Government of West Bengal  
Health & Family Welfare Department  
Swasthya Bhavan, 3rd Floor  - GN-29, Sector-V, Bidhannagar  
Kolkata – 700 091

No. H&FW/137/20  
April 05, 2020

ORDER

To ascertain the ‘Cause of Death’ of a person who has tested positive for COVID-19, the State Government has set up a Committee to Audit Deaths vide its Memorandum No. HF/O/HS/486/Z-04/2020 dated 03.04.2020 (copy enclosed).

Now, in order to enable the said Committee to discharge its functions and to arrive at a finding on the ‘Cause of Death’ of persons who had tested positive for COVID-19, all hospitals in West Bengal (Government & Private) are required to submit detailed information relating to any such death in their hospital as per the Format enclosed without any loss of time.

The said information may be sent to sottowb@gmail.com and contact Dr. Kaushik Mitra (9831304898)

(Subhra Chakrabarti)  
Additional Secretary

Enclo: As stated.
ORDER

An Expert Committee is hereby formed for conducting audits of suspected deaths due to COVID-19, comprising the following members:

1. Dr. B. R. Sathpati, Advisor, Health and FW Department
2. Dr. Praban Mukherjee, Professor and HoD, CTVS, Medical College, Kolkata
3. Dr. Ashutosh Ghosh, Professor and HoD Critical Care Medicine, IPGMER and SSKM Hospital
4. Dr. Jyotirmoy Pal, Department of Medicine, RG Kar Medical College and Hospital
5. Dr. Debashis Bhattacharyya, Director of Medical Education Member Convenor

The Terms of Reference of the Committee will be as follows:
A. The Committee will examine the BHT, treatment history, laboratory investigation reports, death certificates or any other documents as may be deemed necessary for ascertaining the cause of death of a patient who had tested positive for COVID-19;
B. All health facilities where COVID-19 positive patient has died, will submit BHT, treatment history, laboratory investigation reports, death certificates and any other document related to such cases;
C. The Expert Committee will meet periodically as and when required.

The Expert Committee will commence functioning immediately.

(Dr. Saumitra Mohan, IAS)
Secretary
Health and Family Welfare Department
Memo No. HF/O/HS/486 (7)/Z-04/2020

Copy forwarded for information and necessary action to

1) Principal Secretary, Health and Family Welfare Department
2) Director of Medical Education, West Bengal
3) Director of Health Services, West Bengal
4) Dr. B. R. Sathpati Advisor, Health and FW Department
5) Dr. Plaban Mukherjee, Professor and HoD, CTVS, Medical College, Kolkata
6) Dr. Ashutosh Ghosh, Professor and HoD Critical Care Medicine, IPGMER and SSKM Hospital
7) Dr. Jyotirmoy Pal, Department of Medicine, RG Kar Medical College and Hospital
8) Deputy Director (Admin) with request to please inform all Health Facilities registered under C E Act

[Signature]

Additional Secretary

Health and Family Welfare Department
Format for death reporting in relation to COVID-19 positive patients

Part A:-

Name of the Patient: .................................................................................................................................

Age: ....................... (Yrs)    Sex .................

Telephone No .................................................................................................................................

Place of stay/residential address ........................................................................................................

Date and time of admission ...........................................................................................................

Date and time of death ....................................................................................................................

History of travel ..............................................................................................................................

History of exposure ..........................................................................................................................

Co-morbidities with duration and treatment:-

a. Hypertension.................................................................................................................................

b. Diabetes mellitus..........................................................................................................................

C. Chronic Kidney Disease..............................................................................................................

d. COPD...........................................................................................................................................

e. Heart disease .............................................................................................................................

f. Immuno compromised...................................................................................................................

Part B:-

Fever (Duration and type)......................................................................................................................

Cough ..................................................................................................................................................

Sore throat...........................................................................................................................................

Shortness of breath.............................................................................................................................
Part C (attach the necessary documents):

1. SpO2 with time
2. ABG with time
3. Complete blood count
4. Sodium
5. Potassium
6. Liver Function Test
7. Urea
8. Creatinine
9. Sugar
10. CRP
11. Pro-calcitonin
12. Chest X ray PA View
13. ECG all leads
14. ECHO-cardiography
15. USG Abdomen
16. D Dimer
17. CT Scan of Thorax
18. Malaria test
19. Dengue test
20. Blood C/S
21. Urine C/S
22. Scrub Typhus test
23. CPK
24. CPK MB