MOST IMMEDIATE/ACTIONABLE
CORONA VIRUS PANDEMIC

From
Deputy Commissioner,
Sirsa

To
1. DIG-SP, Sirsa
2. ADC, Sirsa
3. All S.D.Ms in district Sirsa
4. Civil Surgeon, Sirsa
5. Sr. Drugs/Drugs Control Officer, Sirsa
6. DRO, Sirsa/PO, DMC, Sirsa
7. DDPO, Sirsa
8. GM Roadways, Sirsa
9. D. Ayush O. Sirsa
10. DIPRO, Sirsa
11. XEN, PR, Sirsa
12. All Tehsildars/NTs/BDPOs in distt. Sirsa
13. EOs/Secy. of all ULBs in distt. Sirsa
14. All Duty Magistrates (through concerned SDMs)
15. All respective members of Local/Sector/Zonal Committees
16. President, IMA, Sirsa


Please find enclosed herewith a copy of letter No. 5/4/2020-2H (C) dated 16.4.2020 (copy attached with enclosures) received from the ACS to Govt. of Haryana, Home Department vide which comprehensive guidelines for dialysis of COVID-19 patients issued by Ministry of Health & Family Welfare, Govt. of India has been sent.

You are directed to ensure strict compliance of the guidelines in letter and spirit.

DA: As above

For Deputy Commissioner,
Sirsa

CC:
1. Incharge, Distt. War/Control Room, Sirsa
2. DIO, NIC, Sirsa
Through e-mail (COVID-19)

From
The Additional Chief Secretary
to Government Haryana, Home Department.

To
i. Additional Chief Secretary to Govt. Haryana, Health and Family Welfare Department
ii. Director General of Police, Haryana, Panchkula.
iii. All the Deputy Commissioners in the State.
v. All the Superintendent of Police in the State.

Memo No. 5/4/2020-2H(C)
Dated Chandigarh, the 16.04.2020

Subject:-
Revised guidelines for Dialysis of COVID-19 patients.
and
Directions regarding redressal of grievances of migrant labourers.

Reference on the subject noted above.

Smt Vandana Gurnani, IAS, Additional Secretary & Mission Director (NHM),
Government of India, Ministry of Health & welfare alongwith a copy of revised
12th April, 2020 of Sh. Ajay Bhalla, Home Secretary, Govt. of India alongwith D.O
No. Z.28015/42/2020-EMR dated 1st April, 2020, are hereby sent with the request to
take appropriate necessary action in the matter and for compliance of the
guidelines issued by Govt. of India in letter and spirit.

Superintendent, Home (C)
for Additional Chief Secretary to Government Haryana,
Home Department
As you are aware, comprehensive guidelines for dialysis with reference to COVID-19 have been prepared, a copy of which is enclosed. These guidelines are also available at Ministry’s website (https://www.mohfw.gov.in/pdf/RevisedGuidelinesforDialysisofCOVID19Patients.pdf).

As per MHA Order No.40-3/2020-DM-[A] dated 24.3.2020 and further modified on 25.3.2020, 27.3.2020, 2.4.2020 and 3.4.2020 (https://mha.gov.in/sites/default/files/PR%20Consolidated%20Guideline%20of%20DMHA_28032020%20%281%29_0.pdf), essential health services are exempted during the period of lockdown. I would therefore request you to inform all the districts to facilitate access of patients requiring dialysis to the concerned health facilities. For patients who do not have private vehicles, services of Mobile Medical Units / National Ambulance Services or any other appropriate ambulance / transport service can be arranged to facilitate transport of these patients.

All States/UTs are requested to take immediate necessary action on the above.

with warm regards

Yours sincerely,

(Vandana Gurnani)

ACS Home

ACS PSs / Secretary, Health of all the States/UTs

Copy to: PS to Chief Secretary, All States/UTs
Government of India
Ministry of Health & Family Welfare

Revised Guidelines for Dialysis of COVID – 19 patients
3. All hemodialysis units should educate their personnel in hemodialysis units; including nephrologists, nurses, technicians, other staff and all patients undergoing MHD along with their care givers about COVID-19.

4. All universal precautions must be strictly followed.

5. All staff should strictly follow hand hygiene (seven steps) with soap and water for 20 second before handling any patient and in between two patients. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. If hands are visibly soiled or dirty, they should be first washed with soap and water and then an alcoholic hand rub used. Avoid touching your eyes, nose, and mouth with unwashed hands.

6. Medical and support staff treating infected patients should be monitored for COVID infection at the dialysis facility and should take necessary action if found infected.

