



## **GOVERNMENT OF KARNATAKA**

No. HFW 146 ACS 2020

Karnataka Government Secretariat  
Vikasa Soudha  
Bengaluru, dated: 8.5.2020

### **GUIDELINES FOR THE MEDICAL ESTABLISHMENTS DURING COVID19**

In the context of ongoing public health situation prevailing due to unprecedented COVID-19 pandemic, the State seeks your support and cooperation in tiding over the situation.

Health Promotion, Prevention and Treatment of Disease are the three Pillars of Public Health. Outcomes based on the interventions at all the levels would enable the system in managing the Pandemic.

Surveillance activities especially in the context of contact tracing from positive cases, quarantine of suspects, screening and testing is being done rigorously to prevent the community spread of the disease.

It is essential to ramp up treatment, isolation and intensive care facilities for providing services to COVID-19 patients. Department of Health and Family Welfare, Government of Karnataka and Directorate of Medical Education, Government of Karnataka have taken necessary action in identifying fever Clinics, COVID Care Centers, Dedicated COVID Health Centers and Dedicated COVID Hospitals for management of COVID-19 cases, as defined by GOI.

As per the earlier directions, certain medical services like OPD and elective surgeries were postponed anticipating surge in the number of COVID 19 Cases in the State. Consequently, many hospitals have stopped functioning leading to interruption of essential and emergency medical services.

There have been incidences of hospitals having closed down, as a few Health Care Workers (HCW) tested positive for COVID19 and also some non COVID-19 health facilities have reported confirmation of COVID19 among the patients admitted for unrelated/non-respiratory illness, causing undue apprehension among HCW leading to impaired functionality of such hospitals. These decisions by the hospitals is causing lot of hardships to the patients who are forced to run from pillar to post for obtaining necessary health services.

The Government has taken this aspect very seriously. This is not only an act against the basic tenets of medical profession but violation of KPME Act, Epidemic Act and non-compliance of directions, orders and advisories issued by the Government from time to time.

Therefore, in exercise of powers conferred under the Section 2 and 3 of Karnataka Epidemic Diseases Ordinance 2020 and Regulations there in and Section 2 and 11 of The Karnataka Private Medical Establishment Act (Amendment) 2007 read with Rules 5 (1) (xii) and (xiv) of KPME Rules 2018, the Government of Karnataka issues to all Private Medical Establishments, registered under KPME Act the following

guidelines for non-COVID-19 healthcare facilities as well as Dental establishments during COVID 19 pandemic.

## **ESTABLISHMENT OF TRIAGE AREA**

All health care establishments in the current circumstances should setup a triage area wherever feasible with exclusive entry and exit. In the triage area based on the symptoms and signs, patients will be triaged into suspect / non-suspect cases for COVID-19. The demographic details of suspect cases should be captured in the prescribed format. If the suspect patient satisfies the criteria for testing as per the orders of the State Govt / ICMR, then the patient may be sent for swab collection. Depending on the availability of facilities at the fever clinic/hospital, either the swab may be collected or the patient may be sent to the nearest swab collection center in 108 or ambulance of the center following the guidelines for transport of the patient. In effect a triage area has to function like a fever clinic.

## **SWAB COLLECTION AND TESTING CENTERS**

All the Health care facilities with more than 100 beds capacity and all Medical Colleges, shall collect the swab from suspect cases and send it to the nearest testing centers or if the District does not have a testing center, they have to send the samples to the District sample collection center.

As of now the state has already established 417 swab collection centers, 29 RT-PCR Laboratories and 3 CBNAAT testing centers. The criteria for collection of swab shall be as defined by the state from time to time. The procedure for collection and transport of swab shall be as per prescribed guidelines([https://www.icmr.gov.in/pdf/covid/strategy/Strategy\\_for\\_COVID19\\_Test\\_v4\\_09042020.pdf](https://www.icmr.gov.in/pdf/covid/strategy/Strategy_for_COVID19_Test_v4_09042020.pdf), [https://www.mohfw.gov.in/pdf/5Sample%20collection\\_packaging%20%202019-nCoV.pdf](https://www.mohfw.gov.in/pdf/5Sample%20collection_packaging%20%202019-nCoV.pdf))

If the patient can afford and demands that the sample be sent to private labs the cost of the same can be recovered from the concerned patient limited to the testing charge fixed by National Pharmaceuticals Pricing Authority (NPPA)/Indian Council of Medical Research (ICMR). There are 09 Private Diagnostic Laboratories as on date. However, if the patient cannot afford the sample can be sent to the designated Government labs (<https://covid19.karnataka.gov.in/new-page/Laboratories/en>).

