मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
समस्त जिले।

विषय:— Coronavirus Disease 2019 (COVID-19) के तहत संदिग्ध/पुष्ट केस को ट्रांसपोर्ट करने बाबत Standard Operating Procedure (SOP) के कम में।

उपर्युक्त विषयांतर्गत निर्देशित किया जाता है कि निदेशालय द्वारा जारी आदेश क्रमांक No: F23(NHM/ISC/Gen. Letter/2019-20/721 दिनांक 28.03.2020 के साथ—साथ भारत सरकार द्वारा जारी कोरोना वायरस के तहत संदिग्ध/पुष्ट केस को Transport हेतु जारी दिशानिर्देशों की यथाआवश्यकता पालना किया जाना सुनिश्चित करें।

संशोधन:—
1. भारत सरकार द्वारा जारी दिशानिर्देश की प्रतिलिपि।
2. विभागीय आदेश क्रमांक 721 दिनांक 28.03.2020 की प्रतिलिपि।

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है:—
1. निजी संचित, अतिरिक्त मुख्य संचित, चिकित्सा एवं स्वास्थ्य सेवाएं, राजस्थान, जयपुर।
2. निजी संचित, विशिष्ट शासन संचित, चिकित्सा एवं स्वास्थ्य सेवाएं, राजस्थान, जयपुर।
3. निजी संचित, निदेशक जनस्वास्थ्य, चिकित्सा एवं स्वास्थ्य सेवाएं, राजस्थान, जयपुर।
4. समस्त जिला कलेक्टर, राजस्थान को लेख है कि उक्त के अतिरिक्त जिले की परिस्थिति को देखते हुए वह यथायोग्य स्थर पर सम्पूर्ण निर्णय लें।
5. अतिरिक्त निदेशक, (ग्रामीण स्वास्थ्य) मुख्यालय।
6. समस्त संयुक्त निदेशक, जोन राजस्थान।
7. समस्त मुख्य चिकित्सा अधिकारी, राजस्थान।
8. समस्त सहायक औषधी नियंत्रक/औषधी नियंत्रण अधिकारी।
9. जिला प्रभारी (COVID-19), समस्त जिले, राजस्थान।
10. स्टेट हैड, जीवन—ईमआरआई को निर्देशित किया जाता है कि उक्त वर्तमान दिशा निर्देशों की पालना के साथ—साथ पूर्व में जारी आदेश क्रमांक 721 दिनांक 28.03.2020 के बिंदु संख्या 1 पर अंकित 104 जानवरी एक्सप्रेस के स्थान पर बेस एम्बुलेंस के द्वारा Home Quarantine के व्यक्तियों को अनुश्रवण से धर भिजवाया जाना सुनिश्चित करें।
11. प्रभारी सर्वेर सम को ई—मेल हेतु।
12. संकेत पत्रावली।

[Signature]
परियोजना निदेशक
एनएचएम
Subject: Guidelines for transporting a suspect/confirmed case of COVID-19

Dear [Name],

At the outset, I once again congratulate you and all your health teams including those who are in the field managing and treating the COVID-19 affected population day in and day out, with utmost zeal. I also wish to thank you for sharing with us the district-wise data on availability of ambulances at such a short notice.

As you are aware, Emergency Referral Transport System (ERTS) plays a vital role in ensuring referral linkages for providing a continuum of care. In these challenging times, it is not only important to ensure preparedness of ambulances but it is also important to build capacities of all the staff engaged in the ERTS, such as managers, call agents in call centers and control rooms, drivers, EMTs and supervisors etc.

Please find attached a guidance note on the Standard Operating Procedures (SOPs) for transporting a suspect/confirmed case of COVID-19. These SOPs are applicable to current phase of COVID-19 pandemic in India (local transmission and limited community transmission), wherein as per plan of action, all suspect cases are admitted to isolation facilities. These procedures are meant to guide ambulance drivers and technicians in transporting suspected/confirmed COVID-19 patients.

I request you ensure that all the staff of the ERTS ambulances are briefed about these SOPs. All the staff of ambulances which are not connected to the centralized control room but are working independently with hospitals. Municipalities, other local bodies, NGOs, etc., may also be sensitized about the SOPs. I also urge you all to provide sufficient support for PPEs and N-95 masks and materials such as hand sanitizers, to ERTS staff. It is also suggested that the ERTS operators and hospitals in-charges may also be brief about sanitization and disinfection of ERTS ambulances including the equipment therein, following full precautions as per the attached guidelines.

