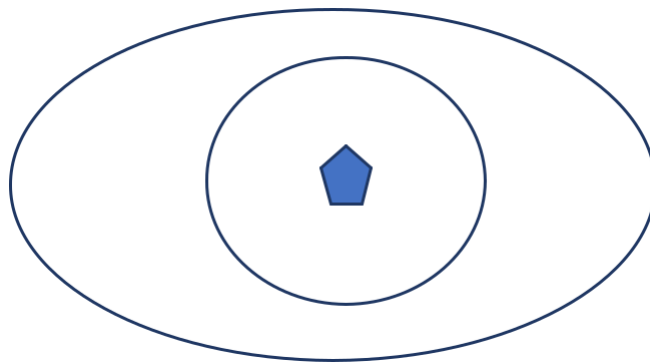


CONTAINMENT ZONE PLAN

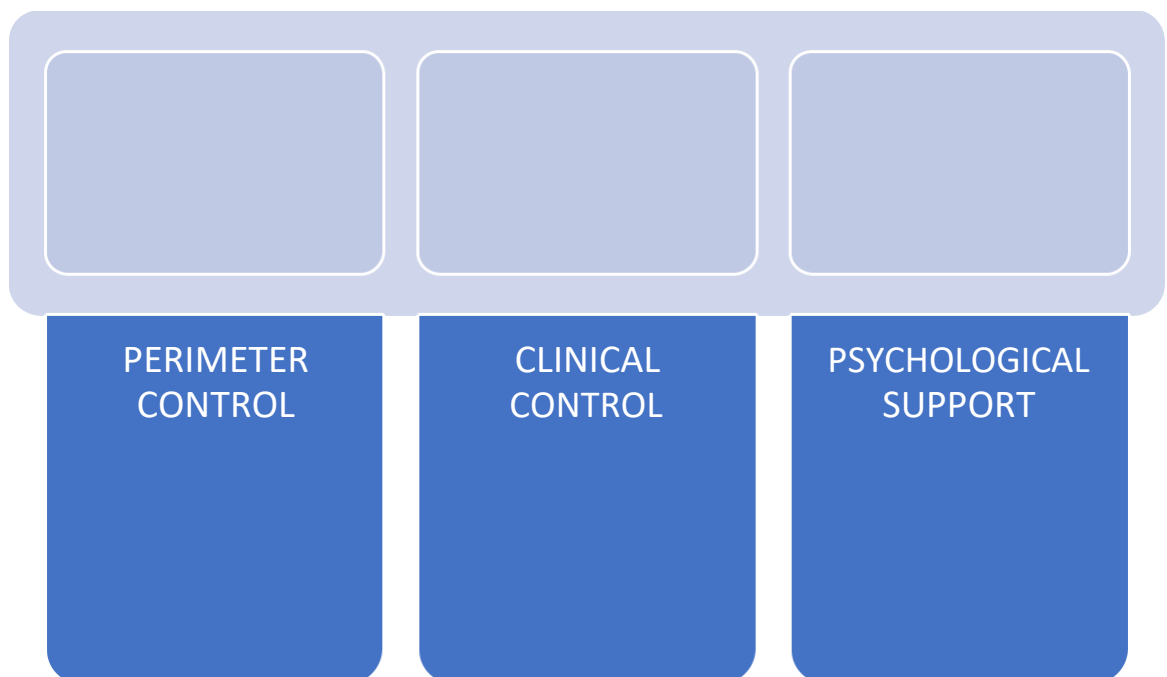
EPICENTRE – The residence of positive case.

CONTAINMENT ZONE – The containment zone will be decided on the basis of extent of cases and contacts listed.

BUFFER ZONE – A buffer zone is additional 5 K.M area (7 k.m in villages).



STRATEGY FOR CONTAINMENT ZONE



A) PERIMETER CONTROL

- Encircling the defined area by barricading and establishing manned check posts.
- Vigilance must be carried out by using – police mobile units, drone cameras, CCTV cameras.
- “ Community volunteers “ must be involved to keep vigil on every 20-30 houses.

- Only one entry/exit point must be made.
- Every vehicle moving out of the containment zone must be disinfected at the check post.
- Door to door delivery of veggies, groceries, milk etc must be ensured.
- E pass system- If any person wants to go out from containment zone he must seek permission from incident commander of that area through electronic media and pass must also be issue to him in the same way.

- EPICENTERS must be tagged with posters.
- Waste collection must be done with proper precautions as it may contain infected material.

B) CLINICAL CONTROL

Regular health surveys must be performed in Containment zone.

