

उपायुक्त का कार्यालय, हजारीबाग (COVID-19 CELL)

-: आदेश :-

विश्व स्वास्थ्य संगठन के द्वारा दिसम्बर-2019 में कोरोना वायरस (COVID-19) के को एक वैश्विक महामारी घोषित किया गया है। यह संक्रमण संक्रमित रोगी के खांसने छींकने से उत्पन्न बूंदों से लम्बे समय तक रोगी के सम्पर्क से फैलता है।

भारत में COVID-19 का प्रसार ज्यादातर मामलों में लोगों के करीबियों द्वारा की गई यात्राओं के माध्यम से आयातित है। ऐसी स्थिति में झारखण्ड में इसके प्रसार के रोकने के लिए कड़े सामाजिक अलगाव एवं यात्राओं को प्रतिबंधित करने हेतु The Epidemic Disease Act-1897 की धारा 2, 3, 4 के आलोक में The Jharkhand State Epidemic Disease (COVID-19) Regulations, 2020 जारी किया गया है जो झारखण्ड सरकार के स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग के अधिसूचना संख्या 61(13), दिनांक 16.03.2020 द्वारा संसूचित है।

इस महामारी के आम जनता में प्रसार को रोकने हेतु उक्त अधिनियम एवं विनियम के तहत कड़े सामाजिक अलगाव एवं यात्राओं से संबंधित प्रतिबंध को सुनिश्चित करने हेतु स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड के आदेश संख्या 98/HSN दिनांक 22.03.2020 द्वारा दिनांक 22.03.2020 के मध्य रात्रि 12.00 बजे से 31.03.2020 के मध्य रात्रि तक एवं पुनः माननीय प्रधानमंत्री महोदय की उद्घोषणा एवं गृह मंत्रालय द्वारा निर्गत Advisory संख्या 40-3-2020 दिनांक 24.03.2020 के द्वारा दिनांक 14.04.2020 तक आकस्मिक सेवाओं एवं आदेश में वर्णित अन्य कार्यालयों एवं प्रतिष्ठानों को छोड़कर पूर्णतया तालाबंदी (Lock down) किया गया है।

इसी क्रम में स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड के आदेश संख्या 149(HS) दिनांक 23.03.2020 द्वारा (COVID-19) के संक्रमण के फैलाव, ईलाज एवं रोकथाम, प्रचार प्रसार एवं सूचनाओं के आदान-प्रदान करने के परिपेक्ष्य में लगातार स्थिति को देखते हुए विभिन्न स्तरों यथा (जिला के संदर्भ में) जिला स्तर/प्रखण्ड स्तर एवं पंचायत स्तर पर समन्वय स्थापित करने हेतु समितियों का गठन किया गया है।

उक्त सभी निर्देशों एवं The Jharkhand State Epidemic Disease (COVID-19) Regulations, 2020 द्वारा प्रदत्त शक्तियों के आलोक में राज्य सरकार द्वारा निर्गत आदेशों का अनुपालन सुनिश्चित करने, महामारी की रोकथाम तथा विधि-व्यवस्था संधारण को सुनिश्चित करने हेतु निम्नलिखित रूप से व्यवस्था किया जाता है एवं सभी संबंधित को आदेश दिया जाता है कि सरकार द्वारा दिये गये निदेश/आदेश का अक्षरशः पालन करना/करवाना सुनिश्चित करेंगे। इसके अनुपालन में किसी प्रकार की अवहेलना आपके विरुद्ध Code of Criminal Procedure, 1973(2 of 1974) की धारा-133 एवं Indian Penal code, 1860(45 of 1860) की धारा-188 एवं अन्य सुसंगत धाराओं के अन्तर्गत विधि सम्मत कार्रवाई को आकृष्ट करेगा।

क्र०	विषय	निर्देश	पदाधिकारी एवं उनके दायित्व
1	2	3	4
1	Surveillance Personnel (means any personnel designated by the District Magistrate of the respective District to discharge such functions, duties and responsibilities as are considered necessary for the purpose of these regulations.)	स्वास्थ्य चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड सरकार की अधिसूचना The Jharkhand State Epidemic Disease (COVID-19) Regulations, 2020 की कंडिका 2(b) में प्रदत्त शक्तियों का उपयोग करते हुए कॉलम 04 में वर्णित पदाधिकारियों को Surveillance Personnel के रूप में कार्य करने की शक्ति प्रत्यायोजित किया जाता है।	हजारीबाग जिला अन्तर्गत कार्यरत सभी अंचल निरीक्षक, राजस्व उप-निरीक्षक, प्रखण्ड कृषि पदाधिकारी, प्रखण्ड शिक्षा प्रसार पदाधिकारी, प्रखण्ड पशुपालन पदाधिकारी, सहायक अभियंता, कनीय अभियंता, उच्च विद्यालय, मध्य विद्यालय, प्राथमिक विद्यालय के नियमित शिक्षक, प्रखण्ड कार्यक्रम पदाधिकारी, प्रखण्ड (मनरेगा/ शिक्षा परियोजना, प्रखण्ड समन्वयक (पीएमओ आवास/ 14वे वित्त) जनसेवक, पंचायत सेवक, नगरपालिका क्षेत्र हेतु वार्ड तसीलहदार उक्त अधिसूचना की कंडिका 3(1)

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		<p>एवं (ii) (iii) द्वारा प्रदत्त शक्ति एवं उत्तरदायित्व का पालन करना करेंगे।</p> <p>इनके कार्य में संबंधित थाना के प्रभारी, मुखिया एवं नगरपालिका क्षेत्र में पर्वद आवश्यक सहयोग प्रदान करेंगे।</p> <p>Sirveillance Personnel एवं थाना प्रभारी COVID-19 से संबंधित सूचना पंचायत स्तर पर पंचायत निगरानी समिति एवं प्रखण्ड निगरानी समिति को देना सुनिश्चित करेंगे। प्रखण्ड निगरानी समिति इसकी सूचना जिला समिति को उपलब्ध करायेगी।</p> <p>किसी प्रकार की कठिनाई होने एवं संबंधित व्यक्ति एवं व्यक्तियों द्वारा सहयोग करने की स्थिति में संबंधित अनुमण्डल के अनुमण्डल पदाधिकारी/ कार्यपालक दण्डाधिकारी, जिन्हें उक्त अधिसूचना की कंडिका-5 के तहत संबंधित मामलों में Code of Criminal Procedure, 1973 (2 of 1974) की धारा 133 के अन्तर्गत संबंधित व्यक्ति/ व्यक्तियों के विरुद्ध अधिकृत किया जाता है। संबंधित व्यक्ति/ व्यक्तियों के विरुद्ध IPC, 1860(45 of 1860) की धारा 188 के अन्तर्गत कार्रवाई करना सुनिश्चित करेंगे।</p> <p>उपरोक्त सभी पर्यवेक्षक एवं कर्मी अपने क्षेत्रान्तर्गत में रहकर ही उपरोक्त कार्य का निष्पादन करना सुनिश्चित करेंगे।</p> <p>प्रखण्ड विकास पदाधिकारी/ कार्यपालक पदाधिकारी, नगर निगम अपने क्षेत्रान्तर्गत उपरोक्त पर्यवेक्षक/ कर्मियों का नाम एवं मोबाईल नम्बर जिला नियंत्रण कक्ष, हजारीबाग को उपलब्ध कराना सुनिश्चित करेंगे तथा सभी संबंधित कर्मियों को इस निमित्त अपने स्तर से पहचान पत्र निर्गत करना सुनिश्चित करेंगे, ताकि उनके आवागमन में किसी प्रकार का व्यवधान न हो, साथ ही यह भी सुनिश्चित करेंगे की सभी संबंधित कर्मी अपने क्षेत्रान्तर्गत मुख्यालय में रहेंगे एवं COVID-19 से संबंधित सभी आवश्यक स्वास्थ्य संबंधित निर्देशों का पालन करना सुनिश्चित करेंगे।</p> <p>Surveillance Personnel की क्षेत्रवार टीम का गठन संबंधित प्रखण्ड समन्वय समिति द्वारा किया जायेगा, जिसकी सूची उनके द्वारा असैनिक शल्य चिकित्सक -सह- मुख्य चिकित्सा पदाधिकारी, हजारीबाग को उपलब्ध कराया जायेगा, जिसके आलोक में इनके प्रशिक्षण एवं आवश्यक सामग्रियों को उपलब्ध कराने का कार्य असैनिक शल्य चिकित्सक -सह- मुख्य चिकित्सा पदाधिकारी, हजारीबाग द्वारा किया जायेगा।</p>
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2	<p>District/ Block/ Panchayat / Village Surveillance Unit (means any unit or office notified as such by the State Government of any of its functionaries.</p>	<p>जिला स्तरीय समन्वय समिति :-</p> <ul style="list-style-type: none"> • उपायुक्त - अध्यक्ष • वरीय पुलिस अधीक्षक/ पुलिस अधीक्षक-सदस्य • म्युनिसिपल कमिशनर-सदस्य • उप विकास आयुक्त - सदस्य • सिविल सर्जन/ अस्पताल उपाधीक्षक -सदस्य सचिव • जिला आपूर्ति पदाधिकारी-सदस्य • जिला श्रम अधीक्षक-सदस्य • जिला परिवहन पदाधिकारी- सदस्य • जिला कार्यक्रम पदाधिकारी, JSLPS (अन्य नेटवर्क के साथ महिला समूह का नेटवर्क जरूरी)-सदस्य • जिला सूचना एवं जनसम्पर्क पदाधिकारी -सदस्य <p>प्रखण्ड स्तरीय समन्वय समिति:-</p> <ul style="list-style-type: none"> • प्रखण्ड विकास पदाधिकारी-अध्यक्ष • अंचलाधिकारी-सदस्य • प्रभारी चिकित्सा पदाधिकारी-सदस्य • JSLPS प्रखण्ड कार्यक्रम पदाधिकारी-सदस्य • पणन पदाधिकारी/ प्रखण्ड आपूर्ति पदाधिकारी-सदस्य <p>पंचायत स्तरीय समन्वय समिति:-</p> <ul style="list-style-type: none"> • मुखिया-अध्यक्ष • पंचायत समिति सदस्य-सदस्य • ग्राम संगठन की अध्यक्ष एवं सचिव-सदस्य • पंचायत सचिव/जन सेवक-सदस्य सचिव • स्वास्थ्य उप-केन्द्र में पदस्थापित एओएमओ-सदस्य <p>ग्राम स्तरीय कार्य समिति:-</p> <ul style="list-style-type: none"> • वार्ड सदस्य - अध्यक्ष • आशा (सहिया)-सदस्य सचिव • आंगनवाड़ी सेविका-सहायिका-सदस्य • शिक्षक-सदस्य 	<p>सभी समितियों स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड सरकार के आदेश ज्ञापांक 149(HS) दिनांक 23.03.2020 में आदेश में दिया गये आलोक में कार्रवाई करना सुनिश्चित करेंगे। (आदेश पत्र की छायाप्रति संलग्न)</p>
3	<p>Duties of Medical Officers and a Practitioners</p>	<p>It shall be mandatory for Medical Officers in Government Health Institutions and a registered Private Medical Practitioners, including AYUSH Practitioners, to notify such person(s) to the concerned State & District Surveillance Unit, along with duly filled up self declaration forms, who, within their knowledge, are having travel history to COVID-19 affected countries as per the guidelines and are having complaints of fever or cough or respiratory difficulty or even without any signs and symptoms of the epidemic disease.</p>	<p>स्वास्थ्य चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड सरकार की अधिसूचना संख्या 61(13) दिनांक 16.03.2020 द्वारा संसूचित The Jharkhand State Epidemic Disease (COVID-19) Regulation-2020 की कंडिका-4 के अनुरूप असैनिक शल्य चिकित्सक -सह- मुख्य चिकित्सा पदाधिकारी, हजारीबाग संबंधित चिकित्सकों से सूचना प्राप्त कर जिला समन्वय समिति को उपलब्ध कराना सुनिश्चित करेंगे।</p> <p>इसके अतिरिक्त असैनिक शल्य चिकित्सक -सह- मुख्य चिकित्सा पदाधिकारी, हजारीबाग जिलान्तर्गत निबंधित प्राइवेट मेडिकल प्रैक्टिशनर्स को संबंधित प्राथमिक स्वास्थ्य केन्द्र में चिकित्सा संबंधित कार्य करने की औपबधिक रूप से अनुमति प्रदान करना सुनिश्चित करेंगे एवं इस कार्य में प्रतिनियुक्त सभी चिकित्सकों का नाम एवं मोबाईल नम्बर</p>

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		<p>जिला नियंत्रण कक्ष को उपलब्ध कराना सुनिश्चित करेंगे।</p> <p>साथ ही स्वास्थ्य चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड सरकार के पत्रांक 403(एम0डी0) दिनांक 24.03.2020 में दिये गये निदेश के आलोक में आवश्यक कार्रवाई करना सुनिश्चित करेंगे। (पत्र की छायाप्रति संलग्न)</p>
4	Transportation	<p>स्वास्थ्य चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड सरकार के आदेश ज्ञापक 98/HSN दिनांक 22.03.2020 के आलोक में COVID-19 के संभावित प्रसार को रोकने के लिए कड़े सामाजिक अलगाव संबंधी दिशा निर्देश जारी किया गया है। इस संबंध में परिवहन विभाग, झारखण्ड सरकार द्वारा ज्ञापक 765 दिनांक 21.03.2020 एवं ज्ञापक 766 दिनांक 22.03.2020 द्वारा दिशा निर्देश दिया गया है। (पत्र की छायाप्रति संलग्न) उक्त के आलोक में निम्न रूप से निदेश दिया जाता है :-</p> <ol style="list-style-type: none"> 1. इन्टर स्टेट बस ऑपरेशन एवं राष्ट्रीय परमिट ऑपरेशन से संबंधित सभी बसों को हजारीबाग जिलान्तर्गत प्रवेश को पूर्ण रूप से प्रतिबंधित किया जाता है। 2. इस प्रतिबंध से आवश्यक सेवाओं से संबंधित वाहन यथा- खाद्यान्न, पेय पदार्थ, फल-सब्जी, पीने का पानी, पशु आहार, परिष्कृत खाद्य सामग्री, पेट्रोल, डीजल, सी0एन0जी0, एल0पी0जी0 एवं बीजों, दूध एवं दुग्ध उत्पाद, दवाएँ, स्वास्थ्य उपस्कर एवं स्वच्छता कार्य हेतु प्रयुक्त वाहन तथा आकस्मिक सेवाओं से संबंधित वाहन मुक्त रहेंगे। 3. बस स्टैंड परिसर एवं वाहन पड़ाव से संबंधित स्थलों के समुचित Sanitization करवाना सुनिश्चित करेंगे। 4. आकस्मिक परिस्थिति हेतु कुछ वाहनों को Stand by में रखना सुनिश्चित करेंगे। 5. ट्रेभल एजेंसी के संचालन पर पूर्ण रूप से प्रतिबंध लगायेगे। 6. आवश्यक एवं आकस्मिक सेवा तथा मिडिया से संबंधित व्यक्ति को नियमानुसार Vehicle Pass निर्गत करना सुनिश्चित करेंगे। 7. टैक्सी, ऑटो रिक्शा, ई-रिक्शा, बसें, सार्वजनिक परिवहन से संबंधित <p>जिला परिवहन पदाधिकारी, कॉलम 03 में दिये गये निर्देशों का अनुपालन करना सुनिश्चित करेंगे। परिवहन निरीक्षक एवं यातायात पुलिस निरीक्षक उन्हें आवश्यक सहयोग प्रदान करना सुनिश्चित करेंगे। अनुमण्डल पुलिस पदाधिकारी एवं पुलिस उपाधीक्षक इसमें आवश्यक सहयोग करना सुनिश्चित करेंगे। सभी थाना के थाना प्रभारी इसमें आवश्यक सहयोग करेंगे।</p> <p>मिडिया से संबंधित सभी आवश्यक पास जन सम्पर्क पदाधिकारी, हजारीबाग निर्गत करना सुनिश्चित करेंगे।</p>

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		<p>सेवाएँ पूर्णता बंद रहेंगी।</p> <p>8. Lock down की अवधि में कतिपय वस्तुओं की परिवहन के संबंध में स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड सरकार द्वारा पत्रांक 159(एच0एस0) दिनांक 24.03.2020 द्वारा निदेश दिया गया है। (पत्र की छायाप्रति संलग्न) पत्र में दिये गये निदेश का अनुपालन करना सुनिश्चित किया जाय।</p>	
5	खाद्यान्न की काला बाजारी :-	<p>COVID-19 के आलोक में किये गये प्रतिबंधों को देखते हुए खाद्य सामग्रियों की कालाबाजारी की पूर्ण संभावना है। अपने क्षेत्रान्तर्गत अनुमण्डल पदाधिकारी कालाबाजारी को रोकने हेतु सतत् निगरानी रखेंगे एवं ऐसे व्यक्ति जो कालाबाजारी में संलिप्त है उन पर विधि सम्मत कार्रवाई कराना सुनिश्चित करेंगे। इस संबंध में प्रतिदिन सभी प्रखण्डों में खाद्य सामग्रियों की दर से संबंधित प्रतिवेदन जिला नियंत्रण कक्ष को उपलब्ध कराना सुनिश्चित करेंगे। इस कार्य में खाद्य निरीक्षक, प्रखण्ड आपूर्ति पदाधिकारी एवं मार्केटिंग ऑफिसर आवश्यक सहयोग प्रदान करना सुनिश्चित करेंगे।</p> <p>इस संबंध में खाद्य सार्वजनिक वितरण एवं उपभोगता मामलों विभाग, झारखण्ड सरकार के पत्रांक 818 दिनांक 24.03.2020 द्वारा आवश्यक निर्देश निर्गत है। (पत्र की छायाप्रति संलग्न) निर्देश के आलोक में नियमानुसार कार्रवाई करना सुनिश्चित किया जाय।</p>	<p>अनुमण्डल पदाधिकारी, सदर एवं बरही कॉलम 03 में दिये गये निदेश का अनुपालन करना सुनिश्चित करेंगे। सभी अंचल अधिकारी को LMA Act के अन्तर्गत शक्ति प्रत्यायोजित किया जाता है कि अपने क्षेत्र में थाना प्रभारी के साथ घुमकर कालाबाजारी को रोकने की कार्रवाई करेंगे एवं LMA Act के तहत नियमानुसार कार्रवाई करना सुनिश्चित करेंगे। अनुमण्डल स्तर पर अनुमण्डल पदाधिकारी एवं अनुमण्डल पुलिस पदाधिकारी उक्त कार्य को करना सुनिश्चित करेंगे एवं प्रखण्ड स्तर पर अंचल अधिकारी एवं थाना प्रभारी आपसी समन्वय स्थापित कर कालाबाजारी को रोकने की कार्रवाई करना सुनिश्चित करेंगे।</p>
6	विधि व्यवस्था	<p>अपने-अपने क्षेत्रान्तर्गत अंचल अधिकारी एवं अनुमण्डल पदाधिकारी, विधि व्यवस्था का संधारण करना सुनिश्चित करेंगे।</p>	<p>इस कार्य हेतु अनुमण्डल पदाधिकारी, अनुमण्डल पुलिस पदाधिकारी, अंचल अधिकारी, एवं संबंधित क्षेत्र के थाना प्रभारी अपने-अपने क्षेत्र में सतत् निगरानी रखेंगे एवं साथ घुमकर यह सुनिश्चित करेंगे कि तालाबंदी के संदर्भ में सरकार द्वारा दिये गये निर्देशों का शत प्रतिशत अनुपालन किया जा रहा है।</p> <p>यदि किसी व्यक्ति/ व्यक्तियों को आदेश का अनुपालन नहीं करते हुए पाया जाता है कि उनके विरुद्ध विधि सम्मत कार्रवाई करना सुनिश्चित करेंगे।</p>
7	नगर निगम	<p>नगर निगम क्षेत्रान्तर्गत पूर्ण रूप से साफ-सफाई एवं सेनेटाइज कराना सुनिश्चित करेंगे और प्रतिदिन उक्त कार्य से संबंधित प्रतिवेदन जिला नियंत्रण कक्ष को उपलब्ध कराना सुनिश्चित करेंगे। सभी सफाई कर्मी COVID-19 हेतु निर्धारित साफ-सफाई</p>	<p>कॉलम 03 में दिये गये निर्देश के संबंध में सतत् निगरानी नगर आयुक्त, हजारीबाग रखना सुनिश्चित करेंगे।</p>