If the Health Care Facilities are Medical Colleges / Large hospitals with more than 300 beds then, they shall apply to the Mentor Institute (NIMHANS) for establishing RT-PCR testing facility if not already established. ([https://www.icmr.gov.in/pdf/covid/update/Invitation\\_from\\_Govt\\_Pvt\\_Medical\\_College\\_COVID19\\_testing\\_facility.pdf](https://www.icmr.gov.in/pdf/covid/update/Invitation_from_Govt_Pvt_Medical_College_COVID19_testing_facility.pdf))

The MCI has made it mandatory to all the medical college hospitals to establish RT PCR laboratories. It is expected that all of these hospitals shall establish RT-PCR laboratories by the end of May 2020. <https://mciindia.org/MCIRest/open/getDocument?path=/Documents/Public/Portal/LatestNews/Setting%20up%20of%20Lab%20to%20investigate%20Covid-19%20cases%20as%20per%20ICMR%20guidelines.pdf>

Any Health Care facility requiring training for COVID19 Diagnosis, Guidelines, SOP, and management may reach out to Rajiv Gandhi University of Health Sciences (RGUHS) through email [covid19rguhs@gmail.com](mailto:covid19rguhs@gmail.com)

### **LABORATORY SERVICES (HOSPITAL AND DIAGNOSTIC LABORATORIES)**

- a. Laboratory Investigation and Diagnostic imaging must continue without disruption of services and should not pose any difficulty in the assessment and treatment of patients requiring emergency and essential medical services.
- b. All SARI cases and suspected COVID cases in moderate or severe condition need to be admitted, stabilized and then sample shall be collected as per the guidelines. Such cases should not be denied of the immediate required treatment.

### **Pregnant women**

- i. Pregnant women should **not** be denied care or referred for lack of testing facility.
  - ii. Pregnant women residing in containment Zone (as notified by Deputy Commissioner of district/Commissioner-BBMP) or in large migration gatherings/shelters or coming from a containment zone likely to deliver in next 14 days should be tested even if asymptomatic. Such pregnant women should be tested in the health facilities where they are expected to deliver. All arrangements should be made to collect and transfer samples to testing facilities.
  - iii. There is no need to test all pregnant women from outside Containment zones who are expected to deliver through normal delivery or LSCS.
  - iv. Any pregnant women with symptoms of fever, cough, difficulty in breathing, sore throat (ILI/SARI) should be tested for COVID-19 immediately.
  - v. As a matter of abundant precaution, it is advisable to adopt universal precautions / use appropriate personal Protective equipment by all health care workers during normal delivery, elective and emergency LSCS.
- c. Patients scheduled for elective/emergency surgeries, should be tested only as per the ICMR/GOI/State criteria, for Laboratory Diagnosis of COVID-19. Unnecessary insistence on testing all patients should be avoided. (<https://www.icmr.gov.in/pdf/covid/strategy/Strategy for COVID19 Test v4 09042 020.pdf>)
  - d. Testing of all MLC Cases, shall be based on the criteria stipulated by the Govt and ICMR; and the Post Mortem shall be as per the State Government order.
  - e. Head of the Institution/Organization has to ensure that all the Health Care Workers (HCW) of the private sectors and Government sectors are trained properly and upgrade them as and when the guidelines are revised. The training for HCW is conducted at regular intervals by Rajiv Gandhi University of Health Sciences, Bengaluru. For assistance, communication may be done with [covid19rguhs@gmail.com](mailto:covid19rguhs@gmail.com).

### **GENERAL GUIDELINES**

- a) Hospitals should prominently display the IEC materials to increase awareness amongst patients on Do's and Don'ts regarding COVID 19 at the reception or OPD areas.

