

**GOVERNMENT OF NAGALAND
DEPARTMENT OF HEALTH AND FAMILY WELFARE
NAGALAND : KOHIMA**

No.HFW-27/B-30/nCoV/2020(pt)

Dated Kohima, the 5th May 2021

ORDER

Whereas, the incidence of COVID-19 cases in the State has seen a steep rise over the last few weeks, with a similar increase in the number of such patients requiring hospitalization.

Whereas, the projections made for the number of ICU beds, oxygen supported beds and ward beds were discussed in the state level COVID war room and it was felt that the private hospitals should reserve at least 50% of their beds for treatment of COVID-19 patients to meet the emergency requirements.

Whereas, the need for mobilizing resources available in the private hospitals to ensure effective management of COVID-19 patients was discussed with the representatives of private hospitals on 3rd May and 4th May 2021.

Now, therefore, in exercise of the power conferred under Section 24 and 65 of the Disaster Management Act, 2005 and Section 2 of the Epidemic Diseases Act 1897, it is hereby directed that all private hospitals shall:-

- i) Provide for treatment of COVID-19 patients as per the Standard Operating Procedure at **Annexure I**.
- ii) Reserve at least 50 % of the bed capacity of the normal wards and the ICU available with the private hospitals (as per **Annexure-II**) for treatment of COVID-19 patients.

The District Task Force shall ensure compliance of this order.

SD/- (J. ALAM) IAS

Chief Secretary to the Govt. of Nagaland

Dated Kohima, the May 2021

No.HFW-27/B-30/nCoV/2020(pt)

Copy to :-

1. The Principal Secretary to the Chief Minister, Nagaland, Kohima for kind information.
2. The Sr.PS to the Minister, Health and Family Welfare Nagaland, Kohima for kind information.
3. The Deputy Secretary to the Chief Secretary, Nagaland, Kohima for kind information.
4. The Principal Director, Health and Family Welfare Nagaland, Kohima for kind information
5. The Deputy Commissioner and Chairman DTF of all districts in Nagaland for kind information and necessary action.
6. The Hospital Administrator of all private hospitals as per list annexed.
7. The Director, IPR for wide publicity in all local papers.
8. Guard file/office copy.


5/5/2021

(AMARDEEP S. BHATIA, IAS)

Principal Secretary to the Govt. of Nagaland

GUIDELINE FOR GOVERNMENT & PRIVATE HOSPITALS ENGAGED IN MANAGEMENT OF COVID-19 CASES

All hospitals involved in the management of confirmed cases of COVID-19 shall undertake the following measures:

SCREENING & TESTING:

1. All hospitals shall set up Flu Corner for screening of suspected cases of COVID-19 and Isolation facility to isolate suspected or probable cases of COVID-19 till the test result is declared. All ILI & SARI cases as well as admitted patients are to be tested as per ICMR testing policy. The current Guideline may be accessed at <https://www.icmr.gov.in/cteststrat.html>.
2. All admitted patients irrespective of type of illness are to be immediately tested for COVID-19 through either Rapid Antigen Test or Truenat/ CBNAAT or RT-PCR in conformity with Testing Policy for COVID-19 issued from time to time on payment basis at the rates approved by the Government, which can be downloaded from: <https://nagahealth.nagaland.gov.in>.
3. No laboratory or hospital unless approved by the Government and registered under ICMR is permitted to conduct COVID-19 Testing. COVID-19 Test Report must indicate the SRF ID and must be verifiable. The Testing for COVID-19 shall be in conformity with the Guideline, which can be downloaded from <https://www.mohfw.gov.in/> or <https://www.icmr.gov.in>
4. It is mandatory to maintain the record and upload the details of each Sample collected for testing into ICMR portal for SRF ID generation and similarly to upload the outcome tests. The sample copy of ICMR Specimen Referral Form for COVID-19 can be downloaded from: <https://nagahealth.nagaland.gov.in/pages/Covid-19-Guidelines>.
5. Further, it is mandatory for all approved hospital and laboratory to submit on daily basis the details of the testing to the respective District Task Force/ District Health Authority.

