BEST PRACTICES IN UT OF PUDUCHERRY COMBATING AGAINST COVID19

1. Posting of paramedical students and nursing students in the entire booth in the first phase for checking all international passengers.

2. Protocols been made on how the international passenger list received from various sectors such as (passport office, fro, port, airport authorities) has to be consolidated and how to reach the medical officers at PHC.

3. Teams were formed by converging various departments from revenue, police, volunteers and medical team. Medical officer will be heading the team.

4. Any new list of international passengers were visited by the medical team and stickers were pasted by the revenue department, monitored by hone quarantined people by the police department and collecting and updating of form A by the social welfare department, line listing the data's by the IDSP team.

5. Daily quarantined list is been given to the collector office and municipality for the waste management.

6. Separate dedicated helpline 104 was provided and a separate flowchart was made on how the complaints need to be forwarded to medical officers. Also posted allopathy doctors in 104 and counseling was given over the phone including psychological counseling.

7. All medical officers are given training on all coordination programmes regarding covid19. Protocols on whom to be quarantined and who have to be referred, where to refer and how to refer been sent to all PHC.

8. Nodal officer has been appointed for transport who will be arranging shifting of persons who are suspects from PHC after obtaining the permission of nodal officer.

9. Plan was made on how to operate if a positive case comes, so a detailed order by forming core committee and nodal officers were appointed.

10. Multidepartmental work as per the RRT been designed and a framework of operation is been prepared.

11. Breaking of cluster- Operation Nizamudin

A. Delhi incident cluster/ Koyambedu Cluster - List of heads of Mosques were circulated who are in charge of all mosque. Those lists were shared to all PHC and tracing of passengers from Delhi started from March 23rd.

B. Protocols were sent on management. HCQ was given to all contacts of positive cases after getting ECG opinion.

C. Protocol been prepared for when the cases to be tested.

12. Every day review meeting with Honorable Lieutenant Governor and Honorable Health Minister and press briefing and updating of everyday activity.

13. Surveillance Round 1 surveillance By health workers asking for covid symptoms and travel history Round 2 surveillance Door to Door surveillance by medical professionals (Doctors from PVT., Colleges) collection of reports through Epicollect or Google form. Apart from the covid history details of NCD, Immunization, antenatal cases was recorded. Screening in both in second phase.

14. Doctors were posted in booth and the screening protocol was changed. All cases to be screened and only emergency cases are allowed inside the borders. Data's of vehicles travelling inside was forwarded to all institutions.

15. Contact tracing.

A. Regular contact tracing through IDSP

B. Tracking details through the phone of positive patients done by the police department.

C. Testing all suspects in the 5th day of the contact as per protocol.

16. Circulars were issued to all single practitioner and pharmacists to submit data on who all are getting medicines for ILI and fever. Those cases were forwarded to respective PHCS.

17. Community sampling.

As per instruction of GOI to check the community spread, sampling was done with the help of ENT specialists in 9 PHC. Those PHC were functioning as collection centres and adjoining PHC were instructed to send 10 cases each. Almostv250 samples were taken on first phase. Same exercise was followed in all PHCs for 2 cycle.

18. To confirm there is no community spread 400 samples were taken at Reddiyarpalayam.
Samples were taken at assembly, press, police professionals. Daily bulletin posted in website.

19. SOP regarding corona, checklist for PHC, DENTAL guidelines, protocol for pets was released by HM.

20. Everyday advertisement about usage of Arogya setu app. We prepared a separate protocol on how “aarogya setu” unwell data must be segregated. Categorizations of Covid hospital and declaration of which cases have to go to covid and non covid hospital was defined.

21. Total number of workers from neighboring state working in Puducherry were listed and E-Pass is planned 5o be given for all private and govt workers in health department.

22. Every day review meeting at IGMC and addressing the challenges faced by appointing a nodal person from the core committee to take care of the operation

23. We have categorized covid hospital during the early phase.

24. We have convened meetings, Video conference, Audio Conference with stake holders / Private Hospitals / Autonomous Hospitals and participated the same pattern of meetings convened by Hon’ble Prime Minister, Hon’ble Union Ministers at Central level and Hon’ble LG, Hon’ble Chief Minister, Hon’ble Health Minister, District Magistrate and Health Secretary at UT level for effective management of CoViD-19.