PANDEMIC PREPAREDNESS PLAN

RAYAMANGALAM GRAMA PANCHAYATH

MESSAGE FROM PRESIDENT/CHAIR LSGI

THE RAYAMANGALAM GRAMA PANCHAYAT, UNDER THE GUIDANCE OF THE LOCAL SELF GOVERNANCE DEPARTMENT (LSGD) OF KERALA, IS COMMITTED TO STRENGTHENING OUR PANDEMIC PREPAREDNESS EFFORTS AT THE LOCAL LEVEL. PUBLIC HEALTH AND THE WELL-BEING OF OUR COMMUNITY ARE OUR TOP PRIORITIES, AND NOW MORE THAN EVER, IT IS IMPORTANT THAT WE WORK TOGETHER TO FACE ANY HEALTH CHALLENGES THAT MAY ARISE.

COMMUNITY PARTICIPATION PLAYS A CRUCIAL ROLE IN PREVENTING THE SPREAD OF DISEASES BY FOLLOWING SAFETY PROTOCOLS, STAYING INFORMED, AND SUPPORTING HEALTH INITIATIVES, WE CAN HELP PROTECT OUR FAMILIES AND NEIGHBORS. IT IS IMPORTANT THAT EVERY INDIVIDUAL, ALONG WITH HEALTH WORKERS, LOCAL LEADERS, AND EDUCATIONAL INSTITUTIONS, ADHERE TO THE GUIDELINES PROVIDED BY THE LSGD.

THE RAYAMANGALAM GRAMA PANCHAYAT IS DEDICATED TO COLLABORATING WITH LOCAL HEALTH OFFICIALS AND AUTHORITIES TO ENSURE WE ARE READY TO RESPOND TO FUTURE HEALTH THREATS. WE CALL ON ALL STAKEHOLDERS TO ACTIVELY ENGAGE IN THIS EFFORT, AS OUR SUCCESS DEPENDS ON EVERYONE DOING THEIR PART.

TOGETHER, WE CAN BUILD A RESILIENT AND HEALTHY COMMUNITY, READY TO FACE ANY CHALLENGES AHEAD. LET US CONTINUE TO WORK IN UNITY AND STRENGTH TO PROTECT OUR COMMUNITY'S HEALTH.

SMT. BINDHU GOPALAKRISHNAN

PRESIDENT

RAYAMANGALAM GRAMA PANCHAYAT

MESSAGE FROM HEALTH STANDING COMMITTEE CHAIR

പ്രിയപ്പെട്ടവരെ,

ആരോഗ്യകരമായ ഒരു സമൂഹം കെട്ടിപ്പടുക്കുന്നതിനായുള്ള നമ്മുടെ പോരാട്ടത്തിൽ 'മുന്നൊരുക്കം' എന്നത് ഏറ്റവും പ്രധാനപ്പെട്ട ഒന്നാണ്. ഭാവിയിൽ ഉണ്ടായേക്കാവുന്ന പകർച്ചവ്യാധികളെയും ആരോഗ്യ അടിയന്തരാവസ്ഥകളെയും ശാസ്ത്രീയമായും ഫലപ്രദമായും നേരിടുന്നതിനായി നാം ഒരു 'പാൻഡെമിക് പ്രിപ്പയർഡ്നസ് പ്ലാൻ' തയ്യാറാക്കിയിരിക്കുകയാണ്.

ഏതൊരു വെല്ലുവിളിയെയും നേരിടാൻ നമ്മെ പ്രാപ്തരാക്കുന്നത് നമ്മുടെ ഒരുമയും ജാഗ്രതയുമാണ്. ഈ പ്രതിരോധ പദ്ധതിയുടെ വിജയത്തിനായി എല്ലാവരുടെയും സഹകരണം അഭ്യർത്ഥിക്കുന്നു.

ആരോഗ്യമുള്ള നാടിനായി നമുക്ക് കൈകോർക്കാം.

സ്നേഹാദരങ്ങളോടെ,

മേരി പൗലോസ്
ആരോഗ്യ സ്റ്റാൻഡിങ് കമ്മിറ്റി
അസ്സമന്നൂർ ഗ്രാമപഞ്ചായത്ത് .

MESSAGE BY MEDICAL OFFICER

In alignment with the Integrated Disease Surveillance Programme (IDSP), International Health Regulations (IHR-2005), and the Kerala State Pandemic Preparedness and Response Guidelines, this micro plan outlines the preparedness and response framework of the institution for early detection, timely reporting, and effective management of public health emergencies.

The plan emphasizes event-based and indicator-based surveillance, rapid response, infection prevention and control, risk communication, logistics preparedness, and inter-sectoral coordination. All staff are required to adhere to the roles and standard operating procedures detailed herein and participate in periodic reviews and drills to ensure sustained readiness.

Through coordinated action and strict protocol adherence, the institution aims to ensure a prompt and effective response to emerging public health threats and protect community health.

Dr Akhila Beegum M.A
Medical officer
FHC Rayamangalam

EXECUTIVE SUMMARY

Family Health Centre (FHC) functions as the primary public healthcare institution serving the population of RAYAMANGALAM Grama Panchayath. The FHC plays a pivotal role in delivering comprehensive, accessible, and affordable healthcare services, with a strong focus on preventive, promotive, curative, and rehabilitative care in accordance with national and state health programmes.

The PHC caters to a predominantly rural population, addressing key public health priorities such as maternal and child health, communicable and non-communicable disease control, immunization, family welfare, adolescent health, and geriatric care. Regular outpatient services, home-based care through field health staff, and outreach activities ensure healthcare coverage even in geographically challenging areas. The institution actively implements national health missions, including the National Health Mission (NHM), National Tuberculosis Elimination Programme, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), and other disease surveillance initiatives.

RAYAMANGALAM FHC works in close coordination with the Grama Panchayath, ASHA workers, Anganwadi centres, schools, and community-based organizations to strengthen community participation and improve health awareness. Emphasis is placed on early detection, timely referral, health education, and lifestyle modification to reduce disease burden and improve overall health outcomes.

Despite constraints related to infrastructure, manpower, and increasing service demand, the PHC continues to enhance service delivery through effective planning, data-driven decision-making, and community engagement. Strengthening facilities, upgrading digital health systems, and expanding preventive services remain key focus areas for future development.

Overall, RAYAMANGALAM Family Health Centre stands as a vital institution in safeguarding public health and improving the quality of life of the residents of Rayamangalam Grama Panchayath

LIST OF ABBREVIATIONS

LSGD/LSGI	Local Self Government Department / Local Self Government Institution
BMO	Block Medical Officer
IDSP	Integrated Disease Surveillance Programme
NDMA	National Disaster Management Authority
PPE	Personal Protective Equipment
ICMR	Indian Council of Medical Research
CD	Communicable Diseases
NCD	NON- COMMUNICABLE DISEASES

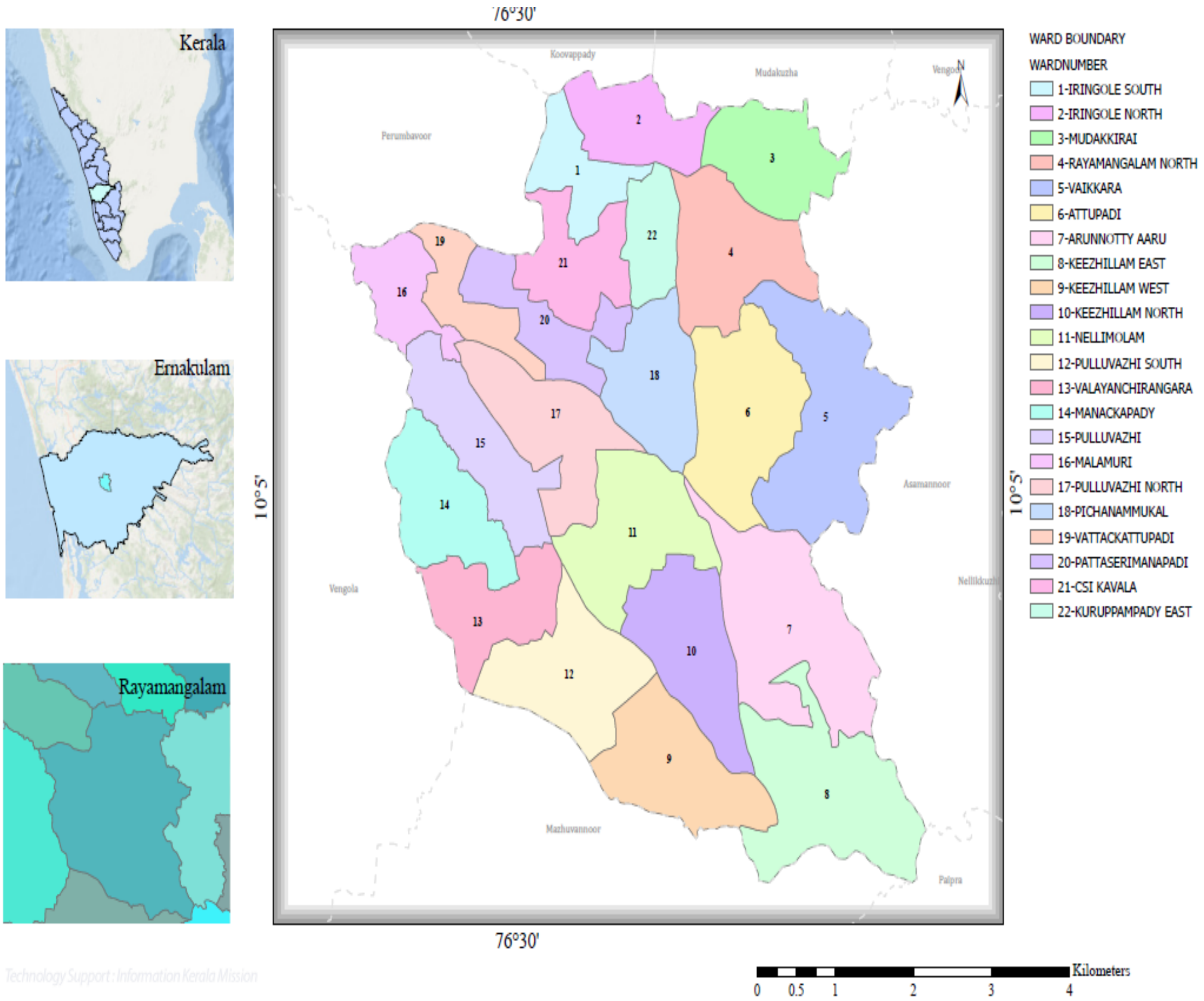
INTRODUCTION

Rayamangalam Grama Panchayat has a population of 42806 in 22 wards including 2 newly formed wards. According to the last census, there are 11283 houses. The people are mostly employed in the industrial and agricultural sectors. There are abundant paddy fields, rubber, pineapple and plantations here. In the industrial sector, many guest workers work here in plywood companies, both as family and non-family workers. Therefore, malaria is seen among them, but due to the proper intervention of the family health centre, it is detected early and the disease transmission is eliminated. In addition, measures are being vigorously taken to prevent home births among women.