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		एवं सेनीटाइजेशन से संबंधित निर्देशों का पूर्ण रूप से पालन करना सुनिश्चित करेंगे। साफ-सफाई एवं सेनीटाइजेशन में लगे हुए कर्मियों को पहचान पत्र कार्यपालक पदाधिकारी, नगर निगम, हजारीबाग अपने स्तर से निर्गत करना सुनिश्चित करेंगे।	
8	आंगनवाड़ी केन्द्र	<p>COVID-19 के संक्रमण को नियंत्रित करने के निमित्त महिला, बाल विकास एवं सामाजिक सुरक्षा विभाग, झारखण्ड सरकार द्वारा आदेश ज्ञापक 523 दिनांक 21.03.2020 निर्गत किया गया है। (छायाप्रति संलग्न)</p> <p>उक्त निर्देश के आलोक में आंगनवाड़ी कर्मी द्वारा निम्न रूप से कार्य किया जायेगा:-</p> <p>7. हजारीबाग जिलान्तर्गत सभी आंगनवाड़ी केन्द्रों से संबंधित लाभुक वर्ग यथा 06 माह से 06 वर्ष के बच्चे, गर्भवती महिलाएँ, धात्री महिलाएँ एवं SAM बच्चों को पूरक पोषाहार (Supplementary Nutrition) उनके घर पर आंगनवाड़ी द्वारा उपलब्ध कराया जायेगा।</p> <p>8. आंगनवाड़ी कर्मी सुनिश्चित करें कि टीकाकरण का कार्य जारी रहे।</p> <p>9. यदि किसी लाभुक अथवा उनके परिवार के लोगों को खांसी/ बुखार/ साँस लेने में कठिनाई हो तो आंगनवाड़ी कर्मी संबंधित स्वास्थ्य कर्मी/ स्वास्थ्य केन्द्र को अविलम्ब सूचित करें।</p> <p>10. यदि लाभुक का कोई परिजन हाल के दिनों में विदेश से आया हो तो आंगनवाड़ी कर्मी इसकी सूचना भी संबंधित प्रखण्ड विकास पदाधिकारी/ थाना प्रभारी/ बाल विकास परियोजना पदाधिकारी/ स्वास्थ्य कर्मी/ स्वास्थ्य केन्द्र को अविलम्ब देंगे।</p> <p>11. आंगनवाड़ी कर्मी COVID-19 हेतु निर्धारित साफ-सफाई एवं सेनीटाइजेशन से संबंधित निर्देशों का पूर्ण रूप से पालन करना सुनिश्चित करेंगे।</p> <p>12. बाल विकास परियोजना पदाधिकारी अपने क्षेत्रान्तर्गत संबंधित कर्मियों को पहचान पत्र निर्गत करना सुनिश्चित करेंगे।</p>	जिला समाज कल्याण पदाधिकारी, हजारीबाग कॉलम 03 में दिये गये निदेश के आलोक में अनुपालन करना सुनिश्चित करेंगे तथा इस संबंध में प्रतिदिन हुई प्रगति से संबंधित प्रतिवेदन जिला नियंत्रण कक्ष को उपलब्ध कराना सुनिश्चित करेंगे।
9	स्कूली शिक्षा एवं साक्षरता	स्कूली शिक्षा एवं साक्षरता विभाग (झारखण्ड राज्य मध्याह्न भोजन प्राधिकरण) झारखण्ड सरकार द्वारा आदेश ज्ञापक 160 दिनांक 20.03.2020 द्वारा COVID-19 महामारी के आलोक में विद्यालय बंद की अवधि	जिला शिक्षा पदाधिकारी/ जिला शिक्षा अधीक्षक/ सभी प्रखण्ड शिक्षा प्रसार पदाधिकारी, जिला हजारीबाग कॉलम 03 में दिये गये निर्देश के आलोक में आवश्यक कार्रवाई करना सुनिश्चित करेंगे एवं कृत



		में अर्हता धारित छात्र-छात्राओं को कूकिंग कॉस्ट की राशि उपलब्ध कराने हेतु आदेश निर्गत किया गया है। (पत्र की छायाप्रति संलग्न) पत्र में दिये गये निर्देश का अनुपालन संबंधित पदाधिकारी करना सुनिश्चित करेंगे।	कार्रवाई से जिला नियंत्रण कक्ष को उपलब्ध कराना सुनिश्चित करेंगे।
10	विद्युत आपूर्ति	COVID-19 महामारी के आलोक में पूरे जिले में आमजन अपने घरों में रह रहे हैं, उन्हें किसी प्रकार की असुविधा ना हो, इसको ध्यान में रखते हुए तालाबंदी के दौरान क्षेत्रों में निर्बाध विद्युत आपूर्ति हेतु सभी आवश्यक कार्रवाई करना सुनिश्चित करेंगे। साथ ही प्रखण्डवार विद्युत आपूर्ति हेतु मिस्त्री की प्रतिनियुक्ति कर संबंधित कर्मों का नाम एवं मोबाईल नम्बर जिला नियंत्रण कक्ष को उपलब्ध कराना सुनिश्चित करेंगे।	कार्यपालक अभियंता, विद्युत आपूर्ति प्रमण्डल, हजारीबाग कॉलम 03 में दिये गये निर्देश का अनुपालन करना सुनिश्चित करेंगे।
11	पेयजल आपूर्ति	COVID-19 महामारी के आलोक में पूरे जिले में आमजन अपने घरों में रह रहे हैं, उन्हें किसी प्रकार की असुविधा ना हो इसको दृष्टिपथ पर रखते हुए तालाबंदी (Lock down) के दौरान स्वच्छ पेयजल की व्यवस्था नगर निगम क्षेत्र में कार्यपालक पदाधिकारी, नगर निगम एवं ग्रामीण क्षेत्र में कार्यपालक अभियंता, पेयजल एवं स्वच्छता प्रमण्डल, हजारीबाग करवाना सुनिश्चित करेंगे, जिस क्षेत्र में पेयजल आपूर्ति की समस्या उत्पन्न होने की सम्भवना है। उस क्षेत्र में टैकर के माध्यम से पेयजल की उपलब्धता सुनिश्चित करवायेगे।	कार्यपालक पदाधिकारी, नगर निगम, हजारीबाग एवं कार्यपालक अभियंता, पेयजल एवं स्वच्छता प्रमण्डल, हजारीबाग कॉलम 03 में दिये गये निर्देश का अनुपालन करना सुनिश्चित करेंगे। एवं इस संबंध में की जा रही कार्रवाई से जिला नियंत्रण कक्ष को अवगत करना सुनिश्चित करेंगे।
12	बैंक/ ए0टी0एम0	अग्रणी जिला प्रबंधक, हजारीबाग को निदेश दिया जाता है कि तालाबंदी (Lock down) के दौरान जिला के सभी बैंक पूर्व निर्धारित रूप से खुले रहेंगे तथा जिला के सभी ए0टी0एम0 में राशि की उपलब्धता सुनिश्चित करवायेगे। किसी भी परिस्थिति में ए0टी0एम0 में राशि की कमी ना हो, यह सुनिश्चित करेंगे। 1. बैंक में किसी व्यक्ति में संक्रमित अवस्था में पाये जाने की स्थिति में तत्काल इसकी सूचना जिला नियंत्रण कक्ष को उपलब्ध करायेंगे। 2. बैंकिंग अवधि में यह सुनिश्चित करेंगे की एक समय में बैंक में दो व्यक्ति ही आये, यदि दो से अधिक व्यक्ति आते हैं तो निर्देशानुसार 05 फीट की दूरी पर लाइन लगवा कर कार्य करना सुनिश्चित करेंगे।	कॉलम 03 में दिये गये निर्देश के अनुरूप प्रतिदिन का प्रतिवेदन अग्रणी जिला प्रबंधक, हजारीबाग जिला नियंत्रण कक्ष को उपलब्ध कराना सुनिश्चित करेंगे।

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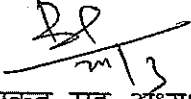
13	दवा एवं चिकित्सा उपकरण	सिविल सर्जन, हजारीबाग एवं औषधि निरीक्षक, हजारीबाग को निर्देश दिया जाता है कि तालाबंदी (Lock down) के दौरान जिला में पर्याप्त संख्या में दवा एवं चिकित्सा उपकरण की उपलब्धता सुनिश्चित हो तथा आवश्यक वस्तु अधिनियम के तहत रखे गये सामग्रियों की कालाबजारी न हो इसके दिशा में कार्रवाई करेंगे।	कॉलम 03 में दिये गये निर्देश के अनुरूप प्रतिदिन का प्रतिवेदन औषधि निरीक्षक, हजारीबाग, जिला नियंत्रण कक्ष को उपलब्ध कराना सुनिश्चित करेंगे। औषधि निरीक्षक जिला में उपलब्ध दवाओं की सूची मात्रा के साथ एवं अनउपलब्ध आवश्यक दवाओं की सूची जिला नियंत्रण कक्ष को उपलब्ध कराना सुनिश्चित करेंगे, ताकि आवश्यकतानुसार दवाओं की Procurement किया जा सके।
14	Bio Medical waste & Dead Body Management	सिविल सर्जन, हजारीबाग तालाबंदी अवधि में Bio Medical waste का डिस्पोजल सरकार द्वारा दिये गये निर्देश के अनुरूप करवाना सुनिश्चित करेंगे। Dead Body Management के संबंध में Govt. of India, Ministry of Health & Family Welfare, Directorate General of Health Services (EMR Division) द्वारा COVID-19 महामारी के आलोक में दिये गये दिशा निर्देश के अनुरूप कार्रवाई करना सुनिश्चित करेंगे। (मार्ग दर्शिका की छायाप्रति संलग्न)	कॉलम 03 में दिये गये निर्देश के अनुरूप प्रतिदिन का प्रतिवेदन सिविल सर्जन, हजारीबाग, जिला नियंत्रण कक्ष को उपलब्ध कराना सुनिश्चित करेंगे।
15	अग्नि शमन सेवा	COVID-19 महामारी के आलोक में किये गये तालाबंदी (Lock down) के दौरान विषम परिस्थितियों में अग्निशमन सेवा की आवश्यकता हो सकती है, इसके निमित्त अग्निशमन सेवा में नियुक्त कर्मी पालीवार 24X7 Stand by अवस्था में रहेंगे, ताकि आवश्यकतानुसार उनकी सेवा ली जा सके।	कॉलम 03 में दिये गये निर्देश के अनुरूप प्रतिदिन का प्रतिवेदन जिला अग्निशमन पदाधिकारी, हजारीबाग, जिला नियंत्रण कक्ष को उपलब्ध कराना सुनिश्चित करेंगे।
16	एम्बुलेंस	COVID-19 महामारी के आलोक में किये गये तालाबंदी (Lock down) के दौरान संक्रमित रोगियों को कोरनटाइन सेन्टर एवं आईसोलेशन सेन्टर में भेजने हेतु कभी भी एम्बुलेंस की आवश्यकता हो सकती है। सिविल सर्जन, हजारीबाग जिला में उपलब्ध सभी सरकारी एवं निजी एम्बुलेंसों को अपने क्षेत्रान्तर्गत Stand by में रहने हेतु निर्देशित करेंगे एवं उक्त एम्बुलेंसों का क्षेत्रवार, निबंधन संख्या, चालक नाम एवं मोबाईल नम्बर जिला नियंत्रण कक्ष को उपलब्ध कराना सुनिश्चित करेंगे।	कॉलम 03 में दिये गये निर्देश के अनुरूप प्रतिदिन का प्रतिवेदन सिविल सर्जन, हजारीबाग, जिला नियंत्रण कक्ष को उपलब्ध कराना सुनिश्चित करेंगे।

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17	COVID-19 की जाँच	स्वास्थ्य चिकित्सा, शिक्षा एवं परिवार कल्याण विभाग (झारखण्ड ग्रामीण स्वास्थ्य मिशन समिति) झारखण्ड के पत्रांक 102(एच0एस0एन0) दिनांक 24.03.2020 (छायाप्रति संलग्न) द्वारा रिम्स राँची एवं एम0जी0एम0 मेडिकल कॉलेज एवं अस्पताल, जमशेदपुर को कोरोना वायरस की जाँच हेतु सूचीबद्ध किया गया है। सुविधानुसार कोरोना वायरस की जाँच हेतु संग्रहित सभी सैम्पल को उपरोक्त किसी संस्थान को भेजा जा सकता है। प्रतिदिन कम से कम 50 मरीजों की जाँच करना सुनिश्चित किया जाय।	कॉलम 03 में दिये गये निर्देश के अनुरूप प्रतिदिन का प्रतिवेदन सिविल सर्जन, हजारीबाग एवं Superintendent, सदर अस्पताल जिला नियंत्रण कक्ष को उपलब्ध कराना सुनिश्चित करेंगे।
18	सभी छुट्टियाँ रद्द करने एवं पदाधिकारियों एवं कर्मियों का मुख्यालय में उपस्थिति सुनिश्चित करना।	सभी कार्यालय प्रधान संबंधित सभी पदाधिकारियों एवं कर्मियों को इस संबंध में आवश्यक निर्देश देना सुनिश्चित करेंगे। कोई भी कर्मी मुख्यालय छोड़कर बाहर नहीं जायेगा। आवश्यकतानुसार किसी भी कर्मी को विधि व्यवस्था संधारण एवं अन्य कार्य हेतु प्रतिनियुक्त किया जा सकता है। अनुपस्थित पाये जाने वाले कर्मियों के विरुद्ध सख्त से सख्त कार्रवाई की जायेगी। अपरिहार्य स्थिति में अधोहस्ताक्षरी के अनुमति के उपरांत ही संबंधित पदाधिकारी एवं कर्मी मुख्यालय से बाहर जायेगा। इस विषम परिस्थिति में आप सभी के सहयोग से ही जिला प्रशासन मजबूती के साथ कोरोना वायरस के संक्रमण से आमजनों को सुरक्षित कर पायेगा।	कॉलम 03 में दिये गये निर्देश के अनुरूप सभी कार्यालय प्रधान से सहयोग अपेक्षित है।
19	सामान्य निर्देश	1- उपरोक्त निर्देशों से आच्छादित सभी संबंधित पदाधिकारी/पर्यवेक्षक/कर्मी COVID-19 CORONA VIRUS से बचने हेतु राज्य सरकार एवं जिला प्रशासन द्वारा पूर्व में निर्गत निर्देशों को अक्षरशः पालन करना सुनिश्चित करेंगे। किसी भी प्रकार की समस्या होने पर ग्राम/ पंचायत/ प्रखण्ड/ जिला समन्वय समिति एवं विशेष परिस्थिति में जिला नियंत्रण कक्ष को अवगत कराना सुनिश्चित करेंगे ताकि तदनुरूप उन्हें आवश्यक सुविधा/उनके समस्याओं का निवारण किया जा सके। 2- सिविल सर्जन, हजारीबाग सभी संबंधित कर्मियों हेतु आवश्यक सैनिटाईजर एवं अन्य चिकित्सा सामग्री निर्दिष्ट स्थानों पर उपलब्ध कराना सुनिश्चित करेंगे। 3- सभी कार्यालय प्रधान अपने कार्यालय में यथासंभव मेडिकल कीट की व्यवस्था रखना सुनिश्चित करेंगे। 4- इस आदेश में सभी संबंधित पदाधिकारियों को निर्देश दिये गये हैं, परन्तु दिशा निर्देश के संबंध में यदि कोई कठिनाई महसूस हो तो वैसी स्थिति में हजारीबाग परिसदन में स्थित COVID-19 CELL से सम्पर्क स्थापित कर निराकरण करेंगे। 5- सभी संबंधित पदाधिकारी अपने दायित्वों का सरकार द्वारा निर्गत दिशा निर्देशों के अनुरूप अनुपालन करना सुनिश्चित करेंगे।	

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	<p>6- उपरोक्त आदेश से आच्छादित सभी पदाधिकारी/ पर्यवेक्षक/ कर्मों को निर्देश दिया जाता है कि परिसदन, हजारीबाग में संचालित COVID-19 CELL (दूरभाष संख्या 06546-224806 एवं whatapp No. 6204369146) द्वारा दिये गये निर्देश के आलोक में प्रतिवेदन जिला नियंत्रण कक्ष, हजारीबाग या COVID CELL को उपलब्ध कराना सुनिश्चित करेंगे।</p> <p>7- सभी वरीय पदाधिकारी अपने-अपने प्रखण्डों के संबंध में उपरोक्त निर्देश के आलोक में प्रतिवेदन COVID-19 Cell को email-dc-haz@nic.in पर उपलब्ध कराना सुनिश्चित करेंगे।</p>
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उपायुक्त-सह-अध्यक्ष

जिला आपदा प्रबंधन प्राधिकार-सह-
जिला स्तरीय समन्वय समिति, हजारीबाग

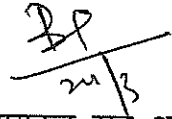
ज्ञापांक-10004/COVID

हजारीबाग, दिनांक- 25 मार्च, 2020

- प्रतिलिपि : प्रतिनियुक्त सभी कर्मियों को सूचनार्थ एवं अनुपालनार्थ प्रेषित।
- प्रतिलिपि : प्रतिनियुक्त सभी संबंधित पदाधिकारियों को सूचनार्थ एवं अनुपालनार्थ प्रेषित।
- प्रतिलिपि : सभी कार्यालय प्रधान, हजारीबाग जिला को सूचनार्थ एवं अनुपालनार्थ प्रेषित।
- प्रतिलिपि : श्रीमती समीरा एस0, (भा0प्रा0से0), सहायक समाहर्ता एवं सहायक दण्डाधिकारी, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : प्रभारी पदाधिकारी, जिला नियंत्रण कक्ष, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : प्रभारी पदाधिकारी, गोपनीय शाखा, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : कोषागार पदाधिकारी, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : प्राचार्य, हजारीबाग मेडिकल कॉलेज एवं अस्तपाल, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : असैनिक शल्य चिकित्सक -सह- मुख्य चिकित्सा पदाधिकारी, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : सभी प्रखण्ड विकास पदाधिकारी/ अंचल अधिकारी, हजारीबाग जिला को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : कार्यपालक अभियंता, पेयजल एवं स्वच्छता प्रमण्डल, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : कार्यपालक अभियंता, विद्युत आपूर्ति प्रमण्डल, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : जिला शिक्षा अधीक्षक, हजारीबाग/जिला शिक्षा पदाधिकारी, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : जिला परिवहन पदाधिकारी, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : अनुमण्डल पदाधिकारी, सदर/ बरही को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : अग्रणी बैंक प्रबंधक, बैंक ऑफ इंडिया, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : डाक अधीक्षक/पोस्टल निरीक्षक, मुख्य डाकघर, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : जिला समाज कल्याण पदाधिकारी, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।



- प्रतिलिपि : जिला अग्निशमन पदाधिकारी, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : जिला जन सम्पर्क पदाधिकारी, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : जिला आपूर्ति पदाधिकारी, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : नगर आयुक्त, हजारीबाग नगर निगम, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : उप विकास आयुक्त, हजारीबाग / अपर समाहर्ता, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : पुलिस अधीक्षक, हजारीबाग को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि : आयुक्त, उत्तरी छोटानागपुर प्रमण्डल, हजारीबाग को सूचनार्थ प्रेषित।
- प्रतिलिपि : मुख्य सचिव, झारखण्ड सरकार, रांची को सादर सूचनार्थ प्रेषित।



उपायुक्त-सह-अध्यक्ष
जिला आपदा प्रबंधन प्राधिकार-सह-
जिला स्तरीय समन्वय समिति, हजारीबाग।

