लोक स्वास्थ्य एवं परिवार कल्याण विभाग
मध्यप्रदेश शासन
संचालन भवन, भोपाल
क्रमांक / 2020 / NHM / 5245
भोपाल, दिनांक 26/03/2020

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वर्तमान में कोरोना वायरस बीमारी का प्रकोप होने के कारण इसके संक्रमण की संभावनाओं अधिक हो गयी है। इसके संक्रमण को रोकने हेतु सरकार द्वारा योग्य वायुक्तिक चेतावनी की सुविधा हेतु दिशा निर्देश।

संदर्भ:- बोर्ड ऑफ गवर्नर्स द्वारा एम.सी.आई एवं नीति आयोग द्वारा जारी Telemedicine Practice Guidelines मार्च 2020।

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1. समस्त 51 जिला विकिस्फोल्म में टेलीमेडिसिन यूनिट की स्थापना की जानी है, जिस हेतु आवश्यक संसाधन की योजना जिला स्तर से संलग्न दिशानिर्देश के अनुसार की जानी है।
2. टेलीमेडिसिन यूनिट का दायित्व होम क्वरेंटेइन अवस्था में नियंत्रित होने की संभावना अधिक है उनके स्वास्थ्य की सत्तु निगरानी करना है।
3. होम क्वरेंटेइन व्यक्तियों को चिंतित करके समय तक उन्हें जिला अस्पताल में नियंत्रित टेलीमेडिसिन यूनिट का दूरभाष नम्बर प्रदान करे जिससे वे आवश्यकता होने पर टेलीमेडिसिन यूनिट पर आवश्यक सलाह प्राप्त कर सकते हैं।
4. कोविड-19 पोर्टल पर उपलब्ध सूची में प्रवर्तित होम क्वरेंटेइन अवस्था के लिए टेलीमेडिसिन यूनिट द्वारा समर्थन आयोजना कर आवश्यकतानुसार चिकित्सक परीक्षण दिया जाये।
5. यदि होम क्वरेंटेइन व्यक्तियों में नियंत्रित होने के लिए उन्हें संबंधित लक्षण परिलक्षित होते हैं तो ऐसा स्थिति में तक्कल जिला की स्थिति में डरेंगे रेसपॉन्स को सुनाम दी जाये।
6. टेलीमेडिसिन यूनिट द्वारा बैंकिंग रूप से एण्ट्री स्टेज कोविड पोर्टल के टेलीमेडिसिन मॉड्यूल में की जायें।

उक्त निर्देशों का पालन अनिवार्य है जिला अस्पताल में टेलीमेडिसिन सेंटर तक्कल स्थापित करें तथा इसकी स्कूल दूरभाष नम्बर के साथ मैदानी स्वास्थ्य कार्यक्षेत्रों एवं प्रशासनिक अभ्यंक का प्रदान करें।

संलग्न:- उपरोक्तानुसार

(डॉ.पल्लवी जैन गोविल)
प्रमुख सचिव, मध्यप्रदेश शासन
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भोपाल, मध्यप्रदेश
प्रतिलिपि — सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

1. स्वास्थ्य आयुक्त, संचालनालय स्वास्थ्य सेवायें, म.प्र।
2. मिशन संचालक, न.एच.एम., भोपाल, मध्यप्रदेश।
3. समस्त जिला कलेक्टर, म.प्र।
4. समस्त संचालक, संचालनालय स्वास्थ्य सेवायें/आई.ई.सी.ब्यूरो, म.प्र।
5. समस्त उप संचालक/कार्यक्रम अधिकारी, राष्ट्रीय स्वास्थ्य मिशन/संचालनालय स्वास्थ्य सेवायें, म.प्र।
6. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी/समस्त सिविल सर्जन सह मुख्य अस्पताल अधीक्षक, म.प्र।
7. समस्त जिला कार्यक्रम प्रबंधक, मध्यप्रदेश।

भोपाल, दिनांक २६/३/२०२०
Annexure-A

Guidelines for tele-medicine for COVID-19 management through 51 District hospitals in Madhya Pradesh

A. **Infrastructure requirements at district hospital**

1. Site for tele-medicine consultations hub will be District Hospitals of all 51 districts (DH)

2. Human Resource (HR) requirement at DH (HUB)
   a. Medical Officers (MO) - Number of MOs to decided based on requirement
   b. Data supporting staff
   c. Paramedic staff - for collecting history and complaints

3. Working hours - 24*7 (in rounds of 8 hours each with three MO and three supporting staff).

4. Logistic requirement at DH (HUB)
   a. Equipment's - Desktop, LCD, Tablets, smart phone, speakers, head phone, camera, printer, fax machine, internet connection
   b. Other logistics - separate room with electricity connection, table, chair, printouts of prescription
   c. Email IDs for DH, three authorized mobile/WhatsApp numbers, fax number, SKYPE ID, ZOOM ID other online platforms as per local needs/availability

5. Connectivity platforms
   a. SKYPE/zoom/other online platforms as per local needs/availability
   b. WhatsApp
   c. Video calling
   d. Emails
   e. Fax
   f. Telephone/ mobile calls

B. **Prescription protocol**

1. Use of standardized prescribed format

2. MO shall issue a prescription as per the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations and shall not contravene the provisions of the Drugs and Cosmetics Act and Rules.

3. Drugs - The categories of medicines that can be prescribed are listed below:

List 0: It will comprise those medicines which are safe to be prescribed through any mode of tele-consultation. In essence, they would comprise off-Medicines which are used for common conditions and are often available 'over the counter'. For instance, these medicines would include paracetamol, ORS solutions, coughlozenges etc. Medicines that may be deemed necessary during public health emergencies.
List A: These medications are those which can be prescribed during the first consult which is avideo consultation and are being re-prescribed for re-fill, in case of follow-up. This would be an inclusion list, containing relatively safe medicines with low potential for abuse. It is a list of medication which MO can prescribe in a patient who is undergoing follow-up consultation, as a refill.

List B: Is a list of medication which MO can prescribe in a patient who is undergoing follow-up consultation in addition to those which have been prescribed during in-person consult for the same medical condition.

Prohibited List: An MO providing consultation via telemedicine cannot prescribe medicines in this list. These medicines have a high potential of abuse and could harm the patient or the society at large if used improperly. Medicines listed in Schedule X of Drug and Cosmetic Act and Rules or any Narcotic and Psychotropic substance listed in the Narcotic Drugs and Psychotropic Substances, Act, 1985. The drugs in the above-mentioned list is summarized in Annexure 2.

C. Data consent and privacy: The MO should ensure that there is a mechanism for a patient to verify the credentials and contact details of the RMP. Principles of medical ethics, including professional norms for protecting patient privacy and confidentiality as per IMC Act shall be binding and must be upheld and practiced. Registered Medical Practitioner would be required to fully abide by Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002 and with the relevant provisions of the IT Act, Data protection and privacy laws or any applicable rules notified from time to time for protecting patient privacy and confidentiality and regarding the handling and transfer of such personal information regarding the patient. This shall be binding and must be upheld and practiced. MO will not be held responsible for breach of confidentiality if there is a reasonable evidence to believe that patient's privacy and confidentiality has been compromised by a technology breach or by a person other than MO. The MOs should ensure that reasonable degree of care undertaken during hiring such services.

D. Reporting Portal: State COVID-19 portal has all information about quarantine with phone numbers. Outbound calls should be made to home quarantine for counselling to adhere to the home quarantine protocols with regular tele-health checkup. Self-reporting by quarantine people should also be promoted for their active health surveillance. Any health parameter/indicator if tends towards corona symptoms then RRT/mobile unit of the district should be informed. The quarantine person should be attended without fail.

E. For detailed guideline of Telemedicine practice guideline issued by Board of Governor MCI and NITI Ayog kindly refer to https://www.mohfw.gov.in/pdf/Telemedicine.pdf
**Flowchart describing the flow of events**

**Community Level**

- Quarantined COVID 19 Patient
  - Health worker / Call Center Connecting the Patient
  - Self-report / calling by Patient
    - Video (preferred)
    - Audio calls
    - Text (WhatsApp / SMS)

**STEP 1**

**STEP 2**

- Connect with Doctor: Patient identification and consent
  - Quick Assessment by doctor / Patient will share the complaints or seek information
    - Is this case an emergency or can be treated through Tele-consultation

**STEP 3**

- Emergency: Signs and symptoms tends towards Corona infection
  - Inform the District RRT who should attend the patient without fail.

- Can be treated through tele-consultation
  - Share Prescription and transmit online as per guidelines as per the IMC Regulations, and provide photo, scan, digital copy of a signed prescription or e-Prescription to the patient via email or any messaging platform

**STEP 4**

- Summary of the Prescription to be entered in the state COVID Portal in a telemedicine module for records and analysis

**STEP 5**

- For First Consult, prescribe drugs from List O & A only
- For Follow-up Consult, prescribe drugs from List B only
- No Prescription of drugs from prohibited list
- Need-based Counselling may also be provided at consult.
Sample prescription format

Medical officers Name
Qualification
Registration number
Address
Contact Details - Email: Phone Number:

Date of consultation
Name of patient Age: Gender:

Complete Address (including name of village and nearest milestone):

Contact Number/Mobile number:

Height:
Weight:
LMP:
(Whatever applicable)

Chief complaints:
Diagnosis or provisional diagnosis:
Relevant points from history:
Examination /Lab findings:
Suggested Investigations:
Details of counselling provided (if required):

Name of Medicine (all in CAPITAL letters only with generic name), drug form, strength, frequency of administration & duration
1.
2.
3.

Special instructions:
Medicine list

List A

- Common over-the-counter medications such as
  - Antipyretics: Paracetamol
  - Cough Supplements: Lozenges,
  - Cough/ Common-cold medications (such as combinations of Acetylcysteine, Ammonium Chloride, Guaiifenesin, Ambroxol, Bromhexene, Dextromethorphan)
  - ORS Packets
  - Syrup Zinc
  - Supplements: Iron & Folic Acid tablets, Vitamin D, Calcium supplements
  - Etc

- Medications notified by Government of India in case from time to time on an Emergency basis
  - Such as Chloroquine for Malaria control for a specific endemic region, when notified by Government

List A

- First Consult Medications (Diagnosis done on video mode of consultation) such as
  - Ointments/Lotion for skin ailments: Ointments Clotrimazole, Mupirocin, Calamine Lotion, Benzyl Benzocate Lotion etc
  - Local Ophthalmological drops such as: Ciprofloxacin for Conjunctivitis, etc
  - Local Ear Drops such as: Clotrimazole ear drops, drops for ear wax etc.
  - Follow-up consult for above medications

- Follow-up medications for chronic illnesses for ‘re-fill’ (on any mode of consultation) such as medications for
  - Hypertension: Enalapril, Atenolol etc
  - Diabetes: Metformin, Glibenclamide etc
  - Asthma: Salbutamol inhaler etc
  - Etc

List B

- On follow-up, medications prescribed as ‘Add-on’ to ongoing chronic medications to optimize management such as for Hypertension: Eg, add-on of Thiazide diuretic with Atenolol
  - Diabetes: Addition of Sitagliptin to Metformin
  - Etc