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F.No.567/DGHS/PHW-IV/COVID-19/MoHFW Guidelines/2021/320-332 Dated: 18-04-2021

To,

All CDMOs

Subject: Guidelines for Gated Residential Complexes Desirous of Setting up small COVID Care Facility by Resident Welfare Associations/Residential Societies/Non-Governmental Organizations (NGOs)

Sir/Madam,

Please find enclosed "Guidelines for Gated Residential Complexes Desirous of Setting up small COVID Care Facility by Resident Welfare Associations/Residential Societies/Non-Governmental Organizations (NGOs)" dated 17.07.2020, issued by MoHFW for information, further dissemination and necessary compliance by all concerned.

Kuldeep Singh
18/04/2021
Dr. Kuldeep Singh
Addl. Director (PH-IV)
DGHS, GNCTD
(Link Officer)

F.No.567/DGHS/PHW-IV/COVID-19/MoHFW Guidelines/2021/320-332 Dated: 18-04-2021

Copy to:

1. PS to Pr. Secy. (H&FW), GNCTD,
2. PS to DGHS, GNCTD.

Kuldeep Singh
18/04/2021
Dr. Kuldeep Singh
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17th July, 2020

Government of India
Ministry of Health & Family Welfare
Directorate General of Health Services
(EMR Division)

Guidelines for Gated Residential Complexes Desirous of Setting Up Small Covid Care Facility by Resident Welfare Associations / Residential Societies / Non-Governmental Organizations (NGOs)

Introduction

The community living in gated complexes may like to create small Covid Care Facility within the residential complex managed either by the RWAs / Residential Societies or in collaboration with an NGO. This may be more acceptable to the residents and will help reduce the burden on existing facilities for managing suspect / pre-symptomatic / asymptomatic / very mild cases of COVID-19.

Scope of document

This guidance document has been prepared to help Resident Welfare Associations (RWAs) / Residential Societies / Non-Governmental Organizations (NGOs) desirous of establishing a small **Covid Care Facility**, a community based isolation facility, with their own resources.

Guiding principles:

- RWAs/Residential Societies shall follow the basic prevention and control practices for COVID-19 as enunciated in the Advisory for Gated Residential Complexes.
- Covid Care Facility will be set up using the resources of RWAs/Residential Societies/NGO.
- It will be a dedicated health facility for management of **suspect / asymptomatic / pre-symptomatic / very mild cases of COVID-19**, residing in that particular residential facility.
- This facility is not meant for elderly patient, child (<10 years), pregnant/lactating women, patients with co-morbidities (diabetes, hypertension, heart disease, kidney disease, chronic respiratory disease, cancer, other immune-compromised states), who shall be admitted to the appropriate Covid Care Health Facility.
- No intermixing of suspect and confirmed cases shall be allowed.
- The Covid Care Facility will be linked to the surveillance team (IDSP) and an ambulance provider.
- Important telephone numbers of RWA / Residential Society / NGO, doctor, caregiver and ambulance service provider shall be displayed prominently
- The Covid Care Facility will follow strict infection prevention and control practices.

Setting up Covid Care Facility

1 Infrastructure

- The Covid Care Facility will be a makeshift facility. This may be set up in community hall/ centre, common utility area etc. within the premises of residential complex or empty flats which are isolated location-wise from rest of the occupied dwelling.
- The Covid Care Facility should have a separate entry / exit. Entrance to have mandatory hand hygiene (sanitizer dispenser) and thermal screening provisions for caregivers.
- The beds shall be placed with spatial separation of at least 1 meter (3 feet) from one another.
- There would be separate partitioned areas to keep suspect and confirmed cases. Suspect and confirmed cases must not be allowed to mix under any circumstances.
- Adequate natural room ventilation shall be ensured. Putting up exhaust fans to vent out air from the facility (to open area) is desirable.
- For air-conditioning / ventilation, the guidelines of CPWD shall be followed which inter alia emphasises that the temperature setting of all air conditioning devices should be in the range of 24-30°C, relative humidity should be in the range of 40-70%, intake of fresh air should be as much as possible and cross ventilation should be adequate.
- The Covid Care Facility should have a separate toilet for suspect and confirmed cases with proper cleaning and supplies.
- Post signages in the perimeter and on the entry indicating that the space is an isolation area.
- Posters /standees / AV media on Dos and Don'ts for patients and care givers to be displayed prominently.
- Temporary donning / doffing room (changing room) would be created with partitions for wearing and taking off PPE for the staff.
- Preferably double door entry to be created through partition, etc.

2 Human Resource

- A doctor residing within the gated complex or that provided by the NGO will facilitate daily medical examination of the admitted patients.
- A caregiver designated by the RWA / Residential Society / NGO shall be identified to provide care to the patients. Such care giver will follow instructions at **Annexure I** and also instruct patients accordingly.
- The doctor and the caregiver so selected will undergo training on the iGot platform (<https://diksha.gov.in/igot/>) on Covid management and Infection, prevention and control practices.
- Further support for clinical assessment, sample collection, packaging and transportation will be provided by local rapid response team.

