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GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
KARTAVYA BHAWAN-1, NEW DELHI-110001

D. No.62/NCDC/NPCCHH/20226/AirPollutionrelatedChestClinics

Dated: 25th August, 2026

Dear Colleagues,

As you may be aware that the Ministry through National Centre for Disease Control (NCDC) implements the National Programme on Climate Change and Human Health (NPCCHH) with an aim to reduce the health burden due to climate variability and extreme weather events.

2. Under the programme, an initiative has been introduced, to provide a structured approach for screening, diagnosis, management and counseling for air pollution related illnesses in patients of all age groups through establishment of chest clinics at District Hospital and Medical College Hospitals from September to February of each year.

3. To ensure effective and smooth operationalization of the chest clinics, States and UTs are requested to adapt and disseminate the enclosed Guidance Note to all concerned stakeholders, in accordance with the roadmap provided at **Enclosure-I**. For successful operationalization of the chest clinics, the following measures may be undertaken:

- I. Identification of space and staff (utilising the existing resources) and ensuring Adequate branding and signages related to chest clinic in these spaces.
- II. Training of all staff engaged in chest clinics on screening, diagnosis, management, inter-personal communication and reporting (Enclosure II and III).
- III. Training of Block Medical Officers on community based follow up and continuum of care through Ayushman Aarogya Mandirs.
- IV. Indenting and stocking of essential equipment, drugs and consumables.
- V. Display of job-aids and IEC material in the consultation room and waiting areas.

4. Further, for effective and smooth functioning of the chest clinics, the States/UTs may appropriately train the existing human resources, both regular and contractual, including Specialists, Medical Officers, Staff Nurses, Counsellors and Data Entry Operators and assign defined responsibilities.

5. States and UTs may establish appropriate bidirectional referral linkages between chest clinics and NCD Clinics, Tobacco Cessation Clinics, TB Units and other relevant specialty clinics/services, as appropriate, to ensure comprehensive and continuum of care.

6. The monitoring mechanism for delivery of health services, as outlined in the Guidance Note, may be followed to ensure standardization, uniformity and effective monitoring of implementation across all States and UTs.

Contd./-

7. Fortnightly Video Conferences with State/UT teams will be organized to review the progress of implementation, identify operational challenges and facilitate timely resolution of issues. Details regarding the schedule and modalities of the Video Conferences will be shared separately.

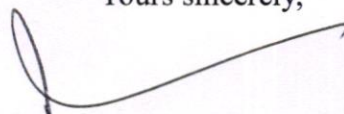
8. States and UTs are requested to accord priority to the above measures and ensure timely operationalization of chest clinics in accordance with the enclosed Guidance Note and roadmap.

9. I look forward to your cooperation in ensuring effective operationalization of the chest clinics. For any queries kindly contact Climate Change and Health Division in NCDC at npccch.hq-ncdc@ncdc.gov.in.

With warm regards,

Encl.: as above

Yours sincerely,



(Dr. Rakesh Gupta)

To,
Additional Chief Secretary/ Principal Secretary/ Secretary (Health and Medical Education) - All States and UTs

D. No.62/NCDC/NPCCHH/20226/AirPollutionrelatedChestClinics

Dated: 25th August, 2026

Copy to:

1. Mission Director (NHM), All States/UTs
2. DGHS/DHS/ Commissioner (Health/Public Health) - All States and UTs
3. Director Medical Education, All States and UTs
4. Sr. RD/RD RoHFW- All States and UTs
5. State Nodal Officer (NPCCHH)- All States/UTs
6. Office of DDG (Medical Education/NP-NCD/NTCP/TB), MoHFW



(Dr. Rakesh Gupta)
Additional Secretary

Enclosure III**Guidance note On Provision of services for Air Pollution-Related Illnesses through CHEST Clinic**

(November 2025)

Contents

Purpose.....	2
Setting up a CHEST Clinic.....	2
Screening of Patients for Risk Factors	2
Confirmation of diagnosis and provision of care	2
Follow-up and Continuum of Care.....	2
Record maintenance and reporting.....	2
Linkage with other programmes/services.....	3
Unit costs for drugs/equipment	3
Annexures	4
I. Potential Sources of Air Pollution.....	4
II. ICD Code for documenting Air Pollution exposure in clinical setting	4
III. Indicative list of Drugs	4
IV. Indicative list of Devices/Equipment.....	5
V. Strategies to reduce Air Pollution that clinicians can promote during their engagement with patients, caregivers and local officials.....	6
VI. Job Aid for screening patients for exposure to Air Pollution.....	9
VII. CHEST Clinic Format 1: Line list of individuals accessing services	10
VIII. CHEST Clinic Format 2: Facility level Summary reporting format	11
IX. CHEST Clinic Format 3: District level reporting format.....	12
X. CHEST Clinic Format 4: State level reporting format	13

