



संचालनालय स्वास्थ्य सेवाएँ

सतपुड़ा भवन, भोपाल, मध्यप्रदेश

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क्र./आई.डी.एस.पी./2020/1487

भोपाल, दिनांक 01/09/2020

प्रति,

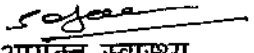
समस्त संभागायुक्त,
मध्यप्रदेश

विषय:- कोविड-19 उपचार प्रबंधन हेतु मध्यप्रदेश शासन द्वारा चिन्हित अस्पतालों को कोविड केयर सेंटर, डेडीकेटेड कोविड केयर सेंटर तथा डेडीकेटेड कोविड अस्पतालों के निरीक्षण बावत।

कोविड-19 उपचार प्रबंधन हेतु मध्यप्रदेश शासन द्वारा चिन्हित अस्पतालों को कोविड केयर सेंटर, डेडीकेटेड कोविड केयर सेंटर तथा डेडीकेटेड कोविड अस्पताल के रूप में चिन्हित करते हुये उपचार के लिये अधिकृत किया गया है। इन चिन्हित चिकित्सालयों में कोविड-19 उपचार हेतु गुणवत्तापूर्ण स्वास्थ्य सेवायें को निर्धारित मानकों के अनुरूप प्रदान की जाना अपेक्षित है। इन चिकित्सालयों में प्रदायित स्वास्थ्य सेवायें तथा उपचार व्यवस्था के लिये चेकलिस्ट निर्धारित की गई है।

अतः अनुरोध है कि संलग्न आदेशानुसार डेडीकेटेड कोविड अस्पताल के निरीक्षण हेतु मेडिकल कॉलेज तथा संभागीय क्षेत्रीय संचालक कार्यालय में कार्यरत अधिकारियों को नामांकित करने का कष्ट करें। नामांकित अधिकारियों द्वारा प्रपत्र अनुसार आइसोलेशन, ऑक्सीजन सर्पोटेड, आईसीयू तथा वेन्टीलेटर युक्त बिस्तरों की जानकारी प्राप्त की जायेगी। संस्था की सामान्य जानकारी की अतिरिक्त विशेष रूप से आधारभूत संरचना, औषधियों की उपलब्धता, सर्पोट सर्विसेस, इन्फेक्शन प्रीवेन्शन की स्थिति, मानव संसाधन, क्षमता संवर्धन, प्रोटोकॉल तथा फ्लोचार्ट की उपलब्धता, डाटा मनेजमेन्ट तथा रिपोर्टिंग के विषय में दिये गये पत्रक में अपनी रिपोर्ट प्रस्तुत करेंगे।

संलग्न:- आदेश क्रमांक

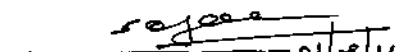

आयुक्त स्वास्थ्य
मध्यप्रदेश

पृ. क्रमांक/आई.डी.एस.पी./2020/1488

भोपाल, दिनांक 01/09/2020

प्रतिलिपि : सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

1. अपर मुख्य सचिव, मध्यप्रदेश शासन, लोक स्वास्थ्य एवं परिवार कल्याण, मध्यप्रदेश।
2. प्रमुख सचिव, चिकित्सा शिक्षा, मध्यप्रदेश।
3. आयुक्त चिकित्सा शिक्षा, मध्यप्रदेश।
4. मिशन संचालक, राष्ट्रीय स्वास्थ्य मिशन, मध्यप्रदेश भोपाल।
5. संचालक स्वास्थ्य सेवायें, मध्यप्रदेश।
6. संचालक चिकित्सा शिक्षा, मध्यप्रदेश।
7. समस्त अधिष्ठाता, मध्यप्रदेश।
8. समस्त जिला कलेक्टर, मध्यप्रदेश।
9. समस्त क्षेत्रीय संचालक, संभागीय स्वास्थ्य सेवायें, मध्यप्रदेश।
10. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, मध्यप्रदेश।
11. समस्त सिविल सर्जन सह मुख्य अस्पताल अधीक्षक, मध्यप्रदेश।
12. वेब साईट पर अपलोड करने हेतु आई.टी. शाखा को सूचनार्थ।


