ORDER

World Health Organization (WHO) declared COVID-19 pandemic on 11th March, 2020 and the State Govt. issued “The Haryana Epidemic Disease, COVID-19 Regulations 2020” on the same day. Since then, COVID-19 planning has got a huge response from all quarters and there have been various guidelines with regard to COVID-19 issued by the Union/State Govt. such as containment plans, testing strategies, tracing of contacts, quarantine/isolation/hospitalization/discharge policies etc. The guidelines are dynamic in nature, have been revised depending on the behavior of the disease and response to various management modalities implemented in various countries across the World.

Now, the State Govt. vide No.32/3/IDSP/20/3370-3417 dated 03.06.2020 has issued “Haryana State-Specific Comprehensive COVID-19 Management Plan” congruent to local needs, bringing together various guidelines, instructions and protocols issued from time to time regarding management of COVID-19 patients (Annexure-A). It has been instructed that each district should be divided into 4-7 sectors, based on the geographical area or functional basis or both, depending upon the number of active cases. Each sector shall be monitored by a sector Nodal Officer who will ensure the activities in the sectors such as case identification, contact tracing, sampling, containment, isolation (home/facility), admission, data management.

In pursuance to the above instructions, entire district Sirsa is divided into four sectors to ensure the activities in each sector such as, case identification, contact tracing, sampling, containment, home isolation, facility isolation, data management including registration of new arrival which shall be monitored by the following sector Nodal Officers in their respective areas. The Nodal Officers so designated will be assisted by Unit Teams & Rapid Response Teams of the area. The RRT may comprise of officials from administration, Police and Health depending upon the job role of RRT:-

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Designation and Contact Number of Nodal Officer (S/Sh.)</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Sub Divisional Magistrate, Sirsa</td>
<td>Sirsa</td>
</tr>
<tr>
<td>2.</td>
<td>Sub Divisional Magistrate, Dabwali</td>
<td>Dabwali</td>
</tr>
<tr>
<td>3.</td>
<td>Sub Divisional Magistrate, Ellenabad</td>
<td>Ellenabad</td>
</tr>
<tr>
<td>4.</td>
<td>Sub Divisional Magistrate, Kalanwali</td>
<td>Kalanwali</td>
</tr>
</tbody>
</table>

In view of increasing number of cases, the designated Nodal Officers are further directed to ensure that the patients are strictly managed on the basis of classification at the designated facilities i.e. asymptomatic very mild to mild cases at Home/DCCC; moderate cases at Dedicated Covid Health Centre and severe cases at Dedicated COVID Hospitals, for the judicious cases of healthcare facilities.

All Sub Divisional Magistrates/Incident Commanders in district Sirsa are directed to coordinate with DIG-cum-SP, Sirsa and Civil Surgeon, Sirsa to constitute Rapid Response Teams within their respective jurisdiction. However, they are free to engage any officer/official from any other departments, as they deem fit. SDMs/ICs are further directed to send ATR within two days for compilation and further transmission to the quarter concerned.

[Signature]
Deputy Commissioner,
Sirs [Redacted]
A copy is forwarded to the following for information and necessary action:
1. DIG-Superintendent of Police, Sirsa, Sirsa
2. Additional Deputy Commissioner, Sirsa
3. All Sub Divisional Magistrates in district Sirsa
4. DRO/DDPO/Tehsildars/NTs/BD&POs in distt. Sirsa
5. Civil Surgeon, Sirsa
6. Dy. Civil Surgeon (NHM), Sirsa
7. Distt. Surveillance Officer, Sirsa
8. DFSC, Sirsa
9. DETC (ST), Sirsa
10. DIPRO, Sirsa
11. EOs/Secretaries of all ULBs in district Sirsa
12. All Nodal Officers
13. All respective members of Local/Sector/Zonal Committees in the district
15. All HoDs/Offices in distt. Sirsa
16. D.I.O., NIC, Sirsa

Deputy Commissioner,
Sirsa
From
Additional Chief Secretary to Govt. of Haryana
Health Department.

