

**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

ORDERS BY THE GOVERNOR

NOTIFICATION

Dated Shillong, the 21st March, 2020.

No. Health.83/2020/Pt./1 : With a view to set up a response mechanism to tackle the threat of the Coronavirus disease in the State, the Governor of Meghalaya is pleased to notify the State Response Team with the following units for effective management of the Coronavirus disease as follows with immediate effect :-

Sl. No.	Name of Unit/ Cell	Team Leader
1.	Overall coordination	Commissioner & Secretary, Health & F.W. Department
2.	Surveillance Unit	State Epidemiologist
3.	Call Centre Management Unit	108
4.	Human Resources Management Unit	
5.	Training and Capacity Building Unit	Health Department
6.	Material Management Unit	IEC personnel
7.	Infrastructure (Isolation ward and facilities) Management Unit	Dr. A. Warr
8.	Media Surveillance, IEC Media Management Unit	IEC personnel, MBDA
9.	Documentation Unit	IEC personnel
10.	Private Hospital Surveillance Unit	IDSP
11.	Expert Study Coordination Unit	IIPH
12.	Inter Departmental and Coordination Unit	Secretary & M.D., NHM
13.	Community Level Volunteer Coordination Unit	ASHA Coordinator
14.	Psychological Support Unit	Dr. Blah and Flourish
15.	Data Compilation Unit	IDSP data manager
16.	Budget and Financing Unit	Malcolm, State Finance Manager

ACTIVITIES OF VARIOUS UNITS/ CELLS

1. SURVEILLANCE UNIT

Guidelines are to be prepared for surveillance and management of corona virus disease.

The state is to support and supervise surveillance activities at district level.

A support system is to be established with SMO (WHO), where a mechanism to strengthen IDSP disease surveillance system is to be placed.

There should be daily district wise monitoring from the state level.

There should be detailed data monitoring at IDSP state unit.

Areas for inter-sectoral action need to be identified along with steps for the same.

Hospital surveillance

The conditions of symptomatic patients admitted in isolation wards of hospitals will be closely monitored and reports will be updated to hospital surveillance team. All reports will show detailed analysis.

Field surveillance

Patients discharged from hospitals will be monitored by field workers in their corresponding PHC area.

Asymptomatic travellers/ contacts will undergo home quarantine and will be monitored for 28 days by field workers and reports are to be sent to DM&HO/DSO.

Lab surveillance

DM&HO/DSO/ District Nodal Officers entrusted with sample collection will inform the lab surveillance unit before collection of sample.

Sample requisition forms are to be scrutinized before sending to National Institute of Virology, Pune

Liaison with districts and sample collection point

Lab Surveillance Unit will include **SAMPLE TRACING**

The unit should keep a close eye on samples sent to NEIGRIHMS, Shillong and Pune from all the districts and answer all queries regarding the sending of samples

The unit should guide the district in transportation of samples, filling formats, collecting reports and intimate to the authorities the status of result.

All samples test results are to be reported to the respective Superintendent of MCH, Deputy Commissioner, DHS,DME and Commissioner & Secretary on a daily basis.

Description	Number	Results received	Positive
Total Sample Collected			
Blood			
Urine			
Throat Swab			
Samples sent to NIV			
Pune			
Blood			
Urine			
Throat Swab			

2. CALL CENTRE MANAGEMENT UNIT

A 24*7 Control Room call centre is to be set up. Control Rooms are to be set up in the districts as well. The call centre should have 3 laptops, 3 mobiles and landline telephone facility.

All call centre operators are to be assigned a telephone and a laptop. Outgoing mobile facility should also be available for answering pending calls.

Two WhatsApp numbers are to also be made available in the disaster control management room.

Call centre supervisors are to maintain sign in/ sign out sheets to keep track of operators.

Each work station should have the following items:

Headset for hands free answering

Reference materials which would have been issued upon activation of call centre operations

Necessary items such as paper, pen, pencils, registers etc..

All laptops and phones are to be set up in close proximity to power, telephone and data sockets/ ports.

MANDATES FOR CALL CENTRE OPERATORS

Maintenance of Discipline

Time Management

Documentation on all activities in the call centre

A daily consolidated report at 5 pm

To answer medical queries, logistics and administrative issues regarding health and health related problems.

Daily maintenance of second and third level call referral

Total number of call till date	No of call on.... Date	Case follow up till date	Cases reported on.... Date	Total reported fever cases

TRANSPORTATION AND AMBULANCE MANAGEMENT will also be handled by Call Centre Management Unit (EMRI)

The unit shall compile the data regarding availability of slots, training of drivers of ambulances and vehicles carrying patients from home isolation to hospital isolation facilities. The unit is to ensure that vehicles are available 24*7. All possible challenges should be addressed immediately and decisions taken at the state level can be compiled and addressed during control room meetings.