प्रेषक,

अरुण कुमार सिंह, भा0प्र0से0
सरकार के अपर मुख्य सचिव।

सेवा में,

सभी प्रमंडलीय आयुक्त,
सभी जिला उपायुक्त,
सभी आरक्षी अधीक्षक

सँची, दिनांक

24/03/20

विषय :-

झारखण्ड राज्य में कोरोना वायरस के संक्रमण तथा संभावित महामारी को दृष्टिगत रखते हुए राज्य के विभिन्न जिलों में उपभोक्ताओं को सही दाम पर आवश्यक वस्तुओं की उपलब्धता सुनिश्चित कराने तथा मुनाफाखोरी/कालाबाजारी पर अंकुश लगाने हेतु आवश्यक कार्रवाई करने के सम्बन्ध में।

महाराज,

निदेशानुसार उपर्युक्त विषयक संबंध में कहना है कि झारखण्ड राज्य में कोरोना वायरस के संक्रमण तथा संभावित महामारी को दृष्टिगत रखते हुए राज्य के विभिन्न जिलों में उपभोक्ताओं को सही दाम पर आवश्यक वस्तुओं की उपलब्धता सुनिश्चित कराने तथा मुनाफाखोरी/कालाबाजारी पर अंकुश लगाने हेतु ठोस एवं प्रभावी कार्रवाई सुनिश्चित की जानी अत्यंत आवश्यक है।

2. उल्लेखनीय है कि आवश्यक वस्तु अधिनियम, 1955 की धारा-02ए0 के अंतर्गत शामिल की गयी आवश्यक वस्तुओं में Foodstuffs, including edible oilseeds and oils तथा Petroleum and Petroleum Products के संबंध में विभाग द्वारा आवश्यक कार्रवाई की जा सकती है।

3. विभाग द्वारा एकीकृत बिहार काल के दौरान निर्गत "Bihar Essential Article (Display of Prices and Stocks) order, 1977 (Re-published in 1986) में वर्णित प्रावधान तथा उक्त आदेश की अनुसूची-01 के अनुसार वर्णित वस्तुओं का कारोबार करने वाले व्यापारियों द्वारा मूल्य एवं भण्डार का सूचना पट्ट पर नाम प्रदर्शन किया जाना है (आदेश की छायाप्रति संलग्न)।

4. उपर्युक्त प्रसंगाधीन आदेश का उल्लंघन करनेवाले व्यापारियों के विरुद्ध आवश्यक वस्तु अधिनियम, 1955 की धारा-07 के अन्तर्गत नियमानुसार कार्रवाई की जा सकती है।

5. उपर्युक्त परिप्रेक्ष्य में अनुरोध है कि प्रत्येक जिले के उपायुक्त अपने स्तर-से आवश्यक वस्तुओं की सही दाम पर उपलब्धता सुनिश्चित कराने हेतु यथोचित कार्रवाई करेंगे ताकि आवश्यक वस्तुओं के व्यापारियों द्वारा ऐसी वस्तुओं की कीमतों एवं भंडारण का नियमानुसार सूचना पट्ट पर प्रदर्शन किया जाए एवं ऐसी आवश्यक वस्तुओं की जमाखोरी/कालाबाजारी पर प्रभावी अंकुश लगाते हुए राज्य के समस्त उपभोक्ताओं को इस संकट काल में राहत प्रदान की जा सके।

अनु0 :- यथोक्त।

विश्वासभाजन

(अरुण कुमार सिंह)

सरकार के अपर मुख्य सचिव।

BIHAR ESSENTIAL ARTICLES (DISPLAY OF PRICES AND STOCKS) ORDER, 1977. (Re-published in 1986)

G.S.R.11, dated the 30th April 1986.—Whereas the Governor of Bihar is of opinion that for the maintenance and increase of supplies and services essential to the life of the community and for securing the equitable distribution and availability of any articles or thing at fair prices, it is necessary and expedient to make an order to provide for regulating the supply, distribution, use and consumption of articles and things and trade and commerce therein;

Now, therefore, in exercise of the powers conferred by section 3 of the Essential Commodities Act, 1955 (10 of 1955) read with the order of the Government of India in the Ministry of Agriculture published under G.S.R. 316(E), dated the 20th June 1972 and the order of the Government of India in the Ministry of Industry and Civil Supplies published under S.O.681(E) and S.O.682 both, dated the 30th November 1974 and with the prior concurrence of the Government of India, Ministry of Civil Supplies and Co-operation received under the letter No. F-20(10)/77-E.C.R., dated the 20th September, 1977, the Governor of Bihar is pleased to make following Order:—

1. Short title, extent and commencement.—(a) This Order may be called the Bihar Essential Articles (Display of Prices and Stocks) Order, 1977.

(b) It extends to the whole of the State of Bihar.

(c) It shall come into force at once.

2. Definitions.—(a) "Articles" means any essential commodity mentioned in Schedules I and II appended to this Order and includes any other article to be declared so from time to time, by the State Government or the Commissioner or the District Magistrate empowered by the State Government in this behalf:

Provided that if the Commissioner or the District Magistrate is satisfied that there is no shortage, hoarding, or blackmarketing in any article mentioned in Schedules I and II or for which there is no apprehension of malpractices by the dealers, he may from time to time by a general or special order, in this behalf, exclude from or add to any item in the said Schedules.

(Notes :—S.D.O. can be authorised by the Collector to perform the functions and powers of Collector. Fixation of prices by SDO held valid. *Baidyanath Dham Prasadi Bikrela Sangh vs. State of Bihar*, 2000(3) PLJR 728.)

(b) "State Government" means the Government of the State of Bihar.

(c) "Dealer" means a person who deals in the sale or storage for sale either wholesale or retail of any of the articles mentioned in Schedules I and II and includes his agent or representative or Arhatia.

(d) "Price" in relation to an article means the amount of money for which the dealer sells or parts with, agrees to sell or to part with, offers to sell or to part with any articles and includes sales tax and other taxes, if any.

(Notes :—Authorities specified are empowered to add or exclude any article to the schedule. *Baidyanath Dham Prasadi Bikrela Sangh vs. State of Bihar*, 2000(3) PLJR 728.

Fixation of reasonable prices for the "Shrawani Mela" for a limited period to check black marketing and artificial scarcity is valid. *ibid.*)

(e) "List of prices" means the list maintained from time to time by a dealer in Form "A" of Schedule II to this Order indicating the sale price and stock of these articles specified in which the dealer carries on business.

(f) "Commissioner" means the Divisional Commissioner and includes the Food Commissioner, Bihar.

(g) "District Magistrate" means the Collector of the District.

3. Display of stock and prices.—Every dealer shall before commencement of his business on any day display at a conspicuous place near the entrance of his business premises the following:—

(a) A list of prices and stocks of all those articles mentioned in Schedule I in which he deals;

[Provided that retailers, except the shops established under Public Distribution System will have to display the price of each article mentioned in Schedule I of the Bihar Essential Articles (Price and Stock) Display Order, 1977 and they shall have to display the availability of stock on the Display Board writing the word "Yes" or "No" in place of writing quantity of availability of stocks.]

(b) The price of every such article mentioned in Schedule II in which he deals in by affixing a price label or a price tag to each article, or by putting a price placard where the article is stored or kept for sale, unless the price of the article is already printed on the article itself, or its container, or packet or wrapper.

(c) List of prices of any article mentioned in Schedule II as may be specified from time to time by the Commissioners or the District Magistrates as the case may be;

[Notes.—Provisions of proviso to clause 6(a) is mandatory-prosecution for violation of clause 3 not permissible without the prior sanction of the authorities mentioned in proviso to clause 6. *Ashok Kumar Gupta vs. State of Bihar*, 1990 BRLJ 79; 1990 BBCJ 175.

No particulars or definition of a "bill cash memo-to be issued by the seller prescribed in the Display Order-what has to be seen is whether the particulars necessary to specify the goods sold, the price paid and the names and addresses of the purchaser and seller and date of sale have been specified or not - if such detail/particulars are supplied in a written document, it is immaterial whether the document is termed as a "cash memo" or "bill" or a "challan" - such document satisfies the requirement of clause 4(c). *Mithila Cycle Centre vs. State of Bihar*, 1990 BRLJ 215; 1990(2) PLJR 184.

Substantive offences like sale of adulterated food items or sale in black-marketing is fundamentally different from such technical offences like non-production of registers or non-display of Board—Prosecution should not be allowed to continue when only a meagre quantity of food-grain is detected in the business premises. *Janki Pd. Gupta vs. State of Bihar*, 2000(1) PLJR 46.

Fixation of reasonable prices for the "Shravani Mela" for a limited period to check black-marketing and artificial scarcity is valid. *Baidyanath Dham Prasadi Bikreta Sangh vs. SOB*, 2000(3) PLJR 728.

Authorities specified are empowered to add or exclude any article to the schedule. *ibid.*

Provided that numerals to be used in the list of prices shall be either in Devnagri form or in the international form of Indian numerals.

4. Sale of articles.—No dealer shall-

(a) sell to any person any article mentioned in Schedules I and II at a price higher than that displayed in accordance with clause 3;

(b) refuse to sell such articles to any person at a price so specified or marked;

1. Ins. by G.S.R. 28 dated 27.6.1986.

¹[(c) It shall not be necessary for a retail dealer to issue any such cash memo or bill or to keep any trade article costing not more than Rs. 25 or the trade articles costing not more than Rs. 50 together unless demanded by the purchaser.]

5. Restriction against withholding of stock from sale.—No dealer unless previously authorised by the State Government or any other officer authorised by the State Government in this behalf, shall withhold from sale any stock of articles displayed in accordance with clause 3.

6. Power of entry, inspection, search, seizure, etc.—Any Commissioner, District Magistrate, ²[Dy. Inspector General of Police Economic Offences Bihar, Superintendent of Police (Food), C.I.D., Dy. Superintendent of Police (Food), C.I.D. Bihar, Subdivisional Magistrate or any Executive Magistrate, Deputy Director of Food and Civil Supplies, Additional Collector (Supply), District Supply Officer, Additional District Supply Officer, Rationing Officer, Deputy Rationing Officer, Assistant Rationing Officer, Circle Officer, Block Development Officer, Project Executive Officer, Assistant Project Executive Officer, Marketing Officer, Assistant Marketing Officer, Supply Inspector, ¹[Inspector of Police (Food) C.I.D. Bihar], Police Officer, not below the rank of Sub-Inspector of Police or any other officer not below the rank of Executive Magistrate authorised by the State Government in this behalf may with a view to secure compliance with this Order or satisfying himself that this Order has been complied with—

(a) require any person to give a copy of the list of prices or any other information in his possession in respect of any business of a dealer carried by him or on his behalf and such person shall give the copy of the information required by him;

(b) inspect or cause to be inspected any book or document or any stock of articles belonging to or under the control of any person and take such book or document or stock in his possession; and

(c) enter and search any premises or place and seize any article in respect of which such officer suspects that any provision of this Order has been or is being or is about to be contravened;

Provided that no prosecution shall lie against a person for contravention of any of the provisions of this Order unless the same has been sanctioned by the District Magistrate or Special Officer Incharge, Rationing or Additional District (Supply) or Subdivisional Magistrate within limits of their respective local jurisdiction.

[Notes.—Taking of cognizance, against a dealer without obtaining sanction from the competent authority, is bad and launching of prosecution is illegal. *Dhaneshwar Prasad Sah vs. State of Bihar*, 1990 BRLJ 202; 1990 BBCJ 580; 1990 PLJR 169; 1990(2) BLJ 554.

Provisions of proviso to clause 6(a) is mandatory—prosecution for violation of clause 3 not permissible without the prior sanction of the authorities mentioned in proviso to clause 6. *Ashok Kumar Gupta vs. State of Bihar*, 1990 BRLJ 79; 1990 BBCJ 175.

Proviso and section 197 Cr. P.C.—the wordings of proviso to clause 6 is more stringent and provides for taking of sanction prior to the initiation of the prosecution—taking of sanction subsequent to the initiation of the prosecution will not cure the illegality. *Mithila Cycle Centre vs. State of Bihar*, 1990 BRLJ 215; 1990(2) BRLJ 184.

1. Subs. by G.S.R. 22 21.7.1989.

2. Ins. by G.S.R. 33 dated 28.7.1992.

Proviso read with Section 482 Criminal Procedure Code, 1973- no prosecution is maintainable in the absence of sanction as required under proviso to clause 6-prosecution fit to be quashed. *Surendra Prasad vs. State of Bihar*, 1990 BRLJ 277.

For prosecution under Clause 6 sanction is necessary from the District Magistrate for prosecution under clause 8 no sanction is needed - in a case where both the clauses are attracted and no sanction has been taken for clause 6- the prosecution becomes vitiated as it cannot continue on Clause 8 only - thus fit to be quashed. *Satyendra Kumar Singh vs. State of Bihar*, 1991 BRLJ 153.]

7. Maintenance of stock register in respect of articles (s) mentioned in Schedule I.—Every dealer shall maintain a correct stock register in respect of the article or articles mentioned in Schedule I to the Order.

[Notes.—Substantive offences like sale of adulterated food items or sale in black-marketing is fundamentally different from such technical offences like non-production of reports or non display of the Board—Prosecution should not be allowed to continue when only a meagre quantity of food grain is detected in the business premises. *Janki Pd. Gupta vs. State of Bihar*, 2000(1) PLJR 46.]

8. Exemption.—The State Government may exempt by special or general order, subject to such conditions as may be specified in the Order any person or class of persons from the operation of all or any of the provisions of this Order and may at any time suspend or cancel such exemption.

[Notes.—For prosecution under Clause 6 sanction is necessary from the District Magistrate- for prosecution under clause 8 no sanction is needed- in a case where both the clauses are attracted and no sanction has been taken for clause 6- the prosecution becomes vitiated as it cannot continue on clause 8 only- thus fit to be quashed. *Satyendra Kumar Singh vs. State of Bihar*, 1991 BRLJ 153.]

[G.S.R. 24, the 27 June 1986.—In exercise of the powers conferred under clause 8 of the Bihar Essential Articles (Display of Prices and Stocks) Order, 1977, the Governor of Bihar is pleased to exempt such small dealers who store foodgrains, and pulses taken together upto three quintals, gur upto 50 kgs.; soda ash upto 50 kgs.; matches upon 24 dozens and exercise books (but not Vaishali) upto 24 dozens from the operation of the aforesaid Order.

G.S.R. 28, the 27th June 1986—In exercise of the powers conferred by section 3 of the Essential Commodities Act, 1955 (Act 10 of 1955) read with order no. G.S.R. 800 (E), dated the 9th June, 1978 of the Government of India, Ministry of Agriculture and Irrigation (Department of Food), the Governor of Bihar is pleased to add after the following proviso after clause 3 (a) in the Bihar Essential Articles (Display of Prices and Stocks) Order, 1977 issued under notification no. G.S.R. 11, dated the 30th April, 1986 of the Food, Supply and Commerce Department.

"Provided that retailers, except the shops established under the Public Distribution System shall have to display the prices of each article including taxes and they shall have to display on the Display Board writing the word "yes" or "No" in place of writing quantity of availability of stocks].

9. Repeal.—From the date of notification of this Order, the Bihar Essential Articles (Display of Prices and Stocks) Order, 1975 shall be deemed to have been repealed, but this repeal would not have adverse effect on the pending cases instituted under the aforesaid Order and the Order would be deemed to be effective till disposal of the pending cases.]

SCHEDULE I.

SCHEDULE I APPENDED TO THE BIHAR ESSENTIAL ARTICLES (DISPLAY OF PRICES AND STOCKS) ORDER, 1977.

1. ¹[Wheat and wheat products (excluding husk and bran)]
2. Rice
3. Gram.
4. Atta or wheat, rice or gram.
5. Maize.
6. Pulses grains.
7. Pulses.
8. ²[x x x x]
9. Salt.
10. Sugar.
11. Gur.
12. Edible Oils of all kinds.
13. Vanaspati of all makes.
14. ³[Baby food]

[Notes.—Item 13 (as amended in 1981) - 'baby food' - prosecution under section 7 E.C. Act for non-display of 'Amulya Milk Powder' on notice board distinction between 'baby food' and 'milk powder' - 'baby food' cannot include such type of food which is used/consumed by adults or persons above 5 years of age - 'Amulya Milk Powder' prepared and intended for general consumption for all without restriction or reference to age as against 'Amulya Milk Spray' prepared specially for children- 'Amulya Milk Powder' is not 'baby food'- no requirement for display of the item in the display board, *Hoshyarnal Gupta vs. State of Bihar*, 1991 BRLJ 133.]

15. ⁴[x x x]
16. ⁴[x x x]
17. ⁵[x x x]
18. Matches.
19. Petrol and H.S.D, ex-pump and motor oils in sealed tins.
20. ⁶[x x x]
21. Kerosene oil.
22. Maida/Suji/Rawa.
23. Exercise books.
24. Soda ash (for washing purposes).
25. L.P. gas (for cooking purposes)
26. All varieties of papers.
27. ⁷[xxx].
28. ⁷[xxx].
29. ⁷[xxx].
30. ⁷[xxx].
31. ⁷[xxx].
32. ⁷[xxx].

1. Ins. by G.S.R. 13 dated 11.9.1997.
2. Omitted by G.S.R. 26 dated 27.6.1986.
3. Subs. by ibid.
4. Omitted by G.S.R. 26 dated 27.6.1986.
5. "Coal including soft coal" deleted by G.S.R. 14 dated 21.4.1992
6. Omitted from Schedule I and added to Schedule II by G.S.R. 26 dated 27.6.1986.
7. Items 27 to 32 added by G.S.R. 18 dated 27.6.1985 and omitted by G.S.R. 26 dated 27.6.1986.

¹[33 Cement.

34. Fertiliser, whether inorganic, organic or mixed.]

35. ²[x x x x]

³[36. Raw Jute]

[G.S.R. 13 dated 11.9.1997.—In exercise of the powers conferred by Section 3 of the Essential Commodities Act, 1955 (Act 10 of 55) read with the order of the Government of India in the Ministry of Agriculture published under G.S.R. 316(E), dated 20th June, 1972, and the order of the Government of India in the Ministry of Industry and Civil Supplies under S.P. 681(E) dated S.O. 682(E) both, dated the 30th November, 1974 and with the prior concurrence of the Government of India (letter No. (5)/(6)/ 96-D & R-1 dated 9th December, 1996), the Governor of Bihar is pleased to make the following amendment in the Bihar Essential Articles (Display of Prices and Stock) Order, 1977, namely:—

AMENDMENT

1. In Schedule "1" of the said order in item "1" the word "Wheat and wheat products" (excluding husk and bran) shall be included.



G.S.R. 5, dated 26th October 2002.—The powers conferred by section 3 of the Essential Commodities Act, 1955 (Central Act 10 of 1955) with the prior occurrence of the Government of India, the following amendment in the Bihar Trade Articles (Licences Unification) Order 1984 as well Bihar Essential Articles (Display of Price and Stock) Order 1977 renotified in 1986 and related Notifications of Food, Supply and Commerce Department was made, but due to clerical mistake "Excluding Subsidised foodgrains to be distributed through PDS shops and Purchase, sale as well as storage of foodgrains through Government a/c" was not mentioned after bracket (Foodgrains), in which following amendment is being made:—

AMENDMENT

In the above mentioned order, the word and bracket (Foodgrains) (Excluding subsidised foodgrains to be distributed through PDS Shops and Purchase, sale as well storage of foodgrains through Government A/C) used in Schedule I are hereby deleted.

Prior notification may kindly be treated as revised to this extent.



1. Added by G.S.R. 22 dated 27.6.1986
2. "Bricks" deleted by G.S.R. 31, dated 8.9.89.
3. Added by G.S.R. 34, dated 27.6.1986.

SCHEDULE II.
SCHEDULE II APPENDED TO THE BIHAR ESSENTIAL ARTICLES (DISPLAY OF PRICES AND STOCKS) ORDER, 1977.