To

1. The Divisional Commissioners Ambala, Gurugram, Faridabad & Hisar.
2. All the Deputy Commissioners of State
3. All the Commissioners of Municipal Corporations in State.
4. All the Civil Surgeons of State

Memo No.32/3/IDSP/20/3370-3417

Dated: 03.06.2020

Subject: Haryana State-Specific Comprehensive COVID-19 Management Plan.

In reference to subject cited above.

It is intimated that Haryana State-Specific comprehensive COVID-19 management plan has been prepared, bringing together various guidelines, instructions and protocols, issued from time to time, regarding management of COVID-19 patients. (Annexure- A)

It is directed to implement the same in your respective districts.

2. It is also suggested that each district should be further divided into 4-7 sectors, based on the geographical area or functional basis or both, depending upon the number of active cases. Each sector shall be monitored by a senior Nodal Officer, to be designated by concerned Deputy Commissioner, who will ensure the activities in the sectors, such as, case identification, contact tracing, sampling, containment, isolation (home/facility), admission, data management, etc. The Officers, so designated will be assisted by concerned Unit Teams and RRTs.

3. It is further directed that in view of increasing number of cases, the patients shall be strictly managed, on the basis of clinical classification, at the designated facilities i.e. asymptomatic, very mild to mild cases at Home/ DCCC; moderate cases at DCHC and severe cases at Dedicated COVID Hospitals, for the judicious use of healthcare facilities.

Director General Health Services
For: Additional Chief Secretary, Govt. of Haryana
Health Department

Endst. No.32/3/IDSP/20/3418-3427

Dated: 03.06.2020

A copy is forwarded to the following for kind information:

1. PS to W/Chief Secretary to Govt. of Haryana.
2. PS to PS/CM.
3. MD, NHM
4. All the Directors Health Services.

Director General Health Services
For: Additional Chief Secretary, Govt. of Haryana
Health Department
Haryana State-specific Comprehensive COVID-19 Management Plan

Background:

World Health Organization (WHO) declared COVID-19 a pandemic on 11.03.2020, and on the same day, State Govt. issued the Haryana Epidemic Disease, COVID-19 Regulations, 2020 (Annexure-1). Since then, COVID-19 planning has got a huge response from all quarters, and there have been various guidelines with regard to COVID-19 issued by Central/State Govt., such as, containment plans, testing strategies, tracing of contacts, quarantine/isolation/hospitalization/discharge policies, etc. The guidelines are dynamic in nature, have been revised depending on the behaviour of the disease in our country and response to various management modalities implemented in various countries across the world.

Scope of document:

A state specific strategy congruent to local needs is prepared. The document provides comprehensive and easily accessible information regarding COVID-19 management.

A. The process flow of COVID management:

1. Identification: The suspect/patient is identified in the process of Active/Passive Surveillance.

   - Active Surveillance: Primary suspects, Contacts of positive cases, persons with ILI, etc.
   - Passive surveillance: Coming to hospitals/flu corners, SARI cases, patients with co-morbidities, etc.
   - As per the guidelines issued vide Letter No. 32/3-IDSP/1917-38 dated 3.4.2020 (Annexure-2)

2. Clinical classification:

   a) No symptoms i.e. Asymptomatic
   b) Pre-symptomatic/very mild to mild symptomatic
   c) Moderate symptoms
   d) Severe symptoms

   Additionally, the course of action depends upon the other conditions, such as, co-morbidities, pregnancy, age less than 10 or more than 60 years, etc.

3. Testing: Every suspected case shall be tested for COVID-19. The testing may be done through:

   a) RT-PCR: for all the cases, as per guidelines of ICMR.
   b) CBNAAT/ True NAAT: for emergency conditions, when immediate report is required.
   c) RDT kits: withheld (will be used as per ICMR guidelines)

ICMR: Strategy for COVID-19 testing in India (Version 5, dated 18/05/2020) (Annexure-3)

As per the guidelines of ICMR (GoI) every suspected case shall be tested for COVID-19.