The data should be compiled in the following format:

Vehicle number	Driver	From	To	Post trip sanitization

3. HUMAN RESOURCES MANAGEMENT

HRM happens mostly at the district level but if the district requires additional support, the needs can be communicated to the state.

The team should have thorough knowledge of all district HR distribution.

HRM should also communicate with the districts regarding the optimum redistribution policies according to the needs.

HRM should maintain all details of isolation facilities and timely decisions should be made from the control room when necessary.

Data of isolation facilities should be compiled on a daily basis to ensure no shortage in any category.

4. TRAINING AND CAPACITY BUILDING UNIT

All trainings are to be done in a timely manner in all districts and data should be compiled at the state level. The state is to prepare training materials according to needs discussed in control room meetings. The manuals are to be vetted by a group of experts and should be disseminated only through the control room mail id.

Roles and responsibilities

Preparation of segment specific relevant modules

Preparation of training manuals

Dissemination of IEC materials

Preparation and dissemination of FAQs

Training for district level officers, health workers and volunteers

Conducting training and demonstration sessions

Conducting mock drills

Segment	Subject	Place	Number of persons attended
GOVERNMENT SECTOR			
1. Doctors			
2. Paramedical staff			
3. Attendants			
PRIVATE SECTOR			
4. Doctors			
5. Paramedical staff			
6. Attendants			
OTHERS			
7. ASHA			
8. Line Department staff			
9. Anganwadi teachers			
10. Ambulance drivers			

5. MATERIAL MANAGEMENT UNIT

This is to be done at the institutional level using all possible resources under the control of the Superintendent, but if greater needs arise in some situation, the state will ensure mechanism for supporting these institutions. The needs and activities are to be compiled in the district and

coordinated with state team. The state team will compile the daily activities and challenges and present the same at control room meetings. The details should include :

Date:

Institution

Items	Opening Stock	Distribution	Balance

Responsibilities of MMU:

To provide list of items required at the hospital

To monitor inventory position institution wise

To ensure supply chain management of health care and other required items

6. INFRASTRUCTURE (ISOLATION WARD AND FACILITIES) MANAGEMENT UNIT

The unit is to identify isolation places in each district for at least 50 patients.

They shall ensure that all required items in isolation ward are available.

Each district is to set up a dedicated team.

There will be trainings held for the dedicated team and other health functionaries.

The unit is to ensure that strict protocol of infection control is to be followed in all districts.

The unit is to compile the referral of contacts from field/ call centres to isolation facilities in the district.

The unit will also verify and compile the needs of additional isolation places in case of rise of numbers.

The data should be filled in the following format at the district level and compiled at the state level

Date:

Institution:

	Describe and give data
Whether isolation ward has been identified and all required things are set up	
Whether the specific teams have been identified and trained No. of Doctors No. of Paramedical staff No. of attendants	
Whether stand by team has been identified and trained No. of Doctors No. of Paramedical staff No. of attendants	

Duty roster prepared	
Whether all inventory is ensured	
No. of beds	
No. of patients admitted and their details	
Infection control measures that have been taken and their details	
Bio medical waste disposal mechanism from the isolation ward	
Institution requirements details	

7. MEDIA SURVEILLANCE, IEC AND MEDIA MANAGEMENT UNIT

The unit will do surveillance of print, visual and social media with the support of State and District team.

The unit will collect information regarding demand and supply logistics, human resources etc... which have been circulated in the media and address the needs by bridging the gaps after validating the information.

The unit will do surveillance of all media being circulated pertaining to corona virus disease.

The unit will validate the information collected from the media for negative outcomes and execute timely control and preventive measures.

The unit will reply queries from the general public regarding health related events through phone numbers circulated at the state level.

There will also be timely compilation of media surveillance data at the district level.

The reporting format for cyber space monitoring is as follows:

Description	Details
Whether any misinformation has been noticed	
If misinformation has been noticed, give details in brief	
Whether misinformation has been reported and whether case has been booked	
Cases booked on date	
Total number of cases booked till date	

The unit is to prepare IEC materials which relate to preventive activities. This is to be done at the field level in order to decrease anxiety of the general public and to disseminate factual information regarding corona virus disease.

The same materials shall be disseminated to TV channels, AIR, social media etc..

Health department website is to be updated in a timely manner with regards to IEC materials.

The media will get a daily press briefing and arrangements will be made for press conferences as per direction.

The unit is to act as the media spokesperson for DHS.

Review format:

Press note	
Press brief	
Social media content dissemination	

8. DOCUMENTATION UNIT

The unit is to document all meetings related to corona virus disease at Minister, Commissioner & Secretary and DHS level.

The unit is to ensure proper communication of all decisions to Districts and Public health institutions for implementation of decisions made in the meetings.

The unit is to ensure proper communication to Control Room regarding meetings, guidelines, SOPs etc..

The unit is to compile daily activity reports by various teams.

9. PRIVATE HOSPITAL SURVEILLANCE UNIT

The unit shall compile data regarding the general public visiting private hospitals in all districts and also suspect and identify any missed out contacts(of suspected cases).

