#### South Central Railway

महाप्रवंधक का कार्यालय General Manager's Office सिकंदराबाद. Secunderabad

No.G.157/Genl/2020 Date:19.03.2020

All PHoDs All DRMs, All CWMs

#### **Sub: Preparedness for Novel Corona Virus (COVID-19)**

Preventive measures/instructions/Advisories issued by MoH&FW/Railway Board/this Office, on subject cited, issued from time to time, are reproduced below for guidance and necessary action by all.

S. No.	Measures
1.	Stations, Work centres and other establishments
1.1.	Rly Board, vide its $Lr.No.E(G)/2020/CL$ 4 $-$ 2, dt. 17.03.2020 (copy enclosed as <b>Annexure - 1</b> ), have directed that, as a safety measure to prevent the spread of Corona virus disease (COVID-19), Board have decided that temperature screening through Infrared Thermometer/Non-contact Thermometer of all persons entering into the premises of railway offices/establishments may be made mandatory with immediate effect. Railway administration may entrust the screening process to RPF personnel or any other staff found suitable for the job.
	Visitors to Rail Nilayam are barred up to 15 <sup>th</sup> April 2020 as an initial measure. They can contact Officer concerned on Phone in emergency work. Similar system shall be introduced at Divisional Headquarters and Workshops by DRMs and CWMs.
	Thermal scanners available at TRD Depots/C&W Depots are to be deployed at following stations:
	SC, HYB, KCG, KZJ, WL, BZA, GNT, GTL, RU, TPTY, NED & AWB.
	Any other heavy foot fall stations are also to be considered by DRMs for deployment of thermal scanners/NCTs.
	Over and above, any further requirement, Thermal Scanners / NCTs shall be procured at Divisional level.
	Scouts & Guides and Civil Defense, MFD staff services may be utilized for screening of passengers at major stations. Help of Red Cross Society/Rotary Clubs/Lions Clubs may be taken.
	State health officials and security officials are to be allowed to provide Help desk, primary preventive check at heavy foot fall stations. They may also be allowed to check the passenger with thermal scanners at entry and exit points at the stations.
	District health authorities and State health nodal authorities may be contacted for deployment of the thermal sensors and screening at above stations entry and exit points.

arrangements, grab rails, hand rests, toilets, water troughs and any other area which are susceptible to spread of virus.  1.4. As per the MoH&FW directorate, with respect to query from various States on mas gathering, it is advised that mass gatherings may be avoided or possibly be postpone till the disease spread is contained. Following action to be taken immediately.  • Meetings, as far as feasible, shall be done through video conferences. Minimiz or reschedule meetings involving large number of people unless necessary to 30.04.2020.  • All sports events and competitions are to be postponed till 30.04.2020.  • All Railway Week functions are to be postponed till 30.04.2020.  • No Private booking and guest booking is allowed in all ORHs and Holiday Home of SCR from 21.03.2020 to 15.04.2020. On case to case basis, on duroccupation may be approved by DRM/nominated ADRM.  • All retiring room & dormitories are to be closed from 21.03.2020 to 15.04.2020 for public booking.  • All recreation centers (Railway Institutes, Auditoriums, Clubs, Community halls Theatres), Cultural & Social centres, swimming pools, Gyms & other spon facilities and Crèches are to be sanitized and are to be closed by 24.03.2020. Nofficial/informal/private functions to be held till 30.04.2020.  1.5. The entire Visitors' Rooms / Halls, Conference/Meetings Halls are to be sanitized.  Working lunch timings for various categories of employees may be staggered to avoil arge gathering at railway canteens.  1.7. AEBAS (Aadhar enabled biometric attendance system) shall be dispensed for all the railway employees & contract employees except train crew. Necessary precaution during Sign on and Sign off, including periodic sanitization of the biometric system and BA system are to be done at Crew Lobbies.  1.8. Curtains in Running Rooms and TTE Rest Rooms either be removed or periodical sanitised.  1.9. All trainings in Training Institutes are to be cancelled from 21.03.2020 to 31.03.2020 Based on the situation assessed on 29.03.2020, only mandatory course	1.2.	Increase the Platform Ticket rates to Rs.50 at all NSG-1,2,3 and Rs.20 at all NSG-4,5,6 category stations. This increase may be kept till 15.04.2020 as an initial measure.	
<ul> <li>All the operating buttons and handrails in and near lifts.</li> <li>Switches of lights, fans and mobile charging points.</li> <li>Water-cooler taps.</li> <li>Any other contact points deemed fit.</li> <li>Regular and frequent cleaning of station premises including Waiting Halls, Seatin arrangements, grab rails, hand rests, toilets, water troughs and any other area which are susceptible to spread of virus.</li> <li>1.4. As per the MoH&amp;FW directorate, with respect to query from various States on mas gathering, it is advised that mass gatherings may be avoided or possibly be postpone till the disease spread is contained. Following action to be taken immediately.</li> <li>Meetings, as far as feasible, shall be done through video conferences. Minimiz or reschedule meetings involving large number of people unless necessary t 30.04.2020.</li> <li>All sports events and competitions are to be postponed till 30.04.2020.</li> <li>All Pailway Week functions are to be postponed till 30.04.2020.</li> <li>No Private booking and guest booking is allowed in all ORHs and Holiday Home of SCR from 21.03.2020 to 15.04.2020. On case to case basis, on dul occupation may be approved by DRM/nominated ADRM.</li> <li>All retiring room &amp; dormitories are to be closed from 21.03.2020 to 15.04.2020 for public booking.</li> <li>All recreation centers (Railway Institutes, Auditoriums, Clubs, Community halls Theatres), Cultural &amp; Social centres, swimming pools, Gyms &amp; other sport facilities and Crèches are to be sanitized and are to be closed by 24.03.2020. Nordificial/informal/private functions to be held till 30.04.2020.</li> <li>1.5. The entire Visitors' Rooms / Halls, Conference/Meetings Halls are to be sanitized.</li> <li>1.6. Working lunch timings for various categories of employees may be staggered to avoidarge gathering at railway canteens.</li> <li>1.7. AEBAS (Aadhar enabled biometric attendance system) shall be dispensed for all the railway employees &amp; contract employees except train crew. Necessary precaution during Sign on a</li></ul>	1.3.	Following items to be cleaned / sanitized at stations periodically.	
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	1.10.	All the training Hostels (dining, kitchen, toilets/bathrooms), need to be sanitized immediately and it should be repeated once in a week.	

1.11.	Cleanliness in Training Institutes and Running Rooms to be taken care of – hand wash, tables and chairs, utensils etc. Unoccupied rooms should be allowed with natural sunlight. Taps, Door knobs, door latches, window latches are prone for infection.		
1.12.	Curtains in Training Class Rooms and Hostels be removed.		
2.	Funds		
2.1.	As per the Telangana Govt. Revenue Dept GO Rt.No.4, dt. 14.03.2020, a fund of Rs.500 Cr. is kept at the disposal of Chief Secy, Govt. of TS, to deal with any exigencies in respect of containing of COVID-19.		
	Zonal Central Hospital / PCMD may contact the State Health Authorities concerned regarding either sparing the expenditure to be incurred or supplying of thermal scanners and other medical items from SDRF (State Disaster Response Fund). A copy of the letter in this regard is enclosed herewith as <b>Annexure - 2</b> .		
2.2.	In addition to seeking the funds from SDRF, Divisions may send the requirement of funds on account of quarantine facilities, sanitization and personal protective equipment kits to PFA through respective Sr.DFMs.		
3.	Help lines		
3.1.	Help line numbers for containing Corona virus (COVID-19)  Ministry of Health, Central help line No + 91-11-23978046; toll free number: 1075, email-ncov2019@gov.in  S.No. State Help line No. 1 Andhra Pradesh 0866-2410978 2 Karnataka 104 3 Maharashtra 020-26127394 4 Telangana 104		
3.2.	Control Room at Central Railway Hospital, New Delhi.  Phone No. – 011-23744009  Mobile & WhatsApp – 9717630513  All Zonal Central Hospitals are directed to establish similar Control Room dedicated to COVID-19 for information and co-ordination. Telephone number / Mobile number should be provided separately so that it does not interfere with routine emergency work.  Similar arrangement shall be done at Divisional Railway Hospitals.  The number for Emergency Control should be shared with all State / District Nodal Officers and should be manned by trained medical Officers / staff round the clock.		
4.	Hospitals		
4.1.	All the employees or their family members who have returned from foreign trip are to be directed to the Divisional / Zonal Headquarters Hospitals for COVID-19 screening.		
4.2.	Any trainings conducted by the State Govt. Health Department or other Central Ministries / PSUs regarding training on medical care to the COVID-19 patients, sufficient number of Doctors / paramedical staff are to be nominated on priority.		

4.3.	<ul> <li>Health Units / Divisional Hospitals</li> <li>Separate OPDs for the patients with Flu/cold type symptoms are to be created at Health Centres / Divisional Hospitals.</li> </ul>		
	<ul> <li>Persons having fever should be separate from other patients, preferably there should be separate counter/ward with specific signages for fever cases and medical staffs deployed at such areas should have proper protective gears.</li> <li>Every Divisional/Sub-divisional Hospitals of the Zone should have isolation ward fever related cases for treating suspected corona virus cases with availability of necessary protective gears.</li> <li>Central Government as well as various State Governments are conducting training programmes on prevention of corona virus. Railway doctors and paramedical staff should invariably be nominated for such courses.</li> </ul>		
4.4.	The letters (No.MD.90/FW/Corona, dt. 04.03.2020 addressed to all Divisional CMSs and Lr.No.MD.90/FW/Corona, dt. 06.03.2020, addressed to DG/RHS/Rly.Bd, issued by PCMD) are enclosed as <b>Annexures 3 &amp; 4</b> respectively.		
4.5.	Matrix for discharge of persons from home isolation / hospital isolation based on risk assessment grid issued by State Health & Family Welfare Department, Kerala is enclosed as <b>Annexure - 5</b> for guidance to the Railway Doctors.		
4.6.	PCMD to circulate guidelines from time to time on COVID-19. Instructions of Ministry of Health & Family Welfare of Central & State Govts., and Railway Board need to be followed.		
4.7.	Further PCMD may issue contact details of officials concerned of State Govt. hospitals and nominated Private Hospitals of four States, in order to direct the any suspected case of passenger / employee to the Hospital. This list shall be circulated divisionwise / district-wise within next three days.		
5.	Information awareness to Railway employees & Public		
5.1.	As per the order issued by the Chairman of National Executive Committee under Disaster Management Act 2005, all the Advisory issued by the Secretary, MoH&FW, Gol, is binding and to be followed by all the Central and State Govt. authorities in regard to containing/ prevention of COVID-19. A copy of the letter is enclosed as Annexure - 6.		
5.2.	Literature regarding protective measures to be taken by Railway employees is enclosed as <b>Annexure - 7</b> for dissemination and advertisement at all work centres.		
	Guidelines on use of masks by the public / Railway employees as issued by MoH&FW is enclosed as <b>Annexure - 8.</b>		
5.3.	Central Govt. has issued a Gazette notification in bringing the Masks and Hand sanitizers into Essential Commodities, which is valid up to 30.06.2020. Copy is enclosed as <b>Annexure - 9</b> .		
<ul><li>5.3.</li><li>5.4.</li></ul>	sanitizers into Essential Commodities, which is valid up to 30.06.2020. Copy is		
	sanitizers into Essential Commodities, which is valid up to 30.06.2020. Copy is enclosed as <b>Annexure - 9</b> .  Continual dissemination of public health messages through Electronic and		