आयुक्त स्वास्थ्य 01/09/2020
मध्यप्रदेश

संचालनालय स्वास्थ्य सेवाएँ
मध्यप्रदेश

क्रमांक/IDSP/COVID-19/2020/934


भोपाल दिनांक 24/06/2020

-- :: प्रारूप ::--

प्रमुख सचिव, स्वास्थ्य के निर्देशानुसार State Level Covid-19 Support Team Supervision दल का निर्गमनानुसार गठन किया जाता है, जो जिलों के भ्रमण के दौरान कमजोर प्रदर्शन जिलों में जिला स्तरीय Covid-19 नियंत्रण हेतु संचालित वार्ड/सेन्टर एवं डेडिकेटेड हेल्थ सेन्टर/कोविड केयर सेन्टर/कोविड-19 रेगिस्ट्रो का उपचार में प्रायोर्काल पालन/कॉन्टैक्ट ट्रेसिंग, कन्टेन्टमेंट, डेटा रिपोर्टिंग एवं स्थानीय प्रशासन को कोविड-19 के नियंत्रण हेतु तकनीकी मार्गदर्शन देना, का उत्तरदायित्व जिलों के निरीक्षण के दौरान राज्य स्तरीय टीम द्वारा किया जावेगा।

1. डॉ. वन्दना खरे, संयुक्त संचालक, स्वास्थ्य सेवाएँ, मध्यप्रदेश।
2. डॉ. सौरभ पुरोहित, उप संचालक, आई.डी.एस.पी. स्वास्थ्य सेवाएँ, मध्यप्रदेश।
3. डॉ. प्रांजल श्रीवास्तव, एसो. प्रोफेसर, पी.एस.एम. संचालनालय चिकित्सा शिक्षा म.प्र.।
4. डॉ. नितिन जाहर, एसो. प्रोफेसर, मेडिसिन विभाग, गांधी चिकित्सा महाविधलय भोपाल म.प्र.।
5. डॉ. माधव बंसल, एसो. प्रोफेसर, पी.एस.एम. विभाग, गांधी चिकित्सा महाविधलय भोपाल म.प्र.।

उपरोक्त राज्य स्तरीय निरीक्षण दल भ्रमण उपरान्त तथ्यात्मक रिपोर्ट अपने सुझाव सहित स्वास्थ्य आयुक्त को समयावधि में प्रस्तुत करेंगे।


स्वास्थ्य आयुक्त


संचालनालय स्वास्थ्य सेवाएँ
मध्यप्रदेश

भोपाल दिनांक 24/06/2020

क्रमांक/IDSP/COVID-19/2020/935

प्रतिलिपि सूचनार्थ :-

1. अपर मुख्य सचिव, लोक स्वास्थ्य एवं परिवार कल्याण विभाग म.प्र.।
2. आयुक्त चिकित्सा शिक्षा म.प्र.।
3. मिशन संचालक, एन.एच.एम. म.प्र.।
4. संचालक प्रशासन, संचालनालय स्वास्थ्य सेवाएँ म.प्र.।
5. संचालक, चिकित्सा शिक्षा म.प्र.।
6. डीन मेडिकल कॉलेज भोपाल म.प्र.।
7. समस्त क्षेत्रीय संचालक स्वास्थ्य सेवाएँ म.प्र.।
8. समस्त कलेक्टर म.प्र.।
9. संबंधित अधिकारियों की ओर भालनार्थ।
10. प्रभावी एम.आई.एस. सेल की ओर विभागीय वेब साईट पर अपलोड करने हेतु अग्रेषित।
11. आदेश नस्ती।


स्वास्थ्य आयुक्त

संचालनालय स्वास्थ्य सेवाएँ
मध्यप्रदेश

CHECKLIST FOR COVID FACILITY

Name of hospital:
Category: Dedicated COVID Hospital (DCH)
Address:
District:
State:
Type of Facility-Public/Private:
Type of Hospital-MC/DH/SDH/GH/Others(Please specify):

