



Government of Odisha
Office of Special Relief Commissioner

No. **4175/R&DM(DM)**,
RDM-RLF-MISC-0034-2020

Dt. **13-07-2020**

ORDER

Whereas Govt. of Odisha has created COVID Care Homes (CCH) and COVID Care Centres (CCC) for isolation and treatment of COVID-19 positive cases across the State;

And Whereas it is important to use all resources judiciously to their optimum capacity to effectively fight this pandemic;

And Whereas MoHFW has recommended home isolation of mild/asymptomatic patients in view of the beneficial psychological and physical well-being of isolation in familiar environments with home care and nourishment, wherever possible;

And Whereas further, many Organizations/ Institutions with adequate resources and facilities have severally requested for allowing institutional isolation of their members/ personnel in their own facilities for mild and asymptomatic COVID-19 positive cases;

And Whereas further, it is felt that such cases can now be monitored by well-established mechanism at home/ non-government facilities by Call and dedicated Tele-Medicine Centres as well as co-ordination with the Care Givers/ Facility Nodal Officers, in accordance with the established protocols. In the event that these categories of patients require shifting to State Govt. Medical facilities such as CH, CHC, CCCs, they will be shifted by means of dedicated ambulances;

Now, therefore, the State Government do hereby promulgate the following guidelines in the State of Odisha for management of COVID-19 positive cases:

- a. All COVID-19 positive cases, who are asymptomatic/ have mild symptoms and have no co-morbidities, in Urban areas including Urban Local Bodies Area, District, Sub-division and Block Headquarter Towns shall be allowed home isolation, subject to assessment of availability of separate room & toilet at the home of the person and following all protocols for home isolation laid out by Department of H&FW, Govt. of Odisha. (Annexure I):

- b. The State Govt. has established COVID Care Homes (CCH) in each Gram Panchayat (GP) in Rural Areas and Ward(s) in Urban Areas in the State, to isolate suspected COVID-19 cases for testing and further action, which can be an ideal model to implement in non-governmental space for isolating asymptomatic/ mild COVID-19 cases, not requiring admission into COVID Health facilities, in the premises of the Corporates, both in Govt. and Private sector, as well as other bodies who can develop such infrastructure for the above purpose.

The following organisations/ institutions within Odisha are advised to create isolation facilities (CCHs/ CCCs) to accommodate COVID-19 positive persons belonging to their organizations/ institutions with required infrastructure, equipment and accessories, as well as manpower in adherence to the H&FW Dept protocol in this regard (Annexure II):

- i. All Municipal Corporations
 - ii. Bhubaneswar and Jharsuguda Airports
 - iii. East Coast Railways at their different centres
 - iv. Paradeep, Dhamra and Gopalpur Ports
 - v. Central and State PSUs operating in Odisha, with their own township/ colonies with adequate facilities
 - vi. Central Armed Police Forces (CAPFs) and National Disaster Response Force (NDRF) set ups in Odisha
 - vii. Odisha Police, Odisha Fire Services, Directorate of Prisons
 - viii. Central Institutes, Universities and Deemed Universities – both in Government and Private Sector
 - ix. Religious bodies/ places such as temples, mosques, churches, gurudwaras etc.
 - x. Resident Welfare Associations (RWAs)
 - xi. Any other interested NGOs, CSOs and Corporates – both in Govt. and Private sector
- c. The facilities created by the above bodies may be designated as COVID Care Homes (CCHs) or COVID Care Centres (CCCs) as outlined in Annexure II
- d. The COVID-19 isolation facilities created by State Govt. will be primarily used for housing those COVID-19 suspect/ positive cases

who do not have the infrastructure for home isolation and otherwise not accommodated in the CCCs/ CCHs indicated in (b) above

- e. Any person who is under home isolation and develops severe/ serious symptom/ faces deterioration in health shall follow protocols of Department of H&FW, Govt. of Odisha
- f. H&FW Department shall, on requirement and assessment of situation, suitably modify the guidelines for home and institutional isolation from time to time.

