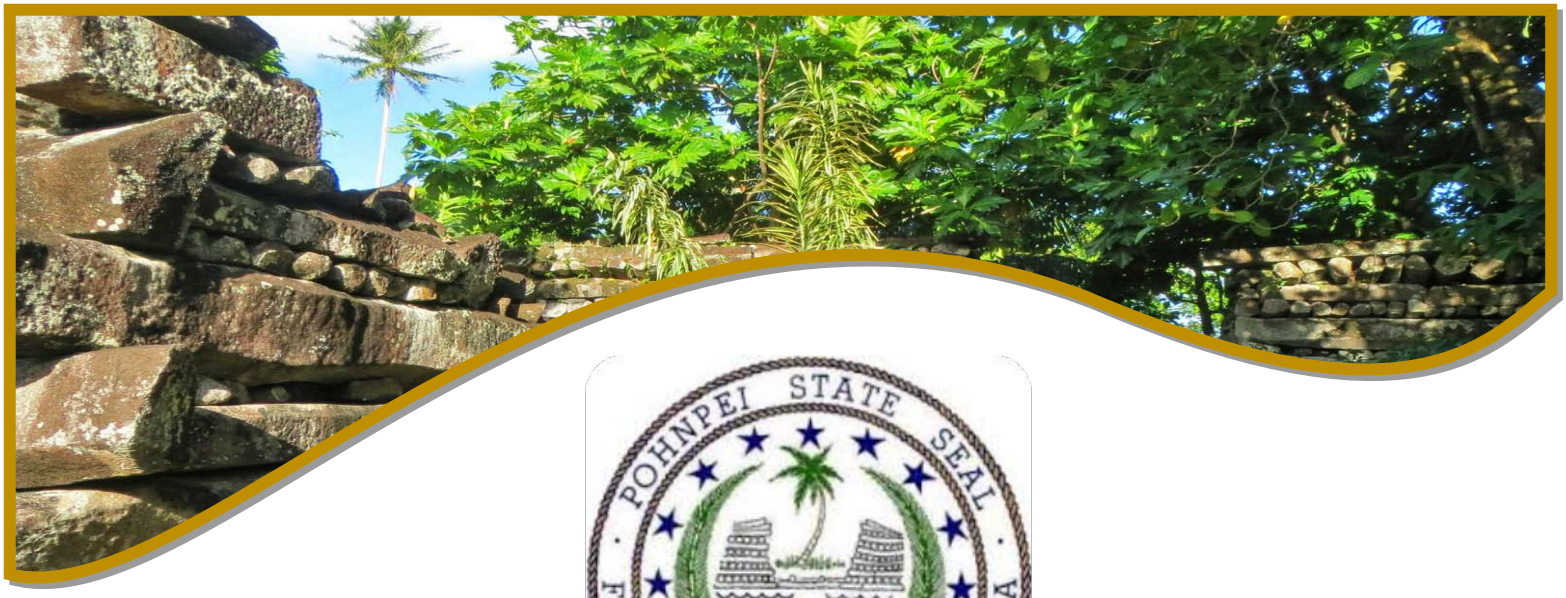

NPEI STATE COVID-19 CONTINGENCY PLAN

LAST UPDATED 4 JUNE 2020

FOREWORD

The purpose of this Plan is to provide a framework for the Pohnpei Government to coordinate its response to the COVID-19 outbreak and minimize the outbreak's impact. The Plan sets forth lines of authority and organizational relationships and shows how coordination should be achieved.

The Plan outlines the strategies to manage a flexible, scalable and proportionate health system response, with appropriate and timely interventions and allocation of resources to protect the community by minimizing the morbidity and mortality from COVID-19, and limiting social disruption and economic losses.

The Plan will assist government and the health care system with preparedness and response planning at different phases of the COVID outbreak in order to ensure optimal medical care and to maintain continuity in provision of other essential community services.

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1 COVID-19 CONDITION STAGES

Condition 5: 'All clear'
Condition 4a: Zero cases but COVID-19 threat exists
• Establish ICS health structure and link with Disaster Taskforce • Open COVID-19 Command Centre. Daily DEOC meetings. Weekly situation report (sitrep) • Set up a triage screening station, included signs at Emergency Room and outpatients • Identify alternative locations for routine outpatient care. Establish 1st wave medical care team (RNs/MDs) for COVID-19 patients. Consider how to surge hospital staff. • Ensure adequate resources and training – IPC, human resources, medical supplies • Implement risk communication, focusing on awareness and prevention • Continue routine surveillance, POE, establish SARI screening, develop daily sitrep template • Identify and establish isolation and quarantine facilities, and plan how to manage these • Support POE activities around travel restrictions
Condition 4b: Zero cases in Pohnpei but confirmed COVID-19 case in Guam, RMI, Palau, CNMI, Hawaii, Chuuk, Yap, Kosrae. • Declare state of public health emergency • Fast track completion of all condition 4 activities • Commence condition 3 activities as required
Condition 3: 1-10 cases (FIRST CASES)
• Daily meeting of DEOC. Daily sitrep to stakeholders • Ensure separate triage area at hospital or open COVID-19 clinic. Activate 1st wave of RNs/MDs • IMMEDIATELY start contact tracing (Day 1, first suspected case) – close and casual contacts • Quarantine or self-isolation of contacts of suspected cases • Strengthen risk communication activities, focusing on social distancing, hand and respiratory hygiene, addressing rumors and misinformation, partnership with all sectors • Continue surveillance activities (routine ILI, linelist, SARI surveillance, numbers hospitalized, confirmed cases, numbers in quarantine/self-isolation). Test those meeting case definition • Mitigate transmission through social distancing measures – consider telemedicine, school closures, reduced social activities, limit sporting events, limit church gatherings etc • Build more hand-washing stations at hospital, clinics, schools, main town, villages • Consider limiting travel to outer islands
Condition 2: >10-100 cases
• Daily meeting of DEOC team. Daily situation report to stakeholders • Cease contact tracing if more than 10 cases or 100 close contacts. • Consider ceasing mandated quarantine and encourage self-isolation/home quarantine • Cease POE screening • Strengthen social distancing measures. Sick people should not go to work • Risk communication and outreach - focus on what we know/don't know/what we're doing/what you can do, social distancing, home quarantine, hand and respiratory hygiene • Open overflow areas/tents in hospital for ill cases. Activate 2nd wave of RNs/MDs. Employ student nurses for surge. Use alternative venues for routine outpatient care. Implement

telemedicine • Mildly sick people should not be hospitalized. Consider cohorting mildly sick people in external venue (i.e. gymnasium) or home-based care • Surveillance – routine ILI, linelist, report on suspected and confirmed cases, SARI cases, severe cases, deaths (hospital and community), sick HCW. Test those meeting case definition • Repurpose staff from other government departments to help with response
Condition 1: >100 cases
• Daily meeting of DEOC team. Daily then weekly sitreps if outbreak continues >2 months • Continue social distancing strategies • Cease quarantine • Encourage self-isolation/home-care of mildly sick patients • Focus risk communication on reassurance, self-help measures, social distancing • Review hospital capacity. Consider opening additional overflow areas/tents in hospital. Use alternative venues for routine outpatient care and medication resupplies • Surveillance – routine ILI, linelist, cases meeting clinical definition, SARI cases, severe cases, deaths (hospital and community), sick HCW. Test all SARI cases and commence sentinel testing • Plan for return to business-as-usual

2 INTRODUCTION

This plan has been developed through a consultative process with different sectors within the Pohnpei government and with input from the FSM national government, the World Health Organization and UNICEF.

2.1 PURPOSE

The purpose of this document is to:

- Provide a framework for Pohnpei in its response to the COVID-19 outbreak
- provide technical information and guidance for co-ordinate efforts of all levels in Government in collaboration with their stakeholders to minimize the impact of COVID-19; in terms of serious illness or overall deaths in the people of Pohnpei,
- and to minimize social disruption and economic losses
- assist local government and health care systems with preparedness and response planning at different phases of the COVID outbreak in order to ensure optimal medical care and to maintain continuity in provision of other essential community services.

