

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI  
HEALTH & FAMILY WELFARE DEPARTMENT  
9<sup>th</sup> LEVEL, A-WING, DELHI SECRETARIAT, IP ESTATE, NEW DELHI - 110 002  
**Ph: 011-23392017, Fax: 011-23392464, email: pshealth@nic.in**

No. 52/DGHS/PH-IV/COVID-19/2020/prsecyhfw/5738-5837 Date: 24/04/2020

**ORDER**

Reference are being received in the office of Secretary Health, GNCTD regarding non admission/refusing/denying treatment in non COVID Government/Private Hospitals to routine & serious patients related to routine maintenance haemodialysis, Cardiology, Cardiothoracic, Neurology, Neuro-surgery, Gynecology, Obstetrics, Orthopedics, Pulmonary illness etc and other medical ailments on some pretext or the other. Instances have come to notice that patients are being referred to COVID Dedicated hospitals on mere suspicion and without any confirmed report of SARS Cov2 (COVID-19) from non COVID hospitals both in Government and Private sector in-spite of having that facility to treat those patients in their respective hospitals. Sometime non COVID hospitals both in Govt. and private sector are compelling patients to provide COVID-19 negative reports before treatment for illness other than influenza like illness (ILI) and Severe Acute Respiratory illness (SARI).

Order dated 17.04.2020 has been issued regarding availability of regular medical services at Non-COVID Hospitals to maintain their full operations for the care of patients and try to accommodate the load of the hospitals which has been declared as COVID Hospitals by Govt. of NCT of Delhi (Annexure-A).

Further, if non COVID hospitals will start referring routine patients on mere suspicion of COVID 19, then in such a scenario all suspected cases will be flooded in tertiary level Dedicated COVID hospitals leading to compromise of serious COVID patients at their end.

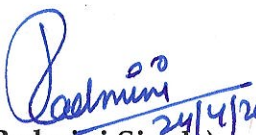
Guidelines for COVID testing Centres, COVID Isolation Centres and COVID Health Centres along with protocol for admission of suspected and confirmed cases along with their lists are already being issued vide order No PA/SS-II/2000/H&FW/SS3HFW/47 dated 16.04.2020 (Annexure-B) on the lines of advisory/protocol issued by Ministry of Health & Family Welfare, Govt. of India (Annexure-C) depicting treatment protocol for suspected and confirmed cases in Dedicated COVID Hospitals, Dedicated COVID Health Centres & COVID Care Centres in case need arises if patient is found to be positive during treatment or later on.

(Contd....2/-)

:: 2 ::

In case any patient is detected positive during treatment in non COVID hospital then that hospital needs to follow guidelines dated 20.04.2020 issued by Ministry of Health and Family Welfare, Govt. of India in letter and spirit and all actions to be taken for the patient care, health care workers, institution etc as a organization on detection of suspected/confirmed COVID-19 case in a non COVID healthcare facility. Said guidelines are enclosed for ready reference for compliance by all concerned Govt. and private hospitals (Annexure-D).

In view of above, in exercise of the powers conferred by the Delhi Epidemic Diseases COVID-19 Regulations, 2020 under the Epidemic Diseases Act 1897, to facilitate the treatment COVID-19 infected persons at the designated COVID-19 hospitals, all MSs/MDs/Directors of Hospitals under GNCTD and in private sector are directed that no patient who is reaching to the non COVID hospitals other than with Corona infection (COVID-19) should be denied treatment or admission in hospital. Also, they must ensure that all safety protocols are being followed by their doctors and other health care workers, without fail.

  
(Padmini Singla)  
24/4/2020

Secretary (Health & FW)

To

1. All MSs/MDs/Directors of all GNCTD Hospitals
2. All MSs/MDs/Directors/Administrators/CEOs of all Private Hospitals in Delhi
3. DGHS, Govt. of NCT of Delhi

No. 52/DGHS/PH-IV/COVID-19/2020/prsecyhfw/5738-5837 Date: 24/04/2020

Copy to:

1. Addl. CS (Home), Govt. of NCT of Delhi
2. Pr. Secretary to Hon'ble LG, Delhi
3. Pr. Secretary (Revenue), Govt. of NCT of Delhi
4. Pr. Secretary (Health & FW/UD), Govt. of NCT of Delhi
5. Addl. Secretary to Hon'ble CM, Govt. of NCT of Delhi
6. Secretary to Hon'ble Minister of Health, GNCT of Delhi
7. All District Magistrates, Govt. of NCT of Delhi.
8. OSD to CS, Govt. of NCT of Delhi
9. Dr. R.N. Das, MS-NH, DHS
10. PA to Spl. Secretary (H&FW)

  
(Padmini Singla)  
24/4/2020

Secretary (Health & FW)



ANNEXURE-A

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI  
HEALTH & FAMILY WELFARE DEPARTMENT  
9th LEVEL, A-WING, DELHI SECRETARIAT, IP ESTATE, NEW DELHI - 110 002  
Ph: 011-23392017, Fax: 011-23392464, email: pshealth@nic.in


No. 52/DGHS/PH-IV/COVID-19/2020/prsecyhfw/4675-4724

Date: 17/04/2020

ORDER

With reference to the Video Conference with Union Health Minister regarding availability of regular medical services at Non-COVID Hospitals, it is reiterated that all MSs/Directors of Hospitals are directed to maintain operation of full at their hospitals and try to accommodate the load of the hospitals which has been declared as COVID Hospitals.

No emergency patient who is reaching to the hospitals should be denied treatment. All MSs/Directors of Hospitals are directed to intimate this office Total no. of OPDs attended, Total No. of Emergency patients attended and the Total No. of patients admitted against the full capacity at: specialsechealth@gmail.com by 4pm every day.