By order of the Governor



Chief Secretary, Odisha

Memo No.4176/R&DM(DM)

Date:13.07.2020

Copy forwarded to the Private Secretary to Hon'ble Chief Minister/ Private Secretary to all Ministers/ Chief Secretary/ Development Commissioner/ Agriculture Production Commissioner for kind information.



Special Relief Commissioner &
Additional Chief Secretary to Govt.
(Disaster Management)

Memo No.4177/R&DM(DM)

Date:13.07.2020

Copy forwarded to the Addl. Chief Secretary/ Principal Secretary/ Commissioner-cum-Secretary of all Departments/ Director General of Police/ Director General of Police Fire Services/Police Commissioner, Bhubaneswar-Cuttack/ All RDCs/ All Collectors/ Superintendents of Police/ All Municipal Commissioners for kind information and immediate necessary action.



Special Relief Commissioner &
Additional Chief Secretary to Govt.
(Disaster Management)

General Guidelines for Home Isolation of COVID-19 positive cases

- a. All COVID-19 positive cases, who are asymptomatic/ have mild symptoms and have no co-morbidities, in Urban areas including Urban Local Bodies Area, District, Sub-division and Block Headquarter Towns shall be allowed home isolation, subject to assessment of availability of individual room & toilet in the home of the person and following all protocols for home isolation laid out by Department of H&FW, Govt. of Odisha. The Ward Nodal Officer/ GP Nodal Officer shall be responsible for the assessment.
- b. Such person who is allowed home isolation shall undertake to abide by all guidelines of H&FW Dept as issued from time to time and shall mandatorily report about his condition to the appropriate authorities on a daily basis.
- c. For such person the household shall nominate a Care Giver who shall agree to undertake an online/ web-based training module on COVID-19 management protocols, Safety of the self, household and the patient besides Dos and Don'ts.
- d. H&FW Department shall develop a simple training module for the COVID +ve person and Caregivers in both Odia and English. Further the Department shall develop a brochure/ leaflet on the subject which will be given to the Person and his/ her care giver to follow.
- e. District Authorities shall affix a poster in front of his/ her house stating that the house is under Home Isolation.
- f. In case the person develops any symptom requiring medical support/ guidance, he/ she shall not directly go to any Hospital - Public or Private but shall contact 104 Helpline and follow their advice.
- g. State Government's Outbound Call Centre shall monitor all such cases from time to time. In case the person doesn't respond to such calls or his/ her mobile is found to be switched off, Local Administration shall be alerted by the Call Centre and the Local Administration shall physically check such person.
- h. In case of violations of guidelines or instructions of authorities, the permission for home isolation shall be withdrawn and the person shall be then sent to a Government run facility.
- i. The COVID-19 isolation facilities, namely COVID Care Centres (CCC) / COVID Health Centres (CHC) created by State Government will be primarily used for housing those COVID-19 suspect/ positive cases who do not have required infrastructure for home isolation

General Guidelines for Isolation of COVID-19 positive cases by Institutions (including PSUs/Corporates/Organizations/ NGOs etc) in their COVID Care Centres/ COVID Care Homes (CCHs)

- a) The following will be the categorization of Covid Care Home (CCH) and COVID Care Center (CCC):
 - i. **COVID Care Home (CCH):** This is a facility with less than 20 beds and can be established by any organization/ institution. The CCH is an extension of the home isolation facility for a group of people.
 - ii. **COVID Care Center (CCC):** This is a facility with more than 20 beds and associated infrastructure and health care manpower and also oxygen support system. The PSUs/Corporates/big organizations and Institutions can establish CCC.
- b) Every Institution which creates its own isolation facilities - CCCs/ CCHs, shall nominate a dedicated Officer (to be called Facility Nodal Officer) who shall maintain close and regular contact with CDMO of the district and a Nodal officer to be specifically notified for the purpose by the District Collector/ Municipal Commissioner.
- c) The District Collector/ CDMO shall arrange to inspect the facility and guide for creation/ development of the isolation Facility. Further, the Facility Nodal Officers and other Care Givers, as identified by the institutions, shall be trained in COVID facility management and Safety protocols.
- d) H&FW Department shall develop a specialized module for training of such personnel who would be involved in management of Isolation Facilities.
- e) Such Facilities shall be regularly inspected by Local Administration and Health officials for ensuring that the Centres don't face any problem.
- f) Each such facility must have a dedicated ambulance on roll or on call for immediate shifting of any person requiring higher medical attention from a COVID Hospital.
- g) State Government's Outbound Call Centre shall monitor all the cases from time to time.
- h) COVID Observers of the district shall monitor and review such Institutional Facilities during their visits to the districts.
- i) H&FW Department shall bring out a detailed guideline for setting up COVID Care Centre (CCC)/ COVID Care Homes (CCH) for institutions indicating requirements of infrastructure, manpower and specification of equipment and management protocols.

