



प्रीति सूदन, आईएएस
सचिव

PREETI SUDAN, IAS
Secretary



सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

DO No. Z.28015/01/2020-EMR

Dated the 5th May, 2020

Dear Colleague,

COVID-19 outbreak in our country is still evolving and the number of districts in the green zone is diminishing. In the process of containing the outbreak in the hotspot zones, it is important to ensure that attention is not missed in the green zones in terms of their preparedness to detect, test and isolate cases at an early stage to contain a possible outbreak. The green zone, as you would agree are precious and we would like them to remain as green zone.

In this context, please recall the template of district level crisis management plan specific to COVID-19 circulated by this Ministry earlier vide letter dated 4th April, 2020 (copy enclosed). It is requested that this template may be adapted to prepare the district level COVID crisis management plan addressing the preparedness and response measures that needs to be instituted in the event of an outbreak.

All such preparedness measures for a robust response should be in place and the plan may be tested through functional or table top exercises. This level of preparedness will hold us in good stead to contain a cluster and for this district to revert back to green zone at the earliest.

While I shall be following up the preparedness activities in these districts through regular VC, I would urge you to do the same at your level.

Preeti Sudan
Yours sincerely

P. Sudan 5.5.20
(Preeti Sudan)

To,

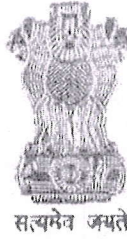
Chief Secretary of concerned States/UTs

CC to Principal Secretary/Secretary (Health) of concerned States/UTs



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GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

DO. No. D.32020/5/2009-EMRPartII(PartII)

Dated the 4th April, 2020

Respected Madam/Sir,

The management of novel corona virus disease (COVID-19) has entered into a crucial phase. There are clusters of cases reported from many states. About 90 such districts are identified having high case also and this number is increasing with time.

In this regard, we had circulated the **Cluster Containment Plan on 2nd March, 2020** (copy attached) to State Health Secretaries and to State Surveillance Officers. We had also provided a **model micro-plan (copy attached)** for cluster containment to State Surveillance Officers, which is also available on the website of Ministry of Health and Family Welfare.

Ministry has prepared a plan for **Large outbreaks amenable for containment of COVID19 (copy attached)** which is also available on the website of Ministry of Health and Family Welfare. Large numbers of cases reported in few districts are amenable to containment and we request you to follow the proposed action plan for undertaking the containment measures.

It is also important that each district shall have a District Level Crisis Management Plan for COVID19. **Please find attached herewith a checklist for the same.** It is requested that each district use this checklist as a normative guidance to prepare a comprehensive and detailed plan of action for COVID19 management duly ensuring that required resources are in place for such an operation.

The plans as mentioned above are available at MoHFW's website www.mohfw.gov.in. It is requested that the same may be disseminated to all relevant field functionaries and their orientation taken up for effective implementation.

With *sincere regards,*

Yours sincerely

(Signature)

(Lav Agarwal)

Chief Secretaries of all States

Copy to:

1. Additional Chief Secretary/Principal Secretary/Secretary (Health) of all States
2. MD, NHM of all States/UTs

Copy for kind information:

1. O/o Cab Secretary, Rashtrapati Bhawan, New Delhi
2. O/o PS to Hon'ble Prime Minister, PMO, South Block, New Delhi
3. O/o Advisor to PM (AS), PMO, South Block, New Delhi

Template for District Contingency Plan for COVID – 19

1. Background

2. Rationale / Need of Plan

- a. **Alignment with Central and State Containment Plans**

3. District Profile

- a. Demographic Profile – Map – Political and Resource Maps
- b. Administrative profile – Administrative Reporting
- c. Occupational Profile

4. Risk Assessment

- a. Epidemiology & Definitions (Novel Corona Virus, COVID 19, Incubation Period, Mode of Transmission, Sign and Symptoms, Suspect Case, Confirmed Case, Contact – High Risk & Low Risk)
- b. Public Health Profile of the District
 - i. Data of other illnesses, preferably for last three years:
 - 1. Infectious Diseases (e.g. Dengue, Malaria, SARI, ILI etc.)
 - 2. Non-infectious Diseases (e.g. Cardiovascular, renal diseases etc.)
- c. Current Situation:
 - i. Population density of different blocks
 - ii. Urban Centres
 - iii. COVID affected people (tested positive)
 - iv. No. of persons Quarantined
 - v. No. of persons in Isolation
 - vi. Tests done
 - vii. People under Surveillance
 - viii. People under Hospitalisation
 - ix. People with the history of foreign travel
 - x. Labs for testing
 - xi. Quarantine facilities, both institutional and home quarantine

