

प्रेषक,  
वी0 हेकाली झिमोमी  
सचिव,  
उ0 प्र0 शासन  
सेवा में,  
महानिदेशक,  
चिकित्सा एवं स्वास्थ्य सेवाएं,  
उत्तर प्रदेश, लखनऊ।

चिकित्सा अनुभाग-5

लखनऊ : दिनांक 06 अप्रैल, 2020

विषय:-राष्ट्रीय रोग नियंत्रण केन्द्र द्वारा Case Investigation हेतु दिये गये निर्देश के संबंध में महोदय,

निदेशक, राष्ट्रीय रोग नियंत्रण केन्द्र, भारत सरकार के पत्र संख्या-T-18015/307/2020-IDSP दिनांक: 31.03.2020 संलग्न कर प्रेषित करते हुए मुझे यह कहने का निदेश हुआ है कि कोविड-19 संदिग्ध एवं संक्रमित सभी रोगियों का निर्धारित फॉर्मेट (CIF) पर Case Investigation किये जाने के संबंध में यथा आवश्यक डब्ल्यू0एच0ओ0/एन0पी0एस0पी0 का सहयोग लेकर कराए तथा सभी भरे गये फार्म को Central Surveillance Unit (CSU), IDSP NCDC को भेजने का कष्ट करें।

संलग्नक-यथोक्त

भवदीया

( वी0 हेकाली झिमोमी )  
सचिव।

संख्या-796(1)/पॉच-5-2020 तददिनांक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. निदेशक संचारी रोग, उत्तर प्रदेश शासन, लखनऊ।
- 2- Regional Team Leader, WHO-NPSP, UP लखनऊ।
- 3- State Surveillance Officer उत्तर प्रदेश, स्वास्थ्य महानिदेशालय, लखनऊ।
4. समस्त अपर निदेशक, उत्तर प्रदेश शासन, लखनऊ।
5. समस्त मुख्य चिकित्साधिकारी, उत्तर प्रदेश।

वेद प्रकाश राय

आज्ञा से,  
( वेद प्रकाश राय )  
अनु सचिव



सत्यमेव जयते

भारत सरकार

राष्ट्रीय रोग नियंत्रण केन्द्र

(स्वास्थ्य सेवा महाविद्यालय)

स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार  
22, शाम नाथ मार्ग, दिल्ली - 110054

Government of India

**NATIONAL CENTRE FOR DISEASE CONTROL**

[Formally Known as National Institute of Communicable Disease (NICD)]

Directorate General of Health Services

Ministry of Health & Family Welfare, Government of India  
22, Sham Nath Marg, Delhi-110054

E-mail: dirnicd@nic.in, sujeet647@gmail.com

Website: www.ncdc.gov.in

www.ldsp.nic.in

File No: T-18015/307/2020 - IDSP

Dated the: 31<sup>st</sup> March 2020

Sir/Madam,

First of all, I would like to congratulate you for putting up an tremendous work in containment of COVID-19 in your States. In view of the upsurge in number of COVID-19 cases in India with rise in involvement of multiple States and Union Territories, there is huge requirement of Human Resources for management of correct data for analysis and decision making at the competent authority level.

It becomes difficult to get clarity on picture for the country when the data is either incomplete or not clear. In this regard, an expert committee has decided to revise the case investigation form (CIF) which is enclosed with this letter and you can take support of WHO-NPSP to get the CIF filled for all the confirmed and suspected cases in your State. Standard Operating Procedure (SOP) for filling up of the CIF has been attached for your reference.

The filled CIFs need to be shared with the Central Surveillance Unit (CSU), IDSP NCDC for better utilization of data for further policy decisions.

With regards,

Enclosures:

1. Case Investigation Form for COVID-19 (CIF)
2. SOP for filling the Case Investigation Form

Yours sincerely,

(Sujeet Kumar Singh)

To,

**Mission Director of all States/UTs**

Copy for information to:

1. Principal Secretary Health and Family Welfare of all States/UTs
2. State Surveillance Officers of all States/UTs
3. WHO Representative to India, India Country Office
4. Team Leaders WHO-NPSP of all States/UTs

श/पंकज  
06/4/2020



Antibiotic Resistance Containment Stewardship: Our Role, Our Responsibility  
Judicious Use of Antibiotic: Key to Contain Antibiotic Resistance



The DCH. - The within named \_\_\_\_\_, by the Hand of \_\_\_\_\_ (Name and designation of the signing authority) its Authorised Signatory.