The testing facility in the state is available at the following Labs:

   a) Govt. Labs
      - PGIMS, Rohtak
      - BPS GMC, Sonepat
      - ESIC, Faridabad
      - KCMC, Karnal
      - ICAR Equine Centre, Hisar
      - SHKM GMC, Nalhar, Nuh
      - THSTI, Faridabad
      - Civil Hospital, Panchkula
      - Civil Hospital, Ambala

   In addition, CB NAAT/ True NAAT testing facilities are available at:
      - IRL Public Health lab, Karnal
      - Maharaja Agrasen MC, Agroha
      - Civil Hospital, Faridabad
      - Civil Hospital, Gurugram
      - Civil Hospital, Karnal

Additionally, RT PCR labs at Institute of Microbial Technology CSIR, Chandigarh and Command Hospital, Chandimandir are also functional. Further, RT PCR labs at Maharaja Agrasen MC, Agroha and Civil Hospital, Gurugram would be operational in near future.
b) Private Labs
   i. Core Diagnostics, Gurugram
   ii. Pathkind Diagnostics, Gurugram
   iii. Dr. Lal Path Labs, Rohini, Delhi
   iv. Moliq Laboratory, Gurugram
   v. Modern Diagnostics and Research Centre-Lab., Gurugram
   vi. Strand Life Sciences, Gurugram
   vii. SRL Limited, Gurugram
   viii. Medanta- The Medicity, Gurugram

NOTE: The entries for all the samples for COVID-19 testing shall be ensured through RT-PCR App, so that real time data is captured on COVID19CC.NIC.IN portal.

The terms and conditions for testing of suspects from Govt. Health Facilities at private labs have been described in the letter No. 3PM(COVID)/2020/3029-3228 dated 29.03.2020; Memo No. 1/DGM(T)-HMSC/2020/1416-20 dated 21.04.2020 and No. 1/DGM(T)-HMSC/2020/487 dated 13.05.2020 (Annexure-4,5,6). However, the most important condition for sending the samples to private labs is exhausting of testing capacity of Govt. Labs for the day.

4. Infrastructure for managing suspects/patients: All the COVID-19 facilities shall be dedicated for COVID-19 management (Partially/Fully), as per the guidelines of MoHFW. The three types of COVID-19 facilities may be identified:

a) Home Isolation: Most of the asymptomatic, or with very mild to mild symptoms COVID-19 patients may be managed at home, however, only on the advice of treating physician, as per the guidelines issued vide Letter No. 32/3-IDSP-020/2504-07 dated 06.05.2020. (Annexure-7)

   Note: Contacting the home-isolated person telephonically at least twice daily shall be ensured, besides health monitoring by district surveillance team as per protocol.

b) COVID Care Centres (CCC): For Quarantine and Isolation facilities, shall be used for suspects or mild to very mild Lab-positive cases, in separate from each other establishments.

   These facilities are Non-medical facilities, such as, hotels, hostels, lodges, etc. Such facilities shall be identified strictly as per the guidelines, using the checklist (Annexure-8). The management of cases shall be as per laid down SOPs (issued by MoHFW- Annexure-9) in these facilities. These may be of 2 types:

   i. Govt. facilities for non-affording persons, where expenditure would be borne by State Govt.
   ii. Private facilities, wherein the expenditure would be borne by person himself.

(c) Dedicated COVID Health Centre (DCHC): for clinically moderate cases.

   These facilities are hospitals or separate blocks in the hospital, having beds with assured oxygen supply.

(d) Dedicated COVID Hospital (DCH): for clinically severe cases.

   These facilities are well established hospitals with fully equipped ICUs, Ventilators and oxygen supply.

The State Govt. has notified 9 Medical Colleges (Govt. & Private) and 42 hospitals (Govt. & Private) in the State as Dedicated COVID hospitals. The list is annexed at (Annexure-10). Further, the details of all the healthcare facilities dedicated for COVID-19 patients is updated from the office of concerned Civil Surgeon at District level and same is available on the S3 portal.

