

## **STAGE 2- COVID CONTAINMENT STRATEGY**

**Protocol for districts where positive cases (affected) have been identified.**

**Time Frame for Tracing should be done from 2 days before the onset of symptom of patient (as per WHO guidelines)**

**A) Marking of First contact areas of the reported “Positive case” which will be termed as “CONTAINMENT AREAS”**

- i. Accommodation, temporary or permanent used in the time frame.**
- ii. Neighborhood areas of identified in A (i)**
- iii. Work area if attended within the time frame**
- iv. Tracing social/community movement within the time frame**

### **COVID COMBAT RESPONSE: -**

- i. There may be a possibility of two or more containment zones or areas, depending upon the routine of patients**

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- ii. There should be complete restriction of movement of persons in the containment zone. Proper administrative orders to be put in place for lockdown. No public gatherings should be allowed**
- iii. All residents of containment areas to be advised to be home quarantined.**
- iv. Community Surveillance to be initiated for constant monitoring of home quarantine.**
- v. Tele counseling and through video calling facility should be initiated for the home quarantined persons by doctors.**
- vi. Medical Mobile Units can be used for giving medical examination in case of any symptom development.**
- vii. Medical Mobile Units or RRT as the case may be to be used for sample collection if symptomatic persons and as per the medical history or condition hospital admission of isolation to be done.**

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- viii. **Strict vigilance to be kept for the area and its residents.**
- ix. **All ILI/SARI cases reported in the last 14 days by the IDSP in the containment zone will be tracked and reviewed to identify any missed case**

**PERIMETER CONTROL:** The perimeter control will ensure that there is no unchecked outward movement of population from the containment zone except for maintaining essential services. The district administration will post signs and create awareness informing public about the perimeter control. Health workers posted at the exit point will perform screening. All vehicles moving out of the perimeter control will be decontaminated with sodium hypochlorite (1%) solution.

**B) CONTACT TRACING:** Preparation of first contact list within the time frame

- i. **Family members residing with the positive case within the time frame**

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- ii. Work place colleagues, subordinates, boss or any other person who came in contact while at work with the affected**
- iii. Friends/Relatives if had come in contact with the affected in the time frame**
- iv. Domestic workers/drivers, if had come in the direct contact with the affected in the time frame**
- v. Daily needs delivery vendor(doodhwla/sabjiwla), if had come in the direct contact with the affected in the time frame**
- vi. If any other contact history found within the time frame**

### **COVID COMBAT RESPONSE: -**

- i. All First contact to be examined and quarantined**
- ii. RRTs or MMUs as per the situation**
- iii. Strict Vigilance of ARI/ILI cases**
- iv. Family Counseling and IEC in the neighborhood areas**

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- v. **Constant health surveillance and regular check ups**
  - vi. **Video calling to be done by the specialists/ doctors for medical counseling**
  - vii. **Hospital preparedness for the first contact should be for any exigency**
- C) CONTACT TRACING: Preparation of community contact list of positive case within the time frame**
- i. **Recently attended Social gathering- dates noted and other people attending the gathering list**
  - ii. **Public places- Temples Marketplace/shops/Malls/Cinema hall- time and date and possible people within close contact**
  - iii. **Public Transport used- date and time - co passengers list**
  - iv. **Any other mode of community contact**

**COMBAT RESPONSE: -**

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- I) Do not create a panic situation, community awareness to be initiated**
- II) Community surveillance teams should be formed with various other departments field functionaries and effective communication to be the social groups such as clubs, associations, resident's welfare society. Awareness and prevention measures for COVID to be discussed and social counseling to be ensured**
- III) Community contact list to be enquired if possible**
- IV) Complete lockdown in such areas and restriction of movement**
- V) Initiating active and passive surveillance**
- VI) If required for institutional quarantine, any government or private facility to be requisitioned under Epidemic act**
- VII) CCTV cameras in these containment areas can be installed for checking movements**

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**VIII) Departmental co ordination will be a must for contact tracing enquiry and containment area measures**

### **D) Demarcation of areas adjoining Containment Areas as “Buffer Zone”**

- i. Buffer Zone is an area around the Containment Zone, where new cases most likely to appear. There will not be any perimeter control for the buffer zone**
- ii. Self reporting of ARI/ILI cases to be given tele counselling and medical advice**
- iii. Paramedic/Health Worker teams will be used for surveillance and community awareness in the buffer areas**

### **Surveillance in Buffer zone**

- i) Review of ILI/ARI cases reported in the last 14 days**
- ii) Enhanced passive surveillance**
- iii) In case of any identified case of ILI and SARI, sample should be collected and sent to the designated laboratories for testing.**

## STAGE 2- COVID CONTAINMENT STRATEGY

### TEAMS FOR SURVEILLIANCE

#### A

<b>TEAM 1 RAPID REPOSNSE TEAM (RRT)</b>	<b>TEAM 2 MEDICAL MOBIE UNIT (MMU)</b>	<b>TEAM 3 PRAMEDIC /HEALTH WORKER MOBILE UNIT(PHMU)</b>	<b>TEAM 4 ADMINISTRATIVE MOBILE UNIT (AMU)</b>
Physician, Epidemiologist, Pathologist, Microbiologist documentation staff	Medical Officer, Paramedical Staff, Lab technician documentation staff	MPW, ANM, BEE, CHO	Local Police, Nagar, Nigam personnel, Urban Local Body, some-one from health - like DSO for coordination

#### B

**Community surveillance Team: Comprises of ANM, AWW, ASHA, Teachers, Nagar Nigam Staff etc .**

### STANDARD OPERATING PROCEDURE

- Risk communication for creating awareness among public to follow preventive Public Health measures.



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- **Active surveillance in the containment zone with contact tracing within and outside the containment zone.**
- **Implementing Social Distancing measures.**
- **The cluster containment strategy would be to contain the disease within a defined geographic area by early detection, breaking the chain transmission and thus preventing the spread.**
- **Administrative team will support RRT and MMU in contact tracing extending support for quarantine**
- **MMU will get into action as per the list of passengers in any specific area of the district and track the passengers.**
- **MMU with a lab technician will move to screening and sample collection.**
- **Follow-up of all listed home quarantine passengers twice a day till 14 days .**

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- **All the teams will work in coordination with District Communication and Control room. District Communication and Control room will track and record the movement of all the teams and visits made by them in the community.**
- **The surveillance team will report daily at 4:00 pm to the District Control and communication center about contact tracing, containment zone activities and health status of all the suspects under active and passive surveillance. Self-reporting to be promoted by community health workers.**