Encl: As above

With warm regards,

Yours sincerely,

(Vandana Gurnani)

To,

1. Additional Chief Secretary/Principal Secretary/Secretary - Health – All states/UTs
2. Mission Directors, National Health Mission – All states/UTs
Cc:-

1. PPS to Secretary, MOHFW, Government of India
2. PPS to DGHS
3. PPS to JS (Policy)
4. PPS to JS (IDSP)
4. ED, NHSRC

1. About this SOP

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

2. Introduction

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

3. Transportation of patients

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

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

Augmenting the capacity of ambulances in districts
Local authorities should prepare a line list of all private ambulance service providers in their respective areas. These ambulances should be linked with centralized call centre so as to ensure adequate number of ambulances based on population and time to care approach (Avg. response time of 20 minutes). Orientation on Infection Prevention Protocols and protocols for transporting COVID patients should also be ensured for staff of these ambulances. To ensure response time of 20 minutes, ambulances should be strategically located at hospitals, police stations.
Only identified and designated ambulances should be used for transportation. People, health functionaries, nursing homes, private clinics, hospitals should be made aware to use ambulance services for COVID patients being provided through toll free numbers. Otherwise it might increase the chances of transmission of infection. Every district should facilitate empaneling of ambulances other than those in the public health system even if the present situation may not require using them. To minimize the risk of transmission, it is strongly recommended that if other than empaneled ambulances are bringing COVID or suspect patients, such vehicles need to be quarantined for thorough cleaning and disinfection and should only be released after certification by district administration/ district health official.

3.1 Call Centre: On receiving the call, the call centre needs to enquire following details:
   a) Demographic details of the patient i.e. name, age, gender etc.
   b) To ascertain whether the patient is suspect case of COVID-19
      i. Symptoms of patient: Ask whether the patient is suffering from fever, cough and difficulty in breathing
      ii. Whether patient has recently returned from a foreign country
      iii. Whether the patient was under home quarantine as directed by local health administration
   c) Clinical condition of patient to be transported: whether stable or critical

3.2 In case of an inter-facility transfer, the casualty medical officer of the referring hospital has to ensure that bed is available in referral hospital with supporting equipment and needs to convey the same while making the call.

3.3 Assign the job to nearest ambulance with dedicated facility at strategic locations as mentioned in the box above.
   3.3.1 Check for state of preparedness of ambulance: Annexure II
   3.3.2 Ensure PPE for ambulance staff: Annexure III
3.4 Both call centre and ambulances should always keep the updated list of available hospitals and beds.

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

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

3.6 Management on board

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

3.7 Handing over the patient

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

3.8 Disinfection of ambulance

3.8.1 All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls and work surfaces) should be thoroughly cleaned and disinfected using 1% Sodium Hypochlorite solution. (see Annexure – IV for preparation of 1% Sodium hypochlorite solution)
3.8.2 Clean and disinfect reusable patient-care equipment before use on another patient with alcohol based rub.
3.8.3 Cleaning of all surfaces and equipment should be done morning, evening and after every use with soap/detergent and water.

3.9 Capacity building

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

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

3.10 Monitoring

A checklist for weekly monitoring by District Surgeon/ Anesthetist is at Annexure VI
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has someone in your close family returned from a foreign country</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Is the patient under home quarantine as advised by local health authority?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Have you or someone in your family come in close contact with a confirmed COVID-19 patient in the last 14 days?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Do you have fever?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Do you have cough?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Do you have sore throat?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Do you feel shortness of breath?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
### Annexure II