- b) Signage, digital content, hoarding etc. must be displayed for educating and creating awareness on Health, Hygiene and Etiquette for preventing spread of COVID 19 infection. These materials have been developed by RGUHS [iecrghscovid19@gmail.com](mailto:iecrghscovid19@gmail.com) and HFW (<https://karunadu.karnataka.gov.in/hfw/kannada/Pages/nCov-iec.aspx>).
- c) Patients must be educated about Do's and Don'ts, cough etiquette, personal hygiene, proper use of masks instead of using them indiscriminately and inefficiently.
- d) Physical Distancing norms has to be enforced in all areas of the hospital.
- e) Hand sanitizers shall be provided in all locations in the hospital.
- f) Messages on the Essential Services made available can be communicated to regular patients whose data base is with the hospital and it can also be displayed in their websites. All doctors, staff and patients should be made aware of such services.
- g) Patients must be counselled and educated against any kind of social stigma to Corona virus infected or towards facilities where such patients are admitted. They must be made aware that quick disclosure of symptoms and giving consent for testing if advised, are the best practices for prevention and spread of COVID 19.
- h) All Medical services especially essential and emergency medical/surgical care shall not be denied to any patients. All such patients must be attended promptly by observing universal standard precautions.
- i) Billing, Pharmacy and Investigation Counters must be adequately manned to prevent crowding and periodical sanitization of the counters especially the surfaces that are likely to be touched at the counter must be done and there has to be strict enforcement of physical distancing. Hospital Pharmacies to update information time to time (<https://kpme.karnataka.tech/>) as mandated.
- j) In future, in case any private hospital gets notified as COVID-19 hospital as per Government of Karnataka directions in this regard, treatment of COVID-19 Cases can also be provided.
- k) Government of Karnataka has taken a decision to provide identified scheme codes for management of COVID-19 positive patients under Ayushman Bharat Arogya Karnataka (AB-ArK) for eligible patients in empanelled hospitals. The expenses on the treatment in such hospitals will be as per guidelines of AB-ArK scheme.
- l) Private Hospitals must provide free treatment to any of their Medical personnel who contracts COVID-19 infection while treating patients in that hospital.
- m) It is mandatory to notify/report daily all cases of Suspected COVID-19 including cases of Severe Acute Respiratory Illness (SARI)/Pneumonia to BBMP Health administration/District Surveillance Units or DHO. All such cases may be immediately notified to [idsppbbmp135@gmail.com](mailto:idsppbbmp135@gmail.com) / DSO, with name, address, contact details of patient with presenting symptoms and admission details. The details may be uploaded on (<https://kpme.karnataka.tech/>). User ids and password to be collected from respective DHO.
- n) Admission of any COVID-19 suspect patient should be notified to BBMP/District health authority immediately. If required, patient can be referred to Designated COVID Hospital and transported through designated COVID-19 108 ambulances (<https://www.mohfw.gov.in/pdf/StandardOperatingProcedureSOPfortransportingasuspectorconfirmedcaseofCOVID19.pdf> )
- o) Management of the hospitals shall be responsible to mobilize including masks, gloves and personal protection equipment. Healthcare personnel should be trained for dealing with any foreseeable emergencies.