- j) In case it is required, the State Govt. will financially assist the setting up of the CCC & CCH and contribute to the expenditure on diet of the patients.

4. When to seek medical attention?

Patient/ Care giver will keep monitoring their health. Immediate medical attention must be sought if serious signs or symptoms develop. These could include

- i. Difficulty in breathing,
- ii. Dip in oxygen saturation (SpO2 < 95%)
- iii. Persistent pain/ pressure in the chest
- iv. Mental confusion or inability to arouse
- v. Slurred speech/ seizures
- vi. Weakness or numbness in any limb or face
- vii. Developing bluish discolorations of lips/ face/ fingertips

In case of need to transfer the patient to a COVID facility, he/ she should be transferred in the dedicated COVID ambulance of the designated COVID Care Facility.

5. Role of State/District Health Authorities

- i. District/ Municipal Administration/ Health Authorities shall monitor all such cases.
- ii. The health status of those under home isolation should be monitored by the field staff/surveillance teams through personal visit along with a dedicated call center to follow up the patients on daily basis.
 - a. The clinical status of each case shall be recorded by the field staff/ call center (body temperature, pulse rate and oxygen saturation).
 - b. The field staff will guide the patient on measuring these parameters and provide the instructions (for patients and their care givers), as annexed.
 - c. This mechanism to daily monitor those under home isolation shall be strictly adhered to.
- iii. Details about patients under home isolation should also be updated on COVID-19 portal and facility app with District Surveillance Officer.
- iv. In case of violation of home isolation protocols or when the patient needs further treatment, he/ she shall be shifted to a COVID Facility at the earliest.
- v. All family members and close contacts shall be monitored and tested as per health protocol.
- vi. Patient on home isolation will be discharged from treatment as per para 6 below. These discharge guidelines shall be strictly adhered to along with issuance of a discharge certificate.

- j) In case it is required, the State Govt. will financially assist the setting up of the CCC & CCH and contribute to the expenditure on diet of the patients.

4. When to seek medical attention?

Patient/ Care giver will keep monitoring their health. Immediate medical attention must be sought if serious signs or symptoms develop. These could include

- i. Difficulty in breathing,
- ii. Dip in oxygen saturation (SpO2 < 95%)
- iii. Persistent pain/ pressure in the chest
- iv. Mental confusion or inability to arouse
- v. Slurred speech/ seizures
- vi. Weakness or numbness in any limb or face
- vii. Developing bluish discolorations of lips/ face/ fingertips

In case of need to transfer the patient to a COVID facility, he/ she should be transferred in the dedicated COVID ambulance of the designated COVID Care Facility.

5. Role of State/District Health Authorities

- i. District/ Municipal Administration/ Health Authorities shall monitor all such cases.
- ii. The health status of those under home isolation should be monitored by the field staff/surveillance teams through personal visit along with a dedicated call center to follow up the patients on daily basis.
 - a. The clinical status of each case shall be recorded by the field staff/ call center (body temperature, pulse rate and oxygen saturation).
 - b. The field staff will guide the patient on measuring these parameters and provide the instructions (for patients and their care givers), as annexed.
 - c. This mechanism to daily monitor those under home isolation shall be strictly adhered to.
- iii. Details about patients under home isolation should also be updated on COVID-19 portal and facility app with District Surveillance Officer.
- iv. In case of violation of home isolation protocols or when the patient needs further treatment, he/ she shall be shifted to a COVID Facility at the earliest.
- v. All family members and close contacts shall be monitored and tested as per health protocol.
- vi. Patient on home isolation will be discharged from treatment as per para 6 below. These discharge guidelines shall be strictly adhered to along with issuance of a discharge certificate.

