

From

Director General Health Services,
Haryana, Panchkula.

To

All Civil Surgeons in the State

No. 32/3-IDSP-2020- 2106-2127

Dated : 13/04/2020

Subject : Guidance document on appropriate management of suspect/confirmed case of COVID-19

In reference to the subject cited above.

Kindly find enclosed herewith copy of Guidance document on appropriate management of suspect/confirmed case of COVID-19 received from Ministry of Health & Family Welfare, Director General Health Services, EMR Division, Govt. of India.

According to above said guidelines there are three types of COVID Dedicated Facilities which are as under:-

(1) COVID Care Center (CCC):

- For cases clinically assigned as mild / very mild cases / suspect cases.
- Facilities can be setup in hostels, hotels, schools, stadiums, lodges etc. (Functional Hospitals as last resort)
- Separate areas for suspect and confirmed cases is mandatory.
- Attempt to be made to provide individual rooms for suspect cases.
- Every such Facility must be mapped to one or more COVID Dedicated Health Center (DCHC) or COVID Dedicated Hospital (DCH) for referral.
- Basic Life Support Ambulance (BSLA) with sufficient oxygen support 24*7 to be available.
- HR may be roped-in from AYUSH doctors. (Training protocols and trained pool available)

(2) Dedicated COVID Health Centre (DCHC):

- For cases clinically assigned as moderate.
- Full hospital or a block of hospital.
- Private hospitals also can be designated.
- Hospital will have separate areas for suspect and confirmed cases.
- Hospital to have beds with assured oxygen support

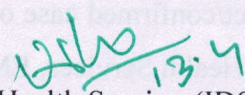
- Every such facility to be mapped with one or more Dedicated COVID Hospital .(DCH)
- Basic Life Support Ambulance(BLSA) with sufficient oxygen support for ensuring safe transport.

(3) Dedicated COVID Hospital (DCH):

- For cases clinically assigned as severe.
- Full hospital or a separate block in hospital.
- Private hospitals also can be designated.
- Hospitals to have ICUs, ventilator and beds with oxygen.
- Hospitals will have separate areas for suspect and confirmed cases.
- These Facilities are referrals centers for CCCs and DCHCs.

The copy of detailed document is enclosed herewith for your kind perusal and further necessary action.

Encls As above


Director Health Services(IDSP)
O/o. Director General Health Services,
Haryana Panchkula

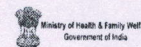


Ministry of Health & Family Welfare
Government of India

Management of Suspect/Confirmed cases of COVID -19

8th April

COVID-19 Present Scenario



Worldwide

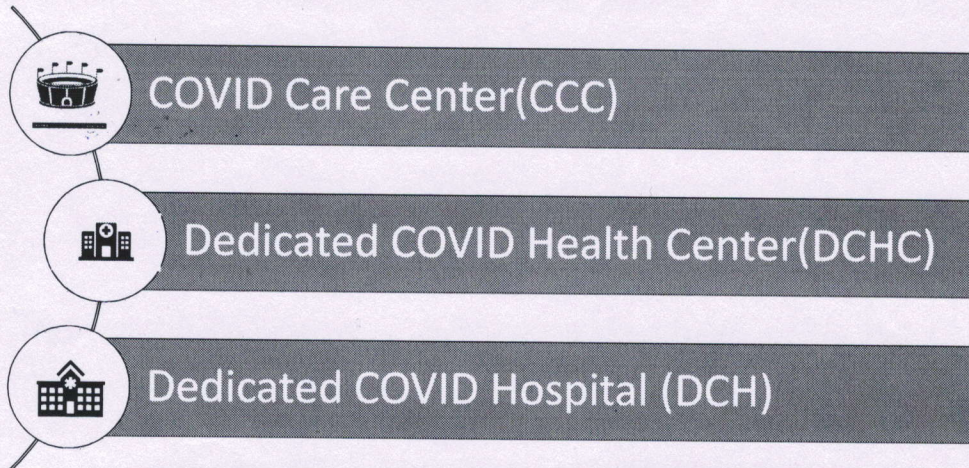
COVID 19 Countries Spread	Positive Cases	Confirmed Death
211	1282931	72774

India

States/UTs	Positive Cases	Confirmed Death
31	5194	149

Data as on 8th April

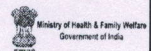
Types of COVID dedicated facilities



- Suspect and confirmed cases should not be allowed to mix under any circumstances
- All these facilities will follow strict infection prevention and control practices

COVID Care Center (CCC)