District Nodal Office- Name-
Designation-
Contact number
email
Facility Nodal officer- Name -
Designation-
Contact number -

Whether entire hospital/ Block(s) within hospital is dedicated? (Tick as Applicable)
Whether the facility is functional/being made functional (for COVID)? (Tick as Applicable)

Number of:

- **Isolation Beds (excluding ICUs):**
 - Isolation Beds for Confirmed Cases - _____ Separate Area - Yes/No
 - Isolation Beds for Suspect Cases - _____ Separate Area - Yes/No
- **O₂ supported Beds :**
 - No. of Beds Supported with Central Supply : _____
 - No. of Beds Supported with Bed-side Cylinder/ O₂ concentrator : _____
- ICU Beds
- Ventilators
- PPEs
- N95 masks
- O₂ Manifold (Yes/No):

S No	Particulars	Indicator	Assessment	Remarks
1.	GENERAL			
A	In case of dedicated block, does it have a separate entry/exit?		Y / N	
B	Whether the facility has admitted COVID patients?		Y / N	
C	If answer to B is yes, whether other hospitals identified for shifting of non COVID patients?		Y / N	
2	INFRASTRUCTURE			
A	Designated Emergency Area with provision for: <ul style="list-style-type: none"> • Holding and Screening • Triage and treatment 	With adequate space for physical distancing	Y / N	
B	Whether ICU has:	a. 2meter space between beds	Y / N	
		b. Ventilators for each bed	Y / N	
		c. Air Handling Unit in the room	Y / N	
		d. If AHU n/a. Negative Pressure?	Y / N	
C	Whether wards for confirmed cases have:	a. 1meter space between beds	Y / N	
		b. Negative Pressure	Y / N	
D	Whether wards for Suspect cases have:	a. 1meter space between beds	Y / N	
		b. Negative Pressure	Y / N	

S No	Particulars	Indicator	Assessment	Remarks
E	Availability of 24/7 Electricity & Water supply, with back up		Y / N	
F	Handwashing area		Y / N	
G	Number of separate toilets for patients of all genders	12 per 100 beds		
H	Whether there is a dedicated space for parking and disinfecting ambulances?		Y / N	
3	DRUGS			
A	Availability of Essential Drugs for treatment of COVID patients as per protocols.	HCQ	Y / N	
		Antivirals	Y / N	
		Azithromycin	Y / N	
		Others	Y / N	
4	SUPPORT SERVICES (Availability of/linkages with)			
A	Laboratory and diagnostics services	Routine laboratory tests for co-morbidities	Y / N	
B	Availability of VTM / Swabs for sample collection		Y / N	
C	Facility for disinfection & sterilization of patient linen & equipment	CSSD	Y / N	
		Mechanized Laundry	Y / N	
D	Dietary Services	-	Y / N	
E	Blood bank / Storage Unit	-	Y / N	
F	Radiology	X-Ray - Static	Y / N	
		X-Ray - Mobile	Y / N	
		Ultrasound	Y / N	
		CT Scan	Y / N	
G	Ambulance services	Available or linked	Y / N	
H	Availability of Medical Gas Pipelines for:	Medical Air	Y / N	
		Suction	Y / N	
		Oxygen	Y / N	
I	Oxygen Source Capacity (mention numbers with buffer stock)			
a)	Generation Plant Capacity (m ³) (liters divided by 1000 equals m ³)			
b)	Liquid Oxygen Tank (m ³)			
c)	Manifold with Cylinder-	1. No of type D (7 m ³) cylinders connected		
		2. No of type D (7 m ³) backup cylinders		
d)	Availability of O ₂ Cylinder (excluding Manifold Cylinders)	Number of Cylinder D type (7 m ³)		
		Number of Cylinder B type (1.5 m ³)		
		Number of bed side concentrators		
I	AMC for equipment	Manifold & Other sources of oxygen supply	Y / N	
		Ventilators	Y / N	
		Other critical equipment.	Y / N	
5	INFECTION PREVENTION AND CONTROL			
A	Waste Management Trolleys, demarcated storage area and consumables for management of biomedical waste & ETP (Effluent Treatment Plant)		Y / N	
6	HUMAN RESOURCES		Numbers	
A	Doctors including specialists available	Physician		
		Anesthetist		
		Surgeon		
		Any other (please		

