IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION
SMWP (C) NO. 07/2020

IN RE : THE PROPER TREATMENT OF COVID-19 PATIENTS AND DIGNIFIED HANDLING OF DEAD BODIES IN THE HOSPITALS, ETC**.**

AFFIDAVIT DATED 26.11.2020
ON BEHALF OF UNION OF INDIA

PAPER BOOK

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ADVOCATE FOR THE RESPONDENT: B. V. BALARAMDAS

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IN THE HON'BLE SUPREME COURT OF INDIA

SUO MOTO WRIT PETITION. NO 7 OF 2020

IN THE MATTER OF:-

RE:- THE PROPER TREATMENT OF COVID 19 PATIENTS AND DIGNIFIED HANDLING OF DEAD BODIES IN THE HOSPITALS ETC.

AFFIDAVIT DATED 26.11.2020

ON BEHALF OF UNION OF INDIA

I, Sanjeev Kumar Jindal, S/o Sh. Hira Lal Jindal, aged about 55 years, having my office at Ministry of Home Affairs (MHA), North Block, do hereby solemnly state and affirm as under:-

1. That I am working as Joint Secretary in Ministry of Home Affairs and as such is well conversant with the facts and circumstances of the case and also being duly authorized. I say that I am competent to swear the present Affidavit on behalf of Respondents.

2. At the outset, I respectfully state and submit that much before the first Covid patient was declared by China officially, the Union of India, had started taking steps to ensure that there is minimum penetration of this deadly, unknown virus into our country

3. It is stated that the since the start of the epidemic and even before the first case of CIVID 19 Virus was discovered in India, the Central Government and all its officers took proactive and preventive steps to limit the penetration of the infection, to augment the medical infrastructure of the country and to prepare for an effective and efficacious medical response to the epidemic. Apart from the above the Central Government also framed various guidelines to ensure effective and robust implementation of an effective disease management program and to attend to the issues related thereto. Some of the steps taken by the Central Government to ensure an effective and robust response to the unprecedented Covid epidemic are as under:-

I. INSTITUTIONAL ARRANGEMENTS

4. It is submitted that the COVID situation in the country is being constantly monitored by the Office of the Prime Minister of the country. In addition to the above under his directions only, a High level Group of Ministers (GoM) was constituted as early as on 3rd February, 2020 to review, monitor and evaluate the preparedness and response measures being taken by the respective States of the country, regarding management of COVID-19. The GoM convened under the Union Minister of Health & Family Welfare has since then has met 21 times.

5. Further to the above, the Ministry of Home Affairs, Government of India, on 29th March, 2020 under extant provisions of Disaster Management Act has constituted 11 Empowered Groups on different aspects of COVID-19 management in the country to take informed decisions on issues ranging from:-

(i) medical emergency planning,

(ii) availability of hospitals, isolation and quarantine facility, disease surveillance and testing,

(iii) ensuring availability of essential medical equipment,

(iv) augmenting human resource and capacity building,

(v) supply chain and logistic management,

(vi) coordination with private sector,

(vii) economic and welfare measures,

(viii) information, communications and public awareness,

(ix) technology and data management, (x) public grievance and

(x) strategic issues related to lockdown.

It is respectfully submitted that the aforesaid empowered groups have been restructured on 10th September based on the need and evolving scenario.

6. Also a Committee of Secretaries under Cabinet Secretary is reviewing the situation regularly. The said committee has uptill now held 60 meetings to review, monitor and evaluate the preparedness and response measures being taken by the respective States of the

country. The said committee has also held 19 video conferences with States/UTs so far.

7. It is stated that the Ministry of Health & Family Welfare is also constantly reviewing the evolving scenario and has till date held 76 video conferences so far with State Health functionaries.

8. Also, the Joint Monitoring Group (JMG) constituted under the Chairmanship of DGHS, which advises MoHFW on technical matters, has met 44 times till now to assess the risk, review the preparedness & response mechanisms and finalize technical guidelines.

II. INTER SECTORAL CO-ORDINATION

9. It is submitted that to ensure effective preparedness and response the Central Government is following a whole of Government approach to manage COVID-19. Ministries of Health, External Affairs, Civil Aviation, Home Affairs, Shipping, Pharma, Tourism, Textiles, Defence, National

Disaster Management Authority (NDMA) are co-ordinating for actions beyond health sector.

III. TRAVEL ADVISORIES AND GUIDELINES

10. It is submitted that the first Travel Advisory was issued by the Central Government on 17.01.2020 itself by Ministry of Health & Family Welfare. It was reviewed and revised regularly based on the evolving scenario. Presently Government of India has advised No scheduled international commercial passenger aircraft shall take off from any foreign airport for any airport in India, after 0001 hrs GMT of March 22, 2020 (*i.e. 0531hrs Indian Standard Time (IST) of March 22, 2020) except for the personnel being brought back to India under Vande Bharat Mission. A 'Guidelines for International arrivals' has also been issued by the Ministry on 24th May, 2020. These are temporary measures to restrict the spread of COVID-19, and are subject to review by Government.

IV. GUIDELINES FOR COVID-19:

11. Union Health Ministry has issued a number of guidelines and the same have been made available on the

website of the Ministry (www.mohfw.gov.in) targeting various groups/activities such as (i) Travel (ii) Behavioral Health, (iii) Citizens, (iv) Hospitals, (v) States / Departments / Ministries, (vi) Employees etc. A cateogory-wise chart of the Guidelines which are in vogue is enclosed hereto and marked herewith as **Annexure A.**

V. SURVEILLANCE AT POINTS OF ENTRY (POE)

12. It is submitted that as placed before this Hon'ble court on earlier occasion Universal Screening of passengers from all countries is still being done at the point of entry to ensure that no cross border infection penetrates the country. Till 23rd March, 2020 (till suspension of all commercial flights), a total of 14,154 flights with 15,24,266 passengers were screened at these airports. In addition to airports, screening is also being done at 12 major, 65 minor sea ports and at land border crossings. Activities pertaining to Points of Entry have been suspended till such time the Governments takes a decision to resume international travel.

13. Further, with the aim to bring home stranded Indians in many countries due to Covid-19 pandemic Govt. of India initiated *Vande Bharat Mission* on May 7th 2020. In addition, Transport Bubble scheme has been initiated on mutual bilateral agreement with many countries to resume limited resumption of air travel. As on 23rd November 2020, a total of 24,17,085 passengers and crew members have been screened at the airports.

VI. SURVEILLANCE IN THE COMMUNITY

14. Integrated Disease Surveillance Programme (IDSP) had issued advisory to all States/UTs on 17.01.2019 for SARI surveillance to pick up any travel related case reported in the community and follow up contacts of suspect/confirmed cases.

15. Community surveillance was initiated initially for travel related cases and subsequently for clusters of cases being reported.

16. Ministry of Health & Family Welfare released containment plans to contain cluster and large outbreaks

on 2nd March and 4th April, 2020 respectively and these plans were updated from time to time. The containment plans envisage a strategy of breaking the chain of transmission by (i) defining containment and buffer zones, (ii) applying strict perimeter control, (iii) intensive active house to house search for cases and contacts, (iv) isolation and testing of suspect cases and high risk contacts, (v) quarantine of high risk contacts, (vi) intensive risk communication to raise community awareness on simple preventive measures and need for prompt treatment seeking and (vii) strengthening of passive ILI/SARI surveillance in containment and buffer zones. As on 24th November 2020 there are 1,99,696 (active- 75,536) containment zones in the country.

VII. LABORATORY SUPPORT

17. The laboratory network is continuously being strengthened. As of 23rd November 2020, total operational (initiated independent testing) government laboratories reporting to ICMR is 1166. In addition, 968 Private Laboratories have been approved for COVID-19 Testing.

Adequate laboratory reagents are available with ICMR. A total of 133.8 million (13.38 Crore) samples have been tested as on 23rd November 2020.

VIII. HOSPITAL INFRASTRUCTURE

18. It is submitted that the states have been asked to identify isolation beds and ventilator beds and augment this capacity. For appropriate management of suspect/confirmed COVID-19 cases, a three tier arrangement of health facilities [(i) COVID Care Center with isolation beds for mild or pre-symptomatic cases; (ii) Dedicated COVID Health Centre)DCHC(with oxygen supported isolation beds for moderate cases and (iii) Dedicated COVID Hospital)DCH(with ICU beds for severe cases] has been implemented in consultation with the State Governments. Tertiary care hospitals under ESIC, Defence, Railways, paramilitary forces, Steel Ministry etc. are also being leveraged for case management.

19. It is submitted that as on 24th November 2020, a total of 15,454 dedicated COVID treatment facilities with 1,54,6983 dedicated isolation beds (including 2,67,886

oxygen supported beds) have been identified. Also, a total of 79,005 ICU beds (including 40,183 ventilator beds) have been earmarked in these facilities.

IX. CLINICAL MANAGEMENT:

20. It is submitted that the guidelines on Clinical management of COVID-19 have been updated on 03.07.2020 and widely circulated. These include case definition, prevention of infection control, laboratory diagnosis, early supporting therapy, management of severe cases and complications. No specific antivirals have been proven effective. However, symptomatic treatment for fever and pain, appropriate rehydration, supplemental oxygen therapy and use of drug Hydroxychloroquine has been advised for mild to moderate cases. In addition, provisions for Investigational Therapies has also been made using Remdesivir, Convalescent plasma and Tocilizumab has been made for managing severe cases under close medical supervision has been mentioned. An AIIMS Corona helpline 9971876591 has been started to guide the doctors on medical management. AIIMS Delhi is running the COVID-19

National Tele-consultation Centre (CoNTeC) which can be reached by calling +91-9115444155. It is catering to doctors, from anywhere in the country, who want to consult AIIMS faculty for the management of COVID-19 patients, as well as to the public in general. Telemedicine guidelines have been issued on 25.03.2020 to provide tele-consultation to patients for mitigation of their illness and prevention of crowding in clinics. It may also help in triage, treatment and counseling for care of ill patients by healthcare providers in areas with limited access.

21. Further it is submitted that Expert group consultations are ongoing to review emerging evidence on organ system specific (respiratory system, renal system, cardiovascular and gastro-intestinal) sequelae of COVID. All AIIMS like institutions have been requested to undertake research to study long term impact of COVID. ICMR is establishing a National Clinical Registry on COVID that will provide insights into clinical course of COVID-19 disease, its spectrum and outcome of patients. Central Government hospitals in Delhi (Dr. RML Hospital, LHMC and Safdarjung

Hospital) have started COVID follow up clinics. A Post-COVID Management Protocol was released by Ministry of Health &Family Welfare, that followed a holistic approach – a blend of treatment from modern medicine as well as AYUSH system of medicine.

X. CHEMOPROPHYLAXIS:

22. It is respectfully submitted that the Ministry of Health and Family Welfare has also recommended use of drug Hydroxychloroquine for prophylaxis for asymptomatic healthcare workers managing COVID-19 cases, contacts of confirmed cases of COVID-19 and Asymptomatic frontline workers, such as surveillance workers deployed in containment zones and paramilitary/police personnel involved in COVID-19 related activities.

XI. DEVELOPMENT OF DRUGS AND VACCINE

Drugs

23. It is submitted that on the drug development front, the Principal Scientific Advisor to the GoI, has constituted a S&T Core Group on COVID19. Under the aegis of the S&T

Core Group on COVID19, a Task Force has been constituted focused on Repurposing of Drugs for COVID-19. Thirteen clinical trials of repurposed drugs have been undertaken to build a portfolio of therapeutic options for Covid-19 patients.

Vaccines

24. It is submitted that nearly 30 vaccine candidates encompassing a diverse group of vaccines based on multiple technologies / platforms are under development in India, by both academia and industry.

25. It is submitted that five (5) candidates are in clinical trial stage, of which 2 vaccines are in Phase III trials and 3 are in phase II trials. A National Expert Group on Vaccine Administration for COVID-19 has been constituted on 7th August, 2020, under Member (Health), NITI Ayog, which is working round the clock to ensure that vaccines are developed and introduced for public administration at the earliest and at affordable price.

XII. LOGISTICS

26. It is submitted that the states have been requested to assess the stock of their logistic, particularly Personal Protective Equipment and procure the same. Total orders for 1.92 crore PPEs have been placed by the Central Government so far. States/UTs and Central Government institutions are being supported in terms of supply of logistics. So far 1.62 Crore of PPE Kits, 3.89 crores N-95 masks, 11.16 crore tablets of Hydroxychloroquine, 34,279 ventilators and 1,02,400 oxygen cylinders have been supplied to States/UTs/ Central Government hospitals so far (as reported on 24th November 2020). In addition, oxygen concentrators are also being supplied to States.

XIII. HUMAN RESOURCE & CAPACITY BUILDING

27. It is submitted that various cadres of personnel and volunteers across sectors and departments that can be involved in not only COVID related work but also for ensuring maintenance of other essential medical services have been worked out, pooling manpower resources from

Defence, AYUSH, NCC, NSS, NYK, public sector enterprises, and private sector.

28. Further, to build the capacities of human resources including the medical manpower who help managing patients in hospitals; as well as non-medical personnel, front line workers, who may be involved in non-medical duties such as logistics, surveillance etc., for COVID-19 management, Training Resources for medical and non-medical personnel have been made available on the website of Ministry of Health & Family Welfare, Online training and webinars for Physicians and Nursing personnel is being conducted by AIIMS. Modules have also been made available on iGOT (online platform) by DOPT (https://igot.gov.in/igot/). The training modules have been translated to regional languages.

XIV. RISK COMMUNICATION

29. It is submitted that keeping the citizens informed about the correct feed-back pertaining to prevention and clinical management of Covid is one of the most essential

feature of the fight against Coivd pandemic. To ensure that no misinformation about the infection or its possible cure/clinical management spreads in public and or within health care workers MoHFW is daily updating its website to provide general public with information on current status of COVID-19 spread in India. Regular press releases issued Press briefing is being held regularly and Communication material is also being hosted on MoHFW website and through social media.

30. It is submitted that the communication material is also being hosted on MoHFW website and through social media. Dos and don'ts are being widely circulated through SMS (550 crore SMSs have been sent). Caller-tune messages are being used through telecom subscribers in 13 Languages (117 crore subscribers reached)

31. It is submitted that the communication material and toolkits have been developed (pamphlets, poster, audio and AV films) and have been provided to the States/UTs on COVID-19 disease, preventive steps required to be taken by

the communities, prevention of myths and stigma related to disease and to widely publicize the helpline numbers available. A dedicated call centre / helpline (1075) has been started to guide community at large which are being used by the citizens very effectively and on a regular basis.

XV. MONITORING

32. It is submitted that a robust system of data analytics is in place for monitoring on daily basis, for all States and districts number of cumulative cases, active cases, recovered/cured/migrated, growth rate, doubling rate, tests per million, confirmation percentage, case fatality rate and infrastructure analysis (incl. COVID care beds, oxygen supported beds, ICU beds and ventilator beds). The States have also access to these data. The performance of the States and Districts are monitored and States lagging on these parameters or those that are below the National average are taken up for discussion with the State Authorities at various levels through video conferencing and also by visit of Central teams to designated States.

XVI. RESEARCH AND DEVELOPMENT

33. Investment in research, healthcare and public health infrastructure have been considered as vital investment for the health and protection of the nation. Accordingly, funds are being allocated under Atma-Nirbhar Bharat Yojana.

It is submitted that health care is a state subject. The role of Central Government in this regard is (i) advisory in nature; and (ii) to ensure that all possible assistance financial, infrastructural or other-wise is made available to the state so that an effective and robust infrastructure/covid management programme is created in each of the State of the country by their respective State Government's. The afore-narrated are the thus broad steps which have been taken by the Central Government, in consultation with the experts in the field, to ensure that that all possible assistance is rendered to the State Governments to create a robust and effective infrastructure and Covid management programme in their State.

XVII. INDIA COVID-19 STATUS AS ON 24.11.2020

34. Since the onset of Covid-19 & its spread in India, a rapid, proactive and graded response with a robust institutional mechanism has been initiated, aligned with a whole of government approach. Presently, India stands at 9.2 million COVID cases, with over 0.44 million active cases, which make up only 4.75% of the current cumulative cases.

As most of the countries are observing resurgence of COVID cases, given the size and density of our population, the country has done remarkably well in restricting the spread. Our recovery rate has gone up to 93.76%, with almost 8.6 million recoveries made. The average cases per day has reduced by 50% since the past 8 weeks. Currently, only 2 states have more than 50,000 cases and they contribute to almost 33% of the overall active cases.

Our case fatality rate remains low at 1.46%, when compared to a global average of 2.36%. We stand at a total death count of 0.13 million. We will continue making efforts

to bring our CFR down to less than 1%, and accelerate our efforts in reducing the positivity rate, which stands at 6.9%.

The 10 States contribute almost 77% of the active case load for the country. These are: Maharashtra (18.9%), Kerala (14.7%), Delhi (8.5%), West Bengal (5.7%), Karnataka (5.6%), Uttar Pradesh (5.4%), Rajasthan (5.5%), Chhattisgarh (5.0%), Haryana (4.7%) and Andhra Pradesh (3.1%).

India is now testing on an average, almost 1.1 million samples daily. This has been a remarkable increase from 6 thousand tests daily at the start of April. We are further trying to reduce the spread with the use of digital innovations such as Arogya Setu/ITIHAS to predict emerging hotspots and they are also aiding contact tracing efforts. Our efforts are also directed towards managing Covid, non-Covid health facilities should also be effectively managed – these include: immunization, maternal and child health services, cancer, dialysis, etc.

Given the ferocity with which the disease had spread, countries have been compelled to take drastic measures which have affected almost every facet of life. India was no exception to the same. The transportation, tourism bans etc. affected trade and economy everywhere in the country. However, India looked at the challenges imposed by the pandemic as a unique opportunity to demonstrate its self-reliance in areas like manufacturing of critical medical equipment, use of information technology etc. In order to become self-sufficient or "Atma-nirbhar" in all our capacities and enhance our healthcare preparedness, India also worked to boost domestic production and expand our healthcare workforce.

FIRST WAVE IN NATIONAL CAPITAL TERRITORY OF DELHI IN THE MONTH OF JUNE-JULLY & REMEDIAL ACTION TAKEN BY THE MINISTRY OF HOME AFFAIRS

35. It is submitted that despite issuing several elaborate and exhaustive guidelines for containment and prevention of the infection and for ensuring proper treatment of Covid 19 patients, the NCT of Delhi saw its first wave of Covid 19

infection in the month of June-July. During the said point of time some aberrations were detected in observation of the said guidelines in some of the States. The said aberrations were highlighted by this Hon'ble court in its order dated 19.06.2020. A copy of the order dated 19.06.2020 is annexed hereto and marked as **ANNEXURE B.**

36. It is submitted that considering the situation prevailing in Delhi, the Central Government immediately started taking pro-active and pre-emptive steps to control further spread of Covid-19.

37. It is humbly stated that prior to passing of orders by this Hon'ble court in the instant matter, on 10th May, 2020, itself, the Union Home Secretary, co-chaired a meeting with Health Secretary of the Union of India, with all concerned officials of Delhi to review their status of COVID-19 Management through video conference. In the said meeting it was emphasised that all steps be taken to contain the situation in Delhi.

38. Thereafter, on 29.05.2020 again a meeting was called under the co-chairmanship of Union Home Secretary and Union Health Secretary which was attended by officials of Ministry of Health, Chief Secretary and all municipal commissioners, chairman NDMC for taking a review of health facilities regarding COVID-19.

39. Furthermore, on 11th June, 2020 for augmenting the health facilities in Delhi, proactive enhancement of testing facilities, meticulous monitoring of the containment zone, sensitizing people about health & sanitation, enhancing beds for COVID-19 patient, easy transportation of COVID patient, etc which was chaired by Union Home Secretary and Union Health Secretary and was attended by officials of Health Ministry, CP / Delhi, CS/Delhi and all Municipal Commissioners, Chairman / NDMC.

40. Thereafter, on 14th June, 2020 around 11:00 AM, the Union Home Minister held two high-level meetings with Lieutenant Governor of Delhi, Chief Minister of Delhi, Union Health Minister, Health Minister of Delhi, Mayors and

Commissioners of Delhi's three municipal corporations to strengthen the strategy to fight the coronavirus. The meetings deliberated and reviewed issues pertaining to ramping up healthcare infrastructure in view of rise in COVID cases in Delhi, optimal increase in the testing facilities, augmenting the availability of beds, oxygen beds, ventilators etc; management of dead bodies in hospitals, wide publicity of mobile apps, helpline numbers, website facilitating information to public about various facilities, LED display of bed availability and rates outside the hospitals etc.

