

SOPs of RRTs and Sample Collection Teams in non-affected Districts for COVID-19 response

The purpose of this document is to serve as a guidance document for planning and operationalization of RRTs to assist the district administration in COVID-19 response in case of any reporting of case/contact tracing of any suspect case.

Activities to be supported by RRT & Sample Collection Teams

1. In affected districts
 - a. Cluster and hot spot areas – planning and implementation of cluster containment strategy (Guidance document of MOHFW Website)
Coordination of Sample collection from ILI cases detected during house-to-house survey – assist district in formation of required no. of sample collection teams in the containment zones
 - b. In other affected districts –
 - i. Enlisting the contacts and sample collection from high risk contacts
 - ii. SARI
2. In non-affected districts
 - a. ILI Surveillance in OPD(District Hospital/CHC/PHC)
 - b. Sample collection from admitted cases of SARI in Government & Private health facilities.

Objective:

To create a team at Medical College/District hospital situated in the district to guide the RRTs of these medical colleges and AYUSH/ISM colleges in the districts for ILI/SARI surveillance, contact tracing and cluster containment (if required).

This would be led by the Community Medicine of the said medical college and the pooled RRTs would work under direct supervision of this team in close coordination with the district administration.

For ILI/SARI surveillance and in case of any reporting of case/contact tracing of any suspect case, keeping in view the extensive human resource requirement for the field related activities in COVID-19 response including contact tracing and cluster containment, it is imperative to rope in manpower from medical colleges and colleges of AYUSH/ISM (both govt. and private).

- The Community Medicine department of AIIMS would be the designated as the planning unit of these RRTs.
- The States need to enlist all the medical colleges and AYUSH/ISM colleges, both govt and private in the State.
- A consolidated list of all the faculty of concerned departments (mentioned in the list below) of medical colleges including senior residents/ demonstrators/ junior residents/ non-academic junior residents needs to be prepared and shared with the high-level team, district-wise, institute-wise, department-wise and designation-wise.
- This pooled medical and AYUSH/ISM colleges need to be assigned districts for ILI/SARI surveillance, contact tracing and cluster containment (if required) keeping in view the location of the district and that of the medical college.
- The RRT pool would include faculty of medical colleges and allied colleges of AYUSH/ISM.
- This team would work in close coordination with CMO/DSO regarding deployment of RRTs and carrying out the field related activities in COVID-19 response including survey, contact tracing and cluster containment (if required).

Composition of RRTs- Faculty of following departments:

- Community Medicine/PSM
- Anatomy
- Physiology
- Biochemistry
- Pathology
- Pharmacology
- Forensic Medicine
- Any other person deployed as per need

Logistics support is to be provided by the concerned institution.

Responsibilities of RRTs: Members of the district RRT will work in close coordination with state and district surveillance officers at local levels. They will assist in following activities

- Supporting the DSO in surveillance.

- **In the next seven days, execute ILI/SARI IDSP surveillance as per ICMR guidelines. All SARI cases (hospitalized) and atleast 10% of ILI cases have to be sampled for lab investigation for COVID-19.**
- If cases are detected or clusters found through surveillance, then move as per affected district RRT strategy.
- Assist in establishing system for sample transfer to nearest designated laboratory
- Assist district in setting-up of COVID-19 control room
- Review district planning of setting-up of COVID-19 designated health facility as per GOI guidelines
- Review implementation of Infection prevention and control practices in COVID-19 designated health facilities
- Review risk communication for quarantine, social distancing, cancelling public transport etc.
- Assist district in contingency planning for surge in COVID-19 cases (identification of hospital beds, PPE stock, ventilators, hospital staff, earmarking private facilities for shifting patients after public facilities are saturated)
- Assist district in review and analysis of COVID 19 data on daily basis.

Sample Collection Team of Medical College: Each Team will consist of one faculty/SR/PG from ENT Department and one Technician

Job Responsibilities:

1. Sample collection from admitted cases of SARI in various wards of Medical College and other health facilities with admission facilities
2. Imparting training to district mobile sample collection teams (for collection of samples from ILI cases detected during house-to-house survey in the containment zones in hot spot and cluster areas).

