.D.Os are requested to circulate the copies of this Letter to all the sarapanches of the GPs under their respective blocks .

This is extremely urgent and should be immediately acted upon

Yours faithfully

22/4/2022
Principal Secretary

Contd.... P/2

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C.C for information & necessary action to

1. Additional Secretary to Chief Minister for kind information of Hon'ble Chief Minister .
2. P.S to Hon'ble Minister, PR & DW Deptt. for kind information of Hon'ble Minister, PR & Dw Deptt.
3. OSD to Chief Secretary for kind information of Chief Secretary
4. PPS to Development Commissioner for kind information of Development Commissioner.
5. P.S to Special Relief Commissioner, Odisha for kind information of SRC .
6. Principal Secretary to Govt. ,Health & Family Welfare Deptt. for information.
7. Principal Secretary to Govt., School & Mass Education Deptt. for information.
8. Joint Director, MIS, PR & DW Deptt.

5. Protocol for using Rapid Antibody Test in Bhubaneswar | HFW (18-Apr-2020)

Department	Health & Family Welfare
Document Reference No.	HFW-SCH-I-EMER-0001-2020 9931/H
Date of Issue	18-Apr-2020
Website Link	https://health.odisha.gov.in/pdf/Protocol-using-Rapid-Antibody-Test-Bhubaneswar.pdf

Nikunja B. Dhal, IAS
Principal Secretary to Government
Health & Family Welfare Department



Lokaseva Bhavan,
Bhubaneswar - 751001
Tel. : +91 674 2536632
Fax : +91 674 2395235
E-mail : orhealth@nic.in

No. 9931/H
H&FW-SCH-I-EMER-001/2020
Date 18.04.2020

To

Mission Director, NHM, Odisha
Municipal Commissioner, Bhubaneswar
Director, Medical Education & Training, Odisha
Director, Public Health, Odisha
Director, Health Services, Odisha
State Surveillance Officer, IDSP, Bhubaneswar

Sub: **Protocol for using Rapid Antibody Test in Bhubaneswar**

Ref: **Letter No.9869/H dt.16.04.2020 of H&FW Deptt.**

Madam / Sir,

Bhubaneswar has been classified as a COVID-19 hot spot due to multiple clusters and number of positive cases exceeding 15. Though in terms of number of tests conducted per lakh population, Bhubaneswar is well ahead of other cities classified as hot spots a decision has been taken to further increase the number of tests in the city.

Earlier it was decided to conduct about 5000 tests over a period of 7 days starting from 17.04.2020. In the meantime, about 6000 Rapid Test Kits were received from ICMR, New Delhi on 17.04.2020, ICMR has issued protocol for conducting Rapid Antibody Test in hotspot areas (copy enclosed). These guidelines are very much applicable to Bhubaneswar city. The same should be followed meticulously. However, considering the local circumstances, the following additional guidelines are issued.

It has also been decided to conduct Rapid Test for following categories of people.

1. Asymptomatic persons in the containment area who volunteer to test.
2. People on active duty, such as, healthcare workers, Police, sanitary workers, delivery boys, taxi drivers, street vendors, OMFED / OPOLFED workers, etc.

<https://health odisha.gov.in>

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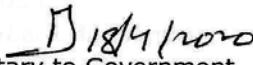
3. Persons living in slums, labour camps, hostels etc.
4. Elderly persons above 60 years with co-morbidities like hypertension, diabetes, asthma etc.

For the people of category 2, 3 & 4 only those who are selected at random and volunteer shall be tested. If the result is positive, their swabs are to be taken for RT PCR testing for confirmation and they will be advised home quarantine for minimum 14 days / isolation in health care facilities depending on clinical assessment.

In addition to the guidelines issued by the ICMR, all symptomatic individuals irrespective of travel history and contact history are to be tested for COVID-19 using RTPCR and they should be advised home quarantine for minimum 14 days / hospital isolation depending on clinical assessment. It is also reiterated that rapid antibody test is not recommended for high risk cases such as SARI/ ILI cases, contacts of positive cases.

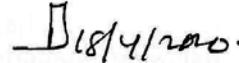
This may be treated as most urgent.

Yours faithfully,


Principal Secretary to Government

Memo No. 9932 /H. Dt. 18.04.2020

Copy submitted to Chief Secretary / Development Commissioner-cum-ACS / Chief Advisor, Chief Minister's Office for kind information.


Principal Secretary to Government



प्रोफेसर (डा.) बलराम भार्गव, पदम श्री
 एमडी, डीएम, एफआरसीयी (जी.), एफआरसीयी (ई), एफएसीयी (ई),
 एफएडीए, एफएमएस, एफएमएस, एफएससी, एफएससी, डी.एन.ए., डी.एस.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, FAHA, FAMS, FNASC, FASC, FNA, DSc

Secretary to the Government of India
 Department of Health Research
 Ministry of Health & Family Welfare &
 Director-General, ICMR

भारतीय आयुर्विज्ञान अनुसंधान परिषद
 स्वास्थ्य अनुसंधान विभाग
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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 (Vol.I)
 Dated: 17th April 2020

Addl.Chief Secretary/Secretary/Principal Secretary Health (All States)

Sub: Protocol for using 'Rapid antibody test' in Hot area – epidemiological studies and surveillance

I am writing to you with reference to the rapid antibody test kits for COVID-19 testing. It is understood that many States intend to use these kits in affected areas.

2. The National Task Force at ICMR has carefully reviewed the data evolving from various countries on use of such kits. Based on available evidence, the testing strategy for COVID-19 has been revised further. The revised document is enclosed for your reference.

3. It is critical to understand the following key facts while using the rapid antibody tests:

- Gold standard frontline test for COVID-19 diagnosis is **real time PCR based molecular test**, which is aimed at early virus detection.
- The rapid antibody test cannot replace the frontline test.
- The rapid Antibody test is a **supplementary tool** to assess the prevalence of the diseases within a specific area / perimeter.
- The rapid antibody test will only be of utility after a minimum of 7 days of onset of symptoms.
- Data about these rapid tests is emerging and understanding of their utility for diagnosis is still evolving.
- The rapid tests are useful for **epidemiological studies and surveillance purposes**.
- **THE TEST HAS TO BE DONE UNDER STRICT MEDICAL SUPERVISION.**

4. The enclosed ICMR advisory is for Hot spots. In case your state does not have a Hot spot, these tests may be used for:-

- a) Any hotspot which may emerge in future
 OR
- b) As a surveillance tool for epidemiological purposes in such areas where cases have not emerged so far.

5. Before starting the rapid test, it should be registered on covid19cc.nic.in/ICMR and data related to the test should be reported on the same.

With best regards

Yours sincerely

 (Balram Bhargava)

Enclosed: As above

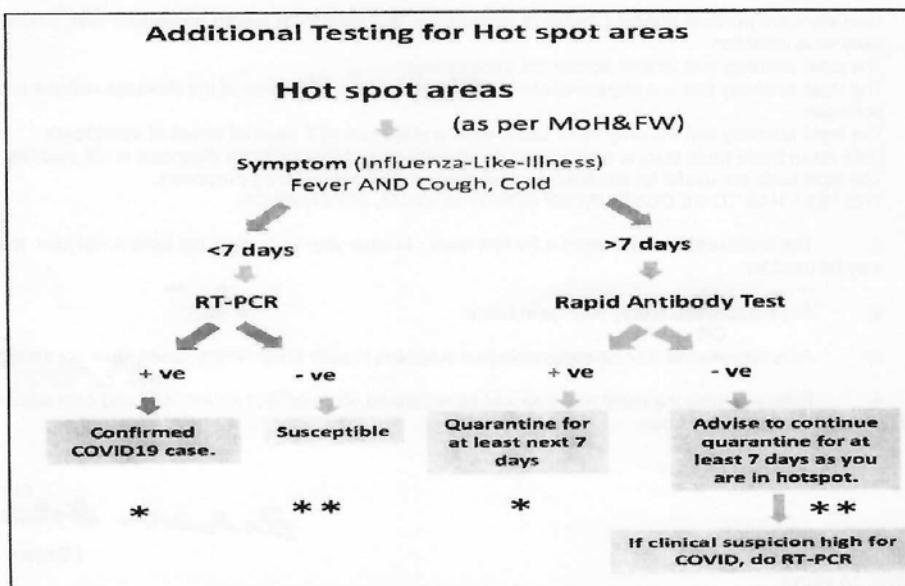
CC: Chief Secretary/Administrators

A. COVID-19 Testing Strategy for India (Recommended for the entire country)

Real-Time PCR (RT-PCR) test and Point-of-Care molecular diagnostic assays are recommended for diagnosis of COVID-19 among individuals belonging to the following categories:

- All symptomatic individuals who have undertaken international travel in the last 14 days
- All symptomatic contacts of laboratory confirmed cases
- All symptomatic health care workers
- All 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

B. Additional (in addition to A) Testing recommended in hot spots



- * Refer to Hospital if symptoms appear / worsen
** Follow precautions, social distancing, use masks, frequent hand washing, avoid unnecessary travel)

Bahan Beagan

6. Telemedicine guideline | DHS (17-Apr-2020)

Department	Directorate of Health Services
Document Reference No.	HA-MISS-01-2020 8884
Date of Issue	17-Apr-2020
Website Link	https://health.odisha.gov.in/pdf/Tele-Medicine-guideline-17-April-2020.pdf

DIRECTORATE OF HEALTH SERVICES, ODISHA

Health and Family Welfare Department: Government of Odisha

ORDER

No 8887 /HA-MISC-01/2020, BBSR Date: 17-4-2020

In view of the present lock down state and COVID -19 situation it has become essential to provide health services and advice by alternative means.

The board of Governors in supersession of the MCI has issued practice guidelines to ensure provision of heath related advice by using telemedicine (vide guideline enclosed).

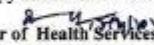
All the medical colleges & Hospitals and District Hq. Hospitals, Capital Hospital, Bhubaneswar and RGH, Rourkela are to make necessary arrangements by creation of a 24 x 7 control rooms for coordination of telemedicine service activities and also by making a roster arrangements from the pool of the faculties , specialists, and Medical Officers in the Hospitals to ensure the service. A committee may be formed in each District and Medical College Hospitals, Capital Hospital, Bhubaneswar and RGH, Rourkela headed by a nodal officer which will coordinate the telemedicine service provision as per the guidelines in the districts and /or hospitals as and when will be required. The whats app numbers of the nodal officers and the service provider may please be kept in record at the control rooms for coordination. A dedicated phone number and mail address may please be created for the telemedicine centres created.

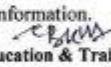

Director of Health Services,
Odisha


Director of Medical Education & Training,
Odisha

Memo No. 8885 //

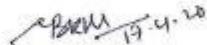
Dt. 17-4-2020 //

Copy submitted to the Principal Secretary, Health and F.W. Department for information.

Director of Health Services,
Odisha
Memo No. 8886 //


Director of Medical Education & Training,
Odisha
Dt. 17-4-2020 //

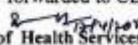
Copy forwarded to the Superintendents of all Medical College & Hospitals for information and necessary action at their end.

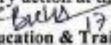

Director of Health Services,
Odisha


Director of Medical Education & Training,
Odisha

Memo No. 8887 //

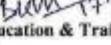
Dt. 17-4-2020 //

Copy forwarded to CDM & PHOs of all districts for information and necessary action at their end.

Director of Health Services,
Odisha
Memo No. 8888 //


Director of Medical Education & Training,
Odisha
Dt. 17-4-2020 //

Copy forwarded to the Superintendent of Capital Hospital, Bhubaneswar & RGH, Rourkela for information and necessary action at his end.


Director of Health Services,
Odisha


Director of Medical Education & Training,
Odisha

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 minimizes 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:

<i>First consult</i> with any RMP for diagnosis/treatment/health education/ counseling	<i>Follow-up</i> 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 Caregivers 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 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

- **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
<p>1. This list included commonly used 'over-the-counter' medications such as Paracetamol, Oral Rehydration Solution (ORS) packets, Antacids etc. <i>This list also includes medicines that may be deemed necessary during emergencies and would be notified from time to time.</i></p> <p>2. 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</p> <p>3. 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</p> <p>4. For instance, Anti-Cancer drugs; Narcotics such as Morphine, Codeine etc</p>			

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)

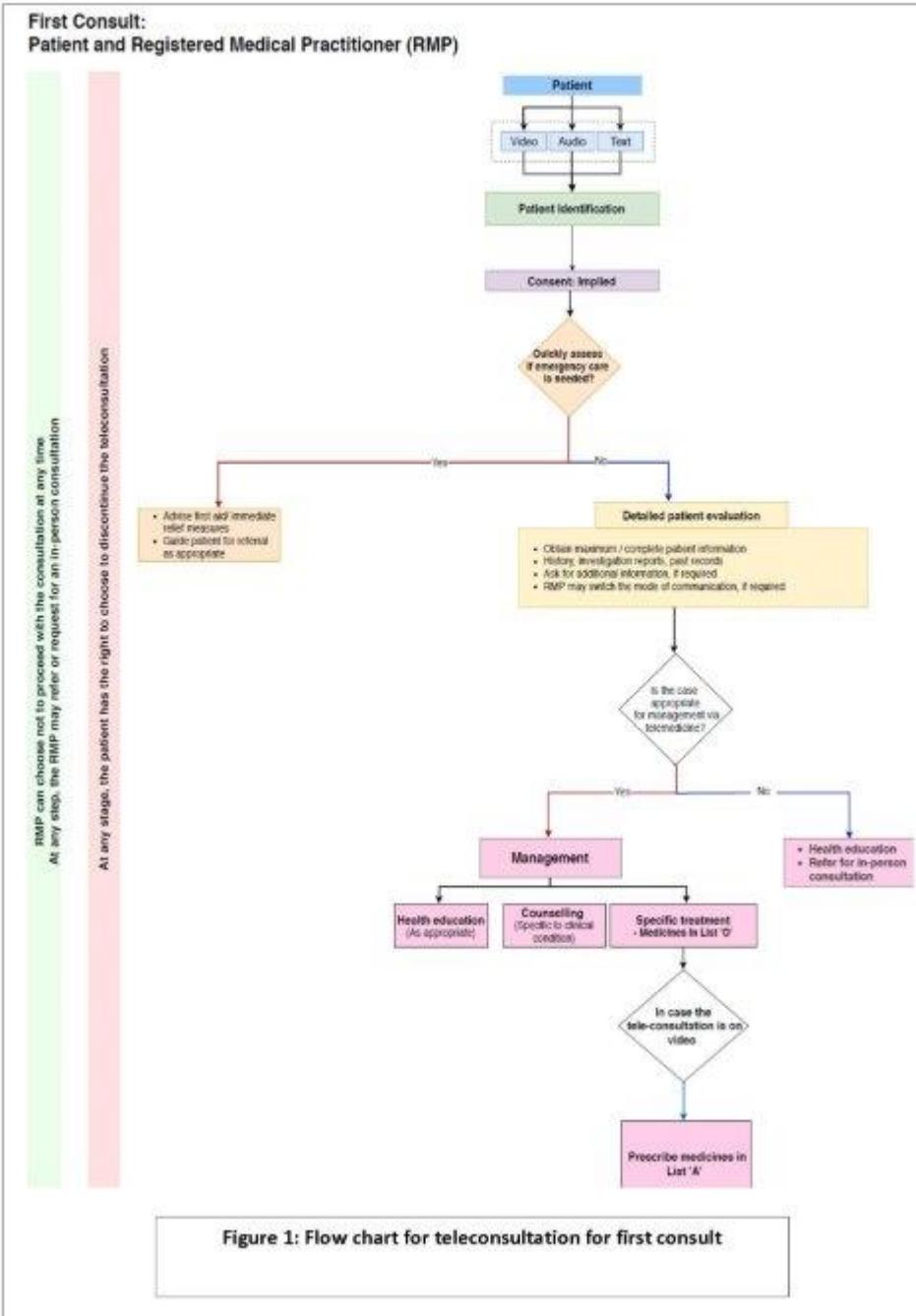
6.1 Any of the drug-lists contained in Telemedicine Practice Guidelines can be modified by the Board of Governors in super-session of the Medical Council of India/Medical Council of India from time to time, as required.