This contingency plan outlines the strategies to manage a flexible, scalable and proportionate health system response, with appropriate and timely interventions and allocation of resources to protect the community by minimizing the morbidity and mortality from COVID-19.

2.2 RELATED PLANS

The COVID-19 contingency plan should be read in conjunction with the Pohnpei State Disaster plan which outlines the legislative, overarching incident command structure, financial and human resources response to a disaster in Pohnpei. This plan fits under the Pohnpei State Disaster plan structure.

The Pohnpei Hospital Disaster plan outlines the hospital response to any disaster and will form the basis of the hospital component of the response.

2.3 SCALABILITY OF PLAN

The operational response to COVID-19 will utilize a staged approach (Condition 5, Condition 4, Condition 3, Condition 2, Condition 1) depending on the level of threat to Pohnpei. The plan is designed to be scalable depending on the progress or phase of the COVID-19 threat. As such, the plan outlines likely approaches and responses which can be scaled up or down depending on the situation.

3 COVID-19 READINESS CONDITION

COVID-19 Readiness Condition(COV-CON)
Condition 5: ‘All clear’
Condition 4: Zero cases but COVID-19 threat exists
Condition 3: 1-10 cases
Condition 2: >10-100 cases
Condition 1: >100 cases (widespread transmission on main island)
Condition 1b: >100 cases (widespread transmission throughout State)

3.1 LEAD AGENCY

Pohnpei State Department of Health and Social Services is the lead agency in the COVID-19 response.

3.2 ACTIVATION OF PLAN

- Zero cases in Pohnpei but confirmed COVID-19 case in Guam, RMI, Palau, CNMI, Hawaii, Chuuk, Yap, or Kosrae.
    - Declare state of public health emergency
    - Fast track completion of all condition 4 activities
    - Commence condition 3 activities as required

- If a confirmed COVID-19 case is declared in Pohnpei, the Governor will declare an Emergency and impose immediate shutdown.

- Condition 3 is activated when 1 laboratory-confirmed cases are present in Pohnpei.

3.3 EMERGENCY OPERATIONS CENTRE

The COVID-19 command post will be the Hospital Conference Room

3.4 COVID-19 VIRUS

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. The outbreak was declared a Public Health Emergency of International Concern by World Health Organization on 30 January 2020.

4 ASSUMPTIONS

- Everyone is susceptible to COVID-19 infection, though children appear to be less affected
- Those with co-morbidities, including diabetes and hypertension, may have more severe outcomes following infection:

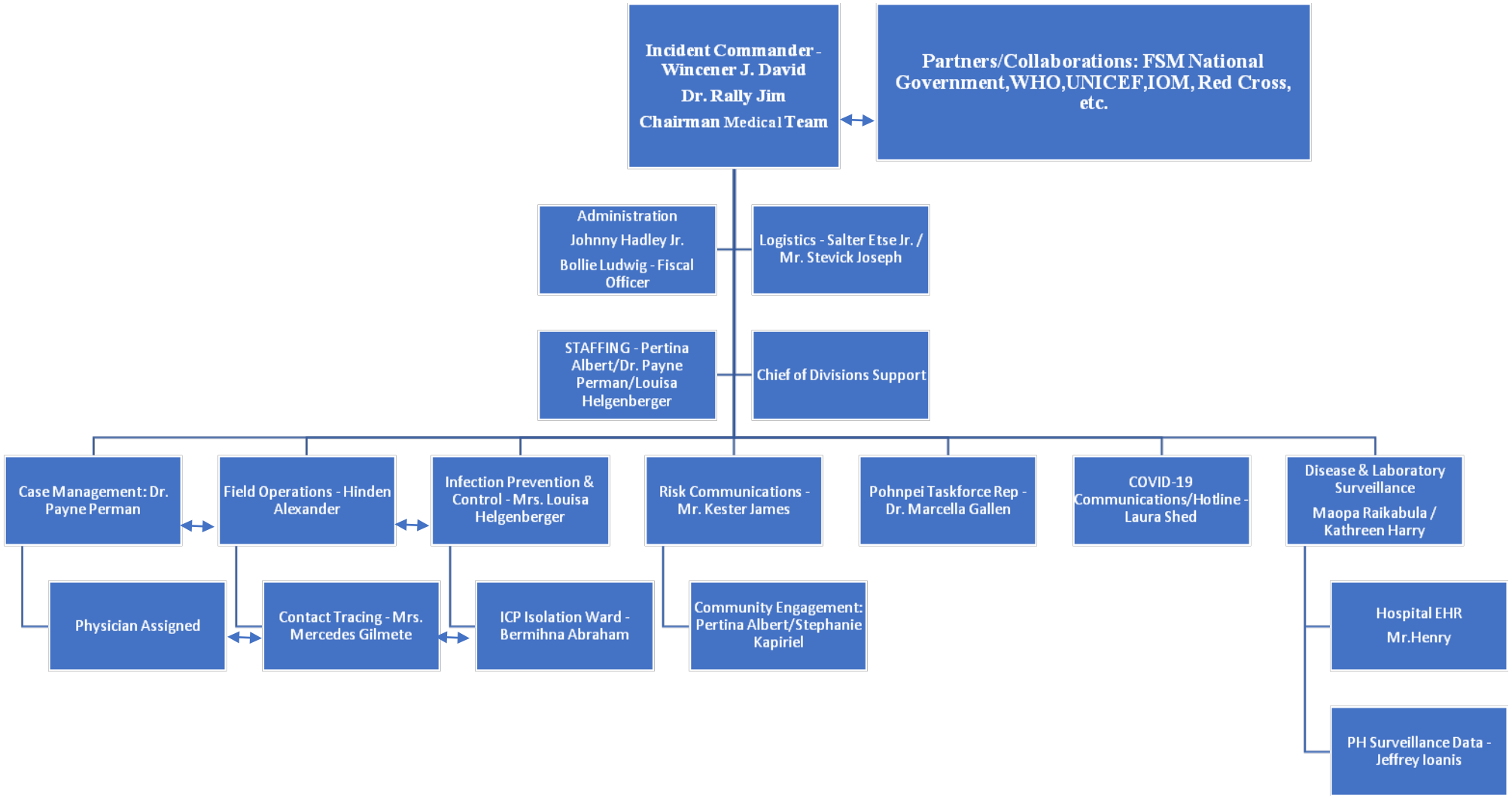
    - Older than 60 years old
    - Co-morbidities (Heart Diseases/HTN/DM/NCD's)
    - PWD (People with Disabilities)
    - Mentally Ill
- There are no treatments or vaccines currently available
- Social distancing measures are effective in slowing transmission of COVID-19

5 TARGET AUDIENCE

The target audience for the Pohnpei COVID-19 contingency plan is those who will be involved in the COVID-19 response across all sectors of Pohnpei State Government.

The plan may also provide useful guidance to non-health sector agencies involved in COVID-19 response.

5.1 DIRECTOR'S EMERGENCY OPERATIONS COMMAND STRUCTURE (DEOC)



6 INCIDENT COMMAND TEAM TERM OF REFERENCE (TOR)

TITLE	TEAM MEMBER	ACTIVITY DESCRIPTION
INCIDENT COMMANDER	Hon.Wincener J. David	Conduct daily DEOC meeting, Join and brief to Pohnpei State TF and SEOC, Approve budget request from ICS teams
SECRETARIAT TO ICS	Dr. Rally Jim	Ensure weekly sitrep to be drafted and submitted to DEOC and SEOC, Draft and disseminate ICS meeting minute
RISK COMMUNICATION & COMMUNITY ENGAGEMENT	Peterson Sam, Pertina Albert, Francisco Kerman, Mercedes Gilmete	Ensure Pohnpeian translation of posters, radio message and social media message and disseminated in the communities, hospital, CHC and dispensaries, Conduct a meeting with traditional chiefs, and municipal chiefs in Pohnpei. Conduct education at schools in collaboration with other health programs and DOE, Unicef and IOM (SEOC – to do national telecom message)
ADMINISTRATION	Johnny Hadley	Provide admin support
FINANCING	Bollie Ludwig	Review the request from ICS teams and submit to Incident Commander for approval
STAFFING	Dr. Perman, Mrs. Louisa Helgenberger, Pertina Albert	Ensure mobilizing staff for COVID-19 ICS works and draft roster
PROCUREMENT	Merihter	Create inventory, Purchase/receive requested supplies on time and distribute, Submit receipts to finance
PLANNING SECTION	Wincener J David Dr. Rally Jim DEOC Members	Work in collaboration with FSM National Government, WHO,IOM,Unicef,etc., on strategic planning
SURVEILLANCE	Dr. Rally Jim IT EHR PH Data Analyst	Ensure robust surveillance system for COVID-19, Weekly ILI & SARI reports via EHR and Public Health Data, Laboratory COVID-19 testing reports

