DIRECTORATE OF HEALTH SERVICES, ODISHA
Health and Family Welfare Department: Government of Odisha

NOTIFICATION
No 8762 /HA-MISC-01/2020, BBSR Date: 08 04 2020

Guidance document on appropriate management of suspect/confirmed cases of COVID-19

Introduction & Purpose of this document

COVID-19 is highly infectious disease. Hence it is necessary isolate all suspect and confirmed cases of COVID-19. However, as the number of cases increases, it would be important to appropriately prepare the health systems and use the existing resources judiciously.

Available data in India suggests that nearly 70% of cases affected with COVID-19 either exhibit mild or very mild symptoms. Such cases may not require admission to COVID-19 blocks/ dedicated COVID-19 hospitals.

It is important to put in place mechanisms for triaging and clinical decisions making for identification of the appropriate COVID dedicated facility for providing care to COVID-19 patients. The purpose of this document is to put in place such SOPs to ensure optimal utilization of available resources and thereby providing appropriate care to all the COVID-19 patients, as per their need. This will ensure that available hospital beds capacity can optimally be used only for moderate to severe cases of COVID-19. The SOPs delineated hereafter also specify the different types of facilities to be set up for various categories of Covid-19 cases.

Guiding principles

All the selected facilities must be dedicated for COVID management. No general (suspected/confirmed COVID-19) patients shall be treated there.

Three types of COVID dedicated facilities i.e COVID care Centre (CCC), Dedicated COVID Health Centres (DCHC) and Dedicated COVID Hospitals (DCH) are to be notified. All 3 types of COVID Dedicated facilities will have separate ear marked areas for suspect, negatively tested cases and confirmed cases. Suspect, negatively tested and confirmed cases should not be allowed to mix under any circumstance.

All suspect cases (irrespective of severity of their disease) will be tested for COVID-19. The management of these cases will depend on their (i) clinical status/case definition as per the guidelines issued by Government of India/State Government from time to time and (ii) result of COVID-19 testing.

COVID Care Center (CCC):

- The COVID Care Centers shall offer care only for cases that have been clinically assigned as mild or very mild cases or COVID suspect cases.
- The COVID Care Centers are makeshift facilities. These may be set up in hostels, hotels, schools, lodges etc., both public and private. If need be, existing quarantine facilities could also be converted into COVID Care Centers. Functional hospitals like CHCs, etc, which may be handling regular, non-COVID cases can also be designated as COVID Care Centers as a last resort, when the no cases go up substantially.
- This is important as essential non COVID Medical services like those for pregnant women, newborns, other co-morbid conditions, etc. are to be maintained.
- Wherever a COVID Care Center is designated for admitting both the confirmed and the suspected cases, these facilities must have separate areas for suspect, negatively tested cases and confirmed cases with preferably separate entry and exit. Suspect and confirmed cases must not be allowed to mix under any circumstances.
- As far as possible, wherever suspect cases are admitted in the COVID Care Center, preferably individual rooms with attached toilet facility, should be assigned for such cases, as far as possible. When such facility is not possible, they may be kept in halls/wards maintaining at least 2m. distance between beds. All the patients must use triple layer surgical masks and be counselled for hand-washing and/or use of sanitizer, respiratory etiquettes. They must not be allowed to share utensils, mobile phones, laptop etc.
- Every Dedicated COVID Care Centre must necessarily be mapped to one or more Dedicated COVID Health Centres and at least one Dedicated COVID Hospital for referral purpose (details given below).
- Every Dedicated COVID Care Centre must also have a dedicated Basic Life Support Ambulance (BLSA) equipped with sufficient oxygen support on 24x7 basis, for ensuring safe transport of a case to Dedicated higher facilities if the symptoms progress from mild to moderate or severe. (Such progression may be quite sudden in some cases)
- The human resource to man these Care Centre facilities will be drawn from AYUSH doctors. All staffs must be trained & sensitized, as per the Ministry of AYUSH training protocol/sessions. Their work can be guided by an Allopathic doctor deployed by CDM&PHO.
- Each COVID care Centre will have a small dispensary like establishment with Oxygen & other emergency medicine in stock, so that the patients whose condition worsen can be manage there temporarily until ambulance transport to higher facility is arranged.