41. I state and submit that during the said meeting, certain action points have emerged as per the directions given by the Union Home Minister. The action points have been mandated to be strictly monitored to ensure their implementation. All the aforesaid facts were placed before this Hon'ble Court vide an Affidavit dated 16.06.2020 (filed on 18.06.2020). A copy of the Affidavit dated 16.06.2020

(filed on 18.06.2020) is annexed hereto and marked as **ANNEXURE- C.**

42. The decisions taken by the Union of India, Ministry of Home Affairs dated 14th June, 2020 in consultation with other Ministries/Departments are summarised hereinunder for ready reference of this Hon'ble court:-

i) That 500 railway coaches with medical and para medical staff, oxygen cylinders, etc. are to be deployed by Ministry of Railways by 15.06.2020. Furthermore, additional 500 railway coaches would be made available by 30.06.2020. It is submitted that it has been decided that each railway coach will provide 16 beds. The responsibility for implementation of the said decision has been given to the Chairman, Railway Board and CS, GNCTD, who would provide the action taken report as per the aforesaid timelines decided unanimously by the Ministries concerned.

ii) That a team of senior doctors from Central Government Hospitals in Delhi, GNCTD Hospitals, Municipal Hospitals and AIIMS shall visit all hospitals in Delhi, within 2 days, to study the arrangements made for patient care and treatment and suggest

improvements to be done. The responsibility for implementation of the said decision has been given to the Union Health Secretary to coordinate with Chief Secretary, GNCTD and Director, AIIMS, who would ensure implementation of the said decision.

iii) That 100% house-to-house survey would be done in the Containment Zones to identify COVID suspect cases by the GNCTD, Municipal staff or other persons authorized by the State Government. It has been decided that all COVID suspect persons in the containment zones must be tested for COVID infection and visited by authorized personnel of Government, Private Sector or NGOs within 7 days. It has been decided that GNCTD will ensure downloading of Arogaya Setu App by all persons living in containment zones. The responsibility for implementation of the said decision has been given to the Chief Secretary, GNCTD, who would ensure implementation of the said decision.

iv) That COVID testing in the NCT of Delhi would be increased to 10,000 persons per day by 16.06.2020; 15,000 persons per day by 18.06.2020; and 18,000 persons per day by 20.6.2020. Thereafter, 100% utilization of said enhanced COVID testing capacity would be utilized for those persons who are entitled to

get themselves tested as per Health Ministry protocols. Furthermore, infrastructure of election booths would also be utilized by the GNCTD for this purpose and testing fascilites would be opened in the same. The responsibility for implementation of the said decision has been given to them Chief Secretary, GNCTD, who would ensure implementation of the said decision.

v) That a committee consisting of Dr. V. K. Paul, Member, NITI Aayog; representative of AIIMS and representative of GNCTD will submit a report about reasonable rates for various COVID related facilities/tests, etc. for private hospitals/labs within 2 days. The GNCTD will notify these prescribed rates to be charged by private-hospitals/labs. These rates would be applicable to 60% patients and rest of the patients who can afford to pay, would be charged normal rates by private hospitals/labs. The responsibility for implementation of the said decision has been given to the NITI Aayog, Chief Secretary, GNCTD and Director, AIIMS, who would ensure implementation of the said decision.

vi) That Union Ministry of Health & Family Welfare shall provide additional ventilators, and oxygen cylinders to the State Government. Furthermore, 2000 additional beds will be provided in Central Government hospitals/ health facilities for COVID patients at the

earliest. It is decided that a Minimum 1000 additional beds would be arranged by 21.06.2020 and another 1000 additional beds would be added subsequently. The responsibility for implementation of the said decision has been given to the Union Health Secretary who would ensure compliance of the same.

vii) That Delhi Disaster Management Authority [DDMA] would issue an order to ensure that Dy. Commissioners of the Districts would work as administrative Heads for management of all activities connected with disaster management/ COVID matters. Officers of MCDs, Police, etc would work under administrative command of Dy. Commissioner concerned for this purpose, irrespective of seniority. The responsibility for implementation of the said decision has been given to the Hon'ble LG, GNCTD; CS, GNCTD and CP, Delhi, who would ensure the implementation of the said decision.

viii) That GNCTD will frame a scheme for involvement of NGOs, NCC cadets, NSS Cadets and Scouts for survey of COVID suspect cases; and surveillance and management of isolation cases. The responsibility for implementation of the said decision has been given to the Hon'ble LG, GNCTD and CS, GNCTD who would ensure implementation of the said decision.

ix) That GNCTD will re-assess the requirement of ambulances immediately, for suitable augmentation. The CS, GNCTD will assess the said matter and make suitable arrangement in this regard as per the requirement found,

x) That GNCTD authorities will widely publicize on all available medias such as, websites, mobile applications and Helpline numbers that have been set up to enable members of public to get authentic information regarding bed availability, etc and thereby facilitate effective and timely medical help. The responsibility of ensuring the implementation of the said decision has been assigned to CS, GNCTD.

xi) That the Director, AIIMS will form a Committee of Expert doctors, who will be available round-the-clock for giving expert advice to doctors and para- medical staff who man various COVID treatment facilities in railway coaches, Banquets, Hotels, Hospitals, etc. Contact numbers of these experts will be made available to COVID caretaking doctors and officers in-charge of hospitals and other COVID care facilities for supervising provision of COVID related facilities to patients.

xii) That GNCTD and its nodal officers for COVID care are mandated to ensure that the dead bodies are not allowed to languish in hospitals. The dead bodies must be taken for cremation/burial without any delay or waiting for COVID test reports. It has been decided that all mortuaries will be cleared of COVID related dead bodies by 16.6.2020. an action taken report in this regard has to be submitted by CS, GNCTD.

xiii) That a force of volunteers may be prepared consisting of COVID cured/ recovered persons to provide assistance to State Government,· Hospitals, etc. The responsibility in this regard has been given to CS, GNCTD to ensure the same.

xiv) That GNCTD authorities shall ensure that sufficient medical facilities are kept available for non-COVID patients for treatment of other ailments.

xv) That Union Health Secretary will explore provision of 1000 beds in NCR area for COVID patients of Delhi.

xvi) That GNCTD would assess requirement of additional medical and para-medical staff at the earliest and take requisite steps to identify and train available personnel immediately. It has been decided that steps to deploy

these persons within a short notice should be taken immediately.

A copy of the aforesaid letter dated 14th June, 2020 bearing F.No.14011/06/2020-Delhi is annexed hereto and marked as **ANNEXURE D.**

43. It is submitted that despite constant monitoring by the Ministry of Home Affairs about scrupulous compliance of the aforesaid directions by GNCT, various short-comings, going into the root of the matter, were noticed in the implementation of the aforesaid program. It is submitted that the same triggered a series of review meetings being taken by the Union Home Secretary 08th July, 2020 to 13th November, 2020. The issues which were regularly emphasized to GNCTD, inter-alia, are following:

i) Conversion of more beds into oxygenated / ventilator supported beds

ii) Strict perimeter control of containment zones

iii) Tele-counselling of patients in isolation or persons in quarantine at home.

iv) Protocol based treatment of Covid patients.

v) More testing, especially through the RT-PCR method, to ensure that Covid positive persons are detected early and medical response can be given.

vi) Strict enforcement of guidelines issued by Ministry of Health & Family Welfare regarding social distancing, wearing of masks, sanitization, etc.

vii) Proper articulation of management of Covid situation in media for preventing any unfounded panic amongst masses. Number of beds available, ambulances available etc., must be daily publicized.

viii) GNCTD must monitor requirement of ambulances and other infrastructure so that no patient remains untreated and responded to.

ix) In view of the approaching festival period, marriage season and winter climatic conditions, GNCTD shall act proactively and thoroughly act according to the guidelines issued by Ministry of Health & Family Welfare.

In addition to the review meetings taken by the Union Home Secretary, a series of review meetings were also taken by the Union Health Secretary with officers of GNCTD. Meeting taken by Union Health Secretary in the past 03 months are as under:

Date	Video Conference Details
02.11.2020	VC with Delhi
12.10.2020	VC with 14 States including Delhi
31.10.2020	Infrastructure Projection letters
30.09.2020	Infrastructure Projection letters
23.09.2020	Review with Delhi
31.08.2020	Infrastructure Projection letters

In addition, Cabinet Secretary also reviewed the COVID-19 situation in 08 States / UTs including NCT of Delhi which constitute of 62% of the nationwide active cases and 61% of the total deaths, through Video conference on 11.11.2020. The meeting was attended by Principal Secretary to Prime Minister, Member (Health) of NITI Aayog, Union Home Secretary, Secretary, Ministry of Health &

Family Welfare, Secretary, Department of health Research & Director General, ICMR and other senior officers. Cabinet Secretary observed that the pandemic situation at the National level continues to be challenging, particularly in view of recent surge in cases in certain States / UTs. He emphasized on effective dissemination of ICE campaign, strict implementation of guidelines for COVID appropriate behavior and rigor of containment measures. Medical infrastructure requires to be scaled up to meet the emerging challenges. Cabinet Secretary also emphasized the need to scale up testing and the mandatory RT-PCR retesting of symptomatic negatives, after Rapid Antigen Testing.

43. **It is submitted that in the said meetings, *inter-alia,* broadly following shortcomings on the part of GNCT were found:-**

(i) That no effective preventive steps to contain the infection.

(ii) GNCTD was aware that the confluence of winter, festival season and pollution were likely to witness a

surge in cases. This foreknowledge ought to have led to strict enforcement and IEC measures being instituted well in time. However, this was not done. While there were regular advertisements on achievements of Delhi Government, including on dengue prevention and control, no ads on COVID appropriate behaviour were to be seen. The people, at large, were also not apprised about this through regular outreach measures.

(iii) That the report of a high power Committee headed by Dr VK Paul, Member, NITI Aayog, had recommended that Delhi should plan for a surge of around 15,000 cases per day and accordingly provide for about 6,500 ICU beds. Against this recommendation, GNCTD did not take any timely measures to increase the ICU beds from the present level of around 3,500, thus causing a sudden pressure to come on the health and medical infrastructure in Delhi.

(iv) That despite repeated exhortations in the wake of rising COVID-19 cases, the Delhi Government did not take steps to enhance testing capacity, particularly for RT-PCR, which remained static at around 20,000 RT-PCR tests for a long time.

(v) The containment measures, as prescribed by Ministry of Health and Family Welfare (MoHFW) including house to house surveillance, contact tracing, quaranting and clinical management, were also not done properly, which has led to the spread of infection.

(vi) Patients who were under home isolation were not properly traced and/or their contact were also not traced effectively;

REMEDIAL STEPS TAKEN BY MINISTRY OF HOME AFFAIRS FOR REMOVING/RECTIFYING ANY DEFICIENCY IN THE INFRASTRUCTURE AND MANAGEMENT OF PUBLIC HEALTHCARE SYSTEM OF DELHI

44. It is submitted that in view of the aforesaid shortcomings, which lead to a massive increase in the Covid infection and the increasing strain on the capacity of medical infrastructure in the hospitals with the National Capital Territory of GNCT, the Union Home Minister was constrained to call another review meeting on 15th November, 2020 Union Home Minister reviewed the Covid-19 situation in Delhi. It is submitted that the said meeting was attended by Union Health Minister, Lt. Governor of

Delhi, Chief Minister of Delhi, Health Minister of Delhi, Home Secretary, Secretary, Ministry of Health & Family Welfare (MoHFW), Director AIIMS, Director General ICMR, Secretary DRDO, Directors General of Armed Forces Medical Services (DGAFMS) and other senior officials. A copy of the Minutes of the Meeting dated 15.11.2020 is annexed hereto and marked as **ANNEXURE E.**

45. It is respectfully submitted that in the said meeting the Union of India, Ministry of Home Affairs issued a number of directions which are detailed as under:-

<table>
<tr><th>S. No</th><th>Ministry-wise Directions</th><th>Compliance</th></tr>
<tr><td colspan="3">Ministry of Home Affairs (MHA)</td></tr>
<tr><td>1.</td><td>Strategy for enhancing ICU beds to be finalized between MHA and MoHFW
● To enhance by 250 within 3-4 days in DRDO Hospitals;
● To raise the overall capacity to 6400 beds</td><td>The current position of ICU Beds in Delhi is as follows
<table>
<tr><th>Hospitals</th><th>16/11/2020</th><th>24/11/2020</th><th>Total Increase</th></tr>
<tr><td>Central</td><td>354</td><td>567</td><td>213</td></tr>
<tr><td>Delhi</td><td>1167</td><td>1412</td><td>245</td></tr>
<tr><td>Private</td><td>2002</td><td>2254</td><td>252</td></tr>
</table></td></tr>
</table>

<table>
<tr><th>S. No</th><th>Ministry-wise Directions</th><th>Compliance</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>Total</td><td>3523</td><td>4233</td><td>710</td></tr>
</table>

As against 2680 ICU (non_Ventilator Beds) Delhi Government has issued orders on 19.11.2020 for increasing 990 Beds (663 beds in Delhi Government Hospitals and 327 in Pvt. Hospitals) out of which 151 ICU Beds has been added.
Delhi Government has issued orders on 19.11.2020 for reserving 80% of ICU Beds in Private hospitals for COVID-19. Out of 249 beds 152 ICU Beds have been added and remaining 97 ICU Beds will be added in a phased manner. (as and when non-COVID patients discharged).
Apart from this on the basis of Delhi Government’s order dated 12.09.2020 private Hospitals have increased 98 beds (out of 135 ICU Beds) in to ICU beds. The process of increasing remaining 37 Beds is underway.
Central Government Hospitals/AIIMS have added 49 ICU Beds (out of 46 ICU Beds). Apart from this 116 COVID Oxygenated beds have been added in Central

</td></tr>
</table>

S. No	Ministry-wise Directions	Compliance
		Government Hospital/AIIMS. • In DRDO Hospital **100** ICU Beds are operational at present. On 25-11-2020 DRDO will operationalize a total of 250 Beds and by 30.11.2020 all 500 Beds will be operationalized. • As per the revised figures of Delhi Government the present capacity of **3652** Beds are likely to be increased to around **5129** Beds by **30.11.2020**. • Hon'ble Chief Minister Delhi vide his letter dated 19-11-2020 has informed that the expert Committee under Dr. Vinod Paul in their Revised Covid Response Strategy 3.0 for Delhi has projected a requirement of 20604 COVID beds including 6432 ICU Beds in Delhi in November-December. • It has also been informed in the said letter that a comprehensive and detailed exercise has been carried out at regular intervals and they have been able to augment and increase their ICU Bed Capacity from 309 on 01/06/2020 to 3728 on 19/11/2020. • Hon'ble Chief Minister Delhi

S. No	Ministry-wise Directions	Compliance
		in his letter that despite best efforts being made by GNCTD and stretching their resources to the maximum only 5218 beds could be managed and there is a gap of around 1214 ICU Beds. Keeping in view the above scenario additional 1214 ICU Beds may kindly be created in the Central Government Hospitals viz. AIIMS, Safdurjung,LHMC, RML etc. He has also requested that given the trajectory of the pandemic, the existing situation in Delhi and available resources, the necessity of using the Railway Coaches as Covid Care Centres may not arise. Therefore, the medical staff proposed to be deployed for these railway coaches can be utilised for manning the additional ICU beds in the Central Government Hospitals. A copy of the said letter dated 19-11-2020is annexed hereto and marked as **ANNEXURE- F.**
2.	SS (P) to make plans for movement of para-medical staff – 75 doctors and 250 para-medics.	• **All the 75 Doctors and 251 Paramedics have Reported.**.

S. No	Ministry-wise Directions	Compliance
	• Movement to start by evening of 16.11.2020	
3.	MHA to take a meeting on administrative issues of Chhatarpur Covid Care Centre, and scale up to 5,000 beds immediately (both Oxygen and isolation beds). The payment of ITBP doctors and other para medical staff to be arranged by MHA. Meeting held on 16.11.2020	• To resolve the Administrative issues a proposal has been submitted to the Health/PWD Minister, Delhi Government decision which is still pending. • Delhi Govt. will meet the daily maintenance expenses. MHA has conveyed its approval for an expenditure of Rs.4.65 crore to ITBP vide order dated 18-11-2020. • MHA has issued orders for Stay arrangements of ITBP personnel. • AS(UT) MHA convened a meeting with Delhi Government and ITBP officers on 18-11-2020. In the meeting it was decided that by 22-11-2020 500 Oxygenated beds will be operationalised. • ITBP officers took a meeting with Delhi Government Officers on 19-11-2020 and in the meeting a roadmap for increasing the existing 2000 Bed capacity to 5000 Beds has been finalised.

S. No	Ministry-wise Directions	Compliance
4.	Notify teams for visiting private hospitals comprising doctors from MoHFW and AIIMS; and civil personnel from MoHFW/ MHA: bed utilization and testing capacity, to find extra ICU beds. This should be completed by 18.11.2020. AIIMS will also follow up with the private hospitals.	• MHA had issued an order on **16.11.2020** constituting 10 multi-disciplinary teams who had visited all the **115** Private Hospitals within 2 Days. • All the **10** teams have submitted their Reports. • DGHS has sent their recommendations to MHA after examining the all the reports. • A Brief of the DGHS recommendations are at **ANNEXURE-G.** • Delhi Government has been asked to take necessary action in the matter.
5.	MHA to convene a meeting with Ministry of Railways to re-activate the rail coaches COVID care centres Meeting.	• Matter discussed by Home Secretary with Chairman Railway Board. Railway Coaches with **800 beds** will be functional at Shakur Basti railway station. • Six Doctors and 15 Paramedics have been earmarked by CAPFs for manning these coached. • A joint team of CAPF Doctors and Railway Officers have visited the

S. No	Ministry-wise Directions	Compliance
		facility of 19-11-2020
Ministry of Health & Family Welfare (MoHFW)		
7	NCR will also survey Private Hospitals on the lines of GNCTD	• MHA had advised Haryana and Uttar Pradesh Government to survey Private Hospitals in their Districts in NCR. • Uttar Pradesh Government has issued orders on 19-11-2020 to conduct survey of Private Hospitals by multi purpose teams. As per the above order survey report has to be submitted by the District officer within two days. • Haryana Government has completed the survey of the Private Hospitals on 20-11-2020 and submitted its report to MHA. No shortfalls have been found in the survey.
8.	MoHFW to provide BIPAP machines with nasal cannulas within 48 hours.	• BEL has delivered all the **250** ventilators to DRDO on 20-11-2020 • **35** BiPAP machines have been delivered to DRDO facility on **17/11/2020**. • **25** BiPAP machines for Delhi Govt. Have been delived on 18-11-2020 • **Action complete.**

S. No	Ministry-wise Directions	Compliance
9.	Protocol for plasma therapy to be notified – Dr Paul, DrGuleria and DG, ICMR to work on it.	• ICMR has issued the advisory on Plasma therapy on 17-11-2020 and this has been uploaded on ICMR website. The same can be accessed on the following weblink:https://www.icmr.gov.in.
Government of National Capital Territory of Delhi (GNCTD)		
9.	House to house survey in Delhi by teams of AIIMS, Delhi Government and MCDs.	• A detailed order for conducting House to House survey was issued for strict implementation by the district. • A detailed training programme was conducted by NCDC on 19th November of all the district teams in three shifts. • All the districts have been directed to expedite the survey to ensure its completion by 25-11-2020 as per schedule. • All the districts of GNCTD started the survey on 20-11-2020 and **57,30,998** persons were surveyed till **24.11.2020. The survey is expected to be completed by 25.11.2020.** • Almost all the symptomatic cases and contacts of the first 3 days of the survey have been tested within 24

<table>
<tr><th>S. No</th><th>Ministry-wise Directions</th><th>Compliance</th></tr>
<tr><td></td><td></td><td>hours of survey. Total of 11790 symptomatic and 6546 contacts have been tested till now.

• Ten Doctors from AIIMS have been deputed and are a part of the team.</td></tr>
<tr><td>11.</td><td>Delhi Government to make plan for utilizing the enhanced testing capacity.</td><td>• GNCTD has devised plans to get 38,000 RTPCR Tests.

• Following are the details of RTPCR sample collection:-

<table>
<tr><th>Date</th><th>RTPCR samples collected</th></tr>
<tr><td>15/11/2020</td><td>12055</td></tr>
<tr><td>16/11/2020</td><td>19452</td></tr>
<tr><td>17/11/2020</td><td>25924</td></tr>
<tr><td>18/11/2020</td><td>28708</td></tr>
<tr><td>19/11/2020</td><td>30735</td></tr>
<tr><td>20/11/2020</td><td>28034</td></tr>
<tr><td>21.11.2020</td><td>31431</td></tr>
<tr><td>22.11.2020</td><td>24125</td></tr>
<tr><td>23.11.2020</td><td>35329</td></tr>
<tr><td>24.11.2020</td><td>37357</td></tr>
</table>
A total of 61940 (RT-PCR + Rapid) tests have been conducted on 24.11.2020.</td></tr>
</table>

S. No	Ministry-wise Directions	Compliance
		• All the disctircts have been directed to collect 38000 samples from the super spreader/hotspots/vulnera ble areas/ containment Zones etc.
12.	Chief Secretary, Delhi to review home care arrangements and plan for at least 35,000 – 40,000 capacity that can be monitored. Those with no capacity in home isolation should be shifted immediately to hospitals/ isolation centres. Meeting to be convened among HS, MoHFW and CS Delhi in case any help is needed from the Centre.	• Matter discussed in a meeting taken by HS on**16.11.2020**. • The existing agency is ready to cater to double the present number of cases. Agency is being accordingly instructed to increase the capacity to 35,000 to 40,000. • The private agency has communicated that the staff has been increased from 250 to 420 persons. Name and contact details of all staff have also been shared. • An oversight committee has also been formed under the chairmanship of Spl. Secretary (Health) to closely monitor the functioning of the company on a regular basis. The committee has started conducting 10% random checks on the calls being made by the company. Apart from this DCs have also been doing 5% random checks of the calls being made by the agency.

S. No	Ministry-wise Directions	Compliance
		• Further the file for floating a tender to engage another company for home isolation has been submitted to the competent authority.
All India Institute of Medical Sciences (AIIMS)		
13.	AIIMS to explore roping in retired nurses and doctors and technicians; and, such persons from private sector, to augment medical manpower. AIIMS to also explore if residents can be deployed in DRDO and for testing (pathology residents)	AIIMS has initiated the following steps to expand manpower: • Walk-in interviews to be conducted 0n 02-12-2020 to fill vacant seats of non-academic Junior Residents. • Walk-in interviews to be conducted on 27-11-2020 to fill vacant seats of non-academic Sr. Residents • 207 seats of non-academic junior Residents are being advertised and it is hoped to fill these by December • A proposal for 6 Months extension for academic and non-academic residents finishing their tenure in the current session has been sent to the Ministry of Health and Family Welfare for approval. • Deployment to DRDO will be assessed based on recruitment and availability of additional manpower as

S. No	Ministry-wise Directions	Compliance
		above.
14.	Additional Consultation resources for doctors treating COVID-19 patients	• AIIMS runs a 24x7 helpline for advising doctors on the treatment of patients through the CONTEC helpline at 9115444155. • AIIMS runs a weekly e-ICU video based consultation program wherein doctors treating COVID patients can log-in to seek advice from AIIMS experts.
15.	AIIMS to ensure that only serious patients are kept there and the others, who have undergone 6-7 days of treatment and are otherwise only mild or alright, to be shifted to DRDO or ChhatarpurCovid care centre.	1. Teams managing patients in AIIMS have been advised to discharge stable patients early at 6-7 days if they can be managed/followed up on phone. **08 Patients have been discharged on or before day 8.** 2. Nodal officer at DRDO was contacted and they have advised to wait for expansion of beds at DRDO to finalise the transition of patients who can be managed there after discharge/transfer from AIIMS.
Indian Council of Medical Research (ICMR)		
16.	Doubling the testing capacity of both RT-PCR and RAT: • Planning by forenoon of 16.11.2020	• **24.11.20**: Capacity ramped from **27,000** to **37,700**. • A mobile COVID-19 RTPCR lab launched under joint

<table>
<tr><th>S. No</th><th>Ministry-wise Directions</th><th>Compliance</th></tr>
<tr><td></td><td>• Scaling up within a week.</td><td>collaboration of ICMR and Spicejet was inaugurated yesterday by the Hon'ble Home Minister. Delhi Govt. is identifying a suitable place for deployment of the van today. The mobile van will start testing close to 1000 samples from tomorrow.

• Thus by 30.11.20, total RT-PCR testing capacity to reach 60,000 by 30.11.20.</td></tr>
<tr><td>17.</td><td>ICMR to change its forms to track the modes of movement of positive tested persons</td><td>• The revised SRF has been communicated to Director NIC for inclusion in the RTPCR app. The revised program will be launched within a week's time as this would require full data backup to be taken (close to 13 Cr. Entries) and coordination with states to make appropriate changes in their APIs. ICMR IT team is closely working with NIC on this..</td></tr>
<tr><td>18.</td><td>ICMR to talk to manufacturers of RAT testing kits for fixing combined rate for supply of kits, testing and result declaration/ communication</td><td>• ICMR has spoken with vendors of approved RAT kits to come forward to help Delhi tide the crisis of COVID-19 pandemic.
• Following help has been committed telephonically by 3/6 Ag kit vendors registered on GeM portal.

