

**GOVERNMENT OF NAGALAND  
DIRECTORATE OF HEALTH AND FAMILY WELFARE  
NAGALAND::KOHIMA**

Tel: 0370-2270459; Email: [pddhfw@gmail.com](mailto:pddhfw@gmail.com); Website: <https://nagahealth.nagaland.gov.in/>

No: DHFW/COVID-19/2019-20/5528-33 Dated Kohima, the 27<sup>th</sup> Aug 2020.

**ADVISORY**

**Sub: Temporary Arrangement for Covid-19 testing in Private Hospitals and Laboratories.**

In order to augment testing for SARS-CoV-2 for early detection and containment of the Pandemic, private hospitals and laboratories have been authorized to undertake permitted to use Rapid Antigen Test and Truenat Test subject to fulfillment of Guidelines issued by ICMR. However, NABL accreditation for Covid-19 testing through Truenat platform becomes a problem in view of some technical reasons.

Therefore, the District Health Authority advised the following temporary measures:

1. To register multiple ICMR Mobile App users from interested private hospitals and laboratories, subject to the following terms and conditions:
  - a. The interested private hospitals and laboratories will apply to the District Health Authority in the prescribed format given at Annexure: 1
  - b. The Applicant must be registered under the Nagaland Healthcare Establishment Act 1997.
  - c. The Applicant must have requisite manpower, equipments and other logistics to conduct the Covid-19 tests as given at Annexure: 2.
  - d. On approval by the District Health Authority, the private hospital/laboratory shall mandatorily register with ICMR for data entry into the ICMR portal on a real time basis.
  - e. All private hospitals and laboratories shall mandatorily follow the ICMR/State Guidelines on Testing as well as Infection Control and Prevention issued from time to time. The Guidelines and SOPs is available for downloading from: [nagahealth.nagaland.gov.in](https://nagahealth.nagaland.gov.in)
  - f. The department shall not be liable to any legal issues arising out of Covid-19 testing by the private hospital/laboratory and the concerned private hospital/laboratory shall be solely responsible for any legal complication(s).
2. The department shall not be responsible for provision of any equipments or logistics.
3. Authorized private hospitals and laboratories shall be allowed to charge user's fee for COVID-19 Testing at the rate fixed by the Government
4. The Testing Centre under the department shall be responsible for capacity building and technical of the personnel of Authorized private hospitals and laboratories.
5. The details of the approved lists of private hospitals and laboratories to be submitted to the directorate through email at [pddhfw@gmail.com](mailto:pddhfw@gmail.com)
6. For any queries, contact the State Nodal Officer for COVID-19 Testing, Dr. Robin Lotha, Joint Director by email to [stong@mtcp.org](mailto:stong@mtcp.org) and Mob. No: 81190 00484.

This is purely a temporary arrangement while awaiting further instruction from ICMR.

  
(Dr. VIZOLIE Z SUOKHRIE)

Principal Director  
Directorate of Health & Family Welfare

No: DHFW/COVID-19/2019-20/5528-33

Dated Kohima, the 27<sup>th</sup> July 2020

Copy To:

1. The Addl Chief Secretary to the Chief Minister, Government of Nagaland Kohima, for kind information.
2. The Deputy Secretary to the Chief Secretary, Government of Nagaland Kohima, for kind information.
3. The Principal Secretary, Home Department Kohima, for kind information.
4. The Commissioner & Secretary, Nagaland Kohima, Health & Family Welfare Department for kind information.
5. The Mission Director (NHM)/ Director (H)/ Jt Director & Nodal Officer for Covid-19 Testing/ SPO (IDSP), Nagaland Kohima, for information and necessary action.
6. The Deputy Commissioner/ Chief Medical Officer/ Medical Superintendent of all districts for information and necessary action.
7. Guard file/ Office copy.

