

No.PH2-92390/2017/DHS.

Directorate of Health Services,
Thiruvananthapuram,
Dated. 9.1.2018.

From
The Director of Health Services.

To
The District Medical Officer of Health,
Thiruvananthapuram/Kollam/Pathanamthitta
Alappuzha/ Kottayam/Idukki/Ernakulam/
Thrissur/ Palakkad/ Malappuram/ Kozhikode
Wayanad/ Kannur/ Kasargode.

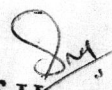
Sir,

Sub:-HSD:-Operational Guide line for SWAAS Clinic forwarding
- regarding.

Ref:-Note received from Dr. Bipin. K. Gopal, State Nodal Officer
for NCD,Dated. 1.1.2018.

I am to inform you that a program for COPD control
"SWAAS" was introduced under State NCD Control Program. An
operational guideline for the smooth functioning of the program has
been prepared and enclosed herewith for favour of necessary action.

Yours Faithfully,


For Director of Health Services.

H/10/1.

n.k.
CD
-18

oy
as

Operational Guidelines for SWAAS Clinic (COPD)

“SWAAS”, a public health programme launched by the State NCD Division for the prevention and control of COPD, ensures a comprehensive package of services for COPD patients. This programme will be implemented at all the three levels of the health system right from Family Health Centers to Medical Colleges.

For planning, coordinating and monitoring the activities under this programme, State level administrative and technical committees were already formed. At district level also for coordinating the activities of the programme, a committee has to be formed and the structure of the committee will be as follows.

Formation of District Level Committee

District Medical Officer (Chairman)

District NCD Nodal Officer (Vice –Chairman)

District COPD Officer (Convenor)

District Nodal Officer Aardram

District FHC Nodal Officer

The district level committee will plan, coordinate and monitor the district level activities of the SWAAS programme and this committee has to meet monthly and should review the activities related to this programme.

Operational Guidelines for SWAAS Clinic (COPD) at Secondary & Tertiary care hospitals .

Under this programme it was decided to start SWAAS clinics in general district level hospitals and the guidelines for starting the clinics is as follows

Formation of a hospital level SWAAS management committee

For facilitating the smooth functioning of the clinic

Members of the Committee

1. Superintendent of the Hospital (Chairman)
2. District COPD Officer (Consultant / Junior consultant in DTC)
3. Respiratory Medicine Specialist In Charge of SWAAS Clinic (MO COPD) (Vice Chairman)
4. Medical Officer of NCD Clinic
5. Nursing Superintendent (convenor)
6. Staff Nurse in Charge of SWAAS Clinic
7. Pharmacist

This committee has to meet monthly and should review the activities

Components of SWAAS Clinic

1. Screening of Respiratory Symptomatics and high risk patients attending the OPD
2. Diagnosis using Spirometry and other modalities
3. Treatment as per standard guidelines (SWAAS Guidelines)
4. Smoking Cessation Clinic
5. Pulmonary Rehabilitation Clinic
6. Semi ICU care using Non Invasive Ventilators
7. Referral and Follow up Services
8. Health education and counseling services
9. Reporting, Monitoring and Evaluation

Operationalisation of the SWAAS clinic at Secondary & Tertiary care hospitals

1. A Respiratory Medicine Specialist will be in charge of the SWAAS Clinic

.The

Superintendent will identify the charge Officer. In hospitals were

Respiratory

Medicine Specialists are not available a General Medicine Specialist

may be given the charge

2. The SWAAS Clinic will function in collaboration with NCD clinic.

3. The NCD clinic will function twice weekly exclusively for COPD.

1st day for Diagnosis and Initiation of treatment

2nd day for smoking cessation clinic and pulmonary rehab clinic

Activities in SWAAS Clinic

- The patients with clinical suspicion of COPD / Asthma will be given appointment for spirometry in SWAAS clinics, about 10 to 15 patients will be given appointments per day.
- A register will be maintained either in respiratory medicine OPD or in NCD clinic for giving appointment
- Spirometry will be done by the trained staff nurses as per the appointment scheduled.
- After performing PFT, the interpretation and the diagnosis will be done by the pulmonologist/treating physician.
- The patients initiated on treatment are provided proper inhaler technique training before initiation, given advice on diet and stopping high risk behavior particularly smoking by the staff nurses /counselors/ dietician in the NCD clinic or Hospital