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.

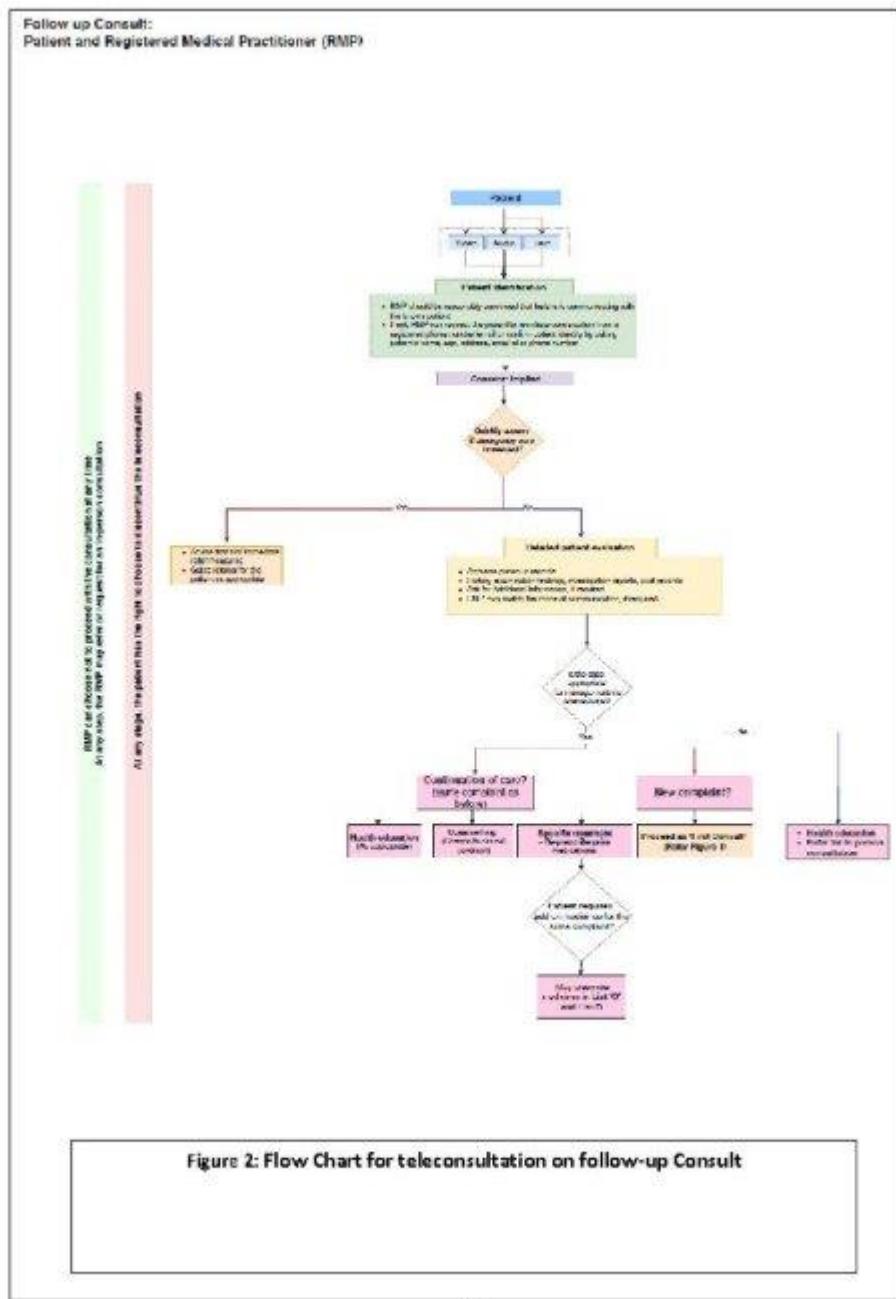
6.3 The Telemedicine Practice Guidelines can be amended from time to time in larger public interest with the prior approval of Central Government [Ministry of Health and Family Welfare, Government of India].

Flow charts

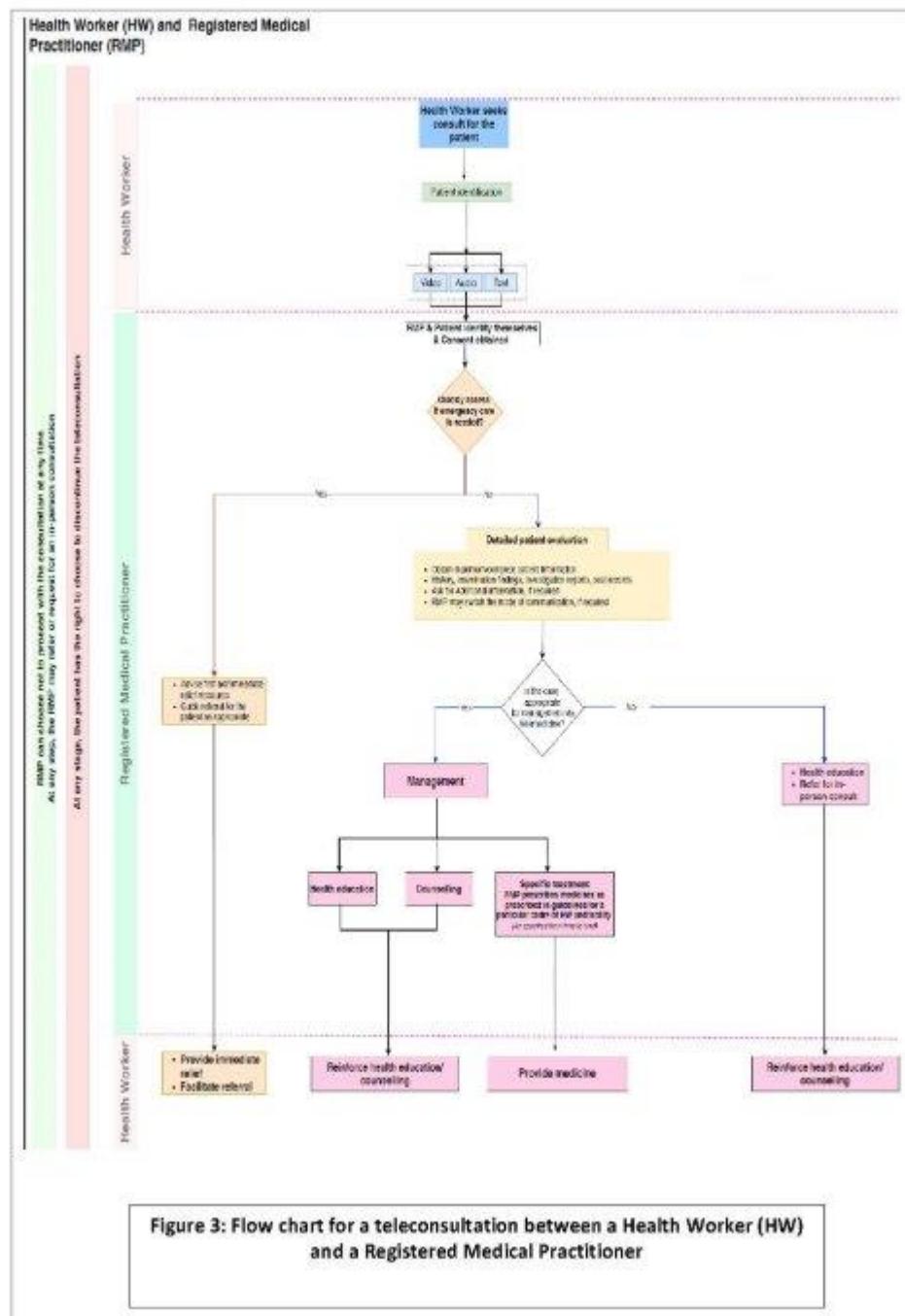
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Annexures

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Annexure 1

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, Guafenesin, Ambroxol, Bromhexine, 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: Salmetrol 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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Annexure 2

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"/>
Address	<input type="text"/>
Age	<input type="text"/>
Gender	<input type="text"/>
Height <small>(Inches & feet)</small>	<input type="text"/>
Weight <small>(Inches & feet)</small>	<input type="text"/>
LMP <small>(Inches & feet)</small>	<input type="text"/>
CHEF COMPLAINTS	DIAGNOSIS OR PROVISIONAL DIAGNOSIS
RELEVANT POINTS FROM HISTORY	
EXAMINATION / LAB FINDINGS	<p>R</p> <p>1. NAME OF MEDICINE (in capital letters only with generic name) drug form, strength, frequency of administration & duration.</p> <p>2. NAME OF MEDICINE (in capital letters only with generic name) drug form, strength, frequency of administration & duration.</p> <p>3. NAME OF MEDICINE (in capital letters only with generic name) drug form, strength, frequency of administration & duration.</p>
SUGGESTED INVESTIGATIONS	
SPECIAL INSTRUCTIONS	
RMPs Signature & Stamp	
Note: This prescription is generated on a teleconsultation.	

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7. Request for facilitating transport of COVID-19 suspect/positive cases to designated COVID-19 Hospital | HFW (16-Apr-2020)

Department	Health & Family Welfare
Document Reference No.	PH-MISC-152-2020 1734
Date of Issue	16-Apr-2020
Website Link	https://health.odisha.gov.in/pdf/Request-facilitating-transport-COVID-19-suspect-positive.pdf

DIRECTORATE OF PUBLIC HEALTH, ODISHA
Health and Family Welfare Department: Government of Odisha

From,

Dr.Ajit Kumar Mohanty, MD
Director Public Health, Odisha, Bhubaneswar.

To.

The Dean & Principal/ Superintendent of All MCHs
The Director Capital Hospital, Bhubaneswar & RGH, Rourkela.
All CDM&PHO
Superintendent of All COVID-19 Hospitals
Sub: Request for facilitating transport of COVID-19 suspect/positive cases to designated COVID-19 Hospitals as per Ambulance Transfer Guideline issued by MoH&FW, GoI

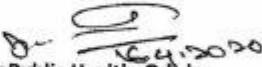


Sir,

In inviting reference to the cited subject mentioned above I am to state that the Ambulance / Patient carrying vehicle sent for transporting COVID-19 suspect/positive cases to designated COVID-19 Hospitals, the driver of the vehicle as well as one attendant must be provided with PPE for safe transfer of patient.

Further I would like to say that the attendant will facilitate the movement of patient from household to the vehicle and from vehicle to Hospital.

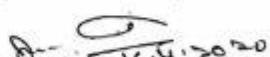
Enclosed: Ambulance Transfer Guideline issued by MoH&FW, GoI


Director Public Health, Odisha.

Memo. No. 1735 BBSR

Date. 16.04.2020

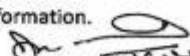
Copy to PS to Principal Secretary, Health & F.W. Dept, Govt. of Odisha,
Bhubaneswar for information.


Director Public Health, Odisha

Memo. No. 1736 BBSR

Date. 16.04.2020

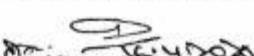
Copy to Mission Director, NHM, Bhubaneswar for information.


Director Public Health, Odisha

Memo. No. 1737 BBSR

Date. 16.04.2020

Copy to DMET/ DHS/DFW Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.


Director Public Health, Odisha



Ministry of Health & Family Welfare

2019-nCoV Acute Respiratory Disease Prevention and Control Guidelines

Ambulance Transfer

When a suspect case of **2019 nCoV- Acute Respiratory Disease** patient has to be transported, the following precautions should be taken by ambulance personnel accompanying the patient:

On arrival to the healthcare facility from where the patient is to be transferred

A. Decontaminate hands (alcohol gel/rub) (Fig 1, 2)

B. Don Personal Protective Equipment (PPE): (Fig 3)

A patient requiring Aerosol Generating Precaution: N95 mask with respirator, gloves, long sleeved fluid repellent gown and goggles (Annexure donning PPE)

C. Inform the hospital of the admission/transfer of a potentially infectious person

Before leaving the house/healthcare facility

- Request patient to wear a surgical mask (if tolerated) and advise on Respiratory Hygiene and Cough Etiquette
- A patient with suspected or confirmed **2019 nCoV- Acute Respiratory Disease** should not travel with other patients

In ambulance

- Remove gloves, decontaminate hands and put on new gloves before touching the patient and before a clean or aseptic procedure, if required. Wearing gloves does not replace hand hygiene.
- Use single use or single patient use medical equipment where possible
- Use disposable linen if available

Arrival to the referral hospital

- Before the patient leaves the ambulance ensure arrangements are in place for receipt of the patient
- Transfer patient to the care of hospital staff
- After transfer of patient remove PPE (Fig 4)
- Perform hand hygiene

Before ambulance is used again

- **Cleaning and disinfecting** (PPE as outlined above should be worn while cleaning)

Surfaces (stretcher, chair, door handles etc) should be cleaned with a freshly prepared 1% hypochlorite solution or equivalent

- **Laundry**

Place reusable blankets in a bag, then put into a laundry bag and send for laundering clearly labelling it so that person in the laundry wears appropriate PPE before handling or autoclaves it before opening.

- **Medical equipment**

Follow manufacturer's instructions for cleaning/disinfecting reusable equipment (see guidelines)

- **Management of waste**

All masks and any waste contaminated with blood or body fluid (including respiratory secretions) should be disposed of as infectious waste in yellow bag

- **Management of sharps** – per Standard Precautions

- **Management of spillages of blood and body fluids** – per Standard Precautions

In the ambulance, if the driver's chamber is not separate, driver should also use PPE.

