File No.NHMHP-IDSP/1/2020-IDSP-Section-NATIONAL HEALTH MISSION-HP-Part(2) -2829

National Health Mission
Himachal Pradesh

To

All the Chief Medical Officers
In Himachal Pradesh

MISSION DIRECTOR (NHM)
26 MAR 2020
New Shimla-9 (H.P.)

Dated:- Shimla-9, the

Subject:- Regarding Model Micro-Plan for Containment of Local Transmission of COVID-19

Sir,

Please find enclosed herewith guidelines issued by Ministry of Health & Family Welfare, Government of India regarding Model Micro-Plan for Containment of Local Transmission of COVID-19, in view of Novel Corona Virus Disease 2019 (COVID-19).

Therefore, you are requested to take further necessary measures as suggested.

26/3/20.

Special Secretary (Health)
Cum-Mission Director, NHM
Himachal Pradesh

Endst. No. As above- dated:- Shimla-9, the

Copy for information and necessary action to:

1. The Director Health Services, Himachal Pradesh
2. All the Deputy Commissioners, Himachal Pradesh

Special Secretary (Health)
Cum-Mission Director, NHM
Himachal Pradesh

Model Micro-Plan

Micro Plan for Containing Local Transmission of Coronavirus Disease (COVID-19)

Epicentre ----------
---------- Block, ---------- District,
---------- State

Micro-plan for Containing Local Outbreak of COVID-19

Geographic Location: ------Municipality, ------- Block, ------- District, ------- State

1. Objective of the micro-plan

To contain the outbreak of COVID-19 in defined geographic area

2. Demographic details (for each district coming under containment and buffer zones separately, as defined in Section 3)

District details

District area:
District Population:
No of Blocks:
No of Municipalities:

Block Details

Name of Block:
Population:
Number of Villages:

3. Mapping the affected area

The containment zone will be decided by the RRT based on the extent of cases/contacts listed and mapped by them. However if contact listing/ mapping is taking time (>12-24 hours), then on arbitrary basis demarcate an area of 3 Kms radius around the epicenter (the residence of the positive case). This area of 3 km radius will be the containment zone. **If required, based on the mapping of contacts and cases, the containment zone will be refined.**

A buffer zone of an additional 5 Kms radius (7 Kms in rural areas)/administrative boundary of including neighboring districts/per-urban zone shall also be identified, as detailed in the cluster containment plan.

3.1 Affected area (Containment Zone – As per Cluster Containment Plan)

Name of the epicentre: Municipality ward/ village:
Number of affected Municipalities /villages:
Number of Villages/ Wards in Containment Zone:
Number of houses in containment zone:
Population in Containment Zone:

3.2 Buffer Zone – As per Cluster Containment Plan

Number of Municipalities /villages:
Number of Villages/ Wards in Buffer Zone:
Number of houses in Buffer zone
Population in Buffer Zone:

3.3 The containment zone will be divided into sectors with 50 houses each (30 houses in difficult areas). The sectors will facilitate all activities for containment as described in the ensuing sections/ paragraphs.

Every confirmed case has to be considered as an epicenter and micro-plan activities will be done as described above.

Divide the area into sectors. List them with name (of village) and identified nodal officer.

Listing of Sectors

Sector	Name of Sector	Nodal Officer	Contact number
A			
B			
C			
D			

4. Human Resource

4.1. Administrative and Technical Personnel

The District Collector/District Magistrate will be Nodal person for cluster containment in their respective districts.

S. No	Name	Designation	Contact Number (O)	Mobile
1		DM/District Collector		
2		ADM		
3		CDMO		
4		BDO		
5		Block MO		
6		Block AHO		
7		BEE		
8		NHM Block Manager		

State RRT

S. No.	Name	Designation	Contact Number (O)	Mobile
1				
2				
3				

District RRT

S. No.	Name	Designation	Contact Number (O)	Mobile
1				
2				
3				

4.2. Human Resource for operations / field activities

4.2.1 Responsibilities assigned to various functionaries

4.2.1.1 ASHA/ ANM/ Anganwadi worker*:

4.2.1.1.1. Daily house to house visit to:

(i) Search clinically suspect cases.
(ii) Identify contacts of confirmed and suspect cases
(iii) Maintain line list of suspect/ confirmed cases and contacts
(iv) Monitor contacts daily
(v) Inform Supervisory Medical Officer about suspect cases and their contacts
(vi) Create awareness among community about disease prevention, home quarantine, common signs and symptoms and need for reporting suspect cases by distributing fliers, pamphlets and also by inter-personal communication.

