



COVID-19 Outbreak Control and Prevention State Cell

Health & Family Welfare Department

Government of Kerala

Health Human Resource Pool for deployment at CFLTC, COVID Hospitals and other Health Facilities

NO: 31/F2/2020/Health- 24th July 2020

The Department of Health and Family Welfare, Government of Kerala right at the outset planned various interventions to control COVID pandemic. The government has set up COVID Hospitals and COVID First Line Treatment Centers (CFLTCs) across the state for the effective management of the ongoing COVID-19 pandemic. As a part of ensuring readiness of this response, CFLTCs are being set up in various districts. Whereas the non-medical aspects of the CFLTCs are organized through various Local Self-Government Institutions and District Disaster Management Agency, the healthcare aspects of these CFLTCs are managed by the Health Department.

As the epidemic is progressing and the team of Health care workers is continuously working at various facilities for the last six months, it is important to have an overall strategy of health care workers management at the institutional level as well as the human resources deployment management done at the district level.

With this objective, the Health Care functionaries resource pools are formed. These resource pools may be deployed for CFLTC and also for rotating the duties of functionaries at COVID Hospitals, CFLTC and other health service outlets as per the Health Care Resource Management Guidelines for centers providing COVID19 care dated 20th June 2020.

In order to ensure proper coordination at the district level the following guidelines are issued.

- I. **District and State level structures (Already existing Infrastructure Committees at the district and State level are the Committee for Infrastructure and HR management)**

A. District Infrastructure and Human Resource Management Committee-

1. The Committee shall keep the various Health Care Workers Pools with the line list ready.



2. The Committee will give suggestions to Collector regarding deployment of human resource in various CFLCTs based on the epidemic progression.
3. The DMO in consultation with the Superintendents of various COVID Hospitals shall provide the health care resources for rotating the health care workers following the guideline referred above.
4. The Committee shall continuously do the enrollment to the various resource pools especially COVID Brigade and enrollment of volunteer force at the district level for deployment at various service outlets.
5. The Committee shall coordinate with the Local Self Government to get the services of required support staff for the CFLCTs
6. The Committee shall update the State Infrastructure and Human Resource Management Committee regarding deployment and any issues thereof.

B. State Infrastructure and Human Resource Management Committee

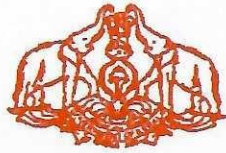
1. The Committee shall liaison with the district Infrastructure and Human Resource Management Committee to ensure smooth deployment of health care functionaries
2. The Nodal officer shall discuss with respective COVID Hospital Superintendents weekly to ensure rotation of staff and deployment.
3. The State Nodal officer shall continuously take actions to maintain the human resource pool at the district level.
4. The rank list from PSC to be collected and those people to be offered to join on contract arrangement.
5. The Committee to take continuous effort to do enrollment in COVID Brigade to get more volunteers for deployment at various service outlets.

C. State Capacity Building Committee

1. The Committee through district Capacity Building Committee shall continuously do capacity building of all the personnel from the various resource pool at the district without waiting for the deployment.
2. Just before the deployment the respective teams to be again oriented regarding the roles and responsibilities.
3. A designated officer at the State level shall monitor the capacity building of the Resource Pool on daily basis and ensure that all resource pool identified personnel are well trained.

II. Deployment of Health Care Functionaries at CFLTC

A crucial aspect of this is the timely and adequate deployment of healthcare personnel to manage patients admitted at the CFLTC. This is envisioned through the formation of Health Teams at the CFLTC. Such a Health Team would be headed by a medical officer from the health department, who will be duly assisted by a composite team of professionals.



Composition of the Health Team

A Health Team shall consist of the following members (Annexure I):

Team Leader: Medical Officer

Co-Lead: AYUSH Medical officer/Dental Surgeon

Member 1: Staff Nurse/Nursing personnel from other departments

Member 2: Lab Technician

Member 3: Pharmacist

Support staff – Attendant cum Record management (On the need basis)

(The above combination to be appropriately modified by the DMO in consultation with the District Collector based on the stage of the epidemic in the respective districts. They may refer to the SoP for CFLTCs for doing appropriate composition as per the need at the respective CFLTC)

Following are the considerations while forming CFLTC Health teams:

1. CFLTCs shall be activated based on district-level requirements that are defined by patient loads at existing COVID hospitals and CFLTCs in the district, as well as other aspects such as managing containment zones etc. This policy shall be broadly as per the District Surge Plan.
2. While activating CFLTCs, the District collector shall form a Health Team based on the above pattern and allot them to the Medical Nodal Officer of the respective CFLTC.
3. The District Collector is empowered with allotting members of this Health Team from various District-Level Human Resource (HR) pools (Annexure II) that will be provided by the health department in consultation with the DMO.
4. The District Collector, in consultation with the District Medical Officer-Health (and respective district-level officers of concerned departments while recruiting personnel from other departments) shall allot personnel from this pool to form Health Teams to manage CFLTCs as and when they are activated.
5. The District Collector may form the pool of personnel from the line departments to provide other support such as Data Entry Operators, Attendant etc. Additional members can be added to this basic structure of the Health Team based on availability and local requirement.