Isolation and IPC	Bermihna Abraham	Ensure isolation place daily disinfected, Ensure availability of PPE to be used by isolation room staff, Ensure appropriate biohazard waste management, ensure implementing IPC guideline
Case management	Dr. Perman, ER Doctors, Designated isolation room doctor	Ensure getting the call from PoE and sending the ambulance to PoE to transport to the isolation room, Ensure patients to receive the recommended treatment provided by WHO guideline
Contact Tracing	Hinden Alexander Mercedes Gilmete	Conduct PoE surveillance and report to DEOC, Conduct appropriate contact tracing on PUI cases, Conduct ILI and SARI surveillance at all sentinel sites
Laboratory	Maopa R. or designated staff	Ensure proper specimen to be collected, Ensure proper shipment protocol to be followed, Ensure test result to be shared and disseminated with ICS
FIELD OPERATIONS SECTION		
PoE Screening, simulation and exercise, quarantine, contact tracing	Mr. Hinden Alexander	Conduct PoE (airport and seaport) screening when the vessels arriving, Ensure the availabilty of PPE to be used by PoE officers and the PUI, Ensure forms (health declaration form, PUI repoting forms, health alert) available at PoE, Ensure implementing staff roster for PoE operation, Ensure quaratine place to be available for immediate use when necessary, Contact ER and ensure transporting sick patients to hospital isolation room, Conduct simulation and exercise to PoE staff, Conduct contact tracing in collaboration with surveillance team
LOGISTICS SECTION	Mr. Salter Etse/ Mr. Stevick Joseph	
Supplies/Staging		Ensure supplies to be available at sites

7 STAGED OPERATIONAL RESPONSE PLAN TO COVID-19

COVID-19 Readiness Condition (COV-CON)
Condition 5: 'All clear'
Condition 4: Zero cases but COVID-19 threat exists
Condition 3: 1-10 cases
Condition 2: >10-100 cases
Condition 1: >100 cases (widespread transmission on main island)
Condition 1b: >100 cases (widespread transmission throughout State)

7.1 COV-CON 4: ZERO CASES

COV-CON 4: Zero cases but COVID-19 threat exists			
Trigger:			
No-cases identified on island; external threat identified			
Assumptions:			
The disease represents a real risk to the health and safety (infectivity/severity) Travel restrictions and Points of Entry screening may help delay the introduction of the virus to Pohnpei, but cannot bring the risk of introduction to zero There are preparedness activities that Pohnpei can do now to limit the impact of the virus on the state, when it arrives			
Mission Goals:			
1) Prevent/delay of introduction 2) Prepare for introduction			
Activities by goal:		Assigned to:	Date Completed:
Incident command	Establish Incident System Conduct daily progress meetings and report to the Pohnpei Task Force Establish the Emergency Operations Centre		
Prevent/delay introduction	Travel restrictions Follow FSM National Requirements		
	Ports of Entry (PoE) screening Implement PoE as mandated by National Government Post-travel detection		
	Post-Travel Detection Encourage traveler awareness of COVID symptoms and how to engage the healthcare system safely Provide traveler health alert notifications to all in-bound passengers with information on how to contact the health department if they have symptoms of COVID-19		
	Ensure provider awareness of case definition (Person Under Investigation <PUI> criteria) Provide weekly update at Hospital CME on current PUI criteria		

	Establish clear process for PUI reporting Develop flowchart of PUI reporting to all healthcare providers for posting in clinics		
Prepare for Introduction	Planning Develop Contingency-based planning for COVID-19 in Pohnpei Develop COVID Treatment Center plans for IPC and clinical guidelines Develop Quarantine plan for contacts of first initial cases identified on Pohnpei Government agencies identify essential activities, and non-essential activities that could be interrupted during the emergency		
	Exercise plans with AAR Exercise plans for PoE screening and PUI identification		
	Emergency management (Utilize ICS to coordinate Task force and DHS activities) Create organizational chart, task monitoring and reporting processes, operational period/battle rhythm		
	Risk communications: Strengthen the Capacity of Risk Communication Team; Develop Standard Guidelines Identify or/ designate focal person/mechanism engaging the public;(PIO or DCO) Prepare clear messages in advance for EACH scenario, and capacitate the focal person Revisit emergency contact numbers, and train operators to be able to deal with callers inquiring symptoms. Create/streamline community messaging Create Preventive Awareness through; Schools, paramount/ traditional leaders, church leaders, Women's Organization, Youth Association, Health facilities, Commercial Establishments/Private Sectors, Radio programs, social networks, text blast from FSMTC Define Essentials and None Essential Gatherings; Essentials (e.g; funerals, religious gatherings and school attendance; Non-Essentials (eg; parties, sakaw sessions, movies and traditional feast etc) Practice preventive etiquette (hygiene) during Essential Gatherings adopted to EACH scenarios. Communication objectives: Every day actions to prevent the spread of respiratory illness What to do if you think you have COVID-19 Awareness of the COV-CON and what actions will be taken at each readiness condition Awareness of isolation versus quarantine Municipalities to start developing quarantine plans for their communities		

	Prepare for possible situation when families would need to 'shelter- at-home' (stay at home for ~ 14 days): For instance, stocking up on food, water, and prescription medications		
	Improve Infection Prevention and Control (IPC) at the hospital Refine patient triage and workflow to reduce risk of infection of other patients and staff Early identification of infectious visit patients by medical records Provision of surgical mask for any patient with fever, cough, or difficulty breathing Separation of ill patients from well-visit patients in waiting area Establishment of separate examination/treatment areas for infectious patients from other patients (especially nebulization therapy) Limiting the nurses/providers who evaluate infectious patients Complete Advanced IPC training for 1st wave and 2nd wave of teams for isolation wards Consider modifications of hospital environment for infection control For example, install plexiglass as barrier for initial presentation/triage, install windows in isolation room doors to allow for visual assessment of patient without the need for PPE Plan for cohort COVID patients at the dorm, and plan to cohort management staff (one doctor, limited nurses) to reduce exposure and PPE requirements. Determine teams for 1st and 2nd wave of medical response Procure PPE and management supplies Submit orders for N95 respirators, gowns, gloves, face shields, goggles, surgical masks Expand/renovate hospital isolation rooms Target initial COVID patients to stay only in rooms in the surgical ward that will be now assigned as the COVID Treatment Center area Insert small windows into all isolation room doors to allow for visual assessment of patient without having to open/enter the isolation room Renovate two rooms for isolation. They do not need to be Airborne Infection Isolation Rooms (AIIR). Also renovation should be done quickly, and not impact the use of the other rooms, incase COVID patients are detected before renovation is complete. Check tents and other areas for surge isolation capacity Check inventory of PPE and WSH material Develop Emergency Medical Services Protocols for patients with Severe Acute Respiratory Illness	Louisa	

	Develop transportation protocols using CDC guidance for EMS Develop Emergency Room management protocols for someone with Severe Acute Respiratory Illness (including what IPC to use, how to limit the number of staff exposed, and post treatment decontamination/disinfection)		
	Neighboring island preparedness Pre-deploy medical supplies and PPE to neighboring islands as appropriate O2, pulse oximeter, IV, PPE (but note, majority of PPE should remain in Pohnpei, including all N95 respirators at this point)		
	Arrange supply-run to the neighboring islands to restock islands for possible long-term 'sequestration.' Option for people to also choose to move to neighboring islands to for duration of the impending COVID-19 Pandemic		
	Surveillance System Routine ILI surveillance Continue point of entry screening Establish SARI screening EpiNet team to investigate suspicious clusters Develop public health contact tracing team Create and train team who will perform the initial contact tracing of contacts of COVID-19 cases. This includes establishing a definition for close-contact requiring quarantine (might use CDC definitions of close contact and the exposure risk assessments)		