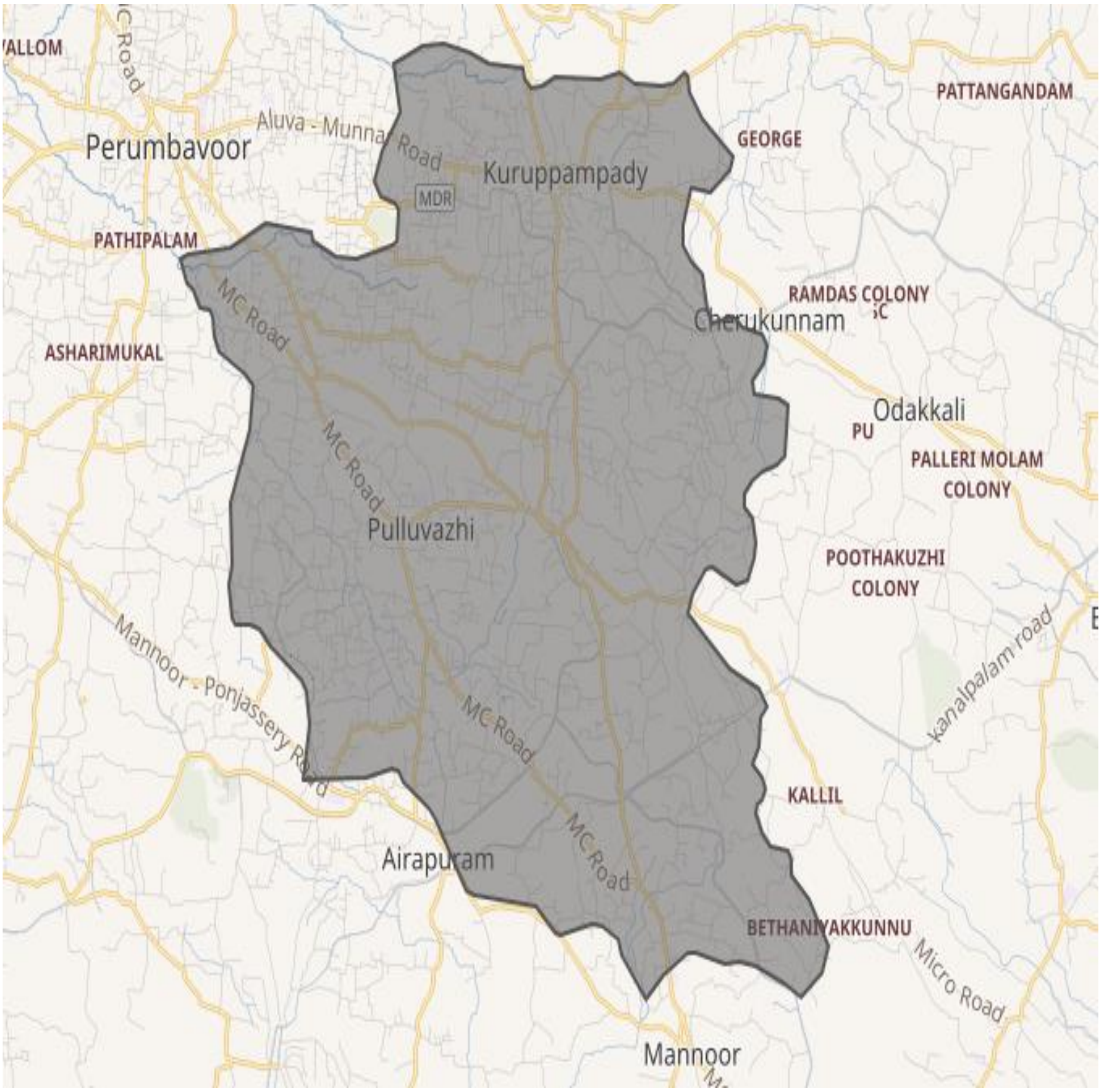
LSGD AT A GLANCE

Ward	Houses	Population	Migrants	Wells	Hotspots	Ed. Institutions	Hosp pvt/govt.
22	11283	42806	5212	9023	13.5.19.	15	10

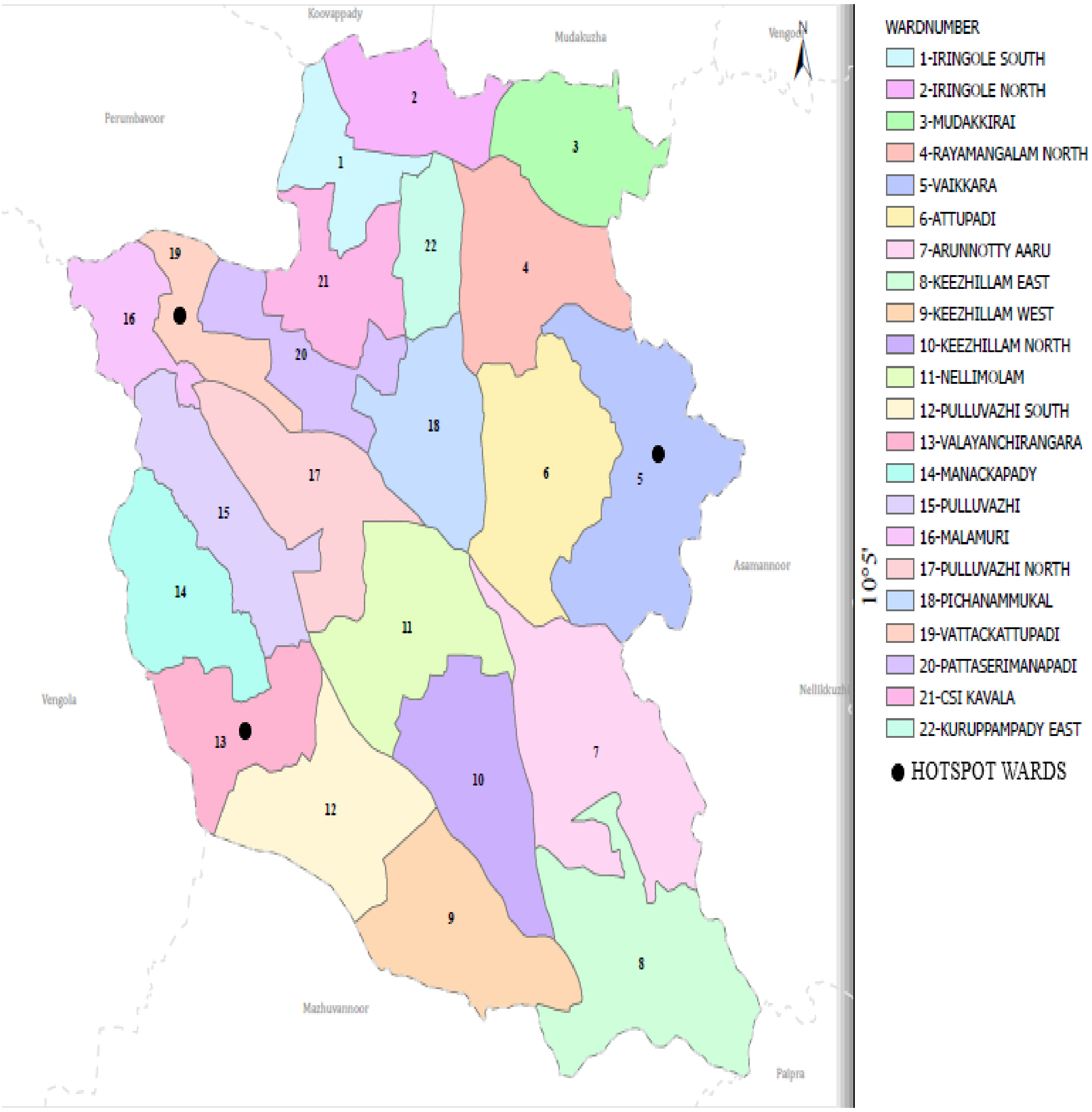
AREA MAP OF RAYAMANGALAM GRAMA PANCHAYAT



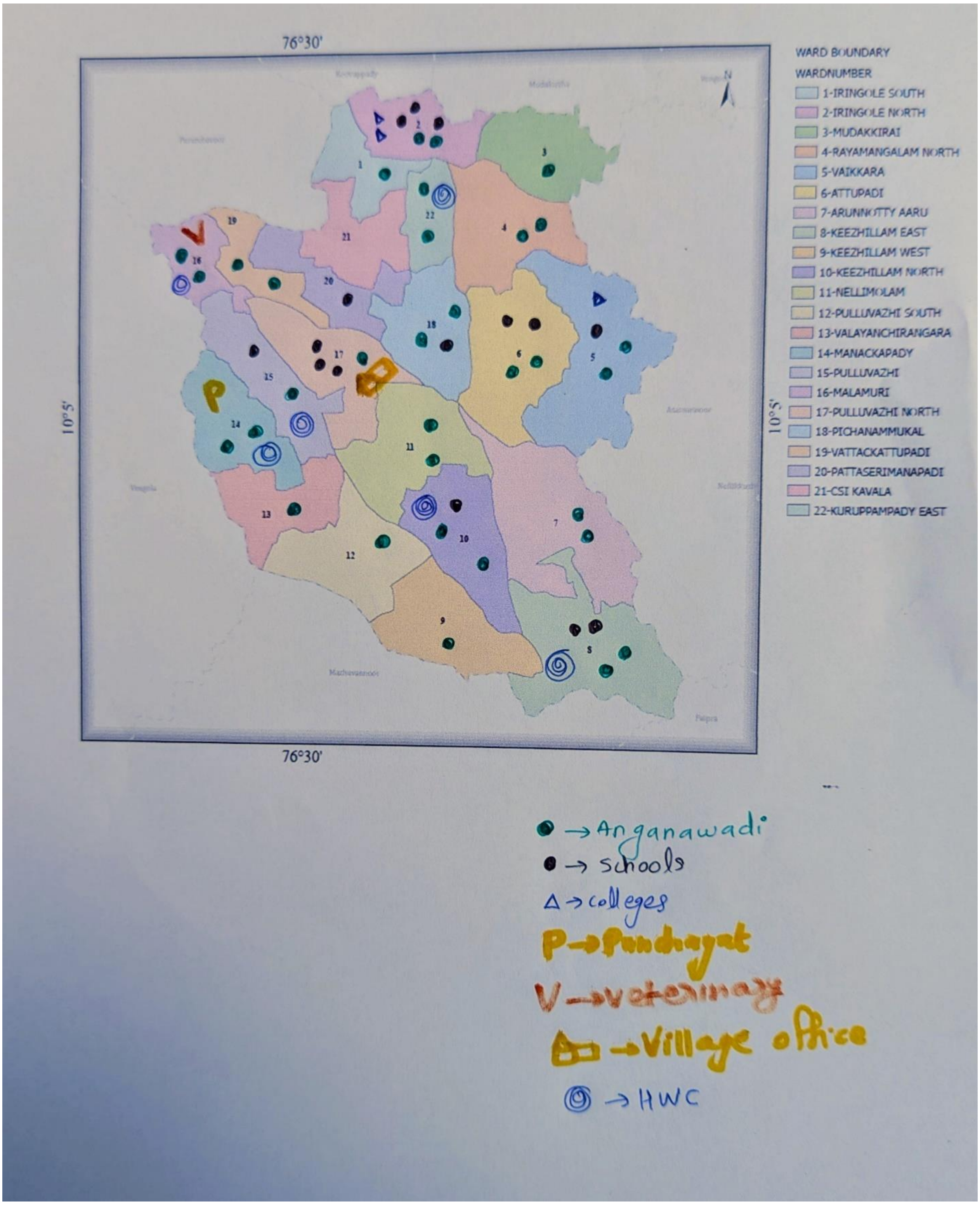
ROAD MAPPING



HOTSPOT MAPPING



RESOURCE MAPPING



GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

RAYAMANGALAM Grama Panchayat is situated in the eastern part of ERNAKULAM district, Kerala. The geographical landscape of the Panchayat is predominantly low-lying, characterized by extensive paddy fields (Kole lands) and a dense network of rivers, canals, and backwaters. This unique terrain plays a significant role in shaping the local microclimate and poses distinct challenges to transportation, emergency response, and service delivery, particularly during monsoon seasons and flood events.

The Panchayat is administratively divided into multiple wards, with a population largely dependent on traditional livelihoods. Agriculture—especially paddy cultivation—fishing, coir and coconut husk processing, and allied activities form the backbone of the local economy. In recent years, tourism-related activities and service-sector employment have also shown gradual growth. The area hosts a diverse workforce, including a notable presence of migrant labourers, particularly in construction, agriculture, and allied sectors.

From a public health and disaster management perspective, Rayamangalam LSGI has historically been vulnerable to seasonal flooding, waterborne diseases, and vector-borne illnesses such as Dengue and Leptospirosis. The severe floods experienced during recent years, including the 2018 flood disaster, significantly impacted life, livelihoods, and infrastructure within the Panchayat. These recurring emergencies have underscored the importance of strengthening local preparedness, response mechanisms, and inter-departmental coordination.

In this context, the development of a localized, data-driven Auxiliary Infrastructure and Logistical Resource Map is essential to support effective planning, timely emergency response, and sustainable development initiatives. Such mapping enables the Panchayat to identify critical resources, improve accessibility during disasters, and enhance overall resilience of the community.