**Dedicated COVID Health Centre (DCHC):**

- The Dedicated COVID Health Centres are hospitals that shall offer care for all cases that have been clinically assigned as moderate.
- These should either be a full hospital or a separate block in a hospital with preferably separate entry/exit zoning as notified by Director Health Service / DMET
- Private hospitals may also be designated as COVID Dedicated Health Centres.
- Wherever a Dedicated COVID Health Center is designated for admitting both the confirmed and the suspect cases with moderate symptoms, these hospitals must have separate areas for suspect, negatively tested and confirmed cases. They must not be allowed to mix under any circumstances.
- These hospitals would have beds with assured Oxygen support.
- Every Dedicated COVID Health Centre must necessarily be mapped to one or more Dedicated COVID Hospitals.
- Each DCHC must also have a dedicated Advanced Life Support (ALS)/Basic Ambulance for ensuring safe transport of patients to a Dedicated COVID Hospital if the symptoms progress from moderate to severe.

**Dedicated COVID Hospital (DCH):**

The Dedicated COVID Hospitals are hospitals that shall offer comprehensive care primarily for moderate to severe cases.
• The Dedicated COVID Hospitals should preferably be a full standalone hospital. But when need will arise, a separate block in a hospital with preferably separate entry/exit may be designated by either DHS/DMET.
• Private hospitals may also be designated as COVID Dedicated Hospitals.
• These hospitals would have fully equipped ICUs, Ventilators and beds with assured Oxygen support
• These hospitals will have separate areas for suspect, negatively tested and confirmed cases. These patients should not be allowed to mix under any circumstances.
• The Dedicated COVID Hospitals would also be referral centers for the Dedicated COVID Health Centers and the COVID Care Centers.
• All these facilities will follow strict infection prevention and control practices.

Management of COVID cases

Assessment of patients:

In addition to patients arriving to above categories of COVID dedicated facilities, the supervisory medical officer will also assess the severity of the case detected and refer to appropriate facility in field settings during containment operations.

Fever Clinic at Designated Facility

Exclusive Fever Clinics shall be set up in some Hospitals designated by the CDM&PHOs preferably near the main entrance for triage and referral to appropriate COVID Dedicated Facility. Wherever space allows, a temporary make shift arrangement in close proximity to the facility must be kept ready for management of cases before being transported to the designated COVID care facility. Such facility must be isolated from the main areas of the hospital, so that the patients with ILI (Influenza Like Illness) can be kept away from the general patients.

The medical officer at the fever clinics could identify suspect cases and refer to COVID Care Centre, Dedicated COVID Health Centre or Dedicated COVID Hospital, depending on the clinical severity. The Medical Officer and staffs engaged there must use appropriate protective gear and will not be allowed to work in other areas of the Hospital.

Group 1: Suspect and confirmed cases clinically assigned as mild and very mild (COVID Care Centres)

• Clinical criteria: Cases presenting with fever and/or upper respiratory tract illness (Influenza Like Illness, ILI).
• These patients will be accommodated in COVID Care Centers.
• The patients would be tested for COVID-19 and till such time their results are available they will remain in the “suspect cases” section of the COVID Care Center preferably in an individual room.
• Those who test positive, will be moved into the “confirmed cases” section of the COVID Care Center.
• If test results are negative, patient will be given symptomatic treatment and be discharged with advice to follow prescribed medications and preventive health care measures as per prescribed protocols, or else will be shifted to a non-COVID hospital.
• If any patient admitted to the COVID Care Centre qualifies the clinical criteria for moderate or severe case, such patient will be shifted to a Dedicated COVID Health Centre or a Dedicated COVID Hospital.
• Apart from medical care the other essential services like food, toiletry, sanitation, counselling etc. at the COVID Care Centres will be provided by local administration. Guidelines for quarantine facilities issued from time to time may be used for this purpose.

**Group 2: Suspect and confirmed cases clinically assigned as moderate (Dedicated COVID Health Centres)**

- Clinical criteria: Pneumonia with no signs of severe disease (Respiratory Rate 15 to 30/minute, SpO2 90%-94%).
- Such cases will not be referred to COVID Care Centers but instead will be admitted to Dedicated COVID Health centres.

- It will be manned by allopathic doctors and cases will be monitored on above mentioned clinical parameters for assessing severity as per treatment protocol as per the guideline issued from time to time by Government of Odisha.
- They will be kept in “suspect cases” section of Dedicated COVID Health Centres, till such time as their results are not available preferably in an individual room.
- Those testing positive shall be shifted to “confirmed cases” section of Dedicated COVID Health Centre.
- Any patient, for whom the test results are negative, will be shifted to a non-COVID hospital or may be kept in a separate ward of such category, preferably in a separate block and will be managed according to clinical assessment. Discharge as per clinical assessment.
- If any patient admitted to the Dedicated COVID Health Center qualifies the clinical criteria for severe case, such patient will be shifted to a Dedicated COVID Hospital.

