



राजस्थान सरकार
राष्ट्रीय स्वास्थ्य मिशन, राजस्थान
चिकित्सा, स्वास्थ्य एवं परिवार कल्याण विभाग, स्वास्थ्य भवन, तिलक मार्ग, राजस्थान,
जयपुर फोन न. 0141-2220961, E mail ID : co_isc.nrhм@yahoo.com

No: F23()NHM/ISC/Gen. Letter/2019-20/726

Dated: 30.03.2020

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
समस्त जिले।

विषय:- Coronavirus Disease 2019 (COVID-19) के तहत संदिग्ध/पुष्ट केस को ट्रांसपोर्ट करने
बाबत Standard Operating Procedure (SOP) के क्रम में।

उपर्युक्त विषयांतर्गत निर्देशित किया जाता है कि निदेशालय द्वारा जारी आदेश क्रमांक No:
F23()NHM/ISC/Gen. Letter/2019-20/721 दिनांक 28.03.2020 के साथ-साथ भारत सरकार द्वारा जारी
कोरोना वाइरस के तहत संदिग्ध/पुष्ट केस को Transport हेतु जारी दिशानिर्देशों की
यथाआवश्यकता पालना किया जाना सुनिश्चित करें।

संलग्न:-

1. भारत सरकार द्वारा जारी दिशानिर्देश की प्रतिलिपि।
2. विभागीय आदेश क्रमांक 721 दिनांक 28.03.2020 की प्रतिलिपि।

(नरेश कुमार ठकराल)
विशिष्ट शासन सचिव,
चि. एवं स्वा. विभाग, एवं
मिशन निदेशक, एनएचएम।

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है:-

1. निजी सचिव, अतिरिक्त मुख्य सचिव, चिकित्सा एवं स्वास्थ्य सेवाएँ, राजस्थान, जयपुर।
2. निजी सचिव, विशिष्ट शासन सचिव, चि. एवं स्वा. सेवाएँ एवं मिशन निदेशक, एनएचएम।
3. निजी सचिव, निदेशक जनस्वास्थ्य, चिकित्सा एवं स्वास्थ्य सेवाएँ, राजस्थान, जयपुर।
4. समस्त जिला कलेक्टर, राजस्थान को लेख है कि उक्त के अतिरिक्त जिले की परिस्थिति को देखते हुए वह स्वयं के स्तर पर समुचित निर्णय लें।
5. अतिरिक्त निदेशक, (ग्रामीण स्वास्थ्य) मुख्यालय।
6. समस्त संयुक्त निदेशक, जोन राजस्थान।
7. समस्त प्रमुख चिकित्सा अधिकारी, राजस्थान।
8. समस्त सहायक औषधी नियंत्रक/औषधी नियंत्रण अधिकारी।
9. जिला प्रभारी (COVID -19), समस्त जिले, राजस्थान।
10. स्टैट हैड, जीवीके-ईएमआरआई को निर्देशित किया जाता है कि उक्त वर्णित दिशा निर्देशों की पालना के साथ-साथ पूर्व में जारी आदेश क्रमांक 721 दिनांक 28.03.2020 के बिंदु संख्या 1 पर अंकित 104 जननी एक्सप्रेस के स्थान पर बेस एम्बुलेंस के द्वारा Home Quarantine के व्यक्तियों को अस्पताल से घर भिजवाया जाना सुनिश्चित करें।
11. प्रभारी सर्वर रूम को ई-मेल हेतु।
12. रक्षित पत्रावली।

परियोजना निदेशक
एनएचएम



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011

Government of India

Ministry of Health & Family Welfare
Nirmán Bhavan, New Delhi - 110011

D. O. No. Z-18015/1/2020-NHM-II

वन्दना गुरनानी, भा.प्र.से.

Vandana Gurnani, I.A.S.

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Additional Secretary & Mission Director (NHM)

26th March 2020

Subject: Guidelines for transporting a suspect/confirmed case of COVID-19

Dear *All*,

At the outset, I once again congratulate you and all your health teams including those who are in the field managing and treating the COVID-19 affected population day in and day out, with utmost zeal. I also wish to thank you for sharing with us the district-wise data on availability of ambulances at such a short notice.

As you are aware, Emergency Referral Transport System (ERTS) plays a vital role in ensuring referral linkages for providing a continuum of care. In these challenging times, it is not only important to ensure preparedness of ambulances but it is also important to build capacities of all the staff engaged in the ERTS, such as managers, call agents in call centers and control rooms, drivers, EMTs and supervisors etc.