  
(Dr. VIZOLIE Z SUOKHRIE)

Principal Director  
Directorate of Health & Family Welfare

**Annexure: 1****Prescribed Application format for Private Hospitals and Laboratories for Covid-19 tests  
(To Be Submitted to the Chief Medical Officer)**

Application for (Tick whichever is applicable)		Rapid Antigen Test		Truenat Platform	
1. Name of the Interested Private Hospitals and Laboratories applying for Covid-19 tests					
2. Full Address					
3. Email ID					
4. Contact No					
5. Regd / License No of NHCE Act 1997					
6. Manpower Details					
a. Doctor In-Charge of Laboratory	Name				
	NMC Regd No				
	Contact No				
	Email ID (official)				
b. Nodal Officer for Covid-19 Testing of the Hospital	Name				
	Contact No				
	Email ID (official)				
c. Lab Technician responsible for conducting Covid-19 Testing	Name				
	Regd No, If any				
	Contact No				
	Email ID (official)				
	(In case of multiple Lab Tech, indicate the details in a separate sheet)				
d. Mobile App Users (Nominate Multiple Users depending on Case Load)	Name				
	Regd No, If any				
	Contact No				
	Email ID (official)				
	(In case of multiple App Users, indicate the details in a separate sheet)				
7. Equipment & Logistics Details		Duly fill in wherever applicable			
a. Truenat Machine		Uno	Duo	Quattro	
• Model					
• No of Machine Installed					
• Sr. No					

• Copy of the Installation Certificate issued by the Manufacturing Company enclosed (Yes/No)			
• Copy of the Safety Certificate issued by the Manufacturing Company enclosed (Yes/No)			
b. Bio Safety Cabinet 2A, in case of Truenat platform.			
• Model			
• No of Equipment Installed			
• Sr. No			
• Copy of the Installation Certificate issued by the Manufacturing Company enclosed (Yes/No)			
c. Arrangement for uninterrupted supply of testing consumables (Yes/No)			
d. Arrangement for uninterrupted supply of appropriate PPEs (Yes/No)			
e. Arrangement for safe disposal of biomedical waste (Yes/No)			
f. Arrangement for Computer system, Internet Connection and Smartphone(s) (Yes/No)			
g. Infection Control and Prevention Measures in place as per Guideline/SOP (Yes/No)			
h. Guidelines/SOPs on Covid-19 Testing and Infection Control and Prevention available with all relevant personnel (Yes/No)			
e. Requirement of Capacity Building of relevant personnel (Yes/No)	Covid-19 Testing		
	Operation of the Testing Platform		
	Infection Control and Prevention		
	Use of PPEs		

I, ....., on behalf of the above mentioned applicant, do hereby certify that:-

1. all information furnished above is true to the best of my knowledge. The hospital shall be responsible for any dispute(s)/ complication(s) arising out of the information thus furnished.
2. shall ensure that the Covid-19 Testing(s) is done under the strict supervision and monitoring of the Nodal Officer i/c of Covid-19 testing of the hospital.
3. shall mandatorily follow the Guidelines/SOPs on Testing as well as Infection Control and Prevention issued by ICMR/State Government from time to time.
4. shall mandatorily register with ICMR for data entry into the ICMR portal on a real time basis.
5. the hospital shall levy charges for Covid-19 testing as per the rate fixed by the Government.
6. the department of Health & Family Welfare shall not be liable to any legal issues arising out of Covid-19 testing by the private hospital/laboratory and this hospital/laboratory shall be solely responsible for any legal complication(s).

**Enclosed:** As stated in Sl. No: 7 (a) & (b).

Date: .....

Name and Designation of the Applicant with Seal impression of Hospital.



**Annexure: 2**

**Minimum Standard Required for Authorization of Private Hospitals and Laboratories for Covid-19 tests**

The private hospital/laboratory should have:

1. **dedicated** doctor for supervision and monitoring of Covid-19 tests.
2. **dedicated** laboratory technician to conduct Covid-19 tests.
3. procured and installed the Truenat machine.
4. procured and installed the Bio Safety Cabinet 2A, in case of Truenat platform.
5. arrangement for uninterrupted supply of testing consumables.
6. arrangement for uninterrupted supply of appropriate PPEs.
7. arrangement for safe disposal of biomedical waste.
8. arrangement for Computer system, Internet Connection and Smartphones.
9. Infection Control and Prevention Measures in place as per Guideline/SOP.
10. Guidelines/SOPs on Covid-19 Testing and Infection Control and Prevention available with all relevant personnel.



(Dr. VIZOLIE Z SUOKHRIE)

Principal Director

Directorate of Health & Family Welfare