6.	Data gathering and Uploading on E-Drishti		
6.1.	All DRMs are requested to enter the details of preparedness to Novel CV(covod-19) in E-drishti CRIS portal. The link is available under "initiatives" menu of Home page. Daily, it is to be updated at 18:00hrs. Kindly ensure.		
6.2.	MR advised to update images and other data of Stations of all Divisions in E-drishti. While updating PFs, Toilets condition, Concourse, illumination, approach areas, other PA items are to be highlighted. This has to be done for March month immediately.		
6.3.	Shri A.K. Rawat, Secretary (PG) and Dr. A.V.S.K. Prasad, ACMD/SC, are the Nodal Officers from SCR for all the aspects of preventive measures for containing COVID-19. Any query in regard to this may be sent to them in order to get further clarification from COVID-19 EDs Core Group of Railway Board.		
6.4.	PCPO at headquarter, Sr.DPO/WPO at divisional level are advised to create a COVID-19 social networking group in which all PREM members becomes members of the group. This group shall be utilized to disseminate the official information regarding instructions/ advisories / guidelines of COVID-19.		
7.	Quarantine facilities planning		
7.1.	Guidelines to be followed for home quarantine are enclosed as <b>Annexure - 10.</b>		
7.2.	Minimum two weeks Leave to be granted for the employees who have returned from long tour/foreign tour, for home quarantine. Leave also may be granted to the employee if any of the family member returns from foreign tour. For this purpose, the identified/suspected employees may be asked to give undertaking about their / their family foreign tour trip details, particularly who returned after 15.02.2020.		
7.3.	Comprehensive instructions/Office memorandum dt. 12.03.2020 issued by MoH&FW in establishment and maintenance of Quarantine Centres for housing the personnel with potential exposure to COVID-19 is enclosed as <b>Annexure - 11</b> for necessary action.		
7.4.	All DRMs may please enter into quotation basis contracts for catering arrangements, sanitation/housekeeping and laundry arrangement at nominated Quarantine facilities (institutes) so that they can be executed in short notice. PCMM has kept sufficient quantity of bed sheets, pillow covers, and pillows to cater for planned Quarantine beds. It can be drawn if required. Similarly, contracts for hiring of Cots and mattresses are also to be planned.		
7.5.	Quotation basis contracts to be entered for supply of cots on hiring, housekeeping/sanitation and for catering, so that it can be executed in short notice. Necessary toilets/bathroom with water facilities to be ensured at identified quarantine facilities.  All should be geared up for quarantine facilities at short notice.		
7.6.	Required number of Mattresses/Linen to be assessed and pending indents need to be processed early. Hiring can also be looked into. The requirement of Linen to be drawn from MFT Stores. Apart from this, 20% of beds in each Divisional and Headquarters Hospitals should be worked upon. This is apart from the 1000 beds already identified at different locations for quarantine facilities.		

7.7.	All non-medical items (Thermal Scanners/ Mattresses / Supporting housekeeping equipment and cleaning solutions, excluding hand sanitizers / masks) may be procured directly by Divisions. Any additional requirement over and above the powers of Division may be sent to PCMM through Sr.DMM.		
7.8.	Separate Quarantine facility may be planned for ladies.		
7.9.	Basic medical facilities are to be planned at Quarantine locations.		
7.10.	The availability of sufficient number of normal Mask (47078 & 47094) special face mask (N-95) and sanitisers, personal protective equipment kits, disposable bed sheets are to be ensured if required by local purchase. As an immediate measure, sufficient soaps/soap solution, sodium hypochlorite/bleaching solution may be procured on imprest/local purchase.		
	Procurement of all medical related items including sanitizing chemicals/solutions for the Quarantined persons/patients and Hospital staff may be procured through Divisional Hospitals on imprest/local purchase. Any further requirement shall be referred to PCMD through Divisional CMS.		
7.11.	Similarly, letter (No.SCR/P-HQ/478/Covid-19, dt. 16.03.2020) issued by PCPO on Establishment and management of quarantine facilities is enclosed as <b>Annexure - 12</b> for necessary action. Detailed instructions issued by PCMD vide Lr.No.MD/90/FW/Corona dt. 19.03.2020 to all Divisional CMSs is enclosed as <b>Annexure - 13</b> .		
7.12.	Divisions may set up 15 - 20% of the total planned Quarantined beds in first Phase by 25.03.2020 so that all the teething problems can be addressed.		
7.13.	One Doctor to be temporarily deputed up to 30.04.2020 to Nizamabad Health Centre.		
8.	Trains and CRS inspections		
8.1.	Coaches		
	Ensure proper cleanliness & disinfection of coaches, their toilets and pantry cars. All air filters in AC coaches to be cleaned in every Primary Maintenance. Availability of liquid soap and water in toilets of coaches and pantry cars to be ensured. During PM/OM, proper cleaning of entrance door handles & latches, toilet door latches, water		
	taps, health faucets, Electrical switches and sockets are to be cleaned.		
8.2.			
8.2.	taps, health faucets, Electrical switches and sockets are to be cleaned.  All curtains and blankets are to be removed from the AC coaches. As far as AC coach travel is concerned, some blankets may be kept duly washed, after completion of each usage, for use in exigency. Temperature would be controlled at 24 – 25 degrees so that there is no need of blanket. Whatever curtains are still left over, they should be washed and kept ready for usage at any time. Dirty curtains should not be		

#### 8.5. CRS Inspections

Presently more than 150 officials are accompanying in addition to contract staff at site during CRS inspection. This is not desirable in view of Govt. advisory. Please take following action during inspections:

- CRS inspections scheduled should be conducted with bare minimum staff, preferably less than 50 on any location. No contract staff should neither accompany nor available at inspection sites.
- Officers concerned and one section supervisor as authorised by CAO/C shall accompany the inspection special. All the required Supervisors and staff shall be available at nominated inspections locations for assistance
- Suitable protection measures( masks, sanitizers, other supporting first aid medical kits) are to be provided for the accompanying officials.
- If any official develops flu symptoms, he shall be sent to nearest medical centre for medical check-up

GM advised all the DRMs/CWMs/PHoDs concerned to take necessary action and close follow up on above instructions/advisories/guidelines.

**Encl**: Annexures 1 to 13

(N. Sreenivas Reddy)
DGM (Co-ord) & Secretary to GM

**Copy to AGM – for kind information** 

**MOST URGENT** 

#### GOVERNMENT OF INDIA (भारत सरकार) MINISTRY OF RAILWAYS (रेल मंत्रालय) (रेलवे बोर्ड)

No. E(G)/2020/CL4-2

New Delhi, dated 17. 03. 2020

General Managers
All Indian Railways and Production Units
GMs /NF Railway (Cons.)/CORE/Allahabad/Metro Railway, Kolkata
DG/RDSO, DG/NAIR
Director/CTIs

Sub: Prevention and control of Coronavirus disease (COVID-19).

As a safety measure to prevent the spread of Coronavirus disease (COVID-19), Board have decided that temperature screening through Infrared Thermometer/Non-contact Thermometer of all persons entering into the premises of railway offices/establishments may be made mandatory with immediate effect.

2. Railway administration may entrust the screening process to RPF personnel or any other staff found suitable for the job. All officers/staff/visitors entering into the premises of railway offices/establishments may be requested to cooperate in the temperature screening process.

(Anita Gautam)

**Director Establishment (Genl.)** 

Railway Board

No. 33-4/2020-NDM-I

Government of India Ministry of Home Affairs

(Disaster Management Division)

C-Wing, 3<sup>rd</sup> Floor, NDCC-II

Jai Singh Road, New Delhi-110001

Dated 14.03.2020

To

The Chief Secretaries (All States)

Subject:

Items and Norms of assistance from the State Disaster Response Fund

(SDRF) in wake of COVID-19 Virus Outbreak

Sir/Madam

I am directed to refer this Ministry's letter No. 33-4/2020-NDM-I dated 14<sup>th</sup> March 2020 on the above mentioned subject and to enclose herewith *partially modified* list of items and norms of assistance for containment of COVID-19 Virus in India, eligible from SDRF.

Yours faithfully,

(Sanjeev Kumar Jindal)

Joint Secretary to Government of India

Tel: 23438096

Copy to AS(UT), MHA for making similar provisions for utilization of UT Disaster Response Funds by the Union Territories.

CC for information: PS to HM/MOS(N)/HS

## Annexure to Ministry of Home Affairs letter No. 33-4/2020-NDM-I dated 14.03.2020 Modified List of items & norms of assistance from State Disaster Response Fund (SDRF) in the wake of COVID-19 virus outbreak

Sl. No.	ITEMS	NORMS OF ASSISTANCE
1.	Measures for quarantine, sample collection and screening:  (a) Provision for temporary accommodation, food, clothing, medical care, etc. for people affected and sheltered in quarantine camps (other than home quarantine) or for cluster containment operations.	As per actual expenditure and as per the assessment of need by State Executive Committee (SEC), to ensure the effective containment of outbreak for a period upto 30 days. The SEC will decide the number of quarantine camps, their duration and the number of persons in such camps.  This period can be extended by the SEC beyond the prescribed limit subject to condition that expenditure on this account should not exceed 25% of SDRF allocation for the year.
	(b) Cost of consumables for sample collection.  (c) Support for checking, screening and contact tracing.	Medical care may also be provided from National Health Mission (NHM).
2.	Procurement of essential equipments/labs for response to COVID-19:  a) Cost of setting up additional testing laboratories within the Government and the cost of consumables.  (b) Cost of personal protection equipment for healthcare, municipal, police and fire authorities.  (c) Cost of Thermal Scanners, ventilators, air purifiers, and consumables for Government hospitals.	Expenditure is to be incurred from SDRF only (and not from NDRF), as assessed by the State Executive Committee (SEC) to strengthen the surveillance and control measures against COVID-19 virus outbreak.  Total expenditure on equipment should not exceed 10 % of the annual allocation of the SDRF

#### Note:-

- 1. SEC shall ensure overall oversight mechanism so that no duplication takes place with reference to other Government schemes.
- 2. Any amount spent by the State for COVID-19, over and above the ceiling, would be borne out of the resources of the State Government and not from SDRF.

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#### GOVERNMENT OF TELANGANA ABSTRACT

Revenue (DM) Department – Covid-19 – Certain instructions – Orders – Issued.