- p) One nodal officer should be nominated in each health institute to co-ordinate with district health authorities/BBMP regarding COVID-19 management.
- q) All health facilities must have a staffing plan in place including a contingency plan for such an event to maintain continuity of operations. The plan maybe shared to JD medical KPME by ([jdmedicalkar@gmail.com](mailto:jdmedicalkar@gmail.com))
- r) All doctors, nurses and support staff in different specialties, including pre and para-clinical departments, should be mobilized and trained in infection prevention and control practices.
- s) Plan to procure sufficient numbers of ventilators and high flow oxygen masks in preparation for future requirements. All hospitals must ensure that they have adequately trained manpower and resource pools for Ventilator/ ICU/Oxygen care in case of exigencies.
- t) Some beds or a separate block in a hospital with separate entry/exit/zoning for suspect and confirmed cases maybe set apart and prepared for creating isolation facilities for COVID19 in every public and private hospital and intimate the same to the health authorities (Joint Director Medical, DOHFW) ([jdmedicalkar@gmail.com](mailto:jdmedicalkar@gmail.com)).
- u) Once a suspect/confirmed case is detected in a healthcare facility, standard procedure of rapid isolation, contact listing and tracking, proper disinfection and sterilization will follow with no need to shut down the whole facility.<https://www.mohfw.gov.in/pdf/National%20Guidelines%20for%20IPC%20in%20HCF%20-%20final%281%29.pdf>
- v) If the health facility continues to report new hospital acquired COVID-19 cases in the following days, it would be advisable to immediately report to district health authority. District health authority/BBMP shall further investigate and recommend necessary action in such cases.
- w) **For Government / Private Medical Colleges**
- i. All attached hospitals are advised to follow the directions issued by Directorate of Medical Education, Government of Karnataka from time to time.
  - ii. The MCI has made it mandatory to all the medical college hospitals to establish RT PCR laboratories. It is expected that all of these hospitals shall establish RT-PCR laboratories by the end of May 2020. <https://mciindia.org/MCIRest/open/getDocument?path=/Documents/Public/Portal/LatestNews/Setting%20up%20of%20Lab%20to%20investigate%20Covid-19%20cases%20as%20per%20ICMR%20guidelines.pdf>
  - iii. Are advised for optimally utilizing all resources in the wake of being prepared for challenging times ahead by training and orientation of Doctors from Pre and Para Clinical departments (Anatomy, Physiology, Bio-Chemistry, Pathology, Microbiology, Pharmacology, Forensic) and other non-critical faculties like Dermatology, Ophthalmology, ENT, Preventive and Social Medicine in Patient Care and Management so that critical resources like Emergency Medicine, Anesthetist, General Surgeon and Physician, can be utilized selectively and prevent systemic exhaustion of valuable manpower.
  - iv. Fever clinics should be started in all medical colleges and should report online ILI/SARI cases screened. (<https://kpme.karnataka.tech/>).
  - v. Identify some beds or a separate block in attached hospital with separate entry/exit/zoning for suspect and confirmed cases and prepare for creation isolation facilities for COVID19 and develop staffing plan as a contingency measure for such

an event to maintain continuity of operations. The same may be intimated to Director of Medical Education by email to [dmekarnataka@yahoo.com](mailto:dmekarnataka@yahoo.com).

#### **OUT PATIENT DEPARTMENT / CLINICS:**

- a. Tele Consultation must be encouraged wherever possible to prevent crowding of patients in limited space. Tele Consultation, Digital Prescriptions reflecting the Registration Number of the Practitioner can be a way of obtaining Drugs from the Pharmacist (<https://www.mohfw.gov.in/pdf/Telemedicine.pdf> and <https://ksuwssb.karnataka.gov.in/frontend/opt1/images/covid/Orders/SL%205-26-03-2020.pdf>)
- b. Essential home-care services being provided by registered service provider like nursing care, Physiotherapy for Cerebro-Vascular Accidents, neurological disorders, Geriatric Disorders etc. must continue with due infection prevention and control protocols.
- c. All Broad & Super specialty OPD services should be continued.
- d. Regular and periodic disinfection procedure should be followed inside and outside the hospital.
- e. Discourage routine executive health check-ups.

#### **IN-PATIENT SERVICES:**

- a) All the health care facilities should take necessary precautions to prevent infections in the hospitals. The hospital infection control committee (HICC) will play major role in coordinating the COVID-19 response in their institute.
- b) All Broad and Super Specialty hospitals shall make separate arrangements for triage of patients coming with breathlessness. Every effort should be made to distinguish breathlessness due to SARI or other underlying metabolic/cardiac causes.
- c) For all respiratory cases including ILI and SARI, every health institute should have separate areas for their screening, emergency care, admission and ICU facilities.
- d) ILI/SARI patients requiring COVID-19 testing shall be admitted in separate designated wards "as suspects" preferably in single rooms.
- e) On receipt of COVID-19 results, COVID-19 positive patients shall be immediately isolated in separate room. If hospital is designated for COVID treatment, the positive patient shall be shifted to designated floor or ward of facility or else patient should be shifted to dedicated COVID-19 hospital (DCH).
- f) COVID negative patients shall be admitted in separate wards.
- g) ILI/SARI patients who are subjected to COVID testing shall not be mixed with COVID positives or other non-COVID patients under any circumstances.
- h) There should be designated HR/staff working for COVID positive block/floor/ICU and team must be rotated with a break based on the institution capacity.
- i) Visitors should be discouraged however wherever it is mandatory then they should be allowed with appropriate PPE as recommended.
- j) Every health institute should report online all cases of Influenza like Illness (ILI) and Severe Acute Respiratory Infections (SARI) to health authorities. Detailed instructions and guidance [https://karunadu.karnataka.gov.in/hfw/kannada/nCovDocs/Circular-Surveillance-Plan-Check-Spread-of-COVID-19-Virus-Disease\(27-04-2020\).pdf](https://karunadu.karnataka.gov.in/hfw/kannada/nCovDocs/Circular-Surveillance-Plan-Check-Spread-of-COVID-19-Virus-Disease(27-04-2020).pdf)