  
(Padmini Singla) 13/4/2020  
Secretary (Health & FW)

To


All MSs/MDs/Directors of all GNCTD Hospitals

No. 52/DGHS/PH-IV/COVID-19/2020/prsecyhfw/4675-4724

Date: 17/04/2020

Copy to:

1. Addl. CS (Home), Govt. of NCT of Delhi
2. Pr. Secretary to Hon'ble LG, Delhi
3. Divisional Commissioner, Delhi
4. Pr. Secretary (Health & FW/UD), GNCT of Delhi
5. Addl. Secretary to Hon'ble CM, Govt. of NCT of Delhi
6. Secretary to Hon'ble Minister of Health, GNCT of Delhi
7. OSD to CS, Govt. of NCT of Delhi

  
(Padmini Singla) 13/4/2020  
Secretary (Health & FW)

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI  
DEPARTMENT OF HEALTH & FAMILY WELFARE  
9<sup>TH</sup> LEVEL, 'A' WING, DELHI SECRETARIAT, NEW DELHI-110002

F.No. PA/SS-II/2020/H&FW/5534/jw/47

Dated: 16.04.2020

To

1. The Divional Commissioner,
2. All DCs, GNCTD

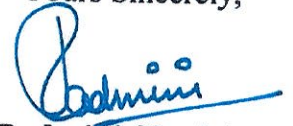
**Sub: Guidelines for COVID Testing Centres, COVID Isolation Centres and COVID Health Centres. reg.**

Sir,

Please find enclosed herewith detailed guidelines for management of suspect/confirmed cases of COVID 19 in COVID Testing Centres (CTC), COVID Isolation Centres (CIC) and COVID Health Centres (CHC).

It is requested that the District Administration may immediately operationalise the CTC and CIC as per the guidelines enclosed. An action taken report, in this regard may kindly be submitted to this office.

Yours Sincerely,



(Padmini Singla)  
Secretary (H&FW)

Encl. As above.

**Copy for information to:-**

1. PS To Minister of Health, GNCTD,
2. PS to Chief Secretary, GNCTD,
3. PS to Addl. Chief Secretary, GNCTD,
4. Staff Officer to Commissioner of Police, (Delhi),
5. Chairman NDMC, Delhi,
6. Commissioners of all MCDs, GNCTD,
7. Director, DGHS, GNCTD,
8. All MSs/MDs/Principals of the Government Hospitals/ Society Hospitals/Autonomous Bodies under Delhi Government Health and Family Welfare Department, GNCTD



(Padmini Singla)  
Secretary (H&FW)

**GUIDELINES FOR MANAGEMENT OF CONFIRMED CASES OF COVID-19 in**  
**COVID HEALTH CENTRES (CHCs)**

MOHFW has issued guidance document on appropriate management of suspect/confirmed cases of COVID-19. The purpose of the document is to put in place an SOP to ensure optimal utilization of available resources and thereby providing appropriate care to all the COVID-19 patients.

In pursuance of the above guidelines, GNCT of Delhi has issued guidelines for COVID TESTING CENTERS and COVID ISOLATION CENTERS. In continuation of that following guidelines are being issued with respect to COVID HEALTH CENTERS (CHCs).

**i. LOGISTICAL REQUIREMENTS OF CHC**

**Location:**

- List of CTC/CIC/CHC is annexed.
- More centres can be created as per the requirement following the extant GOI guidelines and established protocols.

**Basic infrastructure/functional requirements:**

- Should be a full hospital/block of a hospital.
- CHC shall offer care for all cases that have been clinically assigned as moderate.
- Separate entry/exit/zoning for SUSPECT and CONFIRMED cases.
- Separate areas for SUSPECT and CONFIRMED cases. Under no circumstances the suspect and confirmed cases should be allowed to mix.
- CHC should have beds with assured Oxygen support.
- Basic Life Support Ambulance (BLSA) equipped with sufficient oxygen support should be available 24X7.
- Lighting, well-ventilation, electricity, ceiling fan, communication facility.
- Support services- Potable water & fooding.
- Sanitation services/Cleaning and covered bins as per BMW guidelines.
- Recreational facilities.

**ii. OVERALL ADMINISTRATION AND SETUP**

- a. A Centre incharge shall be appointed by the MS of the concerned Hospital who will be over all in charge of administration of the CHC. He shall also be responsible for providing general up keeping and maintenance of the centre such as basic facilities, food, water, cleanliness, recreational facilities, counselling and security etc.
- b. With regards to the medical facilities, MS of the hospital shall, provide the healthcare facilities to the CHC with the help group of doctors available in the hospital.
- c. Number of Medical teams may be worked up by the MS as per the bed strength and as per the requirement.
- d. Director CATS to provide 24X7 BLSA with basic oxygen support to all the CHCs which will be under the supervision of the Centre Incharge. Centre incharge shall ensure that all requisite protocols for disinfection for Ambulance should be followed as and when it is used.

**iii. SOP FOR CASES CLINICALLY ASSIGNED AS MODERATE**

- a. Clinical criteria: Pneumonia with no signs of severe disease (Respiratory Rate 15 to 30/minute, SpO2 90%-94%).
- b. Such cases if found in CTC or CIC shall be shifted to COVID Health centres.
- c. It will be manned by allopathic doctors and cases will be monitored on above mentioned clinical parameters for assessing severity as per treatment protocol (available on MoHFW website).
- d. They will be kept in "suspect cases" section of COVID Health Centres, till such time as their results are not available preferably in an individual room.
- e. Those testing positive shall be shifted to "confirmed cases" section of Dedicated COVID Health Centre.
- f. Any patient, for whom the test results are negative, will be shifted to a non-COVID hospital and will be managed according to clinical assessment. Discharge as per clinical assessment.
- g. If any patient admitted to the COVID Health Center qualifies the clinical criteria for severe case, such patient will be shifted to a COVID Hospital.

**iv. DUTIES/RESPONSIBILITIES**

**1. CENTRE INCHARGE:**

- a. The medical team will work under control & supervision of Centre incharge. He should ensure smooth working of the centre.
- b. Daily monitoring visit needs to be conducted inside & outside the centre and gaps to be noted. Necessary corrective and preventive measures to be taken by him to ensure that the centre is functioning as per the guidelines of GOI and standard protocol.
- c. He should follow the SOP of GOI for the managing the Moderate Cases.
- d. He will also coordinate with COVID Hospitals for shifting of any severe cases as per the SOP issued by GOI.
- e. The centre incharge to report to MS on regular basis.

**2. MS**

- i. Providing logistics as required to the CHC incharge.
- ii. Providing sanitation staff as per the requirement and in coordination with the centre incharge.
- iii. Arranging for the cleaning of linen.
- iv. Shifting and admitting the patients who are clinically assigned as moderate or severe.



## **GUIDELINES FOR MANAGEMENT OF CONFIRMED CASES OF COVID-19 in COVID ISOLATION CENTRES (CICs)**

MOHFW has issued guidance document on appropriate management of suspect/confirmed cases of COVID-19. The purpose of the document is to put in place an SOP to ensure optimal utilization of available resources and thereby providing appropriate care to all the COVID-19 patients.

