GOVERNMENT OF PUNJAB DEPARTMENT OF HEALTH & FAMILY WELFARE, (HEALTH-IV BRANCH)

NOTIFICATION

No. 14/7/2020-4HB-IV/ 859

Dated, Chandigarh the; 18.03.2020

In continuation to the Punjab Government notification no. 14/7/2020-4HB-IV/677, Dated 05.03.2020 & in exercise of the powers conferred under section-2, 3 & 4 of the Epidemic Diseases Act, 1897, The Governor of Punjab is pleased to issue the following regulations:-

- 1. It shall be mandatory for all hospitals/nursing homes (Government and Private), health institutions and registered Private Medical Practitioners including AYUSH practitioners:-
 - (i) to inform regarding any such persons(s) who is affected with COVID-19 (as defined in the attached Annexure-I).
 - (ii) will also take self-declaration forms, from persons, who within their knowledge have history of travel to the COVID-19 affected countries as notified by the Govt. of India from time to time (as Annexure-II). In case the person has any such history in the last 14 days and is symptomatic, as per case definition of COVID-19, the person must be isolated in the hospital and will be tested for COVID-19 as per protocol (as Annexure-III).
 - (iii) Information of all such cases found as per para (i) & (ii) should be given to the District helpline numbers (Annexure-IV), State helpline number 104 and also to national helpline number 1075. Email may also be sent at ncov2019@gov.in, outbreakcellpunjab@gmail.com.
- 2. Any hospitals/nursing homes (Government and Private), Medical Officers in Government health institutions and registered Private Medical Practitioners including AYUSH practitioners found violating/disobeying any regulations mentioned above, shall be deemed to have committed an offence punishable under section 188 of Indian Penal Code.

Place: Chandigarh

ANURAG AGARWAL

Dated: 18.03.2020

Principal Secretary to Government of Punjab

Department of Health & Family Welfare

No. 14/7/2020-4HB-IV/

Dated, Chandigarh the;

A copy of the above is forwarded to the following for information and compliance:-

- 1) All the Commissioners of Divisions in the State of Punjab.
- 2) All the Deputy Commission in the State of Punjab.

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- 3) The Managing Director, Punjab Health Systems Corporation, Punjab, Mohali.
- 4) The Mission Director, National Health Mission, Punjab, Chandigarh.
- 5) The Director Health & Family Welfare Punjab, Chandigarh.
- 6) The Director Health Services (FW), Punjab, Chandigarh.
- 7) The Director Heath Services (SI), Punjab, Chandigarh for circulation in all the institutions under ESI.
- 8) The Director Research and Medical Education, Punjab, Chandigarh.
- The Director Rural Development and Panchayats, Punjab for circulation to all DDPOs, BDPOs and Rural Medical Officers of the State.
- 10) The Principal, Government Medical College, Amritsar.
- 11) The Principal, Government Medical College, Patiala.
- 12) The Principal, Government Medical College, Faridkot.
- 13) The President, Indian Medical Association, Punjab for information and circulation to all the members of IMA, Punjab.
- 14) All the Civil Surgeons in the State of Punjab.
- **15)** The Medical Superintendent of Mata Kaushalya Hospital Patiala, BBMB Hospital and Civil Hospital Jalandhar.
- **16)** The Accountant General Punjab, Chandigarh.
- 17) For all the Civil Surgeons in the State of Punjab: They are directed to circulate the notification to the Government Health Institutions, Private Medical Colleges, IMA and the Registered Medical Private Practitioners of the private hospitals/ clinics in their district for implementation.

Under Secretary Health

No. 14/7/2020-4HB-IV/

Dated, Chandigarh the;

A copy of the above is forwarded to the Controller Printing & Stationery Punjab, Chandigarh, along with two attested copies for publishing the above notification in the Punjab Gov.t Gazette and for supplying 50 copies of the same to this department

Sd/— Under Secretary Health

CC

- 1. PS/PSH.
- 2. PA/SH (K).
- 3. PA/SH(M).
- 4. PA/DSH.
- 5. PA/USH (S) for uploading notification on website.

COVID-19 Case Definitions

Suspect Case:

A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath) AND a history of travel to of residence in a country/area or territory reporting local transmission (See NCDC website for updated list) of COVID-19 disease during the 14 days prior to symptom onset;

OR

A patient / Health care worker with any acute respiratory illness **AND** having been in contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR

A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) AND requiring hospitalization **AND** with no other etiology that fully explains the clinical presentation;

OR

A case for whom testing for COVID-19 is inconclusive

<u>Laboratory Confirmed case</u>: A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.



Ministry of Health and Family Welfare Government of India

SELF REPORTING FORM to BE FILLED BY ALL INTERNATIONAL PASSENGERS

(TO BE PRESENTED ATTHE HEALTH&IMMIGRATION COUNTER)

All passengers coming to Indiaare required to fill-up this proformaln duplicate& submit a copy each to Health and Immigration counter.

Persona	l Inf	formation
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Contact Address in India for All Travelers:

1	Name of the passenger		1
2	Seat No.	3. Flight No.	
4	Passport No.		
5	Date of Arrival		
6	Port of origin of Journey		
7	Port of final destination	1	

1	House Number	
2	Street/ Village	
3	Tehsil	
4	District/ City	
5	State	
6	Pin	
7	Residence Number	
8	Mobile Number * (mandatory field)	
9	E mail ID	

(PART-A)

•	Data lla af al	- TAT 1			ce last 28 day	-
a	Details of th	ne cities i	COUNTRIAL	Wittend time	ca lact 70 day	

b. Are you suffering from any of the following symptoms

Fever Yes No
Cough Yes No
Respiratory distress Yes No

For persons having travel history to China, Hong Kong, Republic of Korea, Italy, Iran, Japan and other Covid-19 affected countries* or contacts with people having such travel history are requested to undergo mandatory thermal screening at the Health Counters.

Signature of the passenger

In case you develop symptoms such as fever and cough within 28 days of leaving this airport, restrict your outdoor movement and contact MoHFW's24 hours helpline number 011-23978046. Call operator will tell you whom to contact further. In the meanwhile, keep yourself isolated in your house/room.

^{*}AS NOTIFIED BY W.H.O. FOR LOCAL TRANSMISSION. (https://www.who.int/emergencles/diseases/novel-coronavirus-2019/situation-reports/)

Ministry of Health & Family Welfare Government of Punjab

SELF REPORTING FORM TO BE FILLED BY SUSPECTED PERSONS OF COVID-19

All suspected persons of COVID-19 required to fill-up this proforma in duplicate & submit a copy of each to Civil Surgeon of concerned district.

Contact Address in India

1.	Name of the	
	Person	
2.	House Number	
3.	Street/Village	
4.	Tehsil	
5.	District/City	
6.	State	
7.	Pin	
8.	Residence Number	
9.	Mobile Number*	
	(mandatory field)	
10.	Email ID	

Part-A

a. Are you suffering from any of the following symptoms

•	Fever	Yes	No
•	Cough	Yes	No
_	Pagniratory distress	Yes	No

Signature of the Person

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Dr. Anoop Kumar	Dr Manjit Singh	Dr. Raj Kurnar	Dr H.N. Sharma	Dr Harish Malhotra		Dr Vinod Sarin	Dr. Rajinder Prasad Bhatia	Dr Hari Narayan Singh	Dr Andesh Kang	Dr. Lai Chand Thakrai	Dr Rajesh Kumar Bagga	Dr. Jasmeet Kaur Bawa	Dr. Gurwinder Kaur Chawla	Dr. Jasvir Singh	Dr. Kishan Chand	Dr. Navdeep Singh	Dr. N.K Aggarwal	Dr. Surinder Singh	Dr Rajinder Kumar	Dr. Amak Singh	Dr. Gurinderbir Singh	Dr. Prabhdeep Kaur Johal	Name of Chil Surgeon
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Dr. Bidhi Lard Singh	Dr Harmundeep Kaur	Dr Upasna Bundra	Dr Suncet Sharma	Summy frant to		Dr Sarabjeet Kaur	O. Shyambeda Devi	Dr Paramdeep	Dr Naresh Kumar	Santosh Kumar Bharti	Divjot Singh	Dr. Navpreet Kaur	Dr. Shobhna Bansal	Dr. Shailesh Kumar	Dr. Vandana	Dr. Ansheer kaur	Dr. Deepti Sharma	Dr. Sunita Rani	Dr. Anita	Dr. Sumit Jindal	Dr. Munish Kumar	Dr. Madan Mohan	
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01852-385115	Y\$76735423	0167-2238190 077945860	0138-122/91	9815839175	1824157410	0086222300	01823-227471	01635-264742	0163-623110	5883861173 & Oley	CKITT-1910	9914934305	0181-2224848	01882-252170	06607271810	01632-243703	0176-3232136	01638-254105	01639-259547 & 8894828830	0164-2212501 & 7087169731 & 7087086291	01679-234777	0183-2211864	Contract Popular Publication

Annexwie-IV