

Reg. Order passed by Supreme Court in WP No.7/2020

From: DHS-GOA (directorhealth_goa@yahoo.in)

To: dean-gmc.goa@nic.in; hospicio-heal.goa@nic.in

Date: Monday, 22 June, 2020, 10:21 am IST

Please read the letter No.44/16/2019-I/PHD/Part 1/2035 dtd.20.06.20 with regards to above order, in attachment.

Regards,
PA to DHS



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GOVERNMENT OF GOA,
PUBLIC HEALTH DEPARTMENT
SECRETARIAT, PORVORIM-GOIA PIN 403 521

No. 44/16/2019-I/PHD/Part I / 2035

Dated:- 20/06/2020

To,

1. The Director of Health Services, Panaji-Goa
2. The Dean, Goa Medical College, Bambolim-Goa
3. The I/c of ESI Hospital (COVID-19), Margao-Goa

Sub:- Order dated 19/06/2020 passed by the Hon. Supreme Court in the Writ Petition No. 7/2020... regarding...

Sir,

I am directed to refer to the above cited subject and to state that in pursuance to the Order dated 19/06/2020 passed by the Hon. Supreme Court in the Writ Petition No. 7/2020, the following directions are issued for compliance of the same:-

- (i) Incharge of the E.S.I Hospital, Margao (COVID-19 Hospital) shall ensure that the CCTV Cameras installed at the Hospital are fully functional and are regularly monitored with proper screening of the footage done.
- (ii) The Incharge of the E.S.I Hospital, Margao (COVID-19 Hospital) shall identify a suitable location within the Hospital premises for one willing Attendant of the patient who can remain in an area earmarked by the Hospital.

The Director of Health Services shall devise an Undertaking to be filled by all such willing Attendants.

- (iii) The Incharge of the E.S.I Hospital, Margao (COVID-19 Hospital) is also directed to put a Helpdesk in place which shall be accessible physically as well as by telephone from where well-being of patients admitted in the Hospitals can be enquired.

This issues with the approval of the Government.

Yours faithfully

(Trupti B. Manerkar)

Under Secretary (Health)/link

UNDERTAKING

I, the undersigned Shri/Smt./Kum _____ aged _____
years, resident of _____ Village _____
Taluka _____ District _____ am
as (_____) (relationship with patient) known/related to
the patient _____ (Name of the patient) admitted on
_____ (date of admission), I have understood about the COVID-19
disease and am willing to stay as an Attendant at my own risk in the premises
identified at the COVID Hospital, Margao.

I shall stay within the identified area of the Hospital and shall not enter
any other area. I shall follow all instructions issued by the authorities from
time to time.

Signature

Date :-