MANAGEMENT OF CASES:

6. To set up triage for prompt identification and delivery of services to serious patients.
7. All asymptomatic or mild cases not requiring hospitalization shall be sent to CCC or Home Isolation or Paid CCC run by the Hospital. The Revised guidelines for Home Isolation of mild /asymptomatic COVID-19 cases can be downloaded from: <https://www.mohfw.gov.in/pdf/RevisedguidelinesforHomeIsolationofmildasymptomaticCOVID19cases.pdf>.
8. The hospital must provide all possible treatment as per the Guidelines for management of Covid-19 patients issued by Ministry of Health & Family Welfare, Government of India from time to time, which can be downloaded from <https://www.mohfw.gov.in/>.
9. Ensure rigorous in-house training of all category HCWs on various aspects of Covid-19 management. Medical officers are encouraged to attend covid-19 webinars arranged by the MoHFW/ AIIMS/ NEIGRIMS.
10. The status of Bed availability/occupancy as per the prescribed format (Annexure: 1A) is to be reported mandatorily to the District Task Force as well as to State COVID-19 War Room on daily basis.
11. All facilities should mandatorily report details of confirmed cases daily (mild, moderate, severe/ On oxygen, ICU, ventilator) as well as death audit of COVID-19 deaths timely (Annexure 1B and Death Audit)
12. The Discharge of COVID-19 patient shall be in conformity with the standing discharge policy of the state which and can be downloaded from: <https://nagahealth.nagaland.gov.in/pages/Covid-19-Guidelines>.
13. It is mandatory for all hospitals to submit on daily basis the Discharge of COVID-19 patient to the respective District Task Force/ District Health Authority.
14. For Post COVID management, the current protocol to be followed may be download at Ministry of Health & Family Welfare website. The current protocol may be accessed at: <https://www.mohfw.gov.in/pdf/PostCOVID13092020.pdf>
15. In compliance to the Supreme Court order, all hospitals where COVID-19 patients are treated: -

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- a. Shall install CCTV system strategically where Covid patients are treated and the footage must be made available to the competent authority as & when required.
- b. Shall create a helpdesk accessible physically and by telephone, where the status of the admitted patients can be made known.
- c. Shall permit one willing attendant of the patient in the hospital premises who can remain in an area earmarked by the hospital.
- d. Shall make necessary arrangement on fire safety in conformity with the Guideline and SoPs.

TREATMENT CHARGES:

16. The treatment charges for management of COVID-19 patients in private hospitals must be at a reasonable rate. The additional charges on account of requirement for treatment of COVID-19 patients over and above the normal charges for the same service for non-Covid patients provided by the hospital should be transparently charged and be reasonable.
17. The rates must be notified by the concerned Hospital Authority and it must be displayed prominently for wide visibility.

REFERRAL:

18. Referral of Covid patient from one hospital to another provided that:
 - a. The patient is diagnosed/ confirmed case of COVID-19.
 - b. Prior consent Referring-in hospital is obtained.
 - c. Consent of the patient is obtained
 - d. Transportation facility is made available.
19. The hospital shall telephonically inform the COVID-19 Hospital or CCC before transferring the patient and shall also arrange ambulance for transporting the patient. The expenditure on transportation shall be borne by the Patient.
NB: If intubated patients are to be referred, transport ventilators must be provided for ventilator support.
20. The current Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19 issued by MOHFW may be accessed from:
<https://www.mohfw.gov.in/pdf/StandardOperatingProcedureSOPfortransportingasuspectorconfirmedcaseofCOVID19.pdf>
21. In case of any difficulty in implementing the requirement of referral may be referred to the District Task Force for resolution.