In pursuance of the above guidelines, GNCT of Delhi has issued guidelines for COVID TESTING CENTERS. In continuation of that following guidelines are being issued with respect to COVID ISOLATION CENTERS (CICs)

### **i. LOGISTICAL REQUIREMENTS OF CIC**

#### **Location:**

- List of CTC/CIC/CHC is annexed.
- More centres can be created as per the requirement following the extant GOI guidelines and established protocols.

#### **Basic infrastructure/functional requirements:**

- Rooms/Dormitory having distance of 2 meters between beds.
- CIC shall be housing only the Confirmed Cases sent from CTCs which are clinically assigned as mild/very mild cases.
- Lighting, well-ventilation, electricity, ceiling fan, communication facility.
- Support services- Potable water & fooding.
- Sanitation services/Cleaning and covered bins as per BMW guidelines.
- Recreational facilities.

#### **Space requirements for the facility:**

- Administrative space.
- Logistics areas
- Rest rooms- doctors/nurses/supporting staffs
- Clinical examination room
- Mess/Meal preparation (on- or off-site)
- Holding area for contaminated waste
- Wash room/Bathroom/Toilet

### **ii. OVERALL ADMINISTRATION AND SETUP**

- a. A Centre incharge shall be appointed by DM (District Magistrate) of the district who will be over all incharge of administration of the CIC. He shall also be responsible for providing general up keeping and maintenance of the centre such as basic facilities, food, water, cleanliness, recreational facilities, counselling and security etc.
- b. With regards to the medical facilities, CDMO (Chief District Medical Officer) of the district shall, provide the healthcare facilities to the CIC with the help group of trained AYUSH DOCTORS(provided by DIRECTOR AYUSH) and allopathic doctors.
- c. Director AYUSH shall be forming the teams of trained AYUSH doctors and placing their services at the disposal of CDMO district.

d. Provisions of Medical Teams

SHIFTS	Doctors/ 200 Beds	Paramedics/200 Beds
Morning shift(8am to 2pm)	4	8
Afternoon shift(2 pm to 8 pm)	2	4
Night shift(8 pm to 8 am)	2	4

- e. Number of Medical teams may be worked up by the CDMO as per the bed strength as per the requirement mentioned above.
- f. One allopathic doctor to be appointed by CDMO as medical Incharge of the centre and he shall be responsible for round the clock uninterrupted medical services.
- g. Director CATS to provide 24X7 BLSA with basic oxygen support to all the CICs which will be under the supervision of the Centre Incharge. Centre incharge shall ensure that all requisite protocols for disinfection for Ambulance should be followed as and when it is used.
- h. All the Centre Incharges and CDMO shall report to DM of the concerned district with respect to management of CIC as per the protocol issued by GOI and this guideline.

iii. **SOP FOR CONFIRMED CASES CLINICALLY ASSIGNED AS MILD AND VERY MILD**

- CIC shall be accommodating only the positive cases referred from the concerned CTC which are clinically assigned as mild/very mild case.
- All the cases to be examined twice a day for fever, respiratory & other flu like symptoms and risk factors and record, report and act accordingly.
- The leaving medical team will hand over related information to the next relieving team and will leave Centre with due permission of In- charge.
- If any patient admitted to CIC qualifies the clinical criteria for moderate or severe case, such patient will be shifted to DCHC or DHC.
- Daily reporting of status of confirmed cases, health workers/contacts having developed symptoms related to COVID-19, no. of cases requiring referral to be done by the medical incharge.

iv. **DUTIES/RESPONSIBILITIES**

1. **District Administration**

- i. Overall administration of the Centre
- ii. Provisioning for foods, basic facilities, counselling, recreational facility, security etc as being provided in the existing Quarantine facility.
- iii. CDMO and the centre incharge shall be reporting to the DM on regular basis.
- iv. Outside sanitation to be provide by the local municipal body.
- v. Inner sanitation of the centres to be arranged by the CDMOs in coordination with the DCHC or DCH. It has to be coordinated by Centre Incharge.



## 2. CDMO

- i. Heshall ensure implementation of all activities according to guidelines of GOI and standard protocol.
- ii. Arrange sufficient medical teams amongst the AYUSH / allopathic staff as per the provision mentioned earlier.
- iii. CDMO shall also arrange the following through a written request to the identified DCHC/DCH:

Sr. No.	Items	Quantity for 200 passengers	Frequency of Replenishment	Remarks
1	PPE Kits for medical team, Lab Technician & safaikarmcharies.	90	Daily	
2	Thermometers	220 (including 20 as Buffer)	On arrival of new passengers	one for each passenger
3	BP instrument	10	One time	
4	BP cuffs,	60	One time	To be disinfected after use for next use
5	stethoscopes	15	One time	
6	kits to test Blood Sugar	600	After 14 days	All 200 passengers on first day & subsequently as required
7	Triple Layer surgical Mask	1000	Daily	
	N95 Mask	50	Daily	
8	plain Soap	500	Daily	
9	alcohol based hand rub	50	Daily	
10	Detergent & disinfectant	20 litres	Daily	for cleaning of hard surfaces
11	Large plastic bags	200	Daily	
12	Appropriate clinical waste bags	100	Daily	
13	Linen bags	500	Daily	
14	Collection container	200	Daily	

- iv. CDMO shall also arrange for packaging, transfer to hospital laundry & receiving the linen.
- v. CDMO shall work under the superintendence and control of DM.

## 3. CENTRE INCHARGE:

- i. The medical team will work under control & supervision of Centre incharge. He should ensure smooth working of the centre.

- ii. Daily monitoring visit needs to be conducted inside& outside the centre and gaps to be noted. Necessary corrective and preventive measures to be taken by the him to ensure that the centre is functioning as per the guidelines of GOI and standard protocol.
- iii. He should follow the SOP of confirmed cases clinically assigned as mild/very mild as mentioned above.
- iv. He will also coordinate with DCHC and DCH for shifting of any moderate or severe cases as the case may be as per the SOP.
- v. The centre incharge to report to DM and CDMO on regular basis.

#### **4. DCHC/DCH**

- i. Providing logistics (all items mentioned above) to the CIC.
- ii. Providing sanitation staff as per the requirement and in coordination with the centre incharge.
- iii. Arranging for the cleaning of linen.
- iv. Shifting and admitting the patients who are clinically assigned as moderate or severe.