4.2.1.1.2. Counsel individuals to take precautions to avoid contact with those with symptoms suggestive of COVID-19.

4.2.1.1.3. Ensure that contacts are on home quarantine use 3 layered surgical masks at all times. Educate them on proper use and disposal of masks. The team will also educate the family members about precautions to be taken while taking care of persons under home quarantine.

* If there is human resource constraint to engage as many ASHA/AWW/ANMs, then Indian Red Cross society/NDRF/Civil Defence/NSS/NCC volunteers available in the district shall be engaged after proper briefing on roles and responsibilities and infection, prevention and control practices.

4.2.1.2. LHV/ MPWMW

- Supervisory duty at the village/ block covering the epicenter.
- Daily visit to allocated sectors to oversee and cross-check the activities of ASHA/Anganwadi workers/ ANM.

Report on real time basis, any person reporting of symptoms of COVID-19.

4.2.1.3. Block Extension Educator and other communication staff

- Public information education and communication campaign targeting schools, colleges, work place, self-help groups, religious leaders, teachers, postman etc.
- Arrangement of miking.

4.2.1.4. Municipal/ village Panchayat staff / Civil society volunteers

- Create awareness in the community
- Encouraging community to follow frequent hand wash, respiratory etiquettes, self-monitoring of health and reporting to the health workers about persons in their vicinity having cough, fever, breathing difficulty.

4.2.1.5. Supervisory Officer

- Supervises the field work
- Verifies suspect case as per case definition.
- Arranging shifting of suspect case to health facility.
- Random Check of persons under home quarantine.
- Submit daily report to control room

4.2.1.6 Block NHM Manager/ any other designate of DM

- Information management with in the containment zone
- Contingency funding of the containment operations
- Managing finances.

4.2.2. Norms for deployment of human resource:

A health care worker (ANM/ ASHA/Anganwadi Worker) will be able to visit 50 houses in a day (30 in difficult areas).

A supervisory Medical Officer shall be deployed to cover 1000 population.

4.2.2 Human Resource requirement for field operations

S. No.	Designation of staff	Nature of work assigned	No. of personnel deployed for containment operation	Mobilized from within the District	Mobilized from adjoining District
1.	District Collector or his assignee	Incident Command			
2	Central/ State RRT	Planning and operations			
3	Sector Medical Officers	Supervisory			
4	LHV	Intermediate Supervisory			
5	ANM/ ASHA/ Anganwadi Worker	Field work			
6	Block Extension Educator and other communication staff	IEC			
7	Municipal/ village Panchayat staff Civil society volunteers	Community mobilization			
8	NHM -District/ Block Manager	Logistics Information Management Financial management			

5. Components of Micro-plan

5.1 Surveillance

5.1.1. Active Surveillance

5.1.1.1. Constituting Teams for Human Health Surveillance:

Each health worker would cover 50 houses in the sector assigned to them. The listing of municipality wards/ villages allocated to surveillance teams, their names, name of supervisors for each team and their contact number is at **Annexure-I**

5.1.1.2. Assigning Tasks to the Teams

The Medical Officer in-charge will assign tasks as listed in para 4.2.1 to the Supervisory Officer/ANM/ASHA/Anganwadi Worker.

During the course of their house to house visit, the ANM/ASHA/Anganwadi Worker will identify suspect case, if any, as per case definition. The name, age, sex, and the address of such persons to be recorded on proforma at **Annexure-II.** The Health worker will counsel household members to take basic precautions to avoid direct contact with a suspect case. He / she will provide a mask to the (i) suspect case (till such time he/she is examined by the supervisory officer).

The concerned ANM/ASHA/Anganwadi Worker will immediately inform his/her supervisory officer about the suspect case.

