

GOVERNMENT OF ANDHRA PRADESH
HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT

Order No.7/COVID-19/2020,

Date: 27.3.2020

Sub: HMFWD – COVID-19 – Hospital readiness – instructions & checklist issued – reg;

COVID INSTANT ORDER - 7

1. In order to effectively treat the Covid-19 patients, Government has designated following Four hospitals as State Covid Hospitals (SCH):
 - a. VIMS Visakhapatnem
 - b. GGH, Vijayawada
 - c. GGH, Nellore
 - d. Padmavathi Hospital, Tirupathi.
2. Further, Dt level Govt hospitals and hospitals attached to the private medical colleges have been designated in three layers (in order of priority), as District Covid Hospitals (DCH) to provide medical services to the Covid suspect/positive cases (List attached).
3. In this regard, all the Dt collectors are directed to inspect the SCH and DCH hospitals along with the senior medical officers to ascertain the status and take instant action to make them fully ready to treat patients.
4. The following action to be action to make the hospitals ready:
 - (A) Assessment of beds availability–
 - (1) Criteria to be taken -2-meter distance between two beds.
 - (2) Numbering of beds to be done ward wise and for entire Hospital in format as per checklist.
 - (3) Oxygen supply is to be ensured for beds.
 - (B) Appointment of Nodal Officers by District Collector for 4 SCHs-
 - a. Hospital Superintendent as Special Officer (Medical)
 - b. Dt Collector to appoint a senior officer of Dy Collector rank as Special Officer – Coordination
 - c. Appoint three Nodal officers for 1-Personnel & Trainings, 2- Logistics & Material management and 3- Patient Case & Data Management, out of the available medical staff in the hospital.
 - d. Appoint one Special officer of Dy Collector rank from district administration cadre for Private hospitals requisitioned & Govt Dt hospitals, designated for Covid patients.

(C) Manpower & training -

- (1) Manpower requirement: Standard requirement for 400 non-ICU & 100 ICU bedded hospital is enclosed (Annexure 1) which may be modified as per requirement of the hospital.
- (2) Nodal Officer (Personnel and Training) is to ensure availability of entire manpower – Specialist/Doctors, Nurses, Technicians, Hospital Assistants etc.
- (3) For Manpower requirement, internal arrangement is to be done within O/o the DME through DME Mr K. Venkatesh (Mob: 9849902961) or within O/o the Commissioner, APVVP Dr Ramakrishnarao (Mob 8008553300), preferably locally within the district.
- (4) In case of continued deficiency, local recruitment be taken up immediately by the District Collector concerned as per Covid Instant order – 5 and GO 215 Medical & Health Dept dt. 24.3.2020
- (5) Trainers to be appointed as per list of Master trainers obtained from state HQ (Annexure 2). Trainers must impart training to all staff members with the support of Program Officer District Training Team in each district.
- (6) Nodal officer (Personnel and Training) shall be responsible for conducting training and submit Certificate to District Collectors & submitting training proforma as per checklist to state HQ.

(D) Utilities-

Electric Power, Water Supply, Computers / Internet, Laundry, Waste disposal & sanitation have to be taken care of in hospital premises duly assigning responsibilities. It is to be ensured that Sanitation teams, Food supply teams, Bio-medical waste teams are in place as per protocol.

(E) Logistics & Material / Equipment supply-

- (1) Nodal Officer (Logistics and Material) is to ensure availability of entire Material and Equipment.
- (2) A detailed movement plan for moving the materials & equipment, particularly for ventilators is to be followed (Annexure 3). Persons appointed & vehicles readiness has to be ensured for movement & shifting purposes.
- (3) Standard requirement for 400 non-ICU bedded and 100 ICU bedded hospital is enclosed (Annexure 4)
- (4) Nodal Officer Logistics and Material has to list down all the vendors/bio medical engineers for ventilators and other equipment in district, where repairs for equipment is feasible and time bound. In case of deficiency of repair technicians State Control Team/ MSIDC to be contacted
- (5) After repair, Fitness Certificate to be given to Special Officer COVID Hospital
- (6) In case of still gap existing, sourcing from DME is to be done, followed by sourcing from APVVP is to be done within the District within the District.

(F) Safety protocols-

All protocols including admission protocol, sample collection protocol, patient handling protocol have to be briefed & enforced onto the hospital staff. They are being issued in separate Covid instant Orders.