1. ¹[x x x]
2. ²[x x x]
3. ³[Tyres and tubes of buses and trucks]
4. ⁴[x x x]
5. Drugs and medicines.
- 5[6. Cattle Fodder, including oil cakes and other concentrates.
7. Hurricane Lanterns.
8. Dry cells torches and transistor radio.
9. Tea.
10. ⁶[x x x]
11. Toilet soaps.
12. Washing soaps.
13. Razor Blades.
14. Shaving soaps.
15. ⁶[x x x]
16. Iron and Steel.-
 (i) Black sheets (plain), (ii) Black sheets (Corrugated), (iii) Galvanized sheets (plain), (iv) Galvanized sheets (Corrugated), (v) Rods, (vi) Joints, (vii) Angles, (viii) Channels, (ix) Plates, (x) Wire, (xi) Bars, (xii) Pig Iron, (xiii) Tin plate, Terrie-plate (xiv) Pipes, (xv) Plate.
17. Diesel Engine, Diesel Pumpssets, Electric Motor.
18. Stainless Steel Utensils.
19. Insecticides and pesticides.]
- 7[20. Bread (commonly known as Double Roti or Paon Roti).]

SCHEDULE III

FORM 'A'

Date.....Name of the dealer.....Premises of business.....

List of prices as displayed in accordance with clause 3 of the Bihar Essential Articles (Display of Prices and Stocks) Order, 1977.

Serial No.	Name of articles.	Quality/make of article.	Unit of prices.	Sale price	Stocks	Remarks.
1	2	3	4	5	6	7

Note-(1) Each quality/make of the article should be shown separately so as to indicate the separate price for that quality/make.

(2) In remarks column the dealer will display the price as fixed by the manufacturers, distributors, etc. in respect of the article.

Notification rescinding foodgrains (Movement) Control Orders—

[1]⁸ [G.S.R. 696 (E) the 30th Sept. 1977.—In exercise of the powers conferred

1. "Cycle tyres and tube.....deleted by G.S.R. 16 dated 5.10.1990
2. "Tyres and Tubes of Scooter deleted by ibid.
3. Subs. by ibid.
4. Omitted by G.S.R. 32 dated 27.6.1986.
5. Added by G.S.R. 20 dated 27.6.1986.
6. "Coffee (10) and Electric bulbs (15) "deleted by G.S.R. 33, dated 8.9.89
7. Added by G.S.R. 26 dated 27.6.1986.
8. Published in the Gazette of India Extraordinary Part II Section 3 sub-section (ii) dated 13th September, 1977.

झारखण्ड सरकार
महिला, बाल विकास एवं सामाजिक सुरक्षा विभाग

झारखण्ड मंत्रालय, प्रोजेक्ट भवन, धुर्वा, राँची - 834 004
दूरभाष - 0651-2400757, ईमेल - swdjharkhand@gmail.com

आदेश

स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग की अधिसूचना संख्या-61(13) दिनांक-16.03.2020 द्वारा COVID-19 को Epidemic Disease अधिसूचित किये जाने के फलस्वरूप उत्पन्न परिस्थिति को देखते हुए निम्नांकित आदेश दिए जाते हैं :-

1. राज्य के सभी आंगनबाड़ी केन्द्रों में संचालित 03 वर्ष से 06 वर्ष के बच्चों के लिए शाला पूर्व शिक्षा (Pre School Education) को तत्काल प्रभाव से दिनांक-14.04.2020 तक स्थगित किया जाता है।
2. सभी लाभुक वर्ग यथा - 06 माह से 06 वर्ष तक के बच्चे, गर्भवती महिलाएँ, धात्री महिलाएँ एवं SAM बच्चों को पूरक पोषाहार (Supplementary Nutrition) उनके घर पर आंगनबाड़ी कर्मियों द्वारा उपलब्ध कराया जायेगा।
3. आंगनबाड़ी कर्मियों द्वारा सभी लाभुक एवं उनके परिजनों को प्रेरित किया जायेगा कि विशेषकर वृद्धजन एवं 10 वर्ष से कम उम्र के बच्चे यथा संभव घर से बाहर न निकले।
4. आंगनबाड़ी कर्मियों द्वारा सभी लाभुक एवं उनके परिजनों को प्रेरित किया जायेगा कि घर में साफ सफाई का विशेष ध्यान रखें, तथा समय समय पर साबुन से अच्छी तरह हाथ धोये।
5. आंगनबाड़ी कर्मी सुनिश्चित करें कि टीकाकरण का कार्य जारी रहे।
6. यदि किसी लाभुक अथवा उनके परिवार के लोगों को खाँसी/बुखार/सांस लेने में कठिनाई हो तो आंगनबाड़ी कर्मी संबंधित स्वास्थ्य कर्मी/स्वास्थ्य केन्द्र को अविलम्ब सूचित करें।
7. यदि लाभुक का कोई परिजन हाल के दिनों में विदेश से आया हो तो आंगनबाड़ी कर्मी इसकी सूचना भी संबंधित प्रखण्ड विकास पदाधिकारी/थाना प्रभारी/बाल विकास परियोजना पदाधिकारी/स्वास्थ्य कर्मी/स्वास्थ्य केन्द्र को अविलम्ब दें।
8. स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड द्वारा COVID-19 के संबंध में निर्गत सभी दिशा निर्देशों का सभी आंगनबाड़ी कर्मियों द्वारा अक्षरशः पालन किया जायेगा।
9. उपरोक्त सभी कार्यों में पोषण सखी द्वारा आंगनबाड़ी कर्मियों को सभी अपेक्षित सहयोग किया जायेगा।

21/03/20
(अमिताभ कौशल)
सरकार के सचिव

ज्ञापांक -05/म0स0-विविध-408/2016- 523

राँची, दिनांक - 21/03/2020

प्रतिलिपि- माननीय मुख्यमंत्री के विशेष कार्य पदाधिकारी, झारखण्ड/उप सचिव, मुख्य सचिव कोषांग, झारखण्ड/प्रधान सचिव, स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड/विभागीय मंत्री के आप्त सचिव, महिला, बाल विकास एवं सामाजिक सुरक्षा विभाग, झारखण्ड को सूचनार्थ प्रेषित।

21/03/20
सरकार के सचिव

ज्ञापांक -05/म0स0-विविध-408/2016- 523

राँची, दिनांक - 21/03/2020

प्रतिलिपि- निदेशक, समाज कल्याण, झारखण्ड, राँची/सभी उपायुक्त, झारखण्ड को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।

21/03/20
सरकार के सचिव

ज्ञापांक -05/म0स0-विविध-408/2016- 523

राँची, दिनांक - 21/03/2020

प्रतिलिपि- संयुक्त सचिव, महिला एवं बाल विकास मंत्रालय, भारत सरकार को सूचनार्थ प्रेषित।

21/03/20
सरकार के सचिव

23 MAR 2020

गोपनीय दस्तावेज

झारखंड सरकार
स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग

आदेश

राज्य में कोरोना वायरस (COVID-19) के संक्रमण के फैलाव, इलाज एवं रोक-थाम, प्रचार-प्रसार एवं सूचनाओं के आदान-प्रदान करने के परिप्रेक्ष्य में लगातार स्थिति की निगरानी की आवश्यकता को देखते हुए विभिन्न स्तरों यथा, राज्य स्तर/जिला स्तर/प्रखंड स्तर एवं पंचायत स्तर पर निम्नवत् समन्वय समिति का गठन किया जाता है :

1. राज्य स्तरीय समन्वय समिति

• मुख्यमंत्री (अध्यक्ष)	—	अध्यक्ष
• मंत्री, स्वास्थ्य-सह-आपदा प्रबंधन विभाग	—	सदस्य
• मुख्य सचिव	—	सदस्य
• विकास आयुक्त	—	सदस्य
• अपर मुख्य सचिव, गृह, कारा एवं आपदा विभाग	—	सदस्य
• पुलिस महानिदेशक-सह-महानिरीक्षक	—	सदस्य
• अपर मुख्य सचिव, खाद्य, सार्वजनिक वितरण एवं उपभोक्ता मामले विभाग	—	सदस्य
• प्रधान सचिव, स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग	—	सदस्य सचिव
• प्रधान सचिव, श्रम नियोजन एवं प्रशिक्षण विभाग	—	सदस्य
• सचिव, परिवहन विभाग	—	सदस्य
• सचिव, सूचना एवं जनसंपर्क विभाग	—	सदस्य
• निदेशक, रिम्स	—	सदस्य
• डॉ० योगेश गंभीर, राज हॉस्पिटल	—	सदस्य

समिति के कार्य

- सचिव, सूचना एवं जनसम्पर्क विभाग द्वारा प्रत्येक दिन 5 PM बजे उपायुक्तों से अद्यतन जानकारी प्राप्तकर राज्य स्तरीय समिति को अवगत कराया जाएगा।
- मुख्यमंत्री द्वारा प्रत्येक दिन 6 PM बजे राज्य की जनता के लिए बुलेटिन जारी किया जाएगा।
- मुख्य सचिव प्रत्येक दिन विभिन्न जिलों में आवश्यक सामग्री की उपलब्धता संबंधित रिपोर्ट समर्पित करेंगे।
- प्रधान सचिव, स्वास्थ्य विभाग प्रत्येक दिन स्वास्थ्य सुविधा से संबंधित जानकारी समर्पित करेंगे।
- पुलिस महानिदेशक राज्य के सभी प्रवेश बिन्दुओं एवं आंतरिक सुरक्षा से जुड़े विषय पर रिपोर्ट समर्पित करेंगे।

- vi. राज्य स्तरीय कण्ट्रोल रूम के माध्यम से 24 घंटे स्थिति की मॉनिटरिंग की जाएगी।
- vii. प्रत्येक दिन अपराह्न 5:00 बजे राज्य की स्थिति का आकलन करते हुए सभी संबंधित को उचित दिशानिर्देश दिया जाएगा।

2. जिला स्तरीय समन्वय समिति :-

- | | |
|---|--------------|
| • उपायुक्त | — अध्यक्ष |
| • वरीय पुलिस अधीक्षक/पुलिस अधीक्षक | — सदस्य |
| • म्युनिसिपल कमिश्नर | — सदस्य |
| • उप विकास आयुक्त | — सदस्य |
| • सिविल सर्जन/अस्पताल उपाधीक्षक | — सदस्य सचिव |
| • जिला आपूर्ति पदाधिकारी | — सदस्य |
| • जिला श्रम अधीक्षक | — सदस्य |
| • जिला परिवहन पदाधिकारी | — सदस्य |
| • जिला कार्यक्रम पदाधिकारी, JSLPS
(अन्य नेटवर्क के साथ महिला समूह का नेटवर्क जरूरी)– | सदस्य |
| • जिला सूचना एवं जन-सम्पर्क पदाधिकारी | — सदस्य |

समिति के कार्य

- i. प्रखण्ड स्तरीय समिति से प्रत्येक दिन जानकारी प्राप्त करना एवं उनका तत्काल क्षमतानुसार समाधान करना।
- ii. प्रत्येक जिलों में कण्ट्रोल रूम (24 घंटे) की स्थापना तथा संचालन।
- iii. पर्याप्त संख्या में एम्बुलेंस एवं ममता वाहन वाहनों की उपलब्धता सुनिश्चित करना।
- iv. प्रखण्ड स्तरीय समिति से प्राप्त सूचनाओं के अनुसार कोरोना से प्रभावित मरीजों को Quarantine केन्द्र से अस्पताल तक मंगवाने की व्यवस्था करना।
- v. आवश्यक सामग्रियों की उपलब्धता एवं बाजार में मूल्यों की लगातार निगरानी।
- vi. राज्य स्तरीय समिति को लगातार स्थिति से अवगत कराते हुए प्राप्त निर्देशों का अनुपालन करना।
- vii. जिला स्तर, प्रखण्ड एवं पंचायत स्तर के समितियों से प्राप्त सूचनाओं के आधार पर आवश्यक दिशानिर्देश जारी करना।
- viii. पुलिस बल के सहयोग से संभावित मरीजों को कोरेन्टाइन सुनिश्चित करना।
- ix. शहरी निकाय के क्षेत्रों में पर्याप्त प्रचार-प्रसार एवं सुविधा उपलब्ध कराना।
- x. राज्य स्तरीय समिति के निर्देशों का अनुपालन सुनिश्चित करना।

3. प्रखण्ड स्तरीय समन्वय समिति :-

- | | |
|-------------------------------------|-----------|
| • प्रखण्ड विकास पदाधिकारी | — अध्यक्ष |
| • अंचलाधिकारी | — सदस्य |
| • प्रभारी चिकित्सा पदाधिकारी | — सदस्य |
| • JSLPS प्रखण्ड कार्यक्रम पदाधिकारी | — सदस्य |

समिति के कार्य

- i. पंचायत स्तरीय समिति से प्रत्येक दिन जानकारी एकत्रित करना एवं उनका तत्काल क्षमतानुसार समाधान करना।
- ii. प्रखण्ड स्तरीय अस्पतालों का सुचारु रूप से संचालन सुनिश्चित करना।
- iii. पंचायत स्तरीय स्वास्थ्य केन्द्रों में सामग्री की उपलब्धता सुनिश्चित करना।
- iv. समिति के नियंत्रण में 5 एम्बुलेंस/ममता वाहन एवं 5 माल वाहक वाहनों की उपलब्धता सुनिश्चित करना।
- v. प्रत्येक प्रखण्ड में Quarantine केन्द्र की शुरुआत एवं संचालन करना तथा इन केन्द्रों पर सामान्य चिकित्सकीय सुविधा सुनिश्चित करना।
- vi. अगर ऐसे किसी व्यक्ति में कोरोना के लक्षण की जानकारी मिलती है तो तुरंत प्रखण्ड में बने Quarantine केन्द्र में उसे शिफ्ट करना तथा उसके सैंपल जाँच के लिए राँची/नजदीकी के जाँच केन्द्र भिजवाना।
- vii. जिला स्तरीय समिति के निर्देशों का अनुपालन।

4. पंचायत स्तरीय समन्वय समिति :-

- | | |
|---|--------------|
| ● मुखिया | — अध्यक्ष |
| ● पंचायत समिति सदस्य | — सदस्य |
| ● ग्राम संगठन की अध्यक्ष एवं सचिव | — सदस्य |
| ● पंचायत सचिव/जन सेवक | — सदस्य सचिव |
| ● स्वास्थ्य उप-केन्द्र में पदस्थापित ए0एन0एम0 | — सदस्य |

समिति के कार्य

- i. पंचायत स्तरीय दल राज्य के बाहर से आये हुए लोगों को, जिनके घर पर अलग से कमरे की व्यवस्था नहीं है, के लिए पंचायत भवन में Quarantine की व्यवस्था करना।
- ii. गाँवों में ग्रामीण घरों में कमरों की कमी की संभावना के कारण सभी पंचायत भवनों में Quarantine केन्द्र स्थापित करना। जहाँ आस-पास के टेंट वाले भाड़े पर तोसक/तकिया/कम्बल/खाने के बर्तन की व्यवस्था करना एवं वहाँ खाने-पीने एवं अन्य जरूरी संसाधनों की व्यवस्था पंचायत स्तरीय समिति के माध्यम से सुनिश्चित करना।
- iii. पंचायत स्तरीय केन्द्रों पर प्रत्येक दिन (भर्ती रोगी) Admitted व्यक्तियों के खाने की व्यवस्था करना ताकि इन केन्द्रों पर रह रहे लोगों एवं पंचायत के निःशक्त परिवारों को सहायता मिल सके।
- iv. पंचायत में किसी निःशक्त परिवार को खाद्यान्न की कमी न हो, इसे सुनिश्चित करना।
- v. सभी ग्रामीणों को वैयक्तिक साफ-सफाई तथा सामाजिक दूरी के संबंध में अवगत कराना। पंचायत क्षेत्र में आवश्यक वस्तुओं की स्थिति का आकलन करना तथा तत्काल प्रखण्ड स्तरीय समिति को सूचित करना।

5. ग्राम स्तरीय कार्य समिति :-

Wam

- वार्ड सदस्य
- आशा (सहिया)
- आंगनवाड़ी सेविका-सहायिका
- शिक्षक

- अध्यक्ष
- सदस्य सचिव
- सदस्य
- सदस्य

समिति के कार्य

- प्रत्येक गाँव में बाहर (दूसरे राज्य या देश) में काम या पढ़ाई करने, इलाज कराने गए युवक-युवतियों की जानकारी इकट्ठा करना। इस सूची को दिन में तैयार कर पंचायत स्तरीय समन्वय समिति को उपलब्ध कराना।
- अपने गाँव की स्थिति से पंचायत स्तरीय समिति को अवगत कराना।
- प्रत्येक दिन जानकारी इकट्ठा करना कि कोई दूसरे शहर/राज्य/देश से वापस तो नहीं आया है।
- कोलकाता, महाराष्ट्र (मुंबई), दिल्ली, चेन्नई, केरल, हरियाणा, उत्तर प्रदेश, कर्नाटक, पंजाब या किसी अन्य राज्य से वापस आ रहे लोगों को कम से कम 14 दिनों तक अपने घर में ही रहने की विनती करना और जानकारी प्रेषित करना कि इस दौरान वे अपने घर के सदस्यों से भी पर्याप्त दूरी बना के रहेंगे।
- ग्रामीणों के स्वास्थ्य की समीक्षा करना तथा आवश्यकताओं के संबंध में पंचायत/प्रखंड स्तरीय समिति को तत्काल अवगत कराना।

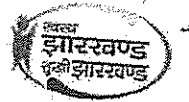
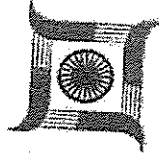
W. K. Kulkarni
23/03/2020
(डा० नितीन कुलकर्णी)
सरकार के प्रधान सचिव।

ज्ञापांक: - 149 (45)

दिनांक: 23/03/2020

प्रतिलिपि :- मुख्य सचिव/सा० मुख्यमंत्री के विशेष कार्य पदाधिकारी/विकास आयुक्त/अपर मुख्य सचिव, गृह, कारा एवं आपदा प्रबंधन विभाग/पुलिस महानिदेशक/अपर मुख्य सचिव, खाद्य, सार्वजनिक वितरण एवं उपभोक्ता मामले विभाग/प्रधान सचिव, कार्मिक, प्रशासनिक सुधार तथा राजभाषा विभाग/प्रधान सचिव, ग्रामीण विकास विभाग/प्रधान सचिव, पंचायती राज विभाग/सचिव, सूचना एवं जन संपर्क विभाग/निदेशक प्रमुख स्वास्थ्य सेवाएं, नामकूम, रांची/ सभी उपायुक्त, झारखंड/पुलिस अधीक्षक, झारखंड/निदेशक, औषधि, नामकूम, रांची/उपायुक्त, रांची/वरीय पुलिस अधीक्षक, रांची को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।

W. K. Kulkarni
23/03/2020
सरकार के प्रधान सचिव।



-42-

झारखण्ड सरकार
झारखण्ड ग्रामीण स्वास्थ्य मिशन समिति
स्वास्थ्य चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड
नामकुम, राँची।

फोन नं०- 0651-2261000, 2261856-2261002 मेल आईडी- nrhmjharkhand3@gmail.com

पत्रांक : 9/RCH-126/2013 - 403(MD)

राँची, दिनांक : 24.03.2020

प्रेषक,

अभियान निदेशक,
राष्ट्रीय स्वास्थ्य मिशन
झारखण्ड, राँची।

सेवा में,

सभी सिविल सर्जन,
झारखण्ड।

विषय : कोविड-19 (नोवेल कोरोना वायरस) के प्रसार, बचाव एवं रोकथाम हेतु जिला अन्तर्गत आवश्यक मानव संसाधन को संबद्ध करने के संबंध में।

प्रसंग : संयुक्त सचिव, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के D.O. No. Z-18-10/NHM-1/Part दिनांक 21.03.2020

महाराज,

उपर्युक्त विषयक प्रासंगिक पत्र के आलोक में सूचित करना है कि कोविड-19 (नोवेल कोरोना वायरस) के संबंध में प्रचार, बचाव एवं रोकथाम हेतु सभी जिलों को भारत सरकार से प्राप्त मार्गदर्शिका, Outbreak Containment Plan, SoP, School Advisory, Human Resources, जाँच तथा उपचार प्रोटोकॉल प्रेषित की जा चुकी है। सभी जिलों द्वारा कोरोना वायरस के बचाव तथा रोकथाम हेतु आवश्यक तैयारी किया जाना अपेक्षित है। उक्त के अतिरिक्त यह भी आवश्यक है कि राष्ट्रीय स्वास्थ्य मिशन के अन्तर्गत किये जाने वाले प्रमुख आवश्यक सेवाएँ यथा-प्रतिरक्षिकरण, गर्भवती महिला एवं नवजात शिशुओं की देख-भाल, यक्ष्मा एवं मलेरिया नियंत्रण, शिशु स्वास्थ्य आदि कार्यों में कोई समझौता नहीं किया जा सकता है।

उपरोक्त परिदृश्य में कोविड-19 (नोवेल कोरोना वायरस) के प्रसार, बचाव एवं रोकथाम हेतु आवश्यक मानव संसाधन की कमी न हो इसका भी ध्यान रखा जाना आवश्यक है। उक्त को दृष्टिगत रखते हुए जिला स्तर पर आवश्यकतानुसार मानव संसाधन का आकलन किया जाना भी अनिवार्य है। उक्त के आलोक में जिला स्वास्थ्य समिति के माध्यम से जिला में उपलब्ध सेवानिवृत्त चिकित्सक, स्टाफ नर्स, बहुददेशीय कार्यकर्ता तथा Clinical Services के अन्य आवश्यक कर्मचारियों को संबद्ध करने हेतु आवश्यकता का आकलन तथा उक्त हेतु आने वाले व्यय को आकलित करते हुए राज्य मुख्यालय को सूचित करना सुनिश्चित करेंगे। उक्त आकलन के आवश्यकता अनुसार जिला स्तर पर उक्त कर्मियों/अभ्यर्थियों को चिन्हित करते हुए Empanelment किया जा सकता है, जिससे अपातकाल में उक्त अभ्यर्थियों की सेवा तत्काल प्रभाव से लिया जा सके।

उपरोक्त के आलोक में नियुक्त किये जाने वाले मानव संसाधन की सेवा अस्थाई होगी। उक्त नियुक्ति के संबंध में भारत सरकार द्वारा निम्न दिशा निर्देश प्राप्त हुए हैं :-

1. The process for engagement of HR may be simplified. Processes such as walk-in interviews or engagement of additional HR through placement agencies, may also be explored.