Annexure I

Guidelines for Home Isolation of very mild/ pre-symptomatic/ asymptomatic COVID-19 cases

Government of Odisha
Department of Health & Family Welfare

1. Scope

In view of large number of asymptomatic cases being detected, these guidelines for home isolation is extended to asymptomatic positive cases, very mild and pre-symptomatic cases.

2. Which patients are eligible for home isolation?

- i. The person should be very mild/ pre-symptomatic/ asymptomatic case.
- ii. Such cases should have the requisite facility at their residence for self-isolation and also for quarantining the family contacts - at least a separate room for the patient with separate toilet.
- iii. An adult care giver should be available to provide care on 24x7 basis. Communication between the caregiver and helpline is essential for the entire duration of home isolation.
- iv. The care giver and all close contacts of such cases should take all precautions, including medicines and prophylactics as per protocol and as prescribed by the treating medical officer.
- v. The patient shall agree to monitor his health and regularly inform his health status to the Health Authorities, who will facilitate further follow up by the surveillance teams.
- vi. The patient will fill an undertaking on self-isolation (annexed) and shall follow home quarantine guidelines. The treating doctor should satisfy himself before allowing home isolation.
- vii. The house of the COVID-19 positive patient under home isolation will have a sticker affixed indicating that the house is under home isolation of COVID-19 positive case.
- viii. The rest of the family members will be in home quarantine & will follow home quarantine protocol.

3. Which patients are not eligible for home isolation?

- i. Immuno-compromised Patients (HIV, Transplant recipients, Cancer therapy etc.)
- ii. Elderly patients and those with co-morbid conditions such as Hypertension, Diabetes, Heart disease, Chronic lung/liver/ kidney disease, Cerebro-vascular disease etc.

Undertaking on self-isolation

I S/D/W of resident of being diagnosed as a confirmed/ suspect case of COVID-19, do hereby voluntarily undertake to maintain strict self-isolation at all times for the prescribed period.

During this period, I shall monitor my health and those around me and interact with the assigned surveillance team/ with the call center (104), in case I suffer from any deteriorating symptoms or any of my close family contacts develop any COVID-19 like symptoms.

I have been explained in detail about the precautions that I need to follow while I am under self-isolation.

I am liable for appropriate action as deemed fit for any non-adherence to self-isolation protocol.

Signature _____
Date _____
Contact Number _____

Countersignature by Treating Medical Officer

6. When to discontinue home isolation

Patient under home isolation will stand discharged after 10 days of symptom onset and no fever for 3 days. Thereafter, the patient will be advised to isolate at home and self-monitor his/ her health condition for further 7 days. There is no need for testing after the home isolation period is over.

Instructions for Care-givers

1. Mask:

- i. The caregiver should wear a triple layer medical mask appropriately when in the same room with the positive person.
- ii. Front portion of the mask should not be touched or handled during use.
- iii. If the mask gets wet or dirty with secretions, it must be changed immediately.
- iv. Discard the mask after use and perform hand hygiene after proper disposal of the mask.
- v. He/ she should avoid touching own face, nose or mouth.

2. Hand hygiene

- vi. Hand hygiene must be ensured following contact with positive person or his immediate environment.
- vii. Hand hygiene should also be practiced before and after preparing food, before eating, after using the toilet, and whenever hands look dirty.
- viii. Use soap and water for hand washing at least for 40 seconds. Alcohol-based hand rub can be used, if hands are not visibly soiled.
- ix. After using soap and water, use of disposable paper towels to dry hands is desirable. If not available, use dedicated clean cloth towels and replace them when they become wet.
- x. Perform hand hygiene before and after removing gloves.

