

Strategic Preparedness and Response Plan - COVID-19 – Central Province - 2020

This document has been prepared by the Provincial Department of Health Services, Central Province; parallel to the guideline issued by the Ministry of Health Sri Lanka [DDG (PHS) 1/DO2/12-9/2019/10] dated 26.01.2020 as **“Interim Summary Guidelines for Clinical Management of Patients with novel coronavirus (2019 - nCoV)”**.

Coronaviruses are a large family of respiratory viruses that can cause a spectrum of diseases ranging from the common cold to the Middle-East Respiratory Syndrome (MERS) and the Severe Acute Respiratory Syndrome (SARS). In case of a traveller who presented with symptoms suggestive of acute respiratory illness before, during or after travel, or a person who presented with similar symptoms with contact history of a traveller is encouraged to seek immediate medical attention. Person to person local transmission of 2019-nCoV is reporting from other countries other than China and it is essential to seek early medical attention if a person has acute respiratory symptoms.

Human to human transmission is most likely to be through direct contact with case-patients, by respiratory droplets and by fomites (contaminated objects and surfaces), as is seen with other coronavirus infections including SARS and MERS.

Strategies identified

1. Coordination, planning and monitoring at provincial levels
2. Surveillance
3. Risk communication and community engagement
4. Rapid response and case management
5. Logistics, procurement and supply management
6. Capacity building
7. Public health measures
8. Infection prevention and control

Strategy	Activity	Responsibility
<p>Coordination, planning and monitoring at provincial level</p> <p>It is critical to activate coordination mechanisms well before community transmission occurs widely</p>	<ol style="list-style-type: none"> 1. A team identify solutions, to make decisions and to monitor preventive measures being carried out in the field Provincial Health Coordinating Committee (PHCC) District Health Coordinating Committees(RHCC) 2. Identify the responsible key supportive partners (health sector, transport, travel, trade, finance, security and other sectors) during out break 3. Activate multi - sectoral, multi-partner coordination mechanisms to support preparedness and response ☑ 4. Collaborate with national authorities and key partners in adapting, implementing guidelines at provincial level in collaboration with the existing pandemic preparedness plans 5. Conduct initial capacity assessment and risk analysis, including mapping of vulnerable populations 6. Monitoring activities and produce regular situation report - Should send to PDHS before 12 noon each day 7. Circulate the contact list of the identified focal points to all relevant institutions with in the district (MOH in the field level / MO- public health in the institution level / RE at the 	<p>PDHS RDHS</p> <p>PHCC / DHCC</p> <p>PHCC and DHCC</p> <p>PDHS / RDHS</p> <p>RDHS / RE</p> <p>RDHS / RE</p> <p>PDHS / RDHS</p>

	<p>district level)</p> <ul style="list-style-type: none"> - A list of contact numbers of all MOHs, Public Health MOs and REs should be made available for the district and local institutions 	
<p>Surveillance</p> <p>In the event of community transmission over large areas of the country, surveillance may need to evolve from the daily reporting of individual cases towards the less frequent (e.g., weekly) reporting of aggregated data for the purpose of monitoring disease trends</p>	<ol style="list-style-type: none"> 1. Disseminate national case definitions for surveillance to the public (both preventive and curative) and private health sector institutions and communicate changes when needed 2. Enhance existing surveillance systems to enable monitoring of COVID-19 transmission <p>In identification of cases and for contact tracing and monitoring to COVID-19 in the field and in institutions</p> <p>All the suspected cases which are directly admitted to the local hospitals need to be notified to the medical officer of health (MOH) of the area</p> <p>And then be informed to the RE at district level</p> <p>And PDHS should be updated by the RDHS regarding the district case reporting situation on daily basis</p>	<p>PDHS</p> <p>RE</p> <p>Relevant institutions</p>