- k) The HICC in every hospital will ensure the following in order to minimize the possibility of an undetected contact/case amongst other patients/HCWs:
- Ensure that active screening of all staff at the hospitals is done daily (by means of thermal screening and pulse oximeter especially at the start of the shift).
  - All healthcare and supportive staff is encouraged to monitor their own health at all the time for appearance of COVID-19 symptoms and report them at the earliest.
  - Be on the lookout for atypical presentations of COVID-19 in admitted patients.
  - All healthcare personnel shall wear appropriate masks and follow cough etiquette and hand hygiene.
  - Health facility to be sanitized regularly as per protocol.

**DETECTION OF COVID -19 CASES IN HEALTH FACILITIES.**  
(<https://www.mohfw.gov.in/pdf/Guidelines tobefollowedondetectionofsuspectorconfirmedCOVID19case.pdf>)

**The healthcare facility need not be closed if any patient or healthcare worker tests COVID 19 positive.**

Whenever a non-COVID patient or any healthcare workers is suspected to have COVID like symptoms/tests positive for COVID-19, should be investigated by HICC as detailed below.

- **When a positive COVID-19 patient is identified in a health care facility.**
  - a) Inform the District health officers/District surveillance officers immediately
  - b) The patient should be immediately isolated in separate room (if currently being managed in a shared ward/room). If the clinical condition permits, such patients should wear N-95 mask and only a dedicated healthcare worker with appropriate PPE should attend to this patient, following due precautions.
  - c) If the facility has designated floor/block for the management of COVID-19 cases, the patient should be shifted to such floor/block with all appropriate standard precautions for further management.
  - d) If patient needs to be shifted to dedicated COVID Hospital, assess the clinical status of the patient prior to referral and transfer with prior intimation. <https://www.mohfw.gov.in/pdf/StandardOperatingProcedureSOPfortransportin gasuspectorconfirmedcaseofCOVID19.pdf>
  - e) This should be followed by disinfection of the surfaces using 1% sodium hypochlorite and the room/s (all areas visited by positive patient) sterilized using fumigation as per guidelines. The facility can be re-used from the next day(<https://ncdc.gov.in/showfile.php?lid=455>).
  - f) Ambulance used for shifting of patient must be disinfected using 1% sodium hypochlorite solution.
  - g) All contacts of this patient (other patients, healthcare workers, caregivers/visitors, supportive staff, etc.) should be quarantined/managed appropriately and followed up for 14 days. Their details must also be shared

with the local health authorities. All the direct high-risk contacts of the patient are to be tested once between 5<sup>th</sup> to 7<sup>th</sup> day and another on 12<sup>th</sup> day.

- h) All close contacts of the case should be provided.
  - i) Hydroxychloroquine chemoprophylaxis for a period 3 weeks and all other HCWs and supportive staff of the confirmed case in hospital should be provided Hydroxychloroquine chemoprophylaxis for a period of 7 weeks under medical supervision.
- **When a Healthcare worker (HCW) is identified as suspect or confirmed to be COVID-19.**
- a) HCWs developing respiratory symptoms (e.g. fever, cough, shortness of breath etc.) should be considered suspected case of COVID-19. He/she should immediately wear a N-95 mask, inform his/her supervisor and HICC.
  - b) HCWs with symptoms should be isolated and tested. If test result is positive, arrangement must be made immediately to refer HCW to dedicated COVID-19 hospital or dedicated wards in the same institute for further management.
  - c) All contacts of this positive HCW (other patients, healthcare workers, caretaker/visitors, supportive staff, etc.) should be quarantined and followed up for 14 days. Their details must also be shared with the local health authorities. All the direct high-risk contacts of the patient are to be tested between 5<sup>th</sup> to 7<sup>th</sup> day and on 12<sup>th</sup> day.
  - d) All close contacts of the case should be provided Hydroxy-chloroquine prophylaxis for a period 3 weeks and all other HCWs and supportive staff of the confirmed case in hospital should be provided Hydroxychloroquine prophylaxis for a period of 7 weeks under medical supervision.