उपरोक्त मानव संसाधन में आने वाले व्यय का वहन पत्रांक 361(MD) दिनांक 17.03.2020 के द्वारा निर्धारित FMR Code B31.4 के अन्तर्गत राष्ट्रीय स्वास्थ्य मिशन, झारखण्ड द्वारा किया जायेगा।

अनु० : यथोक्त।


विश्वासभाजन

(अभियान निदेशक)

ज्ञापक : 403(MD)
प्रतिलिपि :-

दिनांक: 24.03.2020

1. प्रधान सचिव, स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड को सूचनार्थ प्रेषित।
2. सभी उपायुक्त को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
3. निदेशक प्रमुख, स्वास्थ्य सेवाएँ, झारखण्ड, राँची को सूचनार्थ प्रेषित।
4. निदेशक वित्त, NHM, झारखण्ड को सूचनार्थ प्रेषित।
5. राज्य प्रबंधन इकाई, NHM, झारखण्ड को सूचनार्थ प्रेषित।
6. सभी जिला प्रबंधन इकाई को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।


(अभियान निदेशक)



विकास शील
संगठित राष्ट्रिय
VIKAS SHEEL
Joint Secretary



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

Tel. : 011-23083508

: 011-23061481 (T/F)

E-mail : shoelv@nic.in

D.O. No. Z-18-10/NHM-I/Part
Dated: 15th March, 2020

Dear Colleagues,

As we are aware, the entire India Health Team is leaving no stone unturned in efforts for management of Novel Corona Virus Disease (COVID-19) across the country. As communicated to all the States/UTs vide my D.O. letter even No., dated 5th March 2020, States/UTs have started 104 or similar help lines, development of isolation facilities using untied funds and other IEC support under the National Health Mission (NHM), for management of Covid-19. In this regard, to give further flexibility to the States/UTs to utilize the resources available under NHM for the management of COVID-19, following instructions are issued –

1. Following separate Financial Management Report (FMR) codes are created under the Health Systems Strengthening (HSS) Pool for management of COVID-19, namely –

B.31 COVID-19

- B.31.1. Diagnostics including sample transport
- B.31.2. Drugs and supplies including PPE and masks
- B.31.3 Equipment/Facilities for patient-care including support for ventilators etc.
- B.31.4 Temporary HR including incentives for Community Health Volunteers
- B.31.5 Mobility support
- B.31.6 IT systems including Hardware and software, etc.
- B.31.7 IEC/BCC
- B.31.8 Training
- B.31.9 Miscellaneous (which could not be accounted for in B.31.1 to B.31.7)

2. States/UTs are requested to re-appropriate resources from corresponding FMR codes under the HSS pool as approved under the NHM in 2019-20, to the above mentioned FMR codes, to meet the financial needs for undertaking activities for effective management and control of COVID-19.

एड्स - जानकारी ही बचाव है
Talking about AIDS is taking care of each other
www.mohfw.nic.in

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Scanned with CamScanner

3. The usual upper limit of 10%, applicable for re-appropriation of resources between activities in the same Pool, is hereby relaxed for this purpose.

4. It is clarified that, given the urgent nature of the COVID-19 challenge, the states/UTs may go ahead with implementation and utilization of resources so appropriated and the states/UTs do not have to wait for confirmation from the Ministry regarding appropriation of funds. However, a copy of the appropriation order(s) so issued may necessarily be shared with the Ministry.

5. Resources available in Pools other than HSS, may also be utilised on loan basis, if there is shortfall of resources in HSS Pool.


6. Further, the Ministry vide its email dated 4th March, 2020 had forwarded the details of the Manufacturers of N95 masks, PPE equipment and triple layer masks, as received from Ministry of Textiles. Minutes of the meeting of the Technical Committee under DGHS of this Ministry held on 26/02/2020 and O.M. No. Z-28015/17/2020-EMR dated 02/03/2020, regarding specifications of PPE equipment were also shared. The same are again enclosed herewith for your ready reference.

These provisions are given to provide the necessary support to the States/UTs in these testing times, with the required flexibility. The Ministry is also taking steps to enhance the resources under NHM for this purpose. I hope that this support will help the States/UTs in efficient management of COVID-19.

Encl: As above

Best wishes

Yours sincerely


(Vikas Sheel) 15/3/20

To,

1. Additional Chief Secretary/Principle Secretary/Secretary, Health - all States/UTs
2. Mission Directors - National Health Mission - all States/UTs

Most
URGENT
BY e-mail
COVID-19

पत्रांक 159/ (HS)

झारखण्ड सरकार

स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग

प्रेषक,

डॉ० नितीन कुलकर्णी,
सरकार के प्रधान सचिव।

सेवा में,

सभी उपायुक्त,
झारखण्ड राज्य।

राँची, दिनांक 24-03-2020.

विषय :- Lockdown की अवधि में कतिपय वस्तुओं के परिवहन के संबंध में।

महोदय,

भारत सरकार के द्वारा स्वास्थ्य मंत्रालय के लोक उपक्रम M/s HLL Lifecare Ltd. को सभी प्रकार के वस्तुओं की आपूर्ति हेतु प्राधिकृत किया गया है। उनके द्वारा विभिन्न आपूर्तिकर्ताओं से कच्चा माल तथा अन्य सामानों की आपूर्ति सड़क परिवहन के द्वारा आपूर्ति की जा रही है। कृपया यह सुनिश्चित करेंगे कि M/s HLL Lifecare Ltd. से संबंधित सामग्रियों के परिवहन में किसी प्रकार की बाधा उत्पन्न नहीं हो। तदनुसार सभी संबंधितों को निदेशित करना चाहेंगे।

दूरसंचार व्यवस्था को सुचारु ढंग से चालू रखने हेतु दूरसंचार कम्पनियों के कर्मियों को टेलिकॉम टावर्स तक जाने की आवश्यकता होती है। साथ ही, उन्हें DG Set के संचालन हेतु डीजल की भी आवश्यकता पड़ती है। यह आवश्यक है कि उन्हें उचित संसाधन एवं परिवहन की व्यवस्था उपलब्ध हो।

कृपया उपरोक्त बिन्दुओं पर कार्रवाई करने की कृपा करेंगे।

विश्वासभाजन,

(डॉ० नितीन कुलकर्णी)

सरकार के प्रधान सचिव।

Bharti
Infratel
Limited

URGENT AND IMPORTANT

ACS Hout
Pr. Secy Health
Pr. Secy IT Dept.

Chief Secretary
Jharkhand, Ranchi

IPS P(NHM)

21 March, 2020

Dr. Devendra Kumar Tiwari
Chief Secretary
Jharkhand
Government of Jharkhand, 1st Floor, Project Building
Dhurwa, Ranchi
834004

Subject: Statewide issuance of necessary instructions required for uninterrupted Telecom Services to contain impact due to the spread of Novel Corona Virus

Dear Sir

1. We are Bharti Infratel Limited; an "Infrastructure Provider (IP-I)" company and duly registered with Department of Telecommunications (DoT), Ministry of Communications, Government of India under IP-I registration to set up Telecom Infrastructure in India. We are providing passive telecom infrastructure services such as telecom tower to various Telecom Service Providers (TSPs) namely BSNL, Bharti Airtel, Reliance JIO and Vodafone Idea to enable them to provide seamless and uninterrupted mobile and internet services across the State of Jharkhand.
2. Sir, as you are aware, the Coronavirus (COVID -19) has been declared a pandemic by WHO and it is rapidly proliferating across the country. In order to contain the spread of Novel Coronavirus (COVID -19) besides the other precautionary measures being taken, there is a need for your urgent support/ intervention to ensure the availability of Telecom connectivity on 24*7 basis to meet urgent/ emergent/ disaster situation in case of total / partial lockdown. The telecom services being an essential service, it is important for us to ensure uninterrupted telecom infrastructure services to the TSPs so that the people of Jharkhand and State Authorities will continue to avail the telecom services in this difficult and challenging time. Further, the seamless telecom services have become even more critical in this emergent situation not only for the State Government to communicate and coordinate with various district administration, state departments and local authorities but also for various companies and organisations where majority of their employees have been advised to work from home as a precautionary measure.
3. Sir the telecom services are pivotal for enablement of several other services and applications, apart from fulfilling the basic function of enabling communication. Therefore, under this situation, it becomes utmost important to ensure the continuity of telecom operations.

मुख्य सचिव कार्यालय
आरक्षक सचिव
गो.स.प.स. १६१३
रि.सि. २३/३३/२०२०

Bharti Infratel Limited
CIN: L64201HR2006PLC073821
Alankar Business Center,
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Budha Colony Patna (Bihar) Pin Code- 800001
Email: info@bharti-infratel.in
www.bharti-infratel.com

Page 1 of 2

Registered Office
Bharti Infratel Limited
901, Park Centra, Sector 30, NH-8
Gurgaon, Haryana- 122001

4. In view of the above, it is earnestly requested you to kindly advise the relevant State authorities to support for continued availability of seamless telecom services in the State of Jharkhand during this crisis period.

a) Unrestricted access to field staff for accessing telecom sites and Security support from Police:

We request you to issue necessary instructions to all District Magistrates / Collectors and any other concerned authorities as you may deem fit –

- to allow access to telecom tower sites for attending to faults, routine maintenance, repair, diesel filling etc. as the telecom operations need to be run on 24*7 basis even in case of emergent situation.
- assisting telecom operations in case of any untoward/emergency/sensitive situation to ensure safety as well as security of the telecom personnel and telecom assets.

b) Availability of Diesel for telecom towers:

Availability of diesel for running DG sets in case of necessity/ emergency has to be ensured. The Food Civil Supplies and Consumer Protection Department may be advised to ensure availability of diesel on 24*7 basis and to write to CMDs/MDs of oil companies - BPCL, HPCL, Indian Oil etc. to ensure round the clock availability of diesel so that telecom operations could be run on 24* 7 basis.

c) Availability of Power:

Further, we request you to issue instructions to all State Electricity Distribution Companies regarding power availability for telecom tower operations in each state on 24*7 basis and on priority.

Prayer

In view of above submissions, we earnestly request that a generic order may be issued to all District Magistrates and State Authorities allowing our employees / vendor representatives the unrestricted movement, including in the event of total / partial lockdown, within the State for smooth functioning of telecom operations on continual basis. We shall be grateful, if such an order is issued under intimation to us for necessary actions at our end. You may kindly nominate, under notification, a nodal officer representing various State Authorities for ensuring smooth coordination during this pressing times in achievement of our common objective.

Thanking you in anticipation,

Yours Sincerely,

AUTHORISED SIGNATORY
Vijay Torpathi
Bharti Infratel Limited,
Patna



झारखण्ड ग्रामीण स्वास्थ्य मिशन समिति
स्वास्थ्य चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड, नामकुम, राँची
फ़ोन नं०- 2281000, 2281856-2281002 मेल आईडी- nhmjharkhand2018@gmail.com

पत्रांक : IDSP/2015/98 - 102 (HSN)

दिनांक : 24.03.2020.

प्रेषक,

डॉ० नितीन कुलकर्णी,
प्रधान सचिव,
स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड।

सेवा में,

सभी सिविल सर्जन, झारखण्ड राज्यान्तर्गत।
सभी जिला सर्विलेस पदाधिकारी, झारखण्ड राज्यान्तर्गत।

विषय: रिम्स, राँची द्वारा कोविड-19 की जाँच शुरू करने के संबंध में।

महाशय,

भारतीय आयुर्विज्ञान संस्थान परिषद (ICMR), स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार, नई दिल्ली के द्वारा रिम्स, राँची में VRDL Microbiology लैब को कोरोना वायरस (कोविड-19) की जाँच हेतु प्राधिकृत किया गया है। दि०-24.03.2020 से Deptt. of Microbiology, RIMS, Ranchi में जाँच की सुविधा शुरू की गयी है। इस संबंध में डॉ० मनोज कुमार, विभागाध्यक्ष, Microbiology (Contact No. 94312-04079; Email : icmrvirologyrim@gmail.com) पर संपर्क किया जा सकता है। एम०जी०एम० मेडिकल कॉलेज एवं अस्पताल, जमशेदपुर के VRDL Lab (डॉ० पियाली गुप्ता, मोबाईल संख्या-9470153537, ईमेल-mgmvrld@gmail.com) को जाँच हेतु प्राधिकृत किया गया था, जहाँ दिनांक-14.03.2020 से जाँच की सुविधा उपलब्ध है। झारखण्ड राज्य में कोरोना वायरस की जाँच हेतु संग्रहित सभी सैंपल को सुविधानुसार उपरोक्त किसी एक संस्थान में भेजा जा सकता है। आउटब्रेक की स्थिति में State IDSP से समन्वय स्थापित करते हुए संग्रहित सैम्पल के लोड के आधार पर 12 जिले एम०जी०एम० मेडिकल कॉलेज, जमशेदपुर को तथा 12 जिले रिम्स, राँची को भेजेंगे।

अतः अपने जिले से कोविड-19 के Suspected samples को Samples testing strategy के अनुसार Collection तथा transportation करते हुए संलग्न प्रपत्र के साथ प्रयोगशाला भेजना सुनिश्चित करेंगे।

अनुलग्नक :

1. Sample testing strategy
2. Sample Referral form

विश्वासभाजन

(डॉ० नितीन कुलकर्णी)
प्रधान सचिव

ज्ञापक: IDSP/2015/98 - 102 (HSN)

दिनांक : 24.03.2020.

प्रतिलिपि :

- अभियान निदेशक, राष्ट्रीय स्वास्थ्य मिशन, झारखण्ड को सूचनार्थ प्रेषित।
- सभी उपायुक्त, झारखण्ड राज्यान्तर्गत को सूचनार्थ प्रेषित।
- निदेशक, रिम्स, राँची/प्राचार्य, सभी मेडिकल कॉलेज, झारखण्ड राज्यान्तर्गत को सूचनार्थ प्रेषित।
- विभागाध्यक्ष, माइक्रोबायोलॉजी विभाग, रिम्स, राँची/एम०जी०एम० मेडिकल कॉलेज को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित। कृपया VRDL लैब में सैंपल को प्राप्त करने एवं जांचोपरांत ससमय प्रतिवेदन प्रेषित करने हेतु आवश्यक व्यवस्थाएं सुनिश्चित करेंगे।

(डॉ० नितीन कुलकर्णी)
प्रधान सचिव

Government of Jharkhand
Department of Health, Medical Education & Family Welfare,
Nepal House, Doranda, Ranchi-834002.

ORDER

Order No. - 150(HS)

Ranchi, Date: 23.03.2020.

In exercise of the powers conferred under Section-6 of The Jharkhand State Epidemic Disease [COVID-19], Regulations, 2020 under the Epidemic Diseases Act, 1897 and in conformity with Rule-17 of guidelines issued by the Press Council of India, in addition to the directions via Notification No. 61(13) dated 16.03.2020 the following directions are hereby issued for the purpose of prevention and control of the outbreak of epidemic disease namely COVID-19 in the State of Jharkhand with immediate effect:-

- I. The security and safety of the affected person, his/her relatives, treating doctor, assisting medical staff is of paramount importance in the emerging situation. Hence, confidentiality of the information relating to affected persons, his/her relatives, treating doctors, assisting medical staff and the residential address of the person and relatives are to be kept confidential.

Therefore, no media shall publish the name and address of the person infected / affected with COVID-19, his/her parents, relatives, the doctor treating the patient and the assisting medical staff, obtained through any source, in any Print / Electronics / Web / Social Media.

- II. That no media shall interview any patient affected with COVID-19, his/her parents / relatives / treating doctors, assisting medical staff, in any form. Any person contravening any regulation or order made under the above provision shall be deemed to have committed an offence punishable under Section-188 of IPC as per Section-19 of The Jharkhand Epidemic Disease [COVID-19] Regulation 2020 and Section-3 of the Epidemic Diseases Act-1897.

(Dr. Nitin Kulkarni)
23/03/2020

Principal Secretary to Government.

Memo No.: 150(HS)

Ranchi, Date: 23.03.2020.

Copy to:

1. Chief Secretary, Govt. of Jharkhand
2. Additional Chief Secretary, Home, Imprison & Disaster Management Department, Govt. of Jharkhand.
3. Director General of Police, Govt. of Jharkhand.
4. Principal Secretary to Hon'ble Governor of Jharkhand.
5. OSD to Hon'ble CM, Govt. of Jharkhand.
6. Principal Secretary, Information and Public Relation Department, Govt. of Jharkhand.
7. All Departments, Govt. of Jharkhand, Ranchi.
8. PS to Hon'ble Health Minister, Govt. of Jharkhand.
9. All Divisional Commissioners/Deputy Commissioners, Govt. of Jharkhand for information & necessary action.
10. Mission Director [NHM]/Director in Chief, Health Directorate/ Nodal Officer/IDSP, Jharkhand/All RDDs/All Civil Surgeons, Jharkhand, Ranchi for information & necessary action.

(Dr. Nitin Kulkarni)

Principal Secretary to Government.



Guidelines for Quarantine facilities COVID-19

**The purpose of this document is to provide interim guidance for
setting up of quarantine facilities**

Guidelines for Quarantine facilities

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1.0. Introduction

Quarantine is the separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to infection, for the purpose of preventing transmission of diseases. Persons are usually quarantined in their homes, but they may also be quarantined in community-based facilities.

Quarantine can be applied to

- An individual or to a group of persons who are exposed at a large public gathering or to persons believed exposed on a conveyance during international travel.
- A wider population- or geographic-level basis.

Examples of this application include the closing of local or community borders or erection of a barrier around a geographic area (cordon sanitaire) with strict enforcement to prohibit movement into and out of the area.

