



## ABSTRACT

COVID-19 – Health and Family Welfare Department – Guidance document on appropriate management of suspect / confirmed cases of COVID-19 – Orders – Issued.

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### HEALTH AND FAMILY WELFARE (P1) DEPARTMENT

G.O.(Ms).No. 179

Dated: 08.04.2020  
Vihari, Panguni – 26  
Thiruvalluvar Aandu – 2051.

1. G.O.(Ms)No.164, Health and Family Welfare (P1) Department, dated: 31.03.2020.
2. G.O.(Ms)No.175, Health and Family Welfare (P1) Department, dated: 05.04.2020.
3. G.O.(Ms)No.176, Health and Family Welfare (P1) Department, dated: 05.04.2020.

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### ORDER:

In the Government order first read above, comprehensive instructions / guidelines to be followed in respect of COVID-19 patients, including setting up of screening centers, quarantine facilities, isolation facility, specimen collection procedures, Clinical Management, Disinfection procedure and Discharge policy to be followed by Government health facilities / private hospitals / testing labs and all stake holders have been communicated.

2. In the G.O. second read above, the Government have directed the Heads of department of Health and Family Welfare Department and all the District Collectors / Commissioner of Chennai Corporation to strictly follow the activities on the implementation of the Micro-Plan issued by the Government to ensure no further spread of COVID-19.

3. In the Government Order third read above, Government have issued additional disinfection procedures for prevention and transmission of COVID-19.

4. In continuation of the above, the Government hereby directs the Heads of department of Health and Family Welfare Department and all the District Collectors / Commissioner of Chennai Corporation to follow the

Guidance document on appropriate management of suspect / confirmed cases of COVID-19 annexed to this Government order.

**(BY ORDER OF THE GOVERNOR)**

**BEELA RAJESH  
SECRETARY TO GOVERNMENT**

To

All Deans of Medical Colleges. (w.e)

All District Collectors. (w.e)

The Director of Public Health and Preventive Medicine, Chennai – 06.(w.e)

The Director of Medical Education, Chennai – 10.(w.e)

The Director of Medical and Rural Health Services, Chennai – 06.(w.e)

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Copy to:

All Secretaries to Government, Secretariat, Chennai-09.

**//FORWARDED BY ORDER//**

  
SECTION OFFICER 8/4/2020

## **ANNEXURE**

**G.O.(Ms).No.179, Health and Family Welfare (P1) Department, dated  
08.04.2020**

### **Guidance document on appropriate management of suspect/confirmed cases of COVID-19.**

#### **1. Introduction:**

Since its first detection in China, Corona Virus Disease 2019 (COVID-19) has now spread to over 210 countries/territories, with reports of local transmission happening across the world. As per WHO (as of 7<sup>th</sup> April, 2020), there has been a total of 12,14,466 confirmed cases and 67,767 deaths due to COVID-19 worldwide. In Tamil Nadu, as on 7<sup>th</sup> April, 2020, 690 confirmed cases and 8 deaths were reported.

#### **2. Purpose of this document**

A series of measures have been taken by both the Central and State Governments to break the chain of transmission. One among these is to isolate all suspect and confirmed cases of COVID-19. However, as the number of cases increases, it would be important to appropriately prepare the health systems and use the existing resources judiciously. Available data in India and Tamil Nadu suggests that nearly 70% of cases affected with COVID-19 either exhibit mild or very mild symptoms. Such cases may not require admission to COVID-19 blocks/ dedicated COVID-19 hospitals.

It is important to put in place mechanisms for triaging and decisions making for identification of the appropriate COVID dedicated facility for providing care to COVID-19 patients. The purpose of this document is to put in place such SOPs to ensure optimal utilization of available resources and thereby providing appropriate care to all the COVID-19 patients. This will ensure that available hospital beds capacity is used only for moderate to severe cases of COVID-19. The SOPs specified hereafter also specify the different types of facilities to be set up for various categories of Covid-19 cases.