Table 1: Background of LSGD

Description	Details
Name of LSGI	RAYAMANGALAM
Type (GP/Municipality / Corporation etc.)	Grama Panchayath

Table 1: Background of LSGD	
Description	**Details**
Block	KOOVAPPADY
District	ERNAKULAM
Number of wards	22
Total area (sq. km)	36.77 sq.km
Population (Projected)	40806
Population density	persons/sq. km
Terrain (coastal/low-lying/backwaters/foothills, etc.)	NIL
Number of rivers passing through LSGI	NIL
Number of water bodies in the LSGI	7
Number of educational institutions	17
Factories / small-scale industries	217
Flood-prone wards	0
Landslide-prone wards	0
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	1
Auditoriums/Marriage halls/convention centres/community halls	9

Demographic and Vulnerable Population

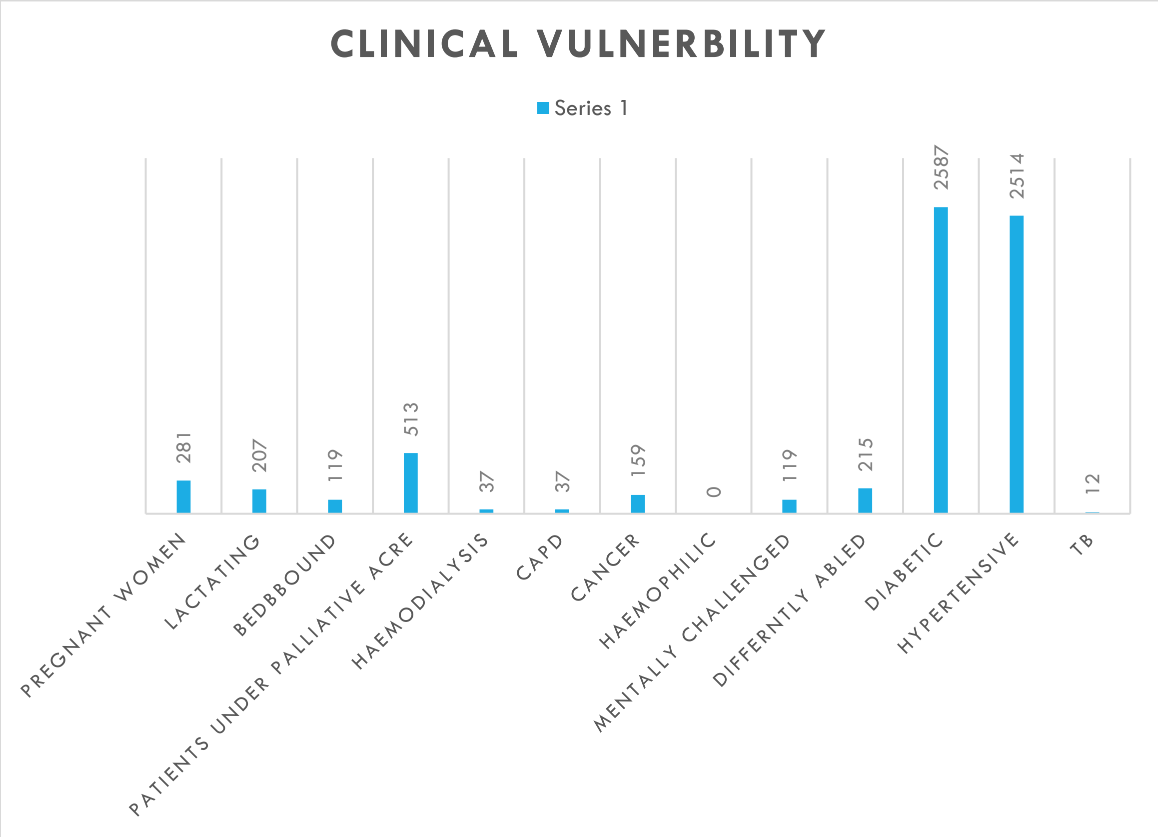
Understanding the demographic composition and vulnerable population groups is essential for pandemic preparedness. Children, elderly, economically deprived families, migrant workers, and socially vulnerable groups are at increased risk during public health emergencies due to higher exposure, limited access to services, and dependency on public systems.

<table>
<tr><th colspan="2">Description</th><th>Details (in numbers)</th></tr>
<tr><td colspan="3">DEMOGRAPHIC PROFILE</td></tr>
<tr><td colspan="2">Total population</td><td>42806</td></tr>
<tr><td colspan="2">Male</td><td>21215</td></tr>
<tr><td colspan="2">Female</td><td>21591</td></tr>
<tr><td colspan="2">Transgender</td><td>0</td></tr>
<tr><td colspan="2">Children under 5</td><td>2121</td></tr>
<tr><td colspan="2">Adolescent</td><td>3145</td></tr>
<tr><td colspan="2">Elderly (>60)</td><td>7175</td></tr>
<tr><td colspan="3">SOCIAL/LIVELIHOOD VULNERABILITY</td></tr>
<tr><td colspan="2">Previous EPEP family</td><td>59</td></tr>
<tr><td colspan="2">BPL family</td><td>3009</td></tr>
<tr><td colspan="2">Tribal communities</td><td>10</td></tr>
<tr><td rowspan="2">Migration</td><td>Immigrant</td><td>5212</td></tr>
<tr><td>Emigrant</td><td>6812</td></tr>
<tr><td colspan="2">Socio-economically deprived</td><td>59</td></tr>
<tr><td colspan="2">Fisherfolk</td><td>0</td></tr>
<tr><td colspan="2">SC Community</td><td>4278</td></tr>
<tr><td colspan="2">ST Community</td><td>10</td></tr>
</table>

Clinical Vulnerability

Certain population groups need priority healthcare & are at higher risk of severe illness, complications, and mortality during pandemics. Patients with chronic diseases, those requiring regular medical care, and individuals with mobility or functional limitations face challenges in accessing timely care during emergencies. Mapping these groups helps in prioritizing continuity of treatment, medicine stock planning, oxygen support, referral transport, and targeted home-based care.

Description	Details in numbers
Pregnant women	281 (2025-2026)
Lactating mothers	207
Bedbound patients	119
Patients under palliative care other than bedbound	513
Patients on Haemodialysis	37
Patients on CAPD	37
Cancer patients (currently on treatment)	159
Haemophilic patients	0
Mentally challenged	119
Differently abled	215
Diabetic patients	2587
Hypertensive patients	2514
TB patients	12


CLINICAL VULNERBILITY
Series 1
281
207
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PREGNANT WOMEN
LACTATING
BEDBBOUND
PATIENTS UNDER PALLIATIVE ACRE
HAEMODIALYSIS
CAPD
CANCER
HAEMOPHILIC
MENTALLY CHALLENGED
DIFFERNTLY ABLED
DIABETIC
HYPERTENSIVE
TB

Major Festivals & Events specific to the LSGI

(with the possibility of a public gathering)

Sl. No.	Name of festival	Month detailing the periodicity
1	KOOTTUMADAM TEMPLE FESTIVAL	FEBRUARY
2	KURUPPAMPADY CHURCH FEASTIVAL	MARCH, AUGUST
3	NELLIMOLAM CHURCH FESTIVAL	OCTOBER 28
4	PULLUVAZHI CHURCH FESTIVAL	JANUARY 30, FEBRUARY, JULY 3

INFRASTRUCTURE & RESOURCE INVENTORY

Health Facility Directory & Basic Capacity in the LSGD

Table 5. Health Facility Resource Summary

Sl. no.	Health Facility	Type of Facility (MCH/ GH/CHC/FHC/ SC etc.)	Contact Number	Total beds	ICU Beds	Oxygen-Supported Beds	No. of Ventilator Support Beds	No. of ambulances
Government Healthcare Facilities								
1	FHC RAYAMANGALAM	FHC	9495033051	0	0	2	0	1
Private Healthcare Facilities								
1	ST BASIL HOSPITAL VALAYANCHIRANGARA	PVT HOSP	9388833353	10	0	2	0	1

Table 5. Health Facility Resource Summary								
Sl. no.	**Health Facility**	**Type of Facility (MCH/ GH/CH C/FHC/ SC etc.)**	**Contact Number**	**Total beds**	**ICU Beds**	**Oxygen-Support ed Beds**	**No. of Ventilator Support Beds**	**No. of ambulance s**
2	PARATHUVAYALIL HOSPITAL KEEZHILLAM	PVT HOSP	0484 2653875	0	0	2	0	0
3	MARIA HOSPITAL KURUPPAMPADY	PVT	9946592902	20	0	5	0	0
4	GEETHANJALI HOSP. KURUPPAMPADY	PVT	9544604855	20	0	5	0	0
5	KRISHNA HOSPITAL KURUPPAMPADI	PVT	9846083353	20	0	2	0	0
6	ALLOVEDA HOSP KURUPPAMPDI	PVT	0484 2592700	10	0	2	0	0
AYUSH Healthcare Facilities								
1	GOVT AYURVEDA HOSPITAL PULLUVAZHI	GOVT	NA	0	0	0	0	0
2	GOVT HOMEO HOSPITAL KEEZHILLAM	GOVT	9746137571	0	0	0	0	0

Private Clinics

Table 6. Private Clinic Resource Summary

Sl No.	Name of Clinic	Registered (Y/N)	Clinic (General / Speciality)	Speciality (if any)	Address	Contact Number	Diagnostic Facility (Y/N)	Ambulance Linkage (Y/N)
1	MERCY CLINIC KEEZHILLAM	Y	G	NO	M.C ROAD KEEZHILLAM	8075905083	Y	N
2	DEOZ VATTAKKATTUPADI	Y	G	NO	O.M ROAD VATTAKKATTUPADI	8113949155	Y	N

Healthcare Education & Training Institutions

Category of Institution	Govt	Private	AYUSH	Total
Medical Colleges	0	0	0	0
Nursing Colleges	0	1	0	1
Dental Colleges	0	0	0	0
Para-medical / Allied Health	0	0	0	0
Pharmacy Colleges	0	0	0	0

Specialized Services & Emergency Inventory

Item	Govt	Private	AYUSH	Total
Hospital beds	0	80	0	80
Oxygen-generating systems(Y/N)	0	0	0	0
Oxygen-supported beds (Numbers)	2	12	0	14
Ventilator-supported beds	0	0	0	0
ICU beds	0	0	0	0
Burns units	0	0	0	0
Blood centres	0	0	0	0
BLS ambulances	1	4	0	5
ALS ambulances	0	0	0	0
Dialysis facilities	0	0	0	0
Dispensaries	0	0	0	0
Medical store	0	11	0	11
Industrial establishments (**Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)**	-	-	-	217

Oxygen & Diagnostic Capacity

Name of Health Facility	Oxygen-generating System (Y/N)	Backup Oxygen Source (Y/N)	Diagnostic Facilities Available(Y/N)				
			Lab	USG	X-ray	CT/MRI	RT-PCR
Government Healthcare Facilities							
FHC RAYAMANGALAM	N	Y	Y	N	N	N	N
0	0	0	0	0	0	0	0

Diagnostics facility mapping at the LSGI level

Item	Govt	Private	AYUSH	Total
General labs	1	12	0	13
Microbiology labs	0	0	0	0
RT-PCR labs	0	0	0	0
USG units	0	0	0	0
CT/MRI units	0	0	0	0
Research labs	0	0	0	0
Labs of other departments that can be repurposed	0	0	0	0

Laboratory Identification & Basic Details

Sl. No.	Name of Laboratory	Ownership (Govt / Private / Academic)	Address	Contact No.	24×7 Services (Yes/No)	NABL / Govt Approved (Yes/No)
1	DDRC	PVT	KURUPPAMPADY	9349250218	NO	NO
2	DOCTORS G	PVT	NELLIMOLAM	9946618888	NO	NO
3	ASTER	PVT	PULLUVAZHI	9072999066	NO	NO

Social and Community Infrastructure for surge plan

Category	**Total Count**	**Ward**	**Est. Capacity (Persons)**	**Contact details**
Educational Institutions				
ANGANWADIS	31	-	12	ANNEXURE
SCHOOLS	15	-	7314	ANNEXURE
COLLEGES	2	-	349	ANNEXURE
Healthcare Educational Institutions				
MEDICAL COLLEGES (GOVT/PRIVATE)	0	0	0	-
NURSING COLLEGES (GOVT/PRIVATE)	1	14	120	8590339199/ 0484-2594965
DENTAL COLLEGES (GOVT/PRIVATE)	0	0	0	-

PARAMEDICAL INSTITUTES (GOVT/PRIVATE)	0	0	0	-
Community Gathering Spaces				
Community halls	3	1200	-	ANNEXURE
Auditoriums	5	2500	-	ANNEXURE
Religious buildings	19	5000	-	NA
Vulnerable Group Support Facility				
DESTITUTE HOMES	0	-	0	-
ELDERLY HOMES	0	-	0	-
LSGD OWNED OTHER BUILDINGS	BUDDS SCHOOL 1	7	27	NA
Mass Fatality Management (MFM) Infrastructure				
Mortuary	0	0	0	-
Crematorium	1	16	-	9443427027

*Refer annexure for contact details

Human resources

This section focuses on the **human capital** available within the LSGI. In any emergency—be it a pandemic, flood, or industrial accident—infrastructure is only as effective as the people operating it.