3. Exposure to patient/ patient's environment

- xi. Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions. Use disposable gloves while handling the patient.
- xii. Avoid exposure to potentially contaminated items in his immediate environment (e.g. eating utensils, dishes, drinks, used towels or bed linen etc).
- xiii. Food must be provided to the patient in his room
- xiv. Utensils and dishes used by the patient should be cleaned with soap/ detergent. The utensils and dishes may be re-used only after proper cleaning and dis-infection. Clean hands after taking off gloves or handling used items.
- xv. Use triple layer medical mask and disposable gloves while cleaning or handling surfaces, clothing or linen used by the patient.
- xvi. The waste (masks, disposable items, food packets etc.) should be disposed of as per CPCB/ OSPCB guidelines (http://www.cpcbenvi.nic.in/pdf/BMW-GUIDELINES-COVID_1.pdf)

6. When to discontinue home isolation

Patient under home isolation will stand discharged after 10 days of symptom onset and no fever for 3 days. Thereafter, the patient will be advised to isolate at home and self-monitor his/ her health condition for further 7 days. There is no need for testing after the home isolation period is over.

Instructions for Care-givers

1. Mask:

- i. The caregiver should wear a triple layer medical mask appropriately when in the same room with the positive person.
- ii. Front portion of the mask should not be touched or handled during use.
- iii. If the mask gets wet or dirty with secretions, it must be changed immediately.
- iv. Discard the mask after use and perform hand hygiene after proper disposal of the mask.
- v. He/ she should avoid touching own face, nose or mouth.

2. Hand hygiene

- vi. Hand hygiene must be ensured following contact with positive person or his immediate environment.
- vii. Hand hygiene should also be practiced before and after preparing food, before eating, after using the toilet, and whenever hands look dirty.
- viii. Use soap and water for hand washing at least for 40 seconds. Alcohol-based hand rub can be used, if hands are not visibly soiled.
- ix. After using soap and water, use of disposable paper towels to dry hands is desirable. If not available, use dedicated clean cloth towels and replace them when they become wet.
- x. Perform hand hygiene before and after removing gloves.

3. Exposure to patient/ patient's environment

- xi. Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions. Use disposable gloves while handling the patient.
- xii. Avoid exposure to potentially contaminated items in his immediate environment (e.g. eating utensils, dishes, drinks, used towels or bed linen etc).
- xiii. Food must be provided to the patient in his room
- xiv. Utensils and dishes used by the patient should be cleaned with soap/ detergent. The utensils and dishes may be re-used only after proper cleaning and dis-infection. Clean hands after taking off gloves or handling used items.
- xv. Use triple layer medical mask and disposable gloves while cleaning or handling surfaces, clothing or linen used by the patient.
- xvi. The waste (masks, disposable items, food packets etc.) should be disposed of as per CPCB/ OSPCB guidelines (http://www.cpcbenviis.nic.in/pdf/BMW-GUIDELINES-COVID_1.pdf)

6. When to discontinue home isolation

Patient under home isolation will stand discharged after 10 days of symptom onset and no fever for 3 days. Thereafter, the patient will be advised to isolate at home and self-monitor his/ her health condition for further 7 days. There is no need for testing after the home isolation period is over.

Instructions for Care-givers

1. Mask:

- i. The caregiver should wear a triple layer medical mask appropriately when in the same room with the positive person.
- ii. Front portion of the mask should not be touched or handled during use.
- iii. If the mask gets wet or dirty with secretions, it must be changed immediately.
- iv. Discard the mask after use and perform hand hygiene after proper disposal of the mask.
- v. He/ she should avoid touching own face, nose or mouth.

2. Hand hygiene

- vi. Hand hygiene must be ensured following contact with positive person or his immediate environment.
- vii. Hand hygiene should also be practiced before and after preparing food, before eating, after using the toilet, and whenever hands look dirty.
- viii. Use soap and water for hand washing at least for 40 seconds. Alcohol-based hand rub can be used, if hands are not visibly soiled.
- ix. After using soap and water, use of disposable paper towels to dry hands is desirable. If not available, use dedicated clean cloth towels and replace them when they become wet.
- x. Perform hand hygiene before and after removing gloves.