Checklist for list of consumables, equipment

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Item</th>
<th>Available (Yes/No)</th>
<th>If yes, whether functional</th>
<th>Remarks: quantity, expiry, last inspection date etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Stretcher trolley (foldable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Vital sign monitor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>✔️ NIBP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>✔️ SPO₂</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>✔️ ECG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Ventilator with O₂ Source</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Defibrillator with battery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Syringe infusion pump</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Ventimask with O₂ flowmeter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Ambu bag with face mask</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Laryngoscope with batteries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>ETT with oro-pharyngeal airway</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Suction apparatus with suction and catheter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Emergency drug tray</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>IV Fluids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Nebulizer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Any other items:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.1</td>
<td>✔️ Foley's catheter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.2</td>
<td>✔️ ECG Electrode</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.3</td>
<td>✔️ IV Cannula</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Rational use of PPE by ambulance staff*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Risk</th>
<th>Recommended PPE</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transporting patients not on any assisted ventilation</td>
<td>Moderate risk</td>
<td>N-95 mask, Gloves</td>
<td></td>
</tr>
<tr>
<td>Management of SARI patient while transporting</td>
<td>High risk</td>
<td>Full complement of PPE</td>
<td>When aerosol generating procedures are anticipated</td>
</tr>
<tr>
<td>Driving the ambulance</td>
<td>Low risk</td>
<td>Triple layer medical mask, Gloves</td>
<td></td>
</tr>
</tbody>
</table>

* The training of EMTs on COVID-19 will strictly adhere to the above mentioned rational use of PPE (the above recommendation is by an expert group (including WHO) and recommended by Joint Monitoring Group under DGHS available at www.mohfw.gov.in)
Guidelines for Preparation of 1% sodium hypochlorite solution

<table>
<thead>
<tr>
<th>Product</th>
<th>Available chlorine</th>
<th>1 percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium hypochlorite – liquid bleach</td>
<td>3.5%</td>
<td>1 part bleach to 2.5 parts water</td>
</tr>
<tr>
<td>Sodium hypochlorite – liquid</td>
<td>5%</td>
<td>1 part bleach to 4 parts water</td>
</tr>
<tr>
<td>NaDCC (sodium dichloroisocyanurate) powder</td>
<td>60%</td>
<td>17 grams to 1 litre water</td>
</tr>
<tr>
<td>NaDCC (1.5 g/ tablet) – tablets</td>
<td>60%</td>
<td>11 tablets to 1 litre water</td>
</tr>
<tr>
<td>Chloramine – powder</td>
<td>25%</td>
<td>80 g to 1 litre water</td>
</tr>
<tr>
<td>Bleaching powder</td>
<td>70%</td>
<td>7g to 1 litre water</td>
</tr>
<tr>
<td>Any other</td>
<td>As per manufacturer’s Instructions</td>
<td></td>
</tr>
</tbody>
</table>
Infection Prevention for Pre-hospital Care

1.1. General

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

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

1.2. Standard Precautions

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

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

1.2.1. Hand Hygiene

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

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

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

1.3. Equipment disinfection:

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

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

1.4. **Decontamination of ambulance:**

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

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

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

प्राय: यह देखा गया है कि अधिकांश जिलों द्वारा सामान्य फीवर होने पर ही मरीजों को भी बिना RRT टीम (Rapid Response Team) द्वारा जांच के ही मरीजों को 108 एमब्ल्यूसे के द्वारा जिला मुख्यालय एवं जिला मुख्यालयों से आई.ए.पी. एमब्ल्यूसे वाहनों से जयपुर स्थित सवाई मान सिंह अस्पताल मिजजवाया जा रहा है, जिससे अनावश्यक मरीजों का भार बढ़ता है तथा एमब्ल्यूसे भी कई घटना तक बदतर हो जाती है। अतः आई.ए.पी. एमब्ल्यूसे वाहनों के संबंध में निम्न निर्देशित किया जाता है:—

- जिले में कहीं पर भी मरीज में कोरोना वायरस के संभावित लक्षण पाये जाते हैं तो स्वास्थ्य अनुशंका जिले का उस स्थान के लिए चिह्नित Rapid Response Team (RRT) या चिकित्सा विभाग की स्थानीय टीम द्वारा उस संदिग्ध मरीज का पश्चात्तथ स्क्रिनिंग करवाया जायेगा तथा इसकी पुष्टि होने पर ही एमब्ल्यूसे द्वारा जांच/एडिशन एवं आईसोलेशन की सुचारू स्थापना उस जिले के नजदीकी अस्पताल/चिकित्सा संस्थान में मिजजवाया जायेगा। इसी प्रकार यदि जांच पर संदिग्ध मरीज को Home Quarantine की सलाह पर निगरानी में ही रखा जाता है, तो उक्त मरीजों को अस्पताल से घर भेजने हेतु यथास्थितता 104 जननी एक्सप्रेस वाहनों के माध्यम से मिजजवाया जाना सुनिश्चित करें।