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#### REVENUE (DISASTER MANAGEMENT-II) DEPARTMENT

G.O.Rt.No. 4 Dated: 14-03-2020
Read the Following

1. Government of India, Ministry of HomeAffairs,No.33-4/2020-NDM-I, dated.14.03.2020.

- 2. Disaster Management Act, 2005
- 3. Discussions in Cabinet Meeting Dt.14.03.2020.

<<>>

#### **ORDER:**

Whereas the State Government is satisfied that the State of Telangana is threatened with spread of Covid-19 Virus, which has already been declared as pandemic by World Health Organization, and it is therefore necessary to take certain measures and empower certain officers of the State Government to take all such measures as may be necessary to contain spread of the said Virus.

- 2. Whereas, in the reference  $1^{\text{st}}$  read above, Ministry of Home Affairs, Government of India keeping in view of the spread of Covid-19 virus and the declaration of Covid-19 as pandemic by the WHO has decided to treat it as Notified Disaster.
- 3. Now, therefore, in exercise of the powers conferred under Section-2 of the Epidemic Diseases Act, 1897 read with all the enabling provisions of Chapter-III of the Disaster Management Act, 2005, Government issue the following instructions to prevent and contain the spread of COVID-19 Virus in the State of Telangana.
  - 1. All Educational Institutions including coaching centers shall be closed with immediate effect until 31.03.2020. However, all board and entrance examinations already notified shall be conducted as per schedule. Hostels and residential schools shall continue to function for the students appearing for these exams till the board and entrance examinations are completed.
  - 2. All Cinema halls, Amusement Parks, Swimming pools, Gymnasiums, Zoo parks, Museums shall be closed till 21.03.2020.
  - 3. All the marriage Halls and function halls shall be closed except for the marriage events already fixed and the same should be permitted with limited number of guests not exceeding 200 guests. No new bookings shall be taken up to 31.03.2020.
  - 4. Extra sanitation measures shall be taken up in private/RTC Buses, Metro Rail, Railways, MMTS etc., Bus stands, Railway Stations, Metro Rail Stations and public toilets by the respective departments / organizations.
  - 5. No permission shall be accorded for rallies, Public meetings, summer camps, events where large gatherings are expected, like Conferences, Workshops, Trade fairs, Cultural events, Sports events and Jatharas etc., up to 21.03.2020.
  - 6. All sports stadiums and other sports facilities, membership clubs, Bars and Pubs shall be closed up to 21.03.2020.
  - 7. A fund of Rs.500 Crores shall be kept at the disposal of the Chief Secretary, Government of Telangana to deal with any exigencies related to COVID-19 Virus control.

- 8. The HM&FW Dept., shall take all necessary steps for containment of Covid-19 Virus as per the guidelines issued by Ministry of Health and Family Welfare, Government of India.
- 9. The District Collectors, Superintendents of Police, Commissioners of Police and the District Disaster Management Authorities and the other competent authorities in respect of the above Institutions, Organizations and facilities shall ensure strict implementation of the above instructions/directions without any deviations and take all necessary actions under the Disaster Management Act, 2005 and the Epidemic Diseases Act, 1897 to prevent and contain the spread of COVID-19 Virus.
- 10. Any attempt to create fear or confusion regarding COVID-19 by propagating fake news shall be dealt with firmly and action taken as per Section 54 of the Disaster Management Act, 2005.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF TELANGANA)

#### SOMESH KUMAR CHIEF SECRETARY TO GOVERNMENT

The Special Chief Secretary to Government, HM & FW Department The Special Chief Secretary to Government, Revenue, C.T & Excise Department The Special Chief Secretary to Government, **Education Department** The Principal Secretary to Government, MA & UD Department The Principal Finance Secretary, The Secretary to Government, PR & RD Department The Principal Secretary to Government, TR & B Department The Director General of Police, Telangana, Hyderabad All the Commissioners of Police, All the District Collectors, All the Superintendents of Police

Copy to:

The P.S to Chief Secretary to Government, The P.S to Spl. Secretary to Chief Minister. SF/SC

// FORWARDED BY ORDER //

SECTION OFFICER

#### दक्षिण मध्य रेलवे SOUTH CENTRAL RAILWAY

Annexure 3

मुख्यचिकित्सानिदेशकके कार्यालय रेलनिलयम. सिकंदराबाद Office of the Pr. Chief Medical Director Rail Nilayam, Secunderabad

सं.No.एमडिMD/90/FW/Corona

दिनांकDate: 04.03.2020

#### MD/CH/LGD CMSs/SC, HYB, BZA, GTL, GNT & NED

विषय/Sub: Prevention/spreading of Coronavirus (COVID-19) infection-

- संदर्भ/Ref: 1. Railway Board's Lr.No.2015/H-1/7/3 dated 04.03.2020. (copy enclosed)
  - 2. Railway Board's communication by Whatsapp dated 04.03.2020 (copy enclosed)

In connection with the above, the following system processes may be put in place at your hospital immediately and the same may be intimated to this office.

- 1. IEC material regarding Coronavirus (COVID-19) to be predominantly displayed in OPD areas, Wards and such places where the patients' attendance / general public tend to visit in the Hospital / Health unit. The sample IEC material is posted on CMD's Whatsapp group. The same may be translated in local language also.
- 2. A separate fever ward to be created in the Hospital.
- 3. A separate isolation ward for treating suspected Coronavirus cases may also be provided. This isolation ward should have adequate stock of preventive gears.
- 4. The Ministry of Health and Family Welfare is organizing the National level Training of Trainers (ToT) on 06.03.2020 and the same is being web cast live. You may nominate 2 to 3 medical personnel to attend the above web casting on 06.03.2020. These medical personnel shall in turn organize the training of trainers (ToT) at Divisional level before 11.03.2020 to strengthen the preparedness and respond to combat the outbreak, if it happens.
- 5. It is advised to immediately report the any suspicious / detected cases of Coronavirus to CHD/SCR for onward transmission to Railway Board.
- 6. CMSs & MD/CH/LGD shall be in constant touch with the State / District Health Authorities to obtain guidelines / updates issued on the subject and take necessary detective, preventive and curative measures suggested by them.

Encl: as above

(डॉ प्रसन्न कुमार /Dr. Prasanna Kumar)  $^\prime$ प्रधान मुख्य चिकित्सा निदेशक Principal Chief Medical Director

Secretary to GM - for kind information of GM

#### UPATERNMENT OF INDIA MUNISTRY OF RAILWAYS MAST WAY BOARD!

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Sound's Letter of even No. dated 28.01.2020.

the been noted that a ten cases of coronavirus has been defected in India. The

#### Naggos Edas Aleasante

IEC reaterial regarding coronavirus (COVID - 19) should be prominently displayed for awardless of general public in local language.

Persons having fever should be separated from other patients, preferably these should be separate counter ward with specific signages for fever cases and medical stable approved at such areas should have proper protective gears.

Every Divisional/Sub-divisional/Hospitals of the Zone should have isolation ward fever related cases for treating suspected coronavirus cases with availability of necessary protective gears.

Central Government as well as various State Governments are conducting training programmes on prevention of coronavirus Railway doctors and para medical staff should invariably be nominated for such courses.

It is advised that if any case suspicious/detected of corenavirus cases are steported in any of the Karlway Hospital/Health Unit in your Zone/PU, the same may be informed to this office immediately.

All Medicul in charges of your Zones/PUs should be advised to be inserted that that with the respective State Health Authorities to obtain the guidelines/andate issued on the subject & take necessary describe; preventive & curative measures suggested by such State Authorities.

Daily position of disease related instructions should be checked on website https://mobifw.pox.in.

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#### दक्षिण मध्य रेलवे SOUTH CENTRAL RAILWAY



सं.No. MD.90/FW/Corona

प्र. मुकार्यालय .नि.चि. Principal Chief Medical Director रेल निलयम Rail Nilayam सिकंदराबाद Secunderabad-500025.

दिनांक Dt: 06.03.2020

Director General/RHS Railway Board, New Delhi

Sub: Preventive and Protective measures - Corona Virus - reg

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With reference to Railway Board's message received on date, following is the information regarding South Central Railway Zone :

1) No of beds available hospital wise in isolation wards in their Zones/PU

SI.No.	Hospital	No. of beds provided for isolation	State
1)	Central Hospital, Lallaguda	07	Telangana
2)	RH/Vijayawada	04	Andhra Pradesh
3)	SDH/Rayanapadu	02	Andhra Pradesh
4)	RH/Guntakal	04	Andhra Pradesh
5) ·	SDH/Tirupati	02	Andhra Pradesh
6)	RH/Guntur	02	Andhra Pradesh
7)	RH/Nanded	02	Maharastra

2) Protective gears arrangements to staffs and for others

Protective gear is being procured and will be provided to Health Care providers.

- 3) IEC activities
  - IEC material available in the H&FW site will be consolidated and education will be provided to Railway Population at Work Places, Colonies and Hospitals.
- 4) Any action taken at stations and trains to prevent spread.

In Railway Stations, display and announcements are being made.

• Any suspected patients / passengers will be transported by Ambulance to the nearest Government Hospital.

(Dr.Prasamía Kumar)
Pr.Chief Medical Director

## The following doctors and para medical staff nominated in various units of SCR zone is appended below

UNIT	Doctor	Contact	T D====== 0.1/4.65	Т_
	DOCTO	Contact number	Paramedical staff	Contact
Cent.hospital/LGD	Dr Sunil	9866797922	6.2.1.1.1	number
ecitatiospital/EGD	Dr Eswar reddy		Srinivas,lab/supdt	9848984252
	DI ESWar reddy	9701370529	Vijesh,lab/supdt	9491837216
			Bijoy,nurs/supdt	9745892588
			Prashant, nurs/supdt	9441613184
Divn.hospital/BZA	Dr Aditya	08662767744	Crimina Int.	1
- Transcopied/ OZ/	Dr Srunivas	8074799539	Srinivas, lab/supdt	6300948 <b>626</b>
	Dr Sarada		Salomi,nurs/supdt	9700345 <b>65</b> 3
		9703947878	Smita	9291499 <b>897</b>
	Dr Deepti	9701373505	Lokesh	703250 <b>9201</b>
			meena, nurs/supdt	
			Manoj, nurs/supdt	9963 <b>563935</b>
Divn.hospital/GTL	Dr Srinivas naik	9801374507	To-t-	
Transportation of E	Dr Sudeep veer		Raghunath,lab supdt	9071558 <b>957</b>
	Dr Hartha	9701374545	Elizibath, nurs/supdt	944 1074414
		7674806963	Madhuraj, nurs/supdt	8919024 <b>792</b>
	Dr Gayatri	9701374507	Viswanath, nurs/supdt	9652 <b>065150</b>
			Radha, nurs/supdt	630225 <b>2686</b>
<u> </u>	<u> </u>			
Secunderabad, division	Dr Srinivas	9701371501	Benjiman, pharmacist	9701371542
	Dr Arun	<b>·8121903</b> 463	Umabindu, pharmacist	9771549
* * * * * * * * * * * * * * * * * * * *	Dr Siddiqui	<b>9701371</b> 506	Radha, nurs/supdt	944-413378
• . '	Dr Rumideb	9701371503	Roshini, nurs/supdt	
Nanded Division	Dr Suji	9730471503	T. Sachin, lab/supdt	9921254346
	Dr Vamshi kumar	8919842723	Kalyani shaji,nurs/supdt	97. 01584
			Bhawat singh	991712 <b>1368</b>
			meena, nurs/supdt	
			T Anand, nurs/supdt	702 170850
				70050
Suntur Division	Dr Murali Damodarachary	9492823990		
			Satya,lab/supdt	0/1 1171500
			Ratna bai nurs/supdt	90 933 <b>1500</b> 970137 <b>9508</b>
	1, 1,19, 1		Seetaramaiah, hosp/attdt	
			occurrent and throspy actue.	9 6 <b>7885</b>
lyderabad Division	Dr Pranayavani	9701372503	Umesh, nurs/supdt	0.1.00
-	7-7-10	3731372303	7	91 85188
			Srinivas, hosp/attdt	94 / / 113322



#### nCorona Virus Outbreak Control and Prevention State Cell Health & Family Welfare Department Government of Kerala

MATRIX FOR DISCHARGE OF PERSONS FROM HOME
ISOLATION/HOSPITAL ISOLATION BASED ON RISK ASSESSMENT GRID
19-02-2020

#### DEFINITION FOR DAY OF STARTING ISOLATION:

Day of isolation to be counted from the day of arrival in Kerala or day of last contact with persons from countries with reported ongoing transmission of nCoV virus which ever is later.

