

# GOA STATE POLLUTION CONTROL BOARD

## गोंय राज्य प्रदूषण नियंत्रण मंडळ

(An ISO 9001:2015, ISO 14001:2015. OHSAS 18001:2007 Certified Board)

Phone Nos. : 0832-2407700  
2407701, 2407702  
2407703

Tel/Fax No. : 0832-2407700



Email Ids:  
Chairman, GSPCB: chairman-gspcb.goa@nic.in  
Member Secretary GSPCB: ms-gspcb.goa@nic.in  
Environment Engineer, GSPCB: ee-gspcb.goa.nic.in  
Scientist, GSPCB: scientist-gspcb.goa@nic.in  
Office: goapcb@gspcb.in

No. 1/20/20-PCB/Tech/18121

Speed post

Dated : 11/01/2021

To,  
Ms. Youthika,  
Senior Environmental Engineer,  
C/o. Central Pollution Control Board,  
Parivesh Bhawan, East Arjun Nagar,  
Delhi - 110032

Sub : Compliance of NGT Order in OA. No. 72/2020

Sir,

With reference to the subject cited above, please find enclose herewith the action plan for the State of Goa for information and necessary action.

Yours Faithfully,

(Dr. Shamila Monteiro)  
Member Secretary  
For Goa State Pollution Board

Copy to,

- 1.. The Member Secretary, C/o. Central Pollution Control Board, Parivesh Bhawan, East Arjun Nagar, Delhi - 110032.. *information*
2. The Regional Director, The Regional Directorate(South), Central Pollution Control Board, 1<sup>st</sup> & 2<sup>nd</sup> Floor, Nisarga Bhawan, A Block, Thimmaiah Main road, 7<sup>th</sup> D cross Shivanagar, Bangalore, 560010.. *information*
- 3.. Office file
4. Guard file

**COMPLIANCE TO NGT ORDER DATED 20/07/2020 IN HON'BLE NGT  
MATTER IN O.A. NO 72/2020**

1. The Board has forwarded the "Guidelines for Handling, treatment and Disposal of Waste Generated during Treatment/Diagnosis/Quarantine of COVID-19 Patients' received from Central Pollution Control Board to all concerned stake holders.
2. The Board has uploaded COVID-19 related guidelines, awareness videos, pamphlets on the Board website. The link for the same is as below: [www.goaspcb.gov.in/covid](http://www.goaspcb.gov.in/covid).
3. The data of COVID waste is received from the COVID Hospital/Quarantine Centres /Diagnosis Centres on daily basis and the same is forwarded to Central pollution Control Board, Delhi and its Regional Office, Bangalore. The data as received is enclosed herewith. On an average 48-50kg/day of waste is generated.(Annexur A)
4. The State of Goa does not have a Common Biomedical Treatment and Disposal Facility. However there is 100kg/hr incinerator operational at Goa Medical College and Hospital which is utilized for incineration of all Covid waste generated in the State of Goa which is collected using designated vehicles and staff.
5. The Board has also published Do's and Dont's on local daily for creating awareness. The same is enclosed herewith for needful. The Goa State Urban Development Authority has created awareness in the State by means of pamphlets and videos. The same are uploaded on the Board website.(Annexur B)
6. Collector North Goa District has prepared a "Crisis Managemnt Plan" COVID 2019 (enclosed herewith) which is circulated to all concerned stakeholder departments. (Annexure C)
7. SOP is prepared by Directorate of Health Services for collection, storage, transportation and disposal of waste (enclosed herewith) which is strict adhered by the staff handling waste. (Annexure D)
8. The COVID Hospital treats waste water in the Sewage Treatment plant and is operating as per norms.

9. The Department of Urban Development has prepared a Action Taken report in view of the COVID-19 pandemic an infectious disease caused by Corona Virus. (Annexure E)

Dr. Shamila Monteiro  
Member Secretary  
Goa State Pollution Control Board



DEPARTMENT OF URBAN DEVELOPMENT  
First Floor, Dempo Towers, EDC Pallo,  
Panaji-Goa-403001.  
Telephone Nos: 0832-2438708; 2438690  
E-mail id: dir-dma.goa@nic.in, website: www.urban.goa.gov.in

No. 10/450/2019-DMA/Misc/Disaster/51103

Dated: 26<sup>th</sup> March, 2020.

### CIRCULAR

COVID-19, an infectious disease caused by Corona Virus has been declared a pandemic by World Health Organization (WHO). There are many cases reported from different parts of the country including the State of Goa. Therefore, in order to contain the spread of the pandemic of COVID-19 and as per the instructions dated 26/03/2020 which have been issued by the Ministry Of Housing & Urban affairs , Municipal Workers face potential occupational exposure to COVID-19 and therefore , shall follow below mentioned Standard infection prevention control practices and additional advisory for safe disposal of waste from quarantined households:

#### **1. Measures to be taken by Municipal Workers**

- a. Frequently wash hands with soap and water for at least 20 seconds. Whenever soap and running water is unavailable, use an alcohol-based hand rub with at least 60% alcohol or a Sanitizer.
- b. Always wash hands that are visibly soiled.
- c. Avoid touching nose, mouth, or eyes with unwashed hands.
- d. Avoid close contact with people who are sick
- e. Use of personal protective equipment (e.g. water resistant apron, gloves, masks, eye wear etc.) without fail. Shall not share the personal protective equipment and sanitizers.
- f. **ULB to provide a kit of personal protective to staff engaged in collection of waste from quarantined households.**
- g. Safe handling of waste.
- h. Disinfect bags containing waste.
- i. Disinfect lining of bin and disinfect environmental surfaces
- j. The exterior of the white bag shall be decontaminated with 1% hypochlorite solution.
- k. Shall remove and disinfect protective equipment and perform hand hygiene.
- l. The vehicle used for transfer of the waste, shall be decontaminated with 1% Sodium Hypochlorite solution, allow a contact time of 30 minutes, and then allowed to air dry.
- m. Minimize contact with each other and minimize interacting with each other before and after work as well. Further, all workers shall arrive and leave promptly at work.

#### **2. Special cleaning measures:**

- a. ULBs may undertake a special cleaning campaign for all public places (commercial areas, places of worship, popular tourist spots, parks, gardens, and any other public place which normally have high footfall from citizens, and hence may be difficult to clean thoroughly during the last few days) through sweeping, bleaching, disinfecting and complete sanitization during this lockdown period, before they are permitted to be reopened to public.



DEPARTMENT OF URBAN DEVELOPMENT  
First Floor, Dempo Towers, EDC Palto,  
Panaji-Goa-403001.

Telephone Nos: 0832-2438708; 2438690

E-mail id: dir-dma.goa@nic.in, website: www.urban.goa.gov.in

No. 10/450/2019-DMA/Misc/Disaster/4098

Dated: 23<sup>rd</sup> March, 2020.

CIRCULAR

In pursuance to the enforcement of sub Section (1) of Section 144 of the Code of Criminal Procedure of 1973 by the Government to contain the spread of pandemic of COVID-19 and the announcement by the Hon'ble Chief Minister of Goa made on 22/3/2020 regarding extension of the Janata Curfew, for another three-days till midnight of 25/3/2020, in the State of Goa, The Commissioner, CCP and all the Chief Officers of Municipal Councils are hereby directed to ensure that:

- a) Sanitation services are provided by the Urban Local Bodies as per normal routine.
- b) ULBs are to ensure that sufficient protection measures like face mask, hand washing facilities etc. are provided to sanitation workers.

Sanitation is an essential service covered under Essential Services and Maintenance Act, 1968 and would have to be continually provided by the ULBs without disruption from 23/3/2020 to 25/3/2020.

An Action taken Report in this regard is to be submitted to this office by 5.00 pm on 23/3/2020.

*Dr. Tariq Thomas*

**Dr. Tariq Thomas, IAS**  
(Director, Urban Development)

1. To,  
The Commissioner,  
Corporation of City Of Panaji  
Panaji Goa.

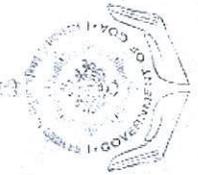
2. To,  
The Chief Officer,  
Municipal Council,  
Goa.

Copy To,

- 1) OSD to Hon'ble Chief Minister, Ministers Block, Secretariat, Porvorim – Goa
- 2) OSD to Hon'ble Minister, Urban Development, Ministers Block, Secretariat, Porvorim – Goa
- 3) PA to Principal Secretary (Urban Development), Secretariat, Porvorim – Goa
- 4) PA to Secretary (Health), Secretariat, Porvorim – Goa
- 5) Collector (South), Matanhy Saldanha Admn. Complex, Collectorate, Margao - Goa
- 6) Collector(North), North Goa Collectorate, Panaji – Goa
- 7) Superintendent of Police (South) Margao – Goa
- 8) Superintendent of Police (North) Panaji – Goa
- 9) Director, Directorate of Health Services, Panaji – Goa
- 10) Director, Information & Technology Department, Aflinho - Panaji – Goa

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Annexure 'E'



**DEPARTMENT OF URBAN DEVELOPMENT**

First Floor, Dempo Towers, EDC Patto,  
Panaji-Goa-403001.  
Telephone Nos: 0832-2438708; 2438690  
E-mail id: dir-dma.goa@nic.in, website: www.urban.goa.gov.in

No. 10/450/2019-DMA/Misc/Disaster/4138 Dated: 4<sup>th</sup> April, 2020.

**Sub: Action taken in view of the COVID-19 pandemic and infectious disease caused by Corona Virus.**

Sir,

As desired, Action Taken Report (ATR) with respect to Directorate of Urban Development & Goa State Urban Development Agency (GSUDA) in view of the COVID-19 pandemic, an infectious disease caused by Corona Virus is as follows:

- 1) In pursuance to the appeal made by the Hon'ble Prime Minister of India on March 19 2020 regarding Social distancing (Janta Curfew) on 22<sup>nd</sup> March 2020, Circular No. 10/450/2019-DMA/Misc/Disaster/4096 dated 21<sup>st</sup> March, 2020 was issued to all the ULBs to abide with the set of instructions. (Annexure - A)
- 2) In pursuance to the enforcement of sub Section (1) of Section 144 of the Code of Criminal Procedure of 1973 by the Government of Goa to contain the spread of pandemic of COVID-19 and the announcement by the Hon'ble Chief Minister of Goa made on 22/3/2020 regarding extension of the Janata Curfew, for another three days till midnight of 25/3/2020, Circular No. 10/450/2019-DMA/Misc/Disaster/4098 dated 21<sup>st</sup> March, 2020 was issued to all the ULBs with the direction that Sanitation Services shall be provided as per normal routine. (Annexure - B)
- 3) In pursuance to the lockdown imposed in the Country for 21 days by the Hon'ble Prime Minister of India on March 24 2020 in order to control the spread of the pandemic of COVID-19 and as per the instructions issued by the Ministry of Housing and Urban affairs dated 26/3/2020, a Circular No. 10/450/2019-DMA/Misc/Disaster/4103 dated 26<sup>th</sup> March, 2020 was issued to all the ULBs regarding Standard infection prevention control practices and additional advisory for safe disposal of waste from quarantined households to be followed by Municipal workers. (Annexure - C)
- 4) Circular No. 14/6-DMA/General/Councils/2017-18/4100 dated 24<sup>th</sup> March, 2020 was issued to all the ULBs regarding incurring Expenditure on purchase of face masks, sanitiser, solid waste management equipments etc. using 14<sup>th</sup> Finance Commission Funds. (Annexure - D)

- 5) Circular No. 14/6-DMA/General/Councils/2017-18/ dated 27<sup>th</sup> March, 2020 was issued to all the ULBs regarding incurring Expenditure on providing support to homeless or stranded due to non availability of transport etc. using 14<sup>th</sup> Finance Commission Funds. (Annexure – E)
- 6) The Urban Development Department has initially identified Aastha, Mapusa based Non-governmental Organization for providing food packets to the urban homeless as an interim measure till system of building up and providing food through SHGs and others was put in place. The GSUDA has given work order to the NGO on 24<sup>th</sup> of March, 2020. The NGO has provided 3800 food packets for urban homeless with the help of police department till 31<sup>st</sup> of March every day.
- 7) Circular No 14/6-DMA/General/Councils/2017-18/4111 dated 31<sup>st</sup> March 2020 alongwith sanction order (Administrative Approval) No 14/6-DMA/General/Councils/2017-18/4110 dated 31<sup>st</sup> March 2020 was issued to all the ULBs towards engaging labour for desilting of Municipal drains, gutters in respective jurisdiction to prevent flooding in approaching monsoons by using 14<sup>th</sup> Finance Commission Funds. The total funds sanctioned to ULBs amounts to Rs.1,43,00,000/- (Rupees One Crore Forty Three Lakhs only) [Annexure – F]
- 8) A monitoring team is formed to monitor execution of sanitization works at public places in ULB jurisdiction vide GSUDA office Order No F.18/3F/GSUDA/GEN/2020-21/2503 dated 2<sup>nd</sup> April 2020. (Annexure – G)
- 9) This office has sourced 10% Industrial Grade Sodium-Hypochlorite for use as disinfectant. The same has been distributed to the ULBs vide Distribution Order No 10/450/2019-DMA/Misc/Disaster/4125 dated 4<sup>th</sup> April 2020. The solution shall primarily to be used in case of handling of the waste from quarantined households, public toilets and high volume public places. (Annexure – H)
- 10) Sprayers have been provided which are manual as well as automatic to all the Urban Local Bodies in the State of Goa. All the ULBs have already started disinfecting process in their respective jurisdiction.
- 11) 5 Self Help Groups have been identified under National Urban Livelihoods Mission (NULM) for preparing 2500 Masks (double folded) with 100 % cotton material meeting the standards of World Health Organization (WHO) for cloth masks to supply for Sanitation workers and other Municipal staff who are actively working on essential services even during lockdown.

12) All the Urban Local Bodies have been supplied with Yellow Bags for collection of waste from quarantined house as per the guidelines.

13) The List of all the items supplied and in possession of the Urban Local Bodies are hereby enclosed. (Annexure – I)

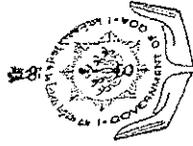
Yours Faithfully

  
Dr. Tariq Thomas, IAS

(Director, Urban Development)

To,

- 1) OSD to Hon'ble Chief Minister,  
Ministers Block, Secretariat, Porvorim – Goa
- 2) OSD to Hon'ble Minister, Urban Development,  
Ministers Block, Secretariat, Porvorim – Goa
- 3) PA to Principal Secretary (Urban Development),  
Secretariat, Porvorim – Goa

**DEPARTMENT OF URBAN DEVELOPMENT**

First Floor, Dempo Towers, FDC Pallo,

Panaji-Goa-403001.

Telephone Nos. 0832-2438708; 2438690

E-mail id, dir-dtma.goa@nic.in, Website, www.urban.goa.gov.in

No. 10/450/2019-DMN/Misc/Disaster/4096

Dated, 21<sup>st</sup> March, 2020.**CIRCULAR**

In pursuance to the appeal made by the Hon'ble Prime Minister on India, on 19/3/2020 regarding social distancing (Janata Curfew) all over the Country on Sunday, 22<sup>nd</sup> March 2020 from 07.00 am to 9.00 pm and subsequent to the instructions issued by the Hon'ble Chief Minister of the State of Goa in the meeting held on 21/3/2020, as a measure to combat the health emergency caused by COVID -19 an infectious disease caused by Corona virus, the Commissioner, CCP and all the Chief Officers of Municipal Councils are hereby directed to immediately take the following steps.

- a) Ensure that all trade Establishments, Markets, Street food vendors, Hawkers are not operating on 22/03/2020 from 07.00 am to 9.00 pm.
- b) Sanitation services are provided by the Urban Local Bodies as per normal routine. ULBs are to ensure that sufficient protection measures like face mask, hand washing facilities etc. are provided to sanitation workers. Sanitation is an essential service and would have to be continually provided by the ULBs without disruption in the coming days.
- c) Post 22/03/2020, the markets except weekly markets would remain open but all ULBs shall liaise with respective Government Healthcare Institutions to take necessary measures for sanitation and infection control in the markets. The ULBs are also directed to discuss with market associations to ensure and arrive at measures to avoid crowding.
- d) It is desired by the Hon'ble Prime Minister that to pay gratitude to their selfless service to the nation during such trying circumstances, all citizens should acknowledge and salute the efforts of people who are in forefront of fighting the COVID-19 pandemic like medical staff, police, government servants, airline staff, media persons, bus/train/auto operators and those involved in providing home delivery, by standing in the balconies or at the doors of their houses and clap or ring bells for five minutes as a show of appreciation. Therefore, Urban Local

Bodies are advised to ring a siren at 5.00 pm on 22<sup>nd</sup> March for intimatio... of all citizens.

The above Set of Instructions shall be complied with and Action taken Report in this regard is to be submitted to this office by 5.00 pm on 23/3/2020.

4-2-21 A  
Dr. Tariq Thomas, IAS

(Director, Urban Development)

1. To,

The Commissioner,

Corporation of City Of Panaji  
Panaji Goa.

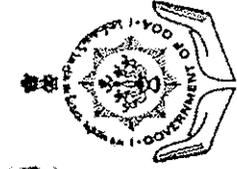
2. To,

The Chief Officer,

\_\_\_\_\_ Municipal Council,  
\_\_\_\_\_ Goa.

Copy To,

- 1) OSD to Hon'ble Chief Minister, Ministers Block, Secretariat, Porvorim - Goa
- 2) OSD to Hon'ble Minister, Urban Development, Ministers Block, Secretariat, Porvorim - Goa
- 3) PA to Principal Secretary (Urban Development), Secretariat, Porvorim - Goa
- 4) PA to Secretary (Health), Secretariat, Porvorim - Goa
- 5) Collector (South), Matanhy Saldanha Admn. Complex, Collectorate, Margao - Goa
- 6) Collector(North), North Goa Collectorate, Panaji - Goa
- 7) Superintendent of Police (South) Margao - Goa
- 8) Superintendent of Police (North) Panaji - Goa
- 9) Director, Directorate of Health Services, Panaji - Goa
- 10) Director, Information & Technology Department, Altinho - Panaji - Goa



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E-mail id: dir-dma.goa@nic.in, website: www.urban.goa.gov.in

No. 10/450/2019-DMA/Misc/Disaster/4103

Dated: 26<sup>th</sup> March, 2020.

**CIRCULAR**

COVID-19, an infectious disease caused by Corona Virus has been declared a pandemic by World Health Organization (WHO). There are many cases reported from different parts of the country including the State of Goa. Therefore, in order to contain the spread of the pandemic of COVID-19 and as per the instructions dated 26/03/2020 which have been issued by the Ministry Of Housing & Urban affairs , Municipal Workers face potential occupational exposure to COVID-19 and therefore , shall follow below mentioned Standard infection prevention control practices and additional advisory for safe disposal of waste from quarantined households:

**1. Measures to be taken by Municipal Workers**

- a. Frequently wash hands with soap and water for at least 20 seconds. Whenever soap and running water is unavailable, use an alcohol-based hand rub with at least 60% alcohol or a Sanitizer.
- b. Always wash hands that are visibly soiled.
- c. Avoid touching eyes, nose, or mouth with unwashed hands.
- d. Avoid close contact with people who are sick
- e. Use of personal protective equipment (e.g. water resistant apron, gloves, masks, eyewear etc) without fail. Shall not share the personal protective equipment among themselves.
- f. **ULB to provide fresh kit of personal protective to staff engaged in collection of waste from quarantined households.**
- g. Safe handling of sharps.
- h. Disinfect bags housing waste.
- i. Disinfect linen, Clean and disinfect environmental surfaces
- j. The exterior of the waste bag shall be decontaminated with 1% hypochlorite solution.
- k. Shall remove personal protective equipment and perform hand hygiene.
- l. The vehicle, after the transfer of the waste, shall be decontaminated with 1% Sodium Hypochlorite solution, allow a contact time of 30 minutes, and then allowed to air dry.
- m. Minimize contact with each other and minimize interacting with each other before and after shifts as well. Further, all workers shall arrive and leave promptly at workplace.

**2. Special cleaning of public places:**

- a. ULBs may undertake special cleaning campaign for all public places (commercial areas, places of worship, popular tourist spots, parks, gardens, and any other public place which normally sees high footfall from citizens, and hence may be difficult to clean thoroughly during normal days) through sweeping, bleaching, disinfecting and complete sanitization during this lockdown period, before they are permitted to be reopened to public.

- b. This would help ensure that cities are clean and sanitized when the lockdown is lifted and citizens can come out of their homes.

### 3. Safe disposal of waste from quarantined households:

- a. For all households where residents are under quarantine, ULBs may provide them with **specifically marked, yellow/Orange garbage bags** for disposing of their wet and dry wastes.
- b. Waste from such quarantined households should be treated as bio-medical waste.
- c. Hence, these wastes should be collected by ULBs separately ( **in separate collection vehicles & Special dedicated team**) and transported separately, without mixing with the regular waste from other households.
- d. The vehicles collecting these quarantined wastes should be thoroughly disinfected( sodium hypochlorite may be used ) and cleaned daily.
- e. Waste from quarantined households should be stored separately, away from domestic municipal waste and to be disposed off through incineration as far as possible.
- f. In case incineration facilities are not available, as a last resort, these waste may be buried in a deep pit in the ground, so that they cannot contaminate any other surface or they may be kept separately till incineration facilities are made available .

### 4. Safe disposal of masks and other related waste from non-quarantined households

- a. Other wastes used for protection like mask or gloves etc. from non-quarantined households should be treated as domestic hazardous waste, wrapped in separate wrapper, collected and transported separately without mixing with normal household waste.

### 5. Welfare and protection of Sanitary workers engaged in collection and transportation of COVID-19 waste:

- a. All sanitary staff involved in collecting and transporting the above hazardous wastes should be compulsorily provided with personal protective kits.
- b. Fresh protective kits should be provided daily to staff engaged in collection of waste from quarantined households.
- c. Before leaving for collection duty, and after returning to their duty station, every sanitary staff shall be subjected to thermal checking, and mandatory handwashing with soap.
- d. In case any staff should be feeling any physical discomfort, he / she should be sent for medical examination and subsequent treatment as may be required.
- e. Each staff should deposit their used masks / gloves / protective gear in a designated, cordoned-off area, and such used protective gear is to be treated as hazardous bio- medical waste, to be disposed off through incineration.
- f. ULBs may refer MoHFW guidelines: <https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf> in this respect.
- g. In case, because of the ongoing lockdown, sanitary workers (including those employed on contract) are unable to report for duty, their daily / regular wages should continue to be paid, and care taken to ensure that their employment / livelihoods are not affected because of their absence.

i.

**6. Awareness and enforcement:**

- a. All community and frontline workers may be supplied with Do's and Don'ts based on the MoHFW guidelines for Prevention and Management of COVID-19.
- b. ULBs may widely disseminate relevant guidelines and awareness messages on COVID-19 for citizens through local print and electronic media
- c. Strict penalty and enforcement may be ensured for any unregulated disposal of COVID-19 waste by any person (s), including waste collectors.
- d. ULBs may work closely with District health authorities to ensure all of the above.

The Commissioner, CCP and all the Chief Officers of Municipal Councils are hereby directed to ensure that the sanitation workers engaged in Solid Waste Management are following the above Standard infection prevention control practices.

*Dr. Tariq Thomas*

**Dr. Tariq Thomas, IAS**

(Director, Urban Development)

1. To,  
The Commissioner,  
Corporation of City Of Panaji  
Panaji Goa.

2. To,  
The Chief Officer,  
\_\_\_\_\_Municipal Council,  
\_\_\_\_\_ Goa.

Encl: as above.

Copy to:

1. Chief Secretary, Government of Goa, Secretariat, Porvorim-Goa
2. Secretary (Health), Secretariat, Porvorim-Goa
3. Secretary (Urban Development), Secretariat, Porvorim, Goa
4. Managing Director, Goa Waste Management Corporation, Saligao, Goa
5. Director, Directorate of Panchyats, Junta House, Panaji, Goa.
6. Collector (North), North Goa Collectorate, Panaji-Goa.
7. Collector (South), North Goa Collectorate, Panaji-Goa.



DEPARTMENT OF URBAN DEVELOPMENT  
(MUNICIPAL ADMINISTRATION)  
Deputy Towers, 1st Floor, Panaji-Chennai-403001.  
Ph:044-08122438640, 2418708, Fax 0832-2438590  
E-mail id: dir-dma.pn@pnaiic.in Website: www.urban.gov.in

No.14/6-DMA/General/Councils/2017-18/1000 Date: 07/03/2020

CIRCULAR

Sub:-Regarding incurring Expenditure on purchase of face masks, Sanitiser, solid waste management equipments etc. using 14<sup>th</sup> Finance Commission Funds.

In view of the ongoing outbreak of COVID-19 an infectious disease caused by Corona virus and after considering that certain measures are required to contain the spread of the epidemic, it has been directed to all ULB's to incur expenditure towards purchase of face masks, hand sanitizers, hand wash, gloves and other preventive kits as precautionary measures for workers and staff involved in Solid Waste Management using 14<sup>th</sup> Finance Commission Grants. The expenditure can be incurred for COVID-19 precautionary measures related expenditure as per limits given below without obtaining initial approval of the Government but ULB's are required to seek ex post facto approval for the expenditure incurred within 6 weeks of issue of this approval.

Sr. No.	Class	Expenditure Limit
1.	A	Rs 8,00,000/-
2.	B	Rs 600,000/-
3.	C	Rs 400,000/-

Given the emergency situation, in conformity with the Rule 154(ii) of GPR 2005, the ULB's can resort to purchase from a single source after recording reasons for the same. The ULB's should restrict the purchase from 14<sup>th</sup> FC Funds as per above limits and the Ex-post facto approval will be accorded accordingly on submission of detailed proposal with relevant documents.



DEPARTMENT OF URBAN DEVELOPMENT  
(MUNICIPAL ADMINISTRATION)  
Pancha Towers, 1st Floor, Pancha-Cross-403001,  
Patna-605 002, Bihar-60, 2438709, Fax 0832-2438590  
E-mail: [dua@nagahatna.in](mailto:dua@nagahatna.in) Website: [www.nagahatna.gov.in](http://www.nagahatna.gov.in)

No.14/6-DMA/General/Councils/2017-18/100

Date: 03/2020

CIRCULAR

**Sub:-Regarding incurring Expenditure on purchase of face masks, Sanitizer, solid waste management equipments etc. using 14<sup>th</sup> Finance Commission Funds.**

In view of the ongoing outbreak of COVID-19 an infectious disease caused by Corona virus and after considering that certain measures are required to contain the spread of the epidemic, it has been directed to all ULB's to incur expenditure towards purchase of face masks, hand sanitizers, hand wash, gloves and other preventive kits as precautionary measures for workers and staff involved in Solid Waste Management using 14th Finance Commission Grants. The expenditure can be incurred for COVID-19 precautionary measures related expenditure as per limits given below without obtaining initial approval of the Government but ULB's are required to seek ex post facto approval for the expenditure incurred within 6 weeks of issue of this approval.

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It is reiterated that Sanitation is an essential service covered under Essential Services and Maintenance Act, 1968, and would have to be continually provided by ULB's without disruption.

The Commissioner/Chief Officers of the ULB's shall take necessary action accordingly.

Encl:- As above

(DR. TARIQ THOMAS, IAS)  
Director of Urban Development

To,  
The Commissioner,  
Corporation of the City of Panaji,  
Panaji- Goa.

Copy to:-

1. The Secretary (UD), Government of Goa, Secretariat, Porvorim - Goa.
2. The Chairperson, \_\_\_\_\_ - Goa.  
(To take note of above)
3. The OSD to Hon'ble Minister (UD), Secretariat, Porvorim-Goa.



(MUNICIPAL ADMINISTRATION)

Dempo Towers, 1st Floor, Panaji-Goa-403001.

Ph.nos (0832)2438640,2438708, Fax 0832-2438590

E-mail id: [dir-dma.goa@nic.in](mailto:dir-dma.goa@nic.in) Website: [www.urban.goa.gov.in](http://www.urban.goa.gov.in)

No.14/6-DMA/General/Councils/2017-18/

Date: 27/03/2020

CIRCULAR

Sub:- Regarding incurring Expenditure on providing support to homeless or stranded due to non availability of transport etc using 14<sup>th</sup> Finance Commission Funds.

In view of the ongoing outbreak of COVID-19 an infectious disease caused by Corona virus and after considering that certain measures are required to provide support to people stranded due to non availability of transport, migrant workers etc and for the homeless, it is directed to all ULB's to incur expenditure to support the affected people using 14<sup>th</sup> Finance Commission Grants. The expenditure can be incurred as per limits given below without obtaining initial approval of the Government but ULB's are required to seek ex post facto approval for the expenditure incurred within 6 weeks of issue of this approval.

Sr. No.	Class	Expenditure Limit
1.	A	Rs 8,00,000/-
2.	B	Rs 6,00,000/-
3.	C	Rs 3,00,000/-

Given the emergency situation, in conformity with the Rule 154(ii) of GFR 2005, the ULB's can resort to purchase from a single source after recording reasons for the same. The ULB's should restrict the purchase from 14<sup>th</sup> FC Funds as per above limits and the Ex-post facto approval will be accorded accordingly on submission of detailed proposal with relevant documents.

The Commissioner/Chief officers of the ULB's shall take necessary action accordingly.

*(Signature)*

(DR. TARIQ THOMAS, IAS)

Director of Urban Development

Date: - 31-03-2020

### ORDER

Administrative Approval of Government is hereby conveyed towards engaging Labour for desilting of Municipal drains, gutters in respective jurisdiction in Urban Local Areas to prevent flooding in approaching monsoons by using 14<sup>th</sup> Finance Commission Grants, for an amount of Rs.1,43,00,000/- (Rupees One Crore Forty Three Lakhs Only) to Municipal Councils as follows:-

"A" CLASS MUNICIPAL COUNCILS		
Sr.no	Name of the Council	Amount
1	Corporation of the City of Panaji	Rs.15,00,000/-
2	Margao Municipal Council	Rs.15,00,000/-
3	Mormugao Municipal Council	Rs.15,00,000/-
"B" CLASS MUNICIPAL COUNCILS		
4	Mapusa Municipal Council	Rs.10,00,000/-
5	Ponda Municipal Council	Rs.10,00,000/-
6	Curchorem-Cacora Municipal Council	Rs.10,00,000/-
7	Cuncolim Municipal Council	Rs.10,00,000/-
8	Bicholim Municipal Council	Rs.10,00,000/-
9	Canacona Municipal Council	Rs.10,00,000/-
10	Sankhali Municipal council	Rs.10,00,000/-
11	Quepem Municipal Council	Rs.10,00,000/-
"C" CLASS MUNICIPAL COUNCILS		
12	Valpoi Municipal Council	Rs.6,00,000/-
13	Pernem Municipal Council	Rs.6,00,000/-
14	Sanguem Municipal Council	Rs.6,00,000/-
	Total	Rs.1,43,00,000/-
(Rupees One Crore Forty Three Lakhs Only)		

429422

The grants are sanctioned subject to following conditions:-

1. The Grants are sanctioned since the work is of urgent nature in this lock down period due to COVID 19 pandemic.
2. The tendering process may be waived off with a rider that the work be executed departmentally and U.B's/CCP be allowed to pay wages as per Minimum Wages Act.
3. Proper Muster Roll & records should be maintained and the same should be duly certified by the concerned Municipal Engineer.
4. Random checks will be carried out by the Office of Department of Urban Development.
5. The account of the Municipal Council should be audited by the Charter Auditor or Government Auditor immediately after the end of the financial year. The accounts of the grants shall be maintained separately and properly from its normal activities and submitted as and when required. They shall be open to test check by the Comptroller and Auditor General of India at his discretion.
6. There shall be no political propaganda and political participation with respect to the undertaking of said works.
7. This is issued with the approval of Government.

*Tariq Thomas*

(Dr. Tariq Thomas, IAS)  
Director of Urban Development

Copy to:-

1. The Commissioner, Corporation of the City of Panaji.
2. The Chief Officer,  
..... Municipal Councils,  
.....
3. The Resident Audit Officer, Audit Bhavan, Green Valley, Alto-Porvorim -  
Goa.
4. Grants Register.
5. Office Copy



DEPARTMENT OF URBAN DEVELOPMENT  
(MUNICIPAL ADMINISTRATION)

Dempo Towers, 1st Floor,

Panaji-Goa-403001.

Phones (0832)2438640,2438708, Fax 0832-2438590

E-mail id: dir-dma.goa@dnic.in

No.14/6-DMA/General/Councils/2017-18/

Date: 3/03/2020

Circular

**Sub:-Regarding Approval for utilizing stranded labourers for desilting work in Urban Local Bodies in view of approaching Monsoons.**

In view of the prevailing situation in the State posed by outbreak of COVID-19 and, the lockdown imposed by Government till 14<sup>th</sup> April 2020, the Urban Local Bodies are in urgent need to carry out desilting of Municipal drains, gutters in their respective jurisdiction to prevent flooding in approaching monsoons.

Usually the ULB's/Corporation used to carry out such desilting work in the month of March & April every year. In the prevailing situation, immediate steps need to be taken to avoid flooding in ensuing monsoons.