<table><tr><th>S.No.</th><th>Name of the</th><th>Name of</th><th>Help</th></tr></table></td></tr>
</table>

<table>
<tr><th>S. No</th><th>Ministry-wise Directions</th><th>Compliance</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><th></th><th>company</th><th>the Kit</th><th>Offered</th></tr>
<tr><td>1.</td><td>Lab Care Diagnostics Pvt. Ltd. (India)</td><td>COVID-19 Ag Lateral Test Device</td><td>1 lac free kits
4 Technicians for 15 days</td></tr>
<tr><td>2.</td><td>Trivitron Healthcare Pvt. Ltd. (India)</td><td>BIOCARD Pro COVID-19 Rapid Antigen Test Kit</td><td>May provide training at 6-7 booths</td></tr>
<tr><td>3.</td><td>Angstrom Biotech Pvt. Ltd. (India)</td><td>Angcard COVID-19 Rapid Antigen Test</td><td>5 technician for 15 days
Trainings in each zone</td></tr>
</table>
This information has been communicated to Delhi Government.
</td></tr>
<tr><td>19.</td><td>ICMR to set up a team to look into micro issues, including turnaround time for reporting test samples. They should work with individual labs on this issue.</td><td>A five member dedicated team at ICMR is established to continuously assess the capacity and interact to identify the challenges and issues faced by the Delhi based COVID-19 Testing labs in order to facilitate augmentation of the testing capacity in the State.
The team has started</td></tr>
</table>

S. No	Ministry-wise Directions	Compliance
		interacting with al the existing 82 labs (27 govt + 55 private) on a 5-day cycle basis to monitor the progress ad identify the requirements. The 5 Day cycle is established based on the response rate received in the week from 16th to 20thNove. 2020. • 77 out of 82 labs have been reached out (5 non responders) and find below the key highlights of the week. • 19 labs have reported to be working in 3 shifts currently out of which 5 labs are in government sector and 14 in private sector. • Based on the current testing numbers (avg of November) and self reported capacity, the approximate spare capacity available with the existing labs across Delhi is 9000 inclusive of private and government sector. • 5 Central and 5 state labs have reported shortage of reagents to carry out COVID-19 test. Reagents to Central Government labs have been provided by ICMR. • The team has been set up

<table>
<tr><th>S. No</th><th>Ministry-wise Directions</th><th>Compliance</th></tr>
<tr><td></td><td></td><td>and positioned at ICMR Hq. The team called up all 82 labs of Delhi yesterday. 70/82 responded. Each lab was interviewed elaborately to understand their issues regarding scaling up testing capacity.</td></tr>
<tr><td colspan="3">DRDO</td></tr>
<tr><td>20</td><td>Status of availability of Beds at SardarVallabbhai Patel Covid Hospital Delhi Cantt</td><td>

New oxygen pipeline had to be procured & installed for higher line pressure. Material has reached & work is going on. First hanger has been made functional today.
The second hanger will be handed over on Wednesday evening 6.00 PM.
At present the position of beds in DRDO hospital is as under:-

<table>
<tr><th>Category of Bed</th><th>Total Available Bed</th><th>Occupied Beds</th><th>Vacant Beds</th></tr>
<tr><td>Total Bed</td><td colspan="3">1000</td></tr>
<tr><td>Available Beds</td><td>500</td><td>446</td><td>54</td></tr>
<tr><td>ICU Beds</td><td>100</td><td>96</td><td>04</td></tr>
<tr><td>HDU Beds</td><td>150</td><td>146</td><td>04</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>S. No</th><th>Ministry-wise Directions</th><th>Compliance</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>Normal Beds</td><td>250</td><td>201</td><td>49</td></tr>
<tr><td>Total</td><td>500</td><td>443</td><td>57</td></tr>
</table>
Ventilators has been provided to Additional 250 ICU Ventilator Beds.
*the work to provide ozygen pipeline is going on for remaining 250 beds.
</td></tr>
</table>

46. Thus from the above it is evident that even now, after it was committed that GNCTD would increase ICU (non ventilator) beds by around 2,680, the Chief Minister, vide its letter dated 19.11.2020 addressed to the Union Home Minister, has expressed his inability to enhance ICU beds in the Delhi (State Government and private) hospitals by more than around 912, and has asked the Central Government to create the additional 1,700 ICU beds. Furthermore, it is only after the review meeting of Union Home Minister on 15.11.2020, that it was decided that RT-PCR tests would be enhanced to around 60,000 by the end of November, 2020, and that of RAT tests to around 60,000 also by the end of

November, 2020, thus leading to a doubling of the total tests being conducted in Delhi.

47. It is also extremely crucial to note here that in a survey of the 114 private hospitals in Delhi, which was carried out by the Ministry of Home Affairs (MHA) from 17.11.2020 to 18.11.2020, it was found that the observance of discharge policy and prescribed Clinical Management Protocol was very lax, thus leading to a large number of patients not being given the proper treatment. Delhi Government has now been asked to strictly comply with the prescribed protocols in this regard.

48. It is submitted that the Central Government is placing all the aforesaid facts before this Hon'ble court so that suitable orders can be passed by this Hon'ble. It is submitted that the aforesaid remedial actions have been taken immediately after the meeting held on 15.11.2020. Furthermore, the officials concerned are working round the clock, with utmost diligence and promptitude, to implement the other directions given by Ministry of Home Affairs on

15.11.2020, within the time frame decided in the said meeting. It is submitted that the Ministry of Home Affairs is constantly monitoring the situation and is making all efforts for ensuring that all the given in the meeting dated 15.11.2020 are compiled within the time limit as specified therein so that any deficiency in the infrastructure and management of public healthcare system of Delhi is rectified and the general public is not inconvenienced.

DEPONENT

(संजीव कुमार जिंदल)
(SANJEEV KUMAR JINDAL)
संयुक्त सचिव/Joint Secretary
गृह मंत्रालय
Ministry of Home Affairs
भारत सरकार/Govt. of India
नई दिल्ली/New Delhi

VERIFICATION

I, the deponent abovenamed, do hereby verify that the contents of Para 1 to 48 of my above affidavit are true to my knowledge, no part of it is false and nothing material has been concealed there from.

Verified at New Delhi on this the 26th day of November 2020.

DEPONENT

(संजीव कुमार जिंदल)
(SANJEEV KUMAR JINDAL)
संयुक्त सचिव/Joint Secretary
गृह मंत्रालय

ANNEXURE A

Guidelines on COVID-19 targeting various groups/activities issued by MoHFW

Travel advisories		
1.	05.11.2020	Guidelines for international arrivals
2.	02.08.2020	Revised guidelines for International Arrivals
3.	24.05.2020	Guidelines for international arrivals
4.	24.05.2020	Guidelines for domestic travel (air/train/inter-state bus travel)
5.	20.03.2020	Instructions to all major and minor ports for dealing with(COVID-19)
6.	19.03.2020	Additional Travel Advisory
7.	18.03.2020	Standard Operating Procedure for Passenger Movement post Disembarkation
8.	17.03.2020	Additional Travel Advisory
9.	16.03.2020	Additional Travel Advisory
10.	14.03.2020	Restrictions on International passenger traffic through Land Check Posts
11.	13.03.2020	Restrictions on International passenger traffic through land check posts-COVID 19
12.	11.03.2020	Consolidated Travel Advisory - 11 March 2020
13.	11.03.2020	Visa restrictions issued by Bureau of Immigration (BOI) after meeting of GoM on COVID19 - 11 March 2020
14.	11.03.2020	Decisions- High level Group of Ministers meeting to review current status and actions for prevention and management of COVID-19

15.	10.03.2020	Standard Operating Procedure (SOP) for COVID-19 Management- International Cruise Ships at major Indian Ports
16.	10.03.2020	Additional Travel Advisory
17.	10.03.2020	Travel Advisory (Home Isolation)
18.	06.03.2020	Travel Advisory
19.	05.03.2020	Travel Advisory
20.	03.03.2020	Travel and Visa restrictions related to COVID-19 in respect of Bureau of Immigration
21.	02.03.2020	Travel Advisory
22.	26.02.2020	Travel Advisory
23.	05.02.2020	Travel Advisory
24.	25.01.2020	Travel Advisory
25.	17.01.2020	Travel Advisory
		Behavioural/Mental Health
26.	01.11.2020	Guidelines on Managing Mental Illness in Hospital Settings during COVID-19
27.	31.07.2020	A/V on " Mental Health Matters..Let's Talk"
28.	28.07.2020	COVID-19 Pandemic and Tobacco Use in India
29.	15.07.2020	Caring for Health Care Warriors – Mental Health Support During COVID-19 (Jointly prepared by Department of Health & Family Welfare, Government of Karnataka and National Institute of Mental Health and Neurosciences, Bengaluru)
30.	09.07.2020	Mental Health in the times of COVID-19 Pandemic - Guidance for General Medical and Specialised Mental Health Care Settings
31.	18.06.2020	Video on Addressing Psychosocial Concerns of Healthcare Workers
32.	20.04.2020	Audio Visual on Addressing Stigma Related to

		COVID-19
33.	15.04.2020	Audio Visual on How to Safely Quit Tobacco During Lockdown (Hindi)
34.	13.04.2020	Video on Yoga for Stress Management (Hindi)
35.	11.04.2020	Video on meditation for stress management (English)
36.	10.04.2020	Audio Visual on "How to Safely Stop Drinking During Lockdown
37.	10.04.2020	Audio Visual on "Managing Mental Stress and Depression During Lockdown
38.	10.04.2020	Video on Addressing Social Stigma Associated with COVID-19 (Hindi)
39.	08.04.2020	Video on Addressing Social Stigma Associated with COVID-19
40.	08.04.2020	Addressing Social Stigma Associated with COVID-19
41.	08.04.2020	Video on Yoga for stress management (English)
42.	08.04.2020	Video on meditation for stress management (Hindi)
43.	05.04.2020	Lockdown to Knockdown COVID-19
44.	05.04.2020	Lockdown to Knockdown COVID-19 - additional tips
45.	01.04.2020	Taking care of mental health of children during COVID - 19
46.	01.04.2020	Taking care of mental health of elderly during COVID -19
47.	01.04.2020	Psychosocial issues among migrants during COVID-19
48.	31.03.2020	Video on Practical tips to take care of your Mental Health during the Stay In

49.	31.03.2020	Minding our minds during the COVID-19
50.	28.03.2020	Various Health Experts on how to manage Mental health & Well Being during COVID-19 outbreak
51.	27.03.2020	Dr. Shekhar P. Seshadri on 'Connecting with little ones during the COVID19 Lockdown- English
52.	27.03.2020	Dr. Shekhar P. Seshadri on 'Connecting with little ones during the COVID19 Lockdown- Hindi
Citizens		
53.	08.10.2020	SOP on preventive measures to be followed in Entertainment Parks and similar places to contain spread of COVID-19
54.	06.10.2020	Standard Operating Procedures on preventive measures to contain spread of COVID-19 during festivities
55.	13.09.2020	Post COVID management protocol
56.	10.09.2020	Revised SOP on preventive measures to be followed while conducting examinations to contain spread of COVID-19
57.	08.09.2020	SOP for partial reopening of Schools for students of 9th to 12th classes on a voluntary basis, for taking guidance from their teachers
58.	08.09.2020	SOP on preventive measures to contain spread of COVID-19 in skill or entrepreneurship training institutions, higher educational institutions
59.	03.08.2020	Guidelines on Preventive Measures to Contain Spread of COVID-19 in Yoga Institutes & Gymnasiums
60.	28.07.2020	COVID-19 Pandemic and Tobacco Use in India
61.	17.07.2020	Advisory for Gated Residential Complexes with regards to COVID-19
62.	17.07.2020	Guidelines for Gated Residential Complexes Desirous of Setting Up Small Covid Care Facility by Resident Welfare Associations / Residential Societies / Non-Governmental Organizations

		(NGOs)
63.	13.07.2020	Fixation of rate for rt PCR Test for COVID-19 in respect of Central Services (Medical Attendance) beneficiaries
64.	02.07.2020	Revised guidelines for Home Isolation of very mild/pre-symptomatic/asymptomatic COVID-19 cases
65.	04.06.2020	SOP on preventive measures to contain spread of COVID-19 in offices
66.	04.06.2020	SOP on preventive measures to contain spread of COVID-19 in religious places/places of worship
67.	04.06.2020	SOP on preventive measures in Restaurants to contain spread of COVID-19
68.	04.06.2020	SOP on preventive measures in shopping malls to contain spread of COVID-19
69.	04.06.2020	SOP on preventive measures in Hotels and Other Hospitality Units to contain spread of COVID-19
70.	18.05.2020	Guidelines on preventive measures to contain spread of COVID-19 in workplace settings
71.	18.05.2020	Revised Strategy for COVlD-19 testing in lndia
72.	08.05.2020	Revised discharge policy for COVID-19
73.	07.05.2020	Additional guidelines for quarantine of returnees from abroad / contacts / isolation of suspect or confirmed cases in private facilities
74.	18.04.2020	Advisory against spraying of disinfectant on people for COVID-19 management
75.	18.04.2020	EoI cum Bid Document for Procurement of Medical Oxygen Cylinder on urgent basis during COVID 19 situation
76.	07.04.2020	Revised Guidelines for Dialysis of COVID – 19 patients
77.	07.04.2020	Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19 -

		FAQs
78.	07.04.2020	Ministry of AYUSH advise on immunity boosting measures for self care during COVID 19 crisis
79.	05.04.2020	Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients
80.	05.04.2020	Guidelines for Quarantine facilities COVID-19
81.	03.04.2020	Advisory & Manual on use of Homemade Protective Cover for Face & Mouth
82.	30.03.2020	Order issued by the Government of NCT of Delhi Relating to Landlords, House Owners dated 24 March 2020
83.	30.03.2020	Order issued by the Government of NCT of Delhi Relating to SOPs during Lock Down dated 24 March 2020
84.	29.03.2020	Health Advisory for Elderly Population of India during COVID-19
85.	29.03.2020	Guidelines on disinfection of common public places including offices
86.	27.03.2020	Office Memorandum-CGHS-Reimbursement of OPD Medicines Special Sanction in view of COVID-19
87.	27.03.2020	Office Order-CGHS-Guidelines in view of the Corona Virus (COVID-19) Infection-issue of medicines
88.	27.03.2020	Office Order-CGHS-Guidelines in View of COVID-19
89.	26.03.2020	Gazette Notification - Hydroxychloroquine now a schedule H1 drug, can be sold on prescription only
90.	26.03.2020	Press Note on Pradhan Mantri Garib Kalyan Yojna package from Ministry of Finance
91.	16.03.2020	Advisory - Social Distancing

92.	15.03.2020	Guidelines on Dead Body Management
93.	11.03.2020	Guidelines for home quarantine
94.	11.03.2020	Guidelines on use of masks by public
95.	05.03.2020	Advisory - Mass Gatherings
Hospitals		
96.	13.10.2020	Guidelines for management of co-infection of COVID-19 with other seasonal epidemic prone diseases
97.	13.09.2020	Post COVID management protocol
98.	04.09.2020	Advisory on Strategy for COVID-19 Testing in India
99.	01.09.2020	FAQs on COVID-19 from AIIMS e-ICUs
100.	26.08.2020	Guidance note on bi-directional TB-COVID screening
101.	26.08.2020	Clinical Guidance on Diabetes Management at COVID-19 Patient Management Facility
102.	19.08.2020	Guidelines for eye care facilities in the COVID-19 scenario
103.	07.08.2020	Extension of Pradhan Mantri Garib Kalyan Package : Insurance Health Workers fighting COVID-19 for a further period of 90 days beyond the original period
104.	09.07.2020	Mental Health in the times of COVID-19 Pandemic - Guidance for General Medical and Specialised Mental Health Care Settings
105.	03.07.2020	Updated Clinical Management Protocol for COVID-19
106.	02.07.2020	Revised guidelines for Home Isolation of very mild/pre-symptomatic/asymptomatic COVID-19 cases
107.	29.06.2020	Second Interim National Guidance to Blood Transfusion Services in India in light of Covid-19

		pandemic, 25th June 2020
108.	27.06.2020	Clinical Management Protocol for COVID-19 [Updated on 03.07.2020]
109.	18.06.2020	Updated Advisory for managing Health care workers working in COVID and Non-COVID areas of the hospital
110.	18.06.2020	Video on Addressing Psychosocial Concerns of Healthcare Workers
111.	03.06.2020	Guidelines for safe ENT practice in COVID-19
112.	27.05.2020	Advisory on re-processing and re-use of eye protection - Goggles
113.	27.05.2020	Guidance note on Essential RMNCAH+N Services during and post COVID
114.	22.05.2020	Revised advisory on the use of Hydroxychloroquine (HCQ) as prophylaxis for COVID-19 infection
115.	21.05.2020	Guidance note for Immunization services during and post COVID outbreak
116.	20.05.2020	"List of manufacturers of PPE coveralls who have been approved by accredited testing facilities is available on the Ministry of Textiles website at the following URL " https://texmin.nic.in/covid/certificates.php
117.	19.05.2020	Guidelines for Dental Professionals in Covid-19 situation
118.	18.05.2020	Revised Strategy for COVlD-19 testing in lndia
119.	15.05.2020	Updated Additional guidelines on rational use of Personal Protective Equipment (setting approach for Health functionaries working in non-COVID areas)
120.	14.05.2020	Guidelines for RT-PCR based Pooled Sampling
121.	11.05.2020	District level Facility based surveillance for COVID-19

122.	10.05.2020	Updated Frequently Asked Questions (FAQs) on Revised Discharge Policy
123.	08.05.2020	Updated Revised discharge policy for COVID-19
124.	20.04.2020	Guidelines to be followed on detection of suspect or confirmed COVID-19 case in a non-COVID Health Facility
125.	18.04.2020	Advisory against spraying of disinfectant on people for COVID-19 management
126.	18.04.2020	Modification in Medicine List in Telemedicine Practice Guidelines
127.	17.04.2020	Guidelines issued by ICMR for Rapid antibody test' in Hotspot Area'
128.	15.04.2020	Advisory for personal use of N95 masks issued to all healthcare workers by AIIMS, New Delhi Hindi
129.	15.04.2020	Advisory for personal use of N95 masks issued to all healthcare workers by AIIMS, New Delhi English
130.	14.04.2020	Advisory on feasibility of using pooled samples for molecular testing of COVID-19 by ICMR
131.	11.04.2020	Video for Insurance coverage for our Health workers - Caring for those who are taking care of the nation
132.	11.04.2020	Insurance coverage for our Health workers - Caring for those who are taking care of the nation (GIF)
133.	09.04.2020	COVID-19 & Pregnancy & Labour Management
134.	09.04.2020	Advisory for Voluntary Blood Donation during COVID- 19 scenario
135.	08.04.2020	Video on use of PPE in different areas of the hospital
136.	07.04.2020	Revised Guidelines for Dialysis of COVID – 19 patients

137.	07.04.2020	Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19 - FAQs
138.	07.04.2020	Guidance document on appropriate management of suspect/confirmed cases of COVID-19 - Types of Covid-19 dedicated facilities
139.	05.04.2020	Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients
140.	05.04.2020	Guidelines for Quarantine facilities COVID-19
141.	05-04-2020	Advisory & Strategy for Use of Rapid Antibody Based Blood Test
142.	31-03-2020	Revised National Clinical Management Guidelines for COVID-19
143.	31-03-2020	Essential Technical Features for Ventilator for COVID-19
144.	29-03-2020	Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19
145.	27-03-2020	SOP for allocation of Residents/PG Students and Nursing Students as part of hospital management of COVID-19
146.	27-03-2020	Office Memorandum-CGHS-Reimbursement of OPD Medicines Special Sanction in view of COVID-19
147.	27-03-2020	Office Order-CGHS-Guidelines in view of the Corona Virus (COVID-19) Infection-issue of medicines
148.	27-03-2020	Office Order-CGHS-Guidelines in View of COVID-19
149.	26-03-2020	Gazette Notification - Hydroxychloroquine now a schedule H1 drug, can be sold on prescription only
150.	26-03-2020	Webinar schedule of COVID-19 of AIIMS New

		Delhi
151.	26-03-2020	Doorstep Delivery of Drugs to Consumers
152.	25-03-2020	Telemedicine Practice Guidelines
153.	24-03-2020	Letter from Ministry of Consumer Affairs, Food & Public Distribution to States to take appropriate measures to ensure the availability of Ethyl Alcohol/Ethanol/ENA to the manufacturers of hand sanitizers in order to contain Corona Virus COVID- 19
154.	24-03-2020	Guidelines on rational use of Personal Protective Equipment
155.	23-03-2020	Advisory on the use of Hydroxy-chloroquin as prophylaxis for SARS-CoV-2 infection [Revised guidelines issued on 22.05.2020]
156.	22-03-2020	Notification of ICMR guidelines for COVID-19 testing in private laboratories in India
157.	20-03-2020	Advisory for Hospitals and Medical Institutions
158.	17-03-2020	Latest Testing Guidelines of Indian Council of Medical Research (ICMR)
159.	17-03-2020	Guidelines for notifying COVID-19 affected persons by Private Institutions
160.	17-03-2020	Discharge policy for suspect or confirmed Novel Coronavirus (2019-nCoV) cases
161.	15-03-2020	SOP for Mock Drill on 22nd March 2020 for Hospital Preparedness
162.	15-03-2020	Revised Guidelines/Strategy for COVID-19 testing by Indian Council of Medical Research (ICMR)
163.	15-03-2020	Guidelines on Dead Body Management
164.	09-03-2020	ICMR strategy for COVID-19 testing in India
165.	25-01-2020	Guidelines for Infection Prevention and Control in Healthcare Facilities

166.	24-01-2020	Guidance for sample Collection, Packaging and Transportation for Novel Coronavirus
States/Departments/Ministries		
167.	13.10.2020	Guidelines for management of co-infection of COVID-19 with other seasonal epidemic prone diseases
168.	09.10.2020	Environmental and Social Management Framework for India COVID-19 Emergency Response and Health Systems Preparedness Project (P173836)
169.	08.10.2020	SOP on preventive measures to be followed in Entertainment Parks and similar places to contain spread of COVID-19
170.	08.10.2020	Reimbursement of OPD medicines to CS (MA) beneficiaries: Special Sanction in view of COVID-19 till 31 December 2020
171.	06.10.2020	Standard Operating Procedures on preventive measures to contain spread of COVID-19 during festivities
172.	13.09.2020	Post COVID management protocol
173.	10.09.2020	Revised SOP on preventive measures to be followed while conducting examinations to contain spread of COVID-19
174.	08.09.2020	SOP for partial reopening of Schools for students of 9th to 12th classes on a voluntary basis, for taking guidance from their teachers
175.	08.09.2020	SOP on preventive measures to contain spread of COVID-19 in skill or entrepreneurship training institutions, higher educational institutions
176.	05.09.2020	Manual for Surveillance Teams for containment zones
177.	05.09.2020	Containment and Surveillance Manual for Supervisors in containment zones
178.	04.09.2020	Advisory on Strategy for COVID-19 Testing in

