



Jharkhand State Commission for Protection Of Child Rights (JSCPCR)
झारखण्ड राज्य बाल अधिकार संरक्षण आयोग

Artisan Hostel, Ground Floor, Golchakkar, Dhurwa, Ranchi,
Jharkhand, Pin Code-834004, Email -ld-jscpcr@gmail.com.

पत्रांक:-JSCPCR/210/2021-141

प्रेषक,

सदस्य-सचिव

झारखण्ड राज्य बाल अधिकार संरक्षण आयोग, राँची।

प्रेषित,

संयुक्त सचिव, स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड, राँची।
संयुक्त सचिव, स्कूली शिक्षा एवं साक्षरता विभाग, झारखण्ड, राँची।
संयुक्त सचिव, गृह, कारा एवं आपदा प्रबंधन विभाग, झारखण्ड, राँची।

विषय:-बाल आयु वर्ग में COVID-19 के प्रबंधन हेतु ICMR से प्राप्त दिशा-निर्देश / प्रोटोकॉल के आधार पर राष्ट्रीय बाल अधिकार संरक्षण आयोग, नई दिल्ली द्वारा विकसित किये गये Creatives को प्रचारित करने के सम्बंध में।

दिनांक-06-09-2021

प्रसंग:-राष्ट्रीय बाल अधिकार संरक्षण आयोग, नई दिल्ली का F.No-NCPCR(3)-2021-22/Child Health/217091, दिनांक-12.08.2021।

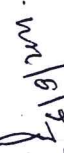
महाशय,

उपर्युक्त विषयक प्रासंगिक पत्र की छायाप्रति संलग्न करते हुए कहना है कि राष्ट्रीय बाल अधिकार संरक्षण आयोग, नई दिल्ली द्वारा बाल आयु वर्ग में COVID-19 के प्रबंधन हेतु ICMR से प्राप्त दिशा-निर्देश, प्रोटोकॉल के आधार पर विकसित Creatives (प्रति संलग्न) को सभी संबंधित विभागों/हितधारकों में प्रचारित (CIRCULATE) करने हेतु अनुरोध किया गया है।

अनुरोध है कि प्रासंगिक पत्र के संदर्भ में आवश्यक कार्रवाई करते हुए दृढ़ कार्रवाई से झारखण्ड राज्य बाल अधिकार संरक्षण आयोग को अवगत कराने की कृपा की जाय।

अनुलग्नक:-यथोक्त।

विश्वासभाजन


(अर्चना मेहता)

सदस्य-सचिव

झारखण्ड राज्य बाल अधिकार संरक्षण आयोग

ज्ञापक:- JSCPCR/210/2021-141

दिनांक-06-09-2021

प्रतिलिपि:-अध्यक्ष, राष्ट्रीय बाल अधिकार संरक्षण आयोग, नई दिल्ली। आपके F.No-NCPCR(3)-2021-22/Child Health/217091, दिनांक-12.08.2021 के आलोक में सूचनार्थ प्रेषित।


(सदस्य-सचिव)

झारखण्ड राज्य बाल अधिकार संरक्षण आयोग

Gmail

Creatives for management of Covid-19

1 message

Priyank Kanoongo <cp.ncpcr@nic.in>

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 <utpcpr.ani@gmail.com>, tarangabjp@gmail.com, apscwitanagar@gmail.com,

chairperson@arunachalwomencommission.in, aspcpr@rediffmail.com, sunita chang <sunita_chang@hotmail.com>, scpccr bihar <scpccr.bihar@gmail.com>, pramilakumari@gmail.com, chairpersoncpccr@gmail.com, Harjinder Kaur <ccpcr.chd@nic.in>, cgscpcr@gmail.com, prabhadubeynk@gmail.com, "P Lachhuanga, Secy-SW" <secysw-dd@nic.in>, Shri Sandeep Kumar Singh <collector-dnh@nic.in>, dcpusilvassa@gmail.com, CM Bengal <soisp-dmn-dd@nic.in>, socialwelfareadaman@yahoo.com, dcpccr@hotmail.com, cp dcpccr <cp.dcpccr@gmail.com>, Anurag Kundu <anurag.kundu@gov.in>, anurag13kundu@gmail.com, Goa State Commission for Protection of Child Rights <sect-scpcr.goa@nic.in>, jagruthpandya@gmail.com, pro gscpcr <pro.gscpcr@gmail.com>, scpccrhy@gmail.com, jayasingh088@gmail.com, chairperson hscpcr <chairperson.hscpcr@gmail.com>, Mr Sanjay Gupta <socialjesecyhp@nic.in>, "Ms. Ekta Kaptia" <wcd-hp@nic.in>, vndnyogi237@gmail.com, jscpcr@gmail.com, cp jscpcr <cp.jscpcr@gmail.com>, kscpcr@gmail.com, Chairperson CPCR <cp.cpcr@kerala.gov.in>, Child Rights CPCR <childrights.cpcr@kerala.gov.in>, sureshpeloth1@gmail.com, wcdkvt@gmail.com, mdmlakshadweep@gmail.com, mpccpcr@gmail.com, mscpcr@gmail.com, womenchild@gmail.com, pravinghuge@gmail.com, mpccrmanipur@gmail.com, manipurrai@gmail.com, sumitabalan@yahoo.com, mscpcrcp@gmail.com, scpccrmizoram@gmail.com, sangzual12@gmail.com, nagalandscpcr001@yahoo.com, awann79konyak@gmail.com, oscpcr2012@gmail.com, Smt SONIA BEHERA OAS I S <oscpcr.od@nic.in>, sandhyabati pradhan <sandhyabati.pradhan@gmail.com>, "Director, Social Welfare Dept. Pondicherry" <socwel.pon@nic.in>, directorofsocialwelfare@yahoo.com, sdp3555@gmail.com, scpccrpunjab@gmail.com, rscpcr jaipur <rscpcr.jaipur@gmail.com>, legalcell406@gmail.com, scpccrsikkim@gmail.com, scpccrtn@gmail.com, mpnirmalab@yahoo.com, scpccrtn1@gmail.com, jsrao199@gmail.com, SRINIVASA RAO <cp-scpcr-wcd@telangana.gov.in>, tcpccrtripura@gmail.com, tcpccr tripura <tcpccr.tripura@gmail.com>, nghosh553@gmail.com, scpccr uk <scpccr.uk@gmail.com>, upbalaayog@gmail.com, guptavishesh56@gmail.com, wbscpccr@gmail.com, vmasoodi@gmail.com, jkwomenscommission@gmail.com, sec-gscpcr@gujarat.gov.in, gumri72@gmail.com, Cc: Shaista K Shah Senior Technical Expert <shaista.ncpcr@nic.in>

Thu, Aug 12, 2021 at 5:41 AM

Respected Madam/Sir

I am directed to send the attached letter and documents for your kind perusal.

Regards,
 PPS to Chairperson
 National Commission for Protection of Child Rights
 Govt. of India

श्री शिष्टा क. शाह
 13.08.2021.



12 attachments

Letter to CP SCPCR 12.08.21.pdf
 188K

10.pdf
 800K

9.pdf
 725K

8.pdf

8/12/2021

Gmail - Creatives for management of Covid-19

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सत्यमेव जयते

प्रियंक कानूंगो
Priyank Kanoongo
अध्यक्ष
Chairperson

भारत सरकार
GOVERNMENT OF INDIA
राष्ट्रीय बाल अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS
नई दिल्ली-110 001
New Delhi - 110 001



NCPCR

F. No.NCPCR(3)-2021-22/Child Health/217091
Dated: 12.08.2021

To

Chairperson(s)

State Commission for Protection of Child Rights (SCPCRs)
Of All States/UTs(As per the attached list)

Dear Madam/Sir,

As you are aware that the ongoing Covid-19 pandemic is impacting several children and adolescents as our nation is fighting with escalating virus cases in the second wave of this pandemic situation.

2. Keeping in view high risk involved for children in COVID-19, NCPCR has requested Indian Council of Medical Research (ICMR) to send guidelines/protocols for management of Covid-19 in the paediatric age group. Based on the guidelines/protocols, NCPCR has developed creative's for management of Covid-19 in the paediatric group (copy attached).
3. We request all the SCPCRs to kindly circulate these creative's to all the concerned Departments and stakeholders. Further SCPCRs are also requested to upload this important information on their respective website and social media. You may kindly get the creative's translated into regional language for wider dissemination.
4. Initiatives by SCPCRs in this regard may kindly be shared with the Commission for information on cp.ncpcr@nic.in.

With Regards,

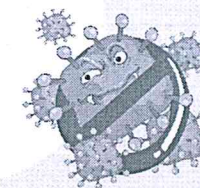
Yours sincerely,

12.8.21
(Priyank Kanoongo)

5वां तल, चन्द्रलोक बिल्डिंग, 36, जनपथ, नई दिल्ली-110 001
5th Floor, Chandrerlok Building, 36, Janpath, New Delhi-110 001
दूरभाष /Ph.:011-23478212, 23731583 फैक्स /Fax: 011-23731584
ई-मेल / E-mail : cp.ncpcr@nic.in वेब / Web:www.ncpcr.gov.in



Protocol for Management of Covid-19 in the Paediatric Age Group

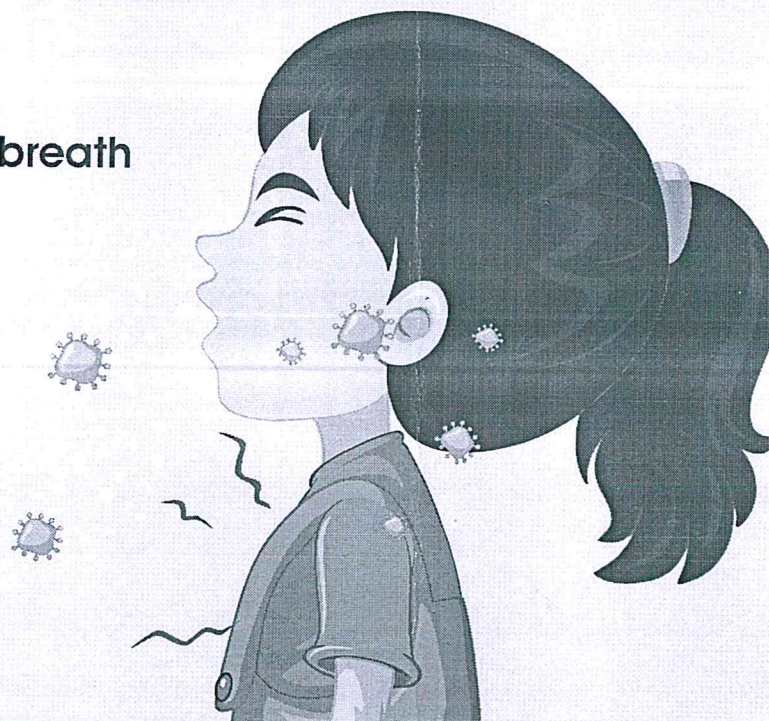


Clinical Features:

Majority of children with Covid infection may be asymptomatic or mildly symptomatic.

Common symptoms include-

- Fever
- Cough
- Breathlessness/shortness of breath
- Fatigue
- Myalgia
- Rhinorrhea
- Sore Throat
- Diarrhea
- Loss of smell
- Loss of taste etc.



Identified Covid-19 positive patients should follow the issued guidelines at mohfw.gov.in

For further information on, "Protocol for Management of Covid-19 in the Paediatric Age Group" visit mohfw.gov.in/pdf/GuidelinesforManagementofCOVID19inCHILDREN18June2021final.pdf or scan-



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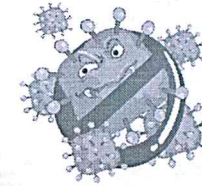


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Protocol for Management of Covid-19 in the Paediatric Age Group

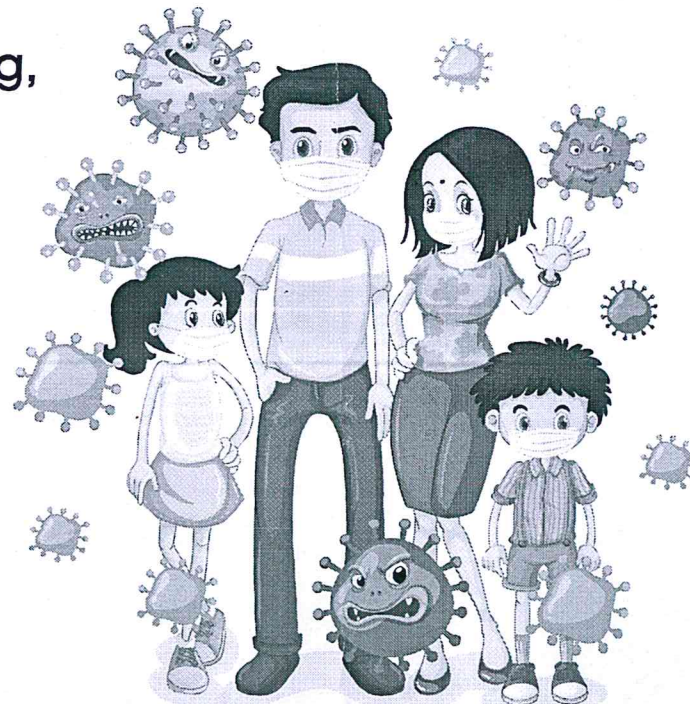


Management of asymptomatic children:

Children with Covid-19 infection may be asymptomatic, mildly symptomatic, moderately sick or severe illness.

Asymptomatic children are usually identified while screening,

- If family members are identified.
- Such children do not require any treatment except monitoring for development of symptoms and subsequent treatment according to assessed severity.



Identified Covid-19 positive patients should follow the issued guidelines at mohfw.gov.in

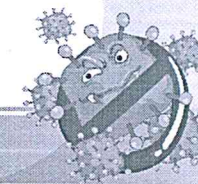
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9

Protocol for Management of Covid-19 in the Paediatric Age Group



Symptoms of children with Mild Covid-19 disease

Mild disease: Children with mild disease may present with sore throat, rhinorrhea, cough with no breathing difficulty. Few children may have gastrointestinal symptoms also. Such children do not need any investigations.

These children can be managed at home with home isolation and symptomatic treatment.

For home isolation it is important to assess whether home isolation is feasible by following steps:

STEP
01

There is requisite facility for isolation at his/her residence and also for quarantining the family contacts

STEP
02

Parents or other care taker who can monitor and take care of child

STEP
03

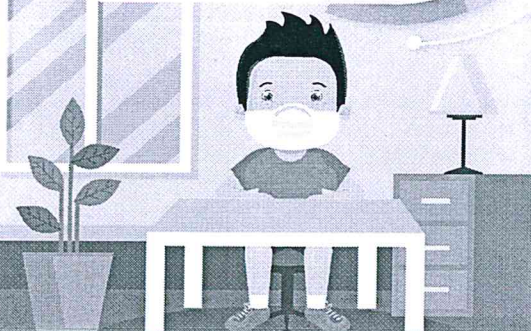
If available, Arogya Setu App should be downloaded

STEP
04

The parents/care giver has agreed to monitor health of the child and regularly inform his/her health status to the Surveillance Officer/ doctor

STEP
05

The parents/ care giver has filled an undertaking on self-isolation and shall follow home isolation/quarantine guidelines



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National Commission for Protection of Child Rights (NCPCR)

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(8)

Protocol for Management of Covid-19 in the Paediatric Age Group

Treatment of children with Mild Covid-19 disease

Treatment of mild illness in home isolation is symptomatic.



For Fever:

Paracetamol 10-15
mg/kg/dose; may
repeat every 4-6 hours



For Cough:

Throat soothing agents
like warm saline
gargles- in older
children and
adolescents



Fluids & feeds:

Ensure oral fluids to
maintain hydration, and
nutritious diet



Antibiotics:

Not indicated

Monitoring at home: Explain parents/ care taker to maintain a monitoring chart including counting of respiratory rates 2-3 times a day when child is not crying, looking for chest indrawing, bluish discoloration of body, cold extremities, urine output, oxygen saturation monitoring (hand held pulse oximeter) if feasible, fluid intake, activity level, especially for young children.

There should be regular communication to doctor or health care worker. Parents/caretaker should be explained whom to contact in case of emergency

Identified Covid-19 positive patients should follow the issued guidelines at mohfw.gov.in

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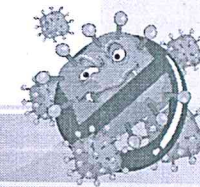
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(7)

Protocol for Management of Covid-19 in the Paediatric Age Group



Symptoms of children with Moderate Covid-19 disease

Moderate illness Pneumonia

Fast breathing (age based):

Age: less than 2 months:

≥ 60 /min

Age: 2 to 12 months:

≥ 50 /min

Age: 1 to 5 years:

≥ 40 /min

Age: more than 5 years:

≥ 30 /min



No signs of severe pneumonia/illness

Identified Covid-19 positive patients should follow the issued guidelines at mohfw.gov.in

For further information on, "Protocol for Management of Covid-19 in the Paediatric Age Group" visit mohfw.gov.in/pdf/GuidelinesforManagementofCOVID19inCHILDREN18June2021final.pdf or scan-



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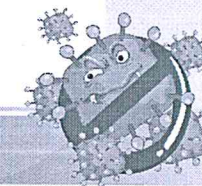
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Protocol for Management of Covid-19 in the Paediatric Age Group



Treatment of children with Moderate Covid-19 disease

Children with moderate Covid-19 disease should be administered:

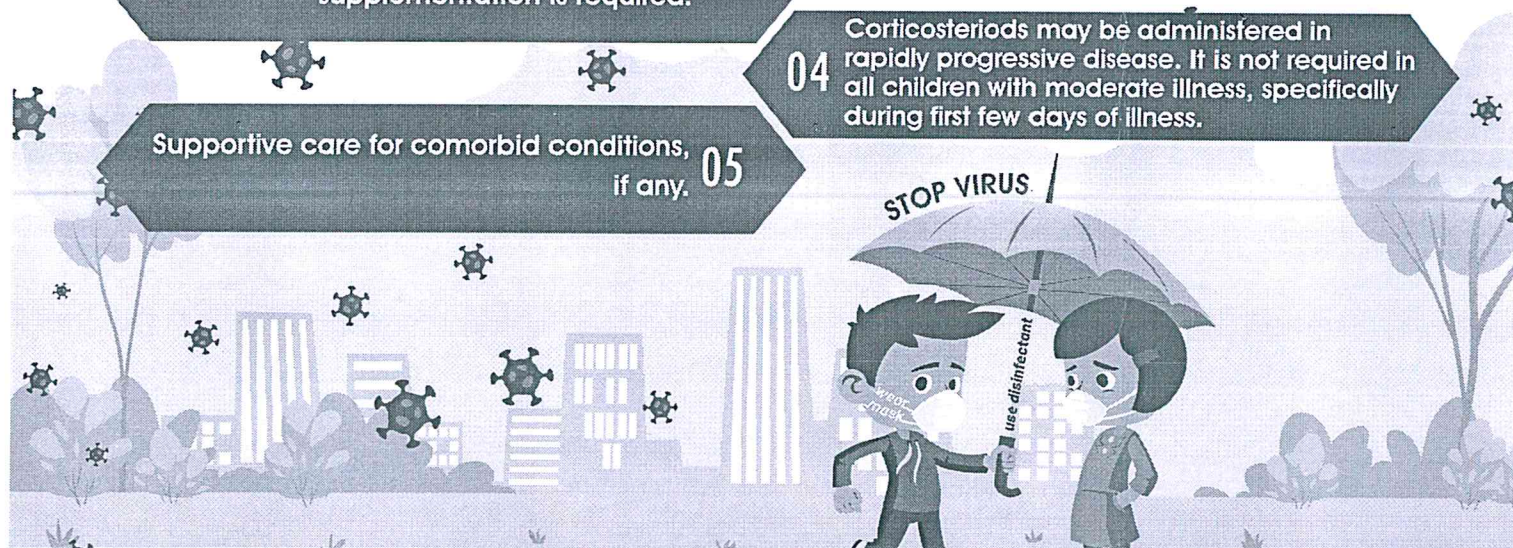
For fever: Paracetamol 10-15
mg/kg/dose. May be repeated every 4-6
hourly. (temperature > 38°C, i.e. 100.4°F). 01

02 Amoxicillin to be administered, if there is
evidence/ strong suspicion of bacterial
infection.

For SpO2 below 94%, oxygen
supplementation is required. 03

04 Corticosteroids may be administered in
rapidly progressive disease. It is not required in
all children with moderate illness, specifically
during first few days of illness.

Supportive care for comorbid conditions,
if any. 05



Identified Covid-19 positive patients should follow the issued guidelines at mohfw.gov.in

For further information on, "Protocol for Management of Covid-19 in the Paediatric Age Group" visit
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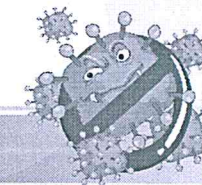


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5

Protocol for Management of Covid-19 in the Paediatric Age Group



Symptoms of children with Severe Covid-19 disease

Management of children with Severe Covid-19 disease:

Children with SpO₂ level less than 90% are categorized as having severe degree of Covid-19 infection.

Such children may be having severe

- Pneumonia,
- Acute Respiratory Distress Syndrome,
- Septic Shock,
- Multi-organ dysfunction syndrome (MODS),
- Pneumonia with Cyanosis.

Clinically, such children may present with

- Grunting,
- Severe retraction of chest,
- Lethargy,
- Somnolence,
- Seizure.



Identified Covid-19 positive patients should follow the issued guidelines at mohfw.gov.in

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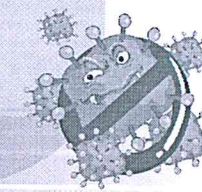




4



Protocol for Management of Covid-19 in the Paediatric Age Group



Treatment of children with severe Covid-19

Intravenous fluid therapy

i. Corticosteroids: Dexamethasone 0.15 mg/kg per dose (max 6 mg) twice a day is preferred. Equivalent dose of methylprednisolone may be used for 5 to 14 days depending on continuous clinical assessment.

ii. Anti-viral agents: Remdesivir is antiviral agent.

iii. Children may need organ support in case of organ dysfunction;

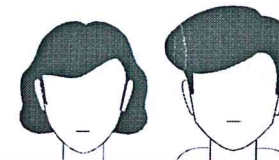
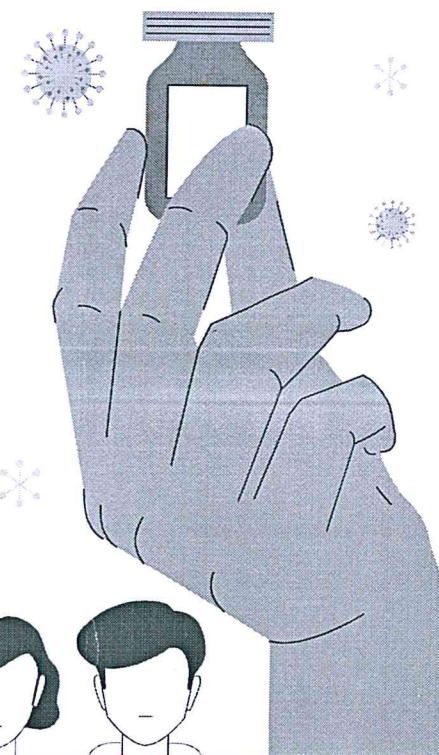
e.g. Renal Replacement Therapy.

iv. Admit, preferably in ICU/HDU those with ARDS/ Sepsis/ Septic shock/ MODS

Evaluate for thrombosis, hemophagocytic lymphohistiocytosis, organ failure

Steroids ± Remdesivir Empiric antimicrobials Oxygen therapy:

nasal prong, face mask, HFNC and NIV SpO₂ target > 94% during resuscitation (once stable > 90%) Consider Awake Prone positioning (in older children) Restrictive fluid therapy Organ support (e.g.: RRT)



Identified Covid-19 positive patients should follow the issued guidelines at mohfw.gov.in

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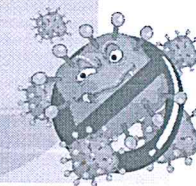




3



Protocol for Management of Covid-19 in the Paediatric Age Group



Treatment of children with severe Covid-19

Intravenous fluid therapy

Management of Acute Respiratory Distress

Syndrome (ARDS):

The principles of treatment are similar to that of ARDS due to any other underlying illness.

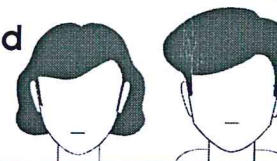
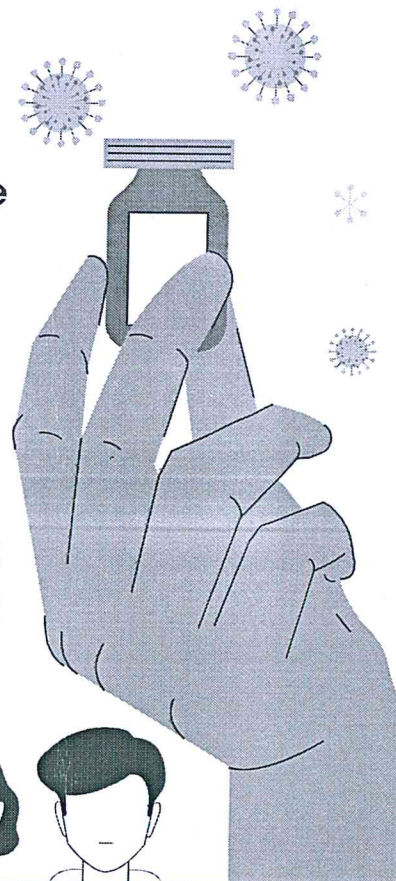
» Mild ARDS: High Flow Nasal Oxygenation, Non-invasive ventilation may be given.

» Severe ARDS: Mechanical ventilation may be given with low tidal volume (<6 mL/kg and High Positive End Expiratory Pressure).

Management of Shock: If the child develops septic shock or myocardial dysfunction then he/she may require:

» Crystalloid bolus administration: 10 to 20 mL/kg over 30 to 60 minutes; be cautious if cardiac dysfunction is there.

» Early inotrope support with monitoring of fluid overload like any other cause of shock.



Identified Covid-19 positive patients should follow the issued guidelines at mohfw.gov.in

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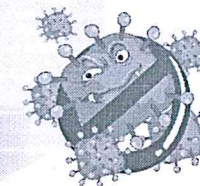


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2

Protocol for Management of Covid-19 in the Paediatric Age Group



Symptoms of children with MIS Covid-19 disease

Management of Multisystem inflammatory syndrome in children and adolescents temporally related to COVID-19 (MIS-C)

A new syndrome with name of multisystem inflammatory syndrome as been described in children. Such cases are characterized by:



unremitting fever > 38.0 C, epidemiological linkage with SARS CoV – 2 and clinical features suggestive of Multi System Inflammatory

Diagnostic criteria of MIS-C in Children (WHO criteria): a constellation of clinical and laboratory parameters has been suggested for diagnosis. These include: Children and adolescents 0–19 years of age with fever ≥ 3 days

AND two of these:

- Rash or bilateral non-purulent conjunctivitis or mucocutaneous inflammation signs (oral, hands or feet).
- Hypotension or shock.
- Features of myocardial dysfunction, pericarditis, valvulitis, or coronary abnormalities (including ECHO findings or elevated Troponin/NTproBNP),
- Evidence of coagulopathy (by PT, PTT, elevated d-Dimers).
- Acute gastrointestinal problems (diarrhoea, vomiting, or abdominal pain).

AND

Elevated markers of inflammation such as ESR, C-reactive protein, or procalcitonin.

AND

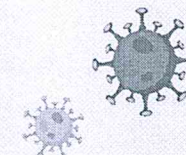
■ No other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes.

AND

■ Evidence of COVID-19 (RT-PCR, antigen test or serology positive), or likely contact with patients with COVID-19.

Investigations:

as listed above in criteria and investigations to rule out common differential diagnoses.



Identified Covid-19 positive patients should follow the issued guidelines at mohfw.gov.in

For further information on, "Protocol for Management of Covid-19 in the Paediatric Age Group" visit mohfw.gov.in/pdf/GuidelinesforManagementofCOVID19inCHILDREN18June2021final.pdf or scan-



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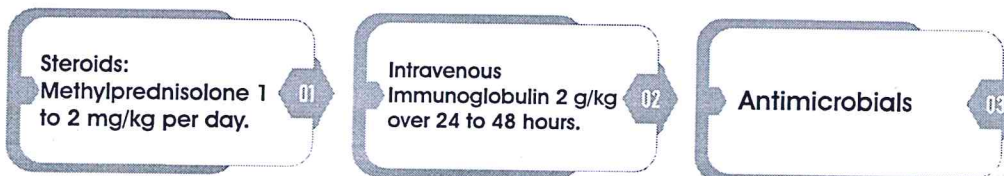


Protocol for Management of Covid-19 in the Paediatric Age Group

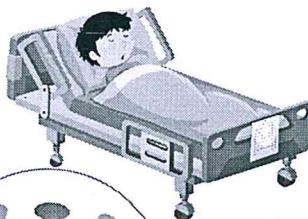
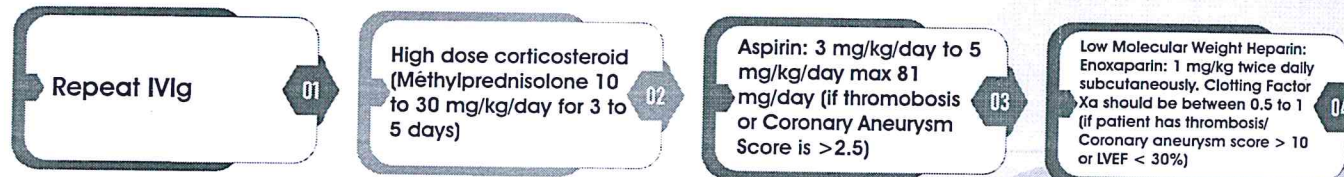
Treatment of children with MIS Covid-19 disease

Treatment of MIS-C

Drugs to be used in case of Multi System Inflammatory Syndrome in Children in case the child has cardiac dysfunction, shock, coronary involvement, multi organs dysfunction (for details, see algorithm):



If the child does not improve with the above treatment or deteriorates, options include:



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