Purpose

The purpose of the CHEST (**C**ardio-respiratory **H**ealth **E**ffects **S**creening and **T**reatment) Clinics is:

1. **Screening and risk communication** for air pollution-related illnesses
2. Among patients **establish possible causes (including Air Pollution) and confirm diagnosis**
3. **Provide standard care** to patients suffering from air pollution related illnesses.
4. **Promote behaviour change and adoption of healthy practices** to potential and diagnosed cases of air pollution-related illnesses.

Setting up a CHEST Clinic

CHEST Clinic may be established **at District hospitals, and Medical Colleges in all Districts of the Country. During the peak air pollution months (usually from September to March), the clinics may be organised daily for a fixed duration.**

Screening of Patients for Risk Factors

Individuals and patients, irrespective of their age, may be exposed to air pollution from different sources based on their place of residence, occupation and personal habits (Annexure I- Potential Sources of Air Pollution). Under the guidance of Medical Officer/Specialist, the staff nurse posted in the clinic may be given the responsibility for screening the patients to ascertain risk factors using a standard proforma (Annexure II- Screening tool for Air Pollution). A register of individuals identified as being at high risk is to be maintained, and details of the high-risk individuals may also be shared with the respective blocks for community-based follow-up through ASHA, ANM, and CHO (Annexure II-Format 1).

Confirmation of diagnosis and provision of care

Based on the clinical evaluation (including history, examination, and evaluation), a diagnosis may be arrived at and recorded utilising ICD Code in the CHEST Clinic register (Annexure III-Format 2). **ICD Code for documenting Air Pollution exposure is important and is provided in the annexure.** Provision of standard care may be initiated on an outpatient basis or in the casualty/emergency/ward/ICU as per need. The Standard Treatment workflow by ICMR (2019) may be used for the same (Annexure VI).

Follow-up and Continuum of Care

The patient and at-risk individuals may be linked to their respective AAM, PHC, and CHC for continuation of medications and follow-up. For stable patients, a follow-up at the CHEST Clinic may be scheduled once a quarter or once in six months, as decided by the treating physician.

Record maintenance and reporting

A line list of patients availing services at CHEST Clinic need to be maintained by the Staff nurse under the overall supervision of the CHEST Physician/Physician/GDMO. A summary data must submitted daily by District Hospital and Medical College Hospital to the District Nodal Officer's office. District Nodal Officer's should compile the reports from all the CHEST Clinics in the districts and share the report with State Nodal Officer- NPCCHH which will then submit it to Division of Climate Change and Health (NCDC).