7.2 COV-CON 3: 1-10 cases

COV-CON 3: 1-10 suspected or confirmed cases			
Trigger:			
Initial case(s) identified on Pohnpei, but does not yet indicate sustained transmission (1st generation only)			
Assumptions:			
Only recent introduction of the virus with limited spread. Opportunity exists to interrupt transmission with contact tracing and quarantine. Hospital isolation capability not yet exceeded.			
Mission Goals:			
Declare State of Emergency Identify and mitigate local transmission Prevent/delay additional introduction			
Objectives/activities by goal:		Assigned to:	Date Completed:
Incident command	Conduct daily progress meetings and report to the Pohnpei Task Force Daily situation report distributed to key stakeholders		
Identify and mitigate local	Rapidly detect and isolate cases Activate Triage Protocol Activate Early Wave medical Staff (trained dedicated team for COVID Tx		

transmission	Center) Establish area for suspect cases (iso rooms) Establish area for confirmed cases (private rooms and surgical ward)		
	Ensure that cases are reported immediately upon first contact with health system		
	Maintain/refine the COVID-PUI reporting process Ensure that the community understands the symptoms and risk factors for COVID-19 (i.e. travel) and how/why to quickly report for care Case immediately isolated in Hospital isolation room		
	Ensure strict IPC Quickly conduct contact tracing Public health contact tracing to quickly identify contacts and evaluate their risk based on the CDC close contacts and risk assessment Implement quarantine of contacts		
	Contacts considered medium to high risk are quarantined for 14 from last exposure in community or government quarantine facility (note there is an option for home quarantine with monitoring, but this may not be as effective in the home-settings of Pohnpei. Discussion should be made if Pohnpei would allow tourists to quarantine in a hotel)		
	Prevent infection from occurring in healthcare settings Ensure appropriate IPC as described above Continue to refine/improve IPC options in the hospital		
	Prevent introduction to the Neighboring Islands Place neighboring islands in 'Sequestration,' stop all travel to the neighboring islands		
Prevent/delay additional introduction	Maintain travel restrictions Follow FSM National Requirements		
	Surveillance Maintain/refine Ports of Entry (PoE) screening Implement PoE as mandated by National Government Post-travel detection Continue ILI screening Continue SARI screening Update case definitions Create linelist Commence contact tracing – (Note: cease contact tracing if >10 cases in State) Report daily		
	Continue Post-Travel Detection Encourage traveler awareness of COVID symptoms and how to engage the healthcare system safely Provide traveler health alert notifications to all in-bound passengers with information on how to contact the health department if they have symptoms of COVID-19		
	Ensure provider awareness of case definition (Person Under Investigation <PUI> criteria) Provide weekly update at Hospital CME on current PUI criteria		

	Establish clear process for PUI reporting Develop flowchart of PUI reporting to all healthcare providers for posting in clinics		

7.3 COV-CON 2: >10-100 cases

COV-CON 2: >10 – 100 suspected or confirmed cases			
Trigger:			
Any of the following Second generation transmission (cases identified in persons who contacts of contacts) Three or more unrelated cases detected on Pohnpei Hospital isolation capacity overwhelmed Governor's choice			
Assumptions:			
Transmission of the virus is now established on Pohnpei. Isolation and quarantine are unlikely to stop transmission but can slow the spread of the illness. Hospital isolation capacity is exceeded, making the ability to safely manage COVID-19 patients at YMH impossible Need to shift COVID management to site away from hospital to prevent hospital-associated infections and allowing for continued service delivery.			
Mission Goals:			
Maximize use of limited resources Slow transmission in the community Care for cases of COVID-19 Prevent infections occurring in healthcare settings Maintain services for other urgent health conditions at YMH Prevent spread to the Neighboring Islands			
Objectives/activities by goal:		Assigned to:	Date Completed:
Incident command	Conduct daily progress meetings and report to the Pohnpei Task Force Daily situation report distributed to key stakeholders		
Maximize use of limited resources	Stop PoE screening Stop contact tracing		
	Surveillance Stop contact tracing Establish COVID-19 surveillance system Update case definitions Continue linelisting Collect confirmed laboratory results Collect data on hospitalized and serious cases SARI screening Numbers of HCW COVID-19 cases Deaths – hospital and community Laboratory testing of all suspected cases		
Slow transmission	School closure School closure will be important in slowing the spread on the island,		

in the community	however students must refrain from non-essential travel Social gatherings/meetings canceled or postponed Cancelation of government sponsored meetings/gatherings Postponement/modification of church gatherings Postponement of other gatherings		
	Encourage social distancing (limit non-essential travel around island) Could include enforcement of limited travel by the Police		
	Immediate implementation of alternate COVID-19 treatment center (High School?)		
	Activate plans to stand-up alternate COVID treatment Center (see attached do-outs for initial planning considerations		
	Activate 2nd wave of clinical staff to man expanded isolation rooms All cases of respiratory illness evaluated at COVID Treatment Center		
	Inform public and all EMS services of all respiratory infections, regardless of severity t be seen at the COVID Center		
	Regardless of severity all COVID cases are isolated at the COVID Treatment Center This is to help limit/slow further spread within the community		
	Shift of non-urgent services (NCD/well baby/prenatal) out of the hospital to CHC sites To help maximize CHC resources to provide well-patient care, while the hospital takes urgent/emergent care and the COVID Treatment Center focuses on all COVID patients		
	Implement program for pharmacy outside hospital to minimize=ze visits to hospital Quarantine of close contacts for 14 days occurring at community managed sites Community quarantine sites set-up for each municipality with collaboration from CHC to provide two daily monitoring		
	Governmental quarantine at selected ECE sights Once a person in quarantine is found to have symptoms, they are referred to the COVID Treatment Center for evaluation Stop all travel to neighboring islands, but allow medevac flights		

7.4 COV-CON 1: >100 cases

COV-CON 1: >100 cases (widespread transmission on main island)
Trigger:
Any of the following Cases identified in four or more municipalities Governor's Choice
Assumptions:
Widespread transmission now occurring on Pohnpei. Efforts to slow transmission using strict isolation and quarantine are no longer worthwhile. Priority shifts to managing severe cases, home isolation, social distancing.
Mission Goals:
Shift focus to management of severe cases

Reprioritize resources away from quarantine activities Mandate social-distancing Continue to prevent spread to neighbor islands			
Objectives/activities by goal:		Assigned to:	Date Completed:
Incident command	Conduct daily progress meetings and report to the Pohnpei Task Force Daily situation report distributed to key stakeholders		
Shift focus to management of severe cases	Based on current census at COVID Treatment Center, consider shifting to home isolation and management of mild cases (out of COVID Treatment Center)		
Reprioritize resources away from quarantine activities	Stop quarantine activities (all persons currently in quarantine allowed to leave)		
Surveillance	Surveillance Limit laboratory testing to severe hospitalized cases Implement sentinel testing (i.e. first five ILI cases presenting to hospital on a Monday morning) Numbers of deaths – hospital and community Numbers by clinical diagnosis – need to create case definition Continue routine ILI surveillance		
Mandate social distancing	Shutdown non-essential government activities and release non-essential staff		
	Encourage Families to 'shelter-at-home' (Stay at home unless illness or needs for necessities are required)		
	Police to enforce only essential travel in Pohnpei Main Island		
	Continue to limit travel to neighboring islands (but allow for medevac flights)		
	If urgent need: consider cargo-only run with skeleton crew and no interaction between crew and island (but only if people are starving in the islands; this seems it would be high-risk for the neighboring islands)		

COV-CON 1B: >100 cases (widespread transmission throughout Pohnpei State)