#### Risk categories\*:

#### High Risk:

- 1. Contact with a confirmed case of nCoV respiratory disease
- 2. Traveller who visited a hospital where nCoV cases are being treated
- 3. Traveller from the exact province where ongoing nCoV cases detected and transmission is reported.
- 4. Touched body fluids of patients (respiratory tract secretions, blood, vomitus, saliva, urine, faeces)
- 5. Had direct physical contact with the body of the patient including physical examination
- 6. Touched or cleaned the linens, clothes or dishes of the patient
- 7. Close contact, within 3 feet (1 metre) of the confirmed case
- 8. Passenger of the aeroplane with a confirmed nCoV passenger: Co-passengers seated in the same row, 3 rows in front and 3 rows behind. (ref:GUIDANCE DOCUMENT FOR POEs, STATES AND UTs FOR SURVEILLANCE OF 2019-nCoV; https://mohfw.gov.in/node/4904)

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#### Low Risk:

Shared the same space (same classroom/same room for work or similar and not having high exposure to the confirmed/suspected case)
 Travel in the same environment (bus/train/flight) but not having high risk exposure as cited above

Sl no	CATEGORY	REMARKS	DISCHARGE CRITERIA
1	CONFIRMED nCoV CASES	Irrespective of last test result	28 Days of isolation from 1st day of hospitalisation. Or 14 days from last negative result which ever is later.
2a	RETURNED FROM WUHAN	Symptomatic or asymptomatic-test positive	28 Days of isolation from 1st day of hospitalisation. Or 14 days from last negative result which ever is later.
2b	RETURNED FROM WUHAN	LOW RISK -asymptomatic, Test negative	Release after 14 days of initiation of isolation
2c	RETURNED FROM WUHAN	LOW RISK Symptomatic-Test Negative.	Release after 14 days of initiation of isolation
2d	RETURNED FROM WUHAN	HIGH RISK-irrespective of test result	28 days of strict home isolation.
3a	RETURNED FROM CHINA	Symptomatic or asymptomatic-test positive	28 Days of isolation from 1st day of hospitalisation. Or 14 days from last negative result which ever is later.
3b	RETURNED FROM CHINA	LOW RISK -asymptomatic	Release after 14 days of initiation of isolation.
3с	RETURNED FROM CHINA	LOW RISK Symptomatic-Test Negative.	Release after 14 days of initiation of isolation
3d	RETURNED FROM CHINA	HIGH RISK	28 days of strict home isolation.

Sl no	CATEGORY	REMARKS	DISCHARGE CRITERIA
4a	PRIMARY CONTACTS OF CONFIRMED CASE	Symptomatic or asymptomatic-test positive	28 Days of isolation from 1st day of hospitalisation. Or 14 days from last negative result which ever is later.
4b	PRIMARY CONTACTS OF CONFIRMED CASE	Symptomatic or asymptomatic- negative test	28 Days of strict home isolation
5.a	SECONDARY CONTACTS	If symptomatic and if test is positive-	28 Days of isolation from 1st day of hospitalisation. Or 14 days from last negative result which ever is later.
5.b	SECONDARY CONTACTS	If symptomatic and if test is negative-	Release after 14 days of initiation of isolation
5.c	SECONDARY CONTACTS	If asymptomatic no testing required	Release after 14 days of initiation of isolation
6.a	RETURNED FROM SINGAPORE, MALAYSIA, THAILAND, HONG KONG, VIETNAM, TAIWAN, JAPAN, SOUTH KOREA	HIGH RISK*	28 Days of strict home isolation
6.b	RETURNED FROM SINGAPORE, MALAYSIA, THAILAND, HONG KONG, VIETNAM, TAIWAN, JAPAN, SOUTH KOREA	LOW RISK*	NO ISOLATION
7.a	RETURNED FROM USA, FRANCE, GERMANY, UK	HIGH RISK*	28 Days of strict home isolation
7.b	RETURNED FROM USA, FRANCE, GERMANY, UK	LOW RISK*	NO ISOLATION
8.a	OTHER COUNTRIES	HIGH RISK*	Release after 28 days of initiation of isolation

Sl no	CATEGORY	REMARKS	DISCHARGE CRITERIA
8.b	OTHER COUNTRIES	LOW RISK*	NO ISOLATION
9.a	Local Contacts of people coming from countries with reported ongoing transmission	If symptomatic and test positive-	28 Days of isolation from 1st day of hospitalisation. Or 14 days from last negative result which ever is later.
9b	Local Contacts of people coming from countries with reported ongoing transmission	If symptomatic and test negative-	Avoid non-essential travel, large community/social contact, Self reporting in case of onset of respiratory symptoms.
9c	Local Contacts of people coming from countries with reported ongoing transmission	If asymptomatic	Avoid non-essential travel, large community/social contact, Self reporting in case of onset of respiratory symptoms.
10.a	HEALTH CARE PROVIDER HAVING CONTACT WITH A CONFIRMED CASE	If symptomatic and test is positive	28 Days of isolation from1st day of hospitalisation .
10.b	HEALTH CARE PROVIDER HAVING CONTACT WITH A CONFIRMED CASE	If symptomatic and test is negative	Release after 14 days of initiation of isolation

Sl no	CATEGORY	REMARKS	DISCHARGE CRITERIA	
10.c	HEALTH CARE PROVIDER HAVING CONTACT WITH A CONFIRMED CASE	Asymptomatic-no testing required	No isolation	-

#### Foot Note:

- Isolation period of all members of a family will end on the same day as that of the person for whom the isolation was initiated.
   Decision on other case scenarios may be taken by the institutional medical boards at designated nodal centres based on risk assessment.

PRINCIPAL SECRETARY

Government of India

Ministry of Home affairs

(Disaster Management Diarson)

Annexure 6

3rd Floor, NDCC-II Building, Jai Singh Road, New Delhi-110001 Dated 11" March, 2020

#### ORDER

In exercise of the powers conferred under Section 69 of the Disaster Management Act, 2005. Union Home Secretary being Chairman of the National Executive Committee (NEC) hereby delegates its power under clauses (i) and (l) of sub-section (2) of Section 10 of the Disaster Management Act, 2005 to Secretary. Ministry of Health and Family Welfare, Government of India to enhance the preparedness and containment of novel Coronavirus (COVID-19) and the other ancillary matters connected thereto. This order shall be deemed to have come into effect from 17<sup>FI</sup> January, 2020.

(Sanjeev Kumar Jindal)

Joint Secretary to the Government of India

Tele 011-23438096

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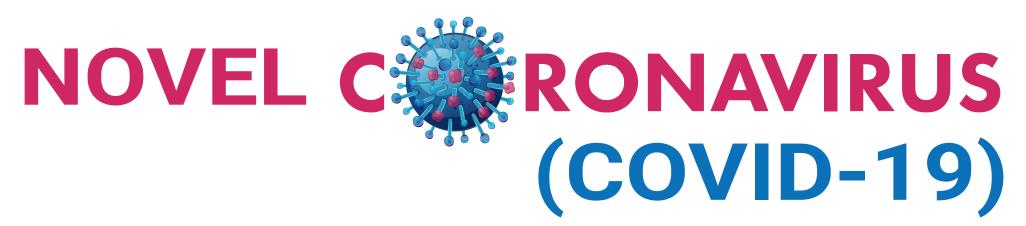
The Secretary, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi.

#### Copy lo:

- I. All members of NEC
- it. PPS to HS,MHA









# Protect yourself and others! Follow these Do's and Don'ts

Do's @



Practice frequent hand washing. Wash hands with soap and water or use alcohol based hand rub. Wash hands even if they are visibly clean



Cover your nose and mouth with handkerchief/tissue while sneezing and coughing



Throw used tissues into closed bins immediately after use



See a doctor if you feel unwell (fever, difficult breathing and cough). While visiting doctor wear a mask/cloth to cover your mouth and nose



If you have these signs/symptoms please call State helpline number or Ministry of Health & Family Welfare's 24X7 helpline at 011-23978046



**Avoid participating** in large gatherings



Have a close contact with anyone, if you're experiencing cough and fever



Touch your eyes, nose and mouth



Spit in public

# Together we can fight Coronavirus

For further information:

Call at Ministry of Health, Govt. of India's 24X7 control room number +91-11-2397 8046

Email at ncov2019@gmail.com





(COVID-19)

When to wear a Mask?



Only wear a mask if

- You have symptoms (Cough, fever or difficulty in breathing)
  - You are caring for a COVID-19 suspect/confirmed patient
- You are a health-worker attending to patients with respiratory symptoms

### While wearing a mask, make sure you:



Unfold the pleats of the mask; make sure that they are facing down.



Change the mask after six hours or as soon as they become wet.



Place the mask over your nose, mouth and chin and ensure there are no gaps on either side of the mask, adjust to fit.



Never reuse disposable masks and dispose the used masks into closed bins after disinfecting them.



Avoid touching the mask, while using it.



Do not touch the potentially contaminated outer surface of the mask, while removing it.



Do not leave the mask hanging from the neck.



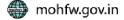
After removal of mask, clean your hands with soap and water or use alcohol-based hand rub disinfectant.

Together we can fight COVID-19!