In the presence of:

2. SIGNED AND DELIVERED BY ..... Government of Uttar Pradesh the within named ..... by the hand of ..... its Authorised Signatory.

In the presence of:

EPID Number filled at district  
COV-IND- \_\_\_\_\_

**Form A**  
**NATIONAL CENTRE FOR DISEASE CONTROL**  
(To be filled COVID-19 Acute Respiratory Disease)

**CENTRAL CASE NUMBER**  
To be filled at NCDC

A PATIENT INFORMATION			
1.	Name of patient:	Age: ____ yr ____ mo ( / / ) Gender: M/F	Date of interview:
2.	Name of Health Facility where isolated:	District (Isolation facility):	State (Isolation facility):
3.	Name of interviewer	Designation of interviewer:	Contact Number of interviewer:
4.	Case Classification: Confirmed <input type="checkbox"/> Suspect <input type="checkbox"/>		
5.	Current status of case: Stable <input type="checkbox"/> Admitted in ICU <input type="checkbox"/> Deceased <input type="checkbox"/>		
B SOCIODEMOGRAPHIC PROFILE			
Nationality: Indian		Non-Indian (Name of country) _____	
Father's name:		House No. _____	Setting: Rural / Urban
Village/Mohalla: Block:	District: State:	Phone number: email id:	
C CLINICAL INFORMATION			
1 Patient clinical course			
1.1	Date of Onset of symptoms: ____ / ____ / ____ ; Initial Symptoms:		
1.2	Details of contact with health facility after the date of onset		
	Name of facility:	1	2
	Address:		
	Phone number:		
	Dates case visited:		
	Did health facility report the case	Yes/No	Yes/No
1.3	Date of admission in isolation facility:		
1.4	Outcome (encircle): Under treatment/ Discharged/ IAMA/ Died	1.5	Date of outcome (encircle): ____ / ____ / ____
1.6	Cause of death (As mentioned in death certificate):		
2 Patient Symptoms at admission (encircle all reported)			
a)	Fever/chills	b) Sore throat	c) Nausea/Vomiting
d)	General weakness	e) Breathlessness	f) Headache
g)	Cough	h) Diarrhea	i) Irritability/confusion
j)	Runny nose	k) Pain(encircle): muscular, chest, abdominal, joint	l) Any other (specify):
3 Patient signs at admission: Details of following Signs to be taken from the case sheet if the patient is admitted			
a)	Temperature (in Fahrenheit):	b) Abnormal Lung X-Ray /CT scan findings: Yes / No	c) Coma: Yes / No
d)	Stridor: Yes / No	e) Tachypnoea: Yes / No	f) Seizure: Yes / No
g)	Redness of eyes: Yes / No	h) Abnormal lung auscultation: Yes/ No	i) Any other (specify):
4 Underlying medical conditions (encircle all that apply)			
a)	COPD	b) Hypertension	c) Chronic neurological or neuromuscular disease
d)	Chronic Renal Disease	e) Asthma	f) Heart disease
g)	Bronchitis	h) Pregnancy (trimester):	i) Immunocompromised condition including HIV, TB
j)	Malignancy	k) Post-partum (< 6 weeks)	l) Any other(mention)
m)	Diabetes	n) Liver Disease	o) None
D EXPOSURE HISTORY			
5	Occupation (circle): Student/ Businessman/ Health care worker/Health care lab worker/ animal handler/ any other (specify) _____		
6	H/O contact with COVID-19 case (encircle): Lab confirmed case of COVID-19 / Suspect case under investigation / No contact / Not known; (If contact with Lab confirmed case, mention its EPID number: COV-IND- _____)		
6.1	If contact is with lab confirmed COVID-19 case, then mention contact setting (encircle all that apply)		
a)	While taking samples/ other investigations	b)	Visit to a place where COVID-19 cases are treated/ sampled (specify)