**GUIDELINES FOR MANAGEMENT OF SUSPECT/CONFIRMED CASES OF COVID-19 in COVID TESTING CENTRES (CTCs)**

MOHFW has issued guidance document on appropriate management of suspect/confirmed cases of COVID-19. The purpose of the document is to put in place an SOP to ensure optimal utilization of available resources and thereby providing appropriate care to all the COVID-19 patients.

In view of the above SOP following guidelines are issued for COVID TESTING CENTRES (CTCs):

**i. LOGISTICAL REQUIREMENTS OF CTC**

**Location:**

- List of CTC/CIC/CHC is annexed.
- More centres can be created as per the requirement following the extant GOI guidelines and established protocols.

**Basic infrastructure/functional requirements:**

- 2 separate zones with separate entry/exit which cannot be accessed from each other for SUSPECTS(S) and CONFIRMS(C) under any circumstances.
- S & C zone should be separated in such a way that under no circumstances the occupants of the two zones mix with each other.
- Single room occupancy for each Suspect case.
- Separate Confirmed Cases(C) zone for temporarily holding the confirmed cases till the time they are shifted to COVID ISOLATION CENTRES (CIC).
- Sanitation services/Cleaning and covered bins as per BMW guidelines.

**Space requirements for the facility:**

- Administrative space.
- Logistics areas
- Rest rooms- doctors/nurses/supporting staffs
- Clinical examination room
- Mess/Meal preparation (on- or off-site)
- Holding area for contaminated waste
- Wash room/Bathroom/Toilet

**ii. OVERALL ADMINISTRATION AND SETUP**

1. A Centre incharge shall be appointed by DM (District Magistrate) of the district who will be over all incharge of administration of the CTC. He shall also be responsible for providing general up keeping and maintenance of the centre such as basic facilities, food, water, cleanliness, recreational facilities, counselling and security etc.
- a. With regards to the medical facilities, CDMO (Chief District Medical Officer) of the district shall, provide the healthcare facilities to the CTC with the help group of trained AYUSH DOCTORS(provided by DIRECTOR AYUSH) and allopathic doctors.

- b. Director AYUSH shall be forming the teams of trained AYUSH doctors and placing their services at the disposal of CDMO district.
- c. Provision of Medical Teams

SHIFTS	Doctors/200 Beds	Paramedics/200 Beds
Morning shift(8am to 2pm)	4	8
Afternoon shift(2 pm to 8 pm)	2	4
Night shift(8 pm to 8 am)	2	4

- d. Number of Medical teams may be worked up by the CDMO as per the bed strength as per the requirement mentioned above.
- e. One allopathic doctor to be appointed by CDMO as medical Incharge of the centre and he shall be responsible for round the clock uninterrupted medical services.
- f. DGHS shall provide sampling team as and when required by Centre in charge for sampling of Suspects.
- g. Director CATS to provide 24X7 BLSA with basic oxygen support to all the CTCs which will be under the supervision of the Centre In-charge. Centre incharge shall ensure that all requisite protocols for disinfection of the Ambulance is followed scrupulously as and when it is used.
- h. All the Centre Incharges and CDMO shall report to DM of the concerned district with respect to management of CTC as per the protocol issued by GOI and this guideline.

### iii. SOP FOR TESTING IN CTC

- Only the cases presenting with fever and/or upper respiratory tract illness, Influenza Like Illness (ILI) or coming from hotspots/containment zones/hospitals etc can be accommodated in the CTC. Any other patient/person if approaches CTC, has to be sent/returned back to relevant medical care unit.
- The above cases can come from the Hospitals/Containment Zones/Hotspots or any other place.
- When a patient/person with fever/ILI/upper respiratory tract illness or from hotspots/containment zones/hospitals etc approaches the Centre following protocol shall be followed
  - Screening for fever/ILI/upper respiratory tract illness/COVID symptoms
  - If the screening test is negative, the person is to sent to relevant medical centre/home
  - If screening test is positive, sampling of the patient to be taken for COVID testing.
  - The patient to be admitted and shifted to S zone.
  - As and when the test results come for the suspect cases, if the test result is positive the case is to be immediately shifted temporarily to Confirmed Zone of CTC and then to CIC. In no circumstances the positive cases should be allowed to mix with the Suspect cases of CTC.
  - If the test is negative the case is to be discharged after giving symptomatic treatments as per the established protocols.



- All the cases to be examined twice a day for fever, respiratory & other flu like symptoms and risk factors and record, report and act accordingly.
- The leaving medical team will hand over related information to the next relieving team and will leave Centre with due permission of In-charge.
- If any patient admitted to CTC qualifies the clinical criteria for moderate or severe case, such patient will be shifted to DCHC or DHC.
- Daily reporting of status of confirmed cases, health workers/contacts having developed symptoms related to COVID-19, no. of cases requiring referral etc., to be done by the medical incharge.

#### iv. DUTIES/RESPONSIBILITIES

##### 1. District Administration

- Overall administration of the Centre
- Provisioning for foods, basic facilities, counselling, recreational facility, security etc.
- CDMO and the centre incharge shall be reporting to the DM on regular basis.
- Outside sanitation to be provide by the local municipal body.
- Inner sanitation of the centres to be arranged by the CDMOs in coordination with establishment of the CTC.

##### 2. CDMO

- He shall ensure implementation of all activities according to guidelines of GOI and standard protocol.
- Arrange sufficient medical teams amongst the AYUSH /allopathic staff as per the criteria mentioned earlier.
- CDMO shall also arrange the following through a written request to the identified DCHC/DCH:

Sr. No.	Items	Quantity for 200 passengers	Frequency of Replenishment	Remarks
1	PPE Kits for medical team, Lab Technician & safai karmcharis.	90	Daily	
2	Thermometers	220 (including 20 as Buffer)	On arrival of new passengers	one for each passenger
3	BP instrument	10	One time	
4	BP cuffs,	60	One time	To be disinfected after use for next use
5	stethoscopes	15	One time	
6	kits to test Blood Sugar	600	After 14 days	All 200 passengers on first day & subsequently as required
7	Triple Layer surgical Mask	1000	Daily	
	N95 Mask	50	Daily	

8	plain Soap	500	Daily	
9	alcohol based hand rub	50	Daily	
10	Detergent & disinfectant	20 litres	Daily	for cleaning of hard surfaces
11	Large plastic bags	200	Daily	
12	Appropriate clinical waste bags	100	Daily	
13	Linen bags	500	Daily	
14	Collection container	200	Daily	

iv. CDMO shall work under the superintendence and control of DM.