Please find attached a guidance note on the Standard Operating Procedures (SOPs) for transporting a suspect/confirmed case of COVID-19. These SOPs are applicable to current phase of COVID-19 pandemic in India (local transmission and limited community transmission), wherein as per plan of action, all suspect cases are admitted to isolation facilities. These procedures are meant to guide ambulance drivers and technicians in transporting suspected/confirmed COVID-19 patients.

I request you ensure that all the staff of the ERTS ambulances are briefed about these SOPs. All the staff of ambulances which are not connected to the centralized control room but are working independently with hospitals, Municipalities, other local bodies, NGOs, etc., may also be sensitized about the SOPs. I also urge you all to provide sufficient support for PPEs and N-95 masks and materials such as hand sanitizers, to ERTS staff. It is also suggested that the ERTS operators and hospitals in-charges may also be brief about sanitization and disinfection of ERTS ambulances including the equipment therein, following full precautions as per the attached guidelines.

Encl: As above

with warm regards

Yours sincerely,


(Vandana Gurnani)

To,

1. Additional Chief Secretary/Principal Secretary/Secretary - Health - All states/UTs
2. Mission Directors, National Health Mission - All states/UTs

Cc:-

1. PPS to Secretary, MOHFW, Government of India
2. PPS to DGHS
3. PPS to JS (Policy)
4. PPS to JS (IDSP)
4. ED, NHSRC

**Ministry of Health and Family Welfare
Directorate General of Health Services
[Emergency Medical Relief]**

Coronavirus Disease 2019 (COVID-19): Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19

1. About this SOP

This SOP is applicable to current phase of COVID-19 pandemic in India (local transmission and limited community transmission), wherein as per plan of action, all suspect cases are admitted to isolation facilities. These procedures are meant to guide and be used for training ambulance drivers and technicians in transporting COVID-19 patients. These also aim to support programme officers in monitoring functionality and infection prevention protocols of the ambulances.

2. Introduction

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. In humans, the transmission of COVID-19 can occur via respiratory droplets directly (through droplets from coughing or sneezing) or indirectly (through contaminated objects or surfaces). The people most at risk of COVID-19 infection are those who are in close contact with a suspect/confirmed COVID-19 patient and those who care for such patients.

3. Transportation of patients

Ideally, there should be ambulances identified specifically for transporting COVID suspect patients or those who have developed complications, to the health facilities. Currently, there are two types of ambulances – ALS (with ventilators) and BLS (without ventilators). States may empanel other ambulances having basic equipment like that of BLS and use it for COVID patients. However, this must be ensured that strict adherence to cleaning and decontamination protocols given here in the guidance note need to be followed. The fleet in - charge or person designated by CMO/CS, will supervise its adherence.

Call centres after receiving the call will try to triage the condition of the patient and accordingly dispatch either ALS, BLS or other registered ambulances. However, please ensure that 102 ambulances should not be used for corona patients and should only be used for transporting pregnant women and sick infants. Ambulance staff (technicians as well as drivers) should be trained and oriented about common signs and symptoms of COVID-19 (fever, cough and difficulty in breathing). A sample questionnaire to identify COVID-19 cases is placed at **Annexure I**. They should also be aware about common infection, prevention and control practices including use of Personal Protective Equipment (PPE). Both the EMT and driver of ambulance will wear PPE while handling, managing and transporting the COVID identified/ suspect patients. Similar use of PPE is to be ensured by the health personnel at receiving

health facility. Patient and attendant should be provided with triple layer mask and gloves. Simple public health measures like hand hygiene, respiratory etiquettes, etc. need to be adhered by all.

Augmenting the capacity of ambulances in districts

Local authorities should prepare a line list of all private ambulance service providers in their respective areas. These ambulances should be linked with centralized call centre so as to ensure adequate number of ambulances based on population and time to care approach (Avg. response time of 20 minutes). Orientation on Infection Prevention Protocols and protocols for transporting COVID patients should also be ensured for staff of these ambulances. To ensure response time of 20 minutes, ambulances should be strategically located at hospitals, police stations.

Only identified and designated ambulances should be used for transportation. People, health functionaries, nursing homes, private clinics, hospitals should be made aware to use ambulance services for COVID patients being provided through toll free numbers. Otherwise it might increase the chances of transmission of infection. Every district should facilitate empaneling of ambulances other than those in the public health system even if the present situation may not require using them. To minimize the risk of transmission, it is strongly recommended that if other than empaneled ambulances are bringing COVID or suspect patients, such vehicles need to be quarantined for thorough cleaning and disinfection and should only be released after certification by district administration/ district health official.