The purpose of this document is to provide guidelines for setting up of quarantine facilities during the current COVID-19 outbreak.

The recommended duration of quarantine for Covid-19 based on available information is upto 14 days from the time of exposure.

The purpose of quarantine during the current outbreak is to reduce transmission by

- Separating contacts of COVID-19 patients from community
- Monitoring contacts for development of sign and symptoms of COVID-19, and
- Segregation of COVID-19 suspects, as early as possible from among other quarantined persons

The scope of this document is to cover the procedures required for

- Physical infrastructure/Functional Services requirement at quarantine facilities
- Procedure for medical monitoring of contacts, reporting formats
- Protocol for referrals of suspects/ Symptomatics and isolation of symptomatics if required temporarily
- Infection control practices by medical personnel, supporting staffs and catering staffs etc.

2.0. Evaluation of potential sites for facility-based quarantine is important for preparedness planning (Checklist at Annexure-11).

Requirements for Quarantine facility in a community-based facility is as under

1. Location:

- preferably placed in the outskirts of the urban/ city area (can be a hostel/unused health facilities/buildings, etc.)
- away from the people's reach, crowded and populated area
- well protected and secured (preferably by security personnel/ army)
- preferably should have better approachability to a tertiary hospital facility having critical care and isolation facility

2. Access considerations

- Parking space including Ambulances etc.
- Ease of access for delivery of food/medical/other supplies
- Differently-abled Friendly facilities (preferably)

3. Ventilation capacity: Well ventilated preferably natural

4. Basic infrastructure/functional requirements:

- Rooms/Dormitory separated from one another may be preferable with in-house capacity of 5-10 beds/room
- Each bed to be separated 1-2 meters (minimum 1 metre) apart from all sides.
- Lighting, well-ventilation, heating, electricity, ceiling fan
- Potable water to be available
- Functional telephone system for providing communications.
- Support services- fooding, snacks, recreation areas including television
- Laundry services
- Sanitation services/Cleaning and House keeping
- Properly covered bins as per BMW may be placed

5. Space requirements for the facility:

- Administrative offices- Main control room/clerical room
- Logistics areas/Pharmaceutical rooms

- Rest rooms- doctors/nurses/supporting staffs
- Clinical examination room/ nursing station / Sampling area
- Laundry facilities (on- or off-site)
- Mess/Meal preparation (on- or off-site)
- Holding area for contaminated waste
- Wash room/Bathroom/Toilet

6. Social support resources/ Recreational areas

- Television and radio / Reading materials/ indoor plays

7. Monitoring the health of contacts: During that period, contacts should be monitored at least daily for fever and respiratory symptoms.

2.2. Standard operating Procedures: To ensure smooth operation in the quarantine facility, the standard Operative procedures (SOPs) needs to be framed as under

- Daily monitoring surveillance using the daily reporting format (annex 1)
- Fever triage/ Isolation
- Case and contact monitoring and response
- Transfers of suspect/symptomatic to designated hospital (through ambulances)
- Public information
- Provider information (SOPs)
 - medical personnel (annex 2),
 - nursing staff (annex 3),
 - movement of health personnel and support staff (annex 4) and
 - security staff (annex 5)

Functional flow should be maintained to reduce/minimise the interactions between quarantine people and healthcare professionals/supporting staffs so that transmission of disease is prevented and controlled

3.0. Risk assessment of the quarantine facility

The risk level refers to how likely it is that someone in the Quarantine camp will become infected with corona virus as a result of movements and activities performed in the Quarantine camp.

Risk assessment includes identification of the biohazard risk precaution levels, along with its associated activities. The risk level refers to how

likely it is that someone in the Quarantine camp will become infected with corona virus as a result of procedures performed in the Quarantine camp. Areas were segregated and labeled as:

- **Low risk areas:** Areas having less direct contact with evacuee suspects such as control room center in the quarantine center, nursing station and areas of kitchen where food is cooked.
- **Moderate risk areas:** Moderate risk areas are where infectious aerosols are generated from areas where the suspects were inhabiting in their bed linen, pillows and nearby clothes; low concentration of infectious particles. Contaminated surface near the quarantine zones.
- **High risk areas (containment Quarantine camp):** Areas where direct dealing with the suspects are as under
Medical examination room, sample collection areas(high concentration of infectious particles while coughing, sneezing, gag reflex during nasopharyngeal & oropharyngeal sample collection). Toilet and bathroom areas, dining areas, areas of bio-waste collections, segregation and disposal.

Based on risk assessment, areas should be earmarked and infection prevention control measures to be applied as per MOHFW guidelines.

4.0 Securing Entry and Exit points

- In order to prevent and control infection in the facility, strategic points in the facility needs to be identified including
- The Control room where a person entering inside quarantined building to get proper awareness and training on infection control measures,
- A well informed and trained security to check (main entrance gate of the area) and a guard (24*7) with registers for ins and outs and a designated nursing officer for checking proper PPE wear (main entrance gate in the building)
- The international biohazard warning symbol and sign to be displayed on the doors of the rooms where suspects are kept, BMW management areas, samples of higher risk groups are handled

- Only authorized & trained persons or those designated in work areas to permitted to enter the quarantine areas;
- Doors to keep closed at all times preferably under observation of a guard.
- There should be double door entry was managed with only one door to be open at a single time.

5.0 . Human resource Deployment: In the quarantine facility, Chief Medical officer needs to be appointed as In-charge /nodal officer for overall coordination and supervision of the quarantine center. Services of General duty medical doctors, Medicine specialists, Pediatrics, Microbiologist (for diagnostic support and IPC), Psychiatrists & Psychologists are required for routine examination and relevant clinical care of the quarantined people. Para-medics including Staff Nurse and Lab. Technician, Pharmacist need to be posted. Public health specialist are required for monitoring public health aspects of the facility while services of clinical microbiologist are required for sample collection, packaging and infection prevention & control practices. House keeping staff also need to be deployed.

6.0 Training – Training is the most important and critical part to ensure that all activities takes place as per established protocol and SOPs, training of health care professionals and other relevant staffs was undertaken initially. Training of medical officers on SOPs needs to be followed at Quarantine centers for daily examination, movements in the facility, infection prevention control measures and use of PPE kit etc.

Training of clinicians, laboratory technicians and medics needs to be undertaken on appropriate sample collection (nasopharyngeal and throat) and triple layer packaging with cold chain maintenance.

Paramedical staffs i.e., staff nurses; medics, pharmacist etc. needs to be trained on SOPs to be followed at Quarantine centers and use of PPE kit. Staff undertaking the work in Laundry, Mess/Canteen, security and other related staff i.e., drivers, general duty staff etc. needs to be trained on use of mask, gloves , cleaning and disinfection procedures and use of PPE kit, etc.

Refresher training or regular direction to all the above staffs needs to be provided as on need basis. During the quarantine period as and when new staff was posted, it needs to be ensured that he/she received proper training before undertaking the work. It is to emphasized that all activities / procedures must be done under strict monitoring/observations of trained specialists.

7.0 . Daily Clinical Examination and referral - All quarantined people needs to be examined twice (morning & evening) daily clinically and those requiring

referrals for related symptoms of Corona virus (fever, cough, sore throat, breathlessness etc.) or any other reason needs to be referred to designated hospital in ambulance directly with due precautions as per referral SOP. Ambulances need to be placed in the facility in standby mode for transport including advanced lifesaving ambulance.

Daily census of the people needs to be undertaken twice a day (ex. Morning 8 am and evening 6 pm).

8.0 Coordination– Chief medical officer needs to supervise and coordinate with various organizations working with the facility. To ensure all activities take place according to standard protocol, separate teams were constituted for various purposes- Supervisory team, admin team, logistic team, referral team, medicine / equipment team, hygiene sanitation team.

Daily review meetings needs to be conducted under chairmanship of Chief medical officer to discuss day to day affairs and sort out any issue requiring attention.

24*7 control room needs to be established at the facility with monitor for CCTV cameras and speakers at each floor so that quarantined people can be communicated on routine basis and necessary instructions can be provided.

9.0 Recording and reporting mechanisms- To ensure standardized reporting, daily reporting formats of suspected cases with symptoms related to corona virus, no. of cases requiring referral, sample collection status needs to be designed (as per annexure 1). It needs to be sent daily to relevant higher authorities.

10.0 Monitoring and Supervision – Daily monitoring visit needs to be conducted inside quarantine facility and outside the facility in the surrounding campus by public health and incharge officers and gaps to be noted. Necessary corrective actions and preventive actions to be taken by the nodal officer. Visits also given by senior officers from for regular review.

11.0 Establishment of Infection Prevention Control (IPC) measures – As per risk assessment was undertaken with respect to probability of infection from possibly infected quarantine people to health care, other staffs and surrounding areas. Special map of the facility needs to be prepared to outline the details of movement of health care and other personnel around the quarantine area and in the building. It need to be ensured that movement of health care staffs and other personnel to undertake as per the designed map to prevent and control infections.

Separate fence needs to be raised around the building to prevent entry of animals especially dogs, monkeys and even birds if possible.

Well informed and trained security personnel needs to be deployed all around the building on 24*7 rotation basis to monitor the facility and to avoid entry of undesired persons/animals and even birds for eating any food remains/droppings inside the area.

To ensure that all health care personnel use PPE as per guidelines, they need to be properly trained and assisted during wearing of PPE. Separate areas to be earmarked for PPE Donning and Doffing. Compliance for same to be ensured by nodal officer.

Separate well informed and trained nursing officers need to be stationed at the building to regulate the movement of the staffs entering the facility. He/ She should be assigned the duty that every person entering the facility enters in the register of all the details on time of name, designation entry/exit. Nursing officer to ensure that all the persons are labeled while entering the building so that they can be identified by security staff. At the entrance, two door entries may be ensured to avoid mixing of quarantine people with health care staff.

It is to be ensured that all the quarantine facility is decontaminated daily (refer to infection prevention control guidelines) with disinfectants (freshly prepared 1% hypochlorite, detergent solution) including surface mopping of all the floor, bathrooms, toilets facility, under side of beds, other related items placed in the rooms of quarantine people .

A separate cubicle for people developing mild symptoms for temporary observation (transit room) may be considered so that it will lead to an early isolation of any symptomatic person and to prevent transmission to other cluster of groups.

12.0 Lodging, Catering, Laundry and other related activities –Disposable and pre-packed food to be needs to be served to quarantined people. All the quarantined people to be kept on separate beds with distance of 1-2 meters with no bed facing opposite to each other. All Beds were having disposable bed sheet that should be changed on daily basis. Personal toiletries/ towel/ blanket/ pillow with covers/electric kettle, room heater and water dispenser may be provided to each person depending on availability.

A separate room needs to be assigned to perform laundry services for cleaning of all the clothes and other washing related activities. Before laundering, all the washable items needs to be placed in 1% hypochlorite up to 30 minutes and later washed in detergent solution.

13.0 Biomedical waste (BMW) management- To ensure that biomedical waste management in the facility takes place as per standard guidelines, separate yellow, red /black bags, foot operating dustbins needs to be kept at each floor and outside the facility. It is to strictly ensured that Doffing takes place in the designated area with all the PPE kit including mask, gloves is properly placed in yellow bags. All the health care workers collecting the possible infectious material such as food items, PPE kits from yellow bags should also wear PPE and following the IPC measures. Designated place to be earmarked outside the building for collection of yellow and black bags. It should be collected at least twice daily by biomedical waste management vehicle/any other local established practice.

Site of collection of biomedical waste should be regularly disinfected with freshly prepared 1% hypochlorite solution. All officials concerned with the administration and all other health care workers including medical, paramedical, nursing officers, other paramedical staff and waste handlers such as safai karmacharis, attendants & Sanitation attendants needs to be well oriented to requirements of handling and management of general and biomedical waste generated at the facility. Steps in the management of biomedical waste include generation, accumulation, handling, storage, treatment, transport and disposal as mentioned in the SOP needs to be followed. Continuous training, monitoring & supervision to monitor the implementation to be done on daily basis to manage compliance related issues. All the generated waste from Quarantine facility to be treated as isolation waste and its disinfection /treatment was strictly monitored by specialists in the health authorities.

14.0 Logistic management- All logistic to be used in quarantine facility i.e., PPE , medical equipments i.e. Thermal thermometer, Stethoscope, BP machine etc., office logistic, sample collection and packaging material, etc.to purchased in advance.

Perfuma needs to be prepared for daily consumption of PPE, triple layer mask, gloves, etc. and monitored by logistic team on daily basis.

15.0 Information, Education & Communication (IEC) and Psycho-social support – As on arrival, there might be an obvious sense of psychological fear and panic among all the quarantine people and some of the involved stakeholders like health care professionals/staffs including doctors, security personnel etc.. An interpersonal communication needs to made to all of them one after another in groups by Psychiatrist team initially and later on with individual counselling sessions. Quarantine people needs to be explained on Universal infection control

measures , personal protective measures, written instructions on Do's and Don'ts in the quarantine zone to be provided to contain and avoid spread of the infection. Importance of frequent Hand washing specially after touching surfaces like door handles, stair railings, bed railings, etc. to be instructed for strict compliance. Everyday quarantine people to be counseled by clinicians regarding day to day queries. If needed, referral to be made to psychiatrist /psychologist team. If there is fear in the surrounding community it needs to be addressed.

16.0 Sample collection and packaging – For baseline testing, Samples (Nasopharyngeal swab and throat swabs) for COVID-19 need to be collected from all quarantine people & sent with triple layer packaging maintained in cold chain (2-8°C) to designated laboratory .

Safe collection & handling of specimens in the Quarantine camp needs to be performed in identified locations as per the SOP. Specimen containers generally used are viral transport medium (VTM vials containing 3 ml medium) with falcon tubes (50 ml) as secondary layer of Triple layer packaging system. Containers needs to be correctly labeled to facilitate proper identification. Specimen request or specification forms to be placed in separate waterproof zip pouch envelopes with locking facility and pasted on the outside walls of the sample transport containers (Performa annexure). Just before the end of the 14 days quarantine period, resampling of nasopharyngeal swabs needs to be done.

17.0 Discharge of quarantine people from Quarantine Facility - The quarantine people needs to be discharged at the end of 14 days of incubation period provided samples are negative on resampling. Instructions should be provided to self-monitor their health at their home (home quarantine) for next 14 days and immediately report to their District Surveillance officer (DSO), in case of development of symptoms suggestive of COVID-19. Written instructions were handed over to them individually. The District Surveillance Units (DSO) and State Surveillance Units (SSO) to be provided with contact details of the quarantine people to conduct active surveillance for next 14 days under intimation to the Central Surveillance Unit, IDSP (NCDC).

18.0 Terminal Disinfection and decontamination procedures: Quarantine facility terminal disinfection procedures to be performed as per guidelines. Cleaning/ decontamination to be performed using the proper personal protective equipment (PPE) and adopting three bucket system as prescribed in the SOP (at attached annexure).

Spraying of 1% sodium hypochlorite working solution (dilution 1:4 from an initial concentration of 4%) to be done on all the surfaces (protecting electrical points/appliances). This was followed by cleaning with a neutral detergent that is used for removing the traces formed by hypochlorite solution. While

cleaning, windows need to be opened in order to protect the health of cleaning personnel.

All frequently touched areas, such as all accessible surfaces of walls and windows, the toilet bowl and bathroom surfaces needs to be carefully cleaned. All textiles (e.g. pillow linens, curtains, etc.) should be first treated with 1% hypochlorite spray and then, packed and sent to get washed in laundry using a hot-water cycle (90°C) and adding laundry detergent. 1% hypochlorite solution should also sprayed in the PPE doffing area and discard area twice a day on daily basis. Mattresses / pillows after spraying with 1% hypochlorite should be allowed to get dry (both sides) in bright sunlight for upto 3 hrs each.

Annex 1

DAILY REPORTING FORMAT (Daily Clinical Examination)

COVID-19

Name of the Centre:											
Address:											
Centre In Charge:											
Contact No:											
S.no	Date of reporting	Census in the Centre (8 AM)	Clinically examined	Suggestive Symptoms like fever, cough, breathing difficulty, other respiratory problems,	Other clinical cases and non 2019-nCoV	Cases referred to designated hospital	Cumulative cases referred to designated hospital	Cases discharged from designated hospital	Cases still admitted at designated hospital	Census in the Centre (8PM)	Remarks

etc

M	FM	FM	F	M	FM	FM	FM	FM	FM	F

Annex 2

Standard Operative Procedures for medical personnel

There are shift duties of the doctors may be as under

Morning : 800AM to 200 PM
Afternoon : 200PM to 800 PM
Night : 800PM to 800 AM (next day)

General instructions for medical doctors from designated hospital (s) for performing their duty at Quarantine facility may be as under:

- a. The name of the duty officers and duty roster for to be displayed at the control room.
- b. Each team to follow the procedure mentioned below:
- c. The resident doctors on duty will report to the centre at the reporting time and mark attendance in the register.
- d. After that, they will go to clinical area to examine the quarantined people in the centre.
- e. The doctors on working duty will team up with medical officers from Quarantine facility to form a paired team (one from hospital and another from the Quarantine facility) to examine the cases.
- f. They will examine and assess the patients and report to the In-charge of the Quarantine facility.
- g. They will take care of the infection control/protective measures while examining the persons and follow guidelines placed at the door for safety/infection control measures.
- h. If any symptomatic case/ additional symptoms are observed/ reported, it should be discussed with the In-charge of the Quarantine facility for referral to the designated hospital, if required.
- i. They will complete examination of all patients and report before 12 noon on the same day and handover the report to the Office In-charge for onward transmission to the Ministry.
- j. They will not leave till the next relieving team arrived.
- k. They will hand over this information to the next relieving team.
- l. They will leave the Quarantine facility with due permission of In-charge of the Quarantine facility.
- m. If any doctor has not reported due to unavoidable circumstances, present available team will inform to the concerned authority of designated hospital for substitute.
- n. In case any patient needs to be transferred due to any eventuality to the referral centre, senior most doctor will accompany the ALS Ambulance to take care of the patient till he/she reaches and handed over to the centre.
- o. The medical team may take help of psychiatric/ counsellor team if required, for psychosocial support
- p. Team to work in harmony with the Quarantine facility medical team.
- θ. The senior most doctor on duty from the designated hospital will take decision of the clinical management.

Annex 3

Standard Operative Producers for Nursing Officer (supervisor)

- Maintain log of medical professionals/staffs entering/exiting in the quarantine facility, where the quarantine people are housed.
- A designated nursing officer (infection prevention & control nurse) has to ensure that the incoming officers/ staff to the quarantine building that are wearing appropriate PPE, and they are aware of universal infection control precautions {hand washing (alcohol/ sanitizers or soap + water; mask, gloves, PPE).
- After this he/she will allow the person to enter.
- The PPE doffed off by the outgoing medical professionals needs to be disposed in the yellow bag and hand sanitization should be ensured after disposing the PPE. **(PPE- donning On / doffing Off enclosed).**
- Yellow bags containing the infected materials placed in the nearby gate should be disposed off daily as per the Biomedical Waste Management Rules.
- The dustbins should be covered at all times. This should be ensured by Nursing officer. If required, disinfection has to be done as advised.
- Black bags (municipal wastes) - to be disposed after proper packaging daily as per the Biomedical Waste Management Rules.
- Supervise IPC in the facility in coordination with Microbiologist/Clinician

Annex 4

Standard Operative Procedures for Movement of Health Professionals and Support Staff Inside the Quarantine facility

The movements of health professionals are to be monitored at three vital points considering the control of infection for the prevailing disease-

CONTROL ROOM:

- Health professionals and support staff need to be made aware and trained in correct procedure of wearing mask and gloves.
- They need to be trained to follow the infection control measures as instructed including
 - hand washing with soap and water and sanitizing with alcohol-based sanitizers,
 - cough etiquettes,
 - donning and doffing of PPE etc.
 - before entering the quarantine facility.

Main Gate Security post: To monitor entry of persons/visitors to the facility and ensure that the personnel should comply with instructions / including wear the mask correctly.

