HEALTH AND FAMILY WELFARE DEPARTMENT
GOVERNMENT OF MEGHALAYA

No. HFW/ COVID/2020/01

Dated: Shillong the 29th March, 2020

Guidance on setting up and administration of
Corona Care Centres (CCC) - Meghalaya

1. Why Corona Care Centres (CCC)?
   i. Meghalaya has about 300 isolation beds across all its health facilities, both public and private. These numbers will not be adequate in case the infection spreads rapidly and there is a surge in cases (hereafter called the Surge Scenario) and there is every danger that the health system will be overwhelmed.
   ii. Further, experiences from many countries indicate that effective quarantine and isolation of suspected and positive cases is the most effective strategy to prevent the spread of the Corona Virus.
   iii. It is, therefore, necessary that temporary facilities providing for isolation and medical care be created so that sick individuals with mild symptoms and suspected cases can be effectively dealt with without stressing the health system.

2. What is a CCC?

   A CCC is a temporary medical facility created to augment the healthcare system of the State in anticipation of a wide-spread pandemic. The facility can either be in a public or private premise and will have the infrastructure for providing health care for sick individuals with mild symptoms and suspected Corona cases.

3. Who will visit and stay at the Centre?

   In a Surge Scenario,
   i. With low testing capacity - Sick individuals with mild symptoms will be asked to report to the CCCs. They will be examined by the doctor and a decision will be made on whether they should be admitted into the Centre or be sent home for home isolation.
   ii. With high testing capacity - Sick individuals with mild symptoms and those who have come in contact with confirmed positive cases will be asked to report to the CCCs. They will be examined by the doctor; test swab will be collected and a decision will be made on whether they should be admitted into the Centre or be sent home for home isolation.

4. Core infrastructure at the CCC
   i. Single-occupancy isolation rooms with attached toilets or with shared toilets.
   ii. Multiple-occupancy isolation rooms with enough spacing between beds to ensure effective isolation.
   iii. A reception area for registration of people.
   iv. A separate area for testing / collecting samples of suspected cases.
v. A Doctor room for consultation with the doctor and a nursing station.
vi. A room for the Centre Manager and the data manager.
vii. Separate stay facility for the Doctors and Nurses.
viii. One or two vehicles for transportation of all the staff involved in the functioning of the facility.
ix. Computer (desktop or laptop), printer and wifi.

5. Man power requirements (typical Centre with 50 isolation beds)

<table>
<thead>
<tr>
<th>#</th>
<th>Man power</th>
<th>Number</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Doctor</td>
<td>1</td>
<td>A dedicated doctor will be needed for bigger centres (50 or more beds). For smaller centres doctors can be available on call or one doctor can attend to 2 smaller Centres.</td>
</tr>
<tr>
<td>2</td>
<td>Nursing / Paramedicals</td>
<td>3</td>
<td>At least one nurse for 20 beds. The number of nurses will depend on the number of beds.</td>
</tr>
<tr>
<td>3</td>
<td>Centre Manager</td>
<td>1</td>
<td>The Centre Manager will be the overall administrative head of the Centre and will coordinate with everyone else to ensure the setting up and running of the Centre. The Centre Manager is responsible for recruitment of the volunteers needed for the running of the centre. The State COVID response task force will provide the support for identification and training of volunteers.</td>
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<tr>
<td>4</td>
<td>Assistant Manager</td>
<td>1</td>
<td>The Assistant Manager will support the Centre Manager in ensuring effective functioning.</td>
</tr>
<tr>
<td>5</td>
<td>Data Manager</td>
<td>1</td>
<td>The Data manager will be responsible for managing on all the patients.</td>
</tr>
<tr>
<td>6</td>
<td>Counsellor</td>
<td>1</td>
<td>May be available on call for providing emotional support to the patients. This can also be done by trained volunteers.</td>
</tr>
<tr>
<td>7</td>
<td>Support Staff (including cleaning)</td>
<td>5</td>
<td>The actual numbers will depend on the size of the Centre. But every Centre will at least need 5 people for ensuring cleaning and waste disposal. The support staff will be responsible for ensuring utilities (power and water), inventory management and for waste management and disposal.</td>
</tr>
<tr>
<td>8</td>
<td>Entry/ Exit Management</td>
<td>4</td>
<td>Two people at the Main Entry and two people at the reception and assessment areas.</td>
</tr>
<tr>
<td>9</td>
<td>Food and catering</td>
<td>2</td>
<td>Food at the Centres should be outsourcing to a caterer. However, two dedicated people are needed to handle the food and to coordinate with the caterer.</td>
</tr>
<tr>
<td>10</td>
<td>Reserve strength</td>
<td>3</td>
<td>Can be deployed to support any of the roles from #4 to #9.</td>
</tr>
</tbody>
</table>

Notes:

a. The Centres will operate 24*7, so all manpower will have to work in two 12-hour shifts.
b. The Centre Heads/ Managers will be handpicked officials from the Government or experienced private individuals registered as volunteers.
c. Most of the manpower for the CCCs (except doctors and nursing staff) will be provided by volunteers or by individuals from the Government working with departments other than Health (as Health department staff will have to man the Government hospitals)
6. Recommended material and equipment requirements