5.1.1.3. Role of Supervisory Medical Officer/ LHV

The door to door surveillance will be supervised by Medical Officers/ LHV assigned sectors within the defined surveillance zone. He/she will also collect data from the health workers under him/ her, collate and provide the cumulative data to the control room by 4.00 P.M.

He / she will visit any suspect case brought to his/ her notice by the ANM/ASHA/Anganwadi Worker during their daily house to house visit. He/ she will immediately call for the ambulance and ensure transfer of the patient to identified hospital after ensuring on the basic precautions. Details of the registration number of the ambulance, shifting time to the hospital and contact number will be kept and conveyed to the Control Room.

Name of the patient being shifted	Age	Sex	Ambulance No.	Name of the driver/ Paramedic	Contact number	Time of Shifting

5.1.2. Passive Surveillance

All health facilities in the containment and buffer zones will be listed. All such facilities both in Government and Private sector (including clinic) shall report clinically suspect cases of COVID-19 to the identified supervisory officer for that sector. Proforma for reporting suspect COVID-19 cases by health facilities is at **Annexure-III.**

6 Contact Tracing

The contacts of the laboratory confirmed cases/ suspect cases of COVID-19 will be line-listed. The Supervisory officer in whose jurisdiction, the laboratory confirmed case/ suspect case falls shall inform the Control Room about all the contacts and their residential addresses. The control room will in turn inform the supervisory officers of concerned sectors for surveillance of the contacts.

These contacts will be tracked by assigned ANM/ASHA/Anganwadi Worker of that sector and kept under home quarantine for 14 days. They will be monitored for clinically compatible signs and symptoms of COVID-19 for 28 days in total. If the residential address of the contact is beyond the containment zone or in adjoining district / State, the district IDSP will inform the concerned District IDSP.

Detail guidance for contact tracing, quarantine and isolation is given at **Annexure –IV**. Proforma for line listing of contacts is at **Annexure-V.**

7. Laboratory Support

The microbiologist in the Central/State RRT will be responsible for managing laboratory Support. He/ She will identify nearest VRDL network laboratory for logistic support for sample collection, packaging and transportation. The doctors manning the isolation facility will be trained by the RRT and they shall be responsible for sample collection, packaging and transportation. The sample collection proforma to be attached with the samples is at **Annexure-VI**.

Name of the VRDL Laboratory	**Name of Nodal person**	**Contact number**

8. Identified Health Facility

8.1. The Physician in the RRT will visit the nearby hospitals and identify the nearest hospital best suited for isolation and tertiary care/ medical college best suited for Ventilator management/ critical care management/ Salvage therapy (ECMO).

Name of the identified health facility	Name and Contact details of MS	Name and contact details of Nodal officer	Contact details of Emergency

The details of the identified facilities will be informed to all the Supervisory Officers by the NHM District/ Block manager.

All suspect cases of COVID-19 will be admitted to the above identified health facility. The Supervisory Medical Officer, in whose Jurisdiction the case is reported,

shall ensure his/ her hospitalization. The hospital will be informed in advance about the referral case.

Reporting format for health facilities identified for isolation/critical care management of COVID-19 cases is at **Annexure III.**

8.2. Ambulance facility

There will be earmarked ambulance for the transfer of patients. The drivers will be trained in infection prevention and control practices and also in disinfection of ambulance after transporting suspect cases. Drivers of these ambulances will be provided with appropriate PPE depending on the risk assessment conducted by district/RRT epidemiologist.

Date	Shift	Name of the driver	Name of the Paramedic	Contact numbers (Driver and Paramedic)
	8:00 AM – 2:00 PM			
	2:00 PM – 8:00 PM			
	8:00 PM – 8:00 AM			

8.3 Hospital infection prevention and Control

The Microbiologist in the RRT will train the health workers on infection prevention control practices prior to their field assignment. They will also train the identified field functionaries on donning and doffing of PPE. The PPEs are to worn as per the risk assessment for various categories of personnel.