S No	Particulars	Indicator	Assessment	Remarks
		specify)		
		GDMO		
B	Nurses available			
C	Technicians (Lab, Radiology, Dialysis) available	Laboratory		
		Radiology		
		Dialysis		
D	Dedicated Staff accommodation and transport available		Y / N	
E	Are service providers using PPE as per protocols?		Y / N	
7	CAPACITY BUILDING			
i.	All personnel trained on COVID-19 management.		Y / N	
ii.	Clinicians trained on ventilator management.		Y / N	
iii.	Staff trained on sample collection, packaging, storage and transportation		Y / N	
iv.	Doctors, nurses and support staff trained on IPC.		Y / N	
v.	Disinfection of O ₂ cylinders		Y / N	
8	Availability of protocols			
i.	Treatment		Y / N	
ii.	Ventilator management		Y / N	
iii.	IPC		Y / N	
iv.	Rational use of PPE		Y / N	
v.	Sample collection, collection/lab testing		Y / N	
vi.	Handling Dead Bodies/ Mortuary		Y / N	
9	Data Management & Reporting			
A	Whether reporting COVID patients data regularly to DSO		Y / N	
B	Availability of Broadband Internet connectivity + Computers + DEOs		Y / N	
Details of the Assessor:				
Name, Designation, Contact Number (with email Id)				
Date of assessment.				

**CHECKLIST FOR COVID FACILITY
DEDICATED COVID HEALTH CENTER**

Name of hospital:
 Category: Dedicated COVID Health center (DCHC)
 Address:
 District:
 State:
 Type of Facility-Public/Private:
 Type of Hospital-MC/DH/SDH/GH/Others(Please specify):

District Nodal Office- Name-
 Designation-
 Contact number
 email

Facility Nodal officer- Name -
 Designation-
 Contact number -

Whether entire hospital/ Block(s) within hospital is dedicated? (Tick as Applicable)
 Whether the facility is functional/being made functional (for COVID)? (Tick as Applicable)
 How far is the nearest Dedicated COVID Hospital located (in Kms)?

Number of:

- Isolation Beds -
 - Isolation Beds for Confirmed Cases - _____ Separate Area - Yes/No
 - Isolation Beds for Suspect Cases - _____ Separate Area - Yes/No
- O₂ supported Beds :
 - No. of Beds Supported with Central Supply : _____
 - No. of Beds Supported with Bed-side Cylinder/ O₂ concentrator : _____
- PPEs
- N95 masks
- O₂ Manifold (Yes/No):

S No	Particulars	Indicator	Assessment	Remarks
1.	GENERAL			
i.	In case of dedicated block, does it have a separate entry/exit?		Y / N	
ii.	Whether the facility has admitted COVID patients?		Y / N	
iii.	If answer to B is yes, whether other hospitals identified for shifting of non COVID patients?		Y / N	
2	INFRASTRUCTURE			
i.	Designated Emergency Area with provision for: <ul style="list-style-type: none"> • Holding and Screening • Triage and treatment 	With adequate space for physical distancing	Y / N	
ii.	Whether wards for confirmed cases have:	a. 1meter space between beds	Y / N	
		b. Negative Pressure	Y / N	
iii.	Whether wards for Suspect cases have:	a. 1meter space between beds	Y / N	
		b. Negative Pressure	Y / N	
iv.	Is there a separate ward for men and women?		Y/N	
v.	Mechanism in place to ensure safety of Women in ward (access control, female security guard)?		Y/N	
vi.	Availability of 24/7 Electricity & Water supply, with back up		Y / N	
vii.	Handwashing area		Y / N	
viii.	Number of separate toilets for patients of all genders	12 per 100 beds		
ix.	Whether there is a dedicated space for parking and		Y / N	