Logistics:

1. Sample collection swabs, VTM, Zip lock bags, vaccine carrier, ice pack, etc.
2. PPEs including N95 masks, disinfectant and sanitizers
3. Vehicle for swift movement

Annexure I

HOUSE TO HOUSE SEARCH FOR ILI CASES IN A COMMUNITY (TO BE FILLED BY FRONTLINE HEALTH WORKER)

State _____ District _____ PHC/Planning Unit _____
 Village/Area _____ Team Members _____ Date of visit ____/____/____

| | | | | | | | |
|---|---|--|--|--|--|--|--|
| 1 | Serial number of household | | | | | | |
| 2 | Name of head of the family | | | | | | |
| 3 | Mobile Number | | | | | | |
| 4 | Total members in family | | | | | | |
| 5 | Number of symptomatic cases found (provide details below) | | | | | | |

Details of symptomatic cases:

| Sl. No. | House No. | Patient's name & Address | Phone Number | History of contact with a lab confirmed case | Sex | Age (Yr / Mo) | Fever | Cough / difficulty in breathing | Date of onset of first symptom | Hospitalized |
|---------|-----------|--------------------------|--------------|--|-------|---------------|-------|---------------------------------|--------------------------------|--------------|
| 1 | | | | Y / N / Not known | M / F | ___ / ___ | Y / N | Y / N | ___ / ___ / ___ | Y / N |
| 2 | | | | Y / N / Not known | M / F | ___ / ___ | Y / N | Y / N | ___ / ___ / ___ | Y / N |
| 3 | | | | Y / N / Not known | M / F | ___ / ___ | Y / N | Y / N | ___ / ___ / ___ | Y / N |
| 4 | | | | Y / N / Not known | M / F | ___ / ___ | Y / N | Y / N | ___ / ___ / ___ | Y / N |
| 5 | | | | Y / N / Not known | M / F | ___ / ___ | Y / N | Y / N | ___ / ___ / ___ | Y / N |
| 6 | | | | Y / N / Not known | M / F | ___ / ___ | Y / N | Y / N | ___ / ___ / ___ | Y / N |
| 7 | | | | Y / N / Not known | M / F | ___ / ___ | Y / N | Y / N | ___ / ___ / ___ | Y / N |
| 8 | | | | Y / N / Not known | M / F | ___ / ___ | Y / N | Y / N | ___ / ___ / ___ | Y / N |

Report Summary:

Total number of households allotted: _____ Number of households visited _____ Total number of persons screened _____
 Number of persons with symptoms: _____ Number of persons with history of contact with positive case _____ Number of persons hospitalized _____

Annexure 2

Format A: Details of hospitalized SARI cases in the District

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--------|---------------|---------|---------------|-------------------|-------------------------|---|---|--|
| S. No. | Name/ Case ID | Address | Date of Onset | Date of Isolation | Hospital where isolated | Details of exposure (Imported case(I)/Contact with confirmed case (C) | Name & Date of contact with confirmed case if response is C in column 7 | Tested/not tested; if tested when and result |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Collect line list of all the contacts of confirmed case and details of their follow up, mode of follow up (active/passive) numbers who are symptomatic, number of samples collected their results, days of follow up completed.

Annexure 3

Format A: Details of COVID 19 cases in the District

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--------|---------------|---------|---------------|-------------------|----------------------|---|---|--|
| S. No. | Name/ Case ID | Address | Date of Onset | Date of Isolation | Place where isolated | Details of exposure (Imported case(I)/Contact with confirmed case (C) | Name & Date of contact with confirmed case if response is C in column 7 | Tested/not tested; if tested when and result |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Collect line list of all the contacts of confirmed case and details of their follow up, mode of follow up (active/passive) numbers who are symptomatic, number of samples collected their results, days of follow up completed

Format 4: Details of Suspect Cases in the District

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--------|------|---------|---------------|-------------------------------|--|--|---|--|
| S. No. | Name | Address | Date of Onset | Date of Quarantine/ Isolation | Place where isolated (S)/quarantined(Q) (mention whether S or Q) | Details of exposure (Imported(I)/Contact with confirmed case (C) | Name & Date of contact with confirmed case if response is C in column 7 | Tested/not tested; if tested when and result |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

- In case clusters are reported from the district, then follow the Cluster Containment measures and then move as per affected district RRT strategy.