



**GOVERNMENT OF KERALA**

**Abstract**

Health & family welfare department - Walk-in covid-19 test facility in private laboratories - orders issued

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**HEALTH & FAMILY WELFARE (F) DEPARTMENT**

**G.O.(Rt)No.1486/2020/H&FWD Dated,Thiruvananthapuram, 12/08/2020**

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Read 1 Empowering citizens for testing of SARS-CoV-2 virus to save precious lives and

contain the virus, Letter to Chief secretaries, ICMR, July 01, 2020

2 G.O. (Rt)No.1236/2020/H&FWD, dated 02.07.2020

3 G.O. (Rt)No.1295/2020/H&FWD, dated 15.07.2020

4 G.O. (Rt)No.1403/2020/H&FWD, dated 31.07.2020

**ORDER**

As per Government orders read above, Government fixed rate of various tests such as RT-PCR, XpertNAT TrueNAT and Rapid Antigen Test etc to be done in private hospitals /laboratories for providing access to the public to COVID 19 tests.

Many people apprehending contracting COVID virus requested for walk-in testing facilities. Government have examined the matter in detail and in the context of the epidemiological trends in Kerala, sanction is accorded for "walk-in" COVID-19 test at cost for the citizens in private laboratories as per the GOs read above. This strategy provides citizens access to COVID-19 testing facilities in the private sector and helps in early detection of the disease leading to early care and prevention of mortality.

The Following guidelines are issued with regard to walk-in testing in private laboratories:

1. This facility is applicable for RT-PCR, CB NAAT, TrueNat and Rapid antigen tests only.
2. The rates to be charged by the Private Laboratories for each of the tests have been fixed by the Government.
3. A person may approach a private laboratory registered with the Department of Health and Family Welfare, Govt. of Kerala, to undergo COVID-19 tests.
4. Prescription from a registered medical practitioner is preferred for the test but not mandatory.
5. An informed consent and declaration form should be signed and submitted by the person undergoing the test. (Annexure-1) to the lab in charge.

6. A copy of any government issued ID of the person undergoing the test should be kept in the laboratory
7. A COVID Walk-in Kiosk (WISK) model may be adopted by the laboratories/hospitals
8. A trained Laboratory Technician or a Nurse may be permitted to perform the swab collection (nasopharyngeal and oropharyngeal) procedure. The Lab-in charge shall ensure that the Laboratory Technician / Nurse is trained for the purpose of swab collection under a Doctor and shall supervise the first 20 swab collection procedures as well as monitor the process daily.
9. The laboratories shall follow all the guidelines issued by the Department of Health and Family Welfare, Govt. of Kerala regarding COVID-19 testing as per the references cited.
10. Pre-test Counselling regarding COVID should be provided to the persons undergoing tests by the laboratory/hospital/referring physician.

The counselling should focus on the following areas:

Brief information about COVID-19
Ways to prevent infection (Social distancing, Hand hygiene, Cough and sneeze hygiene)
Tests available for COVID-19 and its interpretation
Follow-up as per Table.1
Services available in the government and private sector for management of COVID patients (COVID First Line Treatment Centers (CFLTC), Covid Hospitals, Psychosocial support etc.)
DISHA Helpline numbers, Phone Number for Psychosocial support

11. All results may be disclosed to the persons who had undergone the results with proper post-test counselling, guidance and reassurance.

12. The follow-up action should be as per table below;

Sl.no	Test result	Symptom and risk status	Action
1.	Test negative	Asymptomatic	Wear mask, social distancing and frequent hand hygiene.
2.	Test negative	Symptomatic	Seek health care, avoid social contact for 14 days
3.	Test positive	Asymptomatic and not belonging to *high risk	Contact DISHA 1056 regarding eligibility for room isolation in their home, if not eligible - admission in CFLTC

4.	Test positive	Asymptomatic and belonging to *high risk	Admission to CFLTC
5.	Test positive	Symptomatic- Cat-A	Admission to CFLTC
6.	Test positive	Symptomatic- Cat-B & C	Admission to COVID Hospital

<b>*High Risk Groups</b>
Elderly (age more than 65yrs)
Children less than 12 yrs
Antenatal
Severe comorbidities (eg. Heart, lung, liver, kidney disease)
Uncontrolled hypertension or Diabetes
Malignancies and immunocompromised conditions

13. The Lab-in charge should ensure that the patient are directed according to the table. Those eligible for room isolation (sl.no-3) may be permitted to go home and observe room isolation if eligible. The precautions to be taken for room isolation are also to be advised along with post test counselling.

14. The lab-in charge should ensure the patient details and results are reported online real time as per the guidelines.

15. The lab in charge shall inform the district health authorities/DISHA regarding the patient for further follow up and action.

(By order of the Governor)  
**RAJAN NAMDEV KHOBRADE**  
**PRINCIPAL SECRETARY**

To:  
The Director of Health Services, Thiruvananthapuram  
The Director of Medical Education, Thiruvananthapuram  
All DMOs  
All DCs  
Stock File / Office copy

Forwarded /By order

Signature valid  
Digitally signed by SURENA PAUL  
Date: 2020.08.12 14:07:15  
Reason: Approved

Section Officer

**Annexure-1**

Name of Laboratory/  
Hospital.....

**INFORMED CONSENT AND DECLARATION FOR WALK-IN COVID-19 TEST**

I, .....(name),  
age.....presently residing at.....  
.....  
..... and personal phone  
number.....Govt. Issued ID card  
number..... have been informed  
by .....(name of lab in  
charge/designated person in the lab/hospital) about the nature of  
COVID-19, the various tests available and the follow up action required.

I am willing to abide by the recommendations and guidelines issued by  
the Department of Health and Family Welfare, Govt. of Kerala. If tested  
positive I shall contact DISHA (help line number 1056) or consult my  
referring physician and undergo isolation or admission in CFLTC/COVID  
Hospital/ private Hospital.

Name of person undergoing test –

Sign:.....date.....

Name of Lab in charge:

Sign:.....date.....