		India
179.	03.09.2020	Reimbursement of OPD medicines to CS (MA) beneficiaries: Special Sanction in view of COVID-19
180.	01.09.2020	FAQs on COVID-19 from AIIMS e-ICUs
181.	26.08.2020	Guidance note on bi-directional TB-COVID screening
182.	26.08.2020	Clinical Guidance on Diabetes Management at COVID-19 Patient Management Facility
183.	19.08.2020	Guidelines for eye care facilities in the COVID-19 scenario
184.	07.08.2020	Extension of Pradhan Mantri Garib Kalyan Package : Insurance Health Workers fighting COVID-19 for a further period of 90 days beyond the original period
185.	03.08.2020	Guidelines on Preventive Measures to Contain Spread of COVID-19 in Yoga Institutes & Gymnasiums
186.	02.08.2020	Revised guidelines for International Arrivals
187.	28.07.2020	COVID-19 Pandemic and Tobacco Use in India
188.	17.07.2020	Advisory for Gated Residential Complexes with regards to COVID-19
189.	17.07.2020	Guidelines for Gated Residential Complexes Desirous of Setting Up Small Covid Care Facility by Resident Welfare Associations / Residential Societies / Non-Governmental Organizations (NGOs)
190.	16.07.2020	Letter from ICMR to States and UTs for District wise login credentials for rapid antigen testing for COVID 19
191.	03.07.2020	Updated Clinical Management Protocol for COVID-19
192.	02.07.2020	Revised guidelines for Home Isolation of very mild/pre-symptomatic/asymptomatic COVID-19

		cases
193.	29.06.2020	Second Interim National Guidance to Blood Transfusion Services in India in light of Covid-19 pandemic, 25th June 2020
194.	27.06.2020	Clinical Management Protocol for COVID-19 [Updated on 03.07.2020]
195.	18.06.2020	Updated Advisory for managing Health care workers working in COVID and Non-COVID areas of the hospital
196.	04.06.2020	SOP on preventive measures to contain spread of COVID-19 in offices
197.	04.06.2020	SOP on preventive measures to contain spread of COVID-19 in religious places/places of worship
198.	04.06.2020	SOP on preventive measures in Restaurants to contain spread of COVID-19
199.	04.06.2020	SOP on preventive measures in shopping malls to contain spread of COVID-19
200.	04.06.2020	SOP on preventive measures in Hotels and Other Hospitality Units to contain spread of COVID-19
201.	27.05.2020	Advisory on re-processing and re-use of eye protection - Goggles
202.	27.05.2020	Guidance note on Essential RMNCAH+N Services during and post COVID
203.	24.05.2020	Guidelines for international arrivals
204.	24.05.2020	Guidelines for domestic travel (air/train/inter-state bus travel)
205.	22.05.2020	Revised advisory on the use of Hydroxychloroquine (HCQ) as prophylaxis for COVID-19 infection
206.	21.05.2020	Guidance note for Immunization services during and post COVID outbreak
207.	20.05.2020	"List of manufacturers of PPE coveralls who have been approved by accredited testing facilities is

		available on the Ministry of Textiles website at the following URL " https://texmin.nic.in/covid/certificates.php
208.	18.05.2020	Guidelines on preventive measures to contain spread of COVID-19 in workplace settings
209.	18.05.2020	Revised Strategy for COVID-19 testing in lndia
210.	16.05.2020	Updated Cluster Containment Plan for COVID-19
211.	16.05.2020	Updated Containment Plan for Large Outbreaks of COVID-19
212.	16.05.2020	Preparedness and response to COVID-19 in Urban Settlements
213.	15.05.2020	Updated Additional guidelines on rational use of Personal Protective Equipment (setting approach for Health functionaries working in non-COVID areas)
214.	14.05.2020	Guidelines for RT-PCR based Pooled Sampling
215.	11.05.2020	District level Facility based surveillance for COVID-19
216.	10.05.2020	Updated Frequently Asked Questions (FAQs) on Revised Discharge Policy
217.	07.05.2020	Additional guidelines for quarantine of returnees from abroad / contacts / isolation of suspect or confirmed cases in private facilities
218.	06.05.2020	Railway Coaches as COVID Care Centre: Guidance document on appropriate management of suspect-confirmed cases of COVID-l9
219.	27-04-2020	Guidelines for Home Isolation of very mild/pre-symptomatic COVID-19 cases
220.	22-04-2020	Onboarding of States / Union Territories' COVID-19 Warriors to iGoT (Integrated Government Online Training) courses on DIKSHA Platform on COVID-19 pandemic
221.	22.04.2020	Measures Undertaken To Ensure Safety Of

		Health Workers Drafted For COVID-19 Services
222.	20.04.2020	Guidelines to be followed on detection of suspect or confirmed COVID-19 case in a non-COVID Health Facility
223.	18.04.2020	Advisory against spraying of disinfectant on people for COVID-19 management
224.	17.04.2020	Guidelines issued by ICMR for Rapid antibody test' in Hotspot Area'
225.	14.04.2020	Advisory on feasibility of using pooled samples for molecular testing of COVID-19 by ICMR
226.	14.04.2020	Advisory for effective management & ensuring safe drinking water during lock down due to COVID-19
227.	14.04.2020	Guidance note for enabling Delivery of Essential Health Services during the COVID 19 Outbreak
228.	11.04.2020	Letter from Ministry of Home Affairs to Administrators, DGPs of all States/UTs and CP Delhi regarding Security to all Doctors , Staff of Hospitals in respect of COVID-19
229.	11.04.2020	Orders of Ministry of Home Affairs to Ministries/States/UTs for exemption to Fishing
230.	09.04.2020	Advisory for Voluntary Blood Donation during COVID- 19 scenario
231.	08.04.2020	Release of funds to States/UTs under NHM for Emergency Response and Health System Preparedness Package for COVID-19
232.	07.04.2020	Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19 - FAQs
233.	07.04.2020	Guidance document on appropriate management of suspect/confirmed cases of COVID-19 - Types of Covid-19 dedicated facilities
234.	07.04.2020	Ministry of AYUSH advise on immunity boosting measures for self care during COVID 19 crisis

235.	05.04.2020	Advisory issued by Ministry of Rural Development to the State Rural Livelihoods Missions on actions to be taken to address the COVID 19 outbreak
236.	05.04.2020	Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients
237.	05.04.2020	Guidelines for Quarantine facilities COVID-19
238.	05-04-2020	Advisory & Strategy for Use of Rapid Antibody Based Blood Test
239.	04.04.2020	Letter to States/UTs with Control Room Emergency contact numbers of All India Industrial Gases Manufacturer's Association
240.	04.04.2020	Letter to States/UTs and Heads of all the Associations of Doctors/Healthcare providers regarding 'Pradhan Mantri Garib Kalyan Package: Insurance Scheme with Forms
241.	03.04.2020	Request to States/UTs to provide support to ICMR Labs doing COVID-19 Testing
242.	01-04-2020	Letter from Secretary Health to Chief Secretaries of all States/UTs in connection with directions of Hon'ble Supreme Court for migrant labourers
243.	31-03-2020	DO Letter of Secretary, Department of Rural Development regarding utilizing services of DDU-GKY trained youth
244.	31-03-2020	Advisory for quarantine of migrant workers
245.	31-03-2020	Preliminary Stakeholder Engagement Plan (SEP) – India COVID-19 Emergency Response and Health Systems Preparedness Project (P173836)
246.	31-03-2020	Environmental and Social Commitment Plan (ESCP) - India COVID-19 Emergency Response and Health Systems Preparedness Project (P173836)
247.	30.03.2020	D.O Letter from Home Secretary to all Secretaries of Government Of India on movement of Goods dated 29.03.2020

248.	29.03.2020	Guidelines on disinfection of common public places including offices
249.	29.03.2020	Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19
250.	28.03.2020	Letter from National Pharmaceutical Pricing Authority (NPPA) to states for Ensuring availability and distribution of Masks, Gloves and Sanitizers
251.	26.03.2020	Gazette Notification - Hydroxychloroquine now a schedule H1 drug, can be sold on prescription only
252.	26.03.2020	D.O. Letter from Cabinet Secretary to Chief Secretaries for management and containment of COVID-19 dated 26.03.2020
253.	24.03.2020	D.O. Letter 3 from Secretary, Human Resource Development to Chief Secretaries for temporary Medical camps in Jawahar Navodaya Vidyalayas dated 24th March 2020
254.	24.03.2020	DO Letter of Home Secretary regarding urgent need to take stringent actions to contain the spread of COVID-19.
255.	24.03.2020	Annexure to Ministry of Home Affairs Order No. 40-3/2020 -D Dated 24-3-2020 .
256.	24.03.2020	D.O. Letter 2 from Cabinet Secretary to Chief Secretaries for management and containment of COVID-19 dated 24.03.2020
257.	24.03.2020	D.O. Letter from Secretary Shipping to States for smooth carrying of goods to & from ports
258.	24.03.2020	Guidelines on rational use of Personal Protective Equipment
259.	24.03.2020	Model Micro-plan for containment of local transmission of COVID-19
260.	24.03.2020	D.O. Letter from Secretary, Human Resource Development to Chief Secretaries for temporary Medical camps in Jawahar Navodaya Vidyalayas

		dated 24th March 2020
261.	24.03.2020	Letter from Ministry of Consumer Affairs, Food & Public Distribution to States to take appropriate measures to ensure the availability of Ethyl Alcohol/Ethanol/ENA to the manufacturers of hand sanitizers in order to contain Corona Virus COVID- 19
262.	24.03.2020	D.O. Letter from Cabinet Secretary to Chief Secretaries for management and containment of COVID-19 dated 24.03.2020
263.	23.03.2020	D.O. Letter from Cabinet Secretary to Chief Secretaries for management and containment of COVID-19 dated 23.03.2020
264.	23.03.2020	Letter from Ministry of Home Affairs - Restrictions on international passenger traffic through Authorized Immigration Check Posts in view of the COVID-19
265.	23.03.2020	Office Order from Ministry of Shipping - State Government/Union Territories have issued prohibitory orders, Imposing restrictions on non-essential services in view of the COVID-19
266.	22.03.2020	D.O. Letter from Cabinet Secretary to Chief Secretaries for management and containment of COVID-19 dated 22.03.2020
267.	21.03.2020	Revised Guidelines/Strategy for COVID-19 testing by Indian Council of Medical Research (ICMR)
268.	20.03.2020	Instructions to all major and minor ports for dealing with(COVID-19)
269.	20.03.2020	Letter from Secretary, Dept of Higher Education/School Education regarding Digital/e-Learning
270.	20.03.2020	SOP for Mock Drill on 22nd March 2020 for Hospital Preparedness
271.	19.03.2020	Advisory from Department of Sports for Sports Organizations

272.	19.03.2020	DOPT OM - Preventive measures to contain the spread of COVID-19 in Training Institutes
273.	18.03.2020	Letter from Department of Food & Public Distribution regarding Hand Sanitizer Production and Availability
274.	18.03.2020	DO Letter from Secretary, DoHFW to State Chief Secretaries regarding Social Distancing Measures
275.	18.03.2020	Monitoring of the quality standards of hand Sanitizers
276.	18.03.2020	Directives from MoHRD for all Educational Institutions and Examination Boards regarding precautions to be taken in light of COVID-19
277.	18.03.2020	DoPT OM - Preventive measures to be taken to contain the spread of Novel Coronavirus (COVID-19)
278.	17-03-2020	Guidelines for notifying COVID-19 affected persons by Private Institutions
279.	17-03-2020	Latest Testing Guidelines of Indian Council of Medical Research (ICMR)
280.	16-03-2020	Advisory - Social Distancing
281.	15-03-2020	Guidelines on Dead Body Management
282.	14-03-2020	Norms of assistance from State Disaster Response Fund (SDRF) in wake of COVID-19 outbreak
283.	13-03-2020	National Pharmaceutical Pricing Authority (NPPA) Order regarding Masks, Hand Sanitizers and Gloves
284.	13-03-2020	Gazette Notification - Essential Commodities Order, 2020 - with regards to Masks and Hand Sanitizers (770KB)
285.	11-03-2020	Invoking powers under Disaster Management Act 2005
286.	11-03-2020	Decisions- High level Group of Ministers meeting to review current status and actions for

		prevention and management of COVID-19
287.	10-03-2020	Standard Operating Procedure (SOP) for COVID-19 Management- International Cruise Ships at major Indian Ports
288.	09-03-2020	ICMR strategy for COVID-19 testing in India
289.	09-03-2020	Cabinet Secretary DO letter dated 8th March, 2020 to all Government of India Ministries on COVID-19 management
290.	06-03-2020	Advisory for Exemption to mark biometric attendance in AEBAS
291.	05-03-2020	Advisory - Mass Gatherings
292.	03-03-2020	Kerala COVID 19 updates and advisory
293.	03-03-2020	Advisory for Hospitals and Medical Institutions
294.	25-01-2020	Guidance on Surveillance for human infection with 2019-nCoV
295.	24-01-2020	Guidance for sample Collection, Packaging and Transportation for Novel Coronavirus
Employees		
296.	04.06.2020	Reimbursement of OPD medicines to CS (MA) beneficiaries: Special Sanction in view of COVID - 19
297.	18.05.2020	Guidelines on preventive measures to contain spread of COVID-19 in workplace settings
298.	05-05-2020	Reimbursement of OPD medicines to CS (MA) beneficiaries: Special Sanction in view of COVID - 19
299.	19-04-2020	Preventive Measures to be taken by officals of Ministry of Health and Family Welfare
300.	19-04-2020	Consolidated Revised Guidelines on the measures to be taken by Ministries/Department of Government of India, State/UT Governments for containment of Covid-19

301.	03-04-2020	Extension of Validity of CGHS Card in view of the Corona virus (COVID_19) infection
302.	01-04-2020	Reimbursement of OPD medicines to CS(MA) beneficiaries: Special sanction in view of COVID-19
303.	31-03-2020	Advisory for quarantine of migrant workers
304.	29-03-2020	Guidelines on disinfection of common public places including offices
305.	19-03-2020	DOPT OM - Preventive measures to contain the spread of COVID-19 in Training Institutes
306.	18-03-2020	Directives from MoHRD for all Educational Institutions and Examination Boards regarding precautions to be taken in light of COVID-19
307.	18.03.2020	DoPT OM - Preventive measures to be taken to contain the spread of Novel Coronavirus (COVID-19)
308.	18.03.2020	DO Letter from Secretary, DoHFW to State Chief Secretaries regarding Social Distancing Measures
309.	06.03.2020	Advisory for Exemption to mark biometric attendance in AEBAS

ANNEXURE -B

REPORTABLE

79

IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION

SUO MOTU WRIT PETITION (CIVIL) No.7/2020

IN RE : THE PROPER TREATMENT OF COVID 19 PATIENTS AND DIGNIFIED HANDLING OF DEAD BODIES IN THE HOSPITALS ETC.

O R D E R

1. This Court issued notice on 12.06.2020 in this Suo Motu writ petition with object to notice deficiencies, shortcomings and lapses in patient care of Covid-19 in different hospitals in National Capital Territory of Delhi and other States. The object was to take remedial action by all concerned to redeem the plight of patients and other persons who needs medical care.

2. In response to notice dated 12.06.2020, Union of India, Delhi Government and other States have filed their affidavits. Several applications for intervention have also been filed by different individuals, organisations highlighting one or other aspects of the issue.

3. The Union of India in its affidavit after

noticing the aberration, which were highlighted by the Court in its order, have brought on the record remedial steps taken by Union of India. The affidavit mentions that on 14.06.2020, a high-level meeting was held by Hon'ble Home Minister with Lieutenant Governor of Delhi, Chief Minister of Delhi, Union Health Minister, Health Minister of Delhi, Mayors and Commissioners of Delhi's three Municipal Corporations to strengthen the strategy to fight the coronavirus. The affidavit enumerates certain action points which have emerged in the deliberation. In paragraph 13 of the affidavit, decision taken by the Union of India have been referred to. We may notice only few of such decisions which need to be specifically noticed. In paragraph 13(ii), following has been stated:-

> "13. (ii) It has been further decided that a team of senior doctors from Central Government Hospitals in Delhi, GNCTD Hospitals, Municipal Hospitals and AIIMS shall visit all hospitals in Delhi, within 2 days, to study the arrangements made for patient care and treatment and suggest improvements to be done. The responsibility for implementation of the said decision has been given to the Union Health Secretary to coordinate with Chief Secretary, GNCTD and Director, AIIMS, who would ensure implementation of the said decision."

4. In paragraph 13(iv), decision regarding increase of the testing per day in NCT of Delhi has been mentioned. It has been stated that by 20.06.2020, the tests shall be increased up to 18,000 per day. The decision also refers to the constitution of the Committee of Dr. V.K. Paul, Member, NITI Aayog, representative of the AIIMS and representative of GNCTD who has to report regarding reasonable rates of various covid related facilities/tests etc. for private hospitals, labs.

5. We have come to know that the rates of the tests to be conducted in the private labs is substantially reduced by the Government of India for which orders have also been issued. The affidavit also gives details of guidelines framed by the Union of India to ensure proper treatment of Covid-19 patients and dignified handling of the dead bodies in the hospitals as well as the guidelines framed by the Union of India pertaining to Covid-19 hospital management.

6. In paragraph 18, it has been stated that strict observance and adherence of guidelines shall be

ensured. One of the guidelines, whose adherence was to be ensured, was that the patients are provided with the bed and are permitted to have one attendant and the attendant can remain in the hospital premises in the area earmarked by the hospital and no suspected Covid-19 patients shall be turned away from the hospital and details of indoor facilities and advisory for OPD has also been noticed.

7. The Government of NCT, Delhi has also filed affidavit of Smt. Padmini Singla, Secretary, Health and Family Welfare, Government of NCT of Delhi. Although affidavit gives the details of the Government hospitals of Delhi, Government designated Covid hospitals, name of an IAS officer who was deployed as a nodal officer in all Covid designated hospitals to monitor and supervise various aspects and functioning of the hospitals, providing for 24x7 Help desk at each hospital along with display board/LED Screen to inform the availability of beds to the general public, details of available manpower in LNJP hospital, details of public sector labs and private sector labs. The affidavit also noticed the decision taken in the meeting chaired by Hon’ble Home

Minister on 14.06.2020 to increase the testing facility in Delhi.

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8. We, however, noticed that in the entire affidavit, apart from general statement that all steps are being taken, the affidavit does not indicate any mechanism for proper supervision of the functioning of the hospital and steps for improvement. The affidavit tries to give an impression to the Court that everything in the Government hospital in NCT, Delhi is well and all steps are being taken by the Government of NCT of Delhi. When the Government does not endeavour to know any shortcomings or lapses in its hospitals and patient care, the chances of remedial action and improvement becomes dim. Every organisation, every individual should be more than ready to know about shortcomings, lapses and it is only after knowing one’s shortcomings and deficiencies, remedial actions can be taken.

9. We impress upon Government of NCT of Delhi to be more vigilant in knowing about the deficiency and lapses in functioning of the hospitals and patients

care and take immediate & remedial steps to redeem the miseries of patients, the public who needs medical care and help.

10. The necessary guidelines on all aspects of patients' care, hospital management, testing, infrastructure are in place as has been highlighted by Union of India in its affidavit. The main concern is the faithful and strict implementation of the said guidelines which can be only ensured by constant supervision, monitoring and taking remedial steps with regard to improvement of infrastructure, staff, facilities, etc. The most important aspect is continuous supervision and monitoring of Government hospital in Government of NCT of Delhi and other States.

11. As noted above, in the meeting dated 14.06.2020 chaired by Hon'ble Home Minister, one of the decisions taken was that a team of senior doctors from Central Government hospitals in Delhi, GNCTD hospitals, Municipal hospitals and AIIMS shall visit all hospitals in Delhi. One visit in all hospitals of Delhi is not enough. There has to be constant

monitoring, supervision and management. **85**

12. We with the object of continuous supervision and monitoring of government hospitals, Covid dedicated hospitals and other hospitals taking care of covid management issue following **directions** Nos.(I) to (IV):-

(I) The Ministry of Health and Family Welfare, Union of India, shall constitute Expert Committees consisting of:

a) Senior Doctors from Central Government hospitals in Delhi,

b) Doctors from GNCTD hospitals or other hospitals of Delhi Government,

c) Doctors from All India Institute of Medical Sciences,

d) Responsible officer from Ministry of Health and Family Welfare.

(II) The Expert Committee shall inspect, supervise and issue necessary directions to all Government hospitals, Covid hospitals and other hospitals in NCT of Delhi taking care of

Covid patients; The Expert Committees shall ensure that at least one visit in each hospital be done weekly.

(III) The above team may in addition to normal inspection shall also conduct surprise visits to assess the preparedness of the hospitals. The expert team as indicated above after visiting may issue necessary instructions for improvement to the hospital concerned and also forward its report to the Government of NCT of Delhi and the Union of India, Ministry of Health and Family Welfare.

(IV) We further direct that all States shall also constitute an expert team of Doctors and other experts for inspection, supervision and guidance of Government hospitals and other hospitals dedicated to Covid-19 in each State who may inspect, supervise the hospitals in the State and issue necessary directions for the improvement to the concerned hospital and report to the Government. Chief Secretary of each State shall ensure that such Committees are immediately constituted and start their

works within a period of seven days.

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13. An affidavit has also been filed by Director, LNJP hospital, Government of NCT of Delhi, where in paragraph 4, it has been stated that CCTV Cameras have been installed in all the wards. The installation of CCTV Cameras in all the wards is a welcome step which shall not only help the hospital management to immediately find out the requirement of proper care with regard to patients admitted in the wards but also ensure transparency in the patients care in the hospital. In this regard, we issue following **directions** as direction Nos. (V) to (VII):

(V) Footage from the CCTV Cameras shall be made available by the hospitals in NCT of Delhi to the inspecting/supervising expert team or to any other authority or body as per directions of the Union of India, Ministry of Health and Family Welfare for screening the footage and issuing necessary directions thereon.

(VI) In Government hospitals of GNCT, Delhi which are Covid dedicated hospitals, where CCTV cameras have not been installed, steps

shall be taken to install CCTV Cameras in the wards.

(VII) The Chief Secretaries of other States shall also take steps regarding installation of CCTV Cameras in Covid dedicated hospitals where Covid patients are taking treatment to facilitate the management of such patients and for the screening of the footage by designated authorities or bodies so that remedial action may be suggested and ensured.

14. We have noticed above that one of the guidelines by the Union of India is to permit one attendant of covid-19 patient. In this regard, we issue following **directions** as direction No. (VIII) and (IX):-

(VIII) All Covid-dedicated hospitals shall permit one willing attendant of the patient in the hospital premise, who can remain in an area earmarked by the hospital.

(IX) All Covid dedicated hospitals shall create a helpdesk accessible physically as well as by telephone from where well being of patients admitted in the hospitals can be enquired.

15. In the supplementary affidavit dated 17.05.2020 filed on behalf of the Union of India, details of Covid-19 patients discharge policy of Union of India has been given. Copy of the revised discharge policy for Covid-19 dated 08.05.2020 has also been brought on the record. The revised policy dated 08.05.2020 brought on record does not indicate that necessary directions have been issued to all States/Union Territories to communicate it to the concerned dedicated Covid hospitals and other hospitals to uniformly follow the discharge policy. We are of the view that discharge policy framed by the Union of India has to be followed by all States/Union Territories uniformly to ensure discharge of the Covid patients uniformly and to achieve clarity in the minds of all concerned. We, thus, issue following **direction** in this regard:-

(X) The Union of India, Ministry of Home Affairs may issue appropriate directions in exercise of power under Disaster Management Act, 2005 to all States/Union Territories to uniformly follow the revised discharge policy

dated 08.05.2020 with regard to discharge of different categories of patients as categorised in the revised discharge policy.

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16. We, in our order dated 12.06.2020 has observed:-

> "We impress upon the States to ensure that there should be steep increase in the testing both by Government hospitals and private labs and whosoever desires for testing should not be denied on any technical ground or any other ground……."

17. We have also noticed in this order that Union of India has constituted a Committee of Dr. V.K. Paul, Member, NITI Aayog, representative of the AIIMS and representative of GNCTD who has to report regarding reasonable rates of various Covid related facilities/tests etc. Government of India on the basis of a report from the said Committee has already taken a decision for reducing the amount of test in the NCT Delhi. The Union of India may consider issuing uniform directions to all the States and Union Territories with regard to reasonable rates of various Covid related facilities/test for private hospitals/labs, which may be made applicable across the country. If any variations to be made with regard to any particular State/Union Territory, the

same shall be specifically provided for in the guidelines. We, thus, issue following **direction** in this regard:- 91

(XI) The Union of India may issue appropriate guidelines/directions to all the States/Union Territories with regard to prescribing reasonable rates of various Covid related facilities/test etc., which need to be uniformly followed by all concerned. In case, with regard to any particular State/Union Territory, there is any difference, the same may be specifically noticed and directed accordingly.