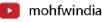
For further information call Ministry of Health & Family Welfare, Government of India's 24X7 control room number

1075 (Toll Free) 011-23978046

Email at ncov2019@gmail.com









# **NOVEL C** RONAVIRUS



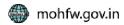




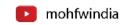
- You are not required to get tested for COVID-19 if you do not have any symptoms (Cough, fever or difficulty in breathing)
- If you have any of the above symptoms and have travelled to any of the COVID-19 affected countries including Italy, Iran, Republic of Korea, France, Spain, Germany, UAE etc or you are a contact of a laboratory confirmed positive case immediately call the State Helpline Number or Ministry of Health & Family Welfare, Government of India's **24x7 helpline 011-2397 8046**
- The helpline service will note down your contact details and contact you with the testing protocols of COVID-19
- If you qualify as a case for testing as per the protocol, you will be tested at a **Government approved lab only**.
  - List of Government approved labs is available at https://www.icmr.nic.in/
  - Currently, no private hospital/private laboratory is authorized to test for COVID-19

## Together we can fight Coronavirus

For further information call Ministry of Health & Family Welfare, Government of India's 24X7 control room number +91-11-23978046 or email at ncov2019@gmail.com







#### Ministry of Health and Family Welfare Directorate General of Health Services [Emergency Medical Relief]

#### **Novel Coronavirus Disease (COVID-19)**

#### Guidelines on use of masks by public

#### 1. Introduction

A new disease named novel coronavirus (COVID-19) emerged in early December 2019 in China and has now spread to over 90 countries. As on 9<sup>th</sup> March 2020, India has reported 42 cases mostly among those who had travelled from affected countries. It causes a minor illness in majority of patients with symptoms of fever and or cough. A small proportion of such persons may progress to severe disease with difficulty in breathing.

It is spread by an infected person with COVID coughing and the droplets from his cough infecting others in close vicinity (less than 1 metre).

Any such new disease invariably related to cough leads to suggestions from various quarters, especially in social media, to use mask by general public to prevent the disease.

#### 2. Purpose of this document

The purpose of this document is to give correct evidence based information to general public on use of mask.

#### 3. Medical masks

Medical masks of different size and shapes are available in the market. The common ones are flat pleated masks of woven fabric which covers the nose and mouth and affixed behind the head with straps/ elastic fasteners. There are also conical or duck bill shaped masks with valves (or without valves) that fit in the contour of face over the nose and mouth, but are costlier.

#### 4. Use of masks by general public

#### 4.1. Persons having no symptoms are not to use mask

Medical masks should not be used by healthy persons who are not having any symptoms because it create a false sense of security that can lead to neglecting other essential measures such as washing of hands.

Further, there is no scientific evidence to show health benefit of using masks for non-sick persons in the community. In fact erroneous use of masks or continuous use of a disposable mask for longer than 6 hours or repeated use of same mask may actually increase risk of getting an infection. It also incurs unnecessary cost.

In such situation, more effective steps are:

- i. Wash hands frequently with soap and water for 40 seconds. An alcohol based hand sanitizer with 70% alcohol must be used for 20 seconds. If hands are dirty or soiled, do not use alcohol based hand sanitizer, but wash hands preferably with soap and water.
- ii. While coughing or sneezing cover nose and mouth with handkerchief, paper tissue. If handkerchief or tissue paper is not available cough into the flexed elbow. Dispose of tissue immediately after use and wash hands.
- iii. Refrain from touching face, mouth, nose and eyes.
- iv. Stay at least a metre away from those coughing or sneezing.
- v. Monitor your body temperature.

#### 4.2. When and who should use medical masks (apart from health care worker).

4.2.1. When a person develops cough or fever.

Use of medical three layer masks when ill, will prevent your infection from spreading to others. However you also need to wash your hands frequently to avoid spreading infection to others.

- 4.2.2. While visiting a healthcare facility.
- 4.2.3. When you are caring for an ill person.
- 4.2.4. Close family contacts of such suspect/confirmed cases undergoing home care should also use Triple layer medical mask.

#### 4.3. Duration for which a medical mask will remain effective

A medical mask, if properly worn, will be effective for 8 hours. If it gets wet in between, it needs to be changed immediately.

#### 4.4. Correct procedure of wearing triple layer mask

While wearing a medical mask, the steps given below needs to be followed. If you do not follow them, you may get infected from the mask itself. These steps are:

- Unfold the pleats; make sure that they are facing down.
- Place over nose, mouth and chin.
- Fit flexible nose piece (a metallic strip that can easily be located) over nosebridge.

- Secure with tie strings (upper string to be tied on top of head above the ears lower string at the back of the neck.)
- Ensure there are no gaps on either side of the mask, adjust to fit.
- While in use, avoid touching the mask.
- Do not let the mask hanging from the neck.
- Change the mask after six hours or as soon as they become wet.
- Disposable masks are never to be reused and should be disposed off.
- While removing the mask great care must be taken not to touch the potentially contaminated outer surface of the mask
- To remove mask first untie the string below and then the string above and handle the mask using the upper strings.

#### 4.5. Disposal of used masks

Used mask should be considered as potentially infected. Masks used by patients / care givers/ close contacts during home care should be disinfected using ordinary bleach solution (5%) or sodium hypochlorite solution (1%) and then disposed of either by burning or deep burial.

REGD. NO. D. L.-33004/99



सी.जी.-डी.एल.-अ.-13032020-218645 CG-DL-E-13032020-218645

#### वसाधारण EXTRAORDINARY

भाग II—खण्ड 3—उप-खण्ड (ii) PART II—Section 3—Sub-section (ii)

प्राधिकार से प्रकाशित PUBLISHED BY AUTHORITY

सं. 980]

नई दिल्ली, शुक्रवार, मार्च 13, 2020/फाल्गुन 23, 1941

No. 980]

NEW DELHI, FRIDAY, MARCH 13, 2020/PHALGUNA 23, 1941

#### उपभोक्ता मामले, खाद्य और सार्वजनिक वितरण मंत्रालय

#### (उपमोक्ता मामले विमाग)

#### अधिसूचना

नई दिल्ली, 13 मार्च, 2020

का.बा. 1087(अ).—केन्द्र सरकार, आवश्यक वस्तु अधिनियम, 1955 (1955 का 10) की धारा 2क की उप-धारा (2) द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, मास्क (2 प्लाई एवं 3 प्लाई सर्जिकल मास्क, एन95 मास्क) और हैंड सैनिटाइजर के उत्पादन, गुणवत्ता, वितरण, लॉजिस्टिक्स (कोविड 19 प्रबंधन के लिए) को विनियमित करने के लिए निम्नलिखित आदेश बनाती है, अर्थातु:—

- 1. (1) इस आदेश को आवश्यक वस्तु आदेश, 2020 कहा जाएगा।
  - (2) यह शासकीय राजपत्र में इसके प्रकाशन की तारीख से प्रवृत्त होगा।
- 2. आवश्यक वस्तु अधिनियम, 1955 में, अनुसूची में, क्रम संख्या (7) के पश्चात् निम्नलिखित मद को जोड़ा जाएगा, नामतः—
  - "(8) मास्क (2 प्लाई एवं 3 प्लाई सर्जिकल मास्क, एन95 मास्क) और हैंड सैनिटाइजर"।
- 3. यह अधिसूचना शासकीय राजपत्र में इसके प्रकाशन की तारीख से दिनांक 30 जून, 2020 की अवधि तक प्रवृत्त रहेगी।

[फा. सं. एस-26(1)/2020-ईसीआरएंडई] अवधेश कुमार चौधरी, आर्थिक सलाहकार

1435 GI/2020

(1)

#### MINISTRY OF CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION

#### (Department of Consumer Affairs)

#### **NOTIFICATION**

New Delhi, the 13th March, 2020

- S.O. 1087(E).—In exercise of the powers conferred by sub-section (2) of section 2A, of the Essential Commodities Act, 1955 (10 of 1955), the Central Government, hereby makes the following Order, to regulate the production, quality, distribution, logistics of masks (2ply & 3ply surgical masks, N95 masks) & hand sanitizers (for COVID 19 management) namely:—
- 1. (1) This order may be called the Essential Commodities Order, 2020.
  - (2) It shall come into force from the date of its publication in the Official Gazette.
- 2. In the Essential Commodities Act, 1955, in the Schedule, after serial No. (7), the following item shall be added, namely:—
  - "(8) masks (2ply & 3ply surgical masks, N95 masks) & hand sanitizers".
- 3. This Notification shall remain in force for a period up to 30<sup>th</sup> June, 2020 from the date of its publication in the Official Gazette.

[F. No. 26(1)/2020-ECR&E]

A. K. CHOUDHARY, Economic Adviser

# Government of India Ministry of Health & Family Welfare Directorate General of Health Services (EMR Division)

#### **Guidelines for home quarantine**

#### Scope

Detection of a travel related/unrelated suspect case of novel Coronavirus Disease (COVID-19) will be followed by rapid isolation of such cases in designated health facilities and line listing of all contacts of such cases. Home quarantine is applicable to all such contacts of a suspect or confirmed case of COVID-19.

This intervention will be limited to the initial phase of India reporting only (i) travel related cases and (ii) focal clusters arising from a travel related/unrelated case where cluster containment strategy is adopted (iii) Persons coming from COVID-19 affected areas where local and community transmission is evident.

#### **Definition of contact**

A contact is defined as ahealthyperson that has been in such association with aninfected person or a contaminated environment as to have exposed and is therefore at a higher risk of developing disease.

A contact in the context of COVID-19 is:

- A person living in the same household as a COVID-19 case;
- A person having had direct physical contact with a COVID-19 case or his/her infectious secretions without recommended personal protective equipment (PPE) or with a possible breach of PPE
- A person who was in a closed environment or had face to face contact with a COVID-19 case at a distance of within1metre including air travel;

The epidemiological link may have occurred within a 14-day period before the onset of illness in the case under consideration.

#### **Instructions for contacts being home quarantined**

The home quarantined person should:

Stay in a well-ventilated single-room preferably with an attached/separate toilet. If another family member needs to stay in the same room, it's advisable to maintain a distance of at least 1 meter between the two.

• Needs to stay away from elderly people, pregnant women, children and persons with co-morbidities within the household.

- Restrict his/her movement within the house.
- Under no circumstances attend any social/religious gathering e.g. wedding, condolences, etc.

He should also follow the under mentioned public health measures at all times:

- Wash hand as often thoroughly with soap and water or with alcohol-based hand sanitizer
- Avoid sharing household items e.g. dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people at home.
- Wear a surgical mask at all the time. The mask should be changed every 6-8 hours and disposedoff. Disposable masks are never to be reused.
- Masks used by patients / care givers/ close contacts during home care should be disinfected using ordinary bleach solution (5%) or sodium hypochlorite solution (1%) and then disposed of either by burning or deep burial.
- Used mask should be considered as potentially infected.
- If symptoms appear (cough/fever/difficulty in breathing), he/she should immediately inform the nearest health centre or call 011-23978046.