## 1. Law and Arbitration

- (i) The provisions of this Agreement shall be governed by and construed in accordance with Indian law.
- (ii) Any dispute, controversy or claims arising out of or relation to this Agreement or the breach, termination or invalidity thereof, shall be settled by arbitration in accordance with the provisions of the (Indian) Arbitration and Conciliation Act, 1996.
- (iii) The arbitral tribunal shall be composed of three arbitrators, one arbitrator appointed by each Party and one another arbitrator appointed by the mutual consent of the arbitrators so appointed.
- (iv) The place of arbitration shall be Lucknow and any award whether interim or final, shall be made, and shall be deemed for all purposes between the parties to be made, in Lucknow.
- (v) The arbitral procedure shall be conducted in the English language and any award or awards shall be rendered in English. The procedural law of the arbitration shall be Indian law.
- (vi) The award of the arbitrator shall be final and conclusive and binding upon the Parties, and the Parties shall be entitled (but not obliged) to enter judgement thereon in any one or more of the highest courts having jurisdiction.
- (vii) The rights and obligations of the Parties under, or pursuant to, this Clause including the arbitration agreement in this Clause, shall be governed by and subject to Indian law.
- (viii) The cost of the arbitration proceeding would be borne by the parties on equal sharing basis.

## 8. Severability

The invalidity or unenforceability of any provisions of this Agreement in any jurisdiction shall not affect the validity, legality or enforceability of the remainder of this Agreement in such jurisdiction or the validity, legality or enforceability of this Agreement, including any such provision, in any other jurisdiction, it being intended that all rights and obligations of the Parties hereunder shall be enforceable to the fullest extent permitted by law.

## 9. Captions

The captions herein are included for convenience of reference only and shall be ignored in the construction or interpretation hereof.

## 1. SIGNED AND DELIVERED BY

c)	Clinical care of case (among HCW)	d) Immigration Staff at Point of Entry (details of place)	e) Housekeeping (Hospital)
f)	Caregiver of the case (specify)	g) Living in the same household	h) Providing services to the household
i)	Living in the neighborhood	j) Others, Specify	
7	Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) or COVID 19? Yes/No		
8	Patient attended festival or mass gathering in last 1 month? (Yes/No/Unknown) if yes, specify:		
<b>E</b>	<b>TRAVEL HISTORY</b>		
9	Have you travelled outside India in the past one month? Yes/ No. If yes, then fill details in Q. 9.1 onwards else skip to Q.10		
9.1	Name of the country (City)	Date of arrival	Date of departure
9.2	Did you visit Wuhan (yes/no)	During your stay, did you visit any animal market? Yes/No	
9.3	Date of arrival in India (Including transit flights in India): ___/___/___		Flight No: _____ Seat No: _____
10	Have you travelled within India in the past one month? Yes/ No. If no, skip to Section F		
	If yes, details of places visited in chronological order; flight / train / vehicle number; seat/berth, coach number etc		
a)	Place & Duration of stay:	Date of arrival: Date of departure:	Mode of travel: Details:
b)	Place & Duration of stay:	Date of arrival: Date of departure:	Mode of travel: Details:
c)	Place & Duration of stay:	Date of arrival: Date of departure:	Mode of travel: Details:
<b>F</b>	<b>LABORATORY INFORMATION (to be obtained from treating physician/DSO)</b>		
11	Sample collected for confirmation of COVID-19 case: Yes / No, if Yes, fill the details and update the results		
a)	Type of sample collected	Name of sample collection center	Date of sample collection
			Sent to which Lab
			Result (Positive/Negative)
			Date of lab result
	Reason if sample not collected:		
b)	Name of lab that confirmed result:		
<b>G</b>	<b>CLINICAL COURSE (Complication) Encircle where applicable</b>		
12a)	Hospitalization: Yes / No	Date of hospitalization: _____	
b)	ICU Admission: Yes / No	Date of ICU admission: _____	Date of discharge from ICU: _____
	Mechanical Ventilation: Yes / No	Date of mechanical ventilation Start: _____	Date of mechanical ventilation Stop: _____
	ARDS: Yes / No	Cardiac failure: Yes / No	
	Pneumonia by Chest X ray: Yes / No	Acute Renal Failure: Yes / No	
	Consumptive coagulopathy: Yes / No	Other complication: Yes / No, if yes please specify:	
<b>H</b>	<b>PUBLIC HEALTH RESPONSE</b>		
a)	Total no. of high risk contacts: _____;	No. of high risk contacts traced: _____;	
	No. of samples collected in high risk contacts: _____;	No. of high risk contacts developed symptoms _____;	
	No. of high risk contacts tested positive: _____;		
b)	Total no. of low risk contacts: _____	No. of low risk contacts become symptomatic: _____	
	No. of low risk contacts tested positive: _____		

This clause shall survive the termination/expiry of this Agreement.

