Management of Suspect/Confirmed cases of COVID -19

8th April
## COVID-19 Present Scenario

### Worldwide

<table>
<thead>
<tr>
<th>COVID-19 Countries Spread</th>
<th>Positive Cases</th>
<th>Confirmed Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>211</td>
<td>1282931</td>
<td>72774</td>
</tr>
</tbody>
</table>

### India

<table>
<thead>
<tr>
<th>States/UTs</th>
<th>Positive Cases</th>
<th>Confirmed Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>5194</td>
<td>149</td>
</tr>
</tbody>
</table>

Data as on 8th April
Types of COVID dedicated facilities

- **COVID Care Center (CCC)**
- **Dedicated COVID Health Center (DCHC)**
- **Dedicated COVID Hospital (DCH)**

- Suspect and confirmed cases should not be allowed to mix under any circumstances
- All these facilities will follow strict infection prevention and control practices
COVID Care Center (CCC)  
(For Group 1 category of cases)

1. For cases clinically assigned as **mild / very mild cases / suspect cases**
2. Facilities can be setup in hostels, hotels, schools, stadiums, lodges etc. (**Functional Hospitals as last resort**)
3. Separate areas for suspect and confirmed cases is mandatory
4. Attempt to be made to provide individual rooms for suspect cases
5. Every such Facility must be mapped to one or more COVID Dedicated Health Center (DCHC) or COVID Dedicated Hospital (DCH) for referral.
6. Basic Life Support Ambulance (BSLA) with sufficient oxygen support 24*7 to be available
7. HR may be roped-in from AYUSH doctors. (Training protocols and trained pool available)
Dedicated COVID Health Center (DCHC) (For Group 2 Category of cases)

1. For cases clinically assigned as **moderate**
2. Full hospital or a block of hospital
3. Private hospitals also can be designated
4. Hospital will have separate areas for suspect and confirmed cases

**5. Hospital to have beds with assured oxygen support**

6. Every such facility to be mapped with one or more Dedicated COVID Hospital (DCH)

7. Basic Life Support Ambulance (BLSA) with sufficient oxygen support for ensuring safe transport
Dedicated COVID Hospital (DCH)
(For Group 3 Category of cases)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>For cases clinically assigned as <strong>severe</strong></td>
</tr>
<tr>
<td>2.</td>
<td>Full hospital or a separate block in hospital</td>
</tr>
<tr>
<td>3.</td>
<td>Private hospitals also can be designated</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Hospitals to have ICUs, ventilator and beds with oxygen</strong></td>
</tr>
<tr>
<td>5.</td>
<td>Hospitals will have separate areas for suspect and confirmed cases</td>
</tr>
<tr>
<td>6.</td>
<td>These Facilities are referrals centers for CCCs and DCHCs</td>
</tr>
</tbody>
</table>
Assessment of Patients

• Patients would be arriving directly /through referral/ through Helpline

• Fever clinics in designated hospitals/CHCs/ UCHCs, Municipal Hospitals

• Triage and referral to appropriate COVID dedicated facilities

• Sufficient space to minimize cross infection

• Preferably, make-shift arrangement outside the facilities
Categorization of Patients

1. Mild and very Mild Cases
2. Moderate Cases
3. Severe Cases
Mild and very Mild Cases (CCC)

1. Cases with Fever and upper respiratory tract illness
2. Patients will be accommodated in Dedicated COVID Care Centers (CCC)
3. Patients will be tested for COVID 19 and till that time, they remain in ‘suspected cases’ section
4. Patients tested positive will be moved to ‘confirmed cases’ section
5. If tests are negative, patient will be given symptomatic treatment and discharged with prescribed medication
6. If any patients qualifies as moderate or severe, will be sifted to Dedicated higher facility (DCHC or DCH)
Moderate Cases (DCHC)