<p>Risk communication and community engagement</p> <p>It is essential to communicate to the public what is known, what is unknown, and what is being done to prevent and control transmission. Responsive, transparent, consistent, and nuanced messaging that acknowledges and address public perceptions is required to establish/maintain authority and trust. Systems should be</p>	<ol style="list-style-type: none"> 1. Identify, train, and designate spokespeople 2. Plan a consistent mechanism to communicate about prevention and control measures to the general public 3. Plan a consistent mechanism to deliver scientific information about the coronavirus infection to the health staff up to the grass-root level officers to prevent unnecessary panic, misbeliefs and malpractices. 4. Utilize all the available communication channels/ sources at district level and at MOH level for deliver information 5. Engage with existing public health and community-based networks, local NGOs, schools, tuition masters, local governments, DS office staff, Police & Tri Forces, Government institutions, Private institutions, Factory staff, Religious gatherings for the mechanism of communication 6. Distribution of IEC materials developed by the Health Promotion Bureau for awareness programmes to maintain the uniformity of health messages. 7. Social mobilization- Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations 	<p>RDHS / RE</p>
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<p>developed to proactively manage the infodemic of misinformation by detecting and responding to concerns, rumors and misinformation.</p>	<p>8. Advocacy - Political and administrative support should be taken for COVID 19 infection prevention activities in the province. Governor, Politicians and top level government officers in provincial and district level should be convinced. Regular stake holder meetings should be organized by the PDHS and RDHS for advocacy</p>	<p>PDHS</p>
<p>Rapid response and case management</p>	<ol style="list-style-type: none"> 1. Establish suspected case management unit for temporary isolation, assessment with designated staff in all Base and DGH 2. Set up surge triage, screening areas for all patients with fever and respiratory symptoms (including staffing, space and supplies, including oxygen) at health facilities identified 3. Allocation of staff for the identified centers separately for the acute management and follow-ups 4. Identification of the cases from the hospitals which need to be quarantined and decision making for the transferring of patients to the identified main center (N.H.Kandy) 5. Establish transport facilities from the institution in case of 	<p>DHCC / Hospital Directors /MS</p> <p>RDHS/ Institutional Heads / Hospital Directors / MS</p> <p>Institutional Heads</p> <p>Institutional Heads</p>

	<p>identification of a suspected case from the hospitals to the closest management center or to the isolation center with allocate staff rosters and equipment - institutional ambulances from hospitals</p> <p>6. Identification of suspected cases from the field and referral for the further management in the district</p> <p>7. Establish transport facility from field to the closest management center with allocate staff rosters and equipment – Private vehicle or 1990 ambulances</p> <p>8. Ensure the space, staffing, and supplies which are adequate for a surge in patient care needs</p> <p>9. Develop a path to communicate at the field – to obtain emergency information such as whom to contact / to which hospital Implement 24/7 hot line at district level</p>	<p>Institutional Heads \ team</p> <p>REE</p> <p>REE</p> <p>PDHS / RDHS/ Institutional Heads</p> <p>RDHS / RE</p>
Logistics	<p>1. Implement supply chain control, security, transport, management system for storage and distribution of</p> <ul style="list-style-type: none"> - PPE – Need identification and distribution should be done at the district level - management equipment - O₂ cylinders, drugs, 	<p>PDHS / RDHS / Institutional Heads</p>

	2. Identify logistic requirement in case of an outbreak situation with in the area	RDHS / Institutional Heads
Capacity Building of the health staff	<p>1. Identify a team to conduct training of the needed communities - All the possible private sector institutions, government institutions, CBOs and the general public should be educated within a week</p> <p>2. Training of health staff (public and private health staff)- increase awareness on the disease severity, transmission, preventive measures / specific trainings on the use of case definitions, how to identify suspected cases on a clinical basis as well as initiate early case management and contact tracing - Should be done within a week</p>	PDHS / RDHS / RE REE
Public health measures	<p>1. Dissemination of updated information to the health staff</p> <p>2. All the public health measures recommended by the ministry of health should be implemented at district level</p>	REE RDHS / RE
Infection prevention and control	1. Identify and mobilize trained staff with the authority and technical expertise to implement infection prevention and control (IPC) activities at vulnerable health facilities and in the communities	REE

	<ol style="list-style-type: none">2. IPC measures implementation in selected health facilities and public spaces3. Assess IPC capacity and implement IPC at all levels of healthcare system, including public, private, traditional practices and pharmacies.4. Disseminate IPC guidance for home and community care providers	
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