### 3. CENTRE INCHARGE:

- i. The medical team will work under control & supervision of Centre incharge. He should ensure smooth working of the centre.
- ii. Daily monitoring visit needs to be conducted inside& outside the centre and gaps to be noted. Necessary corrective and preventive measures to be taken by the him to ensure that the centre is functioning as per the guidelines of GOI and standard protocol.
- iii. He should follow the SOP for Testing of the cases.
- iv. He shall ensure that the patients in S & C zones are separate at all times and under no circumstances are allowed to mix.
- v. He will ensure early receipt of testing result of suspect cases.
- vi. He will ensure that once a positive result is received for a suspect case, the case is first temporarily shifted to C zone and then immediately shifted to concerned CIC.
- vii. He will also coordinate with DCHC and DCH for shifting of any moderate or severe cases as the case may be as per the SOP.
- viii. The centre in charge to report to DM and CDMO on regular basis.

### 4. DCHC/DCH

- i. Providing logistics (all items mentioned above) to the CTC.
- ii. Shifting and admitting the patients who are clinically assigned as moderate or severe.

### 5. DGHS

- i. Provide sampling teams to centre incharge for sampling of the suspects as and when required expeditiously.

**ANNEXURE**

Sl. NO.	CTC (19)	CCC (08)	CHC (03)	COVID HOSPITALS (02)
1	The Exotica Grand, 1/12 West Patel Nagar	DUSIB flats Dwarka	CBPACS	LNH
2	Maharaja Agrasen Bhawan CS Pocket 12, Rithala Road, Sector 5, Rohini	Narela Dusib Flats	A&U Tibbia College, Karol Bagh	LNH
3	Khosla Hospital, Shalimar Bagh	Narela Dusib Flats	A&U Tibbia College, Karol Bagh	LNH
4	Shri Satnam Bhawan, Block c-3, Phase -2, Ashok Vihar, Delhi	Narela Dusib Flats	A&U Tibbia College, Karol Bagh	LNH
5	Bensups Hospital, Dwarka	DUSIB flats Dwarka	CBPACS	LNH
6	Golden Tulip Hotel, Hari Nagar	PTS Dwarka	CBPACS	LNH
7	Oswal Samaj, Vivek Vihar	Hotel Ginger East Dehi	A&U Tibbia College, Karol Bagh	LNH
8	Swami Parmanand Prakritik Chikitsalaya Yoga & Anushandhan Kendra, West Vinod Nagar	Police Quarters, Mandoli Jail Complex	Nehru Homeopathic Hospital	RGSSH
9	CBR Hospital, Aya Nagar	Terapanth Bhawan	Nehru Homeopathic Hospital	RGSSH
10	Yogesh Kansal, Shrine Hospital, Main Bawana Road, Sector 17, Rohini	Narela Dusib Flats	A&U Tibbia College, Karol Bagh	LNH
11	BH Salvas, Chandan Park, Jharoda Road, Najafgarh	PTS Dwarka	CBPACS	LNH
12	Quarntine facility, DUSIB flats, SE Block, Sultan Puri	Sultanpuri DUSIB flats	A&U Tibbia College, Karol Bagh	LNH
13	Hotel Amrapali Grand, 2/16 East Patel Nagar	DUSIB flats Bakarwala	CBPACS	LNH
14	Maharaja Agarsain Hospital, Narela	Narela Dusib Flats	A&U Tibbia College, Karol Bagh	LNH
15	New PS Shahdara Building, GT Road, Near Shyam Lal College, Shahdara	Hotel Ginger East Dehi	A&U Tibbia College, Karol Bagh	LNH
16	Hotel Apra Inn, Ajmal Khan Road, Karol Bagh	Hotel Ginger East Dehi	A&U Tibbia College, Karol Bagh	LNH
17	Prime Stay B&B, Haiderpur, Shalimar Bagh	Sultanpuri DUSIB flats	A&U Tibbia College, Karol Bagh	LNH
18	Chatterpur Beleamonde Hotel, Mandir Raod, Sahoopur Extn., Satbari, Mehrauli	PTS Dwarka	A&U Tibbia College, Karol Bagh	LNH
19	Swift Hotel, Meera Bagh	Police Quarters, Mandoli Jail Complex	Nehru Homeopathic Hospital	RGSSH



## Strategy for the Treatment of COVID19 Suspected Cases

Patient feel symptomatic with Influenza Like Illness (ILI) e.g. Sore Throat/Cough, Cold, Fever, Headache etc.



Any OPD consultation, Online Consultation or Directed through App



### Mild symptoms

(Category 1)

Cough/ Throat pain/  
Malaise/Mild  
Headache/Running  
Nose with Respiratory  
rate 12-15/min. with  
Fever <100°F.

### Moderate symptoms

(Category 2)

Dry Cough/ Chest pain/  
Throat pain/  
Malaise/Headache/Running  
Nose with Respiratory rate  
15- 30/min. with Fever 100°F  
– 101.5°F

### Severe symptoms

(Category 3)

Dry Cough/ Chest pain/  
Throat pain/ Malaise/  
Palpitation/Severe  
Headache/Running Nose/  
Subnormal mentation (Dis-  
oriented with time, Place &  
Person) with Respiratory  
Distress i.e Respiratory rate  $\geq$   
30 min. with Fever > 101.5°F



Refer to

**CovidTestingC  
enters**

(CTC)

Refer to

**CovidHealth  
Centers**

(CHC)

Refer to

**Covid Hospital**

Govt. Hospitals (Free): LokNayak  
Hospital/ Rajiv Gandhi Super  
Speciality Hospital/ RML  
Hospital/ Safdarjung hospital/  
AIIMS

Pvt. Hospitals (Paid): GangaRam  
Hospital/ Max Hospital, Saket/  
Apollo Hospital



## AT CTC (Covid Testing Center)

Duty Doctor will do the thorough Clinical Assessment & take all the personal details of Suspect including Full Address and Contact No. on the App.