Fig 1 Hand Hygiene: Moments of Hand Hygiene

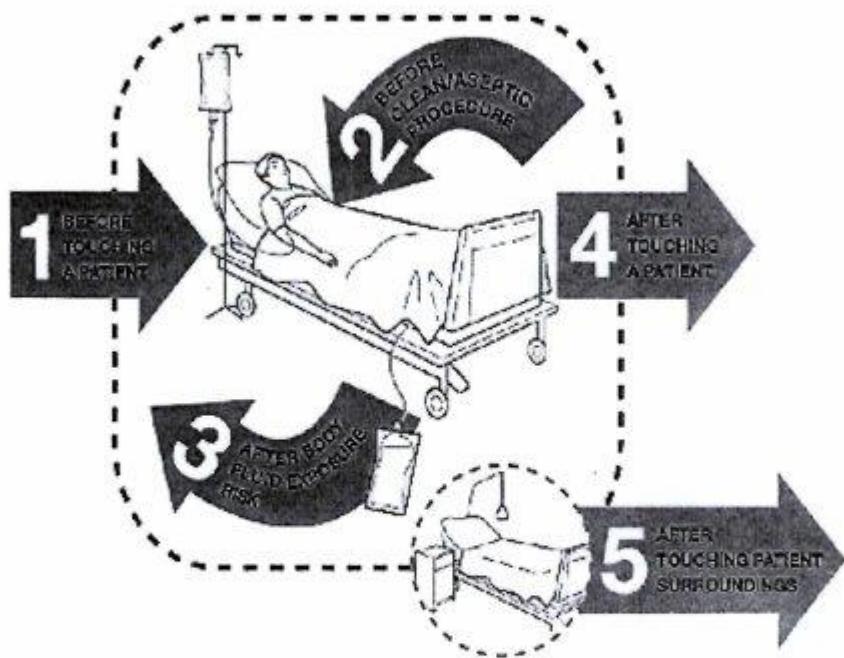


Fig 2 Steps of Hand Hygiene

Hand-washing technique with soap and water



Steps 3-9 are same while using hand rub

Fig 3 Donning procedures should be diligently & carefully followed as given below.

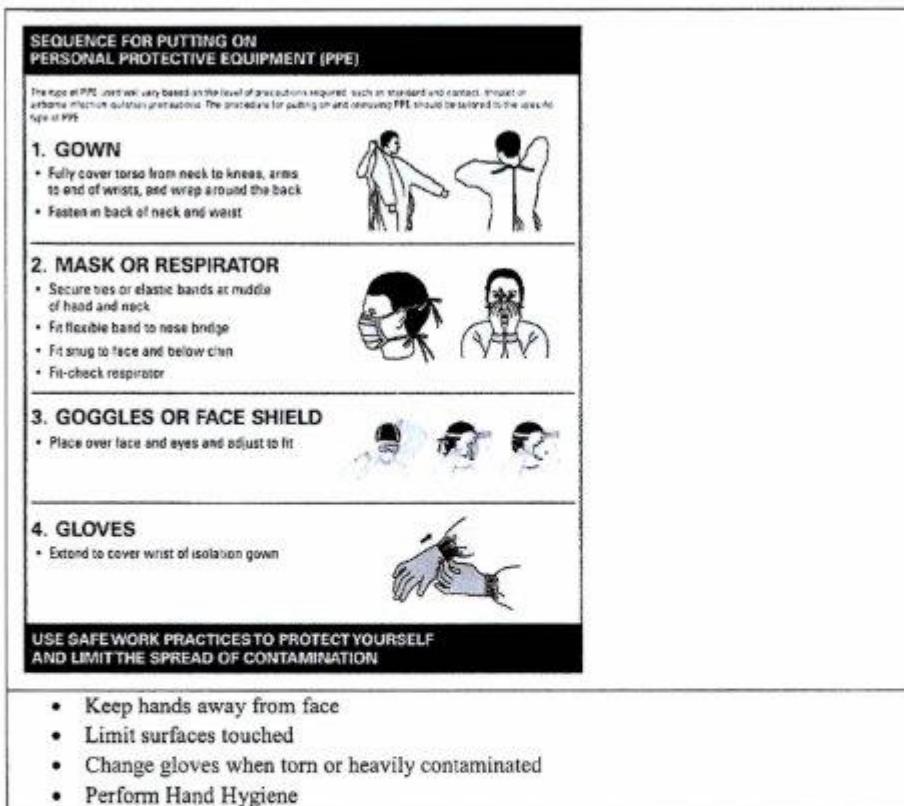


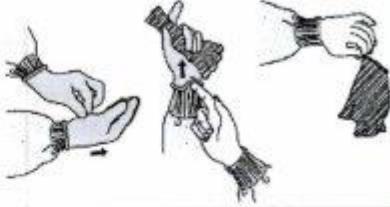
Fig 4: Doffing procedures should be diligently & carefully followed as given below:

**HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 1**

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence.

1. GLOVES

- Gloves of gloves are contaminated?
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer.
- Using a gloved hand, grasp the palm area of the other gloved hand and pull off first glove.
- Hold removed glove in closed fist.
- Stick fingers of gloved hand that has remaining glove in hand and pull off second glove.
- Throw gloves in waste bin.



2. GOGGLES OR FACE SHIELD

- Discard of goggles or face shield are contaminated?
- If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer.
- Remove goggles or face shield from the back by lifting head band or cord ends.
- If the goggles or face shield is designated to be replaced by supervisor, do not reuse it in same setting.



3. GOWN

- Spun fibers and sleeves are contaminated?
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer.
- Unfasten lower ties taking care that sleeves don't contact your body when removing ties.
- Pull lower waistline back and shoulders, touching inside of gown only.
- Turn over inside-out.
- Throw gown in laundry bag, discard in a waste container.

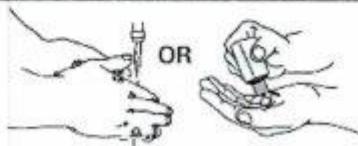


4. MASK OR RESPIRATOR

- If the mask or respirator is contaminated - DO NOT TOUCH
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer.
- Remove outer ties/ties of the mask/respirator, then the ties at the bottom, and finally the mask/respirator.
- Discard in a waste container.



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

6

References : Dr Ram Manohar Lohia Hospital, New Delhi-110001

8. Declaration of Fever Clinics | DHS (09-Apr-2020)

Department	Directorate of Health Services
Document Reference No.	HA-MISS-01-2020 8781
Date of Issue	09-Apr-2020
Website Link	https://health.odisha.gov.in/pdf/Declaratio-of-Fever-Clinics-DHS-09-April-2020.pdf

DIRECTORATE OF HEALTH SERVICES, ODISHA

Health and Family Welfare Department: Government of Odisha

NOTIFICATION

No 8781 /HA-MISC-01/2020, BBSR Date: 9/4/20

It is observed that many Private Clinical establishments have not established separate Fever Clinics for screening COVID cases, thereby exposing other general patients to infection. General public having Flu like symptoms are advised to visit only the following Private Clinics, not others to avoid the risk of cross contamination.

Therefore In exercise of power conferred under Epidemic Diseases Act, 1897 (the Act), I do hereby notify the following hospitals under Bhubaneswar Municipal Corporation (BMC) area as Fever Clinics in reference to Health & Family Welfare Notification No.9570/H/03.04.2020. Further concerned Municipal Commissioner / Collectors/ CDM&PHO will notify different Clinical Establishment under their jurisdiction as Fever Clinics.

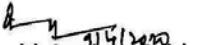
The following Hospitals are declared as Fever Clinics at Bhubaneswar.

SI.No	Name of the Hospital	Contact No
1	AMRI Hospital	0674-6165656
2	Kalinga Hospital	+91 674 6665200
3	Nilachal Hospital	2536590 - 92 / 2536594
4	Sunshine Hospital	9338 108 108/06743911111
5	Sparsh Hospital	+91 674 6626666, 2540183/188/189
6	Bluewheel Hospital	0674 719 6600
8	Care Hospital	0674-6165656
9	Aswini Aditya Hospital	9238008803
10	Bhubaneswar Hospital	0674-2741427
11	BMRI Institute & Nursing Home	06742740641
12	Padma Hospital	9437071386
13	Panda Nursing Home	0674-2380550
14	Maa Shakti Hospital	9937276290
15	Gastro Kidney Care	06742553335
16	Vivekananda Hospital	9090960353
17	Usthi Hospital	6742550312

That apart they may also visit Capital Hospital Bhubaneswar, RGH Rourkela and any other DHH where separate fever Clinics & triage facilities have been established. Further the Superintendent of the above private facilities are requested to visit the website

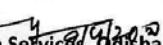
Government of Odisha

<https://health.odisha.gov.in/> for detail guideline as notified by MoHFW, GoI / State Government from time to time.


Director of Health Services, Odisha.

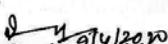
Memo. No. 8782 BBSR 9/4/20 Date.

Copy to PS to Principal Secretary, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.


Director of Health Services, Odisha

Memo. No. 8783 BBSR Date. 9/4/20

Copy to Mission Director, NHM, Bhubaneswar for information.


Director of Health Services, Odisha

Memo. No. 8784 BBSR Date. 9/4/20

Copy to DMET/ DPH, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.


Director of Health Services, Odisha

Memo. No. 8785 BBSR Date. 9/4/20

Copy to all Collector Cum DM for information.


Director of Health Services, Odisha

Memo. No. 8786 BBSR Date. 9/4/20

Copy to all Director Capital Hospital Bhubaneswar & RGH Rourkela, CDM&PHOs for information.


Director of Health Services, Odisha

Memo. No. 8787 BBSR Date. 9/4/20

Copy to Joint Secretary, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.


Director of Health Services, Odisha

Memo. No. 8788 BBSR Date. 9/4/20

Copy to all Superintendent of Private Hospital, Bhubaneswar for information.


Director of Health Services, Odisha

**9. Guidelines for Admission of Patients and Settling claims for COVID-19
Hospitals | P&C (08-Apr-2020)**

Department	Planning & Convergence
Document Reference No.	COVID-19-1/2020 4768(30)/P
Date of Issue	08-Apr-2020
Website Link	-

**GOVERNMENT OF ODISHA
PLANNING AND CONVERGENCE DEPARTMENT**

No. 4768 030 the Bhubaneswar 8th April 2020
COVID-19-1/2020

From

**Shri Suresh Chandra Mahapatra, IAS
Development Commissioner-cum-
Additional Chief Secretary**

To

All Collectors

Sub: **Guidelines for Admission of Patients and Settling Claims for Covid-19 Hospitals**

In view of the ensuing COVID-19 pandemic outbreak Government has taken steps to establish a number of COVID-19 Hospitals. The following procedures shall be adopted:

A. Fixation of Fixed Costs

- i. The hospitals shall be reimbursed on per bed per day basis irrespective of whether the bed is occupied or not, wherever it is fixed as such.
- ii. The fixed cost for ICU beds and General beds shall be decided by the Committee constituted at District level as per the letter no. 4717 of this department.
- iii. The decision of the Committee shall be communicated to the State Level Authorized Officer (Prof Umakanta Satpathy, Joint DMET) designated by Health & FW Department for examination and final approval.

B. Patient Admission Process

The admission of Covid-19 patients to such hospitals will be upon approval of the Authorized Medical Officer as given in the prescribed format (**Annexure A**).

C. Guidelines for Settling Claims of COVID19 Hospitals related to patients.

The claims of the COVID19 Hospitals related to patients shall be submitted every fortnight to the Authorized Medical Officer designated for the hospitals in the prescribed format (**Annexure-B**).

The hospitals shall submit the following documents related to the patients as mentioned below and submit the same along with the claims.

Documents required to be submitted along with claim are as under:

- i. Copy of case sheet mentioning the name, age, sex, address, contact numbers
- ii. Referral slips if applicable.
- iii. Approval letter of Authorized Medical Officer for admission of the patient in the hospital (Annexure A)
- iv. Discharge Summary indicating the clinical findings and detail procedures followed during hospitalization.
- v. Reports of all investigations.
- vi. Final Bill indicating the detail items for which claim is made including consumables.
- vii. While claiming for reimbursement the above documents shall be attached with signature of the Superintendent/Nodal Officer of the COVID Hospital with seal on each document.

The cost of consumables like medicines, toiletries, diet, investigations, dead body transportation and disposal, PPEs etc. shall be reimbursed as per actuals.

Scrutinization of the Submitted Claim

On receiving the bills, the Authorized Medical Officer shall scrutinise the above documents. The Final Claim shall be countersigned by the Authorized Person and sent for payment to the funding agency by the concerned Collector & DM.

8/4/2020
Development Commissioner-cum-ACS

Memo No. 4769/P., Dt., 8th April, 2020

Copy forwarded to PS to Principal Secretary, Health & FW Deptt. for information of Principal Secretary, Health & FW Deptt.

8/4/2020
Deputy Secretary to Government

Memo No. 4770/32/P., Dt., 8th April, 2020

Copy forwarded to DMET, Odisha/ DHS, Odisha/ Joint DMET, Odisha, Bhubaneswar for information.

8/4/2020
Deputy Secretary to Government

Annexure - A

APPROVAL LETTER FOR ADMISSION BY AUTHORIZED MEDICAL OFFICER

To

The In- Charge

..... COVID-19, Hospital

Sir,

The following patient may please be admitted in the COVID-19 hospital.

1. Name of Patient
2. Age/Sex
3. Address
4. Referred from
5. Status of COVID test
6. Brief complaints

Authorized Medical Officer

Annexure B

APPLICATION FORM FOR CLAIM SETTLEMENT

Name of Hospital -

Sl No.	Particulars	Data
1	Name of the patient	
2	Age / Gender	
3	Address and Phone Number	
4	Date & time of admission	
5	Type of bed (ICU or General bed) If both beds were used mention the period of stay in each bed.	
6	Date & time of discharge	
7	If death, cause of death	
8	Diagnosis	
9	Clinical course in brief	
10	Investigations done	
11	Treatment given in brief	
12	Number of PPE used	
13	Transport of dead body and disposal (where applicable)	

14	Cost for medicines	
15	Cost for Diet	
16	Cost for Toiletries	
17	Cost for Investigations	
18	Cost for PPEs	
19	Cost for disposal of deceased body	
20	Cost for transportation of deceased body	
21	Total	

Submitted by

Authorized Signatory

..... COVID19 Hospital

Scrutinized and approved by Authorized Medical Officer

Countersignature of Authorized Person

10. Guidance document on management of suspect/confirmed cases of COVID-19 |
DHS (08-Apr-2020)

Department	Directorate of Health Services
Document Reference No.	HA-MISS-01-2020 8762
Date of Issue	08-Apr-2020
Website Link	https://health.odisha.gov.in/pdf/Notification-Management-suspect-confirmed-COVID19-DHS-08-04-2020.pdf

DIRECTORATE OF HEALTH SERVICES, ODISHA
Health and Family Welfare Department: Government of Odisha

NOTIFICATION

No 8762 /HA-MISC-01/2020, BBSR Date: 08/04/2020

Guidance document on appropriate management of suspect/confirmed cases of COVID-19

Introduction & Purpose of this document

COVID-19 is highly infectious disease. Hence it is necessary isolate all suspect and confirmed cases of COVID-19. However, as the number of cases increases, it would be important to appropriately prepare the health systems and use the existing resources judiciously.

Available data in India suggests that nearly 70% of cases affected with COVID-19 either exhibit mild or very mild symptoms. Such cases may not require admission to COVID-19 blocks/dedicated COVID-19 hospitals.