6. While allotting Health Team members from the district HR pools, the District Collector shall follow the following protocol (Annexure III):
 - a. Personnel are first drawn from Family Health Centers (FHCs) where evening OPD has been temporarily suspended in view of the COVID-19 situation.
 - b. Following this, personnel may be drawn from Community Health Centers (CHCs) that have more than three doctors, with less OPD load as the guiding consideration.
 - c. Following exhaustion of this set of personnel, the District Collector may draw Doctors and other personnel from major non-COVID hospitals in the district.
 - d. Following exhaustion of the set of Doctors at major non-COVID hospitals, doctors may be drawn from the pool of specialists at major non-COVID hospitals.
 - e. The DMO shall take due care to ensure that the human resource identified in such a way that the services in the respective institutions are not adversely affected and the deployment is possible for the Covid care.
 - f. The Collector is to ensure through the DMO and other line departments that all the pools are ready and out of that appropriately the personnel are deployed. The District Collector may however, with due local consideration, migrate between various HR pools at her/his discretion non-linearly.
 - g. Ayurveda and Homeopathy doctors may be drawn from respective district-wise HR pools provided in consultation with district-level Ayurveda and Homeopathy DMO.
 - h. District Collector may coordinate with the Local Self Government to get the additional required personnel of any category as per the Government Order issued by the LS GD.

III. Sector Unit

As many CFLTCs will come up in the field, it is suggested to have a Sector Unit to have oversight mechanism.

- a. Divide the district in appropriate Sectors. Keep it optimal as human resource requirement to be judiciously managed.
 - b. Form a Sector Team by deploying HR from the resource pool.
 - c. The Sector team to visit group of CFLTCs and COVID Hospitals falling the sector and provide required assistance as well as collate information regarding the patients.
 - d. The Sector Unit to ensure availability of transportation facilities at the CFLTCs.
7. District-wise HR pools shall be provided online to the District Collectors and District Medical Officers (DMOs), and these lists shall be periodically



updated and supplemented with additional lists of HR from other sources at the district level.

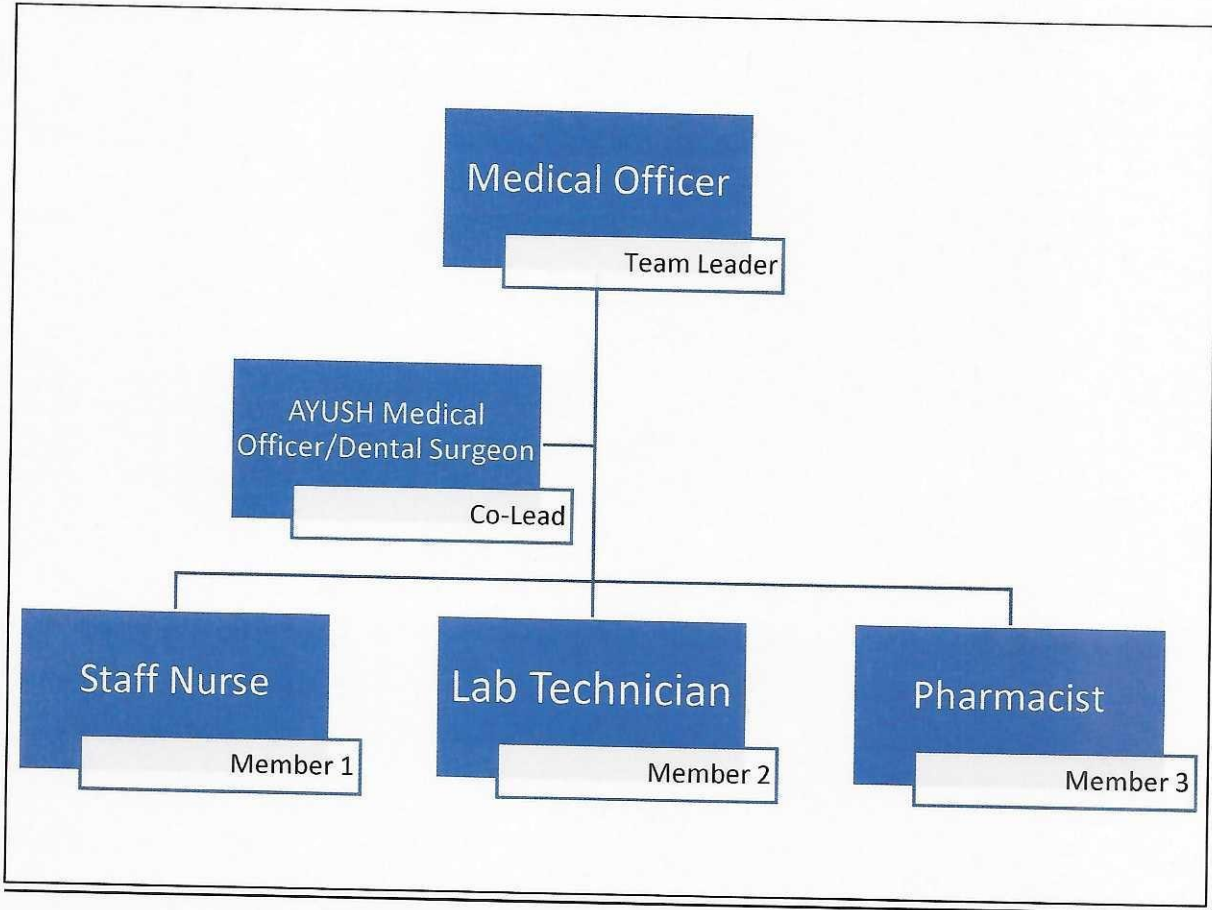
8. In addition to the HR pool provided for the purpose, District Collectors may adopt regional strategies to recruit healthcare personnel from local sources such as volunteer groups, private sector healthcare institutions, individual volunteers etc.
9. Issues in the database provided, as well as exhaustion of available resources, shall be immediately communicated to the state Infrastructure and Human Resource Committee directly or through the DMO.


