

Annexure 4 G^m

Minutes of Meeting of the Expert Committee for anticipated 3rd wave of COVID Pandemic held on 22.5.2021 from 12 noon onwards in the Conference hall, next to Office of the Dean, Goa Medical College

13 Members attended the Meeting; Dr. Rajeshwar Naik was granted leave of absence.

The first Meeting of the Expert Committee was held as per Order No. 23/20/2014-EPHD, Part IV(a)/1098 dated 21.5.2021 by Addl Secretary (Health) Shri Vikas Gaunekar, and upon the instructions conveyed by Hon. Chief Minister Dr Pramod Sawant in the State Task Force / Steering Committee Meeting held on 21.5.21, to deliberate and decide upon the important Agenda matters:

At the outset, the Dean/Chairman Dr Bandekar welcomed all the members and thanked them for coming to GMC for the Meeting at short notice. Discussions were held on all the above items of the agenda and after detail deliberations and discussions with all the Members present for the meeting, the following decisions were taken unanimously:

1. **Infrastructure:** the Committee first *assessed the existing availability of infrastructure* eg PICUs / NICUs / Paediatric Beds in Goa and examined the need to upscale the infrastructure to meet the demands of the pandemic. As per assessment by the Committee, a total of 101 NICUs were identified in Goa (62 in North Goa and 39 in South Goa). It was decided to immediately commission 10 additional NICUs in GMC and 5 Special Newborn Care Units (SNCUs) at the North Goa District Hospital. (Action to be taken by Dr Maria P Silveira, Prof & HoD Paediatrics GMC, Dr Chetna Khemani and Director, DHS at NGDH). 36 PICUs were identified in Goa. It was decided in Task Force Meeting prior day to escalate the number of PICU beds from 6 to 14 at the existing PICU at GMC and set up a new 60 bedded PICU and 2 Maternal & Child Health (MCH) wards of 30 beds each at the new Super Specialty Block (Action to be taken by Prof & HoD Paediatrics GMC). Dr Maria had also suggested that covid positive pregnant mothers would need to be managed in such MCH wards separately. So far as other PICU beds was concerned, it was decided by the Committee that if such need arises, upto 20% of the adult ICU beds could be utilized as PICU beds.
2. **Assess the requirements of equipment, medicines & manpower:** Dr Maria enlisted the various essential **equipment** (eg paediatric ventilators, medical oximeters) and **medicines** (eg. IV immunoglobulin, methyl prednisolone, syp paracetamol, syp zinc, vitamin C) necessary for such additional NICUs & PICUs, besides other oxygenated beds. Dr Usgaonkar and Dr Harshad recommended that good quality medical oximeters (with attachable probes for adult/children) should be made available at all Hospitals (Action to be taken by Prof & HoD Pediatrics GMC and Dr Chetna Khemani and the Director, DHS at NGDH, being enclosed in Annexure-I)

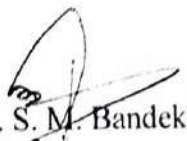
So far as qualified medical **Manpower** availability was concerned, about 120 Paediatricians were identified in Goa. The Paediatricians present during the Meeting volunteered to offer their services at covid hospitals in case need arises. It was decided that if need arises, the IAP would be requested to identify by consensus 1 dedicated covid Private Paediatric Hospital each in North & South Goa.

3. **Develop common SoP for management of COVID in children:** the Member Secretary Dr. Jagadish had previously circulated the SoPs of the AIIMS N Delhi and also presented the same during the Meeting. The Expert Committee unanimously decided to uniformly adhere to the AIIMS treatment protocol for mild, moderate & severe covid in children (**upto 18 years of age**) in Government and Private Sector. (Annexure-II)
4. Dr Jagadish explained about the 206 hotspots emerging in peri-urban and rural Goa and that in the ongoing second wave and anticipated 3rd wave, all age groups would get infected but it is anticipated that the number of children below 18 getting infected is likely to rise. Dr Utkarsh & Dr Jagadish explained that the **proportion of children and adolescents and other age groups being affected by covid has steadily been rising from 8% in first wave to 10-12% in current 2nd wave**. In view of this, the Chairman & Committee Members unanimously decided to ensure **strict implementation of home isolation and monitoring** to reduce disease transmission in the community and also ensure timely referral to higher centres to save lives, by active involvement of the DHS health workers, Anganwadi Workers & Teachers who are closely connected with the children & students. (Action by Director, DHS, Education & Dept of Women & Child Development).
5. **Training of Pediatricians, Doctors, Nurses & Counselors:** it was unanimously decided that Dept of Pediatrics GMC, in collaboration with NGDH, IAP & IMA shall undertake such webinars / training on covid management in children as per SoP for all the HCWs from North Goa, whereas Dr Ira Almeida in collaboration with the IAP & IMA Goa State shall ensure conduct of such training for South Goa Doctors & Nurses/ counsellors. All concerned organizations to make every effort to reach out and encourage all the Doctors & concerned HCWs & staff to attend the Training sessions. (Action to be initiated by Dr Maria & Dr Ira)
6. **Vaccination recommendations:** upon inputs from some Members and as per available Guidelines from Government of India as well as various Health agencies, it was unanimously decided to recommend to the State Task Force & to the DHS to consider **vaccinating on top priority all lactating mothers** (with proof of birth

certificate of babies <2 years) and **all young persons 18 to 44 with comorbidities** (Obesity, diabetes, hypertension, heart diseases, cancers, renal failure, Down's Syndrome/Cerebral Palsy, etc). (Action by Director, DHS and the SEPIO, DHS Goa)

7. **A.O.B:** An online discussion was held upon suggestion by the Chairman with experts from Novo-Nordisk Pharma Company regarding management of diabetes as a step to control deaths among covid. Dr Harshad suggested to include IAP Goa Office Bearer.

There being no further discussion, Meeting ended with a vote of thanks by Member Secretary.


Prof. Dr. S. M. Bandekar

CHAIRMAN & Dean, Goa Medical College

C.c. to:

1. All Members of the Expert Committee
3. OSD to Hon. Chief Minister, Govt of Goa
4. Hon. Health Minister, Govt of Goa
5. Hon. Chief Secretary, Govt of Goa
6. Hon. Secretary (Health), PHD, Govt of Goa
7. Director, Education Department, Govt of Goa
8. Director, Women & Child Development, Govt of Goa
9. Dr. Rajendra Borkar, SEPIO, DHS, Govt of Goa
10. President, IAP Goa Chapter
11. Office Copy

Annexure-I

Preparedness for third COVID 19 Pandemic wave

(Moderate-severely ill children)

Dept. of Pediatrics, Goa Medical College, Bambolim, Goa

1. Infrastructure: to be made Available

60 beds in Super-specialty block

(Pediatric intensive care unit/ Neonatal intensive care unit/ High Dependency unit)

2. Equipment to be Procured:

Equipment	Nos
Ventilators (neonatal+pediatric+adult)	20
High flow nasal cannula machines with circuits	10
Flow meters	5
BIPAP machines	10
Continuous positive airway pressure machine(CPAP)	10
Multipara vital signs monitor	40
Pulse Oximeter	40
Video Laryngoscopes	2
Syringe Infusion pumps	100
Transcutaneous Bilirubinometer	1
Radiant Warmers	30
LED double Phototherapy Units	10
Heating mattress- Paediatric	4
Volumetric pumps	30
Defibrillators	2
ABG machine	1
ECG machine	3
Ambu bags	Total: 50
250ml	10
500ml	20
1000ml,	10
1500ml	10
I-stat machine	1
Laryngoscope Blades: 0,1,2,3, 4 Straight Miller &	10

curved	
NRM masks (750ml)	30
Xray Viewing Box	4
HEPA filters	6
Portable x-ray	1
Colour Doppler	1
Glucometer	6

3. Personnel (Existing and Additional Requirement):

1. Doctors

Designation	Existing	Additional Required
Junior Doctors (Junior Residents/Short Posts Doctors/Assistant Lecturer)	25 in GMC	40 (5 doctors per shift per ward of 30 beds for 3 shifts)
Senior Residents	5 in GMC	6 (DHS/Private Pediatricians) (3 senior residents per ward on rotation basis)
Consultant Doctors	8 in GMC	16 (DHS Pediatric consultants/Private Pediatricians) (4 consultants per ward on rotation basis)
Paediatric Intensivist	None	1 (to be recruited)

2. Nurses

Requirement for 2 wards catering to moderately to severely ill children: 56 nurses

(To be recruited)

(7 nurses per shift per ward with a patient nurse ratio of 1:3 for ventilator beds and 1:5 for non-ventilator beds)

3. Multitasking Workers

Requirement for 2 wards: 24

(to be recruited)

(3 MTS per shift per ward)

4. Counselor: 2

(to be recruited)

5. Medical Social Worker: 2

(to be recruited)

6. Biomedical Engineer--1

(to be recruited)

Sd/

Dr.M.P.Silveira

Professor &Head

Department of Paediatrics, GMC

AUGMENTATION OF SPECIAL NEWBORN CARE UNIT (SNCU) AT NORTH GOA DISTRICT HOSPITAL

EQUIPMENT

SR. NO	ITEM	QUANTITY	APPROXIMATE RATE Rs/-	Total Rs/-
1.	Radiant warmer	2	2,00,000	4,00,000
2.	Multichannel vital sign monitor(TPR, SPO2)	3	3,25,000	10,00,000
3.	Infusion pump peristaltic	3	50,000	1,50,000
4.	Pulse oximeters	5	50,000	2,50,000
5.	Resuscitation kits Laryngoscope Blade-0,1 Stylet Term & Preterm mask AMBU bag	3 sets	30,000	90,000
6.	Suction machine	2	30,000	60,000
7.	ABG analyser portable	1	1,00,000	1,00,000
8.	Phototherapy –double surface	1	1,50,000	1,50,000
9.	Oxygen hoods infant	4	2,000	8,000
10.	Air -Oxygen blender	2	50,000	2,00,000

MANPOWER REQUIREMENTS

SR. NO.	PERSONNEL	NUMBER
1	Medical Officer-MBBS	5
2	Nurses	7
3	MTS	5

Consumables will be procured from SNCU funds.

Infrastructure changes may not be possible presently. We will work to augment 5 beds in current SNCU partly and postnatal unit- step down area.

Sd/

Dr. Chetna Khemani

Senior Paediatrician

Asilo Hospital / NGDH

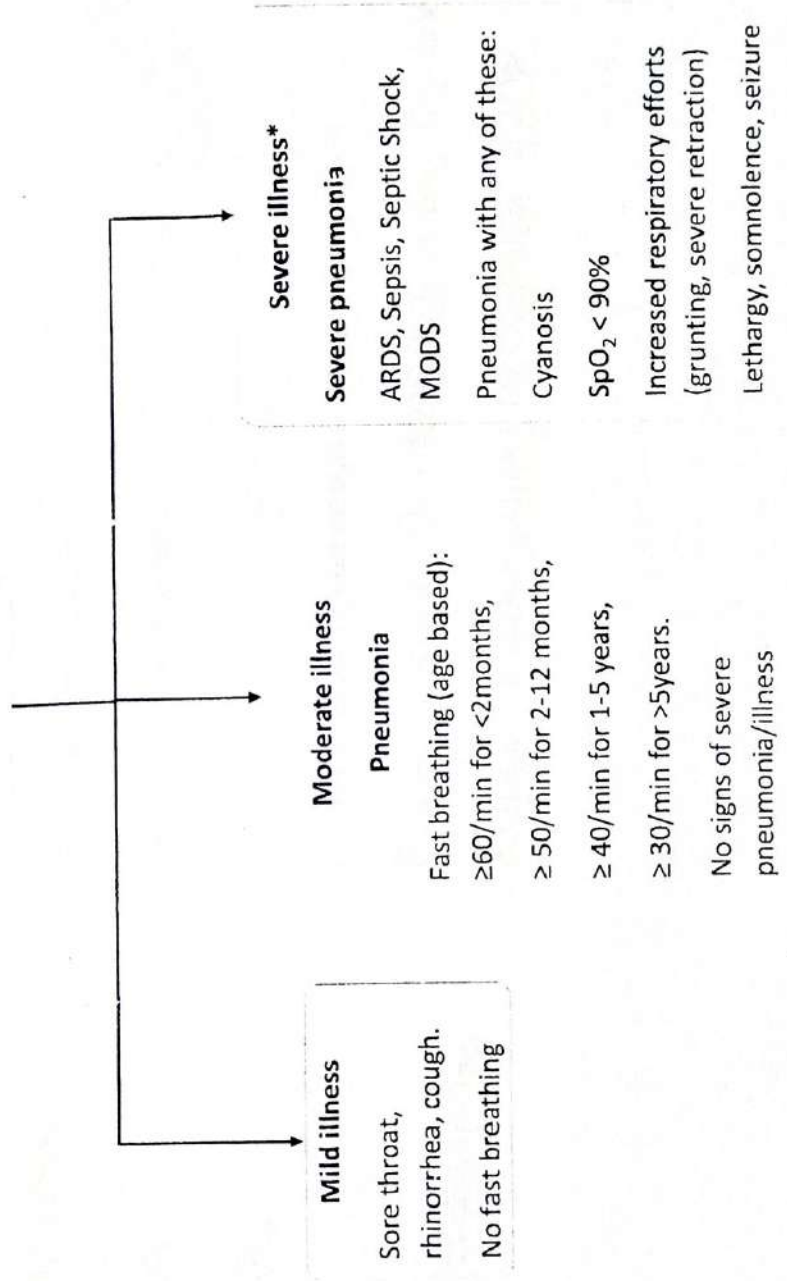
DNB DCH MNAMS



COVID-19 Management

Annexure - II

Child with COVID-19



* Includes Critical illness defined by WHO



Mild illness

Sore throat,
rhinorrhea,
cough.

No fast breathing

Home isolation

Supportive care

Rest

Adequate hydration and feeding

Paracetamol 10-15mg/kg/dose for fever

Report if worsening of danger signs.



Admit

Moderate illness

Pneumonia

Fast breathing (age based):

≥60/min for <2months,

≥ 50/min for 2-12 months,

≥ 40/min for 1-5 years,

≥ 30/min for >5years.

No signs of severe pneumonia/illness

Monitor for progress

Feeds / fluids: avoid dehydration and overhydration

Antipyretic: Paracetamol

Amoxycillin if suspicion of bacterial infection.

If SpO₂ <94%, start oxygen.

Add steroids if very rapid progression

Severe illness



ARDS

Mild ARDS: HFNO/NIV trial

Severe ARDS:

Mechanical ventilation: Low tidal volume (6ml/kg), high PEEP, cuffed endotracheal tube

Fluid restriction

Sedation

If poor response: may try prone ventilation, HFOV, ECMO

Shock

Septic shock/ Myocardial dysfunction

Crystalloid bolus 10-20 ml/kg over 30-60 min, fast if hypotensive; careful administration/ avoid if myocardial dysfunction suspected

Early inotrope support

Monitor for fluid overload

Covid 19 management: Summary



Children should be categorized based on signs & symptoms and management protocol to be followed according to the severity of illness

Infection prevention and control (IPC) measures should be followed for all suspected and confirmed cases

Mild Disease: Home isolation with monitoring, symptomatic treatment

Moderate disease: Admit in covid hospital, Low flow oxygen and symptomatic treatment with monitoring

Severe disease: Admit in Covid hospital HDU/ PICU, Oxygen: therapy, HFNC, NIV, mechanical ventilation

Ventilatory setting: Low tidal volume, low Pplat, moderate to high PEEP, permissive hypercapnia and prone ventilation are the main ventilation strategies
Antimicrobials are administered if bacterial infection suspected and in children with sepsis and septic shock

Close clinical monitoring of children (*vitals Heart rate, Respiratory rate, Blood pressure and SpO₂, work of breathing and oxygen requirement*) in any category is paramount importance in the management of COVID 19