It is important to put in place mechanisms for triaging and clinical decisions making for identification of the appropriate COVID dedicated facility for providing care to COVID-19 patients. The purpose of this document is to put in place such SOPs to ensure optimal utilization of available resources and thereby providing appropriate care to all the COVID-19 patients, as per their need. This will ensure that available hospital beds capacity can optimally be used only for moderate to severe cases of COVID-19. The SOPs delineated hereafter also specify the different types of facilities to be set up for various categories of Covid-19 cases.

Guiding principles

All the selected facilities must be dedicated for COVID management. No general (suspected/confirmed COVID-19) patients shall be treated there.

Three types of COVID dedicated facilities i.e COVID care Centre (CCC), Dedicated COVID Health Centres (DCHC) and Dedicated COVID Hospitals (DCH) are to be notified . All 3 types of COVID Dedicated facilities will have separate ear marked areas for suspect, negatively tested cases and confirmed cases. Suspect, negatively tested and confirmed cases should not be allowed to mix under any circumstance.

All suspect cases (irrespective of severity of their disease) will be tested for COVID-19. The management of these cases will depend on their (i) clinical status/case definition as per the guidelines issued by Government of India/State Government from time to time and (ii) result of COVID-19 testing.

COVID Care Center (CCC):

- The COVID Care Centers shall offer care only for cases that have been clinically assigned as mild or very mild cases or COVID suspect cases.
- The COVID Care Centers are makeshift facilities. These may be set up in hostels, hotels, schools, lodges etc., both public and private. If need be, existing quarantine facilities could also be converted into COVID Care Centers. Functional hospitals like CHCs, etc, which may be handling regular, non-COVID cases can also be designated as COVID Care Centers as a last resort, when the no cases go up substantially.

- This is important as essential non COVID Medical services like those for pregnant women, newborns, other co-morbid conditions, etc. are to be maintained.
- Wherever a COVID Care Center is designated for admitting both the confirmed and the suspected cases, these facilities must have separate areas for suspect, negatively tested cases and confirmed cases with preferably separate entry and exit. Suspect and confirmed cases must not be allowed to mix under any circumstances.
- As far as possible, wherever suspect cases are admitted in the COVID Care Center, preferably individual rooms with attached toilet facility, should be assigned for such cases, as far as possible. When such facility is not possible, they may be kept in halls/wards maintaining at least 2m. distance between beds. All the patients must use triple layer surgical masks and be counselled for hand-washing and/or use of sanitizer, respiratory etiquettes. They must not be allowed to share utensils, mobile phones, laptop etc.
- Every Dedicated COVID Care Centre must necessarily be mapped to one or more Dedicated COVID Health Centres and at least one Dedicated COVID Hospital for referral purpose (details given below).
- Every Dedicated COVID Care Centre must also have a dedicated Basic Life Support Ambulance (BLSA) equipped with sufficient oxygen support on 24x7 basis, for ensuring safe transport of a case to Dedicated higher facilities if the symptoms progress from mild to moderate or severe. (Such progression may be quite sudden in some cases)
- The human resource to man these Care Centre facilities will be drawn from AYUSH doctors. All staffs must be trained & sensitized, as per the Ministry of AYUSH training protocol/sessions. Their work can be guided by an Allopathic doctor deployed by CDM&PHO.
- Each COVID care Centre will have a small dispensary like establishment with Oxygen & other emergency medicine in stock, so that the patients whose condition worsen can be managed there temporarily until ambulance transport to higher facility is arranged.

Dedicated COVID Health Centre (DCHC):

- The Dedicated COVID Health Centres are hospitals that shall offer care for all cases that have been clinically assigned as moderate.
- These should either be a full hospital or a separate block in a hospital with preferably separate entry/exit zoning as notified by Director Health Service / DMET
- Private hospitals may also be designated as COVID Dedicated Health Centres.
- Wherever a Dedicated COVID Health Center is designated for admitting both the confirmed and the suspect cases with moderate symptoms, these hospitals must have separate areas for suspect, negatively tested and confirmed cases. They must not be allowed to mix under any circumstances.
- These hospitals would have beds with assured Oxygen support.
- Every Dedicated COVID Health Centre must necessarily be mapped to one or more Dedicated COVID Hospitals.
- Each DCHC must also have a dedicated Advanced Life Support (ALS)/Basic Ambulance for ensuring safe transport of patients to a Dedicated COVID Hospital if the symptoms progress from moderate to severe.

Dedicated COVID Hospital (DCH):

The Dedicated COVID Hospitals are hospitals that shall offer advanced medical care exclusively

- The Dedicated COVID Hospitals should preferably be a full standalone hospital. But when need will arise, a separate block in a hospital with preferably separate entry\exit may be designated by either DHS/ DMET.
- Private hospitals may also be designated as COVID Dedicated Hospitals.
- These hospitals would have fully equipped ICUs, Ventilators and beds with assured Oxygen support
- These hospitals will have separate areas for suspect, negatively tested and confirmed cases. These patients should not be allowed to mix under any circumstances.
- The Dedicated COVID Hospitals would also be referral centers for the Dedicated COVID Health Centers and the COVID Care Centers.
- All these facilities will follow strict infection prevention and control practices.

Management of COVID cases

Assessment of patients:

In addition to patients arriving to above categories of COVID dedicated facilities, , the supervisory medical officer will also the assess the severity of the case detected and refer to appropriate facility in field settings during containment operations.

Fever Clinic at Designated Facility

Exclusive Fever Clinics shall be set up in some Hospitals designated by the CDM&PHOs preferably near the main entrance for triage and referral to appropriate COVID Dedicated Facility. Wherever space allows, a temporary make shift arrangement in close proximity to the facility must be kept ready for management of cases before being transported to the designated COVID care facility. Such facility must be isolated from the main areas of the hospital, so that the patients with ILI (Influenza Like Illness) can be kept away from the general patients.

The medical officer at the fever clinics could identify suspect cases and refer to COVID Care Centre, Dedicated COVID Health Centre or Dedicated COVID Hospital, depending on the clinical severity. The Medical Officer and staffs engaged there must use appropriate protective gear and will not be allowed to work in other areas of the Hospital.

Group 1: Suspect and confirmed cases clinically assigned as mild and very mild (COVID Care Centres)

- Clinical criteria: Cases presenting with fever and/or upper respiratory tract illness (Influenza Like Illness, ILI).
- These patients will be accommodated in COVID Care Centers.
- The patients would be tested for COVID-19 and till such time their results are available they will remain in the "suspect cases" section of the COVID Care Center preferably in an individual room.
- Those who test positive, will be moved into the "confirmed cases" section of the COVID Care Center.
- If test results are negative, patient will be given symptomatic treatment and be discharged with advice to follow prescribed medications and preventive health care measures as per prescribed protocols, or else will be shifted to a non-COVID hospital.
- If any patient admitted to the COVID Care Centre qualifies the clinical criteria for moderate or severe case, such patient will be shifted to a Dedicated COVID Health Centre or a Dedicated COVID Hospital

- Apart from medical care the other essential services like food, toiletry, sanitation, counselling etc. at the COVID Care Centres will be provided by local administration. Guidelines for quarantine facilities issued from time to time may be used for this purpose.

Group 2: Suspect and confirmed cases clinically assigned as moderate (Dedicated COVID Health Centres)

- Clinical criteria: Pneumonia with no signs of severe disease (Respiratory Rate 15 to 30/minute, SpO₂ 90%-94%).
- Such cases will not be referred to COVID Care Centers but instead will be admitted to Dedicated

COVID Health centres.

- It will be manned by allopathic doctors and cases will be monitored on above mentioned clinical parameters for assessing severity as per treatment protocol as per the guideline issued from time to time by Government of Odisha
- They will be kept in “suspect cases” section of Dedicated COVID Health Centres, till such time as their results are not available preferably in an individual room.
- Those testing positive shall be shifted to “confirmed cases” section of Dedicated COVID Health Centre.
- Any patient, for whom the test results are negative, will be shifted to a non-COVID hospital or may be kept in a separate ward of such category, preferably in a separate block and will be managed according to clinical assessment. Discharge as per clinical assessment.
- If any patient admitted to the Dedicated COVID Health Center qualifies the clinical criteria for severe case, such patient will be shifted to a Dedicated COVID Hospital.

Group 3: Suspect and confirmed cases clinically assigned as severe (Dedicated COVID Hospital)

- Clinical criteria: Severe Pneumonia (with respiratory rate ≥30/minute and/or SpO₂ < 90% in room air) or ARDS or Septic shock
- Such cases will be directly admitted to a Dedicated COVID Hospital’s ICU for suspected cases till such time as test results are obtained. Distance between ICU beds must be maintained at least 1 m apart.
- If test results are positive, such patient will remain in COVID-19 ICU and receive treatment as per standard treatment protocol.
- Patients testing negative will be shifted to another section of the ICU dealing with only COVID negative cases, until one can be shifted to a non-COVID hospital.

Reporting:

It is mandatory to report on such patients (Suspected/Confirmed) on admission or disposal with advice to Director Public Health / IDSP immediately, but not beyond 24 hours of admission or attendance to the hospital or else it will attract actions as deemed proper.

Training:

All personnel working in these Fever Clinic, CCC, DCHC& DCH must be trained and sensitized on use of PPEs. Masks. and also on standard precautions like hand-washing, social

Administrative/Logistic Arrangement

Authorised Officers :

State Government / DHS/CDM&PHO shall designate an officer for each facilities as Authorised Officer and Authorised Medical Officer.

For Government facilities the Medical Superintended shall act as the Authorised as well as the Authorised Medical Officer

Store section:

Record Section:

24 X 7 Helpline or control room:

Central Sterilization unit:

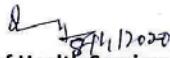
Robust infection control and prevention unit including for biomedical waste management.

Management:

Day-to-day management will be the responsibility of the hospital administration, in case of Government hospital. The private hospital declared as standalone COVID hospital will be managed by the hospital administration, but under the guidance of Authorised Medical Officer and Authorised Officer.

Administrative arrangement for the duty of the health care personnel: Each batch of health care personnel will work in the hospital for 14 days at a spell and then will be on 14 days quarantine in facilities, created by the administration / COVID Hospitals. During this 4 weeks period, they are not allowed to leave the hospital premises or the quarantine facility as will be applicable.

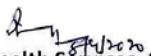
Algorithm for isolation of suspect/confirmed cases of COVID-19 attached.


Director of Health Services, Odisha.

Memo. No. 8763 BBSR

Date. 08/04/2020

Copy to PS to Principal Secretary, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.


Director of Health Services, Odisha

Memo. No. 8764 BBSR

Date. 08/04/2020

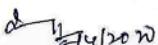
Copy to Mission Director, NHM, Bhubaneswar for information.


Director of Health Services, Odisha

Memo. No. 8765 BBSR

Date. 08/04/2020

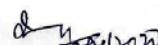
Copy to DMET/ DPH, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.


Director of Health Services, Odisha

Memo. No. 8766 BBSR

Date. 08/04/2020

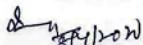
Copy to all Collector Cum DM for information.


Director of Health Services, Odisha

Memo. No. 8767 BBSR

Date. 08/04/2020

Copy to all CDM&PHO for information.

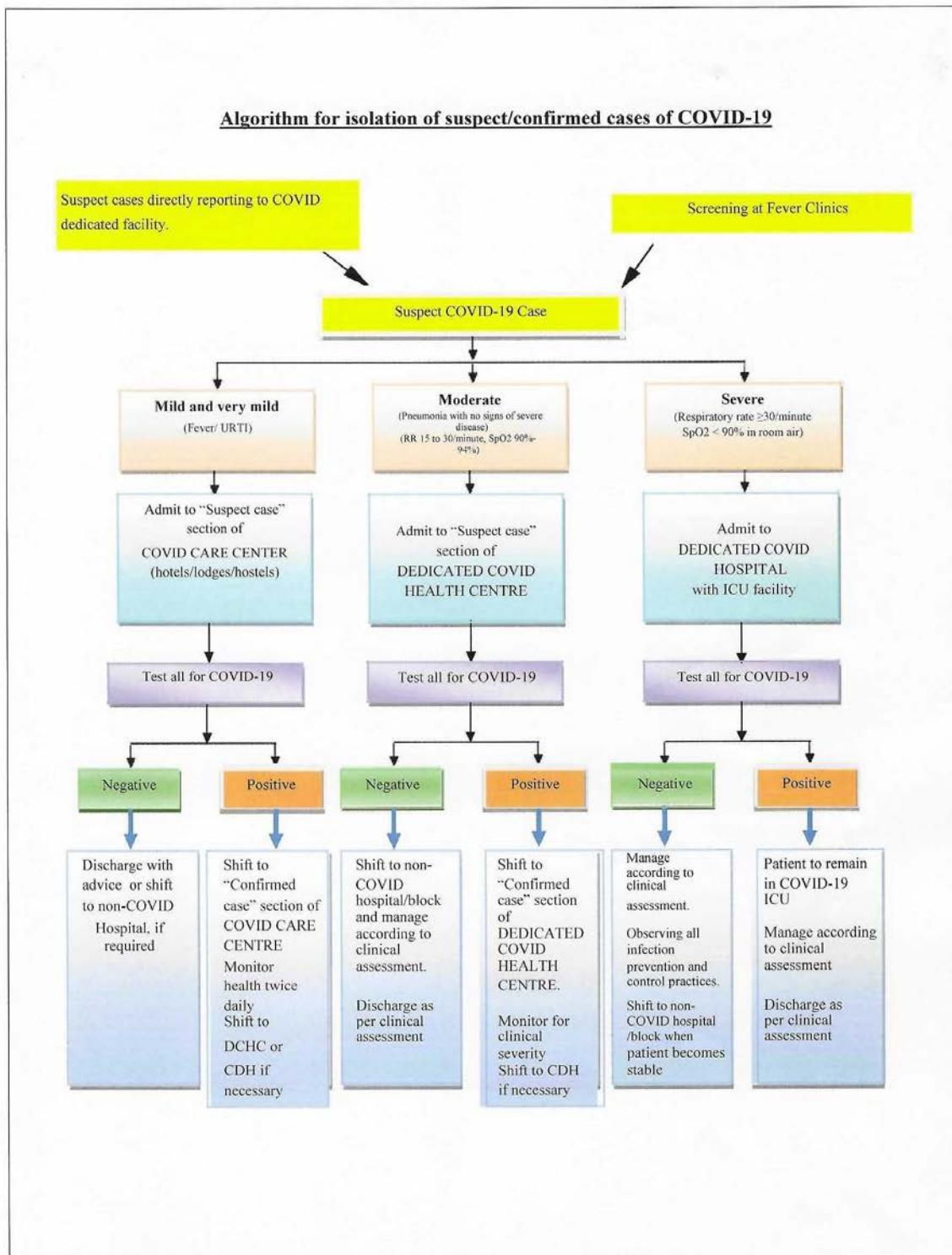

Director of Health Services, Odisha

Memo. No. 8768 BBSR

Date. 08/04/2020

Copy to Joint Secretary, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.


