



**COVID 19 (nCorona) Virus Outbreak Control and Prevention State Cell**  
**Health & Family Welfare Department**  
**Government of Kerala**

---

**COVID-19 – Advisory for Patient admissions to COVID Care Center – Reg**

**No.31/F2/2020/Health - 28<sup>th</sup> March 2020**

The World Health Organization (WHO) has declared COVID 19 epidemic affecting more than 199 countries as a pandemic. Due to inflow of persons from affected countries, Kerala has strengthened the surveillance and control measures against the disease. A COVID care centre (CCC) is a facility meant for quarantining persons who have recently arrived in Kerala from other countries and other states of India. The objective of a COVID care centre is to enable successful isolation and management of asymptomatic cases.

**COVID Care Centres**

These are centres where the persons reaching Kerala can be quarantined to contain the spread and manage the people during the period of incubation.

The COVID care centres shall have the following:

1. Independent single rooms with attached toilets
2. Proper electricity, water and internet connectivity
3. Proper food and drinking water facility
4. Security to ensure safety of isolated people
5. These centres should be coded BLUE colour

**Standard Operating Procedure**

**Purpose**

- Provide proper quarantine and prevent the spread of disease transmission

A CCC shall operate under the following standard operating procedure.

1. The district administration shall identify and manage the infrastructure with the assistance of the LSG. Number of rooms can be flexible as district administration decides. More rooms can be attached if the number of cases increases.
2. Identification should be in the order of priority starting with hostels rooms and with single rooms with bathrooms, then the hotel rooms and then dormitories can be identified if case arises
3. The LSG should ensure basic needs such as food, water, sanitation, internet connectivity and waste management. The local ward member should be involved in the working of the centre, as the LSG is expected to provide vital services such as water, food and cleaning services.
4. It should be under the direct control and observation of the Health Inspector (HI) of the area. If there is no HI, the DMO shall identify a person in charge.
5. There should be at least two Health Care Volunteers (HCV) on duty at any time per shift.
6. There should be a register on the front desk to record all details of the persons admitted in the CCC.
7. At the time of admission, there should be a symptom checklist duly filled by HCV. Daily symptom checks of inmates should be done by HCVs.
8. If a person becomes symptomatic, he/she shall immediately be referred to the nearest designated isolation facility hospital in designated ambulance.
9. Persons with fever, cough, sore throat, dyspnoea, diarrhoea should not be admitted in the CCC. All inmates should be sensitized about personal hygiene, environmental hygiene and physical distancing.
10. There should be signage on personal hygiene (cough, sneeze and hand hygiene), environmental hygiene physical distancing and clinical features of the disease displayed near the front desk.
11. The HCVs should maintain a list of medicines that persons with other co-morbidities admitted in CCC are routinely taking. The HCVs must ensure supply of these medicines in concurrence with the nearby Health Care Institution and LSG. The demand list must be provided to the LSG every 3 days and it should be procured and supplied by the LSG if the nearest Health Care Institution does not have adequate stock.
12. A doctor of the nearby public health care institution (PHC/CHC/FHC) should attend the call, if an inmate becomes symptomatic.
13. The Junior Health Inspector (JHI) of the area must visit and report on the CCC to the concerned Health Care Institution on a daily basis.

14. All the staff members and visitors of a CCC shall practice standard and transmission based precautions. If a staff member develops a symptom, they should self-isolate and report to the medical officer in charge.
15. If a CCC can be converted into a Healthcare Institution later, standard operating procedures of COVID first line treatment centre will apply.
16. Discharge protocols already issued as part of the revised guidelines march2020 31/2020/Health will apply for these cases.

#### Human Resource needed for CCC

- Less than 50
  - Health care volunteer-2
  - Doctor on call -1
  - JHI( male/female)-1
  
- CCC with 50-100 beds
  - Health care Volunteer -4
  - Doctor on call -2
  - JHI( Male/female)-2
- CCC with 100-200 beds
  - Health care volunteer -4
  - Doctor on call 4
  - JHI-4
- CCC more than 200
  - Health care volunteer-6
  - Doctor on call-6
  - JHI-6



Principal Secretary