1. Pneumonia with no signs of severe disease (SpO2 90-94%)
2. Cases with above symptoms to be referred directly and admitted in the Dedicated COVID Health Centers (DCHC)
3. Allopathic doctors in DCHCs will assess severity as per Protocols
4. Till test results are declared, suspect Cases will be kept in ‘suspect case’ section of DCHCs
5. Patients tested positive will be shifted to ‘confirmed cases’ section
6. Patients tested negative will be shifted to non COVID hospital for further management.
7. If any patient qualifies as severe, case will be shifted to Dedicated COVID Hospital (DCH)
Severe Cases (DCH)

1. Severe Pneumonia (respirator rate > 30/min and SpO2 < 90%) or ARDS or Septic shock

2. Cases with above symptoms to be referred directly and admitted in the Dedicated COVID Hospitals (DCH) till test results are obtained

3. Patients tested positive will remain in ICU and receive treatment as per standard treatment protocol
Algorithm for Isolation of Cases

1. Suspect cases directly reporting to COVID dedicated facility.

2. Screening at Fever Clinics

3. Suspect COVID-19 Case

4. Mild and very mild (Fever/ URTI)
   - Admit to “Suspect case” section of COVID CARE CENTER (hotels/lodges/hostels/stadiaums)
   - Test all for COVID-19
   - Negative: Discharge & symptomatic management
   - Positive: Shift to “Confirmed case” section of COVID CARE CENTRE. Monitor health twice daily. Shift to DCHC or CDH if necessary

5. Moderate (Person with one or more severe disease (RR 15 to 50 mmhg, SPO2 90% - 94%)
   - Admit to “Suspect case” section of DEDICATED COVID HEALTH CENTRE
   - Test all for COVID-19
   - Negative: Discharge as per clinical assessment
   - Positive: Shift to “Confirmed case” section of DEDICATED COVID HEALTH CENTRE. Monitor for clinical severity. Shift to CDH if necessary

6. Severe (Respiratory rate ≥30/min or SaO2 <91%
   - Admit to DEDICATED COVID HOSPITAL with ICU facility
   - Test all for COVID-19
   - Negative: Manage according to clinical assessment
   - Positive: Patient to remain in COVID-19 ICU. Manage according to clinical assessment. Discharge as per clinical assessment
Availability of oxygen in COVID dedicated Hospitals: Source of Oxygen

- Oxygen cylinders (bedside + central supply option)
- Liquid Oxygen (central supply)
- Oxygen Concentrators (bedside option)
- Oxygen Generators (central supply)
Advisories from GoI

• AS&MD letter dated 4th April 2020 highlighted need for oxygen access, major sources of oxygen & its requirement, system components and precautions required for handling oxygen cylinders including protocols for disinfecting oxygen cylinders.

• JS, RCH letter dated 5th April 2020 briefed about the monitoring mechanism developed by GoI by Appointing 20 Group A State Nodal officers from PESO for ensuring availability of oxygen.
  ➢ Nodal officers from few State / UTs yet to be communicated to us (Telangana, West Bengal, Gujarat, Andaman & Nicobar)

• Home Secretary letter dated 6th April clarified that lockdown exemption to medical oxygen suppliers, free movement, including cross border movement of supplies and their workers.

• DCGI has granted permission to manufacturers of industrial oxygen to manufacture oxygen for medical use in the light of Covid-19.
India COVID-19 Emergency Response & Health System Preparedness Package

• **Objectives** – strengthen health systems, procurement, surveillance, laboratory strengthening and bio-security preparedness

• The project will be implemented in three phases
  – **Phase – 1** (January 2020 to June 2020)
  – **Phase - 2** (July 2020 to March 2021)
  – **Phase - 3** (April 2021 to March 2024)

• Funds already released for phase -1
Phase 1 Activities (Jan - June 2020)

• Strengthening of hospitals and establishment of Isolation units
• Strengthening / expansion of labs
• Procurement of PPEs, diagnostic equipment, testing kits, other reagents and sample transport
• Ventilators and oxygen supplies
• Incentives to the existing HR and hiring of additional HR for COVID-19 management; Incentive to ASHA & other community volunteers
• Conduct training & IEC activities
• Untied funds for any other activities as part of immediate response
Pradhan Mantri Garib Kalyan Package - Insurance Scheme for Health Workers fighting COVID19