S. No	Name of the item	Remarks
1	Full complement of PPE (N 95 Mask, Gloves, Goggles, coveralls, headgear, foot wear)	To be used by: • Doctors attending to patients in health facilities in the containment zone and referral hospital for isolation/ critical care, where aerosolization can occur (like intubation, non-invasive ventilation, tracheostomy, and manual ventilation before intubation, suction etc.) • Doctors collecting samples. • EMTs attending patient in ambulances • Staff in the laboratories
2	N-95 Mask and gloves	• To be used by supervisory doctors verifying a suspect case

		• Doctors/nurses attending patients in screening clinics/OPD
3	N-95 mask, gloves	• Sanitary workers involved in sanitation and disinfection activities for COVID-19 cases
4	Triple Layer medical mask/ examination gloves	To be used by: • field workers, • suspect cases and • care giver / by stander of the suspect case • Ambulance drivers. • All functionaries at the perimeter control.

10. Logistics

10.1. PPE

All PPE will be used rationally. RRT members will train the identified field functionaries on donning and doffing of PPE. The PPEs are to worn as per the risk assessment for various category of personnel.

The following daily log on PPE will be maintained:

S. No.	Name of the item	Opening balance for the day	Nos. used with in the day	Closing balance	Remarks
1	PPE Kits				
2	N-95 Mask				
3	Triple Layer Surgical mask				
4	Gloves				
5	Biohazard bags				

All PPEs to be disposed of in a Biohazard Bag (yellow). The outer surface will be disinfected using 1% Sodium Hypochlorite spray.

11. Communication

Block Extension Educator / or any other designated communication staff will be allocated the work of public education outreach on COVID-19. Public information education and communication campaign shall target schools, colleges and work place within the

containment zone. The key messages (including that used for Inter-personal Communication) have already been conveyed to the States.

The sector wise allocation of BEE their name and contact no. will be listed. Municipal/ Village Panchayat Officers will be allocated sectors with in the surveillance zone for encouraging and participating in public awareness campaigns and participation. The rostering of staff for public education outreach is at **Annexure-VIII.**

12 . 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. They will work in 3 shifts. Data Collection tools will form **Annexure-IX** of this document. Output variables to be generated at micro level on daily basis;

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

13. Control Room

The following details will be provided under this head:
Nodal Officer with contact number:
Control Room Number:

14. Office orders (indicative)

Orders on notification.
Order for taking services of personnel

15. Budgeting (indicative)

S.no	Item	Unit cost	Total cost	
1.	Transportation			
	No. of vehicles hired			
	POL expenditure for Office vehicles/ ambulances			
2.	Communication			
	Cost of printing posters			
	Hiring personnel for display of posters			

	Cost of hiring vehicles for miking			
	Advertisement cost : local dailies cable network local TV channels SMS			
3	Logistics			
	Three layered surgical mask			
	N 95 mask			
	PPE			
4	Contingency Expenditure			

Annexures

Annexure No.	Subject
I	Containment zone: Identified Sectors for surveillance
II	Data collection tool at field level Data collection tool at field level (Field Level Data Compilation Sheet)
III	Daily Line listing of Patients detected at health facilities
IV	Recommended guidance for contact tracing, quarantine and isolation for Coronavirus Disease (COVID-19)
V	Line listing of Contacts
VI	Sample collection proforma to be attached with the samples
VII	Transportation arrangement for containment Operation
VIII	Identified Sectors for Public Education Outreach and rostering of identified communication staff
IX	Daily report of COVID-19 Outbreak

Annexure-I

Containment zone: Identified Sectors for surveillance

Sector	Name of Municipal ward/ village	Name of ANM/ ASHA/Anganwadi Worker	Contact Number	Name of Supervisory Officer	Contact Number

Annexure-II

Data collection tool at field level
(Line listing of suspect cases)

State & District :
Sector :
Village allocated: :
Name of the field worker : Phone:
Name of the Supervisor : Phone:
Name of the PHC doctor : Phone:

S.No	Name of patient	Age	Sex	Address	c/o Fever, Cough, Difficulty in breathing	Remarks

Data collection tool at field level (Field Level Data Compilation Sheet)

