



GOVERNMENT OF KARNATAKA

No. HFW/^{216(*)} /ACS/2020

Karnataka Government Secretariat
Vikasa Soudha,
Bengaluru, dated: 24.06.2020

**Revised Guidelines for Admission of COVID - Positive persons in CCC/ DCHC/ DCH/
Private Institutions after Clinical Assessment**

Revised order

Reference: Letter No. HFW/216/ACS 2020 regarding SOP for admission of COVID-positive persons in CCC/DCHC/DCH/Pvt. Hospitals after clinical assessment dated 19.06.2020

In supersession of order issued by the undersigned in the reference above, following revised order is issued.

After the test result comes positive, the District Surveillance Officer (DSO) is informed or the data is downloaded from ICMR portal. DSO should follow below procedure.

1. The health team sent by the DSO should visit the home/institution where the Covid-19 patient is staying. The team should have a rapid assessment of health condition of patient by way of finding his/her body temperature, SpO₂ level and presence of any known co-morbid condition (as told by patient or family member) viz. hypertension, diabetes, TB, HIV, Cancer, Strokes, Pregnancy, etc.
2. The patient shall be admitted to CCC, DCHC or DCH based on below mentioned criteria either in Government or Private institution as opted by the patient. The patient and/or their relative shall sign the attached consent form (annexure) in case he/she is going to a private institution.

A. Persons to be shifted directly to COVID care Centre (CCC)

➤ **All Asymptomatic persons**(with body temperature $\leq 37.5^{\circ}\text{C}$ ($\leq 99.5^{\circ}\text{F}$) and SpO₂ level $\geq 95\%$ shall be shifted directly to COVID care centre (CCC) **except the following:**

- Aged more than 50 years
- With comorbid conditions
- Pregnant women and lactating mothers
- Children below 10 years of age
- Having any other serious medical/psychological condition.

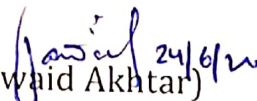
B. Persons to be shifted directly to Dedicated COVID Health Centre (DCHC)

- Patients having temperature of $\geq 37.5^{\circ}\text{C}$ ($\geq 99.5^{\circ}\text{F}$)
- Patients having SpO₂ level 90% - 94%
- Patients having symptoms like cough, cold, sore throat, etc.
- Asymptomatic persons with the following;
 - aged more than 50 years
 - With co-morbid conditions like hypertension, diabetes, severe obesity, thyroid disease, cancer, kidney diseases including patients on dialysis, heart diseases, stroke, Tuberculosis, People living with HIV, immune-compromised, on steroids and immune-suppressants, etc.
 - Pregnant women and lactating mothers
 - Children below 10 years of age

C. Persons to be shifted directly to Dedicated COVID Hospital (DCH):

- Patients having SpO₂ level $< 90\%$
- Patients aged above 60 years with co-morbid conditions hypertension, diabetes, severe obesity, thyroid disease, cancer, kidney diseases including patients on dialysis, heart diseases, stroke, Tuberculosis, People living with HIV, immune-compromised, on steroids and immune-suppressants, etc.
- All severe cases as assessed by the medical officer shall be admitted in Dedicated COVID hospital in Government or Private with ICU/ Ventilator

The treatment guidelines and discharge protocol shall apply as issued by state government from time to time.


(Jawaid Akhtar)

Additional Chief Secretary to Government
Department of Health and Family Welfare

To:

1. Principal Secretary, Medical Education.
2. Mission Director, National Health Mission, Anand Rao circle, Bengaluru.
3. Director, Health Family Services, Anand Rao circle, Bengaluru.
4. Director, Medical Education Dept., Anand Rao circle, Bengaluru.
5. All Deputy Commissioners.
6. All CEOs of ZPs.
7. All District Health Officers.
8. All District Surgeons.
9. All Testing Labs of State.

Copy for kind information:

Chief Secretary, Government of Karnataka.

Annexure: Consent Form



Government of Karnataka
Department of Health & Family Welfare Services.

(Consent of Individual to go to Private Hospital identified by Government for Covid-19 treatment under scheme (if eligible) or at his own cost)

I, S/o,
W/o or D/o, aged
years is tested and found Covid-19 positive. I opt for Private medical facility (identified by State Government). I am willing to bear the expenses for my treatment in the private hospital.

Date:

Place:

Signature of Patient/
Relative
(Name in case of relative)
Mob No.