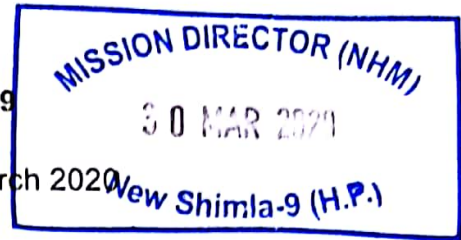


2880-2907



National Health Mission
SDA Complex, Kasumpti, Shimla-9
Himachal Pradesh

Dated: Shimla-171009, the 30th March 2020



ORDER

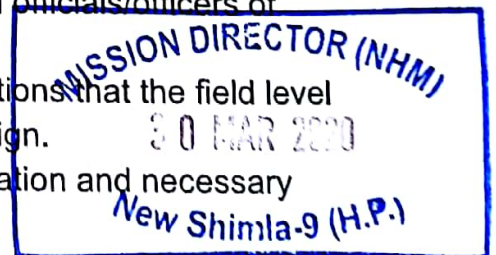
Keeping in view, the need for a diligent and meticulous surveillance for instituting isolation, quarantine and social distancing measures to prevent and contain the spread of COVID-19, in exercise of the powers conferred by the Clause 3 of the **Himachal Pradesh Epidemic Disease (COVID-19) Regulations, 2020** notified vide notification no. HFW-A-A (3)1/2020 dated 14-03-2020 under the Epidemic Disease Act, 1897, an Active Case Finding Campaign as per the attached guidelines is hereby ordered to be done, starting from 1st April 2020 and completion by 7th April 2020 in all the districts of Himachal Pradesh.

Additional Chief Secretary (Health) to the
Government of Himachal Pradesh

Endst no. As Above Dated: 30th March 2020

Copy for information and necessary action to: 2880-2907

1. All the Deputy Commissioners, Himachal Pradesh for necessary coordination and monitoring of this campaign.
2. All the Chief Medical Officers, Himachal Pradesh for compliance.
3. Director Ayurveda with the directions that the field level officials/officers of Ayurveda be associated with the campaign.
4. Director Women and Child Development with the directions that the field level officials/officers of WCD be associated with the campaign.
5. Director Health Services, Himachal Pradesh for information and necessary action.



Additional Chief Secretary (Health) to the
Government of Himachal Pradesh

GUIDELINES FOR ACTIVE CASE FINDING – COVID 19 IN HIMACHAL PRADESH

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1. Background:

COVID -19 is a pandemic declared by the WHO and it has affected our state of Himachal Pradesh as well. Being a novel virus, treatment is not available for the same. It is being advised that the social distancing as well as personal hygiene along with frequent hand washing are the precautions which should be adopted by all the persons. The State has taken all possible efforts to enforce social distancing and put in place protocols to cover all contingencies. Dedicated facilities have been identified for each category of persons with respect to COVID-19. The testing protocol has been expanded and detailed sampling guidelines have been issued and are being followed. The Government of India has also imposed a 21 day lockdown under the Disaster Management Act. Diligent surveillance as per protocol, expanded sampling and meticulous contact tracing are at the heart of strategy for fighting the Novel Corona Virus – 2019.

2. Objective:

Reaching to all the probable/ suspect cases in the whole population in a campaign mode within a week for identification of cases and massive IEC. The campaign also aims to identify a database of the vulnerable population and identify high risk individuals for quarantine.

3. Strategies:**3.1 House to house visit**

House to House visits and verbal screening of all the members of the family shall be conducted by the teams constituted for the purpose.

3.2 Constitution of teams

- i. The BMOs shall constitute teams of Health worker/ Health Supervisors/ Health Educator/ ASHA/ STS/ STLS/ ICTC counselors/ Ayurvedic Medical Officer/ Ayurvedic Pharmacists/ RBSK Teams/ AWW or any other assigned person for house to house visits as per the following matrix:



[Signature]
**Special Secretary (Health)
to the Govt. of H.P.
Shimla-171002**

Sr. No.	Team Member 1	Team member 2
1.	Health Worker (Male)	ASHA of respective area
2.	Health Worker (Female)	ASHA of respective area
3.	Health Supervisor (Male)	ASHA of respective area
4.	Health Supervisor (Female)	ASHA of respective area
5.	MO (Male), RBSK team	ASHA of respective area
6.	MO (Female), RBSK team	ASHA of respective area
7.	Pharmacist, RBSK team	ASHA of respective area
8.	ANM, RBSK team	ASHA of respective area
9.	Health Educator	ASHA of respective area
10.	ICTC Counselor	ASHA of respective area
11.	STS	ASHA of respective area
12.	STLS	ASHA of respective area
13.	AMO	ASHA of respective area
14.	Ayurveda Pharmacist	ASHA of respective area

If ASHA worker is not available as Team Member 2, in her place, Anganwadi worker can be assigned the task.

