



Bruhat Bengaluru Mahanagara Palike

N. R. Square, Bengaluru. Pincode - 560 002. Ph: 080-22975595

Comm/PR/ 38 /2021-22

Date: 30. 04. 2021

CIRCULAR

Subject: Bed allocation for RTPCR/RAT Negative and HRCT suggestive Covid-19 patients in Bengaluru

Reference: 1. Government Circular No. HFW 126 ACS 2021 dated 28.04.2021 Complying syndrome approach to Covid-19 cases for hospital admission and treatment
2. Government Circular No. HFW 403 ACS 2020 dated 15.10.2020 Syndromic approach to covid-19 disease
3. Government Circular No. HFW 123 ACS 2021 dated 26.04.2021 Triaging Covid 19 cases in Government and Private Health Facilities

Considering the prevailing Covid 19 situation in Bengaluru, it is reiterated that the above cited circular laying down the clinical protocol under the syndromic approach should be strictly complied with for hospital admission and treatment of cases to prevent further damage in the larger interest of public health.

It is hereby decided to follow the below mentioned procedure to allot a bed from BBMP for the patients who are Covid 19 like syndrome or Covid 19 Probable case:

- All such patients shall call on 1912 and provide the information of SRF Id, and having RTPCR/RAT negative report or result awaiting and HRCT Thorax findings and laboratory investigations information
- After ascertaining the clinical condition of the patient, BBMP will provide a bed blocking through CHBMS Super User and inform the patient accordingly

- All such patients shall reach out to the hospital where bed is blocked with RTPCR/RAT Negative or Result Awaiting report, CT thorax and laboratory investigation reports and a certificate from a registered medical practitioner in the format as per Annexure 1
- On receiving such patients, the doctors at the respective hospitals shall carry out triaging of the patient as per the Govt. circular at Ref 3. And admit eligible patients as per govt. circular at Ref. 1 & 2
- Such admissions shall be notified by the hospital/aarogyamitra in the SAST portal which in turn shall be reflected in CHBMS
- Hospital shall take an undertaking from either the patient or patient guardian for all such admissions as per Annexure 2
- Details of all the patients admitted based on the above mentioned criteria shall be shared with State War Room from CHBMS for generation of permanent patient code
- SAST shall take note of all such cases for further processing and reimbursements



Chief Commissioner

Bruhat Bengaluru Mahanagara Palike

Copy To:

1. Honourable Chief Secretary, Government of Karnataka for your kind information
2. Honourable Administrator, BBMP for your kind information
3. ACS Health & Family Welfare for your kind information
4. The Principal Secretary to Government, Department of Cooperation, for your kind information
5. The Principal Secretary to Government, Medical Education Dept., Bengaluru for your kind information
6. The Commissioner, Health & Family Welfare for your kind information and action
7. Special Commissioner, Health, BBMP for your kind information and action
8. The Executive Director, SAST for your kind information and action
9. All Zonal Coordinators for your kind information and action
10. All Zonal Commissioners, BBMP for your kind information and action
11. The Nodal officers of CHBMS and CPT Cell
12. The Nodal officer of State War Room, Government of Karnataka
13. All Members of CPST, for your kind information and action
14. All Zonal Joint Commissioners, BBMP for your kind information and action
15. The Chief Health Officer, Public Health, BBMP for your kind information and action
16. All Zonal Health Officers, for your kind information and action
17. All Medical Directors of Government and Private Hospitals
18. Technical team members of SAST, CHBMS and Index portal

Annexure 1

To Whom So Ever It May Concern

This is to certify that I, Dr. _____ (MCI/KMC Reg. No. _____) have examined Mr./Ms. _____ (patient name) Aged _____ years with SRF ID _____ Showing negative RTPCR/RAT. However, as per the CT Thorax findings and laboratory investigation reports. He/She is found to be proven Covid 19 like syndrome (or) Coven 19 probable case as per the circular HFW 126 ACS 2021 dated 28.04.2021 to treat them as Covid patients.

Date:

Place:

Signature: _____

Name of the Doctor: _____

MCI/KMC Reg. No. _____

Annexure 2

To Whom So Ever It May Concern

I Mr./Ms. _____ Aged _____ years,
S/O _____ hereby understand and give consent in my
full conscious that inspite of my RAT/RTPCR result being awaited
or Negative for Covid 19, I shall be treated as a Covid 19 like
syndrome or Covid 19 probable case in the Covid 19 ward.

Patient Name:

SRF ID:

Date:

Place:

Signature: _____

Name of the Patient: _____

Name of the Guardian: _____