I.A Nos.55935 & 55936 of 2020

18. Learned counsel for the applicant submits that the State of Maharashtra has issued an order that a positive report of the patient shall not be given to the patient or the relatives of the patient.

19. Mr. Tushar Mehta, learned Solicitor General conceded that when a report of the patient is positive, the same shall be given to the patient or his relatives.

20. We have no doubt that the States and all concerned shall supply a copy of the report of the patient to him or his relatives and the hospital.

21. A copy of the applications may also be given to the learned Solicitor General as well as learned counsel for the State of Maharashtra.

22. Learned counsel for the State of Maharashtra submits that the State of Maharashtra has already fixed the rate of testing as Rs.2200/- and Rs.2800/-, which we feel is welcome to step-up the number of testing in the State of Maharashtra. He further submits that every day more than 16000 tests are conducted in the State of Maharashtra. Learned counsel for the State of Maharashtra submits that he shall obtain instructions regarding non-giving of the report to the patient or his relatives. He shall advise the State to issue an appropriate order permitting handing of the report to the patient or his relatives and the hospital.

23. Learned counsel for various intervenors have submitted that their several suggestions have been included in the intervention applications. Learned counsel appearing for the intervenors may give a copy of the suggestions in writing to the learned Solicitor

General as well as to learned counsel for the respective States for appropriate consideration.

24. A question was posed to Shri Sanjay Jain, learned Additional Solicitor General appearing for the Delhi Government about the status of construction of second trauma centre at Dwarka out of Rupees Sixty Crores deposited as a fine by the Ansal Brothers (Rupees Thirty Crores each) in Uphaar Cinema fire tragedy case – Criminal Appeal No. 597-598 of 2010 vide this Court's order dated 22.09.2015. Shri Sanjay Jain submitted that he will get back on this on the next date of hearing.

25. List the matter in third week of July, 2020.

.....J.
[ASHOK BHUSHAN]

.....J.
[SANJAY KISHAN KAUL]

.....J.
[M.R. SHAH]

NEW DELHI;
JUNE 19,2020.

ITEM NO.303 Virtual Court 5 SECTION PIL-W

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S U P R E M E C O U R T O F I N D I A
RECORD OF PROCEEDINGS

SMW(C) No(s).7/2020

IN RE THE PROPER TREATMENT OF COVID 19 PATIENTS AND DIGNIFIED HANDLING OF DEAD BODIES IN THE HOSPITALS ETC. Petitioner(s)

Date : 19-06-2020 This petition was called on for hearing today.

CORAM :
HON'BLE MR. JUSTICE ASHOK BHUSHAN
HON'BLE MR. JUSTICE SANJAY KISHAN KAUL
HON'BLE MR. JUSTICE M.R. SHAH

Counsel for the parties:

By Courts Motion, AOR

Mr. Tushar Mehta, SG
Mr. K.M. Nataraj, ASG
Ms. Manisha Lavkumar, Sr. Adv.
Mr. Rajat Nair, Adv.
Mr. Kanu Agrawal, Adv.
Mr. Saurab Mishra, Adv.
Mr. B.V. Balram Das, AOR
Mr. Gurmeet Singh Makker, AOR
Mr. Aniruddha P. Mayee, AOR

Mr. Pukhrambam Ramesh Kumar, Adv.
Ms. Anupama Ngangom, Adv.
Mr. Karun Sharma, Adv.

Mr. Jayanth Muthuraj, AAG
Mr. M. Yogesh Kanna, AOR

Mr. Shivam, Adv.
Mr. Talha Abdul Rahman, AOR

Mr. Anish Kumar Gupta, AOR
Ms. Archana Preeti Gupta, Adv.
Mr. Chandra Shekhar Suman, Adv.
Mr. Avdhesh Kumar Singh, Adv.

Mr. Suhaan Mukerji, Adv.
Mr. Vishaal Prasad, Adv.
Mr. Amit Verma, Adv.
M/S. Plr Chambers And Co., AOR

Mr. Sanjay Jain, ASG
Mr. Gurukrishna Kumar, Sr. Adv. **95**
Mr. Chirag M. Shroff, AOR

Mr. Sachin Patil, AOR
Mr. Rahul Chitnis, Adv.

Applicant-in-person, AOR

Mr. Abhimanyu Tewari, AOR
Ms. Eliza Bar, Adv.

Mr. Subhash Chandran K.R., Adv.
Mr. Biju P Raman, AOR

Mr. Shashank Deo Sudhi, Adv.

Mr. Udian Sharma, Applicant-in-person

UPON hearing the counsel the Court made the following

O R D E R

We have heard Mr. Tushar Mehta, learned Solicitor General, Mr. Sanjay Jain, learned senior counsel appearing for the NCT of Delhi, Mr. Sachin Patil, learned counsel appearing for the State of Maharashtra and learned counsel appearing for the intervenors.

The Hon'ble Court issued certain directions in terms of the signed reportable order.

List in the third week of July, 2020.

(ARJUN BISHT) **(RENU KAPOOR)**
COURT MASTER (SH) **BRANCH OFFICER**

(signed reportable order is placed on the file)

ANNEXURE 96

IN THE HON'BLE SUPREME COURT OF INDIA
SUO MOTO WRIT PETITION. NO 7 OF 2020

IN THE MATTER OF:-

RE:- THE PROPER TREATMENT OF COVID 19 PATIENTS AND DIGNIFIED HANDLING OF DEAD BODIES IN THE HOSPITALS ETC.

AFFIDAVIT ON BEHALF OF UNION OF INDIA

I, Sanjeev Kumar Jindal, S/o Sh. Hira Lal Jindal, aged about 55 years, having my office at Ministry of Home Affairs, North Block, do hereby solemnly state and affirm as under:-

1. That I am working as Joint Secretary in Ministry of Home Affairs and as such is well conversant with the facts and circumstances of the case and also being duly authorized. I say that I am competent to swear the present Affidavit on behalf of Respondents.

2. At the outset, I respectfully state and submit that much before the first Covid patient was declared by China officially, the Union of India, had started taking steps to ensure that there is minimum penetration of this deadly, unknown virus into our country

3. It is stated that the officials of Union of India are working round the clock since then, for ensuring implementation of an effective disease management program and to attended to the issues related thereto. The Central Government has formulated broad views in

consultation with the team of experts in this field and have issued various guidelines to be strictly adhered to and followed by each of the State Governments.

4. Considering the scope of the present proceedings, the Central Government is not elaborately pointing out the various steps taken in the management of Covid-19 emergent situation at this stage.

5. At the further outset, I respectfully state and submit that despite issuing several elaborate and exhaustive guidelines for ensuring proper treatment of Covid 19 patients and dignified handling of dead bodies in the hospitals, some aberrations have been detected in observation of the said guidelines in some of the States. The said aberrations were highlighted by this Hon'ble court in its order dated 14.06.2020 in the following broad terms:-

i. Pathetic condition of the patients admitted in the hospital and the deplorable condition of the wards in some of the States.

ii. Patients being in the same wards where dead bodies are lying for several hours/days.

iii. Dead bodies being kept in the lobby and waiting area.

iv. Non supply to the patients with any oxygen support or any other support, no saline drips with the beds and attendant with the patients.

v. The difficulties faced by the patients in getting admission to the hospitals as they are being refused admission and are being constrained to run from pillar to post to get admission in another hospitals.

vi. Mismanagement and sorry state of affairs in Government hospitals operated by certain States, in relation to the above.

vii. The pathetic condition of the patients and improper care and treatment of the patients.

viii. No steps being taken towards increase in the number of beds, with increase in infection by some State Governments and no adequate provisions for providing appropriate infrastructure and staff for manning the Covid-19 patients in those States.

ix. Non supply of adequate information to the patients in respect of availability of beds in various hospitals, government or otherwise in certain States.

x. The decisions of some of the State Governments to reduce testing of Covid 19 patients.

xi. No efforts made by the some State Government(s) to ensure that there is steep increase in the testing both by Government hospitals and private labs and the issue that whosoever desires for testing should not be denied on any technical ground or any other ground.

xii. Reduction of procedural technicalities for the test of Covid 19 so that more and more tests can be held in States where the infection was spreading sporadically, to benefit the patients.

xiii. Non adherence of humane treatment and disposal of the dead bodies and implementation of Covid-19: Guidelines on Dead Body Management issued by the Government of India, Ministry of Health & Family Welfare, Directorate General of Health Services by the respective state governments on 15.03.2020.

xiv. Non adherence to the guidelines by the hospitals in certain States who are not giving due care and concern to the dead bodies.

xv. The issue of patients' relatives not even being informed for several days of the death of the patient.

xvi. The issue of patients' relatives being not informed about the details of cremation as to when the dead body will be cremated and their participation in whatever manner permitted.

IMMEDIATE STEPS TAKEN BY UNION OF INDIA TO REMEDIATE THE AFORESAID ABERRATIONS & TO FURTHER STRENGTHEN THE PUBLIC HEALTH CARE SYSTEM:-

6. I respectfully state and submit that before dealing with the details as provided in the guidelines in respect of proper treatment of COVID 19 patients and dignified handling of dead bodies in the hospitals, it is necessary to point out to this Hon'ble Court the steps taken by the Union of India to remediate the aforesaid deficiencies found and to further strengthen the public health system.

7. It is submitted that considering the situation prevailing in Delhi, the Central Government immediately started taking pro-active and pre-emptive steps to control further spread of Covid-19.

8. It is humbly stated that prior to passing of orders by this Hon'ble court in the instant matter, on 10th May, 2020, itself, the Union Home Secretary, co-chaired a meeting with Health Secretary of the Union of India, with all concerned officials of Delhi to review their status of COVID-19 Management through video conference. In the said meeting it was emphasised that all steps be taken to contain the situation in Delhi.

9. Thereafter, on 29.05.2020 again a meeting was called under the co-chairmanship of Union Home Secretary and Union Health Secretary which was attended by officials of Ministry of Health, Chief Secretary and all municipal commissioners, chairman NDMC for taking a review of health facilities regarding COVID-19.

10. Furthermore, on 11th June, 2020 for augmenting the health facilities in Delhi, proactive enhancement of testing facilities, meticulous monitoring of the containment zone, sensitizing people about health & sanitation, enhancing beds for COVID-19 patient, easy transportation of COVID patient, etc which was chaired by Union Home Secretary and Union Health Secretary and was attended by

officials of Health Ministry, CP / Delhi, CS/Delhi and all Municipal Commissioners, Chairman / NDMC.

11. Thereafter, as recent as on 14th June, 2020 around 11:00 AM, the Hon'ble Home Minister held two high-level meetings with Lieutenant Governor of Delhi, Chief Minister of Delhi, Union Health Minister, Health Minister of Delhi, Mayors and Commissioners of Delhi's three municipal corporations to strengthen the strategy to fight the coronavirus. The meetings deliberated and reviewed issues pertaining to ramping up healthcare infrastructure in view of rise in COVID cases in Delhi, optimal increase in the testing facilities, augmenting the availability of beds, oxygen beds, ventilators etc; management of dead bodies in hospitals, wide publicity of mobile apps, helpline numbers, website facilitating information to public about various facilities, LED display of bed availability and rates outside the hospitals etc.

12. I state and submit that during the said meeting, certain action points have emerged as per the directions given by the Union Home Minister. The action points have been mandated to be strictly monitored to ensure their implementation.

13. I respectfully state and submit that in the said meeting the following decision was taken by the Ministry of Home Affairs, while simultaneously deputing on officer on whom the responsibility to

execute/implement the said decision is conferred. The decisions taken by the Union of India, Ministry of Home Affairs in consultation with other Ministries/Departments are summarised hereinunder for ready reference of this Hon'ble court:-

i) That 500 railway coaches with medical and para medical staff, oxygen cylinders, etc. are to be deployed by Ministry of Railways by 15.06.2020. Furthermore, additional 500 railway coaches would be made available by 30.06.2020. It is submitted that it has been decided that each railway coach will provide 16 beds. The responsibility for implementation of the said decision has been given to the Chairman, Railway Board and CS, GNCTD, who would provide the action taken report as per the aforesaid timelines decided unanimously by the Ministries concerned.

ii) It has been further decided that a team of senior doctors from Central Government Hospitals in Delhi, GNCTD Hospitals, Municipal Hospitals and AIIMS shall visit all hospitals in Delhi, within 2 days, to study the arrangements made for patient care and treatment and suggest improvements to be done. The responsibility for implementation of the said decision has been given to the Union Health Secretary to coordinate with Chief Secretary, GNCTD and Director, AIIMS, who would ensure implementation of the said decision.

iii) It has also been decided that 100% house-to-house survey would be done in the Containment Zones to identify COVID suspect cases by the GNCTD, Municipal staff or other persons authorized by the State Government. It has been decided that all COVID suspect persons in the containment zones must be tested for COVID infection and visited by authorized personnel

of Government, Private Sector or NGOs within 7 days. It has been decided that GNCTD will ensure downloading of Arogaya Setu App by all persons living in containment zones. The responsibility for implementation of the said decision has been given to the Chief Secretary, GNCTD, who would ensure implementation of the said decision.

iv) It has also been decided that COVID testing in the NCT of Delhi would be increased to 10,000 persons per day by 16.06.2020; 15,000 persons per day by 18.06.2020; and 18,000 persons per day by 20.6.2020. Thereafter, 100% utilization of said enhanced COVID testing capacity would be utilized for those persons who are entitled to get themselves tested as per Health Ministry protocols. Furthermore, infrastructure of election booths would also be utilized by the GNCTD for this purpose and testing fascilites would be opened in the same. The responsibility for implementation of the said decision has been given to them Chief Secretary, GNCTD, who would ensure implementation of the said decision.

v) It has been also been decided that a committee consisting of Dr. V. K. Paul, Member, NITI Aayog; representative of AIIMS and representative of GNCTD will submit a report about reasonable rates for various COVID related facilities/tests, etc. for private hospitals/labs within 2 days. The GNCTD will notify these prescribed rates to be charged by private-hospitals/labs. These rates would be applicable to 60% patients and rest of the patients who can afford to pay, would be charged normal rates by private hospitals/labs. The responsibility for implementation of the said decision has been given to the NITI Aayog, Chief Secretary, GNCTD and Director, AIIMS, who would ensure implementation of the said decision.

vi) It has also been decided that Union Ministry of Health & Family Welfare shall provide additional ventilators, and oxygen cylinders to the State Government. Furthermore, 2000 additional beds will be provided in Central Government hospitals/ health facilities for COVID patients at the earliest. It is decided that a Minimum 1000 additional beds would be arranged by 21.06.2020 and another 1000 additional beds would be added subsequently. The responsibility for implementation of the said decision has been given to the Union Health Secretary who would ensure compliance of the same.

vii) It has also been decided that Delhi Disaster Management Authority [DDMA] would issue an order to ensure that Dy. Commissioners of the Districts would work as administrative Heads for management of all activities connected with disaster management/ COVID matters. Officers of MCDs, Police, etc would work under administrative command of Dy. Commissioner concerned for this purpose, irrespective of seniority. The responsibility for implementation of the said decision has been given to the Hon'ble LG, GNCTD; CS, GNCTD and CP, Delhi, who would ensure the implementation of the said decision.

viii) It has also been decided that GNCTD will frame a scheme for involvement of NGOs, NCC cadets, NSS Cadets and Scouts for survey of COVID suspect cases; and surveillance and management of isolation cases. The responsibility for implementation of the said decision has been given to the Hon'ble LG, GNCTD and CS, GNCTD who would ensure implementation of the said decision.

ix) It has also been decided that GNCTD will re-assess the requirement of ambulances immediately, for suitable augmentation. The CS, GNCTD will assess the said matter and make suitable arrangement in this regard as per the requirement found,

x) It has also been decided that GNCTD authorities will widely publicize on all available medias such as, websites, mobile applications and Helpline numbers that have been set up to enable members of public to get authentic information regarding bed availability, etc and thereby facilitate effective and timely medical help. The responsibility of ensuring the implementation of the said decision has been assigned to CS, GNCTD.

xi) In addition to the above it has also been decided that the Director, AIIMS will form a Committee of Expert doctors, who will be available round-the-clock for giving expert advice to doctors and para- medical staff who man various COVID treatment facilities in railway coaches, Banquets, Hotels, Hospitals, etc. Contact numbers of these experts will be made available to COVID caretaking doctors and officers in-charge of hospitals and other COVID care facilities for supervising provision of COVID related facilities to patients.

xii) Furthermore, GNCTD and its nodal officers for COVID care are mandated to ensure that the dead bodies are not allowed to languish in hospitals. The dead bodies must be taken for cremation/burial without any delay or waiting for COVID test reports. It has been decided that all mortuaries will be cleared of COVID related dead bodies by 16.6.2020. an action taken report in this regard has to be submitted by CS, GNCTD.

xiii) In the said meeting it has also been decided that a force of volunteers may be prepared consisting of COVID cured/ recovered persons to provide assistance to State Government, Hospitals, etc. The responsibility in this regard has been given to CS, GNCTD to ensure the same.

xiv) It has also been decided that GNCTD authorities shall ensure that sufficient medical facilities are kept available for non-COVID patients for treatment of other ailments.

xv) It has also been decided that Union Health Secretary will explore provision of 1000 beds in NCR area for COVID patients of Delhi.

xvi) It has also been decided in the meeting that GNCTD would assess requirement of additional medical and para-medical staff at the earliest and take requisite steps to identify and train available personnel immediately. It has been decided that steps to deploy these persons within a short notice should be taken immediately.

A copy of the aforesaid letter dated 14th June, 2020 bearing F.No.14011/06/2020-Delhi is annexed hereto and marked as **ANNEXURE A.**

14. I respectfully state and submit that apart from the aforesaid, on 14th June, 2020 at 1700 hours for augmenting the health facilities in Delhi NCR, aggressive testing, availability of beds, availability of sufficient ambulances, handling of dead bodies, etc yet another

meeting was again held under the chairmanship of the Union Home Minister which was attended by the Union Health Minister, Lieutenant Governor of Delhi, Chief Minister Of Delhi, Dy Chief Minister Of Delhi, Minister of Health, Revenue of GNCT and Union of Home Secretary and Union Health Secretary, OSD Ministry of Health, Chief Secretary GNCT DG-ICMR, Director AIIMS, Commissioner of Police Delhi and other officials.

15. It is further submitted that on the basis of a letter dated 14.06.2020 issued by the DGHS Ministry of Health, the Union Home Secretary vide his letter of even date bearing D.O. No. 40-10/2020-DM-l(A), had issued directions that the dead bodies of suspected COVID cases should be handed over to their families/relatives immediately and laboratory confirmation of COVID should not be awaited. Vide the said letter it was also directed that as a matter of abundant precaution, the said dead bodies were required to be cremated/buried as per the guidelines of MoH&FW. Vide the said letter it was also directed that all the dead bodies of COVID patients in all the mortuaries of hospitals under control of GNCTD, were required to be handed over to their respective families/relatives over the next two days, i.e., by 16.6.2020. A copy of the said letter is annexed hereto and marked as **Annexure B**.

16. Further, on 15th June, 2020, the Union Home Minister convened a meeting of all the political parties to fight the COVID-19 battle. The said meeting was attended by leaders of all the major

political parties. During the meeting, these parties have been urged to ask their workers to ensure implementation of Government's COVID-19 guidelines so that condition of Delhi in all facets of health sector may improve soon. Further, in the said meeting it was also decided to increase COVID-19 testing in Delhi by adopting new solutions.

17. Furthermore, the Union Home Minister also made a surprise visit to LNJP Hospital, Delhi on 15.06.2020 to take stalk of on ground situation and hospital preparedness for Covid 19 patients. Such a surprise visit ensures hospital preparedness.

18. From the aforesaid, it is clear that the Union of India has taken strong and robust steps to ensure that the existing medical and health care infrastructure in the NCT of Delhi is increased to meet the challenge of growing spread of Covid-19 pandemic.

DETAILS OF THE GUIDELINES FRAMED BY UNION OF INDIA TO ENSURE PROPER TREATMENT OF COVID 19 PATIENTS AND DIGNIFIED HANDLING OF DEAD BODIES IN THE HOSPITALS

19. The Central Government in discharge of its Constitutional and statutory obligations to contain the spread of COVID pandemic and to present the best clinical response to the same and for the betterment of the patients has thus framed various guidelines to handle the Covid pandemic, as detailed in the subsequent part of this affidavit. It is submitted that to strengthen the efforts of states/ Union Territories to

effectively address health system preparedness in view of COVID-19 pandemic these guidelines/advisories/SOPs have been framed by Union of India from time to time.

20. I respectfully state and submit that these advisories/ guidelines touch upon all the core components of public health preparedness and response, namely, surveillance, lab testing, hospital preparedness, emergency response, risk communication, information management, logistics, Human Resource development and institutional and legal mechanisms, to support such preparedness and response.