#### **Guiding principles**

- All the selected facilities must be dedicated for COVID management. Three types of COVID dedicated facilities are proposed in this document.
  - COVID Care Centres (CCC)
  - COVID Health Centre (CHC)
  - Dedicated COVID Hospitals (DCH)
- CCC will only keep asymptomatic or COVID suspect cases, but not confirmed cases.
- The other two (CHC & DCH) will have separate ear marked areas for suspect and confirmed cases. Suspect and confirmed cases should not be allowed to mix under any circumstances.
- All suspect cases (irrespective of severity of their disease) will be tested for COVID-19. Further management of these cases will depend on their (i)

clinical status and Co-morbidity assessment. (ii) result of COVID-19 testing.

- Any Suspect cases with Co-morbidity/ Vulnerability shall only be admitted at dedicated COVID Hospitals with ICU Facility.
- All three types of facilities will be linked to the Surveillance team (IDSP at the State EOC and District EOC).
- All these facilities will follow strict infection prevention and control practices

### **3. Types of COVID Dedicated Facilities: There are three types of COVID Dedicated Facilities –**

#### **I.COVID Care Centres (CCC)**

- 1.1. The **COVID Care Centres (CCC)** shall be in the nature of facility quarantine and care only for cases that have been clinically assigned as Asymptomatic/High Risk COVID suspect cases mild/very mild. A confirmed COVID case will never be placed in a CCC, even if asymptomatic.
- 1.2. The COVID Care Centres are makeshift facilities. These may be set up in hostels, hotels, schools, stadiums, lodges etc., both public and private. If need arises, existing quarantine facilities could also be converted into COVID Care Centres. Functional hospitals like CHCs, etc, which may be handling regular, non-COVID cases should be designated as COVID Care Centres only as a last resort. This is important as essential non COVID Medical services like those for pregnant women, newborns etc, are to be maintained.
- 1.3. Wherever a COVID Care Centre is designated for admitting the suspected cases, these facilities should have adequate spacing & separate areas for each individuals privacy.
- 1.4. As far as possible, wherever suspect cases or High risk contacts are admitted in the COVID Care Centres, preferably individual rooms should be assigned for such cases.
- 1.5. Every COVID Care Centre must necessarily be mapped to one or more COVID Health Centres and at least one Dedicated COVID Hospital for referral purpose.
- 1.6. Every COVID care Centre must also have a dedicated Basic Life Support Ambulance (BLSA) equipped with sufficient oxygen support on 24x7 basis, for ensuring safe transport of a case to Dedicated higher facilities if the symptoms progress from mild to moderate or severe.
- 1.7. A healthcare team with Doctor will visit the CCC to daily assess the condition of the inmates in CCC.

## **II. COVID Health Centre (CHC):**

- 2.1. The **COVID Health Centre** are hospitals that shall offer care for all cases that have been clinically assigned as mild-moderate as per clinical observation.
- 2.2. These should either be a full hospital or a separate block in a hospital with preferably separate entry/exit/zoning.
- 2.3. Wherever a COVID Health Center is designated for admitting both the confirmed and the suspect cases with mild-moderate symptoms, these hospitals must have separate areas for suspect and confirmed cases. Suspect and confirmed cases must not be allowed to mix under any circumstances.
- 2.4. These hospitals have Oxygen support.
- 2.5. Every COVID Health Centre must necessarily be mapped to one or more Dedicated COVID Hospitals.
- 2.6. Every CHC must also have a dedicated Basic Life Support Ambulance (BLSA) equipped with sufficient oxygen support for ensuring safe transport of a case to a Dedicated COVID Hospital if the symptoms progress from moderate to severe.

## **III. Dedicated COVID Hospital (DCH)**

- 3.1. The Dedicated COVID Hospitals are hospitals that shall offer comprehensive care primarily for those who have been clinically assigned as severe.
- 3.2. The Dedicated COVID Hospitals should either be a full hospital or a separate block in a hospital with preferably separate entry/exit.
- 3.3. Private hospitals may also be designated as COVID Dedicated Hospitals.
- 3.4. These hospitals would have fully equipped ICUs, Ventilators and beds with assured Oxygen support.
- 3.5. These hospitals will have separate areas for suspect and confirmed cases. Suspect and confirmed cases should not be allowed to mix under any circumstances.
- 3.6. The Dedicated COVID Hospitals would also be referral centers for the COVID Health Centers and the CCC. All these facilities will follow strict infection prevention and control practices.