Below is an indicative list of the materials needed at the Centres. The DM&HOs may decide to add more items to the list as required.

i. Dustbins- in all rooms, bathroom and corridor as required
   ii. Handwash, Hand Sanitizer- 70/ per 5 day
   iii. Handsanitiser- 70/5 days
   iv. Moppers 28 nos including 18 as backup
   v. Duster -24 nos including 18 as backup
   vi. Sweeper (broomless) – 24 nos including 18 as backup
   vii. Hypochlorite solution – 50 litres/5 days
   viii. Bleaching power -10 kgs/week
   ix. Soaps –unlimited
   x. D/S.Masks –unlimited
   xi. Personal Protective gear-unlimited
   xii. Thermal Scanner- 3 or Thermometer for each patient
   xiii. Sphygmometer – 3
   xiv. Stethoscope- 3
   xvi. Pulse oxymeter - 10
   xvii. Glucometer with strips- 3 nos with unlimited strips
   xviii. Disposable spirit swabs-unlimited
   xix. D/S Gloves- unlimited
   xx. Big 50 lit buckets(Disinfectant preparation)
   xxi. Rubber Gloves-12/week
   xxii. Siever-3 nos.
   xxiii. With regard to med supplies these are the items that will be needed
   xxiv. Antibiotics-azithromycin
   xxv. Cefotaxime
   xxvi. Cefpodoxime
   xxvii. Amoxyclov
   xxviii. Paracetamol tab
   xxix. Cetrizine
   xxx. Amlodepin
   xxxi. Alprazolam
   xxxii. Omeprazole
   xxxiii. Antacid gel
   xxxiv. Cough syrup
   xxxv. Anticold tabs
   xxxvi. ORS
   xxxvii. Flagyl
   xxxviii. O2tabs
   xxxix. 3.Case sheets paper
   xl. Consent forms
   xli. OPD/Admission tickets
   xlii. Nursing records
   xliii. Referral/Discharge slips
   xlv. Thermal Scanners/Digital thermometers
   xlvii. Glucometer with strips
   xlv. BMW waste bins (red and yellow)

7. Medical protocols on admission, daily care and other aspects will be notified separately by the department. The Centre Manager and the Doctor in-charge will have to ensure that all protocols are in place.

8. The Deputy Commissioner and the DMHO will be responsible for providing all the materials required for the operationalization of these Centres. Centre Mangers are to obtain the materials, either from the Deputy Commissioner or the DMHO directly.

9. The National Centre for Disease Control Guidelines on disinfection of quarantine facilities (attached) will have to be strictly adhered to.

10. The details of the identified CCC and the names of the Centre mangers is below.

<table>
<thead>
<tr>
<th>#</th>
<th>District</th>
<th>Centre Location</th>
<th>Centre Manger</th>
<th>Remarks</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>EKH</td>
<td>MATI, Mawdiangdiang, Shillong</td>
<td>Barnari Mawlong, MCS</td>
<td>100 isolation beds each with attached toilets</td>
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<tr>
<td>2</td>
<td>IIM</td>
<td>Nongthymmai,</td>
<td>Ambrose Marak, MCS</td>
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<tr>
<td>No.</td>
<td>Location</td>
<td>Facilities</td>
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<tr>
<td>3</td>
<td>WGH SMELC Building, Tura</td>
<td>16 isolation beds with attached toilets and another 20 isolation beds without attached toilets.</td>
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<tr>
<td>4</td>
<td>Home Science College, Sangsangre, Tura</td>
<td>50 isolation beds with attached toilets.</td>
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<td>5</td>
<td>Farmers Training Centre, Sangsangre, Tura</td>
<td>30 isolation beds with attached toilets.</td>
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<td>6</td>
<td>MBOSE Hostel, New Tura</td>
<td>30 isolation beds with attached toilets.</td>
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<tr>
<td>7</td>
<td>Pastoral College, Walbakgre, Tura</td>
<td>100 isolation beds with attached toilets.</td>
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</table>

These six centres will be made fully operational by 30th March 2020.

11. All other districts should also start the process of identification of locations for setting of CCCs.

Sd/-
Commissioner and Secretary
Health and Family Welfare Department

Memo No. HFW/ COVID/2020/01-A Dated: Shillong the 28th March, 2020

Copy to:

1. All Deputy Commissioners for kind information and necessary action. You are requested to provide all logistical support and volunteers required for the operationalization of the centre. Deputy Commissioners of districts other than EKH and WGH are requested to quickly identify facilities for setting up of CCC and to create a team for setting them up.

2. All District Medical and Health Officers for necessary action. You are requested to post the doctors and nursing staff at these centres and ensure the supply of all medical and other items in consultation with the Centre Manager.

3. All identified Centre Managers

Sd/-
Commissioner and Secretary
Health and Family Welfare Department