There should be good rapport ensured with private hospitals and associations.

Reporting format:

	Cumulative
Number of persons visited private hospitals	
Suspected cases/ contacts identified from 15 th January, 2020	

10. EXPERT STUDY COORDINATION UNIT

The unit is to work with NHM and arrange and facilitate the visits of expert agencies provided they are coming into the state with:

- Approval from the head of the institution
- Letter to Commissioner & Secretary Health and Family Welfare for the sanction of the same

Logistical support is to be provided

The unit should be ready to give inputs regarding the present scenario and work with the state and district teams

The unit shall brief the Commissioner & Secretary, Health and Family Welfare regarding the feasibility, pros and cons of approval in each case after studying their backgrounds.

	Details
Expert/ Expert Group Institution Govt or Private	
Names:	
Activities undertaken	

11. INTER DEPARTMENTAL AND COORDINATION UNIT

The unit shall be in regular connection with all line departments like Animal Husbandry, Tourism, Police etc..

12. COMMUNITY LEVEL VOLUNTEER COORDINATION UNIT

The unit will monitor all field level activity.

Grassroots level support will be given including food kit management when more people are in quarantine. This can be done with the help of senior consultants of ASHA programme and NHM should review these activities and gaps at the daily control room meetings.

The unit is to collect information of contacts and addresses.

The unit will also prepare food kits to the contacts in Home Quarantine.

Reporting format:

Description	Details
Number of contacts under Home Quarantine	
Number of kits prepared and provided to homes where contact is in Quarantine	
Kits stock	
Kits distribution	
Kits balance	

13. PSYCHOLOGICAL SUPPORT UNIT

The unit shall arrange district/ field teams for managing post- traumatic stress related events and stress during quarantine. The activities shall be compiled and presented at the daily control room meeting.

14. DATA MANAGEMENT

The unit will utilize all Google tools to compile all the said above formats and assist in the presentation at the daily control room meetings.

The technical support of MIS manager of NHM shall be utilized for the same.

The unit shall make district specific sheets with auto consolidated compilation.

The sheets shall be dynamic and access shall be given to all state team leaders, SMD and Commissioner& Secretary

The unit shall support the districts teams for timely update of sheets in specified formats

15. FINANCE AND BUDGETING UNIT

The unit is to forsee and discuss various areas of fund requirement in order to pool resources when the need arise. Decisions regarding funds are to be made in a timely manner for smooth functioning of processes in the district and state.

(M.N.Nampui, IAS)
Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

Memo. No. Health.83/2020/Pt./1-A,
Copy to :-

Dated Shillong, the 21st March, 2020.

1. The Secretary to the Governor of Meghalaya, Shillong for kind information of Governor
2. The Private Secretary to Chief Minister, Meghalaya, Shillong for kind information of Chief Minister.
3. The Private Secretary to Deputy Chief Minister, Meghalaya, Shillong for kind information of Deputy Chief Minister.
4. The Private Secretary to Health Minister, Meghalaya, Shillong for kind information of Minister.
5. Private Secretaries to all Ministers, Meghalaya, Shillong for kind of Minister.
6. Private Secretary to Chief Secretary for kind information of the Chief Secretary.
7. The Additional Chief Secretaries/ Principal Secretaries/ Commissioners & Secretaries/ Secretaries of all the Department, Government of Meghalaya.
8. Director of Health Services (MI)/(MCH & FW)/(Research), Meghalaya, Shillong.
9. Director of Information & Public Relation for wide circulation in the Print/Electronic media of the State.
10. The Director, Printing & Stationery, Shillong for publication in the Meghalaya Gazette.
11. The Director General of Police, Meghalaya, Shillong
12. All Deputy Commissioners for necessary action.
East Khasi Hills, Shillong/ West Khasi Hills, Nongstoin/Ri Bhoi District, Nongpoh / West Jaintia Hills District, Jowai / West Garo Hills District, Tura / East Garo Hills District, Williamnagar / South Garo Hills District, Baghmara/North Garo Hills, Resubelpara/South West Garo Hills, Ampati/East Jaintia Hills, Khliehriat/ South West Khasi Hills, Mawkyrwat.
13. All District Medical & Health Officers for necessary action.
East Khasi Hills, Shillong/ West Khasi Hills, Nongstoin/Ri Bhoi District, Nongpoh / West Jaintia Hills District, Jowai / West Garo Hills District, Tura / East Garo Hills District, Williamnagar / South Garo Hills District, Baghmara/North Garo Hills, Resubelpara/South West Garo Hills, Ampati/East Jaintia Hills, Khliehriat/ South West Khasi Hills, Mawkyrwat.
14. Joint Director of Health Services (MCH & FW) I/c IDSP, Meghalaya, Shillong.
15. All Administrative Department/Heads of Department.

By Orders etc.


Joint Secretary to the Government of Meghalaya,
Health & Family Welfare Department