Trigger:
Any of the following Cases identified in the Neighboring Islands and Pohnpei Proper Governor's Choice
Assumptions:
Sequestration of the neighboring islands failed to prevent introduction. Transmission is now occurring in the outer islands. Once a neighboring island has cases, travel between that island and Pohnpei Main Island can be reinstated.
Mission Goals:

Continue management of severe cases Support neighboring islands in managing cases Continue isolation and social distancing efforts to slow spread			
Objectives/activities by goal:		Assigned to:	Date Completed:
Incident command	Conduct daily progress meetings and report to the Pohnpei Task Force Weekly situation report distributed to key stakeholders		
Continue management of severe cases	Continue the COVID Treatment Center for severe cases		
Surveillance	Surveillance Limit laboratory testing to severe hospitalized cases Implement sentinel testing (i.e. first five ILI cases presenting to hospital on a Monday morning) Numbers of deaths – hospital and community Numbers by clinical diagnosis – need to create case definition Continue routine ILI surveillance		
Support neighboring islands in managing cases	Evaluated on a case-by-case basis: medevac of severe cases to Pohnpei (consider: current census/capability at COVID Treatment Center; ability to decontaminate plane; severity and prognosis of the case; treatment success rate of severe cases at COVID Treatment Center) Re-instate travel to neighboring islands if they have identified cases		
Continue isolation and social distancing efforts to slow spread	Continue 'shelter at home' Continue operation of only essential government functions Continue to school closure		

8 RECOVERY AND RETURN TO NORMAL

Thirty days after the last case is confirmed, Pohnpei will return to COV-CON 5 and the State of Emergency declaration will be lifted.An After-Action Review will be undertaken by all key stakeholders to assess the response and the lessons learned.

9 SURVEILLANCE

Condition 5	All clear		
Surveillance System	Reporting	Triggers	Influenza Testing
Existing systems – ILI -routine reporting and influenza testing	Weekly syndromic data	Threshold exceeded – further investigation	Influenza testing Continue sentinel site influenza testing at GPHL
Condition 4	**Zero cases, threat identified**		
Surveillance System	Reporting	Triggers	Testing
Existing systems - ILI POE screening - daily SARI surveillance to be implemented at hospital	Weekly syndromic data HBAS weekly reporting Numbers/percentage screened Numbers/percentage secondary screening PUI	Threshold exceeded – further investigate and commence testing using rapid test and send to GPHL for testing	*Assuming limited testing availability* Meets PUI definition IF EpiNet investigation indicates suspicion of potential COVID19 cases Unusual ILI clusters – test ONE case in cluster All SARI cases with no other aetiology explaining presentation
Condition 3	**1-10 suspected or confirmed cases**		
Surveillance System	Reporting	Triggers	Testing
Existing systems – ILI POE screening SARI screening Contact tracing	Weekly reporting Daily - percentage screened - percentage secondary screening PUI Daily: Numbers in quarantine Numbers in home isolation Numbers in isolation Numbers contact tracing – daily Numbers admitted	Commencing: Any PUI or Condition 3 (First Few initial cases) Cease contact tracing if >10 cases in State	*Assuming limited testing availability* Meets PUI definition Unusual ILI clusters – test ONE case in cluster SARI cases with no other aetiology explaining presentation (post-exclusion respiratory panel testing)

Case definitions updated	Daily situation report		
Condition 2	>10-100 cases		
Surveillance System	Reporting	Triggers	Testing
COVID-19 surveillance – daily reporting Existing systems – ILI – normal reporting schedule *Case definitions updated*	-SARI surveillance -Suspected cases -Lab confirmed cases -Numbers hospitalised -deaths -recovered -COVID-19 deaths in the community (verbal autopsy) -Mild cases in the home (self-isolation) Daily situation report	Commencing: First suspected case – PUI using current case definition	*Assuming limited testing availability* Testing of PUIs Testing all SARI cases
Condition 1	>10-100 cases		
Surveillance System	Reporting	Triggers	Testing
COVID-19 surveillance Existing systems – ILI – normal reporting schedule SARI screening COVID-19 sentinel testing and diagnosis by clinical suspicion	- suspected cases - lab confirmed cases - numbers hospitalized - deaths, recovered - mild cases in the home (self-isolation) -HCW cases -COVID-19 deaths in the community (verbal autopsy) Clinical suspicion (syndromic) Proportion positive % (epi curve) Daily and then weekly situation reporting	Continuing Ceasing: No reported cases for 28 days (2 incubation periods) Lab capacity exceeded and widespread community transmission	*Depends on availability of testing kits and laboratory capacity* If available: -test all suspected cases -test all SARI cases until capacity is no longer available THEN move to sentinel testing First five cases of ILI presenting to Outpatients on a Monday morning are swabbed (should be scheduled with flights)

9.1 ASSUMPTIONS

- COVID-19 surveillance systems will change throughout the outbreak
- Limited laboratory testing will be available early in the outbreak
- Laboratory testing will be overwhelmed once there is widespread community transmission. Numbers will then be determined through syndromic surveillance (SARI), based on clinical suspicion and through sentinel testing

9.2 SCREENING AT POE

Implemented during containment phase (Condition 4).

Data

- Numbers/percentage screened
- Numbers/percentage secondary screening
- PUI – current case definition
- Reported daily in the states. National reporting weekly

Trigger for ceasing

- Non-epi linked cases in the community

9.3 SYNDROMIC ILI SURVEILLANCE

Implemented throughout the outbreak. Used for trends, early warning.

Existing surveillance system

- ILI[1]
- Currently reported weekly
- Thresholds would be looked at on a weekly basis by FSM and by the States

Enhanced surveillance

- Further investigation at state level – Epinet teams. Alert national surveillance team. Use existing SOPs – to conduct investigation. Line listing. Start sampling and testing if required.

SARI surveillance

Implemented from Condition 4 and continues throughout the outbreak. Once COVID-19 surveillance is implemented, SARI surveillance becomes part of the COVID-19 surveillance system.

- Engage hospital doctors to report on SARI cases. *Include in EHR system where possible.*
- The surveillance officer will call hospital re numbers of SARI cases daily
- Zero reporting
- Daily reporting
- Reporting to national surveillance on a weekly basis
- SARI case definition[2]

[1] PSSS case definition

Influenza-like illness (ILI)	Sudden onset of fever*, PLUS: cough and/or sore throat	Influenza; other viral or bacterial respiratory infections

* Fever is defined as 38 ºC / 100.4 ºF or higher. If no thermometer is available, fever or chills reported by the patient or the caregiver are also acceptable.

- Condition 4: weekly reporting. Condition 3 and below: Daily reporting

Data

- Numbers of SARI cases
- % of COVID-19 positive SARI cases

9.4 COVID-19 SURVEILLANCE

Based on SARI surveillance (severe cases), suspected cases, confirmed laboratory cases, HCW surveillance, deaths (hospital and community)

Trigger

- First suspected case – PUI using current case definition

SystemForms

- COVID-19 case forms. Includes a laboratory section. To be developed.

SARI surveillance

- SARI surveillance (see above) – **change to daily reporting when COVID-19 surveillance implemented**

Laboratory testing (GeneXpert/Abbott IDNow)

- Laboratory sample results – FSM surveillance section has access and will manually extract data

HCW surveillance

- Infection control nurse/quality assurance person – report to local surveillance officer and manually added to line list.

Deaths

- Reporting of deaths/deaths certification – family report to the hospital, verbal autopsy.

COVID sentinel surveillance (laboratory sampling)

- First five cases of ILI presenting to Outpatients on a Monday morning are swabbed (should be scheduled with flights)
- Report by proportion positive % (positive cases/all cases tested) – requires negative test results

DATA

Line list produced in excel format. Demographic, clinical, laboratory etc. States would complete the line list and then send to National surveillance team.

- Numbers of
  - confirmed cases
  - suspected cases
- Hospitalized cases

[2]SARI case definition- An acute respiratory infection with:history of fever or measured fever of ≥ 38 C°;and cough;with onset within the last 10 days;and requires hospitalization.

