



COVID-19 (nCorona) Virus Outbreak Control and Prevention State Cell

Health & Family Welfare Department

Government of Kerala

COVID CARE - Coastal Health Action Plan

No.31/F2/2020 Health- 30th July 2020.

1. Kerala is going through a phase of cases emerging in clusters especially in the coastal area. The density of population in coastal area is very high and it is important to have specific structures and processes put in place to ensure that proper actions are taken to control COVID19 epidemic in these areas.
2. The Department of Health and Family Welfare has already taken an initiative of doing a specific Sentinel surveillance in coastal, tribal and urban slums. The surveillance will give information about the cases in these areas and give lead to the district administration to take actions.
3. In order to facilitate series of activities in the coastal areas the following Guidelines are issued for ensuring efficient COVID Care in the coastal areas.

The Guidelines are attached as an Annexure.


Principal Secretary

Anexure

COVID care - Coastal Health Action Plan

Background

Kerala state has a very long coastal line which is nearly 600-km long. The literacy as well as health status along the coastal area of Kerala where the majority of fisher-folk are still lagging behind. Coastal population suffers from diseases that result from lack of safe drinking water and sanitation. The coastal area does not have enough health facilities as compared to other parts of the State. Coastal areas are densely populated also. Due to the peculiar nature of work, access to healthcare is also lower as compared to other regions. So there is a need for a special Coastal COVID prevention and Control action plan in Kerala

Objective:

1. To strengthen COVID prevention and control activities in the coastal villages in Kerala
2. To strengthen promotive, preventive and curative primary health care to all people in coastal areas in Kerala

Major Activities Related to Coastal Health in the context of COVID

1. Setting up Structures
2. Setting up Infrastructures
3. Rigorous Contact Tracing
4. Active Case Finding
5. Intense Testing of all eligible
6. Ensuring Reverse Quarantine
7. Behaviour Change Communication
8. Intersectoral coordination
9. Involvement of community leaders, NGOs, Community
10. Mobilisation of vehicles for transportation of suspects/patients
11. Ensure Psychosocial support to people
12. Ensuring good quality quarantine
13. Addressing other medical needs of people

Structures

1. District Coastal Health Board

District Coastal Health Board is the district level apex body to take policy decisions on adaptation of strategy, operations, resources and timelines. Since

population characteristics and access to health care vary across districts, the district body will need to customise state's strategies to suite local situations. The board also monitors implementation of strategy at sub district levels and adopts appropriate corrective measures on recognition of shortfalls or gaps.

Constitution: A District Coastal Health Board is to be formed with the District panchayat President, Member of Parliament, members of Legislative Assembly and Mayor as the patrons

Chairperson: District Collector

Vice Chairpersons: DMO [H]

Convener: District Surveillance Officer

Members

1. Deputy Director, Panchayat
2. District Labour Officer
3. Principal, Medical College [all medical colleges in the district]
4. Secretary, District Panchayat/ Corporation
5. District Police Chief
6. District Officer, Fisheries
7. DMO, Indian Systems of Medicines, AYUSH
8. District Nodal Officer [Communicable, NCD, RCH]
9. 2-3 Religious Leaders, Coastal Area
10. 2-3 Opinion Leaders, Coastal Area
11. 2-3 NGOs in coastal areas
12. LSG Presidents, Coastal Panchayats

2. LSG Coastal Health Task Force

LSG level Coastal Health task force is a group of responsible citizens and public servants organized under the leadership of the LSG specifically to achieve the goal of TB elimination in the population stewarded by that LSG.

Constitution of LSG TB elimination task force:

Chairperson: Head of LSG

Vice Chair: Health standing committee Chairperson

Chief Executive Officer: MO PHC or equalent

Convenor: Health Supervisor/ Health Inspector

Members:

All members of LSG

Secretary of the LSG

Corporation Health Officer

ADS/CDS Chair

CDPO

NHM PRO

Lady Health Supervisor/Inspector

Janamythri police

Civil society representatives

Other appropriate members nominated by head of LSG including NGO representatives in coastal areas, religious leaders and opinion leaders

Terms of Reference:

LSG Coastal Health task force meets at least once in a month and plan, implement, monitor the coastal health preventive activities

Infrastructure to be set up in coastal areas

1. Coastal Health Special Outposts

If PHC is there in coastal area, that can act as coastal health special outposts. In LSGs where there is no PHC/ other health facility, a temporary facility may be set up for providing primary health care. Medical Officer of PHC/ equivalent in charge of that area need to coordinate

2. Testing Facility for COVID at every coastal LSGs/ Villages

Facility for testing COVID suspects shall be set up near to Coastal health outposts/ PHCs so that eligible people for testing need not be transported to distant places for testing. This could be established by placing WISK (Walk in Sample Kiosk). Medical Officer of PHC or equivalent to establish the facility and run the facility with the help of District Health Administration.

3. CFLTC (COVID First Line Treatment Centres) at Coastal areas

Establish CFLTCs in coastal area itself so that people with mild symptoms/ asymptomatic could be admitted there itself. There is no need to take them to distant places. Only eligible people need to be referred from there to COVID hospitals. Medical Officer of PHC or equivalent has the administrative control of CFLTC. The CFLTC need to be established with guidance and support from District Health Administration, DPM NHM at district level to provide guidance, support and essential HR and logistics as per the guidelines and needs assessment.

4. Facility for Reverse Quarantine

Facility for reverse quarantine need to be identified and established in coastal areas. This is for elderly people/ people with c0-morbidity who don't have facility for reverse quarantine at home. Medical Officer of PHC has the administrative control of RQ facility. The facility for RQ need to be established with guidance and support from District Health Administration, DPM NHM at district level to provide guidance, support and essential HR and logistics as per the guidelines and needs assessment.

Special Activities to be conducted

1. District Coastal Health Board to meet at least once in a month (Following COVID Protocol/ Online meetings)
Convenor: District Surveillance Officer
2. LSG level Coastal Health Board to meet at least once in a month (Following COVID Protocol/ Online meetings)
Convenor: MO PHC or equalent
3. Capacity building of all health staff on special Coastal Health Plan.

Medical Officer of PHC to ensure that all staff including ASHAs are trained in coastal health action plan.

4. Meeting with Religious leaders/ NGOs/ Opinion leaders
District level meeting to be conducted with Religious leaders/ NGOs/ Opinion leaders in coastal areas. They need to be sensitised on COVID prevention, surveillance and protocols. DSO need to convene the meeting under chairmanship of District Collector.

5. Identification and Capacity building of Community Volunteers
One volunteer per 25 households (Arogyasena members/ Kudumbasree members/ Youth) need to be identified and trained on COVID prevention, surveillance and protocol
6. COVID sentinel surveillance
COVID sentinel surveillance needs to be established as per the advisory issued by department of health and family welfare.
7. House to House Campaign
Team consisting of community volunteers, LSG leaders, ASHAs and health staff to visit every house in coastal areas for the following purposes
 1. Look for symptoms suggestive of COVID. If identified, then arrange for testing.
 2. Educate on COVID prevention measures- Hand washing, Masks and need for Social distancing
 3. Ensure all medical needs (NCD medicines, Immunisation etc) are addressed
 4. Look for vector breeding places and reduce the same
 5. Educate on drinking boiled water and general sanitation
 6. Provide psychological support and link those who need to professional services.

Daily Review of activities at District Surveillance Unit related to Coastal areas

1. Daily COVID trend in coastal areas
2. Review of trend of fever, ARI/ILI, Pneumonia and unknown death
3. Identification of cases of local transmission (with and without history)
4. Early identification of new clusters; cases of locally acquired infection in time and place in nearby areas
5. Contact tracing status of cases of locally acquired transmission within the clusters
6. Review of number of persons in quarantine (travellers, contacts; primary/secondary, HCW) within the cluster
7. Review action taken reports from coastal areas and provide recommendations
8. COVID Testing status in coastal areas (samples sent category wise, pending results, positivity, logistics etc)
9. Occupancy status of CFLTCs in coastal areas
10. Review of Coastal specific IEC activities
11. Review of vector indices, other communicable diseases in coastal areas

Generic guidelines to District Administration regarding Coastal Areas

- District Administration to map cases and identify newly evolving clusters and initiate timely containment action in coastal areas
- District Administration to ensure triage and strengthen infection control in all hospitals including private hospitals so as to ensure that even if a COVID suspects land in any health facility, no transmission should happen within health facility.
- District to impose rigorous social distancing and break the chain campaign with more community ownerships.
- District to be map the Human resource pool LSG wise irrespective of sector and train all the available HR- Doctors, nurses, AYUSH, interns on COVID clinical management protocol
- District to have a good patient transportation plan mobilising and training double chambered jeep/taxi/auto with proper facilities for disinfection.
- A system for catering to the medical and psychological needs of those in containment zones need to be established.
- District Administration to monitor and review the coastal health activities

Roles and Responsibilities

Activity Number	Description	Responsible Person
1.	Formation of District Coastal Health Board and convening meeting	DSO
2.	Formation of LSG Coastal Health Task Force and convening meeting	Medical Officer PHC in rural areas/ equivalent in urban areas/ NUHM Coordinator in Corporation
3.	Identifying all coastal areas and Assigning 'Administrative -in- Charges' for each	DMO (H)

	Coastal areas (PHC MO/ THQ Superintendent/ NUHM Coordinator)	
4	<p>Infrastructures for COVID Management</p> <p>a. Special health Outpost b. WISK/ Testing facility c. CFLTC d. Reverse Quarantine facility</p>	<p>DPM NHM at district level to provide guidance, support and essential HR and logistics.</p> <p>MO of PHC/THQ Superintendent/ NUHM Coordinator to set up and ensure daily functioning of the facility</p>
5	District level Meeting with Religious leaders/ NGOs/ Opinion leaders	DSO in presence of District Collector
6.	Capacity building of all health staff on special Coastal Health Plan.	DSO
7.	Identification and Capacity building of Community Volunteers	MO of PHC/THQ Superintendent/ NUHM Coordinator
8.	COVID Sentinel surveillance in coastal areas	DSO
9	House to House Campaign	MO of PHC/THQ Superintendent/ NUHM Coordinator
10	Overall Supervision, Monitoring and submission of activity report weekly	DMO (H)