- 3.1 Call Centre:** On receiving the call, the call centre needs to enquire following details:
- a) Demographic details of the patient i.e. name, age, gender etc.
 - b) To ascertain whether the patient is suspect case of COVID-19
 - i. Symptoms of patient: Ask whether the patient is suffering from fever, cough and difficulty in breathing
 - ii. Whether patient has recently returned from a foreign country
 - iii. Whether the patient was under home quarantine as directed by local health administration
 - c) Clinical condition of patient to be transported: whether stable or critical
- 3.2** In case of an inter-facility transfer, the casualty medical officer of the referring hospital has to ensure that bed is available in referral hospital with supporting equipment and needs to convey the same while making the call.
- 3.3** Assign the job to nearest ambulance with dedicated facility at strategic locations as mentioned in the box above.
- 3.3.1 Check for state of preparedness of ambulance: **Annexure II**
 - 3.3.2 Ensure PPE for ambulance staff: **Annexure III**

3.4 Both call centre and ambulances should always keep the updated list of available hospitals and beds.

3.5 On receiving the call, from the call centre and prior to shifting the patient, EMT will perform following:

- 3.5.1 the EMT will seek the above mentioned details again to ensure whether the patient is a suspect case of COVID-19.
- 3.5.2 The EMT will wear the appropriate PPE.
- 3.5.3 The EMT shall assess the condition of the patient
- 3.5.4 If the patient is ambulatory and stable, he/she may be asked to board the ambulance otherwise the EMT (while using the prescribed PPE) may assist loading of patient.
- 3.5.5 Only one caregiver should be allowed to accompany the patient (while using the prescribed PPE).
- 3.5.6 EMT should also ensure availability and provision of adequate triple layered mask and gloves for patient and/or attendant.
- 3.5.7 The patient and the care giver will be provided with a triple layer medical mask.
- 3.5.8 EMT will contact the identified health facility for facility preparedness and readiness.

3.6 Management on board

- 3.6.1 Measure vitals of patient and ensure patient is stable.
- 3.6.2 If required, give supplementary O₂ therapy at 5 L/min and titrate flow rates to reach target SpO₂ ≥90%.
- 3.6.3 If patient is being transported on ventilator to a higher center, follow ventilator management protocols, provided the EMT is either trained or assisted by a doctor well versed in ventilator management.

3.7 Handing over the patient

- 3.7.1 On reaching the receiving hospital, the EMT will hand over the patient and details of medical interventions if any during transport. After handing over the patient, the PPEs will be taken off as per protocol followed by hand washing. Use Alcohol based rub /soap water for hand hygiene.
- 3.7.2 The biomedical waste generated (including PPE) to be disposed off in a bio-hazard bag (yellow bag). Inside would be sprayed with Sodium Hypochlorite (1%) and after tying the exterior will also be sprayed with the same. It would be disposed off at their destination hospital. This shall again be followed by hand washing.

3.8 Disinfection of ambulance

- 3.8.1 All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls and work surfaces) should be thoroughly cleaned and disinfected using 1% Sodium Hypochlorite solution. (see **Annexure – IV** for preparation of 1% Sodium hypochlorite solution)
- 3.8.2 Clean and disinfect reusable patient-care equipment before use on another patient with alcohol based rub.

- 3.8.3 Cleaning of all surfaces and equipment should be done morning, evening and after every use with soap/detergent and water.

3.9 Capacity building

District Authorities to ensure capacity building of EMT and driver on following areas:

- 3.9.1 Donning and doffing of PPE
- 3.9.2 Infection prevention protocols given in this guideline (**Annexure V**)
- 3.9.3 Triage and identifying COVID-19 suspects based on their signs and symptoms.
- 3.9.4 Similarly, emergency staff of health facility should also be trained in segregation, isolation and management of COVID-19 patients. They should not be mixed with other patients.