- Patients identified to be current smokers should be registered for smoking cessation clinic. The NCD Medical officer and trained staff nurses/JHI should run the smoking cessation clinic. The services of the counselor if any available in the hospital may be utilized for the same
- All COPD patients will need exercise training and other supportive services for improving quality of life and hence will be registered in pulmonary rehabilitation clinic.
- The Rehabilitation clinic will be conducted by the trained Staff nurses and the Physiotherapists. In hospitals where Department of Physical medicine and rehabilitation is functioning, their services should be utilized and Superintendents should take adequate steps for ensuring this. Utilization of Yoga for chest physiotherapy may also be considered depending on availability.
- The assessment and exercise prescription of the patients will be done by Respiratory Physician and NCD medical officer (physiatrist and physiotherapists if available).
- Regular follow up is needed for all the patients and appointments should be scheduled accordingly
- The patients coming from areas of the Family Health Centre where SWAAS clinics are running may be referred to that FHC after prescription of drugs, exercise and smoking cessation activities (like in RNTCP programme). These patients should be followed up regularly.
- Nominal fees may be charged for spirometry in discussion with HMC to meet the recurring expenses for running the clinic like (Mouth pieces, Printer cartridges, etc)

Monitoring, Evaluation and Reporting

- Institutional level monitoring and evaluation should be done by the Superintendent. Monthly review has to be done.
- District level monitoring will be done by District COPD officer and District NCD officer
- Monthly reporting has to be done by the charge officer in the prescribed formats to District COPD officer
- District COPD officer should send monthly reports of the programme to District NCD Officer and the State COPD officer/ State NCD division .

Roles and Responsibilities

District NCD Officer

Coordinate the activities with District COPD officer, Superintendent and State NCD Division.

Plan and Coordinate the district level training programmes.

Regional NCD Coordinators

Coordinates the activities in their concerned regions

District COPD Officer (Respiratory medicine specialist in District TB Centre)

(In the absence of respiratory medicine specialist in District TB Centre, MO COPD will act as the District COPD Officer)

1. Overall Monitoring and ensure the functioning of all SWAAS Clinics in the district (at all levels: General /District /Taluk hospitals and FHCs
2. Coordinating the activity of SWAAS clinic with District NCD Officer

3. Monthly reporting
4. Formation and coordination of District level Resource groups

Superintendent of the Hospital

1. Overall monitoring and ensuring the proper functioning of SWAAS clinic
2. Coordinating the activities with District COPD officer & District NCD Nodal Officer
3. Coordinating the convergence of specialty departments of the hospital and District NCD clinics for the SWAAS clinic activities.

SWAAS Clinic Charge Officer (MO- COPD)

Overall charge of screening, diagnosis, treatment, smoking cessation Clinic, Pulmonary Rehabilitation Clinic, reporting, referral and follow up services

NCD Medical Officer

Coordinates all the activities of the SWAAS Clinics with the help of SWAAS Clinic Charge Officer

Staff Nurses (Both NCD and Regular)

1. Performing spirometry
2. Exercise training
3. Conduct the smoking cessation counseling
4. Health Education
5. Maintenance of Registers and records and equipments

Physiotherapist and Dietician (NCD and Regular staff)

Should do assessment of patients for exercise training and teach exercises.

Dietary and Nutritional advices by the dietician.

Supply of Drugs

The drugs supplied as a part of SWAAS programme should be given to those registered in SWAAS Clinic only. The registers of the drug supply should be maintained as per existing rules. Supply of the drugs will be linked to the registration of patients in the SWAAS register and based on monthly reports.

The patients may be referred to their respective FHCs for inhaler medications (as per SWAAS guidelines) once SWAAS clinics started functioning in concerned FHCs. The list of the FHCs will be intimated as soon as they start functioning. Till then drugs should be supplied through District SWAAS Clinics.

Training and Capacity Building

State level trainings were already started and will continue as per the planned schedule. The Respiratory Medicine Department of the district and general hospitals should give additional trainings to the staffs functioning in the SWAAS clinics as and when required and necessary support will be provided from the State NCD division and Department.

Guidelines for Operationalisation of SWAAS Clinics at Family Health Centres

Formation of a hospital level SWAAS management committee

Forming a committee for SWAAS Clinic will help in smooth functioning of the clinic

Members of the Committee

Medical Officer in Charge (Chairman)

Medical officer in charge of SWAAS Clinic (Vice Chairman)

Staff nurse in Charge (convener)

Health Inspector

Public Health Nurse

Pharmacist

The committee has to meet monthly and review the activities

Components of SWAAS Clinic

- 1 Screening of Respiratory Symptomatic and high risk patients attending the OPD
- 2 Community level screening of Respiratory Symptomatic and high risk patients
- 3 Diagnosis COPD and asthma using Mini Spirometry
- 4 Initiation of treatment using standard guidelines (SWAAS Guidelines)
- 5 Smoking Cessation Clinic
- 6 Pulmonary Rehabilitation Clinic
- 7 Referral and Follow up Services
- 8 Health education and counseling services
- 9 Reporting, Monitoring and evaluation

Operationalisation of the clinic at FHC

1. There should be a medical officer in charge and staff nurse in charge for the SWAAS Clinic.
2. The Health Inspector and Public Health nurse will be in charge of the Field Level activities and sub centre Clinics

3. The SWAAS services except diagnosis may be provided all days of the week in FHCs
4. A SWAAS clinic will function on a specific day for diagnosis, smoking cessation and pulmonary rehabilitation. The Hospital Level SWAAS Committee can fix the days
5. The SWAAS clinic will function weekly (2pm to 4Pm) at subcentres where all services like symptomatic screening, health education , counseling, inhaler technique teaching and treatment compliance assessment ,Smoking cessation activities, breathing exercises and physiotherapy will be given.
6. The Hospital level SWAAS Committee can fix the day of clinic at sub centre.
7. The suspected patients will be given appointments for spirometry in SWAAS clinics. 10 to 15 patients per day. A register has to be maintained for giving appointment
8. Spirometry will be done by the trained staff nurses as per the appointment scheduled. After performing spirometry, the interpretation and the diagnosis and treatment initiation has to be done by the Medical officer.
9. In patients where there is diagnostic dilemma and those needing further evaluation, the patient should be referred to District SWAAS Clinics functioning in District and General hospitals
10. The patients initiated on treatment shall be trained on proper inhaler technique, dietary advices and smoking cessation by the staff nurses. Those who need smoking cessation services and rehabilitative services are registered in the respective clinics.
11. The patients registered under SWAAS Clinics should be referred to their subcentres for follow up services and these referrals should be intimated to JHI & JPHN.
12. There should be proper referral and follow up services and all the registers prescribed under SWAAS programme has to be maintained as prescribed.

SMOKING CESSATION Clinic

- Patients identified to be current smokers are registered for smoking cessation
- Smoking cessation clinic will be run by trained staff nurses under the monitoring of the Medical Officer. The services of the counselor if any available in the hospital may be utilized for the same.
- Smoking cessation clinic will run according to the guidelines.
- Once smoking cessation services are initiated , the patient should be referred to his Sub centre for continuation of management after giving a follow up (QUIT) date at FHC
- The details of patient referred to sub centre should be given to the concerned JHI and JPHN who have to continue the services at the weekly SWAAS/NCD at sub centre.
- Those who need pharmacotherapy for smoking cessation should be referred to district SWAAS clinics or District de-addiction Clinics.
- Proper maintenance of registers should be there.

PULMONORY REHABILITATION CLINIC

Components

- i. Exercise Training (Muscle strengthening exercises and Breathing exercises)
- ii. Counseling
- iii. Dietary Advices
- iv. Psychological support in case of patients with depression (with the help of ASHWAASAM)

- Assessment of COPD patients for pulmonary rehabilitation by medical officer and staff nurse using standard guidelines and those in need of exercise training and other rehabilitation services are registered in pulmonary rehabilitation clinic
- The Exercise clinics will be conducted by the trained staff nurses. Physiotherapists(if available) should be utilized for the same
- Individualized exercise prescription of the patients will be done by the Medical Officer
- Six week / twelve weeks rehab protocol should be followed
- After Initiation of exercise programme, the patients may be referred to Subcentres for continuum of management where supervised Home based programme is monitored in weekly SWAAS Clinics at subcentres .
- Regular follow up is needed for all the patients and appointments should be scheduled accordingly
- The details of patient referred to sub centre should be given to the concerned JHI and JPHN who have to continue the services at the weekly pulmonary rehabilitation clinic at sub centre
- Proper maintenance of registers should be there.

Monitoring, Evaluation and Reporting

- Monitoring and evaluation should be done by the Medical officer in charge. Monthly review has to be done.
- Monthly reporting has to be done by the charge officer in the prescribed formats to District COPD officer with copy to District NCD Officer & state NCD Division.
- Nominal fees may be charged for spirometry in discussion with HMC to meet the recurring expenses for running the clinic like (Mouth pieces, Printer cartridges, etc)

Roles and Responsibilities

Medical Officer in Charge

1. Overall Monitoring and ensuring the functioning of SWASS clinic at FHC level and sub centre level
2. Co ordination with district level and state level authorities of SWAAS
3. Activities should be reviewed in Monthly conferences

SWAAS Clinic Charge Officer

1. Overall charge of screening, diagnosis, treatment, smoking cessation Clinic, Pulmonary Rehabilitation Clinic reporting, referral and follow up services

Staff Nurses

1. Performing Spirometry
2. Exercise training
3. Smoking cessation counseling
4. Health Education, Dietary Advice and inhaler technique demonstration
5. Maintenance of Registers and records and equipments
6. Scheduling of appointment of all the services under SWAAS
7. Coordination with field level staff

Health inspector and Public Health nurse

1. Overall supervision of field level activities and sub centre SWAAS clinics of FHC
2. Monthly report preparation of field level and sub centre level activities and submission to medical officer in charge
3. Organizing medical camps for active detection of the cases
4. IEC regarding COPD

Junior public Health nurse and Junior Health Inspector


1. Overall charge of the SWAAS related activities in their sub centre area
2. Identification of high risk population through household surveys using questionnaire and referring them to FHC for evaluation and management.
3. Conducting SWAAS clinics including smoking cessation and pulmonary rehabilitation in their sub centre weekly
4. Follow up of patients registered in SWAAS clinic, smoking cessation clinic and pulmonary rehabilitation clinics of FHC.
5. Proper maintenance of records and registers and preparation of monthly reports
6. Health education and counseling services


Pharmacist

1. The registers of the drug supply should be maintained as per existing rules.
2. Ensure that drug provision is linked to registration of patients in SWAAS register
3. Education of patients regarding dosage and administration of drugs including used in SWAAS
4. Ensuring that the drug logistics section of the monthly SWAAS report form is filled up correctly
5. Timely reporting of shortage of drugs and making alteranate arrangements if possible in consultation with the medical officer

Training and Capacity Building

- Periodic training and capacity building will be done by the state and district level SWAAS team. Additional trainings if any needed may be provided if intimated. The medical officer in charge can also arrange trainings using local resources.


Dr. REENA. K. J
Additional Director (PH)
Directorate of Health Services
Thiruvananthapuram
L: P
Dr. Byas hand


Dr. Manu MS
SWAAS Coordinator
13