Director of Health Services, Odisha



11. Declaration of COVID Hospital / Isolation facilities | DHS (06-Apr-2020)

Department	Directorate of Health Services
Document Reference No.	HA-MISS-01-2020 8726
Date of Issue	06-Apr-2020
Website Link	-

DIRECTORATE OF HEALTH SERVICES: ODISHA

Notification

No. 8726 /HA- MISC-01/2020, BBSR, Date: 06.04.2020

In many parts of the world, it has been observed that the hospitals have played a major role in transmission of the Corona virus cases among the people. From Chinese experience the hospital related transmission has been projected around 41%. Initial admission of COVID-19 cases in general wards in many other advanced countries, like Italy & USA, is recognized to be catastrophic surge of patients. It is required to keep the COVID-19 patients away from the community, other patients in the hospital with co-morbidity and exposed hospital care personnel, in order to reduce the risk of person to person spread of the infection. Hence, the Government of Odisha is pleased to establish standalone COVID hospital, which will be exclusively used for management of COVID patients by isolating them from the community. These hospitals will be manned by dedicated health care personnel who after a spell of their duty period will be quarantined for another 14 days. It is mandatory for the hospitals to adhere to strict infection control guideline, use of appropriate personal protective equipment (PPE) by persons working in a hospital, other standard precautionary measures, investigation protocol, management guidelines and dead body disposal guideline as would be issued from time to time.

Therefor in exercise of power conferred under section 2,3 & 4 under Epidemic Diseases Act, 1897 (the Act), it is notified that the following hospitals are here by declared as COVID Hospital/ Isolation facilities as per Para 9 of Odisha COVID-19 Regulations, 2020 issued vide health & Family welfare Deptt. Notification No.9570/H,did.03.04.2020;;

Odisha COVID 19 Hospital/Isolation Facility (Already Operational as on 06.04.2020)

District	Name of the Facility	Capacity (beds)
Cuttack	Ashwini Hospital	100
Jajpur	Tata Hospital, Duburi	150
Keonjhar	Tata Hospital, Joda	50
Khordha	KIMS Medical College , Bhubaneswar	457
	SUM Hospital, Bhubaneswar	500
Puri	IDH, Puri	40
Sundergarh	Hi-Tech Medical College, Rourkela	200
Total		1497

Government Building and Government Operated Odisha COVID 19 Hospital/Isolation Facilities.

District	Name of the Facility	Proposed Capacity
Boudh	Old Jail Campus	150
Deogarh	Government Polytechnic	200
Dhenkanal	Old DHH	150
Jagatsingh Pur	Biju Jatri Niwas, Paradeep	100
Jharsuguda	Old DHH	200

Koraput	SDH Jeypore	150
Malkangiri	Old DHH, Malkangiri	100
Mayurbhanj	Rairangpur College	200
Nayagarh	Chandapur TB Hospital	200
Nuapada	Anwesha Hospital	200
Puri	Government Ayurvedic College	60
Rayagada	ESI Hospital	100
Sambalpur	DHH	200
Sonepur	Government ITI building	100
Total		2110

Government Building Private Operated Odisha COVID 19 Hospital/Isolation Facilities

District	Name of the Facility	Proposed Capacity
Angul	MCL Medical College, Talcher	200
Bargarh	MCH Building	200
Kalahandi	Government Engg College	200
Kandhamal	GNM Centre, Phulbani	200
Kendrapara	Polytechnic Hostel, Chhata	100
Keonjhar	Anwesha Hostel, Ranki	200
Nawarangpur	B Ed College	70
Sundergarh	NTPC Medical College	200
Total		1170

Private Building Private Operated Odisha COVID 19 Hospital/Isolation Facilities

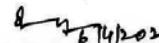
District	Name of the Facility	Proposed Capacity
Balasore	Jyoti Hospital	100
Bhadrak	Salandi Hospital, Bhadrak	120
Bolangir	KISS-KIT Campus Hostel	200
Gajapati	CUTM Hostel	100
Mayurbhanj	KISS Campus, Baripada	200
Total		920


 Director of Health Services, Odisha.
6.4.2020

Memo. No. 8727 BBSR

Date.06.04.2020

Copy to PS to Principal Secretary, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.

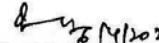

8/6/2020

Director of Health Services, Odisha

Memo. No.8728 BBSR

Date.06.04.2020

Copy to Mission Director, NHM Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.

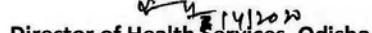

8/6/2020

Director of Health Services, Odisha

Memo. No. 8729 BBSR

Date.06.04.2020

Copy to DMET/ DPH, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.

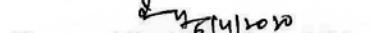

8/6/2020

Director of Health Services, Odisha

Memo. No. 8730 BBSR

Date.06.04.2020

Copy to all Collector Cum DM for information.

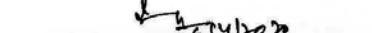

8/6/2020

Director of Health Services, Odisha

Memo. No. 8731 BBSR

Date.06.04.2020

Copy to all CDM&PHO for information.

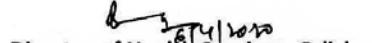

8/6/2020

Director of Health Services, Odisha

Memo. No. 8732 BBSR

Date.06.04.2020

Copy to Joint Secretary, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.


8/6/2020

Director of Health Services, Odisha

12. Establishment and operation of COVID-19 Hospitals Continuation to Letter No 4742/P | P&C (06-Apr-2020)

Department	Planning & Convergence
Document Reference No.	COVID-19-1/2020 4760(30)/P
Date of Issue	06-Apr-2020
Website Link	https://health.odisha.gov.in/pdf/Establishment-and-operation-of-COVID-19-Hospitals-Continuation-to-Letter-No-4742P-P-C-06-April-2020.pdf

Government of Odisha
Planning & Convergence Department

No 4760 (30)/P.,
COVID-19-1/2020 the Bhubaneswar dated **6th April, 2020**

From

Shri Suresh Chandra Mahapatra, IAS
Development Commissioner-cum-
Additional Chief Secretary.

To

All Collectors.

Sub: **Establishment and operation of COVID-19 Hospitals.**

Ref: **This Department Letter No. 4742/P., dated 3rd April, 2020.**

Madam/Sir,

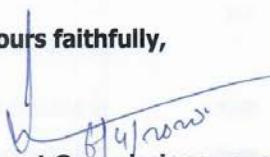
In continuation to the letter under reference, the following issues are reiterated:

- (i) As discussed in the last Video Conference with the Chief Secretary, wherever the TPA is yet to be signed, the word "Agreement" may be replaced by the word "Understanding" and hence the document may be referred to as Tripartite Understanding (TPU). However, no change is required where the TPA has already been signed.
- (ii) In case any district needs clarification on the methodology to fix the rental charges on bed per day basis for the proposed COVID-19 Hospital, they may discuss with Dr. Umakanta Satpathy, Joint DMET in Health & FW Department (Mo.No: 9439991170 / 9437410842, email ID: dmetbbsr4@gmail.com). He would be able to guide the District Level Committee that has been set up as per the TPU / TPA.
- (iii) While planning for the COVID-19 Hospitals, it may also be ensured that necessary facilities for doctors/ paramedics/ other staff are also identified where these personnel will be able to stay in isolation. If required, local hotels (for doctors) and hostel facilities (for other personnel) alongwith dedicated transport facility may be arranged between their places of stay and the COVID Hospitals. The cost of such hotels / hostels would also be a reimbursable cost. These facilities should have single room accommodation with preferably attached toilets.

- (iv) Wherever COVID Hospitals are coming up in places which are not existing hospitals, it may be ensured that the necessary fire / legal / other clearances are obtained in consultation with the Health & FW Department. Such facilities can be declared as a COVID-19 hospital / facility under Disaster Management Act and an extension of DHH.

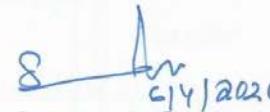
You are requested to ensure that the COVID Hospitals are made operational without delay.

Yours faithfully,


Development Commissioner-cum-
Additional Chief Secretary

Memo No. 4761 / P., Dt., 6th April, 2020

Copy forwarded to PS to Principal Secretary, Health & FW Deptt. for information of Principal Secretary, Health & FW Deptt.


Deputy Secretary to Government

13. Notification of COVID-19 Hospitals Isolation Facility | P&C (06-Apr-2020)

Department	Planning & Convergence
Document Reference No.	COVID-19-1/2020 4754/P
Date of Issue	06-Apr-2020
Website Link	https://health.odisha.gov.in/pdf/Notification-of-COVID19-Hospitals-Isolation-Facility-P-C-06-April-2020.pdf

Government of Odisha
Planning & Convergence Department

No 4754/P., the Bhubaneswar dated **6th April, 2020**
COVID-19-1/2020

From

Shri Suresh Chandra Mahapatra, IAS
Development Commissioner-cum-
Additional Chief Secretary.

To

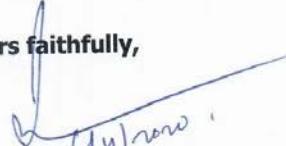
The Principal Secretary to Government,
Health & Family Welfare Department.

Sub: **Notification of COVID-19 Hospitals/ Isolation Facility.**

Sir,

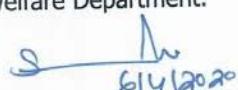
Based on the discussion with the District Collectors and the availability of suitable infrastructure, you are requested to notify the COVID-19 Hospitals / Isolation Facility that are already operational or are expected to be operational in the different district as per the enclosed table. The expected operational date of these Hospitals is also mentioned. The capacity of beds that has been proposed is indicative and would be subject to change based on the local conditions. It may also be mentioned that the bed capacity includes beds for isolation cases, high dependency cases and critical cases.

Yours faithfully,


**Development Commissioner-cum-
Additional Chief Secretary**

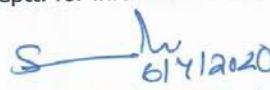
Memo No. 4755(30) /P., Dt., **6th April, 2020**

Copy forwarded to all Collectors with a request to kindly ensure that the COVID-19 Hospitals are made operational on or before the date mentioned in the enclosure. Any modifications or issues in the matter may be brought to the notice of Planning & Convergence Department and Health & Family Welfare Department.


Deputy Secretary to Government

Memo No. 4756 /P., Dt., **6th April, 2020**

Copy to Commissioner-cum-Secretary, Works Deptt. for information and necessary action.


Deputy Secretary to Government

Odisha COVID19 Hospitals/Isolation Facilities (Already Operational as on 06.04.2020)

District	Name of the Facility	Capacity (beds)	Managing Institution	Financial Support
Cuttack	Ashwini Hospital	100	Ashwini Hospital	OMC
Jajpur	Tata Hospital, Duburi	150	Tata	Tata Steel
Keonjhar	Tata Hospital, Joda	50	Tata	Tata Steel
Khordha	KIMS Medical College, Bhubaneswar	457	KIMS	OMC
	SUM Hospital, Bhubaneswar	500	SUM Hospital	MCL
Puri	IDH, Puri	40	Government	Government
Sundergarh	Hi-Tech Medical College, Rourkela	200	Hi-Tech Medical College	DMF
Total		1497		

Government Building and Government Operated Odisha COVID19 Hospitals/Isolation Facilities

District	Name of the Facility	Proposed Capacity	Managing Institution	Financial Support	Date of Activation
Boudh	Old Jail Campus	150	Government	Government	13/04/20
Deogarh	Government Polytechnic	200	Government	Government	13/04/20
Dhenkanal	Old DHH	150	Government	OMC	13/04/20
Jagatsinghpur	Biju Jatri Niwas, Paradeep	100	Government	PPT+IFFCO+PPL+JSW	13/04/20
Jharsuguda	Old DHH	200	Government	DMF	15/04/2020
Koraput	SDH Jeypore	150	Government	NALCO	13/04/20
Malkangiri	Old DHH, Malkangiri	100	Government	Government	13/04/20
Mayurbhanj	Rairangpur College	200	Government	Government	
Nayagarh	Chandapur TB Hospital	200	Government	Government	13/04/20
Nuapada	Anwesha Hostel	200	Government	Government	13/04/20
Puri	Government Ayurvedic College	60	Government	OMC	13/04/20
Rayagada	ESI Hospital	100	Government	Government	10/04/20
Sambalpur	DHH	200	Government	Government	15/04/20
Sonepur	Model Degree College	100	Government	Government	13/04/20
Total		2110			

Government Building Private Operated Odisha COVID19 Hospitals/Isolation Facilities

District	Name of the Facility	Proposed Capacity	Managing Institution	Financial Support	Date of Activation
Angul	MCL Medical College, Talcher	200	SUM	DMF	13/04/2020
Bargarh	MCH Building	200	Vikas Group	OMC	13/04/2020
Kalahandi	Government Engg College	200	Vikas Group	OMC+NLC	13/04/2020
Kandhamal	GNM Centre, Phulbani	200	KIMS	OMC	13/04/2020
Kendrapara	Polytechnic Hostel, Chhata	100	SUM Hospital	MCL	10/04/2020
Keonjhar	Anwesha Hostel, Ranki	200	Utkal Medical	DMF	13/04/2020
Nawarangpur	B Ed College	70	Christian Hospital	MCL	15/04/2020
Sundergarh	NTPC Medical College	200	Hi-Tech Medical College	DMF	15/04/2020
Total		1170			

Private Building Private Operated Odisha COVID19 Hospitals/Isolation Facilities

District	Name of the Facility	Proposed Capacity	Managing Institution	Financial Support	Date of Activation
Balasore	Jyoti Hospital	100	AMRI	OHPC	13/04/2020
Bhadrak	Salandi Hospital, Bhadrak	120	Salandi Hospital	NTPC	08/04/2020
Bolangir	KISS-KIIT Campus Hostel	200	KIMS	OMC	13/04/2020
Gajapati	CUTM Hostel	100	CUTM + Hi-Tech	OHPC	08/04/2020
Ganjam	Tata Medica	200	Tata	Tata Steel	10/04/2020
Mayurbhanj	KISS Campus, Baripada	200	KIMS	OMC	13/04/2020
Total		920			

14. Establishment of District COVID-19 Hospitals in Government Hospital premises | DHS (03-Apr-2020)

Department	Directorate of Health Services
Document Reference No.	HA-MISS-01-2020 8692
Date of Issue	03-Apr-2020
Website Link	-

DIRECTORATE OF HEALTH SERVICES: ODISHA

No. 8692 /HA- MISC-01/2020, BBSR, Date. 26.03.2020 3/4/2020

To,

The CDM&PHO, Koraput, Malkangiri, Nayagarh, Rayagada, Dhenkanal & Puri.

Sub: Establishment of District COVID-19 Hospitals in Government Hospital premises.

Ref: letter no. 4740/P, COVID-19-1/2020 dated 03.04.2020 of Planning & Convergence Dept. Govt. of Odisha.

Sir,

In exercise of the powers conferred under section 2, 3 & 4 of the Epidemic Disease Act, 1897 (the Act), Government of Odisha '**The Odisha COVID-19 Regulations, 2020**' and with reference to the letter No. mentioned above ,the following facilities are declared as exclusive COVID-19 Hospitals.