In this regard, it is to inform that, Government of Goa has utilised various public buildings to house stranded labourers who were moving out of Goa State. The services of these stranded labour may be utilised by the respective ULB's for carrying out the desilting works. The Chief Officers/Commissioner of respective ULB's are authorised to issue ID cards to these working labourers and they may also provide for their transportation to the site and back with adequate safety measures as per the advisories issued by the Directorate of Health, Government of Goa, MHA, etc.

The work being urgent in nature in this lockdown period, tendering process may be waived off with the condition that the work be executed departmentally and ULB's/CCP are allowed to pay wages as per Minimum Wages Act. All ULB's/CCP are allowed to incur expenditure under 14<sup>th</sup> Finance Commission grants / their own Municipal/Corporation funds as the case may be.

If 14<sup>th</sup> Finance Commission Funds are used then, ULB's should restrict the expenditure for engaging labourers for monsoon desilting works as given below:-

- 1) Class A Municipalities  
- Rs 15 Lakhs
- 2) Class B Municipalities  
- Rs 10 Lakhs
- 3) Class C Municipalities  
- Rs 6 Lakhs

Order No. 14/6/DMA/General/Councils/2017-18 dated 31/03/2020 has been issued in this regard.

Proper Muster Roll & Records should be maintained and the same should be duly certified by concerned Municipal Engineer.

Random checks will be carried out by the officials of the Department of Urban Development.

The Commissioner/Chief Officers of the ULBs shall take necessary action accordingly.

*Amey A. V.*  
**(DR. TARIQ THOMAS, IAS)**  
Director of Urban Development

To,  
The Commissioner/Chief Officer,

- All -

Copy to:-

1. The OSD to Hon'ble Minister (UD), Secretariat, Porvorim - Goa.
2. The Chief Secretary, Secretariat, Porvorim - Goa.
3. The Secretary (UD), Government of Goa, Secretariat, Porvorim - Goa.
4. The Collector North, Collectorate Bldg, Panaji-Goa.
5. The Collector South, Mathany Saldanhya Administrative Complex, Margao-Goa.
6. The Superintendent of Police, North-Goa, Panaji-Goa.
7. The Superintendent of Police, South-Goa, Margao-Goa.
8. The Commissioner, Labour & Employment, Shramshakti Bhavan, Patto, Panaji-Goa.

ORDER

**Subj: Formation of a monitoring team to monitor execution of sanitization work at public places in UEB jurisdiction**

In view of the lockdown called by the Government till 14 April 2020 and thereafter to contain spread of COVID-19, the Swachha Bharat Mission cell of this Office has arranged to supply disinfectants with allied equipments to Urban Local Bodies so that proper Swachhata is maintained within the UEBs. Already disinfectants, spray and hand sanitizers has been supplied to most of UEBs and more will be supplied in due course. Additionally, a procedure for Solid Waste Management during the period of COVID-19 pandemic has been circulated vide No. 10.450.2019-DMA/MS/Disaster/102/19 dated 26/3/2020.

In this regard following team is constituted headed by Jr. Project Engineer, GSUDA.

- (i) Shri. Gnandeep Kumar, Jr. Project Engineer, GSUDA, Lead Member
- (ii) Shri. Gaurish Pralhad, Jr. Engineer, GSUDA, Member
- (iii) Shri. Vivek Desai, Jr. Engineer, GSUDA, Member

The Functions of the monitoring team is as under.

- a) They shall visit all the UEBs and verify the sanitation materials supplied and verify the report from the concerned Chief Officer/Commissioner with evidence of work carried out the sanitization work.
- b) Verify compliance to circular No. 10.450.2019-DMA/MS/Disaster/102/19.
- c) They shall also report that equipments supplied to UEBs are put to use or not.
- d) They shall carry out the activities till expiry of lock down period.



*A. J. Thomas*  
(Dr. Tirth Thomas, IAS)  
MS, GSUDA / Director of Urban Development  
Dt: 02/04/2020

- For,
- 1. All Concerned
  - 2. The office of DMA for information
  - 3. All Chief Officer/Commissioner, CLP for information

id Council

1 2 3  
4 5 6

2020.04.02 17:30

10/450/2019-DMA/Misc/Disaster/ 4125  
Office of Department of Urban Development  
Government of Goa  
Dempo Towers, 1<sup>st</sup> Floor,  
Patto- Panaji, Goa 403001  
Dated: 04.04.2020

**DISTRIBUTION ORDER**

This office has sourced 10% industrial grade sodium hypochlorite solution for use as disinfectant. In this regard the proposed distribution of the disinfectant ULB wise is give below :

S.No	Name of ULB	Allotment of 10% industrial grade sodium hypochlorite
1.	CCP	150 litres
2.	Mapusa MC	200 litres
3.	Pernem MC	100 litres
4.	Marmugao MC	100 litres
5.	Valpoi MC	100 litres
6.	Cancona MC	100 litres
7.	Ponda MC	150 litres
8.	Quepem MC	100 litres
	TOTAL	1000 litres

The sodium hypochlorite is currently stored at Mapusa Municipal Council. Shri Nadeem Shaikh, Municipal Engineer Grade- III( Mobile Number -9765257178) will be responsible for distribution of said chemicals. The concerned Councils are requested to send vehicles with responsible staff and containers to collect the solution. **One set of Industrial grade gloves will also be handed over. It may be noted that the sodium hypochlorite solution which is being disbursed is having concentration of 10% and the requirement is of only 1%. The solution should accordingly be diluted.** Care must be taken while handling the said solution and the set of safety guidelines is attached as **Annexure A**. These guidelines should be scrupulously followed in the interest of safety. It may also be noted that the solution primarily to be used in case of handling of the waste from quarantined households, public toilets and high volume public places. The solution therefore should be judiciously used and general spraying should not be resorted to in the current scenario.

A detailed schedule may be prepared for carrying out the disinfection in public places in respective ULB's with a copy marked to this Office. Compliance is thereafter may be sent with necessary evidence for office records.



**(Dr. Tariq Thomas, IAS)**  
Director of Urban Development

Encl. Annexure A

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DEPARTMENT OF URBAN DEVELOPMENT

First Floor, Dempo Towers, EDC Patto,

Panaji-Goa-403001.

Telephone Nos. 0832-2438708; 2438690

E-mail id. dir-dma.goa@nic.in, Website. www.urban.goa.gov.in

No. 10/450/2019-DMA/Misc/Disaster/4096 Dated. 21<sup>st</sup> March, 2020.

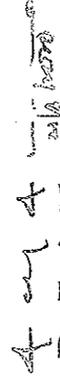
CIRCULAR

In pursuance to the appeal made by the Hon'ble Prime Minister on India, on 19/3/2020 regarding social distancing (Janata Curfew) all over the Country on Sunday, 22<sup>nd</sup> March 2020 from 07.00 am to 9.00 pm and subsequent to the instructions issued by the Hon'ble Chief Minister of the State of Goa in the meeting held on 21/3/2020, as a measure to combat the health emergency caused by COVID -19 an infectious disease caused by Corona virus, the Commissioner, CCP and all the Chief Officers of Municipal Councils are hereby directed to immediately take the following steps:

- a) Ensure that all trade Establishments, Markets, Street food vendors, Hawkers are not operating on 22/03/2020 from 07.00 am to 9.00 pm.
- b) Sanitation services are provided by the Urban Local Bodies as per normal routine. ULBs are to ensure that sufficient protection measures like face mask, hand washing facilities etc. are provided to sanitation workers. Sanitation is an essential service and would have to be continually provided by the ULBs without disruption in the coming days.
- c) Post 22/03/2020, the markets except weekly markets would remain open but all ULBs shall liaise with respective Government Healthcare Institutions to take necessary measures for sanitation and infection control in the markets. The ULBs are also directed to discuss with market associations to ensure and arrive at measures to avoid crowding.
- d) It is desired by the Hon'ble Prime Minister that to pay gratitude to their selfless service to the nation during such trying circumstances, all citizens should acknowledge and salute the efforts of people who are in forefront of fighting the COVID-19 pandemic like medical staff, police, government servants, airline staff, media persons, bus/train/auto operators and those involved in providing home delivery, by standing in the balconies or at the doors of their houses and clap or ring bells for five minutes as a show of appreciation. Therefore, Urban Local

Bodies are advised to ring a siren at 5.00 pm on 22<sup>nd</sup> March for intimation of all citizens.

The above Set of Instructions shall be complied with and Action taken Report in this regard is to be submitted to this office by 5.00 pm on 23/3/2020.

  
Dr. Tariq Thomas, IAS

(Director, Urban Development)

1. To,  
The Commissioner,  
Corporation of City Of Panaji  
Panaji Goa.

2. To,  
The Chief Officer,  
\_\_\_\_\_ Municipal Council,  
\_\_\_\_\_ Goa.

Copy To.

- 1) OSD to Hon'ble Chief Minister, Ministers Block, Secretariat, Porvorim – Goa
- 2) OSD to Hon'ble Minister, Urban Development, Ministers Block, Secretariat, Porvorim – Goa
- 3) PA to Principal Secretary (Urban Development), Secretariat, Porvorim – Goa
- 4) PA to Secretary (Health), Secretariat, Porvorim – Goa
- 5) Collector (South), Matanhy Saldanha Admn. Complex, Collectorate, Margao – Goa
- 6) Collector(North), North Goa Collectorate, Panaji – Goa
- 7) Superintendent of Police (South) Margao – Goa
- 8) Superintendent of Police (North) Panaji – Goa
- 9) Director, Directorate of Health Services, Panaji – Goa
- 10) Director, Information & Technology Department, Altinho – Panaji – Goa

10/450/2019-DMA/Misc/Disaster/ A/ISS  
Office of Department of Urban Development  
Government of Goa  
Dempo Towers, 1<sup>st</sup> Floor,  
Patto- Panaji, Goa 403001  
Dated: 09.04.2020

**DISTRIBUTION ORDER OF ADDITIONAL SODIUM HYPOCHLORITE**

This office has sourced 10% industrial grade sodium hypochlorite solution for use as disinfectant. In this regard the proposed distribution of the disinfectant ULB wise is give below :

S.No	Name of ULB	Allotment of additional 10% industrial grade sodium hypochlorite
1.	CCP	50 litres
2.	Mapusa MC	200 litres
3.	Pernem MC	-
4.	Marmugao MC	100 litres
5.	Valpoi MC	-
6.	Cancona MC	100 litres
7.	Ponda MC	150 litres
8.	Quepem MC	100 litres
	Reserve	300 litres
	<b>TOTAL</b>	<b>1000 litres</b>

The sodium hypochlorite is currently stored at Mapusa Municipal Council. Shri Nadeem Shaikh, Municipal Engineer Grade- III (Mobile Number -9765257178) will be responsible for distribution of said chemicals. The concerned Councils are requested to send vehicles with responsible staff and containers to collect the solution. **It may be noted that the sodium hypochlorite solution which is being disbursed is having concentration of 10% and the requirement is of only 1%. The solution should accordingly be diluted.** Care must be taken while handling the said solution and the set of safety guidelines is attached as Annexure A. These guidelines should be scrupulously followed in the interest of safety. It may also be noted that the solution primarily to be used in case of handling of the waste from quarantined households, public toilets and high volume public places. The solution therefore should be judiciously used and general spraying should not be resorted to in the current scenario.

A detailed schedule may be prepared for carrying out the disinfection in public places in respective ULB's with a copy marked to this Office. Compliance is thereafter may be sent with necessary evidence for office records.

Encl. Annexure A

To,

1. The Commissioner, CCP
2. The Chief Officer

\_\_\_\_\_ Municipal Council

CC

The Secretary, Urban Development for Information

  
(Dr. Tariq Thomas, IAS)  
Director of Urban Development

## ANNEXURE A

### Use of Sodium Hypochlorite for Disinfecting

1. The appropriate concentration of Sodium Hypochlorite for disinfecting general liquid biological agent is 1 %. Household bleach is 5-6% sodium hypochlorite; therefore a 1:10 (v/v) dilution of bleach to liquid biological disinfection will be appropriate.

### PPE

1. Minimum Personal Protective Equipment (PPE) that **MUST** be worn when preparing or handling sodium hypochlorite solution:
  - (a) Nitrile Rubber Gloves;
  - (b) Approved safety glasses;
  - (c) Respiratory protection should be used any time there is the potential for exposure to vapor and / or dust and a fume hood cannot be used;
  - (d) Lab coat

### Avoid Synergy

1. If sodium hypochlorite comes in contact with other cleaners containing ammonia or chlorine compounds, fatal levels for ammonia gas or chlorine gas can be produced.
2. Never let bleach mix with other chemical.

\*\*\*\*\*



**DEPARTMENT OF URBAN DEVELOPMENT**

First Floor, Dempo Towers, EDC Patto,

Panaji-Goa-403001.

Telephone Nos: 0832-2438708; 2438690

E-mail id: dir-dma.goa@nic.in, website: www.urban.goa.gov.in

No. 10/450/2019-DMA/Misc/Disaster/ Dated: 12<sup>th</sup> April, 2020.

To,  
The Director,  
Directorate of Panchayat  
Govt. Of Goa.  
Junta House, Panaji, Goa

**Sub: Standard infection prevention control practices for sanitation workers of Urban Local Bodies (ULBs) engaged in Solid Waste Management**

It is informed that COVID-19, an infectious disease caused by Corona Virus has been declared as a pandemic by World Health Organization (WHO). There are many cases reported from different parts of the country including the State of Goa. Therefore, in order to contain the spread of COVID-19 and as per the instructions issued by the Central Government on 26<sup>th</sup> march 2020, Municipal Sanitation Workers being potential occupationally exposed to COVID-19, have to follow Standard infection prevention control practices and there is requirement for Special cleaning of Public places. An additional advisory for safe disposal of waste from quarantined households has also been issued.

The Department of Urban Development has taken major actions in view of the guidelines issued and in order to implement standard operating practice to fight the spread of Covid-19 as mentioned below:

1. Circular No.10/450/2019-DMA/Misc/Disaster/ - Dated: 26th March, 2020. (Copy of Circular attached) has been issued to all the ULBs in the State of Goa.
2. **Awareness & IEC:** ULB's in Goa in collaboration with primary health centre / Doctors have organized workshops for sanitation & Municipal Staff. Social media posters and videos are created and circulated among all ULB's as online information. This includes the guidelines issued by Central Government for handling of Solid waste during Lockdown, Disposal of mask & gloves as Household Hazardous waste, Handling of waste from quarantined households.
3. **Prevention control practices :** Urban Development department has Centrally procured and provided personal protective equipments(PPE) to the staff engaged in collection of waste including waste from quarantined individual households,

staff engaged in spraying disinfectants as well as laborers engaged in P.M. monsoon works.

4. **Safe disposal of waste from quarantined households:** For all the quarantined individual households, ULBs have been directed to provide the sanitation workers with specially colored (yellow/Orange) garbage bags for disposal of their wet and dry waste. Waste from such quarantined households is treated as HH bio-medical waste. Hence, these waste is collected by ULBs separately (preferably in separate collection vehicle & Special dedicated team) and also transported separately, without mixing the same with the regular waste of other households. The vehicle collecting such waste is thoroughly disinfected. Waste from quarantined individual households is stored separately, away from domestic municipal waste and disposed off only through incineration. In case incineration facility is not available, as a last resort, this waste is stored separately & buried in a deep pit in the ground, so that it cannot contaminate any other surface.
5. **Special cleaning of public places:** ULBs independently & in some areas along with Fire services are in a continuous process of special cleaning campaign of all public places (commercial areas, places of worship, popular tourist spots, parks, gardens, and any other public place which normally sees high movement of citizens, and hence may be difficult to clean thoroughly during normal days) through bleaching, disinfectants and complete sanitization during the lockdown period, before it is allowed to be reopened for public. Guidelines for the same are attached for more information. (\*NOTE :- avoid washing roads using Sodium Hypochlorite, it is to be used for disinfecting surfaces.)
6. **Monitoring Team:** Director of Urban development has constituted a team of Engineers to visit all the ULB's and monitor the work and SOP's. The team reports to the Director, Municipal Administration with factual position in the form of photos and figures on implementation of guidelines.

#### 7. Equipments & Material Centrally Procured :

- a. Disposable Mask:- As per the Guidelines issued The Frontline Laborers / Sanitation Staff is provided with fresh disposable Masks.
- b. WHO standard Cloth Mask :- the Backoffice staff, Municipal office staff, Councilors to use Reusable & washable cotton cloth Mask. (this mask is sourced from women self-help groups registered under NULM scheme)
- c. Personal Protective PVC Washable & reusable Suit/ Coat (Poncho), Eye wear, Rubber Gloves, Gum Boots for Sanitation Workers being potentially exposed to COVID-19 disease.

- d. Disinfectant Sprayers :- All 14 ULB's in Goa are supplied with Automatic & manual Disinfectant sprayers. ULB's have already initiated heavy Spraying by use of vehicle mounted with water tank & motorized petrol operated pumps. ULB's have also collaborated with local Fire Service Station for more effective spraying in public places
- e. Yellow Biomedical Waste collection Bags :- For all quarantine individual households in ULB jurisdiction, ULBs have been directed to provide sanitation workers with specially colored (yellow/Orange) garbage bags for disposing of their wet and dry wastes. Waste from such quarantined individual households is treated as HH bio-medical waste.
- f. Sanitizer: - A) Ethanol Based Hand rub sanitizer an Ethyl Alcohol 70% V/V, IPA- 5% V/V, ChlohexideneGluconate- 2.5 %w/v, with emollients. Cutashield Rub is suitable for hygienic and surgical hand disinfection. The product is to be used where hygiene is relevant, e.g.: Sanitation staff, in functional areas (operating theatres, intensive care units, infection prone areas), Hazardous waste handling. Alcohol Based Sanitizer have been made available from Goa based distilleries as a part of CSR activity.
8. **Disinfection of common public places including Indoors:** The following guidelines are followed, especially in areas reporting COVID-19. For ease of implementation the guideline area is divided into (i) Outdoor areas, (ii) Indoor areas. Prior to cleaning, the worker shall wear disposable rubber boots, gloves (heavy duty), and a triple layer mask.
- a. Outdoor-areas :- Outdoor areas have less risk then indoor areas due to air currents and exposure to sunlight. These include bus stops, railway platforms, parks, roads, etc. Cleaning and disinfection efforts are targeted to frequently touched/contaminated surfaces. Sprayers are filled with a disinfectant (1% sodium hypochlorite). 1 part of sodium hypochlorite liquid is diluted with 4 parts of water. ULB's take help of Fire services to cover large areas.  
The Disinfectant is made available from Chemical companies in Goa as a part of CSR activity and the Disinfection has already been started by ULBs'.
- b. Indoor areas :- Indoor areas include Govt offices , sanitation vehicle interiors, Hospital's operation theatres, ICU's, Blood Banks, Poly clinics, clinical/diagnostic laboratories etc. Highly infected interior areas are to be Sprayed with Man Handled Disinfectant sprayers filled with Hydrogen Peroxide 12.0% W/W & Silver Nitrate 0.01% W/W. It is Environment friendly & non flammable and works on Microbial Action such as Bactericidal, fungicidal, tuberculocidal, sporicidal, virucidal, against

enveloped viruses (including Corona, HBV,HIV,HCV) Virucida (Parvo, Adeno, papova, Polio, Vaccinaviruses and HAV).

It is requested that the Directorate of Panchayats may explore the possibility of following the above action plan as initiated by this office and also ensure that the sanitation workers engaged in Solid Waste Management are following the above Standard infection prevention control practices. Further, a field visit could also be conducted for BDO's or concerned officials to visit Corporation of the City of Panaji or Mapusa Municipal Councils jurisdiction to understand the Standard operating procedure(SOP) adopted by the ULBs to fight Covid-19. I am also to enclose herewith the pictures & videos for your reference and better understanding.

Yours Faithfully

**Dr. Tariq Thomas, IAS**  
(Director, Urban Development)

*stc*

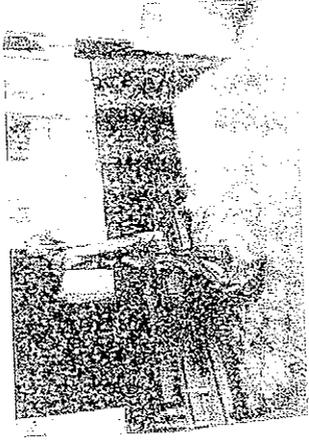
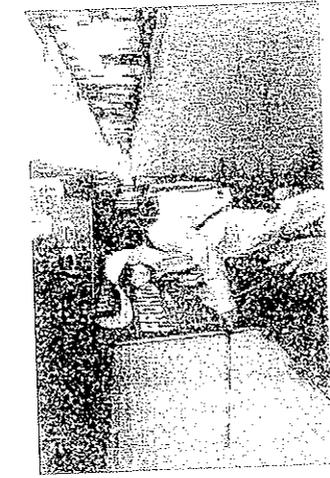
Enclosed: As above

Copy to:

- 1) OSD to Hon'ble Chief Minister, Ministers Block, Secretariat, Porvorim – Goa
- 2) PA to Principal Secretary (Urban Development), Secretariat, Porvorim – Goa
- 3) PA to Secretary (Panchayat), Secretariat, Porvorim – Goa
- 4) Managing Director, Goa Waste Management Corporation, Salgao - Goa



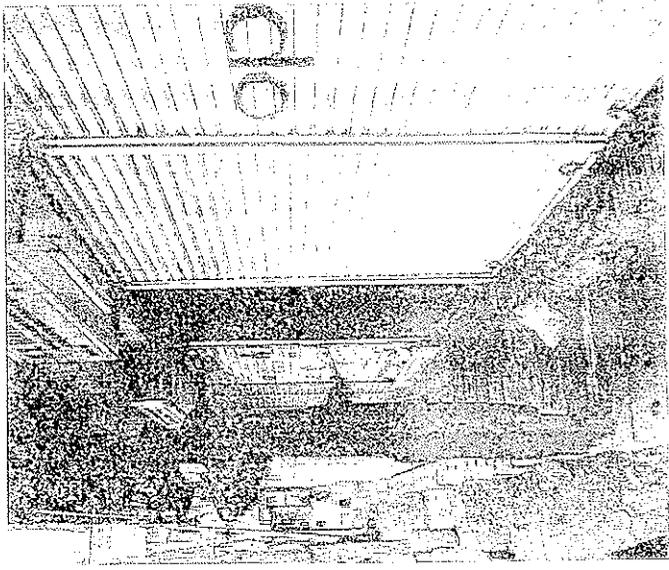
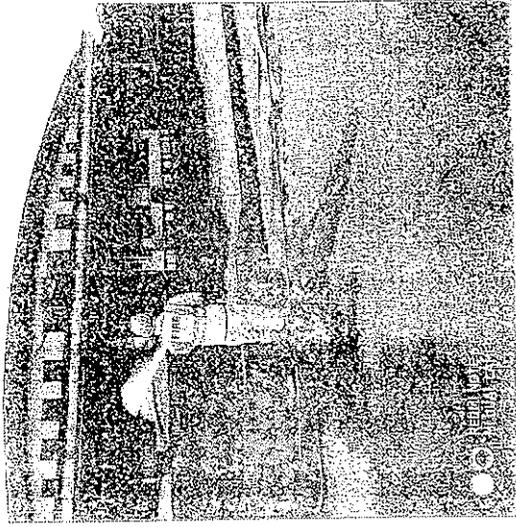
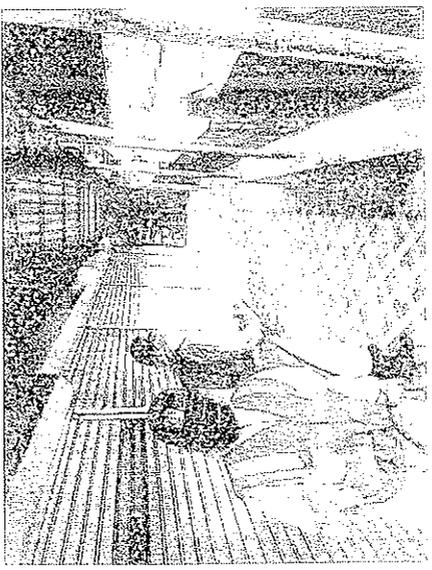
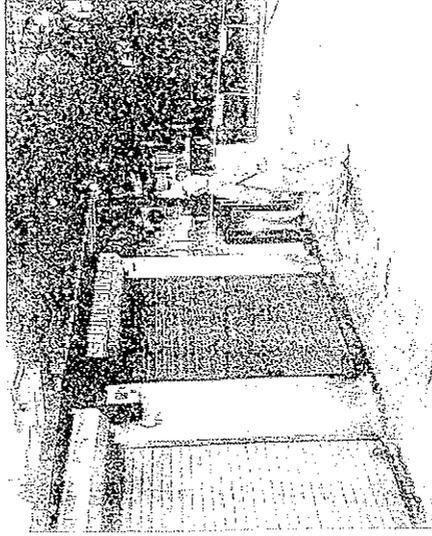
Prevention control practices : ULB's have provided personal protective to staff engaged in collection of waste, staff collecting waste from quarantined houses, staff engaged in spraying disinfectants, labors engaged in Pre-monsoon works. Rubber Gloves :- Municipal Personal Protective PVC Suit/ Coat (Poncho), Eye wear, Rubber Gloves :- Municipal Workers being potential occupational exposed to COVID-19, shall follow the measures to be taken as mentioned Standard infection prevention control practices and additional advisory for safe disposal of waste & disinfection practice.



Safe disposal of waste from quarantined households: For all households where residents are under quarantine, ULBs have been directed to provide them with especially marked, yellow/Orange garbage bags for disposing of their wet and dry wastes. Waste from such quarantined households is treated as HH bio-medical waste. Hence, these wastes are collected by ULBs separately (in separate collection vehicles & Special dedicated team) and transported separately, without mixing with the regular waste from other households. The vehicles collecting these quarantined wastes is thoroughly disinfected. Waste from quarantined households should be stored separately, away from domestic municipal waste and to be disposed off only through incineration. In case incineration facilities are not available, as a last resort, this waste may be stored separate & buried in a deep pit in the ground, so that they cannot contaminate any other surface.



Special cleaning of public places: ULBs independently & in some areas along with Fire services are in a continuous process of special cleaning campaign for all public places (commercial areas, places of worship, popular tourist spots, parks, gardens, and any other public place which normally sees high footfall from citizens, and hence may be difficult to clean thoroughly during normal days) through bleaching, disinfecting and complete sanitization during this lockdown period, before they are permitted to be reopened to public.



## Equipments & Material Centrally Procured:

1. 3-PLY Disposable Mask : Disposable Face Masks Earloop Type. All Purpose Like Medical/Home/Construction/Painting/Pollution.

The correct procedure of wearing triple layer disposable mask

- o Unfold the pleats; make sure that they are facing down.
- o Place over nose, mouth and chin.
- o Fit flexible nose piece over nose bridge.
- o Do not let the mask hanging from the neck.
- o Change the mask after six hours or as soon as they become wet.
- o Disposable masks are never to be reused and should be disposed off.
- o While removing the mask great care must be taken not to touch the potentially infected outer surface of the mask
- o Disposal of used masks: Used mask should be considered as potentially infected medical waste.

2. Disinfection of common public places including indoors : The following guidelines are to be followed, especially in areas reporting COVID-19. For ease of implementation the guideline divided these areas into (i) Outdoor areas, (ii) Indoor areas. Prior to cleaning, the worker should wear disposable rubber boots, gloves (heavy duty), and a triple layer mask.

- o Outdoor areas :- Outdoor areas have less risk than indoor areas due to air currents and exposure to sunlight. These include bus stops, railway platforms, parks, roads, etc. Cleaning and disinfection efforts should be targeted to frequently touched/contaminated surfaces. Sprayers to be filled with a disinfectant with 1% sodium hypochlorite. 1 part sodium hypochlorite liquid to 4 parts water. ULB's to take help of Fire services to cover large areas. Made available from Chemical companies in Goa as CSR ( Disinfection Started )

- o Indoor areas :- Indoor areas such as Govt offices , sanitation vehicle interiors, Hospital's operation theatres, ICU's, Blood Banks, Poly clinics, clinical/diagnostic laboratories, Highly infected interior areas to be Sprayed with Man Handled Disinfectant sprayers filled with Hydrogen Peroxide 12.0% W/W & Silver Nitrate 0.01% W/W. It is Environment friendly & non flammable. Microbial Action such as Bactericidal, fungicidal, tuberculocidal, sporicidal, virucidal, against enveloped viruses (including Corona, HBV,HIV,HCV) Virucida (Parvo, Adeno, papova, Polio, Vaccinaviruses and HAV). ( Disinfection Scheduled from 8<sup>th</sup> April under guidance from team members of DMA )

3. SANTIZER :- A) Ethanol Based Hand rub sanitizer an Ethyl Alcohol 70% V/V ,IPA-

5% V/V, Chlorhexidene Gluconate- 2.5 %w/v, with emollients. Cutashield Rub is suitable for hygienic and surgical hand disinfection. The product is used in all areas where hygiene is relevant, e.g.:

- Sanitation area
  - In functional areas (operating theatres, intensive care units, infection prone areas)
  - In treatment rooms and outpatient departments
  - Hazardous waste handling
- 6) Alcohol Based Sanitizer made available from Goa based distilleries on CSR
4. Yellow Biomedical Waste collection Bags :- For all households in all 14 ULB's where residents are under quarantine, ULBs have been directed to provide them with especially marked, yellow/Orange garbage bags for disposing of their wet and dry wastes. Waste from such quarantined households is treated as HH bio-medical waste.
5. Personal Protective PVC Suit/ Coat (Poncho), Eye wear, Rubber Gloves :- Municipal Workers being potential occupational exposed to COVID-19, shall follow the measures to be taken as mentioned Standard infection prevention control practices and additional advisory for safe disposal of waste & disinfection practice.
6. Disinfectant Sprayers :- All 14 ULB's in Goa are supplied Automatic & manual Disinfectant sprayers. ULB's have also initiated heavy Spraying by use of vehicle mounted with water tank & Motorised petrol operated pumps. ULB's have also collaborated with local Fire Service Station for more effective spraying in public places.

IAS Dr. Tariq Thomas  
(Director Municipal Administration)



**DEPARTMENT OF URBAN DEVELOPMENT**

First Floor, Dempo Towers, EDC Patto,

Panaji - Goa-403001.

Telephone Nos: 0832-2438708; 2438690

E-mail id: dir-dma.goa@nic.in, website: www.urban.goa.gov.in

10/450/2019-DMA/Misc/Disaster/ Dated: 12<sup>th</sup> April, 2020.

MEMORANDUM

**Sub: Weekly Work Checklist**

Subsequent to the lockdown imposed in the country for 21 days w.e.f. 25/3/2020, order to contain the spread of COVID-19, a disease caused by Corona Virus, various circulars/orders were issued to all the ULBs thereby disseminating various instructions/guidelines on the aspect of Standard infection prevention control practices, special cleaning of Public places and additional advisory for safe disposal of waste from unarantined households to be adopted by Sanitation workers.

In this regard, The Commissioner, CCP and all the Chief Officers of Municipal Councils are hereby directed to duly fill the enclosed Checklist and submit the same on a weekly basis to reach this office every Monday by 10.00 am, positively.

Dr. Tariq Thomas, IAS  
(Director, Urban Development)

S/c

Incl: As above

1. To,  
The Commissioner,  
Corporation of City Of Panaji  
Panaji Goa.

2. To,  
The Chief Officer,  
\_\_\_\_\_ Municipal Council,  
\_\_\_\_\_ Goa.

Copy to:

1) OSD to Hon'ble Chief Minister, Ministers Block, Secretariat, Porvorim – Goa

2) OSD to Hon'ble Minister, Urban Development, Ministers Block, Secy

- Goa

3) PA to Principal Secretary (Urban Development), Secretariat, Povoim

Standard Operating Practice  
 COVID - 19 Sanitation Drive

Name Of ULB :-  
 Contact Details :-  
 Date :-

**Weekly Work Checklist**

S.No	V.No	No	Comments
			Covid-19 Sanitation Task force constituted with information of Circular notified on 26 <sup>th</sup> March 2020. (enclose list of members with name, designation & contact details)
			Sanitation Staff are been Given Hygiene & Community Distancing Training (Details in Comment box)
			Sanitation Staff are been given Fresh PPE mask everyday and availability of Sanitizer. (Pls enclose List of Sanitation workers on duty from 24 <sup>th</sup> march till date)
			List of all Quarantined houses identified ? (How is ULB coordinating for fresh list)
			Special Team Created to collect waste from Quarantined Houses ? (Details pls)
			Special Vehicle for Collection of waste from Quarantined Houses has been commenced
			Yellow/Orange Bags Given to all quarantined houses ?
			REMARKS please on Waste collected, Transported, Stored & disposed
			Disinfection of Public & Indoor Spaces Team Created (Details Pls)
			Are the Disinfection workers provided with adequate Safety PPE Gears (Details pls)
			List of equipments such as sprayers, Vehicle mounted Pumps etc in use for disinfection.
			Di-silting/ Pre monsoon works carried out? (Details to be enclosed along with list of labours /contractor)





**DEPARTMENT OF URBAN DEVELOPMENT  
(MUNICIPAL ADMINISTRATION)**

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Patto, Panaji- Goa- 403001.  
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Website: [www.urban.goa.gov.in](http://www.urban.goa.gov.in)

No. 10/450/2019-DMA/Disaster Part/ (123 ) \_\_\_\_\_ Date: 27/04/2020

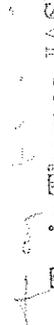
**CIRCULAR**

**Sub: Directions to provide space to registered Self Help Groups for the sale of cotton mask**

COVID-19 has been declared a global pandemic by WHO. Various guidelines have been issued by the Government of India from time to time for safety of public. In view of safety of public health and in order to cater to the needs of the general public it is proposed to promote Self Help Groups to mass produce cotton face masks.