3. Exposure to patient/ patient's environment

- xi. Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions. Use disposable gloves while handling the patient.
- xii. Avoid exposure to potentially contaminated items in his immediate environment (e.g. eating utensils, dishes, drinks, used towels or bed linen etc).
- xiii. Food must be provided to the patient in his room
- xiv. Utensils and dishes used by the patient should be cleaned with soap/ detergent. The utensils and dishes may be re-used only after proper cleaning and dis-infection. Clean hands after taking off gloves or handling used items.
- xv. Use triple layer medical mask and disposable gloves while cleaning or handling surfaces, clothing or linen used by the patient.
- xvi. The waste (masks, disposable items, food packets etc.) should be disposed of as per CPCB/ OSPCB guidelines (http://www.cpcbenviis.nic.in/pdf/BMW-GUIDELINES-COVID_1.pdf)

6. When to discontinue home isolation

Patient under home isolation will stand discharged after 10 days of symptom onset and no fever for 3 days. Thereafter, the patient will be advised to isolate at home and self-monitor his/ her health condition for further 7 days. There is no need for testing after the home isolation period is over.

Instructions for Care-givers

1. Mask:

- i. The caregiver should wear a triple layer medical mask appropriately when in the same room with the positive person.
- ii. Front portion of the mask should not be touched or handled during use.
- iii. If the mask gets wet or dirty with secretions, it must be changed immediately.
- iv. Discard the mask after use and perform hand hygiene after proper disposal of the mask.
- v. He/ she should avoid touching own face, nose or mouth.

2. Hand hygiene

- vi. Hand hygiene must be ensured following contact with positive person or his immediate environment.
- vii. Hand hygiene should also be practiced before and after preparing food, before eating, after using the toilet, and whenever hands look dirty.
- viii. Use soap and water for hand washing at least for 40 seconds. Alcohol-based hand rub can be used, if hands are not visibly soiled.
- ix. After using soap and water, use of disposable paper towels to dry hands is desirable. If not available, use dedicated clean cloth towels and replace them when they become wet.
- x. Perform hand hygiene before and after removing gloves.

3. Exposure to patient/ patient's environment

- xi. Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions. Use disposable gloves while handling the patient.
- xii. Avoid exposure to potentially contaminated items in his immediate environment (e.g. eating utensils, dishes, drinks, used towels or bed linen etc).
- xiii. Food must be provided to the patient in his room
- xiv. Utensils and dishes used by the patient should be cleaned with soap/ detergent. The utensils and dishes may be re-used only after proper cleaning and dis-infection. Clean hands after taking off gloves or handling used items.
- xv. Use triple layer medical mask and disposable gloves while cleaning or handling surfaces, clothing or linen used by the patient.
- xvi. The waste (masks, disposable items, food packets etc.) should be disposed of as per CPCB/ OSPCB guidelines (http://www.cpcbenvi.nic.in/pdf/BMW-GUIDELINES-COVID_1.pdf)

Instructions for the patient

1. Patient should always use triple layer medical mask. Discard mask after 8 hours of use or earlier if they become wet or visibly soiled.
2. Mask should be disposed only after disinfecting it with 1% Sodium Hypochlorite.
3. Patient shall stay in the identified room and shall avoid contact with other people in home, including elderlies and those with co-morbid conditions like hypertension, cardiovascular disease, renal disease etc.
4. Patient must take rest and drink lot of fluids to maintain adequate hydration
5. Follow respiratory etiquettes at all time.
6. Hands must be washed often with soap and water for at least 40 seconds or hand-rub with alcohol-based sanitizer.
7. Personal items used by the positive person should not be shared with other people.
8. Clean surfaces in the room that are touched often (tabletops, doorknobs, handles, etc) with 1% hypochlorite solution.
9. The patient must strictly follow advise/ medication/ instruction of the treating doctor/ helpline.
10. The patient will self-monitor his/ her health with daily temperature monitoring and report promptly in case of any deterioration.

4. Care of the patient and family members

- xvii. The Care giver will make sure that the patient follows the prescribed treatment.
- xviii. The Care giver and all close contact will self-monitor their health with daily temperature monitoring and report promptly if they develop any symptom suggestive of COVID-19 (fever/ cough/ difficulty in breathing).