3.10 Monitoring

A checklist for weekly monitoring by District Surgeon/ Anesthetist is at Annexure VI

Annexure I

<u>Question</u>	<u>Response</u>
Has someone in your close family returned from a foreign country	Yes/No
Is the patient under home quarantine as advised by local health authority?	Yes/No
Have you or someone in your family come in close contact with a confirmed COVID-19 patient in the last 14 days?	Yes/No
Do you have fever?	Yes/No
Do you have cough?	Yes/No
Do you have sore throat?	Yes/No
Do you feel shortness of breath?	Yes/No

Annexure II

Checklist for list of consumables, equipment

S. No.	Item	Available (Yes/No)	If yes, whether functional	Remarks: quantity, expiry, last inspection date etc.
1	Stretcher trolley (foldable)			
2	Vital sign monitor			
2.1	✓ NIBP			
2.2	✓ SPO ₂			
2.3	✓ ECG			
3	Ventilator with O ₂ Source			
4	Defibrillator with battery			
5	Syringe infusion pump			
6	Ventimask with O ₂ flowmeter			
7	Ambu bag with face mask			
8	Laryngoscope with batteries			
9	ETT with oro-pharyngeal airway			
10	Suction apparatus with suction and catheter			
11	Emergency drug tray			
12	IV Fluids			
13	Nebulizer			
14	Any other items:			
14.1	✓ Foleys catheter			
14.2	✓ ECG Electrode			
14.3	✓ IV Cannula			

Annexure III

Rational use of PPE by ambulance staff*

Activity	Risk	Recommended PPE	Remarks
Transporting patients not on any assisted ventilation	Moderate risk	N-95 mask Gloves	
Management of SARI patient while transporting	High risk	Full complement of PPE	When aerosol generating procedures are anticipated
Driving the ambulance	Low risk	Triple layer medical mask Gloves	

* The training of EMTs on COVID-19 will strictly adhere to the above mentioned rational use of PPE (the above recommendation is by an expert group (including WHO) and recommended by Joint Monitoring Group under DGHS available at www.mohfw.gov.in)

Annexure IV

Guidelines for Preparation of 1% sodium hypochlorite solution

Product	Available chlorine	1 percent
Sodium hypochlorite – liquid bleach	3.5%	1 part bleach to 2.5 parts water
Sodium hypochlorite – liquid	5%	1 part bleach to 4 parts water
NaDCC (sodium dichloro- isocyanurate) powder	60%	17 grams to 1 litre water
NaDCC (1.5 g/ tablet) – tablets	60%	11 tablets to 1 litre water
Chloramine – powder	25%	80 g to 1 litre water
Bleaching powder	70%	7g g to 1 litre water
Any other	As per manufacturer's Instructions	

Infection Prevention for Pre-hospital Care

1.1. General

Ambulance or emergency health care workers are exposed to many infectious agents during their work. Transmission of infectious disease can occur while providing emergency care, rescue and body recovery/removal. Effective infection prevention and control is central to providing high quality health care for patients and a safe working environment for those that work in healthcare settings. Implementation of good infection control practices help to minimize the risk of spread of infection to patients and staff.

Pre-hospital care need to have an infection prevention program to monitor for HAIs (Healthcare Associated Infections) and prevent the spread of diseases/infection.

1.2. Standard Precautions

Standard precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. These set of measures are intended to be applied to the care of all patients in all healthcare settings, regardless of the suspected or confirmed presence of an infectious agent. Standard precautions include:

- Hand hygiene
- Use of barrier precautions or personal protective equipment
- Safe injection practices

1.2.1. Hand Hygiene

Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings. The term “hand hygiene” includes both hand washing with either soap and water, and use of alcohol-based products (gels, rinses, foams) that do not require the use of water. It is important to ensure the availability of hand rub products at all times in the ambulance to ensure hand hygiene compliance.

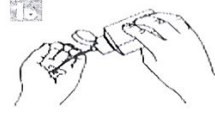
HOW TO HAND WASH

GET THE BEST FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds



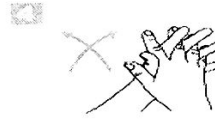
Apply a palmful of the product in a cupped hand, covering all surfaces.



Rub hands palm to palm.



Right palm over left dorsum with interlaced fingers and vice versa.



Palm to palm with fingers interlaced.



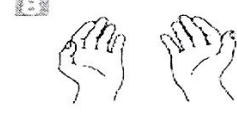
Backs of fingers to opposing palms with fingers interlocked.



Rotational rubbing of left thumb clasped in right palm and vice versa.



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



Once dry, your hands are safe.

1.2.2. Use of barrier precautions or Personal Protective Equipment (PPE)

COVID-19 is primarily a droplet transmitted infection, with indirect transmission through fomites/contaminated surfaces/objects. The standard precautions on use of personal protective equipment, as per the risk profile are given in annexure III.