(G) Technical support-

Technical Sub-Group (TSG) has to be set up by proceedings by District Collector, with following constitution, which shall be in contact with Technical Advisory Group (TAG) at state-level, headed by Mr. (Dr) Venkatesh K. (Mob: 9849902961)-

- i. Head representative of D.M.E in district (chairman)
- ii. Head representative of APVVP in district
- iii. Senior Professor (Pulmonologist)
- iv. Senior Professor (Anaesthesiologist)
- v. Senior Professor (Medicine)
- vi. Senior Professor (ENT Surgeon)
- vii. Senior Professor (Microbiologist)
- viii. Any other specialist (all members).

All the District Collectors are directed to complete inspections and submit the filled in checklist by 28/3/2020.



SPECIAL CHIEF SECRETARY TO GOVERNMENT

To

All the Collector & District Magistrates

Copy to :

All the Joint Collector & additional district magistrates

All the DM&HOs / DCHSs in the State

COVID – Hospital Readiness Plan

A. Basic Details		
1	Name of Hospital & Address	
2	Priority level of hospital (SCH/ DCH – I Line or II line or III line)	
3	Hospital Catchment Area i.e. region of service	
4	Name of Hospital Superintendent & contact details:	
5	Whether Hospital Superintendent has taken charge in writing & in person; date & time:	
6	Whether Special Officer by District Collector appointed through proceedings; name & contact details:	
7	Whether 3 Nodal officers have been appointed by Hospital Superintendent in consultation of Special Officer for:	
7.1	Nodal Officer for Logistic and Material, Name and contact details	
7.2	Nodal Officer for Patient Case Management, Name and contact details	
7.3	Nodal Officer for Personnel Management and Training, Name and contact details	
A. Rooms & Beds plan		
8	Whether bed capacity plan – (Floor wise, ward wise, ICU & non ICU plan) prepared?	
8.1	No. of Non-ICU beds	
8.1	No. of ICU beds with ventilators & oxygen supply	
8.2	Total No. of beds	
8.3	Is the Isolation ward separate from rest of the facility?	
8.4	Does the isolation ward has separate entry & exit?	

8.5	Whether signages have been displayed properly at all facilities?	
8.6	No. of isolation rooms with attached washrooms	
8.7	Are bed side screens/curtains placed between two beds	
8.8	Whether negative pressure is maintained in isolation ward?	
8.9	Present availability status of beds	
	Type of beds	Total No. of beds
	ICU	Status (Occupied/Vacant)
	Non-ICU	Available beds
	Total	

B. Human Resources:

9	Manpower requirement: Standard requirement for 400 bedded hospital is enclosed (Annexure 1)	
9.1.1	Whether internal arrangement has been done within O/o the DME to meet manpower requirement	
9.1.2	Whether internal arrangement has been done within O/o the Commissioner, APVVP	
9.1.3	Whether arrangements to rope in services of IMA/local medical professionals have been done through advt or walk-in interviews etc.,	
9.2.	Trainings: Whether Nodal Officer – Trainings appointed? PI furnish name and contact details ?	
9.2.1	Whether the list of master trainers obtained from State HQ?	
9.2.2	Whether action plan to impart Training prepared ?	
9.2.2	Furnish the schedule of trainings	
	Type of medical professionals	No of trainees
		Schedule
		Type of trainings

C. Logistics and Material

Standard requirement for 400 non ICU bedded and 100 ICU bedded hospital is enclosed (Annexure 2)

10	Whether Nodal Officer – Logistics & Material supply appointed to ensure availability of entire Material and Equipment? PI furnish name and contact details?	
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10.1	Whether detailed requirement of Materials/equipment prepared?	
10.2	Whether list of all the vendors/bio medical engineers prepared installation/repair of ventilators and other equipment ?	
10.3	Whether a detailed movement plan for moving the materials & equipment from DME or APVVP hospitals, prepared?	
10.4	Whether protocol related to PPE usage has been enforced and briefed to the hospital staff? (As per Annexure 3)	
D. Basic Amenities		
11	Whether availability of all types of power supply has been ensured?	
12	Whether availability of drinking as well as non-drinking water has been ensured?	
13	Whether availability and supply of prescribed food for patients has been taken care of?	
13.1	Whether supply of food is being done in non-contagious manner?	
13.2	Whether laundry facilities provided?	
13.3	Whether sanitation team has been deployed ?	
14	Whether required number of computer systems are available for data entry, dissemination of information to the authorities?	
14.1	Whether Data Entry Operators have been appointed ?	
14.2	Whether internet facility has been enabled, wherever required?	
E. Safety, Technical & Information Protocols		
15	Whether Patient Handling Protocol by use/limited use/ without using PPE has been briefed to the staff? (Annexure 4)	
16	Whether the sample collection protocol has been briefed to the staff? (Annexure 5)	
17	Whether Bio medical waste disposal protocol has been briefed to the staff? (Annexure 6)	
18	Whether Deceased Body Management Protocol has been briefed to the staff? (Annexure 7)	
19	Whether Technical Sub-Group (TSG) has been set up?	
20	Whether 24*7 Help-desk has been set up in the Hospital ?	
F. Admission Protocol		
25	Whether the quarantine-inmates, if any, has been totally shifted out from the hospital to the designated Quarantine Facility as per protocol?	
25.1	If not, then what is the deadline of vacating out Quarantine from the hospital?	
26	Whether the In-Patients (IPD) have been totally moved out or from the hospital by way of discharge OR by way of shifting to other hospital?	
27	Whether deadline for complete vacating the hospital has been ensured before admitting Covid confirmed patients?	
28	Whether the Hospital is fully ready to take COVID-19 patients	