- **Central Sector** Insurance Scheme for Health Workers Fighting COVID-19.
- A comprehensive personal accident cover of **Rs. 50 lakhs for ninety (90) days** to a total of around **22.12 lakh public healthcare providers** including community health workers,
- Those who may have to be in direct contact and care of COVID-19 patients and who may be at risk of being impacted by this.
- Also include accidental loss of life on account of contracting COVID-19.
- On account of the unprecedented situation, private hospital staff/retired/volunteer/local urban bodies / contracted / daily-wage / ad-hoc / outsourced staff requisitioned by States / Central hospitals / autonomous hospitals of Central/States/UTs, AIIMS and INIs/hospitals of Central Ministries can also be drafted for COVID 19 related responsibilities.
- The insurance provided under this would be over and above any other insurance cover being availed by the beneficiary.
Pradhan Mantri Garib Kalyan Package - Insurance Scheme for Health Workers fighting COVID19

- Scheme sanctioned & fund released to the New India Assurance Company Limited.
- Letter issued by Secretary, MoHFW to all the CSs / Administrators of UTs and the Heads of all Associations of Doctors/Healthcare providers on 30th March, 2020.
- The claim forms with the outline of the scheme has been shared with the States / UTs dated 04.04.2020)
- FAQs related to the PMGKP : Insurance scheme have been shared with the States / UTs Community health workers (ASHAs, ASHA Facilitators) , ANMs are being informed through IVRS and SMS (07.04.2020)
- Respective Governments to give wider publicity among healthcare providers to instill a sense of security.
Pradhan Mantri Garib Kalyan Package - Insurance Scheme for Health Workers fighting COVID19

• Dedicated e-mail id (pmgkpinsurance2020@gmail.com) for redressal of queries.

• **IEC material** finalised for release:
  • Wider publicity targeted through **Print, Electronic, Radio and Social Media** through Doordarshan, PIB National / Regional and All India Radio. (Documents have been shared)
  • Regional Network, Delhi will also ensure publicity in Delhi – NCR.
  • **States/UTs to translate in local languages and ensure wider dissemination through local media.**
  • GIFs / Social Media Posts are being planned.
What is the process of claim submission?

• The claimant needs to fill up claim form along with necessary documents as prescribed and submit the same to Healthcare Institution/ organization/ office where the deceased was an employee of /engaged by the institution.

• The respective institution will give necessary certification and forward it to competent authority.
  • Competent authority for State/UT is Director General Health Services /Director Health Services/ Director Medical Education or any other Official specifically authorised by the State/UT Government for this purpose.
  • Competent authority for Central Government, Central Autonomous / PSU Hospitals, AIIMS, INIs and Hospitals of other Central Ministries is Director or Medical Superintendent or Head of the concerned institution.

• Competent authority will forward and submit claim to the insurance company for approval.
Whom to contact in case of claim?

Insurance company to be intimated at email id nia.312000@newindia.co.in

Contact persons:-
1. Mrs. Sarika Arora, Divisional Manager, email sarika.arora@newindia.co.in or nia.312000@newindia.co.in / 9811632409
2. Mr. N.Ravi Rao, Deputy Manager, email id ravin.rao@newindia.co.in or niadelbroker20@gmail.com / 9312409914
3. Mr. Yogendra Singh Tanwar, Administrative Officer email id yogendra.tanwar@newindia.co.in / 9899974549

Divisional office CDU 312000 of The New India Assurance Co.Ltd. located at B-401, Ansal Chambers 1, Bhikaji Cama Place, New Delhi-110066.
# Training

1. **Advisory:** An Advisory has been prepared on Human Resource Management for guidance of States on areas of deployment and training requirements. 
   