As a step towards the same, it has been decided that all the ULB's shall provide adequate marketing space to Self Help groups without charging rent/fees for a period of one month. CCP/Class A Municipalities shall provide at least 3 spaces, Class B Municipalities shall provide at least 2 spaces and Class C municipalities shall provide at least one space for Self Help Groups to sell the cotton cloth mask manufactured as per standards. The concerned ULB's shall liaise with the SHG's to promote the activity.

The Community Organizers in respective ULB's shall be authorized to verify the quality of face masks and they shall also ensure that the cotton (non-disposable) face masks are sold at a rate not more than Rs. 30/- (Rupees thirty only) per piece. Respective Chief Officers/ Commissioner of CCP shall take necessary steps and ensure compliance Report in this regard to be furnished by 27/4/2020.

  
(Dr. Tariq Thomas, IAS)  
Director of Urban Development/  
Municipal Administration

To,  
1. The Commissioner,  
Corporation of the City of Panaji,  
Panaji- Goa.

2. The Chief Officer,  
\_\_\_\_\_ Municipal Council,

Copy for information to:-

The Secretary (Urban Development), Government of Goa, Secretariat, Porvorim- Goa.

No. 10/450/2019-DMA/Misc/Disaster/ 431 Dated: 29<sup>th</sup> April, 2020.

To,  
The Under Secretary – II (Health)  
Secretariat,  
Porvorim - Goa

Sub: **Imposing Fine as specified in the Order No 13/7/2020-1/PHD(Part)/774 dated 24/4/2020**

Ref No: 1) 13/7/2020-1/PHD(Part)/807 dated 28/4/2020

Madam,

This has reference to the order cited at Ref No 1, wherein it is informed that the Government of Goa has notified Municipal Inspectors, as one of the authorized personnel for the purpose of imposing fine specified in the Government Order No 13/7/2020-1/PHD(Part)/774 dated 24/4/2020.

In this regard, I am directed to inform that there are 14 ULB's functioning in the State of Goa and hence it is requested to provide sufficient amount of challan books to this office in order to hand over the same to the Municipal Inspectors of the respective ULB jurisdiction. It is also requested to furnish the details of the Head of Account where the collected fines shall be deposited in the State Treasury.

  
Deepesh Prickar

(Dy. Director, Urban Development)

Copy to:

- 1) OSD to Hon'ble Chief Minister, Ministers Block, Secretariat, Porvorim – Goa
- 2) OSD to Hon'ble Minister, Urban Development, Ministers Block, Secretariat, Porvorim – Goa
- 3) PA to Principal Secretary (Urban Development), Secretariat, Porvorim – Goa
- 4) PA to Secretary (Health), Secretariat, Porvorim – Goa
- 5) Director, Directorate of Health Services, Campal, Panaji-Goa.



**DEPARTMENT OF URBAN DEVELOPMENT**

First Floor, Dempo Towers, EDC Patto,

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Telephone Nos: 0832-2438708; 2438690

E-mail id: dir-dma.goa@ nic.in, website: www.urban.goa.gov.in

No. 10/450/2019-DMA/Misc/Disaster/4270 Dated: 28<sup>th</sup> April, 2020.

**CIRCULAR**

COVID-19, an infectious disease caused by Corona Virus has been declared pandemic by World Health Organization (WHO). There are many cases reported from different parts of the country including the State of Goa. Therefore, in order to contain the spread of pandemic of COVID-19, a lockdown has been imposed in the country which is extended upto May 3, 2020. However, the supply and sale of essential commodities including vegetables, fruits etc had to be continued during the lockdown period.

In this regard, The Commissioner, CCP and all the Chief Officers of Municipal Councils are hereby requested to facilitate the vendors involved in the sale of essential commodities by allotting a suitable place in the respective ULB jurisdiction which is well spaced out thereby maintaining the social distancing norms as specified in the guidelines of the Ministry of Home Affairs, Government of India. The concerned ULB should also collect sopo and other taxes as applicable from the vendors.

  
**Dr. Tariq Thomas, IAS**  
(Director, Urban Development)

1. To,  
The Commissioner,  
Corporation of City Of Panaji  
Panaji Goa.
2. To,  
The Chief Officer,  
\_\_\_\_\_ Municipal Council,  
\_\_\_\_\_ Goa.



**DEPARTMENT OF URBAN DEVELOPMENT**

First Floor, Dempo Towers, EDC Patta,  
Panaji, Goa - 403001.

Telephone Nos: 0832-2438708; 2438690

E-mail id: dir-dma.goa@nic.in, website: www.urban.goa.gov.in

No. 10/450/2019-DMA/Misc/Disaster/ / 2020

Dated: 27<sup>th</sup> April, 2020.

**CIRCULAR**

It is informed that State Executive Committee, as constituted under section 20 of the Disaster Management Act, 2005, in its meeting held periodically reviews proper implementation of the guidelines issued by the Ministry of Home Affairs, Government of India from time to time. Accordingly, please find enclosed the minutes of the meeting held on 25/4/2020 in the Forest Bhavan, Panaji – Goa for necessary action.

In this regard, The Commissioner, CCP and all the Chief Officers of Municipal Councils are hereby requested to comply with the decision taken by the SEC at point No 2 of the said meeting and it is further informed that no separate permissions are required to be issued for opening of shops as per the guidelines of the Ministry of Home Affairs, Government of India

*(Signature)*

**Dr. Tariq Thomas, IAS**

(Director, Urban Development)

1. To,  
The Commissioner,  
Corporation of City Of Panaji  
Panaji Goa.
2. To,  
The Chief Officer,  
\_\_\_\_\_ Municipal Council,  
\_\_\_\_\_ Goa.

Date: 04/04/2020

10/450/2019-DMA/Disaster Part/ (1251)

CIRCULAR

Sub: Directions to provide space to registered Self Help Groups for the sale of cotton mask.

COVID-19 has been declared a global pandemic by WHO. Various guidelines have been issued by the Government of India from time to time for safety of public. In view of safety of public health and in order to cater to the needs of the general public it is proposed to promote Self Help Groups to mass produce cotton face masks.

As a step towards the same, it has been decided that all the ULB's shall provide adequate marketing space to Self Help groups without charging rent/fees for a period of one month. CCP/Class A Municipalities shall provide at least 3 spaces, Class B Municipalities shall provide at least 2 spaces and Class C municipalities shall provide at least one space for Self Help Groups to sell the cotton cloth mask manufactured as per standards. The concerned ULB's shall liaise with the SHG's to promote the activity.

The Community Organizers in respective ULB's shall be authorized to verify the quality of face masks and they shall also ensure that the cotton (non-disposable) face masks are sold at a rate not more than Rs. 30/- (Rupees thirty only) per piece. Respective Chief Officers/ Commissioner of CCP shall take necessary steps and ensure compliance Report in this regard to be furnished by 27/4/2020.

  
(Dr. Tariq Thomas, IAS)  
Director of Urban Development/  
Municipal Administration

To,  
1. The Commissioner,  
Corporation of the City of Panaji,  
Panaji- Goa.

The Chief Officer,  
\_\_\_\_\_ Municipal Council,

2.

Copy for information to:-

The Secretary (Urban Development), Government of Goa, Secretariat, Porvorim- Goa.



DEPARTMENT OF URBAN DEVELOPMENT  
(MUNICIPAL ADMINISTRATION)

Dempo Towers, 1<sup>st</sup> Floor,  
Patto, Panaji- Goa- 403001.  
Telephone Nos: 0832-2438640/2438708 Fax: 0832-2438590  
E-mail id: [dir-dima.goa@nic.in](mailto:dir-dima.goa@nic.in)  
Website: [www.urban.goa.gov.in](http://www.urban.goa.gov.in)

No. 10/450/2019-DMA/Misc/Disaster/14381

Date: 23/04/2020

CIRCULAR

Sub: **Regarding issuance of permits/permission for self employed persons and construction works to be carried out by the private sector in Municipal Council/Corporation Jurisdiction**

It is hereby informed that the Goa State Executive Committee (SEC) constituted under section 20 of the Disaster Management Act 2005, in its meeting held on 18<sup>th</sup> April 2020 (copy enclosed) in the Forest Bhavan, Panaji has authorized the Chief Officers/Commissioner to issue permits for the self employed persons providing various services, e.g. electricians, IT repairs, plumbers, motor-mechanics, carpenters as specified in the guidelines issued by the Ministry of Home Affairs (MHA), Government of India vide No. 40-3/2020-DM-I(A) dated 15/04/2020 at item number 14(xi) (copy enclosed). The said permits would only involve issuance of transit permits in connection with the profession of self employment for providing services as listed above, by strictly adhering to the norms of Social Distancing and directives issued by MHA on 15/04/2020.

It is further informed that with regards to private construction licenses, the owner/Builder/developer will seek permission from the concerned ULB for the construction/reconstruction works and the travel permit for labour/concerned person shall be given by the concerned Chief Officers/Commissioner. The Municipal Council and Municipal Corporation shall ensure that the procedure prescribed under Section 184 of the Goa Municipal Act, 1968 and Section 257 of the Corporation of the City of Panaji Act, 2002 along with Goa Land Development and Building Construction

Regulations, 2010 are followed as regard to applications being received regarding the new constructions/ re-construction/repairs of structures. As regards to pre-monsoon works, the concerned person may make application to the Municipal Council/ Corporation and Chief Officers/Commissioner shall issue the transit pass to the labor. (The prescribed format of transit pass to be issued to the labor/concerned person connected with construction work is enclosed to this Circular at Annexure - A)

The work permission/construction permission/transit permits shall be subject to fulfillment of all the National Directives for COVID-19 Management contained in MHA guidelines including:-

- i) Wearing of face cover is compulsory in all public places, work places.
- ii) All persons at work places and transport shall ensue social distancing as per the guidelines issued by the Ministry of Health and Family welfare, Government of India.
- iii) Work places shall have a gap of one hour between shifts and will stagger the lunch breaks of staff to ensure social distancing.
- iv) All organization/individuals shall sanitize their work places regularly.
- v) For workers coming from outside the Municipal Jurisdiction (Not from outside the State), special transportation facility shall be arranged without any dependency on public transport system. These vehicles should be allowed to work only with 30-40% passenger capacity.
- vi) All vehicles and machinery entering the work site should be disinfected by spraying disinfectant mandatorily.
- vii) There should be total ban on non-essential visitors at site.

The Commissioner, CCP and all the Chief Officers of Municipal Councils are hereby directed to issue such transit permits/permission upon receipt of applications in respect of permissible activities as per the guidelines

of Ministry of Home Affairs, Government of India in respect of their respective jurisdiction.

The Commissioner, CCP and all the Chief Officers of Municipal Councils shall maintain record of all such permits/permissions and a copy of the same shall be submitted to this Directorate through e-mail for each working day in the enclosed format. (Annexure -- B)

*Dr. Tariq Thomas*  
(Dr. Tariq Thomas, IAS)

Director of Urban Development/  
Municipal Administration

Encl: As above

To,

1. The Commissioner,  
Corporation of City of Panaji,  
Panaji- Goa.

2. The Chief Officer,

..... Municipal Council  
..... Goa.

Copy to:

- 1) OSD to Hon'ble Minister, Urban Development, Ministers Block, Secretariat,  
Porvorim - Goa
- 2) PA to Principal Secretary (Urban Development), Secretariat, Porvorim -- Goa
- 3) The Superintendent of Police (Traffic), Panaji- Goa.

> MUNICIPAL COUNCIL / CORPORATION LETTER HEAD <

TRAVEL PERMIT

Name of the Contractor/ Self Employed Professional

: .....

Office Address

: .....

: .....

: .....

Name of the Driver/Person :

: .....

Mobile No.

: .....

Approval No.

: .....

Dated .....

Vehicle No.

: .....

Authorized to Travel

: .....

Date of Issue

: .....

Valid upto

: 03/05/2020

Signature of the Commissioner/Chief Officer

.....

Office Address

Office Seal





DEPARTMENT OF URBAN DEVELOPMENT  
(MUNICIPAL ADMINISTRATION)

Dempo Towers, 1<sup>st</sup> Floor, Pato, Panaji- Goa- 403001.

Telephone Nos: 0832-2438640/2438708 Fax: 0832-2438590

E-mail id: dir-dma.goa@nic.in Website: www.urban.goa.gov.in

No. 10/450/2019-DMA/Misc/Disaster/ 4119

Date: 21/04/2020

To

The Goa Can  
Mapusa Goa  
403507

Sir/Madam,

Sub: Awareness Campaign on the Use of Re-usable Cotton Face Mask by the General Public Reg.

In inviting a reference to the above cited subject , it is to inform that as part of measures to combat the spread of COVID-19, the Department of the Urban Development, Govt of Goa and GSUDA are providing the 100% 3-ply cotton face masks to government departments . We are also trying to promote the use of cloth masks as against disposable surgical masks for the following reasons:

- (a)The cloth masks meet the objective of preventing the wearer from spreading the illness to others and if all are wearing masks , there would be substantial reduction in community transmission .
- (b)The use of surgical 3 ply and other masks amongst the general public reduces the availability of these masks to the frontline staff like health workers , sanitation workers etc. Only those in the general public who are suffering from the illness or those who are having respiratory conditions need to wear these types of mask .
- (c)The surgical and other type of disposable masks are to be treated as domestic hazardous waste/biomedical waste( if it is from quarantined households) and the use of such masks is resulting in generation of difficult to treat waste. An analogy would be the case of the plastic bag and the cloth bag. Additionally , it is not financially viable for people to opt for these types of masks in the long run .

The Department of Urban Development is aware that the Goa Can is proactively working in different fields to create an awareness on public issues and , thus it is requested to conduct the mass awareness amongst the general public/ offices/households societies etc to promote the cloth masks which would be beneficial in the long run in tackling the crisis and also to restrict the use single use mask which are hazardous to the society especially to the people who are handling the waste(Safai Karmacharis) from the ULB's.

Hence, you are requested to promote the awareness on these lines in the State of Goa and promote the use of cotton mask amongst the society. The detailed Guidelines issued by the Ministry as well as some promotional material produced by GSUDA in collaboration with some stakeholders is enclosed for your reference.

Encl: As above

Yours faithfully,

*(Signature)*  
(Dr. Tariq Thomas, IAS)  
Director, Urban Development

Copy To

1. The Chief Secretary, Government of Goa, Secretariat, Porvorim Goa
2. The Pr. Secretary (Urban Development), Government of Goa, Secretariat, Porvorim Goa



DEPARTMENT OF URBAN DEVELOPMENT  
(MUNICIPAL ADMINISTRATION)

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Panaji-Goa-403001.

Telephone Nos: 0832-2438708

Fax No.2438590

E-mail id: [dir-dma.goa@nic.in](mailto:dir-dma.goa@nic.in)

Website: [www.urban.goa.gov.in](http://www.urban.goa.gov.in)

No: 10/652/2014-DMA/ 41213

Dated: 21.04.2020.

To,

1) The Commissioner,  
Corporation of the City of Panaji,  
Panaji – Goa.

2) The Chief Officer,

\_\_\_\_\_ Municipal Council,  
\_\_\_\_\_, Goa.

Sub: COVID 19 and Spitting of Smokeless Tobacco in Public – regarding.

Sir,

I am directed to forward herewith a copy of the letter No.221020/19/2020-TC dated 10/04/2020 received from the Ministry of Health and Family Welfare, Tobacco Control Division, Nirman Bhawan, New Delhi, on the above mentioned subject and to request you to take necessary action under the Epidemic Diseases Act, 1897, the Disaster Management Act, 2005 and also under various Provisions of Indian Penal Code 1860 and Code of Criminal Procedure (Cr.PC) to deal with Covid-19.

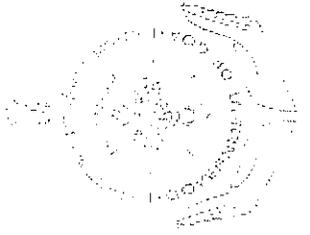
You are requested to submit the action taken report by 30/04/2020 to this office for onwards submission to the above Ministry.

Yours faithfully,

(ANANT V. BHATKARM)  
Additional Director  
Urban Development,  
Panaji – Goa.

Encl: As above.

*slc*



DEPARTMENT OF URBAN DEVELOPMENT  
(MUNICIPAL ADMINISTRATION)

1<sup>st</sup> Floor, Dempo Towers,  
EDC Patto Plaza,  
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Telephone Nos: 0832-2438708; 0832-2438640  
Fax: 0832-2438590  
E-mail id: [dir-dma.goa@nic.in](mailto:dir-dma.goa@nic.in)  
Website: [www.urban.goa.gov.in](http://www.urban.goa.gov.in)

No:-10/450/2019-DMA/Misc/Disaster/..... Dated:- 07 April, 2020.

CIRCULAR

COVID-19, an infectious disease caused by Corona Virus has been declared a pandemic by World Health Organisation (WHO). There are many cases reported from different parts of the country including the State of Goa.

In order to combat the above disease, MHA, GOI have issued guidelines vide Order dated 15/04/2020. In this regard, as per Standard Operating Procedure for social distancing for office, workplaces etc. thermal scanning of everyone entering and exiting the workplace is mandatory.

Accordingly, Directorate of Health Services have provided thermal scanners for the Office of DMA, GSUDA and GRERA (one each) and for the 14 ULBs (two each) as per the request of this office.

In view of above, you are requested to send your representative to collect the same from this Office at the earliest.

(DR. TARIQ THOMAS, IAS)  
DIRECTOR OF URBAN DEVELOPMENT

- To,
1. The Commissioner, Corporation of the City of Panaji, Panaji-Goa.
  2. The Chief Officer, ..... Municipal Council,  
.....
  3. The Member Secretary, Goa State Urban Development Agency, Patto,  
Panaji-Goa.
  4. The OSD to Goa Real Estate Regulatory Authority, Spaces Building, Patto,  
Panaji-Goa.
- Copy to:-
1. OSD to Hon'ble Chief Minister, Ministers Block, Secretariat, Porvorim-Goa.
  2. OSD to Hon'ble Minister, Urban Development, Ministers Block, Secretariat,  
Porvorim-Goa.
  3. PA to Secretary (UD), Secretariat, Porvorim-Goa.



**DEPARTMENT OF URBAN DEVELOPMENT**

First Floor, Dempo Towers, EDC Patto,  
Panaji, Goa - 403001.  
Telephone Nos: 0832-2438708; 2438690  
E-mail id: dir-dma.goa@nic.in, website: www.urban.goa.gov.in

No. 10/450/2019-DMA/Misc/Disaster/ 1198 Dated: 20<sup>th</sup> April, 2020.

**CIRCULAR**

Subsequent to the lockdown imposed in the country for 21 days w.e.f. 25/3/2020, various directions as per the powers conferred under section 10(2)(i) of the Disaster Management Act, 2005 were issued by the Chairperson, National Executive Committee as conveyed by the Ministry of Home Affairs, Government of India from time to time.

Also, State Executive Committee, as constituted under section 20 of the Disaster Management Act, 2005, in its meeting held periodically reviews proper implementation of the said guidelines. Accordingly, the minutes of the meeting held on 17/4/2020 and 18/4/2020, in the Forest Bhavan, is hereby enclosed for necessary action.

In this regard, The Commissioner, CCP and all the Chief Officers of Municipal Councils are hereby requested to take steps to facilitate the same and follow the above guidelines without any deviation.

  
**Deepesh Priolkar**

(Dy. Director, Urban Development)

1. To,  
The Commissioner,  
Corporation of City Of Panaji  
Panaji Goa.
2. To,  
The Chief Officer,  
\_\_\_\_\_Municipal Council,  
\_\_\_\_\_ Goa.



**DEPARTMENT OF URBAN DEVELOPMENT  
(MUNICIPAL ADMINISTRATION)**

Dempo Towers, 1<sup>st</sup> Floor, Patto, Panaji- Goa- 403001.  
Telephone Nos: 0832-2438640/2438708 Fax: 0832-2438590  
E-mail id: dir-dma.goa@nic.in Website: www.urban.goa.gov.in

**File No:- DMA/ENGG/ SWM (BMW)/2018-19 | 4303 | Dated:- | /04/2020**

**MOST URGENT  
NGT MATTER**

To,

1. The Commissioner,  
Corporation City of Panaji  
Panaji-Goa

2. The Chief Officer,  
\_\_\_\_\_ Municipal Council  
\_\_\_\_\_ Goa.

**Sub: Duties of ULB's regarding Scientific Disposal of Bio-Medical Waste arising out of COVID-19 treatment-Compliance of BMW Rules, 2016 assigned vide order dated 21/04/2020 in O.A. No. 72/2020 of Hon'ble NGT's Principal Bench, New Delhi.**

**Ref.: Order dated 21/04/2020 in O.A. No. 72/2020 of Hon'ble NGT's Principal Bench, New Delhi.**

Sir/Madam

I am directed to enclose herewith the copy of the above referred order dated 21/04/2020 in O.A. No. 72/2020 of Hon'ble NGT's Principal Bench, New Delhi on the above cited subject for reference and necessary compliance on duties of ULB's as referred at Para 8(f) of the said order.

In this regard, Commissioner, CCP and all the Chief Officers of Municipal Councils are hereby requested to furnish the Action Taken Report to this office on or before **30/04/2020** in the prescribed format which is also enclosed herewith. Further, it is also requested to liaison with nearest Government Health Care facility in order to seek the updated information on each Quarantine Camps/ Quarantine Homes/ Home Care in the ULB jurisdiction.

This may be treated on **TOP PRIORITY**

Stamp: 29/04/2020

Yours faithfully,

  
(Deepesh N. Priolkar)  
Deputy Director  
Urban Development

Encl: As above

Copy to:

1. PA to Principal Secretary (Urban Development), Secretariat, Porvorim – Goa
2. Member Secretary, GSUDA, Patto Panaji-Goa.....**all with a request to give the ATR in compliance to the directions of NGT's orders as applicable.**
3. Director, Directorate of Health Services, Campal, Panaji-Goa.....
4. Director, Department of Environment, Porvorim-Goa
5. Member Secretary , GSPCB, Saligao Bardez –Goa
6. Managing Director, GWMC Saligao Bardez-Goa

STANDARD OPERATING PROCEDURE	Hospico/South Goa District Hospital	Page No:
Title	Handling of Bio medical waste (yellow category) for COVID-19	Version NO:02
Number	SOP/HOSP/ADM/002	Effective date
Department	Administration	Review Date

**1.0 OBJECTIVE**

To provide guidance for handling of Bio medical waste (yellow category) for COVID-19

**2.0 RESPONSIBILITY**

All staff of COVID-19, Isolation/Quarantine Centres, South Goa District are responsible for implementing the SOP. The HODs and Medical superintendent are responsible to ensure compliance to the SOP.

**3.0 PROCEDURE for Handling of Bio Medical Waste (yellow category) for COVID-19**

- Every ward shall maintain separate colour coded yellow bins/container (LABELLED AS COVID-19 WASTE) for collection of bio medical waste as per Biomedical waste management rules 2016.
- Double layered bags (2 bags) (yellow) should be used for collection of waste from COVID-19 wards to avoid leakage.
- The date of generation of should be stamped on the yellow bag before placing in the bin. Once the yellow bag is 3/4 full or once 24 hours have passed yellow bags should be tied with double tie (both the bags shall be tied separately) by the Bio Medical Waste handler and kept in the separate designated area for COVID-19 waste.

**• TYPE OF WASTE IN YELLOW BAG**

Follow the Biomedical waste 2016 guidelines for segregation of waste into yellow bag/container.

Infected cotton waste, Used Masks (including Triple layer mask, N-95 mask etc), head cover/cap, shoe cover, disposable Linen Gown, non-plastic or semi-plastic coverall disposed into YELLOW BAG

	Written by	Reviewed by	Approved by
Name			
Designation			
Signature			
Date			

STANDARD OPERATING PROCEDURE	Hospico/South Goa District Hospital	Page No:
Title	Handling of Bio medical waste (yellow category) for COVID-19	Version NO:02
Number	SOP/HOSP/ADM/002	Effective date
Department	Administration	Review Date

**FAECES:-** From COVID-19 confirmed patient who is unable to use toilets and excreta is collected in diaper is considered as biomedical waste and placed in yellow bag/container. If bedpan is used, then faeces to be washed into toilet and cleaned with a neutral detergent and water. disinfected with a 0.5% chlorine solution, then rinsed with water.

- Biomedical waste Register of waste generated to be maintained by the ward incharge (REFER ANNEXURE I).
- The designated BMW Incharge/duty staff nurse must inform the Hospicio designated NODAL OFFICER for collection of yellow bags
- Hospicio Hospital designated Multi Task Worker in proper PPE gear should collect the yellow bags from COVID-19 isolation centres designated ward nurses
- The details such as number of bags day wise, total weight of the bags in kg are to be entered on the register carried by the MTW while handing over the yellow bags. Name & signature of the staff handing over & receiving shall be entered on the register. The format for Bio Medical waste record is attached as Annexure-I
- All the ward incharges of COVID-19 centres shall conduct Bio Medical waste segregation Audit before tying the bag as per attached Annexure-II.
- The MTW after collecting waste from all COVID-19 centres shall report to the NODAL OFFICER along with the register.
- The NODAL OFFICER shall issue letter to the Medical Superintendent, Goa Medical College in duplicate wherein total waste will be compiled in terms of number of bags & in kgs per day wise and will be entered on letter for incineration purpose.

	Written by	Reviewed by	Approved by
Name			
Designation			
Signature			
Date			

STANDARD OPERATING PROCEDURE	Hospicio/South Goa District Hospital	Page No:
Title	Handling of Bio medical waste (Red Category) for COVID-19	Version NO:02
Number	SOP/HOSP/ADM/003	Effective date
Department	Administration	Review Date

- The designated BMW Incharge/duty staff nurse must inform the Hospicio designated NODAL OFFICER for collection of Red bags for Autoclaving.
- Hospicio Hospital designated Mutitask Worker in proper PPE gear should collect the Red bags from COVID-19 isolation centres designated ward nurses
- The details such as number of bags day wise, total weight of the bags in kg are to be entered on the register carried by the MTW while handing over the red bags. Name & signature of the staff handing over & receiving shall be entered on the register. The format for Bio Medical waste record is attached as Annexure-I
- All the ward incharges of COVID-19 centres shall conduct Bio Medical waste segregation Audit before tying the bag as per attached Annexure-II.
- A dedicated closed Vehicle with separate storage compartment bearing registration No .GA-07-F-1052 to collect COVID-19 Bio Medical Waste from all the designated quarantine centre, isolation wards and COVID Hospital under Hospicio Hospital Margao Goa
- The MTW after collecting waste from all COVID-19 centres shall report to the Matron along with the register. After verification Red waste to be handed over to personnel in the Autoclaving room. The MTS Worker will discard the worn PPE at incineration site GMC, Bambolim.
- The vehicle used for transportation of waste to be wash, disinfected with 1% sodium hypochlorite after every trip.

	Written by	Reviewed by	Approved by
Name			
Designation			
Signature			
Date			

STANDARD OPERATING PROCEDURE	Hospico/South Goa District Hospital	Page No:
Title	Handling of Bio medical waste (Red Category) for COVID-19	Version NO:02
Number	SOP/HOSP/ADM/003	Effective date
Department	Administration	Review Date

### 1.0 OBJECTIVE

To provide guidance for handling of Bio medical waste (Red category) for COVID-19

### 2.0 RESPONSIBILITY

All staff of COVID-19, Isolation/Quarantine Centres/Swab Collection centres, South Goa District are responsible for implementing the SOP. The HODs and Medical superintendent are responsible to ensure compliance to the SOP.

### 3.0 PROCEDURE for Handling of Bio Medical Waste (RED category) for COVID-

19

- Every ward shall maintain separate colour coded red bins/container (LABELLED AS COVID-19) for collection of bio medical waste.
- Double layered bags (2 bags)(red) should be used for collection of waste from COVID-19 wards
- The date of generation of should be stamped on the red bag before placing in the bin.
- Once the red bag is 3/4 full or once 24 hours have passed Red bags should be tied with double tie (both the bags shall be tied separately) by the Bio Medical Waste handler and kept in the separate designated area for COVID-19 waste.
- TYPE OF WASTE IN RED BAG:-  
Follow the Biomedical waste guidelines 2016 for segregation of Red waste  
The used PPEs such as goggles, Face shields, splash proof apron, Plastic coverall, Hazmet suit, nitrile gloves into RED bags/container  
For sample collection centres and laboratories, Pretreat viral transport media, plastic vials, vacutainers, eppendorf tubes, plastic cryovials, pipette tips as per BMWM Rules 2016 and collect in Red bags.
- A register has to be maintained for the same by the ward Incharge

	Written by	Reviewed by	Approved by
Name			
Designation			
Signature			
Date			

STANDARD OPERATING PROCEDURE	Hospico/South Goa District Hospital	Page No:
Title	Handling of Bio medical waste (yellow category) for COVID-19	Version NO:02
Number	SOP/HOSP/ADM/002	Effective date
Department	Administration	Review Date

- A dedicated closed Vehicle with separate storage compartment bearing registration No GA-07-F-1052 to collect COVID-19 Bio Medical Waste from all the designated quarantine centre, isolation wards and COVID Hospital under Hospicio Hospital Margao Goa
- The MTW worker shall handover the waste to the GMC. Bambolim and obtain acknowledgment copy and submit same to the NODAL OFFICER for record.
- The vehicle used for transportation of waste to be wash, disinfected with 1% sodium hypochlorite after every trip.

	Written by	Reviewed by	Approved by
Name			
Designation			
Signature			
Date			



OFFICE OF THE COLLECTOR, NORTH GOA DISTRICT  
Civil Administration Branch, Collectorate Bld., Panaji-Goa-403004.  
Phone Nos:2427690, 2225083, 2225383(EPEX)  
FAX No:-2427690/2225083/2225383(Ext/No.219)  
E-Mail ID: [dca-north.goa@gov.goa.in](mailto:dca-north.goa@gov.goa.in)

No.4/98/CAB/COL/MISC 1161

Dated:-15/05/2020

Sub:- Crisis Management Plan. COVID-2019.

Sir/Madam,

Find enclosed herewith the template for District Crisis Management Plan for COVID - 19 received from the Ministry of Health and Family Welfare, New Delhi which is self-explanatory. In this regard you are kindly requested provide the information pertaining to your Office by 20/05/2020 positively for the onward submission to the Ministry.

Matter may be treated as Most Urgent.

Yours Sincerely,

(Gopal A. Parsekar)  
Additional Collector  
North Goa District

Encl:-as above.

## Template for District Contingency Plan for COVID – 19

### 1. Background:- (*Office of the Collectorate*)

#### 2. Rationale / Need of Plan

- a. Alignment with Central and State Containment Plans :- (*Office of the Collectorate and Directorate of Health*)

### 3. District Profile

- a. Demographic Profile – Map – Political and Resource Maps :- (*Office of the Collectorate*)
- b. Administrative profile – Administrative Reporting:- (*Office of the Collectorate*)
- c. Occupational Profile:- (*Office of the Collectorate*)

### 4. Risk Assessment :- (*Directorate of Health Services*)

- a. Epidemiology & Definitions (Novel Corona Virus, COVID 19, Incubation Period, Mode of Transmission, Sign and Symptoms, Suspect Case, Confirmed Case, Contact – High Risk & Low Risk)

#### i. Public Health Profile of the District

- ii. Data of other illnesses, preferably for last three years:

1. Infectious Diseases (e.g. Dengue, Malaria, SARI, ILI etc.)
2. Non-infectious Diseases (e.g. Cardiovascular, renal diseases etc.)