### History:

Cough, Fever, Chest pain, Throat pain, Malaise/Bodyache, Palpitation, Headache, Running Nose, Subnormal mentation (Dis- oriented with time, Place & Person), Respiratory Distress

Any recent travel to the foreign Country or the recent contact with the person who has travelled foreign country recently.

### Examination:

All Vitals including Respiratory rate, Pulse rate, Blood pressure, temperature, Oxygen saturation (SPO<sub>2</sub>) with Lung examination and look for the signs of Consolidation or any other abnormality.

Not suspected for Covid 19

Sent back to Home

Suspected for Covid 19

Admit the patient in a separate Isolation Room with attached Bathroom at CTC.

Samples will be taken daily and sent to the designated Laboratory following all standard National infection control guidelines.

Sample Report Negative

Sent back to Home

Patients with Mild Symptoms & signs (CATEGORY 1)

transfer to

**Covid Isolation Center (CIC)**

e.g. Terapanth Bhawan (Free)

Aerocity Hotels (Paid)

Sample Report Positive

Patients with Moderate symptoms & signs  
transfer to

**Covid Health Center (CHC)**

Patients with Severe Symptoms & signs

transfer to

**Dedicated Covid Hospital (DCH)**

Govt. Hospitals (Free)

Pvt. Hospitals (Paid)

After discharging of the patient, thorough disinfection of the Room, toilet/bathroom, corridors, passages & all common areas of the CTC. Each CTC will be attached with the nearby Hospital of GNCTD. Medical Personnel at each CTC will be provided by the attached link hospital.



Ministry of Health & Family Welfare  
Directorate General of Health Services  
EMR Division

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

**1. Introduction:** Since its first detection in China, Coronavirus Disease 2019 (COVID-19) has now spread to over 210 countries/territories, with reports of local transmission happening across the world. As per WHO (as of 7<sup>th</sup> April, 2020), there has been a total of 12,14,466 confirmed cases and 67,767 deaths due to COVID-19 worldwide.

In India, as on 7<sup>th</sup> April, 2020, 4421 confirmed cases and 114 deaths reported from 31 States/UTs.

**2. Purpose of this document**

A series of measures have been taken by both the Central and State Governments to break the chain of transmission. One among these is to 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 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. This will ensure that available hospital beds capacity is used only for moderate to severe cases of COVID-19. The SOPs specified 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. Three types of COVID dedicated facilities are proposed in this document. All 3 types of COVID Dedicated facilities will have separate ear marked areas for suspect and confirmed cases. Suspect and confirmed cases should not be allowed to mix under any circumstances.**

**All suspect cases (irrespective of severity of their disease) will be tested for COVID-19. Further management of these cases will depend on their (i) clinical status and (ii) result of COVID-19 testing.**

**All three types of facilities will be linked to the Surveillance team (IDSP)**

**All these facilities will follow strict infection prevention and control practices**

**3. Types of COVID Dedicated Facilities:** There are three types of COVID Dedicated Facilities –

**(1) COVID Care Center (CCC):**

- 1.1. 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.**
- 1.2. The COVID Care Centers are makeshift facilities. These may be set up in hostels, hotels, schools, stadiums, 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 should be designated as COVID Care Centers as a last resort. This is important as essential non COVID Medical services like those for pregnant women, newborns etc, are to be maintained.
- 1.3. Wherever a COVID Care Center is designated for admitting both the confirmed and the suspected cases, these facilities **must have separate areas for suspected and confirmed cases with preferably separate entry and exit. Suspect and confirmed cases must not be allowed to mix under any circumstances.**
- 1.4. As far as possible, wherever suspect cases are admitted in the COVID Care Center, preferably individual rooms should be assigned for such cases.
- 1.5. 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).

- 1.6. 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.
- 1.7. The human resource to man these Care Centre facilities may also be drawn from AYUSH doctors. Training protocols developed by AIIMS is uploaded on MoHFW website. Ministry of AYUSH has also carried out training sessions. The State AYUSH Secretary/Director should be involved in this deployment. State wise details of trained AYUSH doctors has been shared with the States. Their work can be guided by an Allopathic doctor.

**(2) Dedicated COVID Health Centre (DCHC):**

- 2.1. The Dedicated COVID Health Centre are hospitals that shall offer care for all cases that have been **clinically assigned as moderate.**
- 2.2. These should either be a full hospital or a separate block in a hospital with preferably separate entry\exit/zoning.
- 2.3. Private hospitals may also be designated as COVID Dedicated Health Centres.
- 2.4. 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 and confirmed cases. Suspect and confirmed cases must not be allowed to mix under any circumstances.**
- 2.5. These hospitals would have beds with assured Oxygen support.
- 2.6. Every Dedicated COVID Health Centre must necessarily be mapped to one or more Dedicated COVID Hospitals.
- 2.7. Every DCHC must also have a dedicated Basic Life Support Ambulance (BLSA) equipped with sufficient oxygen support for ensuring safe transport of a case to a Dedicated COVID Hospital if the symptoms progress from moderate to severe.

**(3) Dedicated COVID Hospital (DCH):**

- 3.1. The Dedicated COVID Hospitals are hospitals that shall offer comprehensive care primarily for those who have been **clinically assigned as severe.**
- 3.2. The Dedicated COVID Hospitals should either be a full hospital or a separate block in a hospital with preferably separate entry\exit.



- 3.3. Private hospitals may also be designated as COVID Dedicated Hospitals.
- 3.4. These hospitals would have fully equipped ICUs, Ventilators and beds with assured Oxygen support.
- 3.5. These hospitals **will have separate areas for suspect and confirmed cases. Suspect and confirmed cases should not be allowed to mix under any circumstances.**
- 3.6. 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.**

#### **4. Management of COVID cases**

##### **4.1. Assessment of patients:**

In addition to patients arriving directly through helpline/ referral to above categories of COVID dedicated facilities, in field settings during containment operations, the supervisory medical officer to assess for severity of the case detected and refer to appropriate facility.

States\UTs may identify hospitals with dedicated and separate space and set up Fever Clinics in such hospitals. The Fever Clinics may also be set up in CHCs, in rural areas subject to availability of sufficient space to minimize the risk of cross infections. In urban areas, the civil\general hospitals, Urban CHCs and Municipal Hospitals may also be designated as Fever Clinics. These could be set up preferably near the main entrance for triage and referral to appropriate COVID Dedicated Facility. Wherever space allows, a temporary make shift arrangement outside the facility may be arranged for this triaging.