21. I state and submit that with regard to hospital preparedness, patient management and dead body disposal the Central Government has issued the following advisories/ guidelines:

S. no	Date of issue	Advisory/ Guidelines	Link on Ministry's website
1	24-01-2020	Guidance for sample Collection, Packaging and Transportation for Novel Coronavirus	https://www.mohfw.gov.in/pdf/5Sample%20collection_packaging%20%202019-nCoV.pdf
2	25-01-2020	Guidelines for Infection Prevention and Control in Healthcare Facilities	https://www.mohfw.gov.in/pdf//National%20Guidelines%20for%20IPC%20in%20HCF%20-%20final%281%29.pdf
3	09-03-2020	ICMR strategy for COVID-19 testing in India	https://www.mohfw.gov.in/pdf/ICMR

			strategyforCOVID19testinginIndia.pdf
4	15-03-2020	Guidelines on Dead Body Management	https://www.mohfw.gov.in/pdf/1584423700568 COVID19GuidelinesonDeadbodymanagement.pdf
5	15-03-2020	Revised Guidelines/Strategy for COVID-19 testing by Indian Council of Medical Research (ICMR)	https://www.mohfw.gov.in/pdf/ICMRrevisedtestingstrategyforCOVID.pdf
6	15-03-2020	SOP for Mock Drill on 22nd March 2020 for Hospital Preparedness	https://www.mohfw.gov.in/pdf/MockDrill.pdf
7	17-03-2020	Updated Guidelines on Clinical Management of COVID-19	(updated on 31st March 2020)
8	17-03-2020	Discharge policy for suspect or confirmed Novel Coronavirus (2019-nCoV) cases	https://www.mohfw.gov.in/pdf/Corona%20Discharge-Policy.pdf
9	17-03-2020	Guidelines for notifying COVID-19 affected persons by Private Institutions	https://www.mohfw.gov.in/pdf/GuidelinesfornotifyingCOVID-19affectedpersonsbyPrivateInstitutions.pdf
10	17-03-2020	Updated Testing Guidelines of Indian Council of Medical Research (ICMR)	https://www.mohfw.gov.in/pdf/LabTestingAdvisory.pdf
11	20-03-2020	Advisory for Hospitals and Medical Institutions	https://www.mohfw.gov.in/pdf/AdvisoryforHospitalsandMedicalInstitutions.pdf
12	22-03-2020	Notification of ICMR guidelines for COVID-19 testing in private laboratories in India	https://www.mohfw.gov.in/pdf/NotificationofICMguideli

			nesforCOVID19testinginprivatelaboratoriesiIndia.pdf
13	23-03-2020	Advisory on the use of Hydroxy-chloroquin as prophylaxis for SARS-CoV-2 infection [Revised guidelines issued on 22.05.2020]	https://www.mohfw.gov.in/pdf/RevisedadvisoryontheuseofhydroxychloroquineasprophylaxisforSARSCOVID19infection.pdf
14	24-03-2020	Guidelines on rational use of Personal Protective Equipment	https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf
15	25-03-2020	Telemedicine Practice Guidelines	https://www.mohfw.gov.in/pdf/Telemedicine.pdf
16	26-03-2020	Doorstep Delivery of Drugs to Consumers	https://www.mohfw.gov.in/pdf/DoorstepdeliveryB.pdf
17	26-03-2020	Webinar schedule of COVID-19 of AIIMS New Delhi (including Ventilatory Management)	https://www.mohfw.gov.in/pdf/COVIDWebinarSchedule26March2019.pdf
18	26-03-2020	Gazette Notification - Hydroxychloroquine now a schedule H1 drug, can be sold on prescription only	https://www.mohfw.gov.in/pdf/218927g.pdf
19	27-03-2020	SOP for allocation of Residents/PG Students and Nursing Students as part of hospital management of COVID-19	https://www.mohfw.gov.in/pdf/COVID19SOPfordoctorsandnurses.pdf
20	29-03-2020	Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19	https://www.mohfw.gov.in/pdf/StandardOperatingProcedureSOPfortransportingasuspectorco

			nfirmedcaseofCOVID19.pdf
21	31-03-2020	Essential Technical Features for Ventilator for COVID-19	https://www.mohfw.gov.in/pdf/EssentialTechfeaturesforVentilators.pdf
22	31-03-2020	Revised National Clinical Management Guidelines for COVID-19	https://www.mohfw.gov.in/pdf/RevisedNationalClinicalManagementGuidelineforCOVID1931032020.pdf
23	05-04-2020	Advisory & Strategy for Use of Rapid Antibody Based Blood Test	https://www.mohfw.gov.in/pdf/Advisory&StrategyforUseofRapidAntibodyBasedBloodTest.pdf
24	05-04-2020	Guidelines for Quarantine facilities COVID-19	https://www.mohfw.gov.in/pdf/90542653311584546120quartineguidelines.pdf
25	05-04-2020	Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients	https://www.mohfw.gov.in/pdf/6394860950158556898 7wastesguidelines.pdf
26	07-04-2020	Guidance document on appropriate management of suspect/confirmed cases of COVID-19 - Types of Covid-19 dedicated facilities	https://www.mohfw.gov.in/pdf/FinalGuidanceonMangaementofCovidcasesversion2.pdf
27	07-04-2020	Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19 - FAQs	https://www.mohfw.gov.in/pdf/FAQPradhanMantriGaribKalyanPackageInsuranceSchemeforHealthWorkersFightingCOVID19.pdf

28	07-04-2020	Revised Guidelines for Dialysis of COVID – 19 patients	https://www.mohfw.gov.in/pdf/RevisedGuidelinesforDialysisofCOVID19Patients.pdf
29	08-04-2020	Video on use of PPE in different areas of the hospital	https://www.youtube.com/watch?v=LzB5krucZoQ&feature=youtu.be
30	09-04-2020	Advisory for Voluntary Blood Donation during COVID- 19 scenario	https://www.mohfw.gov.in/pdf/NBTCGUIDANCEFORCOVID19.pdf
31	11-04-2020	Insurance coverage for our Health workers - Caring for those who are taking care of the nation (GIF)	https://www.mohfw.gov.in/pdf/videogif.gif
32	11-04-2020	Video for Insurance coverage for our Health workers - Caring for those who are taking care of the nation	https://www.youtube.com/watch?v=BVccVXxZlSQ&feature=youtu.be
33	14-04-2020	Advisory on feasibility of using pooled samples for molecular testing of COVID-19 by ICMR	https://www.mohfw.gov.in/pdf/letterregguidanceonpoolingsamplesfortesting001.pdf
34	15-04-2020	Advisory for personal use of N95 masks issued to all healthcare workers by AIIMS, New Delhi English	https://www.youtube.com/watch?v=b4vF_B9FFxk&feature=youtu.be
35	17-04-2020	Guidelines issued by ICMR for Rapid antibody test' in Hotspot Area'	https://www.mohfw.gov.in/pdf/ProtocolRapidAntibodytest.pdf
36	18-04-2020	Modification in Medicine List in Telemedicine Practice Guidelines	https://www.mohfw.gov.in/pdf/ModificationinMedicineListinTelemedicinePracticeGuidelines.pdf

37	20-04-2020	Guidelines to be followed on detection of suspect or confirmed COVID-19 case in a non-COVID Health Facility	https://www.mohfw.gov.in/pdf/GuidelinestobefollowedondetectionofsuspectorconfirmedCOVID19case.pdf
38	01-05-2020	Additional guidelines on rational use of Personal Protective Equipment (setting approach for Health functionaries working in non-COVID areas)	[Reissued on 15th May 2020
39	08-05-2020	Updated Revised discharge policy for COVID-19	https://www.mohfw.gov.in/pdf/RevisedDischargePolicyforCOVID19.pdf
40	10-05-2020	Updated Frequently Asked Questions (FAQs) on Revised Discharge Policy	https://www.mohfw.gov.in/pdf/FAQsonRevisedDischargePolicy.pdf
41	11-05-2020	District level Facility based surveillance for COVID-19	https://www.mohfw.gov.in/pdf/DistrictlevelFacilitybasedsurveillanceforCOVID19.pdf
42	14-05-2020	Guidelines for RT-PCR based Pooled Sampling	https://www.mohfw.gov.in/pdf/GuidelineforrtPCRbasedpooledsamplingFinal.pdf
43	15-05-2020	Updated Additional guidelines on rational use of Personal Protective Equipment (setting approach for Health functionaries working in non-COVID areas)	https://www.mohfw.gov.in/pdf/UpdatedAdditionalguidelinesonrationaluseofPersonalProtectiveEquipmentsettingapproachforHealthfunctionariesworkinginnonCOVID19areas.pdf
44	15-05-2020	Advisory for managing Health	https://www.mohf

		care workers working in COVID and Non-COVID areas of the hospital	w.gov.in/pdf/AdvisoryformanagingHealthcareworkersworkinginCOVIDandNonCOVIDareasofthehospital.pdf
45	18-05-2020	Revised Strategy for COVlD-19 testing in lndia	https://www.mohfw.gov.in/pdf/RevisedtestingguidelinesS.pdf
46	19-05-2020	Guidelines for Dental Professionals in Covid-19 situation	https://www.mohfw.gov.in/pdf/DentalAdvisoryF.pdf
47	20-05-2020	"List of manufacturers of PPE coveralls who have been approved by accredited testing facilities is available on the Ministry of Textiles website at the following URL " http://texmin.nic.in/covid/certificates.php	http://texmin.nic.in/covid/certificates.php
48	22-05-2020	Revised advisory on the use of Hydroxychloroquine (HCQ) as prophylaxis for COVID-19 infection	https://www.mohfw.gov.in/pdf/RevisedadvisoryontheuseofhydroxychloroquineasprophylaxisforSARSCOVID19infection.pdf
49	27-05-2020	Advisory on re-processing and re-use of eye protection - Goggles	https://www.mohfw.gov.in/pdf/AdvisoryonreprocessingandreuseofeyeprotectiongoggleS.pdf
50	03-06-2020	Guidelines for safe ENT practice in COVID-19	https://www.mohfw.gov.in/pdf/ENTCOVID0306.pdf
51	13-06-2020	Clinical Management Protocol for COVID-19	https://www.mohfw.gov.in/pdf/ClinicalManagementProtocolforCOVID19.pdf

52	30-03-2020	Training Resources for COVID 19 management	https://www.mohfw.gov.in/pdf/TrainingresourcesforCOVID1930MARCH.pdf
53	31-03-2020	Training for nursing personnel	https://www.youtube.com/watch?v=mdrK_zhHD88&feature=youtu.be
54	02-04-2020	Advisory for Human Resource Management of COVID-19	https://www.mohfw.gov.in/pdf/AdvisoryforHRmanagement.pdf
55	02-04-2020	Training for Ventilator support for COVID 19	https://www.youtube.com/watch?v=mXEAqRaqafY
56	07-04-2020	iGOT Training modules on COVID 19 management	https://www.mohfw.gov.in/pdf/iGOTCOVID19Circular.pdf
57	13-04-2020	iGOT Training courses on DIKSHA platform on COVID 19 pandemic	https://www.mohfw.gov.in/pdf/iGOTCovid19Circular(2).pdf

22. I state and submit that due to enormity the deponent is not filing all the aforesaid guidelines/advisories/SOPs along with the present affidavit. However, the deponent is annexing the following relevant guidelines which pertain to hospital, patient and dead body management and are germane to the present issue. The said guidelines are as under:-

1.	24.01.2020	Specimen Collection, Packaging and Transport Guidelines for 2019 Novel Coronavirus (2019-). A copy thereof is annexed hereto and marked as	2

		Annexure C.
2.	15.03.2020	Ministry of Health & Family Welfare, Directorate General of Health Services, EMR Division, Guidelines on Dead body management. A copy thereof is annexed hereto and marked as **Annexure D.**
3.	20.03.2020	Advisory for Hospitals and Medical Institutions. A copy thereof is annexed hereto and marked as **Annexure E.**
4.	22.03.2020	ICMR Guidelines for COVID19 testing in private laboratories in India. A copy thereof is annexed hereto and marked as **Annexure F.**
5.	27.03.2020	SOP for reallocation of residents/ PG students and nursing students as part of hospital management of COVID. A copy thereof is annexed hereto and marked as **Annexure G.**
6.	29.03.2020	Ministry of Health and Family Welfare, Directorate General of Health Services, [Emergency Medical Relief] Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19. A copy thereof is annexed hereto and marked as **Annexure H.**
7.	31.03.2020	Essential Technical Features for Ventilator for COVID-19. A copy thereof is annexed hereto and marked as **Annexure I.**
8.	05.04.2020	Advisory & Strategy for Use of Rapid Antibody Based Blood Test. A copy thereof is annexed hereto and marked as **Annexure J.**
9.	05.04.2020	Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients promulgated by Central Pollution Control Board (Ministry of Environment, Forest & Climate Change, in suppression of its earlier guidelines dated 19/03/2020. A copy thereof is annexed hereto

		and marked as **Annexure K.**
10.	07.042020	Ministry of Health & Family Welfare Directorate General of Health Services EMR Division - Guidance document on appropriate management of suspect/confirmed cases of COVID-19. A copy thereof is annexed hereto and marked as **Annexure L.**
11.	20.04.2020	Ministry of Health & Family Welfare, Directorate General of Health Services, EMR Division, Guidelines to be followed on detection of suspect/confirmed COVID-19 case in a non-COVID Health Facility. A copy thereof is annexed hereto and marked as **Annexure M.**
12.	14.05.2020	Guideline for RT-PCR based pooled sampling for migrants/returnees from abroad/green zones. A copy thereof is annexed hereto and marked as **Annexure N.**
13.	15.05.2020	Advisory for managing HCWs of the hospital. A copy thereof is annexed hereto and marked as **Annexure O.**
14.	18.05.2020	Indian Council of Medical Research, Department of Health Research- Strategy for COVlD-19 testing in lndia (Version 5). A copy thereof is annexed hereto and marked as **Annexure P.**
15.	19.05.2020	Guidelines for Dental Professionals in Covid-19 pandemic situation. A copy thereof is annexed hereto and marked as **Annexure Q.**
16.	13.06.2020	Clinical Management Protocol for COVID19. A copy thereof is annexed hereto and marked as **Annexure R.**
17.	16-06-2020	Advisory on reprocessing and reuse of eye protection goggles. A copy thereof is annexed hereto and marked as **Annexure S.**

18. I respectfully state and submit that as explained hereinafter, due and strict observance and adherence of the aforesaid guidelines will ensure that:

i) No patient admitted in the hospital is ill-treated and is provided due care, compassion and treatment as per the Clinical Management Protocol issued by the Union of India.

ii) The patients are provided with due oxygen support or any other support, as required including saline drips etc;

iii) That the patients are provided with bed and are permitted to have one attendant;

iv) That no patient is denied admission to any COVID dedicated hospital or other cateogory of hospitals/clinics as specified in the guidelines;

v) That bodies of the person deceased due to Covid infection are given due care and attention and are not treated inhumanely;

It is submitted that only because of non-adherence of the aforesaid guidelines, the aberrations, as pointed out above, in some of the States have occurred.

GUIDELINES FRAMED BY THE UNION OF INDIA PERTAINING TO COVID-19 HOSPITAL MANAGEMENT

19. It is submitted that in so far as management of hospitals were concerned the Union of India, as early as on 20.03.2020 issued an

'Advisory for Hospitals and Medical Institutions', wherein, need was stressed on preparedness of the medical infrastructure in the country for any possible influx of patients on account of COVID 19. In the said advisory the following interventions were proposed which are subject to re-evaluation and evolution from time to time:-

I. Indoor Facilities:

a) Non-essential elective surgeries were postponed.

b) Some beds were set apart and prepared for creating isolation facilities in every public and private hospital.

c) All hospitals were directed to mobilize additional resources including masks, gloves and personal protection equipment. Healthcare personnel were trained for dealing with any foreseeable emergencies.

d) All doctors, nurses and support staff in different specialties, including pre and para clinical departments, were mobilized and trained in infection prevention and control practices.

e) Hospitals were directed to procure sufficient numbers of ventilators and high flow oxygen masks in preparation for future requirements.

f) All hospitals were directed to ensure that they have adequate trained manpower and resource pools for ventilator/ ICU care.

g) Hospitals were directed to ensure that stable patients are discharged as early as possible.

h) Hospitals were directed to ensure that the number of patient attendants should be strictly restricted to 'one' only.

II. **<u>In so far as OPD was concerned the following advisory was issued</u>:**

a) All patients were advised not to come for routine visits to the OPD if it can be avoided or postponed.

b) OPDs were organised in such a manner that patients exhibiting flu like symptoms are attended separately from other patients and spaced out so as to avoid overcrowding

c) Patients suffering from chronic diseases and minor elements were advised to utilise OPDs in primary/ secondary care facilities rather than crowding tertiary care centres.

III. In so far as IEC Activities were concerned attempts were made to educate the patients and public about cough etiquette, Do's and Don'ts, proper use of masks instead of using them indiscriminately and inefficiently; personal hygiene, hand hygiene and social distancing. Hospitals were advised to put up posters etc. to increase awareness amongst patients on Do's and Don'ts regarding COVID 19. Regular counseling against attaching any kind of stigma to COVID 19. patients or to facilities where such patients are admitted were conducted. Patients were made aware that quick disclosure of symptoms and undergoing testing if advised was the surest way of battling COVID 19.

IV. **In so far as administration of the hospitals is concerned it was advised that:**

a) All hospitals should carry out a preparedness drill

b) Non-essential audits of hospitals by various regulators and accreditation agencies were postponed.

c) It was advised that all hospitals must provide treatment free of cost to any medical personnel who pick up infection while treating patients.

d) **It was further advised that no suspected COVID 19 patient should be turned away from any hospital and the admission of any such patient should be notified to NCDC or IDSP immediately.** Similarly, it was also advised that all pneumonia patients must also be notified to NCDC or IDSP so that they can be tested for COVID 19.

e) Hospitals were advised to ensure social distancing in their premises.

f) Hospitals were advised to reschedule all ongoing examinations and evaluation work.

g) All Educational Institutions and Examination Boards were requested to maintain regular communication with the students and teachers through electronic means and keep them fully informed so that there was no anxiety amongst the students, teachers and parents.

h) Institutions are also requested to notify help-line numbers/e-mails which students can access for their queries.

i) All unauthorized/ authorized shops (excluding pharmacies) and eateries in the vicinity of hospitals were directed to be compulsorily shut.

j) Furthermore, leave of all kinds (except under emergency and unavoidable circumstances) were cancelled immediately.

V. Hospital Preparedness for COVID

Planning

- It is submitted that under the Disaster Management Act, eleven Empowered Groups have been constituted.

- It is submitted that the Empowered Group-I is entrusted with the Emergency Preparedness and Response Planning. Accordingly, the Empowered Group-I prepares Medical Emergency Management Plans. The recent Health System Preparedness Plan projected the hospital requirements for the period of June to August 2020.

  The report gives an insight into the requirement of different categories of beds (CCDCHC & DCH). It is also gives city-wise projections for requirements of beds, oxygen beds, ICU beds, ventilators and other equipment etc.

  It is submitted that advance planning gives time for the States to upgrade infrastructure.

- The Ministry of Health & Family Welfare (MoH&FW) shares an S3 digital portal with States and districts were details oxygen beds, ventilator beds and requirement of PPE etc have been projected. It also has tools using which States can calculate the requirement based on the current or assumed growth trajectory.

The current available beds and ventilators in various hospitals are also monitored through this portal.

Laboratory Support

It is submitted that the States are supported in terms of ICMR network of laboratories for testing. It is stated that reagents are also provided by ICMR.

- **Logisitics**

  It is stated that there is Central procurement of PPEs, N-95 masks, ventilators and drugs (Hydroxychloroquine) which are provided to the State run hospitals.

- **Training**

  MoH&FW has trained hospitals' functionaries on infection prevention control practices, clinical, case management and ventilator management.

- **Information Management**

  Near real time information is shared with the States through S3 COVID Portal.

- **Guidelines**

  All necessary guidelines/ advisory have been shard with the State Government and madre available on the website of the Ministry

20. In so far as **Management of COVID cases** was concerned, it was further advised vide *'Guidance on appropriate management of*

suspect or confirmed cases 07.04 2020' and *'Clinical Management Protocol for COVID19 dated 13.06.2020'* as under:-

I. Assessment of patients:

i) It was directed by the Central Government that in addition to patients arriving directly through helpline/ referral to above categories of COVID dedicated facilities, in field settings during containment operations, the supervisory medical officer to assess for severity of the case detected and refer to appropriate facility.

ii) **Furthermore, the States\UTs were directed to identify hospitals with dedicated and separate space and to set up Fever Clinics in such hospitals.** The Fever Clinics were also set up in CHCs, in rural areas subject to availability of sufficient space to minimize the risk of cross infections. In urban areas, it was directed that the civil\general hospitals, Urban CHCs and Municipal Hospitals may also be designated as Fever Clinics. It was directed that these Fever Clinics could be set up preferably near the main entrance for triage and referral to appropriate COVID Dedicated Facility. It was directed that wherever space allows, a temporary make shift arrangement outside the facility may be arranged for this triaging.

iii) In addition to the above the medical officer(s) at the fever clinics were advised to identify suspect cases and refer to COVID Care Centre, Dedicated COVID Health Centre or Dedicated COVID Hospital, depending on the clinical severity.

II. In so far as Categorization of patients was concerned it was directed that the Patients may be categorized into three groups and managed in the respective COVID hospitals – Dedicated COVID Care Centre, dedicated COVID Health Centre and dedicated COVID hospital. The details are as under:-

- Group 1: Suspect and confirmed cases clinically assigned as mild and very mild (COVID Care Centres)

- Group 2: Suspect and confirmed cases clinically assigned as moderate (Dedicated COVID Health Centres)

- Group 3: Suspect and confirmed cases clinically assigned as severe (Dedicated COVID Hospital)

21. On 27.03.2020, *Standard Operating Procedure for reallocation of residents/ PG students and nursing students as part of hospital management of COVID* bearing F.No. V-16020/73/2020-INI-I was issued by the Central Government, wherein, it was directed to deploy the Residents in various facilities designated for screening and management of patients with COVID-19 and the non covid area of the hospital. As per the said guidelines the Students, Residents and Nurses were provided proper training before inducting into the respective Teams

22. Thereafter, on 20.04.2020, the Ministry of Health & Family Welfare, Directorate General of Health Services, EMR Division, promulgated its '*Guidelines to be followed on detection of* 3

suspect/confirmed COVID-19 case in a non- COVID Health Facility'. The said guidelines were issued in view of the fact that some instances of hospitals having closed down were experienced as few health care workers (HCW) working therein, turned out to be positive for COVID - 19. Also some non-COVID health facilities reported confirmation of COVID-19, 'in patients' admitted for unrelated/non-respiratory illness, causing undue apprehension among healthcare workers, leading to impaired functionality of such hospitals. Guidelines are intended for both COVID-19 healthcare facilities (public and private) which are already receiving or preparing to receive suspected or confirmed COVID-19 patients as well as Non-COVID healthcare facilities.

23. In view thereof, the Central Government directed that whenever a non-COVID patient or any healthcare workers is suspected to have COVID like symptoms/tests positive for COVID-19, the Hospital Infection Control Committee (HICC) will come into action, investigate the matter and suggest further course of action :

24. **In case the there was detection of COVID -19 case in non-COVID health facility,** the hospital was directed to inform the local health authorities about the case. The hospital was to take the clinical status of the patient prior to referral to a designated COVID facility. It was made incumbent on the part of the hospital to immediately isolate

the said patient in another room. If the clinical condition of the patient permitted, such patients were to be masked and only a dedicated healthcare worker was to attend the case, following due precautions. Furthermore, if the clinical status of the case permitted he/she was to be transferred to a COVID-19 isolation facility (Dedicated COVID Health Centre or dedicated COVID Hospital), informing the facility beforehand about the transfer, as per his/her clinical status, test results (if available), with information to local health authority. The guidelines directed to transfer the complete case records of such patients and to be made available to the receiving hospital. Furthermore, all contacts of the said patient were to be quarantined and followed up for 14 days.

25. When a non-COVID health facility reported a COVID-19 case, the guidelines made incumbent on Hospital Infection Control Committee to ensure that the following, in order to minimize the possibility of an undetected contact/case amongst other patients/HCWs:

- Ensure that active screening of all staff at the hospitals is done daily (by means of thermal screening especially at the start of shift)

- All healthcare and supportive staff is encouraged to monitor their own health at all the time for appearance of COVID-19 symptoms and report them at the earliest

- Be on the lookout for atypical presentation (or clinical course) of admitted patients
- Standard precautions to be followed diligently by all

26. Despite taking the above measures, if the primary source of infection could not be established and /or the hospital is still reporting large number of cases among patients and HCWs a decision was required to be taken to convert the non-COVID health facility into a COVID health facility under intimation to the local health department.

27. In addition to the above the Central Government also issued a *'Guidance document on appropriate management of suspect/confirmed cases of COVID-19 was issued by MoHFW'*

28. It is respectfully submitted that in addition to the above a series of measures have been taken by both the Central and State Governments to break the chain of transmission. To give to most effective and suitable treatment to a COVID 19 Patient the aforesaid guidelines/SOP was put in place to ensure optimal utilization of available resources and thereby providing appropriate care to all the COVID-19 patients. The purpose of these guidelines were to ensure that available hospital beds capacity are used only for moderate to severe cases of COVID-19. Under the aforesaid guidelines the

following three types of COVID Dedicated Facilities were directed to be made:

i) **COVID Care Center (CCC):** These were the makeshift facilities, which were directed to be set up in hostels, hotels, schools, stadiums, lodges etc., both public and private areas. Provision for converting the existing quarantine facilities into COVID Care Centers was also provided. Functional hospitals like CHCs, etc, which were handling regular, non-COVID cases were directed to be designated as COVID Care Centers as a last resort. The function of these CCCs were to provide clinical facilities to mild or very mild cases or COVID suspect case.

ii) **Dedicated COVID Health Centre (DCHC):**

- The Dedicated COVID Health Centre were hospitals that were to offer care for all cases that have been clinically assigned as moderate.