7. Dialysis units should organize healthcare workers shift duties in a way that work of dialysis unit is not affected.

8. All hemodialysis units should be aware of the testing, triage and notification policy recommended by the Union Ministry of health and Family welfare and those by State/ UT Health Departments as well as District health authorities.

9. The dialysis unit staff should be trained for donning and doffing of Personal Protective Equipment (PPE) to be used for dialysis of COVID-19 positive patients.

10. All staff should be trained for cough etiquette, hand hygiene and proper use and disposal of mask, gown and eyeglasses and the need to protect themselves.

11. All patients on dialysis, suspected of COVID – 19 should be tested with RT – PCR test as per Government of India protocol.

12. Patients with suspected or positive COVID-19 should be referred to COVID-19 care team as per local guidelines.

GUIDELINES FOR HEMODIALYSIS

I. For Patients
   a. Before Arrival to Dialysis Unit

   1. All units should instruct their patients to recognize early symptoms of COVID-19 (recent onset fever, sore throat, cough, recent shortness of breath/dyspnea, without major inter-dialytic weight gain, rhinorrhea, myalgia/body ache, fatigue and diarrhea) and contact dialysis staff before coming to dialysis center. The unit needs to make necessary arrangement for their arrival in the screening area.

   2. Patients, who are stable on MHD may be encouraged to come to the unit alone without any attendant.

   b. Screening Area

   1. We recommend that dialysis unit should have a designated screening area, where patients can be screened for COVID-19 before allowing them to enter inside dialysis area. Where this is not possible, patients may wait away from the dialysis unit until they receive specific instructions from the unit staff.

   2 of 7
2. The screening area should have adequate space to implement social distancing between patients and accompanying persons while waiting for dialysis staff. In screening area, every patient should be asked about:

- Symptoms suspected of COVID-19 as above.
- History of contact with a diagnosed case of COVID-19
- History of contact with person who has had recent travel to foreign country or from high COVID-19 prevalence area within our country as notified by the Central and State/UT governments respectively.

3. Patients with symptoms of a respiratory infection should put on a facemask before entering screening area and keep it on until they leave the dialysis unit. Dialysis unit staff should make sure an adequate stock of masks is available in screening area to provide to the patients and accompanying person if necessary.

4. There should be a display of adequate IEC material (posters etc.) about COVID – 19 in the screening area.

c. Inside Dialysis Unit

1. Suspected or positive COVID-19 patients should properly wear disposable three-layer surgical mask throughout dialysis duration.

2. Patients should wash hands with soap and water for at least 20 seconds, using proper method of hand washing. If soap and water are not readily available, a hand sanitizer containing at least 60% alcohol can be used.

3. Patients should follow cough etiquettes, like coughing or sneezing using the inside of the elbow or using tissue paper.

4. Patients should throw used tissues in the trash. The unit should ensure the availability of plastic lined trash cans appropriately labeled for disposing of used tissues. The trash cans should be foot operated ideally to prevent hand contact with infective material.

5. There should be a display of adequate IEC material (posters etc.) about COVID – 19 in the dialysis area.

II. For Dialysis Staff

a. Screening Area

1. The unit staff should make sure an adequate stock of masks and sanitizers are available in screening area to provide to the patients and accompanying person if necessary.
b. During Dialysis

1. It should be ensured that a patient or staff in a unit does not become the source of an outbreak.

2. Each dialysis chair/bed should have disposable tissues and waste disposal bins to ensure adherence to hand and respiratory hygiene, and cough etiquette and appropriate alcohol-based hand sanitizer within reach of patients and staff.

3. Dialysis personnel, attendants and caregivers should also wear a three-layer surgical facemask while they are inside dialysis unit.

4. Ideally all patients with suspected or positive COVID-19 be dialyzed in isolation. The isolation ideally be in a separate room with a closed door, but may not be possible in all units. The next most suitable option is the use of a separate shift, preferably the last of the day for dialyzing all such patients. This offers the advantage of avoiding long waiting periods or the need for extensive additional disinfection in between shifts. The next suitable option is to physically separate areas for proven positive and suspected cases. Where this is also not possible, we suggest that the positive or suspected patient may be dialyzed at a row end within the unit ensuring a separation from all other patients by at least 2 meters.