Note: Ensure regular updation of information on Facility App regarding dedicated COVID-19 facilities be ensured, so that the same is reflected on the S3 portal, monitored by Gol.
The State Govt. has mapped the dedicated COVID Hospitals/ Medical Colleges for referral of COVID-19 patients from various districts of state vide order No. DMER/2020/4807-08 dated 01.06.2020 (Annexure-11)

The State Govt. has fixed the rates for utilizing quarantine facilities, and rates for treatment at private hospitals (Annexure-12). The payment for the treatment of hospitalized patients is to be made as per the mode of payment issued vide State Govt. letter No. 2020/2PM-PkgCOVID-19)/4776-4975 dated 20.04.2020 and No. 2020/2PM-PkgCOVID-19)/6867-7066 dated 20.05.2020 (Annexure-13 & 14). Further, State Govt. has fixed the rates for utilizing Isolation Facilities vide letter No. 2020/2PM-PkgCOVID-19)/6660-6859 dated 22.05.2020 (Annexure-15).

Management: The case to be managed as per existing latest guidelines/protocols, as issued & upgraded by MoHFW from time to time.

COVID-19 Case

Asymptomatic/very mild to mild case
(Fever/ URTI)

Moderate case
(Pneumonia with no sign of severe disease)
(RR 15 to 30/min, SpO₂ 90%-94%)

Severe Case
(Respiratory rate >30/min, SpO₂<90% on room air)

Hospitalization

Home Isolation
(Consent for Home isolation be ensured)

COVID CARE CENTRE

Dedicated COVID Health Centre
(2nd care hospitals with O₂ supply)

Dedicated COVID Hospital
(Tertiary care Hospitals)

Cases to be monitored continuously, in case of worsening of symptoms, the patient shall be shifted to higher centre.
5. COVID-19 related infrastructural Modification:

The modifications with regard to COVID-19 required in the hospitals i.e. DCHC and DCH are enlisted below:

i. COVID Labour Room: The guidelines for a dedicated COVID Labour Room & OT have been issued vide Letter No. 3PM(COVID)/2020/4012-4033 dated 14.04.2020 (Annexure-16)

ii. COVID Operation Theatre

iii. Dialysis Facility: all the dedicated COVID Hospitals shall arrange at least 2 separate Dialysis Machines for the COVID-19 patients. The instructions have been issued by concerned branch (Annexure-17)

iv. Installation of elbow operated taps & elbow-operated soap dispensers in OPD and other patient care areas for healthcare providers/ foot operated soap/hand sanitizer dispensers for patients in all healthcare facilities.

v. Installation of Glass barricaded Flu corners.

vi. Space enhancing alteration in setting arrangements in waiting areas.

vii. Installation of Queue management systems.

viii. Display of IEC material in all healthcare facilities.

ix. Installation of Gas Manifold System/Central oxygen, to increase beds with oxygen supply, wherever possible.

x. Alteration in Air ventilation of Hospitals i.e. Central Air conditioning Units/ Split AC/ Window AC: Clear guidelines with minute details may be issued by Public Health & Engineering Dept. / Hospital Engineering Dept.

xi. Installation of sheds in registration/ waiting areas of hospitals.

xii. Installation of Flash Autoclaves/ UV Boxes/ ETO equipment, with proper guidelines and safety measures.

[The same may be used for re-use of PPE/N95 masks. The guidelines for rational use of PPE and re-use of N95 masks have been issued vide Letter No. 3PM(COVID)/2020/5944-5965 dated 05.05.2020 (Annexure-18)]

6. Discharge Policy

The patient shall be discharged as per the guidelines provided in the discharge policy, issued vide Letter No. 32/3-IDSP-2020/2619-40 dated 11.05.2020 (Annexure-19). However, the patient shall be under surveillance for next 14 days.

7. Management of dead bodies: The management of dead bodies shall be done strictly as per the guidelines issued vide letter No. 3PM/(COVID)/2020/3780-3801 dated 08.04.2020 (Annexure-20).