3 Logistics Requirements

- The equipment and material required for making the Covid Care Facility functional is given at **Annexure II**.

4 Inspection of Covid Care Facility

- RWA / Residential Society / NGO shall provide advance intimation as soon as they set up Covid Care Facility.
- The District Rapid Response Team (RRT) will visit the Covid Care Facility and check the requirements as per Checklist at **Annexure III**.
- Gaps, if any, identified by the RRTs will be rectified before making the facility operational.

5 Patient care at Covid Care Facility

- The patient admitted to Covid Care Facility will be clinically assigned as suspect / asymptomatic / pre-symptomatic / very mild. The local RRT/District Surveillance Officer or their nominee will be responsible for clinical assessment and admission of the patient to Covid Care Facility.
- At all times, the patients so admitted will use triple layer medical mask.
- The identified medical officer shall be responsible for assessment of the patient(s). The doctor will examine the patient and monitor the vital signs (incl. respiratory rate, pulse rate, oxygen saturation and temperature).
- The caregiver will keep records of patients admitted to such facility.
- The caregiver will maintain records of the vitals of all patients in the following proforma:

Date	Name and address	Pulse rate		Respiratory rate		Body temperature In C /F		Oxygen saturation (SpO ₂)	
		M	E	M	E	M	E	M	E

M- Morning E-Evening

- There will be an oversight mechanism through video camera monitoring or through the guards so that the admitted patients do not leave the facility premises, visit their household, park or other common utility area.
- Food for admitted patients shall be arranged by Facility preferably in disposable plates.
- Keep the patient's personal belongings to a minimum. Keep water pitchers, cups, tissue wipes, and all items necessary for attending to personal hygiene within the patient's reach.
- Any patient-care equipment (e.g. stethoscope, hand held infrared thermometer, blood pressure cuff and sphygmomanometer) that is required for use by other patients should be thoroughly cleaned and disinfected.

- Immediate medical attention must be sought if serious signs or symptoms develop. These could include:
 - i. Difficulty in breathing
 - ii. Respiratory rate > 24/min
 - iii. Dip in oxygen saturation (SpO₂ < 95%)
 - iv. Persistent pain/pressure in the chest
 - v. Mental confusion or inability to arouse
 - vi. Slurred speech/seizures
 - vii. Weakness or numbness in any limb or face
 - viii. Developing bluish discolorations of lips/face
- If a suspect case admitted to Covid Care Facility tests negative, the patient will be assessed by the treating doctor and will either be discharged (on medication, if applicable) or referred to a non-Covid facility as per requirement.
- In case of positive asymptomatic / pre-symptomatic / very mild cases, the patient would be discharged as per the discharge policy applicable to home isolation patients available on the MoHFW website.

6 Infection Prevention and Control(IPC)

- The doctor and care giver shall be trained on IPC protocol available on iGot platform.
- No aerosol generating procedure shall be carried out in the Covid Care Facility.
- Setup a trolley outside the changing room to hold PPE (triple layer medical mask, gloves) and linen. Used PPEs should be collected in waste disposal bins (touch-free bin) and disposed off as per the Biomedical Waste Management guidelines.
- Ensure suitable arrangements for hand washing and sufficient availability of supplies including alcohol-based hand rub near the point of care and the room door.

7 Cleaning and disinfection

- Used linen, pillow covers, towels can be kept in a disposable bag for 72 hours and then washed at patient's home using commonly used detergents.
- Cleaning and regular disinfection (using 1% sodium hypochlorite) of frequently touched surfaces (door knobs, elevator buttons, hand rails, benches, washroom fixtures, etc.) to be carried out twice daily in all common areas.
- Effective and frequent sanitation, thrice a day, within the facility premises shall be maintained with particular focus on lavatories, drinking and hand washing stations/areas.

8 Monitoring of the Covid Care Facility

- The facility shall be regularly inspected by the RRTs to provide guidance to the RWA / Residential Society
- In case the RRT finds that the facility is either not suitable or does not have the required wherewithal, they may advise RWA / Residential Society to discontinue the facility.