## **4. Management of COVID cases**

### **4.1. Assessment of patients:**

In addition to patients arriving directly through helpline/ referral to above categories of COVID dedicated facilities, in field settings during containment operations, the supervisory medical officer to assess for severity of the case detected and refer to appropriate facility. Hospitals should identify dedicated

and separate space and set up Fever Clinics. The Fever Clinics may also be set up in community health centres, in rural areas subject to availability of sufficient space to minimize the risk of cross infections. In urban areas, the civil\general hospitals, Urban PHCs and Municipal Hospitals may also be designated as Fever Clinics. These could be set up preferably near the main entrance for triage and referral to appropriate COVID Dedicated Facility. Wherever space allows, a temporary make shift arrangement outside the facility may be arranged for this triaging. Guidelines for private clinics to be operated on a voluntary basis by IMA will be issued separately.

The medical officer at the fever clinics could identify suspect cases and refer to COVID Care Centres, COVID Health Centre or Dedicated COVID Hospital, depending on the clinical severity and co-morbidity status.

#### **4.2 Categorization of patients**

Patients may be categorized into three groups and managed in the respective COVID hospitals – to COVID Care Centres, COVID Health Centre and dedicated COVID Hospitals.

**Group 1:** Suspect cases, clinically assigned as asymptomatic/high -risk negative cases (none above 50 years of age or those with co-morbid conditions should be placed here).

**Group 2:** Suspect and confirmed cases clinically assigned as mild-moderate.

**Group 3:** Suspect and confirmed cases clinically assigned as severe/ with Co-morbid conditions/Vulnerable/Elderly.

#### **Group 3: Suspect and confirmed cases clinically assigned as severe (Dedicated COVID Hospital)**

- **Clinical criteria:** Severe Pneumonia (with respiratory rate  $\geq 30$ /minute and/or SpO<sub>2</sub> < 90% in room air) or ARDS or Septic shock
- Such cases will be directly admitted to a Dedicated COVID Hospital's ICU till such time as test results are obtained.
- If test results are positive, such patient will remain in COVID-19 ICU and receive treatment as per standard treatment protocol.
- Patients testing negative will be managed with adequate infection prevention and control practices and moved to Group 2.
- All Patients /Suspect >50 years, irrespective of positive or negative with symptoms.
- Anyone with co-morbid conditions (HT/DM etc.) irrespective of positive or negative with symptoms.

**Group 2: Suspect and confirmed cases clinically assigned as moderate and mild (COVID Health Centres)**

- **Clinical criteria:** Pneumonia with no signs of severe disease (Respiratory Rate 15 to 30/minute, SpO2 90%-94%).
- Mild-Moderate cases of influenza like illnesses
- Such cases will not be referred to CCC but instead will be admitted to COVID Health centres.
- It will be manned by allopathic doctors and cases will be monitored on above mentioned clinical parameters for assessing severity as per treatment protocol.
- They will be kept in "suspect cases" section of COVID Health Centres, till such time as their results are not available preferably in an individual room.
- Those testing positive shall be shifted to "confirmed cases" section of COVID Health Centre.
- Any patient, for whom the test results are negative, will be shifted to a non-COVID hospital after ensuring that the patient is stable and will be managed according to clinical assessment. Discharge as per clinical assessment.
- If any patient admitted to the COVID Health Center qualifies the clinical criteria for severe case, such patient will be shifted to a COVID Hospital.

**Group 1: High risk contacts, high-risk negative cases (asymptomatic).**

- If any patient admitted to the CCC qualifies the clinical criteria for moderate or severe case, such patient will be shifted to a COVID Health Centre or a Dedicated COVID Hospital.
- Apart from medical care the other essential services like food, sanitation, counselling etc. at the CCC will be provided by local District administration.