S. No.	Name of village	Total population surveyed	M	F	No. of Suspect cases identified	Total number of contacts put under home quarantine	Remarks
Total							

Annexure-III

Daily Line listing of Patients detected at health facilities

S. No	Name	Age	Sex	Address	Symptoms or contact with COVID-19 suspect case	Sample taken (Y/N)	Remarks

Appendix- IV

Recommended guidance for contact tracing, quarantine and isolation for Coronavirus Disease (COVID-19):

I. Contact Tracing:

a. Contact means a person:

- Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients
- Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings).
- Traveling together in close proximity (1 m) with a COVID-19 patient in any kind of conveyance within a 14-day period after the onset of symptoms in the case under consideration.

b. Each worker or person responsible for contact tracing should:

- Enlist all the contacts for tracing along with their names, address and contact details and submit to the supervisor daily
- Daily visit the contact and ask him/her if had developed any fever, cough, shortness of breath, difficulty in breathing etc.)
- Educate contacts and their family members on importance of contact tracing and home quarantine
- Distribute Triple layer surgical masks to the contact and keep sufficient stock.
- Create awareness on symptoms and provide information on self-health monitoring
- Contacts should be informed that if they develop symptoms:
    - Immediately wear a triple layer mask and avoid close contact with any other person.
    - Inform concerned health worker who will arrange for medical examination by supervisory medical officer and transportation to hospital, if required.
    - Provide details on all possible contacts since the time he/she has developed symptoms and inform health worker
- Duration of follow up of contacts would be 28 days from the time of last contact with a case

II. Active surveillance:

Active surveillance shall be done within containment zone (or 3 Km radius from the periphery of the affected area)

What has to be done:

- Enlist all houses (and persons)
- Daily visits to each house and enquire about any person developing any symptoms (like fever, cough, shortness of breath, difficulty in breathing etc.)
- In case of a person is detected to be developing symptoms of COVID-19, the same shall be brought to notice of supervisory medical officer
- Daily reporting: as per the format (Annexure V)

III. Home Quarantine:

- **Who has to be quarantined**: all households and close contacts of a confirmed and suspect cases are to be home quarantined
- **Duration of home quarantine**: Those being home quarantined need to be followed up till the time test results of suspect case (whose contacts are being home quarantined and followed up) comes negative. If the test result comes positive then all such persons become 'true' contacts and have to be home quarantined for 14 days and followed up for 28 days.

IV. Isolation:

- Suspect cases detected on active surveillance need to be in isolated in a room in the house temporarily till the time he/she is examined by the supervisory medical officer or shifted by the designated ambulance to the designated health facility.
- Following shifting to health facility, place of temporary isolations needs to be disinfected in accordance with prescribed SOPs by 1% sodium hypochlorite

Appendix V

Line listing of Contact (Name of Patient): _____

S. No.	Name	Age	Sex	Address	Date on which exposed	To be under surveillance (till date)	Symptomatic (Y/N). If Yes, is person isolated/referred	Sample taken (Y/N)	Remarks

(Please use separate sheet for contacts of different patients)

Annexure VI

Sample collection proforma to be attached with the samples

ICMR- National Institute of Virology, Pune
Specimen Referral Form for 2019 Novel Coronavirus (2019-nCoV)

INSTRUCTIONS:

- *Inform the local / district / state health authorities, especially surveillance officer for further guidance.*
- *Seek guidance on requirements for the clinical specimen collection and transport from nodal officer.*
- *This form may be filled in and shared with the IDSP and also ICMR-NIV nodal officer in advance.*

PERSON DETAILS

Name of patient: .....
Address: .....
City: .....
State: .....

Age:.....Years.....Month Gender: Male ☐ Female ☐
Date of birth: ...../...../..... (dd/mm/yyyy)
Mobile/phone: _____
Email: _____

EXPOSURE HISTORY (2 WEEKS BEFORE THE ONSET OF SYMPTOMS)

Recent stay/travel in area (Wuhan, China): Yes ☐ No ☐ If yes, stay/travel duration with date
History of visit to wet/seafood market: Yes ☐ No ☐ From:..../...../..... to:...../...../.....
Close contact with confirmed case Yes ☐ NO ☐ Close contact with animal/birds Yes / N
Recent travel to any other country Yes ☐ NO ☐ Travel place: .....
Health care worker working in hospital involved in managing patients YES / NO, _____

Hospitalization date: ...../...../..... Discharge date: ...../...../.....