- Medical team must be present at entry/exit point to perform and record the screening of every person going out and coming IN the containment zone.
- An excel sheet (Record) must be maintained for day to day screening so that improvement and quarantined period can be marked.
- Daily reporting on phone calls regarding health must be taken.

B) PSYCHOLOGICAL SUPPORT

Patients with their family members must be afraid of this infection.

- Social distancing measures & lockdown has forced the people to stay inside home which is resulting in frustration.
- We may deploy some teams of “ ANANDAKs” who will call people & motivate them regarding recovery from disease ,their contribution to society etc.
- Motivational posters, appeals & other informative marterials must be provided for this purpose.

SYSTEMATIC SURVEY, SURVILLANCE AND SAPLLING

SURVEY IS TO BE PERFORMED ONCE IN A WEEK.

(It will be Supervised by CDPO & CEOs Janpad.)



SYMPTOMATIC



NO SYMPTOMS

(AS FOUND BY SURVEY TEAM-

HIGH RISK (H.R.)- सर्दी,खासी,बुखार, साँस लेने में तकलीफ

MILD RISK (M.R.)- सर्दी,खासी,बुखार

LOW RISK (L.R.) - सर्दी,खासी



THIS SEGREGGRATED LIST WILL BE **ENTERED ON GOOGLE SHEET** BY CDPO/CEOs JANPADS. GOOGLE SHEET WILL BE FORWARDED TO **BMOs** (FOR SAMPLING, IF REQUIRED)& **GRS/CMOs** (FOR HEALTH STATUS UPDATE.)



- BMO WILL SCREEN PATIENTS, CLASSIFY & CONFIRM THEM AS HIGH, MILD, LOW RISK PATIENTS (THROUGH MMUs) .
- GRS/CMOs WILL UPDATE THE HEALTH STATUS OF PATIENTS ON PER DAY BASIS.



- **RRT WILL SCREEN HIGH RISK**
Pts. & WILL FACILITAE
SAMPLING OF THOSE
PATIENTS.

- **LOW RISK PEOPLE**
WILL STILL BE UNDER
SURVILLANCE

- SURVEY RESULT WILL BE COMPILED WEEKLY.
- DATA OF SYMPTOMATIC PATIENTS PROVIDED BY SURVEY TEAM SUPERVISORS MUST BE ENTERED ON A GOOGLE SPREAD SHEET BY CEO JANPAD & CDPOs. IT WILL BE CLASSIFIED IN THREE CATEGORIES-
 - 1.LOW RISK
 - 2.MILD RISK
 - 3.HIGH RISK
- HIGH RISK PATIENTS DECIDED BY MMU WILL BE REFERRED TO RRT FOR SAMPLING AND FURTHER TREATMENT COURSE OF ATIONS.
- ALL THE CASES TO BE MONITORED AND UPDATED BY GRS/CMOs ON GOOGLE SHEET ON DAY TO DAY BASIS. FOR THIS THEY HAVE TO BE TRAINED.
- CONCERNED MMU AND RRT WILL ALSO HAVE WATCH ON THE GOOGLE SHEET TO MONITER THE CONDITIONS OF SYMPTOMATIC PEOPLE.
- B.M.O. LEVEL TEAMS WILL OBSERVE THE GOOGLE SHEET DATA AS FILLED BY GRS / CMOs.
- THOSE WHO ARE FOUND SYMTOMATIC – DAILY REPORTING MUST BE TAKEN BY GRS (RURAL) & CMO (URBAN). THIS REPORTING MUST BE UPDATED ON THE SAME GOOGLE SPREAD SHEET. (COLOUR CHANGE ON THE BASIS OF HEALTH STATUS OF THE PATIENT)
- COLOUR CODING – RED FOR HIGH RISK, ORANGE FOR MILD RISK & GREEN FOR LOW RISK)
- MEDICINES FOR LOW AND MILD RISK CASES IN CASE OF SIMPLE COLD & COUGH MUST BE PROVIDED BY MMU DURING DOOR STEP VISITS.
- SUMMARY REPORT BY CMHO (DAILY REPORTING)
- AS OF TODAY - NUMBER OF - HIGH RISK, MILD & LOW RISK PATIENTS
- NUMBER OF Pts. WHO BECAME -HIGH TO LOW RISK

LOW TO HIGH RISK

No. OF PATIENTS GETTING OUT OF RISK LIST

- WEEK 2nd , 3rd , 4th AND FURTHER SURVEY DATA WILL BE UPDATED ON THE SAME GOOGLE SHEET.