N No	Particulars	Indicator	Assessment	Remarks
3	disinfecting ambulances?			
DRUGS				
i.	Availability of Essential Drugs for treatment of COVID patients as per protocols.	HCQ	Y/N	
		Antivirals	Y/N	
		Azithromycin	Y/N	
		Others	Y/N	
4	SUPPORT SERVICES (Availability of/linkages with)			
i.	Laboratory and diagnostics services	Routine laboratory tests for co-morbidities	Y/N	
ii.	Availability of Infrared thermometers at every level.		Y/N	
iii.	Availability of VTM / Swabs for sample collection		Y/N	
iv.	Facility for disinfection & sterilization of patient linen & equipment	CSSD	Y/N	
		Mechanized Laundry	Y/N	
v.	Dietary Services	-	Y/N	
vi.	Blood bank / Storage Unit	-	Y/N	
vii.	Radiology	X-Ray - Static	Y/N	
		X-Ray - Mobile	Y/N	
		Ultrasound	Y/N	
		CT Scan	Y/N	
viii.	Ambulance services	Available or linked	Y/N	
ix.	Availability of Medical Gas Pipelines for:	Medical Air	Y/N	
		Suction	Y/N	
		Oxygen	Y/N	
		• Oxygen Source Capacity (mention numbers)		
		• Number of Cylinder D type (7 m ³)		
	• Number of Cylinder B type (1.5 m ³)			
	• Number of bed side concentrators			
	• Whether pulse oximeter is available?		Y/N	
x.	AMC for equipment	Manifold & Other sources of oxygen supply	Y/N	
		Other critical equipment.	Y/N	
5	INFECTION PREVENTION AND CONTROL			
i.	Waste Management Trolleys, demarcated storage area and consumables for management of biomedical waste.		Y/N	
ii.	Facility for effluent treatment facility available?		Y/N	
6	HUMAN RESOURCES			
i.	Doctors including specialists available	Physician	Numbers	
		Anesthetist		
		Surgeon		
		Any other (please specify)		
		General Duty Medical Officer (GDMO)		
ii.	Nurses available			
iii.	Technicians (Lab. Radiology)available	Laboratory		
		Radiology		
iv.	Dedicated Staff accommodation and transport available		Y/N	

Sl No	Particulars	Indicator	Assessment	Remarks
v.	Are service providers using PPE as per protocols?		Y / N	
vi.	Whether duty schedule or rotations are prepared as per guidelines?		Y / N	
7	CAPACITY BUILDING			
i.	All personnel trained on COVID-19 management.		Y / N	
ii.	Staff trained on sample collection, packaging, storage and transportation		Y / N	
iii.	Doctors, nurses and support staff trained on IPC.		Y / N	
iv.	Disinfection of O ₂ cylinders		Y / N	
8	AVAILABILITY OF PROTOCOLS/FLOWCHARTS			
i.	Treatment		Y / N	
ii.	IPC		Y / N	
iii.	Rational use of PPE		Y / N	
iv.	Sample collection, collection/lab testing		Y / N	
v.	Transport and referral protocol		Y/N	
vi.	Risk communication materials depicting hand hygiene, respiratory etiquettes and social distancing displayed.		Y/N	
vii.	System/protocol for self-monitoring & reporting of symptoms by staff/HCW in place?			
9	DATA MANAGEMENT & REPORTING			
i.	Whether reporting COVID patients data regularly to DSO		Y / N	
ii.	Availability of Broadband Internet connectivity + Computers + DEOs		Y / N	
Details of the Assessor:				
Name, Designation, Contact Number (with email Id)				
Date of assessment.				