Sl.No	Name of the district	Name of the facility
1	Koraput	Old SDH Building, Jeypore
2	Malkangiri	Old DHH Building
3	Nayagarh	Chandpur TB Hospital
4	Rayagada	ESI Hospital
5	Dhenkanal	Old DHH Building
6	Puri	IDH, Puri

Hence you are requested to arrange necessary manpower support with required logistics as per COVID-19 Hospital guideline in consultation with Collector-cum-DM. Manpower requirement and procurement of essential logistics may be taken up as per previous communication. Any further requirement/ support may be submitted at the earliest for necessary action at this end.


Director of Health Services, Odisha.

PTO

Memo. No. 8693 BBSR Date. 3/4/20
Copy to PS to DC-cum-ACS, Govt. of Odisha, Bhubaneswar for information.

8/4/20
Director of Health Services, Odisha
Memo. No. 8694 BBSR Date. 3/4/20
Copy to PS to Principal Secretary, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.

8/4/20
Director of Health Services, Odisha
Memo. No. 8695 BBSR Date. 3/4/20
Copy to PS to MD,NHM Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.

8/4/20
Director of Health Services, Odisha
Memo. No. 8696 BBSR Date. 3/4/20
Copy to Collector-cum-DM Koraput, Malkangiri, Nayagarh, Ryagada, Dhenkanal & Puri for information.

8/4/20
Director of Health Services, Odisha
Memo. No. 8697 BBSR Date. 3/4/20
Copy to DMET / DPH, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.

8/4/20
Director of Health Services, Odisha

**15. Role & Responsibilities of the Oversight Officers for COVID Hospitals | P&C
(03-Apr-2020)**

Department	Planning & Convergence
Document Reference No.	COVID-19-1/2020 4742(60)/P
Date of Issue	03-Apr-2020
Website Link	-

Government of Odisha
Planning & Convergence Department

No 4742 (60)
P.,
COVID-19-1/2020 the Bhubaneswar dated 3rd April, 2020

From

Shri Suresh Chandra Mahapatra, IAS
Development Commissioner-cum-
Additional Chief Secretary.

To

All Collectors
All CDMOs

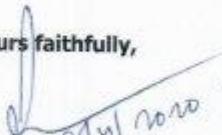
Sub: **Roles and responsibilities of the Oversight Officers for COVID Hospitals.**

Madam/Sir,

Enclosed please find the detailed roles and responsibilities of Authorized Person (AP) and Authorized Medical Officer (AMO) for each COVID-19 Hospital to be established at district level.

You are requested to immediately appoint both the above Officers as per the model Tripartite Agreement (TPA). Both the Officers will be responsible for general supervision and functioning of the COVID-19 Hospitals. Such Officers will also be appointed for all exclusive COVID-19 Hospitals irrespective of whether a TPA has been signed or not.

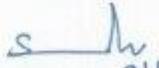
Yours faithfully,


Development Commissioner-cum-
Additional Chief Secretary

Memo No. 4743 /P., Dt., 2020

3.4.2020

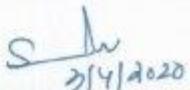
Copy forwarded to PS to Principal Secretary, Health & FW Deptt. for information of Principal Secretary, Health & FW Deptt.


Deputy Secretary to Government

Memo No. 4744 (2) /P., Dt., 2020

3.4.2020

Copy forwarded to DMET, Odisha, Bhubaneswar/ DHS, Odisha, Bhubaneswar for information.


Deputy Secretary to Government

ROLES AND RESPONSIBILITY OF THE OVERSIGHT MECHANISM

(A) The oversight mechanism for the COVID Hospitals consists of the Authorised Person (AP) and the Authorised Medical Officer (AMO). The following roles and responsibilities will be carried out by the oversight officers, jointly:

1. to facilitate smooth management of the healthcare facilities in the hospital.
2. to ensure implementation of the terms and conditions outlined in the Tripartite Agreement.
3. to declare the effective date of the Tripartite Agreement which may be based on the progressive building up of capacity (number of beds) over time and the availability of the equipment and manpower. The payment schedule will be worked out accordingly.
4. Any other responsibility that may be assigned.

(B) In addition, the roles and responsibilities of the AP will include:

1. To coordinate and extend necessary support to the medical authority as well as authority providing financial support to reduce the bottlenecks, if any.
2. To give directions to the COVID Hospital, as and when required.
3. To submit daily status report (as per prescribed format) by **5 PM** every day in respect of the COVID Hospital to the State Nodal Officer at **Email ID: agrsec.or@nic.in** and to Joint DMET **Email ID: dmetbbsr4@gmail.com** which will be signed by both the AP and the AMO.

(C) In Addition, the Roles and Responsibilities of the Authorized Medical Officer (AMO) will include:

1. be responsible for admitting the patients into the hospital. No patient shall be admitted into the hospital without his recommendation in any circumstances.

2. to ensure healthcare services rendered by the hospital are as per the acceptable standards and guidelines for COVID-19 patients.
3. to ensure availability of critical care facilities in the hospital and providing proper services to the patients.
4. to ensure that the equipments and manpower is deployed in the hospital as agreed/ required.
5. to confirm maintenance of discharge protocol before issuing discharge certificate to any patient.
6. to countersign the bills towards variable expenditure incurred for treatment of the patients.
7. to ensure any other facilities and services based on the emerging needs to deal with COVID situation.

16. Establishment and operation of District COVID Hospitals | P&C (01-Apr-2020)

Department	Planning & Convergence
Document Reference No.	4717/P
Date of Issue	01-Apr-2020
Website Link	https://health.odisha.gov.in/pdf/Establishment-and-operation-of-District-COVID-Hospitals-PC-01-April-2020.pdf

Government of Odisha
Planning & Convergence Department

No. 4717 /P

the Bhubaneswar dated 1st April 2020

From

Shri Suresh Chandra Mahapatra, IAS
Development Commissioner-cum-
Additional Chief Secretary.

To

All Collectors

Sub: Establishment and operation of district COVID Hospitals.

Ref: This Department letter No. 4699 dated 28.03.2020

Madam / Sir,

With reference to the above letter and as earlier informed the present crisis is an unprecedented one. The conventional standard response to disasters is inadequate to handle this novel virus, which is causing havoc throughout the world. The developed countries with mature healthcare systems have also found it difficult to respond to the same. There are a large number of fatalities in countries such as, Italy and the USA because of alleged failure of their hospital systems.

Further, global experience shows that the COVID-19 patients need to be put under observation and treatment in a separate hospital, instead of a general hospital, minimizing the chance of transmission to others.

Accordingly, Government of Odisha is taking this unique initiative in good faith to respond to the challenge. This unique tripartite partnership will hopefully be able to establish as a good platform for PPP and be a model in the future.

Tripartite Agreement:

A draft Tripartite Agreement (TPA) has been sent to you vide the above referred letter. However, there are some changes which have been made and the revised draft agreement is being sent to you separately. This revised template may be used for signing the agreement for the District Level COVID hospitals, hence forward.

As per the agreement the First Party (Collector & District Magistrate) has to appoint the Authorized Medical Officer and the Authorized Person to coordinate and provide oversight for the facility in both for administrative and technical matters. The Authorized Person could be the DFO/ other senior Administrative Officer. The Authorized Medical Officer may be appointed in consultation with the CDMO and could also be a Medical Doctor from a Local Government Research / Technical Institution, if available.

Goi Checklist:

The Government of India have given a check list for assessing the suitability of the exclusive dedicated Hospitals for COVID 19 cases (copy enclosed). The checklist will help to assess the readiness of the dedicated COVID hospitals and the suitability of the hospital being suggested for treatment of COVID 19 cases.

Reimbursement of Costs:

Different mechanisms for reimbursement of the expenses of the hospital partner by the corporate partner were examined. The hospitals normally give a list of medical equipment and furniture which are proposed to be used for the Odisha COVID hospitals. They also give details of the manpower proposed to be utilized by them (both medical and paramedical) and the types of consumables that would be used along with costs of the same.

In many cases the hospital partners may need to purchase equipment and furniture. They normally do not envisage any support from Government of Odisha or the corporate partner for this purpose.

Further the hospital partner will need to allocate a minimum prefixed number of medical/paramedical staff for COVID hospital irrespective of occupancy. This may be from within their existing staff or may need to be additionally engaged for this purpose.

Both the above (equipment/ furniture) and the required staff will be part of the fixed costs which the hospital partner will incur.

Accordingly, it may be decided that the hospital partners would be reimbursed a rental charge on monthly basis to cover their fixed costs. This rent would be payable on a per-bed per-day basis which would be reimbursed by the corporate partner to the hospital operator.

Considering the difficulty in sourcing quality manpower the Collector may envisage progressive building up of capacity (number of beds) over time and the payment schedule could be worked out accordingly.

Apart from this, the COVID Hospital would be reimbursed variable costs which would depend upon the patient load and cover costs like consumables, drugs, PPE, patient's diet and ambulance/ mortuary services, and other variable expenses as per actuals.

In order to finalize the fixed rental charges (on per-bed per-day basis) and the expected variable costs, a committee under the chairmanship of the Collector & District Magistrate (or their representative) may be constituted which would consist of the Authorized Person, the Authorized Medical Officer (both as defined in the TPA) and a representative of the corporate partner. This committee will discuss with the representatives of the hospital partner and finalize the rental charges to be reimbursed and the components of the variable costs which will be reimbursed on an actuals basis. On technical issues the Committee will be guided by the DMET/ Joint DMET. Further, an initial advance of about 50% estimated rental charges for three months may be considered by the corporate partner, if needed, after signing of the agreement. The balance would be released based on the recommendations of the above committee on monthly basis.

Time Period:

Initially the commitment is being made for a period of three months for the COVID Hospitals which could be extended based on requirements.

Any issues in the establishment and operationalization of the Odisha COVID Hospitals may be brought to the notice of the Health and Family Welfare Department.

Yours faithfully,



Development Commissioner-cum-
Additional Chief Secretary

Memo. No. 4718 /P Dt. 1st April 2020

Copy forwarded to P.S. to Principal Secretary, Health & Family Welfare Department for information of Principal Secretary, Health and FW Deptt.


Deputy Secretary to Government

17. Checklist to assess readiness of dedicated COVID hospital or separate COVID-19 block within existing hospital | MoH&FW (31-Mar-2020)

Department	Ministry of Health and Family Welfare
Document Reference No.	D.O. No. Z-33014/4512020 -RCH
Date of Issue	31-Mar-2020
Website Link	https://health.odisha.gov.in/pdf/Readiness-assessment-check-list-COVID-Hospitals.pdf



प्रीति सूदन, आईएस
सचिव

PREETI SUDAN, IAS
Secretary



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

D.O. No. Z-33014/45/2020 -RCH

Dated: 31st March, 2020

Dear Colleague,

Please refer to my earlier letter dated 28.03.2020 addressed to Chief Secretaries under copy to you, on need to have dedicated COVID hospitals. As the country faces the crisis of COVID, a global pandemic, it is imperative that dedicated COVID management hospitals are set up across the country to provide protocol-based care to patients care. To ensure timely patient care and staff safety, it is required that these dedicated hospitals are prioritised and information is provided on our portal regularly.

A **readiness assessment checklist** with the required criteria for identifying and equipping these hospitals to provide diagnostics, care and management of these patients is attached as annexure to help you plan and establish such facilities. These criteria are based on what an ideal Covid dedicated facility should have and as the situation in the field varies from State to State and district to district, this checklist may be taken as an overall guidance to States to adopt it to their local conditions. You may like to communicate this checklist to your CMOs/ District Collectors and Municipal Commissioners to assess preparedness of COVID hospitals.

Further, the Regional Directors of MoHFW stationed at the State / UTs are assigned the responsibility for providing the required support about the dedicated COVID hospitals and they will be assisted by the WHO teams who are present on the field. The State/UT may assign Nodal Officers to accompany the team for the same. These officers will need movement support from District Collectors in terms of passes etc. In any case, health services are under exempted category.

Nevertheless, it will be important to ensure that if the existing hospitals are being converted into designated COVID Hospitals, these are vacated and the patients shifted to alternate hospitals for continued treatment to avoid disruption of regular healthcare services.

I hope that under your leadership, the identification and operation of dedicated COVID hospitals would be fast tracked for us to meet any eventuality.

[Signature]
Yours sincerely,

[Signature]
(Preeti Sudan)

1. Additional Chief Secretary /Principal Secretary /Secretary (Health) of all States /UTs.
2. Mission Directors, National Health Mission of all States / UTs.

Copy to-

1. Chief Secretaries of all States/ UTs for kind information.

Room No. 156, A-Wing, Nirman Bhawan, New Delhi-110 011
Tele : (O) 011-23061863, 23063221, Fax : 011-23061252, E-mail : secyhf@nic.in

Checklist to assess readiness of dedicated COVID hospital or separate COVID-19 block within existing hospital

General Information :

Name of the Hospital and Address

District

State

Type - Public / Private :

Type of Hospital – MC / DH / SDH / GH / Others (Please specify) :

District Nodal Officer – Name , Designation and Contact Number (with email id) :

Facility Nodal Officer – Name , Designation and Contact Number (with email id) :

S. No.	Particulars	Yes/ No	Number/s	Remarks to be filled by the Assessor
1.1	Is the facility an existing functional hospital?		-	
1.2	If yes, have the existing patients been shifted to alternate hospitals?		-	
2 INFRASTRUCTURE				
2.1	Total number of beds	-		
2.2	Adequate space between the beds		-	
2.3	Whether round the clock electric supply is available		-	
2.4.1	Whether round the clock water supply is available		-	
2.4.2	Total water storage capacity in Litres	-		
2.5	Whether there is provision for proper drainage with functional Effluent Treatment Plant?		-	
2.6	Total number of toilets	-		
2.7	Provision for cross ventilation / Exhaust fan			
2.8	Provision of Stay Facility for Staff			
3 CLINICAL SERVICES				
Availability of:				
S. No.	Particulars	Yes/ No	Number/s	Remarks to be filled by the Assessor
3.1	Designated Emergency		-	
3.2	OPD (With adequate space)			

S. No.	Particulars	Yes/ No	Number/s	Remarks to be filled by the Assessor
	for physical distancing) With provisions for:			
3.2.1	Triage area		-	
3.2.2	Holding area		-	
3.2.3	Examination area		-	
3.3.1	Intensive Care Unit		-	
3.3.2	Number of beds	-		
3.4.1	High Dependency Unit		-	
3.4.2	Number of beds	-		
3.5	Availability of Extra-Corporeal Membrane Oxygenator		-	
3.6.1	Dialysis machine		-	
3.6.2	Number of Dialysis machines	-		
3.7	Isolation Ward		-	
3.7.1	Separate isolation ward for suspect cases		-	
3.7.1.1	Number of beds	-		
3.7.2	Separate isolation ward for confirmed cases		-	
3.7.2.1	Number of beds	-		
3.7.3	Ante-room attached to isolation facility for PPE donning and doffing		-	
3.8	Isolation Room		-	
3.8.1	Number of beds	-		
3.9	Critical equipment -			
3.9.1	Functional ICU Ventilator	-		
3.9.2	Defibrillators	-		
3.9.3	Suction	-		
3.9.4	Infusion pump	-		
3.9.5	Resuscitation tray/crash trolley	-		
3.9.6	Pulse Oxymeter	-		
3.10	Personal Protective Equipment (PPE) Kits	-		
3.10	N95 mask	-		
3.11	3 layer mask	-		
3.12	Examination Gloves			
3.12.1	Sterile	-		
3.12.2	Non sterile	-		
3.13	Alcohol-based hand rub			
3.13.1	100 ml	-		
3.13.2	500 ml	-		
4	SUPPORT SERVICES			
	Availability of/ linkages with:			
4.1	Laboratory and diagnostics			