Nursing Station at Quarantine building (ground floor):

1. Registration of name with time and purpose for entering the building
2. PPE should be donned here.
3. Nursing officer will check and ensure strict and correct wearing of PPE before entering the main quarantine area
4. After coming out from the main quarantine area, PPE to be doffed properly and placed in the designated bin for infective material (Yellow bag)
5. The hands should be sanitized before exiting the quarantine area
6. Mobile phones are not allowed to be used inside the building
7. Name of doctors to be written on the PPE with permanent marker for identification.

Annexure-5

Standard Operative Producers for Security Personnel at Quarantine facility

1. For security purpose, ensure 24 hours manning of the post of the quarantine facility.
2. The person manning the area must be trained and instructed to wear mask and gloves during the duty period.
3. Instructions for infection control measures like hand washing etc. should be properly briefed.
4. Doctors/Nursing staff/supporting staffs/other entering the quarantine area should wear appropriate PPE before entering the quarantine centers.
5. Log of those entering/exiting the Quarantine facility should be maintained. Only those having specific purpose inside the Quarantine facility should be allowed to enter.
6. The log should be put up daily to the controlling authority.
7. Security guard should have a whistle to give signals to people to not come near the quarantine facility if they do not have any purpose to visit the Quarantine facility.
8. He should report immediately to the officer In-charge controlling the security of the quarantine facility, if anybody does not follow the instructions as directed.
9. The security personnel should not leave after completing his shift till his reliever reports for duty.
10. The officer In-charge controlling the security of the quarantine facility will supervise the duty roster and roles and responsibilities of all the personnel deployed at the quarantine area for smooth functioning.

Annexure-6

Requirements of Equipment for Quarantine Facility

Equipment	Daily Consumption for holding 300 persons
Gloves <ul style="list-style-type: none"> • reusable vinyl or rubber gloves for environmental cleaning • latex single-use gloves for clinical care 	200
Hair covers (optional)	1500
Particulate respirators (N95, FFP2, or equivalent)	150
Medical (surgical or procedure) masks	1500
Gowns and aprons (single-use long-sleeved fluid-resistant or reusable non-fluid-resistant gowns)	150
PPE Kit	130
Alcohol-based hand rub	50
Plain soap (liquid if possible, for washing hands in clean water)	500
Clean single-use towels (e.g. paper towels)	1500
Sharps containers	5
Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or equipment	20 litres
Large plastic bags	200
Appropriate clinical waste bags	100
Linen bags	500
Collection container for used equipment	200

Human Resource requirement for Quarantine Facility

The requisite human resources at a Quarantine Facility can be divided into two broad categories:

General Requirements of medical personnel for the facility as under

Medical personnel- (catering facility of 300 people)

- I. On- Duty Doctors in 6 hours shift of 2 doctors
- II. Nursing Staff in 6 hours shift of 4 nurses
- III. Lab. Technicians in 6 hours shift of 4 technicians

1. Health professionals: (Multi-disciplinary team)

- Medical doctors (Multi-Speciality team)- General duty doctors, Specialists like Medicine, Paediatrician, Psychiatrist / Psychologist, Public Health specialist, Microbiologist etc.
- Nursing officers
- Pharmacists
- Paramedics
- Lab. Technicians (preferably)

2. Supporting staffs like Safai Karamchari, Housekeeping, Laundry workers, Cooks, etc.

3. Security staffs

Annexure- 8

Checklist for screening entry of persons inside the quarantine building

- Only authorised personnel should enter the quarantine facility for carrying out pre-determined activity. While entering the quarantine facility, it should be ensured that personnel are wearing the requisite personal protective equipment
 - A pre-identified staff should be designated to screen the personnel entering in the quarantine facility using following check-list.
 - I. Is the person entering the quarantine building either doctors/nursing officers/ supporting staffs/ Govt. officials etc. posted or authorized to enter the quarantine building in the Centre?
 - II. Whether the person entering the quarantine building is having duty inside the building during that time?
 - III. Whether the person entering wear protective suit correctly?
 - IV. Whether the person entering wear N-95 Mask correctly?
 - V. Whether the person entering wear goggles correctly?
 - VI. Whether the person entering wear headgear correctly?
 - VII. Whether the person entering wear boots correctly?
 - VIII. Whether PPE has no gaps/physical damages which can be a risk in the disease transmission?
 - IX. If it is 'YES' in all Qs from 1to 9, then, the person is allowed to enter the quarantine building.
 - X. If any of the Qs is NO, then , to ask for appropriate donning of PPE initially and if not still then, to contact the concerned officer supervising the nursing officers and if required, NCDC Team on duty /In-charge of the center.
-

Annexure – 9

Guidelines for Disinfection of quarantine facility (for COVID-19)

(Refer to NCDC Website for latest updates)

Guidelines for disinfection of quarantine facility (for COVID-19)

Scope: This document aims to provide interim guidance about the environmental cleaning / decontamination in quarantine camp facilities (e.g. barracks, cubicles in rooms, offices, and toilets, etc.) where persons with potential exposure to COVID-19 have housed.

The causative agent involved in the current outbreaks of 2019-nCoV acute respiratory disease, the 2019-nCoV (genus: Betacoronavirus), belongs to the family of Coronaviridae, a large family of enveloped, positive-sense single-stranded RNA viruses. Coronaviruses are transmitted in most instances through large respiratory droplets and contact transmission, but other modes of transmission have also been proposed worldwide.

The time of survival and the conditions affecting the 2019-nCoV viability in the environment are currently unknown. According to studies assessing the environmental stability of other coronaviruses, the Severe Acute Respiratory Syndrome coronavirus (SARS-CoV) is estimated to survive several days in the environment and the Middle East Respiratory Syndrome-related coronavirus (MERS-CoV) more than 48 hours at an average room temperature (20°C) on different surfaces [1-3].

Environmental cleaning: Due to the potential survival of the virus in the environment for several days, the premises and areas potentially contaminated with the 2019-nCoV should be cleaned before their re-use, using products containing antimicrobial agents known to be effective against coronaviruses. Although there is lack of specific evidence for their effectiveness against 2019-nCoV virus, cleaning with water and household detergents and use of common disinfectant products should be sufficient for general precautionary cleaning. Tests carried out using SARS-CoV showed that sodium hypochlorite is effective.

These guidelines provide guidance for environmental cleaning in quarantine facilities housing people exposed/ potential exposure to COVID-19 and have been adapted based on the Hospital Infection Prevention and Control guidelines drafted by NCDC in collaboration with WHO and other stakeholders.

Area/Items	Item/Equipment	Process	Method/ Procedure
Clinical Area			
General clinical areas	Dust mops Mop (No broom will be used for sweeping)	Sweeping Cleaning Daily mopping	<ul style="list-style-type: none"> Sweep with the dust mop or damp mop to remove surface dust. Sweep under the furniture and remove dust from corners. Gathered dust must be removed using a hearth brush and shovel. The sweep tool should be cleaned or replaced after use.
Floors (clinical areas) – daily mopping	Detergent/ sanitizer–hot water, sodium hypochlorite(1%) Three buckets (one with plain water and one with detergent solution; one bucket for sodium hypochlorite(1%))		<ul style="list-style-type: none"> Prepare cleaning solution using detergent with warm water Use the three-bucket technique for mopping the floor, one bucket with plain water and one with the detergent solution. First mop the area with the warm water and detergent solution. After mopping clean the mop in plain water and squeeze it. Repeat this procedure for the remaining area. Mop area again using sodium hypochlorite 1% after drying the area. In between mopping if solution or water is dirty change it frequently. Mop the floor starting at the far corner of the room and work towards the door. Clean articles between cleaning. <p>Note: Mopping should be done twice a day</p>
Ceiling and Walls	Sweeping tool Duster Bowl/ small bucket of soap solution Plain water	Damp dusting	<ul style="list-style-type: none"> Damp dusting with a long handled tool for the walls and ceiling done with very little moisture, just enough to collect the dust. Damp dusting should be done in straight lines that overlap one another. Change the mop head/cover when soiled. <p>Note: Should be done once a week or after examining a suspect case</p>

	Care of mop	Hot water Detergent Sodium hypochlorite 1%	<ul style="list-style-type: none"> • Clean with hot water and detergent solution, disinfect it with sodium hypochlorite and keep for drying upsidedown.
Doors and door knobs	Damp cloth or Sponge squeeze mop Detergent	Thorough washing	<ul style="list-style-type: none"> • The doors are to be washed with a brush, using detergent and water once a week (on one defined day); gently apply cloth to soiled area, taking care not to remove paint, then wipe with warm water to remove excess cleaning agent. • Door knobs and other frequently touched surfaces should be cleaned daily.
Isolation room	Detergent/ Sanitizer– warm water, sodium hypochlorite (1%) Three buckets (one with plain water and one with detergent solution); separate bucket for sodium hypochlorite (1%)	Terminal cleaning	<ul style="list-style-type: none"> • Before cleaning an isolation room, liaise with infection control team for details of any special requirements. Staff will be instructed on specific cleaning procedures required with reference to • Safety uniform to be worn. • Chemicals or disinfectants to be used. • Also, if bed screen and shower screen are to be cleaned or changed, refer cleaning in isolation rooms.
All clinical areas/ Laboratories/ Wherever spill care is required	Sodium hypochlorite (1%) Rag piece Absorbent paper Unsterile gloves Spill care kit Mop Hot water	Blood and body fluid spill care	<ul style="list-style-type: none"> • Wear non-sterile gloves. • For large spills, cover with absorbent paper/ rag piece • if any broken glass and sharps, using a pair of forceps and gloves, carefully retrieve. Use a large amount of folded absorbent paper to collect small glass splinters. Place the broken items into the puncture proof sharps container. • Cover the spill with sodium hypochlorite(1%)for 10–20 minutes contact time. • Clean up spill and discard into infectious waste bin, and mop area with soap and hot water. • Clean the mop and mop area with 1% sodium hypochlorite. • Wash mop with detergent and hot water and allow it to dry.

Stethoscope	Alcohol-based rub/Spirit swab	Cleaning	<ul style="list-style-type: none"> Should be cleaned with detergent and water. Should be wiped with alcohol based rub/spirit swab before each patient contact.
BP cuffs and covers	Detergent Hot water	Washing	<ul style="list-style-type: none"> Cuffsshouldbewipedwithalcohol-based disinfectant and regular laundering is recommended for the cover.
Thermometer	Detergent and water Alcohol rub Individual thermometer holder	Cleaning	<ul style="list-style-type: none"> Should be stored dry in individual holder. Clean with detergent and tepid water and wipe with alcohol rub in between patient use. Store in individual holder inverted. Preferably one thermometer for each patient.
Injection and dressing trolley	Detergent and water Duster Disinfectant (70% alcohol)	Cleaning	<ul style="list-style-type: none"> To be cleaned daily with detergent and water. After each use should be wiped with disinfectant.
Refrigerators	Detergent and water Absorbent paper or clean cloth	Cleaning (weekly)	<ul style="list-style-type: none"> Empty the fridge and store things appropriately. Defrost, decontaminate and clean with detergent. Dry it properly and replace the things. Weekly cleaning is recommended.

Area/Items	Item/Equipment	Process	Method/ procedure
Lodging area			
General cleaning	Detergent and warm water Mop Two buckets Clean utility gloves Handmops	Daily mopping floors Thorough washing	<ul style="list-style-type: none"> Scrub floors with hot water and detergent with using minimal water. (Do not pour the water.) Clean with plainwater. Allow to dry Hypochlorite 1% mopping can be done. <p>Note:Recommend general cleaning procedure should be done twice a day</p>
Lockers, tables, cupboard, wardrobes, benches, shelves and cots	Damp duster Warm water Detergent Dry duster	Damp dusting	<ul style="list-style-type: none"> Damp dust with warm waterand detergent.
Railings	Detergent/ Sanitizer-hotwater, sodium hypochlorite	Daily dusting	<ul style="list-style-type: none"> Damp dust with warm water and detergent followed by disinfection with hypochlorite

	1% Three small buckets/ or big bowls One with plain water One with detergent solution One for sodium hypochlorite 1%		
Mirrors and Glass	Warm water Detergent water/ cleaning solution Damp cloth Wiper	Cleaning	<ul style="list-style-type: none"> Using warm water and a small quantity of detergent and using a damp cloth, wipe over the mirror and surround, then using a dry lint-free cloth, buff the mirror and glass to a clean dry finish.
Sluice room Stainless steel/ Any other sink	Powder cleanser Detergent powder Wiper Cloth	Cleaning	<ul style="list-style-type: none"> Sinks are to be cleaned with a powder cleanser. First wet the sink. Sprinkle on a little powder cleanser and work around the surface with a cloth, include the plug hole. Do not use the powder cleanser on a dry sink. After removing spillage and any stains, flush away with running water. Wipe down the surface of the sink.
Pantry furniture	Duster	Dusting	<ul style="list-style-type: none"> Damp dust
Telephone	Warm water detergent solution Duster	General cleaning	<ul style="list-style-type: none"> Damp dust with warm water and detergent. Pay special attention to the ear and mouth piece and dry it properly.
Desks	Damp cloth Furniture polish	Dusting	<ul style="list-style-type: none"> Wipe top sides and draw handles with a damp cloth. Wooden desks should be cleaned with furniture polish and buffed to clear glows. Pen holder etc. to be cleaned or dusted.
Chairs (Vinyl)	Warm water and detergent	Cleaning	<ul style="list-style-type: none"> Wipe down with warm water and detergent. Remove any marks under arms and seat. Check for damage to stoppers, if stopper require replacement, report to maintenance department.
Furniture and fittings	Warm water and detergent Rag piece	Dusting	<ul style="list-style-type: none"> Using warm water and detergent, damp dust all furniture and fittings, including chairs, stools, beds, tables, cupboards, wardrobes, lockers, trolleys, benches, shelves and storage racks, waste/ bins, fire extinguishers, oxygen cylinders, televisions window sills and dry properly.
Bed tables, bedside lockers	Warm water and detergent Wiper Duster	Cleaning	<ul style="list-style-type: none"> Wipe down over bed table. Wipe top and underneath base and stand, using warm water and detergent. Dry on completion. Wipe down the bedside. Remove marks from fronts of draws and sides. Using warm water and detergent, wash the top to remove any sticky marks and dust.
Light switches	Damp cloth (never	Cleaning	<ul style="list-style-type: none"> Light switches to be cleaned of dust, spots and finger

and over-bed lights	wet) Detergent Warm water		marks. Clean with a damp cloth (never wet) and detergent. • Over-bed lighting to be damp dusted. Clean with warm water and detergent.
Curtains	Soft clothes Water Mild soap solution	Cleaning	• Clean with water and soap for curtains
White clothes	Sodium hypochlorite 1% Tap water	Washing	• Should be washed under running water and soaked in 1% sodium hypochlorite for 20 minutes. Note: PPE should be worn while washing soiled linen.
Mattress and pillow covers (cloth)	Tap water	Washing	• Mattress and pillows should be covered with a reusable mattress cover. • It should be changed for each patient and when soiled sent to the laundry according to schedule.
Mattress/ Pillow with rexin cover	Sodium hypochlorite 1%	Terminal Damp dusting and cleaning	• If with rexin cover, can be cleaned with 1% sodium hypochlorite before use for next patient
Normal/ without rexin	Sunlight	Drying in sunlight	• If routine mattress, dry it in bright sunlight for 1-2 days before using for next patient
Water jars	Vim powder Soap and water	Cleaning	• Recommended boiled water for drinking • Water jars should be scrubbed/ cleaned with soap and water and boiled water before filling with water.

Areas	Agents / Toilet cleaner	Procedure
Cleaning of toilets		
Toilet pot/ commode	Sodium hypochlorite 1%/ Soap powder / long handle angular brush	<ul style="list-style-type: none"> Inside of toilet pot/commode: Scrub with the recommended agents and the long handle angular brush. Outside: Clean with recommended agents; use a nylon scrubber.
Lid/commode	Nylon scrubber and soap powder	<ul style="list-style-type: none"> Wet and scrub with soap powder and the nylon scrubber inside and outside
Toilet floor	Soap powder and scrubbing brush/ nylon broom	<ul style="list-style-type: none"> Scrub floor with soap powder and the scrubbing brush Wash with water Use sodium hypochlorite 1% dilution
Tap	Nylon scrubber and soap powder	<ul style="list-style-type: none"> Wet and scrub with soap powder and the nylon scrubber.
Outside sink	Soap powder and nylon scrubber	<ul style="list-style-type: none"> Scrub with the nylon scrubber.
Showers area / Taps and fittings	Warm water Detergent powder Nylon Scrubber	<ul style="list-style-type: none"> Thoroughly scrub the floors/tiles with warm water and detergent Wipe over taps and fittings with a damp cloth and detergent. Care should be taken to clean the underside of taps and fittings.

		<ul style="list-style-type: none"> • Taps should be dried after cleaning
Soap dispensers	Detergent and water	<ul style="list-style-type: none"> • Daily dusting • Should be cleaned weekly with detergent and water and dried.

Note: Dry the floors with a separate drying mop.

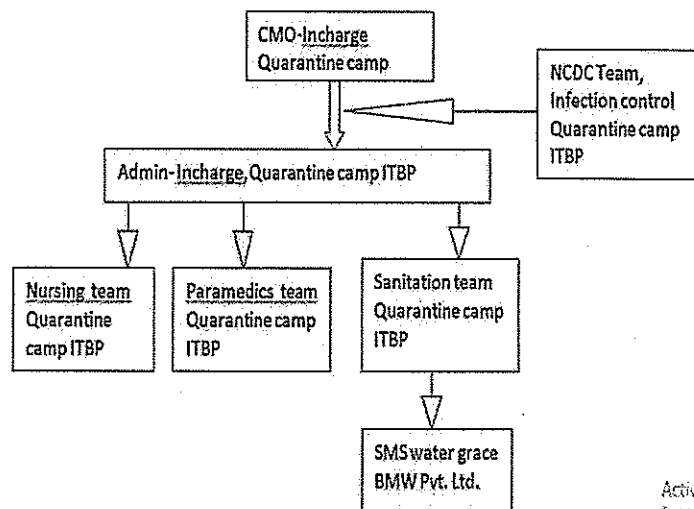
SoPs for Management of Bio-medical Waste (BMW) in the Quarantine Quarantine facility

“Bio-medical waste” means any waste, which is generated during the surveillance, monitoring, diagnosis, treatment or immunization of quarantined personnel in health Quarantine facility. The Bio-medical Waste Management rules are applicable to all persons who generate, collect, receive, store, transport, treat, dispose, or handle bio medical waste in any form at the quarantine Quarantine facility.

Management of Hospital/Healthcare/Biomedical waste at the quarantine Quarantine facility is of utmost concern having global implications and immediate attention. It is documented that even the general waste generated from Quarantine Quarantine facility is a potential health hazard to the health care workers, public, flora and fauna of the area.




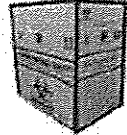
All officials concerned with the Quarantine facility administration and all other health care workers including medical, dental, nursing officers, other paramedical staff and waste handlers such as safai karmacharis, attendants & Sanitation attendants are well oriented to requirements of handling and management of general and biomedical waste generated at the Quarantine facility. Steps in the management of biomedical waste include generation, accumulation, handling, storage, treatment, transport and disposal.

Organogram for Biomedical waste management(ITBP Chhawla):



Actual
Go to Sr

Bio-medical waste has been classified in to 4 major categories to improve the segregation of waste at the source itself:

Categories	Type of Bags	Type of Waste	Treatment/Disposal
Yellow 	Non chlorinated plastic, autoclavable bags	1. Donned off PPE 2. PPE with spill 3. Gloves 4. Shoe covers 5. Head Covers 6. disposable bed sheets	Incineration or Plasma pyrolysis or deep burial*
Red 	Non chlorinated plastic, autoclavable bags	1. Eye protection goggles 2. recyclable materials like pens 3. plastic water bottles used by quarantine people 4. Bed sheets	Autoclaving/microwaving /hydroclaving and then sent for recycling not be sent to landfill
White 	Puncture, leak, tamper proof containers	1. sharp waste including metals	Auto or Dry Heat Sterilization followed by shredding or mutilation or encapsulation
Blue 	Cardboard boxes with blue coloured marking	Glassware/tubelight/CFL bulbs/LED used in quarantine Quarantine facility	Disinfection or autoclaving, microwaving, hydroclaving and then sent for recycling

Duties of the Quarantine facility Authorities:

1. Provide training to all its health care workers and others involved in handling of bio medical waste.
2. To provide a safe, ventilated and secured location for storage of segregated BMW within premises of quarantine Quarantine facility.
3. Provide legal authorization and access to Waste collecting van/vehicle.

