

प्रेषक,

प्राणेश चन्द्र शुक्ल,  
उप सचिव,  
उत्तर प्रदेश, शासन।

सेवा में,

महानिदेशक,  
चिकित्सा एवं स्वास्थ्य सेवाएं,  
उ0प्र0, लखनऊ।

चिकित्सा अनुभाग-5

लखनऊ :दिनांक: 15 अप्रैल, 2020

विषय:-कोराना वायरस (कोविड-19) से बचाव एवं उसकी रोकथाम के संबंध में भारत सरकार द्वारा प्रेषित पत्रों पर कार्यवाही के सम्बन्ध में।

महोदय,

उपर्युक्त विषय के संबंध में मुझे यह कहने का निदेश हुआ है कि कोविड-19 से बचाव एवं इसकी रोकथाम के संबंध में भारत सरकार द्वारा निम्नलिखित पत्रों के माध्यम से कतिपय दिशा-निर्देश उपलब्ध कराए गए हैं:-

| क्र० | प्रेषक एवं पत्र दिनांक   | विषय  |
|------|--|---|
| 1.   | सुश्री वंदना गुरनानी, अपर सचिव एवं मिशन निदेशक, एन0एच0एम0, भारत सरकार, नई दिल्ली का पत्र दिनांक 10.04.2020 | कोरोना वायरस से ग्रसित मरीजों की डायलिसिस के संबंध में संशोधित दिशा-निर्देश।                                  |
| 2.   | गृह सचिव, भारत सरकार का पत्र दिनांक 10.04.2020   | गाइड लाइन्स में नये निर्देश जोड़ा जाना।   |
| 3.   | श्री अरुण सिंघल, विशेष सचिव, भारत सरकार का पत्र दिनांक 10.04.2020  | याचिका संख्या-10795/2020 में मा0 उच्चतम न्यायालय, नई दिल्ली द्वारा पारित आदेश दिनांक 08.04.2020 के संबंध में। |
| 4.   | श्री रोशन जग्गी, संयुक्त सचिव, आयुष मंत्रालय, भारत सरकार का पत्र दिनांक 13.04.2020                         | कोविड-19 के रोकथाम, बचाव एवं उपचार में कार्यरत आयुष डाक्टरों के बीमा के संबंध में                             |

2- उक्त पत्रों की छायाप्रतियां संलग्न कर प्रेषित करते हुए अनुरोध है कि कृपया आवश्यक कार्यवाही सुनिश्चित करने का कष्ट करें।

संलग्नक: यथोपरि।

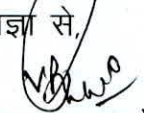
भवदीय,

  
( प्राणेश चन्द्र शुक्ल )  
उप सचिव।

संख्या- 867 (1)/पॉच-5-2020 तददिनांक

प्रतिलिपि प्रमुख सचिव, चिकित्सा शिक्षा/आयुष विभाग एवं मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन, उ0प्र0, लखनऊ को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

आज्ञा से,

  
( वेद प्रकाश राय )  
अनु सचिव

संख्या- 867/पांच-5-2020

N. 3053...../MS/GI/2020



संख्या 3359 / पीएसएमएचओ / 2020



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011

Government of India

Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011

वन्दना गुरनानी, भा.प्र.से.

Vandana Gurnani, I.A.S.

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)

Additional Secretary & Mission Director (NHM)

D.O. No. Z-28105/30/2020-NRHM-1

Date: 10<sup>th</sup> April, 2020

Dear Colleagues,

As you are aware, comprehensive guidelines for dialysis with reference to COVID-19 have been prepared, a copy of which is enclosed. These guidelines are also available at Ministry's website (<https://www.mohfw.gov.in/pdf/RevisedGuidelinesforDialysisofCOVID19Patients.pdf>).

As per MHA Order No.40-3/2020-DM-I(A) dated 24.3.2020 and further modified on 25.3.2020, 27.3.2020, 2.4.2020 and 3.4.2020 ([https://mha.gov.in/sites/default/files/PR\\_Consolidated%20Guideline%20of%20OMHA\\_28032020%20%281%29\\_0.PDF](https://mha.gov.in/sites/default/files/PR_Consolidated%20Guideline%20of%20OMHA_28032020%20%281%29_0.PDF)), essential health services are exempted during the period of lockdown. I would therefore request you to inform all the districts to facilitate access of patients requiring dialysis to the concerned health facilities. For patients who do not have private vehicles, services of Mobile Medical Units / National Ambulance Services or any other appropriate ambulance / transport service can be arranged to facilitate transport of these patients.

All States/UTs are requested to take immediate necessary action on the above.

with warm regards

Yours sincerely,

(Vandana Gurnani)  
8451VSI 51912  
DS(P)/50-5

15.04.2020

(दिनेश चन्द्र काण्डपाल)  
निजी सचिव,  
विशेष सचिव,  
चिकित्सा स्वास्थ्य एवं  
परिवार कल्याण विभाग  
उत्तर प्रदेश शासन।

Copy to : PS to Chief Secretary, All States/UTs

स्वच्छ भारत-स्वस्थ भारत

Tel. : 011-23063693 Telefax : 011-23061398 E-mail : vandana.g@ias.nic.in

सचिव - H

13-04-2020

(अमित प्रमुख) स्वास्थ्य विभाग उत्तर प्रदेश शासन

ICS, गृह प्र.सं. स्वास्थ्य विभाग राहत आयुक्त

11.4.2020 (राजेन्द्र कुमार तिवारी) मुख्य सचिव ACS / PSs / Secretary, Health of all the States/UTs उत्तर प्रदेश शासन

2998/SMH/20 VSK

14/4/2020 (वि.सं.जय) 15/4/2020 (वि.सं.जय) चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग उत्तर प्रदेश शासन





सत्यमेव जयते

**Government of India**

**Ministry of Health & Family Welfare**

**Revised Guidelines for  
Dialysis of COVID – 19  
patients**

## **Guidelines for Dialysis with reference to COVID-19 Infection**

COVID-19, a disease caused by a novel corona virus (SARS CoV-2), is currently a pandemic, which produces high morbidity in the elderly and in patients with associated comorbidities. Chronic kidney disease stage-5 (CKD-5) patients on dialysis [maintenance hemodialysis (MHD) or continuous ambulatory peritoneal dialysis (CAPD)] are also vulnerable group because of their existing comorbidities, repeated unavoidable exposure to hospital environment and immunosuppressed state due to CKD-5. These patients are therefore not only more prone to acquire infection but also develop severe diseases as compared to general population.

**Patients on regular dialysis should adhere to prescribed schedule and not miss their dialysis sessions to avoid any emergency dialysis.**

There will be three situations of patients who require dialysis; patients already on maintenance dialysis, patients requiring dialysis due to acute kidney injury (AKI) and patients critically ill requiring continuous renal replacement therapy (CRRT).

### **General Guidelines for Administration**

1. State/UT should identify and earmark at-least one hemodialysis facility with adequate number of dialysis machines, trained staff, reverse osmosis (RO) water system and other support equipment as preparatory fixed-point dialysis unit in case of rise of Covid-19 epidemic.
2. Health departments may issue directives to the district administrations allowing easy movements of these patients (with one attendant) to dialysis facility. Patients who do not have private vehicles, government run transport system should be organized for facilitating transport of these patients. Patients should use their hospital papers as pass to commute to the dialysis unit.
3. District administration should ensure that service providers for the dialysis consumables, both for MHD and CAPD should be allowed to deliver the material to the hospital or home as the case may be.

### **General Guidance for Dialysis Unit**

1. Adequate medical supplies such as dialysate, dialyzers and tubing, catheters, fistula needles, disinfectant and medicines etc. must be ensured in adequate quantity
2. A sign board should be posted prominently in the local understandable language as well as Hindi and English asking patients to report any fever, coughing or breathing problem in dialysis unit and waiting area. The information including images for education can be obtained on the International Society of Nephrology website <https://www.theisn.org/covid-19>



3. All hemodialysis units should educate their personnel in hemodialysis units; including nephrologists, nurses, technicians, other staff and all patients undergoing MHD along with their care givers about COVID 19
4. All universal precautions must be strictly followed.
5. All staff should strictly follow hand hygiene (seven steps) with soap and water for 20 second before handling any patient and in between two patients. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. If hands are visibly soiled or dirty, they should be first washed with soap and water and then an alcoholic hand rub used. Avoid touching your eyes, nose, and mouth with unwashed hands.
6. Medical and support staff treating infected patients should be monitored for COVID infection at the dialysis facility and should take necessary action if found infected.
7. Dialysis units should organize healthcare workers shift duties in a way that work of dialysis unit is not affected.
8. All hemodialysis units should be aware of the testing, triage and notification policy recommended by the Union Ministry of health and Family welfare and those by State/ UT Health Departments as well as District health authorities.
9. The dialysis unit staff should be trained for donning and doffing of Personal Protective Equipment (PPE) to be used for dialysis of COVID-19 positive patients.
10. All staff should be trained for cough etiquette, hand hygiene and proper use and disposal of mask, gown and eye glasses and the need to protect themselves.
11. All patients on dialysis, suspected of COVID – 19 should be tested with RT – PCR test as per Government of India protocol.
12. Patients with suspected or positive COVID-19 should be referred to COVID-19 care team as per local guidelines.

## **GUIDELINES FOR HEMODIALYSIS**

### **I. For Patients**

#### **a. Before Arrival to Dialysis Unit**

1. All units should instruct their patients to recognize early symptoms of COVID-19 (recent onset fever, Sore throat, Cough, recent Shortness of breath/dyspnea, without major inter-dialytic weight gain, rhinorrhea, myalgia/bodyache, fatigue and Diarrhea) and contact dialysis staff before coming to dialysis center. The unit needs to make necessary arrangement for their arrival in the screening area.
2. Patients, who are stable on MHD may be encouraged to come to the unit alone without any attendant

#### **b. Screening Area**

1. We recommend that dialysis unit should have a designated screening area, where patients can be screened for COVID-19 before allowing them to enter inside dialysis area. Where this is not possible, patients may wait away from the dialysis unit until they receive specific instructions from the unit staff.

2. The screening area should have adequate space to implement social distancing between patients and accompanying persons while waiting for dialysis staff. In screening area, every patient should be asked about:

- Symptoms suspected of COVID-19 as above.
- History of contact with a diagnosed case of COVID 19
- History of contact with person who has had recent travel to foreign country or from high COVID-19 prevalence area within our country as notified by the Central and State/ UT governments respectively.

3. Patients with symptoms of a respiratory infection should put on a facemask before entering screening area and keep it on until they leave the dialysis unit. Dialysis unit staff should make sure an adequate stock of masks is available in screening area to provide to the patients and accompanying person if necessary.

4. There should be display of adequate IEC material (posters etc.) about COVID – 19 in the screening area.

#### **c. Inside Dialysis Unit**

1. Suspected or positive COVID-19 patients should properly wear disposable three-layer surgical mask throughout dialysis duration.

2. Patients should wash hands with soap and water for at least 20 seconds, using proper method of hand washing. If soap and water are not readily available, a hand sanitizer containing at least 60% alcohol can be used.

3. Patients should follow cough etiquettes, like coughing or sneezing using the inside of the elbow or using tissue paper.

4. Patients should throw used tissues in the trash. The unit should ensure the availability of plastic lined trash cans appropriately labeled for disposing of used tissues. The trash cans should be foot operated ideally to prevent hand contact with infective material.

5. There should be display of adequate IEC material (posters etc.) about COVID – 19 in the dialysis area.

## **II. For Dialysis Staff**

### **a. Screening Area**

1. The unit staff should make sure an adequate stock of masks and sanitizers are available in screening area to provide to the patients and accompanying person if necessary.



## **b. During Dialysis**

1. It should be ensured that a patient or staff in a unit does not become the source of an outbreak.
2. Each dialysis chair/bed should have disposable tissues and waste disposal bins to ensure adherence to hand and respiratory hygiene, and cough etiquette and appropriate alcohol-based hand sanitizer within reach of patients and staff.
3. Dialysis personnel, attendants and caregivers should also wear a three-layer surgical facemask while they are inside dialysis unit.
4. Ideally all patients with suspected or positive COVID-19 be dialyzed in isolation. The isolation ideally be in a separate room with a closed door, but may not be possible in all units. The next most suitable option is the use of a separate shift, preferably the last of the day for dialyzing all such patients. This offers the advantage of avoiding long waiting periods or the need for extensive additional disinfection in between shifts. The next suitable option is to physically separate areas for proven positive and suspected cases. Where this is also not possible, we suggest that the positive or suspected patient may be dialyzed at a row end within the unit ensuring a separation from all other patients by at least 2 meters.
5. Staff caring for suspected or proved cases should not look after other patients during the same shift.
6. Dialysis staff should use of all personal protective equipment (PPE) for proven or strongly suspected patients of COVID-19. Isolation gowns should be worn over or instead of the cover gown (i.e., laboratory coat, gown, or apron with incorporate sleeves) that is normally worn by hemodialysis personnel. If there are shortages of gowns, they should be prioritized for initiating and terminating dialysis treatment, manipulating access needles or catheters, helping the patient into and out of the station, and cleaning and disinfection of patient care equipment and the dialysis station. Sleeved plastic aprons may be used in addition to and not in place of the PPE recommended above.
7. Separating equipments like stethoscopes, thermometers, Oxygen saturation probes and blood pressure cuffs between patients with appropriate cleaning and disinfection should be done in between shifts.
8. Stethoscope diaphragms and tubing should be cleaned with an alcohol-based disinfectant including hand rubs in between patients. As most NIBP sphygmomanometer cuffs are now made of rexine they should also be cleaned by alcohol or preferably hypochlorite-based (1% Sodium Hypochlorite) solutions however the individual manufacturer's manuals should be referred to.
9. Staff using PPE should be careful of the following issues:



- While using PPE, they will not be able to use wash room so prepare accordingly
- After wearing eye shield, moisture appears after some time and visibility may become an issue. Therefore, machine preparation can be done in non-infected area before shifting to near the patient
- If dialysis is to be done bed-side in the hospital, portable RO should be properly disinfected with hypochlorite (1% Sodium Hypochlorite) solution between use of two patients

## **DISINFECTION AND DISPOSAL PRACTICES IN DIALYSIS UNIT**

- Bed linen should be changed between shifts and used linen and gowns be placed in a dedicated container for waste or linen before leaving the dialysis station. Disposable gowns should be discarded after use. Cloth gowns should be soaked in a 1% hypochlorite solution for 20 minutes before sluicing and then be transported for laundering after each use.
- Inside dialysis unit, clean and disinfect frequently touched surfaces at least thrice daily and after every shift. This includes bedside tables and lockers, dialysis machines, door knobs, light switches, counter tops, handles, desks, phones, keyboards, toilets, faucets, and sinks etc.
- It is recommended that solutions for disinfection be composed either of hypochlorite, alcohol, formaldehyde or glutaraldehyde for disinfection of surfaces in accordance with the manufacturer's instructions. Almost all common disinfectant solutions are effective in killing the virus on surfaces, the key is effective and frequent cleaning.
- **Bleach solution**
  - Mix 1 liter of Medichlor with 9 liters of water. This solution can be used for upto 24 hours after which it should be discarded and a fresh solution prepared.
  - As an alternative 10 Grams of household bleaching powder can be dissolved in a liter of water and used for a period of 24 hours.
- **Alcohol based solutions**
  - Ensure solution has at least 60% alcohol. Appropriate commercially available solutions include Aerodosin a mixture of isopropanol, glutaraldehyde and ethanol or lysoformin a mixture of formaldehyde and glutaraldehyde can be used.
- Wear unsterile but clean disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Clean hands by above method immediately after gloves are removed.
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning, launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.



- Wear disposable gloves when handling dirty laundry from an ill person and then discard after each use. Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- Clean and disinfect clothes buckets or drums according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.

## **DIALYSIS OF COVID – 19 PATIENT WITH ACUTE KIDNEY INJURY (AKI)**

A small proportion of patients (~5%) of COVID – 19 develops AKI. The disease is usually mild but a small number may require RRT (Renal Replacement Therapy). In addition, even smaller proportion of patients with secondary bacterial infection will have septic shock, drug nephrotoxicity or worsening of existing CKD severe enough to require RRT (Renal Replacement Therapy).

- It is suggested that all modalities of RRT may be used for patients with AKI depending on their clinical status.
- Patient admitted in other ward of the hospital with AKI should be preferably given bed-side dialysis rather than shifting patient in main dialysis unit.
- In such situation portable reverse osmosis water in a tank will serve the purpose for the dialysis.
- If more dialysis is expected in selected area, dialysis machine may be left in the same area for future dialysis.
- Ideally, this procedure should happen in COVID – 19 dedicated hospital/ ward.

## **CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT)**

- CRRT machines are free standing and can function anywhere in the hospital using sterile bagged replacement fluid and dialysate, but operating costs are high.

## **OTHER EXTRACORPOREAL THERAPY FOR COVID-19**

- Use of cytokine removal therapies with Cytosorb, Oxiris and other similar devices is unproven and is not recommended except in the context of a clinical trial.
- Cytokine storm associated with elevated levels of IL-6, IL-18 and IFN gamma are associated with more severe disease and higher mortality. Extracorporeal therapies using high volume hemofiltration or adsorption to decrease cytokine levels may theoretically be expected to confer benefit and 1 study of HVHF at 6L/hr showed cytokine reduction and improvement in SOFA scores in septic patients.



## PERITONEAL DIALYSIS

### 1. Patients already on CAPD

- Patients who are already receiving peritoneal dialysis (PD) treatment have the relative advantage over patients who are receiving hospital or satellite-based haemodialysis treatment as they will not be exposed to hospital environment. This will reduce their exposure to infection. However, they should arrange their delivery of supply well in time to avoid missing dialysis exchanges.
- Used dialysis bags and tubing should be properly disposed using 1% hypochlorite solution first and disposed in a sealed bag. Used dialysis fluid should be drained in the flush.

### 2. New patient planned for CAPD

- It will be difficult to maintain a service that can commence new patients on PD, mainly through a lack of healthcare worker to insert PD catheter and to provide the intensive training required. Therefore, initiation of new patient should be avoided, unless the resources are available and the facility is equipped.

### 3. Acute PD

- Use of acute peritoneal dialysis can be lifesaving and should be used as and when required and, in the setting, where hemodialysis facility is not available. Health care worker should use all precautions while initiating acute PD and discard used consumables properly.

## PERSONAL PROTECTIVE EQUIPMENTS (PPE)

Personal protective equipment must be used while dialyzing COVID-19 positive patients.

These include:

- Shoe covers
- Gown
- Surgical cap or hood
- Goggles or eye shields
- Mask: Ideally all masks should be N95 respirators with filters. However, as the life of such masks is approximately 6-8 hours and they can be uncomfortable over a long term and are also in short supply, they should be prioritized for aerosol generating procedures, namely intubation, open suction and bronchoscopy. Surgical triple layer masks and cloth masks can be used as alternatives for all other procedures.
- Surgical gloves.

The correct method of donning and doffing personal protective equipment's (PPE) can be viewed on YouTube at <https://youtu.be/NrKo2vWJ8m8>. However, it is always better to give hands on training of donning and doffing to staff who is going to handle suspected or positive patients.



संख्या 3360(9) पीएसएमओएच/2020

अक्रमा - 870/पांच-5-2020

No.....3052.../MS/GI/2020

No.40-3/2020-DM-I(A)  
Government of India  
Ministry of Home Affairs

North Block, New Delhi-110001  
Dated 10<sup>th</sup> April, 2020

ORDER

In continuation of Ministry of Home Affairs's Order No 40-3/2020-DM-I(A) dated 24<sup>th</sup> March, 25<sup>th</sup> March, 27<sup>th</sup> March, 2<sup>nd</sup> April and 3<sup>rd</sup> April 2020 and in exercise of the powers, conferred under Section 10(2)(l) of the Disaster Management Act, the undersigned, in his capacity as Chairperson, National Executive Committee, hereby issues the 5<sup>th</sup> Addendum to the consolidated guidelines, as Annexed to the said Orders issued to Ministries /Departments of Government of India, State/Union Territory Governments and State /Union Territory Authorities with the directions for their strict implementation.

सचिव -H

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10/04/2020  
Home Secretary

13-04-2020

To

(अमित मोहन प्रसाद)

प्रमुख सचिव The Secretaries of Ministries /Departments of Government of India

चिकित्सा, स्वास्थ्य एवं परिवार कल्याण विभाग

उत्तर प्रदेश शासन The Chief Secretaries/Administrators of States/Union Territories

As per list attached

Copy to:

- All members of the National Executive Committee.
- Member Secretary, National Disaster Management Authority.

अ.सु.स. गृह/AFG

प्र.स. स्वास्थ्य

उत्तर प्रदेश शासन

✓

11.4.20  
(राजेन्द्र कुमार तिवारी)  
मुख्य सचिव  
उत्तर प्रदेश शासन

2997/smr/20  
VS(SK)

14/4/2020

अ/संजय  
15.04.2020

(वी० देवगौरी मिश्रा)  
सचिव  
चिकित्सा, स्वास्थ्य एवं परिवार कल्याण विभाग  
उत्तर प्रदेश शासन

845/V8/SK/S/20  
DS(LP)/50-5

✓

15.04.2020

(दिनेश चन्द्र काण्डपाल)  
निजी सचिव,  
विशेष सचिव,  
चिकित्सा स्वास्थ्य एवं  
परिवार कल्याण विभाग  
उत्तर प्रदेश शासन।



4

**No. 40-3/2020-DM-I(A)**  
**Government of India**  
**Ministry of Home Affairs**

**Subject :** 5<sup>th</sup> Addendum to the Consolidated Guidelines annexed to the  
Ministry of Home Affairs Order No. 40-3/2020-DM-I(A) dated  
24.03.2020

**A. Addition of sub-clause (p) in exception to clause 4**

- (p) Operations of the fishing(marine)/ aquaculture industry, including feeding & maintenance, harvesting, processing, packaging, cold chain, sale and marketing; hatcheries, feed plants, commercial aquaria, movement of fish/ shrimp and fish products, fish seed/ feed and workers for all these activities.

**Note:** As specified in the lockdown measures, social distancing and proper hygiene practices must be ensured in each of the above activities as well as the activities permitted by earlier orders. It will be the responsibility of the head of the organisation/establishment to ensure compliance of such norms. The district authorities will ensure strict enforcement.

  
10/04/2020  
Home Secretary

(विभागीय सचिव, मंत्रालय)  
10/04/2020



संख्या 2635 (ए) / पीएसओएमएच/2020

21रोल - 868/पाच-5-2020

No.COVID-19/03/2020-MEP  
Government of India  
Ministry of Health & Family Welfare

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Nirman Bhawan, New Delhi.

Dated the 10<sup>th</sup> April, 2020

To,

The Principal Secretary (Health)  
All States / UTs as per list

2948/SMH/20  
VS (sic)

सचिव (H)

Subject: Ensuring availability of PPEs etc.

13/4/20  
(पी० हेमाली जिगोमी)  
सचिव  
शिक्षा स्वास्थ्य एवं परिवार कल्याण विभाग  
उत्तर प्रदेश शासन

10-4-20  
(अमित मोहन प्रसाद)  
प्रमुख सचिव

Madam / Sir,

शिक्षा, स्वास्थ्य एवं परिवार कल्याण विभाग  
उत्तर प्रदेश शासन

The Hon'ble Supreme Court has given the following interim directions in the case of

Jerryl Banait Vs UOI and Anr in the WP (Civil) no. 10795/2020:

845/VS/SIC/12  
DS (P)/50.5

(1) The respondents as per guidelines dated 24.03.2020 of the Ministry of Health and Family Welfare are directed to ensure availability of appropriate PPEs, including sterile medical/Nitrile gloves, starch apparels, medical masks, goggles, face shield, respirators (i.e. N-95 Respirator Mask or Triple Layer Medical Mask or equivalent), shoe covers, head covers and coveralls/gowns to all Health Workers including Doctors, Nurses, Ward Boys, other medical and paramedical professionals actively attending to, and treating patients suffering from COVID-19 in India, in Metro cities, Tier-2 and Tier-3 cities.

2

15.04.2020

(दिनेश चन्द्र काण्डपाल)  
जिला सचिव,  
विभाग सचिव,  
शिक्षा, स्वास्थ्य एवं परिवार कल्याण विभाग  
उत्तर प्रदेश शासन।

(4) The Government shall explore all alternatives including enabling and augmenting domestic production of protective clothing and gear to medical professional. This includes the exploring of alternative modes of production of such clothing (masks, suits, caps, gloves etc.) and permitting movement of raw materials. Further, the Government may also restrict export of such materials to augment inventory and domestic stock.

2. State governments procure all medical equipment required for hospitals on their own ordinarily. Due to outbreak of Covid-19 in China, which was the major supplier of fabric required for PPEs, there was extreme shortage faced by both, State Governments and Government of India. In view of the extraordinary situation posed by the outbreak of Covid-

21/4/2020



19, the Central Government stepped in to assist States by procuring Personal Protection Equipment. Nearly 2.70 lakh PPEs have been supplied to various States/central hospitals by the Central Government, which have added to the initial stock of 2.75 lakhs available with States.

3. Since there were no domestic manufacturers of PPEs in the country, The Ministry of Textiles has worked with the Ministry of Health & Family Welfare to encourage domestic production. We got our first case of Covid-19 on 30<sup>th</sup> January, 2020. Our collaboration with Textiles Ministry had commenced on 29<sup>th</sup> January itself. More than 30 domestic manufacturers have cleared quality tests so far and orders for over 70 lakh PPEs have been placed with them. Successful efforts have been made in conjunction with Ministry of External Affairs to order PPE Kits from abroad. Orders for 80 lakh PPEs have been placed on foreign sources. Their supplies will commence from 15<sup>th</sup> April, 2020 and they are expected to supply 10 lakh PPE Kits per week thereafter. Total orders for 1.67 crore PPEs have been placed by the Central Government so far.

4. Some States have informed us that the quality of coveralls procured by them directly is not up to the mark. This is a matter of concern and we should not allow it to happen. To ensure quality, all the PPEs being procured by the Central Government are being tested at NABL accredited laboratories before being supplied to hospitals. State governments must also satisfy themselves of the quality of PPEs procured by them before giving them to medical personnel for use.

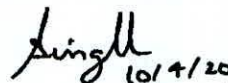
5. It may also be ensured that buffer stocks available with States are moved in time to hospitals where they are required. According to the IDSP portal, over 4 lakh PPEs are available today with hospitals in the country. Similarly, initial stock of N95 masks available with the States/ central hospitals was 16.67 lakhs. We have already supplied 21.49 lakh N95 masks to States. 16.76 lakh N95 masks are available today in the country. These stocks appear



sufficient to be able to manage at this moment. Further supply streams will start yielding results within the next week. Until then, and even afterwards, the guidelines on rational use of PPEs must be followed in the letter and spirit.

6. The Central Government is also conducting studies on reuse of N95 masks and PPEs. The technical experts with AIIMS Delhi are working on these protocols and they will be shared with States as soon as they are finalized.
7. The States may continue to update information of this stock of material available with them and requirement on the concerned portal to ensure that Central Government can make rational distribution of the same.
8. All steps are being taken by the Ministry of Textiles and the Ministry of Health and Family Welfare to enable and augment domestic production. States are also requested to facilitate in this regard. Further, exports have already been banned since 31<sup>st</sup> January, 2020.
9. In compliance of the orders of the Hon'ble Supreme Court, the State Governments are required to specifically ensure that doctors and all other health staff working both in the hospitals as well as in other settings where contact with COVID 19 patients is possible, are made available appropriate PPEs and other essential gear as per guidelines dated 24.3.2020 for rational use of PPEs referred to by the Hon'ble Supreme Court.

Yours faithfully,



(Arun Singhal)

Special Secretary to the Government of India  
Phone: 23062857

Copy to: All Chief Secretaries





सत्यमेव जयते

**ROSHAN JAGGI**  
Joint Secretary  
Ministry of AYUSH  
INA, New Delhi-110023  
Phone:- 011-24651940  
Mobile:- 7678138964

अलेखा - 869/पांच-5-2020  
संख्या 2665(स)/पीएसएमएच/2020

भारत सरकार

आयुर्वेद, योग व प्राकृतिक चिकित्सा  
यूनानी, सिद्ध एवं होम्योपैथी (आयुष) मंत्रालय  
आयुष भवन, 'बी' ब्लॉक, जी.पी.ओ. कॉम्प्लेक्स,  
आई.एन.ए., नई दिल्ली-110023

GOVERNMENT OF INDIA  
MINISTRY OF AYURVEDA, YOGA & NATUROPATHY  
UNANI, SIDDHA AND HOMOEOPATHY (AYUSH)  
"AYUSH BHAWAN", B-BLOCK, GPO COMPLEX  
INA, NEW DELHI-110023

लक्ष्मण

**D.O. No. S. 16030/18/2019-NAM**  
**Dated: 13<sup>th</sup> April, 2020**

Dear Administrative Secretary,

As you are aware Government of India has constituted Empowered Groups of Secretaries to plan and ensure implementation of COVID-19 response activities. Secretary, Ministry of AYUSH is member of "Group 4" which deals with 'Augmenting Human Resources and Capacity Building'.

In this regard as a follow up, an online training of "Master Trainers" has been conducted jointly by Ministry of Health and Ministry of AYUSH on 4<sup>th</sup> April, 2020. In the said training, District wise AYUSH Master Trainers as identified by AYUSH authorities of respective States /UTs, had been trained and States/UTs have been advised to ensure that these master trainers may further take up the task of imparting training to AYUSH manpower in a cascading approach. The trained pool of AYUSH manpower thus available in each District may be used for various activities taken up for containment of COVID-19 pandemic by the district administration.

It is pertinent to mention here that w.e.f. 30.03.2020, under Pradhan Mantri Garib Kalyan Package announced by GoI: Insurance Scheme for Health Workers Fighting COVID-19 has been launched for a period of 90 days. With regard to coverage of AYUSH Doctors under this insurance scheme, it has been clarified by the Ministry of Health & Family Welfare vide letter D.O. No.Z.18016/1/2020-PMGKP/NHM-II (Pt File) dated 10.04.2020 and Z.18016/1/2020/PMGKP/NHM-II dated 03.04.2020 that all such healthcare providers who are deployed with COVID-19 containment related duties and may be at risk of being impacted by way of being in direct contact of COVID-19 patients. are covered under the scheme, which, by implication, includes AYUSH doctors too. (Copy of the D.O. letters are enclosed).

Therefore I would request you to take appropriate follow up action in this regard. The details are given in the letters of Health ministry which are enclosed herewith .

With warm regards,

Yours sincerely,

**(ROSHAN JAGGI)**

Encl. as above

To, विभाग

**Addl. Chief Secretaries/Principal Secretaries/ Secretaries (AYUSH/Health) of all States/UTs.**

13/4/2020

(अमित कुमार प्रसाद)  
प्रमुख सचिव  
चिकित्सा, स्वास्थ्य एवं परिवार कल्याण विभाग  
उत्तर प्रदेश शासन

M/BK

14/4/20

(वि. के. सिंह)  
वि. स. सचिव

845/VS/SR/2  
DS(O)/SR

15-04-2020  
(निश चन्द्र काण्डपाल)  
निजी सचिव  
विशेष सचिव,  
चिकित्सा स्वास्थ्य एवं  
परिवार कल्याण विभाग  
उत्तर प्रदेश शासन।

अ/प्र.सचिव  
15/4/2020