1. Each party shall maintain confidentiality relating to all matters and issues dealt with by the parties in the course of the business contemplated by and relating to this agreement. The DCH shall not disclose to any third party, and shall use its best efforts to ensure that its, officers, employees, keep secret all information disclosed, including without limitation, document marked confidential, medical reports, personal information relating to insured, and other unpublished information except as maybe authorized in writing by NDCC. DM shall not disclose to any third party and shall use its best efforts to ensure that DCH's proprietary information, process flows, and other required details are kept secret. However, information related to COVID-19 treatment and quality of care and other related observations may be used for public health purposes.
2. In Particular the DCH agrees to:
  - a) Maintain confidentiality and endeavour to maintain confidentiality of any persons directly employed or associated with health services under this agreement of all information received by the DCH or such other medical practitioner or such other person by virtue of this agreement or otherwise, including DoHFW/ISA proprietary information, confidential information relating to insured, medicals test reports whether created/ handled/ delivered by the DCH. Any personal information relating to a patient received by the DCH shall be used only for the purpose of inclusion/preparation/finalisation of medical reports/ test reports for transmission to DoHFW/ISA only and shall not give or make available such information/ any documents to any third party whatsoever.
  - b) Keep confidential and endeavour to maintain confidentiality by its medical officer, employees, medical staff, or such other persons, of medical reports relating to Insured, and that the information contained in these reports remains confidential.
  - c) Keep confidential and endeavour to maintain confidentiality of any information relating to patient and shall not use the said confidential information for research, creating comparative database, statistical analysis, or any other studies without appropriate previous authorisation by DoHFW.

### **Section 11: Force Majeure**

Notwithstanding anything to the contrary in this agreement no Parties shall be liable by reason of failure or delay in the performance of its duties and obligations under this agreement if such failure or delay is caused by acts of God, Strikes, ~~lock-outs~~, embargoes, war, riots civil commotion, any orders of governmental, quasi-governmental or local authorities, or any other similar cause beyond its control and without its fault or negligence.

### **Section 12: Legal Obligations**

## SOP (Standard Operating Procedures) for investigation of a suspected COVID-19 case using Case Investigation Form (CIF)

Case investigation is crucial for the disease confirmation and to identify the magnitude of public health response. All suspected COVID-19 cases notified as per the case definition should be investigated by a clinician/medical officer within 24 hours of case-notification using the standardized Case Investigation Form, if it comes under the following case definitions.

### COVID-19 Case Definitions

#### Suspect Case:

A patient with acute respiratory illness (fever and at least one sign/ symptom of respiratory disease (e.g., cough, shortness of breath) AND a history of travel to or residence in a country/area or territory reporting local transmission (See NCDC website for updated list) of COVID-19 disease during the 14 days prior to symptom onset;

OR A patient / health care worker with any acute respiratory illness AND having been in contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath) AND requiring hospitalization AND with no other aetiology that fully explains the clinical presentation;

OR A case for whom testing for COVID-19 is inconclusive

**Laboratory Confirmed case:** A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

The detailed information of the suspected case along with core variables should be captured in both pages of the CIF by the investigating officer.

#### Key components for filling up the Case Investigation Form:

- Fill-up the "Case Investigation Form" (CIF) on both pages during examination
- Allot EPID no, a unique identifier for every suspected case that is investigated
  - Eg. COV-IND-ST-DIS-YR-Case number
  - First 3 character signifies disease, next 3 characters for country code, next 2 for state code, next 3 for district code, next 2 for year of disease onset and next 4 is the serial no. of the case in that year in the same district
  - Ex: First case of Patna Bihar: COV-IND-BI-PAT-20-0001
- DSO should assign this EPID no for every investigated case on CIF.



2. In case NDCC reports that the DCH is not maintaining its records, or quarantine or protocols are not being followed, then it may result in withholding of the amount due to DCH for the previous and current month. Depending on the decision of the DM, the hospital may also be suspended from further COVID-19 operations.