Depending upon the volume of cases the above guidelines will be modified.

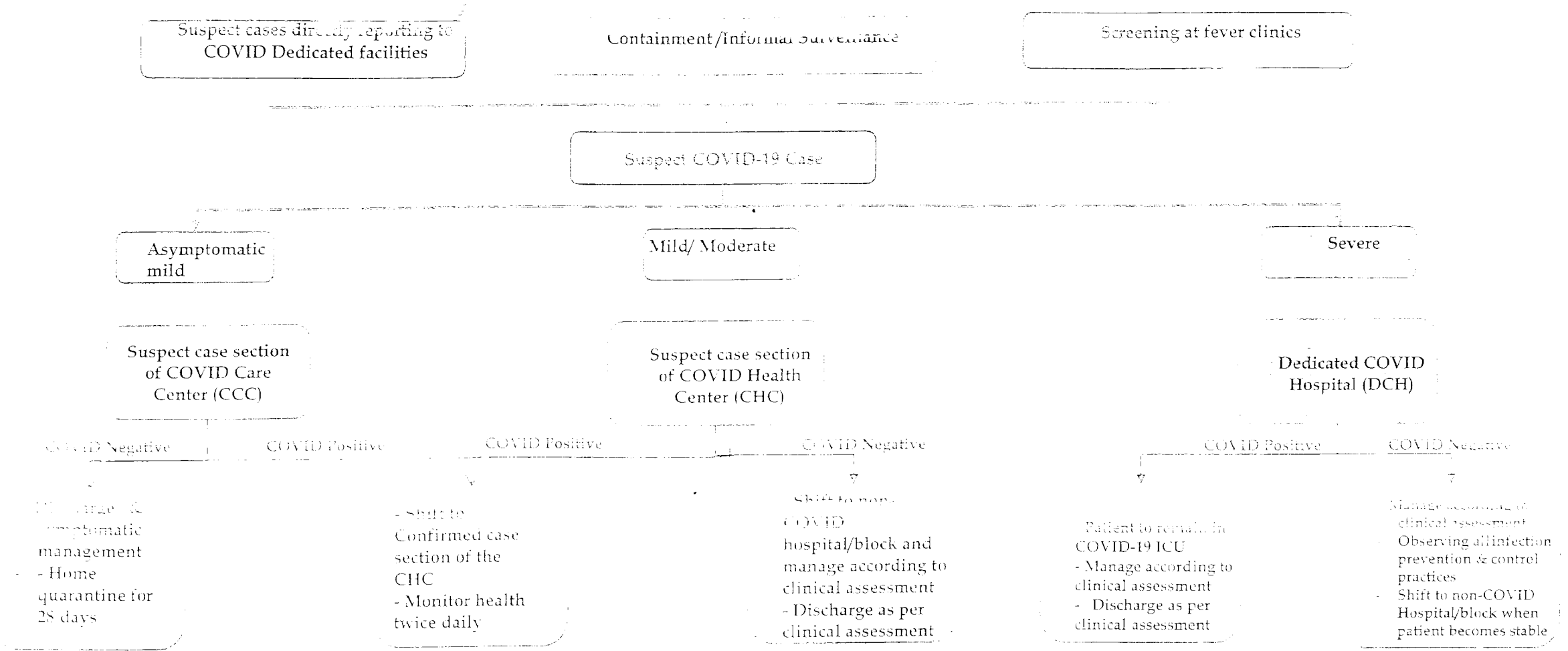
**BEELA RAJESH  
SECRETARY TO GOVERNMENT**

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**SECTION OFFICER** 3/4/2020



# Algorithm for isolation of suspect/ confirmed cases of COVID-19



### Notes:

- 1. Isolation of mild, moderate & severe cases are mentioned in the guidance document.
- 2. Mild cases (even with asymptomatic) in CHC shall be shifted to Dedicated COVID Hospitals as per clinical assessment.
- 3. Mild cases in CHC, CHC and DCH shall be managed as per clinical assessment in COVID Hospital.