



**National Rabies Control Program  
Centre for One Health Division  
National Centre for Disease Control  
Dte. General of Health Services  
Ministry of Health & Family Welfare, GoI**



## **Guidelines for Model Anti Rabies Clinic**

The existing resources of district hospitals will be strengthened as Model Animal Anti Rabies Clinics as per proposed IPHS standards. Over a period of five years, 300 district hospitals will be having designated Model Anti Rabies Clinic. These centers will be providing Animal Bite Management facilities, Counseling of Animal Bite victims, and referral services for suspected Rabies patients, Surveillance activities and Intersectoral Coordination with other stakeholders. The proposal MRC will be submitted through State PIP.

### **The Model ARC should meet the following minimum requirements -**

Anti Rabies Clinics/Centers are the health facilities manned by trained doctor/s and nurse/s where individuals with rabies exposure are evaluated and managed. Strengthening of the of the existing Anti rabies Clinic and establishment of Newer ARC based on community need assessment is an important objective of the national rabies control program.

State Nodal Officers are advised to do mapping of existing district wise ARC in the Government Health facilities(PHC/ CHC/ District Hospital or other Tertiary level health institute) as well as list of all private health facilities where there is facility of treatment of animal bite victims or indoor treatment facility for rabies cases. The need assessment for establishing newer ARC at the identified health facilities may simultaneously be carried out by SNO. The Model ARC should meet the following minimum requirements -

### **Facilities at ARC:** Minimum facilities envisaged at ARC are as under:-

- Management of Animal Bite Wounds- wound washing facility
- Availability of Rabies post exposure prophylaxis- Anti-rabies vaccine and ERIG
- Functional referral services for hydrophobia cases
- Standardized recording and reporting systems

### **Staffing pattern at ARC:** The minimum required staff at each ARC is

- I/C Physician (Nominated by DHS)
- One Nurse (GNM) (To be Hired through NRCP)

\*All trained in Animal Bite management and Rabies Pre and Post exposure prophylaxis

**Physical Infrastructure:** The Physical infrastructure of the ARC should meet the following minimum requirements

- Visible signage at the entrance as well as outside the center
- Visible organizational Chart
- Time schedule ( functional hrs of ARC)
- Visible flow chart/ algorithm of “ decision to treat” ( available at pg -28 of national guidelines of rabies prophylaxis Decision Tree: Guide to Post-Exposure Prophylaxis)
- Visible IEC messages
- Separate Wound washing facility with preferably continuous tap water (the water available should be safe and clean). If the tap water is not available the water should be stored in clean covered bucket)
- Refrigerator with a calibrated thermometer, exclusive for vaccine/ RIG storage
- Vaccine carrier for temporary storage
- Facility for proper Biomedical waste management with availability of Color coded waste bins and sharp boxes
- [Weighing scale](#)

**Logistics: -**

1. Equine Rabies Immunoglobulin
2. Tissue culture anti-rabies vaccine approved by DCGI for ID/IM route.
3. Consumable : self mounted insulin syringes (AD), Dressing Kits, Soap and Gloves
4. IV Fluids and Emergency drugs for adverse reaction

**Recording and reporting formats:** Following recordings and reporting formats should exist at ARC -

1. Animal bite exposure register
2. Rabies PEP CARD ( in duplicate one for the Victim and one for the ARC record)
3. ARC monthly monitoring formats,
4. Copy of “National Guidelines for Rabies Prophylaxis”, available at NCDC website [www//http//ncdc.gov.in](http://ncdc.gov.in))
5. SOP for sample collection for anti-rabies antibody titer estimation



## Reporting format for Model Anti Rabies Clinic(M-ARC)



State: _____ District: _____ Block: _____ Address: _____	Name & Designation of ARC Nodal officer: _____ Contact No.: _____ ARC Facility Coding) _____ Month _____ Year: _____
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Component	Indicator	Mark as Required		
Human Resource (trained in Animal Bite management and Rabies Pre and Post Exposure prophylaxis)	Manpower	Total No. of post sanctioned/ No. of postfilled	Trained (Yes/No)	If yes- provide date of the training
	Physician (Trained)			
	Nurse (GNM) (Trained)			
	Pharmacist (Trained)			
	Others			
Physical Infrastructure	Visible sign boards at the entrance of the center as well as Outside the center	Yes/No		
	Visible organizational Chart	Yes/No		
	Time schedule (functional hrs. of ARC)			
	Visible flow chart/ algorithm of "decision to treat"	Yes/No		
	Visible IEC messages	Yes/No		
	Separate Wound washing facility with preferably continuous tap water	Yes/No		
	Facility for proper Biomedical waste management with availability of Color-coded waste bins and sharp boxes	Yes/No		
Logistics	National Guidelines for Rabies Prophylaxis 2019	Available / Not Available		
	Dressing Kits,	Available / Not Available		
	self-mounted insulin syringes (AD)	Available / Not Available		
	Weighing Scaler	Available / Not Available		
	Soap and Gloves	Available / Not Available		
	IV Fluids and	Available / Not Available		

Component	Indicator	Mark as Required	
	Emergency drugs for adverse reaction		
	Autoclave	Available / Not Available	
	Vaccine carrier	Available / Not Available	
	Refrigerator with a calibrated thermometer	Available / Not Available	
	Collection of Blood samples and referral services for hydrophobia cases and titre estimation	Yes / No	
	Standardized recording and reporting systems	Yes / No	
<b>Services Rendered and Availability of Reporting formats (Online/Offline)</b>	Anti-Rabies Vaccine (ARV)	Yes / No	
	Rabies Immunoglobulin / Anti Rabies Serum-Human (ARS)	Yes / No	
	Animal bite exposure register	Yes / No	
	Rabies vaccination card / rabies treatment card induplicate	Yes / No	
	Line List format of Suspected / Probable / case of Rabies	Yes / No	
	Human rabies / hydrophobia cases monthly format from Infectious Disease Hospital /any other hospitals	Yes / No	
	Monthly reporting format of animal bites	Yes / No	
<b>Rabies Awareness/ Education activity</b>	Camps organized in villages	Yes / No	
	Health education sessions in villages	No of sessions	
		Population Covered	
	Health education sessions in schools	No of sessions	
		No of Children covered	
<b>Any other Activity Conducted/ Intended to conduct</b>			
<b>Suggestions</b>			