   [https://www.mohfw.gov.in/pdf/AdvisoryforHRmanagement.pdf](https://www.mohfw.gov.in/pdf/AdvisoryforHRmanagement.pdf)

2. **Training Resources**
   
   [https://www.mohfw.gov.in/pdf/BASEDOCforRESOURCESrev06042020.pdf](https://www.mohfw.gov.in/pdf/BASEDOCforRESOURCESrev06042020.pdf)

---

<table>
<thead>
<tr>
<th>S.No</th>
<th>Role</th>
<th>Category of Health-care Professional</th>
<th>Resource Material for Capacity Building</th>
<th>Videos available</th>
<th>Topics Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>ANM, ASHA, AWW</td>
<td>FACILITATOR GUIDE for Training of ANM, ASHA, AWW</td>
<td>Surveillance of COVID19 management</td>
<td>1. Role of frontline workers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NCC Cadets</td>
<td>SLIDES for Training of ANM, ASHA, AWW</td>
<td>Video on Covid-19 awareness for community level workers</td>
<td>3. Personal safety measures to be taken in the field.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NYKS Volunteers</td>
<td></td>
<td></td>
<td>5. Community surveillance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IRCS Volunteers</td>
<td></td>
<td></td>
<td>6. How to deal with stigma and discrimination.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CPSE Workers</td>
<td>DIGITAL POCKET BOOK for ANM, ASHA, AWW</td>
<td>VIDEO DEMONSTRATION (English) of Hand Washing by AIIMS</td>
<td>7. Transporting a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ambulance Drivers</td>
<td></td>
<td><a href="https://drive.google.com/file/d/1711CgHqPM4-">https://drive.google.com/file/d/1711CgHqPM4-</a> m47Yw6vVQ1e_dRui6Vmpl/view</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>RWA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>All officers generally</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. iGOT Training (DoPT)
2. Online Modules
3. ‘My time, My place, My device’
4. Pre-curated content available on all devices—smart phones, laptops, PCs
5. Role-specific appropriate training simultaneously to multiple learners
6. Data analytics
7. State Nodal Training Officers
8. Coordination of all training activities to medical personnel (Govt. and Pvt.) and non medical personnel.
9. SIHFW can be involved.
Thank You
Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19

The Scheme at a Glance

What does this Scheme cover?
- Loss of life due to COVID-19, and
- Accidental death on account of COVID-19 related duty.

Who all are covered under the scheme?
- Public healthcare providers including community health workers, who may have to be in direct contact and care of COVID-19 case and who may be at risk of being impacted by this.
- Private hospital staff and retired /volunteer /local urban bodies/ contracted /daily wage /ad-hoc/outsourced staff requisitioned by States/ Central hospitals/ autonomous hospitals of Central/ States/UTs, AIIMS and INS/ hospital of Central Ministries can also be drafted for COVID 19 related responsibilities.

When does insurance coverage policy begins and ends?
- The duration of the policy is for a period of 90 days, starting from March 30, 2020.

Is there any age-limit for health workers under this scheme?
- There is no age limit for this scheme.

Availing Claims

Whom to contact in case of any claim?
- The institution/department the insured person was working for has to be informed.
- Insurance company must be intimated via email id nia.312000@newindia.co.in

Process of claim submission
- The claimant needs to fill up the claim form along with necessary documents as prescribed and submit the same to Healthcare Institution/ organization/ office where the deceased was an employee/ engaged by the institution.
- The respective institution will give the necessary certification and forward it to competent authority.
- Competent authority for State/UT is Director General Health Services /Director Health Services/ Director Medical Education or any other Official specifically authorised by the State/UT Government for this purpose.
- Competent authority for Central Government, Central Autonomous / PSU Hospitals, AIIMS, INS and Hospitals of other Central Ministries is Director or Medical Superintendent or Head of the concerned institution.
- Competent authority will forward and submit claim to the insurance company for approval.

Whom to contact from insurance company?
Contact the following officials regarding any claim related queries:

Mrs. Sarika Arora
Divisional Manager
Email: sarika.arora@newindia.co.in
or nia.312000@newindia.co.in
Mob: 9811632409

Mr. N. Ravi Rao
Deputy Manager
Email: ravi.rao@newindia.co.in
or riolabeaker.20@gmail.com
Mob: 9312409914

Mr. Yogendra Singh Tanwar
Administrative Officer
Email: yogendra.tanwar@newindia.co.in
Mob: 9899974549

For further information related to the scheme write to pmgkpinsurance2020@gmail.com