

From

The Director Health Services (IDSP)
Haryana, Panchkula

To

Director, DMER,
Sector 16, Panchkula
Haryana

No. IDSP/2020/19741

Dated: 9/4/20

Subject: - Regarding strengthening of District Rapid Response Team

Please refer to the subject cited above.

It is intimated that a Demi official letter from Sh. Lav Agarwal, Joint Secretary, MOHFW, Delhi has been received dated 8.4.20 vide which informed that there is substantial rise in number of positive cases of COVID-19 in the State and considering the complexity of COVID-19 pandemic, it is imperative that all Health agencies (Govt. & Private) should join hands together for supporting public Health measures being implemented. He also mentioned that already a RRT consisting of officers from Community Medicine, Medicine Department and Microbiologist/Pathologist Department has been constituted to provide support to District RRT particularly for strengthening contact tracing and planning the strategy for containment in Hot Spot/Cluster Zones.

It is further informed that a National level strategy outlining the roles of Medical Colleges in surveillance and Containment in various affected and non affected districts is already prepared. **(Copy is attached herewith)** and all districts (which do not have Medical Colleges) should be linked to nearest Medical College for this purpose.

As you are aware that Health Department is already taking all necessary preventive measure to control the situation of COVID-19 disease and also strengthening the manpower at each and every level for proper surveillance & reporting activities. District RRT and State RRT have already been constituted in the State.

Hence, you are requested to give necessary instructions to various Medical Colleges for immediate necessary action for nomination of the experts like preventive and social medicine specialist, Microbiologist/Pathologist from their institution to provide the technical guidance & support to District RRT & State RRT.

Director Health Services (IDSP)


Haryana, Panchkula

Dated: 9/4/20

Endst. No. IDSP/2020/1975-77

A copy is forwarded to the following for information please:

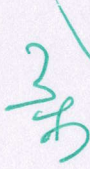

1. W//ACS (Health) Haryana.
2. MD, NHM, Haryana.
3. DGHS, Haryana.

Director Health Services (IDSP)
Haryana, Panchkula 

Endst. No. IDSP/2020/1978-99

Dated: 9/4/20

A copy is forwarded to all the Civil Surgeons and District Surveillance Officers (IDSP) for information and with a direction to ensure the addition of these above mentioned members in their RRT.


Director Health Services (IDSP)
Haryana, Panchkula 

Affected Districts

SOPs of RRTs (of Medical Colleges) in COVID-19 response

Brief:

Considering the complexity of COVID-19 pandemic, it is imperative that all health agencies (both Government & Private) should join hands together for supporting public health measures being implemented. Hence, the role of State/District Surveillance Unit become very critical so as to ensure proper contact tracing and epidemiological analysis of distribution of cases in time, place and person. This will help in interpretation of impact of surveillance strategy and plan necessary interventions for interruption of transmission. In this regard it is also mentioned that already a Rapid Response Team (RRT) consisting of officers from Community Medicine, Medicine Department and Microbiology/Pathology Department. This RRT has been entrusted the responsibility of providing support to District RRT particularly for strengthening contact tracing and planning the strategy for containment in hot spot/ cluster zones.

The purpose of this document is to serve as a guidance document for planning and operationalization of RRTs and sample collection teams of Medical Colleges to assist the district administration in COVID-19 response.

Activities to be supported by RRT & Sample Collection Teams

1. In affected districts
 - a. Cluster and hot spot areas – planning and implementation of cluster containment strategy (Guidance document of MOHFW Website). The additional surge capacity can be enhanced from the available HR (SR/PGs from Homeopathy and other allied medical institutes). In addition to these the additional requirements can be pooled from PWD, Education and other departments for assisting various other non-medical issues (like quarantine facility management, transportation of samples to the VRDL labs, coordination of logistics, vehicle for transportation etc.)
Coordination of Sample collection from ILI cases detected during house-to-house survey – assist district in formation of required no. of sample collection teams in the containment zones
 - b. In other affected districts –
 - i. Enlisting the contacts and sample collection from high risk contacts
 - ii. SARI

Responsibilities of RRTs: Members of the district RRT will work in close coordination with state and district surveillance officers at local levels. They will assist in following activities

- Work with the district to identify geographically defined containment and buffer zones for cluster containment based on epidemiological data.
- Assist district to plan and implement cluster containment strategy.
- Assist in identification and contact tracing of Tabligi attendees and their quarantine as per the SOPs.
- Carry out epidemiological analysis (descriptive) in the identified clusters.
- Supporting the DSO in surveillance
- Assist in establishing system for sample transfer to nearest designated laboratory
- Assist district in setting-up of COVID-19 control room
- Review district planning of setting-up of COVID-19 designated health facility as per GOI guidelines
- Review implementation of Infection prevention and control practices in COVID-19 designated health facilities
- Review risk communication for quarantine, social distancing, cancelling public transport etc
- Assist district in contingency planning for surge in COVID-19 cases (identification of hospital beds, PPE stock, ventilators, hospital staff, earmarking private facilities for shifting patients after public facilities are saturated)
- Assist district in review and analysis of COVID 19 data on daily basis

Sample Collection Team of Medical College: Each Team will consist of one faculty/SR/PG from ENT Department and one Technician

Job Responsibilities:

1. Sample collection from admitted cases of SARI in various wards of Medical College and other health facilities with admission facilities
2. Imparting training to district mobile sample collection teams (for collection of samples from ILI cases detected during house-to-house survey in the containment zones in hot spot and cluster areas).

Logistics:

1. Sample collection swabs, VTM, Zip lock bags, vaccine carrier, ice pack, etc.
2. PPEs including N95 masks, disinfectant and sanitizers
3. Vehicle for swift movement

Format 2: Details of Suspect Cases in the District

1	2	3	4	5	6	7	8	9
S. No.	Name	Address	Date of Onset	Date of Quarantine /Isolation	Place where isolated (S)/quarantined(Q) (mention whether S or Q)	Details of exposure (Imported(I)/Contact with confirmed case (C)	Date of arrival to India in Imported	Name & Date of contact with confirmed case if response is C in column 7

In case clusters have been reported from the district then follow the Cluster Containment measures

Cluster Containment measures: Identify geographically-defined Containment zone and Buffer zone

The containment zone will be defined based on:

- (i) The index case / cluster, which will be the designated epicenter
- (ii) The listing and mapping of contacts.
- (iii) Geographical distribution of cases and contacts around the epicenter.
- (iv) Administrative boundaries within urban cities /town/ rural area.

The RRT will do listing of cases, contacts and their mapping. This will help in deciding the perimeter for action. The decision of the geographic limit and extent of perimeter control will be that of the State Government. However, likely scenarios and possible characteristics of the containment and buffer zone are given in Table-1.

Surveillance in containment zone

Contact listing

The RRTs will list the contacts of the suspect / laboratory confirmed case of COVID-19. The District Surveillance Officer (in whose jurisdiction, the laboratory confirmed case/ suspect case falls) along with the RRT will map the contacts to determine the potential spread of the disease. If the residential address of the contact is beyond that district, the district IDSP will inform the concerned District IDSP/State IDSP.

Mapping of the containment and buffer zones

The containment and buffer zones will be mapped to identify the health facilities (both government and private) and health workforce available (primary healthcare workers, Anganwadi workers and doctors in PHCs/CHCs/District hospitals).

Activities of RRTs

- Active Surveillance:
 - The residential areas will be divided into sectors for the ASHAs/Anganwadi workers/ANMs each covering 50 households (30 households in difficult areas).
 - They will line list the family members and those having symptoms. The field worker will provide a mask to the suspect case and to the care giver identified by the family. The patient will be isolated at home till such time he/she is examined by the supervisory officer.
 - They will also follow up contacts identified by the RRTs within the sector allocated to them. All ILI/SARI cases reported in the last 14 days by the IDSP in the containment zone will be tracked and reviewed to identify any missed case of COVID-19 in the community.
 - Any case falling within the case definition will be conveyed to the supervisory officer who in turn will visit the house of the concerned, confirm that diagnosis as per case definition and will make arrangements to shift the suspect case to the designated treatment facility.
 - The supervisory officer will collect data from the health workers under him/ her, collate and provide the daily and cumulative data to the control room by 4.00 P.M. daily.
 - The community will also be encouraged to self-monitor their health and report to the visiting ASHA/Anganwadi worker or to nearest health facility.
- Passive Surveillance
 - All health facilities in the containment zone will be listed as a part of mapping exercise. All such facilities both in Government and private sector (including clinics) shall report clinically suspect cases of COVID-19 on real time basis (including 'Nil' reports) to the control room at the district level.

- iii. No. of samples under testing
- iv. No. of positive samples

RRT will provide aggregate data on daily basis on the following (for the day and cumulative):

- i. Total number of suspect cases
- ii. Total number of confirmed cases
- iii. Total number of critical cases on ventilator
- iv. Total number of deaths
- v. Total number of contacts under surveillance

Scaling down of operations: The operations will be scaled down if no secondary laboratory confirmed COVID-19 case is reported from the containment and buffer zones for at-least 4 weeks after the last confirmed test has been isolated and all his contacts have been followed up for 28 days. The containment operation shall be deemed to be over 28 days from the discharge of last confirmed case (following negative tests as per discharge policy) from the designated health facility i.e. when the follow up of hospital contacts will be complete.

The closing of the surveillance for the clusters could be independent of one another provided there is no geographic continuity between clusters. However the surveillance will continue for ILI/SARI.

However, if the containment plan is not able to contain the outbreak and large numbers of cases start appearing, then a decision will need to be taken by State administration to abandon the containment plan and start on mitigation activities.

Reference

- Containment Plan COVID 19 MoHFW