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Letter No 957 /SHFW,
Dated 13th January, 2015

HPW-5CH-MRHM-504/2014.

To

All Collectors and District Magistrates,
Odisha

Sub: Guideline for organization of Health Camps and outdoor voluntary blood donation camps at the district/city level.

Madam/Sir,

It is observed that, various types of health camps like outdoor voluntary blood donation camps, general health check up, cataract operations, cleft palate operation, sterilization camps, and diagnostic camps etc. are being organized by various organization with or without oversight or approval of Health Department.

In order to ensure patient safety and quality of such services, Govt in Health and Family Welfare Department, Odisha are pleased to approve the guidelines for organization of Health Camps and outdoor voluntary blood donation camps at the district/city level. This will ensure a proper system and structure for according approval and supervision of such camps being organized at different places of state with or without Government funding. The detailed guidelines and annexure are attached with this letter for information and necessary action.

These guidelines will be effective with immediate effect. Henceforth, no health camps and outdoor voluntary blood donation camps shall be organized in the districts without following the procedures prescribed in the guidelines.

You are therefore requested to take sincere efforts at your level and ensure strict adherence of the guideline.

Yours faithfully,


Principal Secretary to Government

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Memo No 960 /H. dated 14.01.2015

Copy with copy of the detailed guidelines and its Annexures forwarded to all Directors under Health & F.W. Department for information and necessary action.

[Signature]
14/1/2015

Joint Secretary to Government.

Memo No 961 /H. dated 14.01.2015

11/

Copy with copy of the detailed guidelines and its Annexures forwarded to all CDMO-cum-District Mission Directors for information and necessary action.

[Signature]
14/1/2015

Joint Secretary to Government.

Memo No 962 /H. dated 14.01.2015

11/

Copy with copy of the detailed guidelines and its Annexures forwarded to ADMO(PH) / Nodal Officer, NUHM(Bhubaneswar, Rourkela, Berhampur, Cuttack and Sambalpur City) for information and necessary action.

[Signature]
14/1/2015

Joint Secretary to Government.

Memo No 963 /H. dated 14.01.2015

11/

Copy with copy of the detailed guidelines and its Annexures forwarded to all Blood Bank Officers, Odisha for information and necessary action.

[Signature]
14/1/2015

Joint Secretary to Government.

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Guidelines for Organisation of Health Camps and outdoor voluntary blood donation camps in the State of Odisha

1. Background and rationale:

It is observed that, in addition to Government efforts, many charitable/ civil society organizations and private organizations including the corporate sector are organizing various types of health camps like outdoor voluntary blood donation camps, general health check up, cataract operations, cleft palate operation, sterilization camps, and diagnostic camps etc. Further, it is also noticed that various types of mass screenings using new technology as well as mass administration of new drugs, vaccines and supplements are done for promotional purpose.

In many cases, NGOs are implementing different health programmes by generating support from Government at different levels and other outside funding agencies. Besides, the corporate houses in the areas of their operations are also involved in different health programmes on a notable scale. Such programmes with mass impact need to be properly monitored.

Therefore, to ensure patient and donor safety, quality of such services and streamlining the efforts of NGOs and Corporate Sectors, a framework has been developed with proper system and structure for according approval and supervision of such camps being organized at the different places of state with or without Government funding.

2. Objectives:

The major objectives of the guidelines are given below:

- To streamline the process of organisation of health camps including outdoor voluntary blood donation camps conducted by different organisations/Institutions;
- To improve availability blood through promotion of outdoor voluntary blood donation camps;
- To avoid duplication of resources and efforts made by the Government;
- To track outcomes of the health camps;
- To ensure quality of health care services provided;
- To ensure adherence of defined Standard Operating Procedures and ethical protocols;
- To avoid adverse effects, if any; and
- To create an integrated data base of camp activities and use of data for future course of action etc.

3. Systems and Structure for organization of health camps

In view of nature of camps, the operational modalities of health camps have been categorized into 2 types i.e Health Camps and Outdoor Voluntary Blood Donation Camps. The detailed application procedures, eligibility criteria, appraisal process, roles and responsibility of organiser and health administration, monitoring and documentation, application & appraisal format etc. are given below:

3.1 Health camps:

3.1.1 Application Procedures: Any organization interested to organise health camps must apply to concerned CDMO/ADMO, PH (in case of Municipal Corporation) of in the prescribed format attached in Annexure-1, at least one month prior to the organisation of such camps.

3.1.2 Eligibility: The applying organization must be a registered body under the Society/ Trust/ Companies Act / any other Act/ Professional bodies like IMA/ FOGSI etc.

3.1.3 Appraisal Process and Authority at District level: The proposals shall be reviewed by District Quality Assurance Committee in its monthly meeting. During review of proposal, the DQAC should critically assess in detail:-

- About background of organisation;
- Requirement & feasibility of such camps in the district based on evidence and disease burden;
- Facilities to be made available at the camp sites like adequate space, drinking water, sanitation, crowd management, electricity etc.;
- Review of documentary evidence on clearances from appropriate Authority for use of any new technology and diagnostic equipment to be used in camps;
- Possible adverse effects, if any and plan for management of such adverse effects; and
- Experts to be involved in the activities and follow up action for screened patients etc.

The DQAC shall furnish its report in prescribed format attached in annexure-1(a). Based on the recommendation of DQAC, the Chairperson of DQAC shall issue the letter of approval. The selected organisation must submit an undertaking in prescribed format attached in Annexure- 1 (b) before implementing the activities.

3.1.4 Appraisal Process and Authority at City level: A sub-committee shall be formed at city level under chairmanship of ADMO (PH) / Nodal Officer, NUHM comprising, Health Officer, Medical Officer I/C of designated UCHC, one senior most Medical Officer of UPHC, and City Programme Manager for processing the proposal on organisation of health camps. The sub-committee shall furnish its report in prescribed format attached in annexure-1(a). Based on the recommendation of sub-committee the Chairperson shall issue letter of approval. The selected organisation must submit an undertaking in prescribed format attached in Annexure- 1 (b) before implementing the activities.

3.1.5 Appraisal Process and Authority for New / Innovative activities: However, for any new/ innovative activity which is yet to be included under public health initiatives of the State like administration of new vaccine or new drugs, vitamin supplements, mass screening using new technology etc. The District Quality Assurance Committee / City level subcommittee shall recommend the proposal to the Member Secretary (JD - SHRMU), State Research & Ethical Committee (SREC) for appropriate decision on the matter by the SREC. The Chairperson of DQAC at the district level / Chairperson of city level subcommittee shall issue letter of approval to any such organisation only after SREC approval. The selected organisation must submit an undertaking in prescribed format attached in Annexure- 1 (b) before implementing the activities.

3.1.6 Monitoring and Documentation:

- ADMO (PH) shall act as Nodal Officer for all types of health camps organised in the district/City.
- The organiser must submit a detailed activity report containing physical and financial interventions along with photographs to district.
- All files /database of such health camps must be maintained at the district level.

3.2 Outdoor voluntary blood donation camps:

3.2.1 Application Procedure: Any organization interested to organise outdoor voluntary blood donation camps must apply to concerned Blood Bank Officer in the prescribed requisition format attached in Annexure-2 (a) with letter of consent/ permission to use the premises for voluntary blood donation camps, attached in annexure-2(b) from Premises Head / Owner / Institution, at least prior to one month of organisation of such camps furnishing all details as sought for.

3.2.2 Eligibility: The applying organization must be a registered body under the Society/ Trust/ Companies Act / any other Act/ Professional bodies like IMA/ FOGSI/ Charitable Organisations etc.

3.2.3 Appraisal Process and Authority:

- Review of proposal by BBO, using checklist attached in annexure-2(c).
- CDMO shall examine the appraisal report of the BBO and issue necessary clearance for holding the blood donation camps. The BBO shall there after issue letter of consent for voluntary blood donation camps in prescribed format attached in annexure-2(d).

3.2.4 Roles and responsibilities of Organisers: For successful organisation of camps, the Organisers must ensure following critical aspects:

- Voluntary blood donation camp should be organized in centres of public assembly, viz, educational institutions, youth groups, offices, factories, etc. The area that is selected for voluntary blood donation camp should be well lighted, well ventilated, spacious areas.
- Arrangement of sufficient cots, tables with chair for registration, medical checkups, and for blood donation procedures.
- Clean drinking water with disposable glasses in camp area and refreshment area.
- Volunteers to help in registration of donor, medical checkups and refreshment after donation.
- Placing blood donation banners at the entrance, registration areas and donation areas, etc. to guide the members of the blood donation camp and donors.
- Mobilisation of adequate numbers of voluntary blood donors for the camp.

3.2.5 Roles and responsibilities of the Blood Bank:

- The Blood Bank will provide requisite support in terms of Staff, equipment/instruments, consumables depending on the estimated units of blood collection, as per Annexure- 2.
- The BBO shall ensure all mandatory tests like malaria, HIV, HbsAg, HCV & Syphilis on the collected blood units etc. as per protocol.

APPLICATION FORMAT FOR HEALTH CAMPS**A. Organisation Profile :****1. Name of the Organization:****2. Types of Organisation:**Regd. Society / Trust/ Corporate House/ Professional
Bodies / Association/ any other (specify)**3. Registration details*****a. Registration number:****b. Year of registration :****c. Types of registration:**

* Registration certificate enclosed.

4. Name of the Chief Functionary:**5. Registered office address with phone,
fax number and email ID:****B. Work experience in relevant field :****C. Major achievements :**

Types of camp organised	Date	Purpose	Beneficiaries (in nos)	Whether follow up done, if so, for how long ?	Whether any adverse effect noticed during follow up

5

B. Proposal for Organization of Health Camp/s

1. Title of the camp

:

2. No. of camps proposed

:

3. Targeted beneficiaries

:

4. Expected beneficiaries per camp (in nos.)

:

5. Location / Site of the camp

:

☐ Institution Level * / ☐ Field Level

Detail address of the site

:

* Authorization certificate from the head of the respective institution enclosed

6. Justification for organizing camp/s** (Provide disease burden status and evidences similar initiatives if any):

** Supporting scientific evidences enclosed for new activities

7. Relevant experience in organizing such camps if any & performance:

8. Types of Service / Service Components

Category	Details of Implementation modalities / Techniques to be used if any
Awareness	
Screening / Diagnosis	
Treatment	
Follow up	
Any other	

9. Quality and patient facilities (clean drinking water, sanitation, sitting arrangement, toilet etc.) to be provided.

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10. Management plan for any possible complications/ adverse effects if any)

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11. Critical manpower proposed to be engaged / mobilized

Category	Name	Educational Qualification	Experience in similar areas (In Years)
Professionals			

12. Estimated budget

Broad head	Cost Estimates	Source of Fund

13. Expected outcomes / Outputs (both quantitative & qualitative aspects to be mentioned)

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This is to certify that above mentioned information is true.

Signature of the Chief Functionary

Date:

Recommendation Format for Health Camps

1. Camp Details:

1.1 Nature of Camp :

New*	On going
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* Not implemented yet as part of any programmes under H&FW Deptt. Govt. of Odisha.

1.2 If new, supporting scientific evidence furnished:

Yes	No
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1.3 If on going, proper justification given is
For organisation of the camp at the proposed area:

Yes	No
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2. Status and performance of the implementing organisation

2.1 Registered Body:

Yes	No
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2.2 Performance in previous assignment if any:

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3. Feasibility of the proposal

3.1 Status of proposal:

Complete**	Incomplete
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** Furnished in prescribed format along with all supporting documents.

3.2 Critical HR*** to be engaged/ mobilised:

Detailed plan furnished	Not furnished
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*** Appraisal committee to be decide based on the need

3.3 Location of the camp site :

Suitable	Not suitable
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3.4 Quality Assurance measures defined:

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3.5 Scientific evidence furnished for new/ innovative initiatives:

Yes	No
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4. Any other observations

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Decisions of the Appraisal Committee:

Recommended for approval	
Recommended for approval by State Research Ethical Committee (In case of requirement)	
Not Recommended	

Signature of the Chairperson of DQAC / Collector

- i. **Criteria for recommendation:** No negative response found for the indicators mentioned above
- ii. **Criteria for recommendation to ethical committee for final approval:** The proposal is new/ innovative in nature and scientific evidences furnished as required

Undertaking by the Organisation

I, (Chief Functionary of the Organization),
..... (the names and addresses of the registered organization) do hereby solemnly affirm and sincerely state that;

- a) The organisation is hereby agreed to undertake the programme i.e.
as per the defined terms of reference defined for organising health camps in the district.
- b) The organisation will adhere to all the standard treatment guidelines/SOP defined for the proposed programme.
- c) The organisation will not use any medical technology for screening/diagnosis of the patients, which is not approved by the competent authority/ regulatory body.
- d) The organisation will be held responsible for any type of adverse effects arise during or after the camp and will take necessary follow up action for effective management of such incidence/s. The organisation will also be legally liable for any compensation or penalty awarded by the appropriate authority related to the camp.
- e) I or any other office bearer on behalf of the organization has not been convicted by any Government / Agency/Court in India or abroad for any criminal offence.
- f) The organization has not been blacklisted by any Government (State or Central) Department or Agency in India, which is in force during the currency of the contract.
- g) There is no previous case of mis-management or adverse effect in any camps organised by the organisation, so far.

I further affirm that, in case of any such evidence in contradiction to above declaration come to the notice then I and my organization is liable for legal action.

Dated thisDay of, 20....

Name and Signature of the Applicant

REQUISITION FORMAT FOR ORGANISATION OF OUTDOOR VOLUNTARY BLOOD DONATION CAMP

A. Details of Organisation :

- a. Name of the Organisation :
- b. Type Organisation :
Individual / Regd. Society / Educational Institutional / Corporate / Banks /
Public Sector Undertaking / Govt. Office / NGO / Others.
- c. Registered Under Society Act : Yes / No.
- d. If Regd. Society / NGO provide the Regd. No. & year of Registration :
- e. Whether Registered with State Blood Transfusion Council (SBTC) : Yes/ No.
If, yes please mention the Registration no. provided by SBTC.
- f. Whether Camp is Arranged in Collaboration with any other agency: Yes / No.
- g. If yes, give the details of the said Organisation :

B. Camp Details :

- a. Proposed Date Of Camp :
- b. Name of the nearest Blood Banks :
- c. The camp should preferably be organised the Blood Bank Premises in case collection is less than 30 units.
 - i. Expected number of blood donors in the camp :
 - ii. Choice of venue :
- d. If more than 30 units, then provide the following venue details.
(Note: Blood collection should be 75 units / camp or more as per guidelines issued by NBTC / NACO)
- d.1 Consent of the Owner/ Administrator/ Custodian of the Venue Site :
(Attach the details as per the attached format)

d.2 Details of availability of Infrastructure at Venue Site:

(As per Rule under D & C in SCH - F PART XII B Under sub-heading: I I. Blood Donation Camps)

- i. Provision of backup electricity supply : Yes / No.
- ii. No. of beds Provided for Blood Donation :
- iii. No. of beds Provided for Refreshment Purpose :
- iv. No. of volunteers deployed by Organisation :
- v. Adequate lighting for all the required activities : Yes / No.
- vi. Hand washing facilities for staff : Yes / No.
- vii. Reliable communication system to the supporting Blood Bank: Yes/ No.
- viii. Identified area for refreshment facilities of the Donors :
- ix. Identified area for Counselling & Registration of the Donors :
- x. Identified area for medical examination of the Donors :
- xi. Arrangement of containers for the waste Disposal :

e. Other arrangements for the Voluntary Blood Donation Camp :

- i. No. of motivators deployed by Organisation for pre-publication :
- ii. The Motivators are trained or not: Yes/ No.
- iii. If trained then mention the details of Training :
- iv. Expected date of pre- publication :

v. Availability of the IEC Materials with the Organiser :

a) If, Yes then provide the Details of the IEC Materials
(Details to be submitted in Organisation letter head with Seal & Signature)

b) If, no then mention the details IEC Material Requirement:
(Requirement to be submitted in Organisation letter head with Seal & Signature)

Detail postal address :	
e-mail ID :	
Contact No :	
Mobile No :	
Land Line No:	
Name of the Focal person for future communication	

Details of Authorised signatory

Full name :

Designation :

Present Address :

E-mail ID :

Phone No. :

Signature :

Letter of Consent / Permission to Use the Premises for Volunteer Blood
Donation Camp

Date:.....

Dear Madam / Sir,

I, Smt / Sri D/o, S/o, W/o of
..... presently residing at
..... and
permanent resident of working as
(Designation)..... in the organisation / office
..... here by give my written consent
toorganisation hold the
Voluntary Blood Donation Camp on date in my / our premise
(personal / office) situated at in
public interest.

Signature of Premise Head / Owner /Institution

For official record purpose and to intimate within a period of seven days to the licensing authority and central license approving authority as per Rule laid down under Sch. - F in Part - XII - B under sub head II. Blood Donation Camps

1. Whether date & slot available on the proposed date: Yes / No.
If, not available then next date may be fixed up with consent of Organiser.
And written document of agree may be obtained from organiser.
2. Whether blood bank willing to organising the camp: Yes / No.
If No then justified Reason need to be recorded:
3. Personals to be deployed for outdoor blood donation camp as per proposed unit collection details given by Organiser :

{Blood Bank Officer must ensure the Rule under SCH - F part XII - B at Para (B) Personnel for Out-door Blood Donation Camp}

- (a) Name Of the Medical officer(s) :
- (b) Name of the Nurse(s) / Phlebotomist(s) :
- (c) Name of the Medico Worker (s) :
- (d) Name of blood bank technician (s) :
- (e) Name of the Attendant(s) :

4. Vehicle details :

- (a) Vehicle No. :
- (b) Sitting Capacity :

5. Equipment Details:

- (1) BP Apparatus
- (2) Stethoscope
- (3) Blood bags
- (4) Donor Questionnaire
- (5) Weighing Device for Donors
- (6) Weighing Device for Blood Bags
- (7) Artery forceps, scissors
- (8) Stripper for blood tubing
- (9) Bed Sheets, blankets/mattress
- (10) Lancets, swab stick/tooth picks
- (11) Glass slides
- (12) Portable Hb meter/copper sulphate
- (13) Test tube (big) and 12x100mm (small)
- (14) Test tube Stand
- (15) Anti-A, Anti-B, and Anti-AB, Antisera and Anti-D

- (16) Test tube sealer film
- (17) Medicated adhesive tape
- (18) Plastic Waste Basket
- (19) Donor cards and refreshment for donors
- (20) Emergency medical kit
- (21) Insulated Blood Bag Containers
- (22) Dielectric sealer or portable tube sealer
- (23) Needle destroyer (wherever necessary)

7) **Details of Post donation camp:**

- (a) Date of blood Donation Camp:
- (b) Arrival Time of Camp Time:
- (c) Start time of Blood Collection Camp:
- (d) End Time of Blood Donation Camp:
- (e) No. of Blood donors Enrolled:
- (f) No. of Donors Donated:
 - 1. No cases deferred in quaternary stage.
 - 2. No cases deferred during Medical Examination.
 - 3. No cases self deferred.
- (g) No. of Male Donor:
- (h) No of Female Donor:
- (i) No. of Donors Deferred:
- (j) No. of Donors Exhibited / Reaction:
- (k) Test carried out on date :
- (l) Test done by which Method :
- (m) Details of Sero- Positivity :

(Should be attached a separate sheet with seal and signature of LT who perform the test and Blood Bank Officer I/c)

Signature PRO / Counsellor

Signature of Blood Bank Officers

Seal & Signature

Consent for Organisation of Voluntary Blood Donation Camp

I, Dr. Blood Bank Officers of M/S..... hereby
acknowledge to organise the outdoor voluntary blood donation camp
on..... venue at based on
requisitions received from..... Organisation
on date.....

I agree that HR, promotional & IEC material support will be extended by this Blood Bank as
indicated below:

- I. Total no. ofstaff will be deployed by Blood Bank on date..... from time
..... AM / PM to AM / PM.
- II. All required Equipment & Instrument.
- III. Certificates for Donors.
- IV. Memento for Organiser.
- V. Cap / T-Shirt for Donor (subject to availability)
- VI. Refreshment Cost @ Rs.25/- per Donor.

Signature of the Blood Bank Officers
Seal with Date