The Healthcare worker must possess knowledge and skill regarding use and removal of the PPE after its use.

1.3. Equipment disinfection:

Equipment and surfaces are contaminated if they have come in contact with patient's skin, blood or body fluids. These can spread infection. Therefore, it is mandatory that these are cleaned and disinfected using 1% sodium hypochlorite or alcohol based disinfectants at least once daily and after every patient contact. Patient care items and surfaces that can contribute to the spread of infection include:

- Stethoscopes
- Blood pressure cuffs

- Monitors
- Stretchers, backboards, and immobilization devices
- Laryngoscope blades
- Radios/mobiles
- Shelves
- Door handles
- Other items and surfaces in ambulance or transport vehicle

1.4. **Decontamination of ambulance:**

- Decontamination of ambulance needs to be performed every time a suspect/confirmed case is transported in the ambulance. The following procedure must be followed while decontaminating the ambulance:
- Gloves and N-95 masks are recommended for sanitation staff cleaning the ambulance.
- Disinfect (damp wipe) all horizontal, vertical and contact surfaces with a cotton cloth saturated (or microfiber) with a 1% sodium hypochlorite solution. These surfaces include, but are not limited to: stretcher, Bed rails, Infusion pumps, IV poles/Hanging IV poles, Monitor cables, telephone, Countertops, sharps container. Spot clean walls (when visually soiled) with disinfectant-detergent and windows with glass cleaner. Allow contact time of 30 minutes and allow air dry.
- Damp mop floor with 1% sodium hypochlorite disinfectant.
- Discard disposable items and Infectious waste in a Bio/Hazard bag. The interior is sprayed with 1% sodium hypochlorite. The bag is tied and exterior is also decontaminated with 1% sodium hypochlorite and should be given to the hospitals to dispose of according to their policy.
- Change cotton mop water containing disinfectant after each cleaning cycle.
- Do not place cleaning cloth back into the disinfectant solution after using it to wipe a surface.
- Remove gloves and wash hands.

Checklist for Monitoring

Weekly monitoring by District Surgeon/ Anesthetist to be ensured. Following parameters to be monitored:

1. Daily stock-check & functionality test of critical equipment (Oxygen, Suction, etc.)
2. Decontamination & Disinfection Protocols – before and after transporting COVID patients
3. Waste Management – Segregation, General Waste, BMW, Liquid Waste, etc.
4. Spill Management
5. Linen Management
6. Patients' property
7. 'End of Life' care
8. Fire Safety
9. Outcome –
 1. Deaths while transporting
 2. Death after reaching the facility
 3. No. of successful resuscitation (return to spontaneous circulation after cardiac arrest)
 4. IV Fluid Usage Rate – Number of Units (1 unit = 500 ml) transfused/ Patients transported
 5. Percentage of cases, reporting more than 95% Oxygen Saturation level on arrival
 6. Incidence of Aspiration Pneumonia
 7. Service Experience (Feed-back Score on Likert scale 1-5)



राजस्थान सरकार

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No: F23(NHM)/ISC/Gen. Letter/2019-20/ 721

Dated: 28.03.2020

आदेश

प्रायः यह देखा गया है कि अधिकांशत जिलों द्वारा सामान्य फीवर होने पर ही मरीजों को भी बिना RRT टीम (Rapid Response Team) द्वारा जाँच के ही मरीजों को 108 एम्बुलेंस के द्वारा जिला मुख्यालय एवं जिला मुख्यालयों से आई.ए.पी एम्बुलेंस वाहनों से जयपुर स्थित सवाई मान सिंह अस्पताल भिजवाया जा रहा है, जिससे अनावश्यक मरीजों का भार बढ़ता है तथा एम्बुलेंस भी कई घंटों तक व्यस्त हो जाती है। अतः आई.ए.पी एम्बुलेंस वाहनों के संबंध में निम्न निर्देशित किया जाता है :-

