

Guidelines for operationalisation of Domiciliary Care Centres (DCC) at LSG level

Read:

1. GO (Rt.) No. 939/2021/LSGD dated 02-05-2021
2. GO (Rt.) No. 947/2021/LSGD dated 04-05-2021
3. GO (Rt.) No. 944/2021/LSGD dated 03-05-2021
4. GO (Rt.) No. 1364/2020/LSGD dated 16-07-2020

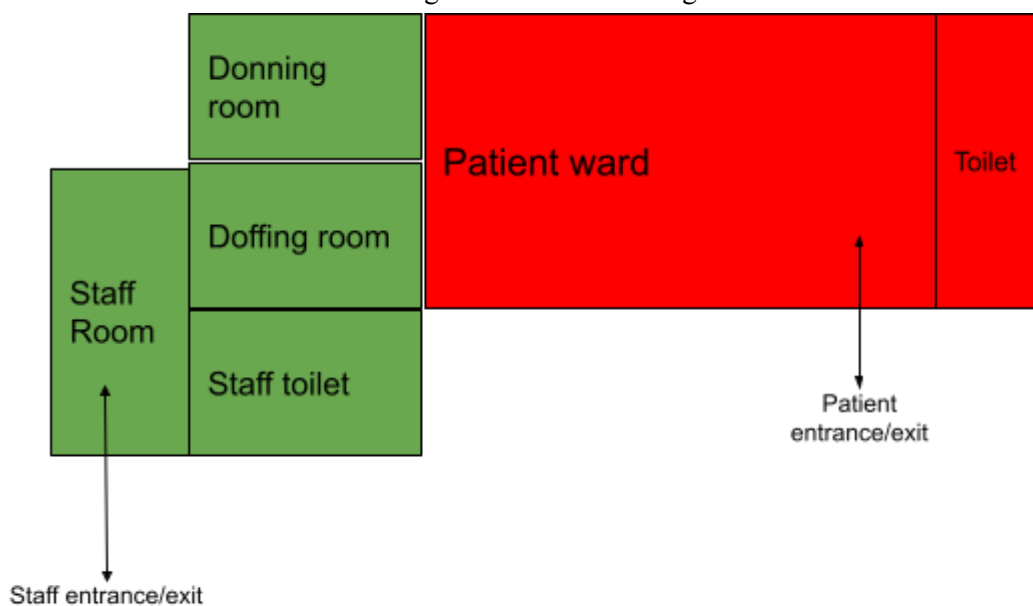
Introduction

In the context of surge in COVID19 cases reported in the district, all local self-governments have been directed by District Disaster Management Authority to operationalise Domiciliary Care Centres for admitting COVID19 patients with no symptoms/mild symptoms.

Domiciliary Care Centres are intended for patients diagnosed with COVID19 and otherwise eligible for home isolation, but do not have facility for the same at home. Domiciliary Care Centres (DCC) shall be operationalised in all local self-governments as per the guidelines given below.

Infrastructure

1. Every domiciliary care centre shall have a designated staff area called 'Green zone' and a patient area called 'Red zone'. There shall be no overlap between patient traffic and staff movement. The below schematic diagram shows this arrangement.



2. The following rooms shall be arranged in a Domiciliary Care Centre
 - a. Patient ward - at least 50 beds with separation as male and female wards.
 - b. Patient toilets - one toilet per 15 beds separate for males and females
 - c. Donning room
 - d. Doffing room
 - e. Staff room with separate toilet designated for staff
3. It is the responsibility of local self-governments to carry out necessary infrastructure modifications to convert an existing building as Domiciliary Care Centre.

IEC boards/Signages

1. All rooms shall be clearly labelled with signages in malayalam and english.
2. The name of institution shall be displayed as a main board of size 8 feet * 3 feet in front of the building.