CLINICAL SYMPTOMS AND SIGNS

Date of onset of symptoms: ...../...../..... First symptom: .....

Symptoms	*Yes*	*No*	*Symptoms*	*Yes*	*No*	*Symptoms*	*Yes*	*No*	*Symptoms*	*Yes*	*No*
Fever at evaluation	☐	☐	**Cough**	☐	☐	Diarrhoea	☐	☐	Abdominal pain	☐	☐
History of fever	☐	☐	**Breathlessness**	☐	☐	Nausea	☐	☐	Vomiting	☐	☐
			Sore throat	☐	☐	Body-ache	☐	☐	Haemoptysis	☐	☐
Chest pain	☐	☐	Sputum	☐	☐				Nasal discharge	☐	☐

Signs	*Yes*	*No*	*Sign*	*Yes*	*No*	*Sign*	*Yes*	*No*
Wheeze	☐	☐	Stridor	☐	☐	Lower chest indrawing.	☐	☐
Nasal flaring	☐	☐	Crepitation	☐	☐	Accesary muscle use	☐	☐

UNDERLYING MEDICAL CONDITIONS

Condition	*Yes*	*No*	*Condition*	*Yes*	*No*	*Condition*	*Yes*	*No*	*Condition*	*Yes*	*No*
COPD	☐	☐	Bronchitis	☐	☐	Diabetes	☐	☐	Hypertension	☐	☐
Chronic renal disease	☐	☐	Malignancy	☐	☐	Heart disease	☐	☐	Asthma	☐	☐

IMMUNOCOMPROMISED CONDITION: YES / NO _____ Other: .....

HOSPITALIZATION, TREATMENT AND INVESTIGATION

HOSPITALIZATION date: ...../...../.....
DIFFERENTIAL DIAGNOSIS: _____
ATYPICAL PRESENTATION: YES / NO _____
OUTCOME: Discharge / Death / _____

DIAGNOSIS: _____
ETIOLOGY IDENTIFIED: _____
UNUSUAL / UNEXPECTED COURSE: YES / NO
OUTCOME date:...../...../.....

Treatment	**Yes**	**No**	**Treatment**	**Yes**	**No**	**Treatment**	**Yes**	**No**	**Treatment**	**Yes**	**No**
Antibiotics	☐	☐	Ventilation	☐	☐	Antivirals	☐	☐	Steroids	☐	☐
Oxygen	☐	☐	CPAP	☐	☐	Bronchodilators	☐	☐	Other:.....		

Investigation findings: Haematocrit: ..... Hb: ..... WBC (leukocyte count): .....
Differential Leukocyte count: Lymphocytes (%): ..... Monocytes (%): ..... Neutrophils (%):.....
Basophils (%): ..... Eosinophil (%): ..... Platelet (Thrombocyte) count: ..... ESR: .....

Investigation details: Chest X ray: Yes ☐ No ☐ If yes (findings): .....
Blood culture findings (If any): ..... Other investigation details: .....

SPECIMEN INFORMATION FROM REFERRING AGENCY

Specimen type	Collection date	Label	FOR OFFICE USE ICMR-NIV →	Specimen ID	Test performed	Result
1. BAL/ETA/__						
2.TS/NPS/NS						
3. Blood in EDTA						
4. Acute sera						
5 Convalescent sera						

Name of Doctor: ..... Hospital Name/address: .....
Phone/mobile number: ..... Signature and date: .....