- जिले में कहीं पर भी मरीज में कोरोना वायरस के संभावित लक्षण पाये जाते हैं तो सर्वप्रथम जिले को उस स्थान के लिए चिन्हित Rapid Response Team (RRT) या चिकित्सा विभाग की स्थानीय टीम द्वारा उस संदिग्ध मरीज का परीक्षण करवाया जायेगा तथा इसकी पुष्टि होने पर ही एम्बुलेंस द्वारा जांच/एडमिशन एवं आईसोलेशन की सुविधायुक्त उस जिले के नजदीकी अस्पताल/चिकित्सा संस्थान में भिजवाया जावेगा। इसी प्रकार यदि जांच पर संदिग्ध मरीज को Home Quarantine की सलाह पर निगरानी में ही रखा जाता है, तो उक्त मरीजों को अस्पताल से घर भेजने हेतु यथाआवश्यकता 104 जननी एक्सप्रेस वाहनों के माध्यम से भिजवाया जाना सुनिश्चित करें।
- विशेष परिस्थितियों में ही मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी अथवा प्रमुख चिकित्सा अधिकारी की अनुशंसा पर ही स्थानीय जिला अस्पताल/प्रमुख जिला अस्पताल/जयपुर स्थित सवाई मान सिंह अस्पताल में रेफर हेतु भिजवाया जा सकेगा तथा मरीज को वेंटीलेटर की आवश्यकता होने पर जिला अस्पताल में अवस्थित ए.एल.एस. (एडवांस लाईफ सपोर्ट) का उपयोग यथाआवश्यकता से मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी अथवा प्रमुख चिकित्सा अधिकारी द्वारा रेफर हेतु सुनिश्चित किया जावे।
- विशेष परिस्थितियों में जयपुर स्थित सवाई मान सिंह अस्पताल में रेफर करने हेतु प्रत्येक जिलों में आवश्यकता अनुरूप एक अथवा दो 108 एम्बुलेंस/ए.एल.एस को ही चिन्हित किया जावे।
- पूर्व में विभाग द्वारा जारी पत्रांक 718, दिनांक 20.03.2020 (संलग्न ध्वज-अ) को अतिक्रमित करते हुए जिलों को निर्देशित किया जाता है कि एम्बुलेंस के माध्यम से संदिग्ध मरीज को 108 एम्बुलेंस के माध्यम से रेफर करवाया जावेगा, तब एम्बुलेंस में कार्यरत स्टाफ (ईएमटी व पायलट) को यथाआवश्यकता ट्रिपल लेयर मास्क अथवा एन-95 मास्क तथा दस्ताने उपलब्ध करवाये जावें।
- श्रीमान अतिरिक्त मुख्य सचिव द्वारा जारी आदेश क्रमांक प.1(1) चि.स्वा. /गुप-2/2020 दिनांक 27.03.2020 के बिंदु संख्या 4 के अनुसार एम्बुलेंस स्टाफ को भी National Taskforce for COVID-19 की अनुशंसा अनुसार औषधि HCQ (Hydroxy Chloroquinel) की निर्धारित मात्रा दिया जाना सुनिश्चित करें।

- किसी भी परिस्थिति में आई.ए.पी वाहनों का उपयोग सामान ढोने अथवा मेडिकल स्टाफ को लाने ले जाने में ना किया जावें।
- आई.ए.पी वाहनों को टॉल फ्री नम्बर 108/104 पर ही कॉल करके इनका उपयोग सुनिश्चित किया जावे ताकि एम्बुलेंस वाहनों की ठीक प्रकार से मॉनिटरिंग की जा सके।



(नरेश कुमार ठकराल)
विशिष्ट शासन सचिव,
चि.एवं स्वा. विभाग, एवं
मिशन निदेशक, एनएचएम।

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है:-

1. निजी सचिव, अतिरिक्त मुख्य सचिव, चिकित्सा एवं स्वास्थ्य सेवाएँ, राजस्थान, जयपुर।
2. निजी सचिव, विशिष्ट शासन सचिव, चि. एवं स्वा. सेवायें एवं मिशन निदेशक, एनएचएम।
3. निजी सचिव, निदेशक जनस्वास्थ्य, चिकित्सा एवं स्वास्थ्य सेवाएँ, राजस्थान, जयपुर।
4. समस्त जिला कलेक्टर, राजस्थान।
5. अतिरिक्त निदेशक, (ग्रामीण स्वास्थ्य) मुख्यालय।
6. समस्त संयुक्त निदेशक, जोन राजस्थान।
7. समस्त प्रमुख चिकित्सा अधिकारी, राजस्थान।
8. समस्त सहायक औषधी नियंत्रक/औषधी नियंत्रण अधिकारी।
9. जिला प्रभारी (COVID -19), समस्त जिले, राजस्थान।
10. प्रभारी सर्वर रूम को ई-मेल हेतु।
11. रक्षित पत्रावली।



विशिष्ट शासन सचिव,
चि.एवं स्वा. विभाग, एवं
मिशन निदेशक, एनएचएम।