INFECTION CONTROL&HANDLING DEAD BODIES:

22. The Infection Prevention & Control measures must be taken up as per Govt. of India guideline. The current SOP issued by MOHFW may be accessed from:
 - <http://nhsrcindia.org/updates/infection-control-protocol-covid-19>
 - <https://www.mohfw.gov.in/pdf/National%20Guidelines%20for%20IPC%20in%20HCF%20-%20final%281%29.pdf>
23. The hospital shall ensure provision of adequate and appropriate personal protective gears to various categories of HCWs.
24. All the Healthcare workers must report any accidental exposure to COVID-19 to the concerned nodal officer (IPC) of the hospital immediately. The current SOP to be followed in case HCW reports exposure/breach of PPE which can be access from:
<https://www.mohfw.gov.in/pdf/AdvisoryformanagingHealthcareworkersworkinginCOVIDandNonCOVIDareasofofthehospital.pdf>
25. Standard infection prevention control practices should be followed by all HCWs while handling dead bodies at all times as per Govt. of India guideline. The current SOP issued by MOHFW may be accessed from:
https://www.mohfw.gov.in/pdf/1584423700568_COVID19GuidelinesonDeadbodymanagement.pdf
26. All reporting of deaths due to COVID to the District Health Authority is mandatory.

AWARENESS:

27. The hospital must ensure adherence of COVID-19 appropriate behaviours by all staff, patients & relatives.

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28. Patients must be educated about cough etiquette, Do's and Don'ts, proper use of masks instead of using them indiscriminately and inefficiently; and personal hygiene. Hospitals should put up posters etc. to increase awareness amongst patients on Do's and Don'ts regarding COVID-19.

COUNSELLING:

29. Patients must be counselled against attaching any kind of stigma to COVID-19 patients or to facilities where such patients are admitted.
30. Encourage Patients and their relatives to avail the Tele-Consultation and Tele-Counselling Services by dialing the toll-free State Health Helpline- 1800 345 0019.

INCIDENT MANAGEMENT SYSTEM:

31. All hospitals must constitute Incident Management Committee for effective development and management of hospital-based systems and procedures required for effect COVID-19 response including preparedness for surge management. The committee may be comprised of representatives drawn from various services of hospital with the Hospital Administration as chairman. One of the members of the committee is to be designated as the Nodal Officer of the hospital to coordinate with the respective DTF and the State War Room.

HR MANAGEMENT:

32. Hospital must ensure rational and effective utilization of available manpower. Prioritize staffing needs by units or service and distribute accordingly by identifying the minimum number of HCWs needed to ensure proper functioning of each unit or service.
33. Establish a clear task protocol for each category of HCWs.
34. In case of any breach in PPE, protocol for testing and quarantine should be followed.
35. Advisory for Human Resource Management of COVID-19 issued by MOHFW can be downloaded from: <https://www.mohfw.gov.in/pdf/AdvisoryforHRmanagement.pdf>

LOGISTIC MANAGEMENT:

36. The hospital must ensure continuous availability of essential medicines and consumables including Oxygen, PPEs, testing kits etc. The Guidelines for calculation of oxygen requirement and rational use of oxygen issues by MOHFW can be downloaded from <https://nagahealth.nagaland.gov.in/pages/Covid-19-Guidelines>.
37. The hospital can contact the DTF or state war room for any issue in supply chain or procurement of vital logistics.

SURVEILLANCE AND MONITORING:

38. All HCW must be acquainted in identifying unusual health events such as clustering of cases or any atypical clinical presentations. The hospital must put in place a fast-track reporting system timely to enable immediate investigations
39. Details of positive patient / High risk contacts should be submitted to the DTF/District Surveillance Teams for immediate contact tracing.

CONTINUITY OF ESSENTIAL HEALTHCARE SERVICES:

40. The facility should ensure safe continuity of other essential healthcare services to through strict implementation of Infection Prevention Control measures and HR/ logistics management.
41. All admitted patients should be tested for COVID-19 to ensure safety of HCWs and prevent transmission to the in patients.