Linkage with other programmes/services

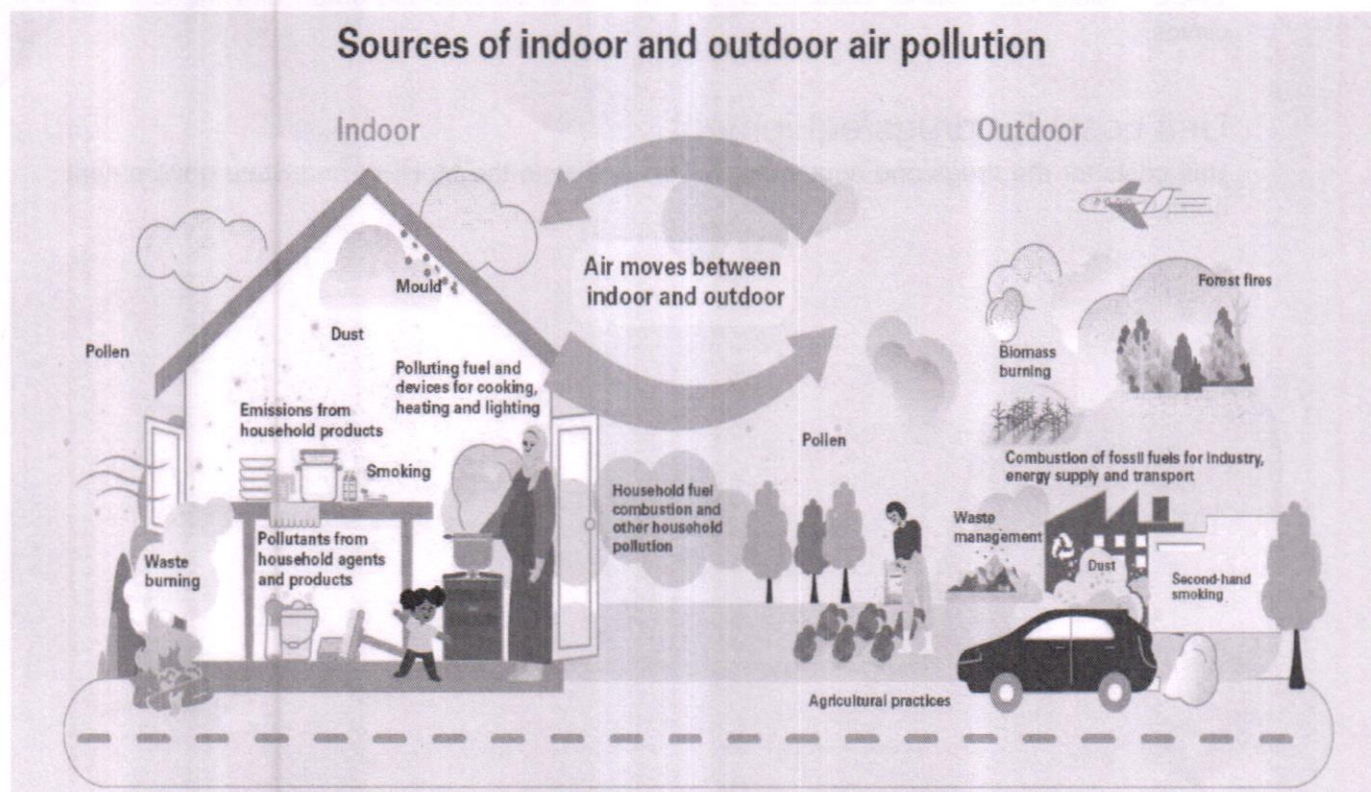
In the presence of specific risk factors, bi-directional referral is encouraged between the CHEST Clinic, NCD Clinic, Tobacco Cessation clinics, TB Unit and other relevant speciality clinics.

Unit costs for drugs/equipment

Unit costs for the drugs and equipment will be similar to the MoHFW and State government norms.

Annexures

I. Potential Sources of Air Pollution



Source- Introduction to Children's Environmental Health by UNICEF and WHO (available on Agora)

II. ICD Code for documenting Air Pollution exposure in clinical setting

Condition	ICD Version	ICD Code
Asymptomatic case with Contact with and (suspected) exposure to air pollution	10	Z77.110
Symptomatic with suspected or confirmed Exposure to air pollution	10	Z58.1
Problems associated with exposure to Air Pollution	11	QD 70.1