#### **EMERGENCY SERVICES:**

- a) Essential and Critical Emergency Services must not be denied to any patients by the Health Care Provider citing ongoing situation of COVID-19. All such patients must be promptly attended and provided with necessary consultation and treatment. If not complied with, stringent action will be taken as per KPME Rules 2019 Rule 5(1)(xii)(xiv).
- b) Hospitals providing emergency and critical care services should continue to do so with adequate staff training on Infection Prevention and Control and following necessary protocols. Appropriate personal protective equipment (PPE) should be provided to concerned healthcare and supporting staff in lines with the risk exposed and as per the revised guidelines of MoHFW (<https://www.mohfw.gov.in/pdf/AdditionalguidelinesonrationaluseofPersonalProtectiveEquipmentsettingapproachforHealthfunctionariesworkinginnonCOVIDareas.pdf>).
- c) Emergency Surgical Procedures should not be postponed and the cause for referral to be documented and cases must not be unnecessarily referred to other hospitals unless it is required for Tertiary care/ intervention. Action will be taken as per KPME act.

#### **BLOOD BANK SERVICES:**

- a) Blood and its components are critical in treatment of many Haemopoietic Disorders and for transfusion to conduct surgical interventions hence Blood Banks Services must continue without disruption.

- b) Data base of Healthy Blood Donors/ Volunteer Organizations must be updated in case of acute need of the same, and voluntary blood donations can be encouraged to prevent any kind of short fall.
- c) Asymptomatic voluntary blood donors need not be subjected to COVID19 testing.

**NATIONAL HEALTH PROGRAM:**

All the National Health Programs to be continued.

**DIETARY SERVICES**

- a) Strict Physical distancing norms to be maintained in the cafeteria / canteens in the hospital premises.
- b) Secure a designated area for food service, where prepared foods are placed for isolated wards. There should be no contact with the service providers in the isolation ward.
- c) Immunity booster additives can be provided as recommended by AYUSH / Allopathy systems of medicine.
- d) Consider procurement of disposable utensils, which once used in the COVID wards are disposed. Otherwise, handle reusable utensils and equipment as provided for in the IPC protocol.
- e) Nutrition and Dietetics personnel who will be required to review patients to be provided with protective clothing and to practice safety measures as provided for all healthcare providers.

**FOR DENTAL ESTABLISHMENTS:**

The Dental Council of India has issued advisory for Dental Establishments across the country vide order no.DE-22-BDS(Academic)-2020/07052020 dated 07.05.2020. The advisory should be followed strictly by all the Dental Establishments.

<http://dciindia.gov.in/Admin/NewsArchives/Dental%20Clinics%20Protocols%20Final.pdf>

**The Rational use of PPE in various setting:**

The use of PPE will be as notified by MoHFW

<https://www.mohfw.gov.in/pdf/AdditionalguidelinesonrationaluseofPersonalProtectiveEquipmentsettingapproachforHealthfunctionariesworkinginnonCOVIDareas.pdf>

  
(Javid Akhtar)

Additional Chief Secretary to Government  
Health and Family Welfare Department and  
Medical Education Department.

To:

1. Commissioner, BBMP.
2. Commissioner, Health and Family Welfare Services.
3. Special Commissioner, BBMP.
4. Mission Director, NHM.
5. Director, Health and Family Welfare Services.
6. OSD, Surveillance, Health and Family Welfare Services.
7. Director of Medical Education
10. Joint Director, Medical - to bring it to the notice of all Private Establishments.
11. All DHOs / District Surgeons
12. Dr. R. Ravindra, President, PHANA.