    - Numbers of SARI cases
    - % of COVID-19 positive SARI cases (number of confirmed SARI cases/number of tested SARI cases)
    - Hospitalized confirmed COVID-19 cases
    - COVID-19 severe hospitalized cases
- numbers of hospitalized confirmed cases/severe hospitalized confirmed cases[3] (includes critical cases) – provides a proportion (%)
- numbers/proportions cleared of infection

CASE DEFINITIONS

Case definitions will change by Condition Level and latest information

- ILI
- PUI
- Suspected
- Probable
- Confirmed (GeneXpert/Abbott IDNow) test positive
- Clinical suspicion – diagnosis by clinician
- SARI
- Clearance of a confirmed case – to be determined – likely to be:
    - No symptoms for 3 days
    - Clear x-ray
    - Cleared by Lab Test (GeneXpert)

[3]Severe cases with dyspnea, respiratoryfrequency ≥30/minute, blood oxygen saturation ≤93%, PaO2/FiO2 ratio <300, and/or lunginfiltrates >50% of the lung field within 24-48 hours OR critical (respiratory failure, septic shock, and/or multiple organ dysfunction/failure).
Reference: Joint WHO-China commission report page 12

10 COVID-19 COMMUNITY OUTREACH PACKAGE

10.1 SUMMARY

A comprehensive Covid-19 Community Outreach Package (COV-COP) has been planned in alignment with the Pohnpei State COVID-19 Response Framework and the Pohnpei State COVID-19 Risk Communication Subcommittee Plan. The activity is a cross-sectoral effort, led by the Department of Public Health (DPH) in close collaboration with the Department of Education (DOE), WHO, UNICEF, Micronesia Red Cross Society (MRC), and other local partners.

COV-COP consists of two phases. Phase 1 will include a series of community microplanning workshops in each of the six Pohnpei municipalities. The participants will include the traditional community leaders, as well as local schoolteachers and the municipal government. The purpose of the workshop is to empower the community leaders to strengthen the community-based preparedness for Covid-19. It will involve education, as well as creation of community micro plan, which will specify the actions the community can take to reduce the impact of Covid-19.

Phase 2 will include a house-to-house outreach, aiming to cover 70% of the estimated 5000 households on Pohnpei Main Island. The activity will be undertaken by teams of 3-4, with representatives from the DPH, DOE and MRC. The teams will provide education on Covid-19, hand washing and social distancing, as well as distribute soaps and information materials. In order to ensure consistency of messages, all teams have received training and a set of supportive documents to guide them during the home visits. The details can be found below.

10.2 HISTORICAL BACKGROUND

Pohnpei State has a strong experience of conducting community outreach activities, both on a municipal as well as an individual household level. DPH has extensive experience in conducting comprehensive community health outreach activities, which have been preceded by micro-planning workshops with the community leaders. This experience, in combination with a good working relationship with the community leaders, can allow for the workshops to be organized within a very tight planning timeline.

Additionally, members of the DPH and DOE have an experience of conducting house-to-house outreach within the communities. DOE has already conducted one round of Covid-19 outreach, during which they have delivered communication materials and provided soaps. COV-COP builds on this previous activity, ensuring consistency of messaging and filling in the gaps not previously addressed.

10.3 STRATEGY DETAILS

COV-COP is a comprehensive program which aims to support the communities both directly, through Phase 2, as well as indirectly, by working with the community leaders in Phase 1.

10.3.1 PHASE 1

In order to avoid overcrowding and to promote social distancing, the microplanning workshop within each municipality has been divided into smaller workshops, for a group of 10 chiefs each. The workshops will take place simultaneously within one municipality and will be facilitated by a member of DPH, with support from DOE and partners. All six municipalities will be covered one by one over a period of one week.

The microplanning workshop has two main purposes. The first one is to educate and empower the community leaders on how to reduce the spread and impact of Covid-19. The second purpose is to work together with the leaders and identify community-specific risks, as well as actions which the community can take to mitigate them. Examples of actions can include creating a local Covid-19 information network; identifying potential quarantine areas within the community; implementing strategies to protect the elderly and other vulnerable groups; designing further behavioural change activities to address culturally sensitive risks.

At the end of the microplanning workshops, the proposed action plans will be collected, together with an allocated budget, and submitted to partner agencies for support. The chiefs will also be notified about the Phase 2 outreach and asked to promote the activities within their communities.

10.3.2 PHASE 2

The house-to-house outreach will begin immediately after Phase 1. It will be conducted by 30 teams of 3-4 members each, led by a representative from either DPH, DOE or MRC. The teams will be allocated specific areas and provided with materials to distribute within the households, aiming to reach 10 houses per day. The communities will be notified about the outreach teams by their village chiefs, as well as over a radio announcement.

All team leaders have received comprehensive training, as well as supporting materials to help deliver a standardised message across the whole population. The training agenda, as well as the draft supporting materials, can be found below. The teams will undergo a second refresher training prior to their deployment, as well as receive a complete set of all materials which is currently under final revision. The teams will participate in daily briefing and debriefing sessions, in order to ensure a high quality and coverage of households, as well as safety and wellbeing of the teams themselves. Phase 2 outreach is scheduled to take 4-5 weeks.

COVID-19 Community Outreach
TrainingWorkshop

Time	Activity
Phase 2 training (house to house outreach)	
9:00-9:30	COVID-19: What is it and how can we stop it?
9:30-10:00	Overview of Phase 1 and 2 activities
10:00-10:30	Live simulation of the outreach activity
10:30-11:00	Q&A + coffee
11:00-11:15	Explanation of data collection
11:15-12:15	Group practice (groups of 3, rotate through the roles)
12:15-12:30	Assigning of team members, roles, dates
12:30-13:00	Lunch break
Phase 1 training (municipal workshops)	
13:00-13:30	Overview of the microplanning workshop
13:30-14:30	Shortened simulation of the microplanning
14:30-15:00	Assigning of team members, roles, dates

Covid-19 Community Outreach

Phase 1 microplanning workshop

draft agenda

Objectives:

1. Empower the community leaders to protect their communities
2. Provide information on covid-19 and infection control training
3. Identify community-specific risks and mitigation measures
4. Plan community-based activities (with focal points, timelines, budget)

Date/Time	Activity
9:00-9:30	Covid-19: what is it and how can we stop it? (presentation)
9:30-10:00	Q&A
10:00-10:30	Coffee break & handwashing practice
10:30-12:30	Community risks and how to reduce them (group discussion)
12:30-13:30	Lunch break & handwashing practice
13:30-15:00	Defining the community action plan (group activity)

Reducing the risk in the communities

Group discussion

[Municipality name]

Discussion facilitation: [name]

Writing on the flipcharts: [name]

Taking notes: [name]

Purpose:

1. Identify the risks in the community
2. Identify ways to mitigate the risks

Risks: *[the table is prefilled with examples]*	**How community can mitigate the risk:**
People who need to self-isolate - how can they buy groceries / medicine	
Infecting elderly family members	
Sharing sakau	
Stigmatization of the sick	
Spreading of misinformation and panic	
People will not want to self-isolate	

Developing the Community Action Plan

Group activity

[Municipality name]

Activity facilitation: [name]

Writing on the flipcharts: [name]

Taking notes: [name]

Purpose:

1. Fill in the activity plan
2. Identify community champions

List of Activities

Objective: Prevent covid-19 transmission in the communities

Activity	Person responsible	Timing (start date, duration, frequency)	Budget (purpose, USD)	Other notes
Distributing information in the community...				
Identifying community champions...				

Total budget				

Covid-19 Community Outreach TeamNumber.....

Planning package for the teams **TEAM NAME**

.....

Minimum number of households visited per day: 10

Average duration of each visit: 20 minutes + transport time

Team size: 2-4 persons

Equipment per team:

- ✓ Car with petrol, car provided by: .....
- ✓ Flipchart presentation
- ✓ Bucket (for demonstration purposes)
- ✓ Soaps (x2 per household)
- ✓ Leaflets (x1 set per household)
- ✓ Lunch (NOT provided)

Roles and responsibilities

Team leader (L): ..... Phone number: .....

Member 1 (M1): ..... Phone number: .....

Member 2 (M2): ..... Phone number: .....