III. Indicative list of Drugs

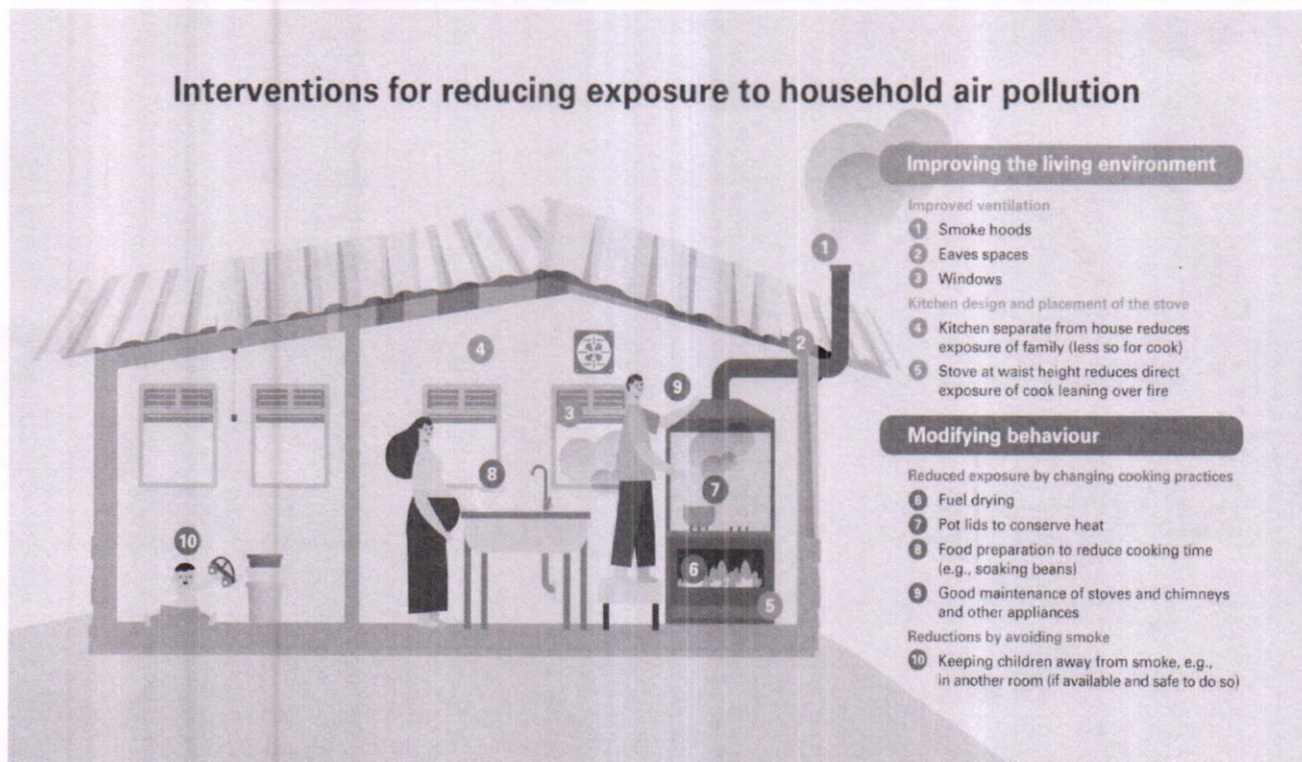
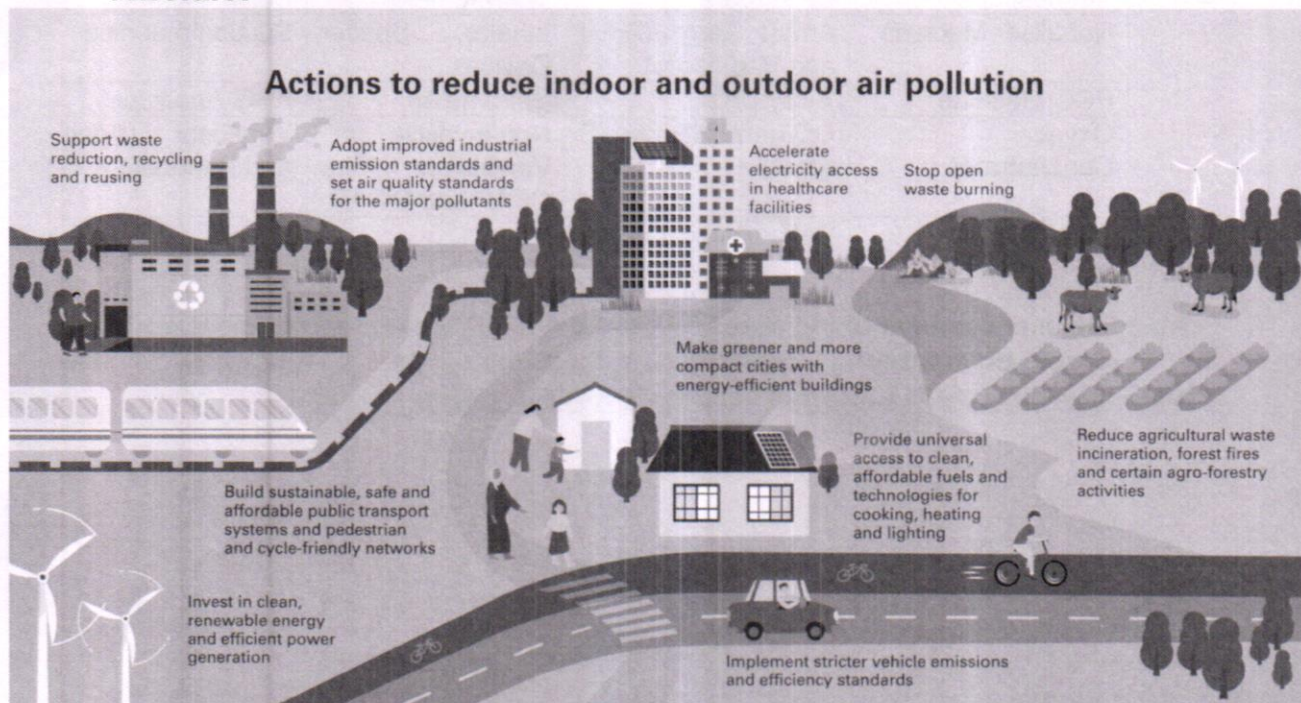
1. **Antipyretic-** Paracetamol (Tab/Syp)
2. **Antihistaminic-** Levocetirizine (Tab/Syp), Pheniramine (Inj)
3. **Antibiotics-** Amoxicillin-Clavulanate, Azithromycin, Levofloxacin
4. **Bronchodilators-** Salbutamol (inhaler, syrup, tablet), Ipratropium Bromide (Inhaler)
5. **Inhaled/Systemic Steroids-** Budesonide (Inhaler), Prednisolone (Tablet/Syrup), Hydrocortisone (Injection), Dexamethasone (Tab/Inj)
6. **Hypoxia management-** Oxygen (Medical Gas)
7. **For anaphylaxis-** Adrenaline (Inj)
8. **Pulmonary Embolism Management-** Low Molecular Weight Heparin

IV. Indicative list of Devices/Equipment

Stethoscope	BP Apparatus	Thermometer	Pulse Oximeter
Nebuliser Machine	Ambu Bag (Adult and Paediatric)	Inhaler, Spacer Devices	Suction machine
ECG Machine	X-ray Unit	Spirometer	ABG Analyzer
Oxygen Concentrator	Oxygen Cylinder (B type)	Non-invasive Ventilation like CPAP and BiPAP	Ventilator (Adult and Paediatric)
Autoclave	Defibrillator		

For medical management of the cases- access the ICMR Standard Treatment workflow for Cardio-pulmonary diseases through the following link- <https://www.icmr.gov.in/standard-treatment-workflows-stws>

V. Strategies to reduce Air Pollution that clinicians can promote during their engagement with patients, caregivers and local officials.



Source- Introduction to Children's Environmental Health by UNICEF and WHO (available on Agora)

1. Smoking cessation

- Communication with patients to change habits like smoking cigarettes, bidis and related tobacco products

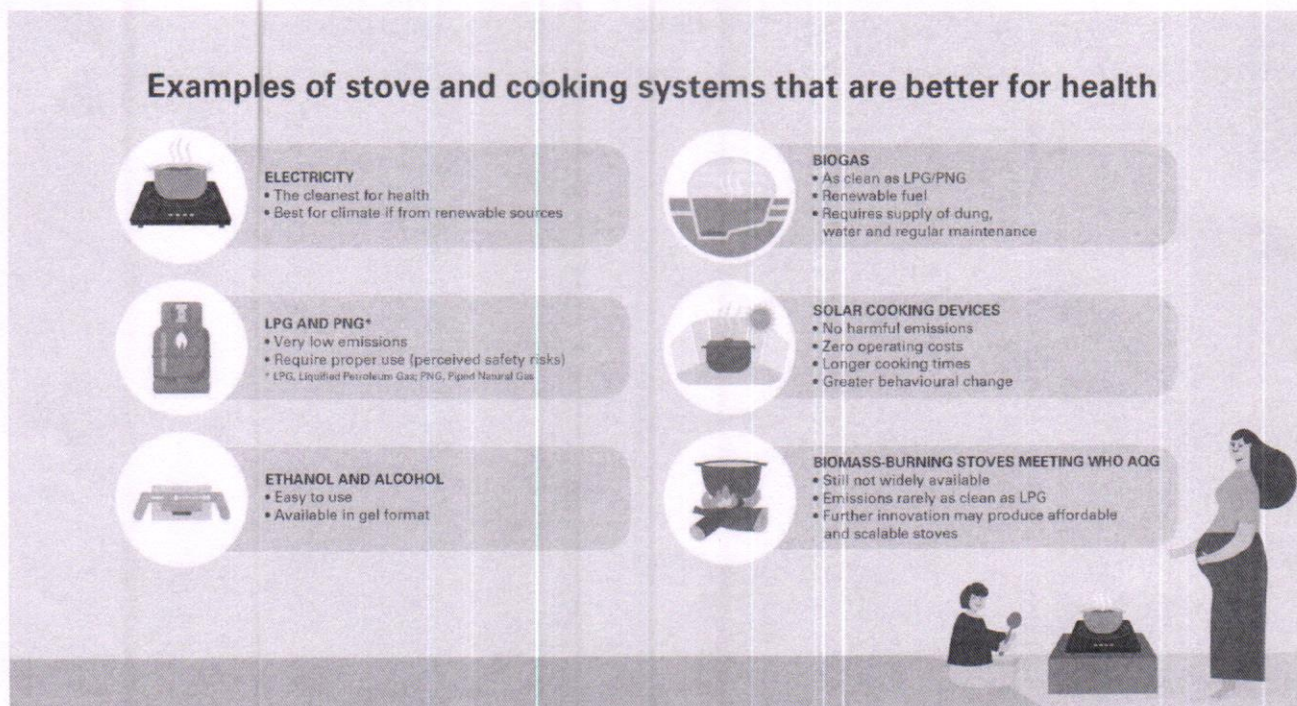
2. Behaviour change

- Avoid outdoor morning and late evening walk. run, jog and physical exercise
- Reschedule outdoor activities as per AQI and remain indoors on days with poor to severe AQI.
- Do not open doors and windows during morning and late evening hours, it may ventilate, if necessary, between 12 p.m. to 4 p.m. in afternoon (on days with poor to severe AQI)
- Avoid burning wood/ charcoal in 'Anghiti' during winters, in closed and confined condition which may be fatal due to Carbon monoxide and dioxide build up.
- Practice wet mopping instead of sweeping or vacuum cleaning inside homes.

3. Fuels for heating, cooking and lighting

- **Shift from wood, animal dung, charcoal, crop waste, coal and kerosene to cleaner fuels such as biogas, ethanol, liquefied petroleum gas (PM Ujjwala Yojana), natural gas and electricity.**
- **Use efficient stoves and technologies**, including advanced biomass stoves, as an interim measure

The most important prevention measure for household air pollution is scaling up access to cleaner household energy for cooking, heating and lighting.



4. Personal protection (Face Mask. Air Purifiers. Air Conditioners)

- The disposable N95 or N99 is useful provided user instructions are followed. These masks may help provided the period of exposure is

short. Masks should have proper fitting on users' mouth and nose. Ensure to replace the masks after usage as instructed. Paper masks, handkerchief, scarves and cloth are not effective.

- If using air purifier, follow manufacturers' guidelines, however it may be advised to have expert's consultation on suitability, positioning, technology selection and cleaning capacity (area coverage). Ensure to replace and clean filters as instructed. Avoid using an air purifier that works by generating ozone as it increases pollution inside rooms.
- When operating air conditioners in buildings or vehicle, use in "recirculate" mode to avoid contact with outside air.

5. Cleaner energy sources

This could include promotion of renewable sources of energy like household solar power for lighting, heating, cooling and cooking.

Source- Introduction to Children's Environmental Health by UNICEF and WHO (available on Agora)

6. Agricultural practices

- Use of waste management technologies that can be applied to produce biogas by anaerobic digestion.
- Avoid crop residue burning.

IEC material available on NPCCHH website ([click here](#)) could be used to raise public awareness and promote behaviour change on these issues

VI. Job Aid for screening patients for exposure to Air Pollution

(for use at Health Facilities/Medical Colleges where CHEST Clinics are organised)

1	Habit of Smoking	Never Daily	In the past Second Hand	Sometimes
2	Type of Fuel used for cooking/heating	Firewood/ Crop Residue/Cow Dung Cake/ Coal/ Kerosene/ LPG/ Electric/ Solar		
3	Indoor pollutants (incense, mosquito coils) used in the home/school/workplace?	☐ Yes ☐ No		
4	Lack of proper ventilation at place of residence/study/work	☐ Yes ☐ No		
5	Occupational Exposure	Crop Residue burning Burning of Garbage/ leaves Brick kiln workers Construction workers	Mining/Smelter Traffic Police Glass factory worker Manufacturing	
6	Exposure at the place of residence/study or at work due to	Affected By Forest Fires Has Thermal Power Plants Landfills Unpaved Roads/Major Road/Highway Known For Poor Air Quality or Frequent Smog Has Frequent Dust Storms Heavy Industries		
7	Family history of Cardio-pulmonary conditions in the family	☐ Yes ☐ No		
8	Protective behaviours 1. Do you monitor/follow updates on Air quality through an app/website 2. Do you avoid outdoor activities during poor air quality 3. Do you use N95 or equivalent masks during high pollution periods	☐ Yes/ No ☐ Yes/ No ☐ Yes/ No		
9	Provisional/Confirmed Diagnosis			
10	ICD Code of provisional/confirmed diagnosis			
11	ICD 10/11 code applicable for exposure to air pollution (circle appropriate)	• Z77.110: Asymptomatic with exposure to air pollution • Z58.1: Symptomatic with exposure to air pollution • QD 70.1: Problem associated with exposure to air pollution • None		

VII. CHEST Clinic Format 1: Line list of individuals accessing services

(to be maintained at District Hospitals/Medical College Hospitals where CHEST Clinics are organised)

Name of the Hospital:

Date:

Block:

District:

State:

Sl. No	Name of Individual/Patient and Phone #	Age	Gender	Village	Block	ICD Code for Provisional/confirmed diagnosis	ICD code for exposure to Air Pollution
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

VIII. CHEST Clinic Format 2: Facility level Summary reporting format

To be sent to District Nodal Officer, NPCCHH daily by 5pm.
States may establish the mechanism by which facilities will submit this to District Nodal Officer.

Date:

Name of the Hospital:

Type of Facility: CHC/SDH/DH/Medical College/Others (Specify):

District:

State:

Sl. No	Particular	Paediatric		Adult		Total
		M	F	M	F	
1	No. of patients visited CHEST Clinic today					
2	No. of patients with history of exposure to Air Pollution (today)					
3	No. of patients today visited with history of exposure to air pollution admitted for treatment					
4	No. of patients provided risk-based counselling to reduce exposure					

IX. CHEST Clinic Format 3: District level reporting format

(To be sent on every Monday by District Nodal officer to State Nodal Officer)

Date: _____

Reporting From: _____ To: _____

Name of District: _____

Name of State: _____

Name of District Nodal Officer: _____

Sl. No	Particular	# and name where applicable
1.	No. and name of District Hospitals in the District where CHEST Clinics established	
2	No. and name of Medical College Hospitals in the District where CHEST Clinics established	
3	Total No. of CHEST Clinics established in the District	
4	No. of patients visited CHEST Clinics in reporting period	
5	No. of patients with history of exposure to Air Pollution in reporting period	
6	No. of patients in reporting period with history of exposure to air pollution admitted for treatment	
7	No. of patients provided risk-based counselling to reduce exposure in reporting period	
8	Remarks if any	

X. CHEST Clinic Format 4: State level reporting format

(To be sent by 5th of each month by State Nodal Officer to NPCCHH HQ)

Date: _____

Reporting From: _____ To: _____

Name of State: _____

Name of State Nodal Officer: _____

Sl. No	Particular	#
1.	No. of District Hospitals in the State where CHEST Clinics established	
2	No. of Medical College Hospitals in the State where CHEST Clinics established	
3	Total No. of CHEST Clinics established in the State	
4	No. of Districts in the State where CHEST Clinics established	
5	No. of patients visited CHEST Clinics in reporting period	
6	No. of patients with history of exposure to Air Pollution in reporting period	
7	No. of patients in reporting period with history of exposure to air pollution admitted for treatment	
8	No. of patients provided risk-based counselling to reduce exposure in reporting period	
9	Remarks if any	

Enclosure II**Roadmap for operationalizing Chest Clinics**

Sl. No	Date	Activity	Responsible agency/person
1.	By 21 st August, 2026	Self- assessment using Google form (will be circulated by NCDC)	Medical Superintendents of District Hospitals and Medical Colleges
2.	By 28 th August, 2026	Supportive supervision and assessment by National, Regional, State and District level officials and partner agencies	NCDC, RoHFW, State level Officials (Joint Director and above), District level Officials (Deputy CMO and above), Partners
3.		Chest Clinics Operational at District Hospitals and Medical College Hospitals in all States and UTs across the country	NPCCHH HQ (NCDC), State Nodal Officer, District Nodal Officer, Medical Superintendents
4.	From 1 st September onwards	Monitoring of functioning of Chest Clinics and community level linkages from September 2026 to February 2027 (including periodic supportive supervision and assessments from National, Regional, State and District level officials)	