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.

##### **4.2 Categorization of patients**

**Patients may be categorized into three groups and managed in the respective COVID hospitals – Dedicated COVID Care Centre, dedicated COVID Health Centre and dedicated COVID**

**Hospitals.**

**Group 1:** Suspect and confirmed cases clinically assigned as mild and very mild

**Group 2:** Suspect and confirmed cases clinically assigned as moderate

**Group 3:** Suspect and confirmed cases clinically assigned as severe

**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 measures as per prescribed protocols.
- If any patient admitted to the COVID Care Center 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, sanitation, counseling etc. at the COVID Care Centers will be provided by local administration. Guidelines for quarantine facilities (available on MoHFW website) may be used for this purpose.

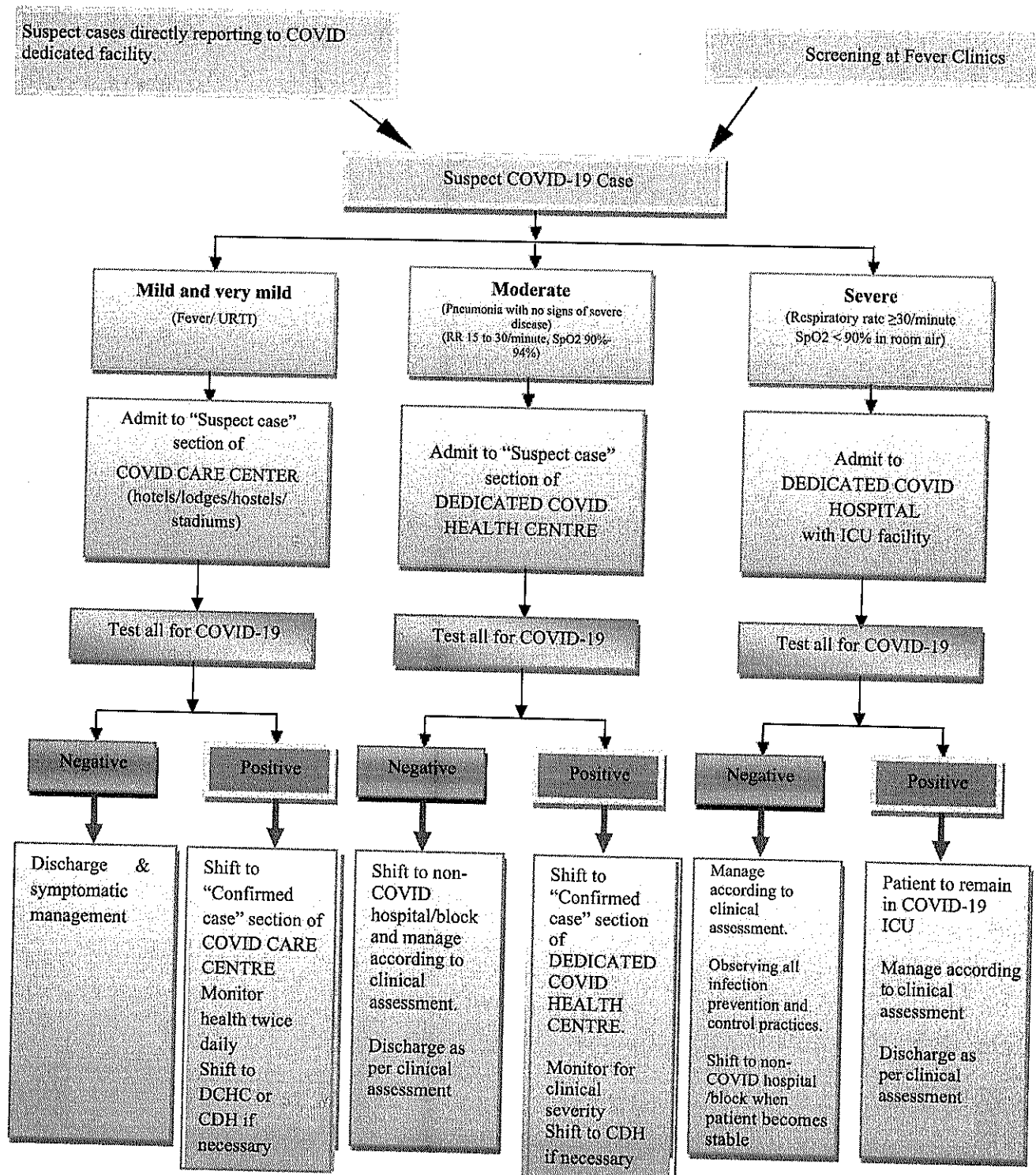
**Group 2: Suspect and confirmed cases clinically assigned as moderate (Dedicated COVID Health Centres)**

- **Clinical criteria:** Pneumonia with no signs of severe disease (Respiratory Rate 15 to 30/minute, SpO<sub>2</sub> 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 (available on MoHFW website).
- 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 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  $\geq 30$ /minute and/or SpO<sub>2</sub> < 90% in room air) or ARDS or Septic shock
- Such cases will be directly admitted to a Dedicated COVID Hospital’s ICU till such time as test results are obtained.
- 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 managed with adequate infection prevention and control practices.

## Algorithm for isolation of suspect/confirmed cases of COVID-19





**Ministry of Health & Family Welfare  
Directorate General of Health Services  
EMR Division**

**Guidelines to be followed on detection of suspect/confirmed COVID-19 case in a non-COVID Health Facility**

**1. Background**

There have been some instances of hospitals having closed down as few health care workers (HCW) working there turned out to be positive for COVID -19. Also some non-COVID health facilities have reported confirmation of COVID-19, in patients admitted for unrelated/non-respiratory illness, causing undue apprehension among healthcare workers, sometimes leading to impaired functionality of such hospitals.

Although Ministry of Health & Family Welfare has issued comprehensive guidance to prevent occurrence of Hospital Acquired Infection (HAI) in health facilities, the practice of universal precautions might still be lacking in many of our hospitals. A COVID-19 case with mild/asymptomatic/atypical presentation may go undetected and inadvertently transmit the infection to other patients and healthcare workers, putting these individuals at risk of contracting disease and compromise the functionality of the healthcare facility.

**2. Purpose of document**

This document aims to provide guidance on action to be taken on detection of suspect/confirmed COVID-19 case in a healthcare facility.

