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सचिव

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Secretary



सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India

Department of Health and Family Welfare
Ministry of Health and Family Welfare

D.O. No. Z-33014/45/2020 –RCH

Dated: 31st March, 2020

Dear Colleague,

Please refer to my earlier letter dated 28.03.2020 addressed to Chief Secretaries under copy to you, on need to have dedicated COVID hospitals. As the country faces the crisis of COVID, a global pandemic, it is imperative that dedicated COVID management hospitals are set up across the country to provide protocol-based care to patients care. To ensure timely patient care and staff safety, it is required that these dedicated hospitals are prioritised and information is provided on our portal regularly.

A readiness assessment checklist with the required criteria for identifying and equipping these hospitals to provide diagnostics, care and management of these patients is attached as annexure to help you plan and establish such facilities. These criteria are based on what an ideal Covid dedicated facility should have and as the situation in the field varies from State to State and district to district, this checklist may be taken as an overall guidance to States to adopt it to their local conditions. You may like to communicate this checklist to your CMOs/ District Collectors and Municipal Commissioners to assess preparedness of COVID hospitals.

Further, the Regional Directors of MoHFW stationed at the State / UTs are assigned the responsibility for providing the required support about the dedicated COVID hospitals and they will be assisted by the WHO teams who are present on the field. The State/UT may assign Nodal Officers to accompany the team for the same. These officers will need movement support from District Collectors in terms of passes etc. In any case, health services are under exempted category.

Nevertheless, it will be important to ensure that if the existing hospitals are being converted into designated COVID Hospitals, these are vacated and the patients shifted to alternate hospitals for continued treatment to avoid disruption of regular healthcare services.

I hope that under your leadership, the identification and operation of dedicated COVID hospitals would be fast tracked for us to meet any eventuality.

Pranav
Yours sincerely,

Pranav
(Preeti Sudan)

1. Additional Chief Secretary /Principal Secretary /Secretary (Health) of all States /UTs.
2. Mission Directors, National Health Mission of all States / UTs.

Copy to-

1. Chief Secretaries of all States/ UTs for kind information.

**Checklist to assess readiness of dedicated COVID hospital or
separate COVID-19 block within existing hospital**

General Information :

Name of the Hospital and Address

District

State

Type - Public / Private :

Type of Hospital – MC /DH/ SDH/GH/ Others (Please specify) :

District Nodal Officer – Name , Designation and Contact Number (with email id) :

Facility Nodal Officer – Name , Designation and Contact Number (with email id) :

S. No.	Particulars	Yes/ No	Number/s	Remarks to be filled by the Assessor
1.1	Is the facility an existing functional hospital?		-	
1.2	If yes, have the existing patients been shifted to alternate hospitals?		-	
2	INFRASTRUCTURE			
2.1	Total number of beds	-		
2.2	Adequate space between the beds		-	
2.3	Whether round the clock electric supply is available		-	
2.4.1	Whether round the clock water supply is available		-	
2.4.2	Total water storage capacity in Litres	-		
2.5	Whether there is provision for proper drainage with functional Effluent Treatment Plant?		-	
2.6	Total number of toilets	-		
2.7	Provision for cross ventilation / Exhaust fan			
2.8	Provision of Stay Facility for Staff			
3	CLINICAL SERVICES			
	Availability of:			
S. No.	Particulars	Yes/ No	Number/s	Remarks to be filled by the Assessor
3.1	Designated Emergency		-	
3.2	OPD (With adequate space			

S. No.	Particulars	Yes/ No	Number/s	Remarks to be filled by the Assessor
	for physical distancing) With provisions for:			
3.2.1	Triage area		-	
3.2.2	Holding area		-	
3.2.3	Examination area		-	
3.3.1	Intensive Care Unit		-	
3.3.2	Number of beds	-		
3.4.1	High Dependency Unit		-	
3.4.2	Number of beds	-		
3.5	Availability of Extra-Corporeal Membrane Oxygenator		-	
3.6.1	Dialysis machine		-	
3.6.2	Number of Dialysis machines	-		
3.7	Isolation Ward		-	
3.7.1	Separate isolation ward for suspect cases		-	
3.7.1.1	Number of beds	-		
3.7.2	Separate isolation ward for confirmed cases		-	
3.7.2.1	Number of beds	-		
3.7.3	Ante-room attached to isolation facility for PPE donning and doffing		-	
3.8	Isolation Room		-	
3.8.1	Number of beds	-		
3.9	Critical equipment –			
3.9.1	Functional ICU Ventilator	-		
3.9.2	Defibrillators	-		
3.9.3	Suction	-		
3.9.4	Infusion pump	-		
3.9.5	Resuscitation tray/crash trolley	-		
3.9.6	Pulse Oxymeter	-		
3.10	Personal Protective Equipment (PPE) Kits	-		
3.10	N95 mask	-		
3.11	3 layer mask	-		
3.12	Examination Gloves			
3.12.1	Sterile	-		
3.12.2	Non sterile	-		
3.13	Alcohol-based hand rub			
3.13.1	100 ml	-		
3.13.2	500 ml	-		
4	SUPPORT SERVICES			
	Availability of/ linkages with:			
4.1	Laboratory and diagnostics			