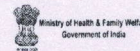
(For Group 1 category of cases)



1. For cases clinically assigned as **mild / very mild cases / suspect cases**
2. Facilities can be setup in hostels, hotels, schools, stadiums, lodges etc. (**Functional Hospitals as last resort**)
3. Separate areas for suspect and confirmed cases is mandatory
4. Attempt to be made to provide individual rooms for suspect cases
5. Every such Facility must be mapped to one or more COVID Dedicated Health Center (DCHC) or COVID Dedicated Hospital (DCH) for referral.
6. Basic Life Support Ambulance(BSLA) with sufficient oxygen support 24*7 to be available
7. HR may be roped-in from AYUSH doctors. (Training protocols and trained pool available)

Dedicated COVID Health Center (DCHC)

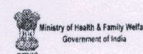
(For Group 2 Category of cases)



1. For cases clinically assigned as **moderate**
2. Full hospital or a block of hospital
3. Private hospitals also can be designated
4. Hospital will have separate areas for suspect and confirmed cases
- 5. Hospital to have beds with assured oxygen support**
6. Every such facility to be mapped with one or more Dedicated COVID Hospital (DCH)
7. Basic Life Support Ambulance(BLSA) with sufficient oxygen support for ensuring safe transport

Dedicated COVID Hospital (DCH)

(For Group 3 Category of cases)



1. For cases clinically assigned as **severe**
2. Full hospital or a separate block in hospital
3. Private hospitals also can be designated
- 4. Hospitals to have ICUs, ventilator and beds with oxygen**
5. Hospitals will have separate areas for suspect and confirmed cases
6. These Facilities are referrals centers for CCCs and DCHCs

Assessment of Patients

- Patients would be arriving directly /through referral/ through Helpline
- Fever clinics in designated hospitals/CHCs/ UHCs, Municipal Hospitals
- Triage and referral to appropriate COVID dedicated facilities
- Sufficient space to minimize cross infection
- Preferably, make-shift arrangement outside the facilities

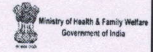
Categorization of Patients

1. Mild and very Mild Cases

2. Moderate Cases

3. Severe Cases

Mild and very Mild Cases (CCC)



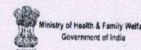
1. Cases with Fever and upper respiratory tract illness
2. Patients will be accommodated in Dedicated COVID Care Centers (CCC)
3. Patients will be tested for COVID 19 and till that time, they remain in '**suspected cases' section**
4. Patients tested positive will be moved to '**confirmed cases' section**
5. If tests are negative, patient will be given symptomatic treatment and discharged with prescribed medication
6. If any patients qualifies as moderate or severe, will be sifted to Dedicated higher facility (DCHC or DCH)

Moderate Cases (DCHC)



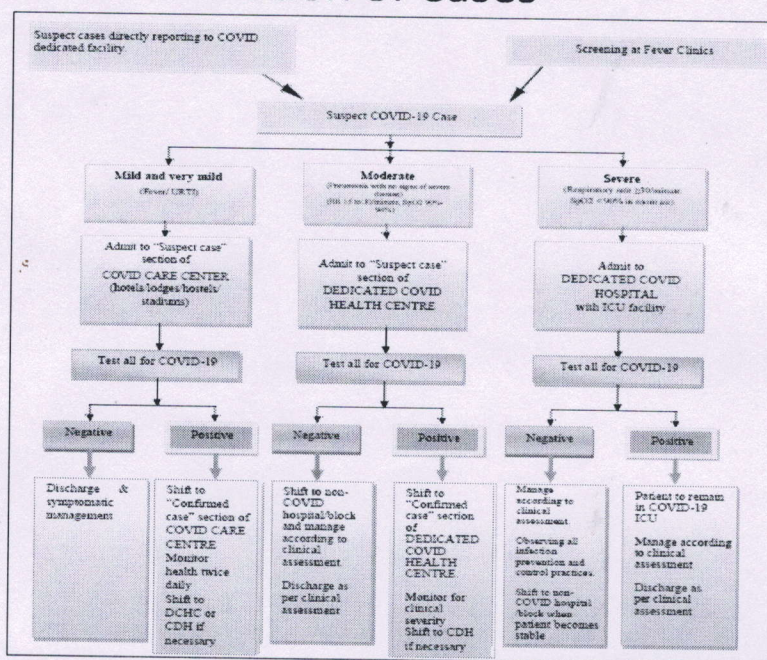
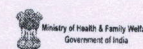
1. Pneumonia with no signs of severe disease(SpO2 90-94%)
2. Cases with above symptoms to be referred directly and admitted in the Dedicated COVID Health Centers (DCHC)
3. Allopathic doctors in DCHCs will assess severity as per Protocols
4. Till test results are declared, suspect Cases will be kept in '**suspect case' section** of DCHCs
5. Patients tested positive will be shifted to '**confirmed cases' section**
6. Patients tested negative will be shifted to non COVID hospital for further management.
7. If any patient qualifies as severe, case will be shifted to Dedicated COVID Hospital (DCH)