Furniture & equipment

1. Necessary furniture and equipment shall be procured and provided by the local self-government.
2. Following is an indicative list of furniture and equipment necessary.
 - a. Patient cots
 - b. Mattresses, pillows
 - c. Chairs
 - d. Waste baskets for general waste
 - e. Large buckets with lid for food waste
 - f. Adequate number of mops and buckets for cleaning and disinfection
 - g. Computer/laptop with high speed internet connectivity
 - h. Telephone line/cell phone with good coverage
 - i. Emergency lamps
3. Biomedical equipment
 - a. Blood pressure monitor
 - b. Glucometer
 - c. Stethoscope
 - d. Pulse oximeter

Consumables

1. All necessary medical consumables (personal protective equipment and drugs, if any) shall be supplied by Kerala Medical Services Corporation Ltd. (KMSCL) through District Warehouse.
2. Consumables related to cleaning and disinfection shall be procured by the local body.

Administrative Structure

Being a facility directly under control of the local body, the administrative structure shall be as per the order cited in reference (4) above. Every domiciliary care centre shall have a facility management committee.

Designation	Officer
Chairperson	President/Chairperson of the LSG
Vice-chairperson	Chairperson of health & education standing committee of the LSG
Convener	Medical Officer in charge of the health institution of the local body
Members	Ward member concerned, LSG secretary, Health inspector

Managing Committee is the apex committee that decides on all matters related to the DCC within established government guidelines. *Medical Officers who are conveners of the committee are encouraged to present requirements before this committee and get decisions to implement/ratify various activities undertaken related to the DCC.*

Nodal Officer

1. Nodal Officer is an important functionary with respect to each DCC. Nodal Officer is designated by the respective LSG through a formal proceedings. In general, this nodal officer is the implementing arm of DCC Managing Committee.
2. Nodal officer shall be a person from any transferred institution of the local self-government except health department.
3. The joint bank account of DCC Managing Committee has to be opened jointly by chairperson of LSG and nodal officer
4. Nodal Officer is responsible to ensure non-medical HR to the DCC in coordination with respective LSG.

Charge Officer

An officer designated by LSG to help Nodal Officer to discharge his/her duties. Charge Officers shall be available on call on 24 hour basis to deal with any arising contingency. They report directly to the nodal officer.

Human Resource Management

Following human resources shall be deployed to each DCC of an indicative strength of 50 beds.

Category of staff	No. of staff per shift	Total no. of staff required	Mode of recruitment
Staff nurse	1 person	1 person	By LSGI
Caretaker/Attender	2 persons x 3 shifts	6 persons	By LSGI
Security staff	1 person x 3 shifts	3 persons	By LSGI
Data entry operator	1 person x 1shift	1 person	By LSGI

Being a centre intended to cater to needs of asymptomatic patients, domiciliary care centres DO NOT require the presence of medical personnel on round the clock basis.

In addition to the above, volunteers of *sannadhasena* or local palliative care organisations may be deployed by the local self-government for service.

Transportation arrangements

Local self-government shall empanel and designate an ambulance for transportation of patients. The ambulance shall be used for

- a. Shifting of patients from home to domiciliary care centre
- b. Emergency shifting of patients from DCC to covid hospital/CSLTC/CFLTC and back

The same empanelled/designated vehicle may be used to cater to transportation needs of patients on home isolation. Costs incurred have to be met by the LSG from available funds and reimbursed through DDMA.

Food and water arrangements

Adequate food and drinking water arrangements shall be made for patients. Nodal officer designated for the DCC shall coordinate and ensure availability of food and water in adequate quantities and on time for patients and staff.

Waste Management

Management of general waste

1. General waste shall be disposed off by incineration
2. Local self-government shall install incinerator at an appropriate location for the same

Management of food waste

1. Food waste shall be disposed off by deep burial
2. Every effort must be taken to ensure that food waste does not accumulate in the centre.

Management of biomedical waste

1. Biomedical waste shall be disposed off through IMAGE as per Biomedical waste management rules.
2. Biomedical waste shall be stored in covered color coded containers as per rules.

Online Reporting

Online reporting through covid19jagratha.kerala.nic.in portal shall be done on daily basis by the data entry operator designated by LSGD.