S. No.	Particulars	Yes/ No	Number/s	Remarks to be filled by the Assessor
	services			
4.1.1	Arrangement for sample collection and transportation for COVID-19		-	
4.1.1.1	Availability of sample collection kits	-		
4.1.1.2	Linkage with VRDL network lab		-	
4.1.2	Other in house routine testing facility incl. ABG		-	
4.2	Availability of radio-imaging services			
4.2.1	X-Ray		-	
4.2.2	CT Scan		-	
4.2.3	USG		-	
4.3	Medical Gas Pipeline System/Oxygen Cylinder			
4.3.1	No of beds covered with MPGS (Medical Pipeline Gas System)	-		
4.3.2	No of oxygen cylinders	-		
4.4	Central Sterile Supplies Department (CSSD)		-	
4.5	Mechanized Laundry with facility for decontamination and washing		-	
4.6	Dietary Services		-	
4.7	Blood bank / Storage Unit		-	
4.8	Ambulance services		-	
5	Human Resources			
		Number Available	Remarks	
5.1	Specialists			
5.1.1	General Medicine			
5.1.2	Anesthesiologist/LSAS trained			
5.1.3	Pulmonologist/Respiratory physician			
5.1.4	Nephrologist			
5.1.5	Pediatrician			
5.1.6	Pathologist/ Microbiologist/ Biochemist			
5.1.7	Radiologist Can be through Tele-Radiology			

		Number Available	Remarks
5.2	General Duty Medical Officer (GDMO)		
5.3	Associate Public Health Personnel		
5.3.1	Psychiatric Social Worker		
5.3.2	Clinical Psychologist		
5.3.3	Physiotherapist		
5.3.4	Counselor		
5.3.5	Dietician		
5.4	Nurse & Para Medical Staff		
5.4.1	Senior nursing officer earmarked for hospital IPC practices		
5.4.2	Staff Nurse for isolation ward		
5.4.3	Staff Nurse for intensive care		
5.4.4	Technician		
5.4.4.1	Lab Technician		
5.4.4.2	Pulmonary Function Test (PFT) Technician		
5.4.4.3	Radiology Technician		
5.4.4.4	CSSD technician		
5.4.4.5	Dialysis Technician		
5.5.1	Pharmacist		
5.5.2	Store manager		
5.6	House Keeping staff		
5.7	Cleaning Staff		
5.8	Kitchen and Diet staff		
5.8.1	Cook and support staff		
5.8.2	Food Trolley Bearer		
5.9	Administration		
5.9.1	Administrative In charge		
5.9.2	Hospital Manager		
5.9.3	Hospital IPC committee		
5.9.4	Nursing Supervisor/Manager – senior nurse can be designated.		
5.9.5	Bio medical Engineer		
5.9.6	DEOs		
5.9.7	Security Guards		
5.9.8	Availability of protocols:		
5.9.8.1	Treatment		
5.9.8.2	Ventilator management		
5.9.8.3	IPC (Yes / No)		
5.9.8.4	Rational use of PPE		
5.9.8.5	Sample collection, collection/Lab. Testing		
5.9.10	Capacity building		
5.9.10.1	Trained on COVID-19 management		

		Number Available	Remarks	
5.9.10.2	Clinicians trained on ventilator management			
5.9.10.3	Doctors and Nurses trained on IPC			
5.11	Access control and crowd management(Yes / No)			
6	Infection Prevention and Control			
		Yes / No	Numbers	Remarks
6.1	Segregation and transportation of Waste as per BMW Rules		-	
6.2	Hand washing facility at:			
6.2.1	OPD		-	
6.2.2	Isolation ward		-	
6.2.3	ICU/HDU		-	
6.2.4	Laboratory		-	
6.2.5	General area		-	
6.3	Availability of Sodium Hypochlorite solution		-	
7	Medicines & Consumables			
7.1	Availability of Essential & Emergency Medicines		-	
7.2	Availability of adequate linen		-	
8	Mortuary		-	

Details of the Assessor

Name:

Designation and Contact Number (with email id):

Date of assessment: