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IN THE HIGH COURT OF JUDICATURE AT PATNA
Civil Writ Jurisdiction Case No.353 of 2021

Shivani Kaushik

... .. Petitioner/s

Versus

Union of India & Ors.

... .. Respondent/s

with

Civil Writ Jurisdiction Case No. 17398 of 2018

Rohit Kumar

... .. Petitioner/s

Versus

The State of Bihar and Ors

... .. Respondent/s

with

Civil Writ Jurisdiction Case No. 9639 of 2021

Gaurav Kumar Singh

... .. Petitioner/s

Versus

The Union of India & Ors.

... .. Respondent/s

Appearance :

(In Civil Writ Jurisdiction Case No. 353 of 2021)

For the Petitioner/s : Ms. Shivani Kaushik (In Person)

Mr. Mrigank Mauli

For the UOI : Mr. (Dr.) K.N.Singh (ASG)

For the State : Mr. Ranjit Kumar, Sr. Advocate

Mr. Lalit Kishore, AG

Mr. Anjani Kumar, AAG-4

Mr. S.D. Yadav, AAG-9

For Respondent No. 5 : Mrs. Binita Singh

For Respondent No. 6 : Mr. Shivender Kishore, Sr. Adv.

For PMC : Mr. Prasoon Sinha

For DMCH : Mr. Bindhyachal Rai

For GMC : Mr. Rabindra Kr. Priyadarshi

For the Intervener : Mr. Rajiv Kumar Singh

(In Civil Writ Jurisdiction Case No. 17398 of 2018)

For the Petitioner/s : Mr. Manish Kumar No 13

For the State : Mr. Subhash Prasad Singh, GA-3

For Respondent No. 6 : Mr. Kumar Ravish

Ms. Parul Prasad(Amicus Curiae)

(In Civil Writ Jurisdiction Case No. 9639 of 2021)

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For the Petitioner/s : Mr. Sumeet Kumar Singh
For the UOI : Mr. (Dr.) K.N. Singh (ASG)
Mr. Anshuman Singh, CGC
For AIIMS, Patna : Mr. Binay Kumar Pandey

=====
CORAM: HONOURABLE MR. JUSTICE CHAKRADHARI SHARAN SINGH

and

HONOURABLE MR. JUSTICE MOHIT KUMAR SHAH
ORAL ORDER

(Per: HONOURABLE MR. JUSTICE CHAKRADHARI SHARAN SINGH)

14 03-05-2021

I.A. No. 01 of 2021 & 02 of 2021

in

CWJC No. 353 of 2021 & other analogous matters

On 30.04.2021, on the basis of statement made on behalf of the State of Bihar, we had recorded as follows:-

“We have been informed that the ESIC, Hospital, Bihta is presently functional with 60 beds for treatment of COVID patients and the said capacity is being enhanced to 140-150 beds. In addition, in the campus of the said hospital, the Patna District Administration is making arrangements for establishing a DCHC having capacity of 100 beds. Further, the Bihar Medical Services and Infrastructure Corporation Limited (BMSICL) has been directed by the State Government to supply medicines to the said hospital and a pathological laboratory is being established for tests, with the help of Care India, an NGO.

In respect of IGIMS, Patna, it has been informed that presently the District Magistrate,

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Patna is ensuring continuous supply of oxygen in the said hospital on the basis of number of patients admitted in the hospital. We have already noted in our previous order that IGIMS has capacity of 1070 beds. We reiterate our observations and directions recorded in our previous orders for maintaining uninterrupted supply of medical oxygen in the said hospital.

*It is important to note here, as has been informed on behalf of the State of Bihar that BMSICL is in the process of installing two cryogenic LMG tanks of 20KL capacity each. Further, BMSICL is in the process of entering into an agreement with Linde Company for supply of liquid oxygen to IGIMS, Patna for next five years. It has further been stated that the said two cryogenic tanks shall be installed within one month. The Court appreciates the efforts being made by the respondents for ensuring continuous supply of oxygen in IGIMS, as we have been informed. **We consider it appropriate to direct the respondents to ensure that the said two cryogenic tanks are installed positively within one month from today.***

A link for today's Court proceeding was sent to the Director, Indira Gandhi Institute of Medical Sciences (IGIMS), Patna, who has joined online with the Medical Superintendent of the said hospital.

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It has emerged, on the basis of the Court's interaction with him, that there is serious manpower issue in the hospital and only 300 beds are presently available for COVID patients inclusive of 60 ICU beds. It has been pointed out by the Director that the hospital has not been able to admit more patients because of irregular/ short supply of oxygen and unavailability of adequate manpower.

The Situation in respect of ESIC, Hospital Bihta, in the Court's opinion, is even worse. Squadron Leader (Dr.) Wansi who has been deputed in the Hospital by the Ministry of Defence with other Doctors, nurses and paramedics to support COVID-19 treatment, has on the Court's request, joined the present Court proceeding, from which it has transpired that the doctors and other staff deputed by the Armed Forces to treat COVID patients in the said hospital are facing lot of problems because of non-supply of medicines and absence of management. They appeared to be virtually sitting idle in the said hospital.

This is to be noted that on 23.04.2021, we were assured on behalf of the State of Bihar that as on that date 60 oxygen beds were available in ESIC, Hospital, Bihta which were in the process of being enhanced to 500 oxygen beds. Ten

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days thereafter, let alone enhancing the number of beds, the State Government has not been able to ensure proper utilization of even 60 oxygen beds. Admittedly, BMSICL has not supplied medicines to the hospital which it was required to supply.

Further, it is to be noted that when this matter was taken up on 15.04.2021, the Court had directed the State Government to prepare a comprehensive action plan to fight the upsurge of COVID-19 cases in its second wave. We had reiterated the said direction in our orders dated 17.04.2021 and 19.04.2021. A document which was presented before us in the name of comprehensive action plan as on 21.04.2021, can, by no means, be treated to be an action plan. We had reiterated our direction in the order dated 23.04.2021.

In the absence of an action plan, the healthcare system qua COVID-19 appears to be moving aimlessly. For instance, when the Court desired to know as to whether the State Government has determined the quantity of oxygen which the State requires for treating COVID patients, we have been informed that such determination is based on number of COVID patients admitted in the hospital. Even that calculation/ determination/ evaluation is not displayed in the so called action plan prepared by the State Government.

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Further, we have taken note of black-marketing of some essential drugs including oxygen in the State of Bihar in a situation where the State is facing an unprecedented challenge on account of the pandemic. Noticing the fact that whereas one government hospital was raising demand and obtaining more oxygen cylinders for less number of oxygen beds compared to another having more number of oxygen beds exclusively dedicated for treating COVID patients, we had requested Dr. Bhadani, head of the technical team deputed by the Central Government under the orders of this Court and Mr. Mrigank Mauli, learned *Amicus Curiae* to make inspection in this regard and submit a report. Dr. Bhadani has submitted his report. A separate report has been submitted by Mr. Mrigank Mauli, learned *Amicus Curiae* which reads thus :-

“Report of the Amicus Curiae Mr. Mrigank Mauli Adv. Pursuant to order dated 29.04.2021

C.W.J.C. No. 353 Of 2021

Shivani Kaushik Versus Union of India

Report

1. I have been appointed as Amicus Curiae vide order dated 29.04.2021 in C.W.J.C. No. 353 of 2021 and Analogous Case – *Shivani Kaushik Vs. Union of India & Ors.* For the present for the current Report is being presented pursuant to the order dated 30.04.2021 passed by this Hon’ble Court which states:-

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“A peculiar aspect has emerged to the effect that for less number of beds in PMCH compared to that of NMCH, more demand of oxygen cylinders is being made. Mr. Mrigank Mauli, learned Amicus Curiae has agreed to accompany Dr. Bhadani to visit the concerned places to assess the circumstance in which a hospital with less number of admitted patients is requiring more oxygen compared to another hospital having more number of patients admitted therein.”

2. That in light of the aforementioned direction, I have visited PMCH along with Dr. Bhadani on 01.05.2021 and again on my own on 02.05.2021 further I got in touch with DDC, Patna who has been designated as Nodal Officer for distribution of Oxygen.
3. The current Report is based on my aforementioned visits and data provided by the State authorities.
4. That in light of the orders passed by this Hon’ble Court, mechanism was developed for distribution of the Oxygen Cylinders by the District Administration Patna. It has been informed by DDC, Patna that mechanism for distribution has been arrived at in consultation with Civil Surgeon, Patna. It was decided that supply of oxygen cylinders to the hospitals would be made taking into consideration number of Covid Oxygenated beds, number of Covid beds in ICU and number of functional ventilators in the designated Covid private hospitals and also taking into consideration requirements of Oxygen for other ailments.
5. Pursuant to order dated 30.04.2021 it was enquired by me from Nodal Officer with regard to supply of Oxygen Cylinder to PMCH and NMCH and in response there to DDC, Patna has provided the details of supply of ‘D’ type cylinders to various Manifolds of PMCH and NMCH – between 21.04.2021

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to 30.04.2021 on 01.05.2021 at 4.16 PM - after my visit to PMCH with Dr. Bhadani.

Copies of chart providing 'D' type Oxygen cylinder to various units of PMCH and NMCH are annexed herewith and marked as **Annexure-A/1** to this Report.

6. Before I make the factual submission with regard to my visit to PMCH and expenditure of Oxygen Cylinders, it would be pertinent to mention some essential facts pertaining to Oxygen Cylinder and its consumption. It is stated that:-

- 'D' type Oxygen Cylinder contains 7000 liters of Oxygen @ 7 M³.
- The average pressure of a full 'D' type Oxygen Cylinder is around 150 Kg.f/cm².
- A patient with moderate respiratory condition on an average requires **5 lits./min.** of Oxygen administration to reach its oxygen saturation level.
- Thus above patient in 24 hours would require roughly One 'D' type Oxygen Cylinder.
- A patient with severe respiratory condition on an average requires **15 lits./min.** of Oxygen administration to reach its oxygen saturation level.
- Thus for the above patient in 24 hours would require 21,000 liters of Oxygen, which is slightly more than Three 'D' type Oxygen cylinder.

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- In acute respiratory cases the patient may require **30-60 lit./min.** of Oxygen administration to reach its oxygen saturation level.
7. At the outset I would like to bring to the notice of this Hon'ble Court that during my visit to various departments 99% of the patients were being administered oxygen @ 5 lit./min to most of the patients. Exceptions were the ICU of Covid ward where two patients were being administered oxygen at the rate of 15 lit./min and in Neonatal Intensive Care Unit (NICU) 2 - 60 lits./min of Oxygen was being administered.
8. It would also be pertinent to point out that PMCH is tagged with one Banshi Gas Agency to procure its quota of 'D' type Oxygen Cylinder for its Manifold Oxygen Plants and further these Manifold Oxygen Plants also been outsourced to agency S.D. Medica to supply the oxygen in its wards.
9. Thus PMCH has no role in either producing the Oxygen Cylinders or supplying oxygen to its wards. The supply is made on the requisition of the staff of the outsourced agency to the "munshi" of Banshi Gas directly and the receipts are issued by the same staff. There appears to be no routing of the receipt; supply and consumption through the officials/authorities of the PMCH. The authenticity of the quantity and quality of the gas is vouched only by the supplier and the staff of the SD Medica.
10. It is stated that following is the data collected from my visit to PMCH on 01.05.2021 and 02.05.2021:-

i. **RSB:** –

Total No. of Beds			Total No. of Patients Admitted	Total No. of Patients on Oxygen	Average Flow of Oxygen	Oxygen Cylinder Sanctioned/Received (As per DDC on	Oxygen Cylinder Consumed
Non Oxygenated	Oxygenate	ICU					

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						30/04/21)	
0	106	21	127	127	➤ 5 lit./min – in Covid Ward ➤ 2 patients in ICU on 15lit./min	353/331	348

❖ Pattern of Consumption of ‘D’ type Oxygen Cylinder

DATE	TIME	No. of Cylinders consumed
30.04.2021	10.00 PM – 7.00 AM	131
	7.00 AM – 2.00 PM	110
	2.00 PM – 10.00 PM	90
29.04.2021	10.00 PM – 7.00 AM	137
	7.00 AM – 2.00 PM	110
	2.00 AM – 10.00 PM	124

- It is stated that as the facts narrated would depict that with average flow of 5lit./min of Oxygen one patient would require one ‘D’ type Oxygen Cylinder.
- Thus if the RSB has 105 beds altogether and as had been stated by the medical staffs, the average consumption is 5lit./min and in 35 ICU beds at the rate of 15lit./min of two patients, then maximum oxygen cylinder consumed by the unit should not have been 150 cylinders per day.
- It would also be evident that cycles of consumption in three shifts are also not proportionate to the number of patients in the ward.
- But as per the data provided it has been using 348 cylinders per day.
- It is to be noted that as against the required pressure of 150 Kg.f/cm² of ‘D’ Type Cylinder none had more than 120-130 150 Kg.f/cm² thereby showing a shortage of gas in each and every Cylinder.

ii. **IGCC** – is Critical Care Unit comprising of Medical Surgery, General Surgery, Nephrology and Neurology.

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Total No. of Beds			Total No. of Patients Admitted	Total No. of Patients on Oxygen	Average Flow of Oxygen	Oxygen Cylinder Sanctioned/Received - (As per DDC on 30/04/21)	Oxygen Cylinder Consumed
Non Oxy-genated	Oxy-genated	ICU					
				13	4-5 lit./min.	96/96	120 on 30/04/21

❖ Pattern of Consumption of 'D' type Oxygen Cylinder

DATE	TIME	No. of Cylinders consumed
01.05.2021	7.00 AM -12.00PM	23 (was about to replace another 9 cylinders)
30.04.2021	10.00 PM – 7.00 AM	26
	7.00 AM – 2.00 PM	50
	2.00 PM – 10.00 PM	20
29.04.2021	10.00 PM – 7.00 AM	34
	7.00 AM – 2.00 PM	40
	2.00 AM – 10.00 PM	26

- It is stated that in IGCC there were only 13 patients on oxygen and the unit has been consuming 120 'D' type Oxygen Cylinders per day.
- It was stated by the medical staff that the most of the patients are on low oxygen and it is not being administered continuously.
- With average of 5lit/min. the consumption of Oxygen only 13 'D' type cylinders per day should have been used.
- **PSA Plant:** a newly constructed PSA plant was housed in a new building adjacent next to the Manifold of IGCC but the same was locked and was not found functional. On visit to PMCH on 2/05/21 it was informed by the technical staff at Manifold of Tata Ward that the said PSA has not been handed over to PMCH and is not functional.

iii. **ENT** – which besides ENT patient are now admitting Medical Emergency patients in Hatuha Ward. ENT Manifold supplies to ENT emergency/ICU/OT as well as ENT Tata Ward as also to Hathua Ward

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Total No. of Beds			Total No. of Patients Admitted	Total No. of Patients on Oxygen	Average Flow of Oxygen	Oxygen Cylinder Sanctioned/Received (As per DDC on 30/04/21)	Oxygen Cylinder Consumed
Non Oxy-generated	Oxy-generated	ICU					
32	60	4	25 (None in ICU – No surgery is being performed in last 2-3 days)	23	5 lit./min.	61/44	44

❖ Pattern of Consumption of 'D' type Oxygen Cylinder

DATE	TIME	No. of Cylinders consumed
30.04.2021	10.00 PM – 7.00 AM	19
	7.00 AM – 2.00 PM	25
	2.00 PM – 10.00 PM	12
29.04.2021	10.00 PM – 7.00 AM	19
	7.00 AM – 2.00 PM	12
	2.00 AM – 10.00 PM	16
01.05.2021	10.00 PM – 7.00 AM	04
	7.00 AM – 2.00 PM	44
	2.00 AM – 10.00 PM	

- It is stated that ENT unit is consuming 61 'D' type Oxygen cylinders with only 23 patients on oxygen with maximum flow of 5lit./min.
- As per the data provided by the medical staff it should have consumed only 23 cylinder per day, whereas the consumption as per the log book of the Manifold Oxygen plant is 61 cylinders.
- It was also informed that number of patients in recent ten days has been very less and on an average there was not more than 15-20 patients on Oxygen in this ward and hence consumption of such a huge number of 'D' type Oxygen Cylinder is inexplicable.
- There have been no surgeries in last 2-3 days and the emergency had no patients.
- Hathua ward had patients from Tata Ward medical emergency

iv. Gynecological WWW.LIVELAW.IN

Total No. of Beds			Total No. of Patients Admitted	Total No. of Patients on Oxygen	Average Flow of Oxygen	Oxygen Cylinder Sanctioned/ Received (as per DDC)	Oxygen Cylinder Consumed
Non Oxygenated	Oxygenated	ICU					
		6	3	0	5lit./min.	35/32	32

❖ Pattern of Consumption of 'D' type Oxygen Cylinder

DATE	TIME	No. of Cylinders consumed
01.05.2021		32
30.04.2021		32
29.04.2021		33
28.04.2021		31
27.04.2021		27
26.04.2021		33

- It is stated that Gynecology department has witnessed steep fall in number of patients during the Pandemic.
- From the log book it was deciphered that there has been on an average 6-8 admissions since 19.04.2021 in the department.
- It was further informed that there was no patient of oxygen during the visit. It was informed that they department has not been seeing many operations and hardly had any patient on oxygen and in ICU also oxygen was required only for brief period and after patient being stable were shifted to the ward where no oxygen is generally required.
- On 02.05.2021 no patient was on Oxygen but then also Manifold Oxygen point showed consumption of 4 'D' type Oxygen cylinders from 7.00 AM to 1.00PM, which seems to be without any reason and defies logic.

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- v. **Tata Ward** – which admits patients of Medical Emergency and is getting on average of 150 Oxygen Cylinders per day; It would be pertinent to mention this ward is getting the aforementioned Oxygen Cylinder besides the ‘B’ type of Oxygen Cylinders.

Total No. of Beds			Total No. of Patients Admitted	Total No. of Patients on Oxygen	Average Flow of Oxygen	Oxygen Cylinder Sanctioned/ Received (As per DDC on 30/04/21))	Oxygen Cylinder Consumed
Non Oxygenated	Oxygenated	ICU					
52-55	48-50		100-105	48-50 Other Patients using ‘B’ type cylinder	5lit./min.	143/144	187

❖ Pattern of Consumption of ‘D’ type Oxygen Cylinder

DATE	TIME	No. of Cylinders consumed
21.04.2021	10.00 PM – 7.00 AM	38
	7.00 AM – 2.00 PM	37
	2.00 PM – 10.00 PM	55
	Total	130
22.04.2021	10.00 PM – 7.00 AM	41
	7.00 AM – 2.00 PM	37
	2.00 AM – 10.00 PM	Not found entered
	Total	78
23.04.2021	10.00 PM – 7.00 AM	40
	7.00 AM – 2.00 PM	37
	2.00 AM – 10.00 PM	54
	Total	131
24.04.2021	10.00 PM – 7.00 AM	41
	7.00 AM – 2.00 PM	46
	2.00 AM – 10.00 PM	54
	Total	141
25.04.2021	10.00 PM – 7.00 AM	41
	7.00 AM – 2.00 PM	49
	2.00 AM – 10.00 PM	51
	Total	141
26.04.2021	10.00 PM – 7.00 AM	44

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	7.00 AM – 2.00 PM	50
	2.00 AM – 10.00 PM	53
	Total	147
28.04.2021	10.00 PM – 7.00 AM	50
	7.00 AM – 2.00 PM	50
	2.00 AM – 10.00 PM	50
	Total	150
29.04.21	10.00 PM – 7.00 AM	50
	7.00 AM – 2.00 PM	45
	2.00 AM – 10.00 PM	55
	Total	150
30.04.21	10.00 PM – 7.00 AM	51
	7.00 AM – 2.00 PM	40
	2.00 AM – 10.00 PM	53
	Total	144
01.05.21	10.00 PM – 7.00 AM	75
	7.00 AM – 2.00 PM	60
	2.00 AM – 10.00 PM	39
	Total	174

- It is submitted Tata ward has only 48-50 oxygenated beds and would have consumed only 48-50 'D' type Oxygen Cylinder per day when it was clear that patients were administered Oxygen at the rate of 5lit./min. on a discussion with doctors on duty it was informed that the patients were being administered 5 litres/minutes of oxygen
- However, the consumption in this ward is 143 cylinders.
- The information regarding bed occupancy and oxygen usage were provided by the Control Room established there. The Control Room was also not very conversant with supply and distribution of Oxygen Cylinders both 'D' and 'B' types.
- It would also be relevant to mention that patients here are also using 'B' type cylinder where the oxygen points are not available.

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- I have noticed that no scientific record of the 'B' type cylinder is being maintained by the staff, there was huge inflow and outflow of 'B' type cylinder.

vi. Pediatrics –

Total No. of Beds			Total No. of Patients Admitted	Total No. of Patients on Oxygen	Average Flow of Oxygen	Oxygen Cylinder Sanctioned/ Received (as per DDC on 30.04.21)	Oxygen Cylinder Consumed
Non Oxy-generated	Oxygenated	ICU					
				12	<ul style="list-style-type: none"> ➤ 11 patient 5lit./min. ➤ 1 patient 60lit./min. 	62/62	79

❖ **Pattern of Consumption of 'D' type Oxygen Cylinder**

DATE	TIME	No. of Cylinders consumed
30.04.2021	10.00 PM – 7.00 AM	20
	7.00 AM – 2.00 PM	24
	2.00 PM – 10.00 PM	35
	Total	79
01.05.2021	10.00 PM – 7.00 AM	19
	7.00 AM – 2.00 PM	17
	2.00 PM – 10.00 PM	24
	Total	60
02.05.2021	7.00 AM – 12.00 PM	20-22

- The consumption here also looks disproportionate to the admissions and number of patient on oxygen

11. That the Amicus Curiae had carefully gone through the different reports submitted by the Government agencies and facts accumulated during his visit to PMCH and had complied the prevention and suggestions for optimal utiliza-

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tion of the Oxygen in the present report with liberty to present future reports as and when required by this Hon'ble Court.

12. That it is further submitted that as claimed by the State in its report dated 23.04.2021 Oxygen Generation Plant with capacity of 300LPM has started functioning is misleading as I after several enquiry could not find such plant to be functional at PMCH.
13. **That it would be germane to mention that as per the present scenario following measures are to be taken immediately:-**
 - a. There should be real time oxygen audit of the consumption of oxygen by an independent committee – of different units of PMCH. It is requested that the committee must consist of Bio-medical engineer as well as must have members from central government institutes and there be no member from any of the governmental medical institutes of the State of Bihar.
 - b. The log book of supply of Oxygen should be under constant monitoring, which at present is being done by the outsourced agency.
 - c. There is no mechanism to check the amount of oxygen being filled in each cylinder. A mechanism to check the quantity of oxygen being supplied in each cylinder should be immediately placed.
14. That all the above suggestions can be effectively implemented only with proactive participation of administrative agencies in collaboration with independent experts active in these field.
15. It must of course be recorded that this Hon'ble Court has acted at critical times, but to act critically in a matter of Pandemic affecting the public health will not only make the administration to rise from their long slumber and

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work towards the protecting the citizen who are helpless and needy against the Pandemic and perform their statutory duty with sincerity and alacrity.

16. However, the Amicus Curiae must sound a note of caution as well. Any effort on part of this Hon'ble Court is bound to fail if there is no stable and permanent machinery is to implement the directions passed by this Hon'ble Court. Therefore there should be continuous monitoring by this Hon'ble Court regarding the compliance of the orders passed by the Hon'ble Court till the time it is satisfied that effective and efficient machinery had become functional to implement health concerns of the citizens.

Patna

Mrigank Mauli

2.5.2021

Amicus Curiae

The aforesaid report of the learned *amicus curiae* speaks for itself.

The facts noted above are quite disturbing. For the present we are restraining ourselves from making further comments. We will examine all these aspects tomorrow and pass appropriate orders.

There is no gainsaying that the Health Department of the State is operating to meet the mammoth challenge without the aid of experts in the respective fields, having better understanding of the crisis and management thereof. Today, Mr. Lalit Kishore, leaned Advocate General has submitted that if permitted by this Court the State Government shall constitute a

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team of experts to advise the State Government in this regard. Their names have been furnished to us. We will consider the said aspect of the matter tomorrow (04.05.2021).

In respect of acquisition of Liquid Medical Oxygen (LMO), Mr. Anjani Kumar, learned Additional Advocate General No. 4 has informed that as on date 134 MT is being procured as against the allocated quota of 194 MT. We will consider this aspect of the matter also tomorrow (04.05.2021).

In our order dated 17.04.2021 we had recorded that three RT-PCR laboratories were proposed to be established soon in Motihari, Purnea and Munger. The slow pace of reporting of RT-PCR test is a matter of serious concern which adversely affects the quick treatment of COVID patients. The State Government must inform this Court about the development in this regard.

Before parting with the present order, we must notice that the undertaking given by the Principal Secretary, Health Department, Government of Bihar that the "CT" value shall be displayed in RT-PCR test reports by the government laboratories has not been fully honoured. The Court will take up this aspect of the matter also tomorrow (04.05.2021).

We have been informed that the COVID Hospitals are

not admitting patients in the absence of RT-PCR test reports.
The Court is of the view that the department, with the help of the experts in this regard, should immediately take a decision as to whether “HRCT Chest Scan report should also be a basis for considering a person suffering from COVID-19 to be admitted in a COVID hospital.

List this case tomorrow (04.05.2021), to be taken up at 11 a.m.

(Chakradhari Sharan Singh, J)

(Mohit Kumar Shah, J)

Rajesh/-

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