S. No.	Particulars	Yes/ No	Number/s	Remarks to be filled by the Assessor
	services			
4.1.1	Arrangement for sample collection and transportation for COVID-19		-	
4.1.1.1	Availability of sample collection kits	-		
4.1.2	Linkage with VRDL network lab		-	
4.1.2	Other in house routine testing facility incl. ABG		-	
4.2	Availability of radio-imaging services			
4.2.1	X-Ray		-	
4.2.2	CT Scan		-	
4.2.3	USG		-	
4.3	Medical Gas Pipeline System/Oxygen Cylinder			
4.3.1	No of beds covered with MPGS (Medical Pipeline Gas System)	-		
4.3.2	No of oxygen cylinders	-		
4.4	Central Sterile Supplies Department (CSSD)		-	
4.5	Mechanized Laundry with facility for decontamination and washing		-	
4.6	Dietary Services		-	
4.7	Blood bank / Storage Unit		-	
4.8	Ambulance services		-	
5	Human Resources			
		Number Available	Remarks	
5.1	Specialists			
5.1.1	General Medicine			
5.1.2	Anesthesiologist/LSAS trained			
5.1.3	Pulmonologist/Respiratory physician			
5.1.4	Nephrologist			
5.1.5	Pediatrician			
5.1.6	Pathologist/ Microbiologist/ Biochemist			
5.1.7	Radioologist Can be through Tele-Radiology			

		Number Available	Remarks
5.2	General Duty Medical Officer (GDMO)		
5.3	Associate Public Health Personnel		
5.3.1	Psychiatric Social Worker		
5.3.2	Clinical Psychologist		
5.3.3	Physiotherapist		
5.3.4	Counselor		
5.3.5	Dietician		
5.4	Nurse & Para Medical Staff		
5.4.1	Senior nursing officer earmarked for hospital IPC practices		
5.4.2	Staff Nurse for isolation ward		
5.4.3	Staff Nurse for intensive care		
5.4.4	Technician		
5.4.4.1	Lab Technician		
5.4.4.2	Pulmonary Function Test (PFT) Technician		
5.4.4.3	Radiology Technician		
5.4.4.4	CSSD technician		
5.4.4.5	Dialysis Technician		
5.5.1	Pharmacist		
5.5.2	Store manager		
5.6	House Keeping staff		
5.7	Cleaning Staff		
5.8	Kitchen and Diet staff		
5.8.1	Cook and support staff		
5.8.2	Food Trolley Bearer		
5.9	Administration		
5.9.1	Administrative In charge		
5.9.2	Hospital Manager		
5.9.3	Hospital IPC committee		
5.9.4	Nursing Supervisor/Manager - senior nurse can be designated.		
5.9.5	Bio medical Engineer		
5.9.6	DEOs		
5.9.7	Security Guards		
5.9.8	Availability of protocols:		
5.9.8.1	Treatment		
5.9.8.2	Ventilator management		
5.9.8.3	IPC (Yes / No)		
5.9.8.4	Rational use of PPE		
5.9.8.5	Sample collection, collection/Lab. Testing		
5.9.10	Capacity building		
5.9.10.1	Trained on COVID-19 management		

		Number Available	Remarks
5.9.10.2	Clinicians trained on ventilator management		
5.9.10.3	Doctors and Nurses trained on IPC		
5.11	Access control and crowd management(Yes / No)		
6	Infection Prevention and Control		
6.1	Segregation and transportation of Waste as per BMWM Rules	Yes / No	Numbers Remarks
6.2	Hand washing facility at:		
6.2.1	OPD	-	
6.2.2	Isolation ward	-	
6.2.3	ICU/HDU	-	
6.2.4	Laboratory	-	
6.2.5	General area	-	
6.3	Availability of Sodium Hypochlorite solution	-	
7	Medicines & Consumables		
7.1	Availability of Essential & Emergency Medicines	-	
7.2	Availability of adequate linen	-	
8	Mortuary	-	

Details of the Assessor

Name:

Designation and Contact Number (with email id):

Date of assessment:

18. Standard Operating Procedure for standalone COVID-19 Hospitals setup at Private / Govt. Level | DHS & HFW (28-Mar-2020)

Department	Directorate of Health Services, Health & Family Welfare
Document Reference No.	HA-MISS-01-2020 8452
Date of Issue	28-Mar-2020
Website Link	https://health.odisha.gov.in/pdf/SOP-standalone-COVID-19-Hospitals-Private-OfGovt-DHS-28032020.pdf

DIRECTORATE OF HEALTH SERVICES ODISHA, BHUBANESWAR

File No. 44 M/S 01 / No. 8452 Dated 28.03.2020
From:

Dr. Bijaya Kumar Mohapatra,
Director, Health Services, Odisha

To

All Collectors & DM,
All CDM& PHO.

Sub: Standard Operating Procedure for standalone COVID – 19 Hospitals setup at Private / Govt. level.

Sir/Madam,

With reference to the subject cited above I am to state that in view of the ensuing COVID-19 infection outbreaks, Government has taken several initiatives in addition to setting up of separate COVID-19 hospitals both at Government and private setups. A standard operating procedure has been prepared by the DHS (O) and DMET (O) to be followed scrupulously for such hospitals. (Copy enclosed)

This SOP is in addition to any other guidelines or instruction issued by the Govt. of India or State Government and is not a replacement of them.

This may be treated as most URGENT.

Yours faithfully,


Director health Services Odisha.

Memo No. 8453 // Dt. 28.03.2020

Copy forwarded to all Directors for information and necessary action.


Director health Services Odisha.

Memo No. 8454 // Dt. 28.03.2020

Copy forwarded to all Dean & Principals / Superintendents of Govt Medical College / Director VIMSAR Burla / Director AHPGIC Cuttack / Superintendent SVPPGIP Cuttack Directors for information and necessary action.


Director health Services Odisha.

Memo No. 8455 // Dt. 28.03.2020

Copy forwarded to The President IMA, Odisha for information and necessary action.


Director health Services Odisha.

**STANDARD OPERATING PROCEDURE
FOR
MANAGEMENT AT COVID – 19 HOSPITALS / UNITS
IN
GOVERNMENT AND PRIVATE HOSPITALS
IN THE STATE**



Government of Odisha
Health & Family Welfare Department, Odisha
2020

Hospitals play a critical role within the health system in providing essential medical care to the community, particularly in a crisis. Prolonged and combined outbreaks can lead to the progressive spread of disease with rapidly increasing service demands that can potentially overwhelm the capacity of hospitals and the health system at large. To enhance the readiness of the health facilities to cope with the challenges of the outbreak, a pandemic, or any other emergency or disaster, hospital managers need to ensure the initiation of relevant generic priority action.

Hospitals are complex and vulnerable institutions, dependent on crucial external support and supply lines. Well-established partnerships with local authorities, service providers (e.g. of water, power, and means of communication), supply vendors, transportation companies, and other organizations are essential to ensure the continuity of essential services.

An interruption of these critical support services and supplies would potentially disrupt the provision of acute health care by an unprepared health-care facility. In addition, a high rate of HR requirement, shortage of critical equipment and supplies could limit access to needed care and have a direct impact on healthcare delivery.

The greatest benefits of an effective, hospital-based response include

1. Continuity of essential services;
2. Well-coordinated implementation of priority action;
3. Clear and accurate internal and external communication;
4. Swift adaptation to increased demands;
5. Effective use of scarce resources; and
6. Safe environment for health workers.

This SOP has been prepared with the aim of supporting hospital managers and emergency planners in achieving the above by defining and initiating actions needed to ensure a rapid response to the COVID-19 outbreak.

B. Infrastructure

The COVID -19 hospital/ unit shall be set up in a standalone building modified to a hospital setup having isolated small units for 20 to 30 beds. The building must have separate entry and exit point. There must be isolated chambers for the health care

providers, the central sterilization service department, internal pharmacy, waste disposal mechanism.

C. Incident Management System

The hospital must have a well-functioning hospital Incident Management System for the effective management of all emergency. An IMS is essential for the effective development and management of the hospital-based systems and procedures required for successful COVID-19 response. While organizing a hospital IMS, the following representatives from the services dealing with must be considered:

1. Hospital administration (Hospital Director, Nursing Director, CEO)
2. Communication
3. Medical personnel (e.g. Medical and Nursing Heads of emergency medicine,
4. Intensive care, internal medicine, paediatrics)
5. Infection prevention and control
6. Respiratory therapy
7. Human resources
8. Security
9. Pharmaceuticals
10. Clinical engineering and maintenance
11. Laboratory services
12. Dietary services
13. Laundry, cleaning and waste management.
14. Supply department

D. Preparedness for surge management

Surge capacity is the ability of a health service to expand beyond its normal capacity to meet an increased demand for clinical care. COVID-19 cases may cause rapid increase in demand over a prolonged period of time. The following actions must be exercised by the managers.

1. The maximal case admission capacity, determined by the total number of beds, the availability of human resources, the adaptability of facility space for critical care, isolation, the accessibility of mechanical ventilators and the availability of other resources shall be calculated to meet the sudden surge.
2. The potential gaps in the provision of health care, with an emphasis on critical care must be identified and these gaps shall be addressed in coordination with the authorities and neighboring hospitals.
3. The care of non-critical patients shall be outsourced to appropriate alternative treatment sites (e.g. home for mild illness, long term care facilities for patients requiring chronic care).

4. All nonessential services (e.g. elective surgery) shall be cancelled when necessary and feasible.
5. Appropriate admission and discharge criteria shall be followed and according to available treatment capacity and demand, the patients shall be prioritized for management or clinical interventions

E. Infection Prevention Control

1. An infection prevention and control (IPC) programme is essential to minimize the risk of transmission of healthcare-associated infection to patients, hospital staff, and visitors.
2. Ensure that health care workers (HCW), patients, and visitors are aware of respiratory and hand hygiene and prevention of healthcare-associated infections. Provide verbal instructions, informational posters, cards, etc. If possible, install hand hygiene stations (water, soap, paper towel, alcohol-hand rub), and waste bins at strategic locations across the hospital.
3. Ensure that HCW are applying standard precautions for all patients. Droplets and contact precautions are recommended for suspected or confirmed COVID- 19 cases. These precautions should continue until the patient is asymptomatic.
4. Patients should be placed in adequately ventilated single rooms (160 L/s per patient). When single rooms are not available, patients suspected of having COVID-19 should be grouped together. Avoid mixing of suspected and confirmed cases.
5. Ensure a one-meter distance between beds regardless of whether patients are suspected of having COVID-19.
6. Ensure equipment is either single-use and disposable or if equipment (e.g., stethoscopes, blood pressure cuffs, thermometers, food trays) needs to be shared among patients, clean and disinfect between use for each patient (e.g., by using ethyl alcohol 70%). Routinely clean and disinfect surfaces with which the patient is in contact. Implement methods of routine cleaning and disinfection of ambulances following the recommended standards and guidelines for COVID-19.
7. Ensure that HCWs are applying droplet and contact precautions before entering the room where suspected or confirmed COVID-19 patients are admitted.
8. Ensure that HCWs are applying airborne precautions for aerosol-generating procedures, such as tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy, collection of nasopharyngeal

swap/aspirate and autopsy. Where possible, a team of HCWs should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission.

9. Ensure that staff (HCW, cleaning personnel) receives training on standard, contact, droplets, and airborne precautions (including correct use of PPE, donning and doffing, masks tested for fitting, hand hygiene, respiratory hygiene, etc.). Ensure that adequate personal protective equipment (PPE) (i.e., medical/surgical masks, N95/FFP2 respirators, gloves, gowns, eye protection) is easily accessible to staff. Avoid moving and transporting patients out of their room or area unless medically necessary. Use designated portable X-ray equipment and/or other designated diagnostic equipment. If transport is required, use predetermined transport routes to minimize exposure for staff, other patients, and visitors, and have the patient use a medical mask if tolerable or reinforce respiratory hygiene. The use of boots, coverall and apron is not required during routine care. After patient care, appropriate doffing and disposal of all PPE and hand hygiene should be carried out. A new set of PPE is needed, when care is given to a different patient. If the supply of PPE is limited, prioritize staff caring for cases. HCWs should use a clean, non-sterile, long-sleeved gown and gloves. If gowns are not fluid resistant, HCWs should use a waterproof apron for procedures expected to have high volumes of fluid that might penetrate the gown. When HCWs put on a disposable particulate respirator, they must always perform the seal check.
10. Ensure that HCWs who are transporting patients perform hand hygiene and wear appropriate PPE. Notify the area receiving the patient of any necessary precautions as early as possible before the patient's arrival. Limit visitors to those essential for patient support.
11. Ensure procedures are performed in an adequately ventilated room (for natural ventilation: air flow of at least 160 L/s per patient or in negative pressure rooms with at least 12 air changes per hour and controlled direction of air flow when using mechanical ventilation)
12. Manage laboratory specimens, laundry, food service utensils, and medical waste following safe routine procedures according to IPC guidelines.
13. Ensure visitors apply droplet and contact precautions. Maintain a record of all persons entering the patient's room, including all staff and visitors.

F. Case Management

An efficient and accurate triage system and an organized in-patient management strategy are required to ensure adequate treatment of COVID-19 acute respiratory infection.

1. Ensure mechanisms to implement triage, early recognition, and source control (isolating patients with suspected COVID-19). Establish a well-

equipped triage station at the entrance of the health-care facility, supported by trained staff.

2. Institute the use of screening questionnaires according to the updated case definition and post signs in public areas reminding symptomatic patients to alert HCWs.
3. Ensure that health-care workers have a high level of clinical suspicion. Designate an exclusive waiting and examination area for individuals presenting with respiratory symptoms and/or fever. The area should be well ventilated, low-transit, and secured. Within that group of patients, those with symptoms of respiratory distress and severe underlying conditions should be prioritized for medical evaluation.
4. Ensure establishing additional areas for triage of patients on presentation at the hospital, possibly outside the hospital. Appoint a triage supervisor responsible for overseeing all triage operations.
5. Establish a triage protocol aimed at ensuring that cases of acute respiratory infection are recognized. Suspected cases of COVID19 require sufficient distancing in space in the space that is assigned to them.
6. Ensure the application of standard, and droplet precautions at all times. In coordination with local health authorities, implement the hospital strategy for the admission, internal transfer, referral, and discharge of SARI patients, in line with relevant criteria and operational protocols.
7. Ensure home care for mild cases of COVID-19 acute respiratory infection in individuals with no comorbidities, recognized as posing a risk for severe or fatal disease associated with COVID-19. A caregiver may be identified preferably a family member.
8. Hospital admission for cases of COVID-19 acute respiratory infection with comorbidities recognized as posing a risk for a severe or fatal course of COVID-19 shall be considered.