#### b. Current Situation:

- i. Population density of different blocks
- ii. Urban Centres
- iii. COVID affected people (tested positive)
- iv. No. of persons Quarantined
- v. No. of persons in Isolation
- vi. Tests done
- vii. People under Surveillance
- viii. People under Hospitalisation
- ix. People with the history of foreign travel

- x. Labs for testing
- xi. Quarantine facilities, both institutional and home quarantine
- xii. Isolation facilities
- xiii. Treatment facilities
- xiv. Protection of the frontline workers
- c. No. of people returned from foreign countries, after 1<sup>st</sup> March and follow up with them regarding their health status (*Office of the Collector/ Directorate of Health Services*)
- d. No. of Migrant labours / other professionals returned after 1<sup>st</sup> Mar
- e. Vulnerable Clusters and planning for them :- (*Directorate of Health Services*)
- f. Vulnerable Groups (aged, pregnant women, people living in aged homes etc., sanitation workers etc.) and planning for them :- (*Directorate of Health Services*)

#### 5. Institutional Arrangements for COVID – 19

- a. District Health EOC & Helpline :- (*Directorate of Health Services*)
- b. Line Departments with specific Responsibilities and Formation of Task Forces :- (*All Line Department*)
- c. NGO coordination cell :- (*All Line Department*)
- d. Other Stakeholders and their responsibility :- (*All Line Department*)

#### 6. Infrastructure:- (*Directorate of Health Services*)

- a. Health Facilities in District
  - i. Hospitals – Govt. / Private / Nursing Homes / Clinics / PHCs / CHCs
  - ii. Hospital and critical care facility, ICUs etc. – Number of beds needed, available, gap, plan to meet the demand
  - iii. Health Personnel in the District: Doctors in govt, private, Ayurvedic doctors, Retired Doctors, veterinary doctors, Nurses in govt and private, Paramedical staff, health workers
  - iv. Drugs Stock
  - v. Testing Facilities - Testing facility – demand, availability and gap<sup>1</sup>

- vi. Isolation and Quarantine Facilities - Quarantine facility, isolation facility - demand, availability from various sources both private and public, gap and plan to meet the gap
- vii. Medical Colleges (Allopathic, Homeopathic, Ayurvedic, Siddha etc.)
- viii. Resources available in the neighbouring district in case the local capacity is overwhelmed

#### 7. Prevention and Mitigation Measures

- a. Rail/Road/Air Network/sea port (Points of Entry/Exit) and Measures at entry/exit points:- (*Office of the Collector*)
- b. Manpower Mobilization: Demand, availability from different sources, Gap and plan to meet the gap (Doctors, Nurses, Paramedical staff, others):- (*Directorate of Health Services*)
- c. Resource Mobilization (PPEs, Ventilators, Masks, Gloves, Oxygen Cylinders etc.)- Demand, availability from various sources, gap and plan to meet the gap:- (*Directorate of Health Services*)
- d. Cleaning and disinfection of public places undertaken :- (*Directorate of Health Services/Pollution Control Board/ Panchayat and Municipality*)
- e. Planning for other natural & human induced disasters in coming months while COVID - 19 is continuing:- (*Office of the Collector*)

#### 8. Preparedness & Response:- (*All line Department*)

- a. Actions taken for COVID 19 (Pharmaceutical and Non-Pharmaceutical Interventions)
  - i. Before Lockdown
  - ii. During lockdown
    - 1. Current Implementation of Lockdown measures- compliance to various government directives and instruction
    - 2. Identification of areas for selective lockdown based on risk and existing cases, and vulnerabilities
    - 3. Maintenance of essential services in such areas, taking care of vulnerable, feeding the poor etc.
  - iii. Actions to be taken after lockdown (Partial or phase wise lifting / total lifting of lockdown)

- iv. Psycho-social support and counselling to infected, in quarantine, isolation and even medical personnel engaged in treating the infected
  - v. Rapid response teams at the district level with clear mandate on what they need to do within four to six hours in different scenarios, e.g. (i) in cases where more patients come in for hospitalisation beyond the normal capacity of the hospital; where to take the additional patients? Which is the nearest contingency hospital planned? (ii) in case any particular locality has to be fully sealed?
  - b. Compliance to Directions from Central / State Governments
  - c. SOPs – For Pharma & Non-Pharma interventions
9. IEC/Awareness/Involvement of NGOs & CSOs:- *(All line Department)*
- a. NGO/civil society engagement- Identification of NGOs, their geographical area of operation, expertise, experience, capacity, their training needs and allocation of work
  - b. Capacity building and training for various cadres, volunteers, NGOs etc.
10. Budgetary Provisions:- *(All line Department)*

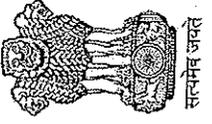
Annexures:

- A. Important Contact Details:- *(Office of the Collector/ Directorate of Health Services)*
- 11. Sample IEC Materials for use by NGOs/CSOs/other agencies *(All line Department)*
- B. Checklist of Emergency Support Functions *(Directorate of Health Services)*
- C. Protocol for sample collection and testing *(Directorate of Health Services)*
- D. Other relevant advisories from Central and State Governments *(Directorate of Health Services)*

Check List - Department's role as lead/support agency against Emergency Support Functions) (Tick ✓ and elaborate on ticked items) *(All Department)*

S. No.	Emergency Support Functions	Lead (L) / Support (S) Agency (Tick ✓ and mark L or S)	
		Lead Agency	Support Agency
1			
2			
3			
4			
5			

Note: Coastal states which are prone to cyclones, and States which are prone to heat wave and the States prone to floods should evaluate the medical facilities located for COVID-19 from the hazard, risk and vulnerability perspective and consider risk informed planning so that the facilities are not affected by natural disaster impacts.



# Containment Plan

Novel Coronavirus Disease 2019  
(COVID 19)

Ministry of Health & Family Welfare  
Government of India

# 1. INTRODUCTION

## 1.1 Background

On 31<sup>st</sup> December 2019, the World Health Organization (WHO) China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. On 7<sup>th</sup> January 2020, Chinese authorities identified a new strain of Coronavirus as the causative agent for the disease. The virus has been renamed by WHO as SARS-CoV-2 and the disease caused by it as COVID-19. The disease since its first detection has affected all the provinces of China and 40 other countries (including Hong Kong, Macau and Taiwan). As per WHO (as of 26<sup>th</sup> February, 2020), there has been a total of 81109 confirmed cases of COVID-19 worldwide including 78191 confirmed cases and 2718 deaths reported from China. Besides China, 2918 confirmed cases and 44 deaths have been reported from 37 countries.

In India, as on 26<sup>th</sup> February, 2020, three travel related cases (from Hubei province, China), were reported (all from Kerala). All these cases were clinically stable during the period of hospitalization and discharged as per the discharge policy.

## 1.2. Risk Assessment

The risk for spread has been assessed by World Health Organization and currently (as on 26<sup>th</sup> February, 2020) it is very high for China and high at regional and global levels. WHO on 30<sup>th</sup> January, 2020 declared the current novel coronavirus outbreak as a Public Health Emergency of International Concern (PHEIC). According to WHO, “all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of SARS-CoV-2 infection.

Clusters have appeared in many countries including USA, France, Germany and local transmission in Hong Kong, Singapore, Republic of Korea, Iran and Italy.

## 1.3. Epidemiology

Coronaviruses belong to a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats, bats etc. Rarely, animal corona viruses may evolve and infect people and then spread between people as witnessed during the outbreak of Severe Acute Respiratory Syndrome (SARS, 2003) and Middle East Respiratory Syndrome (MERS, 2014). The etiologic agent responsible for current outbreak of SARS-CoV-2 is a novel coronavirus is closely related to SARS-Coronavirus.

In humans, the transmission of SARS-CoV-2 can occur via respiratory secretions (directly through droplets from coughing or sneezing, or indirectly through contaminated objects or surfaces as well as close contacts). Nosocomial transmission has been described as an important driver in the epidemiology of SARS and MERS and has also documented in COVID-19.

Current estimates of the incubation period of COVID range from 2-14 days, and these estimates will be refined as more data become available. Most common symptoms include fever, fatigue, dry cough and breathing difficulty. Upper respiratory tract symptoms like sore throat, rhinorrhoea, and gastrointestinal symptoms like diarrhoea and nausea/vomiting are seen in about 20% of cases.

Due to paucity of scientific literature based on community based studies, the available data on host factors is skewed towards cases requiring hospitalization. As per analysis of the biggest cohort reported by Chinese CDC, about 81% of the cases are mild, 14% require hospitalization and 5% require ventilator and critical care management. The deaths reported are mainly among elderly population particularly those with co-morbidities.

At the time of writing this document, many of the crucial epidemiological information particularly source of infection, mode of transmission, period of infectivity, etc. are still under investigation.

## 2. STRATEGIC APPROACH

India would be following a scenario based approach for the following possible scenarios:

- i. Travel related case reported in India
- ii. Local transmission of COVID-19
- iii. Community Transmission of COVID-19 disease
- iv. India becomes endemic for COVID-19

### 2.1. Strategic Approach for Current Scenario: "only travel related cases reported from India"

- (i) Inter-ministerial coordination (Group of Ministers, Committee of Secretaries) and Centre-State Co-ordination been established.
- (ii) Early Detection through Points of Entry (PoE) screening of passengers coming from China, Honk Kong, Indonesia, Japan, Malaysia, Republic of Korea, Singapore, Thailand and Vietnam through 21 designated airports, 12 major ports, 65 minor ports and 8 land crossings.
- (iii) Surveillance and contact tracing through Integrated Disease Surveillance Programme (IDSP) for tracking travellers in the community who have travelled from affected countries and to detect clustering, if any, of acute respiratory illness.
- (iv) Early diagnosis through a network of 15 laboratories of ICMR which are testing samples of suspect cases.
- (v) Buffer stock of personal protective equipment maintained.
- (vi) Risk communication for creating awareness among public to follow preventive public health measures.

## 2.2. Local transmission of COVID-2019 disease

The strategy will remain the same as explained in para 2.1 as above. In addition cluster containment strategy will be initiated with:

- Active surveillance in containment zone with contact tracing within and outside the containment zone.
- Expanding laboratory capacity for testing all suspect samples and
- Establishing surge capacities for isolating all suspect / confirmed cases for medical care.
- Implementing social distancing measures.
- Intensive risk communication.

## 3. SCOPE OF THIS DOCUMENT

In alignment with strategic approach, this document provides action that needs to be taken for containing a cluster. The actions for control of large outbreaks will be dealt separately under a mitigation plan.

## 4. OBJECTIVES

The objective of cluster containment is to stop transmission, morbidity and mortality due to COVID-19.

## 5. CLUSTER CONTAINMENT

### 5.1. Definition of Cluster

A cluster is defined as 'an unusual aggregation of health events that are grouped together in time and space and that are reported to a health agency' (Source CDC). Clusters of human cases are formed when there is local transmission. The local transmission is defined as a laboratory confirmed case of COVID-19:

- (i) Who has not travelled from an area reporting confirmed cases of COVID-19 or
- (ii) Who had no exposure to a person travelling from COVID-19 affected area or other known exposure to an infected person

There could be single or multiple foci of local transmission. There may or may not be an epidemiological link to a travel related case.

### 5.2. Cluster Containment Strategy

The cluster containment strategy would be to contain the disease within a defined geographic area by early detection, breaking the chain of transmission and thus preventing its spread to new areas. This would include geographic quarantine, social distancing measures, enhanced active surveillance, testing all suspected cases, isolation of cases, home quarantine of contacts, social mobilization to follow preventive public health measures.

### 5.3. Evidence base for cluster containment

Large scale measures to contain COVID-19 have been tried in China and Republic of Korea and also in countries that reported small clusters such as Germany, France, Singapore and Italy. Since COVID-19 is an airborne infection and there is efficient human to human transmission, success of containment operations cannot be guaranteed. Interventions to limit morbidity, mortality and social disruption associated with SARS in 2003 demonstrated that it was possible then to mobilize complex public health operation to contain SARS outbreak. Mathematical modeling studies suggest containment might be possible.

### 5.4. Factors affecting cluster containment

A number of variables determine the success of the containment operations. These are:

- (i) Size of the cluster.
- (ii) How efficiently the virus is transmitting in Indian population.
- (iii) Time since first case/ cluster of cases originated. Detection, laboratory confirmation and reporting of first few cases must happen quickly.
- (iv) Active case finding and laboratory diagnosis.
- (v) Isolation of cases and quarantine of contacts.
- (vi) Geographical characteristics of the area (e.g. accessibility, natural boundaries)
- (vii) Population density and their movement (including migrant population).
- (viii) Resources that can be mobilized swiftly by the State Government/ Central Government.
- (ix) Ability to ensure basic infrastructure and essential services.

### 5.5. Assumptions

- (i) The virus is not circulating in Indian Population.
- (ii) Even if there is a global pandemic, there is large part of the country which remains unaffected and large population which remains susceptible.

## 6. ACTION PLAN FOR CLUSTER CONTAINMENT

### 6.1. Institutional mechanisms and Inter-Sectoral Co-ordination

At the National Level, the National Crisis Management Committee (NCMC) will be activated. The co-ordination with health and non-health sectors will be managed by NCMC, on issues, flagged by Ministry of Health. Ministry of Health and Family Welfare will activate its Crisis Management Plan.

The Concerned State will activate State Crisis Management Committee or the State Disaster Management Authority, as the case may be to manage the clusters of COVID-19.

There will be daily co-ordination meetings between the centre and the concerned State through video conference.

The State should review the existing legal instruments to implement the containment plan. Some of the Acts/ Rules for consideration could be (i) Disaster Management Act (2005) (ii) Epidemic Act (1897) (iii) Cr.PC and (iv) State Specific Public Health Acts.

## **6.2. Trigger for Action**

The trigger could be the IDSP identifying a cluster of Influenza like Illness (ILI) or Severe Acute Respiratory syndrome (SARI), which may or may not have epidemiological linkage to a travel related case. It could also be through other informal reporting mechanisms (Media/civil society/ hospitals (government / private sector) etc. The State will ensure early diagnosis through the ICMR/VRDL (Virus Research and Diagnostic Laboratory) Network. A positive case will trigger a series of actions for containment of the cluster.

## **6.3. Deployment of Rapid Response Teams (RRT)**

Emergency Medical Relief (EMR) division, Ministry of Health and Family Welfare will deploy the Central Rapid Response Team (RRT) to support and advise the State. The State will deploy its State RRT and District RRT.

## **6.4. Identify geographically-defined Containment zone and Buffer zone**

### **6.4.1. Containment zone**

The containment zone will be defined based on:

- (i) The index case / cluster, which will be the designated epicenter
- (ii) The listing and mapping of contacts.
- (iii) Geographical distribution of cases and contacts around the epicenter.
- (iv) Administrative boundaries within urban cities /town/ rural area.

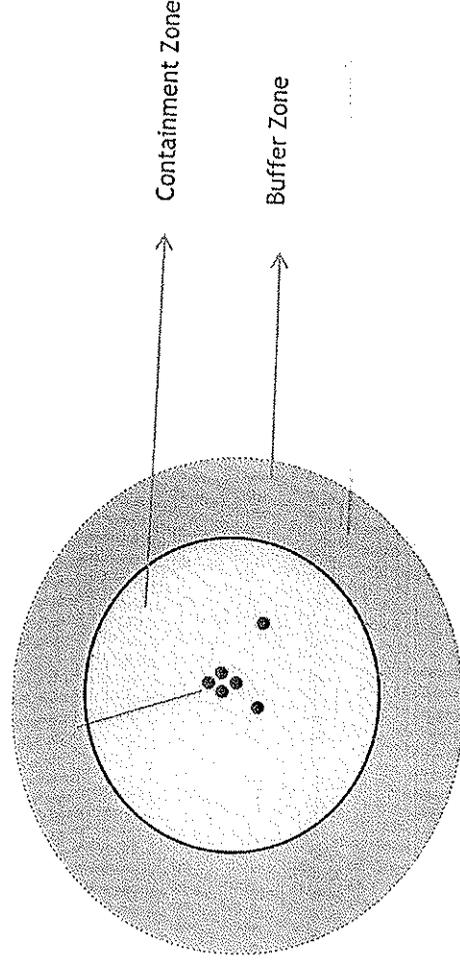
The RRT will do listing of cases, contacts and their mapping. This will help in deciding the perimeter for action. The decision of the geographic limit and extent of perimeter control will be that of the State Government. However, likely scenarios and possible characteristics of the containment and buffer zone are given in Table-1.

Table 1: Scenarios for determining containment and buffer zones

S. No.	Scenario	Containment zone characteristics
1	A small cluster in closed environment such as residential schools, military barracks, hostels or a hospital.	Containment zone will be determined by the mapping of the persons in such institution including cases and contacts. A buffer zone of additional 5 Km radius* will be identified.
2	Single cluster in a residential colony	Administrative boundary of the residential colony and a buffer zone of additional 5 Km radius.*
3	Multiple clusters in communities (residential colony, schools, offices, hospitals etc.) with in an administrative jurisdiction	Administrative boundary of the urban district and a buffer zone of neighboring urban districts.
4	Multiple clusters spatially separated in different parts administrative districts of a city	Administrative boundary of city/ town and congruent population in the peri-urban areas as the buffer zone.**
5	Cluster in a rural setting	3 Km radius of containment zone and additional 7 Kms radius of buffer zone.

\* The perimeter of the containment zone will be determined by the continuous real time risk assessment.

\*\* The decision to follow a containment protocol will be based on the risk assessment and feasibility of perimeter control.



The Central RRT will help the State/ District administration in mapping the Containment Zone.

If the epidemiological assessment process is to take time (>12-24 hrs), then a containment zone of 3 Kms and a buffer zone of 7 Kms will be decided which may be subsequently revised, if required, based on epidemiologic investigation. Except for rural settings.

#### **6.4.2. Buffer zone**

Buffer zone is an area around the containment zone, where new cases are most likely to appear. There will not be any perimeter control for the buffer zone. The activities of buffer zone are listed under paragraph 7.2.

#### **6.4.3. Perimeter**

Perimeter of the containment zone will be decided by the District administration based on criteria defined in Para 6.4.1. Clear entry and exit points will be established. The perimeter controls that need to be applied is in para 7.3.

### **7. SURVEILLANCE**

#### **7.1. Surveillance in containment zone**

##### **7.1.1. Contact listing**

The RRTs will list the contacts of the suspect / laboratory confirmed case of COVID-19. The District Surveillance Officer (in whose jurisdiction, the laboratory confirmed case/ suspect case falls) along with the RRT will map the contacts to determine the potential spread of the disease. If the residential address of the contact is beyond that district, the district IDSP will inform the concerned District IDSP/State IDSP.

##### **7.1.2. Mapping of the containment and buffer zones**

The containment and buffer zones will be mapped to identify the health facilities (both government and private) and health workforce available (primary healthcare workers, Anganwadi workers and doctors in PHCs/CHCs/District hospitals).

##### **7.1.3. Active Surveillance**

The residential areas will be divided into sectors for the ASHAs/Anganwadi workers/ANMs each covering 50 households (30 households in difficult areas). Additional workforce would be mobilized from neighboring districts (except buffer zone) to cover all the households in the containment zone. This workforce will have supervisory officers (PHC/CHC doctors) in the ratio of 1:4.

The field workers will be performing active house to house surveillance daily in the containment zone from 8:00 AM to 2:00 PM. They will line list the family members and those having symptoms. The field worker will provide a mask to the suspect case and to the care giver identified by the family. The patient will be isolated at home till such time he/she is examined by the supervisory officer. They will also follow up contacts identified by the RRTs within the sector allocated to them.

All ILI/SARI cases reported in the last 14 days by the IDSP in the containment zone will be tracked and reviewed to identify any missed case of COVID-19 in the community.

Any case falling within the case definition will be conveyed to the supervisory officer who in turn will visit the house of the concerned, confirm that diagnosis as per case definition and will make arrangements to shift the suspect case to the designated treatment facility. The supervisory officer will collect data from the health workers under him/ her, collate and provide the daily and cumulative data to the control room by 4.00 P.M. daily.

#### **7.1.4 Passive Surveillance**

All health facilities in the containment zone will be listed as a part of mapping exercise. All such facilities both in Government and private sector (including clinics) shall report clinically suspect cases of COVID-19 on real time basis (including 'Nil' reports) to the control room at the district level.

#### **7.1.5. Contact Tracing**

The contacts of the laboratory confirmed case/ suspect case of COVID-19 will be line-listed and tracked and kept under surveillance at home for 28 days (by the designated field worker). The Supervisory officer in whose jurisdiction, the laboratory confirmed case/ suspect case falls shall inform the Control Room about all the contacts and their residential addresses. The control room will in turn inform the supervisory officers of concerned sectors for surveillance of the contacts. If the residential address of the contact is beyond the allotted sector, the district IDSP will inform the concerned Supervisory officer/concerned District IDSP/State IDSP.

#### **7.2. Surveillance in Buffer zone**

The surveillance activities to be followed in the buffer zone are as follows:

- i. Review of ILI/SARI cases reported in the last 14 days by the District Health Officials to identify any missed case of COVID-19 in the community.
- ii. Enhanced passive surveillance for ILI and SARI cases in the buffer zone through the existing Integrated Disease Surveillance Programme.
- iii. In case of any identified case of ILI/SARI, sample should be collected and sent to the designated laboratories for testing COVID-19.

All health facilities in the buffer zone will be listed as a part of mapping exercise. All such facilities both in Government and private sector (including clinics) shall report clinically suspect cases of COVID-19 on real time basis (including 'Nil' reports) to the control room at the district level. Measures such as personal hygiene, hand hygiene, social distancing to be enhanced through enhanced IEC activities in the buffer zone.

### 7.3. Perimeter Control

The perimeter control will ensure that there is no unchecked outward movement of population from the containment zone except for maintaining essential services (including medical emergencies) and government business continuity. It will also limit unchecked influx of population into the containment zone. The authorities at these entry points will be required to inform the incoming travelers about precautions to be taken and will also provide such travelers with an information pamphlet and mask.

All vehicular movement, movement of public transport and personnel movement will be restricted. All roads including rural roads connecting the containment zone will be guarded by police.

The District administration will post signs and create awareness informing public about the perimeter control. Health workers posted at the exit point will perform screening (e.g. interview travelers, measure temperature, record the place and duration of intended visit and keep complete record of intended place of stay).

Details of all persons moving out of perimeter zone for essential/ emergency services will be recorded and they will be followed up through IDSP. All vehicles moving out of the perimeter control will be decontaminated with sodium hypochlorite (1%) solution.

## 8. LABORATORY SUPPORT

### 8.1 Designated laboratories

The identified VRDL network laboratory, nearest to the affected area, will be further strengthened to test samples. The other available govt. laboratories and private laboratories (BSL 2 following BSL 3 precautions) if required, shall also be engaged to test samples, after ensuring quality assurance by ICMR/VRDL network. If the number of samples exceeds its surge capacity, samples will be shipped to other nearby laboratories or to NCDC, Delhi or NIV, Pune or to other ICMR lab networks depending upon geographic proximity.

All test results should be available within 12 hours of sampling. ICMR along with the State Government will ensure that there are designated agencies for sample transportation to identified laboratories. The contact number of such courier agencies shall be a part of the micro-plan.

The designated laboratory will provide daily update (daily and cumulative) to District, State and Central Control Rooms on:

- i. No. of samples received
- ii. No. of samples tested
- iii. No. of samples under testing

iv. No. of positive samples

## 8.2 Testing criteria

All suspect cases conforming to the case definition will be tested. The testing of suspect cases in the containment and buffer zones will continue till 14 days from the date, the last confirmed case is declared negative by laboratory test.

## 9. HOSPITAL CARE

All suspect cases detected in the containment/buffer zones (till a diagnosis is made), will be hospitalized and kept in isolation in a designated facility till such time they are tested negative. Persons testing positive for COVID-19 will remain to be hospitalized till such time 2 of their samples are tested negative as per MoHFW's discharge policy. About 15% of the patients are likely to develop pneumonia, 5 % of whom requires ventilator management. Hence dedicated Intensive care beds need to be identified earmarked. Some among them may progress to multi organ failure and hence critical care facility/ dialysis facility/ and Salvage therapy [Extra Corporeal Membrane Oxygenator (ECMO)] facility for managing the respiratory/renal complications/ multi-organ failure shall be required. If such facilities are not available in the containment zone, nearest tertiary care facility in Government / private sector needs to be identified, that becomes a part of the micro-plan.

### 9.1 Surge capacity

Based on the risk assessment, if the situation so warrants (data suggested an exponential rise in the number of cases), the surge capacity of the identified hospitals will be enhanced, private hospitals will be roped in and sites for temporary hospitals identified and it's logistic requirements shall be worked out.

### 9.2 Pre-hospital care (ambulance facility)

Ambulances need to be in place for transportation of suspect/confirmed cases. Such ambulances shall be manned by personnel adequately trained in infection prevention control, use of PPE and protocol that needs to be followed for disinfection of ambulances (by 1% sodium hypochlorite solution using knapsack sprayers).

### 9.3 Infection Prevention Control Practices

Nosocomial infection in fellow patients and attending healthcare personnel are well documented in the current COVID-19 outbreak as well. There shall be strict adherence to Infection prevention control practices in all health facilities. IPC committees would be formed (if not already in place) with the mandate to ensure that all healthcare personnel are well aware of IPC practices and suitable arrangements for requisite PPE and other logistic (hand sanitizer, soap, water etc.) are in place. The designated hospitals will ensure that all healthcare staff is trained in washing of hands, respiratory etiquettes, donning/doffing & proper disposal of PPEs and bio-medical waste management.

At all times doctors, nurses and para-medics working in the clinical areas will wear three layered surgical mask and gloves. The medical personnel working in isolation and critical care facilities will wear full complement of PPE (including N95 masks).

The support staff engaged in cleaning and disinfection will also wear full complement of PPE. Environmental cleaning should be done twice daily and consist of damp dusting and floor mopping with Lysol or other phenolic disinfectants and cleaning of surfaces with sodium hypochlorite solution. Detailed guidelines available on MoHFW's website may be followed.

## 10. CLINICAL MANAGEMENT

### 10.1. Clinical Management

The hospitalized cases may require symptomatic treatment for fever. Paracetamol is the drug of choice. Suspect cases with co-morbid conditions, if any, will require appropriate management of co-morbid conditions.

For patients with severe acute respiratory illness (SARI), having respiratory distress may require, pulse oxymetry, oxygen therapy, non-invasive and invasive ventilator therapy. Detailed guidelines available on MoHFW's website and updated from time to time, may be followed.

### 10.2. Discharge Policy

Discharge policy for suspected cases of COVID-19 tested negative will be based on the clinical assessment of the treating physician. For those tested positive for COVID-19, their discharge from hospital will be governed by consecutive two samples tested negative and the patient is free from symptoms.

## 11. PHARMACEUTICAL INTERVENTIONS

As of now there is no approved drug or vaccine for treatment of COVID-19.

## 12. NON-PHARMACEUTICAL INTERVENTIONS

In the absence of proven drug or vaccine, non-pharmaceutical interventions will be the main stay for containment of COVID-19 cluster.

### 12.1. Preventive public health measures

There will be social mobilization among the population in containment and buffer zone for adoption of community-wide practice of frequent washing of hands and respiratory etiquettes in schools, colleges, work places and homes. The community will also be encouraged to self-

monitor their health and report to the visiting ASHA/Anganwadi worker or to nearest health facility.

## **12.2. Quarantine and isolation**

Quarantine and Isolation are important mainstay of cluster containment. These measures help by breaking the chain of transmission in the community.

### **12.2.1. Quarantine**

Quarantine refers to separation of individuals who are not yet ill but have been exposed to COVID-19 and therefore have a potential to become ill. There will be voluntary home quarantine of contacts of suspect /confirmed cases. The guideline on home quarantine available on the website of the Ministry provides detail guidance on home quarantine.

### **12.2.2. Isolation**

Isolation refers to separation of individuals who are ill and suspected or confirmed of COVID-19. There are various modalities of isolating a patient. Ideally, patients can be isolated in individual isolation rooms or negative pressure rooms with 12 or more air-changes per hour.

In resource constrained settings, all positive COVID-19 cases can be cohorted in a ward with good ventilation. Similarly, all suspect cases should also be cohorted in a separate ward. However under no circumstances these cases should be mixed up. A minimum distance of 1 meter needs to be maintained between adjacent beds. All such patients need to wear a triple layer surgical mask at all times.

## **12.3 Social distancing measures**

For the cluster containment, social distancing measures are key interventions to rapidly curtail the community transmission of COVID-19 by limiting interaction between infected persons and susceptible hosts. The following measures would be taken:

### **12.3.1 Closure of schools, colleges and work places**

Administrative orders will be issued to close schools, colleges and work places in containment and buffer zones. Intensive risk communication campaign will be followed to encourage all persons to stay indoors for an initial period of 28 days, to be extended based on the risk assessment. Based on the risk assessment and indication of successful containment operations, an approach of staggered work and market hours may be put into practice.

### **12.3.2 Cancellation of mass gatherings**

All mass gathering events and meetings in public or private places, in the containment and buffer zones shall be cancelled / banned till such time, the area is declared to be free of COVID-19 or the outbreak has increased to such scales to warrant mitigation measures instead of containment.

### 12.3.3. Advisory to avoid public places

The public in the containment and buffer zones will be advised to avoid public places and only if necessary for attending to essential services. The administration will ensure supply of enough triple layer masks to the households in the containment and buffer zones.

### 12.3.4. Cancellation of public transport (bus/rail)

There will be prohibition for persons entering the containment zone and on persons exiting the containment zone. To facilitate this, if there are major bus transit hubs or railway stations in the containment zone, the same would be made dysfunctional temporarily. Additionally, irrespective of fact that there is a rail/road transit hub, the perimeter control will take care of prohibiting people exiting the containment zone including those using private vehicles and taxis.

As a significant inconvenience is caused to the public by adopting these measures in the containment zone, State government would proactively engage the community and work with them to make them understand the benefits of such measures.

## 13. MATERIAL LOGISTICS

### 13.1. Personal Protective Equipment

The type of personal protective equipment for different categories of:

S. No.	Name of the item	Category of personnel
1	PPE Kit, N 95, Mask, Gloves, Goggles, cap and shoe cover )	<ul style="list-style-type: none"><li>• Doctors and nurses attending to patients in isolation, ICU/ critical care facilities of hospitals in the containment zone.</li><li>• Para-medical staff in the back cabin of ambulance.</li><li>• Auxillary/ support staff involved in disinfection vehicles/ ambulances and surface cleaning of hospital floors and other surfaces</li></ul>
2	N-95 Mask and gloves	<ul style="list-style-type: none"><li>• Supervisory doctors verifying a suspect case</li><li>• Persons collecting samples.</li><li>• Doctors/nurses attending patients in primary health care facilities</li></ul>
3	Triple Layer Surgical mask	<ul style="list-style-type: none"><li>• To be used by Field workers doing surveillance work</li><li>• Staff providing essential services.</li><li>• Suspect cases and care giver / by stander of the suspect case</li><li>• Security staff.</li><li>• Ambulance drivers</li><li>• Residents permitted to go out for essential services .</li></ul>

The State Government has to ensure adequate stock of personal protective equipment. The quantity required for a containment operation will depend upon the size & extent of the cluster and the time required containing it. A containment of a cluster, lasting a month or two

in a population of 100,000 may require 20,00,000 triple layer masks; 2,00,000 gloves; 100,000 N-95 masks and about 50,000 PPE Kits. The foregoing number is to illustrate that State need to have a rate contract and assured supply for these items.

### **13.2. Transportation**

A large number of vehicles will be required for mobilizing the surveillance and supervisory teams. The vehicles will be pooled from Government departments. The shortfall, if any, will be met by hiring of vehicles.

### **13.3. Stay arrangements for the field staff**

The field staff brought in for the surveillance activities and that for providing perimeter control need to be accommodated with in the containment zone. Facilities such as schools, community buildings etc. will be identified for sheltering. Catering arrangement will need to be made at these locations.

### **13.4 Bio-medical waste management**

A large quantity of bio-medical waste is expected to be generated from containment zone. Arrangement would also be required for such bio-medical waste (discarded PPEs etc.), preferably by utilizing the bio-medical waste management services at the designated hospital.

## **14. RISK COMMUNICATION**

### **14.1 Risk communication material**

Risk communication materials [comprising of (i) posters and pamphlets; (ii) audio only material; (iii) AV films] prepared by PIB/MoHFW will be prepared and kept ready for targeted roll out in the containment and buffer zones.

### **14.2 Communication channels**

#### **14.2.1 Interpersonal communication**

During house to house surveillance, ASHAs/ other community health workers will interact with the community (i) for reporting symptomatic cases (ii) contact tracing (iii) information on preventive public health measures.

#### **14.2.2 Mass communication**

Awareness will be created among the community through milking, distribution of pamphlets, mass SMS and social media. Also use of radio and television (using local channels) will ensure penetration of health messages in the target community.

#### **14.2.3 Dedicated helpline**

A dedicated helpline number will be provided at the Control room (district headquarter) and its number will be widely circulated for providing general population with information on risks of COVID-19 transmission, the preventive measures required and the need for prompt reporting to health facilities, availability of essential services and administrative orders on perimeter control.

#### **14.2.4 Media Management**

At the Central level, only Secretary (H) or representative nominated by her shall address the media. There will be regular press briefings/ press releases to keep media updated on the developments and avoid stigmatization of affected communities. Every effort shall be made to address and dispel any misinformation circulating in media incl. social media.

At the State level, only Principal Secretary (H), his/her nominee will speak to the media.

### **15. INFORMATION MANAGEMENT**

#### **15.1 Control room at State & District Headquarters**

A control room (if not already in place) shall be set up at State and District headquarters. This shall be manned by State and District Surveillance Officer (respectively) under which data managers (deployed from IDSP/ NHM) responsible for collecting, collating and analyzing data from field and health facilities. Daily situation reports will be put up.

The state will provide aggregate data on daily basis on the following (for the day and cumulative):

- i. Total number of suspect cases
- ii. Total number of confirmed cases
- iii. Total number of critical cases on ventilator
- iv. Total number of deaths
- v. Total number of contacts under surveillance

#### **15.2 Control room in the containment zone**

A control room shall be set up inside the containment zone to facilitate collection, collation and dissemination of data from various field units to District and State control rooms. This shall be manned by an epidemiologist under which data managers (deployed from IDSP/ NHM) will be responsible for collecting, collating and analyzing data from field and health facilities.

This control room will provide daily input to the District control room for preparation of daily situation report.

### **15.3 Alerting the neighboring districts/States**

The control room at State Government will alert all neighboring districts. There shall be enhanced surveillance in all such districts for detection of clustering of symptomatic illness. Awareness will be created in the community for them to report symptomatic cases/contacts.

Also suitable provisions shall be created for enhancing horizontal communication between adjacent districts, especially for contact tracing exercise and follow up of persons exiting the containment zone.

## **16. CAPACITY BUILDING**

### **16.1 Training content**

Trainings will be designed to suit requirement of each and every section of healthcare worker involved in the containment operations. These trainings for different target groups shall cover:

1. Field surveillance, contact tracing, data management and reporting
2. Surveillance at designated exit points from the containment zone
3. Sampling, packaging and shipment of specimen
4. Hospital infection prevention and control including use of appropriate PPEs and bio-medical waste management
5. Clinical care of suspect and confirmed cases including ventilator management, critical care management
6. Risk communication to general community

### **16.2 Target trainee population**

Various sections of healthcare workforce (including specialist doctors, medical officers, nurses, ANMs, Block Extension Educators, MHWs, ASHAs) and workforce from non-health sector (security personnel, Anganwadi Workers, support staff etc.). Trainings will be tailored to requirements of each of these sections.

The training will be conducted by the RRT a day prior to containment operations are initiated.

### **16.3 Replication of training in other districts**

The State Govt. will ensure that unaffected districts are also trained along the same lines so as to strengthen the core capacities of their RRTs, doctors, nurses, support staff and non-health field formations. These trainings should be accompanied with functional training exercises like mock-drills.

## **17. FINANCING OF CONTAINMENT OPERATIONS**

The fund requirement would be estimated taking into account the inputs in the micro-plan and funds will be made available to the district collector from NHM flexi-fund.

### **17.1 Scaling down of operations**

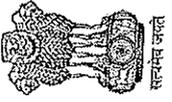
The operations will be scaled down if no secondary laboratory confirmed COVID-19 case is reported from the containment and buffer zones for at-least 4 weeks after the last confirmed test has been isolated and all his contacts have been followed up for 28 days. The containment operation shall be deemed to be over 28 days from the discharge of last confirmed case (following negative tests as per discharge policy) from the designated health facility i.e. when the follow up of hospital contacts will be complete.

The closing of the surveillance for the clusters could be independent of one another provided there is no geographic continuity between clusters. However the surveillance will continue for IL/SARI.

However, if the containment plan is not able to contain the outbreak and large numbers of cases start appearing, then a decision will need to be taken by State administration to abandon the containment plan and start on mitigation activities.

## **18. IMPLEMENTATION OF THE MICRO-PLAN**

Based on the above activities, the State/ District will prepare an event specific micro-plan and implement the containment operations.



# **Containment Plan for Large**

## **Outbreaks**

### **Novel Coronavirus Disease 2019 (COVID-19)**

**Ministry of Health and Family Welfare  
Government of India**

## 1. INTRODUCTION

### 1.1 Background

On 31<sup>st</sup> December 2019, the World Health Organization (WHO) China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. On 7<sup>th</sup> January 2020, Chinese authorities identified a new strain of Coronavirus as the causative agent for the disease. The virus has been renamed by WHO as SARS-CoV-2 and the disease caused by it as COVID-19. The disease since its first detection in China has now spread to over 200 countries/territories, with reports of local transmission happening in more than 160 of these countries/territories. As per WHO (as of 1<sup>st</sup> April, 2020), there has been a total of 823626 confirmed cases and 40598 deaths due to COVID-19 worldwide.

In India, as on 2<sup>nd</sup> April, 2020, 1965 confirmed cases (including 51 foreign nationals) and 50 deaths reported from 29 States/UTs. Large number of cases has been reported from Delhi, Karnataka, Kerala, Maharashtra, Rajasthan, Tamil Nadu, Telangana and Uttar Pradesh.

### 1.2. Risk Assessment

COVID-19 was declared a pandemic by WHO on 11<sup>th</sup> March, 2020. While earlier the focus of spread was centered on China, it has now shifted to Europe and North America. WHO has advised countries to take a whole-of-government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives and minimize impact.

In India also, clusters have appeared in multiple States, particularly Kerala, Maharashtra, Rajasthan, Uttar Pradesh, Delhi, Punjab, Karnataka, Telangana and UT of Ladakh. 211 districts are now reporting COVID-19 cases and the risk of further spread remains very high.

### 1.3. Epidemiology

Coronaviruses belong to a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats, bats, etc. Rarely, animal corona viruses may evolve and jump species to infect people and then spread between people as witnessed during the outbreak of Severe Acute Respiratory Syndrome (SARS, 2003) and Middle East Respiratory Syndrome (MERS, 2014). The etiologic agent responsible for current outbreak of SARS-CoV-2 is a novel coronavirus closely related to SARS-Coronavirus.

In humans, the transmission of SARS-CoV-2 can occur via respiratory secretions (directly through droplets from coughing or sneezing, or indirectly through contaminated objects or surfaces as well as close contacts). Nosocomial transmission has been described as an important driver in the epidemiology of SARS and MERS and has also been documented in COVID-19.

Current estimates of the incubation period of COVID range from 2-14 days, and these estimates will be refined as more data become available. Most common symptoms include fever, fatigue, dry cough and breathing difficulty. Upper respiratory tract symptoms

like sore throat, rhinorrhoea, and gastrointestinal symptoms like diarrhoea and nausea/vomiting are seen in about 20% of cases.

Due to paucity of scientific literature based on community based studies, the available data on host factors is skewed towards cases requiring hospitalization. As per analysis of the biggest cohort reported by Chinese CDC, about 81% of the cases are mild, 14% require hospitalization and 5% require ventilator and critical care management. The deaths reported are mainly among elderly population particularly those with co-morbidities.

At the time of writing this document, many of the crucial epidemiological information particularly source of infection, mode of transmission, period of infectivity, etc. are still under investigation.

## **2. Strategic Approach**

India would be following a scenario based approach for the following possible scenarios:

- i. Travel related case reported in India
- ii. Local transmission of COVID-19
- iii. Large outbreaks amenable to containment
- iv. Wide-spread community Transmission of COVID-19 disease
- v. India becomes endemic for COVID-19

### **2.1. Strategic Approach for Scenario: "Travel related cases reported from India"**

- (i) Inter-Ministerial coordination (Group of Ministers, Committee of Secretaries) and Centre-State co-ordination been established.
- (ii) Early detection through universal screening of all International passengers at Points of Entries (PoEs).
- (iii) Surveillance and contact tracing through Integrated Disease Surveillance Programme (IDSP) for tracking travellers in the community who have travelled from affected countries.
- (iv) Early diagnosis through testing samples of suspect cases.
- (v) Buffer stock of Personal Protective Equipment (PPE) maintained.
- (vi) Risk communication for creating awareness among public to follow preventive public health measures.

### **2.2. Local transmission of COVID-2019 disease**

Local transmission will lead to clustering of cases in time and space, epidemiologically linked to a travel related case or a positive case that has links to a travel related case. The cluster containment strategy will be:

- Extensive contact tracing and active search for cases in containment zone
- Testing all suspect cases and high risk contacts
- Isolating all suspect / confirmed cases and providing medical care.
- Quarantining contacts
- Implementing social distancing measures.
- Intensive risk communication.

### 2.3 Large outbreaks amenable to containment

The strategy will remain the same as explained in para 2.2 as above but vary in extent depending upon spread and response to be mounted to contain it. Geographic quarantine and containment strategy will include:

- Defining the area of operation
- Active surveillance for cases and contacts in the identified geographic zone.
- Expanding laboratory capacity for testing all suspect cases, high risk contacts and SARI cases.
- Operationalize surge capacities created for isolation (COVID-19 hospitals/COVID-19 dedicated blocks) to hospitalize and manage all suspect / confirmed cases.
- Implementation of social distancing measures with strict perimeter control.
- Provide chemoprophylaxis with Hydroxy-chloroquine to all asymptomatic healthcare workers and asymptomatic household contacts of laboratory confirmed cases.
- Further intensification of risk communication through audio, social and visual media.

### 3. Scope of this Document

In alignment with strategic approach, this document provides action that needs to be taken for containing a large outbreak. The actions for mitigation phase will be dealt separately under a mitigation plan.

### 4. Objective

The objective of this plan is to stop the chain of transmission thus reducing the morbidity and mortality due to COVID-19.

### 5. Containment for large outbreaks through geographic quarantine

#### 5.1 Geographic quarantine

Geographic quarantine (cordon sanitaire) strategy calls for near absolute interruption of movement of people to and from a relatively large defined geographic area where there is single large outbreak or multiple foci of local transmission of COVID-19. In simple terms, it is a barrier erected around the focus of infection.

Geographic quarantine shall be applicable to such areas reporting large outbreak and/or multiple clusters of COVID-19 spread over multiple blocks of one or more districts that are contiguous.

## **5.2. Cluster Containment Strategy**

The Cluster Containment Strategy would be to contain the disease within a defined geographic area by early detection of cases, breaking the chain of transmission and thus preventing its spread to new areas. This would include geographic quarantine, social distancing measures, enhanced active surveillance, testing all suspected cases, isolation of cases, quarantine of contacts and risk communication to create awareness among public on preventive public health measures.

## **5.3. Evidence for implementing geographic quarantine**

In 2009, during the H1N1 Influenza pandemic it was observed that well connected big cities with substantive population movement were reporting large number of cases, whereas rural areas and smaller towns with low population densities and relatively poor road/ rail/ airway connectivity were reporting only few cases.

The current geographic distribution of COVID-19 mimics the distribution of H1N1 Pandemic Influenza. This suggests that while the spread of COVID-19 in our population could be high, it's unlikely that it will be uniformly affecting all parts of the country. This calls for differential approach to different regions of the country, while mounting a strong containment effort in hot spots.

Large scale measures to contain COVID-19 over large territories have been tried in China. Mathematical modeling studies have suggested that containment might be possible especially when other public health interventions are combined with an effective social distancing strategy.

## **5.4. Factors affecting large outbreak cluster containment**

A number of variables determine the success of the containment operations through geographic quarantine. These are:

- (i) Number and size of the cluster/s.
- (ii) Effectiveness of geographic quarantine.
- (iii) How efficiently the virus is transmitting in Indian population, taking into account environmental factors especially temperature and humidity.
- (iv) Public health response in terms of active case finding, testing of large number of cases, immediate isolation of suspect and confirmed cases and quarantine of contacts.
- (v) Geographical characteristics of the area (e.g. accessibility, natural boundaries)

- (vi) Population density and their movement (including migrant population).
- (vii) Ability to ensure basic infrastructure and essential services.

## **6. Action Plan for Geographic quarantine**

### **6.1. Legal framework**

The Central Government /State Government should review the existing legal instruments that provide legal support to implement the containment plan. Some of the Acts/ Rules for consideration could be (i) Disaster Management Act (2005) (ii) Epidemic Act (1897) (iii) Cr.PC and (iv) State Specific Public Health Act.

The Home Ministry has delegated the powers under DM Act, 2005 [ Section 10 sub-section 2 clauses (i) and (l)] to Secretary (Health and Family Welfare) to act in such a way to contain or control the outbreak. States may invoke the provisions under DM Act,2005 or under the Epidemic Act,1897 to delegate powers to identified authority to act in such a manner to control or contain the outbreak.

Indian Penal Code under sections 270 provides power to act against those indulging in spread of disease. Section 144 of the Code of Criminal Procedure, when invoked, prohibits gathering of people.

### **6.1. Institutional mechanisms and Inter-sectoral Co-ordination**

#### At the Union Government level

6.1.1 The Group of Ministers (GoM) under the Chairmanship of Union Health Minister will be the apex body to take policy decisions. The GoM will have Ministers of External Affairs, Civil Aviation, Shipping, Pharmaceuticals, Home Ministry and option for co-opting any other Ministry. The Union Health Minister will have an advisory Group that will advise him on way forward. The Public Health Working Group under Secretary (H) and Joint Monitoring Group under DGHS will provide technical inputs.

6.1.2. At the national level, the Cabinet Secretary/ National Crisis Management Committee (NCMC) / Committee of Secretaries (CoS) will review the situation across the country and continue to direct the concerned Ministries to implement its directions . The co-ordination with health and non-health sectors will be managed by NCMC/ CoS, on issues, flagged by Ministry of Health.

The scale of arrangement within the Ministry of health will be expanded with additional areas among the core capacities assigned to various officers. If need be, there will be empowered

group taking decisions for the core areas of work (planning-co-ordination, surveillance, laboratory support, hospital preparedness, human resource, logistics and data analysis)

#### At the State level

6.1.3. The Concerned State will activate State Crisis Management Committee or the State Disaster Management Authority, as the case may be to manage the clusters of COVID-19.

#### Institutional arrangement at the operational level

6.1.4. District Collector would be the nodal person for all preparedness and response activities within his jurisdiction. District Collector will hold regular meetings with health functionaries, DDMA, Revenue, PWD, Forest, Education and Panchayati Raj/ Local Self Governance Departments where the containment plan will be finalized and operationalized. These officials will issue directions to their ground level staff in all aspects of preparedness, control and containment in accordance with the Containment Plan and Guidelines.

District Collector would need to identify key issues (logistics, legal, technical and resources) and address them for implementing containment operations. He/she will keep ready all administrative orders for social distancing, restriction of rail/road/air transport, perimeter control and continuity of essential services.

In addition, a compendium of all the administrative orders required for enforcing the non-pharmaceutical interventions would be prepared well in advance and kept ready to be executed during response phase.

#### **6.2. Trigger for Action**

Epidemiological intelligence on increase in the incidence of a COVID-19 cases occurring within a defined geographic area will be trigger for action. This will be provided by IDSPs early warning and response (EWAR) system. Routine laboratory based surveillance of SARI cases is another trigger for action.

#### **6.3. Deployment of Rapid Response Teams (RRT)**

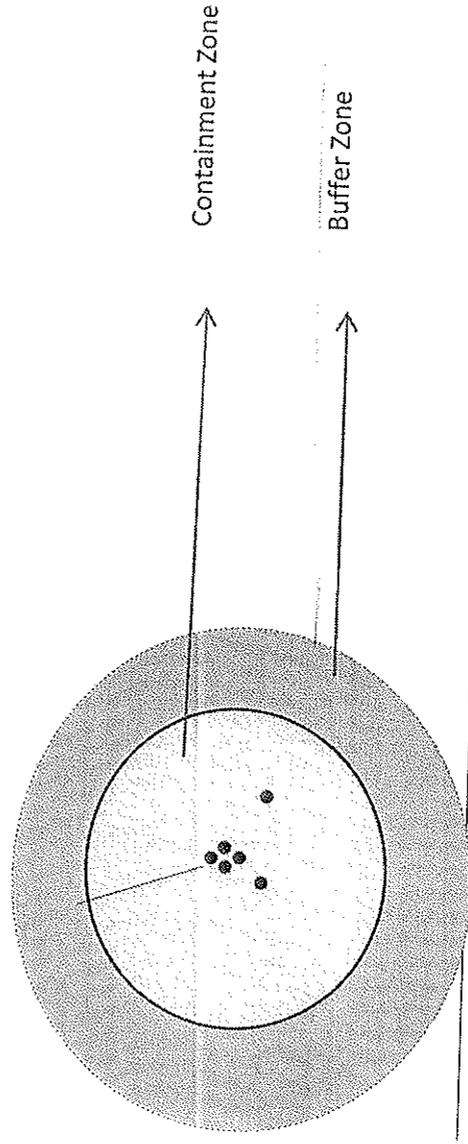
Emergency Medical Relief (EMR) division, Ministry of Health and Family Welfare will deploy the Central Rapid Response Team (RRT) to support and advice the State. The State will deploy its own State RRT and District RRT.

#### **6.4. Identify area under geographic quarantine**

6.4.1 A large outbreak is defined as localized increase in the incidence of a COVID-19 cases occurring within a defined geographic area e.g., in a village, town, or city. This could also imply progression of a small cluster, earlier noticed for which cluster management action is under implementation, into multiple clusters.

6.4.2. Defining containment and buffer zones: The area under geographic quarantine will be defined. There shall be (i) containment zone, surrounded by (ii) buffer zone.

Boundary for geographic quarantine will be defined based on : (i) geospatial distribution of each cluster contained within, (ii) largest administrative unit containing all clusters occurring within a state (with a minimum of 1 district), (iii) feasibility to implement strict interruption of movement of people, (iv) joint assessment by State and Central RRTs.



#### 6.4.3. Buffer Zone

The adjoining blocks of the affected district or rural districts of the affected city will be considered as the buffer zone.

#### 6.4.4 Perimeter

Perimeter of the geographically quarantined will be decided by the State administration based on criteria defined in Para 6.4.1. Clear entry and exit points will be established. The perimeter controls that need to be applied is in para 7.4.

### 7. Surveillance

7.1. Surveillance in containment zone, including contact listing, tracking and follow up shall be carried out as detailed in Cluster Containment Plan. Contact tracing shall be as per IDSP guidelines on the same.

7.2 Precise mapping of the outbreak shall be carried out.

7.3. Passive Surveillance shall be enhanced all throughout the area under geographic quarantine and districts surrounding it for ILI and SARI cases. All hospitalized patients with Severe Acute Respiratory Illness shall also be tested for COVID-19.

#### 7.4. Perimeter Control

The perimeter control will ensure that there is no unchecked outward movement of population from the containment zone except for maintaining essential services (including medical emergencies) and government business continuity. Thermal screening, IEC shall be carried out at all entry and exit points.

All vehicular movement, movement of public transport and personnel movement will be stopped. All roads including rural roads connecting the containment zone will be guarded by Police. For personnel and vehicles requiring regular movement, a pass/ID card may be issued with details recorded and communicated.

The District administration will post signs and create awareness informing public about the perimeter control. Health workers posted at the exit point will perform screening (e.g. interview travelers, measure temperature, record the place and duration of intended visit and keep complete record of intended place-of-stay).

Details of all persons moving out of perimeter zone for essential/ emergency services will be recorded and they will be followed up through IDSP. Those entering such geographically quarantined areas shall be given a chemo-prophylactic dose of hydroxy-chloroquine. All vehicles moving out of the perimeter control will be decontaminated with sodium hypochlorite (1%) solution.

### 8. Laboratory support

#### 8.1 Designated laboratories

The identified VRDL network laboratories and designated private laboratories nearest to the affected area, will be further strengthened to test samples. The other available govt. laboratories and private laboratories (BSL 2 following BSL 3 precautions) shall also be engaged to collect/ test samples, after ensuring quality assurance by ICMR/VRDL network. If the number of samples exceeds its surge capacity, samples will be shipped to other nearby laboratories or to NCDC, Delhi or NIV, Pune or to other ICMR lab networks depending upon geographic proximity.

All test results should be available within 12-24 hours of sampling. ICMR along with the State Government will ensure that there are designated agencies for sample transportation to identified laboratories. The contact number of such courier agencies shall be a part of the micro-plan.

The designated laboratory will provide daily update (daily and cumulative) to District, State and Central Control Rooms on:

- i. No. of samples received
- ii. No. of samples tested
- iii. No. of samples under testing
- iv. No. of positive samples

## 8.2 Testing criteria

Laboratory/s will undertake testing of: (i) All symptomatic individuals who have undertaken international travel in the last 14 days (ii) All symptomatic contacts of laboratory confirmed cases, (iii) All symptomatic health care workers, (iv) All hospitalized patients with SARI and (v) Asymptomatic direct and high-risk contacts of a confirmed case should be tested once between day 5 and day 14 of coming in his/her contact.

The testing will continue till 14 days from the date the last confirmed case is declared negative by laboratory test.

## 9. Hospital care

All suspect/confirmed COVID-19 cases will be hospitalized and kept in isolation in dedicated COVID-19 hospitals/hospital blocks. Persons testing positive for COVID-19 will remain hospitalized till such time as two of their samples are tested negative as per discharge policy. About 15% of the patients are likely to require hospitalization, and an additional 5 % will require ventilator management.

A three tier arrangement for managing suspect/ confirmed cases will be implemented to decrease burden on the COVID Block/ hospital.

- (i) The mild cases will be kept in temporary makeshift hospital facilities by converting hotels/ hostel/ guest houses/ stadiums near a COVID-19 hospital. The existing quarantine facility may also be converted. This will be identified near an existing COVID hospital/ COVID block.
- (ii) Dedicated COVID-19 hospitals/dedicated blocks in large hospitals will be identified and operationalized. Moderate to severe cases, who require monitoring of their clinical status (patients with radiological evidence-of-pneumonia) will be admitted to COVID hospital.
- (iii) Some of the severe cases may progress respiratory failure and /or progress to multi-organ failure and hence critical care facility/ dialysis facility/ and Salvage therapy [Extra Corporeal Membrane Oxygenator (ECMO)] facility for managing the respiratory/renal complications/ multi-organ failure shall be required. If such facilities are not available in the containment zone, nearest tertiary care facility in

Government / private sector needs to be identified, that becomes a part of the micro-plan.

In every hospital fever clinics with triage, holding areas, sampling stations and individual doctor's chambers where patients with fever/cough/breathing difficulty will be attended will be established.

### 9.1 Surge capacity

Based on the risk assessment, if the situation so warrants ( if data suggests an exponential rise in the number of cases), the surge capacity of the identified hospitals will be enhanced, private hospitals will be roped in and sites identified for temporary hospitals will be operationalized.

Surge capacity will also need enhancement in terms of laboratory testing capacity as detailed in para 8.1 above.

### 9.2 Pre-hospital care (ambulance facility)

Ambulances need to be in place for transportation of suspect/confirmed cases. Such ambulances shall be manned by personnel adequately trained in Infection Prevention and Control (IPC), use of PPE and protocol that needs to be followed for disinfection of ambulances (by 1% sodium hypochlorite solution using knapsack sprayers).

For any further guidance Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19 may be referred to (Available at: <https://www.mohfw.gov.in/pdf/StandardOperatingProcedureSOPfortransportingasuspectorconfirmedcaseofCOVID19.pdf>)

### 9.3 Infection Prevention Control Practices

Health care associated infections among attending healthcare personnel are well documented in the current COVID-19 outbreak. There shall be strict adherence to Infection prevention control (IPC) practices in all health facilities. IPC committees would be formed (if not already in place. The designated hospitals will ensure that all healthcare staff is trained in washing of hands, respiratory etiquettes, donning/doffing & proper disposal of PPEs and bio-medical waste management.

At all times doctors, nurses and para-medics working in the clinical areas will wear three layered surgical mask and gloves. The medical personnel working in isolation and critical

care facilities where aerosolisation is anticipated, will wear full complement of PPE (including N95 masks).

The support staff engaged in cleaning and disinfection will also wear full complement of PPE. Environmental cleaning should be done twice daily and consist of damp dusting and floor mopping with Lysol or other phenolic disinfectants and cleaning of commonly touched surfaces with sodium hypochlorite solution.

Detailed guidelines available MoHFW's website on (i) Infection prevention and control in healthcare facilities, (ii) Rational use of Personal Protective Equipment, may be referred to.

All healthcare workers must be advised to self-monitor their health and report any breach in IPC practices or occurrence of any illness.

## **10. Clinical management**

### **10.1. Clinical Management**

The hospitalized cases may require symptomatic treatment for fever. Paracetamol is the drug of choice. Suspect cases with co-morbid conditions, if any, will require appropriate management of co-morbid conditions.

For patients with Severe Acute Respiratory Illness (SARI), having respiratory distress may require, pulse oxymetry, oxygen therapy, non-invasive and invasive ventilator therapy. Detailed guidelines available on MoHFW's website and updated from time to time, may be followed.

Doctors managing severe COVID cases may contact AIIMS, Delhi (helpline - 9971876591) or through tele-medicine network to seek guidance for management of severe cases.

### **10.2. Discharge Policy**

Discharge policy for suspected cases of COVID-19 tested negative will be based on the clinical assessment of the treating physician. For those tested positive for COVID-19, their discharge from hospital will be based on consecutive two samples tested negative and the patient is free from symptoms.

## **11. Psychosocial support**

Quarantine, isolation and being affected by a new disease, all can be very stressful for those involved and for their family members. Social distancing measures that force one to stay at home and resulting social isolation can be frustrating. This apart, the healthcare workers

working under the fear of an unknown disease, under stressful and demanding situations, impact their mental well-being. A guidance note on dealing with various mental issues is available at:

<https://www.mohfw.gov.in/pdf/MindingourmindsduringCoronaeditedat.pdf>.

The National Institute of Mental Health and Neuro Sciences (NIMHANS) will be the nodal agency to plan and execute psycho-social support. NIHMANS will prepare a Psycho-Social Support plan and implement the same in the COVID affected areas.

## **12. Pharmaceutical interventions**

As of now there is no approved specific drug or vaccine for cure or prevention of COVID-19.

However Hydroxychloroquine has been recommended as chemoprophylaxis drug for use by asymptomatic healthcare workers managing COVID-19 cases and asymptomatic contacts of confirmed COVID-19 cases (advisory issued by ICMR in this regard is available at: <https://www.mohfw.gov.in/pdf/AdvisoryontheuseofHydroxychloroquinasprophylaxisforSARSCoV2infection.pdf>).

In addition a combination of Hydroxychloroquine and Azithromycin has been advocated for use in severe cases of COVID-19 under medical supervision. (Guideline on clinical management protocol of COVID-19 is available at: <https://www.mohfw.gov.in/pdf/RevisedNationalClinicalManagementGuidelineforCOVID1931032020.pdf>)

Contacts and healthcare workers receiving Hydroxychloroquine as chemoprophylaxis will be informed to report any untoward health event to nearest health facility.

## **13. Non-Pharmaceutical interventions**

In the absence of proven drug or vaccine, non-pharmaceutical interventions will be the main stay for containment of COVID-19 cluster.

### **13.1. Preventive public health measures**

There will be intensive social mobilization among the population in geographic quarantine zone for adoption of community-wide practice of frequent washing of hands and respiratory etiquettes. The community will also be encouraged to self-monitor their health and report to the ASHA/Anganwadi worker visiting home or to nearest health facility.

### **13.2. Quarantine and isolation**

Quarantine and Isolation are important mainstay of cluster containment. These measures help by breaking the chain of transmission in the community.

### 13.2.1. Quarantine

Quarantine refers to separation of individuals who are not yet ill but have been exposed to COVID-19 and therefore have a potential to become ill. There will be home quarantine/facility quarantine of contacts of suspect /confirmed cases. The guideline on home quarantine available on the website of the Ministry provides detailed guidance on home quarantine.

The contacts advised quarantine will undergo risk profiling. Those above 60 or with co-morbidities will be shifted to designated quarantine facility. This will help identify early development of symptoms among them, their testing and shifting to isolation facility under para 9.

### 13.2.2. Isolation

Isolation refers to separation of individuals who are ill and suspected or confirmed of COVID-19. There are various modalities of isolating a patient. Ideally, patients can be isolated in individual isolation rooms or negative pressure rooms with 12 or more air-changes per hour.

In resource constrained settings, all positive COVID-19 cases can be cohorted in a ward with good ventilation. Similarly, all suspect cases should also be cohorted in a separate ward. However, under no circumstances these cases should be mixed up. The COVID hospital/COVID block in an identified hospital or the make shift temporary hospitals mentioned under para 9 will all have separate facilities to keep suspect and confirmed cases.

A minimum distance of 1 meter needs to be maintained between adjacent beds. All such patients need to wear a triple layer surgical mask at all times.

### 13.3 Social distancing measures

For the cluster containment, social distancing measures are key interventions to rapidly curtail the community transmission of COVID-19 by limiting interaction between infected persons and susceptible hosts. The following measures would be taken:

#### 13.3.1 Closure of schools, colleges and work places

Administrative orders will be issued to close schools, colleges and work places in containment and buffer zones. Intensive risk communication campaign will be followed to encourage all persons to stay indoors for an initial period of 28 days, to be extended based on the risk assessment. Based on the risk assessment and indication of successful containment operations, an approach of staggered work and market hours may be put into practice.

### 13.3.2 Cancellation of mass gatherings

All mass gathering events and meetings in public or private places, in the containment and buffer zones shall be cancelled / banned till such time as the area is declared to be free of COVID-19 or the outbreak has increased to such scales to warrant mitigation measures instead of containment.

### 13.3.3. Advisory to avoid public places

The public in the containment and buffer zones will be advised to avoid public places and only, if necessary, for attending to essential services. The administration will ensure supply of enough triple layer masks to the households in the containment and buffer zones to be distributed through visiting surveillance teams.

### 13.3.4. Cancellation of public transport (bus/rail)

There will be prohibition for persons entering the geographic quarantine and on persons exiting the geographic quarantine zone. To facilitate this, if there are major bus transit hubs or railway stations in the containment zone, the same would be made dysfunctional temporarily. Additionally, irrespective of the fact that there is a rail/road transit hub, the perimeter control will take care of prohibiting people exiting the containment zone including those using private vehicles and taxis.

As a significant inconvenience is caused to the public by adopting these measures in the containment zone, State government would proactively engage the community and work with them to make them understand the benefits of such measures.

### 13.3.5. Enforcement of Geographic quarantine.

The perimeter control and movement of vehicles within the containment zone will be prohibited except for those (identified through special passes) earmarked for providing essential services. Police check-posts at prominent locations will check vehicles and give necessary guidance by police. Those found defaulting of Government orders will be prosecuted.

## 14. Material Logistics

### 14.1. Personal Protective Equipment

The type of personal protective equipment for different categories of:

S. No.	Name of the item	Category of personnel
1	PPE Kit, N 95, Mask, Gloves, Goggles, cap and shoe cover )	<ul style="list-style-type: none"> <li>• Doctors and nurses attending to patients in isolation, ICU/ critical care facilities of hospitals in the containment zone.</li> <li>• Para-medical staff in the back cabin of ambulance performing interventional lifesaving maneuvers.</li> <li>• Those working in laboratories or collecting sample</li> </ul>
2	N-95 Mask and gloves	<ul style="list-style-type: none"> <li>• Supervisory doctors verifying a suspect case</li> <li>• Doctors/nurses attending patients in Screening fever clinics/ respiratory clinics / primary health care facilities</li> </ul>
3	Triple Layer Surgical mask	<ul style="list-style-type: none"> <li>• To be used by Field workers doing surveillance work</li> <li>• Staff providing essential services</li> <li>• Suspect cases and care giver / by stander of the suspect case</li> <li>• Security staff.</li> <li>• Ambulance drivers</li> </ul>

The State Government has to ensure adequate stock of Personal Protective Equipment (PPE). The quantity required for a containment operation will depend upon the size and extent of the cluster and the time required for containing it. States will also ensure that the PPE are being used in accordance with the guidelines on rational use of PPE.

#### 14.2. Transportation

A large number of vehicles will be required for mobilizing the surveillance and supervisory teams. The vehicles will be pooled from Government departments. The shortfall, if any, will be met by hiring of vehicles.

#### 14.3. Stay arrangements for the field staff

The field staff brought in for the surveillance activities and that for providing perimeter control need to be accommodated within the containment zone. Facilities such as schools, community buildings, etc. will be identified for sheltering. Catering arrangement will have to be made at these locations.

#### 14.4 Bio-medical waste management

A large quantity of bio-medical waste is expected to be generated from containment zone. Arrangement would also be required for such bio-medical waste (discarded PPEs, etc.), preferably by utilizing the bio-medical waste management services at the designated hospital.

## **15. Risk communication**

### **15.1 Risk communication material**

Risk communication materials [comprising: (i) posters and pamphlets (ii) audio only material (iii) AV films (prepared by PIB/MoHFW)] will be prepared and kept ready for targeted roll out in the entire geographic quarantine zone.

### **15.2 Communication channels**

#### **15.2.1 Interpersonal communication**

During house to house surveillance, ASHAs/ other community health workers will interact with the community for: (i) reporting symptomatic cases (ii) contact tracing (iii) information on preventive public health measures.

#### **15.2.2 Mass communication**

Awareness will be created among the community through miking, distribution of pamphlets, mass SMS and social media. Also use of radio and television (using local channels) will ensure penetration of health messages in the target community.

#### **15.2.3 Dedicated helpline**

A dedicated helpline number will be provided at the Control Room (District Headquarter) and its number will be widely circulated for providing general population with information on risks of COVID-19 transmission, the preventive measures required and the need for prompt reporting to health facilities, availability of essential services and administrative orders on perimeter control.

#### **15.2.4 Media Management**

At the Central level, only Secretary (H) or representative nominated by her shall address the media. At the State level, only Principal Secretary (H), his/her nominee will speak to the media. At the District level DM/DC will address the media.

There will be regular press briefings/ press releases to keep media updated on the developments and avoid stigmatization of affected communities. Every effort shall be made to address and dispel any misinformation circulating in media including social media.

## **16. Information Management**

### **16.1 Control room at State & District Headquarters**

A Control Room (if not already in place) shall be set up at State and District headquarters. This shall be manned by State and District Surveillance Officer (respectively) under which data managers (deployed from IDSP/ NHM) responsible for collecting, collating and analyzing data from field and health facilities. Daily situation reports will be put up.

The state will provide aggregate data on daily basis on the following (for the day and cumulative):

- i. Total number of suspect cases
- ii. Total number of confirmed cases
- iii. Total number of critical cases on ventilator
- iv. Total number of deaths
- v. Total number of contacts under surveillance

### **16.2 Control Room in the geographic quarantine zone**

A Control Room shall be set up inside the geographic quarantine zone to facilitate collection, collation and dissemination of data from various field units to District and State Control Rooms. This shall be manned by an epidemiologist under which data managers (deployed from IDSP/ NHM) will be responsible for collecting, collating and analyzing data from field and health facilities.

This Control Room will provide daily input to the District Control Room for preparation of daily situation report.

### **16.3 Alerting the neighboring Districts/States**

The Control Room at State Government Headquarters will alert all neighboring Districts. There shall be enhanced surveillance in all such Districts for detection of clustering of symptomatic illness. Awareness will be created in the community for them to report symptomatic cases/contacts.

Also suitable provisions shall be created for enhancing horizontal communication between adjacent districts, especially for contact tracing exercise and follow up of persons exiting the containment zone.

## 17. Capacity building

It is expected that in such circumstances, large human resource requirement will be there to manage: (i) Field activities including surveillance, (ii) Clinical care at hospitals, (iii) laboratory testing and (iv) support staff to provide support services.

### 17.1 Training content

Trainings will be designed to suit requirement of each and every section of healthcare worker involved in the containment operations. These trainings for different target groups shall cover:

1. Field surveillance, contact tracing, data management and reporting
2. Surveillance at designated exit points from the containment zone
3. Sampling, packaging and shipment of specimen
4. Hospital infection prevention and control including use of appropriate PPEs and bio-medical waste management
5. Clinical care of suspect and confirmed cases including ventilator management, critical care management
6. Risk communication to general community and health service providers

### 17.2 Target trainee population

Various sections of healthcare workforce (including specialist doctors, medical officers, nurses, ANMs, Block Extension Educators, MHWs, ASHAs) and workforce from non-health sector (security personnel, Anganwadi Workers, support staff etc.). Trainings will be tailored to requirements of each of these sections.

Prepare Training plan and calendar for undertaking training of non-health workers (including trainee ANM), volunteers from Red Cross, Civil Defence, NCC, NSS, Nehru Yuva Kendra volunteers, Panchayati Raj functionaries (rozgar sewaks) on community surveillance (self-protection, brief questionnaire interview and reporting to supervisors).

Train all available clinical resources (respiratory physicians, anaesthetists, intensivists, MBBS doctors who have handled ventilators, including DNB and MD students) on clinical and ventilatory management.

The training resources available at IGOT platform of GoI may be utilized.

The training will be conducted by the RRT a day prior to containment operations are initiated.

### 17.3 Replication of training in other Districts

The State Govt. will ensure that unaffected Districts are also trained along the same lines so as to strengthen the core capacities of their RRTs, doctors, nurses, support staff and non-

health field formations. These trainings should be accompanied with functional training exercises like mock-drills.

#### **18. Financing of containment operations**

The fund requirement would be estimated taking into account the scale of operations and funds will be made available to the district collector from NHM flexi-fund. The SDRF funds can also be used as per notification issued by Ministry of Home Affairs.

#### **19. Scaling down of operations**

The operations will be scaled down if no secondary laboratory confirmed COVID-19 case is reported from the geographic quarantine zone for at least four weeks after the last confirmed test has been isolated and all his contacts have been followed up for 28 days. The containment operation shall be deemed to be over 28 days from the discharge of last confirmed case (following negative tests as per discharge policy) from the designated health facility i.e. when the follow up of hospital contacts will be complete.

The closing of the surveillance for the clusters could be independent of one another provided there is no geographic continuity between clusters. However the surveillance will continue for ILJ/SARI.

However, if the containment plan is not able to contain the outbreak and large numbers of cases start appearing, then a decision will need to be taken by State administration to abandon the containment plan and start on mitigation activities.

To goapcb@gspcb.in  
GSPCB \* goapcb@rediffmail.com

Cc Lila GM Abhinav Apte \* abhinav  
.apte@lilasolutions.in

Date 19 May 2020, 12:16 pm

See security details

Dear Madam/Sir,

Request for clarification on the below:

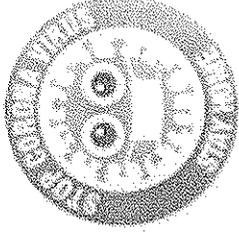
1. If we register in Large Category paying Rs. 30000 do we get enrolled in Small and Medium also. Or do we need to pay 10000 + 20000 + 30000.
2. Enclosing work order of 40 KLD STP as proof as work execution for empanelling into the 10, 25 and Above 25 KLD Categories.

Warm Regards,  
Gavin D'Souza - Director  
Mobile : +91-9890515155





Goa State Pollution Control Board



## **PUBLIC NOTICE**

**COVID-19**

### URGENT ATTENTION

Health Care Establishments (HCEs) and General Public

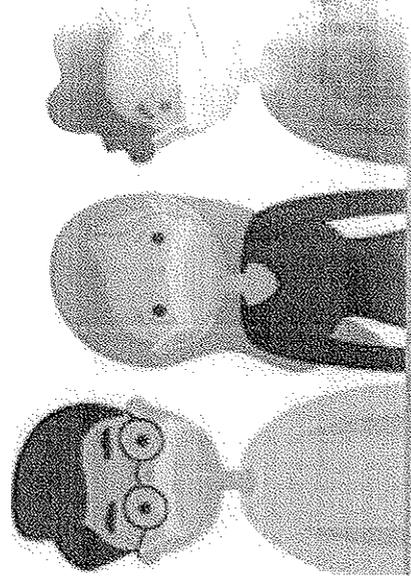
All the Health Care Establishments (HCFs) as well as Common Biomedical Waste Treatment Facilities (CBWTFs) are requested to follow the specific procedure / guideline regarding handling, collection, transportation & disposal of biomedical waste generated from corona virus affected suspected persons as under:

### **Do's**

1. Keep separate colour-coded bins or containers in wards and maintain proper segregation of waste as per the Bio-Medical waste (BMW) Management Rules, 2016 as amended
2. Double-layered bags (using two bags) should be used for the collection of waste from COVID-19 isolation ward, i.e.,
3. Biomedical waste if generated from quarantine centres / camps should be collected separately in yellow coloured bags and bins.
4. Bags/containers used for collecting biomedical waste from COVID-19 wards should be labelled as "COVID-19 Waste"
5. Dedicated trolleys and collection bins affixed with a label 'COVID-19 Waste' are to be used in COVID-19 isolation wards.
6. Home-care for suspected patients, biomedical waste should be collected separately in yellow bags and the same shall be handed over to authorised waste collectors engaged by local bodies.
7. Quarantine camps, Centres and home-care for suspected COVID-19 dispose of the routine waste as per the Solid waste Management Rules, 2016.
8. Inner and outer surface of containers / bins / trolleys used for storage of COVID-19 waste should be disinfected with 1% sodium hypochlorite solution.
9. Report regarding opening / operation of COVID-19 wards / sample collection centres / laboratories is to be reported to the concerned Regional Office of the PPCB.
10. Depute dedicated sanitation workers separately for bio-medical waste and solid waste.

### **Don't**

- X Mixing of COVID-19 waste and other types of waste.
- X Storage of COVID-19 waste collectively with other waste.
- X Bare-hand contact with COVID-19 waste and use proper PPEs.
- X Storage of COVID-19 waste & for more than 24 hours
- X Allow workers showing symptoms of illness to work at facility and provide adequate leave to such worker & salary protection.



Through this Public Notice the occupiers of the HCEs, Other stakeholders, and Public in general are requested to strictly follow the above guidelines to handle the biomedical waste and to avoid further aggravation of adverse effect on human health and the environment due to COVID-19 pandemic

Average Covid-19 waste generated per day for units under Directorate of Health Services

Month	Average Daily Covid waste in kg	Average Monthly waste
Feb-20	15	435
Mar-20	20	620
<b>Apr-20</b>	30	900
May 1 to 10 2020	58	580
	123	2535

Format for maintaining Daily records of COVID-19 related Biomedical Waste management dated  
11/05/2020

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight)				Any issues in COVID -19 waste managment/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>	0	0	0	0	
1	ESI Hospital, MARGAO	0	0	0	0	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	7.8	16	0	0	No
2	Hospicio Hospital, Margao	9.9	3	0	0	No
3	Sub District Hospital, Ponda	3.3	0	0	0	No
4	Sub District Hospital, Chicalim	2	1	0	0	No
II	<b>QURANTINE CENTRES</b>					
1	Margao Residency, Margao	0.2	0.2	0	0	No
2	Colva Residency, Colva	0	0	0	0	No
3	Farmagudi Residency, Ponda	0	0	0	0	No
4	Ginger Hotel, Panaji	0.1	0	0	0	No

5	Old Goa Residency, Old Goa	0	0	0	0	No
6	Mayem Residency, Mayem	0	0	0	0	No
7	Mapusa Residency, Mapusa	5	0	0	0	No
8	Calangute Residency, Calangute	0	0	0	0	No
9	Acron Seaway Resort, Candolim	0	0	0	0	No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					No
1	CHC Pernem	0.2	0.5	0.2	0	No
2	CHC Valpoi	0	0	0	0	No
3	PHC Bicholim	0.05	0.25			No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	0	0	0	0	No
6	PHC Siolim	0	0	0	0	No
7	PHC Betki	0.27	0	0	0	No
8	PHC Cansarvarnem	0	0	0	0	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	0.7	0	0	0	No
11	PHC Sanquelim	0.16	0.23	0	0	No
12	Mapusa UHC	6	0	0	0	No
13	PHC Porvorim	0	0	0	0	No
14	PHC Mayem	0	0	0	0	No
15	PHC Chimbhel	0.2	0.2	0	0	No
16	Panaji UHC	0.05	0	0	0	No

HEALTH CENTRES-SOUTH GOA						
1	CHC Canacona	0	0		0	No
2	CHC Curchorem					No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No
5	PHC Cansaulim	0	0	0	0	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	1	0	0	0	No
9	PHC Chinchinim	0	0		0	No
10	PHC Loutolim	0	0	0	0	No
11	PHC Dharbondora	0.1	0.02	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0	0	0	0	No
14	PHC Marcaim	0	0	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0.2	0.2	0	0	No
	Kg	37.23	21.6			
	Total waste generated for COVID- 19	58.83				

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management Under Directorate  
under Directorate of Health Services

Biomedical Waste Management generated on 12/05/2020

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managment/shortcoming w.r.t implementation of CPCB
		Yellow	Red	White	Blue	
1	3	4				5
<b>I</b>	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	0	0	0	0	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa					No
2	Hospicio Hospital, Margao	2	10.25	0	0	No
3	Sub District Hospital, Ponda	0	0	0	0	No
4	Sub District Hospital, Chicalim	1	3	0	1	No
5	TB Hospital, Margao	0	0	0	0	No
<b>II</b>	<b>QUARANTINE CENTRES</b>					
1	Margao Residency, Margao	0.2	0.1	0	0	No
2	Colva Residency, Colva	1	0	0	0	No
3	Farmagudi Residency, Ponda					No
4	Ginger Hotel, Panaji	0.1				No
5	Old Goa Residency, Old Goa	0.15	0.26	0	0	No
6	Mayem Residency, Mayem	0.15	0.15	0	0	No

7	Mapusa Residency, Mapusa	5				No
8	Calangute Residency, Calangute					No
9	Vasco Residency, Vasco	1	0.5	0	0	No
10	Acron Seaway Resort, Candolim					No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					No
1	CHC Pernem					No
2	CHC Valpoi	0	0	0	0	No
3	PHC Bicholim	0	0	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim					No
6	PHC Siolim	0.2	0.3	0.1	0	No
7	PHC Betki	0	0	0	0	No
8	PHC Cansarvarnem	0.8	0.3	0.4	0.2	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	0.35	0.4	0	0	No
11	PHC Sanquelim	0.16	0.23	0	0	No
12	Mapusa UHC	0.05	0.075	0.075	0.15	No
13	PHC Porvorim	0	0	0	0	No
14	PHC Mayem	0	0	0	0	No
15	PHC Chimbel	1.2	0.2	0	0	No
16	Panaji UHC	0.45	0.32	0	0.435	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.65				No

3	PHC Sanguem	0.25	0.1	0.05		No
4	PHC Curtorim	0	0	0	0	No
5	PHC Cansaulim	1	0.1	1	0	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem					No
8	PHC Cortalim	0	0.08	0	0	No
9	PHC Chinchinim					No
10	PHC Loutolim	0	0	0	0	No
11	PHC Dharbondora	0.1	0.025	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0	0	0	0	No
14	PHC Marcaim	0.146	0.65			No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC					No
17	Vasco UHC					No
	Total waste generated for COVID-19	15.96	17.04	1.63	1.79	

In the absence of Central Bio medical Waste Treatment Facility, Captive facility of nearby authorised hospital is used for disposal of waste.

Yellow	15.96
Red	17.04
White	1.63
Blue	1.79

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management Under Directorate under Directorate of Health Services

**Biomedical Waste Management generated on 13/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managent/shortcoming w.r.t implementation of
		Yellow	Red	White	Blue	
1	3	4				5
<b>I</b>	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	0	0	0	0	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	2.5	3	0	0	No
2	Hospicio Hospital, Margao	2	5.2	0	0	No
3	Sub District Hospital, Ponda	0.38	2.94	0	0	No
4	Sub District Hospital, Chicalim	1	3	0	1	No
5	TB Hospital, Margao	0	0	0	0	No
<b>II</b>	<b>QURANTINE CENTRES</b>					
1	Margao Residency, Margao	0.2	0.1	0.3	0	No
2	Colva Residency, Colva	1	1.5	0	0	No
3	Farmagudi Residency, Ponda	0.6	0.1	0	0	No
4	Ginger Hotel, Panaji	0.1	0	0	0	No
5	Old Goa Residency, Old Goa	1.8	0.1	0	0	No
6	Mayem Residency, Mayem	0.3	0.2	0	0	No
7	Mapusa Residency, Mapusa	4	0	0	0	No
8	Calangute Residency, Calangute	1.5	0	0	0	No
9	Vasco Residency, Vasco	1	0.5	0	0	No
10	Acron Seaway Resort, Candolim	1.5	0	0	0	No

III	Sample Collection Centres/ laboratories					
	<b>HEALTH CENTRES- NORTH GOA</b>					No
1	CHC Pernem	0.2	0.5	0.2	0	No
2	CHC Valpoi	0	0	0	0	No
3	PHC Bicholim	0	0	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.06	1.27	0.19	0.92	No
6	PHC Siolim	0.05	0	0	0	No
7	PHC Betki	0.02	0.1	0	0	No
8	PHC Cansarvarnem	0.8	0.4	0.0004	0.4	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	0.9	0.2	0	0	No
11	PHC Sanquelim	0.16	0.23	0	0	No
12	Mapusa UHC	0	0	0	0	No
13	PHC Porvorim	0	0	0	0	No
14	PHC Mayem	0	0	0	0	No
15	PHC Chimbel	1.2	0.2	0	0	No
16	Panaji UHC	0.45	0.32	0	0.435	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.4	0	0	0	No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No
5	PHC Cansaulim	0.9	0.3	0	0.2	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	0	0.1	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	No

11	PHC Dharbondora	0.1	0.025	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.5	0.1	0	0	No
14	PHC Marcaim	0.146	0.6	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	24.77	20.99	0.69	2.96	

Yellow	24.77
Red	20.99
white	0.69
Blue	2.95

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 14/05/2020

**Biomedical Waste Management generated on 14/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managment/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	0	0	0	0	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	4.9	13	1	0	No
2	Hospicio Hospital, Margao	4.2	2.5	0	0	No
3	Sub District Hospital, Ponda	0.535	6.28	0	0	No
4	Sub District Hospital, Chicalim	1	2	0	0	No
5	TB Hospital, Margao	0	0	0	0	No
II	<b>QURANTINE CENTRES</b>					
1	Margao Residency, Margao	0.1	0.1	0	0	No
2	Colva Residency, Colva	0.5	1	0	0	No
3	Farmagudi Residency, Ponda	2.1	0	0	0	No
4	Ginger Hotel, Panaji	0.15	0	0	0	No
5	Old Goa Residency, Old Goa	1.8	0.1	0	0	No

6	Mayem Residency, Mayem	0.3	0.25	0	0	No
7	Mapusa Residency, Mapusa	4	0	0	0	No
8	Calangute Residency, Calangute	1.05	0	0	0	No
9	Vasco Residency, Vasco	1	0.5	0	0	No
10	Acron Seaway Resort, Candolim	0.5	0	0	0	No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					No
1	CHC Pernem	0.2	0.5	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	PHC Bicholim	0	0	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.5	0	0	0	No
6	PHC Siolim	0.04	0	0	0	No
7	PHC Betki	0	0	0	0	No
8	PHC Cansarvarnem	1	0.5	0	0.4	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	0.95	0.25	0	0	No
11	PHC Sanquelim	0.16	0.23	0	0	No
12	Mapusa UHC	0.04	0.07	0.06	0.13	No
13	PHC Porvorim	0	0	0	0	No
14	PHC Mayem	0	0	0	0	No
15	PHC Chimbel	1.2	0.2	0	0	No
16	Panaji UHC	0.285	0.28	0	0.02	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.35	0	0	0	No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No

5	PHC Cansaulim	0.7	0.25	0	0.2	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	0	0.1	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	No
11	PHC Dharbondora	0.1	0.03	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.9	0.3	0	0	No
14	PHC Marcaim	0	0	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	29.56	28.43	1.06	0.75	

In the absence of Central Bio medical Waste Treatment Facility, Captive facility of nearby authorised hospital is used for disposal of waste.

Yellow	29.56
Red	28.43
White	1.06
Blue	0.75

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 15/05/2020

**Biomedical Waste Management generated on 15/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managent/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	7.15	2.5	0	0	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	5	4.2	0	0	No
2	Hospicio Hospital, Margao	5.2	1.5	0	0	No
3	Sub District Hospital, Ponda	0.1	0.05	0	0	No
4	Sub District Hospital, Chicalim	0	2	0	0	No
5	TB Hospital, Margao	0	0	0	0	No
II	<b>QURANTINE CENTRES</b>					
1	Margao Residency, Margao	0.2	0.1	0	0	No
2	Colva Residency, Colva	0.5	1	0	0	No
3	Farmagudi Residency, Ponda	0.1	0.05	0	0	No
4	Ginger Hotel, Panaji	0.05	0	0	0	No
5	Old Goa Residency, Old Goa	1.8	0.14	0	0	No

6	Mayem Residency, Mayem	0.8	0.2	0	0	No
7	Mapusa Residency, Mapusa	2	0	0	0	No
8	Calangute Residency, Calangute	0.71	0.05	0	0	No
9	Vasco Residency, Vasco	1	0.5	0	0	No
10	Acron Seaway Resort, Candolim	0.25	0.1	0	0	No
11	Miramar Residency, Miramar	0.05	0	0	0	No
12	Caritas Guest House, Panaji	0.05	0	0	0	No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					
1	CHC Pernem	1	0.6	0.3	0.3	No
2	CHC Valpoi	0	0	0	0	No
3	PHC Bicholim	0	0	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.75	0.15	0	0	No
6	PHC Siolim	0.02	0	0	0	No
7	PHC Betki	0.17	0.05	0	0	No
8	PHC Cansarvarnem	1	0.6	0	0.3	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	0.9	0.26	0	0	No
11	PHC Sanquelim	0.06	0.03	0	0.09	No
12	Mapusa UHC	0.04	0.06	0.06	0.13	No
13	PHC Porvorim	0.01	0	0	0	No
14	PHC Mayem	0	0	0	0	No
15	PHC Chimbhel	1.2	0.2	0	0	No
16	Panaji UHC	0.8	0.67	0	0.4	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.4	0	0	0	No
3	PHC Sanguem	0	0	0	0	No

4	PHC Curtorim	0	0	0	0	No
5	PHC Cansaulim	0.7	0.25	0	0.2	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	0	0.09	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	No
11	PHC Dharbondora	0.05	0.025	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.6	0.05	0	0	No
14	PHC Marcaim	0.14	0.65	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	33.78	16.07	0.36	1.42	

In the absence of Central Bio medical Waste Treatment Facility, Captive facility of nearby authorised hospital is used for disposal of waste.

Yellow	33.78
Red	16.07
White	0.36
Blue	1.42

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 16/05/2020

**Biomedical Waste Management generated on 16/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managment/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	6.4	2.1	0	0	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	1.8	5	0	0	No
2	Hospicio Hospital, Margao	3.8	2	0	0	No
3	Sub District Hospital, Ponda	0.49	2.04	0	0	No
4	Sub District Hospital, Chicalim	1	5	0	0	No
5	TB Hospital, Margao	0	0	0	0	No
II	<b>QURANTINE CENTRES</b>					
1	Margao Residency, Margao	0.2	0.1	0	0	No
2	Colva Residency, Colva	0.5	1	0	0	No
3	Farmagudi Residency, Ponda	1	0.73	0	0	No
4	Ginger Hotel, Panaji	0.5	0	0	0	No
5	Old Goa Residency, Old Goa	1.8	0.1	0	0	No

6	Mayem Residency, Mayem	0	0	0	0	No
7	Mapusa Residency, Mapusa	2	0	0	0	No
8	Calangute Residency, Calangute	1.2	0.75	0	0	No
9	Vasco Residency, Vasco	1	0.5	0	0	No
10	Acron Seaway Resort, Candolim	1	0.15	0	0	No
11	Miramar Residency, Miramar	1	0	0	0	No
12	Caritas Guest House, Panaji	0.05	0	0	0	No
<b>III</b>	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					No
1	CHC Pernem	0.2	0.6	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	PHC Bicholim	0	0	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.75	0.20	0	0	No
6	PHC Siolim	0.00	0	0	0	No
7	PHC Betki	0.00	0.00	0	0	No
8	PHC Cansarvarnem	1	0.3	0	0.2	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	0.9	0.3	0	0	No
11	PHC Sanquelim	0.16	0.05	0	0.1	No
12	Mapusa UHC	0.06	0.04	0.02	0.04	No
13	PHC Porvorim	0.00	0	0	0	No
14	PHC Mayem	0	0	0	0	No
15	PHC Chimbél	1.2	0.2	0	0	No
16	Panaji UHC	1	1.5	0	1	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.79	0	0	0	No
3	PHC Sanguem	0	0	0	0	No

4	PHC Curtorim	0	0	0	0	No
5	PHC Cansaulim	0.9	0.5	0	0.3	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	0	1	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	No
11	PHC Dharbondora	0.05	0.025	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.05	0.73	0	0	No
14	PHC Marcaim	0.00	0.00	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	31.80	24.91	0.12	1.64	

Yellow	31.80
Red	24.91
white	0.12
Blue	1.64

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 17/05/2020

**Biomedical Waste Management generated on 17/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managment/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	10.3	2	0	0	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	0	0	0	0	No
2	Hospicio Hospital, Margao	6.1	8.8	0	0	No
3	Sub District Hospital, Ponda	0.07	0.01	0	0	No
4	Sub District Hospital, Chicalim	0	2	0	0	No
5	TB Hospital, Margao	0	0	0	0	No
II	<b>QURANTINE CENTRES</b>					
1	Margao Residency, Margao	0.2	0.2	0	0	No
2	Colva Residency, Colva	0.6	1	0	0	No
3	Farmagudi Residency, Ponda	0.9	0.7	0	0	No
4	Ginger Hotel, Panaji	0.025	0	0	0	No
5	Old Goa Residency, Old Goa	1.4	0.8	0	0	No

6	Mayem Residency, Mayem	0	0	0	0	No
7	Mapusa Residency, Mapusa	1.5	0	0	0	No
8	Calangute Residency, Calangute	1.2	0.3	0	0	No
9	Vasco Residency, Vasco	1	0.5	0	0	No
10	Acron Seaway Resort, Candolim	1	0.15	0	0	No
11	Miramar Residency, Miramar	0.1	0	0	0	No
12	Caritas Guest House, Panaji	0.025	0	0	0	No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					No
1	CHC Pernem	0.3	0.6	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	PHC Bicholim	1.2	1	0	0.2	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.75	0.20	0	0	No
6	PHC Siolim	0.10	0	0	0	No
7	PHC Betki	0.00	0.00	0	0	No
8	PHC Cansarvarnem	1.5	0.5	0.2	0.3	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	0.4	1.3	0	0	No
11	PHC Sanquelim	0.06	0.03	0	0	No
12	Mapusa UHC	0.00	0	0	0	No
13	PHC Porvorim	0.00	0	0	0	No
14	PHC Mayem	0	0	0	0	No
15	PHC Chimbhel	0.2	0.2	0	0	No
16	Panaji UHC	0	0	0	0	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.5	0	0	0	No
3	PHC Sanguem	0	0	0	0	No

4	PHC Curtorim	0	0	0	0	No
5	PHC Cansaulim	0.9	0.5	0	0.3	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	0	0	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	No
11	PHC Dharbondora	0.05	0.025	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.05	0.06	0	0	No
14	PHC Marcaim	0.14	0.06	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	31.57	20.93	0.20	0.80	

In the absence of Central Bio medical Waste Treatment Facility, Captive facility of nearby authorised hospital is used for disposal of waste.

Yellow	31.57
Red	20.93
White	0.2
Blue	0.8

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 18/05/2020

**Biomedical Waste Management generated on 18/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste management/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3		4			5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	10.30	2.80	0.00	0.00	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	10.60	22.40	0.00	0.00	No
2	Hospicio Hospital, Margao	4.50	6.00	0.00	0.00	No
3	Sub District Hospital, Ponda	0.38	6.78	0.00	0.00	No
4	Sub District Hospital, Chicalim	1.00	4.00	0.00	0.00	No
5	TB Hospital, Margao	0.00	0.00	0.00	0.00	No
II	<b>QURANTINE CENTRES</b>					
1	Margao Residency, Margao	0.30	2.50	0.00	0.00	No
2	Colva Residency, Colva	0.50	0.80	0.00	0.00	No
3	Farmagudi Residency, Ponda	0.70	0.10	0.00	0.00	No
4	Ginger Hotel, Panaji	0.03	0.00	0.00	0.00	No
5	Old Goa Residency, Old Goa	1.80	0.10	0.00	0.00	No
6	Mayem Residency, Mayem	0.10	0.15	0.00	0.00	No

7	Mapusa Residency, Mapusa	2.00	0.00	0.00	0.00	No
8	Calangute Residency, Calangute	3.10	0.70	0.00	0.00	No
9	Vasco Residency, Vasco	1.00	0.50	0.00	0.00	No
10	Acron Seaway Resort, Candolim	0.80	0.05	0.00	0.00	No
11	Miramar Residency, Miramar	0.10	0.00	0.00	0.00	No
12	Caritas Guest House, Panaji	0.03	0.00	0.00	0.00	No
<b>III</b>	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					No
1	CHC Pernem	0.40	0.70	0.00	0.00	No
2	CHC Valpoi	0.00	0.00	0.00	0.00	No
3	PHC Bicholim	0.50	0.80	0.20	0.20	No
4	PHC Aldona	0.00	0.00	0.00	0.00	No
5	PHC Candolim	1.75	0.30	0.00	0.00	No
6	PHC Siolim	0.02	0.00	0.00	0.00	No
7	PHC Betki	0.02	0.11	0.00	0.00	No
8	PHC Cansarvarnem	1.00	0.50	0.20	0.20	No
9	PHC Colvale	0.00	0.00	0.00	0.00	No
10	PHC Corlim	0.80	0.20	0.00	0.00	No
11	PHC Sanquelim	0.30	0.15	0.00	0.45	No
12	Mapusa UHC	0.10	0.05	0.03	0.15	No
13	PHC Porvorim	5.00	0.00	0.00	0.00	No
14	PHC Mayem	0.00	0.00	0.00	0.00	No
15	PHC Chimbhel	0.20	0.20	0.00	0.00	No
16	Panaji UHC	0.50	0.38	0.00	0.39	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0.70	0.40	0.00	0.00	No
2	CHC Curchorem	1.00	0.00	0.00	0.00	No
3	PHC Sanguem	0.00	0.00	0.00	0.00	No
4	PHC Curtorim	0.00	0.00	0.00	0.00	No

5	PHC Cansaulim	0.50	0.20	0.00	0.20	No
6	PHC Bali	0.00	0.00	0.00	0.00	No
7	PHC Quepem	0.00	0.00	0.00	0.00	No
8	PHC Cortalim	0.00	1.00	0.00	0.00	No
9	PHC Chinchinim	0.00	0.00	0.00	0.00	No
10	PHC Loutolim	0.01	0.01	0.00	0.00	No
11	PHC Dharbondora	0.00	0.00	0.00	0.00	No
12	PHC Navelim	0.00	0.00	0.00	0.00	No
13	PHC Ponda	0.70	0.05	0.00	0.00	No
14	PHC Marcaim	0.14	0.06	0.00	0.00	No
15	PHC Shiroda	0.00	0.00	0.00	0.00	No
16	Margao UHC	0.00	0.00	0.00	0.00	No
17	Vasco UHC	0.00	0.00	0.00	0.00	No
	Total waste generated for COVID- 19	50.86	51.99	0.43	1.59	

Yellow	50.86
Red	51.99
White	0.43
Blue	1.59

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 19/05/2020

**Biomedical Waste Management generated on 19/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste management/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
		<b>3</b>				
		<b>4</b>				
	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	21	2.5	0	0	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	6.5	23.5	0	0	No
2	Hospicio Hospital, Margao	5.1	0.7	0	0	No
3	Sub District Hospital, Ponda	0.70	2.70	0	0	No
4	Sub District Hospital, Chicalim	0	1	0	0	No
5	TB Hospital, Margao	2.5	0	0	0	No
	<b>II QURANTINE CENTRES</b>					
1	Margao Residency, Margao	0.2	0.5	0	0	No
2	Colva Residency, Colva	0.5	1	0	0	No
3	Farmagudi Residency, Ponda	0.1	0.1	0	0	No
4	Ginger Hotel, Panaji	0	0	0	0	No
5	Old Goa Residency, Old Goa	1.8	0.1	0	0	No
6	Mayem Residency, Mayem	0	0	0	0	No

7	Mapusa Residency, Mapusa	1.5	0	0	0	No
8	Calangute Residency, Calangute	2.1	0.3	0	0	No
9	Vasco Residency, Vasco	1	0.5	0	0	No
10	Acron Seaway Resort, Candolim	0.5	0.1	0	0	No
11	Miramar Residency, Miramar	0.8	0	0	0	No
12	Caritas Guest House, Panaji	0.5	0	0	0	No
<b>III</b>	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					No
1	CHC Pernem	0.4	0.4	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	PHC Bicholim	0	0	0	0	No
4	PHC Aldona	0.05	0	0	0	No
5	PHC Candolim	1.75	0.25	0	0	No
6	PHC Siolim	0.05	0	0	0	No
7	PHC Betki	0.20	0.05	0	0	No
8	PHC Cansarvarnem	1.5	0.6	0.3	0.3	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	0.7	0.2	0	0	No
11	PHC Sanquelim	0.03	0.015	0	0.045	No
12	Mapusa UHC	0.09	0.04	0.02	0.14	No
13	PHC Porvorim	0.00	0	0	0	No
14	PHC Mayem	0	0	0	0	No
15	PHC Chimbhel	0.3	0.3	0	0	No
16	Panaji UHC	0.33	0.23	0	0.205	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.5	0	0	0	No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No

5	PHC Cansaulim	0.5	0.2	0	0.2	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	0	0.2	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	No
11	PHC Dharbondora	0	0	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.35	0.05	0	0	No
14	PHC Marcaim	0.12	0.05	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	51.67	35.58	0.32	0.89	

Yellow	51.67
Red	35.58
White	0.32
Blue	0.89

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 20/05/2020

**Biomedical Waste Management generated on 20/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste management/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	22.7	2.5	0	0	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	5.8	7	0	0.2	No
2	Hospicio Hospital, Margao	18.2	10	0	0	No
3	Sub District Hospital, Ponda	0.13	2.85	0	0	No
4	Sub District Hospital, Chicalim	1	4	0	0	No
5	TB Hospital, Margao	0.3	0	0	0	No
II	<b>QURANTINE CENTRES</b>					
1	Margao Residency, Margao	0.2	2	0	0	No
2	Colva Residency, Colva	0.5	1	0	0	No
3	Farmagudi Residency, Ponda	0.2	0.3	0	0	No
4	Ginger Hotel, Panaji	0	0	0	0	No
5	Old Goa Residency, Old Goa	1.8	0.1	0	0	No
6	Mayem Residency, Mayem	0.15	0.05	0	0	No

7	Mapusa Residency, Mapusa	0.5	0	0	0	No
8	Calangute Residency, Calangute	2.2	0.6	0	0	No
9	Vasco Residency, Vasco	1	0.5	0	0	No
10	Acron Seaway Resort, Candolim	0.2	0	0	0	No
11	Miramar Residency, Miramar	0	0	0	0	No
12	Caritas Guest House, Panaji	0	0	0	0	No
<b>III</b>	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					No
1	CHC Pernem	0.3	0.5	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	PHC Bicholim	0.025	0.05	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.75	0.40	0	0	No
6	PHC Siolim	0.03	0	0	0	No
7	PHC Betki	0.26	0.02	0	0	No
8	PHC Cansarvarnem	1.2	0.5	0.3	0.2	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	0.8	0.1	0	0	No
11	PHC Sanquelim	0.03	0.015	0	0.045	No
12	Mapusa UHC	0.08	0.04	0.02	0.13	No
13	PHC Porvorim	0.01	0.004	0	0	No
14	PHC Mayem	0.00	0	0	0	No
15	PHC Chimbel	0.3	0.3	0	0	No
16	Panaji UHC	0.50	0.38	0	0.39	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.93	0	0	0	No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No

5	PHC Cansaulim	0.3	0.2	0	0.2	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	0	0.01	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	No
11	PHC Dharbondora	0	0	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.7	0.1	0	0	No
14	PHC Marcaim	0.14	0.05	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	62.23	33.56	0.32	1.17	

Yellow	62.33
Red	33.56
white	0.32
Blue	1.17

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management

Under Directorate of Health Services dated 21/05/2020

**Biomedical Waste Management generated on 21/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste management/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	21.8	4.2	0	0	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	2.4	4.5	0	0	No
2	Hospicio Hospital, Margao	15.2	17	0	0	No
3	Sub District Hospital, Ponda	0.435	1.08	0	0	No
4	Sub District Hospital, Chicalim	1	2	0	0	No
5	TB Hospital, Margao	0.1	0	0	0	No
II	<b>QURANTINE CENTRES</b>					
1	Margao Residency, Margao	0.2	0.2	0	0	No
2	Colva Residency, Colva	0.5	1	0	0	No
3	Farmagudi Residency, Ponda	0.06	0.08	0	0	No
4	Ginger Hotel, Panaji	0	0	0	0	No
5	Old Goa Residency, Old Goa	1.8	0.1	0	0	No
6	Mayem Residency, Mayem	0.30	0.25	0	0	No

7	Mapusa Residency, Mapusa	0.4	0	0	0	No
8	Calangute Residency, Calangute	1.1	0.2	0	0	No
9	Vasco Residency, Vasco	1	0.5	0	0	No
10	Acron Seaway Resort, Candolim	0.1	0	0	0	No
11	Miramar Residency, Miramar	0.3	0	0	0	No
12	Caritas Guest House, Panaji	1	0	0	0	No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					No
1	CHC Pernem	0.2	0.6	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	PHC Bicholim	0	0	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.75	0.10	0	0	No
6	PHC Siolim	0.01	0	0	0	No
7	PHC Betki	0.00	0.00	0	0	No
8	PHC Cansarvarnem	1	0.6	0.3	0.3	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	0.8	0.15	0	0	No
11	PHC Sanquelim	0.03	0.015	0	0.045	No
12	Mapusa UHC	0.10	0.06	0.04	0.15	No
13	PHC Porvorim	0.00	0	0	0	No
14	PHC Mayem	0	0	0	0	No
15	PHC Chimbhel	0.4	0.4	0	0	No
16	Panaji UHC	0.32	0.23	0	0.16	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.93	0	0	0	No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No

5	PHC Cansaulim	0.3	0.2	0	0	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0.1	0.2	0	0	No
8	PHC Cortalim	0	2.5	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	No
11	PHC Dharbondora	0	0	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.365	0.1	0	0	No
14	PHC Marcaim	0.15	0.05	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	54.15	36.32	0.34	0.66	

Yellow	54.15
Red	36.32
White	0.34
Blue	0.66

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 22/05/2020

**Biomedical Waste Management generated on 22/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste management/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	4.5	19.2	0	0	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	8	22.8	0	0	No
2	Hospicio Hospital, Margao	6	4	0	0	No
3	Sub District Hospital, Ponda	0.14	1.88	0	0	No
4	Sub District Hospital, Chicalim	1	2	0	0	No
5	TB Hospital, Margao	1.5	0	0	0	No
II	<b>QURANTINE CENTRES</b>					
1	Margao Residency, Margao	0.5	0.2	0	0	No
2	Colva Residency, Colva	0.3	1	0	0	No
3	Farmagudi Residency, Ponda	0.05	0.1	0	0	No
4	Ginger Hotel, Panaji	0.05	0	0	0	No
5	Old Goa Residency, Old Goa	1.9	0.1	0	0	No
6	Mayem Residency, Mayem	0.00	0	0	0	No

7	Mapusa Residency, Mapusa	1	0	0	0	No
8	Calangute Residency, Calangute	1.15	0.45	0	0	No
9	Vasco Residency, Vasco	1	0.5	0	0	No
10	Acron Seaway Resort, Candolim	0.2	0.05	0	0	No
11	Miramar Residency, Miramar	0.5	0	0	0	No
12	Caritas Guest House, Panaji	1	0	0	0	No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					No
1	CHC Pernem	0.3	0.5	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	PHC Bicholim	0	0	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.75	0.30	0	0	No
6	PHC Siolim	0.04	0	0	0	No
7	PHC Betki	0.00	0.00	0	0	No
8	PHC Cansarvarnem	1.5	0.5	0.5	0.3	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	0.8	0.2	0	0	No
11	PHC Sanquelim	0.03	0.015	0	0.045	No
12	Mapusa UHC	0.06	0.04	0.02	0.13	No
13	PHC Porvorim	0.00	0	0	0	No
14	PHC Mayem	0	0	0	0	No
15	PHC Chimbél	0.4	0.4	0	0	No
16	Panaji UHC	0.15	0.14	0	0.065	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.5	0	0	0	No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No

5	PHC Cansaulim	0.35	0.2	0	0.2	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	0	0.2	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	No
11	PHC Dharbondora	0	0	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.7	0.2	0	0	No
14	PHC Marcaim	0.14	0.05	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	35.51	55.03	0.52	0.74	
	Yellow	35.51				
	Red	55.03				
	White	0.52				
	Blue	0.74				
	Total	91.8				

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 23/05/2020

**Biomedical Waste Management generated on 23/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managment/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	22.6	7.45	0	0	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	4.3	3.3	0	0.1	No
2	Hospicio Hospital, Margao	10	13	0	0	No
3	Sub District Hospital, Ponda	0.37	1.76	0	0	No
4	Sub District Hospital, Chicalim	0	2	0	0	No
5	TB Hospital, Margao	0.5	0	0	0	No
II	<b>QURANTINE CENTRES</b>					
1	Margao Residency, Margao	0.2	1	0	0	No
2	Colva Residency, Colva	0.3	1	0	0	No
3	Farmagudi Residency, Ponda	0.13	0.1	0	0	No
4	Ginger Hotel, Panaji	0.05	0	0	0	No
5	Old Goa Residency, Old Goa	1.2	0.1	0	0	No
6	Mayem Residency, Mayem	0.00	0	0	0	No

7	Mapusa Residency, Mapusa	1.5	0	0	0	No
8	Calangute Residency, Calangute	2.15	0.9	0	0	No
9	Vasco Residency, Vasco	1	0.5	0	0	No
10	Acron Seaway Resort, Candolim	0.6	0.35	0	0	No
11	Miramar Residency, Miramar	0.25	0	0	0	No
12	Caritas Guest House, Panaji	1	0	0	0	No
<b>III</b>	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					No
1	CHC Pernem	0.2	0.5	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	PHC Bicholim	0	0	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.75	0.35	0	0	No
6	PHC Siolim	0.02	0	0	0	No
7	PHC Betki	0.00	0.00	0	0	No
8	PHC Cansarvarnem	1.2	0.6	0.5	0.3	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	0.7	0.1	0	0	No
11	PHC Sanquelim	0.03	0.015	0	0	No
12	Mapusa UHC	0.05	0.03	0.02	0.12	No
13	PHC Porvorim	0.00	0	0	0	No
14	PHC Mayem	0.00	0	0	0	No
15	PHC Chimbhel	1	0.4	0	0	No
16	Panaji UHC	0.50	0.475	0	0.16	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.5	0	0	0	No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No

5	PHC Cansaulim	0.35	0.2	0	0.2	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	0	0.1	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	No
11	PHC Dharbondora	0	0	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.7	0.05	0	0	No
14	PHC Marcaim	0.14	0.06	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	53.29	34.34	0.52	0.88	

Yellow	53.29
Red	34.34
White	0.52
Blue	0.88
<b>Total</b>	<b>89.03</b>

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 24/05/2020

**Biomedical Waste Management generated on 24/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste management/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	17.95	3.2	0	0	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	0	0	0	0	No
2	Hospicio Hospital, Margao	7	4	0	0	No
3	Sub District Hospital, Ponda	0.535	3.515	0	0	No
4	Sub District Hospital, Chicalim	1	5	0	0	No
5	TB Hospital, Margao	0.5	1	0	0	No
II	<b>QURANTINE CENTRES</b>					
1	Margao Residency, Margao	0.5	1.5	0	0	No
2	Colva Residency, Colva	0.4	1	0	0	No
3	Farmagudi Residency, Ponda	0.01	0.05	0	0	No
4	Ginger Hotel, Panaji	0.25	0	0	0	No
5	Old Goa Residency, Old Goa	1.2	0.1	0	0	No
6	Mayem Residency, Mayem	0.00	0	0	0	No

7	Mapusa Residency, Mapusa	2	0	0	0	No
8	Calangute Residency, Calangute	2	0.5	0	0	No
9	Vasco Residency, Vasco	1	0.5	0	0	No
10	Acron Seaway Resort, Candolim	0.5	0.2	0	0	No
11	Miramar Residency, Miramar	0.5	0	0	0	No
12	Caritas Guest House, Panaji	0.5	0	0	0	No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					No
1	CHC Pernem	0.4	0.5	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	PHC Bicholim	0	0	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.75	0.30	0	0	No
6	PHC Siolim	0.02	0	0	0	No
7	PHC Betki	0.00	0.00	0	0	No
8	PHC Cansarvarnem	1.5	0.5	0.5	0.3	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	1.6	0.1	0	0	No
11	PHC Sanquelim	0.03	0.015	0	0	No
12	Mapusa UHC	0.00	0	0	0	No
13	PHC Porvorim	0.00	0	0	0	No
14	PHC Mayem	0	0	0	0	No
15	PHC Chimbél	0.4	0.4	0	0	No
16	Panaji UHC	0.00	0	0	0	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0.7	0.2	0	0	No
2	CHC Curchorem	0.3	0	0	0	No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No

5	PHC Cansaulim	0.5	0.3	0	0	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	0	0	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	No
11	PHC Dharbondora	0	0	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.71	0.08	0	0	No
14	PHC Marcaim	0.14	0.05	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	43.89	23.01	0.50	0.30	

Yellow	43.89
Red	23.01
White	0.50
Blue	0.30
<b>Total</b>	<b>67.70</b>

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 25/05/2020

**Biomedical Waste Management generated on 25/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managment/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	24.40	2.50	0.00	0.00	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	2.20	8.60	0.00	0.20	No
2	Hospicio Hospital, Margao	2.00	3.00	0.00	0.00	No
3	Sub District Hospital, Ponda	0.50	1.58	0.00	0.00	No
4	Sub District Hospital, Chicalim	0.00	1.00	0.00	0.00	No
5	TB Hospital, Margao	0.20	0.00	0.00	0.00	No
II	<b>QURANTINE CENTRES</b>					
1	Margao Residency, Margao	0.20	0.50	0.00	0.00	No
2	Colva Residency, Colva	0.30	1.00	0.00	0.00	No
3	Farmagudi Residency, Ponda	0.06	0.05	0.00	0.00	No
4	Ginger Hotel, Panaji	0.25	0.00	0.00	0.00	No
5	Old Goa Residency, Old Goa	1.30	0.05	0.00	0.00	No
6	Mayem Residency, Mayem	0.00	0.00	0.00	0.00	No

7	Mapusa Residency, Mapusa	1.00	0.00	0.00	0.00	No
8	Calangute Residency, Calangute	1.45	0.58	0.00	0.00	No
9	Vasco Residency, Vasco	1.00	0.50	0.00	0.00	No
10	Acron Seaway Resort, Candolim	0.80	0.30	0.00	0.00	No
11	Miramar Residency, Miramar	0.50	0.00	0.00	0.00	No
12	Caritas Guest House, Panaji	0.50	0.00	0.00	0.00	No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					No
1	CHC Pernem	0.30	0.40	0.00	0.00	No
2	CHC Valpoi	0.00	0.00	0.00	0.00	No
3	PHC Bicholim	0.00	0.00	0.00	0.00	No
4	PHC Aldona	0.00	0.00	0.00	0.00	No
5	PHC Candolim	1.75	0.50	0.00	0.00	No
6	PHC Siolim	0.02	0.00	0.00	0.00	No
7	PHC Betki	0.00	0.00	0.00	0.00	No
8	PHC Cansarvarnem	1.00	0.50	0.30	0.50	No
9	PHC Colvale	0.00	0.00	0.00	0.00	No
10	PHC Corlim	1.00	0.10	0.00	0.00	No
11	PHC Sanquelim	0.03	0.02	0.00	0.00	No
12	Mapusa UHC	0.00	0.00	0.00	0.00	No
13	PHC Porvorim	0.00	0.00	0.00	0.00	No
14	PHC Mayem	0.00	0.00	0.00	0.00	No
15	PHC Chimbél	0.40	0.40	0.00	0.00	No
16	Panaji UHC	0.00	0.00	0.00	0.00	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0.00	0.00	0.00	0.00	No
2	CHC Curchorem	0.45	0.00	0.00	0.00	No
3	PHC Sanguem	0.00	0.00	0.00	0.00	No
4	PHC Curtorim	0.00	0.00	0.00	0.00	No

5	PHC Cansaulim	0.40	0.25	0.00	0.00	No
6	PHC Bali	0.00	0.00	0.00	0.00	No
7	PHC Quepem	0.00	0.00	0.00	0.00	No
8	PHC Cortalim	0.00	0.00	0.00	0.00	No
9	PHC Chinchinim	0.00	0.00	0.00	0.00	No
10	PHC Loutolim	0.00	0.00	0.00	0.00	No
11	PHC Dharbondora	0.00	0.00	0.00	0.00	No
12	PHC Navelim	0.00	0.00	0.00	0.00	No
13	PHC Ponda	0.69	0.04	0.00	0.00	No
14	PHC Marcaim	0.14	0.05	0.00	0.00	No
15	PHC Shiroda	0.00	0.00	0.00	0.00	No
16	Margao UHC	0.00	0.00	0.00	0.00	No
17	Vasco UHC	0.00	0.00	0.00	0.00	No
	Total waste generated for COVID- 19	42.84	21.92	0.30	0.70	

Yellow	42.84
Red	21.92
White	0.30
Blue	0.70
<b>Total</b>	<b>65.76</b>

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 26/05/2020

**Biomedical Waste Management generated on 26/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managment/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
		<b>4</b>				
1	3					5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	24.90	3.80	0.00	0.00	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	0.75	3.70	0.00	0.50	No
2	Hospicio Hospital, Margao	18.00	8.00	0.00	0.00	No
3	Sub District Hospital, Ponda	0.40	1.64	0.00	0.00	No
4	Sub District Hospital, Chicalim	1.00	3.00	0.00	0.00	No
5	TB Hospital, Margao	0.20	0.00	0.00	0.00	No
II	<b>QURANTINE CENTRES</b>					
1	Margao Residency, Margao	0.20	0.20	0.00	0.00	No
2	Colva Residency, Colva	0.30	0.50	0.00	0.00	No
3	Farmagudi Residency, Ponda	0.05	0.04	0.00	0.00	No
4	Ginger Hotel, Panaji	0.50	0.00	0.00	0.00	No
5	Old Goa Residency, Old Goa	1.60	0.10	0.00	0.00	No
6	Mayem Residency, Mayem	0.50	0.20	0.00	0.00	No
7	Mapusa Residency, Mapusa	0.70	0.00	0.00	0.00	No

8	Calangute Residency, Calangute	1.50	0.80	0.00	0.00	No
9	Vasco Residency, Vasco	1.00	0.50	0.00	0.00	No
10	Acron Seaway Resort, Candolim	0.80	0.30	0.00	0.00	No
11	Miramar Residency, Miramar	1.00	0.00	0.00	0.00	No
12	Caritas Guest House, Panaji	0.50	0.00	0.00	0.00	No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					No
1	CHC Pernem	0.30	0.60	0.00	0.00	No
2	CHC Valpoi	0.00	0.00	0.00	0.00	No
3	PHC Bicholim	0.00	0.00	0.00	0.00	No
4	PHC Aldona	0.00	0.00	0.00	0.00	No
5	PHC Candolim	1.75	0.30	0.00	0.00	No
6	PHC Siolim	0.01	0.00	0.00	0.00	No
7	PHC Betki	0.00	0.00	0.00	0.00	No
8	PHC Cansarvarnem	1.00	0.50	0.20	0.30	No
9	PHC Colvale	0.00	0.00	0.00	0.00	No
10	PHC Corlim	0.90	0.10	0.00	0.00	No
11	PHC Sanquelim	0.03	0.02	0.00	0.00	No
12	Mapusa UHC	0.05	0.03	0.02	0.12	No
13	PHC Porvorim	0.00	0.00	0.00	0.00	No
14	PHC Mayem	0.00	0.00	0.00	0.00	No
15	PHC Chimbél	0.50	0.50	0.00	0.00	No
16	Panaji UHC	0.36	0.40	0.00	0.50	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0.00	0.00	0.00	0.00	No
2	CHC Curchorem	0.80	0.00	0.00	0.00	No
3	PHC Sanguem	0.00	0.00	0.00	0.00	No
4	PHC Curtorim	0.00	0.00	0.00	0.00	No
5	PHC Cansaulim	0.30	0.20	0.00	0.15	No
6	PHC Bali	0.00	0.00	0.00	0.00	No

7	PHC Quepem	0.00	0.00	0.00	0.00	No
8	PHC Cortalim	0.00	0.20	0.00	0.00	No
9	PHC Chinchinim	0.00	0.00	0.00	0.00	No
10	PHC Loutolim	0.00	0.00	0.00	0.00	No
11	PHC Dharbondora	0.00	0.00	0.00	0.00	No
12	PHC Navelim	0.00	0.00	0.00	0.00	No
13	PHC Ponda	0.07	0.05	0.00	0.00	No
14	PHC Marcaim	0.13	0.05	0.00	0.00	No
15	PHC Shiroda	0.00	0.00	0.00	0.00	No
16	Margao UHC	0.00	0.00	0.00	0.00	No
17	Vasco UHC	0.00	0.00	0.00	0.00	No
	Total waste generated for COVID- 19	60.10	25.73	0.22	1.57	

Yellow	60.10
Red	25.73
White	0.22
Blue	1.57
<b>Total</b>	<b>87.62</b>

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management Under Directorate of Health Services dated 27/05/2020

**Biomedical Waste Management generated on 27/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID - 19 waste management/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	24.8	6	0	0	No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	1	4.7	0	0	No
2	Hospicio Hospital, Margao	0.7	0.5	0	0	No
3	Sub District Hospital, Ponda	0.38	1.66	0	0	No
4	Sub District Hospital, Chicalim	0	1	0	0	No
5	TB Hospital, Margao	0.2	0.2	0	0	No
II	<b>QUARANTINE CENTRES</b>					
1	Margao Residency, Margao	0.1	0.2	0	0	No
2	Colva Residency, Colva	0.3	0.5	0	0	No
3	Farmagudi Residency, Ponda	0.05	0.05	0	0	No
4	Ginger Hotel, Panaji	0.5	0.5	0	0	No
5	Old Goa Residency, Old Goa	1.6	0.1	0	0	No
6	Mayem Residency, Mayergaon	0.00	0	0	0	No
7	Mapusa Residency, Mapusa	0.3	0	0	0	No
8	Calangute Residency, Calangute	1.6	0.7	0	0	No
9	Vasco Residency, Vasco	1	0.5	0	0	No
10	Acron Seaway Resort, Carapalem	1.4	0.6	0	0	No
11	Miramar Residency, Miramar	0.5	0	0	0	No
12	Caritas Guest House, Pandem	0.5	0	0	0	No
III	<b>Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					
1	CHC Pernem	0.2	0.6	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	PHC Bicholim	0	0	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.75	0.60	0	0	No
6	PHC Siolim	0.01	0.02	0	0	No
7	PHC Betki	0	0	0	0	No
8	PHC Cansarvarnem	0.5	0.3	0.2	0.2	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	0.9	0.1	0	0	No
11	PHC Sanquelim	0.2	0.075	0	0	No

12	Mapusa UHC	0.10	0.05	0.03	0.25	No
13	PHC Porvorim	0.00	0	0	0	No
14	PHC Mayem	0.00	0	0	0	No
15	PHC Chimbél	0.5	0.5	0	0	No
16	Panaji UHC	1.50	0.5	0	0.6	No
<b>HEALTH CENTRES-SOUTH GOA</b>						
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.8	0	0	0	No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No
5	PHC Cansaulim	0.6	0.4	0	0.2	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	0	0.2	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	No
11	PHC Dharbondora	0	0	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.365	0.05	0	0	No
14	PHC Marcaim	0.16	0.03	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
Total waste generated for C		42.51	20.63	0.23	1.25	

Yellow

42.51

Red

20.63

White

0.23

Blue

1.25

**Total**

**64.62**

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 28/05/2020

**Biomedical Waste Management generated on 28/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste management/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	18.2	3.3	0	0	No
						No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	9	29	0	0	No
2	Hospicio Hospital, Margao	14	17	0	0	No
3	Sub District Hospital, Ponda	0.33	4.085	0	0	No
4	Sub District Hospital, Chicalim	1	4	0	0	No
5	TB Hospital, Margao	0	0	0	0	No
II	<b>QURANTINE CENTRES</b>					No
1	Margao Residency, Margao	1	0.2	0	0	No
2	Colva Residency, Colva	0.3	0.5	0	0	No
3	Farmagudi Residency, Ponda	0.04	0.056	0	0	No
4	Ginger Hotel, Panaji	0.5	0	0	0	No
5	Old Goa Residency, Old Goa	1.6	0.1	0	0	No
6	Mayem Residency, Mayem	0.00	0	0	0	No
7	Mapusa Residency, Mapusa	0.3	0	0	0	No
8	Calangute Residency, Calangute	1	0.2	0	0	No
9	Vasco Residency, Vasco	0.5	0.5	0	0	No
10	Acron Seaway Resort, Candolim	1.2	0.4	0	0	No

11	Miramar Residency, Miramar	0.5	0	0		No
12	Caritas Guest House, Panaji	0.45	0	0	0	No
<b>III Sample Collection Centres/ laboratories</b>						
<b>HEALTH CENTRES- NORTH GOA</b>						
1	CHC Pernem	0.4	0.4	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	PHC Bicholim	0	0	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.75	0.40	0	0	No
6	PHC Siolim	0.01	0.00	0	0	No
7	PHC Betki	0	0	0	0	No
8	PHC Cansarvarnem	1	0.3	0.2	0.3	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	1	0.1	0	0	No
11	PHC Sanquelim	0.03	0.015	0	0	No
12	Mapusa UHC	0.10	0.05	0.03	0.25	No
13	PHC Porvorim	0.00	0	0	0	No
14	PHC Mayem	0.00	0	0	0	No
15	PHC Chimbhel	0.5	0.5	0	0	No
16	Panaji UHC	1.5	0.5	0	0.45	No
<b>HEALTH CENTRES-SOUTH GOA</b>						
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.9	0	0	0	No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No
5	PHC Cansaulim	0.5	0.3	0	0.03	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	0	0.5	0	0	No
9	PHC Chinchinim	0	0	0	0	No

10	PHC Loutolim	0	0	0	0	No
11	PHC Dharbondora	0	0	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.365	0.06	0	0	No
14	PHC Marcaim	0.16	0.04	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	58.14	62.51	0.23	1.03	

Yellow	58.14
Red	62.51
White	0.23
Blue	1.03
<b>Total</b>	<b>121.91</b>

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 29/05/2020

**Biomedical Waste Management generated on 29/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managent/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
		3	4			5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	19.75	2.8	0	0	No
	<b>Isolation Ward &amp; Lab</b>					No
1	Asilo Hospital, Mapusa	2.6	5	0	0	No
2	Hospicio Hospital, Margao	4	7	0	0	No
3	Sub District Hospital, Ponda	0.33	4.085	0	0	No
4	Sub District Hospital, Chicalim	0	1	0	0	No
5	TB Hospital, Margao	0.2	0	0	0	No
II	<b>QURANTINE CENTRES</b>					No
1	Margao Residency, Margao	0.1	0.1	0	0	No
2	Colva Residency, Colva	0.2	0.4	0	0	No
3	Farmagudi Residency, Ponda	0.05	0.05	0	0	No
4	Ginger Hotel, Panaji	1	0	0	0	No
5	Old Goa Residency, Old Goa	1.4	0.1	0	0	No
6	Mayem Residency, Mayem	0.00	0	0	0	No
7	Mapusa Residency, Mapusa	0.05	0	0	0	No
8	Calangute Residency, Calangute	1.3	6	0	0	No
9	Vasco Residency, Vasco	0	0.5	0	0	No
10	Acron Seaway Resort, Candolim	1	0.4	0	0	No

11	Miramar Residency, Miramar	0	0	0	0	No
12	Caritas Guest House, Panaji	0	0	0	0	No
<b>III</b>	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					
1	CHC Pernem	0.4	0.3	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	CHC Bicholim	0	0	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.75	0.30	0	0	No
6	PHC Siolim	0.01	0.00	0	0	No
7	PHC Betki	0	0	0	0	No
8	PHC Cansarvarnem	1	0.5	0.5	0.4	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	0.9	0.1	0	0	No
11	PHC Sanquelim	0.03	0.015	0	0	No
12	Mapusa UHC	0.05	0.02	0.02	0.15	No
13	PHC Porvorim	0.00	0	0	0	No
14	PHC Mayem	0.00	0	0	0	No
15	PHC Chimbél	0.5	0.5	0	0	No
16	Panaji UHC	0.75	0.5	0	0.5	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.9	0	0	0	No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No
5	PHC Cansaulim	0.4	0.5	0	0.2	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	2	8	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0.005	0.005	0	0	No

11	PHC Dharbondora	0.1	0.02	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.04	0.05	0	0	No
14	PHC Marcaim	0.16	0.03	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	40.98	38.28	0.52	1.25	

Yellow	40.98
Red	38.28
White	0.52
Blue	1.25
<b>Total</b>	<b>81.03</b>

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 30/05/2020

**Biomedical Waste Management generated on 30/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managent/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	13.2	5.8	0	0	No
						No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	3.5	2	0	0.2	No
2	Hospicio Hospital, Margao	3	6.2	0	0	No
3	Sub District Hospital, Ponda	0	5.56	0	0	No
4	Sub District Hospital, Chicalim	1	4	0	0	No
5	TB Hospital, Margao	0.1	0.1	0	0	No
II	<b>QURANTINE CENTRES</b>					No
1	Margao Residency, Margao	0	0	0	0	No
2	Colva Residency, Colva	0.2	0.4	0	0	No
3	Farmagudi Residency, Ponda	0.05	0.05	0	0	No
4	Ginger Hotel, Panaji	0.4	0	0	0	No
5	Old Goa Residency, Old Goa	1.4	0.1	0	0	No
6	Mayem Residency, Mayem	0.00	0	0	0	No
7	Mapusa Residency, Mapusa	0.00	0	0	0	No
8	Calangute Residency, Calangute	0.8	0.2	0	0	No
9	Vasco Residency, Vasco	0	0.5	0	0	No
10	Acron Seaway Resort, Candolim	1.1	0.3	0	0	No
11	Miramar Residency, Miramar	0	0	0	0	No

12	Caritas Guest House, Panaji	0	0	0	0	No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					
1	CHC Pernem	0.3	0.2	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	CHC Bicholim	0.5	0.3	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.75	0.20	0	0	No
6	PHC Siolim	0.02	0.00	0	0	No
7	PHC Betki	0	0	0	0	No
8	PHC Cansarvarnem	1.5	0.3	0.3	0.3	No
9	PHC Colvale	0	0	0		No
10	PHC Corlim	0.9	0.1	0	0	No
11	PHC Sanquelim	0.23	0.075	0	0	No
12	Mapusa UHC	0.02	0.01	0.01	0.1	No
13	PHC Porvorim	0.00	0	0	0	No
14	PHC Mayem	0.00	0	0	0	No
15	PHC Chimbhel	0.5	0.5	0	0	No
16	Panaji UHC	0.265	0.65	0	0.5	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.8	0	0	0	No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No
5	PHC Cansaulim	0.6	0.4	0	0.3	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	4	6	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	No
11	PHC Dharbondora	0	0	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.45	0.05	0	0	No

14	PHC Marcaim	0.13	0.3	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	36.72	34.30	0.31	1.40	

Yellow	36.72
Red	34.3
White	0.31
Blue	1.4
<b>Total</b>	<b>72.73</b>

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 31/05/2020

**Biomedical Waste Management generated on 31/05/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managent/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	0	0	0	0	No
						No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	0	0	0	0	No
2	Hospicio Hospital, Margao	0	0	0	0	No
3	Sub District Hospital, Ponda	0.505	7.875	0	0	No
4	Sub District Hospital, Chicalim	0	1	0	0	No
5	TB Hospital, Margao	0	0	0	0	No
II	<b>QURANTINE CENTRES</b>					No
1	Margao Residency, Margao	0	0	0	0	No
2	Colva Residency, Colva	0.2	0.4	0	0	No
3	Farmagudi Residency, Ponda	0.04	0.05	0	0	No
4	Ginger Hotel, Panaji	0.3	0	0	0	No
5	Old Goa Residency, Old Goa	1.1	0.1	0	0	No
6	Mayem Residency, Mayem	0.00	0	0	0	No
7	Mapusa Residency, Mapusa	0	0	0	0	No
8	Calangute Residency, Calangute	0.9	0.3	0	0	No
9	Vasco Residency, Vasco	0	0.5	0	0	No
10	Acron Seaway Resort, Candolim	1.2	0.4	0	0	No

11	Miramar Residency, Miramar	0	0	0	0	No
12	Caritas Guest House, Panaji	0	0	0	0	No
<b>III</b>	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					
1	CHC Pernem	0.2	0.2	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	CHC Bicholim	0.9	1.5	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.75	0.30	0	0	No
6	PHC Siolim	0.00	0.00	0	0	No
7	PHC Betki	0.00	0.00	0	0	No
8	PHC Cansarvarnem	1.5	0.3	0.3	0.3	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	1	0.1	0	0	No
11	PHC Sanquelim	0.2	0.075	0	0	No
12	Mapusa UHC	0.00		0	0	No
13	PHC Porvorim	0.00	0	0	0	No
14	PHC Mayem	0.00	0	0	0	No
15	PHC Chimbhel	0.5	0.5	0	0	No
16	Panaji UHC	0	0	0	0	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0.7	0.01	0	0	No
2	CHC Curchorem	0.5	0	0	0	No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No
5	PHC Cansaulim	0.6	0.4	0	0.3	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	0	0	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	No

11	PHC Dharbondora	0	0	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0.05	0.05	0	0	No
14	PHC Marcaim	0.13	0.3	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	12.28	14.36	0.30	0.60	

Yellow	12.28
Red	14.36
White	0.3
Blue	0.6
<b>Total</b>	<b>27.54</b>

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management

Under Directorate of Health Services dated 01/06/2020

**Biomedical Waste Management generated on 01/06/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste management/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
<b>I</b>						
<b>COVID-19 Hospital</b>						
1	ESI Hospital, MARGAO	0	0	0	0	No
<b>Isolation Ward &amp; Lab</b>						
1	Asilo Hospital, Mapusa	4.3	15.8	0	1.7	No
2	Hospicio Hospital, Margao	8.3	0	0	0	No
3	Sub District Hospital, Ponda	0.32	2.66	0	0	No
4	Sub District Hospital, Chicalim	1	4	0	0	No
5	TB Hospital, Margao	0.5	0	0	0	No
<b>II</b>						
<b>QUARANTINE CENTRES</b>						
1	Margao Residency, Margao	0.1	0.3	0	0	No
2	Colva Residency, Colva	0	0	0	0	No
3	Farmagudi Residency, Ponda	0.05	0.05	0	0	No
4	Ginger Hotel, Panaji	0.5	0	0	0	No
5	Old Goa Residency, Old Goa	1.1	0.1	0	0	No
6	Mayem Residency, Mayem	0.00	0	0	0	No
7	Mapusa Residency, Mapusa	0.5	0	0	0	No
8	Calangute Residency, Calangute	1.2	0.50	0	0	No
9	Vasco Residency, Vasco	0	0.5	0	0	No
10	Acron Seaway Resort, Candolim	1	0.3	0	0	No
11	Miramar Residency, Miramar	0	0	0	0	No
12	Caritas Guest House, Panaji	0	0	0	0	No
<b>III</b>						
<b>Sample Collection Centres/ laboratories</b>						
<b>HEALTH CENTRES- NORTH GOA</b>						

1	CHC Pernem	0.2	0.2	0	0	0	No
2	CHC Valpoi	0.05	0	0	0	0	No
3	CHC Bicholim	0.5	0.3	0	0	0	No
4	PHC Aldona	0	0	0	0	0	No
5	PHC Candolim	1.75	0.4	0	0	0	No
6	PHC Siolim	0.05	0.00	0	0	0	No
7	PHC Betki	0.0004	0.095	0	0	0	No
8	PHC Cansarvarnem	1	0.3	0.5	0.3	0	No
9	PHC Colvale	0	0	0	0	0	No
10	PHC Corlim	1	0.1	0	0	0	No
11	PHC Sanquelim	0.23	0.075	0	0	0	No
12	Mapusa UHC	0.10	0.05	0.03	0.25	0	No
13	PHC Porvorim	0.00	0	0	0	0	No
14	PHC Mayem	0.00	0	0	0	0	No
15	PHC Chimbél	0.1	0.5	0	0	0	No
16	Panaji UHC	0.315	0.22	0	0.42	0	No
	<b>HEALTH CENTRES-SOUTH</b>						
	<b>GOA</b>						
1	CHC Canacona	0	0	0	0	0	No
2	CHC Curchorem	0.9	0	0	0	0	No
3	PHC Sanguem	0	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	0	No
5	PHC Cansaulim	0.5	0.4	0	0.3	0	No
6	PHC Bali	0	0	0	0	0	No
7	PHC Quepem	0	0	0	0	0	No
8	PHC Cortalim	10	10	0	0	0	No
9	PHC Chinchinim	0	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	0	No
11	PHC Dharbondora	0	0	0	0	0	No
12	PHC Navelim	0	0	0	0	0	No
13	PHC Ponda	0.04	0	0	0	0	No
14	PHC Marcaim	0.13	0.3	0	0	0	No
15	PHC Shiroda	0	0	0	0	0	No
16	Margao UHC	0	0	0	0	0	No
17	Vasco UHC	0	0	0	0	0	No
	Total waste generated for COVID- 19	35.74	37.15	0.53	2.97		

Yellow 35.74  
Red 37.15  
White 0.53  
Blue 2.97  
**Total 76.39**

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 02/06/2020

**Biomedical Waste Management generated on 02/06/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managent/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	17.25	5.6	0	0	No
						No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	4.6	6.3	0	0	No
2	Hospicio Hospital, Margao	1	15	0	0	No
3	Sub District Hospital, Ponda	0.38	4.54	0	0	No
4	Sub District Hospital, Chicalim	0	2	0	0	No
5	TB Hospital, Margao	0	0.1	0	0	No
II	<b>QURANTINE CENTRES</b>					No
1	Margao Residency, Margao	0	0	0	0	No
2	Colva Residency, Colva	0	0	0	0	No
3	Farmagudi Residency, Ponda	0.05	0.05	0	0	No
4	Ginger Hotel, Panaji	0.5	0	0	0	No
5	Old Goa Residency, Old Goa	0.9	0.05	0	0	No
6	Mayem Residency, Mayem	0.00	0	0	0	No
7	Mapusa Residency, Mapusa	0	0	0	0	No
8	Calangute Residency, Calangute	1.3	0.60	0	0	No
9	Vasco Residency, Vasco	1	0.5	0	0	No
10	Acron Seaway Resort, Candolim	1	0.4	0	0	No

11	Miramar Residency, Miramar	0	0	0	0	No
12	Caritas Guest House, Panaji	0	0	0	0	No
<b>III</b>	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					
1	CHC Pernem	0.2	0.8	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	CHC Bicholim	0.5	0.3	0	0	No
4	PHC Aldona	0.02	0.125	0	0	No
5	PHC Candolim	1.75	0.5	0	0	No
6	PHC Siolim	0.11	0.00	0	0	No
7	PHC Betki	0	0	0	0	No
8	PHC Cansarvarnem	1.8	0.5	0.5	0.4	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	1.3	0.1	0	0	No
11	PHC Sanquelim	0.23	0.3	0	0	No
12	Mapusa UHC	0.05	0.02	0.02	0.15	No
13	PHC Porvorim	0.00	0	0	0	No
14	PHC Mayem	0.15	0.15	0	0	No
15	PHC Chimbél	0.6	0.6	0	0	No
16	Panaji UHC	0.53	0.545	0	0.795	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0	0	0	0	No
2	CHC Curchorem	0.9	0	0	0	No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No
5	PHC Cansaulim	0.4	0.2	0	0.2	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	10	10	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0	0	0	0	No

11	PHC Dharbondora	0	0	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0	0	0	0	No
14	PHC Marcaim	0.14	0.32	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	46.66	49.60	0.52	1.55	

Yellow	46.66
Red	49.6
White	0.52
Blue	1.55
<b>Total</b>	<b>98.33</b>

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 03/06/2020

**Biomedical Waste Management generated on 03/06/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managent/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	18	3.7	0	0	No
						No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	1.7	6.6	0	0	No
2	Hospicio Hospital, Margao	16.5	20.5	0	0	No
3	Sub District Hospital, Ponda	0.54	3.776	0	0	No
4	Sub District Hospital, Chicalim	1	3	0	0	No
5	TB Hospital, Margao	0.1	0	0	0	No
II	<b>QURANTINE CENTRES</b>					No
1	Margao Residency, Margao	0	0	0	0	No
2	Colva Residency, Colva	0	0	0	0	No
3	Farmagudi Residency, Ponda	0.05	0.05	0	0	No
4	Ginger Hotel, Panaji	0.4	0	0	0	No
5	Old Goa Residency, Old Goa	0.9	0.1	0	0	No
6	Mayem Residency, Mayem	0.00	0	0	0	No
7	Mapusa Residency, Mapusa	0.00	0	0	0	No
8	Calangute Residency, Calangute	0.8	0.20	0	0	No
9	Vasco Residency, Vasco	0	0	0	0	No
10	Acron Seaway Resort, Candolim	0.3	0.15	0	0	No

11	Miramar Residency, Miramar	0	0	0	0	No
12	Caritas Guest House, Panaji	0	0	0	0	No
<b>III</b>	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					
1	CHC Pernem	0.3	0.6	0	0	No
2	CHC Valpoi	0	0	0	0	No
3	CHC Bicholim	0.7	0.4	0	0	No
4	PHC Aldona	0	0	0	0	No
5	PHC Candolim	1.75	0.1	0	0	No
6	PHC Siolim	0.08	0.00	0	0	No
7	PHC Betki	0	0	0	0	No
8	PHC Cansarvarnem	1	0.5	0.3	0.3	No
9	PHC Colvale	0	0	0	0	No
10	PHC Corlim	1.3	0.1	0	0	No
11	PHC Sanquelim	0.23	0.4	0	0	No
12	Mapusa UHC	0.05	0.02	0.02	0.15	No
13	PHC Porvorim	0.00	0	0	0	No
14	PHC Mayem	0.00	0	0	0	No
15	PHC Chimbhel	1	0.5	0	0	No
16	Panaji UHC	0.58	0.33	0	0.16	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0.7	0.01	0	0	No
2	CHC Curchorem	0.7	0	0	0	No
3	PHC Sanguem	0	0	0	0	No
4	PHC Curtorim	0	0	0	0	No
5	PHC Cansaulim	0.4	0.2	0	0.2	No
6	PHC Bali	0	0	0	0	No
7	PHC Quepem	0	0	0	0	No
8	PHC Cortalim	5	10	0	0	No
9	PHC Chinchinim	0	0	0	0	No
10	PHC Loutolim	0.03	0.005	0	0	No

11	PHC Dharbondora	0	0	0	0	No
12	PHC Navelim	0	0	0	0	No
13	PHC Ponda	0	0	0	0	No
14	PHC Marcaim	0.14	0.32	0	0	No
15	PHC Shiroda	0	0	0	0	No
16	Margao UHC	0	0	0	0	No
17	Vasco UHC	0	0	0	0	No
	Total waste generated for COVID- 19	54.25	51.56	0.32	0.81	

Yellow	54.25
Red	51.56
White	0.32
Blue	0.81
<b>Total</b>	<b>106.94</b>

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 04/06/2020

**Biomedical Waste Management generated on 04/06/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managent/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
		3	4			5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	25.70	5.00	0.00	0.00	No
						No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	21.50	38.30	0.00	0.00	No
2	Hospicio Hospital, Margao	20.00	20.00			No
3	Sub District Hospital, Ponda	0.80	6.79	0.00	0.00	No
4	Sub District Hospital, Chicalim	1.00	3.00	0.00	0.00	No
5	TB Hospital, Margao	1.00	0.00	0.00	0.00	No
II	<b>QURANTINE CENTRES</b>					No
1	Margao Residency, Margao	0.50	0.50	0.00	0.00	No
2	Colva Residency, Colva	0.00	0.00	0.00	0.00	No
3	Farmagudi Residency, Ponda	0.01	0.02	0.00	0.00	No
4	Ginger Hotel, Panaji	0.40	0.00	0.00	0.00	No
5	Old Goa Residency, Old Goa	0.80	0.05	0.00	0.00	No
6	Mayem Residency, Mayem	0.00	0.00	0.00	0.00	No
7	Mapusa Residency, Mapusa	0.00	0.00	0.00	0.00	No
8	Calangute Residency, Calangute	1.00	0.30	0.00	0.00	No
9	Vasco Residency, Vasco	0.00	0.00	0.00	0.00	No
10	Acron Seaway Resort, Candolim	0.50	0.20	0.00	0.00	No

11	Miramar Residency, Miramar	0.00	0.00	0.00	0.00	No
12	Caritas Guest House, Panaji	0.00	0.00	0.00	0.00	No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					
1	CHC Pernem	0.40	0.70	0.00	0.00	No
2	CHC Valpoi	0.00	0.00	0.00	0.00	No
3	CHC Bicholim	1.00	0.60	0.00	0.00	No
4	PHC Aldona	0.00	0.00	0.00	0.00	No
5	PHC Candolim	1.15	0.15	0.00	0.00	No
6	PHC Siolim	0.01	0.00	0.00	0.00	No
7	PHC Betki	0.00	0.00	0.00	0.00	No
8	PHC Cansarvarnem	1.00	0.80	0.20	0.50	No
9	PHC Colvale	0.00	2.40	0.00	0.00	No
10	PHC Corlim	1.20	0.10	0.00	0.00	No
11	PHC Sanquelim	0.33	0.06	0.00	0.00	No
12	Mapusa UHC	0.10	0.05	0.03	0.25	No
13	PHC Porvorim	0.00	0.00	0.00	0.00	No
14	PHC Mayem	0.00	0.00	0.00	0.00	No
15	PHC Chimbhel	1.20	0.20	0.00	0.00	No
16	Panaji UHC	0.35	0.30	0.00	0.13	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0.70	0.04	0.00	0.00	No
2	CHC Curchorem	0.70	0.00	0.00	0.00	No
3	PHC Sanguem	0.00	0.00	0.00	0.00	No
4	PHC Curtorim	0.00	0.00	0.00	0.00	No
5	PHC Cansaulim	0.30	0.40	0.00	0.20	No
6	PHC Bali	0.00	0.00	0.00	0.00	No
7	PHC Quepem	0.00	0.00	0.00	0.00	No
8	PHC Cortalim	6.00	5.00	0.00	0.00	No
9	PHC Chinchinim	0.00	0.00	0.00	0.00	No
10	PHC Loutolim	0.00	0.00	0.00	0.00	No

11	PHC Dharbondora	0.00	0.00	0.00	0.00	No
12	PHC Navelim	0.00	0.00	0.00	0.00	No
13	PHC Ponda	0.00	0.00	0.00	0.00	No
14	PHC Marcaim	0.13	0.30	0.00	0.00	No
15	PHC Shiroda	0.00	0.00	0.00	0.00	No
16	Margao UHC	0.00	0.00		0.00	No
17	Vasco UHC	2.00	2.00	0.00	0.00	No
	Total waste generated for COVID- 19	89.78	87.25	0.23	1.08	

Yellow	89.78
Red	87.25
White	0.23
Blue	1.08
<b>Total</b>	<b>178.34</b>

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 05/06/2020

**Biomedical Waste Management generated on 05/06/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managent/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	36.80	7.50	0.00	0.00	No
						No
	<b>Isolation Ward &amp; Lab</b>					
1	Asifo Hospital, Mapusa	3.20	9.50	0.00	0.00	No
2	Hospicio Hospital, Margao	9.50	0.00	0.00	0.00	No
3	Sub District Hospital, Ponda	1.50	4.50	0.00	0.00	No
4	Sub District Hospital, Chicalim	0.00	1.00	0.00	0.00	No
5	TB Hospital, Margao	0.20	0.00	0.00	0.00	No
II	<b>QURANTINE CENTRES</b>					No
1	Margao Residency, Margao	0.00	0.00	0.00	0.00	No
2	Colva Residency, Colva	0.00	0.00	0.00	0.00	No
3	Farmagudi Residency, Ponda	0.00	0.00	0.00	0.00	No
4	Ginger Hotel, Panaji	0.50	0.00	0.00	0.00	No
5	Old Goa Residency, Old Goa	0.80	0.05	0.00	0.00	No
6	Mayem Residency, Mayem	0.00	0.00	0.00	0.00	No
7	Mapusa Residency, Mapusa	0.10	0.00	0.00	0.00	No
8	Calangute Residency, Calangute	1.10	0.30	0.00	0.00	No
9	Vasco Residency, Vasco	0.00	0.00	0	0.00	No
10	Acron Seaway Resort, Candolim	0.60	0.20	0.00	0.00	No

11	Miramar Residency, Miramar	0.00	0.00	0.00	0.00	No
12	Caritas Guest House, Panaji	0.00	0.00	0.00	0.00	No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					
1	CHC Pernem	0.30	0.80	0.00	0.00	No
2	CHC Valpoi	0.05	0.00	0.00	0.00	No
3	CHC Bicholim	1.00	1.00	0.00	0.00	No
4	PHC Aldona	0.00	0.00	0.00	0.00	No
5	PHC Candolim	1.17	0.25	0.00	0.00	No
6	PHC Siolim	0.04	0.00	0.00	0.00	No
7	PHC Betki	0.00	0.00	0.00	0.00	No
8	PHC Cansarvarnem	1.00	0.80	0.50	0.50	No
9	PHC Colvale	0.00	0.00	0.00	0.00	No
10	PHC Corlim	1.20	0.10	0.00	0.00	No
11	PHC Sanquelim	0.23	0.48	0.00	0.00	No
12	Mapusa UHC	0.05	0.02	0.02	0.15	No
13	PHC Porvorim	0.00	0.00	0.00	0.00	No
14	PHC Mayem	0.15	0.05	0.00	0.00	No
15	PHC Chimbhel	6.00	1.00	0.00	0.00	No
16	Panaji UHC	0.14	0.17	0.00	0.13	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0.00	0.00	0.00	0.00	No
2	CHC Curchorem	1.70	0.00	0.00	0.00	No
3	PHC Sanguem	0.00	0.00	0.00	0.00	No
4	PHC Curtorim	0.00	0.00	0.00	0.00	No
5	PHC Cansaulim	0.40	0.30	0.00	0.20	No
6	PHC Bali	0.00	0.00	0.00	0.00	No
7	PHC Quepem	0.00	0.00	0.00	0.00	No
8	PHC Cortalim	5.00	5.00	0.00	0.00	No
9	PHC Chinchinim	0.00	0.00	0.00	0.00	No

10	PHC Loutolim	0.00	0.00	0.00	0.00	No
11	PHC Dharbondora	0.00	0.00	0.00	0.00	No
12	PHC Navelim	0.00	0.00	0.00	0.00	No
13	PHC Ponda	0.00	0.00	0.00	0.00	No
14	PHC Marcaim	0.14	0.32	0.00	0.00	No
15	PHC Shiroda	0.00	0.00	0.00	0.00	No
16	Margao UHC	0.00	0.00	0.00	0.00	No
17	Vasco UHC	0.00	0.00	0.00	0.00	No
	Total waste generated for COVID-19	72.87	33.34	0.52	0.98	

Yellow	72.87
Red	33.34
White	0.52
Blue	0.98
<b>Total</b>	<b>107.71</b>

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 06/06/2020

**Biomedical Waste Management generated on 06/06/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managent/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	51.80	7.30	0.00	0.00	No
						No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	2.00	9.40	0.00	0.00	No
2	Hospicio Hospital, Margao	14.50	10.00	0.00	0.00	No
3	Sub District Hospital, Ponda	0.85	6.65	0.00	0.00	No
4	Sub District Hospital, Chicalim	1.00	3.00	0.00	0.00	No
5	TB Hospital, Margao	0.20	0.10	0.00	0.00	No
II	<b>QURANTINE CENTRES</b>					No
1	Margao Residency, Margao	1.00	1.00	0.00	0.00	No
2	Colva Residency, Colva	0.00	0.00	0.00	0.00	No
3	Farmagudi Residency, Ponda	0.00	0.00	0.00	0.00	No
4	Ginger Hotel, Panaji	5.00	0.00	0.00	0.00	No
5	Old Goa Residency, Old Goa	0.80	0.05	0.00	0.00	No
6	Mayem Residency, Mayem	0.00	0.00	0.00	0.00	No
7	Mapusa Residency, Mapusa	0.80	0.00	0.00	0.00	No
8	Calangute Residency, Calangute	0.70	0.20	0.00	0.00	No
9	Vasco Residency, Vasco	0.00	0.00	0.00	0.00	No
10	Acron Seaway Resort, Candolim	0.40	0.10	0.00	0.00	No

11	Miramar Residency, Miramar	0.00	0.00	0.00	0.00	No
12	Caritas Guest House, Panaji	0.00	0.00	0.00	0.00	No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					
1	CHC Pernem	0.50	0.60	0.00	0.00	No
2	CHC Valpoi	0.05	0	0	0	No
3	CHC Bicholim	1.00	0.60	0.00	0.00	No
4	PHC Aldona	0.00	0.00	0.00	0.00	No
5	PHC Candolim	1.17	0.18	0.00	0.00	No
6	PHC Siolim	0.06	0.05	0.00	0.00	No
7	PHC Betki	0.00	0.00	0.00	0.00	No
8	PHC Cansarvarnem	1.50	0.80	0.50	0.5	No
9	PHC Colvale	0.00	0.00	0.00	0.00	No
10	PHC Corlim	1.40	0.10	0.00	0.00	No
11	PHC Sanquelim	0.33	0.58	0.00	0.00	No
12	Mapusa UHC	0.05	0.02	0.02	0.15	No
13	PHC Porvorim	0.40	0.00	0.00	0.00	No
14	PHC Mayem	0.15	0.05	0.00	0.00	No
15	PHC Chimbél	4.00	1.00	0.00	0.00	No
16	Panaji UHC	1.01	0.28	0.00	0.12	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0.00	0.00	0.00	0.00	No
2	CHC Curchorem	2.00	0.00	0.00	0.00	No
3	PHC Sanguem	0.27	0.16	0.00	0.00	No
4	PHC Curtorim	0.00	0.00	0.00	0.00	No
5	PHC Cansaulim	0.50	0.40	0.00	0.00	No
6	PHC Bali	0.00	0.00	0.00	0.00	No
7	PHC Quepem	0.00	0.00	0.00	0.00	No
8	PHC Cortalim	5.00	8.00	0.00	0.00	No
9	PHC Chinchinim	0.00	0.00	0.00	0.00	No

10	PHC Loutolim	0.00	0.00	0.00	0.00	No
11	PHC Dharbondora	0.00	0.00	0.00	0.00	No
12	PHC Navelim	0.00	0.00	0.00	0.00	No
13	PHC Ponda	0.00	0.00	0.00	0.00	No
14	PHC Marcaim	0.13	0.30	0.00	0.00	No
15	PHC Shiroda	0.00	0.00	0.00	0.00	No
16	Margao UHC	0.00	0.00	0.00	0.00	No
17	Vasco UHC	0.00	0.00	0.00	0.00	No
	Total waste generated for COVID- 19	98.56	50.90	0.52	0.77	

Yellow	98.56
Red	50.90
White	0.52
Blue	0.77
<b>Total</b>	<b>150.75</b>

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 07/06/2020

**Biomedical Waste Management generated on 07/06/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managent/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	43.30	14.30	0.00	0.00	No
						No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	0.00	0.00	0.00	0.00	No
2	Hospicio Hospital, Margao	5.00	4.00	0.00	0.00	No
3	Sub District Hospital, Ponda	0.75	5.67	0.00	0.00	No
4	Sub District Hospital, Chicalim	0.00	1.00	0.00	0.00	No
5	TB Hospital, Margao	0.30	0.00	0.00	0.00	No
II	<b>QURANTINE CENTRES</b>					No
1	Margao Residency, Margao	0.00	0.00	0.00	0.00	No
2	Colva Residency, Colva	0.00	0.00	0.00	0.00	No
3	Farmagudi Residency, Ponda	0.00	0.00	0.00	0.00	No
4	Ginger Hotel, Panaji	0.50	0.00	0.00	0.00	No
5	Old Goa Residency, Old Goa	0.80	0.10	0.00	0.00	No
6	Mayem Residency, Mayem	0.00	0.00	0.00	0.00	No
7	Mapusa Residency, Mapusa	0.00	0.00	0.00	0.00	No
8	Calangute Residency, Calangute	1.00	0.40	0.00	0.00	No
9	Vasco Residency, Vasco	0.00	0.00	0.00	0.00	No
10	Acron Seaway Resort, Candolim	0.70	0.10	0.00	0.00	No

11	Miramar Residency, Miramar	0.00	0.00	0.00	0.00	No
12	Caritas Guest House, Panaji	0.00	0.00	0.00	0.00	No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					
1	CHC Pernem	0.30	0.50	0.00	0.00	No
2	CHC Valpoi	0.00	0.00	0.00	0.00	No
3	CHC Bicholim	0.50	0.40	0.00	0.00	No
4	PHC Aldona	0.00	0.00	0.00	0.00	No
5	PHC Candolim	1.75	0.25	0.00	0.00	No
6	PHC Siolim	0.02	0.00	0.00	0.00	No
7	PHC Betki	0.00	0.00	0.00	0.00	No
8	PHC Cansarvarnem	1.00	0.60	0.20	0.50	No
9	PHC Colvale	0.00	0.00	0.00	0.00	No
10	PHC Corlim	1.60	0.10	0.00	0.00	No
11	PHC Sanquelim	0.33	0.58	0.00	0.00	No
12	Mapusa UHC	0.00	0.00	0.00	0.00	No
13	PHC Porvorim	0.00	0.00	0.00	0.00	No
14	PHC Mayem	0.00	0.00	0.00	0.00	No
15	PHC Chimbél	1.00	0.50	0.00	0.00	No
16	Panaji UHC	0.00	0.00	0.00	0.00	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0.70	0.01	0.00	0.00	No
2	CHC Curchorem	1.20	0.00	0.00	0.00	No
3	PHC Sanguem	0.52	0.88	0.00	0.00	No
4	PHC Curtorim	0.00	0.00	0.00	0.00	No
5	PHC Cansaulim	0.30	0.40	0.00	0.00	No
6	PHC Bali	0.00	0.00	0.00	0.00	No
7	PHC Quepem	0.00	0.00	0.00	0.00	No
8	PHC Cortalim	0.10	0.10	0.00	0.00	No
9	PHC Chinchinim	0.00	0.00	0.00	0.00	No

10	PHC Loutolim	0.00	0.00	0.00	0.00	No
11	PHC Dharbondora	0.00	0.00	0.00	0.00	No
12	PHC Navelim	0.00	0.00	0.00	0.00	No
13	PHC Ponda	0.00	0.00	0.00	0.00	No
14	PHC Marcaim	0.13	0.30	0.00	0.00	No
15	PHC Shiroda	0.00	0.00	0.00	0.00	No
16	Margao UHC	0.00	0.00	0.00	0.00	No
17	Vasco UHC	0.00	0.00	0.00	0.00	No
	Total waste generated for COVID- 19	61.80	30.19	0.20	0.50	

Yellow	61.80
Red	30.19
White	0.20
Blue	0.50
<b>Total</b>	<b>92.69</b>

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 08/06/2020

**Biomedical Waste Management generated on 08/06/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managent/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	47.10	12.50	0.00	0.00	No
						No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	11.40	40.00	0.00	2.70	No
2	Hospicio Hospital, Margao	8.00	5.00	0.00	0.00	No
3	Sub District Hospital, Ponda	0.75	6.12	0.00	0.00	No
4	Sub District Hospital, Chicalim	1.00	3.00	0.00	0.00	No
5	TB Hospital, Margao	1.50	0.50	0.00	0.00	No
II	<b>QURANTINE CENTRES</b>					No
1	Margao Residency, Margao	0.10	0.50	0.00	0.00	No
2	Colva Residency, Colva	0.00	0.00	0.00	0.00	No
3	Farmagudi Residency, Ponda	0.00	0.00	0.00	0.00	No
4	Ginger Hotel, Panaji	0.50	0.00	0.00	0.00	No
5	Old Goa Residency, Old Goa	0.80	0.05	0.00	0.00	No
6	Mayem Residency, Mayem	0.00	0.00	0.00	0.00	No
7	Mapusa Residency, Mapusa	0.00	0.00	0.00	0.00	No
8	Calangute Residency, Calangute	0.50	0.10	0.00	0.00	No
9	Vasco Residency, Vasco	0.00	0.00	0.00	0.00	No
10	Acron Seaway Resort, Candolim	0.20	0.05	0.00	0.00	No

11	Miramar Residency, Miramar	0.00	0.00	0.00	0.00	No
12	Caritas Guest House, Panaji	0.00	0.00	0.00	0.00	No
<b>III</b>	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					
1	CHC Pernem	0.40	0.70	0.00	0.00	No
2	CHC Valpoi	0.00	0.00	0.00	0.00	No
3	CHC Bicholim	0.00	0.00	0.00	0.00	No
4	PHC Aldona	0.00	0.10	0.00	0.00	No
5	PHC Candolim	1.27	0.25	0.00	0.00	No
6	PHC Siolim	0.05	0.00	0.00	0.00	No
7	PHC Betki	0.00	0.00	0.00	0.00	No
8	PHC Cansarvarnem	0.80	0.50	0.20	0.30	No
9	PHC Colvale	0.00	0.00	0.00	0.00	No
10	PHC Corlim	1.40	0.10	0.00	0.00	No
11	PHC Sanquelim	1.23	0.68	0.00	0.00	No
12	Mapusa UHC	0.10	0.05	0.03	0.15	No
13	PHC Porvorim	0.40	0.04	0.00	0.00	No
14	PHC Mayem	0.00	0.00	0.00	0.00	No
15	PHC Chimbél	0.50	0.30	0.00	0.00	No
16	Panaji UHC	0.33	0.89	0.00	0.00	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0.00	0.00	0.00	0.00	No
2	CHC Curchorem	1.00	0.00	0.00	0.00	No
3	PHC Sanguem	0.00	0.00	0.00	0.00	No
4	PHC Curtorim	0.00	0.00	0.00	0.00	No
5	PHC Cansaulim	0.40	0.20	0.00	0.00	No
6	PHC Bali	0.00	0.00	0.00	0.00	No
7	PHC Quepem	0.00	0.00	0.00	0.00	No
8	PHC Cortalim	24.00	17.00	0.00	0.00	<b>No</b>
9	PHC Chinchinim	0.00	0.00	0.00	0.00	No

10	PHC Loutolim	0.00	0.00	0.00	0.00	No
11	PHC Dharbondora	0.00	0.00	0.00	0.00	No
12	PHC Navelim	0.00	0.00	0.00	0.00	No
13	PHC Ponda	0.00	0.00	0.00	0.00	No
14	PHC Marcaim	0.16	0.36	0.00	0.00	No
15	PHC Shiroda	0.00	0.00	0.00	0.00	No
16	Margao UHC	0.00	0.00	0.00	0.00	No
17	Vasco UHC	0.00	0.00	0.00	0.00	No
	Total waste generated for COVID- 19	103.89	88.98	0.23	3.15	

Yellow	103.89
Red	88.98
White	0.23
Blue	3.15
Total	196.25

Format for maintaining Daily records of COVID-19 related Biomedical Waste Management  
Under Directorate of Health Services dated 09/06/2020

**Biomedical Waste Management generated on 09/06/2020**

S No.	Name of Centre	Qty of Covid-19 related waste generated daily basis (Category wise)(weight) in Kg.				Any issues in COVID -19 waste managent/shortcoming w.r.t implementation of CPCB Guidelines
		Yellow	Red	White	Blue	
1	3	4				5
I	<b>COVID-19 Hospital</b>					
1	ESI Hospital, MARGAO	48.50	9.30	0.00	0.00	No
						No
	<b>Isolation Ward &amp; Lab</b>					
1	Asilo Hospital, Mapusa	3.50	35.30	2.60	0.00	No
2	Hospicio Hospital, Margao	11.00	0.75	0.00	0.00	No
3	Sub District Hospital, Ponda	0.65	5.10	0.00	0.00	No
4	Sub District Hospital, Chicalim	1.00	3.00	0.00	0.00	No
5	TB Hospital, Margao	0.00	0.00	0.00	0.00	No
II	<b>QURANTINE CENTRES</b>					No
1	Margao Residency, Margao	1.50	0.50	0.00	0.00	No
2	Colva Residency, Colva	0.00	0.00	0.00	0.00	No
3	Farmagudi Residency, Ponda	0.00	0.00	0.00	0.00	No
4	Ginger Hotel, Panaji	0.50	0.00	0.00	0.00	No
5	Old Goa Residency, Old Goa	0.60	0.05	0.00	0.00	No
6	Mayem Residency, Mayem	0.00	0.00	0.00	0.00	No
7	Mapusa Residency, Mapusa	0.00	0.00	0.00	0.00	No
8	Calangute Residency, Calangute	0.20	0.05	0.00	0.00	No
9	Vasco Residency, Vasco	0.00	0.00	0.00	0.00	No
10	Acron Seaway Resort, Candolim	0.10	0.50	0.00	0.00	No

11	Miramar Residency, Miramar	0.00	0.00	0.00	0.00	No
12	Caritas Guest House, Panaji	0.00	0.00	0.00	0.00	No
III	<b>Sample Collection Centres/ laboratories</b>					
	<b>HEALTH CENTRES- NORTH GOA</b>					
1	CHC Pernem	0.40	0.70	0.00	0.00	No
2	CHC Valpoi	0.00	0.00	0.00	0.00	No
3	CHC Bicholim	1.00	0.60	0.00	0.00	No
4	PHC Aldona	0.00	0.00	0.00	0.00	No
5	PHC Candolim	1.75	0.20	0.00	0.00	No
6	PHC Siolim	0.00	0.00	0.00	0.00	No
7	PHC Betki	0.00	0.00	0.00	0.00	No
8	PHC Cansarvarnem	0.70	0.40	0.20	0.30	No
9	PHC Colvale	0.00	0.00	0.00	0.00	No
10	PHC Corlim	1.60	0.15	0.00	0.00	No
11	PHC Sanquelim	0.33	0.28	0.00	0.00	No
12	Mapusa UHC	0.10	0.05	0.03	0.25	No
13	PHC Porvorim	0.00	0.00	0.00	0.00	No
14	PHC Mayem	0.00	0.00	0.00	0.00	No
15	PHC Chimbél	0.50	0.30	0.00	0.00	No
16	Panaji UHC	0.20	0.26	0.00	0.16	No
	<b>HEALTH CENTRES-SOUTH GOA</b>					
1	CHC Canacona	0.00	0.00	0.00	0.00	No
2	CHC Curchorem	1.00	0.00	0.00	0.00	No
3	PHC Sanguem	0.20	1.05	0.00	0.00	No
4	PHC Curtorim	0.00	0.00	0.00	0.00	No
5	PHC Cansaulim	0.50	0.30	0.00	0.20	No
6	PHC Bali	0.00	0.00	0.00	0.00	No
7	PHC Quepem	0.00	0.00	0.00	0.00	No
8	PHC Cortalim	3.00	2.00	0.00	0.00	No
9	PHC Chinchinim	0.00	0.00	0.00	0.00	No

10	PHC Loutolim	0.00	0.00	0.00	0.00	No
11	PHC Dharbondora	0.00	0.00	0.00	0.00	No
12	PHC Navelim	0.00	0.00	0.00	0.00	No
13	PHC Ponda	0.00	0.00	0.00	0.00	No
14	PHC Marcaim	0.46	0.30	0.00	0.00	No
15	PHC Shiroda (Covid care)	0.20	0.16	0.00	0.00	No
16	Margao UHC	0.00	0.00	0.00	0.00	No
17	Vasco UHC	0.00	0.00	0.00	0.00	No
	Total waste generated for COVID- 19	79.49	61.30	2.83	0.91	

Yellow	79.49
Red	61.30
White	2.83
Blue	0.91
<b>Total</b>	<b>144.53</b>