- xii. Isolation facilities
- xiii. Treatment facilities
- xiv. Protection of the frontline workers
- d. No. of people returned from foreign countries, after 1st March and follow up with them regarding their health status
- e. No. of Migrant labours / other professionals returned after 1st Mar
- f. Vulnerable Clusters and planning for them
- g. Vulnerable Groups (aged, pregnant women, people living in aged homes etc., sanitation workers etc.) and planning for them

5. Institutional Arrangements for COVID – 19

- a. District Health EOC & Helpline
- b. Line Departments with specific Responsibilities and Formation of Task Forces
- c. NGO coordination cell
- d. Other Stakeholders and their responsibility

6. Infrastructure

- a. Health Facilities in District
 - i. Hospitals – Govt. / Private / Nursing Homes / Clinics / PHCs / CHCs
 - ii. Hospital and critical care facility, ICUs etc. – Number of beds needed, available, gap, plan to meet the demand
 - iii. Health Personnel in the District: Doctors in govt, private, Ayurvedic doctors, Retired Doctors, veterinary doctors, Nurses in govt and private, Paramedical staff, health workers
 - iv. Drugs Stock
 - v. Testing Facilities - Testing facility – demand, availability and gap¹

- vi. Isolation and Quarantine Facilities - Quarantine facility, isolation facility – demand, availability from various sources both private and public, gap and plan to meet the gap
- vii. Medical Colleges (Allopathic, Homeopathic, Ayurvedic, Siddha etc.)
- viii. Resources available in the neighbouring district in case the local capacity is overwhelmed

7. Prevention and Mitigation Measures

- a. Rail/Road/Air Network/sea port (Points of Entry/Exit) and Measures at entry/exit points
- b. Manpower Mobilization: Demand, availability from different sources, Gap and plan to meet the gap (Doctors, Nurses, Paramedical staff, others)
- c. Resource Mobilization (PPEs, Ventilators, Masks, Gloves, Oxygen Cylinders etc.)- Demand, availability from various sources, gap and plan to meet the gap
- d. Cleaning and disinfection of public places undertaken
- e. Planning for other natural & human induced disasters in coming months while COVID – 19 is continuing

8. Preparedness & Response

- a. Actions taken for COVID 19 (Pharmaceutical and Non-Pharmaceutical Interventions)
 - i. Before Lockdown
 - ii. During lockdown
 - 1. Current Implementation of Lockdown measures-compliance to various government directives and instruction
 - 2. Identification of areas for selective lockdown based on risk and existing cases, and vulnerabilities
 - 3. Maintenance of essential services in such areas, taking care of vulnerable, feeding the poor etc.

- iii. Actions to be taken after lockdown (Partial or phase wise lifting / total lifting of lockdown)
- iv. Psycho-social support and counselling to infected, in quarantine, isolation and even medical personnel engaged in treating the infected
- v. Rapid response teams at the district level with clear mandate on what they need to do within four to six hours in different scenarios, e.g. (i) in cases where more patients come in for hospitalisation beyond the normal capacity of the hospital; where to take the additional patients ? Which is the nearest contingency hospital planned ? (ii) in case any particular locality has to be fully sealed ?
- b. Compliance to Directions from Central / State Governments
- c. SOPs – For Pharma & Non-Pharma interventions

9. IEC/Awareness/Involvement of NGOs & CSOs

- a. NGO/civil society engagement- Identification of NGOs, their geographical area of operation, expertise, experience, capacity, their training needs and allocation of work
- b. Capacity building and training for various cadres, volunteers, NGOs etc.

10. Budgetary Provisions

Annexures:

- A. Important Contact Details
- B. Sample IEC Materials for use by NGOs/CSOs/other agencies
- C. Checklist of Emergency Support Functions
- D. Protocol for sample collection and testing
- E. Other relevant advisories from Central and State Governments

Check List - Department's role as lead/support agency against Emergency Support Functions) (Tick V and elaborate on ticked items)

7/7

S. No.	Emergency Support Functions	Lead (L) / Support (S) Agency (Tick v and mark L or S)	
		Lead Agency	Support Agency
1			
2			
3			
4			
5			

Note: Costal states which are prone to cyclones, and States which are prone to heat wave and the States prone to floods should evaluate the medical facilities located for COVID 19 from the hazard, risk and vulnerability perspective and consider risk informed planning so that the facilities are not affected by natural disaster impacts.

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