

# MUNICIPAL CORPORATION OF GREATER MUMBAI

No.AMCWS/559/D. dated 12.05.2020

Sub – Comprehensive guidelines for COVID-19 lab testing.

- Ref : 1) ICMR Strategy of COVID19 testing in India (Dt. 17.3.2020)  
2) ICMR Revised Strategy of COVID19 testing in India [Version 3, (Dt. 20.3.2020)]  
3) DO letter Director-General, ICMR - Revised Testing Strategy for COVID19 (Dt. 21.3.2020)  
4) ICMR Strategy of COVID19 testing in India [(Version 4, (Dt. 09.04.2020)]  
5) ICMR Strategy for COVID19 testing for Pregnant women India [(Version 1, (Dt.20.04..2020)]  
6) Government of Maharashtra: Policy regarding discharge of COVID19 patients (Dt. 09.05.2020)

WHO declared an outbreak of Febrile Respiratory Illness from Wuhan. Currently, India is going through the phase of Local transmission from imported cases to their immediate contacts. Considering evolving situation of COVID19 in India, Government of India and ICMR has issued COVID 19 testing guidelines from time to time.

In view of increasing number of cases in Mumbai and in order to make COVID testing facility available to all symptomatic suspects, MCGM has made all efforts to reach out to all symptomatic patients so that timely shifting of the positive patients to respective facilities will be possible in no time in order to avoid spread of the disease. MCGM resolves to ramp up testing of symptomatic cases to contain the virus effectively and efficiently. Currently Government of India and Government of Maharashtra have revised the discharge policy as per the categorisation of patients.

In view of all the above references, the MCGM, by superseding all the earlier circulars/ guidelines, issuing comprehensive guidelines for COVID-19 testing.

## **A. Testing Guidelines for General citizens :**

Testing to be undertaken of the General citizens falling under following categories :

- i) All symptomatic persons (fever, cough, difficulty in breathing) within 14 days of international travel.
- ii) All symptomatic contacts of confirmed cases
- iii) All symptomatic health care workers
- iv) All hospitalised patients with Sever Acute Respiratory Illness(fever and cough and/or shortness of breath)
- v) Pregnant women residing in clusters/containment area or in large migration gatherings/evacuees centre from hotspot districts presenting in

labour or likely to deliver in next 5 days should be tested even if asymptomatic. (Asymptomatic pregnant women should be tested in the facilities where they were expected to deliver and all arrangements should be made to collect and transfer samples to testing facilities. women should not be referred for lack of testing facility.)

- vi) All symptomatic patients identified in :
  - a) SARI clinics,
  - b) Fever clinics
  - c) OPD in Hospitals (Govt & registered Private)
- vii) Only if there is a strong suspicion of COVID-19 in persons requiring elective surgery or surgery which can wait for 48 hours, doctor can ask for COVID-19 test. No emergency surgeries should be denied to the patient for want of COVID-19 test.
- viii) For patients on regular haemodialysis, test for COVID-19 should not be asked as a routine before every procedure and only if there is a strong suspicion, the person requiring dialysis is afflicted with COVID-19, then COVID-19 test may be prescribed and such patients, both suspected and positive COVID-19, should be referred to dialysis facility for COVID-19 patients.

**In all other cases, the guidelines given by the Government of India vide instructions dated 24/03/2020 and subsequently about use of Personal Protective Equipment should be followed.**

**For symptomatic patients, as referred above, a prescription of registered medical professional (Government / Semi Government / Private) is mandatory. The format of which is attached as Annexure-1. The testing laboratories should not accept any sample which is not supported by prescription in Annexure-1, in order to avoid testing of asymptomatic persons.**

**B. Testing guidelines for quarantined citizens:**

The quarantined asymptomatic, direct and high risk contacts of confirmed case should be tested once between day 5 and 14 of coming in his/her contact.

**C. Testing guidelines for admitted Positive Patients :**

- i) Testing of mild/very mild /pre-symptomatic cases shall not be required before discharge, if there are no symptoms seen on 7<sup>th</sup>, 8<sup>th</sup> & 9<sup>th</sup> days consecutively.
  - ii) In case of moderate symptomatic patients, testing shall not be required if the patient recovered clinically.
  - iii) Testing is required once before discharge in cases of critical Patients and immune compromised patients when they have no symptoms for 3 days.
- However, the guidelines issued in this regard by Government of Maharashtra (reference No.6), are required to be followed very stringently.

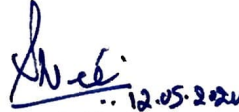
**These instructions should be followed by all Medical Practitioners and Testing Laboratories of Government, Semi-government and Private Sector scrupulously. Any deviation or violation from these guidelines would be viewed very seriously which may kindly be noted.**



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(Not applicable for surgery and pregnancy cases)

ANNEXURE - I

Name of the Doctor \_\_\_\_\_

Registration No. \_\_\_\_\_

Address \_\_\_\_\_

Date :-

To,

Name of Laboratory

I have examined Mr. / Mrs. / Master / Miss \_\_\_\_\_  
aged about \_\_\_\_\_ years, physically, on date .

Details of the patient are as follows:

Name of the patient	
Age in years	
Residential address	
Aadhar Card No.	
PAN Card No. (optional)	
Mobile phone No.	
Date	

The above referred patient is suffering from\*

Cough	Diarrhoea	Vomiting	Fever at evaluation	Abdominal pain
Breathlessness	Nausea	Haemoptysis	Body ache	
Sore throat	Chest pain	Nasal discharge	Sputum	

and therefore, the patient is referred to carry out the RT-PCR test for corona virus.

I am aware of the ICMR guidelines regarding COVID-19 and the testing protocol. I certify that above patient is symptomatic and is referred as per ICMR guidelines and MCGM testing protocol issued under No. \_\_\_\_\_.

I am aware that if I fail to follow the ICMR guidelines / MCGM testing protocol, issued under No. \_\_\_\_\_, I am liable for action deemed fit by MCGM, including cancellation of MCI registration.

\* Please tick-mark the appropriate symptom.

( Signature)

Name of the Doctor  
(Please affix rubber stamp)

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## Standard Operating Procedure for Data Management in Testing

MCGM has now expanded testing to multiple public and private labs with more labs being on-boarded by ICMR on a daily basis. Testing is also being scaled up across the city. These guidelines are being issued to ensure awareness and establish standard operating procedures for all COVID testing.

### References:

The COVID tests referred by the Medical Practitioner in the prescribed format (**Annexure I**) and shall be attached with all swab collection forms.

All COVID testing should be carried out as per ICMR guidelines issued from time to time (**Annexure A**) and guidelines dated 11-05-20(**Annexure B**).

All swab samples collected shall require the ICMR prescribed form to be duly filled (**Annexure C**)

### Swab Collection

1. **The following are the methods of collection of the swabs for COVID testing as per guidelines issued from time to time:**
  - a. Swab Collection of symptomatic suspects requested by the Medical Health Officer of the Ward:
    - i. Screening Clinics and Special Camps organised by MCGM
    - ii. Swab Collection from suspects in MCGM COVID care centre (CCC1) and follow up tests, if necessary, for positive patients in MCGM COVID care centres (CCC2)
  - b. Swab Collection done for admitted patients at Dedicated COVID Healthcare Centre (DCHC) and Dedicated COVID Hospital (DCH)
  - c. Testing of symptomatic walk-in Suspects at MCGM medical dispensaries or OPD of MCGM/ Govt and private sector hospitals.
  
2. **Roles and Responsibilities of Medical Officer of Health of ward (MOH) or their representatives for swab collection under 1(a)**
  - a. MOH shall organise special screening camps and fever clinics in coordination with EPID cell and swab collection team from MCGM or private labs. Swab Collection shall be conducted for symptomatic suspects as per guidelines issued from time to time. Prescription form as per Annexure I shall be attached signed by the medical officer examining the patient.

- b. **Mandatory information shall be captured in swab collection form for CRITICAL FIELDS(Ref 5) like address and landmark, area, ward name of the residence of the suspect, pincode, Unique collection point code shall be written on top of the first page ICMR form (Refer Annexure X), etc are entered by the swab collection team.**
- c. MOH or their representative shall record the number of swab collection in their wards conducted and report these figures to EPID cell from time to time in prescribed formats.
- d. Home testing by private labs is not permitted. However, in case of emergency and a rare case where no other option is possible, MOH shall be allowed to hire private labs for 1(a)(ii) home collection / special camps. However, the test report shall first be shared with MCGM and then with the patient.
- e. MOH shall ensure that all symptomatic suspects whose swabs have been collected are either shifted to CCC1 or are referred for compulsory home quarantine until the results of swab collection have been received.

### 3. Roles and responsibilities of the swab collection team

- a. Swab shall **only** be collected for those symptomatic suspects who have been referred by Registered Medical Practitioner on Annexure 1
  - b. All **CRITICAL FIELDS** shall be duly filled on the swab collection form prescribed by ICMR by at the time of collection like:
    - i. Full name, age, gender, full address with details of flat/house, building, locality, landmark, pincode (Ref 5)
    - ii. Unique collection point code shall be written on top of the first page ICMR form(Refer Annexure X), Ward Name of suspect residence, **whether sample is diagnostic or follow-up and whether the suspect is a medical services professional**
4. Roles and responsibilities of Swab Collection nodal officers of DCHs/DCHCs, Other MCGM peripheral hospitals and private hospitals /medical centres as per guidelines issued from time to time.
- a. Hospitals shall provide the prescription as per Annexure I and assist the swab collection teams to provide information for all **CRITICAL FIELDS** on ICMR swab collection form
    - i. Full name, age, gender, full address with details of flat/house, building, locality, landmark and pincode
    - ii. Unique collection point code shall be written on top of the first page ICMR form (Refer Annexure X), Ward Name of suspect residence and whether the suspect is a medical services professional
    - iii. Since the suspect is symptomatic, they be compulsorily admitted to designated institutional centres/quarantine as per guidelines.



5. **Critical Fields:** The following fields are mandatorily required to be properly added to the form and no 'dummy entries' shall be allowed.
- Full Name of Suspect
  - Mobile Number of suspect or close relative
  - Full address (to mention flat no, house no, locality, landmark and pincode)
  - Ward of Residence of the suspect
  - Unique code for collection as per Annexure D
  - Whether is sample is a follow up sample or a fresh/diagnostics sample
  - Whether the sample collected belongs to a healthcare professional

**Handover of swab collected to ICMR empanelled labs for testing**

6. Swab testing shall be allocated to various labs by EPID cell in consultation with Ward/Facility based on the testing capacity of the lab per day, proximity to point of collection, ensuring a turnaround time of 24 hours and adherence to ICMR and MCGM testing guidelines issued from time to time.
7. **Labs are expected to conduct the following checks before accepting any samples from the swab collection team**
- Labs shall ensure that prescription form (Annexure I) is attached.
  - All samples should carry the unique collection point code on the form (**Refer Annexure X**).
  - Labs must review all forms on collection and ensure that **CRITICAL FIELDS** as per 5 have been captured. In case **CRITICAL FIELDS** as per 5 are not captured, labs are required notify the swab collection team to submit the details.

**Testing and Reporting**

8. **Labs are to ensure promptness in testing and reporting data to MCGM**
- Labs shall ensure that the **turn-around time is not more than 24 hours** (from the time of receipt of swab samples at the labs to declaration of results to EPID Cell)
  - Labs are to report all positive cases immediately, **within one hour of results** to EDPI Cell so that contact tracing may be initiated at the earliest
  - Labs are requested not to directly communicate results to the patient without also intimating MCGM. The communication of results is a sensitive subject, and potential patients are to be made aware of precautions, isolation and quarantine requirements etc.
  - Data Entry in MCGM format as well as on the ICMR portal is mandatory in prescribed formats and no **CRITICAL FIELDS** as per 5 shall be left empty.

- e. Labs will not fill 'dummy entries' without informing MCGM in the absence of data as it may lead to incorrect conclusions.
- f. All COVID19 testing data shared with MCGM shall be uploaded on ICMR portal within 24 hours. Entries on ICMR portal shall not be filled until all CRITICAL Fields as per 5 have been obtained.

### Administration

9. **Labs will appoint a Single Point of Contact for all COVID related communication** (testing, reporting, payment etc.) w.r.t. MCGM. The person appointed should be responsive and available, and be able to respond to within an hour between 9 AM and 9 PM
10. **Payment for testing to Private labs**
  - a. In the case that labs are unable to adhere to the testing guidelines specified, MCGM may levy penalties on the labs as per recommendations of internal committee constituted as per 12. These may be monetary - deductions from payments due, or may be more severe based on extent of non-adherence .
  - b. Payment for swab collection organised by Wards and Hospitals shall be made within 7 days of receipt of invoice from labs.
11. A fortnightly meeting between all labs and public health officials involved in COVID testing for MCGM will be held to address concerns and share best practices
12. An internal committee chaired by Additional Municipal Commission will be established to monitor adherence to ICMR and MCGM testing guidelines, as well as to address any concerns or grievances from all stakeholders. Complaints from the public may be passed on to this committee through EPID Cell for labs and institutions or the central MCGM helpline (1916) for Mumbaikars

- Annexure A - ICMR Testing Guidelines dated 09-04-2020  
Annexure B - MCGM Testing Guidelines dated 15-04-2020  
Annexure C - ICMR Form  
Annexure D - Unique Codes for Collections Points

All samples will be tagged with a unique 6 digit code to trace the source of the sample. All facilities will be provided their unique collection point code by Dr Tipre.

1. First two characters will be an identifier based on the ward the collection point is located in
  - a. For wards with one letter (A, B, C, S, T etc.), the ward code shall be the same letter to be repeated twice (AA, BB, CC, SS, TT etc.)
  - b. For wards like ME, MW, KS, PN etc., the ward code shall be as is.
2. For all COVID care facilities in MCGM
  - a. Two characters to be used to identify source
    - i. CC for containment centre
    - ii. DH for DCH



- iii. HC for DCHC
  - iv. PH for peripheral affiliated hospitals that are not DCH or DCHC (if applicable)
  - v. ST for MCGM staff residences (hotels etc.)
- b. Last two characters will be Sr. Number of facility for CC, DH, HC, PH, ST

3. For Home collection and Fever Clinic

- a. 3rd characters to be F (Fever Clinic), H (Home Collection)
- b. Last three characters to be date in MDD format

Hence, all sources to be tagged for unique identification allowing traceability of sample e.g.

- AACC01 (Containment Centre Sr. No. 1 from A Ward)
- MWCH05 (DCH No. 5 from M-West Ward)
- KEF419 (Fever clinic conducted in K-East Ward on 19-04-2020)

Annexure E: Lab Linkages for COVID Testing and Payment process

Annexure F: Prescribed Format of Reporting to MCGM and Data entry tool