Member 3 (M3): ..... Phone number: .....

	L	M1	M2	M3
Ensure the team departs on time with all the necessary equipment				
Plan the route & drive the car				
Conduct the presentation				
Conduct the handwashing activity				
Conduct the social distancing activity				
Demonstrate the bucket assembly				
Update AKVO				

Household activity (20 minutes)

1. Group introduction & purpose of visit
2. Flipchart presentation (see talking points)
3. Handwashing activity
4. Social distancing activity
5. Bucket assembly

6. Give 2 soaps and 1 set of leaflets
7. Update data on AKVO

11 COVID-19 AND VULNERABLE POPULATION MITIGATION PLAN

11.1 BACKGROUND:

The COVID-19 has been determined to be a pandemic and a Public Health emergency of international concern and represents a considerable threat to health systems and economies globally. Those at **highest risk** for developing severe complications and of deaths from Covid-19 are:

- **Elderly and people over 60 years of age,**
- **Co-morbidities or (NCDs) such as hypertension, diabetes, cardiovascular disease, chronic respiratory disease, cancer, etc.**
- **Mentally Ill Clients**
- **People with Disability (PWD)**

In China, the case fatality rate of COVID-19 patients with cardiovascular disease was 13.2%, while it was 9.2% for those with diabetes, 8.4% for hypertension, 8.0% for chronic respiratory disease, and 7.6% for cancer. The proportion of death among COVID-19 patients with no co-morbidities was 1.4%. As such globally, advice is to protect high-risk groups from exposure to COVID-19, using measures that focus on social distancing and avoiding areas of high-risk of exposure to the COVID-19 virus.Currently in small pacific island states, individuals who require regular medications are generally required to undergo a consultation with a health practitioner and get a prescription refill monthly at the clinics, which is often located at a centralized major health facility. The frequent visits at these health facilities, which are often busy runs counter to recommendations for social distancing and avoiding high-risk locations and increases the risk of exposure of these individuals to the COVID-19 virus.

This plan along with the objectives described herein provide the focus of actions the FSM States will address in their out-reach activities to their respective populations. While the focus is on those individuals with NCD conditions, disability and other conditions that might necessitate their ability to access the mainstream services, the providers are to ensure the special needs of this vulnerable population are being met and addressed. The need for culturally and gender-based appropriate and sensitive care or services is underscored throughout this document.

11.2 GOAL: TO PROTECT THE HEALTH OF HIGH-RISK INDIVIDUALS

Objective 1: to reduce the exposure of individuals with NCDs, elderly, mentally ill, and PWD's to the COVID-19 virus

Action	Description	Inputs	Person Responsible /Partners	Timeline
SITUATION: NO CONFIRMED COVID CASE				
Reduce case load at regular follow-up clinics to avoid crowding	The number of patient appointment is reduced to 10 -15 patients per day (spread throughout the day) by adding one or two regular clinic days per week; priority will be given to those elderly with high CVD risk. However, patients will be asked to phone in for triage before visiting the clinic. Appropriate spacing in waiting room should be used. These clinics should include NCD's, antenatal, immunization, family planning, mental clinics, and other regularly scheduled clinics such as TB and HD clinics.	Staff to be assigned to the clinic during the additional regular scheduled clinic days. Health staff should pay attention to their own health and not cover the clinic if they feel even slightly unwell. Telephone facility	Clinic manager in consultation with Director of Medical Services& Chief of Public health	Immediate
Decentralize clinical services to peripheral health facilities	Basic NCD services such as blood pressure and blood glucose monitoring, foot inspection and dispensing of maintenance medications will be delivered at the lowest level of the health system, i.e. the village clinic/nurse aide stations - Assess capacity at the peripheral facilities and address gaps, including emergency procurement of equipment and supplies as needed	Directive to implement decentralization Orient health workers on the directive and on infection control. Essential basic medical equipment/supplies	Director of Medical Services	Immediate
Provision of longer-term prescriptions to patients	2-3-month supply of maintenance medications will be provided to chronic clients to reduce the number of visits to the health facility for refills - Assess stock levels at peripheral facilities and at	Ensure pharmaceuticals in enough quantities to cover number of registered patients	CHC's, Dispensary Managers, and NCD Manager in consultation with Chief Pharmacist	Immediate

	central supplies/pharmacy; if current stocks are insufficient, initiate emergency procurement			
Establish remote consultation options	Set-up communication options for remote consultation (phone-in, SMS, etc.) for NCD patients (and potentially for other issues) to reduce the need for patients to visit facilities if feeling unwell (NCD-related), or for check-up Consider scheduled mobile clinics or clinic without walls.	Telephone facility Information dissemination regarding remote consultation in collaboration with community leaders/officials	Clinic managers in collaboration with Incident Management Committee Chairman as well as community leaders.	Immediate
SITUATION: CONFIRMED COVID-19 CASE				
Aside from the above actions, further decentralization with consideration of establishing alternative service delivery points	If cases of COVID-19 increase significantly and stress health services considerably, then a further expansion of the prescribing rights of nurses should be considered and utilized, along with mobilizing partners such as private providers/agencies, community volunteers/groups to serve as alternative service delivery points for NCD services.	Develop partnership with private providers/agencies, community volunteers/groups, and solicit their support to this plan. Ensure they adhere to strict hygiene practices and ensure any staff/volunteers involved are well.	Chief of Medical Services in collaboration with Chief of Public Health	Establishing partnerships - immediate Use of alternative service delivery points - whether need arises
Decentralized other services for the elderly through interagency collaborations	Minimize elderly aggregation such as social security gathering for checks and work with other local agencies such as banks or municipal government handing out checks to local elderly residents.	Volunteers/groups and solicit their support to this plan.	Incident Command and required agencies	Immediate

Objective 2: to reduce the vulnerability of individuals with NCDs or co-morbidities (who are immune-compromised) to the COVID-19

Action	Description	Inputs	Person Responsible /Partners	Timeline
Control risk factors of registered individuals in the regularly scheduled clinics	Clinic managers in conjunction with providers need to review and update health status including CVD risk of registered individuals with NCDs and provide maintenance medications and actions to minimize frequent clinic visits. Provide lifestyle advice and advice on strict adherence to medications for better control of risk factors and NCDs and give advice on managing issues such as foot wound or possible hypoglycemia. Update immunization status by providing required vaccination.	Directive to frontline health workers Orient health workers on the directive Maintenance drugs	Clinic Manager in collaboration with Director of Medical Services	Immediate
Educate on basic personal protection	Provide information on the following to patients and assess their level of understanding: - Individuals with NCDs if infected with COVID-19 are at increased risk of severe symptoms and death; they need to control their risk factors by continue taking their medications and adhere to lifestyle advice - They need to secure a long-term supply of maintenance medications - They may consider identifying place to stay, where they can have own room so they may better protect themself. - They need to practice these preventive measures o Frequent proper handwashing o Social distancing or avoid large gatherings and crowds o Keep at least 1-2 meters of distance from a person with respiratory symptoms. Respiratory hygiene o Avoiding touching eyes, nose and mouth	Development and reproduction of customized posters/flyers on preventive measures for discussion and distribution to patients (standard messages) Information dissemination through broadcasts & other channels	NCD Manager	Immediate

Objective 3: to identify and resolve the challenges and issues encountered in implementing the mitigation plan

Action	Description	Inputs	Person Responsible /Partners	Timeline
Monitoring of NCD services during the COVID-19 response	Periodically assess the adequacy and quality of services provided to individuals with NCDs, plan to address challenges and resolve issues. Provide feedback to the Incident Management Committee and seek support as necessary	Monitoring checklist and feedback form Orient frontline health workers on the use of the tool	NCD Manager in collaboration with Director of Medical Services	Immediate

12 DECENTRALIZATION OF CLINICAL SERVICES

12.1 BACKGROUND:

Health resources and services in the FSM tend to be concentrated around the central state hospital/public health department facilities while those for communities in outlying areas on the main islands and in outer islands are much more limited and inconsistent. Standards are needed to guide improvement of health services and health status in these outlying areas.