- ii. The teams shall be adequately supported by the field level officials of the Administration.
- iii. There shall be at least one team for each ASHA village in rural areas and in urban areas, teams shall be adequately deployed to the effect that each team shall visit a minimum of 30 houses in a day and the campaign shall be completed in one week. However, this is an indicative number only and the districts shall be at liberty to increase/decrease the number of teams depending on the population in each sub-centre/urban area. The teams in each subcentre shall be numbered 1,2,3,4,5,6.....
- iv. Each Medical Officer of PHI shall be responsible for the capacity building of the house to house teams in his area.



- v. The Block Medical Officer shall be responsible for capacity building of all the PHI Medical Officers in their blocks and shall be the overall in-charges of the campaigns in the blocks. They shall devise micro-plans for the completion of campaign in their blocks.
- vi. The teams shall be monitored and supervised by BMO at Block level and CMO and DSO at District level. In each day, a block level supervisory team should also visit at least 10 houses, which have been covered by the field teams for validation purposes.

3.3 Action plan

- i. The screening teams as per the formulated microplan shall capture the details of the each individual of the whole population on the google form prescribed for the district. The outline for the google form is at Annexure A. The link to the google form and the password etc. shall be communicated by the District Surveillance Officer to the Block Medical Officers who shall further communicate to the field level functionaries.
- ii. The ACF campaign shall start latest by 9 AM and continue till 4 PM.
No entries shall be made after 4:30 PM on the google forms.
- iii. Further action shall be taken as per the algorithm at Annexure B. Each of the team member must be adequately well versed with the detail capture form and the algorithm.
- iv. The screening teams shall educate the families about the precautions to be taken. They will ensure that all symptomatic persons observe all the cough etiquettes and social distancing including use of masks etc. and they should be educated about proper use of mask and their disposal etc. If symptomatic, the teams shall ensure that the concerned persons are on home quarantine. The teams shall also undertake creation of awareness using brochures etc. The handbook for front line workers for generating awareness is being separately shared.



- v. The screening team will mark each screened household as C1, C2, C3... and record the same on the detail capture form.
- vi. The screening team shall refer all the symptomatic cases who have no history of International travel or contact with a confirmed case of COVID-19 to the PHI Incharge. **The PHI wise sheet of symptomatic persons who require medical treatment and the A/B/C categories of persons shall be shared with the blocks and PHIs on the same day after ACF by the District Surveillance Officer by 6 PM.** Incharge PHI shall administer the necessary medication after examination and evaluation to the symptomatic persons and maintain record of the visits, cure rate and additional details like duration of symptoms, presumptive diagnosis etc. and follow the protocol as mentioned in Annexure A. The serious cases requiring urgent hospitalization may be referred to the higher centres under intimation to them. The necessary medicines at PHI level for the treatment of such symptomatic cases shall be ensured.
- vii. The details of cases which are having travel history to any other country within the last 28 days or contact history with any COVID-19 confirmed case within the last 28 days and are not already on surveillance shall be categorized as A/B/C with all the details for necessary action as per already defined protocol.

3.4 Logistics

- i. Triple layer Masks will be provided by the Districts to the teams for adequate protection as per protocol.
- ii. RBSK vehicles, vehicles provided by the District administration and other department vehicles may be utilized for movement. In case of need, CMOs may hire vehicles as per requirement at the local approved rates.



- iii. The algorithm, IEC pamphlets may be printed/ photocopied locally/ at district level.

4. District level coordination and monitoring committee

A District level coordination and monitoring Committee at each district under the chairmanship of Deputy Commissioner, CMO as Member Secretary, DPO from WCD department, District Ayurvedic Officer, MOH, District Surveillance Officer as members shall coordinate and monitor the activities on a daily basis.

5. Budget

Expenditure of the special campaign ACF at district level will be met from funds provided for the COVID-19. Incentive @Rs. 100 per ASHA per day shall be admissible if the ASHA covers minimum 30 households in a day. Similarly, non salaried members of the teams shall also be given Rs. 100 per member per day if the minimum of 30 households is covered by the team. The expenditure shall be booked under FMR B.31.4.