Medical & Clinical Personnel

Cadre	Govt (No.)	Private (No.)	Total
Doctors—Modern Medicine	4	7	11
Doctors – AYUSH	2	6	8
Doctors – Veterinary	1	1	2
Doctors – Dental	0	12	12
Nursing officers	0	35	35
Lab technicians	2	8	10
Optometrist	0	1	1
Pharmacists	0	0	0
Psychologists	0	0	0
Counsellors	0	0	0

Public Health & Field-Level Workforce

These individuals are the backbone of surveillance, maternal-child health, and decentralized care.

Cadre	Health services	Municipal common services	Total
HS (Health Supervisors)	1	0	1
HI (Health Inspectors)	1	1	2

Cadre	Health services	Municipal common services	Total
LHS (Lady Health Supervisor)	0	0	0
LHI (Lady Health Inspectors)	1	0	1
JPHN (Jr Public Health Nurses)	6	0	6
JHI (Jr Health Inspectors)	4	0	4
MLSP (Mid-Level Service Providers)	6	0	6
Palliative Nurses	1	0	1
RBSK Nurses	1	0	1
PRO	1	0	1
Entomologist	1	0	1
Data Manager	1	0	1

Community & Support Cadre

This group represents the surge capacity of the LSGI—people who can be called upon for logistics, rescue, and specialized support.

Cadre	Number
ASHA Workers	29
AWW (Anganwadi Workers)	31
Emergency Medical Volunteers (Trained)	0
Kudumbashree	246
MNREGS	661
Purusha Swayam Sahaya Sangham	0
Ex-Servicemen	14
Retired Police Officers	18
NCC/NSS Volunteers	250

Cadre	Number
Red Cross volunteers	64
One Health Community Volunteers	12
One Health Community Mentors	10

Community Organizations

Category	Total Count
NGOs	0
Religious based organizations	0
Foreign based organizations	0
Sports Club/youth clubs	0
Kudumbashree SHGs	246
Ayalkootams	241
Political organizations	10
Residential organizations	12

Administrative & Emergency Services

Category	Total Count	Contact details
Police Stations	1	0484 2591511
Fire & Rescue Stations	0	-
Water Pumping Points	3	0484 2523229
Public Distribution System (PDS)	10	-

Information regarding resources

Means of transportation	Total Count
JCB	2
Crane	1
Heavy Trucks	3
Tractor	2
Ambulances	4
Mobile mortuaries	2
Boats	0
Taxi service	10

ONE HEALTH & ENVIRONMENTAL SURVEILLANCE

The One Health method integrates environmental, animal, and human health to enable proactive pandemic preparedness. Panchayat-level surveillance needs to be improved in order to detect and treat zoonotic and environmentally generated diseases early. Surveillance is strengthened through systematic assessment of animal populations, veterinary infrastructure, poultry and slaughter facilities, inter-sectoral coordination, and specialised tools like avian influenza seasonality mapping using GIS in previous outbreaks to enable predictive alerts and ward-specific sampling to support effective pandemic preparedness.

Animal & Bird Population

Category	Item	Estimated Population
Animal Population	Livestock (Cattle/Goats/Buffalo)	3650
	Pet Animals (Dogs/Cats)	5200
	Stray Dog Population	201
	Pig Farms (Number of heads)	1
	Small Units (Sheep / Goats – clustered)	0
Bird Population	Poultry Units (Birds)	30
	Poultry- (FOWL)	0
	Wild/Migratory Birds (Observed)	0
	Crow Mortality Events (Reported)	0

Veterinary Infrastructure

Facility Type	Name of Facility	Ownership Govt / Pvt	Location (Ward No)	Contact number
Veterinary Dispensary	1	GOVT	13	9447873891
Veterinary Hospital / Polyclinic	2	GOVT	2	9446479482
Private Veterinary Clinics	COMPANION	PVT	15	7014484812
Mobile / Emergency Vet Service (incl. night services)	0	0	0	-
Pet Homes / Animal Shelters	0	0	0	-
Slaughterhouse-linked Veterinary Inspection Unit	0	0	0	-

Veterinary Doctors & Workforce

Category	Number Available	Type (Govt/Pvt)	Contact number
Government Veterinary Doctors	1	GOVT	9446479482 (DR. ASHA)
Private Veterinary Doctors	1	PVT	7014484812 (DR. GAUTHAM)
Livestock Inspectors	1	GOVT	9447873890 (PRATHEESH)
Para-veterinary Staff / Attenders	0	-	-
Contract / On-call Veterinary Support (if any)	0	-	-

High-Risk Interface Points (Surveillance Sites)

Type of Habitat	Type of High-risk interface
Wetlands & Backwaters	0
Backyard Poultry Farms	30
Cattle Sheds near Water Bodies	0
Fish & Meat Markets	0
Community Slaughter Sites	0

Category	Total Count	Key Locations (wards)
Poultry Farms	30	11
Backyard / Clustered Poultry Units	0	-
Duck Rearing Units (open water access)	0	-
Slaughterhouses/ Slaughter Points	0	-
Meat/Fish Markets	0	-
Live Bird Sale Points	0	-
Cattle Markets / Weekly Animal Fairs	0	-
Pet Shops / Breeders	0	-
Animal Shelters / Pet Homes	0	-
Waste Disposal Sites near Animal Units	0	-

Environmental Risk Mapping

Waterborne exposure: Flood-prone areas and stagnant water bodies facilitate *Leptospira survival*, raising leptospirosis risk.

Traditional practices: Informal slaughter and fish markets lack standardized hygiene, creating *spillover opportunities*.

Risk Factor	High-Risk Wards	Key Locations	Risk Level (High/Med/Low)
Flood-prone areas	0	-	LOW
Water bodies/wetlands	4	WARD 4	LOW
Solid waste accumulation	0	-	LOW
Animal waste disposal issues	0	-	LOW
Rodent infestation zones	0	-	LOW
Industrial effluent discharge	0	-	LOW
Construction sites / abandoned buildings	0	-	LOW
Poor drainage/blocked canals	0	-	LOW
Drinking water source contamination risk	0	-	LOW

Disease Seasonality Mapping

1, **Flooding & waterlogging** → amplifies leptospirosis, malaria, diarrheal diseases.

2, Migratory bird influx (Nov–Feb) → avian influenza risk.

3, Mosquito breeding cycles → vector-borne disease peaks in monsoon.

4, Agricultural practices → close human–animal contact in paddy fields.

Disease	Peak Risk Season	Key Drivers	High-Risk Locations	Surveillance Focus
Avian Influenza	0	-	-	-
Leptospirosis	JUNE - AUGUST	-	WARD 8 - KEEZHILLAM	WARD 8 - KEEZHILLAM
Dengue/Chikungunya	APRIL - JULY	-	WARD 13 - PULLUVAZHY	WARD 13 - PULLUVAZHY
Acute Diarrheal Diseases	JUNE - AUG	-	-	-
Rabies	ALL TIME	-	PULLUVAZHY, KURUPPUMPADY	PULLUVAZHY, KURUPPUMPADY
Anthrax (rare)	0	-	-	-

Vulnerability Mapping

Vulnerability Factor	High-Risk Wards	Key Groups / Locations	Risk Level
Flood-prone households	0	-	-
Wetland-adjacent communities	0	-	-
Backyard poultry / duck rearing households	0	-	-
Livestock-rearing households	0	-	-
Slaughterhouse & meat market workers	0	-	-
Fisherfolk & fish market workers	0	-	-
Sanitation workers	0	-	-
Daily wage / migrant workers	0	-	-
Elderly & chronically ill populations	0	-	-
Pregnant Women	0	308	-
Children (schools, Anganwadi's)	0	7314	-
Limited access to safe water & sanitation	0	0	-

EPIDEMIOLOGICAL TRENDS (2021–2025)

Disease Burden among human beings (Last 5 Years)

Disease	2021	2022	2023	2024	2025	Trend (Increasing/Stable/Decreasing)
Dengue	14	11	116	53	47	DECREASING
Leptospirosis	1	4	7	2	1	DECREASING
Hepatitis A	0	0	0	5	3	STABLE
Malaria	2	1	4	8	8	STABLE
Scrub Typhus	0	0	0	0	1	DECREASING
Typhoid	0	0	0	0	0	STABLE
H1N1	0	0	0	0	3	STABLE
H3N2	0	0	0	0	0	STABLE
ADD	124	128	141	132	165	STABLE
Mumps	0	0	0	4	4	STABLE

Measles	0	0	4	1	0	DECREASING
Hepatitis B	4	14	5	24	9	DECREASING
Hepatitis C	0	0	0	0	0	STABLE
Tuberculosis	12	23	22	22	25	STABLE
Leprosy	0	0	0	0	0	STABLE
COVID-19	24	8	0	0	0	STABLE

Seasonal Trend Analysis

DENGUE

Dengue is a major seasonal vector-borne disease strongly associated with rainfall, water stagnation, and increased mosquito breeding during the monsoon period.

Peak: July–November

Dengue – Ward-wise Yearly Distribution (2021–2025)

Ward	Dengue – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	0	0	0
2	0	0	2	1	0	3
3	2	0	5	9	1	17
4	1	2	5	1	1	10
5	3	2	19	2	3	29
6	2	1	7	1	2	13
7	0	2	6	7	0	15
8	0	0	12	4	1	17

9	0	0	3	2	1	6
10	0	0	9	3	0	12
11	0	2	5	2	2	11
12	2	1	6	2	3	14
13	1	0	5	22	22	50
14	0	0	9	0	0	9
15	1	0	5	0	0	6
16	0	0	4	2	5	11
17	0	0	4	0	2	6
18	0	0	2	1	1	4
19	1	1	3	2	1	8
20	1	0	3	2	0	6

LEPTOSPIROSIS

Leptospirosis cases are closely linked to monsoon rains, flooding, and occupational exposure, particularly in low-lying and waterlogged areas.

Peak: June - August

Leptospirosis – Ward-wise Yearly Distribution (2021–2025)

Ward	Leptospirosis – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	0	0	0
2	1	1	0	0	0	2
3	0	1	0	0	0	1
4	2	0	0	0	0	2
5	0	1	0	0	0	1
6	1	0	0	0	0	1
7	1	0	1	1	0	3
8	0	0	1	0	0	1
9	0	0	0	0	0	0

10	0	0	0	1	0	1
11	1	0	0	0	0	1
12	0	0	2	0	0	2
13	0	0	0	0	0	0
14	0	0	2	1	0	3
15	0	0	0	0	0	0
16	0	0	0	0	0	0
17	0	0	1	1	0	2
18	0	0	0	0	0	0
19	0	1	0	0	0	1
20	0	0	0	0	0	0

VIRAL HEPATITIS - A

Hepatitis A cases are commonly associated with unsafe drinking water, food contamination, and breakdowns in sanitation, often presenting as clusters or outbreaks.

Peak: October - December

Hepatitis A – Ward-wise Yearly Distribution (2021–2025)

Ward	Hep A – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	0	0	0
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4	0	0	0	0	0	0
5	0	0	0	1	0	1
6	0	0	0	0	0	0
7	0	0	0	0	0	0
8	0	0	0	0	0	0
9	0	0	0	0	0	0

10	0	0	0	0	0	0
11	0	0	0	0	2	2
12	0	0	0	0	0	0
13	0	0	0	0	0	0
14	0	0	0	0	0	0
15	0	0	0	0	0	0
16	0	0	0	0	1	1

Outcome-Based Trend Analysis- 2025

Transmission Trend- 2025

For effective management of public health issues, it is important to track the trend of disease transmission mode. It helps identify the population or place at high risk that can be used to predict outbreaks and implement targeted interventions as quickly as possible. Understanding these kinds of trends enables authorities to allocate resources efficiently and change the strategies adequately based on the trend that follows.