**3. Scope**

This document is intended for both (i) COVID-19 healthcare facilities (public and private) which are already receiving or preparing to receive suspected or confirmed COVID-19 patients as well as (ii) Non-COVID healthcare facilities.

**4. Institutional arrangement**

The Hospital Infection Control Committee (HICC) has well-defined composition, roles and responsibilities. This committee is responsible for establishing a mechanism for reporting of development of symptoms suggestive of COVID-19 in HCW. These include surveillance for fever/cough/breathing difficulty through either self-reporting or active and passive screening at the beginning of their shift. The Committee will also monitor patients (who have been admitted for non-COVID illness) for development of unexplained fever/cough/breathing difficulty during their stay.

HICC will ensure that existing IPC guidelines against such high risk situations must be audited, updated and reiterated to all HCW. Further, all IPC guidelines will be strictly

adhered to and followed at all times. As a matter of abundant precautions for hospitals located in proximity/catering to COVID-19 containment zone/s it might be desirable to treat all patients as suspect COVID-19 case until proven otherwise and exercise standard care.

Whenever a non-COVID patient or any healthcare workers is suspected to have COVID like symptoms/tests positive for COVID-19, the HICC will come into action, investigate the matter and suggest further course of action as described below.

#### **4.1 Action to be taken on detection of COVID -19 case in non-COVID health facility**

When a positive COVID-19 patient is identified in a health care facility, not designated as COVID-19 isolation facility:

- Inform the local health authorities about the case
- Assess the clinical status of the patient prior to referral to a designated COVID facility
- The patient should be immediately isolated to another room (if currently being managed in a shared ward/room). If the clinical condition permits, such patients should be masked and only a dedicated healthcare worker should attend this case, following due precautions.
- If the clinical status of the case permits, transfer such case to a COVID-19 isolation facility (Dedicated COVID Health Centre or dedicated COVID Hospital), informing the facility beforehand about the transfer, as per his/her clinical status, test results (if available), with information to local health authority. Complete case records of such patients must be made available to the receiving hospital.
- Follow appropriate standard precautions while transporting the patient
- This should be followed by disinfection procedures at the facility and the ambulance
- All contacts of this patient (other patients being managed in the same room or ward, healthcare workers who have attended to him/her, support staff who may have come in close contact, caretaker/visitors etc.) should be quarantined and followed up for 14 days. Their details must also be shared with the local health authorities.
- All close contacts (other HCWs and supportive staff) of the confirmed case should be put on Hydroxychloroquine chemoprophylaxis for a period of 7 weeks, keeping in mind the contraindications of HCQ.
- If a healthcare worker is suspected to have contacted the disease, the following additional action needs to be performed.

#### **4.2 When a suspect/confirmed COVID-19 HCW is identified**

- HCWs developing respiratory symptoms (e.g. fever, cough, shortness of breath) should be considered suspected case of COVID-19.
- He/she should immediately put on a facemask, inform his supervisor and HICC. He/she should be isolated and arrangement must be made to immediately to refer such a HCW

to COVID-19 designated hospital (if not already working in such a facility) for isolation and further management.

- He/she should be immediately taken off the roster
- Rapidly risk stratify other HCWs and other patients that might have been exposed to the suspect HCW and put them under quarantine and follow up for 14 days (or earlier if the test result of a suspect case turns out negative). Their details must also be shared with the local health authorities.
- All close contacts (other HCW and supportive staff) of the confirmed case should be put on Hydroxychloroquine chemoprophylaxis for a period of 7 weeks, keeping in mind the contraindications of the HCQ.
- **All health facilities (HCF) must have a staffing plan in place including a contingency plan for such an event to maintain continuity of operations. E.g. staff in HCF can be divided into groups to work on rotation basis every 14 days and a group of back up staff which is pooled in case some high risk exposure/HCW with suspected COVID-19 infection is detected.**
- Ensure that the disinfection procedures are strictly followed.

Once a suspect/confirmed case is detected in a healthcare facility, standard procedure of rapid isolation, contact listing and tracking disinfection will follow with no need to shut down the whole facility.

#### **5. Decision on further /continued use of non-COVID facilities where a single/multiple COVID-19 case has been reported**

The likely scenarios could be:

- **Socio-demographic reasons:**
  - a) Hospital's catchment area is a large cluster of COVID-19.
  - b) Catchment area is having a population which has a large number of vulnerable individuals having multiple co-morbid condition, poor nutritional status and/or having individuals not able to practice social distancing e.g. slum clusters.
- **Internal Administrative Reasons:**
  - a) The health facility is not up to the mark in IPC practices.
  - b) Non-fulfilment of guidelines regarding triaging of patients in the outpatient department and emergency.

Based on the scope of the cluster and degree to which the hospital has been affected (HCW patients, and HCW contacts), degree of the risk to the patients visiting the hospital such as those with chronic diseases etc. the decision can be made based on a risk assessment to:

- If the hospital authorities are reasonably satisfied that the source case/s have been identified and isolated, all contacts have been traced and quarantined and adequate disinfection has been achieved, the hospital will continue to function.
- In addition to steps taken above, if the health facility still continues to report new hospital acquired COVID-19 cases in the following days, it would be advisable to temporarily close the defined section of the health facility where the maximum number of HAI is being reported. After thorough cleaning and disinfection it can be put to use again.
- Despite taking the above measures, if the primary source of infection could not be established and /or the hospital is still reporting large number of cases among patients and HCWs a decision needs to be taken to convert the non-COVID health facility into a COVID health facility under intimation to the local health department. In such a scenario, the entire healthcare workers of the facility should be oriented in Infection Prevention and Control practices and other protocols for which guidance is available at [www.mohfw.gov.in](http://www.mohfw.gov.in).

## **6. Follow up actions**

When a non-COVID health facility reports a COVID-19 case, the HICC will ensure the following in order to minimize the possibility of an undetected contact/case amongst other patients/HCWs:

- Ensure that active screening of all staff at the hospitals is done daily (by means of thermal screening especially at the start of shift)
- All healthcare and supportive staff is encouraged to monitor their own health at all the time for appearance of COVID-19 symptoms and report them at the earliest.
- Be on the lookout for atypical presentation (or clinical course) of admitted patients
- Standard precautions to be followed diligently by all
- Follow all guidelines regarding triaging of patients in hospital emergency and outpatient departments.