Ensure the availability of staffed beds for the admission of severe COVID-19 acute respiratory infection cases requiring supportive care and the continuous/regular monitoring of vital signs, regardless of comorbidities, recognized as posing a risk for a severe or fatal course of COVID-19.

- Provide continuous monitoring of vital signs (e.g., temperature, blood pressure, pulse, respiratory rate, level of consciousness, clinical signs of dehydration or shock), and oxygen saturation (pulse oximetry or blood gas analyses).
9. Ensure the availability of oxygen and means of respiratory support, as well as sufficient sedation for intubated patients. Oxygen masks and nasal canulae should be single-use.
 10. Provide patient care following national and international guidelines.
 11. Ensure that all staff is aware of the national and international guidelines for case management.
 12. Communicate admission criteria and triage logistics (e.g., location, routes

of entry/exit) to the relevant hospital personnel, referring hospitals and clinics, pre-hospital networks, and ambulance services.

13. Ensure health-care personnel are aware of protocols for off-license use of medicines, which should be done against observational trial protocol and outcomes recorded against standardized variables (see clinical characterization form).

G. Human Recourse management

1. The available human resource shall be entrusted for management of COVID-19 cases for a continuous period of two weeks. During such period they shall be given separate accommodation along with all support like conveyance to the hospital, food and all other day to day requirements. After the completion of two weeks they shall be released from duty but will remain in self quarantine for another two weeks.
2. Update the staff contact list. Estimate staff absenteeism in advance and monitor it continuously.
3. Establish a clear policy (the policy should define levels of exposure) to monitor and manage staff suspected or confirmed of having COVID-19 or who have had exposure to a confirmed, probable or suspected COVID-19 patient.
4. For each unit or service, identify the minimum number of health-care workers and other hospital staff needed to ensure the sufficient operation of the unit or service.
5. Prioritize staffing needs by unit or service and distribute personnel accordingly.
6. Recruit and train additional staff (e.g. retired staff, reserve military personnel, university affiliates/students, and community volunteers) according to the anticipated need.
7. Familiarize ward staff to work in high-demand areas (e.g. infectious disease wards, emergency and intensive care units) to support surge.
8. Provide training and exercises relevant to areas of need, including infection prevention and control, clinical management, to ensure staff competency and safety.
9. Identify domestic support measures (e.g. travel, childcare, care of ill or disabled family members) that could enhance staff flexibility for shift work and longer working hours and define off work time for recuperation.
10. Ensure the availability of the services of multidisciplinary psycho-social support teams for the families of staff and patients, including social workers, counselors, interpreters and clergymen.
11. Address liability, insurance and temporary licensing issues with respect to staff who may be working outside their areas of expertise.
12. Ensure there are policies in place to manage volunteer workers (vetting,

- accepting, rejecting, liability issues etc.).
13. Consider reassigning staff at high risk for complications of COVID-19 acute respiratory infection.

H. Continuity of Essential Health Services And Patient Care

An outbreak of COVID-19 will not dispel an already existing need for essential medical and surgical care (e.g. emergency services, urgent surgical operations, maternal and child-care). Hence, it is necessary to ensure the continuity of essential health services.

1. Identify and maintain the hospital services that your facility must provide at all times and under any circumstances.
2. Identify the resources (human resources and logistics) needed to ensure the continuity of the identified essential hospital services.
3. Be familiar with preparedness mechanisms across the local health-care network for other high demand contingencies (e.g. disasters or mass casualty incidents).

I. Surveillance & Monitoring.

Health-care workers recognizing and immediately reporting unusual health events (e.g., clusters of cases, atypical clinical presentations, etc.) occurring in health-care facilities are the cornerstone of the early warning function. In addition to serving the early warning function, the laboratory and epidemiological data obtained through systematic collection and analysis allows the public health authorities to monitor the progression of COVID-19 and inform interventions on those at the highest risk of severe outcome

1. Appoint a hospital epidemiologist with the overall responsibility for activities related to early warning and surveillance in the hospital.
2. Identify the information that needs to be collected and define the objectives for its use.
3. Promote the reporting of unusual health events (COVID-19) by health-care workers by establishing communication channels and procedures within the hospital and with public health authorities.
4. Implement data collection and reporting mechanisms following the national health policy and directives.
5. Comply with standardized case definitions, recommended levels of surveillance, and triggers for surveillance escalation or de-escalation in accordance with national criteria. Immediately investigate reports by health care workers of unusual health events and/or unusual signals detected through monitoring activities.
6. Ensure prompt distribution to hospital clinicians, front-line workers,

- and other relevant decision makers of information obtained through monitoring activities and/or the investigation of unusual health events and/or signals.
7. Ensure that testing of persons hospitalized for COVID-19 complies with the standardized case definitions, recommended levels of surveillance, and triggers for surveillance escalation or de-escalation in accordance with the national criteria.
 8. Ensure all staff are conversant with standardized case definitions, recommended levels of surveillance and triggers for surveillance escalation or de-escalation, in accordance with the national criteria, as well as recognizing unusual health events through training.

J. Communication

Accurate and timely communication is necessary to ensure informed decision-making, effective collaboration and cooperation, and public awareness and trust.

1. Establish mechanisms of communication to streamline the sharing of information between the hospital administration, department/unit heads, and facility staff.
2. Brief the hospital staff on their roles and responsibilities in the management of COVID-19 under the IMS.
3. Ensure that all decisions on clinical triage, patient prioritization (e.g., adapted admission and discharge criteria), infection prevention and control measures, and policies related to case management and hospital epidemiology are communicated to all relevant staff and stakeholders.
4. Ensure the collection, processing, and reporting of information to supervisory stakeholders (e.g., public health authorities), and through them to neighboring hospitals, private practitioners, and pre-hospital networks.
5. Draft in advance, key messages, addressing a variety of COVID-19-related scenarios with different target audiences in mind (e.g., patients, visitors, staff, the general public, and media).
6. Appoint a public information spokesperson to coordinate communication with the public, the media, and health authorities.
7. Ensure reliable and sustainable primary and backup communication systems (e.g., landlines, the internet, mobile devices, pagers, satellite telephones, two-way radio equipment, unlisted numbers) and access to updated contact lists.
8. Consider having a contact list with roles rather than specific people.
9. Be familiar with referral mechanisms established at the national level and related communication mechanisms.

K. Logistic Management

The continuity of hospital services and the availability of essential equipment and supplies, including pharmaceuticals, require a proactive approach to resource and facility management.

1. Develop/maintain an updated inventory of all equipment, supplies, and pharmaceuticals; establish a shortage alert and reordering mechanism.
2. Estimate the consumption of essential equipment, supplies, and pharmaceuticals (e.g., amount used per week) based on most likely outbreak scenario.
3. Consult with authorities to ensure the continuous provision of essential medications and supplies (e.g. institutional and central stockpiles, emergency agreements with local suppliers, donations).
4. Assess the quality of contingency items prior to purchase; request quality certification.
5. Establish contingency agreements (e.g., memorandum of understanding, mutual aid agreement) with vendors to ensure the procurement and prompt delivery of equipment, supplies, and other resources in times of shortage.
6. Identify physical space within the hospital for the storage and stockpiling of additional supplies.
7. Factors to consider include accessibility, security, ambient temperature, ventilation, light exposure, and humidity. Ensure an uninterrupted cold chain for essential items requiring refrigeration.
8. Stockpile essential supplies and pharmaceuticals according to recommended guidelines. Ensure the timely use of stockpiled items to avoid loss due to expiration.
9. Define the role of the hospital pharmacy in providing pharmaceuticals for cases treated at home or other alternative treatment sites.
10. Ensure a mechanism for the prompt maintenance and repair of the equipment required for the essential services. Postpone non-essential maintenance and repair.
11. Coordinate with pre-hospital networks and transportation services in establishing a contingency transportation strategy to ensure continual patient transfers, such as designated ambulance teams (as the outbreak grows, the strategy may need to change).
12. Ensure there is a policy in place for managing donations of medical supplies, food for staff, etc.

L. Laboratory Services

Maintenance of the essential laboratory services is necessary for the appropriate clinical management of both pandemic and other patients, as well as for the

hospital based surveillance of COVID-19.

1. Ensure the continuous availability of basic laboratory testing (e.g., complete blood count, biochemistry profile, electrolytes, blood gas analysis, blood culture, and sputum examination).
2. Identify essential laboratory supplies and resources and ensure their continuous availability.
3. Identify back-up laboratory personnel and/or alternative laboratory services. For hospital-based surveillance, ensure mechanisms for the prompt provision of laboratory data to the physicians and health authorities responsible for clinical management and surveillance.
4. Prioritize testing for respiratory viruses (e.g., COVID-19) according to clinical requirements and hospital-based surveillance needs. Use a panel of respiratory pathogens for differential diagnosis when required.
5. Establish a laboratory referral pathway for the identification, confirmation, and monitoring of COVID-19, (including changes in virus characteristics, such as virulence, transmissibility, and antiviral resistance).
6. Establish and train staff on packaging and transportation procedures for specimen referrals in accordance with national and international transport regulations and requirements.

M. Essential Support System.

To optimize patient care during the COVID-19 outbreak, it is necessary to identify and maintain essential support services, such as those for laundry, cleaning, waste management, dietary services, and security.

1. Estimate the additional supplies required by the support services and introduce a mechanism to ensure the continuous availability of these supplies.
2. Enable the adaptation of the support services to cope with increased demand.
3. Anticipate the impact of COVID-19 on hospital food supplies; take proactive measures to ensure the availability of food.
4. Ensure the availability of appropriate back-up arrangements for essential life-lines, including water, power, and oxygen.
5. Solicit the input of hospital security in identifying potential security constraints and optimizing the control of facility access, essential pharmaceutical stocks, patient flow, traffic, and parking.
6. Designate an area for use as a temporary morgue; ensure the adequate supply of body bags and shroud packs.
7. Formulate a postmortem care contingency plan with appropriate partners (e.g., undertakers, funeral services).

N. Legal Bindings.

The above guidelines shall be adhered to in true letter and spirit. Violation of the guidelines shall be seriously viewed and action as deemed proper shall be initiated in accordance to the Epidemic Disease Act 1897 and any other orders or instructions issued there under in force.

NB: This draft has been prepared taking the Hospital emergency preparedness checklist for pandemic influenza: Focus on pandemic (H1N1) 2009 published by WHO EURO.

19. Guidelines for general hospitals and nursing homes for COVID-19 detected cases | DHS (28-Mar-2020)

Department	Directorate of Health Services
Document Reference No.	8465
Date of Issue	28-Mar-2020
Website Link	https://health.odisha.gov.in/pdf/Guidelines-Hospitals-NursingHome-COVID-19-DHS-28032020.pdf

By e-mail

**DIRECTORATE OF HEALTH SERVICES, ODISHA,
BHUBANESWAR**

No. 8456 /

Bhubaneswar, the 28 th Marh,2020.

To

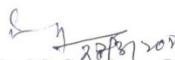
All the District Collectors
Director, Capital Hospital, Bhubaneswar
Director, RGH, Rourkela,
All CDM & PHOs

Sub: Guidelines for general hospitals and nursing homes for COVID – 19 detected cases

Madam/Sir,

Please find enclosed herewith the guidelines for general hospitals and nursing homes in which a case of COVID – 19 will be detected. This may please be widely circulated amongst all health care set ups in your jurisdiction for implementation. I would also like to request you to form task force units to monitor different institutions in this regards.

Thanking you.


Director, Health Services, Odisha

Memo No. 8457 / Date 28/3/20

Forwarded to the Principal Secretary to Govt. in Health & Family Welfare Dept. for information .

Memo No. 8458 /

Date 28/3/20


Director, Health Services, Odisha

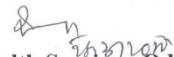
Forwarded to the Joint Secretary to Govt. in Health & Family Welfare Dept. for information

Memo No. 8459 /

Date 28/3/20


Director, Health Services, Odisha

Forwarded to the DMET/DPH for information and necessary action


Director, Health Services, Odisha

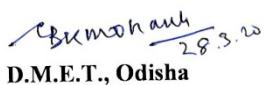
**GUIDELINES FOR GENERAL HOSPITALS AND NURSING HOMES IN WHICH A
CASE OF COVID-19 DETECTED**

1. When a COVID-19 case is detected, in the hospital, the facility should notify the Health Department immediately.
2. The patient must be segregated to an isolated area, preferably a single cabin with attached toilet.
3. If patient is critically ill in ICU, other patients in the room may be shifted to another section of the same building. These patients will be considered as contacts and will be followed for COVID – 19 symptoms for fourteen days. The guideline for COVID testing must be followed for these patients as per the ICMR protocol or else the patients confirmed COVID patients may be isolated into another isolation ICU created by relocation of the equipments.
4. Other patients so segregated must be followed up for at least 14 days in the hospital itself and should not be discharged.
5. Other patients in the hospital should be shifted to other section of the hospital and to be kept under observation.
6. Aggressive disinfection protocol must be started in the same room and also the same floor. The patients in other cabins or wards must be shifted to other isolated areas of the hospital or to other hospitals.
7. All health care & outsourcing personnel who had history of contact with the patients or deployed in the same block of the hospital must be identified, reported, quarantined and monitored for 14 days. For the staffs likely to be non-compliant or for whom home quarantine is not possible, the hospital authorities will be responsible for keeping them under quarantine and monitoring under their arrangement. Aggressive contact tracing must start from the hospital itself. Data collection must be initiated at the hospital level and be furnished to State IDSP cells for further continuance of surveillance.

8. All relatives & contacts must be sensitized on self monitoring, quarantine and standard precautionary measure, including hand-washing & social distancing.
9. The hospital should practice aggressive visitor restriction & also should enforce sick leave policy in the facilities.
10. No further admission to this section of hospital is allowed unless being a confirmed COVID -19 cases and the hospital is prepared to convert the section to the COVID-19 care unit.
11. Unless the section is independent & isolated, the hospital should stop admitting any cases except during life threatening emergency who may be admitted on compassionate ground. This must be done only with prior information & explanation to the attendants of the patient.
12. After discharge of the patient, the isolation room, all clinical areas & Laboratory, where the patient has visited along with accessories, equipments, injection & dressing trolleys etc. must be disinfected as per the NCDC guidelines, before allowing other patient to be admitted. If the area of the hospital is not independent, the hospital must take up aggressive disinfection of the whole hospital before allowing other patients for admission.
13. Government reserves the right to cancel the registration of the hospital, in case of any violation of the SOP or to initiate any legal action as deemed proper.
14. Other essential services will continue maintaining infection control guideline.



D.H.S., Odisha



CBMahanu
28.3.20
D.M.E.T., Odisha