**Group 3: Suspect and confirmed cases clinically assigned as severe (Dedicated COVID Hospital)**

- Clinical criteria: Severe Pneumonia (with respiratory rate ≥30/minute and/or SpO₂ < 90% in room air) or ARDS or Septic shock.
- Such cases will be directly admitted to a Dedicated COVID Hospital’s ICU for suspected cases till such time as test results are obtained. Distance between ICU beds must be maintained at least 1 m apart.
- If test results are positive, such patient will remain in COVID-19 ICU and receive treatment as per standard treatment protocol.
- Patients testing negative will be shifted to another section of the ICU dealing with only COVID negative cases, until one can be shifted to a non-COVID hospital.

**Reporting:**

It is mandatory to report on such patients (Suspected/Confirmed) on admission or disposal with advice to Director Public Health / IDSP immediately, but not beyond 24 hours of admission or attendance to the hospital or else it will attract actions as deemed proper.

**Training:**

All personnel working in these Fever Clinic, CCC, DCHC & DCH must be trained and sensitized on use of PPEs. Masks, and also on standard precautions like hand-washing, social distancing, and hygiene measures.
Administrative/Logistic Arrangement

Authorised Officers:

State Government / DHS/CDM&PHO shall designate an officer for each facilities as Authorised Officer and Authorised Medical Officer.

For Government facilities the Medical Superintended shall act as the Authorised as well as the Authorised Medical Officer.

Store section:

Record Section:

24 X 7 Helpline or control room:

Central Sterilization unit:

Robust infection control and prevention unit including for biomedical waste management.

Management:

Day-to-day management will be the responsibility of the hospital administration, in case of Government hospital. The private hospital declared as standalone COVID hospital will be managed by the hospital administration, but under the guidance of Authorised Medical Officer and Authorised Officer.

Administrative arrangement for the duty of the health care personnel: Each batch of health care personnel will work in the hospital for 14 days at a spell and then will be on 14 days quarantine in facilities, created by the administration / COVID Hospitals. During this 4 weeks period, they are not allowed to leave the hospital premises or the quarantine facility as will be applicable.

Algorithm for isolation of suspect/confirmed cases of COVID-19 attached.

Director of Health Services, Odisha.

Memo. No. 8763 BBSR

Date. 08/04/2020

Copy to PS to Principal Secretary, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.

Director of Health Services, Odisha

Memo. No. 8764 BBSR

Date. 08/04/2020

Copy to Mission Director, NHM, Bhubaneswar for information.

Director of Health Services, Odisha
Memo. No. 8765 BBSR  
Date. 08/09/2020
Copy to DMET/ DPH, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.

Director of Health Services, Odisha

Memo. No. 8766 BBSR  
Date. 08/09/2020
Copy to all Collector Cum DM for information.

Director of Health Services, Odisha

Memo. No. 8767 BBSR  
Date. 08/09/2020
Copy to all CDM&PHO for information.

Director of Health Services, Odisha

Memo. No. 8768 BBSR  
Date. 08/09/2020
Copy to Joint Secretary, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.

Director of Health Services, Odisha
Algorithm for isolation of suspect/confirmed cases of COVID-19

Suspect cases directly reporting to COVID dedicated facility.

Screening at Fever Clinics

Suspect COVID-19 Case

Mild and very mild
(Fever/ URI)

Admit to “Suspect case” section of COVID CARE CENTER (hotels/lodges/hospiels)

Test all for COVID-19

Negative
Discharge with advice or shift to non-COVID Hospital, if required
Shift to “Confirmed case” section of COVID CARE CENTRE
Monitor health twice daily
Shift to DCHC or CDH if necessary

Positive
Shift to non-COVID hospital/block and manage according to clinical assessment.
Discharge as per clinical assessment

Moderate
(Pneumonia with no signs of severe disease)

Admit to “Suspect case” section of DEDICATED COVID HEALTH CENTRE

Test all for COVID-19

Negative
Shift to non-COVID hospital/block and manage according to clinical assessment.
Discharge as per clinical assessment

Positive
Manage according to clinical assessment.
Observing all infection prevention and control practices.
Shift to non-COVID hospital/block when patient becomes stable

Severe
(Respiratory rate ≥30/minute , SpO2 < 90% in room air)

Admit to DEDICATED COVID HOSPITAL with ICU facility

Test all for COVID-19

Negative
Positive
Manage according to clinical assessment.
Discharge as per clinical assessment

Patient to remain in COVID-19 ICU