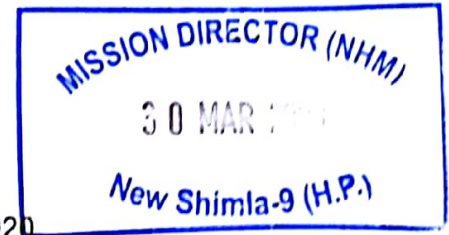




**National Health Mission**  
**SDA Complex, Kasumpti, Shimla-9**  
**Himachal Pradesh**

Dated: Shimla-171009, the 30<sup>th</sup> March 2020



To

All the Principals  
Government Medical Colleges  
in Himachal Pradesh

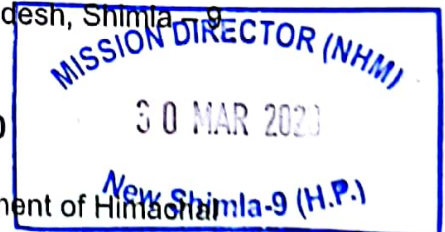
All the Medical Supreintendents  
in Himachal Pradesh

Subject: SOP for reallocation of residents /PG and nursing students as part of  
Hospital management of COVID

Sir/Madam,

Please find enclosed guidelines received from Ministry of Health & Family Welfare, Government of India regarding reallocation of residents/ PG and nursing students as part of Hospital Management of COVID. In this regard, further necessary action may be taken at your end please.

*N. P. Sharma*  
30/3/20  
Special Secretary (Health) cum  
Mission Director, NHM  
Himachal Pradesh, Shimla-9



**Endst. No. As above, Dated Shimla-9 the 30<sup>th</sup> March 2020**

**Copy for information and necessary action to:**

1. The Additional Chief Secretary (Health) to the Government of Himachal Pradesh
2. The Director Health Services, Himachal Pradesh
3. The Director Medical education and Research Himachal Pradesh

*N. P. Sharma*  
30/3/20  
Special Secretary (Health) cum  
Mission Director, NHM

## SOP for reallocation of residents/ PG students and nursing students as part of hospital management of COVID

### **Deployment of Residents in Various Facilities Designated for Screening and Management of Patients with COVID-19 and the non covid area of the hospital (in this SOP, the term “resident” includes DNB and CPS students)**

The hospital may be divided into 3 broad zones; i) non covid area, ii) covid area looking after patients with mild to moderate illness and iii) critical area like the ICU. In addition a triage area needs to be developed in the emergency where patients with acute severe respiratory illness will be coming.

1. Residents/ DNB/ CPS students will be categorized based on their parent departments, primarily keeping in mind their current engagement in managing critically ill patients. (See Annexure 1). In brief the categories will be as follows:
  - a. Category A: Core Departments
  - b. Category B: Clinical specialties already running ICU/HDU under their care
  - c. Category C: Other specialties with clinical post-graduates, but not running ICU/HDU under their care
  - d. Category D: All other clinical specialties with limited or no responsibility for critically ill patients
  - e. Category E: Medically trained (MBBS) residents from pre-clinical and para-clinical departments
  - f. Category F: Interns
  
2. Facilities will be categorized based on the characteristics of the patients who will be attended there, and the management decisions which will need to be implemented. In brief, the three levels of health facilities will be:
  - a. Level A: Screening areas
  - b. Level B: Facility for non-critically ill hospitalized patients
  - c. Level C: Facility for critically ill hospitalized patients
  
3. Team constitution for each level of health facility will be as follows:
  - a. Level A (Screening Facility): Team Leader from B or C Category of Resident; Teams to include residents primarily from C, D and F
  - b. Level B (Facility for non-critically ill hospitalized patient: Team Leader from A or B; Teams to include residents primarily from C and D.
  - c. Level C (Facility for critically ill hospitalized patients): Residents only from Category A and B to be posted here.

It has been also decided that Category E residents can be posted at any Level of health facility, primarily for coordination activities.

It is pertinent to note that roles and responsibilities must be made clear by the Team Leaders and / or the supervising faculty at each level of facility.

4. The total number of individuals required per team / shift and the duration of a shift (depending on the need to wear PPE) will be decided by the COVID-19 Task Force and the Faculty-in-charge for the various levels of facilities. The total number of individuals per team can be modified based on patient load in a facility and / or the proportion of critically ill patients. It is however suggested, that the numbers can be arrived on after the experience of the first few days of management at these facilities, and then serve as a template for future planning.
5. Shift durations should be adjusted such that the start and end of shifts will not be at a time when it is inconvenient to travel. The internal working arrangements of a shift can be at the discretion of the Faculty-in-charge of the facilities, taking into account various aspects, including, but not restricted to the duration of wearing PPE.
6. The total duration wherein an individual can be posted at any level of facility should be worked out to prevent burn out. This duration can be varied according to the level of facility.

### **Training of residents:**

It is also important to ensure linkage between the team providing training and the COVID-19 Task Force which is responsible for deployment of residents. No resident should be posted at any COVID-19 facility without undergoing an essential training module, as is being conducted by hospital infection control team.

Additional training must be given at the facility where the resident is posted – keeping the three levels of facility in mind. Hence, if there are two locations where screening takes place, the content of the facility level training must be the same, even if it is being delivered by different team leaders at the different physical locations. This will ensure that all key aspects of training are covered, irrespective of site of delivery and trainer. The respective Faculty-in-charge of these facilities will need to coordinate to ensure that this uniform level of training is devised and delivered.

Training about COVID-19, and other aspects of clinical evaluation of patients should also be made available for residents, especially those drawn from departments where there is either no regular patient-care activity (pre- and para- clinical departments) or if they so desire, even those with a limited engagement with sick patients. It would be appropriate that this module(s) is developed by the COVID-19 Task Force.

We may consider including psychologists to be part of the training, to enhance motivation of participating residents.

### **Faculty Deployment:**

The same general principles of Category of Department (based on clinical exposure and participation in the management of critically ill patients) and Level of Facility should be used for deployment of faculty for this purpose.

**Private hospitals/ colleges:**

The same principles may be applied to private institutions also.

**Dental students:**

A similar broad guideline shall be issued for dental doctors if the need arises. They must be trained in infection control from now onwards.

Annexure -1

**Categorization of Residents based on parent departments**

Category A: Core Departments

1. Department of Anaesthesiology and Critical care: all departments of anaesthesia (main hospital and centres).
2. Department of Medicine
3. Department of Pulmonary Medicine
4. Department of Geriatric Medicine
5. Department of Emergency Medicine

Category B: Clinical Specialities who are already running ICU/HDU

A. Medical Specialities

1. Department of Cardiology
2. Department of Gastroenterology
3. Department of Neurology
4. Department of Nephrology
5. Department of Paediatrics
6. Department of Medical Oncology
7. Department of Hematology

B. Surgical Specialities

1. Department of GI Surgery
2. Department of Neurosurgery
3. Department of CTVS
4. Department of ENT
5. Department of Paediatric Surgery
6. Department of Surgical Disciplines
7. Department of Surgical Oncology
8. Department of Burns and Plastic Surgery

Category C: Other Clinical Specialities with a clinical post-graduation but not currently running ICU/HDU

A. Medical Specialities

1. Department of Endocrinology
2. Department of Rheumatology
3. Department of Obstetrics and Gynaecology
4. Department of Radiotherapy / Radiation Oncology

B. Surgical Specialities

1. Department of Orthopedics
2. Department of Urology

Category D: All Other Clinical Specialities with limited responsibility for critically sick patients

1. Department of Dermatology
2. Department of Ophthalmology
3. Department of PMR
4. Department of Psychiatry
5. Centre for Community Medicine
6. Department of Transfusion Medicine

Category E: All medically trained (MBBS) residents from Pre- and Para-Clinical departments

1. Anatomy
2. Physiology
3. Biochemistry
4. Biophysics
5. Pathology
6. Microbiology
7. Forensic Medicine
8. Pharmacology
9. Lab Medicine
10. Nuclear Medicine
11. Radio-diagnosis

## Nursing Student allocation to handle manpower shortage for COVID-19

As our country is facing an unprecedented public health emergency with the COVID-19 pandemic affecting several parts of the nation. The cases of COVID - 19 are increasing the need for more manpower is essential to handle the pandemic situation.

If the need arises, students can be roped in to handle the crisis, as per their level of skills and training. The table below shows how students of Nursing Colleges can be allocated in order to handle manpower shortage.

<b>NON COVID -19 patients (Screening)</b>	<b>Mild to Moderate COVID -19 patients</b>	<b>Critical COVID- 19 patients</b>
*B.Sc (Hons)2 <sup>nd</sup> year Nursing students	**B.Sc (Hons) 4 <sup>th</sup> year Nursing students	***M.Sc. Nursing students (Both 1 <sup>st</sup> and 2 <sup>nd</sup> year)
*B.Sc (Hons) 1 <sup>st</sup> year Nursing students	**B.Sc (Hons) 3 <sup>rd</sup> year Nursing students	***B.Sc.(PB)nursing students (Both 1 <sup>st</sup> and 2 <sup>nd</sup> year)

\*B.Sc (Hons)1<sup>st</sup> and 2<sup>nd</sup>year nursing students are the novices, hence can be utilized in the caring for Non COVID-19 patients. The faculties of college of nursing college can accompany them while they are in the clinicals.

\*\*B.Sc (Hons)3<sup>rd</sup> and 4<sup>th</sup>year nursing students are more skilled and experienced, so they can be utilized to take care of mild to moderate COVID-19 patients.

\*\*\*M.Sc. Nursing students and B.Sc. (PB)nursing students are Registered Nursing Officers and can be utilized to take care of severe COVID- 19 patients.