



GOVERNMENT OF WEST BENGAL

Department of Health & Family Welfare
Swasthya Bhawan, GN-29, Sector- V,
Salt Lake City, Kolkata- 700 091

No: HF/SPSRC/20/2020/63

Dated: 05/05/2020

REVISED MEMORANDUM

In the present exigent and emergent situation of COVID 19 epidemic all private facilities are directed to report daily as per the format (A & B in Excel format) given below in the newly revised Email Id:

Format A

| Sl No | Name of the Institution | | Census Data as on Date |
|-------|---|---|------------------------|
| 1 | Total No of Isolation beds for COVID positive patients | : | |
| 2 | No of COVID positive Patients as on previous date 10.00 am | : | |
| 3 | No of COVID positive newly admitted from 10:00am previous day till 10:00 am today. | : | |
| 4a | No of COVID positive patients discharged from 10:00am previous day till 10:00 am today. | : | |
| 4b | No of COVID positive patients referred out from 10:00am previous day till 10:00 am today. | : | |
| 4c | No of COVID positive patients died from 10:00am previous day till 10:00 am today. | : | |
| 5 | No of COVID positive Patients as on today 10.00 am [patients still admitted $2+3-(4a+4b+4c)=5$]. | : | |

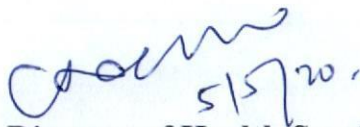
Format B

| Line Listing Format For Reporting <u>COVID Positive Patients (ONLY)</u> Private Hospitals As On Date | | | | | | | | | | | | | | | | | | |
|--|---------------------------|-------------------|---------------------|------------|-----|------------------|--|--|--|--|-----------------------|--|---|--|---|---|-----------------------|-----------------|
| Name of the Institution : | | | | | | | | | | | | | | | | | | |
| Name of Nodal Officer: | | | | | | | | | | | | | | | | | | |
| Contact No: | | | | | | | | | | | Email ID: | | | | | | | |
| Sl. | Name of the pvt. Facility | Date of admission | Name of the patient | Age in yrs | Sex | Address with pin | H/o contact with covid-19 case (if yes, mention name of patient, if available) | Co morbidities if any, mention briefly | Reason for sample testing- 1. Contact history 2. Sari 3. Others | Date of first sample being reported positive | Facility where tested | Date of sample becoming first negative | Date of sample becoming second negative | Whether patient on ventilator - yes/no | Outcome - still admitted/ discharged/ to be referred/ referred/ death | If referred out already, then to which hospital | If died date of death | Remarks, if any |
| 1 | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |

Submission of daily report as per formats A&B above shall be continued until further orders and shall be a part of licensing conditions as laid in Clause 'f' and 'w' of Sub Section (3) Section 7 of the West Bengal Clinical Establishments (Registration, Regulation and transparency) Act, 2017.

All the daily report should be emailed to the ID: covidwb2020@gmail.com by 10:30 am every day and communication related to reporting shall be henceforth made from the land no 033 2333 0633.

This order made in cancellation to all previous orders in this regard.


5/5/20
Director of Health Services
Government of West Bengal

1. Shri Binod Kumar, IAS & Secretary, Govt. of West Bengal.
2. Secretary (CE & PD, WBSAPCS), H&FW Department.
3. Secretary & MD, NHM, H&FW Department.
4. Director of Medical Education, H&FW Department.
5. Addl. Secretary & Director SPSRC, H&FW Department.
6. Addl. Secretary and MD, WBMSCL, H&FW Department.
7. Addl. Secretary (HS & IT), H&FW Department
8. Commissioner (GA) H&FW Department.
9. Special Secretary (ME), H&FW Department.
10. Special Secretary (Vig.), H&FW Department.
11. Principal, all Medical Colleges and Hospitals, West Bengal.
12. DDHS (Admin), H&FW Department.
13. ADHS(PH), H&FW Department.
14. DADHS(HA), H&FW Department.
15. Dr. Soma Sil (Mrs. Mullick), TO, SPSRC, H&FW Department.
16. IT, Coordinator for Web posting.
17. Sr. PS to Principal Secretary, H&FW Department.
18. Guard File.

Binod
05/05/2020

OSD & DD Admin
Department of Health & Family Welfare
Government of West Bengal

Line listing format for COVID Positive(only) Patients as on ...

| | |
|-------------------------|--|
| Name of Hospital | |
| Name of Nodal | |
| Mobile number | |
| Email ID | |

| Sl. | NAME OF THE Pvt. Facility | Date of admission | Name of the Patient | Age in yrs | Sex | Address with PIN |
|------------|----------------------------------|--------------------------|----------------------------|-------------------|------------|-------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