Instructions for care-givers

- **Mask:** The caregiver should wear a triple layer medical mask appropriately when in the same room with the ill person. Front portion of the mask should not be touched or handled during use.
- If the mask gets wet or dirty with secretions, it must be changed immediately. Discard the mask after use and perform hand hygiene after disposal of the mask.
- He/she should avoid touching own face, nose or mouth.
- **Hand hygiene** must be ensured following contact with ill person or his immediate environment.
- Hand hygiene should also be practiced before and after preparing food, before eating, after using the toilet, and whenever hands look dirty. Use soap and water for hand washing at least for 40 seconds. Alcohol-based hand rub can be used, if hands are not visibly soiled.
- After using soap and water, use of disposable paper towels to dry hands is desirable. If not available, use dedicated clean cloth towels and replace them when they become wet.
- **Exposure to patient:** Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions. Use disposable gloves while handling the patient. Perform hand hygiene before and after removing gloves.
- Avoid exposure to potentially contaminated items in the patient's immediate environment (e.g. avoid sharing cigarettes, eating utensils, dishes, drinks, used towels or bed linen).
- Food must be provided to the patient on his bed.
- Utensils and dishes used by the patient should be cleaned with soap/detergent and water wearing gloves. The utensils and dishes may be re-used. Clean hands after taking off gloves or handling used items.
- **Use triple layer medical mask and disposable gloves** while cleaning or handling surfaces, clothing or linen used by the patient. Perform hand hygiene before and after removing gloves.
- The care giver will make sure that the patient follows the prescribed treatment.
- The care giver and all close contact will self-monitor their health with daily temperature monitoring and report promptly if they develop any symptom suggestive of COVID-19 (fever/cough/difficulty in breathing).

Instructions for the Patient

- Patient should at all times use triple layer medical mask. Discard mask after 8 hours of use or earlier if they become wet or visibly soiled.
- Mask should be discarded only after disinfecting it with 1% Sodium Hypo-chlorite.
- Patient must stay in the identified bed and shall avoid interaction with other people, especially elderly and those with co-morbid conditions.
- Patient must take rest and drink lot of fluids to maintain adequate hydration.
- Follow respiratory etiquettes all the time.
- Hands must be washed often with soap and water for at least 40 seconds or clean with alcohol based sanitizer.
- The patient must strictly follow the physician's instructions and medication advice.
- Personal items of the patient should not be shared with other people.

Logistics requirements

- Hospital Furniture: Beds, bed side tables, mattress, pillows, bed linen, screens, chairs as per requirement.
- Equipment: Stethoscope; Sphygmomanometer; Pulse oximeter; Thermometer; Oxygen Cylinder, Oxygen delivery tubes and face mask.
- Personal Protection Equipment: Goggles, Face shield (provides eye, nose and mouth protection), examination gloves (6" and 7"), Triple layer medical masks, reusable vinyl or rubber gloves (for environmental cleaning)
- Alcohol-based hand sanitizer
- Plain soap (liquid if possible, for washing hands)
- Clean single-use towels (e.g. paper towels)
- Appropriate detergent for environmental cleaning and disinfectant (1% Sodium Hypochlorite solution, 70% alcohol) for disinfection of surfaces, instruments or equipment
- Large plastic bags
- Disposable waste bags
- Collection Bin for used PPE
- Standard IEC materials

Covid Care Facility Assessment Checklist

I. General Information

1. Name of the RWA / Residential Society	
2. Address of the Covid Care Facility a) Plot/ Sector b) District c) State d) Email ID e) Contact no.	
3. Name of Office Bearer of RWA / Residential Society / NGO a) Email ID b) Contact no.	
4. Name of the Identified Doctor a) Email ID b) Contact no.	
5. Name of the Caregiver a) Email ID b) Contact no.	
6. Total number of inpatient beds	
7. Isolation facility	
Is there separate entry / exit for the isolation area?	Yes/ No
Dedicated space for staff to put on PPE while entering the isolated area	Yes/ No
Dedicated space for staff to take off PPE near exit?	Yes/ No
Isolation facility has separate area for isolating suspect and confirmed cases	Yes/ No
Is the distance between two beds in isolation wards/rooms more than 1 meter?	Yes/ No
Is there adequate natural ventilation ?	Yes/No
Is the facility air-conditioned, does it follow CPWD guidelines ?	Yes/No
Are washrooms available as 1 toilet per 20 persons?	Yes/ No
Is there a separate washroom available for the suspect and confirmed cases?	Yes/ No
8. Logistics	

Triple layer mask	Yes/No	Quantity
Goggles/Face shield	Yes/No	
Examination gloves	Yes/No	
Reusable vinyl or rubber gloves	Yes/No	
Stethoscope	Yes/No	
Sphygmomanometer	Yes/No	
Pulse Oximeter	Yes/No	
Oxygen Cylinder, Oxygen delivery tubes and face mask.	Yes/No	
Alcohol-based hand sanitizer	Yes/No	
Plain soap/ detergent	Yes/No	
1% Sodium Hypochlorite solution	Yes/No	
Large plastic bags	Yes/No	
Disposable waste bags	Yes/No	
Collection Bin for used PPE	Yes/No	
9. Infection prevention control		
Doctor/ care giver trained on infection control protocols	Yes/No	
Functioning hand washing stations (including water, soap and paper towel or air dry) at isolation area	Yes/No	
Does the facility have uninterrupted running water supply?	Yes/No	
Is there posters to reinforce hand washing and PPE at hand washing stations	Yes/No	
10. Ambulance support		
Ambulance facility for transporting patients from isolation area?	Yes/No	
List of contact numbers of ambulance service provider displayed at isolation area?	Yes/No	