Mode of Transmission	No. of cases	No. of Deaths
Vector Borne Diseases	47	1
Water Borne Diseases	368	0

Air Borne Diseases	52	0
Blood Borne Diseases	12	0
Food Borne Diseases	0	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	47	1
Malaria	8	0
Chikungunya	0	0

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	215	0
H1N1	14	0
TB	12	0

Chickenpox	41	0
Measles	0	0
Covid-19	0	0
Pertussis	0	0
Mumps	8	0

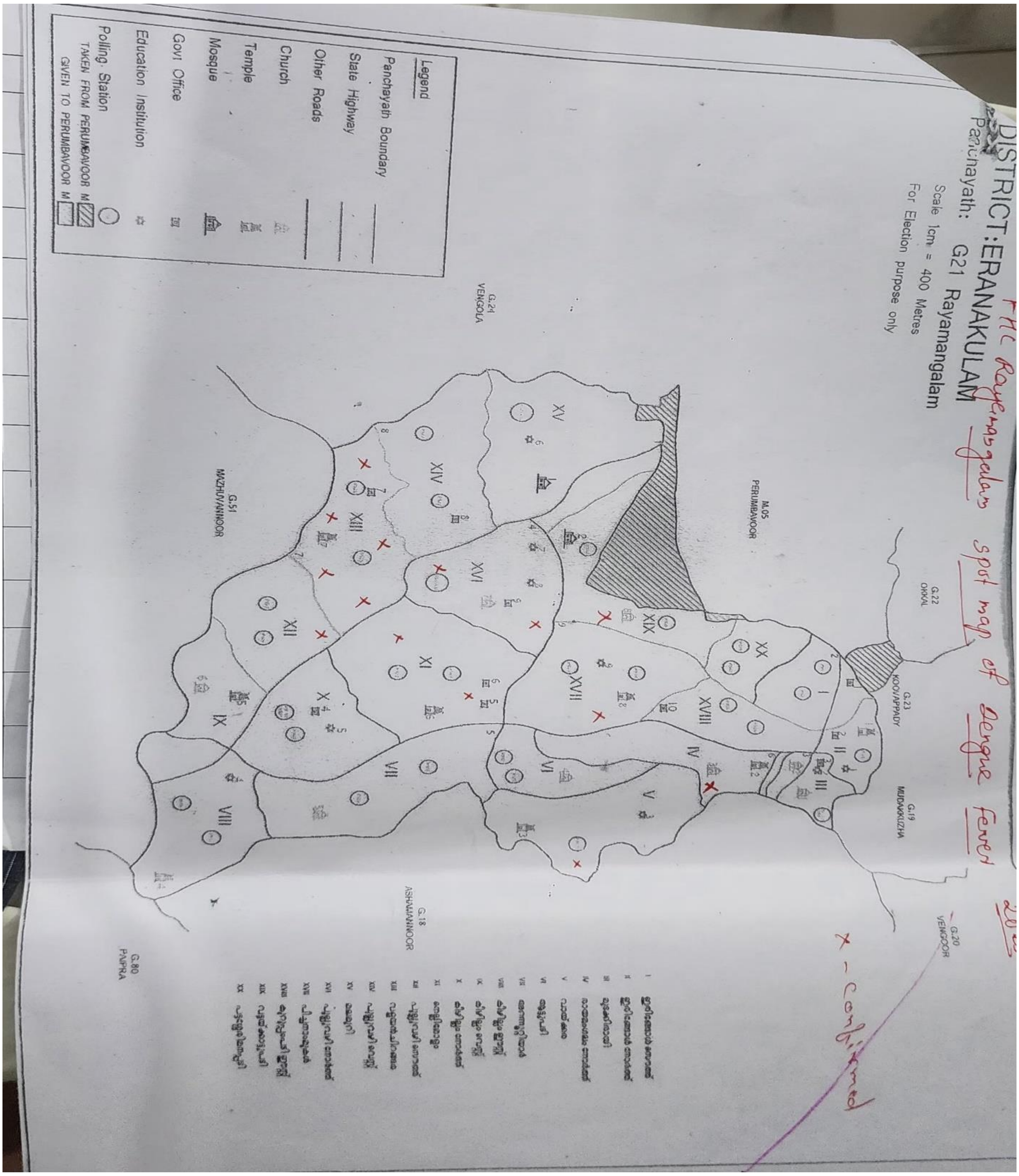
Blood-Borne Disease

Disease	No. of Cases	No. of Deaths
AIDS	0	0
Hep- B	12	0
Hep- C	0	0

Zoonotic Disease

Disease	No. of Cases	No. of Deaths
Rabies	0	0
Leptospirosis	1	1
Avian influenza	0	0
West Nile	0	0
Anthrax	0	0
Nipah	0	0
Scrub Typhus	1	0

Disease Hotspot Map 2025

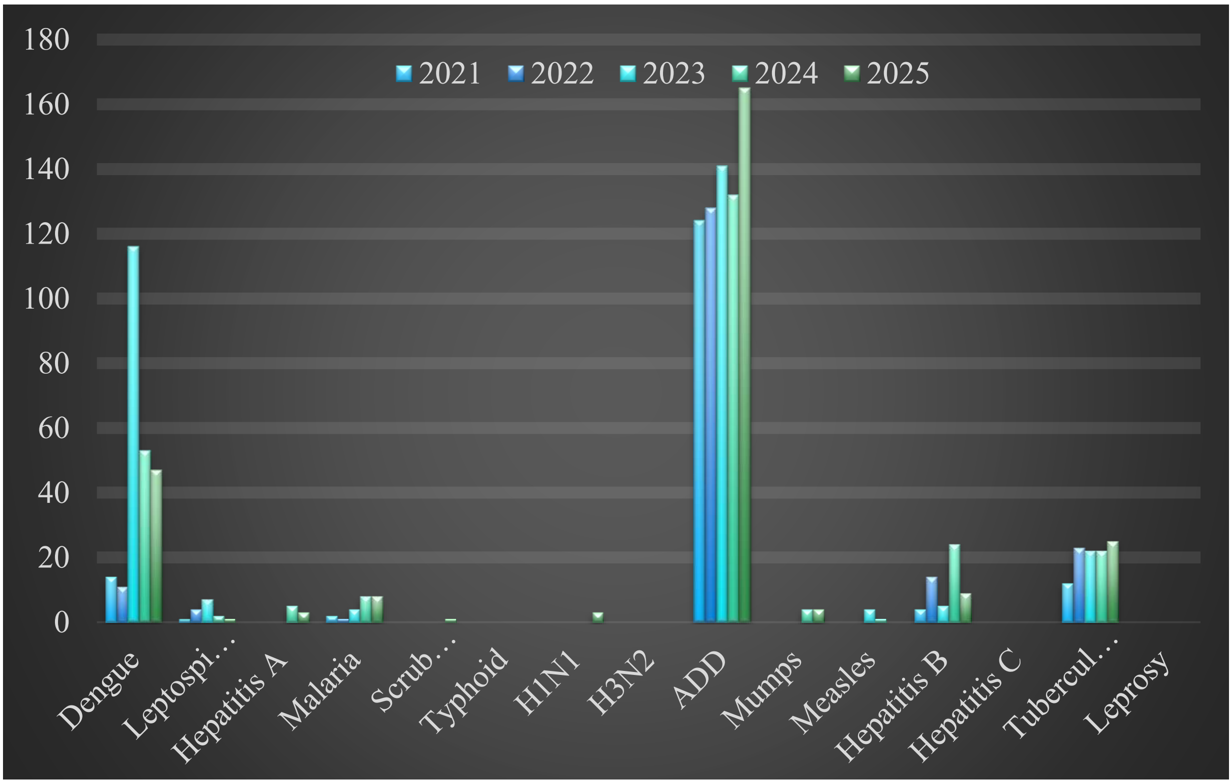


Ward No	Dengue Total (2021-25)	Leptospirosis Total (2021-25)	Hepatitis A Total (2021-25)	Mumps (2021-25)	ADD (2021-25)	Total Cases
1	0	0	0	0	12	12
2	6	2	0	0	16	24
3	17	1	0	0	22	40
4	10	2	0	2	24	38
5	29	1	1	2	18	51
6	13	1	0	2	10	26
7	15	3	0	0	16	34
8	17	1	0	1	17	36
9	6	0	0	1	22	29

10	12	1	0	1	52	66
11	11	1	0	1	14	27
12	14	2	0	0	19	35
13	50	0	0	0	15	65
14	9	3	0	0	25	37
15	6	0	0	0	22	28
16	11	0	0	0	25	36
17	6	2	0	0	63	71
18	4	0	0	0	74	78
19	8	1	0	0	22	31

20	6	0	0	0	15	21

DISEASE TREND OF 2021-2025



Preparedness and Response Protocol at LSG Level

Constitution of One Health Committee

The LSGD shall constitute a One Health Committee comprising the LSGI President, Medical Officers (Modern Medicine, AYUSH, and Veterinary), the Health Inspector, and the Veterinary Surgeon.

Objective: The One Health Committee coordinates human, animal, and environmental health to prevent and control pandemics.

Sl No	Name	Designation	Department/Institution	Role in Committee	Contact Number
1	BINDHU	Panchayat President	LSGD	Chairperson	9188664227
2	DR AKHILABEGUM	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	8891110427
3	DR. ASHA	Veterinary Officer	Animal Husbandry	Member	9446479482
4	FAYISA THASNEEM	Entomologist	Health Dept	Member	7909129818
5	SUNITHA THOMAS	Health Inspector/PHN	Health Dept	Surveillance	9495033051
6	NISSA V.M	ASHA Supervisor	Health Dept	Community link	9947707445
7	SILVI	ICDS Supervisor	Social Welfare	Vulnerable groups	9744248785
8	ABHI SI	Police Station Officer	Police Dept	Law & order	9745098593
9	MARY PAULOSE	Ward Councillor Representative	LSGD	Community coordination	9605127301

10	USHADEVI	Kudumbashree CDO	Kudumbashree	Community mobilisation	9847522053
11	BINOY	NGO/Volunteer rep	Civil Society	Support services	9447781270
12	-	Line Department representations	-	--	-

Key Responsibilities:

- Review disease surveillance data (human + animal)
- Conduct ward-wise risk assessment and vulnerability mapping
- Approve quarantine/isolation centre locations
- Coordinate with district for resources (PPE, oxygen, ambulances)
- Periodically review health system surge capacity, including beds, oxygen, human resources, and ambulances.
- Approve and monitor risk communication and community engagement strategies, including rumour management.
- Ensure protection and service continuity for vulnerable groups (elderly, persons with disabilities, dialysis patients, coastal populations).
- Conduct quarterly mock drills
- Monitor equity measures for vulnerable groups

Meeting Schedule:

Quarterly (normal times) | Weekly (outbreak alert) | Daily (pandemic phase)

Pandemic Response Workforce

To ensure a coordinated and timely response during a pandemic, a dedicated Pandemic Response Workforce shall be constituted at the LSG level. The workforce will function under the overall supervision of the One Health Committee and in close coordination with the health authorities. Team-based deployment will enable efficient surveillance, case management, quarantine and isolation management, logistics support, and risk communication. Each team shall have a clearly designated team leader, defined roles, and an identified pool of personnel to allow rapid activation, rotation of duties, and continuity of services during prolonged emergencies.

Total Response Workforce Available: 300 persons

Team Name	Composition	Key Responsibilities	Team Leader
Surveillance and Contact Tracing Team	HI, JHI, JPHN, ASHAs and Volunteers	Case detection, contact listing, home visits, reporting	HI
Case Management Team	Doctors, Nurses, MLSP, Palliative Nurses	Patient care & referral	DOCTOR
Quarantine & Isolation Team	LSGD staff, Volunteers	Facility management	JHI
Psychosocial support	0	0	0
Logistics & supply chain Team	LSGD staff, Storekeepers, Drivers 3	Supplies & transport [PPE, medicines, oxygen, transport, waste management]	Ward Member
Communication Team	Ward members, Kudumbashree, Youth clubs, AWW workers and other self-help groups	IEC, community meetings, countering misinformation	M.O in charge
Transportation	KSRTC, educational institutional buses	0	0
Media Surveillance	0	0	0
Intersectoral coordination and convergence	ALL WARD MEMBERS, IMPLEMENT OFFICERS, ASHAS, JHI, JPHN, MLSP	CD & NATIONAL PROGRAMME	HI
Collaborative surveillance	JHI, JPHN, MLSP, ASHAS	CD, NCD, NATIONAL PROGRAMME	MO I/C

All teams shall be activated immediately upon outbreak alert or pandemic declaration and shall report daily to the LSG Incident Commander/Medical Officer, with consolidated reporting to the Block PHC. Duty rosters and alternate personnel shall be maintained to ensure uninterrupted services during staff shortages or prolonged response periods. Team composition and numbers may be revised based on the magnitude of the outbreak and availability of human resources.

Activities and Measures before and during Pandemic

PHASE 1 - Alert / Preparation

Surveillance and Reporting-Enhanced syndromic surveillance:

1. **Data sources for surveillance: CD LINELIST, ASHA WORKERS, IHIP**
2. **Event-based triggers (to be monitored and reported): MO IN CHARGE, IHIP**
3. **Zoonotic and animal health surveillance**
4. Logistics and Stock Preparedness

- Identify and empanel local vendors and define emergency procurement mechanisms in accordance with existing LSGD and Health Department norms.
- Prepare and maintain an essential logistics checklist covering medical supplies, consumables, and support equipment.
- Pre-identify secure storage locations for emergency stocks and ensure maintenance of stock registers with regular updating.
- Finalise emergency transport arrangements, including availability of vehicles and identified drivers for rapid deployment during alerts.
- Designate a Nodal Officer for Logistics to enable prompt decision-making, coordination, and communication during emergencies.
- Conduct rapid stock verification and ensure availability of minimum buffer stock, including:
    - **PPE kits – 0 numbers**
    - **Pulse oximeters – 9 numbers**
    - **Hand sanitizers – 7 litres**
    - **Masks, gloves, (3000) disinfectants (10) – adequate quantity**

Identify critical gaps in logistics and immediately communicate requirements to the Block and District authorities for timely replenishment and support. Monitor expiry dates and stock rotation.