5. Staff caring for suspected or proved cases should not look after other patients during the same shift.

6. Dialysis staff should use of all personal protective equipment (PPE) for proven or strongly suspected patients of COVID-19. Isolation gowns should be worn over or instead of the cover gown (i.e., laboratory coat, gown, or apron with incorporate sleeves) that is normally worn by hemodialysis personnel. If there are shortages of gowns, they should be prioritized for initiating and terminating dialysis treatment, manipulating access needles or catheters, helping the patient into and out of the station, and cleaning and disinfection of patient care equipment and the dialysis station. Sleeved plastic aprons may be used in addition to and not in place of the PPE recommended above.

7. Separating equipments like stethoscopes, thermometers, Oxygen saturation probes and blood pressure cuffs between patients with appropriate cleaning and disinfection should be done in between shifts.

8. Stethoscope diaphragms and tubing should be cleaned with an alcohol-based disinfectant including hand rubs in between patients. As most NIBP sphygmomanometer cuffs are now made of rexine they should also be cleaned by alcohol or preferably hypochlorite-based (1% Sodium Hypochlorite) solutions however the individual manufacturer’s manuals should be referred to.

9. Staff using PPE should be careful of the following issues:
- While using PPE, they will not be able to use wash room so prepare accordingly.
- After wearing eye shield, moisture appears after some time and visibility may become an issue. Therefore, machine preparation can be done in non-infected area before shifting to near the patient.
- If dialysis is to be done bed-side in the hospital, portable RO should be properly disinfected with hypochlorite (1% Sodium Hypochlorite) solution between use of two patients.

**DISINFECTION AND DISPOSAL PRACTICES IN DIALYSIS UNIT**

- Bed linen should be changed between shifts and used linen and gowns be placed in a dedicated container for waste or linen before leaving the dialysis station. Disposable gowns should be discarded after use. Cloth gowns should be soaked in a 1% hypochlorite solution for 20 minutes before sluicing and then be transported for laundering after each use.

- Inside dialysis unit, clean and disinfect frequently touched surfaces at least thrice daily and after every shift. This includes bedside tables and lockers, dialysis machines, door knobs, light switches, counter tops, handles, desks, phones, keyboards, toilets, faucets, and sinks etc.

- It is recommended that solutions for disinfection be composed either of hypochlorite, alcohol, formaldehyde or glutaraldehyde for disinfection of surfaces in accordance with the manufacturer’s instructions. Almost all common disinfectant solutions are effective in killing the virus on surfaces, the key is effective and frequent cleaning.

- **Bleach solution**
  - Mix 1 liter of Medichlor with 9 liters of water. This solution can be used for up to 24 hours after which it should be discarded and a fresh solution prepared.
  - As an alternative, 10 grams of household bleaching powder can be dissolved in a liter of water and used for a period of 24 hours.

- **Alcohol based solutions**
  - Ensure solution has at least 60% alcohol. Appropriate commercially available solutions include Aerodrosin a mixture of isopropanol, glutaraldehyde and ethanol or lysoformin a mixture of formaldehyde and glutaraldehyde can be used.

- Wear unsterile but clean disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Clean hands by above method immediately after gloves are removed.

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning, launder items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- Wear disposable gloves when handling dirty laundry from an ill person and then discard after each use. Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.

- Clean and disinfect clothes buckets or drums according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.

DIALYSIS OF COVID – 19 PATIENT WITH ACUTE KIDNEY INJURY (AKI)

A small proportion of patients (~5%) of COVID – 19 develops AKI. The disease is usually mild but a small number may require RRT (Renal Replacement Therapy). In addition, even smaller proportion of patients with secondary bacterial infection will have septic shock, drug nephrotoxicity or worsening of existing CKD severe enough to require RRT (Renal Replacement Therapy).

- It is suggested that all modalities of RRT may be used for patients with AKI depending on their clinical status.
- Patient admitted in other ward of the hospital with AKI should be preferably given bed-side dialysis rather than shifting patient in main dialysis unit.
- In such situation portable reverse osmosis water in a tank will serve the purpose for the dialysis.
- If more dialysis is expected in selected area, dialysis machine may be left in the same area for future dialysis.
- Ideally, this procedure should happen in COVID – 19 dedicated hospital/ ward.

CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT)

- CRRT machines are free standing and can function anywhere in the hospital using sterile bagged replacement fluid and dialysate, but operating costs are high.