### **Section 6: General responsibilities of DoHFW/ISA**

1. DoHFW guarantees a Minimum Assurance of payment of 10% of total occupancy (total beds) of the hospital in the event not a single patient is treated in the premises. This sum is also guaranteed if any patient is treated but the total sum accruing to the hospital is less than 10% of total occupancy.

### **Section 7: Monitoring and verification**

1. The DM shall, either directly or through the NDCC or any of its authorised representatives, shall have the right to conduct monitoring visits and random audits of any or all cases of hospitalisation and any or all claims submitted by the DCH.
2. The scope of medical audit of services provided by the DCH shall focus on ensuring comprehensiveness of treatment, patient isolation and necessary 14-day quarantine for all its patients, staff and health workers.

### **Section 8: Relationship of the Parties**

Nothing contained herein shall be deemed to create between the Parties any partnership, joint venture or relationship of principal and agent or master and servant or employer and employee or any affiliate or subsidiaries thereof. Each of the Parties hereto agrees not to hold itself or allow its directors employees/agents/representatives to hold out to be a principal or an agent, employee or any subsidiary or affiliate of the other.

### **Section 9: Termination**

1. DM reserves the right to terminate this agreement in case of material breach of this Agreement, material breach of any Guidelines issued by DoHFW.
2. This Agreement may be terminated by either party by giving one month's prior written notice by means of registered letter or a letter delivered at the office and duly acknowledged by the other, provided that this Agreement shall remain effective thereafter with respect to all rights and obligations incurred or committed by the parties hereto prior to such termination.
3. Either party reserves the right to inform public at large along with the reasons of termination of the agreement by the method which they deem fit.

### **Section 10: Confidentiality**

- Any error in the Epid No. may misclassify the cases

A. Complete case identification details including name, age, sex, details of isolation facility, case classification and status

B. Collect socio demographic details of case like father's name, address and contact details

C. Take clinical history and examine the suspected COVID-19 case for signs and symptoms

- **Date of onset of symptom** is the most important date which should be strictly assessed along with nature of initial symptom (for eg. bodyache/fever/cough/breathlessness/sore throat etc.)
- Fill-up the health facility contacts after date of onset of symptom. These are the hospitals/ clinic, case has taken consultation/treatment before getting reported, which will further help to identify the need to build the capacity
- Capture the signs, symptoms at time of admission
- Capture the underlying medical conditions

D. Exposure history:

- Take significant exposure history of suspected case, to identify the person/area/country from where case picked up infection
- Explore further contact setting if there is exposure to lab confirmed COVID-19 case including exposure while taking samples, during travel/clinical care of case/living in same household/providing services to the same household
- Seek history about occurrence of cluster of patients with severe acute respiratory illness or COVID-19 at his place of residence/work/neighbourhood
- Explore exposure to mass gathering in past one month before the onset of symptom

E. Travel history:

- Take epidemiologically significant travel history of suspected case for travel outside and within India for past one month before the onset of symptom
- Patient travel history can be taken in chronologic order starting from one month back from onset of symptoms

F. Laboratory Information:

- The clinician should decide necessity for collection of clinical specimens for laboratory testing of cases only after following the case definition as given by the health authorities, Government of India.
- Appropriate clinical sample need to be collected by laboratory personnel/ health care worker trained in specimen collection by following all biosafety precautions and using personal protective equipment (PPEs)
- Clinical samples need to be sent to the designated laboratory by following standard triple packaging

### **Section 3: Payment terms**

1. DCH will submit all claims for patients belonging to Ayushman Bharat and MMJAA schemes as per the PMJAY&MMJAA guidelines (Annexure 1), for which payment will flow in through Ayushman Bharat
2. For non-Ayushman patients, DCH will raise claims as per specified format agreed upon with NDCC and submit it to NDCC. NDCC will ensure that payments are made to DCH for the claims submitted as per the payment terms specified within 30 days.
3. DCH must ensure that the required documents for staking claim of treated COVID-19 patients are in place. NDCC will oversee and ensure that documents are in order.
4. Payment to the DCH will be done by Electronic Fund Transfer.