The need to decentralize services during the COVID19 pandemic is essential to minimize spread of the virus thus critical to utilize services in the peripheral sites. Just as imperative, these peripheral sites must meet the standards. Below is a standardized monitoring tool to ensure these dispensaries met the overall standard score.

12.2 FSM HC-DISPENSARY STANDARDS MONITORING TOOL

(See footnotes for details about definitions and how to measure items)

Domains	Elements to consider		How to measure				Notes
			Disp Records	Central DHS office recs	Direct observation	Interview	
Facility	Walls, floors roof all good[1]	Y/N			X		
	On-site radio (or Phone)[2]	Y/N			X		
	Electricity[3]	Y/N			X		
	Water Supply[4]	Y/N			X		
	Washbasin or Sink[5]	Y/N			X		
	Toilet in good condition[6]	Y/N			X		
	Lights[7]	Y/N			X		
	Secure storage (meds, etc.)[8]	Y/N			X		
	At least 1 private exam room				X		
Essentials	Essential Meds (list)[9]	Y/N			X		
	Instruments Supplies (list)[10]	Y/N			X		
Staff credentials & availability	-Health Assistant must meet minimum credentials[11]	Y/N		X			
	-Staff available most days at disp[12]	Y/N				X	
	-Staff available after hours when needed[13]	Y/N				X	
Cleanliness & Infection control	Washbasin/Sink clean	Y/N			X		
	Used sharps in safe container→ disposed of safely when full	Y/N			X		
	Toilet area clean	Y/N			X		
	Exam rooms/office clean/no evidence rats, mice roaches	Y/N			X		
	Outside of building clean[14]						

Reporting	Radio Reports - Weekly Reporting in by Radio[15] - CD report is included each wk[16] - Births, deaths report is included each week	Y/N Y/N Y/N		X X X			
	Record of patients seen - Line list of all patients seen in clinic (or SOAP note in individual patient charts)[17] Patient Registries are kept for the following conditions:[18] 1) NCD patients 2) Prenatal patients 3) Family planning clients 4) Homebound patients 5) VIA-Breast Ca screened patients NCD Patient individual records[19]	Y/N Y/N Y/N Y/N Y/N Y/N Y/N	X X X				
Service delivery	Routine hours of operation[20] After hours service when needed[21] School program[22] Vit A/deworming[23] PEN NCD Care Delivery[24] Growth monitoring of <5yo[25] Family Planning[26] Pregnancy care[27] VIA or PAP screening delivery[28]	Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N	 X X X X X		X	X X X	Intervie w with Chief or Mayor on-site Intervie w with Chief or Mayor on-site
Support visits	At least 4 visits in past 12 months (must include immunizations as well as supplies)	Y/N		X29			
Community health	Community Profile Posted in Dispensary[30]	Y/N			X		

Community engagement	Health council is in place[31] Community engagement by Health Assistant is strong[32] - Community Satisfied[33]	Y/N Y/N Y/N				X X X	

 # Items meeting Standards: _____/43 Items Total [35 items (80%) needed to meet overall standard]

12.3 ESSENTIALSUPPLIESLISTFORFSMHEALTHCENTERS-DISPENSARIES

TestingEquipment	**Patient Charting&OtherForms**
□BPCuff(pediatricandadult) □Glucosemeter &strips □Adult scale □Infantscale □Hemoglobinmeter&teststrips □Pregnancytests □Syphilis RapidTest □Urinedipsticks □Largeswabs andvinegar (for VIAtesting)orPAP supplies **ClinicEquipment** □FetoscopeorDoppler □OB Wheel □Medicaleligibilitywheelfor FP □PENitems:BMI andRiskAssessmentCharts	□ChildRoadtoHealth Cards □Deathandbirth forms □Monthlyreportforms □Logbookwith linelistof patientvisits <u>LogbookRegistries*for</u>: □NCDpatients □FamilyPlanningPatients □Cervical cancerscreeningpatients □Homeboundpatientsincatchment area □Prenatal patients □Childvaccinationlog *(*Note:noneedforlogbooksifelectronicmed recordsorelectronicregistryabletoprovideinfo forpatientsin thesecategories)*

□IMCI ReferenceCharts □STI Syndromicmanagement ReferenceCharts □Tapemeasure □Stethoscope □Otoscope □IVfluidbags, tubes,needles □Syringes&needles □Dressingcartwith tape,gauze,betadine,NSS, gloves □LacerationSets (Scalpels, Forceps,Needle Holders, Gauze,Syringe, Lidocaine,Tape, Sutures) □OB Pack(Scissors, Cordclamp/tie,Drapes,… □Neonatal ambubag □Stoveandpotfor sterilization(or autoclave) □Nebulizer machine&tubing	□NCDindividual patient cards, take-home bookletsorindividual patientcharts **SuppliesforPatients** □Condoms **Cleaning Supplies** □Chlorinebleach □Isopropyl alcohol □Broom □Bucket □Mop □Brush □Soap **Total = _____ item in stock/45 total items**

12.4 ESSENTIAL MEDS FOR FSMHEALTH CENTERS &DISPENSARIES

CLASS	DRUG	STRENGTH/DOSAGE
Analgesics NSAID	□Acetaminophen □AcetylsalicylicAcid(ASA) □Diclofenac(orIbuprofenorNaproxen)	Suspension:160mg/5ml, 80mg/ml Tablet: 325mg, 500mg Tablet: 81mg, 325mg Tablet
Anesthetics	□Lidocaine	Injectable:2%vial
Anti-anginal	□Nitroglycerine	Tablet(sub-lingual) 0.4mg
Antacids/Anti-reflux	□Aluminumhydroxide □Omeprazole	Tablet:500mg Solution:200mg/5ml Tablet: 20mg
Antibiotics	□Amoxicillin □Cloxacillin □Co-trimoxazole □Gentamycin □Neomycin/Bacitracin □Sulfameth/Trimethoprim □Ampicillin □Gentamycin	Capsule:250mg, 500mg Suspension:125mg/5ml Capsule:250mg500mg Suspension:125mg/5ml Tablets:80mg 160mg Suspension:40mg/5ml Ophthalmic drops Ear drops Ointment Tablet:800/160mg Suspension:200/40mg/5ml Injectable:1Gmvial
Anti-convulsive	□Carbamazepine	Tablet:200mg

	Diazepam	Injectable:10mg/2mlvial
Anti-emetics/anti-nausea	Promethazine	Tablet:25mg Syrup:12.5mg/ml
Anti-fungal	Griseofulvin	Tablet:500mg
Anti-gout	Allopurinol Colchicine	Tablet:300mg Capsule:0.6mg
Allergy	Diphenhydramine Epinephrine	Suspension:12.5mg/5ml Tablet:25mg 1:1000
Anti-hypertensives	Hydralazine HCTZ Atenolol Captopril(or lisinoprilorenalapril)	Injection:10mg/mL Tablet: 25mg Tablet:50mg Tablet:25mg
Corticosteroids	Prednisone	Tablet:5mg
Anti-parasitic	Lindane(scabies, lice) Mebendazole (or Albendazole) Metronidazole	Lotion, shampoo Tablet:100mg Tablet:250mg Suspension:125mg/5ml
Contraceptives	Oral ContraceptivePills Depo-Provera	Injectable150mg
Bronchodilators	Salbutamol Albuterolsoln(fornebulizer)	Suspension:2mg/L Tablet:4mg Single doseunits ordropper
Corticosteroids	BetamethasoneCream	1%
Diuretics	Furosemide	Tablet:20mg
Hypoglycemics	Glucophage(metformin) Glipizide(orglyburideor glimipramide)	Tablet:500mg Tablet:5mg
Physiologicsolutions (colloidal, buffer, etc.)	ORS 0.9NS(normal saline) D5LR	Sachet Intravenous Intravenous
Vitamins/Minerals	VitaminK VitaminA Ferroussulfatewith Folate	Injection: 0.5mg/mL Capjel:200,000 Tablet: 300mg
Anti-Cholesterol	Simvastatin(orother statin)	Tablet: 20mg
Uterinecontraction inducer	Pitocin	Injection:10units/mL

Total= items in stock/47total items