Signature of Special Officer (Coordination)

Signature of Hospital Superintendent

Signature of Dt Collector

Annexure I: MATERIAL ASSESSMENT (for 400 non ICU and 100 ICU beds)

Type of Hospital:

Hospital Name:

Total Beds:

Total ICU Beds:

	Requirement (for 400 non ICU and 100 ICU beds)	Availability	Gap	Deputation	Gap After Deputation	Remarks
Anaesthesiologist						
Assistant/Associate Professor	30					
Professor	4					
PG	20					
Pulmonologist						
Assistant/Associate Professor	30					
Professor	4					
PG	20					
Physician						
Assistant/Associate Professor	60					
Professor	8					
PG/House Surgen/SR	40					
Super Specialist Gastro	6					
Super Specialist Nephro	6					
Super Specialist Cadrio	6					
ENT Surgeon						
Professor/Associate/Asitiant Professor	10					
PG	10					
Psychiatrist						
Assistant/Associate Professor						
Professor						
PG/House Surgen/SR						
Microbiologist						
Professor/Associate/Asitiant Prof	10					
PG	10					
Nephrologist						
Staff Nurse	180					
Anaesthesia Technician	180					
Lab Technician	45					
FNO	180					
MNO	180					
ECG Tech	45					
Stretcher bearer	45					

Man Power

Annexure- II**The Proposed list of Trainers for Conducting training to Private practitioner at Districts.**

S.No	District	Name of the Trainers
1	Anantapur	Dr.Suryaprakash
		Dr.Nagamohan
		Dr.Manoranjan Reddy
		Dr.Sudheendra
2	chittoor	Dr.Anil Kumar
		Dr.Srinivasulu
		Dr.Niranjan Reddy
		Dr.Reddappa
3	East Godavari	Dr.Kiran , Pulmonologist, GGH
		Dr.Ramesh , Pulmonologist
		Dr.Janaki Rama Raju , Asst.Prof.Gen.Med
		Dr.Rambabu Naik , Mo
4	Guntur	Dr.Adi Seshu Babu
		Dr.Padmalaatha
		Dr.Prasanthi
		Dr.Sambasiva Rao
5	YSR Kadapa	Dr.Laxmikar
		Dr.Jabiulla
		Dr.Chiranjeevi Reddy
		Dr.K.Naga raju
6	Krishna	Dr.Aruna ,Pulmonologist
		Dr.Jagadish , General Medicine
		Dr.Sivamma , Microbiologist
		Dr.Moti Babu
7	Kurnool	Dr.Pavan , SMO
		Dr.Sridhar Rao , Pulmonologist
		Dr.Sailaja , Pulmonologist
		Dr.Mokeshwarudu ,DTCO
8	Nellore	Dr.Khadhar Bas
		Harichandra
		Dr.J.Sudhakar
		Dr.K.Sudheer
9	Prakasam	K.Ravi ,HOD E.NT.
		John Richadson ,Ass .Prof
		Dr.Jaya Sundram ,Ass .pro
		G.Srinivas .Prof GMC
		Dr.K .Rama Devi
10	srikakulam	Dr.B.Jagannadha Rao , Addl.DMHO
		Dr.K. Apparao , Mo ,IDSP
		Dr.D.Vidya Sagar ,Physician (RIMS)
		Dr.A.L.B Srinivasulu MD SPM (RIMS)
11	Vizianagaram	Dr.Aditya Varma Physician
		Dr.Subrahmanyam , Pulmonologist
		Dr.Srikanth , Anaesthetist
		Bheemesh , Male Staff Nurse
12	Visakhapatnam	Dr.Bhavani ,SMO NPSP
		Dr.Murali mohan , Epidemiologist
		Dr.Iaaxmi Soujanya
		Dr.Yerriah ,SPM
13	West Godavari	Dr.Raviteja , Mo
		Dr.Joshi
		Dr.Rafiq
		Sunitha , Microbiologist

Dear the above the trainers that can impart trainee to all practitioners with the support of program officer district training team in each district .