#### Instructions for the family members of persons being home quarantined

- Only an assigned family member should be tasked with taking care of the such person
- Avoid shaking the soiled linen or direct contact with skin
- Use disposable gloves when cleaning the surfaces or handling soiled linen
- Wash hands after removing gloves
- Visitors should not be allowed
- In case the person being quarantined becomes symptomatic, all his close contacts will be home quarantined (for 14 days) and followed up for an additional 14days or till the report of such case turns out negative on lab testing

#### **Environmental sanitation**

- a) Clean and disinfect frequently touched surfaces in the quarantined person's room (e.g. bed frames, tables etc.) daily with 1% Sodium Hypochlorite Solution.
- b) Clean and disinfect toilet surfaces daily with regular household bleach solution/phenolic disinfectants
- c) Clean the clothes and other linen used by the person separately using common household detergent and dry.

#### **Duration of home quarantine**

a) The home quarantine period is for 14 days from contact with a confirmed case or earlier if a suspect case (of whom the index person is a contact) turns out negative on laboratory testing

#### F. No. Z.28015/30/2020-EMR (Pt 1)

#### Government of India

Ministry of Health and Family Welfare

Nirman Bhawan, New Delhi Dated 12<sup>th</sup> March, 2020

#### **OFFICE MEMORANDUM**

Subject: Establishment of Quarantine Centres for housing personnel with potential exposure to COVID-19

In the context of increasing number of countries reporting Novel Coronavirus Disease (COVID-19), it has been decided to quarantine Nationals coming from those countries which are reporting large number of cases and deaths. The travel advisory issued on 11.3.2020 advocates that "incoming travelers (including Indian Nationals) arriving from or having visited China, Italy, Iran, Republic of Korea, France, Spain and Germany after 15.2.2020 shall be quarantined for a minimum period of 14 days (coming into effect from 13.2.2020 at the port of departure)". This list may expand as per the decision taken from time to time.

Hence, States need to identify quarantine facilities that can house 500 to 2000 people or more in the vicinity of 30 airports listed at Annexure-I as per the expected traffic of international passengers in these airports. Such facilities should fulfill the following:

- Preferably, it should be located in the outskirts of city areas away from human habitations.
- There should be access control to the facility monitored by security and/ or CCTV.
- Such facility should be well ventilated (without ducted air conditioning) and should have adequate scope for natural lighting.
- Such facility should have functional requirements of individual rooms or dormitory settings of accommodating 5 to 10 beds at 1-2 meters apart with separate washroom facility.
- While planning the facility, space for an administration unit, a clinical examination room/medical station, catering facilities, laundry services and waste management need to be considered. The facility should have access to landline and internet services.
- Required human resources for all the services as mentioned above i.e. doctors, psychiatrists/ psychologists and public health specialists, nurses, administrative staff, catering staff, sanitary staff etc. should be identified.

- For smooth administrative functioning an administrator should be identified as the nodal
  officer for each quarantine centre, who will directly report to District Collector/MD,
  NHM/Principal Secretary (H). The name and contact details of such nodal officer will be
  shared with the State and Central focal points and APHOs.
- All such staff needs to be oriented on COVID-19 and on Infection Prevention and Control Practices including use of PPE kits, masks, gloves etc.
- Information Education Communication materials should be displayed.
- Dedicated ambulance services should be available on round the clock basis.
- The referral hospital for transferring suspect cases should also be identified.
- The financial requirements to manage the quarantine center will be tied up with MD, NHM of the concerned States.

• A checklist for setting up the quarantine center is attached.

(Lav Agarwal)

Joint Secretary to Govt. of India Tel: 011-23061195

To,

i. Additional Chief Secretaries/Principal Secretaries (Health) of all States/UTs

#### Annexure I

## List of cities with airports where universal screening of International passengers is being carried out

- 1. Kolkata
- 2. Mumbai
- 3. Delhi
- 4. Bangalore
- 5. Hyderabad
- 6. Chennai
- 7. Cochin
- 8. Ahmedabad
- 9. Amritsar
- 10. Coimbatore
- 11. Guwahati
- 12. Gaya
- 13. Bagdogra
- 14. Jaipur
- 15. Lucknow
- 16. Trivandrum
- 17. Trichy
- 18. Varanasi
- 19. Vishkhapatanam
- 20. Bhubaneshwar
- 21. Goa
- 22. Calicut
- 23. Mangalore
- 24. Chandigarh
- 25. Indore
- 26. Madurai
- 27. Kannur
- 28. Nagpur
- 29. Surat
- 30. Pune



# **CHECKLIST FOR ESTABLISHING A QUARANTINE CENTER**

I.	Basic Information:		
	1) Name of the Quarantine Centre:		n, v
	2) Address:		
			in a
		1	
	3) Officer In charge:		
- 1	4) Email address:		- 1
	5) Phone Number:		
	6) GPS Coordinates:		
II.	Location of quarantine centre		*
7			
	7) Located away from the residential area? Yes No		
10 N N	8) Distance to nearby residential area?		
	9) Away from an area whose gathering expected (Ex. Temples, sta	-11	
	Yes No	idiums, C	hurches etc):
III.	Accessibility to the quarantine centre:	¥	
	<ul><li>10) How far is it from the nearby airport?</li><li>11) How far is from the nearest railway station?</li></ul>		
	12) How far is the nearest bus station?		
	13) Is the road to quaranting agents in the first transfer in the second to the second to the second transfer in t		
10	13) Is the road to quarantine centre is free from heavy traffic?		
	14) Is the road to quarantine centre is wide enough to have two veh	icles at a t	ime?
	15) How far is the nearest tertiary care centre?		
ere de	16) How far is the nearest District Hospital?		
V.	Facilities & basis amounts		
	Facilities & basic amenities at quarantine facility:		
	17) How many floors are there in the quarantine building?	4	
	18) How many rooms available at the quarantine facility?		
	19) How many numbers of beds in each room at quarantine facility?	i	
	20) What is the distance between beds in the quarantine room?		
	21) Is there is 24*7 supply of electricity at the facility? Yes	Γ No	
	22) Is there 24*7 supply of water at the facility? Yes No		
	23) Is there air conditioning qualishing Yes No		

	24) If yes, it is by centralised AC or individual air conditioning in each room?  i. If individual AC? a: Split b: Window
	25) Does window space covers at least 10% of total area? Yes No
	26) How many windows in each room?
	i. If Yes, how much air exchange rate expressed in cubic feet per minute (CFM)?
	28) Is there drainage facility available in each floor?? Yes  29) Is there any separate sewage line from Quarantine areas?
	<ul> <li>30) Are there separate exit &amp; entry points?</li> <li>31) Is there availability of 24*7 security services at the quarantine area?</li> <li>32) Is there any separate door for entry of non-health professionals for housekeeping, catering?</li> </ul>
2	TYes No
	33) Is there any separate washroom facility for each room at the facility?
	Γ Yes Γ No
	34) If not, how many wash rooms per person/area?
	35) Are the floors washable & easily dried?
	36) Is the floor mappable? Yes NO 37) Is there any in-house mess facility available at quarantine area?
	38) Is there any separate room/ resting facility for?
	i. Doctors ii. Nurses
	iii. Paramedics
	iv. Cleaning staffs
V. Li	nen management
	39) What is the Frequency of changing linen in Quarantine rooms?
	40) Whether disposable of Linen used? Yes No i. If No then, How they are disinfecting & cleaning linen?
8 g	ii. How frequently linens changed?
	41) Is there any curtains available in the quarantine rooms/wards?  i. If yes frequency of changing them?  ii. frequency of disinfecting & cleaning?  42) Is there any policy for disinfecting mattress at quarantine facility?
	Yes No
	43) Is there any written policy for disinfecting beds at quarantine centres?
	T Yes T No
21 2	

44) If yes, please verify policy and elaborate /

AC) In these adequate comple	available at the quarantine fac	C Voc C
46) is there adequate supply	of disinfectants at the centre?	Yes
47) Are the staffs in the faci	lity trained in wearing PPE?	4 .
48) Is there a separate area f	or donning & doffing PPE?	☐ Yes ☐ No
49) Is there hand washing fa	cility with soap with dispense	r / hand sanitizer
donning & doffing areas	<b>3?</b>	
Yes No		
	d rub dispensers are available?	(select all applica
i. Pocket bottle ii. Bottle affixed t	to trolley/tray	
iii. Bottle affixed		
iv. Wall dispenser		
v. Dispenser loca	ted on bedside table/trolley	
51) Whether all staff has acc	cess to hand rub dispensers??	☐ Yes
52) Are hand rub dispensers		
i. Always		
ii. Intermittently		
iii. Rarely iv. Never		
v. Not applicable		
53) Are posters illustrating	handwash technique displayed	beside each sink?
☐ Yes ☐ No		
	leaching solution of different	strength available?
% of hypochlorite solution	MDG	
	YES	NO
<b>∤</b>		
1%		
		į.
1% 5%		

57) Are the staffs trained in infection control practices?

┌ No

Yes

	58) Is there a structured curriculum / training module for infection Control Fractices:
1	T Yes T No
	59) What is the Frequency of cleaning of
	i. floors of quarantine rooms/wards
	ii. Bathrooms
	iii. Ambulatory areas
2 4	iv. Resting rooms
	v. What is the Frequency of cleaning high touch surfaces like door knobs, be
s = " s *_ s	rails etc?
	60) Is there any separate sample collection area?  (61) Is there are separate sample collection area?  (62) Is the residual separate sample collection area?
	61) Is there is separate thermometer & BP apparatus available at the quarantine centre?
	⊤Yes
* **	62) Are there colour coded bags available for BMW management?
	Yes No
	63) Is the waste being segregated and disposed as per protocol?
	64) Are the sharps being disposed as per protocol? Yes No
	65) How the food waste is being disposed?
VII.	Recreational facilities
	COLUMN TO THE PART OF THE PART
	66) Is there provision for mobile phone or internet at the facility?
	67) Are the mobiles phone disinfected?
	i. If Yes how
	ii. How frequently
	68) Is there any recreational room / area available? Yes No
	69) Is there any provision for Television or Radio at the quarantine facility?
	□ Yes □ No
	70) Is there a provision of printed reading materials at the facility?
	i. If Yes how the materials are disposed off?
X78YY	
VIII.	Human resources & logistics
	71) Is there a dedicated Infection nurse for the quarantine facility to monitor IPC
	activities?
	72) Is there is rotational shift for doctors/nurses/paramedics?
	i. If Yes, how many shifts? ii. Doctors in each shift
	ii. Doctors in each shift iii. Nurses in each shift
	iv. Cleaning staffs in each shift
	73) Is there any pulmonologists/physician available when it is needed?
	T Yes No
i ja e	74) Is there a phlebotomist/ lab technician available when it is needed?