Annexure II

COVID Care Centres by PSUs, Corporate, Institutions, Private and NGO Sector

The COVID Care Centres (CCC) are facilities with more than 20 beds to accommodate mild and asymptomatic COVID-19 positive cases without requiring advanced medical attention. These facilities have either separate rooms or dormitories with comfortable beds with adequate spacing and required hygiene and care by trained manpower. Such facilities can be replicated to isolate and monitor the health of the COVID-19 positive cases till they recover and are discharged to return to their homes, in accordance with the protocols laid down by health authorities.

Accommodation:

- These will run in their existing facilities or other complexes taken by the agencies on hire and should ideally be not located within residential colonies
- Single room or Dormitories with attached toilet is preferable. Separate dormitories for male and female with sufficient numbers of segregated toilets (at least @ 1 per 10) should be arranged.
- Room should be well ventilated with 24X7 Water supply facility and Power back up provision is essential.
- Minimum gap of 6 feet between adjacent beds is to be maintained.
- Security arrangement to prevent access by outsiders and to restrict movement of inmates is needed. Strict perimeter control is to be ensured
- Sufficient numbers of Wash Basins at strategic sites should be installed to facilitate hand washing

Equipment & Accessories:

- Furnitures, Beddings & Clothings, Utensils, Buckets, mugs, soaps etc., shall be provided by the agency.
- Adequate amount of Soap, Sanitizer, Triple Layer Mask, Gloves, PPE for care givers, Cleaning appliances, Waste Bins with Biodegradable coloured polythene bags, Hypochlorite solution, other disinfectants should be made available
- Patient examination and minimal Test equipment like infrared thermometer, digital/ aneroid BP instrument, Pulse oxymeter, Glucometer should be available.
- Oxygen filled Cylinders with accessories to be available for emergency.

Human Resource:

- One Authorised Medical Officer/ Nodal Officer, along with required number of assistants, including health workers, to be attached to the CCC.

Infection Prevention & Bio-medical waste management (BMWM)

- All the inhabitants should wear triple layer mask throughout.
- Staff for Suspected Ward should not go to Confirmed wards.
- All staff coming directly with the inmates should wear PPE during contact with the patient.
- The standard Infection Prevention Practice is to be adhered to as per the Govt. Protocol.
- The Colour Coded Bins and Transport Trolley is to be branded 'COVID-19' and double layered polythene bags are to be used.
- There should be provision for proper decontamination and disposal of used Mask, Gloves, PPE etc., following BMWM protocols.

Discharge/ Referral:

- Asymptomatic Positive Cases after 10 days of stay can be discharged with advise for further 7 days Home Isolation following prescribed protocols.
- Symptomatic positive cases can be discharged after remaining afebrile for three days without anti-pyretic administration. They will be advised to remain in Home Isolation with self-monitoring of Health for further seven days and to follow other relevant protocols.
- Persons whose health deteriorates with symptoms like Respiratory discomfort/ spO2 94 %/ Neurological signs/ Shock etc will be referred to the nearest Covid Health Centre/ Covid Hospital with tagged ambulance. The ambulance driver should have to follow all IPC protocols and the vehicle is to be sanitised after each use.

The Local Authorities i.e. District Collectors/ Municipal Commissioners shall administer local/ specific required stipulations in addition to the above to meet with any unforeseen contingencies.

OFFICE OF THE COLLECTOR & DIST.MAGISTRATE, NUAPADA
(Emergency Section)

Memo No. 6798 /Emg Date 15.7.2020

Copy with copy of Order No:4175/R&DM(DM) dated 13.7.2020 of Chief Secretary to Govt., Odisha on "Management of COVID-19 Positive cases" is forwarded to the Superintendent of Police, Nuapada/ CDM&PHO, Nuapada/ Sub-Collector, Nuapada/ All BDOs/All Exe.Officers of NACs for information and necessary action.

Copy to Commandant,-216 Bn, CRPF, Reserve Police Line, Nuapada for information and necessary action.

Copy forwarded to the Project Director, DRDA, Nuapada/ All Nodal Officers under COVID-19 for Nuapada district for information and necessary action.

Copy to DIO,NIC, Nuapada to web-host in the district web-site.

MB
13.7.20
Collector & Empowered Officer,
Nuapada