8. Death Audit Committee: The constitution of COVID Death Audit Committee (CDAC) in each district shall be ensured, as per guidelines issued vide Letter No. 32/3/IDSP/20/ 2692-2713 dated 13.05.2020 (Annexure-21)

B. Sanitization and Waste management:

- The standard Infection Prevention & Control Practices shall be adhered to.
- Continuous training of the whole staff.
- Guidelines for sanitization of hospitals/ ambulances/ equipment/etc. issued as PPT by IDSP shall be followed strictly (Annexure-22)
- Preparation of 1% Hypochlorite Solution shall be supervised; Measurement containers shall be made available.
  - Ensure availability of PPEs for workers handling BMW.
  - Foot-operated dustbins with lids.
  - Doubling of BMW bags for COVID-19 BMW.
  - Separate Recordkeeping for COVID-19 BMW.
C. Other aspects of COVID management:

- The President of India promulgated "The Epidemic Diseases (Amendment) Ordinance, 2020" for safety and security of Healthcare providers across the country (Annexure-24).
- State Govt. has designated State/District Nodal Officers for implementation of the Epidemic Diseases (Amendment) Ordinance, 2020 (Annexure-25).
- State Govt. has given additional pay benefit for Healthcare workers, who are posted in COVID ICU/Isolation wards and who perform any procedure/surgery/conduct delivery of COVID patient (Annexure-26).
- State Govt. has given benefit of life cover of Rs. 50 Lakhs for Govt. employees i.e. Doctors, Nurses, Gp. 'C' and Gp. 'D' employees, posted in COVID ICUs, COVID Isolation wards, COVID OTs and an ex-gratia of Rs. 10 Lakhs against loss of life due to COVID-19 till June 30 '2020 for all Govt. employees whether regular, part time or contractual, working in various containment zones including ASHA workers (Annexure-27).
- Govt. of India has provided a life cover of Rs 50 Lakhs for all healthcare providers i.e. Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19 (Annexure-28).
- The guidelines for rational use of PPE for healthcare providers were issued vide letter No. 3PM(COVID)/2020/5944-65 dated 05.05.2020 (Annexure-17).
- All the suspects/patients undergo enormous psychological stress during the whole duration of being identified as a suspect or patients till the surveillance period is over; and require psycho-social and psychiatric care. The SOPs for the same have been prepared and circulated vide Letter No. DMHP/Main/II/2020/1897 dated 15.05.2020 after approval by State Govt. (Annexure-29).
- Procurement of Mortuary Vans by ULB/Panchayat: As the Health Department does not have any Hearse/dead body carrying vans, the same may procured by the departments of ULB/Development & Panchayats to facilitate general public.
- Spread of awareness in general public w.r.t. COVID-19 through IEC material by Development & Panchayats departments. The concerned department has already been requested for the same vide letter No. 3PM/2020/5187 dated 21.04.2020 and 3PM(COVID)/2020/6083 dated 13.05.2020 (Annexure-30, 31).
- Continuous trainings/sensitization of all healthcare providers for self care as well as patient care w.r.t. COVID-19.
- Additional manpower has been provided at Districts.

D. Non-COVID services:

A concept note for Non-COVID services would be issued separately after the approval of authorities.

E. Future Plan:

- COVID-19: All the Civil Surgeons in coordination with district administrative authorities shall prepare a plan for the eventuality of huge surge of COVID-19 cases and do micro-planning, keeping in view each aspect, such as, identifying additional manpower/beds, involvement of IMA members, taking over of private hospitals, shifting of RRT manpower for CCC management, arrangements of extra linen/consumables (Oxygen masks, Oxygen nasal cannulas, linen, etc.), upgrading of health infrastructure in Govt. Health Facilities, especially with regard to Intensive Care management. Provision of digital payments in all Govt. Health facilities to be explored.
- Non-COVID-19: Preparing and submitting plan for carrying out Non-COVID-19 OPD, Indoor, Operative, Emergencies services in the districts by respective district authorities.