➢ Identification of Quarantine and Isolation Facilities

- Identify and list suitable buildings for quarantine and isolation (schools, hostels, community halls, etc.).
- Categorise cases as per the severity and allocate to appropriate facilities (for instance, severe cases to classrooms, mild cases to an assembly hall in case of a school).
- Facility readiness checklist needed (beds, toilets, ventilation) etc.
- Find an alternate site if the primary sites are not available or not in use.
- Identify facility managers and support staff
- Prepare basic SOPs for:
  - Admission and discharge
  - Food, water, sanitation
  - Infection prevention and waste disposal (ANNEXURE 3)
- Ensure availability of basic amenities: water, sanitation, electricity, ventilation, and waste disposal. Prepare a rapid activation plan for these facilities if case numbers increase.

➢ Risk Communication and Community Preparedness

- Disseminate **e**arly warning messages on symptoms, preventive measures, and reporting mechanisms. Display IEC materials both in English and the local language in public places and ensure ward-level awareness.
- Sensitize elected representatives and community leaders on preparedness measures.
- Establish a rumour tracking and misinformation response mechanism to identify, verify, and promptly counter false or misleading information.
- Engage trusted local persons (ward members, ASHA workers, religious leaders, teachers, community volunteers) to communicate official public health messages and reinforce correct practices.
- Develop and deploy targeted IEC materials for:
  - Schools and educational institutions
  - Markets and commercial areas
  - Work sites and labour settings

- Conduct community sensitization meetings at the ward level to promote preventive behaviours, address concerns, and strengthen community participation in preparedness and response.

➢ Protection of Vulnerable Groups

Vulnerable populations require priority protection through targeted line-listing, service continuity, and delivery mechanisms.

- Prepare and regularly update **line-lists** of vulnerable populations, including:
  - Elderly persons living alone
  - Persons with disabilities
  - Pregnant women
  - Migrant workers
  - Dialysis patients

  The detailed line-lists shall be maintained as **Annexure** and updated periodically.

➢ Clinical Dependency Mapping

Develop ward-wise dependency and vulnerability maps to identify households requiring regular support during emergencies. Ensure continuity of essential health services for vulnerable groups, including

- Dialysis services (facility mapping, transport arrangements, and scheduling)
- Continuity of treatment for TB, HIV, and other chronic conditions requiring uninterrupted medication
- Mental health and psychosocial support services

Establish **delivery mechanisms** for food, essential commodities, and medicines to vulnerable households through coordinated action involving ASHAs, JPHNs, Kudumbashree, volunteers, and local administration.

PHASE 2 - Active Response

1. Case Identification and Contact Tracing

Case detection and contact tracing activities will be carried out in coordination with the health authorities, following disease-specific SOPs and IDSP guidelines.

Field Staff Involved

- Health Inspector (HI)
- Junior Health Inspector (JHI)
- Junior Public Health Nurse (JPHN)
- ASHAs and ASHA Supervisors
- Ward-level volunteers and Kudumbashree members (as required)

2. Screening Checkpoints

Location	Type (Bus stand/Jetty/Market /Railway)	Staff Deployed (ASHAs/Volunteers)	Screening Method	Reporting authority
Bus stand	Transport hub	One JHI One ASHA One health Mentors	1.Swab Collection. 2.Blood smears collection (RDT) 3.Thermal Scanners	Surveillance Nodal Officer in control room
Market entry	Market	One JHI One ASHA Male health volunteers	1.Swab Collection. 2. Blood smears collection (RDT) 3.Thermal Scanners	Surveillance Nodal Officer in control room

Boat jetty	Water transport	One JHI One ASHA Male health volunteers	1.Swab Collection. 2. Blood smears collection (RDT) 3.Thermal Scanners	Surveillance Nodal Officer in control room

Screening checkpoints at high-traffic locations (transport hubs, markets, religious gatherings) for early detection of symptomatic travellers and crowd screening during outbreaks. Potential locations include bus stands, market entry points, and boat jetties, based on local context and risk assessment.

Screening activities will be carried out by trained personnel such as ASHAs, ward members, and volunteers, with support from Health Department staff. Necessary equipment, including non-contact thermometers and appropriate PPE, shall be ensured prior to activation.

Standard Screening Protocol

```
1. TEMPERATURE CHECK         2. VISUAL SYMPTOMS        3. TRAVEL HISTORY
   (Non-contact)                (Cough/Fever/Breathless)  (Last 14 days)

         ↓                            ↓                         ↓

4. QUICK RISK ASSESSMENT      5. ACTION TAKEN
   High Risk → Test/Quarantine    Normal → Allowed
   Suspect → PHC Referral         IEC + Mask provided
```

The screening protocol shall include temperature screening, observation for visible symptoms, and inquiry regarding recent travel or exposure history. Individuals identified as suspects during screening shall be immediately referred to the nearest PHC/FHC for further evaluation, testing, and appropriate action as per prevailing guidelines.

3. Pandemic Control Room

The Pandemic Control Room (PCR) serves as the central nerve centre for real-time coordination, data aggregation, decision support, and communication during outbreaks. It consolidates information from all LSGD teams, health facilities and community sources to enable rapid response decisions.

Control Room Infrastructure and Location

Primary Location: RAYAMANGALAM Panchayath Office.

Backup Location: Community Hall in RAYAMANGALAM G.P.

Health System Control Room Framework

The PCR is organized into **seven functional pillars** to ensure no aspect of the response is overlooked:

1. ***Rapid Response Team (RRT)***
   - Provides immediate intervention during emergencies, clusters, and field alerts.
   - Coordinates urgent actions such as case investigation, contact tracing, isolation, and inter-facility referrals.
2. ***Data Management & Analytics Team***
   - Collects, validates, and manages key health system indicators (cases, tests, beds, HR, supplies).
   - Analyses data trends, generates projections, and supports evidence-based decision-making for local authorities.
3. ***Human Resource Deployment Team***
   - Allocates healthcare staff efficiently based on workload and need
   - Ensures adequate and equitable workforce distribution across facilities
4. ***Laboratory Surveillance Team***
   - Oversees diagnostic testing coordination, sample transport, and timely reporting of results.
   - Monitors lab indicators (testing volume, positivity rate, turnaround time) for early detection of outbreaks
5. ***Vaccination Cell (If required)***
   - Plans and executes vaccination campaigns, including micro-planning and session scheduling.
   - Tracks coverage, identifies gaps, and coordinates corrective actions with field teams and outreach services.
6. ***Infrastructure & Patient Occupancy Team***
   - Monitors facility capacity, earmarked beds, oxygen and critical care resources across all linked facilities.
   - Ensures optimal patient distribution and referral management using updated bed-status and resource data.

- BMWM

7. *Communication team*
    8. *Logistics and supply chain*
    9. *Transportation (interfacility & emergency transport)*
    10. *Media surveillance Call centre*
    11. *Management of the deceased*
    12. *Intersectoral coordination and convergence*

Key Control Room Team

The Control Room Team coordinates all pandemic response activities within the LSGD and serves as the single command and communication hub during activation. It integrates information, field actions, logistics, and policy execution across all participating departments and health facilities.

Role	Name	Designation	Contact Number	Responsibility
In-charge/Nodal Officer	DR. AKHILA BEEGAM	MO I/C	8891110476	Overall coordination, decision-making, and reporting to the district level.
Data Entry Operator	-	-	-	Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	SOBIN PAUL	PRO	9747211523	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	-	-	-	-
Technical Support *(IT/Data)*	-	-	-	-

SOP for alert escalation/trigger point with mapping of responsibilities.

Key Points:

- The Control Room shall be staffed with a designated In-charge, data entry personnel, and communication staff with clearly defined roles and shift arrangements.
- It shall maintain updated records on daily monitoring indicators including new cases, persons under active quarantine, and hospital bed occupancy.
- All reports and situation updates shall be shared daily with the Block and District Surveillance Unit.
- The Control Room shall act as a single point of contact for coordination with response teams, health institutions, and other departments.
- Contact details of the Control Room shall be widely communicated to field staff and stakeholders during activation.

Daily Monitoring Indicators

To ensure timely decision-making and effective response, the following key indicators shall be monitored and updated on a daily basis by the Pandemic Control Room:

1. **Epidemiological Indicators:**

   New cases reported today, Total active cases, Test Positivity Rate (TPR), Case Fatality Rate (CFR)

2. **Surveillance Indicators:**

   Persons under home quarantine, High-risk contacts identified, Fever, ILI, SARI or other symptoms (syndromic surges), Travellers (symptomatic or high-risk arrivals), Animal husbandry surveillance (zoonotic alerts, unusual animal deaths, poultry/bird flu signals), Mortality surveillance (excess deaths, unexplained fatalities, verbal autopsy reports)

3. **Logistics and Infrastructure Indicators:**

   Hospital / CFLTC beds occupied, Oxygen cylinders/concentrators available, Ambulances on standby

4. **Alert Findings**

   The following table outlines category-specific **trigger points (red flags)** from surveillance indicators and corresponding immediate actions for the Pandemic

Control Room. These enable rapid response to alert findings like testing anomalies, positive cases exceeding thresholds, clusters, and WGS reports.

Category	**Trigger Point (Red Flag)**	**Immediate Action**
Clusters	**Geographical or facility-based:** 5+ cases linked to one location (office, school, street).	Declare a micro-containment zone; perimeter control and active case finding.
Testing	Sudden drop in testing volume / delay in reporting / unusual testing trends	Review the sample collection process, address lab bottlenecks, deploy additional testing teams, and notify the District Lab.
Lab	Test Positivity rate increases	Increase testing sites in that ward.
Hospital	>80% Oxygen bed occupancy	Activate backup/CFLTC beds.
Travel	Cluster of cases from a single flight/train or high-risk arrival group.	Trace all passengers in adjacent seats; implement mandatory institutional quarantine.
Animal	Mass poultry/wildlife death or unusual sickness	Notify Animal Husbandry, sample the area, and dispatch

		RRT for environmental sampling and zoonotic check.
Mortality	Sudden spike in home deaths or brought-in-dead (BID) cases	Audit the deaths and Active Case Search drive
Additional investigations like Whole Genome Sequencing (WGS)	Detection of a **Variant of Concern (VOC) or Variant of Interest (VOI)**	Implement strict micro-containment; update clinical protocols to match variant severity.

4. Communication of Public Health Information

A Community Communication Hub shall be established to ensure timely, accurate, and consistent dissemination of information during a pandemic. The Hub will function under the coordination of Nodal officers of the control room and act as the nodal point for public communication, risk messaging, and community engagement. **It will support dissemination of official advisories, promote preventive behaviors, address rumors and misinformation, and ensure that messages reach all sections of the population through trusted local channels and leaders.**

Key communicators

Channel	Responsible Person	Contact
Ward-level announcements	JOY POONELIL (WISE)	9447169507
Social media	JOY POONELIL (WISE)	9447169507
Local Cable TV/Radio	JOY POONELIL (WISE)	9447169507

- All messages disseminated through the Hub shall align with advisories issued by the Health Department and District authorities.

- Community leaders shall be sensitized to support behaviour change, reduce stigma, and counter misinformation.

- Special efforts shall be made to reach vulnerable and hard-to-reach populations using locally appropriate communication methods.

Rumour Tracking: A designated volunteer will monitor local social media/WhatsApp groups daily to identify misinformation and issue official clarifications via the Communication Hub.

5. Coordination with District/State Authorities & Other Organisations

Effective coordination with Block, District, and State authorities is essential to ensure timely reporting, technical guidance, and uninterrupted supply of essential resources during a pandemic. The LSGD shall establish clear communication channels, designate responsible officers, and adhere to prescribed reporting timelines to support coordinated public health action and efficient resource mobilisation.

Key Details:

- **Nodal Officer for Reporting:** DR. AKHILA BEEGAM
- **Contact Number:** 8891110476

Reporting Schedule and Protocols:

To Whom	What to Report	Frequency	Nodal Person
Block PHC	Complete Situation Report (Cases, Quarantine, Beds, Screening, Deaths)	DAILY	MO I/C
District IDSP Unit	Outbreaks/Clusters/Unusual Events (>5 cases same ward)	DAILY	EPIDEMOLOGIST
Veterinary Officer	Animal health events/Zoonotic alerts	DAILY	VETERINARY SURGEON

State Cell	Zoonotic cross-sector events	DAILY	MO I/C

Supply Chain Coordination

The LSG shall coordinate closely with Block, District, and State authorities (KMSCL) to ensure uninterrupted availability of essential goods, medical supplies, and logistics during a pandemic. Supply requirements shall be assessed regularly based on case load and communicated promptly to the appropriate authorities for timely replenishment.