	⊤ Yes
	75) Is there any availability of clinical psychologist in quarantine facility?
	T Yes T No
IX.	SOP & policies
	76) Are there any guidelines/ in-house SOP for infection control practices?
	TYes TNo
	77) Is there any protocol for limiting the visitors to quarantine area? Yes No
	Y// is there this pretered to the state of t
	78) Is there any written policy for the recreational area?? Yes No 79) Biomedical waste management guidelines 2016 & amendments 2019 available?
	Γ Yes Γ No
	80) Does the quarantine health facility in charge aware of National IPC guidelines for healthcare facilities 2020?  Yes No
	81) Is there any linen policy available? Yes No
· •	82) Is there any SOP for working of doesors, hurses & parameters at quarantine rating
	☐ Yes ☐ No
	83) Is there any protocol for distnfecting ambulance after transporting patient to isolatio centre?
	84) Is there any policy for monitoring health of staffs at quarantine area?
	85) Is there enough tEC displayed at the quarantine sentre?
new y	The Design to Legistian agentre
X.	Transporting Patients to Isolation centre  86) Is there any protocol for transfer of patients to tertiary care/transfer of symptomatic
	cases to isolation centre?
	87) Is there separate ambulance available for transporting patients to isolation centre?
	TYes No
	88) Are the ambulance staff trained in wearing PPE & infection control practices? 89) How far is the Isolation facility from the quarantine centre



संख्या/No.SCR/P-HQ/478/Covid-19

प्रधान कार्यालय/Headquarters office, कार्मिक विभाग/Personnel Dept., रेल निलयम/Rail Nilayam, चौथी मंजिल/4<sup>th</sup> Floor, सिकंदराबाद/Secunderabad:500071

दिनांक/Date: 16.03.2020

All DRMs/CWMs

Sub: Covid-19

The division wise information as per Annexure, regarding Quarantine facility for Corona virus patients at SCR, has been conveyed to Railway Board. The data was provided by Sr.DPOs/WPOs and mainly pertain to Railway Institutes besides some Training facilities.

Each Division should be ready with an Action Plan which can be put in operation immediately in case of any unfortunate development.

While deciding the location it was visualized that beds, mattresses, linen, pillows, blankets etc would be either hired from market or procured so that these may also be used for augmenting temporary training facilities from time to time.

The divisions may set up a Committee with a gazetted officer incharge, preferably locally available, Medical officer, one Personnel Officer, Accounts officer or Section Officer, Stores representative, sectional Welfare inspector, concerned SSEs and President/Head of the Institute.

In case of use of Railway Institute facility for above purpose, the advance booking of the same for social functions would not be allowed. Concerned member need to be told for making alternate arrangement in case of emergency.

The Committee may visit the location and prepare layout for setting up of the quarantine facility, ensuring total isolation from regular activities. They should identify in advance the sources from which all the requirements would be obtained so that these can be put together in least possible time. We should be able to make the facility functional at 24 hours notice. Proper signage should be put up at the facility.

Identification of all staff to be deployed for different roles, their uniforms and identity cards, mock drill identification of vehicles, communication facilities etc should all be thought of besides anything else which is required.

Divisions may confirm action taken as above by 18<sup>th</sup> March,2020 positively.

(Rajiv Kishore)

Pr.Chief Personnel Officer

Copy to: Secy to GM for his inf pl &

Encl: As above

SrDPOs/WPOs: for inf and necessary action

### **Annexure**

# Proposed Quarantine facilities to be created over South Central Railway in Railway

Institutes/Schools/Colleges/Hostels

Railway Institute/Rajahmundry	SI	Division	NAME OF RAILWAY INSTITUTE		No of Beds
Railway Institute/Eluru			Railway Institute/Rajahmundry		10
Railway Institute/Eluru			Railway Institute/Kakinada		20
Railway Institute/Tenali				20	10
BZA					6
Railway Institute/Bitragunta   20	1	B7A	\$ - · · · · · · · · · · · · · · · · · ·		15
Railway Institute/Bhimavaram   8	_				20
Railway Institute/Satyanarayanapuram					
Railway Institute/Guntakal   50				ram	20
Railway Institute/Guntakal   50			Manway mistruce, sacyanarayanapa		
Railway Institute/Gooty   30			Railway Institute/Guntakal	10141	
Railway Institute/Kadapa   S0		_			
Railway Institute/Nandalur   30	1	~			
2         GTL         Railway Institute/Renigunta         30           Railway Institute/Pakala         30           Railway Institute/Pakala         30           Railway Institute/Dhone         30           Total         280           Railway Institute/Dhone         30           Railway Institute/Pakanagundam         20           Railway Institute/Ramagundam         20           Railway Institute/Bellampally         30           Railway Institute/Bellampally         30           Railway Institute/Donnakal         20           Railway Institute/Donnakal         20           Railway Institute/Kazipet Genl         40           Railway Institute/Kazipet Diesel         40           Boiguda Hostel         27           Total         257           Railway Institute/Guntur         40           Railway Institute/Nandyal         25           Railway Institute/Nandyal         25           Railway Institute/Donakonda         20           Total         125           Railway Institute/Purna         15           Old KV building/Nanded         100           Total         130           Railway Institute/South         30 <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
Railway Institute/Pakala   30	2	GTI			····
Railway Institute/Raichur   30	_	O,L			···-
Railway Institute/Dhone   30   Total   280		•	} · · · · · · · · · · · · · · · · · · ·		
Railway Institute/Vikarabad   10			<del></del>		
Railway Institute/Vikarabad   10			Railway institute/Dilone	Total	· · · · · · · · · · · · · · · · · · ·
Railway Institute/Ramagundam   20			Pailway Institute Wikarahad	TOLAI	
Railway Institute/Bellampally   30	_				0000000
Railway Institute/Dornakal   20					
SC   Badrachalam Road   10					
SC					
RJC/Tarnaka (18.3.20)   60	2	5.0			10
Railway Institute/Kazipet Genl   A0	3	SC.			
Railway Institute/Kazipet Diesel   40					
Boiguda Hostel   27					100000
Railway Institute/Guntur   40					
4       Anilway Institute/Guntur       40         Railway Institute/Nalgonda       40         Railway Institute/Nandyal       25         Railway Institute/Donakonda       20         5       Total       125         Railway Institute/Jalna       15         Railway Institute/Purna       15         Old KV building/Nanded       100         6       HYB       Railway Institute/Moulaali       30         Railway Institute/South Lallaguda       20         Total       50         7       WPO/TPYS       Railway Institute/Tirupathi WS       40         8       WPO/LGDS       North Lallaguda       8         9       WPO/GTPL       Railway Institute/Rayanapadu WS       20			Bolguda Hostel		
4       GNT       Railway Institute/Nalgonda       40         Railway Institute/Nandyal       25         Railway Institute/Donakonda       20         5       Railway Institute/Donakonda       125         6       Railway Institute/Jalna       15         Railway Institute/Purna       15         Old KV building/Nanded       100         6       HYB       Railway Institute/Moulaali       30         Railway Institute/South Lallaguda       20         Total       50         7       WPO/TPYS       Railway Institute/Tirupathi WS       40         Railway Institute       8         WPO/LGDS       North Lallaguda       8         9       WPO/GTPL       Railway Institute/Rayanapadu WS       20				Total	
4         GNT         Railway Institute/Nandyal         25           Railway Institute/Donakonda         20           5         NED         Railway Institute/Jalna         15           Railway Institute/Purna         15           Old KV building/Nanded         100           6         HYB         Railway Institute/Moulaali         30           Railway Institute/South Lallaguda         20           Total         50           7         WPO/TPYS         Railway Institute/Tirupathi WS         40           8         WPO/LGDS         North Lallaguda         8           9         WPO/GTPL         Railway Institute/Rayanapadu WS         20					
Railway Institute/Donakonda   20     Total   125					
Total         125           NED         Railway Institute/Jalna         15           Railway Institute/Purna         15           Old KV building/Nanded         100           Total         130           Railway Institute/Moulaali         30           Railway Institute/South Lallaguda         20           Total         50           7         WPO/TPYS         Railway Institute/Tirupathi WS         40           Railway Institute         8           WPO/LGDS         North Lallaguda         8           9         WPO/GTPL         Railway Institute/Rayanapadu WS         20	4	GNT			
5       NED       Railway Institute/Jalna Railway Institute/Purna       15         Old KV building/Nanded       100         6       HYB       Railway Institute/Moulaali 30         Railway Institute/South Lallaguda       20         Total       50         7       WPO/TPYS       Railway Institute/Tirupathi WS       40         Railway Institute       8         WPO/LGDS       North Lallaguda       8         9       WPO/GTPL       Railway Institute/Rayanapadu WS       20			Railway Institute/Donakonda		
5         NED         Railway Institute/Purna				Total	
Old KV building/Nanded 100  Total 130  Railway Institute/Moulaali 30  Railway Institute/ South Lallaguda 20  Total 50  WPO/TPYS Railway Institute/Tirupathi WS 40  Railway Institute  8 WPO/LGDS North Lallaguda 8  9 WPO/GTPL Railway Institute/Rayanapadu WS 20		2			
Old KV building/Nanded   100     Total   130	5	NED			
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8     WPO/LGDS     North Lallaguda     8       9     WPO/GTPL     Railway Institute/Rayanapadu WS     20	7	WPO/TPYS			40
9 WPO/GTPL Railway Institute/Rayanapadu WS 20			1		
	8				
SCR 1019	9	WPO/GTPL	Railway Institute/Rayanapadu WS		
	2			SCR	1019

<sup>\*\*</sup> Beds/Cots, mattresses, sheets, blankets etc shall be procured, hired The quarantine facilities are proposed to be set up at available Railway Institutes, Schools, Colleges, hostels and Holiday homes

CC

# दक्षिण मध्य रेलवे SOUTH CENTRAL RAILWAY

मुख्यचिकित्सानिदेशकके कार्यालय रेलनिलयम, सिकंदराबाद Office of the Pr. Chief Medical Director Rail Nilayam, Secunderabad दिनांकDate: 19.03.2020

सं.No.एमडिMD/90/FW/Corona

MD/CH/LGD CMSs/SC, HYB, BZA, GTL, GNT & NED

> विषय/Sub: Prevention/spreading of Corona virus (COVID-19) infection- reg. संदर्भ/Ref: Railway Board's Lr.No.2015/H-1/7/3 dated 04.03.2020

With reference to the above Railway Board's letter, this Railway has identified the following locations for the purpose of Quarantine as approved by PCPO/SCR.

SN	NAME OF DIVISION	NUMBER OF LOCATIONS IDENTIFIED	NO. OF HOSTEL ROOMS/ HALLS	NO. OF BEDS THAT CAN BE USED FOR CORONA VIRUS PATIENTS**
1	SECUNDERABAD & HYDERABAD	6	85	335
2	NANDED	3	10	130
3	GUNTUR	2	8	125
4	TIRUPATI	1	1	40
5	GUNTAKAL	7	8	280
6	VIJAYAWADA	8	8	109
		27	120	1019

### Quarantine is defined as -

"the limitation of freedom of movement of such well persons or domestic animals exposed to communicable disease for a period of time not longer than the longest usual incubation period of the disease, in such manner as to prevent effective contact with those not so exposed".