Severe Cases (DCH)

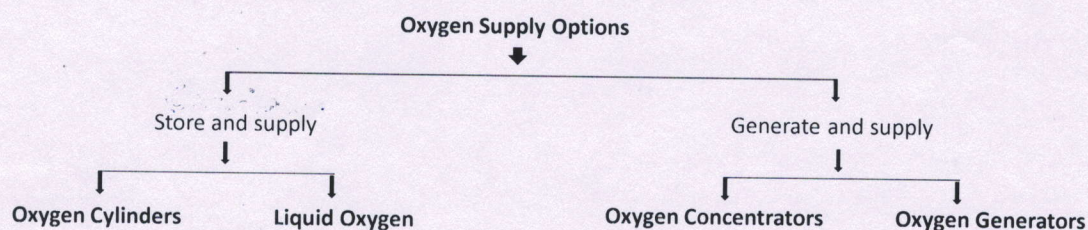
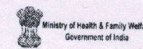


1. Severe Pneumonia (respirator rate > 30/min and SpO₂ < 90%) or ARDS or Septic shock
2. Cases with above symptoms to be referred directly and admitted in the Dedicated COVID Hospitals (DCH) till test results are obtained
3. Patients tested positive will remain in ICU and receive treatment as per standard treatment protocol

Algorithm for Isolation of Cases



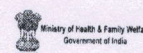
Availability of oxygen in COVID dedicated Hospitals : Source of Oxygen



- Oxygen cylinders (bedside + central supply option)
- Liquid Oxygen (central supply)
- Oxygen Concentrators (bedside option)
- Oxygen Generators (central supply)

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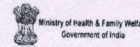
Advisories from GoI



- AS&MD letter dated 4th April 2020 highlighted **need for oxygen access**, major sources of oxygen & its requirement, system components and precautions required for handling oxygen cylinders including protocols for disinfecting oxygen cylinders.
- JS, RCH letter dated 5th April 2020 briefed about the **monitoring mechanism** developed by GoI by Appointing 20 Group A State Nodal officers from PESO for ensuring availability of oxygen.
 - Nodal officers from few State / UTs **yet to be communicated** to us (Telangana, West Bengal, Gujarat, Andaman & Nicobar)
- Home Secretary letter dated 6th April clarified that lockdown exemption to medical oxygen suppliers, free movement, including cross border movement of supplies and their workers.
- DCGI has granted permission to manufacturers of industrial oxygen to **manufacture oxygen for medical use** in the light of Covid-19.

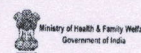
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India COVID-19 Emergency Response & Health System Preparedness Package



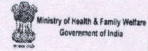
- **Objectives** – strengthen health systems, procurement, surveillance, laboratory strengthening and bio-security preparedness
- The project will be implemented in three phases
 - **Phase – 1** (January 2020 to June 2020)
 - **Phase - 2** (July 2020 to March 2021)
 - **Phase - 3** (April 2021 to March 2024)
- Funds already released for phase -1

Phase 1 Activities (Jan - June 2020)



- Strengthening of hospitals and establishment of Isolation units
- Strengthening / expansion of labs
- Procurement of PPEs, diagnostic equipment, testing kits, other reagents and sample transport
- Ventilators and oxygen supplies
- Incentives to the existing HR and hiring of additional HR for COVID-19 management; Incentive to ASHA & other community volunteers
- Conduct training & IEC activities
- Untied funds for any other activities as part of immediate response

Pradhan Mantri Garib Kalyan Package - Insurance Scheme for Health Workers fighting COVID19



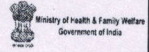
- **Central Sector** Insurance Scheme for Health Workers Fighting COVID-19.
- A comprehensive personal accident cover of **Rs. 50 lakhs for ninety (90) days** to a total of around **22.12 lakh public healthcare providers** including community health workers,
- Those who may have to be in direct contact and care of COVID-19 patients and who may be at risk of being impacted by this.
- Also include accidental loss of life on account of contracting COVID-19.
- On account of the unprecedented situation, private hospital staff/retired/volunteer/local urban bodies / contracted / daily-wage / ad-hoc / outsourced staff requisitioned by States / Central hospitals / autonomous hospitals of Central/States/UTs, AIIMS and INIs/hospitals of Central Ministries can also be drafted for COVID 19 related responsibilities.
- The insurance provided under this would be over and above any other insurance cover being availed by the beneficiary.