Principal Secretary



Annexure I

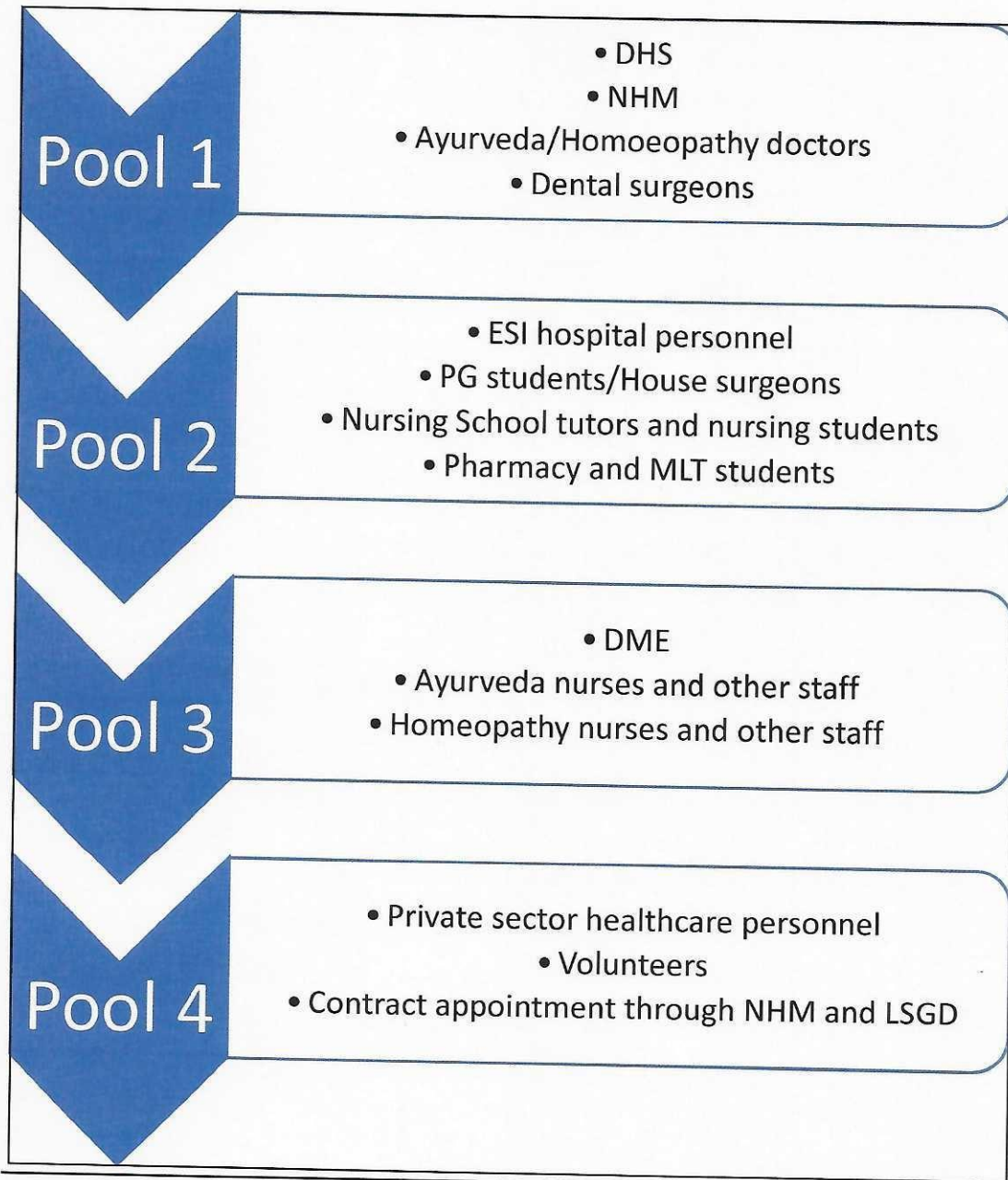
CFLTC Health Team





Annexure II

Human Resource Pools





Annexure III

HR Selection Protocol