- These facilities were either a full hospital or a separate block in a hospital with preferably separate entry\exit/zoning

- Private hospitals were also directed to designate COVID Dedicated Health Centres

- Wherever a Dedicated COVID Health Center was designated for admitting both the confirmed and the suspect cases with moderate symptoms, these hospitals were to have separate areas for suspect and confirmed cases. It was directed that the suspect and confirmed cases must not be allowed to mix under any circumstances

- The guidelines directed that these hospitals i.e. DCHCs would have beds with assured Oxygen support. Further, every Dedicated COVID Health Centre was to necessarily be mapped to one or more Dedicated COVID Hospitals, so as to avoid any inconvenience to the patients in case of non-availability of beds.

- The guidelines directed that every DCHC must also have a dedicated Basic Life Support Ambulance (BLSA) equipped with sufficient oxygen support for ensuring safe transport of a case to a Dedicated COVID Hospital if the symptoms progress from moderate to severe.

iii) Dedicated COVID Hospital (DCH):

- The Dedicated COVID Hospitals were full fledged hospitals which were to provide comprehensive care primarily for those who have been clinically assigned as severe;

- The Dedicated COVID Hospitals should either be a full hospital or a separate block in a hospital with preferably separate entry\exit.

- Private hospitals were also directed to designate a COVID Dedicated Hospital Section.

- These hospitals were directed to have fully equipped ICUs, Ventilators and beds with assured Oxygen support;

- The guidelines directed these hospitals to maintain separate areas for suspect and confirmed cases and confirmed cases in no circumstances were directed to be allowed to mix with suspect or any other case.

- The guidelines also directed that the dedicated COVID Hospitals would also act as referral centers for the Dedicated COVID Health Centers and the COVID Care Centers.

29. In addition to the above the central government also issued Advisory for managing HCWs of the hospital dated 15.05.2020; Guidelines for Dental Professionals in Covid-19 pandemic situation dated 19.05.2020; Clinical Management Protocol for COVID19 dated13.06.2020; and Advisory on reprocessing and reuse of eye protection goggles dated 16-06-2020 (already annexed above) to ensure proper hospital management for COVID pandemic to ensure that the covid patients are not inconvenienced for any reason whatsoever.

IMPORTANT GUIDELINES ISSUED BY THE UNION OF INDIA PERTAINING TO THE COVID PATIENT MANAGEMENT

30. In so far as the patient management in the hospital was concerned the Government of India on 31.03.2020, came up with *guidelines for 'Essential Technical Features for Ventilator for COVID-19'*, whereby, the Director General Life Sciences, DRDO (Chairman Technical Committee) stated that all the machine should be turbine / compressor based because the installation sites might not have central Oxygen Lines. Such ventilators should have Invasive, non-invasive and CPAP features to make them versatile and should have

200-600 ML tidal volume, Lung Mechanics Display, Monitoring of Plateau Pressure, PEEP, PS, oxygen concentration, lung mechanics/inverse ratio (I:E), Pressure & volume control & PSV and Continuous working capability for 4-5 days

31. Thereafter, on 07.04.2020, the Ministry of Health & Family Welfare Directorate General of Health Services EMR Division issued 'Guidance document on appropriate management of suspect/confirmed cases of COVID-19'. As per the said document the COIVID cases were categorized in three groups:-

I. **Group 1:** Suspect and confirmed cases clinically assigned as mild and very mild

II. **Group 2:** Suspect and confirmed cases clinically assigned as moderate

III. **Group 3:** Suspect and confirmed cases clinically assigned as severe

As per the said categorization, the following SOP was required to be followed by hospitals:-

I. **Group 1: Suspect and confirmed cases clinically assigned as mild and very mild (COVID Care Centres)**

Clinical criteria:

a. Cases presenting with fever and/or upper respiratory tract illness (Influenza Like Illness, ILI).

b. These patients were directed to be accommodated in COVID Care Centers.

c. **The patients would be tested for COVID-19 and till such time their results are available they will remain in the "suspect cases" section of the COVID Care Center preferably in an individual room**.

d. Those patients who tested positive, were to be moved into the "confirmed cases" section of the COVID Care Center.

e. If test results were negative, patient was to be given symptomatic treatment and be discharged with advice to follow prescribed medications and preventive health measures as per prescribed protocols.

f. If any patient admitted to the COVID Care Center qualified the clinical criteria for moderate or severe case, such patient was to be shifted to a Dedicated COVID Health Centre or a Dedicated COVID Hospital.

g. Apart from medical care the other essential services like food, sanitation, counseling etc. at the COVID Care Centers was to be mandatorily be provided by local administration as per the 'Guidelines for quarantine facilities issued by the Government of India.

II. Group 2: Suspect and confirmed cases clinically assigned as moderate (Dedicated COVID Health Centres)

Clinical criteria:

a. Pneumonia with no signs of severe disease (Respiratory Rate 15 to 30/minute, SpO2 90%-94%).

b. Such cases were not be referred to COVID Care Centers but instead were to be admitted to Dedicated COVID Health centres.

c. It was to be manned by 'allopathic doctors' and cases were to be monitored on above mentioned clinical parameters for assessing severity as per treatment protocol issued by the MoHFW website.

d. Such patients were mandated to be kept in "suspect cases" section of Dedicated COVID Health Centres, till such time as their results are not available preferably in an individual room.

e. Those testing positive were mandated to be shifted to "confirmed cases" section of Dedicated COVID Health Centre.

f. Any patient, for whom the test results were negative, were to be shifted to a non-COVID hospital and were to be managed/discharged as per clinical assessment.

g. If any patient admitted to the Dedicated COVID Health Center qualified the clinical criteria for severe case, such patient was to be shifted to a Dedicated COVID Hospital.

III. Group 3: Suspect and confirmed cases clinically assigned as severe (Dedicated COVID Hospital)

Clinical criteria:

a. Severe Pneumonia (with respiratory rate ≥30/minute and/or SpO2 < 90% in room air) or ARDS or Septic shock

b. Such cases were mandated to be directly admitted to a Dedicated COVID Hospital's ICU till such time as test results were obtained.

c. If test results were positive, such patient was mandated to remain in COVID-19 ICU and receive treatment as per standard treatment protocol. Patients testing negative were to be managed with adequate infection prevention and control practices.

32. In addition to the above the Union of India, Central Pollution Control Board (Ministry of Environment, Forest & Climate Change, also issued "*Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients*" dated 05.04.2020, in suppression of its earlier guidelines dated 19/03/2020, wherein, in order to deal with COVID-19 pandemic, State and Central Governments were directed to take various steps, which include setting up of quarantine centers/camps, Isolation wards, sample collection centers and laboratories and Specific guidelines for management of waste generated during diagnostics and treatment of COVID-19 suspected / confirmed patients, are required to be followed by all the stakeholders in addition to existing practices under BMW Management Rules, 2016.

IMPORTANT GUIDELINES ISSUED BY THE UNION OF INDIA PERTAINING TO THE COVID TESTING:-

33. In so far as testing is concerned ICMR vide its Guidelines dated 22.03.2020 provided for COVID19 testing in private laboratories in India. Thereafter, the Union of India on 05.04.2020 also issued Advisory & Strategy for Use of Rapid Antibody Based Blood Test. It is submitted that thereafter, on 18.05.2020 the Indian Council of Medical Research, Department of Health Research, Govt. of India provided for a *'Strategy for COVlD-19 testing in lndia (Version 5)".* In terms of the said guidelines, the test of the following category of patients was required to mandatorily conducted:-

i) All Symptomatic (ILI - Influenza Like Illness symptoms) individuals with history of international travel in the past 14 days;

ii) All Symptomatic (ILI symptoms) individuals contacts of lab. Confirmed cases;

iii) All Symptomatic (ILI symptoms) HCWs / Frontline workers involved in containment and mitigation of Covid-19;

iv) All patients of Acute Severe Respiratory infection;

v) <u>Asymptomatic direct and high-risk contacts of a confirmed case to be tested once between day 5 and day 10 of coming into contact</u>

vi) All symptomatic (ILI) within hotspots/containment zones;

vii) All hospitalized patients who develop lLl symptoms;

viii) All symptomatic ILI among returnees and migrants within 7 days of illness;

34. It is further respectfully submitted that the said guidelines also mandate that in no case the test of the aforesaid category of cases should be delayed and test ought in the above category should be done promptly.

GUIDELINES ISSUED BY THE UNION OF INDIA PERTAINING TO DEAD BODY DISPOSAL:-

35. In so far as the management of the dead bodies is concerned the Ministry of Health & Family Welfare, Directorate General of Health Services, EMR Division, issued *'Guidelines on Dead Body Management'* dated 15.03.2020.

36. It is submitted that in the said guidelines, it has been acknowledged that the main driver of transmission of COVID-19 is through droplets. There is unlikely to be an increased risk of COVID infection from a dead body to health workers or family members who follow standard precautions while handling body. The said guidelines emphasis that only the lungs of dead COVID patients, if handled during an autopsy, can be infectious. Accordingly, **standard infection prevention control practices are mandated to be followed at all times**. These include Hand hygiene, Use of personal protective equipment (e.g., water resistant apron, gloves,

masks, eyewear etc.), Safe handling of sharp equipment, Disinfect bag housing dead body: instruments and devices used on the patient, Disinfect linen and Clean and disinfect environmental surfaces.

37. It is respectfully submitted that apart from the above the said guidelines inter-alia provides as under:-

I. Removal of the body from the isolation room or area:-

a) That the health worker attending to the dead body should perform hand hygiene, ensure proper use of PPE (water resistant apron, goggles, N95 mask, gloves)

b) All tubes, drains and catheters on the dead body is mandated to be removed.

c) Any puncture holes or wounds (resulting from removal of catheter, drains, tubes, or otherwise) is mandated to be disinfected with 1% hypochlorite and dressed with impermeable material

d) The guidelines mandate to apply caution while handling sharps such as intravenous catheters and other sharp devices. The said objects are required to be disposed into a sharps container.

e) The said guidelines further mandated plugging of Oral, nasal orifices of the dead body to prevent leakage of body fluids.

f) **It is pertinent to note here that if the family of the patient wishes to view the body at the time of removal from the isolation room or area, the guidelines mandate they may be allowed to do so with the application of Standard Precautions;**

g) The guidelines mandate placing of the dead body in leak-proof plastic body bag. The exterior of the body bag can be decontaminated with 1% hypochlorite. **The body bag can be wrapped with a mortuary sheet or sheet provided by the family members**

h) **The guidelines further mandate that the body be either handed over to the relatives or taken to mortuary at the earliest;**

II. Handling of Dead bodies in Mortuary :

a) The aforesaid guidelines also provide that Mortuary staff handling COVID dead body should observe standard precautions;

b) The guidelines further mandate that dead bodies should be stored in cold chambers maintained at approximately 4"C

c) **The guidelines also mandate that the mortuary must he kept clean. Environmental surfaces, instruments and transport trolleys should be properly disinfected with 1% Hypochlorite solution**;

d) The guidelines also mandate that after removing the body, the chamber door, handles and floor should be cleaned with sodium hypochlorite 1% solution.

III. Autopsies on COVID-19 dead bodies:

The guidelines provide that the Autopsies on COVID-19 dead bodies should be avoided. If autopsy is to be performed for special reasons, the following infection prevention control practices should be adopted:

a) The guidelines provide that the number of forensic experts and support staff in the autopsy room should be limited.

b) The guidelines further provide that The Team should use full complement of PPE (coveralls, head cover, shoe cover, N 95 mask, goggles / face shield).

c) The guidelines also provide that Unfixed organs must be held firm on the table and sliced with a sponge — care should be taken to protect the hand

d) The guidelines further provide that after the procedure, body should he disinfected with 1% Sodium Hypochlorite and placed in a body bag, the exterior of which will again be decontaminated with 1% Sodium Hypochlorite solution

e) The guidelines also provide that the body thereafter can be handed over to the relatives, if required.

IV. In so far as the Transportation of COVID 19 bodies are concerned the guidelines lay down that :

a) The body which is secured in a body bag, exterior of which is decontaminated poses no additional risk to the staff transporting the dead body;

b) The personnel handling the body has to follow standard precautions (surgical mask, gloves) and no other special protection is required ;

c) The vehicle, after the transfer of the body to cremation/ burial staff, has to be decontaminated with 1% Sodium Hypochlorite;

V. So far as protocols which are to be followed at the crematorium/ Burial Ground is concerned the guidelines provide that:-

a) The Crematorium/ burial Ground staff should be sensitized that COVID 19 does not pose additional risk.

b) The staff is mandated to practice standard precautions of hand hygiene, use of masks and gloves;

c) Viewing of the dead body by unzipping the face end of the body bag (by the staff using standard precautions) is allowed, for the relatives to see the body for one last time.

a) **Religious rituals such as reading from religious scripts, sprinkling holy water and any other last rites that does not require touching of the body can be allowed.**

b) The guidelines only prescribe that bathing, kissing, hugging, etc. of the dead body should not be allowed

c) The funeral/ burial staff and family members should perform hand hygiene after cremation/ burial.

d) The ash does not pose any risk and can be collected to perform the last rites.

e) **Guidelines prescribe that large gathering at the crematorium/ burial ground should be avoided** as a social distancing measure **as it is possible that close family contacts may be symptomatic and/ or shedding the virus.**

DEPONENT

(संजीव कुमार जिन्दल)
(SANJEEV KUMAR JINDAL)
संयुक्त सचिव/Joint Secretary
गृह मंत्रालय
Ministry of Home Affairs
भारत सरकार/Govt. of India

VERIFICATION

I, the deponent abovenamed, do hereby verify that the contents of Para 1 to ...37... of my above affidavit are true to my knowledge, no part of it is false and nothing material has been concealed there from.

Verified at..New Delhi on this the...16th. day of ..June..2020.

DEPONENT

(संजीव कुमार जिन्दल)
(SANJEEV KUMAR JINDAL)
संयुक्त सचिव/Joint Secretary
गृह मंत्रालय
Ministry of Home Affairs
भारत सरकार/Govt. of India

ANNEXURE - D **144**

MOST IMMEDIATE

F.No.14011/06/2020-Delhi.I
Government of India
Ministry of Home Affairs

North Block, New Delhi.
Dated, the 14th June, 2020.

Subject: Response to COVID-19 situation in Delhi

I am directed to refer to the meeting held under the Chair of Union Home Minister on 14.06.2020 at 11.00 AM to discuss response to COVID-19 situation in Delhi, and to say that the following action points have emerged based on discussion during the meeting:

I. 500 railway coaches with medical and para medical staff, oxygen cylinders, etc. to be deployed by Ministry of Railways by 15.06.2020. Additional 500 railway coaches would be made available by 30.06.2020. Each railway coach will provide 16 beds. [Action: Chairman, Railway Board and CS, GNCTD]

II. A team of senior doctors from Central Government Hospitals in Delhi, GNCTD Hospitals, Municipal Hospitals and AIIMS shall visit all hospitals in Delhi, within 2 days, to study the arrangements made for patient care and treatment; and suggest improvements to be done. [Action: Union Health Secretary to coordinate with Chief Secretary, GNCTD and Director, AIIMS]

III. 100% house-to-house survey to be done in the Containment Zones to identify COVID suspect cases by Government, Municipal staff or other persons authorized by the State Government. All COVID suspect persons in the containment zones must be tested for COVID infection and visited by authorized personnel of Government, Private Sector or NGOs within 7 days. GNCTD will ensure downloading of Arogaya Setu App by all persons living in containment zones.

[Action: Chief Secretary, GNCTD]

IV. COVID testing to be increased to 10,000 persons per day by 16.06.2020; 15,000 persons per day by 18.06.2020; and 18,000 persons per day by 20.6.2020. There after, 100% utilization of COVID testing capacity to be achieved. The infrastructure of election booths may also be utilized by the GNCTD for this purpose. [Action: Chief Secretary, GNCTD]

V. A committee consisting of Dr. Paul, NITI Aayog; representative of AIIMS and representative of GNCTD will submit a report about reasonable rates for various COVID related facilities/tests, etc. for private hospitals/labs within 2 days. The GNCTD may notify these prescribed rates to be charged by private hospitals/labs. These rates would be applicable to 60% patients and rest of the patients who can afford to pay, can be charged normal rates by private hospitals/labs. [Action: NITI Aayog, Chief Secretary, GNCTD and Director, AIIMS]

VI. Union Ministry of Health & Family Welfare shall provide additional ventilators, and oxygen cylinders to the State Government. 2000 additional beds will be provided in Central Government hospitals/ health facilities for COVID patients at the earliest. Minimum 1000 additional beds would be arranged by 21.06.2020 and another 1000 additional beds would be added subsequently. [Action: Union Health Secretary]

VII. DDMA to issue an order to ensure that Dy. Commissioners of the Districts would work as administrative Heads for management of all activities connected with disaster management/ COVID matters. Officers of MCDs, Police, etc would work under administrative command of Dy. Commissioner concerned for this purpose, irrespective of seniority. [Action: LG, GNCTD; CS, GNCTD and CP, Delhi]

VIII. GNCTD will frame a scheme for involvement of NGOs, NCC cadets, NSS Cadets and Scouts for survey of COVID suspect cases; and surveillance and management of isolation cases. [Action: LG, GNCTD and CS, GNCTD]

IX. GNCTD will re-assess the requirement of ambulances immediately, for suitable augmentation. [Action: CS, GNCTD]

X. GNCTD authorities to widely publicize websites, mobile applications and Helpline numbers that have been set up to enable members of public to get

authentic information regarding bed availability, etc and thereby facilitate effective and timely medical help. [Action: CS, GNCTD]

XI. Director, AIIMS will form a Committee of Expert doctors, who will be available round-the-clock for giving expert advice to doctors and para-medical staff who man various COVID treatment facilities in railway coaches, Banquets, Hotels, Hospitals, etc. Contact numbers of these experts will be made available to COVID caretaking doctors and officers in-charge of hospitals and other COVID care facilities for supervising provision of COVID related facilities to patients. [Action: Director, AIIMS]

XII. GNCTD and its nodal officers for COVID care should ensure that the dead bodies are not allowed to languish in hospitals. The dead bodies must be taken for cremation/burial without any delay or waiting for COVID test reports. All mortuaries will be cleared of COVID related dead bodies by 16.6.2020. [Action: CS, GNCTD]

XIII. A force of volunteers may be prepared consisting of COVID cured/ recovered persons to provide assistance to State Government, Hospitals, etc. [Action: CS, GNCTD]

XIV. GNCTD authorities shall ensure that sufficient medical facilities are kept available for non-COVID patients for treatment of other ailments such as dengue, malaria, etc. [Action: CS, GNCTD]

XV. Union Health Secretary to explore provision of 1000 beds in NCR area for COVID patients of Delhi. [Action: Union Health Secretary]

XVI. GNCTD may assess requirement of additional medical and para-medical staff at the earliest and take requisite steps to identify and train available personnel immediately. These persons must be available for deployment at short notice. [Action: CS, GNCTD]

2. All concerned are requested to immediately take requisite action as per above, and a progress report may be submitted to this Ministry by the Chief Secretary, GNCTD by 2.00 PM daily. For this purpose, Chairman, NDMC and Municipal Commissioners of East, North and South Municipal Corporations would ensure that ward-wise reports are prepared, wherever applicable, and consolidated reports are submitted, as per enclosed proforma, to the Chief Secretary by 12.00

PM daily. The Chief Secretary, GNCTD will collect the requisite information from all sources and submit consolidated report to the MHA in the enclosed proforma.

Yours faithfully,

(Anuj Sharma)
Joint Secretary (UT)

To

1. Lt. Governor of Delhi, Raj Niwas, New Delhi.
2. Secretary, Ministry of Health & Family Welfare, Shastri Bhawan, New Delhi.
3. Chairman, Railway Board, Rail Bhawan, New Delhi.
4. Dr. V.K. Paul, Member, Niti Aayog, Parliament Street, New Delhi
5. Chief Secretary, GNCTD, Delhi Secretariat, Delhi
6. Dr. Randeep Guleria, Director, All India Institute of Medical Sciences, New Delhi.
7. Commissioner of Police, Delhi Police
8. Chairman, NDMC
9. Commissioner, South Municipal Corporation
10. Commissioner, North Municipal Corporation
11. Commissioner, East Municipal Corporation

ANNEXURE - E

Directions of Hon'ble Union Home Minister

Meeting to Review the COVID-19 situation in Delhi
5:00pm, 15th November, 2020; MHA, North Block, New Delhi

Ministry-wise directions given and compliance report dated 23-11-2020 (status as on 22-11-2020)

<table>
<tr><th>S.No</th><th>Ministry-wise Directions</th><th>Compliance</th></tr>
<tr><td colspan="3">Ministry of Home Affairs (MHA)</td></tr>
<tr><td>1.</td><td>Strategy for enhancing ICU beds to be finalized between MHA and MoHFW
To enhance by 250 within 3-4 days in DRDO Hospitals
To raise the overall capacity to 6400 beds</td><td>The current position of ICU Beds in Delhi is as follows
<table>
<tr><td>Hospitals</td><td>16/11/2020</td><td>19/11/2020</td><td>Total Increase</td></tr>
<tr><td>Central</td><td>354</td><td>555</td><td>201</td></tr>
<tr><td>Delhi</td><td>1167</td><td>1392</td><td>225</td></tr>
<tr><td>Private</td><td>2002</td><td>2129</td><td>127</td></tr>
<tr><td>Total</td><td>3523</td><td>4076</td><td>553</td></tr>
</table>

As against 2680 ICU (non_Ventilator Beds) Delhi Government has issued orders for 663 Beds out of which 225 ICU Beds has been added. Remaining 438 Beds will be added by 30.11.2020
Delhi Government has issued orders on 18.11.2020 for reserving 80% of ICU Beds in Private hospitals for COVID-19. Out of 249 beds 81 ICU Beds have been added and remaining 168 ICU Beds will be added in a phased manner. (as and when non-COVID patients discharged).
Apart from this on the basis of Delhi Government's order dated 12.09.2020 private Hospitals have increased 63 beds (out of 135 ICU Beds) in to ICU beds. The process of increasing remaining 72 Beds is underway.
Central Governmemnt Hospitals/AIIMS have added 49 ICU Beds (out of 46 ICU Beds). Apart from this 116 COVID Oxygenated beds have been added in Central Government Hospital/AIIMS.
</td></tr>
</table>

S.No	Ministry-wise Directions	Compliance
		● In DRDO Hospital **100** ICU Beds are operational at present.. On 21-11-2020 DRDO has operationalise a total of 250 Beds and by 24.11.2020 all 500 Beds will be operationalised. ● As per the revised figures of Delhi Government the present capacity of **3652** Beds are likely to be increased to around 5129 Beds by 30.11.2020. ● Hon'ble Chief Minister Delhi vide his letter dated 19-11-2020 has informed that the expert Committee under Dr. Vinod Paul in their Revised Covid Response Strategy 3.0 for Delhi has projected a requirement of 20604 COVID beds including 6432 ICU Beds in Delhi in November-December. ● It has also been informed in the said letter that a comprehensive and detailed exercise has been carried out at regular intervals and they have been able to augment and increase their ICU Bed Capacity from 309 on 01/06/2020 to 3728 on 19/11/2020. ● Hon'ble Chief Minister Delhi in his letter that despite best efforts being made by GNCTD and stretching their resources to the maximum only 5218 beds could be managed and there is a gap of around 1214 ICU Beds. Keeping in view the above scenario additional 1214 ICU Beds may kindly be created in the Central Government Hospitals viz. AIIMS, Safdurjung,LHMC, RML etc. He has also requested that given the trajectory of the pandemic, the existing situation in Delhi and available resources, the necessity of using the Railway Coaches as Covid Care Centres may not arise. Therefore, the medical staff proposed to be deployed for these railway coaches can be utilised for manning the additional ICU beds in the Central Government Hospitals.