Duties of the Bio-medical waste management company (SMS water grace BMW Pvt. Ltd.):

1. Ensure timely collection (atleast twice daily morning & evening) of BMW from Quarantine Quarantine facility
2. Handing over of recyclable waste after treatment by autoclaving and incineration to authorized agencies identified by Government of India.
3. Assist health care facilities in training of workers.

4. Provide PPE kits and other safety measures to their vehicle driver, collector, helper, safai karamchhari.
5. Issue authorized Identity card to all the persons coming to the Quarantine Quarantine facilityus.

Treatment and Disposal:

1. Quarantine Quarantine facility does not have an onsite setup for BMW treatment facilities there it should be taken to their designated BMW facility and treatment/disposal must be done as per BMW regulations approved in their contract.
2. No untreated bio-medical waste shall be kept stored beyond a period of 48 hours.
3. All the waste (even the general waste) generated from the quarantine Quarantine facility must be treated as Biomedical waste.

Maintenance of Records:

1. Records in relation to generation, collection, reception, storage, transportation, treatment and disposal shall be maintained as per rules For 5 years.

Accident Reporting: In case of major accident-intimate immediately and submit a report within 24 hours to the Quarantine facility incharge(CMO-Incharge ITBP Quarantine facility).

Implementation:

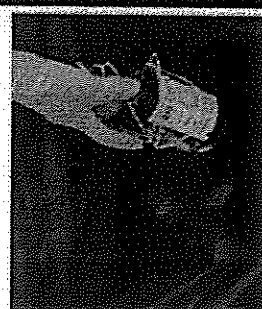
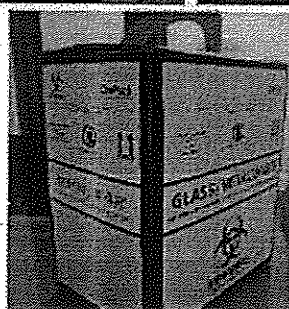
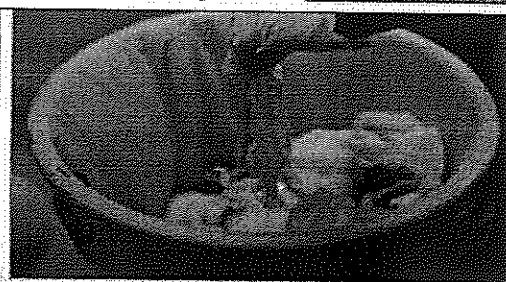
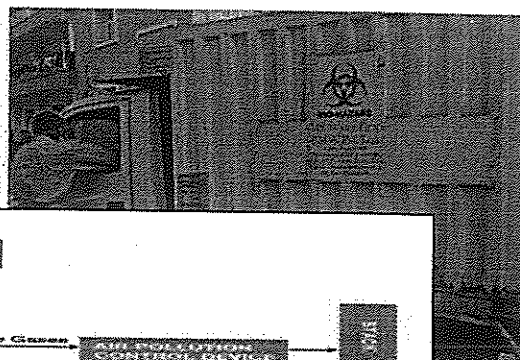
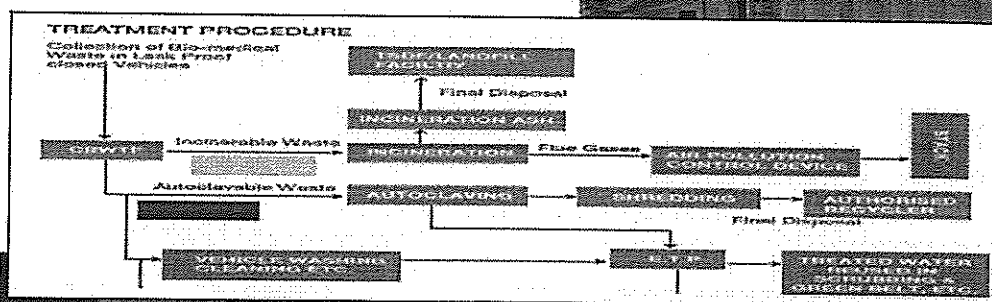
Efficient implementation of the bio-medical waste management pivots on orientation, training and

involvement of all the staff in the Quarantine facility. Ensuring proper disposal and segregation at source is the most important step as this is the limiting factor for most health care settings. Continuous training, monitoring & supervision to monitor the implementation must be done on daily basis.

Generation to Disposal process:

1. BMW is collected from various sites in the quarantine facility.
2. All Collected Bags are loaded on to special Bio Medical Waste Trucks/Van and are transported to BMW management facility for treatment and disposal thereafter.

Procedure/ Flowchart for Treatment of Biomedical Waste:



Guidelines for Quarantine facility Incharge, Health professionals, Quarantine people and their family members to guide them with respect to the discharge from Quarantine facility and follow up action in the community.

A. For the Quarantine facility Incharge & Health Professionals at the Quarantine facility:

- The final sample collection for all the travellers shall be taken up on the 13th and 14th day while being in the facility.
- The samples shall be collected and sent to the designated laboratories.
- The reports for the same shall be received latest by 16th/17th day in the facility through ICMR.
- Based on the reports a decision can be taken to discharge the travellers.
- Discharge shall accordingly, if agreed to, will be done on the 18th day from the Quarantine facility. Quarantine facility Incharge shall accordingly intimate the travellers in advance for them to make arrangement for their onward journey.
- A detailed enumeration of the proposed place of stay by the travellers during the next 14 days will be obtained including contact numbers by the Quarantine facility Incharge.
- The Quarantine facility Incharges will plan dropping the travellers in either of the locations i.e. ISBT, Railway Station or Airport as per the preference of the travellers.

B. For the Travellers in the Quarantine facility:

1. While travelling back home:

- Provide details of your stay for next 14 days including the contact numbers.
- Obtain list of District and State Surveillance Officers for follow up and reporting in case of any issue.
- Use triple layer surgical mask (follow correct use and disposal of mask as briefed during the stay in quarantine centre)
- Follow frequent hand-wash with soap and water or use alcohol based hand sanitizer.
- Use respiratory etiquettes (use tissue paper/ hand-kerchief to cover your nose and mouth, turn head away from the person facing of you, while coughing/ sneezing).
- Monitor your temperature twice daily.

- Retain the aircraft boarding pass/ rail ticket/ details of Journey by taxi (including contact number of drivers etc)

2. After reaching home

- Avoid crowded places.
- Monitor your health for a period of next 14 days (after leaving the quarantine centre).
- Monitor body temperature twice daily.
- At all times:
 - Maintain personal hygiene
 - Wash hands with soap and water frequently or use alcohol based hand sanitizer.
 - Use respiratory etiquettes (use tissue paper/ hand-kerchief to cover your nose and mouth, turn head away from the person facing of you, while coughing/ sneezing).
- Report to nearest health facility if you develop fever, cough or difficulty in breathing besides reporting it to the State and District Surveillance Officer.
- Allow attendance by health workers / respond to call received from Health functionaries. Keep their contact numbers handy.
- Inform about your health at the end of 14 days period to the Healthcare worker and State and District Surveillance Officer.

3. In case you develop fever, cough or difficulty in breathing any time after leaving the quarantine Centre (within next 14 days):

- Call the nearest health facility or health worker visiting you/ talking to you besides informing the State and District Surveillance Officer.
- An identified care giver (among family members) will only attend to you. He / she will wear mask and wash hands, every time he/ she comes in contact with you.
- Use surgical triple layer mask immediately on realization of symptoms.
- Get admitted to the identified health facility as advised.
- The vehicle/ ambulance which was used for transportation also needs to be disinfected. (Contact the health facility for the disinfection procedure).
- Follow infection prevention and control practices at all times and places.
- If further assistance is required, call Ministry of Health, Government of India's Control Room no. +91-11-23978046.

C. Advice to other family members at home:

- Wash your hands with soap and water frequently.
- If the person (discharged from the quarantine centre) develops symptoms inform the health worker and also the State and District Surveillance Officer.
- In case advised to shift the patient to a health facility:
 - Share list of all contacts till date with the treating doctor/ health care worker and the State and District Surveillance
 - Family members to be in home quarantine till either medical examination rules out novel coronavirus infection or the result of sample is negative.
 - Proper disinfection of bedding/ clothing/ room/ all personal belongings should be followed with 1% Sodium hypochlorite solution.

CHECKLIST FOR ESTABLISHING A QUARANTINE CENTER

I. Basic Information:

1) Name of the Quarantine Centre_

2) Address: _

3) Officer In charge:_

4) Email address:

5) Phone Number: _

6) GPS Coordinates:_

II. Location of quarantine centre

7) Located away from the residential area? ☐ Yes ☐ No

8) Distance to nearby residential area?

9) Away from an area where gathering expected (Eg: Temples, stadiums, Churches etc):

☐ Yes ☐ No

III. Accessibility to the quarantine centre :

10) How far is it from the nearby airport?

11) How far is from the nearest railway station?

12) How far is the nearest bus station?

13) Is the road to quarantine centre is free from heavy traffic?

14) Is the road to quarantine centre is wide enough to have two vehicles at a time?

☐ Yes ☐ No

15) How far is the nearest tertiary care centre?

16) How far is the nearest District Hospital?

IV. Facilities & basic amenities at quarantine facility:

17) How many floors are there in the quarantine building?

18) How many rooms available at the quarantine facility?

19) How many numbers of beds in each room at quarantine facility?

- 20) What is the distance between beds in the quarantine room?
- 21) Is there 24*7 supply of electricity at the facility? ☐ Yes ☐ No
- 22) Is there 24*7 supply of water at the facility? ☐ Yes ☐ No
- 23) Is there air conditioning available? ☐ Yes ☐ No
- 24) If yes, it is by centralised AC or individual air conditioning in each room?
i. If individual AC ? a: Split b: Window
- 25) Does window space covers at least 10% of total area? ☐ Yes ☐ No
- 26) How many windows in each room?
- 27) Is there exhaust fans in each room? ☐ Yes ☐ No
i. If Yes, how much air exchange rate expressed in cubic feet per minute (CFM)?
- 28) Is there drainage facility available in each floor? ☐ Yes ☐ No
- 29) Is there any separate sewage line from Quarantine areas?
- 30) Are there separate exit & entry points? ☐ Yes ☐ No
- 31) Is there availability of 24*7 security services at the quarantine area?
- 32) Is there any separate door for entry of non-health professionals for housekeeping, catering?
☐ Yes ☐ No
- 33) ☐ Yes ☐ No
- 34) Is there any separate washroom facility for each room at the facility? ☐ Yes
☐ No
- 35) If not, how many wash rooms per person/area?
- 36) Are the floors washable & easily dried? ☐ Yes ☐ No
- 37) Is the floor mappable? ☐ Yes ☐ No
- 38) Is there any in-house mess facility available at quarantine area?
- 39) Is there any separate room/ resting facility for?
i. Doctors
ii. Nurses
iii. Paramedics
iv. Cleaning staffs

v. Linen management

- 40) What is the Frequency of changing linen in Quarantine rooms?
- 41) Whether disposable of Linen used? ☐ Yes ☐ No
i. If No then, How they are disinfecting & cleaning linen?
ii. How frequently linens changed?

- 42) Is there any curtains available in the quarantine rooms/wards? ☐ Yes
☐ No
 i. If yes frequency of changing them?
 ii. frequency of disinfecting & cleaning?
- 43) Is there any policy for disinfecting mattress at quarantine facility? ☐ Yes
☐ No
- 44) Is there any written policy for disinfecting beds at quarantine centres?
☐ Yes ☐ No
- 45) If yes, please verify policy and elaborate /

VI. Infection control practices

- 46) Is adequate PPE supply available at the quarantine facility? ☐ Yes
☐ No
- 47) Is there adequate supply of disinfectants at the centre? ☐ Yes
☐ No
- 48) Are the staffs in the facility trained in wearing PPE? ☐ Yes
☐ No
- 49) Is there a separate area for donning & doffing PPE? ☐ Yes
☐ No
- 50) Is there hand washing facility with soap with dispenser / hand sanitizer available at donning & doffing areas?
☐ Yes ☐ No
- 51) If yes, what type of hand rub dispensers are available? (select all applicable answers)
 i. Pocket bottle
 ii. Bottle affixed to trolley/tray
 iii. Bottle affixed to bed
 iv. Wall dispenser
 v. Dispenser located on bedside table/trolley
- 52) Whether all staff has access to hand rub dispensers? ☐ Yes
☐ No
- 53) Are hand rub dispensers replaced when empty?
 i. Always
 ii. Intermittently

- iii. Rarely
- iv. Never
- v. Not applicable

54) Are posters illustrating handwash technique displayed beside each sink?

☐ Yes ☐ No

55) Is there availability of bleaching solution of different strength available?

% of hypochlorite solution	YES	NO
1%		
5%		
10%		

56) Is there any policy for rodent & pest control management?

☐ Yes

☐ No

57) If yes, is it being implemented & followed?

☐ Yes

☐ No

58) Are the staffs trained in infection control practices?

☐ Yes

☐ No

59) Is there a structured curriculum / training module for Infection Control

Practices? ?

☐ Yes

☐ No

60) What is the Frequency of cleaning of

- i. floors of quarantine rooms/wards
- ii. Bathrooms
- iii. Ambulatory areas
- iv. Resting rooms
- v. What is the Frequency of cleaning high touch surfaces like door knobs, bed rails etc?

61) Is there any separate sample collection area?

☐ Yes

☐ No

62) Is there is separate thermometer & BP apparatus available at the quarantine centre?

☐ Yes

☐ No

63) Are there colour coded bags available for BMW management?

64) Is the waste being segregated and disposed as per protocol?

☐ Yes

☐ No

65) Are the sharps being disposed as per protocol?

☐ Yes

☐ No

66) How the food waste is being disposed?

VII. Recreational facilities

67) Is there provision for mobile phone or internet at the facility? ☐ Yes

☐ No

68) Are the mobiles phone disinfected?

i. If Yes how

ii. How frequently

69) Is there any recreational room / area available? ☐ Yes ☐ No

70) Is there any provision for Television or Radio at the quarantine facility?

☐ Yes ☐ No

71) Is there a provision of printed reading materials at the facility? ☐ Yes

☐ No

i. If Yes how the materials are disposed off?

VIII. Human resources & logistics

72) Is there a dedicated Infection nurse for the quarantine facility to monitor IPC activities?

73) Is there is rotational shift for doctors/nurses/paramedics?

i. If Yes, how many shifts?

ii. Doctors in each shift

iii. Nurses in each shift

iv. Cleaning staffs in each shift

74) Is there any pulmonologists/physician available when it is needed? ☐ Yes

☐ No

75) Is there a phlebotomist/ lab technician available when it is needed? ☐ Yes

☐ No

76) Is there any availability of clinical psychologist in quarantine facility? ☐ Yes

☐ No

IX. SOP & policies

77) Is there any guidelines/ inhouse SOP for infection control practices? ☐ Yes

☐ No

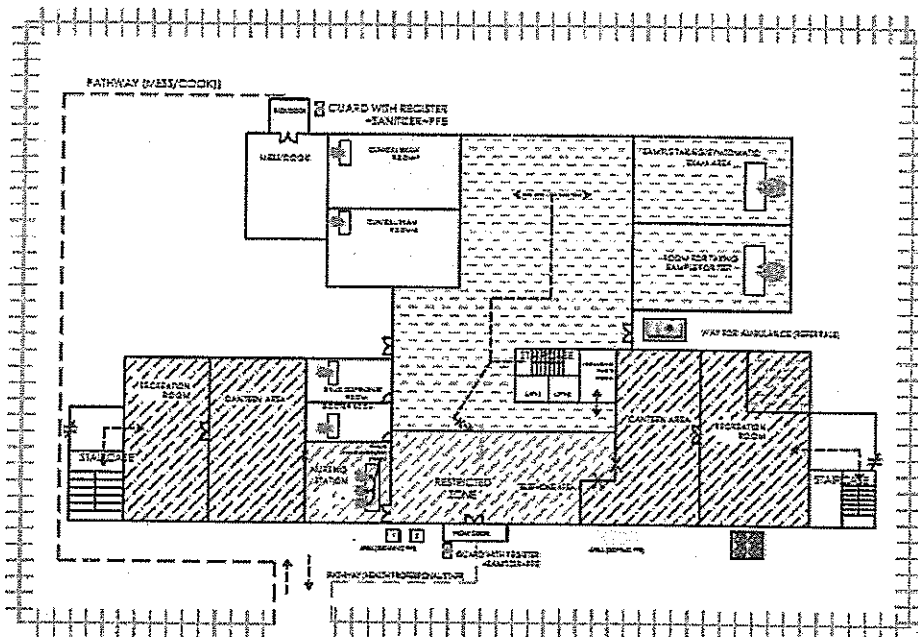
- 78) Is there any protocol for limiting the visitors to quarantine area? ☐ Yes ☐ No
- 79) Is there any written policy for the recreational area? ☐ Yes ☐ No
- 80) Biomedical waste management guidelines 2016 & amendments 2019 available? ☐ Yes ☐ No
- 81) Does the quarantine health facility in charge aware of National IPC guidelines for healthcare facilities 2020? ☐ Yes ☐ No
- 82) Is there any linen policy available? ☐ Yes ☐ No
- 83) Is there any SOP for working of doctors, nurses & paramedics at quarantine facility? ☐ Yes ☐ No
- 84) Is there any protocol for disinfecting ambulance after transporting patient to isolation centre?
- 85) Is there any policy for monitoring health of staffs at quarantine area?
- 86) Is there enough IEC displayed at the quarantine centre?

x. Transporting Patients to Isolation centre

- 87) Is there any protocol for transfer of patients to tertiary care/transfer of symptomatic cases to isolation centre?
- 88) Is there separate ambulance available for transporting patients to isolation centre? ☐ Yes ☐ No
- 89) Are the ambulance staff trained in wearing PPE & infection control practices?
- 90) How far is the Isolation facility from the quarantine centre

MAP SHOWING FUNCTIONAL AREAS IN THE GROUND FLOOR

(QUARANTINE BUILDING) RESTRICTIONS & FLOW OF MOVEMENT OF PEOPLE



CHHAWLA QUARANTINE CENTRE (ITBP CAMP)

LEGENDS:-

<p>1. UNSAFE ZONE (Only people with H/O traveling to China occur)</p> <p> AREA WHERE QUARANTINED PEOPLE ENJOYS IN THE GROUND FLOOR AREA</p> <p> PATHWAY FOR QUARANTINED PEOPLE</p> <p> NO ENTRY FOR QUARANTINED PEOPLE</p> <p>2. SAFE AND RESTRICTED ZONE</p> <p> NO QUARANTINED PEOPLE ENTERS HERE</p> <p> ONLY HEALTH PROFESSIONALS/ STAFFS STAY</p>	<p>3. ALERT ZONE (transmission of infection from quarantined people to health professionals can occur here)</p> <p> AREA WHERE QUARANTINED PEOPLE AND HEALTH PROFESSIONAL OR STAFFS MAY INTERACT (RISK ZONE FOR TRANSMISSION OF INFECTION)</p> <p>4. BLACK BAG (BHW)</p> <p>5. YELLOW BAG (BHW)</p> <p>6. X CLOSED DOORS WITH KEYS IN NURSING STATION (in case of emergency to open)</p> <p>7. INCOMING QUARANTINED PEOPLE (from China) CAN ENTER FROM THESE DOORS TO THE QUARANTINE BUILDING ON THE DAY OF ARRIVAL</p> <p>8. PUBLIC ANNOUNCEMENT SYSTEM AT RECEPTION</p>
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