PENALTY

42. Any non-compliance or non-adherence to the provided guideline by the facility shall attract prosecution as per provisions under Epidemic Act 1897 and Disaster Management Act 2005, along with legal action under relevant sections of the Nagaland Healthcare Establishment Act 1997, IPC and other legal provisions as applicable.

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**DAILY STATUS REPORT OF BED AVAILABILITY/OCCUPANCY
COVID HOSPITAL AND CCC**

(To be submitted to the State COVID-19 War Room @ warroomnagaland@gmail.com and respective DTF by mail as & when the beds are vacated or the Oxygen Cylinders are emptied or refilled)

| | | |
|----------------------|--|--|
| Name of Facility | | |
| Address | | |
| Contact No/ Email ID | | |

1. COVID-19 HOSPITALS

| TOTAL CAPACITY | | | OCCUPIED (Red) | | | AVAILABLE BEDS (Green) | | |
|-----------------------|----------|----------------|-----------------------|----------|-----------------|------------------------|----------|----------------|
| A | B | C | D | E | F | G | H | I |
| Oxygen supported Beds | ICU beds | Ventilator bed | Oxygen supported beds | ICU beds | Ventilator beds | Oxygen supported beds | ICU beds | Ventilator bed |
| | | | | | | | | |

2. COVID CARE CENTERS (PAID), if available

| Total beds | Occupied | Vacant |
|------------|----------|--------|
| | | |

3. OXYGEN AVAILABILITY

| No of Filled B Type cylinder | No of Filled D Type cylinder | Capacity of Oxygen generator plant if functional (Yes/ No) |
|------------------------------|------------------------------|--|
| | | |

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DAILY STATUS OF COVID-19 PATIENTS

Date of Reporting:

| | | |
|----------------------|--|--|
| Name of Facility | | |
| Address | | |
| Contact No/ Email ID | | |

| Total COVID-19 patients | Moderate cases on Oxygen | Severe cases | | | COVID-19 Deaths Recorded |
|-------------------------|--------------------------|--------------|-------------------------|---------------------|--------------------------|
| | | on Oxygen | ICU-without ventilation | ICU- on ventilation | |
| | | | | | |

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| List of Private Hospitals | | |
|---------------------------|---|--|
| Sl No | Dimapur | Kohima |
| 1. | Zion Hospital | Bethel Medical Centre |
| 2. | Aclurgy | Oking Hospital & Research Clinic Pvt Ltd |
| 3. | Care Lab Health Care | K P Bethesda Hospital |
| 4. | Carewell Nursing Home | Putuonuo Nursing Home |
| 5. | City Medical Care | Kohima's Hospital |
| 6. | Dimapur Children's Clinic | |
| 7. | Dimapur Hospital | |
| 8. | Doctor's Chamber | |
| 9. | Dr Aggarwal's Scan Lab | |
| 10. | Dr Belho's Clinic | |
| 11. | Dr S K Dey Clinic | |
| 12. | Eden Hospital | |
| 13. | Family Health Clinic | |
| 14. | Family Medical | |
| 15. | Fellowship Nursing Home | |
| 16. | Gilhead Nursing Home | |
| 17. | Good Health Diagnostics & Clinic | |
| 18. | Holy Redeemer Health Centre | |
| 19. | Life Line Clinic | |
| 20. | Lions Club Health Care | |
| 21. | Medicare Heath Home | |
| 22. | Mercy eye Hospital | |
| 23. | Modern Diagnostic Lab | |
| 24. | Nagaland Multispeciality Health & Research Centre | |
| 25. | Nikos Hospital | |
| 26. | Olive Christian Hospital & Research | |
| 27. | Prime Hospital | |
| 28. | S D Jain Charitable Dispensary | |
| 29. | Sanjay Surgicare | |
| 30. | Steiner Surgicare Clinic | |
| 31. | HK Hospital | |
| 32. | Shanti Medical & Clinic | |
| 33. | City Hospital | |
| 34. | MH Hospital | |
| 35. | X Lab | |
| 36. | Faith Hospital | |
| 37. | CIHSR | |

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