### **Section 4: General responsibilities & obligations of the DCH**

1. Ensure that no confidential information is shared or made available by the DCH or any person associated with it to any person or entity not related to the DCH without prior written consent of DoHFW.
2. The DCH shall provide cashless facility to the patient in strict adherence to the provisions of the agreement and the general directions of the policy.
3. The DCH may have their facility covered by proper indemnity policy including errors, omission and professional indemnity insurance and agrees to keep such policies in force during entire tenure of the Agreement. The cost/ premium of such policy shall be borne solely by the DCH.
4. The DCH shall provide the best of the available medical facilities to the patient.
5. The DCH agrees that it shall display its COVID-Ready status at their main gate, reception/ admission desks along with the display and other materials supplied by Government whenever possible for the ease of the patient. Format, design and other details related to these signages as provided by DoHFW shall be used.

### **Section 5: Fraud and Penalty**

1. DCH hereby agrees that under the COVID-19 fraud shall be defined as any intentional deception, manipulation of facts and / or documents or misrepresentation made by the DCH or by any person or organization appointed employed / contracted by the DCH with the knowledge that the deception could result in unauthorized financial or other benefit to herself/himself or some other person or the organisation itself. It includes any act that may constitute fraud under any applicable law in India.

- Collect the information on the sample collected including type of sample, name of sample collection centre, date of sample collection, sample shipment to laboratory and results
- Identify and mention the reason for not collecting samples

G. Patients Symptoms:

- Collect hospitalisation history including onset of any complications

H. Public Health Response:

- Identify high and low risk contacts
- High-risk contact includes:
  - Lives in the same household as the confirmed case.
  - Touched body fluids of the confirmed case (respiratory tract secretions, blood, vomit, saliva, urine, faeces)
  - Had direct physical contact with the body of the confirmed case including physical examination without PPE.
  - Touched or cleaned the linens, clothes, or dishes of the confirmed case.
  - Anyone in close proximity (within 1 m) of the confirmed case without precautions.
  - Passenger in close proximity (within 1 m) of a conveyance with a symptomatic person who later tested positive for COVID-19 for more than 6 hours.
- Low-risk contact include:
  - Shared the same space (same class for school/worked in same room/similar) and not having a high-risk exposure to confirmed case of COVID-19.
  - Travelled in same environment (bus/train/flight/any mode of transit) but not having a high-risk exposure.
- Collect the information on number of high risk contacts traced, numbers quarantined, numbers of these high-risk contacts tested and subsequently turning out positive for COVID-19
- Collect the information on low risk contacts traced and number of such contacts turning symptomatic and tested for COVID-19.

Important: Keep the CIF updated with all information including health facilities visited, laboratory results and public health response

9. The DCH shall also comply with all guidelines and protocols issued by the Government of Uttar Pradesh regarding the COVID-19 treatment. NDCC will oversee that DCH is in compliance with the specified norms.
10. DCH will also ensure that there is a dedicated person at the hospital reception to receive the referred COVID-19 patients from L1 facility.
11. DCH will take responsibility for the training of its medical staff, nursing staff, and other hospital personnel such as ambulance-related staff and other health workers; as per COVID-19 training modules developed by Government. Since COVID-19 is a highly infectious disease, Personal Protective Equipment (PPE) and Masks for medical staff will also be arranged by DCH, in addition to clean and neat dresses for all workers.
12. Quarantine facility for its staff will have to be maintained by DCH. For this purpose, a one-time grant of 2,00,000 (two lakhs only) will be given by the DoHFW to DCH. *per month* NDCC will oversee that the DCH is in compliance with all quarantine norms as specified by the State Government.
13. The DCH will convey to its medical consultants to keep the patient only for the required number of days of treatment and carry only the required investigation related to COVID-19 for which he/she is admitted.
14. DCH will ensure that bio-waste of COVID-19 patients is disposed as per specified protocol and with great care adhering to the principle of 'health for all, safety for all', since COVID-19 is highly infectious.

## **Section 2: Responsibility of the Government**

1. The Department of Health and Family Welfare will issue guidelines, protocols and notifications from time to time keeping in mind the exigencies of COVID-19 pandemic. District administration (DM) will be itself in compliance of all such orders and will also oversee and ensure that the functioning of DCH is in compliance of the same. It will regulate the functioning of DCH through the NDCC.
2. NDCC will ensure that DCH maintains due records of the patients and timely reports for admission and discharge, are communicated to the COVID-19 Control Room.
3. NDCC will help DCH in smooth operations and will contrive to help wherever gaps exist in treatment by DCH
4. DM will ensure that DCH is properly quarantined and all protocols are being followed, along with morale-boosting. It will oversee operations through NDCC.