OTHER EXTRACORPOREAL THERAPY FOR COVID-19

- Use of cytokine removal therapies with Cytosorb, Oxiris and other similar devices is unproven and is not recommended except in the context of a clinical trial.
- Cytokine storm associated with elevated levels of IL-6, IL-18 and IFN gamma are associated with more severe disease and higher mortality. Extracorporeal therapies using high volume hemofiltration or adsorption to decrease cytokine levels may theoretically be expected to confer benefit and 1 study of HVHF at 6L/hr showed cytokine reduction and improvement in SOFA scores in septic patients.
PERITONEAL DIALYSIS

1. Patients already on CAPD
   - Patients who are already receiving peritoneal dialysis (PD) treatment have the relative advantage over patients who are receiving hospital or satellite-based haemodialysis treatment as they will not be exposed to hospital environment. This will reduce their exposure to infection. However, they should arrange their delivery of supply well in time to avoid missing dialysis exchanges.
   - Used dialysis bags and tubing should be properly disposed using 1% hypochlorite solution first and disposed in a sealed bag. Used dialysis fluid should be drained in the flush.

2. New patient planned for CAPD
   - It will be difficult to maintain a service that can commence new patients on PD, mainly through a lack of healthcare worker to insert PD catheter and to provide the intensive training required. Therefore, initiation of new patient should be avoided, unless the resources are available and the facility is equipped.

3. Acute PD
   - Use of acute peritoneal dialysis can be lifesaving and should be used as and when required and, in the setting, where hemodialysis facility is not available. Health care worker should use all precautions while initiating acute PD and discard used consumables properly.

PERSONAL PROTECTIVE EQUIPMENTS (PPE)

Personal protective equipment must be used while dialyzing COVID-19 positive patients.
These include:
   - Shoe covers
   - Gown
   - Surgical cap or hood
   - Goggles or eye shields
   - Mask: Ideally all masks should be N95 respirators with filters. However, as the life of such masks is approximately 6-8 hours and they can be uncomfortable over a long term and are also in short supply, they should be prioritized for aerosol generating procedures, namely intubation, open suction and bronchoscopy. Surgical triple layer masks and cloth masks can be used as alternatives for all other procedures.
   - Surgical gloves.

The correct method of donning and doffing personal protective equipment’s (PPE) can be viewed on YouTube at https://youtu.be/NrKo2vWJ8m8. However, it is always better to give hands on training of donning and doffing to staff who is going to handle suspected or positive patients.
From: Keshni Anand Arora <cs@hry.nic.in>


To: acshome2016 <acshome2016@gmail.com>, ACS Health <acshhealth2019@gmail.com>, psdgpharyana <psdgpharyana@gmail.com>, Manoj Yadava <manoj.yadava@gov.in>, Nitin Kumar Yadav, IAS <ssps@hry.nic.in>, Deputy Commissioner, Ambala. <dcamb@hry.nic.in>, DC BHIWANI, <dcbhw@hry.nic.in>, Charkhi Dadri, Deputy Commissioner <dccharkhidadri@gmail.com>, Deputy Commissioner <dcfbd@hry.nic.in>, DC Fatehabad <dcftb@hry.nic.in>, DC-Gurugram <dcgrg@hry.nic.in>, DEPUTY COMMISSIONER HISAR <dchs@hry.nic.in>, DC Jhajjar <dcjjr@hry.nic.in>, DC Jind <dcjnd@hry.nic.in>, Deputy Commissioner Kaithal <dcckl@hry.nic.in>, DC Karnal <dcnlr@hry.nic.in>, DC Kurukshetra <dcnkk@hry.nic.in>, DC Naraula Narnaul <dcnrl@hry.nic.in>, DC Mewat <dcmn@hry.nic.in>, DC Palwal <dcpwl@hry.nic.in>, DC Pkl <dcplk@hry.nic.in>, Deputy Commissioner Panipat <dcnp@hry.nic.in>, DCRWR <dcrwr@hry.nic.in>, DCROH <dcrho@hry.nic.in>, DC SIRSA <dcsrs@hry.nic.in>, DC SNP <dcsnp@hry.nic.in>, Mukul Kumar <dcnkr@hry.nic.in>, Nitin Kumar Yadav, IAS <ssps@hry.nic.in>

Please find attached file.