Key Points:

- Maintain updated contact details of District and Block nodal officers for health logistics, oxygen supply, ambulances, and essential medicines.
- Submit timely indent requests for PPE, testing kits, medicines, oxygen, and other critical supplies through prescribed channels.
- Monitor stock levels at LSGD facilities, quarantine/isolation centres, and field teams through daily stock registers and dispensing logs to prevent shortages.
- Coordinate with District authorities, Karunya/Neethi medical shops, and local purchase committees for funds allocation and emergency procurement.
- Ensure regular monitoring of dispensing registers at all facilities to track usage, expiry, and pilferage—shortages being a perennial issue requiring proactive weekly audits.
- Activate surge procurement protocols during high caseloads, leveraging local purchase powers under LSGD funds alongside state supplies.

Resource Inventory and Contacts

Resource Category	Source (District/State/Private)	Contact
PPE Kits/Masks/Gloves	KMSCL	04842555009

PPE Kits/Masks/Gloves	LOCAL VENDORS (GENNYMOL)	9495161940
Oxygen Cylinders/Concentrators	KMSCL	04842555009
Medicines/Antivirals	KMSCL	04842555009
Medicines/Antivirals	NEETHI SHOPS	04842555009
Test Kits (RTPCR/Rapid)	KMSCL	04842555009

Collaboration with NGOs, PPP, and CSR

To augment government efforts during a pandemic, the LSGD shall collaborate with NGOs, voluntary organisations, and private sector partners through public–private partnerships and Corporate Social Responsibility (CSR) initiatives, in coordination with District authorities.

Key Points:

- Engage NGOs and community-based organisations for community outreach, awareness, and support to vulnerable populations.
- Leverage CSR support for procurement of medical equipment, PPE, oxygen concentrators, food kits, and sanitation materials, as permitted.
- Ensure all collaborations align with government guidelines and are routed through approved administrative and financial procedures.
- Maintain transparency and documentation for all external support received and utilised.

Organization	Type	Support Offered	Contact Person
Youth Clubs/Student Unions	CBO	SCHOOLS	9567613068 (ASHIL)

Interdepartmental Coordination

Department	Representative	Key Role	Contact
Health (PHC)	Staff Nurse: JEELA KRISHNAN	Case management	8086406187
Veterinary	Veterinary Surgeon: DR. ASHA	Animal surveillance	9446479482
ICDS	Supervisor: SILVI	Nutrition support	9744248785
Education	Head Teacher: JISHA	School coordination	9746920990
Police	SI: ABHI	Containment enforcement	9745098593
Water Authority	-	Water supply	8547638162
LSGD Engineering	SUBESH	Quarantine infrastructure	9645959473

PHASE 3 - Surge Capacity

Phase 3 is activated when there is a rapid increase in cases, high test positivity rates, or when existing health facilities and quarantine arrangements approach saturation. The focus of this phase is to expand isolation capacity, augment clinical care services, and mobilise additional resources through district and state support mechanisms.

Conversion of Community Facilities

To manage increased case load, the LSGD shall activate additional isolation facilities by repurposing identified community infrastructure such as community halls, auditoriums, schools, hostels, or other suitable buildings.

Name of facility	Facility Type	No. of Buildings	Ward	Surge Capacity (Beds)	Nodal Person

JAYAKERALAM	SCHOOL	5	16	500	HEAD MASTER
MGM	**SCHOOL**	-	2	600	HEAD MASTER

- ## Recovery and rehabilitation phase
- ## Recovery
  - Damage & impact assessment
  - Restoration of health services
  - Rehabilitation of affected population
  - Psychosocial & mental health support
  - Disease surveillance during recovery phase
  - Environmental cleanup & sanitation
  - Livelihood restoration
  - Community engagement & confidence building
  - Documentation & after-action review
  - Lessons learned & best practices
  - Health system strengthening
  - Policy revision & preparedness enhancement
  - Research

CONCLUSION

This Pandemic Preparedness Plan outlines a comprehensive, decentralized, and action-oriented framework for preparedness and response at the RAYAMANGALAM LSGD level. Rayamangalam Grama Panchayath can leverage its strong healthcare infrastructure and transport access to become a model of rural pandemic preparedness. By addressing water safety, environmental health, and specialist care gaps while tapping into government schemes and research partnerships, the Panchayath can transform vulnerabilities into resilience against future pandemics.

By adopting a One Health approach and strengthening coordination between the health system, local self-government institutions, veterinary services, and community networks, the LSGD aims to ensure early detection, rapid response, and effective containment of pandemics and public health emergencies. The plan emphasizes equity, community participation, and evidence-based decision-making to protect vulnerable populations and ensure uninterrupted access to essential services during crises. Regular updating, mock drills, and interdepartmental coordination will be critical to maintaining readiness and resilience.

This document shall serve as a living operational guide, to be activated during alerts and continuously improved based on evolving risks, lessons learnt, and guidance from higher authorities.

“**Prepared Today, Protected Tomorrow**.”

RECOMMENDATIONS

1. Strengthening Healthcare Infrastructure

- Establish a primary health response unit within the Panchayat with trained staff.
- Ensure availability of basic medical supplies (masks, sanitizers, PPE kits, oxygen cylinders).
- Create tie-ups with nearby hospitals for emergency referral and transport.

2. Community Awareness & Education

- Conduct regular awareness campaigns on hygiene, vaccination, and preventive measures.
- Use local communication channels (community radio, WhatsApp groups, notice boards) to spread verified information.
- Train volunteers to act as health ambassadors in each ward.

3. Emergency Response & Coordination

- Form a Pandemic Preparedness Committee at Panchayat level including health workers, ward members, and NGOs.
- Develop a clear action plan for lockdowns, quarantine, and distribution of essentials.
- Maintain a database of vulnerable groups (elderly, differently-abled, chronically ill) for targeted support.

4. Supply Chain & Food Security

- Identify and support local suppliers and farmers to ensure uninterrupted food supply.
- Create community kitchens during emergencies to serve vulnerable populations.
- Stockpile essential commodities in Panchayat-run outlets for crisis periods.

5. Digital Preparedness

- Promote digital platforms for telemedicine consultations.
- Use Panchayat's website/social media for real-time updates on health advisories.
- Encourage online grievance redressal to reduce crowding in offices.

6. Training & Capacity Building

- Organize mock drills for pandemic response in schools, offices, and public spaces.
- Train Panchayat staff and volunteers in first aid, infection control, and crowd management.
- Collaborate with NGOs and health departments for capacity-building workshops.

7. Long-Term Resilience

- Integrate pandemic preparedness into the Panchayat Development Plan.
- Allocate a dedicated budget for health emergencies.

ANNEXURE - 1

1. IMPORTANT PHONE NUMBERS

1.1. Details of grama panchayat/municipality/corporation wards

Sl. No	Name of the ward	Ward number	Name of the ward member	Contact number
1	IRINGOLE SOUTH	1	LIZY SIJU	8606536084
2	IRINGOLE NORTH	2	MARY POULOSE	9605127301
3	MUDAKKIRAI	3	PREETHA ELDHO	9400789461
4	RAYAMANAGALAM NORTH	4	SMITHA BIJU	9947382765
5	VAIKKARA	5	SANAL MOHAN	9605392214
6	ATTUPADI	6	BINDU GOPALAKRISHNAN	9188664227
7	ARUNNOTTY AARU	7	E.V GEORGE	9495041535
8	KEEZHILLAM EAST	8	HONEY ELDHOSE	9947300316
9	KEEZHILLAM WEST	9	JAMES ARUN VARGHESE	9746470427
10	KEEZHILLAM NORTH	10	K.V ELDHO	9207506748
11	NELLIMOLAM	11	ISSAC MATHEW	9447581632

12	PULLUVAZHY SOUTH	12	DAISY ANIL	9497182929
13	VALAYANCHIRANGARA	13	ASHA RAVI	9605085599
14	MANACKAPADY	14	JOY POONELIL	9447169507
15	PULLUVAZHY	15	TINCY BABU	9605129276
16	MALAMURY	16	JAISON K V	8606250782
17	PULLUVAZHY NORTH	17	N.C THOMAS	9605088029
18	PEECHANAMMUKAL	18	K.S RAJESHKUMAR	9447491333
19	VATTACKATTUPADI	19	BAWAKUNJU	9388776614
20	PATTASERIMANAPADI	20	AMBIKA MURALEEDHARAN	9544635208
21	CSI KAVALA	21	SMITA ANILKUMAR	9547735228
22	KURUPPAMPADY EAST	22	S. RADHAKRISHNAN	9847628211

1.2. Other important phone numbers of grama panchayat/municipality/corporation area

Sl. No.	Name	Contact number
1.	POLICE STATION	04842591411

2.	WATER AUTHORITY	0471 2323914
3.	GRAMA PANCHAYATH	04842653416
4.	FIRE FORCE	04842523123
5.	AMBULANCE	108
6.	Excise department	0484 2590831
7.	Forest department	0484 2649052

1.3. Important offices of grama panchayat/municipality/ corporation

Sl. No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	8547610009
2.	Agriculture Office	Agriculture Officer	0484 2816143
3.	Animal Husbandry Office	Animal Husbandry Doctor	0484 2698082
5.	BSNL Office	Officer	18004444
6.	Block Office	Officer	0484 2523557
7.	KSEB Office	Officer	0484 2657039
8.	Fisheries Office	Officer	NIL
9.	Fire and rescue	Officer	04842523123

1.4. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	NELLIMOLAM	7012736602
2.	Private hospitals	KURUPPAMPADI	9388833353
3.	Clinical laboratories	KURUPPAMPADI	9349250218
4.	Chemist/pharmacy	NELLIMOLAM	9946618888
5.	Blood donors	-	-
6.	Other language experts (Bihari, Hindi, Bengali, Assamese ....)	-	-

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	GOVT.VETERINARY HOSPITAL	DR. ASHA	VALAYANCHI RANGARA	9446479482

1.6. Helpline numbers

Helpline	Phone number
Police	112
Fire and rescue	108
KSEB	1912

1.7. Public and Private Schools Contact details

Sl. No	Name of School	Institution type	Phone number
1	JAYAKERALAM HSS PULLUVAZHI	AIDED	04842522369
2	ST THOMAS HSS KEEZHILLAM	AIDED	04842257960
3	MGM HSS KURUPPAMPADY	AIDED	048412592515
4	ST REETHA S KURUPPAMPADY	AIDED	9562652134
5	NIRMALA LPS	AIDED	9961363440
6	MT LPS IRINGOLA	AIDED	9846194505
7	MT LPS KEEZHILLAM	AIDED	9400916796
8	G LPS PULLUVAZHI	Govt	9746920990
9	GUPS KEEZHILLAM	Govt	8547376460
10	GUPS VAIKKARA	GOVT	9746384573
11	DIET LAB UP KURUPPAMPADY	GOVT	7034741646
12	ST JOSEPHS CONVENT SCHOOL PULLUVAZHI	PVT	9497489131
13	LUKE MEMMORIAL SCHOOL IRINGOLE	PVT	9495796044`

14	ST THOMAS PUBLIC SCHOOL	PVT	7034168329
15	ST MARYS PUBLIC SCHOOL KURUPPAMPADY	PVT	9447678755

1.9. Anganwadi Contact Details

Ward No	Name of Anganwadi Teachers	Phone number
16	SUNITHA K. K	9496568143
19	PRIYA K	8943870701
1	PRASANNA V. R	9446369283
2	SHEELA P. K	9847656910
2	SHYLA T.C	9747957240
22	AMBIKA K.C	8943486675
6	MARY S. Y	9605140795
3	NISHA SHAJI	9061201378
4	MANJULA P. A	9744415487
5	SHYLA DAMODARAN	9744843072
7	MAYA T. V	9496106613
8	INDIRA P. S	9544485544
10	RAMA T. T	7736301535
9	GIRIJA K.C	9961716036
14	SUBADRA M. K	9605932813
16	KHADEEJA	9633153980
15	MINIMOL K. P	7306437886
18	SHYAMALA	9656432642