Supportive Supervision Checklist for COVID Care Centre (CCC)

Basic Information:	
District	
Name of the CCC	
Address	
Type- Govt/ Non-Govt	
Supervisor/Nodal Officer	
Contact details of the supervisor	
Nearest DCHC and its distance	
Nearest DCH and its distance	

1	Location	Yes	No	Remark
1.1	Facility is away from the gathering area (Temples, Market areas, Playground)			
1.2	Nature of Covid care Centres(CCCs)			
a	Hostel			
b	Hotel			
c	Stadium			
d	School			
e	Other (Specify)			

2	Infrastructure of CCCs	Yes	No	Remark
2.1	Total Number of beds (Confirmed)			
2.2	Total Number of beds (Suspected)			
2.3	Separate wards available for Males / Females			
2.4	Ventilation			
2.5	Lighting			
2.6	Bed spacing (1-2 m)			
2.7	Number of small halls			
2.8	Number of large halls			
2.9	Number of toilet facilities available			
2.10	Is there air conditioning facility available			
2.11	Is there separate entry/exit			
2.12	Separate room / resting facility for staff			
2.13	Separate area for donning /doffing			
2.14	Separate sample collection area			

2.15	Ambulance facility availability			
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3	Human Resources			
3.1	Paramedical staffs & their number			
3.1.1	Security Guards			
3.1.2	Housekeeping			
3.2	Medical staffs & their number			
3.2.1	Staff Nurse			
3.2.2	Doctor			
3.3	Appropriate duty schedule	Yes	No	Remark
3.3.1	Paramedical staffs			
3.3.2	Medical staffs			
3.4	Number of untrained staff in Infection Prevention, CCC Treatment Protocols etc			
3.4.1	Doctor			
3.4.2	Staff Nurse			
3.4.3	Paramedical staff			
3.5	Correct knowledge of admission criteria			
3.5.1	Doctor			
3.5.2	Staff Nurse			
3.6	Correct Knowledge of Discharge Criteria from CCCs			
3.6.1	Doctor			
3.6.2	Staff Nurse			

4	Logistics and Supplies- Adequacy	Yes	No	Remark
4.1	Non-Consumables			
4.1.1	BP apparatus			
4.1.2	Stethoscope			
4.1.3	Non touch thermometer			
4.1.4	Pulse oximeter			
4.2	Consumables			
4.2.1	N95 mask			
4.2.2	Googles			
4.2.3	Shoe Cover			
4.2.4	Latex Gloves			
4.2.5	Overall cover			
4.3	Pharmaceutics			
4.3.1	Tab Paracetamol			
4.3.2	Tab cetirizine			
4.3.3	Vit B & Vit C			
4.3.4	Tab Vit D			
4.3.5	Tab Zinc			

4.4	Investigations of patients			
4.4.1	Basic investigations done/ arranged			
4.4.2	COVID-19 Sampling - VTM available			
5	Records and Registers			
5.1	Total patients admitted till date			
5.2	Total patients discharged till date			
5.3	Currently available patients			
5.4	No. of patients referred to DCHC or DCH			
5.5	Availability of records	Yes	No	Remark
5.5.1	Individual patient's daily vital records including SpO2			
5.5.2	Daily reports sent to DSO/CMHO			
5.5.3	Stock registers maintained and needs estimated			

6	Infection Control Practices	Yes	No	Remark
6.1	Hand washing facility available at donning/doffing areas?			
6.2	Dispenser (Disinfectant/Sanitizer) located on bedside table / trolley			
6.3	1% hypochlorite solution availability?			
6.4	Bio medical Waste Management			
6.4.1	Availability of colour coded bags			
6.4.2	Segregation of waste and disposal is according to the guidelines?			

7	IEC	Yes	No	Remark
7.1	Job aids, Treatment/ Referral Algorithms displayed?			
7.2	Is there provision for television for IEC			
7.3	Posters for awareness to Covid 19			
7.4	Doffing and donning sequence displayed?			
7.5	Illustrations for the disposal of Covid waste according to their colour codes?			

Assessor Details	
Name	
Institute	

Designation	
Mobile Number	
Email	
Signature and Date	

8	Beneficiary Satisfactory assessment score (1 to 3) 1- Fully satisfied , 2- Partially satisfied , 3- Not satisfied.	B-1	B-2	B-3
8.1	Room/ ward cleanliness			
8.2	Counselling and information			
8.3	Quality of pre packed food and milk availability			
8.4	Hospitality and care by the health care workers			
8.5	Social distancing practices			

Remarks if any: