GOVERNMENT OF PUDUCHERRY

Standard Operating Procedures for
Public health systems in Puducherry
for COVID-19 Control
(Revised)

State COVID-19 Task Force Draft Document
4/16/2020

(This document was prepared based on guidelines related to COVID control published by Ministry of Health and Family Welfare and the Official documents by the State Government of Puducherry.)
# CONTENTS

<table>
<thead>
<tr>
<th>S. No</th>
<th>Topics</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>COVID-19 Rapid Response Team (CORRT) – Puducherry</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Preventive measures for COVID-19 at health care facilities and other sectors</td>
<td>10</td>
</tr>
<tr>
<td>3.</td>
<td>Community surveillance activities for COVID-19</td>
<td>16</td>
</tr>
<tr>
<td>5.</td>
<td>Containment plan for COVID19 control in the community</td>
<td>23</td>
</tr>
<tr>
<td>6.</td>
<td>Contact listing &amp; tracing in the COVID-19 hospital</td>
<td>26</td>
</tr>
<tr>
<td>7.</td>
<td>Guidelines for Quarantine facility</td>
<td>30</td>
</tr>
<tr>
<td>8.</td>
<td>Guidelines for Home Quarantine</td>
<td>32</td>
</tr>
<tr>
<td>9.</td>
<td>Recommendation for Chloroquine Prophylaxis</td>
<td>35</td>
</tr>
<tr>
<td>10.</td>
<td>Data management</td>
<td>38</td>
</tr>
<tr>
<td>11.</td>
<td>Training for frontline healthcare workers; Health and safety</td>
<td>41</td>
</tr>
<tr>
<td>12.</td>
<td>Risk communication and IEC activities</td>
<td>44</td>
</tr>
<tr>
<td>13.</td>
<td>Infection prevention and control measures</td>
<td>50</td>
</tr>
<tr>
<td>14.</td>
<td>Role of private medical colleges, hospitals and other allied healthcare centers</td>
<td>53</td>
</tr>
<tr>
<td>15.</td>
<td>Annexures</td>
<td>55</td>
</tr>
</tbody>
</table>
1. Organogram and COVID-19

Rapid Response Team (CORRT) – Puducherry
### Administrative Support

| 1. Dr. S. Mohan Kumar  
| 2. Dr. G. Ragunathan  
| 3. Dr. Ravivarman |

### Case Defining & Screening KIOSK Management

| 1. Dr. J. Ramesh  
| 2. Dr. Vivekanandan |

### Advisory Committee
**Preventive & Social Medicine Department of JIPMER & IGMCRI**

- Dr. J. Ramesh
- Dr. Vivekanandan
- Dr. Rahul Dhodapkar

### Medical Supplies

| 1. Dr. Sriramalu  
| 2. Mr. Jayabalanan  
| 3. Mr. Prabath |

### Sample Collection

| 1. Dr. Srinivasan  
| 2. Rahul Dhodapkar |

### Line Listing & Contract Tracing

| 1. Dr. Duraisamy  
| 2. Dr. Srividya  
| 3. Dr. Aruna |

### Vehicle Management & IEC Activities

| 1. Dr. Raghunathan  
| 2. Dr. Murugan |

### Logistics, Ventilator, Infusion Pump etc.

| 1. Dr. Srinivasan  
| 2. Dr. Nithi Srivatsva |

### Quarantine Facilities

| 1. Dr. Athmanathan  
| 2. Dr. Arulvisagan |

### Manpower

| 1. Dr. K.G. Ravi  
| 2. Dr. P. Udayakumar |

### Psychiatric Counseling & BCC Team

| 1. Dr. Rajani  
| 2. Dr. Umamaheswari |

### Bio Medical Waste & Incinerators

| Dr. T. Kumaravel |

### Food Supply

| 1. Tmt. Premalatha  
| 2. Tmt. Satya |

### Disinfection Committee

| Dr. A. Ganesan |

### Field Teams

| MO - PHC  
| All Health Workers  
| Staff Nurse / HI / HA / PHN / PNM / ASHA / Volunteers |

### COVID 19 Hospitals

**GHCD**
- Dr. Govindaraj  
- Dr. Sivaraj

**IGMC&RI**
- Dr. Kavita Vasudevan P  
- Dr. K. Devi  
- Dr. Srinivasan  
- Dr. Kavitha B

**JIPMER**
- Dr. Vivekanandan  
- Dr. Rahul Dhodapkar

### Other Department

* Revenue  
* Police Department  
* Fire
### Zonal Officers list with their PHC Area in Puducherry District

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the CHCs / PHCs</th>
<th>Name of the Medical Officer / Team Head</th>
<th>Name of Private Medical college</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CHC Karikalampakkam</td>
<td>TEAM ‘A’ Dr. THIRUMALAI SANKAR Cell: 9443480506</td>
<td>AVMC</td>
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<tr>
<td>2</td>
<td>PHC Abishegapakkam</td>
<td>TEAM ‘B’ Dr. VIGNESHWARAN Cell: 9994535712 / 8778641372</td>
<td>SMVMC</td>
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<td>3</td>
<td>PHC Thavalakuppm</td>
<td>TEAM ‘C’ Dr. NARAYANAN Cell: 9791565707</td>
<td>MGMC</td>
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<td>4</td>
<td>PHC Ariyankuppam</td>
<td>TEAM ‘D’ Dr. K. SRIRAM Cell: 9443074993</td>
<td>PIMS</td>
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<td>5</td>
<td>PHC Thirubhuvanai</td>
<td>TEAM ‘E’ Dr. P. SIDHARTHAN Cell: 9786145340</td>
<td>SVMC</td>
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<tr>
<td>6</td>
<td>PHC Nettapakkam</td>
<td>TEAM ‘F’ Dr. G. ANBU SENTHIL Cell: 8248350059 / 9865214444</td>
<td>SLIMS</td>
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<td>7</td>
<td>PHC Sooramangalam</td>
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<td>PHC Madukarai</td>
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<td>9</td>
<td>PHC Ariyur</td>
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<td>PHC Kirumampakkam</td>
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<td>PHC Murungapakkam</td>
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<td>PHC Odiansasalai</td>
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<td>PHC Kalapet</td>
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<td>PHC Muthialpet</td>
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<td>PHC Sedarapet</td>
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<td>20</td>
<td>PHC Reddiarpalayam</td>
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<tr>
<td>21</td>
<td>PHC Villianur</td>
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<tr>
<td>22</td>
<td>PHC Koodapakkam</td>
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<td>23</td>
<td>PHC Mudaliarpet</td>
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<tr>
<td>24</td>
<td>PHC Kosapalayam</td>
<td></td>
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<tr>
<td>25</td>
<td>PHC Mettupalayam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>PHC Sorapet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>PHC Katterikuppam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>PHC Thirukkanur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>CHC Mannadipet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
COVID-19 Rapid Response Team (CORRT) – Puducherry

1. COVID-19 Rapid Response Team (CORRT) - Puducherry shall be created with representatives from Departments of Public Health, Police, Revenue, Transport, Aviation, Information and Technology. Representatives shall be preferably those experts in the field who can be involved actively in the field during the time of crisis.

2. All the representatives shall be authorized with powers limited to respective departments to carry out necessary actions as and when situation arises without awaiting approval of higher authorities.

3. The CORRT shall function from DMS headquarters, Puducherry.

Roles & Responsibilities of Departments

<table>
<thead>
<tr>
<th>No.</th>
<th>Department</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| 1   | Police     | 1. Law and order situations with respect to public panic  
2. Implement security measures in health facilities, quarantine and isolation facilities  
3. Ban tourist movements  
4. Action against misinformation  
5. Strict enforcement of closure of commercial establishments.  
6. Strict enforcement of Home quarantine of contacts  
7. Facilitate and provide protection for contact tracing teams.  
8. Identify and take action on reports of false online reports, rumors and other cyber offenses |
<table>
<thead>
<tr>
<th>No.</th>
<th>Department</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| 2   | Revenue             | 1. To close all shops and commercial establishments except those that provide essential commodities such as milk, groceries, etc. Even in these establishments crowding should be restricted.  
                 |                                                  | 2. Ensure that all commercial establishments have a provision for hand-washing/sanitizers.                                                   
                 |                                                  | 3. Distance of 1m should be ensured between the customers who visit the place.                                                              
                 |                                                  | 4. Police department should ensure that this distancing is strictly followed and crowding at a single place is prevented.                     
                 |                                                  | 5. Restrict the number of shops that are open on a particular day. Arrangements like keeping a few designated shops open in a day and alternating with the other shops on the next day can be made to ensure restricted crowds. |
| 3   | Transport           | 1. Provide/Pool vehicles for transport of contacts for testing.                                                                                   
                 |                                                  | 2. Restrict travel within the containment zone.                                                                                                 
                 |                                                  | 3. Safety & screening of drivers and other personnel.                                                                                          |
| 4   | Education           | 1. Closure of all Educational institutions                                                                                                         
                 |                                                  | 2. Teachers will be involved in IEC activities.                                                                                                |
| 5   | Tourism             | 1. To ensure closure of all hotels and restaurants in the containment zone                                                                    
                 |                                                  | 2. Identify few hotels which have the facility of single rooms with attached toilets; which can be used as quarantine facility for those who are willing to pay. |
| 6   | Local Administration| 1. Mobilize/Support of the community leaders for implementation of the guidelines.                                                               
<pre><code>             |                                                  | 2. Provide sanitization counters/hand washing areas in public.                                                                                |
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<table>
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<tr>
<th>No.</th>
<th>Department</th>
<th>Responsibilities</th>
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<tbody>
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<td>places</td>
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<td>3.</td>
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<td>Ensure solid waste disposal and sanitation services are being done</td>
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<td>4.</td>
<td></td>
<td>Ensure that payment of electricity’ water bills at the counters is discouraged. Online payment should be done. If there is a delay in payment in this period, fines should not be levied.</td>
</tr>
<tr>
<td>7</td>
<td>Information &amp; Publicity</td>
<td>1. To provide awareness by all means of mass media and IEC activities in the Containment zone</td>
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<tr>
<td></td>
<td></td>
<td>2. Identify, inform &amp; take action on reports of false reports, wrong news, rumors and misinformation</td>
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<tr>
<td>8</td>
<td>Public Works Department</td>
<td>1. To aid in maintenance of areas in the containment zones</td>
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<tr>
<td></td>
<td></td>
<td>2. To ensure cleanliness and sanitation in the containment zone</td>
</tr>
<tr>
<td>9</td>
<td>Social Welfare</td>
<td>1. Ensure safety of inmates of old age homes and orphanages and prisons.</td>
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<td></td>
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<td>2. No visitors should be permitted in these institutions during this period</td>
</tr>
<tr>
<td></td>
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<td>3. Closure of all Govt. Hostels</td>
</tr>
<tr>
<td>10</td>
<td>Labour Department</td>
<td>1. Closure of all factories / companies in the containment zone.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Screening of workers in establishments within the containment zone</td>
</tr>
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<td></td>
<td></td>
<td>3. Cleanliness and sanitation of the workers</td>
</tr>
</tbody>
</table>
Community Health Volunteers (CHVs):

1. Medical Officers (MO) shall discuss with the local NGOs, Self-help groups, youth clubs in their area and prepare a list of volunteers who can serve the public in various aspects as and when need arises. The list shall be forwarded to IDSP.

2. The proposed list of individuals shall serve as Community health volunteers for the designated areas.

3. Community health volunteers shall accompany ASHA/ANMs for the door to door visits and also for contact tracing under the guidance of MO.

4. Community health volunteers shall also serve as a resource pool in distributing essential commodities in the designated area (village).
2. Preventive measures for COVID-19 at health care facilities and other sectors in Puducherry
Health Department

1. State Health Department:

Increase IEC activities through use of mass media and use of telecommunication at regular interval and fixed timings to create awareness among the public regarding the following –

a. Symptoms of COVID-19

b. Do’s regarding COVID-19

1. Social distancing (maintenance of one meter between each other)
2. Improving hygiene (frequent hand washing)
3. Wear a mask if symptomatic
4. Restaurants and shops to ensure hand washing using soaps/sanitizers at the entry and proper cleanliness of frequently touched surfaces.
5. Ensure physical distancing (minimum 1 metre) between tables; encourage open air seating where practical with adequate distancing.
6. All commercial activities must keep a distance of one meter between customers.
7. Improving hygiene
8. Public reporting of suspected cases of COVID-19 through the help line

c. Don’ts regarding COVID-19

1. Peak hour crowding in markets.
2. Shaking hands and hugging as a matter of greeting.
3. Visiting health facilities for minor ailments.

2. Tertiary hospitals

i. Screening of symptoms for COVID-19 at the hospital entrance as per the GOI guidelines and provision of masks for symptomatic individuals
ii. Management of suspected COVID -19 case in a separate place isolated from the general patients

a) Line listing of cases and send details to IDSP unit, Puducherry

Supportive treatment

b) Collection of samples – Follow GOI guidelines

c) Send samples to JIPMER

d) Severe cases to be referred to JIPMER – follow GOI guidelines for categorization of cases of COVID-19

iii. Suspension of all elective services

iv. Reduction of the staff coming to administrative departments of the hospital by implementing a policy of alternate day or alternate week attendance in office.

v. Support State Health Department in running the screening booths at the entry portals for travelers with symptoms of COVID-19 for early detection of cases

3. Primary Health Care facilities

i. Advice people in their areas to limit their visits to the health facilities if possible.

ii. Screening OPD at entrance preferably in a well-ventilated space with one or two staff wearing masks.

a. Patients with history of fever, cough, sore throat & history of travel international travel or contact with positive cases should be isolated immediately:

b. Give the patient a mask, assess the severity of the disease by history (breathlessness). If mild to moderate illness: Give them emergency helpline contact number, advise them for ‘Home isolation’ and report to the health personnel about the sickness every day preferably over phone

c. Prescribe paracetamol and salt water gargle, practice hand hygiene / isolation at home, avoid public transport.

d. Instruct them to call emergency helpline anytime needed and visit isolation ward in Tertiary care centre in case of severe illness.
e. Any patient with fever / sore throat (mild / moderate case) without strong suspicion (travel inside or outside India) to be advised strict hand hygiene and precaution as before.

f. Advice home isolation for 14 days, prescribe paracetamol and salt water gargle, report over phone daily – at home also follow isolation.

g. Line list all suspected patient and follow them over phone on daily basis – collect 2 to 3 phone numbers from the patients’ families, maintain a register.

iii. Proper hand hygiene to be ensured for all persons coming to health facility and to maintain minimum of one meter distance between each other.

iv. Special clinics – Clinic can be operated in a spaced-out manner with at least one meter distance between people with minimal staff assigned for the clinics. One clinic at a time and preferably on different days

a. Non-essential services can be suspended like adolescent clinics.

b. NCD clinics – dispensing drugs for at least one month to the houses of the NCD patients as they are known to be at higher risk of having severe forms of COVID-19

c. ANC clinic – advice only women with high-risk pregnancies and in 3rd trimester to attend.

d. Under-five Clinics – immunization has to be done as per schedule

iii. Essential drug depots to be made available with ASHAs, ANMs and Anganwadi Workers so as to make these drugs available to people closer to their homes and avoid travelling to health facilities.

iv. Non-essential field activities to be withheld.

v. Health education through those coming to the health facilities to spread message in the community regarding social distancing and hygiene.
4. Private health facilities

I. Private medical colleges

1. Patient care services as mentioned for tertiary care hospitals
2. Suspension of classes for medical undergraduates up to final year
3. Interns and Postgraduates to be involved in patient care services and support the State Health department in surveillance and containment of COVID-19 pandemic

II. Private clinics

1. Screening of symptoms for COVID-19 as per the GOI guidelines
2. Management of suspected COVID-19 case in a separate place isolated from the general patients
3. Suspension of all elective services
4. Reduction of the staff coming to administrative departments of the hospital by implementing a policy of alternate day or alternate week attendance in office.
5. Support State Health Department in running the screening booths at the entry portals for travelers with symptoms of COVID-19 for early detection of cases

6. Other Line Departments

a. Tourism department
   i. Suspension of all tourism activities from 22.03.2020
   ii. Prohibition on entry of all foreign, national and local tourists from 22.03.2020

b. Police department:
   i. Police to be deployed in shops with essential commodities to control crowd/maintain social distancing

c. Revenue department:
   i. To ensure proper environmental hygiene and sanitation at all shops.
ii. Shops providing non-essential commodities like LIQUOR SHOPS, restaurants to be closed from 22.03.2020

**d. Transport department**

i. Avoid crowding in public transport

**e. Education department**

i. Schools (public/private) to remain closed until further orders

ii. Administrative staff can be advised to stay at home, the administration can be run with minimal essential staff

iii. School staffs can be utilized for IEC activities if needed

**f. Labour department**

i. All non-essential services like construction work, IT should be stopped from 22.03.2020

**g. Social welfare department**

i. Screening of inmates of children’s homes, old age homes and other institutionalized members of the society to be carried out weekly.

ii. Visitors are prohibited to meet the institutionalized members.

**h. Local Administration department**

i. Payments of government bills like electricity, water, and housing need to be digitalized through online payments or else due date need to extend without fine.

ii. All ATM centers to be provided with hand sanitizers and ensure adequate social distancing

All other line departments to follow closure of all non-essential services from 22.03.2020

---

**ALL WORKING DEPARTMENTS TO ENSURE STRICT “SOCIAL DISTANCING” AMONG THE STAFF WORKING TO MANAGE THE ESSENTIAL SERVICES AND MAINTENANCE OF HYGIENE AT WORK PLACE BY PROVIDING FACILITIES FOR HAND WASH BEFORE ENTERING FACILITY**
3. Community surveillance activities for COVID 19
Active surveillance:

1. Entire PHC area to be divided into sectors of 50 houses each with one frontline healthcare workers (ANM/AWW/ASHA/PHN/HA/HI) designated in each sector.

2. House to house screening of individuals in the sector is to be carried out by the frontline healthcare workers using the form below.

3. Completely filled forms to be submitted to the PHC medical officer (MO) at the end of each day’s activity by 2 pm.

4. Submitted forms to be shared with State IDSP team through Whatsapp / email by Medical Officer through the zonal officers
Figure 1: ACTIVE SURVEILLANCE FOR COVID 19

Flow Chart on Active Surveillance

Doctors/ Frontline health care workers/ AWW and volunteers to carry out active surveillance in the community:
1. Ask for Local or International Travel History in the last 28 days (TH)
2. Ask for contact history with COVID19 positive patients (CH)
3. Ask for COVID 19 Symptoms – fever/ cough/breathing Difficulty (S)

TH + ve / S+ve → TH+ve / S+ve → CH +ve (Irrespective of TH or S) → TH + ve / S-ve → TH-ve / S-ve

If any symptoms develop in this period

Home Quarantine for 14 days

Advised to Call 104 /Health facility if any symptoms arise.

To be followed by health workers for 28 days

Intimate PHC / CHC MO

MO will confirm and intimates Zonal Head

Zonal Head intimates
1. Appropriate COVID19 Hospital (IGMC/GHCD/JIPMER)
2. Ambulance in charge
3. Concerned PHC Mo’s

Patient alone will be shifted to appropriate COVID19 hospital in the designated COVID19 Ambulance

Patient is received in the appropriate COVID19 network hospital and samples are taken

Samples are sent to JIPMER for testing. Patient is retained in COVID19 hospitals until results are obtained

COVID19 Test results

POSITIVE

Admit in COVID19 Hospital

To be tested between 5th day and 14th day

NEGATIVE

Gender Specific Quarantine /Home Quarantine

To be followed up by Health care workers upto 28 days.
4. Management of patients at COVID-19 hospitals – testing, quarantine and hospital admission
**Case definitions:**

**Suspect case**
A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.

OR
A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;

OR
A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

**Probable case**
A suspect case for whom testing for the COVID-19 virus is inconclusive. a. Inconclusive being the result of the test reported by the laboratory.

OR
A suspect case for whom testing could not be performed for any reason.

**Confirmed case**
A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

*As per recent WHO and MoHFW guidelines*
**Contact:**

**High risk contact** - A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

- **Touched body fluids of the confirmed case** (respiratory tract secretions, blood, vomit, saliva, urine, faeces)

- **Staying in the same close environment of a COVID-19 patient** (including workplace, classroom, household, gatherings) for 15 minutes or more and at a distance of less than 2 metres without any precautions

- **Traveling together in close proximity (1 m)** with a COVID-19 patient in any kind of conveyance

- A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated (if severity of symptoms or movement of the case indicate more extensive exposure, passengers seated in the entire section or all passengers on the aircraft may be considered close contacts).

**Low risk contact**

- Healthcare workers (not including laboratory workers, who have taken recommended infection control precautions) including the use of appropriate PPE, during the following exposures to the confirmed case
• Direct contact with the case (as defined above) or their body fluids
• Present in the same room when an aerosol generating procedure is undertaken on the case.
  ▪ Passengers on an aircraft sitting beyond two seats (in any direction) of a confirmed case.
  ▪ Any individual who has shared a closed space with a confirmed case for longer than two hours, but following risk assessment, does not meet the definition of a high risk contact.

*As per recent WHO and MoHFW guidelines

**MANAGEMENT OF PATIENT AT COVID-19 HOSPITAL**

1. Initial assessment for suspected patient
2. Sample collection
3. Sample transport
4. Receiving results and communication
5. Communicate results to Nodal officer, DMS → ZO → PHC MO
6. Handover of suspected patient from holding area to the COVID ward
7. Case investigation using standardized form (CIF) and Contact listing by trained public health team (annexure 2)
8. Transport of stable patients to ward and sick patients to JIPMER
9. Clinical management of COVID patients in isolation wards
10. Discharge of COVID negative patients
5. Containment Plan for control of COVID-19 for laboratory confirmed case
**Containment Plan for control of COVID-19 for laboratory confirmed case**

Defining the containment area:

1. From the residence of the case, the PHC in which residing with adjoining PHCs to be earmarked. This area is known as Containment Zone.
2. Another 2 Km from the periphery of the containment zone is known as Buffer Zone
3. Divide the Containment Zone into sectors consisting 50 households each
4. Each sector to be assigned to a health worker (ANM/ASHA/PHN/Health assistant) and this shall be supervised by a PHC Medical Officer

---

**Figure 2: Defining Containment and Buffer zone**
Containment activities:

1. All Contacts should be home quarantined and followed on daily basis.
2. Close contacts outside the zone should also be isolated in hospital or quarantine facility and low risk contact should be home quarantined in their respective homes.
3. All the contacts should be followed on daily basis by PHC health worker supervised by MO.
4. **Active house-to-house surveillance for ILI (Influenza Like Illness) to be done by the field worker from 8 AM to 2 PM daily.**
5. All family members having symptoms should be line listed.
6. The Containment zone and Buffer zone should be thoroughly disinfected daily by the revenue department.
7. Movement in and out of the Containment and Buffer zone should be restricted.
8. All people above 60 years, people with NCDs, immune deficiency and pregnant woman, should get self-quarantined in their own homes.
9. **Containment period: 28 days after occurrence of last positive case.**
6. Contact listing & tracing in the COVID19 hospital and community
Figure 3: COVID 19 Contact listing and tracing protocol

COVID 19 suspects
Tested in IGMC and kept in holding area until test results are available

Positive for COVID 19
Contact listing by IGMCRI contact listing team*
Data sent to Core Contact tracing team/RRT after classification into high risk and low risk
List of places visited by COVID19 positive patients sent to Revenue Department
Public announcement through media

Negative for COVID 19
Sent to COVID 19 Isolation ward

To inform Zonal officer and Quarantine Nodal officer

Shift patient to Male and Female Quarantine centres in Ambulance

Data sent to Core Contact tracing team
Segregation of data PHC wise by Core team
Contacts list to respective Zonal officers & PHC MO

Complete details of Primary contacts collected by Frontline health care workers

Symptoms present
Symptoms absent - Home quarantine & Follow up

* Institutional Contact listing team: Residents IGMC&RI
Contact tracing

1. The treating physician will obtain the list of contacts of the patient using the Contact tracing format. This list will be reported to the State Nodal officer who will facilitate the identification and mapping of contacts within the district. If the residential address of the contact is beyond that district, the district IDSP will inform the concerned District IDSP/State IDSP.

2. PHCs within the zones will be identified as focal point for contact tracing.

3. Manpower involved:
   - Teams of ASHA/ANM/volunteers will cover all the households in containment zone to identify the contacts.
   - They will be supervised by MO-PHC and Zonal officers.
   - The Department of Community Medicine will support the MO PHC in contact tracing activities.

4. The field workers will be performing active house to house surveillance daily in the containment zone from 8:00 AM to 12:00 noon. They will line list the family members and those having symptoms.

5. All member of the team should wear mask, practice frequent hand washing and respiratory etiquette. A minimal distance 1m should be maintained by the team members while talking to the contacts.

6. 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 MO PHC.

7. Teams of Health Inspectors/volunteers will identify contacts in institution like offices, shops, hotels and public areas. They will also visit the private clinics in the area to identify any patient reporting with the symptoms.

8. All severe acute respiratory illness 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 definition of a suspect will be conveyed to the MO-PHC who in turn will visit the house of the concerned, confirm that diagnosis is as per case definition and will make ambulance arrangements to shift the suspect case to the designated treatment facility. The MO-PHC will collect data from the teams under him/her collate and provide the daily and cumulative data to the control room by 2 P.M. daily through online platform.

- Contacts will be categorized as **high risk and low risk contacts** and **Symptomatic and asymptomatic**.

✓ All symptomatic contacts and asymptomatic high risk contacts will be tested. Ambulance will be mobilized to transfer from his/her residence to the designated tertiary care hospital for admission and testing.

9. Asymptomatic low risk contacts will be home isolated and advice regarding home quarantine will be given (Guideline for home quarantine, MoHFW, Government of India). Daily follow up of asymptomatic low risk contacts will be done through phone. Daily report of contact tracing activity and follow up details will be sent to Nodal officer by 2 PM through online All Government and private health facilities shall report clinically suspect cases of COVID-19 on real time basis (including ‘Nil’ reports) to the control room at the state level.
7. Guidelines for Quarantine facility
Quarantine facility entry and exit protocol

COVID 19 testing

Positive for COVID 19
Sent to isolation ward

Negative for COVID 19

Low risk contact
Home quarantine

High risk contact
NO- COVID 19 hospital informs Zonal officer, NO- Quarantine facility and PHC MO

Quarantine facility

- Daily Clinical examination for 14 days
- BMI, disinfection, infection prevention
  *Refer Quarantine guidelines for further information (MOHFW)*

If symptoms positive
Release from quarantine facility
Kept in home quarantine for 14 days

If symptoms negative
Report to MO

Annexure 2: Details of Quarantine centres at Puducherry
8. Guidelines for Home Quarantine
Guidelines for Home Quarantine

Instructions for contacts being home quarantined
a. Stay in a well-ventilated single-room
b. Needs to stay away from elderly people, pregnant women, children and persons with co-morbidities
c. Restrict his/her movement within the house
d. Under no circumstances attend any social/religious gathering

Instructions for the family members of persons being home quarantined
a. Only an assigned family member should be tasked with taking care
b. Avoid shaking of soiled linen or direct contact with skin
c. Use disposable gloves
d. Wash hands after removing gloves
e. Visitors should not be allowed
f. In case the person being quarantined becomes symptomatic, all his close contacts will be home quarantined (for 14 days)

Environmental sanitation
a) Clean and disinfect frequently touched surfaces daily with 1% Sodium Hypochlorite Solution
b) Clean and disinfect toilet surfaces daily with regular household bleach solution/phenolic disinfectants
c) Clean the clothes and other linen used by the person separately using common household detergent and dry
1. Healthcare worker (ASHA/ANM) and Community health volunteer (if available) must screen for symptoms of COVID-19 for 14 days and report to MO.

2. Health education on preventive measures and issue of health education materials to be carried out.

3. The person home quarantined must send a picture/video call to the health worker every one hour and the health worker must visit the quarantined house once in 12 hours and take a picture and send to Medical officer.

4. The MO shall provide his comments on the health status of the quarantined individual at the end of 14th day and the health status of the household contacts at the end of 28th day.
9. Guidelines for Hydroxy-chloroquine Prophylaxis
Recommendation for empiric use of Hydroxy-chloroquine for prophylaxis of SARS-CoV-2 infection

The National Taskforce for COVID-19 recommends the use of hydroxy-chloroquine for prophylaxis of SARS-CoV-2 infection for selected individuals as follows:

Eligible individuals:

1. Asymptomatic healthcare workers involved in the care of suspected or confirmed cases of COVID-19.
2. Asymptomatic household contacts of laboratory confirmed cases.

Dose:

1. Asymptomatic healthcare workers involved in the care of suspected or confirmed cases of COVID-19: 400 mg twice a day on Day 1, followed by 400 mg once weekly for next 7 weeks; to be taken with meals.
2. Asymptomatic household contacts of laboratory confirmed cases: 400 mg twice a day on Day 1, followed by 400 mg once weekly for next 3 weeks; to be taken with meals.
3.

Exclusion/contraindications:

1. The drug is not recommended for prophylaxis in children under 15 years of age.
2. The drug is contraindicated in persons with known case of retinopathy, known hypersensitivity to hydroxychloroquine, 4-aminoquinoline compounds.
Key considerations:

1. The drug has to be given only on the prescription of a registered medical practitioner.

2. Advised to consult with a physician for any adverse event or potential drug interaction before initiation of medication.

3. The prophylactic use of hydroxychloroquine to be coupled with the pharmacovigilance for adverse drug reactions through self-reporting using the Pharmacovigilance Program of India (PvPI) helpline/app.

4. If anyone becomes symptomatic while on prophylaxis he/she should immediately contact the health facility, get tested as per national guidelines and follow the standard treatment protocol.

5. All asymptomatic contacts of laboratory confirmed cases should remain in home quarantine as per the national guidelines, even if they are on prophylactic therapy.
10. Data management
Data management

The Control Room will have data managers (deployed from IDSP/ NHM) responsible for collecting, collating and analyzing data from field and health facilities. Data Collection tools is attached in the annexure. Data to be presented and reviewed by the core team during the daily meeting. Output variables to be generated at micro level on daily basis;

1. No. of Suspect case of COVID-19:
2. No. of laboratory confirmed case:
3. No. of deaths:
4. No. of contacts line listed:
5. No. of contacts tracked:
6. No. of contacts currently under surveillance:
7. No. of contacts which have exited the follow up period of 28 days:

Reporting format of Cluster containment strategies should be reported to IDSP (Annexure 3).
11. TRAINING FOR HEALTHCARE WORKERS, HEALTH AND SAFETY
TRAINING FOR HEALTHCARE WORKERS

Nodal officer for Training

Training for Zonal Officers

Training for Medical Officers by Zonal Officers

Training for Frontline workers by Medical Officers

KEY AREAS FOR CAPACITY BUILDING

Frontline workers:

- Field surveillance, contact tracing, data management and reporting
- Infection prevention and control including use of appropriate PPEs
- Biomedical waste management
- Community based training in Pyscho –social care
- Training of managers on managing quarantine and isolation facilities
- *Mock drill for community contact tracing and active surveillance during containment plan*

Clinical departments:

- Clinical case management including ventilator management, critical care management
- Hospital infection prevention and control including use of appropriate PPEs
- Biomedical waste management
- Sampling, packaging and shipment of specimen
- Mock Drill for Emergency Response for Handling COVID -19 cases in Govt Hospitals
INFECTION PREVENTION AND CONTROL FOR FRONTLINE WORKERS

Triple Layer medical mask/ examination gloves

1. suspect cases
2. care givers
3. Ambulance drivers.
4. field workers
5. All functionaries at the perimeter control.

SCREENING OF HEALTH WORKERS FOR COVID SYMPTOMS

- Medical Officer in charge of PHC should screen all health workers on a periodic basis for COVID Symptoms ie. Fever, cough, difficulty breathing
- If any health worker is a high risk suspect, refer to Zonal medical officer and direct to COVID hospital for further evaluation
12. RISK COMMUNICATION
COVID-19 Risk communication

The proposed India COVID-19 Emergency Response and Health Systems Preparedness Project aims to respond to and mitigate the COVID-19s threat and strengthen national systems for public health preparedness in India. One of the important component will be risk communication.

This component will address significant negative externalities expected in the event of a widespread COVID-19 outbreak and include comprehensive communication strategies. The primary focus will be on addressing social distancing measures, such as avoiding large social gatherings and should the need arise, school closings to mitigate against the possible negative impacts on children’s learning and wellbeing. Additional preventive actions would be supported that would complement social distancing such as personal hygiene promotion, including promoting hand-washing and proper cooking, and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic. This component will also include provision of mental health and psychosocial services for vulnerable communities.
WHO proposed, the COVID-19 Risk Communication Package for Healthcare Facilities contains seven products:

<table>
<thead>
<tr>
<th>No</th>
<th>Format</th>
<th>Product Title</th>
<th>Primary Audience</th>
<th>Use In</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Poster</td>
<td>Preparing for COVID-19 at your healthcare facility</td>
<td>Healthcare facility management</td>
<td>Share at staff trainings and meetings. Place in healthcare facility visible to all staff.</td>
</tr>
<tr>
<td>2</td>
<td>Poster</td>
<td>Managing patients with suspected or confirmed COVID-19 at your healthcare facility</td>
<td>Healthcare facility management</td>
<td>Share at staff trainings and meetings. Place in healthcare facility visible to all staff.</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Protecting yourself at work from COVID-19</td>
<td>Healthcare workers</td>
<td>Share at staff trainings and meetings. Place in healthcare facility visible to all staff (e.g. at the entrance/exit to the isolation ward).</td>
</tr>
<tr>
<td>4</td>
<td>Flyer</td>
<td>Communicating with patients with suspected or confirmed COVID-19</td>
<td>Healthcare facility</td>
<td>Share at staff trainings and meetings. Place at the triage 7station and reception.</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Information sheet about COVID-19</td>
<td>Healthcare facility</td>
<td>Print and have readily available at the triage station and</td>
</tr>
</tbody>
</table>
### Healthcare Facility preparedness

1. Have a triage station at the healthcare facility entrance
2. Post information, like posters and flyers, that remind patients and visitors to practice good respiratory and hand hygiene
3. Prepare a well-defined and separate waiting area for suspected cases
4. Have alcohol-based hand rub or soap and water hand washing stations readily available
5. Be alert for anyone that may have symptoms

### Managing Patients at Healthcare facility

1. Immediately isolate suspected and confirmed cases, if possible in a separate room or with adequate social distancing. Limit the number of visitors per patient
2. Limit the movement of patients. If needed all the contacts should wear personal protective equipment
3. Perform regular environmental cleaning and disinfection. Maintain good ventilation

### Protecting Healthcare Workers
1. Follow the guidance of your healthcare facility management
2. When entering a room with a suspected or confirmed COVID-19 patient, put on:
   disposable gloves, a clean, long-sleeve gown, medical mask that covers your
   mouth and nose, eye protection such as goggles
3. Adequate care to be taken in case of aerosol generating procedure
4. If you start coughing, sneezing or develop fever after you have provided care, report your illness immediately to the concerned authority and follow their advice

**Communication with patients**

1. Be aware that suspected and confirmed cases, and any visitors accompanying them, may be stressed or afraid. So, be respectful, polite and empathetic
2. Listen carefully to the questions and answer the correct information slowly in local language. Its okay to admit if you don’t have answer
3. Gather accurate information from the patient: their name, date of birth, travel history, list of symptoms.
4. If the patient is a child, admit a family member or guardian to accompany them – the guardian should be provided and use appropriate personal protective equipment
5. Provide updates to visitors and family when possible

**Coping with stress**

1. It is normal to feel sad, stressed, or overwhelmed during a crisis
2. Talk to people you trust or a counselor
3. Maintain a healthy lifestyle: proper diet, sleep, exercise and social contacts with friends and family
4. Don’t use alcohol, smoking or other drugs to deal with your emotions
5. If you have concerns, talk with your supervisor, and if you start feeling unwell tell your doctor immediately

**My 5 Moments for Hand Hygiene**

1. Use alcohol-based hand rub or wash hands with soap and water:
2. Before touching a patient
3. Before engaging in clean/aseptic procedures
4. After body fluid exposure risk
5. After touching a patient
6. After touching patient surroundings
13. Infection prevention and Control measures at the facility level
COVID-19 virus can potentially survive in the environment for several hours/days. Premises and areas, equipment potentially contaminated with the virus to be cleaned before their re-use.

Contaminated surfaces not directly associated with transmission of infections to either staff or patients
- Transfer of microorganisms from environmental surfaces to patients is mostly via hand contact with the surface
- Hand hygiene is important to minimize the impact of this transfer
- Cleaning and disinfecting environmental surfaces is fundamental in reducing healthcare-associated infections

**Cleaning agents and disinfectants**

**Corona ward/screening area**

<table>
<thead>
<tr>
<th>Corona isolation room</th>
<th>Disinfectant</th>
<th>Contact time</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>High touch surfaces</td>
<td>Hypochlorite 0.5% (wipe)</td>
<td>10 min</td>
<td>Twice/ shift (4 hourly)</td>
</tr>
<tr>
<td>Floor</td>
<td>Clean (soap &amp; water) and then Hypochlorite 0.5% (mop)</td>
<td>10 min</td>
<td>Once/ shift (8 hourly)</td>
</tr>
<tr>
<td>Wall, ceiling</td>
<td>Hypochlorite 0.5% (wipe)</td>
<td>10 min</td>
<td>Once daily</td>
</tr>
<tr>
<td>Linen (used)</td>
<td>Hypochlorite 0.1%</td>
<td>30 min</td>
<td>As on when</td>
</tr>
<tr>
<td>Toilet</td>
<td>Clean (soap &amp; water) and then Hypochlorite 0.5% (wash)</td>
<td>10 min</td>
<td>Twice / shift (4 hourly)</td>
</tr>
<tr>
<td>Corridor</td>
<td>Hypochlorite 0.5% (mop)</td>
<td>10 min</td>
<td>Once / shift (8 hourly)</td>
</tr>
<tr>
<td>Non-critical equipment</td>
<td>Alcohol wipes</td>
<td></td>
<td>After each use</td>
</tr>
<tr>
<td>(stethoscope, BP cuff, thermometer etc)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slippers</td>
<td>Soap and water first and then with Hypochlorite 0.1% (dip)</td>
<td>10 min</td>
<td>Once /day</td>
</tr>
<tr>
<td>Termination disinfection</td>
<td>Soap and water followed by 0.5% hypochlorite</td>
<td>10 min</td>
<td>As on when needed</td>
</tr>
</tbody>
</table>

**All other non-Corona area (ward, ICU, EMS, OPD etc)**

<table>
<thead>
<tr>
<th>Corona isolation room</th>
<th>Disinfectant</th>
<th>Contact time</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>High touch surfaces</td>
<td>Bacillocid extra 0.25% (wipe)</td>
<td>10 min</td>
<td>Twice/ shift (4 hourly)</td>
</tr>
<tr>
<td>Floor</td>
<td>Clean (soap &amp; water) and then Bacillocid extra 0.25% (mop)</td>
<td>10 min</td>
<td>Once/ shift (8 hourly)</td>
</tr>
<tr>
<td>Wall, ceiling</td>
<td>Bacillocid extra 0.25% (wipe)</td>
<td>10 min</td>
<td>Once daily</td>
</tr>
<tr>
<td>Linen (used)</td>
<td>Hypochlorite 0.1%</td>
<td>30 min</td>
<td>As on when</td>
</tr>
<tr>
<td>Toilet</td>
<td>Clean (soap &amp; water) and then • Lysol 7%(wash) or • Hypochlorite 0.5% (wash) or • Bacillocid extra 0.5%</td>
<td>10 min</td>
<td>Twice/ shift (4 hourly)</td>
</tr>
<tr>
<td>Corridor</td>
<td>Bacillocid extra 0.25%</td>
<td>10 min</td>
<td>Once / shift (8 hourly)</td>
</tr>
<tr>
<td>Non-critical equipment</td>
<td>Alcohol wipes</td>
<td></td>
<td>After each use</td>
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<tr>
<td>(stethoscope, BP cuff, thermometer etc)</td>
<td></td>
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<tr>
<td>Slippers</td>
<td>Soap and water first and then with Hypochlorite 0.1% (dip)</td>
<td>10 min</td>
<td>Once /day</td>
</tr>
<tr>
<td>Termination disinfection</td>
<td>Soap and water followed by Bacillocid extra 0.5%</td>
<td>10 min</td>
<td>As on when needed</td>
</tr>
</tbody>
</table>

**Footnote:**
- Contact time of at least 10 minutes is necessary for both bacillocid extra or hypochlorite
- Hypochlorite should be used mainly on hard, non-porous surfaces (it can damage textiles and metals)
- **Surfaces (Table surfaces, slabs, walls, windows, equipment surfaces etc):**
  - Wipes are recommended over spray for all reachable surfaces and high-touch areas including stainless steel, rubber and equipment surfaces
  - Spray is recommended for only non-reachable surfaces. Spray should be avoided in general, as coverage is uncertain and spraying may promote the production of aerosols.
- **Floor:** Mop is recommended.
- **Wettest (Bucket) wipes:** do not use for non-critical areas like fans, walls, doors etc. First, wipe with plain water and then can disinfect with Lysol.
PPE: Housekeeping staff should wear appropriate PPE when handling and transporting used patient care equipment (gloves) or while cleaning/disinfecting coronary ward (surgical mask, gown, heavy duty gloves, eye protection if risk of splash).

- Boots or closed work shoes
- Housekeeping staff should wash their hands with soap and water immediately after removing the PPE, and when cleaning and disinfection work is completed.
- Dishes and eating utensils used by a patient with known or suspected infection: No special precautions other than standard precautions such as hand hygiene and wearing gloves when handling patient trays, dishes and utensils.

Measures during mopping

- Progress from the least soiled areas to the most soiled areas and from high surfaces to low surfaces
- Remove gross soil (visible to naked eye) prior to cleaning and disinfection
- Never shake mops: Minimise turbulence to prevent the dispersion of dust that may contain micro-organisms
- Use dust control mop prior to wet/damp mop. Do not use brooms
- Wash the mop under running water before doing wet mopping
- Do not ‘double-dip’ mops (dip the mop only once in the cleaning solution, as dipping it multiple times may re-contaminate it)
- An area of 120 square feet to be mopped before re-dipping the mop in the solution
- Cleaning solution to be changed after cleaning an area of 240 square feet. (i.e. change solution for every room)
- Change more frequently in heavily contaminated areas, when visibly soiled and immediately after cleaning blood and body fluid spills.
- Cleaning sequence: Always clean should be proceeded in a top-to-bottom sequence i.e., ceiling based equipment first, walls, then floor based equipment and lastly the floor.
  - When cleaning the floor, begin at the end closest from the door and move towards the door (in to out).
  - The cleaning staff should always move from clean to unclean areas and never vice versa
  - When cleaning individual equipment: clean from top to down

- Eight stroke technique for mopping: In open areas use a figure eight stroke in open and wide spaces, overlapping each stroke; turn mop head over every five or six strokes.
  - While in small spaces, starting in the farthest corner of the room, drag the mop toward you, then push it away, working in straight, slightly overlapping lines and keeping the mop head in full contact with the floor.
  - Repeat until entire floor is done.

- Disinfection: After cleaning, all equipment used for cleaning, wash with soap and hot water; followed by decontamination with 0.5 hypochlorite 10 min and then dry it in sunlight
- Change the mop head when heavily soiled or at the end of the day.
- Report adverse incident to supervisor
- Collect waste, handle plastic bags from the top (do not compress bags with hands)
- Clean hands on leaving the room.

Measures during surface wiping

- Go from clean to unclean area and top to down
- No. of strokes per wipe—vary depends on area and material and size of the wipe
- Use new wipe for each use
- Never do zig-zag cleaning, never do re-dipping of cloth
14. Role of Private medical colleges, hospitals and other allied healthcare centers
The private medical colleges will provide volunteers and work with the Zonal Officers in active surveillance of the community, in case of future needs these hospitals can also be converted to COVID 19 hospitals. As per the directives of the Zonal officer the data can be collected through the Epicollect5 App or Google Forms or manual entries.

<table>
<thead>
<tr>
<th>Sector name:</th>
<th>Private college name:</th>
<th>Date:</th>
<th>Home quarantined: Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHC name:</td>
<td>Name of Interviewer:</td>
<td>Complete Address:</td>
<td>Contact number:</td>
</tr>
</tbody>
</table>

(Please ✅ if Yes and ❌ if No in the appropriate columns)

<table>
<thead>
<tr>
<th>S.n</th>
<th>Name of the household members</th>
<th>Age (M/F)</th>
<th>Symptoms</th>
<th>Travel details outside Puducherry in last 14 days</th>
<th>Info Contact with positive patient</th>
<th>Chronic illness</th>
<th>Source of medication (Govt/Pvt)</th>
<th>Antenatal mothers</th>
<th>Under 5 children</th>
<th>Gestational age(weeks)</th>
<th>Taking suplementation</th>
<th>Immunisation status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fever</td>
<td>Cough</td>
<td>Breathing difficulty</td>
<td>Place visited</td>
<td>Date of reaching Puducherry</td>
<td>Mention Yes/no</td>
<td>DM</td>
<td>HTN</td>
<td>Others (mention)</td>
<td>Yes/no</td>
</tr>
</tbody>
</table>

Any challenge in procuring medicines for chronic conditions or for supplements

Any person with special needs

Mention complete details of the contact who tested positive

Any other complaints/ suggestions
15. ANNEXURES
Annexure 1:

Contact tracing from Positive COVID 19 Patients

SECTION 1

Date:

1. Name of the patient:
2. Age:
3. Gender:
4. Occupation:
5. Contact number:
6. Address:
7. Date of onset of first symptom:
8. Date and place of visit to health facility after onset of symptoms:
9. Details of treating physician at health facility visited:
10. Date of diagnosis:

SECTION 2

Details of the Household members:

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Name of the individuals</th>
<th>Age/gender</th>
<th>Occupation</th>
<th>Contact no.</th>
<th>Symptoms Mention if any</th>
<th>Quarantine status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</table>
SECTION 3

24 X 7 movement details and details of All Individuals met by the Positive COVID19 patient from 1 Week before onset of symptoms to till date Including Halts & temporary stay:

<table>
<thead>
<tr>
<th>Date</th>
<th>Places visited</th>
<th>Duration of stay</th>
<th>Number of People meet</th>
<th>Mode of travel</th>
<th>Visitors to home</th>
<th>Visits to shop (Grocery/Medical/Others)</th>
<th>Place of dining</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Any other Additional details, Please mention below:
## SECTION 4

Details of All the Individuals met by the Positive COVID19 patient in each day starting from 1 week before onset of symptoms to till date including Halts/temporary stay:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Date of contact</th>
<th>Name of the individuals the patient met (day wise)</th>
<th>Age / Gender</th>
<th>Address</th>
<th>Contact number</th>
</tr>
</thead>
<tbody>
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<td>15</td>
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</tbody>
</table>

Any other Additional details, Please mention below:
SECTION 5

(To be filled only if the patient has travelled outside Puducherry)

Travel details (Including Halts/temporary stay) in chronological order;
flight/train/vehicle number; seat/berth/coach number

<table>
<thead>
<tr>
<th>Date</th>
<th>Place &amp; duration of stay</th>
<th>Date &amp; Time of arrival</th>
<th>Date &amp; Time of Departure</th>
<th>Mode of travel</th>
<th>Travel details</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Any other Additional details, Please mention below:
ANNEXURE 2: QUARANTINE FACILITIES

Puducherry Quarantine centres

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the hall with address</th>
<th>Contact person with mobile no.</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Multipurpose Community Hall, Ashok Nagar, Lawspet</td>
<td>Mr. Coumarane, Tahsildar. 9994077548</td>
<td>30 beds</td>
</tr>
<tr>
<td>2</td>
<td>Community hall, Jawahar Nagar, Boomiyanpet</td>
<td>Mr. Coumarane, Tahsildar. 9994077548</td>
<td>40 beds</td>
</tr>
<tr>
<td>3</td>
<td>Community hall, Ganesh Nagar, Muthialpet</td>
<td>Mr. Rajesh Kanna, Tahsildar. 9486446899</td>
<td>40 beds</td>
</tr>
<tr>
<td>4</td>
<td>Community hall, Kurusukuppam</td>
<td>Mr. Rajesh Kanna, Tahsildar. 9486446899</td>
<td>20 beds</td>
</tr>
<tr>
<td>5</td>
<td>Community hall, Moolakulam, Puducherry</td>
<td>Mr. Coumarane, Tahsildar. 9994077548</td>
<td>20 beds</td>
</tr>
<tr>
<td>6</td>
<td>Mahatma Gandhi Dental College</td>
<td></td>
<td>50 beds</td>
</tr>
<tr>
<td>7</td>
<td>ESI Hospital</td>
<td>Dr. Narayanan. 9442638550</td>
<td>25 beds</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>225 beds</strong></td>
</tr>
</tbody>
</table>

Karaikal Quarantine facilities

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Health Institution / Hospital</th>
<th>No. of Quarantine Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>St. Rock Hospital, Puducherry</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>Karaikal Medical Centre (KMC)</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Dr. Sakthivel Hospital, Karaikal</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Hotel Ashok, Karaikal</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>36</strong></td>
</tr>
</tbody>
</table>

Mahe Quarantine facilities

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Quarantine facility</th>
<th>Phone No.</th>
<th>No. of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>L.P. School, Mahe</td>
<td>4902333670</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Middle School, Mahe</td>
<td>4902336560</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>French School, Mahe</td>
<td>4902337985</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>JNGHSS, Mahe</td>
<td>4902336550</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>L.P. School, Poozhithala</td>
<td>9846320870</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>MGGC, Mahe</td>
<td>4902332319</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Govt. Tourist Home</td>
<td>4902332222</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Indoor Stadium</td>
<td>4902332222</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>Fishermen Community Hall</td>
<td>4902335965</td>
<td>50</td>
</tr>
<tr>
<td>10</td>
<td>RGGAC, Chalakkara</td>
<td>4902337765</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>162</strong></td>
<td></td>
</tr>
</tbody>
</table>
# ANNEXURE 3: REPORT FOR CLUSTER CONTAINMENT ACTIVITIES

## Cluster Containment

**Format for daily report of COVID-19 virus disease**

<table>
<thead>
<tr>
<th>State:</th>
<th>District:</th>
<th>Date:</th>
<th>Block:</th>
<th>Epicentre:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No. of Village in the block:</td>
<td>No. of affected Municipality /village:</td>
<td>Population surveyed (Daily)</td>
<td>Population surveyed (Cumulative)</td>
<td></td>
</tr>
</tbody>
</table>

### A) A 1 Population Based Information

<table>
<thead>
<tr>
<th>0-3 Km Population from Epicenter</th>
<th>No. of villages/municipality/localities</th>
</tr>
</thead>
</table>

### A-2 Morbidity data

<table>
<thead>
<tr>
<th>Persons with fever / symptoms consistent (only new Cases) with COVID-19 virus disease</th>
<th>0-3 Km from Epicenter</th>
</tr>
</thead>
</table>

### B) Hospital based Information: Name of Hospital ..............................................................

#### In patient

<table>
<thead>
<tr>
<th>Suspect COVID-19 viral disease cases</th>
<th>Laboratory Confirmed case of COVID-19 virus disease</th>
<th>No of deaths (suspected or confirmed)</th>
</tr>
</thead>
</table>

### D) Contact Tracing

<table>
<thead>
<tr>
<th>Number of contacts under surveillance</th>
</tr>
</thead>
</table>

### E) Laboratory Testing

<table>
<thead>
<tr>
<th>Number of Samples taken</th>
<th>Number of Samples found Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>Cumulative</td>
</tr>
<tr>
<td>Daily</td>
<td>Cumulative</td>
</tr>
</tbody>
</table>
### F) Public Education outreach

<table>
<thead>
<tr>
<th>Villages covered by Public Education Outreach</th>
<th>No of houses in 0-3 km</th>
<th>No. of houses Visited</th>
<th>Percentage</th>
</tr>
</thead>
</table>

### G) Monitoring Health Staff

<table>
<thead>
<tr>
<th>Health personnel deployed in field including medical officers, Health supervisors/health workers etc.</th>
<th>Health personnel deployed in field complaining of Fever/ symptoms consistent with COVID-19 virus disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital staff including Medical Officers, Nurses, Attendants etc.</td>
<td>Hospital staff complaining of Fever/ symptoms consistent with COVID-19 virus disease</td>
</tr>
</tbody>
</table>

### H) Stock Position

<table>
<thead>
<tr>
<th>Item</th>
<th>Previous days stock at District HQ</th>
<th>Consumed for the day</th>
<th>Stock at hand(s)</th>
<th>Stock to be requisitioned if any</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPE</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>N-95 Masks</td>
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</tr>
<tr>
<td>Triple layer surgical mask</td>
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</tr>
</tbody>
</table>

Note: Daily report to be sent to IDSP by 2.00 p.m.

Signature DSO

(Name & Designation of the reporting officer)

Phone No.

of DSO
LIST OF REFERENCES

3. MoHFW: Micro-plan for containing local transmission of COVID-19
4. NHSRC: Role of frontline workers in prevention and management of CoronaVirus