Pradhan Mantri Garib Kalyan Package - Insurance Scheme for Health Workers fighting COVID19



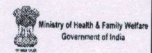
- Scheme sanctioned & fund released to the New India Assurance Company Limited.
- Letter issued by Secretary, MoHFW to all the CSs / Administrators of UTs and the Heads of all Associations of Doctors/Healthcare providers on 30th March, 2020.
- The claim forms with the outline of the scheme has been shared with the States / UTs dated 04.04.2020)
- FAQs related to the PMGKP : Insurance scheme have been shared with the States / UTs Community health workers (ASHAs, ASHA Facilitators) , ANMs are being informed through IVRS and SMS (07.04.2020)
- **Respective Governments to give wider publicity among healthcare providers to instill a sense of security.**

Pradhan Mantri Garib Kalyan Package - Insurance Scheme for Health Workers fighting COVID19



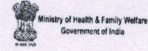
- Dedicated e-mail id (pmgkpinsurance2020@gmail.com) for redressal of queries.
- **IEC material finalised for release :**
 - Wider publicity targeted through **Print, Electronic, Radio and Social Media** through **Doordarshan, PIB National / Regional and All India Radio**. (Documents have been shared)
 - Regional Network, Delhi will also ensure publicity in Delhi – NCR.
 - **States/UTs to translate in local languages and ensure wider dissemination through local media.**
 - GIFs / Social Media Posts are being planned.

What is the process of claim submission?



- The claimant needs to fill up claim form along with necessary documents as prescribed and submit the same to Healthcare Institution/ organization/ office where the deceased was an employee of /engaged by the institution.
- The respective institution will give necessary certification and forward it to competent authority.
 - Competent authority for State/UT is Director General Health Services /Director Health Services/ Director Medical Education or any other Official specifically authorised by the State/UT Government for this purpose.
 - Competent authority for Central Government, Central Autonomous / PSU Hospitals, AIIMS, INIs and Hospitals of other Central Ministries is Director or Medical Superintendent or Head of the concerned institution.
- Competent authority will forward and submit claim to the insurance company for approval.

Whom to contact in case of claim?



Insurance company to be intimated at email id nia.312000@newindia.co.in

Contact persons:-

1. Mrs. Sarika Arora, Divisional Manager, email sarika.arora@newindia.co.in or nia.312000@newindia.co.in / 9811632409
2. Mr. N.Ravi Rao, Deputy Manager, email id ravin.rao@newindia.co.in or niadelbroker20@gmail.com / 9312409914
3. Mr. Yogendra Singh Tanwar, Administrative Officer email id yogendra.tanwar@newindia.co.in / 9899974549

Divisional office CDU 312000 of The New India Assurance Co.Ltd. located at B-401, Ansal Chambers 1, Bhikaji Cama Place, New Delhi-110066.

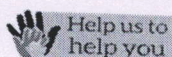
Training



1. Advisory: An Advisory has been prepared on Human Resource Management for guidance of States on areas of deployment and training requirements <https://www.mohfw.gov.in/pdf/AdvisoryforHRmanagement.pdf>
2. Training Resources <https://www.mohfw.gov.in/pdf/BASEDOCforRESOURCESrev06042020.pdf>