- विशेष परिस्थितियों में ही मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी अथवा प्रमुख चिकित्सा अधिकारी की अनुशंका पर ही जिला अस्पताल/प्रमुख जिला अस्पताल/जयपुर स्थित सवाई मान सिंह अस्पताल में रेफर हेतु मिजजवाया जा सकेगा तथा मरीज को वेटीलेटर की आवश्यकता होने पर जिला अस्पताल में अबस्थित ए.एल.एस. (एडवार्ड साउथक) का उपयोग यथास्थितता से मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी अथवा प्रमुख चिकित्सा अधिकारी द्वारा रेफर हेतु सुनिश्चित किया जायें।

- विशेष परिस्थितियों में जयपुर स्थित सवाई मान सिंह अस्पताल में रेफर करने हेतु प्रत्येक जिलों में आवश्यकता अनुसार एक अथवा दो 108 एमब्ल्यूसे/ए.एल.एस को ही चिह्नित किया जायें।

- पूर्व में विभाग द्वारा जारी पत्रांक 718, दिनांक 20.03.2020 (संलग्न धांज-क) को अतिक्रित करते हुए जिलों को निर्देशित किया जाता है कि एमब्ल्यूसे के माध्यम से संदिग्ध मरीजों को 108 एमब्ल्यूसे के माध्यम से रेफर करवाया जायेगा। तब एमब्ल्यूसे में क्रायरिट स्टॉफ (ईसप्टी व पायलट) को यथास्थितता त्रिपल लेयर मास्क एवं एन-95 मास्क तथा दस्ताने उपलब्ध करायें।

- श्रीमान अतिरिक्त मुख्य सचिव द्वारा जारी आदेश क्रमांक प.1(1) दिनांक 27.03.2020 दिनांक 27.03.2020 के तिथि संख्या 4 के अनुसार एमब्ल्यूसे स्टॉफ को भी National Taskforce for COVID-19 की अनुशंका अनुसार औषधि HCQ (Hydroxy Chloroquine) की निर्धारित रेट्रा दिया जाना सुनिश्चित करें।
• किसी भी परिस्थिति में आई.ए.पी वाहनों का उपयोग सामान ढोने अथवा मेडिकल स्टाफ को लाने ते जाने में ना किया जाये।
• आई.ए.पी वाहनों का टॉल फी नम्बर 108/104 पर ही कॉल करके इनका उपयोग सुनिश्चित किया जाये ताकि एम्बुलेंस वाहनों की ठीक प्रकार से मॉनिटरिंग की जा सके।

(नरेश कुमार दकरल)
विशिष्ट शासन सचिव,
चि.एवं स्वा. विभाग, एवं
मिशन निदेशक,एनएचएम।

प्रतिलिपि निम्न को मूँचनाथ एवं आवश्यक कार्यावाही हेतु प्रेषित है:—
1. निजी सचिव, अतिरिक्त मुख्य सचिव, चिकित्सा एवं स्वास्थ्य सेवाएं, राजस्थान, जयपुर।
2. निजी सचिव, विशिष्ट शासन सचिव, चि. एवं स्वा. सेवाएं एवं मिशन निदेशक, एनएचएम।
3. निजी सचिव, निदेशक जनस्वास्थ्य, चिकित्सा एवं स्वास्थ्य सेवाएं, राजस्थान, जयपुर।
4. समस्त जिला कलेक्टर, राजस्थान।
5. अतिरिक्त निदेशक, (प्रामुख्य स्वास्थ्य) मुख्यालय।
6. समस्त संयुक्त निदेशक, जोन राजस्थान।
7. समस्त प्रमुख चिकित्सा अधिकारी, राजस्थान।
8. समस्त सहायक औषधी नियंत्रक/औषधी नियंत्रण अधिकारी।
9. जिला प्रभारी (COVID-19), समस्त जिले, राजस्थान।
10. प्रभारी सर्वर रूम को ई-मेल हेतु।
11. रक्षित पत्रावली।

(विशिष्ट शासन सचिव,
चि.एवं स्वा. विभाग, एवं
मिशन निदेशक,एनएचएम।)