In the above context, in case of "epidemic like" situations we need to gear up to provide all required facilities to run the Quarantine centres. These facilities may be classified as under:

- 1. Provision of appropriate resting place for residents of Quarantine centres including provision of
  - (a) cots (b) mattress (c) pillows (d) bed sheets and pillow covers (e) safe deposit lockers
  - (f) personal protective equipment
- 2. Adequate number of clean toilets.
- 3. Provision of food and potable water.4. Provision of laundry facilities.
- 5. Housekeeping facilities.
- 6. Hiring of ambulances from private sources.
- 7. Personal protective equipment like masks, gloves.
- 8. Disinfectant material, hand sanitizer.
- 9. Medical facilities.

Of the above, SI.No. 1 to 6 is to be appropriately managed by way of procuring / hiring of required material and also by outsourcing activities of kitchen, laundry, ambulance and housekeeping by putting appropriate contracts in place.

As regards medical facilities of Quarantine centres shall be manned by -

- a. Doctors on shift basis
- b. Nursing staff on shift basis
- c. Para medical staff on shift basis

Depending on number of residents in the Quarantine centres the medical staff shall be posted by the respective MD/CMSs to conduct surveillance of the residents. This ideally signifies Doctors conducting rounds twice a day. Any suspected person shall be sent to the authorised testing centre for testing Covid-19 infection and also for admission to the nearest authorised hospital, both as approved by the State Government. Such residents shall be shifted by ambulance to the testing centre / hospital authorised by the State Government.

In case of epidemic like situation where the incidence of infection becomes more high then the medical staff of Railway shall stop all the non essential/ non emergency activities and devote their time to the Quarantine centres. This shall be managed as the situation demands and as the situation develops.

The guidelines (as obtained from MOHFW website) for the equipment, housekeeping, cleaning, precautionary measures to be observed by the staff managing quarantine centres, diet plan etc., are given in the Annexures enclosed.

In case of train passengers getting sick enroute such instances shall be intimated to the nearest Railway Doctor by TTE/Station Master etc., who will attend to the passenger at the next available station. After taking due history and medical examination by the Railway doctor he / she may advise treatment and allow the passenger to continue the journey.

In case of Railway Doctor feels that the passenger needs to be detrained because of suspected covid-19 infection, the concerned station master shall arrange for shifting the passenger in a hired ambulance to the nearest Hospital of the State Government identified for Covid-19 infection. A copy of help lines numbers of different districts downloaded from hmfw.ap.gov.in, The Ministry of Health, Andhra Pradesh is enclosed for ready reckoner. In case the Railway doctor is not able to attend the passenger at the nearest available station due to any reason the concerned TTE shall detrain the passenger and the Station Master shall shift the passenger to the nearest Taluk / District hospital of State Government as mentioned above.

In case of Railway employee getting sick he / she shall be advised to contact the nearest Authorised Medical attendant who will follow the protocols for treatment of such employees after taking due history and conducting the medical examination.

As regards to screening of passengers at Railway stations it is signified that such screening is being done at Southern Railway in the states of Tamilnadu and Kerala where the State Government has taken complete responsibility of deploying manpower equipment (Thermal Scanners) and also referring those passengers who are found to be having symptoms of viral illness to appropriate places. In our case also we will be contacting the Nodal Medical authorities in Telangana, Andhra Pradesh and Maharashtra to address to the issue as the infrastructure of screening such large population and follow up is beyond the scope of Railways.

Encl: as above

(डॉ प्रसन्न कुमार /Dr. Prasanna Kumar) प्रधान मुख्य चिकित्सा निदेशक Principal Chief Medical Director

Copy for information to: Secretary to GM All PHODs All DRMs **Equipment Maintenance Protocols:** 

- Non-critical patient-care equipment (e.g., stethoscope, thermometer, blood pressure cuff and sphygmomanometer) should be dedicated to the patient, if possible.
- Any patient-care equipment that is required for use by other patients should be thoroughly cleaned and disinfected for use by other patient.
- · Avoid sharing equipment, but if unavoidable, ensure that reusable equipment is appropriately disinfected between patients.

Corridors with frequent patient transport should be well-ventilated.

- · All health staff involved in patient care should be well trained in the use of personal protective equipment (PPE)
- Enough PPE should be available in the changing room with waste disposal bins to collect used PPEs.

Housekeeping Protocols:

- Cots should be placed at least 2 metres from one another approximately 2000 sq feet area for a 10-bedded facility.
- Covered mattress and pillows with an impervious cover such as mackintosh so that it can easily be damp dusted.
- Bins lined with the appropriate colour coded plastic liner should be available in each room for disposal of Biomedical waste.
- A hand washing sink along with liquid soap and running water should be available at the entrance of each room to facilitate hand washing.

**Linen Cleaning Protocols:** 

- Linen should be changed on alternate day.
- Linen should be stripped from the bed with care taken not to shake the linen during this action. Linen should be soaked in disinfectant i.e., Hypochlorite 1:50 for 20 minutes for white clothes and coloured linen as per policy suitable high level disinfectant to be used and then sent to the laundry.

Precautions to be observed by all the staff manning Quarantine centre.

1. When you are closely examining the patient wear mask.

2. Use disposable gloves whenever necessary.

- 3. Wipe the diaphragm of your stethoscope after every ausquitation do not see patient continuously keep one minute time out for hand and stethoscope hygiene
- 4. Rub your hands with sanitizer BEFORE and AFTER examination of each patient.

5. Maintain a 2m distance while taking patient history.

6. Wash your hands thoroughly with soap and water atleast every hour

7. Avoid hand shake and touching your face unnecessarily.

8. Sanitise your hands after checking the reports and previous prescriptions brought by the patient.

9. Take history of recent travel of all patients.

10. Wash hands before entering back homes, remove dress and wash separately from remaining clothes of other members of home especially those who have elderly family members or immune compromised family members.

# **Sanitation Protocols:**

rea/ Items	Item/ Equipment	Process	Method/ procedure
ieneral cleaning	Detergent and warm water Mop Two buckets clean utility gloves Handmops	Daily mopping floors Thorough washing	<ul> <li>Scrub floors with hot water and detergent using minimal water ( Do not pour the water)</li> <li>Clean with plain water</li> <li>Allow to dry</li> <li>Hypochlorite 1% mopping can be done</li> <li>Note: recommend general cleaning procedure should be done twice a day</li> </ul>
ockers, tables, upboard, /ardrobes, enches, shelves ind cots	Damp duster warm water detergent dry duster	Damp dusting	Damp dust with warm water and detergent.
Railings	Detergent/ sanitiser- hotwater, sodium hypochlorite 1% Three small buckets/ or big bowls One with plain water One with detergent solution One for sodium hypochlorite 1%	Daily dusting	Damp dust with warm water and detergent followed by disinfection with hypochlorite
Mirrors and Glass	Warm water Detergent water/ cleaning solution damp cloth wiper	Cleaning	Using warm water and a small quantity of detergent and using a damp cloth, wipe over the mirror and surround, then using a dry lint-free cloth, buff the mirror and glass to a clean dry finish.
Sluice room stainless steel/ any other sink	Powder cleaner detergent powder wiper cloth	Cleaning	<ul> <li>Sinks are to cleaned with a power cleanser.</li> <li>First wet the sink. Sprinkle on a little power cleanser and work around the surface with a cloth, include the plughole.</li> <li>Do not use the powder cleanser on dry sink.</li> <li>After removing spillage and any stains, flush away with running water. Wipe down the surface of the sink.</li> </ul>
Mattress and pillow covers (cloth)	1 '	Washing	<ul> <li>Mattress and pillows should be covered with a reusable mattress cover.</li> <li>It should be changed for each patient and when soiled sent to the laundry according to schedule.</li> </ul>
Mattress/ pillow with rexin cover Normal/ without rexin	1%	Terminal Damp dusting and cleaning Drying in sunlight	<ul> <li>patient</li> <li>If routine mattress, dry it in bright sunlight for</li> <li>1-2 days before using for next patient</li> </ul>
Areas Toilet pot commode	Agents/ toilet cleaner / Sodium hypochlorite long handle angular t	1% / soap powder	Procedure  Inside of toilet pot/ commode  Scrub with the recommended agents and the ong handle angular brush.  Outside: clean with recommended agents; use a nylon scrubber.

# **GOVERNMENT HOSPITALS WITH ISOLATION WARDS**

Sl. No	Name of the Hospital
1	Gandhi General Hospital, Secunderabad
2	Chest and General Hospital, Hyderabad
3	Fever Hospital, Nallakunta, Hyderabad
4	MGM Hospital, Warangal
5	RIMS, Adilabad
6	Govt. General Hospital, Nizamabad
7	Govt. General Hospital, Nalgonda
8	Govt. General Hospital, Suryapet
9	Govt. General Hospital, Siddipet
10	Govt. General Hospital, Mahbubnagar
11	District Hospital, Khammam
12	District Hospital, Karimnagar

# PRIVATE HOSPITALS WITH ISOLATION FACILITIES

SI. No	Name of the Hospital
1	Care Hospital Banjara hills, Hyderabad
2	Continental Hospital, Gachi bowli, Hyderabad
3	Asian Institute of Nephrology & Urology
4	Care Hospital Hi-Tech City, Hyderabad
5	Basavatarakaram Indo Americal Cancer Hospital
6	Kamineni Academy of Medical Sciences, L.B.Nagar
7	Care Hospital, Nampally, Hyderabad
8	Apollo Hospital, Jubilee Hills, Hyderabad
9	Thumbay Hospital, Chadarghat, Hyderabad
10	Virinchi Hospital, Hyderabad
11	Star Hospital, Banjara Hills, Hyderabd
12	Medicover Hospital, Hitech, Hyderabad
13	Yashoda Hospital, Somajiguda, Hyderabad
14	Yashoda Hospital, Secunderabad
15	Yashoda Hospital, Malakpet, Hyderabad
16	KIMS Hospital, Secunderabad
17	Prathima Hospital, Kachiguda, Hyderabad
18	Mallareddy Narayana Hospital, Hyderabad
19	Sai Sanjeevani Hospital, Kothapet, Hyderabad
20	Aware Gleanegles Global Hospital, Hyderabad
21	Sunshine Hospitals, Secunderabad,
22	Rainbow Hospital, Banjara Hills, Hyderabad

# District COVID-19 Call Centers (24X7)

East Godavari       08812-222376         West Godavari       08812-222376         Krishna       9491058200         Guntur       0863-2271492         Prakasam       7729803162         SPSR Nellore       9618232115         Chittoor       9849902379         YSR Kadapa       08562-245259         Anantapur       08554-277434	Kurnool
	apur
	\adapa
	or
	Nellore
	sam
08812-2223	
08812-2223	<b>S</b>
	odavari
8841361763	odavari
Visakhapatnam 9666556597	apatnam
08922-227950 Vizianagaram 9494914971	garam
Srikakulam 6300073203	lam
District Call Center Number	District

State Control Room Num
0866 2410978

Health Advisory Helpling: