

GOVT OF NCT OF DELHI
DEPARTMENT OF HEALTH AND FAMILY WELFARE
9TH LEVEL, A-WING, DELHI SECRETARIAT, DELHI
I.P. ESTATE, NEW DELHI-110002
CD#112604503

F.No.01/H&FW/COVID-19/2020/01/CD NO 112609657/PR.SECT.HFW/353 Dated: 12/01/2022

ORDER

In order to strengthen the management of COVID-19 pandemic, it has been decided to set up 50 bedded COMMUNITY COVID CARE CENTRES as decentralized and more accessible Covid Care Centre near to home settings.

Further, in order to quickly set up and operationalise such centres, Standard operating procedure (SOP) has been prepared and has been approved by Hon`ble Health Minister of GNCTD.

The SOP is now forwarded to all District Magistrate of Delhi with directions to set up these centres as per the enclosed SOP and as per the specific requirements in their District.

This issues with the prior approval of Hon`ble Minister (Health & FW).


12-1-2022

(MANISHA SAXENA)
Pr. Secretary (H&FW)

Encl: as above

To

1. All District Magistrates of, Govt of NCT of Delhi.

F.No.01/H&FW/COVID-19/2020/01/CD NO 112609657/PR.SECT.HFW/353 Dated: 12/01/2022

Copy to

1. Secretary to Lt. Governor, Delhi.
2. Addl. Secretary to Hon`ble Chief Minister, Delhi.
3. Secretary to Hon`ble Minister of Health, Delhi
4. OSD to Chief Secretary, GNCTD
5. All Spl.Secretary (H&FW), GNCTD.
6. All the Nodal Offier as per the list eclosed
7. All the OSD, H&FW, GNCTD.
8. Director of DGHS, GNCTD.
9. Dr. Sanjay Agrawal. OSD, H&FW, GNCTD
10. Dr. Monika Rana, Director, DFW, GNCTD.
11. All the MD/MS of Covid Hospitias GNCTD as per the list enclosed.
12. Mission Director, DSHM, Delhi.
13. Director, Directorate of Family Welfare, GNCTD
14. System Analyst. H&FW for uploading the same on the website


12-1-2022

(MANISHA SAXENA)
Pr. Secretary (H&FW)

COMMUNITY COVID CARE CENTRE

Standard Operating Procedure for Setting up and Operationalization

The management of Covid 19 pandemic shall be strengthened by setting up community based 50 bedded CCC Centers, one in each Assembly as decentralized and more accessible structures near to home settings. These will have isolation facility and control room to provide all services in an integrated manner. The Center will be 50 bedded with minimal staff / resources and will work 24x7.

These shall be under operational control of CDMO and the DM shall be overall supervisory mechanism responsible for setup of Infra & coordination between the different agencies.

Proper triaging area for patient to hold sufficient number of patients be established at each such site along with the ambulance movement & parking plan and Help Desk.

Sufficient mobile toilets along with attendant are required be stationed at these sites.

Beds, mattresses, pillows, towel & linen may be sourced on rent with the responsibility of washing of linen etc. Further, sufficient stock of disposable linen may be kept at each such facility for emergency use.

Food & drinking water for the patients and staff working at such centres should be arranged.

Sufficient number of CDVs, Security Guards and Sanitation Workers should be provided depending of area identified.

The DM/ CDMO is allowed to hire additional manpower to manage the center. Non-technical administrative personnel may be provided by the DM office, wherever required.

The procurement of Staff & Logistics will be as per standing guidelines. Resources from the concerned district magistrate office/CDMO units will be integrated.

The requirements hereunder are suggested for 50 beds, which shall however be reviewed and optimized on case to case basis as per case load/requirements by CDMO incharge.

Following Hospitals are attached to each District to act as referral facility to handle emergencies.

S No.	District	Hospital
1	South West	RTR Hospital
2	South	Pt MMM Hopital
3	South East	L N Hospital
4	East	L B S Hospital
5	Shahdara	GTB Hospital
6	North East	JPC Hospital
7	North	M V Hospital
8	North West	Dr BSA Hospital
9	West	DDU Hospital
10	Central	DCB Hospital
11	New Delhi	L N Hospital

The role and responsibilities of Health Department and District Administration are as under:-

MANAGEMENT & DELEGATION OF POWERS		Sourcing	Agency for execution
(1) Management Structure			
i. Manager cum Coordinator	✓ 1 per Centre	School Manager	DM through education department
ii. Doctor In charge	✓ 1 per Centre	Regular doctor	
iii. Covid Center Management committee- District level	✓ DM - Chairperson ✓ ADM/SDM ✓ DD Education ✓ CDMO ✓ In-charge Centre (co-opted)		DM
iv. Covid Center team- Center level	✓ In-charge Centre ✓ CM Representative ✓ 10 ward members ✓ Representative from CDMO		DGHS
(2) Delegation of Powers			
i. Outsourcing of staff as per guidelines			DM / DGHS
ii. Outsourcing of ambulance / vehicles as per guidelines			As applicable
iii. Outsourcing/empanelment of Labs/ Diagnostic centers as per			

iv. guidelines Powers under DDMA for any contingent procurement			
v. Powers under Epidemic disease act			

MANPOWER (Honorarium- basis)		Sourcing	Agency for execution
(1) Central Pool of Experts / Super specialist		Regular Doctors	DGHS
(2) Centre Team			
i. *Doctor (MBBS) 1 per 50 bed per shift	4 per Centre	OUTSOURCED	CDMO
ii. Interns / Medical Students / Dental / Ayush as per requirements	4 per Centre	OUTSOURCED	CDMO / H&FW
iii. Nursing / ANM	Upto 8 per Centre as per requirements	OUTSOURCED	CDMO
iv. Stores Coordinator / Pharmacist	1	Regular	CDMO
v. NO /MTS / Nursing student	Upto 14per Centre as per requirements	OUTSOURCED	CDMO
i. CHW (Asha / AWW)			CDMO
ii. Teacher	10 per Centre	School staff	DM thru Education
iii. Civil defense	4 per Centre	Outsourced	DMthru Education
iv. Sanitation / Housekeeping	Upto 8 per Centre as per requirements	School staff / Outsourced	DMthru Education
v. Security	4 per Centre	School staff / Outsourced	DMthru Education
vi. Tele-callers	Upto 8 per Centre as per requirements	Outsourced	DMthru Education
vii. CDEO	Upto 5 per Centre as per requirements	Outsourced	DMthru Education

*Doctor registered with any state medical council / MCI

EQUIPMENT / CONSUMABLES / MEDICINES		Sourcing	Agency for execution
(3) Logistics			
i. Beds / Bedside rack	50	OUSOURCED	DM
ii. Equipment - Pulse oxymeters, Thermometer,	50 per Centre		CDMO
iii. BP apparatus, Glucometer	As required		CDMO
iv. Oxygen Cylinders	10 (5 B & 5 D-type)		CDMO
v. Oxygen Concentrators	20 Oxygen concentrators (10 - Ten liters & 10 - Five liters).		CDMO
vi. Lab infra - Fridge et all for	As per requirements	School	DM
vii. Medicines - For Ward / Fever Clinic / HI	As per requirements		CDMO
viii. Ayush KIT - Kadha, Ashwagandha, Giloy, Ayush 64	As per requirements		CDMO
ix. Lab consumables	As per requirements	✓	CDMO
x. Lab		Outsource	DGHS
xi. Radiology		Outsource	DGHS
xii. Consumables	As per requirements	✓	CDMO
xiii. Other requirements			DM / CDMO as applicable

1.	Drinking water	DM OFFICE
2.	Food	DM OFFICE

TRANSPORT		70 Centre	250 Centre
xiv. Auto	5 per Centre		DM
xv. Uber / Taxi ambulance	2 per Centre		DM
xvi. CATS	1 per Centre		HFV

CENTRE - INFRA		70 Centre	250 Centre
(4)			
(5)			
i.	Big / small screens for dashboard monitoring	As per requirement	DM
ii.	Computers	4 per Centre	DM
iii.	Laptop	1 per Centre	DM
iv.	Office stationary and consumables	As per requirements	CDMO
(6)	Help line Numbers		
	• Two unique landline numbers with 30 hunting line with transfer to appropriate channel / vertical	2	DM
(7)	Other Infra		
v.	Rooms / Halls	12 rooms	DM
vi.	Office Furniture and workstations	As per requirements	DM
vii.	Power Backup	25 KWH Battery backup or more	DM

CENTRE - INFRA & other ITEM		AGENCY FOR EXECUTION
0.	Identification of school / building suitable for setting up a centre	DM OFFICE
3.	Infra works- tentage etc	DM OFFICE
4.	Procurement/rent of beds etc	DM OFFICE
5.	Infra works if any - lighting/air conditioning/heating arrangements/cabling etc	DM OFFICE
6.	Computers, internet, telephone lines/ mobiles, cctv installation	DM OFFICE
7.	Mobile toilets if required	DM OFFICE
8.	Administrative staff	DM OFFICE

Operational SOP – Indicative Functions and structure, to be implemented as per requirements

TELECALLING UNIT	
<p>(8) Segregation of positive case</p> <ul style="list-style-type: none"> • Labs will be directed to give realtime data within 20 hours TAT to the State Covid 19 Response Centre (testing capacity to be capped) • Cases to be segregated on real time basis district wise (district name); assembly wise (assembly name & number) & ward wise (ward name & number) - Labs will be directed to capture these details also • The segregated data will be pushed on the Integrated Covid management App 	<ul style="list-style-type: none"> ✓ GSDL/ State Covid 19 Response Centre ✓ Representative of District / Assembly ✓ Integrated Covid 19 management App
<p>(9) Tele-Calling Unit</p> <ul style="list-style-type: none"> • As per the list of positive cases provided directly by the Lab. or ICMR portal, the tele-calling unit of Centre will call these patients • The Tele-calling will be on real time basis and as soon as patient is reported +ive by Lab, then within ½ hour, tele-call shall be made positively with time captured in software • Tele-callers will capture demographic/clinical & triage & decide whether the patient is fit for Home Isolation or need to be shifted to a Centre or CCC or DCH • Home team will visit within 1 hour in case patient requires admission. Time of response will be captured in software • Admission will be facilitated by providing bed vacancy position & ambulance and further Centre will coordinate with chosen Centre / CCC/DCH to facilitate reservation of bed and smooth admission. 	<ul style="list-style-type: none"> ✓ Doctors from the Centre pool ✓ 8 Tele-Callers; round the clock to be deployed in shift (2+2+1+2 in general shift i.e., 10 AM-6PM), 1 as reliever ✓ 10 Teachers (3+3+2) & 2 as reliever / other duty. 3 Teachers from this pool, will coordinate the ambulance and vehicular support to the patients. ✓ Interns ✓ Medical students / PG
<p>(10) Tracing of incomplete address</p> <ul style="list-style-type: none"> • Labs will be directed to complete address in such cases (Penalty / Suspension) • Field teams will verify incomplete address cases from home visits • Coordination will be done with Police • Data will be shared with all districts / all adjoining districts of NCR for tracing such address patients 	<ul style="list-style-type: none"> ✓ All stakeholders

HOME ISOLATION UNIT

(11) Home Isolation team(Central)

- The triaged positive cases will be accessed by HI team on software
- Home isolation team will prioritize quick response as per category of patient i.e. patient requiring admission will be visited within ½ hour
- In rest cases, it will send home visit teams within 4 hours
- It will also have coordination mechanism with other verticals(ambulance, testing-tracing etc.)

- ✓ Doctor in-charge
- ✓ Specialist Doctors from central pool
- ✓ 5 CDEOs, in shifts (2+2+1) on round the clock basis
- ✓ Medical students
- ✓ Interns

(12) Super specialist panel - Telemedicine / Video consultation

- Central pool of super-specialty doctors (pulmonologist, cardiology, mental health etc) will be set up for consultation by HI team

- ✓ Designated pool of specialists (govt./volunteers)
- ✓ Telemedicine / Video consultation Apps

(13) Home visit teams

- All positive case reported on the day will be visited on first day itself **within 4 hours** and time will be noted on software.
- ANM shall make a first day visit in each new case.
- Home visit team will do assessment and **physical triage on spot** and decide whether patient can be managed in Home isolation as per guidelines or need to be shifted to the Covid facility. The guidelines for triaging will be developed by experts. In brief patients may be categorized
 - fit for hospital;
 - fit for CCC;
 - fit for Centre
 - fit for home isolation;
 - Un-cooperative

- Home visit team may consult or facilitate patient for video-calling with Doctor at Centre, if required.
- The team will coordinate with HI team at Centre for admission / isolation
- The team will share phone/mobile numbers of Centre, HI team, and Home visit team members and also form a whatsapp group with the positive patient and will be responsible to follow the patient for the duration of HI

Staff and activity to be coordinated along with CDMO

For ASHA allocated areas

- ✓ *1 Team for each ASHA worker area consisting of ASHA / AWW, Civil Defense Volunteers, Ward Volunteers
- ✓ 1 ANM per /5 teams (ANM from DGD / Outsourced)

**Number of teams will be adjusted for increase in case load. If new cases are >10 per day per team, then more team will be added in area.*

For non-ASHA areas

- ✓ CDMO/ DGD in-charge will reorganize & distribute non-ASHA area to existing teams or create new teams
- ✓ The staff from Centre will also be used for home visits beyond routine hours and in emergencies

(14) Medicines / equipment

- Home visit team will provide following free of cost to the HI patients on the first day:-
 - Medicine Kit

- ✓ By Home visit teams

<ul style="list-style-type: none"> ii. Consumables Kit iii. Ayush kits iv. Pulse Oxymeters/Thermometers v. E-monitor • Team will train patients on monitoring vital parameters with E monitor / Pulse Oxymeters/Thermometers 	
<p>(15) Oxygen Concentrators</p> <ul style="list-style-type: none"> • These will be provided to the discharged patients as per the guidelines in this regards • Logistic team will supply these&coordinate with Home visit team / HI team 	<ul style="list-style-type: none"> ✓ Logistic team
<p>(16) Monitoring of Home Isolation Cases/ Emergencies</p> <ul style="list-style-type: none"> • Each Patient will have an EMR in app&Monitoring of HI cases will be done as under: <ul style="list-style-type: none"> i. Home visits during home isolation period. <ul style="list-style-type: none"> ○ After first day visit, secondvisit will be done <u>on day 5</u> by Home Visit team. ○ In between & later visits will be made by Home teamsas required ○ In case patient needs medical consultation then Centre HI team will provide Tele/Video consultation. ii. Tele-calling from the center on daily. iii. Remote Monitoring <ul style="list-style-type: none"> ○ On-line monitoring through a multi-para device. ○ The Centre will have central monitors for e-monitoring by HI team. For any significant deviations, a call will be made to patient &Home visit teamwill visit the patient iv. Self-reporting by patient on portal / or through outbound tele-consultation call to Centre 	<ul style="list-style-type: none"> ✓ Tele calling teams ✓ HI Teams / Centre Staff ✓ HI Tracking App ✓ Bio Sticker ✓ Vehicle Support
<p>(17) In case of Emergency</p> <ul style="list-style-type: none"> • During normal working hours Home visit teams will make a home visit. • After Normal working hours Nurse /ANM along with MTS & Civil Defense Volunteer from Centre will make a home visit. 	
<p>(18) Quarantine/Isolation</p> <ul style="list-style-type: none"> • Home visit Teams will check for suspected patients in the family/vicinity and educate them for testing / isolation requirements (home or institutional) • Home visit Teams will for high risk contact cases of positive cases and educate them for testing / 	<ul style="list-style-type: none"> ✓ By Home visit teams ✓ By Testing & tracing teams ✓ Centre Committee

- | | |
|--|--|
| <ul style="list-style-type: none"> quarantine requirements (home or institutional) • HI team will share this info with testing and tracing team & Ward committee for community participation | |
|--|--|

LAB SERVICES -

(19) Lab. Testing (Fever Clinic & Ward)

- The laboratory testing facility (including point of care tests) shall be available for ward patients & fever clinic.
- The Centre will have in house facility for RAT
- RT-PCR to be outsourced
- Rest tests on outsourced basis from Mohalla Clinic Lab / DGEHS empanelled Labs in the area

✓ Lab services will be coordinated by CDMO

(20) Lab Testing - HI

- The laboratory testing facility shall also be available For HI patients/suspects/contacts
- On 1st day blood samples will be taken for CBC; ESR & CRP.
- On 5th day, blood samples will be taken for CBC; ESR & CRP + LDH + S. ferritin + D-Dimer + any other tests as prescribed by Doctor.
- Tests may be done later also if prescribed by Dr
- X-ray/CT scan if required may be done at the empaneled diagnostic centers (Transport will be provided by the Centre).

✓ Sample will be collected by Outsourced agency / Home visit team (Coordinated by testing/tracing team from CDMO)

✓ Empanelment of DGEHS recognized Diagnostic Centres

HOSPITAL ADMISSION FACILITATION

(21) Facilitation for Admission

- If on tele-triage or physical triage (Home visit / Fever Clinic / Emergency), any patient requires admission in DHC/CCC/Centre, then it will be facilitated.
- The Centre HI team will coordinate with the mapped Covid facilities thru telecall / whatsapp group for bed availability and reserving
- HI team will coordinate with ambulance team for arranging ambulance to shift these patients

✓ The HI Centre team
✓ Transport team

TELE-CONSULTATION / TELE-COUNSELING

(22) Centre Help line

- Two unique landline numbers for each assembly with 30 hunting line with transfer to appropriate channel / vertical

<ul style="list-style-type: none"> • Calls from 1031 will also be routed to these Centre lines • The Centre will widely publicize control room number for Inbound calls (tele-consultation/helpline) 	
<p>(23) Tele- Consultation /Counseling for HI patient</p> <ul style="list-style-type: none"> • For HI patients, HI Unit and Home visit team will provide Centre number and mobile numbers of the doctor & team to positive cases so that whenever they need they can call-up the Centre/Home visit team assigned to the patient for any help. There will also be a Whatsapp group with Home visit team. • Where required tele/video consultation with Centre Doctor or central expert pool will be arranged 	<ul style="list-style-type: none"> ✓ Centre helpline ✓ Central Pools of Specialists ✓ HI team at Centre ✓ Home visit team

COVID CARE WARD

<p>(24) Indoor Ward</p> <ul style="list-style-type: none"> • The Center will begin with 50 bed ward with provision of Oxygen • School class-rooms/assembly-halls etc can be used for this purpose so that roughly 6 beds per class-room can be placed. • Admission / Transfer criteria will be developed. The patients requiring low level oxygen support will be admitted • Ward will also be used as Step down recovery for patients shifted from CCC or DCH • The admission will be done round the clock - walk in patients or patients can also be brought from the area by health workers / ambulance • It will be equipped with basic lab & equipment including multi-parameters (list annexed) • It will also have basic medicines (List annexed) • Central Specialist Doctors pool will be used for specialist consultation. • Video calling with family and update of status will be given regularly on daily basis. • Patient's attendant (Fully vaccinated- both doses of Covid-19 vaccine) may be allowed (Max. 1 attendant per patient) to facilitate his patient in the ward. • Patients will be shifted to DCH if required 	<ul style="list-style-type: none"> ✓ Doctor In-charge of Centre to Supervise ✓ 4 Doctors, 1 each in morning & evening and one in night shift & 1 as reliever. ✓ 4 Nurse, 1 in each shift & 1 as reliever / other duty ✓ 8 MTS, Two per shift & Relievers <p><i>*(Staff to be shared with HI Team & Fever Clinic)</i></p> <p><i>*Number of staff will be increased with the increase in number of beds / as per requirement.</i></p> <ul style="list-style-type: none"> ✓ Oxygen concentrators <i>*Numbers will be increased.</i> ✓ B and D-type Oxygen cylinders should be kept as standby provision <i>*Numbers will be increased.</i>
<p>(25) Patient / Family education & Information</p> <ul style="list-style-type: none"> • There will be automatic SMS sent to patient attendant 	<ul style="list-style-type: none"> ✓ In Centre this will be done

<p>about health bulletin of patient current condition including mode of life/oxygen support (NIV; Bipap; ventilator; O2; HFN)</p> <ul style="list-style-type: none"> • There will be facility of video calling/tele-calling the patient attendant and updating the patient status 	<p>through tele-calling teams</p> <ul style="list-style-type: none"> ✓ In Covid care facilities 1 attendant per 5 beds
--	---

FEVER CLINIC

(26) Fever Clinic

- The Center will have 24x7 fever clinic
- Fever clinic can be accessed by walk in patients or patients can also be brought from the area by health workers / ambulance
- It will be equipped with basic lab & equipment including multi-parameters (list annexed)
- It will also have basic medicines for dispensing to the fever patients.

- ✓ 4 ANMs, one per shift & reliever
- ✓ Doctors (from ward)
- ✓ MTS (from Wards)
- ✓ Supervision by Doctor In-charge of Centre
- ✓

(27) Physical Triageing

- Physical triaging of the patient will be done at fever clinic and categorize them as per guidelines for triaging (Annexed)
 - Diagnosed positive and fit for hospital;
 - Diagnosed positive and fit for Centre /Covid Care Centre;
 - Diagnosed positive and fit for home isolation ;
 - Suspected covid patients;
 - Contacts (High risk/low risk) of covid patients
 - Covid unrelated fever cases;
- Positive will be HI or shifted to Covid facility for admission / Isolation as per guidelines
- Suspects / High risk contacts will be quarantined(home or institutional) & followed for testing at 5 day as per guidelines

- ✓ The triaging guidelines & admission criteria to various types of beds/facilities will be used

AMBULANCE SERVICE / VEHICLE SUPPORTTEAM

(28) Shifting of patient

- The Centre will assist in shifting patients from the fever clinic/residence to the Centre/ CCC/DCH.
- Taxi ambulance (patient transport vehicle) will be hired to shift stable patients.
- The ambulances of CATS will be used to shift patients requiring medical support.

- ✓ Transport coordinator - 3Teacher (From the pool of 10 in telecalling team), one in each shift
- ✓ Vehicles on outsource basis

(29) Movement of Teams in Field

- ✓ Vehicle support

LOGISTICS UNIT

(30) SUPPLIES & STORES

- Each Centre to be Linked to District Drug store / DHS Store for supplies

- ✓ One Store coordinator
- ✓ 4 MTS (2 in each shift i.e., Morning & Evening shift) - for Oxygen concentrator supplies & recovery

FOOD DISTRIBUTION UNIT

(31) Food Distribution

- The Centre will be focal point for the distribution of food for patients under home isolation or quarantine.

- ✓ Food helpline
- ✓ Akshay Patra
- ✓ NGO/Volunteers/Ward Committee members

TESTING & TRACING / VACCINATION

(32) Covid Testing & Tracing - Field Visits / Camps

- As per the positive cases reported for the day, a separate testing and tracing teams will visit the house of the patient and adjoining areas for testing and tracing activity.
- Team will test and trace as per guidelines.

- ✓ CDMO to coordinate for all linked centers & depute swab collector & Civil defense *as per requirements*
- ✓ Mobile testing team for special camps in area
- ✓ Mobilization for Testing at DGD / Facility

(33) Tracing - Tele Calling

- ✓ CDMO to coordinate for all linked centers & depute PHN / ANM (regular) / CDEO *as per requirements*
- ✓ Teachers may be used for Tele calling

(34) Vaccination

- Vaccination in the field, whenever required (as per guidelines)

- ✓ CDMO will coordinate for all linked Centers

(35) Sero Survey & Random sampling

- As per guidelines

- ✓ CDMO to coordinate

HEALTH BULLETIN

(36) Daily Health Bulletin

- This will be prepared at the Centre level covering various vital statistics which will be collated and compiled daily.

- ✓ Per patient
- ✓ Per ward
- ✓ Per Assembly
- ✓ Delhi level

IT PLATFORM

IT PLATFORM	
(37) Integrated Covid 19 Management Software <ul style="list-style-type: none"> • Software development, implementation and maintenance to be outsourced • Later may be used for management of other epidemic diseases 	<ul style="list-style-type: none"> ✓ Central IT team to be constituted ✓ Hiring of IT firm immediately ✓ Study IT solutions of other states
(38) Brief features <ul style="list-style-type: none"> • It should have all features / modules including but not limited to <ol style="list-style-type: none"> (a) ICMR positive data Segregation assembly wise, (b) Telly calling & Triaging (c) EMR (d) HI, (e) Tele consultation (f) Allocation, Admission, Discharge and Transfers (For Admitted patients) (g) Lab monitoring (capacity & TAT) and Untraceable reporting (h) Logistics & Ambulance (i) Coordination with field team (Physical triaging / HI / Emergency / Logistics) (j) Contact tracing, testing (k) Quarantine / Isolation and follow up (l) GEO MAPPING / TAGGING (m) GEO SURVEILLANCE 	

INFORMATION CENTRE / HELPLINE

INFORMATION CENTRE / HELPLINE	
(39) There will be dedicated team to respond to queries like <ol style="list-style-type: none"> i. Covid Care facility and bed ii. Oxygen iii. Medicine / Oxymeter etc iv. Discharge Certificate v. Advanced Covid drugs vi. Vaccination; vii. Testing; viii. Mental health counseling ix. Child welfare x. ArogyaSetu App update; xi. Death cases; 	<ul style="list-style-type: none"> ✓ Topic wise help manual / training will be provided to the Call Centre ✓ Call center staff

COMMUNITY ENGAGEMENT

(40) Community leaders, Influencers & Volunteers

- There will be involvement and engagement of all Community leaders, Influencers & Volunteers for
- Ghar - Ghar IEC campaign
- Participation in various activities as above (HI/Quarantine/Testing tracing/Vaccination etc)
- Soliciting cooperation from all patient / contacts
- Providing assistance in case any emergency or non-medical needs etc

- ✓ Ward Committees
- ✓ Volunteers
- ✓ NGO
- ✓ Religious leaders
- ✓ RWA

(41) DMA Doctors - Nursing Homes, Physician Clinics

- Reporting of ILI cases / Testing & Tracing
- Medial Emergency assistance
- IECetc

OTHER TASKS

- i. Containment / De-containment
- ii. CAB enforcement
- iii. MCD Services (Sanitation/Garbage)