



Recommendations of one-day state level seminar on
“Goa's Response to Global Epidemics”

Organised by
The International Centre Goa
in association with
Directorate of Health Services and Indian Medical Association - Tiswadi

Saturday, 27th June 2015, 10 am to 5 pm
At The International Centre Goa, Dona Paula

**List of Recommendations to be submitted to
Directorate of Health Services, Government of Goa**

1. Encourage citizen reporting:

The availability of internet and smart phones has resulted in easy access to information from anywhere and at anytime. In this view it is recommended that government should consider setting up a website where alert citizens can send in information or pictures that could lead to the detection and control of outbreaks. (N.B.- TV News channels use this method).

2. Setting up of apex committees:

Though on paper it is accepted that all the stakeholders should act in coordination at times of crisis, such coordination does not exist in reality. It is recommended that the government should appoint standing apex committees to meet regularly and take stock of the situation, e.g. a committee between Directorate of Health Services (DHS) and Public Works Department (PWD), Directorate of Food & Drugs Administration (FDA), Port Health Organisation, Department of Animal Husbandry & Veterinary Services, etc. could sort out many issues before they assume larger proportion.

3. Involve NGOs and professional associations:

The importance of Information Education Communication (IEC) or awareness campaigns in the community can never be neglected. People should be made aware of the signs and symptoms of diseases, how to prevent them, treatment available (and where) etc. It is recommended that NGOs, especially large professional NGOs like The International Centre Goa (ICG), Indian Medical Association (IMA) could be roped in to organize these activities.

4. Standardisation and Standard Operating Procedures (SOPs):

Contingency to deal with outbreaks need to be prepared and disseminated on war footing in the event of outbreaks. It is recommended that detailed instructions on how to deal with specific situations should be given to field workers. This helps in objectivity and standardizes the actions of persons of diverse background. Standard Operating Procedures (SOPs) to be put in places like clinics as steps to follow in specific situations of crisis.

5. Acknowledge & recognise supporters:

While it is true that people including professionals & volunteer, during crisis situations, out of their own kindness and generosity provide all assistance that may be required at that time. It is recommended that the government should duly recognise these good Samaritans by way of awards and certificates. Also, since more than two third of citizens seek health care from private practitioners, involving the latter in outbreak response is crucial. The private sector may be approached through Indian Medical Association or Goa Association of Private Nursing Homes. Incentives to such private doctors involved in surveillance by cash or material for clinics will encourage better participation.

6. Establish an institutional framework:

The Government of Goa has constituted a committee for monitoring the Ebola outbreak and the committee was responsible for preparing the state for the outbreak. It is recommended to constitute a multi disciplinary, multi skilled committee that will monitor the epidemics around the world and provide an institutional framework that needs to be followed in the state. The committee should be responsible for preparing protocols, defining responsibilities for the management of various outbreaks and monitoring the implementation of the same.

7. Need for Infrastructure development & Capacity building:

In order to develop our capacity to deal with the outbreak, we need to develop infrastructure which would support dealing with different types of outbreak. It was unanimously recommended that a specialized centre, where admission of infectious cases could be done, should be established. This could be built attached to the Chicalim Cottage Hospital, which is currently being renovated, and has the advantage of being closer to the airport. The alternate site could be the old Infectious Disease Hospital at Ponda, recently renovated and upgraded to a sub-district hospital. This was the site where the arrangements were made to manage a people with Ebola if we had to get a patient. The centre should be designed to handle infectious diseases and have designated changing area, patient admission area and an area designated for removal of Personal Protection Equipment (PPE), waste disposal etc. of international standards.

8. Staff preparedness:

The DHS and the Medical College hospitals should be fully prepared. It is recommended that all staff members involved in outbreak management should be trained regularly - this includes drivers, attendants, nursing staff, laboratory staff and doctors. The safety of the

health care staff should be a priority. Staff should be trained in the correct donning and doffing of the PPE.

9. Capacity to deal with biomedical waste management:

It is recommended that the designated centre for the management of infectious patients should also have a biomedical waste management system in order to avoid transportation of such waste which could be potentially hazardous. Area should also be identified for appropriate burial or cremation of the patient in case of death.

10. Provide facilities for patient transport:

It is also recommended that designated ambulances for infectious patients should be identified. Protocols for infection control should be developed and those concerned should be trained in the same. Similarly a hearse van should be identified if the need arises.

11. Establish measures for screening at entry point:

It is recommended to set up facilities for screening passengers at various entry points. Coordination with various departments such as the port authorities is necessary. Thermal scans etc. should be made available and checked if they are functional at regular intervals. Local staff could be trained to do the same as screening does not always require medical intervention. Like air and sea port, similar facilities should also be set up to screen passengers at the railway and roadway, which is a bit more challenging.

12. Improve surveillance and response:

It is recommended that the existing Integrated Surveillance Development Programme (IDSP) should be supported by the private doctors as well. Training should be given in this regard and it was also suggested to give incentives such as awards for reporting to encourage the private practitioners to report. Rumour registers should be maintained and the reports should be verified.

13. Improve laboratory diagnostic services:

It is recommended to set up exclusive laboratory services in Goa itself. Currently viral sample have to be sent to NIV Pune or NCDC Delhi, which is time consuming as well as expensive. Building local capacity to provide reliable reports will help in this regard. The department of microbiology at Goa Medical College could be considered for the same. Necessary training should be provided to concerned staff for performing the tests locally.

14. Material logistics:

It is recommended that the material necessary for the outbreak investigation and management should be made available. This should include PPE such as gowns, masks, etc. Transport media, packaging material should also be available. Materials should be centrally procured and made available to all concerned departments.

15. Training and mobilisation of human resources:

It is recommended that the staff at the DHS and GMC should be trained regularly. A rapid response team should be trained for the first line investigation. The doctors from the IMA should be mobilized if needed for the management of the outbreak. Protocols should be prepared and followed. Behaviour change communication strategies should be put in place by coordinating with various concerned departments.

16. Communication plan & involvement of the media:

It is recommended to develop a proper communication plan. Involving media was found to be useful in the past. Regular press conferences, updates on the patients, precautions to be taken by the community/ schools etc. should be communicated effectively without causing panic. A dedicated 24x7 helpline should be established during outbreaks to provide information. A mobile phone with an easy/ short number could be procured for this purpose. Steps should be taken to periodically publish communiqué/ advertisement informing the general public of preparedness in various local dailies and magazines by its management on complimentary basis.

17. Establish command and control:

There is a need to clarify who is in-charge of the outbreak management to avoid confusion and contradictory instructions. It is recommended that all concerned departments should report to the nodal agency in-charge of the outbreak management. Other NGOs and humanitarian aid agencies should also coordinate with this designated nodal agency.

18. Non-communicable diseases:

While communicable diseases spread fast, making people suffer or die and hence cause panic, the effect of increasing non-communicable diseases in causing suffering and deaths is also significant. The possibility of prevention of these diseases by suitable lifestyle modifications also needs to be addressed on priority. These include diabetes, heart diseases, hypertension and some mental health disorders.

19. Introduce Yoga:

In the context of the above recommendation, it was pointed out that yoga has been known to overcome most of them. It is therefore recommended that yoga should be encouraged and practised by medical practitioners. They must be exposed to scientific yoga during their medical studies.