PLEASE REFER THE CASE DEFINITION CHECKLIST ON PAGE 2. FOR SPECIMEN COLLECTION GUIDELINES, VISIT **www.niv.co.in**
For any sharing of information or for any query, contact Dr. Yogesh Gurav Scientist E (020-26006290/26006390). Page 1 of 2

ICMR- National Institute of Virology, Pune
Specimen Referral Form for 2019 Novel Coronavirus (2019-nCoV)

Name of the patient: ..... Age: .....years.....months

Note: Please ensure that the case definition should be strictly followed.
Please encircle the correct response (Yes/No)

CASE DEFINITION

1. Severe Acute Respiratory Illness (SARI), with

- history of fever YES / NO
- cough YES / NO
- requiring admission to hospital YES / NO

WITH

- no other etiology explains the clinical presentation YES / NO
  (clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised);

AND

any of the following

- A history of travel to Wuhan, Hubei Province China in the 14 days prior to symptom onset. YES / NO
- the disease occurs in a health care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for, without regard to place of residence or history of travel YES / NO
- the person develops an unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment, without regard to place of residence or history of travel, even if another etiology has been identified that fully explains the clinical presentation. YES /NO

2. Individuals with acute respiratory illness of any degree of severity who, within 14 days before onset of illness, had any of the following exposures:

- close physical contact with a confirmed case of nCoV infection, while that patient was symptomatic; YES / NO
- a healthcare facility in a country where hospital associated nCoV infections have been reported; YES / NO
- direct contact with animals (if animal source is identified) in countries where the nCoV is known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission*. YES / NO

* To be added once/if animal source is identified as a source of infection

EMAIL ID OF THE HEALTH AUTHORITY (FOR SENDING THE REPORT): .....

Name of Doctor: ..... Hospital Name/address: .....

Phone/mobile number: ..... Signature and date: .....

Appendix-VII

Transportation arrangement for containment Operation

Sector	Name of the Sector	Purpose for Vehicle Deployed	Vehicle Regn. number	Driver name	Contact Number
A		House to house surveillance			
		Supervisory Staff			
B		House to house surveillance			
		Supervisory Staff			
C		House to house surveillance			
		Supervisory Staff			

Appendix-VIII

Identified Sectors for Public Education Outreach and rostering of identified communication staff

Sector	Name of Municipal ward/ village	Name of Municipal/ Panchayat staff	Contact Number	Name of Supervisory BEE	Contact Number

Appendix-IX

Cluster Containment			
Format for daily report of COVID-19 virus disease			
		Date :	
State:	**District:**	**Block :**	**Epicentre:**
Total No. of Village in the block:	**No. of affected Municipalty /village:**		

A) A 1 Population Based Information	**No. of villages/municipality/localities**	**Population Surveyed(Daily)**	**Population surveyed (Cumulative)**
0-3 Km Population from Epicenter			

A-2 Morbidity data			
		Daily	**Cumulative**
Persons with fever / symptoms consistent (only new Cases) with COVID-19 virus disease	0-3 Km from Epicenter		

B) Hospital based Information: Name of Hospital - ……		
In patient	**Daily**	**Cumulative**
Suspect COVID-19 viral disease cases		
Laboratory Confirmed case of COVID-19 virus disease		
No of deaths (suspected or confirmed)		

D) **Contact Tracing**		
Number of contacts under surveillance		

E) **Laboratory Testing**	**Number of Samples taken**		**Number of Samples found Positive**	
	Daily	**Cumulative**	**Daily**	**Cumulative**

F) Public Education outreach	No of houses in 0-3 km	No. of houses Visited	Percentage
Villages covered by Public Education Outreach			

G) **Monitoring Health Staff**			
Health personnel deployed in field including medical officers, Health supervisors/health workers etc.		Health personnel deployed in field complaining of Fever/ symptoms consistent with COVID-19 virus disease	
Hospital staff including Medical Officers, Nurses, Attendants etc.		Hospital staff complaining of Fever/ symptoms consistent with COVID-19 virus disease	

H) Stock Position

Item	**Previous days stock at District HQ**	**Consumed for the day**	**Stock at hand(s)**	**Stock to be requisitioned if any**
PPE				
N-95 Masks				
Triple layer surgical mask				

Note: Daily report to be faxed by 11.00 a.m.

- Director NCDC (Fax No: 011-23922677; 011-23921401)
- Director EMR (Fax No: 011- 23061457)

Signature DSO

(Name & Desg. Of the reporting officer)
Phone No.
of DSO