Annexure III : Ventilator Movement Plan

S.NO	INSTITUTE	EXISTING VENTILATORS	WORKING VENTILATORS	NEW VENTILATORS	APVVP DIVERSION FROM	MINOR REPAIRS	DIVERSION TO	TOTAL
1.	SMC VIJAYAWADA	28				5		105
	GGH,GUNTUR		20	5		15	SMC,VIJAYAWADA	
	ELURU,DH Kurnool		6	4		2		
	Sub Total	28	41	14		22		
2.	NELLORE MEDICAL COLLEGE	26				6	NELLOR E MEDICA L COLLEG E	
	KADAPA		15	5				
	TIRUPATI		15	5				
	ANATAPUR		10	5				
	ONGOLE		0	5				
	Sub Total	26	40	20		6		
3.	VIMS,VISHAKAPATNAM	36	25	5		11	VIMS,VISHAKA	128
	KAKINADA		10	5		10		
	RIMS,SRIKAKULAM		5	5		6		
	VIJAYANAGARAM DH		10	0		0		
	Sub Total	36	50	15		27		
	Grand Total							325

1. Procurement of new ventilators:

- a. Purchase order placed for 100 ventilators
- b. Another 100 ventilators will be procured
- c. In total 525 ventilators will be made available in COVID hospitals

Annexure IV: MATERIAL ASSESSMENT (for 400 non ICU and 100 ICU beds)

Type of Hospital:

Hospital Name:

Total Beds:

Total ICU Beds:

		Requirement (for 400 non ICU and 100 ICU beds)	Availability	Gap	Gap Arrangement	Final Gap
Material	PPE	45000				
	N 95 Mask/ FFP 2 Mask	45000				
	Triple layer / Surgical Mask	40000				
	Disposable Gloves pairs	60000				
	Hypo solution					
	Sanitizer					
	Bed Side Curtain	100				
	Bed Sheets	300				
	BP Apparators	20				
	HIV Kits					
	Disinfectant can					
	1.VENTILATORS	100				
	2.ENDO TRACHEAL INTUBATION BOUGIES	50				
	3.ENDOTRACHEAL INTUBATION STYLETS	50				
	4.FINGER PULSE OXYMETERS	200				
	5.MULTI PARA MONITORS	100				
6.ENDOTRACHEAL TUBES	100 Each Size					
7.ENDOTRACHEAL TUBES CHILD	25 Each Size child					
8.OROPHARYNGEAL AIRWAYS (GREEN) ADULT	600					

9. OROPHARYNGEAL AIRWAYS(WHITE) PEDIATRIC	100					
10. ADULT LARYNGOSCOPES WITH 4 BLADES	100					
11. PAEDIATRIC LARYNGOSCOPES WITH TWO BLADES	25					
12. MACOY BLADES	40					
13. CLOSED SUCTION CATHETERS	600					
14. IV MICRO DRIP SETS	1200					
15. SYRINGE PUMPS	200					
16. FACE MASK WITH RESERVOIR BAGS	400					
17. T PIECE	600					
18. FIVE PIECE ICU BEDS	100					
19. AIR ALPHA BEDS	50					
20. IV CANNULAS	3000					
21. SURGICAL SPIRIT	4000 Lts					
22. IV SETS	4000					
23. DYNA PLASTERS	600					
24. URINARY FOLEY CATHETERS 14 & 16 SIZES	1000					
25. ECG MACHINE (IN RATE CONTRACT)	4					
27. BIPAP MACHINES	80					
28. SALINE STANDS	200					
29. BETADINE SRUB	1500 Lts					
30. BETADINE SOLUTION	1500 Lts					
31. HAND SANITIZERS - STERYLLIUM	400					
32. NIV (BIPAP) MASKS	400					
33. MICRO PORE PLASTERS	200					

Equipment

34.PATIENT DISPOSABLE GOWNS&CAPS	1000				
35.THREE WAY CANNULAS	400				
36.RYLES TUBE	400				
37.CVP LINE CATHETERS	100				
38.NASAL CANNULAS FOR OXYGEN	200				
39.ELECTRICAL SUCTION APPARATUS NOICE LESS	25				
CRASH CARTS	20				
DEFEBRILLATORS	12				
THERMAL THERMA METERS	80				
PATIENT TROLLY	20				
WHEEL CHAIRS	20				
STEEL TOP ROUND STOOLS	80				
OFFICE CHAIRS	20				
Bio Medical Waste Bins	as per requirement				