



**nCorona Virus Outbreak Control and Prevention State Cell**

**Health & Family Welfare Department**

**Government of Kerala**

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**2<sup>nd</sup> Feb 2020**

**TOR for district level teams**

WHO has declared the recent 2019-nCoV epidemic affecting 23 countries as Public Health Emergency of International Concern. There is a need for activation of nCorona Virus Outbreak Control and Prevention District Cell in the present scenario with 2019 –nCov outbreak in Kerala. In view of this unprecedented event preventive and promotive strategies should be designed and made functional for prevention of spread of disease in the community. Activation will involve partial or full staffing depending on the support that is required for managing the situation. Staff assigned to the nCorona Virus Outbreak Control and Prevention District Cell will follow job activity sheets and standard operating procedures. The respective committees / units are constituted for the proper management of various administrative and complementary aspects related to nCorona virus outbreak. The officers in the districts shall follow these guidelines for constitution of teams and start functioning in concurrence with the TOR for containment of the situation.

- The respective Committee may co-opt the persons necessary for compiling the reports and supporting the districts as according to the needs.
- They shall ensure that the specific activities are conducted, data collated and presented in a specific format. The template is shared.
- All Committees and members shall connect and work with their district level teams and compile the activities, so as to prepare the report of the activities in the evening meeting.
- All Committees should send the reports to the state control team by 6.00pm daily

- All Committees shall ensure to be present in daily meeting at 6 pm at the district control room / wherever suggested by authorities
- The following teams should work independently with their teams according to the following TOR.

#### **STATE LEVEL CORONA VIRUS CONTROL ROOM - TEAMS**

1. Surveillance team
2. Call Centre management team
3. HR management
4. Training and awareness generation
5. Material management team
6. Infrastructure (isolation ward and facilities) management team
7. Media Surveillance team
8. IEC/BCC and Media Management team
9. Documentation team
10. Private hospital surveillance team
11. Expert study coordination team
12. Transportation and ambulance management team
13. Inter departmental and coordination team
14. Field level volunteer coordination team
15. Psychological support team

#### **CONTROL ROOM Roles and responsibilities**

- Control room will be operational 24\*7 managed by floor managers in rotation
- Control room access is authorized only to those engaged in control room activities
- Identity proof is mandatory
- In and out movement is written on log book
- Food items are not permitted inside the control room
- Team members of different groups has to work in their assigned areas
- Review meetings will be held in mornings and evenings

- Minimum two members from all groups will participate in review meetings
- Appraisal of group activity will be done in the meetings
- Documentation team will record minutes of all meetings
- Decisions taken will be communicated to the respective groups
- Implementation status of the decisions taken will be monitored
- Emergency meetings will be informed by phone to the respective teams by the documentation team
- Single window communication system will be operated by the documentation team
- All sub teams communicate with district control room via their own email id.
- All communication between the teams were coordinated through district control room.
- All communication is well documented.
- The advances in information technology is well utilized for communication
  - Communication to the media will be done only through the media management team
  - Health bulletin release at 6 pm by freezing the data as at 6 pm and shared with the State Cell
  - Press briefing at 7 pm

## ACTIVITIES OF VARIOUS TEAMS

### 1. Surveillance team

- **Hospital surveillance**

The condition of the Symptomatic patients admitted at isolation wards of hospitals will be closely scrutinized and reports will be updated to surveillance team

Analysis of the reports

- **Field surveillance**

Those patients discharged from hospitals will be monitored by field workers in their corresponding PHC area

Those asymptomatic travelers/ contacts in home isolation will also be monitored for 28 days by field workers and reports will be sent to the DSO

- **Lab surveillance**

The DSO and District nodal officers entrusted for sample collection will inform to the lab surveillance team before sample collection

Sample requisition forms will be scrutinized before sending to National Institute of Virology Pune/Alapuzha

Liaison with districts and sample collection point at district

- Preparation of guidelines for Surveillance and management of 2019-nCoV infection
- Support and supervise Surveillance activities at district level
- Establishing support system with SMO (WHO), mechanism for strengthening IDSP disease surveillance system.
- Detailed data monitoring at IDSP state unit.
- Identifying areas for inter-sectoral action & steps for the same.

## **2. 24 X 7 Call Centre management team**

### **To Set-Up**

Control room call centre should be set up in state as well as district. The call centre is set up with 3 laptop, 3 mobile/ landline telephone facility. Each Call Center Operator is assigned both a telephone and a computer. One outgoing mobile facility also available for answering pending calls. Two whatsapp number also available in disaster control management room. Depending on the configuration of the call center, each workstation has the following items:

- Headset for hands-free answering;
- Reference materials (issued upon activation of call center operations);
- Item to be used to request assistance from the supervisor (Paper and pen/pencil, register etc)
- All phone/computer banks are set up in close proximity to power, telephone, and data sockets/ports.
- Call Center Supervisors are to utilize a sign-in/sign-out sheet to keep track of Call Center Operators.

## Roles and responsibilities of the CALL CENTRE

- ☐ Maintenance of discipline
- ☐ Time management
- ☐ Call centre will be operational 24\*7
- ☐ Documentation of all the activities happening in call centre

Bunching of the subjects of the calls to formulate the FAQ so that the same things will not be asked and capacity gets built.

- ☐ Daily consolidation report at 4.30 pm.

- Establishing call centre with sufficient connectivity
- Linkage with DISHA system
- To answer medical queries ,logistics and administrative issues regarding health and health related problems
- Daily maintenance of second and third level call referral.

Format

Total number of calls till today	No: of calls on the date--/--/2020	Total	Case follow up till today	Case reported on --/--/2020	Total fever

### 3. HR management

- Human resource management mostly happens at the district level but at any point if district needs any additional support the needs can be communicated to state.
- The team should have a thorough knowledge of all district HR distribution.

- The team should also communicate with the district regarding the optimum redistribution policies according to the needs.
- HR details of the isolation facilities should be managed and timely decisions if necessary should be taken from the control room.
- The HR data of isolation facilities/nodal centres should be compiled on daily basis and ensure there is no shortage in any category.

#### **4. Training and awareness generation**

District should train all the necessary segment of officers/ officials timely and the data should be compiled at the state level. District team has the responsibility for preparing the training materials in addition to those prepared by state according to the daily needs being discussed in the control room meetings. These training materials should be vetted by group of experts and should be disseminated via control room mail id to all concerned (districts, agencies, groups, IMA, IAP etc) .District team should ensure the availability of training materials developed by the state team

- Identify the segments in Government and Private sector
- Prepare segment specific relevant modules
- Dissemination of the prepared IEC materials including audio visual aids/training materials to health workers/volunteers/public/media
- Dissemination of FAQ'S and its answers
- Online / Telephonic trainings for district level officers/health workers/volunteers as and when required
- Training to call centre duty staff
- Team of Master trainers
- Conduct of training and demonstration sessions

DATE:

Sl No	Segment	Subject	Place	Number of persons attended
	<b>Govt sector</b>			
1.	Doctors			
2.	Paramedical staff			
3.	Attendants			
4.	<b>Private sector</b>			
5.	Doctors			
6.	Paramedical Staff			
7.	Attendants			
8.	ASHA			
9.	Line departments staff			
10	LSGD representatives			
11	Kudumbashree			
12	Anganwadi Teachers			
13	Ambulance Drivers			

#### 5. Material management team

Material management should be done at the institution level using all possible resources under the control of superintend, however there might be higher degree of needs arising in certain situations.. The needs and activities should be compiled in the districts and coordinated with state team/KMSCL.

DATE

INSTITUTION

SI No	Items	Opening stock	Distribution	Balance
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10				
11				
12				

The primary responsibilities of material management team are:

- Prepare the list of items required at the Hospital for providing health care
- Monitor inventory position institutions wise
- Ensure supply chain management of health care and other items requirement

**6. Infrastructure (isolation ward and facilities) management team**

- Identify isolation place in each district for at least for 50 patients



- Ensure all the required things in the isolation ward of these facilities
- Set up dedicated team in each district
- Train the dedicated team and other health functionaries
- Ensure strict protocol of infection control is followed in district
- Identify spatially all the field units fever clinics arrangements done in district
- Ensure and compile referral of contacts from from field/call centres /DISHA to isolation facilities in the districts
- Verify and compile the needs of additional isolation place if the number is increasing in district

The data should be collected in the following format at the district level

**DATE**

**INSTITUTION**

SI No		Describe and give data
1.	Whether isolation ward identified and all required things are set up	
2.	Whether the specific teams have been identified and trained  Number of Doctors  Number of Paramedical staff  Number of Attendants	
3.	Whether stand by team identified and trained  Number of Doctors  Number of Paramedical Staff	

	Number of Attendants	
4.	Duty roster prepared	
5.	Whether all inventory is ensured	
6.	Number of beds	
7.	Number of Patients admitted and their details	
8.	Infection control measures taken Details	
9.	Bio medical waste disposal mechanism from Isolation ward	
10	Institution requirements details	

## 7. Media Surveillance team

- Print, visual and social media surveillance with the support of State and District team.
- Collection of information regarding demand and supply of logistics, Human resources etc circulated in the media, and addressing the needs by bridging the gaps after validating the information.
- Surveillance of issues regarding 2019-nCoV disease circulating in the media.
- Validating the information collected from the media for forecasting potential negative outcomes and execute timely preventive and control measures.
- Reply queries to the general public regarding health related events and information through phone numbers circulated at the district level.
- District level compilation of media surveillance data should also happen timely  
Reporting format of cyber space monitoring

Sl no :	Description	Details
1	Whether any misinformation noticed	
2	Misinformation noticed Give details in brief	
3	Whether reported to take action and case booked	
4	Cases booked today	
5	Total cases Booked till today	

#### 8. IEC/BCC and Media Management team

- Preparation of IEC materials related to the preventive and promotive activities to be done at the field level for the management of 2019-nCov disease spread, decrease the anxiety of general public and to disseminate factual information regarding the disease
- Dissemination of same in PRD , TV channels , AIR , social media etc
- Timely updating of website with regard to IEC
- Preparation of daily reports for media
- Arrangements of press conferences as per direction
- To act as media spokesperson for DMO

Review format

Press note	
Press brief	
Social media dissemination content	

## 9. Documentation team

- Document all meetings related to 2019-nCov disease management at District minister , Collector , any delegate from state and DMO level
- Ensure proper communication of all decisions to district's and Public health institutions for implementation of the decisions made in meetings
- Proper communication to various teams of control room regarding meetings, guidelines , SOPs communicated to district control room etc.
- Communication to concerned teams of website and social media updation.
- Daily compilation of activity reports by various teams

## 10. Private hospital surveillance team

- Team should compile the data regarding the general public visiting private hospitals from all districts and suspect and identify any missed out contacts of contacts reaching the facilities.
  - Good rapport should be ensured with the private hospitals/associations
- Reporting format

	Cumulative
Number of persons visited private hospitals	
Suspected cases/contacts identified from Jan 15 2020 onwards	

## 11. Expert study coordination team

They should work with DPMSU ,NHM admin wing and arrange and facilitate the visits of expert agencies provided they are coming with

- Approval from the head of the institution
- Letter to principal secretary health and family welfare for the sanction of the same

- Their own logistical support
- Should be ready to give their input regarding the present scenario and work with the current state and district team
- The team should communicate with the state expert study coordination team for approval from principal secretary health and family welfare regarding the feasibility, pros and cons of approval in each case after studying their back grounds.

Sl no		Details
1	Expert / Expert Group Institution Govt or private	
2	Names:	
3	Activities under taken	Fieldvisits .....

## 12. Transportation and ambulance management team

The teams should compile the data regarding the availability spacing, training of drivers of ambulance and vehicles carrying patients from the home isolation to the hospital isolation facilities and back . It should be ensured that there should be continuous availability of vehicles 24 x 7 in the district. The data should be compiled in following format .All possible challenges at the district should be addressed there itself during control room meeting and should be conveyed to state if necessary.

Sl no	Vehicle number	Driver	From	To	Post trip sanitization

### **13. Inter departmental and coordination team**

- There should be regular connections with district authorities of line departments like LSGD, Animal husbandry, tourism , police, kudumbasree, Suchitwa mission etc

### **14. Community level volunteer coordination team**

The field lev should be done by this team. Grass route level food kit management when more people are at quarantine should also be done with the help of kudumbasree , and NHM juniour consultant ASHA program in DPMSU NHM should review these activities and gaps on daily basis and present it on control room meeting

### **15. Psychological support team**

The team should arrange district /field team for managing posttraumatic stress related events and stress during quarantine. The field level activities should be compiled and presented during daily control room meeting

ANNEXURE 1 : Teams to be identified

Sl no	Name of team	Members
1	Surveillance team	
2	Call Centre management team	
3	HR management	
4	Training and awareness generation	
5	Material management team	
6	Infrastructure (isolation ward and facilities) management team	
7	Media Surveillance team	
8	IEC/BCC and Media Management team	
9	Documentation team	
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15	Psychological support team	

ANNEXURE

<b>District</b>	<b>The MCH Medical Board to support</b>
Pathanamthitta	MCH Kottayam
Idukki	MCH Kottayam
Kasaragod	MCH Kannur
Wayanadu	MCH Kozhikode
Palghat	MCH Thrissur