Nagendra
Special Secretary (Health)
to the Govt. of H.P.
Shimla-171002

Annexure A - ACF COVID - Outline of Google Form

Choose Block*

Choose PHI*

Choose Health Sub-Centre*

Enter the password*

Choose Team Number*

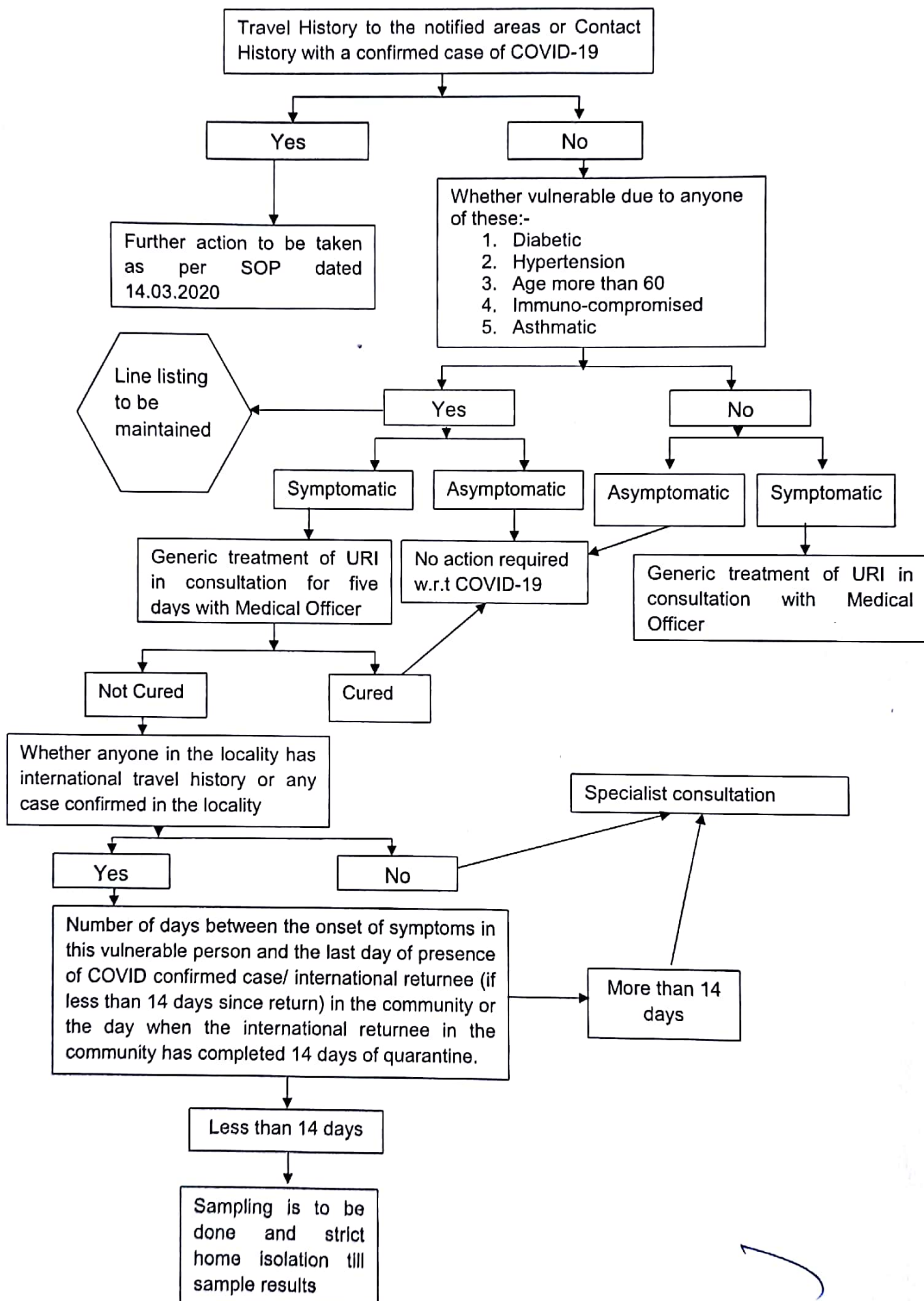
Date of Screening*

ACF COVID-19 Screening Activity

1. ACF House Number*
2. Address*
3. Name of the Head of Family*
4. Name of the family member under screening*
5. Age*
6. Sex*
7. Mobile number
8. If having Diabetes/Asthma/Hypertension *
9. Whether History with Confirmed COVID patient*
10. Whether having Cough, fever or difficulty in breathing *
11. Any foreign travel history in last 28 days*
 - 11.1 Name of the country *
 - 11.2 Date of Arrival in India*

*Fields marked * are mandatory*





[Signature]
Special Secretary (Health)
to the Govt. of H.P.
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