Chief Secretary, Government of Haryana, Chandigarh-160001 0172-2740118 (O), 2740317 (Fax)

38103.PDF
626 KB
From: Control Room MHA <iocdm.mha@nic.in>

Subject: DO Lr. Dt. 12.4.2020 from HS to Chief Secretaries reg. welfare activities towards migrants

To: cs-ap <cs@ap.gov.in>, cs-arunachal@nic.in, Kumar Sanjay Krishna IAS <cs-assam@nic.in>, Chief Secretary Bihar <cs-bihar@nic.in>, Chief Secretary Office <csoffice.cg@gov.in>, Chief Secretary <cs-goa@nic.in>, chiefsecretary@gujarat.gov.in, Keshni Anand Arora <cs@hrp.nic.in>, Shri Anil Kumar Khachi <cs-hp@nic.in>, cs-jandk <cs-jandk@nic.in>, Shri Sukhdev Singh <cs-jharkhand@nic.in>, cs@karnataka.gov.in, Chief Secretary, Government of Kerala <chiefsecy@kerala.gov.in>, Umang Narula <umangnarula.lasjk@nic.in>, cs-madhya@nic.in, cs-madhya@nic.in, chiefsecretary@maharashtra.gov.in, cs-manipur <cs-manipur@nic.in>, cso-meg <cs-meg@nic.in>, cs-miz <cs_miz@rediffmail.com>, Chief Secretary Nagaland <csngl@nic.in>, Chief Secretary Odisha <csori@nic.in>, Chief Secretary Punjab <cs@punjab.gov.in>, csraj@rajasthan.gov.in, Prakash <cs-smk@hub.nic.in>, cs@tn.gov.in, cstripura@gmail.com, cs-tripura <cs-tripura@nic.in>, Chief Secretary <cs@telangana.gov.in>, CHIEF SECRETARY GOU <csup@nic.in>, chief secretary <cs-uttaranchal@nic.in>, cs-westbengal <cs-westbengal@nic.in>, Chief Secretary Andamans <cs-andaman@nic.in>, Shri Vijay Kumar Dev <csdelhi@nic.in>, Chief Secretary CS, Puducherry <cs.pon@nic.in>

Cc: Ajay Kumar Bhalla <hshso@nic.in>

Sir,

Please find attached.

Control Room Officer
Ministry of Home Affairs

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DO Lr. Dt. 12.4.2020 to Chief Secretaries reg. welfare activities towards migrants (2).pdf

1 MB
Dear Chief Secretary,

I am writing in connection with the Hon’ble Supreme Court order dated 31 March 2020 in Writ Petition Nos. 468/2020 and 469/2020 in which the Hon’ble Court inter-alia directed that it be ensured that trained counsellors and/or community group leaders belonging to all faiths should visit the relief camps/shelter homes and deal with any consternation that the migrants might be going through. They also observed that the anxiety and fear of the migrants should be understood by the police and other authorities, and that they should deal with the migrants in a humane manner. Further, the State Governments/UTs should endeavour to engage volunteers along with the police to supervise the welfare activities of the migrants.

2. In this connection, I would like to draw your attention to DO letter no. Z.28015/42/2020-EMR dated 1.4.2020 of Secretary, Department of Health and Family Welfare inter alia emphasizing compliance of the above directions of the Hon’ble Supreme Court.

3. Considering the unprecedented situation the country is facing and the need to implement the lockdown measures effectively, I would like to once again draw your attention to the above issues and request that necessary action in this regard may be taken expeditiously and efficaciously at the ground level.

Yours sincerely,

(Ajay Bhalla)

Chief Secretaries of All States
(As per Standard List attached)
Dear Colleague,

The Hon’ble Supreme Court of India while disposing the Writ Petitions No. 468/2020 & 469/2020 in public interest for redressal of grievances of migrant labourers in different parts of the country has given the following directions:

i) The migrant workers in Relief camps/shelter homes should be provided adequate medical facilities besides proper arrangements for food, clean drinking water and sanitation.

ii) The trained counsellor and/or community group leaders belonging to all faiths will visit the relief camps/shelter homes and deal with any consternation that the migrants might be going through. This shall be done in all the relief camps/shelter homes wherever migrants are located in the country. A detailed guidelines to deal with psychosocial issues among migrants has been placed on the website of the Ministry at the link https://www.mohfw.gov.in/pdf/RevisedPsychosocialissuesofmigrantsCOVID19.pdf

iii) The anxiety and fear of the migrants should be understood by the Police and other authorities and they should deal with the migrants in a humane manner.

iv) The State Governments/Union Territories should endeavour to engage volunteers along with the police to supervise the welfare activities of the migrants and all concerned to appreciate the trepidation of the poor men, women and children and treat them with kindness.

2. All states are accordingly requested to take necessary action and submit a compliance report to the directions of the Hon’ble Supreme Court.

Yours sincerely,

(Preeti Sudan)

Chief Secretaries of all States/UTs.

Copy to: Shri A.K. Bhalla, Home Secretary, Ministry of Home Affairs, South Block, New Delhi-110001.