S.No	Ministry-wise Directions	Compliance
2.	SS (P) to make plans for movement of para-medical staff – 75 doctors and 250 para-medics. ● Movement to start by evening of 16.11.2020	● **All the 75 Doctors and 251 Paramedics have Reported.**.
3.	MHA to take a meeting on administrative issues of Chhatarpur Covid Care Centre, and scale up to 5,000 beds immediately (both Oxygen and isolation beds). The payment of ITBP doctors and other para medical staff to be arranged by MHA. Meeting held on 16.11.2020	● To resolve the Administrative issues a proposal has been submitted to the Health/PWD Minister, Delhi Government decision which is still pending. ● Delhi Govt. will meet the daily maintenance expenses.MHA has conveyed its approval for an expenditure of Rs.4.65 crore to ITBD vide order dated 18-11-2020. ● MHA has issued orders for Stay arrangements of ITBP personnel. ● AS(UT) MHA convened a meeting with Delhi Government and ITBP officers on 18-11-2020. In the meeting it was decided that by 22-11-2020 500 Oxygenated beds will be operationalised. ● ITBP officers took a meeting with Delhi Government Officers on 19-11-2020 and in the meeting a roadmap for increasing the existing 2000 Bed capacity to 5000 Beds has been finalised.
4.	Notify teams for visiting private hospitals comprising doctors from MoHFW and AIIMS; and civil personnel from MoHFW/ MHA: bed utilization and testing capacity, to find extra ICU beds. This should be completed by 18.11.2020. AIIMS will also follow up with the private hospitals.	● MHA had issued an order on **16.11.2020** constituting 10 multi-disciplinary teams who had visited all the **115** Private Hospitals within 2 Days. ● All the **10** teams have submitted their Reports. ● DGHS has sent their recommendations to MHA after examining the all the reports. ● A Brief of the DGHS recommendations are at Annexure-I ● Delhi Government is being asked to take necessary action in the matter.

S.No	Ministry-wise Directions	Compliance
5.	MHA to convene a meeting with Ministry of Railways to re-activate the rail coaches COVID care centres Meeting.	• Matter discussed by HS with Chairman Railway Board. Railway Coaches with **800 beds** will be functional at Shakur Basti railway station. • Six Doctors and 15 Paramedics have been earmarked by CAPFs for manning these coached. • A joint team of CAPF Doctors and Railway Officers have visited the facility of 19-11-2020
6.	Hon'ble HM to convene a meeting on enforcing COVID appropriate behavior and re-imposition of restrictions	-
Ministry of Health & Family Welfare (MoHFW)		
7	NCR will also survey Private Hospitals on the lines of GNCTD	• MHA had advised Haryana and Uttar Pradesh Government to survey Private Hospitals in their Districts in NCR. • Uttar Pradesh Government has issued orders on 19-11-2020 to conduct survey of Private Hospitals by multi purpose teams. As per the above order survey report has to be submitted by the District officer within two days. • Haryana Government has completed the survey of the Private Hospitals on 20-11-2020.
8.	MoHFW to provide BIPAP machines with nasal cannulas within 48 hours.	• BEL has delivered all the **250** ventilators to DRDO on 20-11-2020 • **35**BiPAP machines have been delivered to DRDO facility on **17/11/2020**. • **25**BiPAP machines for Delhi Govt. Have been delived on 18-11-2020 • **Action complete.**
9.	Protocol for plasma therapy to be notified – Dr Paul, Dr Guleria and DG, ICMR to work on it.	• ICMR has issued the advisory on Plasma therapy on 17-11-2020 and this has been uploaded on ICMR website. The same can be accessed on the following

<table>
<tr><th>S.No</th><th>Ministry-wise Directions</th><th>Compliance</th></tr>
<tr><td></td><td></td><td>weblink:https://www.icmr.gov.in.</td></tr>
<tr><td colspan="3">Government of National Capital Territory of Delhi (GNCTD)</td></tr>
<tr><td>9.</td><td>House to house survey in Delhi by teams of AIIMS, Delhi Government and MCDs.</td><td>• A detailed order for conducting House to House survey was issued for strict implementation by the district.
• All Districts have issued order and have worked on the required logistics requirements have also been worked out which include procurement of Thermal Gunds, Pulse Oxymeter etc.
• A detailed training programme was conducted by NCDC on 19th November of all the district teams in three shifts.
• All the districts have been directed to expedite the survey to ensure its completion by 25-11-2020 as per schedule.
• All the distsricts of GNCTD started the survey on 22-11-2020 and on the first daty 26,78,100 persons were surveyed.
• All the symptomatic cases and contacts of the first 2 days of the survey have been tested within 24 hours of survey. Total 4582 symptomatic and 1064 contacts have been tested till now.
• Ten Doctors from AIIMS have been deputed and are a part of the team.</td></tr>
<tr><td>11.</td><td>Delhi Government to make plan for utilizing the enhanced testing capacity.</td><td>• GNCTD has devised plans to get 38,000 RTPCR Tests..
• Following are the details of RTPCR sample collection:-
<table>
<tr><th>Date</th><th>RTPCR samples collected</th></tr>
<tr><td>15/11/2020</td><td>12055</td></tr>
<tr><td>16/11/2020</td><td>19452</td></tr>
<tr><td>17/11/2020</td><td>25924</td></tr>
<tr><td>18/11/2020</td><td>28708</td></tr>
<tr><td>19/11/2020</td><td>30735</td></tr>
<tr><td>20/11/2020</td><td>28034</td></tr>
</table></td></tr>
</table>

<table>
<tr><th>S.No</th><th>Ministry-wise Directions</th><th>Compliance</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>21.11.2020</td><td>31431</td></tr>
<tr><td>22.11.2020</td><td>24125*</td></tr>
</table>
*Due to 22nd November being Sunday (Public Holiday) only 24125 TRPCT samples could be collected.

• All the disctircts have been directed to collect 38000 samples from the super spreader/hotspots/vulnerable areas/ containment Zones etc.
</td></tr>
<tr><td>12.</td><td>Chief Secretary, Delhi to review home care arrangements and plan for at least 35,000 – 40,000 capacity that can be monitored.
Those with no capacity in home isolation should be shifted immediately to hospitals/ isolation centres.
Meeting to be convened among HS, MoHFW and CS Delhi in case any help is needed from the Centre.</td><td>• Matter discussed in a meeting taken by HS on16.11.2020.
• The existing agency is ready to cater to double the present number of cases. Agency is being accordingly instructed to increase the capacity to 35,000 to 40,000.
• The private agency has communicated that the staff has been increased from 250 to 420 persons. Name and contact details of all staff have also been shared.
• An oversight committee has also been formed under the chairmanship of Spl. Secretary (Health) to closely monitor the functioning of the company on a regular basis. The committee has started conducting 10% random checks on the calls being made by the company. Apart from this DCs have also been doing 5% random checks of the calls being made by the agency.
• Further the file for floating a tender to engage another company for home isolation has been submitted to the competent authority.</td></tr>
<tr><td colspan="3">All India Institute of Medical Sciences (AIIMS)</td></tr>
<tr><td>13.</td><td>AIIMS to explore roping in retired nurses and doctors and technicians; and, such persons from private sector,</td><td>AIIMS has initiated the following steps to expand manpower:
• Walk-in interviews to be conducted by 30-11-2020 to fill vacant seats of non-</td></tr>
</table>

S.No	Ministry-wise Directions	Compliance
	to augment medical manpower. AIIMS to also explore if residents can be deployed in DRDO and for testing (pathology residents)	academic Junior Residents. • Walk-in interviews to be conducted on 27-11-2020 to fill vacant seats of non-academic Sr. Residents • 207 seats of non-academic junior Residents are being advertised and it hoped to fill these by December • Extension of tenure of all Academic residents completing their tenure in the current session • Deployment to DRDO will be assessed based on recruitment and availability of additional manpower as above.
14.	Additional Consultation resources for doctors treating COVID-19 patients	• AIIMS runs a 24x7 helpline for advising doctors on the treatment of patients through the CONTEC helpline at 9115444155. • AIIMS runs a weekly e-ICU video based consultation program wherein doctors treating COVID patients can log-in to seek advice from AIIMS experts.
15.	AIIMS to ensure that only serious patients are kept there and the others, who have undergone 6-7 days of treatment and are otherwise only mild or alright, to be shifted to DRDO or ChhatarpurCovid care centre.	1. Teams managing patients in AIIMS have been advised to discharge stable patients early at 6-7 days if they can be managed/followed up on phone. **14 Patients have been discharged on or before day 8.** 2. Nodal officer at DRDO was contacted and they have advised to wait for expansion of beds at DRDO to finalise the transition of patients who can be managed there after discharge/transfer from AIIMS.
Indian Council of Medical Research (ICMR)		
16.	Doubling the testing capacity of both RT-PCR and RAT: • Planning by forenoon of 16.11.2020 • Scaling up within a week**.**	• **22.11.20**: Capacity ramped from **27,000** to **37,650**. • ***ICMR has requested Hon'ble Home Minister to Inaugurate the first mobile van.*** • **Thus by 30.11.20, total RT-PCR testing capacity to reach 60,000 by 30.11.20.**

<table>
<tr><th>S.No</th><th>Ministry-wise Directions</th><th>Compliance</th></tr>
<tr><td>17.</td><td>ICMR to change its forms to track the modes of movement of positive tested persons</td><td>• The revised SRF has been communicated to Director NIC for inclusion in the RTPCR app. The revised program will be launched within a week’s time as this would require full data backup to be taken (close to 13 Cr. Entries) and coordination with states to make appropriate changes in their APIs. ICMR IT team is closely working with NIC on this..</td></tr>
<tr><td>18.</td><td>ICMR to talk to manufacturers of RAT testing kits for fixing combined rate for supply of kits, testing and result declaration/ communication</td><td>• ICMR has spoken with vendors of approved RAT kits to come forward to help Delhi tide the crisis of COVID-19 pandemic.
• Following help has been committed telephonically by 3/6 Ag kit vendors registered on GeM portal.
<table>
<tr><th>S.No.</th><th>Name of the company</th><th>Name of the Kit</th><th>Help Offered</th></tr>
<tr><td>1.</td><td>Lab Care Diagnostics Pvt. Ltd. (India)</td><td>COVID-19 Ag Lateral Test Device</td><td>1 lac free kits
4 Technicians for 15 days</td></tr>
<tr><td>2.</td><td>Trivitron Healthcare Pvt. Ltd. (India)</td><td>BIOCARD Pro COVID-19 Rapid Antigen Test Kit</td><td>May provide training at 6-7 booths</td></tr>
<tr><td>3.</td><td>Angstrom Biotech Pvt. Ltd. (India)</td><td>Angcard COVID-19 Rapid Antigen Test</td><td>5 technician for 15 days Trainings in each zone</td></tr>
</table>
• This information has been communicated to Delhi Government.</td></tr>
<tr><td>19.</td><td>ICMR to set up a team to look</td><td>• A five member dedicated team at ICMR</td></tr>
</table>

S.No	Ministry-wise Directions	Compliance
	into micro issues, including turnaround time for reporting test samples. They should work with individual labs on this issue.	is established to continuously assess the capacity and interact to identify the challenges and issues faced by the Delhi based COVID-19 Testing labs in order to facilitate augmentation of the testing capacity in the State. • The team has started interacting with al the existing 82 labs (27 govt + 55 private) on a 5-day cycle basis to monitor the progress ad identify the requirements. The 5 Day cycle is established based on the response rate received in the week from 16th to 20th Nove. 2020. • 77 out of 82 labs have been reached out (5 non responders) and find below the key highlights of the week. • 19 labs have reported to be working in 3 shifts currently out of which 5 labs are in government sector and 14 in private sector. • Based on the current testing numbers (avg of November) and self reported capacity, the approximate spare capacity available with the existing labs across Delhi is 9000 inclusive of private and government sector. • 5 Central and 5 state labs have reported shortage of reagents to carry out COVID-19 test. Reagents to Central Government labs have been provided by ICMR. • The team has been set up and positioned at ICMR Hq. The team called up all 82 labs of Delhi yesterday. 70/82 responded. Each lab was interviewed elaborately to understand their issues regarding scaling up testing capacity.
DRDO		
20	Status of availability of Beds at Sardar Vallab bhai Patel Covid Hospital Delhi Cantt	• New oxygen pipeline had to be procured & installed for higher line pressure. Material has reached & work is going on.

<table>
<tr><th>S.No</th><th>Ministry-wise Directions</th><th>Compliance</th></tr>
<tr><td></td><td></td><td>First hanger has been made functional today.
• The second hanger will be handed over on Wednesday evening 6.00 PM.
• वर्तमान में DRDO अस्पताल में बैडों की स्थिति निम्न प्रकार है :-
<table>
<tr><th>Category of Bed</th><th>Total Available Bed</th><th>Occupied Beds</th><th>Vacant Beds</th></tr>
<tr><td>Total Bed</td><td colspan="3">1000</td></tr>
<tr><td>1. Available Beds</td><td>500</td><td>446</td><td>54</td></tr>
<tr><td>a) ICU Beds</td><td>100</td><td>98</td><td>02</td></tr>
<tr><td>b)HDU Beds</td><td>150</td><td>146</td><td>04</td></tr>
</table>
* 500 बैडों में ऑक्सीजन पाईपलाईन का काम चल रहा है</td></tr>
</table>

ANNEXURE - F

ARVIND KEJRIWAL
CHIEF MINISTER

सत्यमेव जयते

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
DELHI SECRETARIAT, I.P. ESTATE, NEW DELHI-110002
PHONE : 23392020, 23392030

D.O. No. : F1(9)/CMCO/2239-40
Date : 20/11/2020

Dear Sh Amit Shah ji,

At the outset I thank you for calling the meeting on 15th November to review the actions being taken to prevent the spread of COVID-19 in Delhi. I also express my gratitude for providing the prompt support in making available required logistics, infrastructure and consumables for Delhi Hospitals and augmenting the testing facilities.

It is worth mentioning that in the fight against this pandemic, the most crucial aspect and thrust area is strengthening and augmenting the hospital infrastructure, especially the ICU beds. The expert Committee under Dr. Vinod Paul in their Revised Covid Response Strategy 3.0 for Delhi has projected a requirement of 20604 COVID beds including 6432 ICU Beds in Delhi in November-December.

A comprehensive & detailed exercise has been carried out at regular intervals and we have been able to augment and increase our ICU Bed capacity from 309 on 01/06/2020 to 3728 on 19/11/2020 which is about more than 12 times increase.

Recently, a detailed exercise in respect of mapping and augmenting the ICU Beds in all the private hospitals and the hospitals of GNCT of Delhi has also been carried out to meet the escalation plan projected by the Expert Committee.

In our further intensive drive to enhance ICU bed capacity over and above 3728 existing ICU bed capacity in NCT of Delhi, an order has been issued for further increasing the ICU beds in the hospitals of GNCT of Delhi by 663 thereby augmenting the total ICU beds to 4391. After making an in-depth analysis of the ICU beds existing in the private hospitals in Delhi another order has been issued for increasing 249 ICU beds in the private hospitals. Further, in pursuance of the recent order of the Hon'ble High Court another 78 ICU beds shall be added. Taking into account the aforesaid orders, the total number of ICU beds in NCT of Delhi shall be 4718. I am extremely grateful that as per your direction GOI is also providing 500 additional ICU beds in Sardar Vallabh Bhai Patel Covid Hospital of DRDO. Thus, if aforesaid additional ICU beds are added then the total number of ICU beds in NCT Delhi shall be 5218. It can be noted from the aforesaid facts that

सत्यमेव जयते

despite the best efforts being made by GNCT of Delhi and stretching our resources to the maximum, there is still a gap of around 1214 ICU Beds.

Keeping in view the above scenario, it is requested that the requirement of additional 1214 ICU Beds may kindly be created in the Central Government Hospitals viz. AIIMS, Safdarjung, LHMC, RML, etc. It is also to bring to your kind information that given the trajectory of the pandemic, the existing situation in Delhi and available resources, the necessity of using the Railway Coaches as Covid Care Centres may not arise. Therefore, the medical staff proposed to be deployed for these railway coaches can be utilized for manning the additional ICU beds in the Central Government Hospitals.

I shall be extremely grateful, if the abovementioned request is acceded to and further necessary action is taken urgently for containing the third upsurge of Covid-19 pandemic in NCT of Delhi.

Warm regards

(ARVIND KEJRIWAL)

Sh. Amit Shah,
Union Home Minister,
Ministry of Home Affairs,
Govt. of India,
North Block,
New Delhi

Copy to Dr. Harshvardhan, Hon'ble Union Minister (Health & FW) for kind information and further necessary action.

ANNEXURE- G

DGHS NOTE

The EMR Division of Dte.GHS has prepared a summary report of inspection conducted by 10 Central Teams constituted by MHA for inspection of private hospital in Delhi to check their preparedness/conduct with respect to treatment of Covid-19 patients. The summary report is forwarded as received from EMR Division of Dte.GHS.

The key points from this summary are presented in the table below-

Sr. No.	Parameter checked	Remarks
1.	Bed availability as per Orders of GNCT Delhi	All hospitals reported to be complying
2.	Real time display of beds availability	Some hospitals are reported to be complying; and some not (details enclosed in the excel sheet*)
3.	Compliance with respect to discharge policy	Majority of hospitals reported to be not complying
4.	Utilization of RT-PCR testing capacity and turnaround time	Most hospitals do not have in house RT-PCR testing facility; those who had in house facility were not utilizing the same fully; turnaround time is satisfactory
5.	Referral system for patients developing complications	Most hospitals reported not to have their own ambulances for transferring the

		patients; These were using CATs and Private ambulance services, when required
6.	Compliance with the clinical management protocols	Majority of the hospitals were reported not to be complying with clinical management protocol of MoHFW; specific instances are given in the summary and the excel sheet* enclosed.

* The EMR Division of Dte.GHS is preparing the detailed report in the form of excel sheet which will be shared very soon

The following is recommended –

1. Delhi Government may consider appointing Nodal Officers for monitoring the performance of all these hospitals on day to day basis.
2. Wherever required, Delhi Government may do the hand holding of the poorly performing hospitals in the first instance; and, subsequently if the performance fails to improve consistently, suitable administrative action may be initiated.
3. Special vigil must be kept on strict compliance with real time display of bed positions, treatment, testing and discharge policies as per the guidelines of MoHFW, Govt. of India. Similarly, to avoid misuse of drugs not recommended by the MoHFW, GOI, a special restrictive order may be considered for issuing.

4. Competent authority in Delhi Government may hold regular meetings with the MD of private hospitals and their Nodal Officer for Covid-19.

Thanks and regards,

Summary report of the Central Teams constituted by MHA for inspection of private hospitals in Delhi to check for preparedness to treat Covid-19 patients.

MHA had constituted 10 Central Teams on 16th November 2020 to inspect private hospitals and nursing homes (with more than 50 beds) in GNCT of Delhi to check for preparedness of these hospitals to treat Covid-19 patients. These hospitals were checked on following parameters:

(i) Availability of beds in wards and ICU of private hospitals in compliance with orders issued by GNCT of Delhi. Total number of beds. Number of Paediatric and ICU beds. (ii) Display of beds on real time basis by such hospitals through LED and through Corona dashboard of Delhi Govt. (iii) Whether private hospitals are observing discharge protocol for Covid – 19 patients as mandated by MoHFW, Govt. of India, (iv) RT - PCR testing capacity of the private hospitals (if available), their utilisation and turnaround time after testing (v) referral system being followed for referral of critical patients of Covid – 19 to higher centres (govt. and private) (vi) Compliance with clinical management prescribed by MoHFW and discrepancies (if any).

The teams performed the inspection of 114 private hospitals and nursing homes (as per list prepared by

MHA) and inspection checklist provided by MHA on 17th and 18th November 2020. The teams met the senior most officials of the private hospitals and nursing homes and physically inspected these facilities, checked the records of the hospital. Summary of the findings is below:

i. The hospitals have complied with the orders and circulars of GNCT of Delhi to earmark at least 20% of ICU beds (with or without ventilator) for treatment of Covid-19 patients. Some hospitals have earmarked more than 50% ICU beds (upto 80% ICU beds) for treatment of Covid – 19 patients. Every ICU bed has oxygen support although all of them are not equipped with ventilator.

ii. Some of the private hospitals and nursing homes are displaying data regarding occupancy of the identified beds (in ICU and Ward) on LED displays which is being provided on a daily basis to Health Department of GNCT of Delhi for updation of it's web portal and Mobile App created by Govt. of Delhi.

iii. Majority of the private hospitals and nursing homes inspected by the Central Teams are not complying with discharge policy issued by MoHFW (Govt. of

India) wherein, it has been clearly mentioned that mild and moderate Covid – 19 cases admitted to hospitals are not required to be tested prior to discharge on completion of 10 days from date of onset of symptoms and patient remaining afebrile for 3 consecutive days (all other clinical parameters remaining stable). In the discharge policy prescribed by MoHFW, only severe category of admitted cases are required to be tested using RT – PCR technique prior to discharge. However, it was noted that all private hospitals inspected were testing every admitted Covid – 19 patient using RT – PCR technique prior to discharge.

iv. Most of these hospitals do not have RT - PCR testing capacity of their own, but have tie-up with private lab chains for collection of samples and testing. Turnaround time for reporting RT - PCR samples is within 24 hours. Lab facility for testing available in some major private hospitals is not being fully utilised to test samples for Covid – 19. The explanation provided was shortage of dedicated manpower, testing kits.

v. Critical patients who develop complications are shifted to higher facilities (both Govt. and Private) only after confirmation about availability

of beds in the higher centre. Majority of the hospitals inspected were facing shortage of ambulances for transferring Covid – 19 patients to higher centres as ambulances deployed for this purpose are required to be thoroughly disinfected after each referral hence, not possible to be used for transfer of patients suffering other illnesses. These hospitals are relying on ambulance services of CATS and private providers.

vi. Majority of the hospitals inspected were not complying with the Clinical Management Protocol prescribed by MoHFW and using drugs and treatments based on the clinical judgement of respiratory physicians, general physicians working in these hospitals. For example, although Remdesivir and Convalescent Plasma therapy have been prescribed to be used as investigational therapy (on experimental basis) in the National Clinical Management Protocol issued by MoHFW, the hospitals were using these therapies routinely. Further, these hospitals were found to be using Favipiravir, Doxycycline, Azithromycin, Ivermectin in many patients inspite of these drugs not being prescribed in the National Clinical Management Protocol issued by MoHFW. These hospitals and nursing homes were found to be partially complying with the infection prevention

and control practices guidelines issued by MoHFW although rate of infection among healthcare workers was not found to be very high.