RESOURCE MATERIAL FOR CAPACITY BUILDING OF HEALTHCARE PROFESSIONALS FOR COVID-19 CONTAINMENT					
S.No	Role	Category of Health-care Professional	Resource Material for Capacity Building	Videos available	Topics Covered
1	Field Surveillance (Young Personnel preferred)	ANM, ASHA, AWW AYUSH Students NCC Cadets NSS Volunteers NYKS Volunteers IRCS Volunteers CPSE Workers Ambulance Drivers Gram Panchayats / Urban Local Bodies Employees/ Rozgar Sevaks RWA All officers generally	<ol style="list-style-type: none"> 1. FACILITATOR GUIDE for Training of ANM, ASHA, AWW https://www.mohfw.gov.in/pdf/FacilitatorGuideCOVID19_27%20March.pdf 2. SLIDES for Training of ANM, ASHA, AWW https://www.mohfw.gov.in/pdf/2COVID19PPT_25MarchPPTwithAnimation.pdf 3. DIGITAL POCKET BOOK for ANM, ASHA, AWW https://www.mohfw.gov.in/pdf/3Pocketbookof5_Covid19_27March.pdf 4. STANDARD OPERATING PROCEDURE for Transporting a Suspect/Confirmed case of COVID-19 https://www.mohfw.gov.in/p 	<ol style="list-style-type: none"> 1. Surveillance of COVID-19 management (ANM) https://drive.google.com/drive/folders/1HO0aaspr9WkVedQ_8e554EBsfjQFb 2. Video on Covid-19 awareness for community level workers https://www.youtube.com/watch?v=UQIZBZIIA&feature=youtu.be 3. VIDEO TUTORIAL (Hindi) on Infection Control, Personal Protection & Environment Cleaning against COVID https://drive.google.com/file/d/17oCqHqPM4-b2FLWfVqUte_druh6Vmp/view 4. VIDEO DEMONSTRATION (English) of Hand Washing by ANM https://youtu.be/h16ZUQ-b3Y 	<ol style="list-style-type: none"> 1. Role of frontline workers. 2. Information about Handwashing, Cough Hygiene, Social distancing 3. Personal safety measures to be taken in the field. 4. Supportive public health services. 5. Community surveillance. 6. How to deal with stigma and discrimination. 7. Transporting a

Thank You


 Ministry of Health & Family Welfare
Government of India


NOVEL CORONAVIRUS (COVID-19)

Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19



The Scheme at a Glance



What does this Scheme cover?

- This accident insurance scheme covers:
 - Loss of life due to COVID-19, and
 - Accidental death on account of COVID-19 related duty.



Who all are covered under the scheme?

- Public healthcare providers including community health workers, who may have to be in direct contact and care of COVID-19 case, and who may be at risk of being impacted by this.
- Private hospital staff and retired, volunteer, local urban bodies, contracted/daily wage/ad-hoc/outsource staff requisitioned by States/ Central hospitals/ autonomous hospitals of Central/ States/UTs, AIBMS and other hospital of Central Ministries can also be drafted for COVID-19 related responsibilities.



When does insurance coverage policy begins and ends?

- The duration of the policy is for a period of 90 days, starting from March 30, 2020.



Is there any age-limit for health workers under this scheme?

- There is no age limit for this scheme.



Is individual enrolment required?

- Individual enrolment is not required.



Whether an individual is required to pay any premium to be eligible under the scheme?

- The entire amount of premium for this scheme is being borne by the Ministry of Health and Family Welfare, Government of India.



What is the benefit available to the insured persons?

- Rs 50 LAKHS will be paid to the claimant of the insured person.



If a person is having another Personal accident policy or life insurance policy, what is the effect of the same on claim under this policy?

- The benefit/claim under this policy is in addition to the amount payable under any other policies.

Availing Claims

Whom to contact in case of any claim?

- The institution/department the insured person was working for has to be informed.
- Insurance company must be intimated via email id nia.312000@newindia.co.in

Process of claim submission

- The claimant needs to fill up the claim form along with necessary documents as prescribed and submit the same to healthcare institution/ organization/ office where the deceased was an employee of /engaged by the institution.
- The respective institution will give the necessary certification and forward it to competent authority.
- Competent authority for States/UT is Director General Health Services /Director Health Services/ Director Medical Education or any other Official specifically authorised by the State/UT Government for this purpose.
- Competent authority for Central Government, Central Autonomous / PSU Hospitals, AIBMS, IIS and Hospitals of other Central Ministries is Director or Medical Superintendent or Head of the concerned institution.
- Competent authority will forward and submit claim to the insurance company for approval.

Whom to contact from insurance company?

Contact the following officials regarding any claim related queries:

Mrs. Sarika Arora
Divisional Manager
Email: sarika.arora@newindia.co.in
or nia.312000@newindia.co.in
Mob: 9871572469

Mr. N. Ravi Rao
Deputy Manager
Email: navin.rao@newindia.co.in
or niaedit@newindia.co.in
Mob: 9372409914

Mr. Yogendra Singh Tanwar
Administrative Officer
Email: yogendra.tanwar@newindia.co.in
Mob: 9899974549

For further information related to the scheme write to pimgkpinsurance2020@gmail.com

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 7th 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 7th 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, 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 (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 ≥ 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 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

Suspect cases directly reporting to COVID dedicated facility.

Screening at Fever Clinics