22	JOSMI NAYNAN	8113811449
5	SUJATHA DEVI V. N	9526412263
12	SHYLA C. P	7306836574
13	MINIMOL K. R	9544871443
11	SHALOMI P. K	9744138709
14	DAISY K. A	8157849823
19	AMBIKA C	7025669769
17	SHINY P. G	9947028729
7	JESNA K NARAYANAN	9946048407
4	MINI C. N	9562894112
8	BINI M. S	9947966041
11	SHEELA C. N	8086185634
18	VANAJADEVIAMMA U. K	9946527958

1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number
Heavy Trucks	3	NA
Tractor	2	NA
Ambulances	3	NA
Boats	0	NA
Taxi service	10	NA

Annexure 2: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data
1	Name of LSG	RAYAMANGALAM
2	District	ERNAKULAM
3	Block / Taluk	KOOVAPPADI
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	PANCHAYATH
5	Area (sq. km)	36.77
6	No. of wards	22
7	GIS boundary file available	(Yes/No)
8	Key contact person & phone	HI SUNITHA-9495033051

B. Demography

Indicator / Field	Baseline Data
Total population	42806
Males	21215
Females	21591
Transgender population	0
Age distribution (<5, 5–14, 15–59, ≥60)	2121
No. of households	11283
Population density (persons/sq.km)	NA
No. of migrant workers	5212
Major occupational groups	AGRICULTURAL

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	No. of elderly (≥60)	4812
2	No. of persons with disability	285
3	No. of bedridden persons	119
4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	212
5	Pregnant women (current estimate)	221
6	Children <5 years	5112
7	Tribal population (if any)	10
8	Fisherfolk / coastal vulnerable groups (if any)	0
9	Urban slums / unnotified settlements (if any)	0
10	Homeless population	0
11	Orphanages / old age homes (number & capacity)	1
12	Hostels / prisons / shelters (number & capacity)	0

13	Poverty / BPL estimate	3009
14	Food insecurity hotspots	165
15	Any history of stigma/discrimination issues (Yes/No)	0

D. Health System & Service Readiness

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	No. of health facilities in LSG (PHC/CHC/TH/DH/Private)	FHC
2	PHC/Family Health Centre details (name, location)	FHC RAYAMANGALAM NELLIMOLAM JUNCTION
3	Subcentres / Health & Wellness Centres (number)	6
4	Private clinics / hospitals (number)	7
5	Labs available (public/private)	4

6	Availability of ambulance services (Yes/No, number)	2
7	Availability of isolation/quarantine facilities (Yes/No, details)	0
8	Cold chain facilities (Yes/No, details)	1
9	Stockpile space available (Yes/No)	0
10	PPE / mask / sanitizer availability plan (Yes/No)	10
11	Surveillance staff available (JHI/JPHN/ASHA count)	JHI-4 JPHN-6 ASHA-29
12	Existing emergency referral pathways (Yes/No)	YES

E. Points of Entry & Mobility

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Bus stands / depots (number)	0
2	Railway stations (number)	0
3	Boat jetties / fishing harbours (number)	0
4	Ports / airports nearby (specify distance)	0
5	Major highways/roads passing through	0
6	Border crossings (state/district)	M C ROAD
7	Major markets / weekly markets	0
8	Tourism hubs / major event venues	0
9	Schools/colleges with hostels (number)	0
10	Factories / large workplaces (number)	0

F. Water, Sanitation & Hygiene (WASH)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Major drinking water sources (piped / wells / borewells / springs)	WELLS
2	No. of public wells	12
3	No. of households with piped water connection	2389
4	Water quality testing routine (Yes/No)	YES
5	Common contamination risks (flooding, salinity, industrial waste)	NO
6	Open defecation free status (Yes/No)	NO
7	Solid waste management system (Yes/No)	YES
8	Bio-medical waste disposal mechanism (Yes/No)	YES
9	No. of public toilets	10
10	Handwashing stations in public places (Yes/No)	NO

G. Zoonotic Risks & One Health

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Livestock population (cattle/goats/pigs/poultry) – estimates	3650
2	No. of dairy farms / poultry farms / pig farms	30
3	Slaughterhouses / meat shops (number)	0
4	Animal markets (Yes/No, details)	0
5	Veterinary dispensaries (number)	2
6	History of zoonotic outbreaks (rabies, leptospirosis, avian flu etc.)	0
7	Stray dog population management measures (Yes/No)	201
8	Rodent infestation hotspots (Yes/No)	NO
9	Wetlands / waterlogged areas prone to leptospirosis	NO
10	Bat roosting areas / caves / fruit orchards (if any)	NO

11	Human-animal interface hotspots (farms near residences)	NO

H. Climate & Disaster Risks (Pandemic Amplifiers)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Flood-prone wards (list)	0
2	Landslide-prone wards (list)	NO
3	Cyclone/sea surge risk (Yes/No)	NO
4	Heatwave risk zones (Yes/No)	NO
5	Waterlogging areas (list)	NO
6	Shelter homes / relief camps (number, capacity)	NO
7	Past disaster displacement history	NO
8	Disruption to water supply/transport common (Yes/No)	NO

I. Critical Infrastructure & Logistics

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Schools (number)	7
2	Anganwadi's (number)	31
3	Colleges (number)	2
4	Community halls (number)	12
5	Places of worship with large gatherings (number)	4
6	Large markets / shopping areas (number)	0
7	Warehouses / cold storages (number)	0
8	Telecom/mobile network coverage gaps (Yes/No)	NO
9	Power outage frequency (high/medium/low)	MEDIUM
10	Availability of generators in key facilities	4

J. Risk Communication & Community Networks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Ward-level rapid response teams (Yes/No)	YES
2	Jagratha Samithi's / committees active (Yes/No)	YES
3	Kudumbashree presence and strength (number of units)	YES
4	Volunteer network (number, coverage)	0
5	Community-based surveillance mechanisms (Yes/No)	YES
6	IEC dissemination channels (WhatsApp groups, community radio, PA systems)	YES
7	Rumour tracking mechanisms (Yes/No)	YES
8	Languages spoken / literacy considerations	GOOD
9	Vulnerable groups communication strategy available (Yes/No)	YES

K. Preparedness Planning & Governance

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	LSG emergency plan available (Yes/No)	YES
2	Pandemic preparedness plan available (Yes/No)	YES
3	Incident Command System identified (Yes/No)	YES
4	Rapid procurement mechanism available (Yes/No)	YES
5	Emergency fund available (Yes/No, amount)	YES
6	Past outbreak response experience (Yes/No, details)	YES
7	Intersectoral coordination mechanism (Health, Police, LSG, Veterinary, Education)	YES
8	Mock drills conducted in last 12 months (Yes/No)	YES
9	Training coverage for staff/volunteers (Yes/No)	YES

L. Surveillance & Data Systems

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Digital reporting tools used (e.g., DHIS2, portals)	YES
2	Availability of line-listing format (Yes/No)	YES
3	Contact tracing team identified (Yes/No)	YES
4	Mapping of high-risk households available (Yes/No)	YES
5	Testing sample transport mechanism (Yes/No)	YES
6	Reporting timeline adherence (good/average/poor)	YES
7	Data sharing between departments (Yes/No)	YES
8	Availability of dashboard for monitoring (Yes/No)	YES

M. Additional Notes & Observations

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Key challenges perceived by LSG	HIERARCHY ISSUES WITH WARD MEMBERS
2	Top 5 high-risk wards (reason)	5,13,19,20,21 PLATATION AREA LACK OF DRINKING WATER THICK MIGRANT POPULATION
3	Any unique local risks (industrial pollution, refugee camps, etc.)	INDUSTRIAL POLUTION
4	Recommendations for preparedness strengthening	ADDITIONAL STAFF REQUIREMENT

Annexure 3: SOP'S

Admission SOP (At Community Level/Primary Health Center)

Screening and Referral:

- ASHA/RRT conducts house-to-house surveillance to detect symptomatic individuals.
- Cases with mild symptoms are advised home isolation, while moderate-to-severe cases are referred to higher-level COVID Care Centre's (CCC) or hospitals.

Triage and Isolation:

- Symptomatic cases (ARI/ILI) should be immediately separated from non-ARI patients at the PHC.
- Establish dedicated, separate entry/exit points for suspect cases.

Documentation:

- Maintain a detailed register (line-listing) for all suspected/confirmed cases, including contact details and address.
- Create a patient folder with a unique ID for tracking.

Safety Measures:

- Ensure the ambulance/transport vehicle is disinfected after every trip.
- Mandatory use of masks by both patients and staff

Discharge SOP (At Community Level/Primary Health Center)

Discharge Criteria:

- Patients are discharged based on medical protocols (e.g., no fever for 3 days, 10 days since symptom onset, or negative test results).

Discharge Summary:

- Provide a written summary detailing:
- Diagnosis and treatment given.
- Medication instructions.
- Mandatory further home isolation period (if required).
- Safe Transportation: Ensure safe, dedicated transport for patients leaving the isolation facility to their homes.

Post-Discharge Follow-up:

- The RRT/ASHA should monitor the patient for any recurrence of symptoms.
- Final Disinfection: Deep cleaning and fumigation of the vacated room/unit.

Water Safety & supply SOP (At Community Level/Primary Health Center)

Source Protection:

- Immediately inspect and protect all public water sources (wells, borewells, taps). Ensure hand pumps are at least 20 feet away from any toilet or soak pit.

Chlorination & Testing:

- Maintain a residual chlorine level of 0.5 mg/L during the outbreak (increased from the normal 0.2 mg/L).
- The Village Water and Sanitation Committee (VWSC) must conduct daily testing using Field Test Kits (FTKs) and report results to the PHC.

Safe Handling:

- Distribute Information, Education, and Communication (IEC) materials advising households to boil water for 20 minutes and store it in narrow-necked, covered containers.

Alternative Supply:

- If a source is contaminated, the GP must provide tanker water or seal the source and provide disinfection tablets (e.g., halogen tablets)

Food Hygiene & security SOP (At Community Level/Primary Health Center)

Surveillance:

- The GP, in coordination with the Food Safety Officer (FSO), must inspect local eateries and markets.

Vendor Guidelines:

- Enforce the FSSAI "Five Keys to Safer Food": keep clean, separate raw and cooked, cook thoroughly, keep food at safe temperatures, and use safe water.
- Prohibit the sale of cut fruits or exposed food in local markets during the outbreak.

Distribution:

- For households in isolation, the GP should facilitate door-to-door delivery of dry rations or cooked meals to minimize movement.

Institutional Food:

- Ensure mid-day meal kitchens and Anganwadi's follow strict disinfection protocols.

Sanitation & Waste Management SOP (At Community Level/Primary Health Center)

Public Area Disinfection:

- Regularly disinfect public places (markets, GP office, religious sites) using 1% Sodium Hypochlorite solution.

Community Toilets:

- Clean Community Sanitary Complexes (CSCs) at least twice daily with disinfectants.
- Provide soap and running water at all public toilet entries.

Waste Management:

- Separate "hazardous/medical waste" (masks, gloves) from household waste. This should be collected in yellow bags and handed over to the PHC or designated facility.
- Prohibit open defecation strictly, especially near water bodies.

Worker Safety:

- All sanitation workers must be provided with Personal Protective Equipment (PPE), including gloves, masks, and boots.

Infection Prevention Measures (Community & Household)

Establish Task Forces:

- Form local COVID-19/Outbreak Response Task Forces at the Panchayat level, involving ASHA workers, Anganwadi workers, and Kadambas're units.

Surveillance & Screening:

- Set up fever clinics and conduct community-level screening (e.g., ILI/SARI surveillance) to isolate symptomatic individuals immediately.

Isolation Centre's:

- Establish local COVID Care Centre's (CCCs) with proper ventilation and 24/7 water supply for home-isolation-ineligible cases.

Hygiene Promotion:

- Install hand hygiene stations within 5 meters of public toilets and promote handwashing with soap and water.

Disinfection:

- Regular disinfection and fumigation of public spaces, markets, and public offices.

- Protective Gear for Workers: Provide sanitation workers and frontline volunteers with face masks, gloves, eye protection, and gumboots.

Segregation at Source:

- Separate biomedical waste (used masks, gloves, wipes) from general municipal waste.
- Color-Coded Bins: Use specialized color-coded, foot-operated, and lidded bins for different types of waste.

Home Isolation Waste:

- Households with quarantined or infected persons must collect waste in double-layered, clearly marked bags (labeled "COVID-19 waste").

Safe Disposal:

Infectious Waste:

- Must be disposed of via Common Bio-medical Waste Treatment Facilities (CBMWTF).

Non-Infectious Waste:

- Collected separately and treated according to Solid Waste Management rules.

Temporary Storage:

- Ensure a designated temporary storage area exists for infectious waste before disposal.

Surface Disinfection:

- Sanitize waste collection trolleys, bins, and vehicles daily with a 1% hypochlorite solution.