GOVERNMENT OF NAGALAND
DIRECTORATE OF HEALTH & FAMILY WELFARE
NAGALAND::KOHIMA

DHFW/COVID-19/RURAL/2021 **Dated Kohima 27th May 2021**

To,

The Chief Medical Officer
Dimapur, Kohima, Peren, Phek, Kiphire, Wokha, Zunheboto, Mokokchung, Longleng, Tuensang, Mon.

Sub: **SOP on COVID-19 Containment, Surveillance and Management in Rural and Peri-Urban Areas.**

Ma'am/Sir,

In inviting reference to the subject and in compliance to Letter NO.NSDMA-ER-COVID/368/2021 Dated Kohima, the 20th of May 2021 for Community Surveillance on Covid-19 like Symptoms-Measures to be taken-Reg, I am to inform your authorities to find attached the SOP for the same. The SOP is to be deliberated and action taken immediately.

Action taken in this regard is to be intimated to the undersigned.

Enclosed: SOP

Your's faithfully,

27/5/21

(DR.NEIKHRIELIE KHIMIAO)
Principal Director
Directorate of Health & Family welfare
Nagaland::Kohima

DHFW/COVID-19/RURAL/2021 **Dated Kohima 27th May 2021**

Copy for information to:

1. The Commissioner & Secretary to Hon'ble Governor, Nagaland.
2. The Principal Secretary to the Hon'ble Chief Minister, Govt. of Nagaland.
3. The PS to the Hon'ble Health Minister, Govt. of Nagaland.
4. The Deputy Secretary to the Chief Secretary, Govt. of Nagaland.
5. The Principal Secretary to the Government of Nagaland, H&FW.
6. The Respective District Task Force.
7. The Mission Director, NHM, H&FW Department.
8. The Director(Health), Director(Family Welfare), Director(ME&RS), H&FW.
9. Office copy/Guard file.

(DR.NEIKHRIELIE KHIMIAO)
Principal Director
Directorate of Health & Family welfare
Nagaland::Kohima

SOP ON COVID-19 CONTAINMENT & MANAGEMENT IN RURAL & PERI-URBAN AREAS

1. INSTITUTIONAL MECHANISM:

For effective management of Covid-19 pandemic in peri-urban and rural areas, the institutional mechanisms are to be setup at every block and villages.

1. Block Task Force for COVID-19:

1) Strengthening of Block Task Force by including officials from other departments in line with DTF.
2) Ensure Village Task Force is activated and functional in all villages.
3) Ensure coordination with various departments in the block.
4) Coordination, Monitoring and supervisions of Village Task Forces.
5) Ensure every Community CCC is linked to the nearest Health Unit and to one Functional Ambulance
6) Ensure Reporting from Village Task Forces.
7) To meet regularly at least once a week and as per situation.

2. Community Task Force (VTF) for COVID-19:

2.1. Community Council to ensure Village Task Force for COVID-19 is activated and functional in the Village. The VTF may comprise of representative from members of the Village Council, Village Health Committee, Village Disaster Management Authority, Student leaders, Faith leaders, ASHA, AWW, SHGs (NSRLM) and CHO/ ANM/ MO (wherever available).

2.2. Roles and Responsibilities of the Village Task Force (CTF)

2.2.1. Ensure preparedness in the village relating to preventive & promotive measures, surveillance activities, testing, management of confirmed cases and support services including availability of essential items.

2.2.2. Community Surveillance & Treatment Team (CSTT) is activated and functional for community surveillance of ILI/ SARI cases and management of asymptomatic covid cases in the village

2.2.3. Community Behavioural Change Communication (BCC) Team (CBT) is activated and functional in the village for sensitization of Covid Appropriate Behaviours and create awareness on COVID-19 prevention & control measures by conducting IEC and Behavioural Change Communication.

2.2.4. Community Death Review Team (CDRT) is activated and functional for community surveillance of ILI/ SARI cases and management of asymptomatic covid cases in the village

2.2.5. Establish Community Covid-19 Care Centre in suitable building like schools, community hall, guest house etc for management of confirmed cases of COVID-19 who are asymptomatic cases without co-morbidities. Health Units (SC/ BD/ SHC/ PHC/ CHC) should not be converted to Covid facility unless it is unavoidable so as to continue delivery of essential services.

2.2.6. Provide support to the Health Units.

2.2.7. Enforcement of COVID-19 SOPs of the Government in the village.

2.2.8. Ensure unhindered/ free movement of healthcare workers & frontline workers for essential activities and shall not erect barricade at the entrance of the village or elsewhere.

2.2.9. Ensure limitation on non-essential/ avoidable movement of people from villages to the urban areas and vice versa.

2.2.10. Ensure proper care including food is provided to the cases in Community CCC by their own families.

2.2.11. Verify proper facilities- a single room is available and there is a healthy care taker is available in the household for confirmed cases opting for Home Isolation.

2.2.12. Ensure adherence of Guideline by all cases in Home Isolation.

2.2.13. Ensure referral of all Asymptomatic cases with danger signs to the nearest healthy facilities with oxygen supported beds at the block or district level.

2.2.14. Ensure the discharge policy of cases in the Community CCC is as per the direction of the linked Health Unit.

2.2.15. Identity one Nodal officer as contact point and his/ her contact details to be submitted to the Block and District Task Force.

3. Community Surveillance & Treatment Team (CSTT):

3.1. Composition of CSTT:

3.1.1. Community Surveillance & Treatment Team shall comprise of ASHA, AWW and SHG (NSRLM) in all villages. In village with Health Unit, the ANM/ GNM/ CHO/ MO will be part of the team.

3.2. Roles and Responsibilities:

3.2.1. CSTT shall be responsible for community surveillance of symptoms like fever, cough and difficulty in breathing (Influenza Like Illness/ Severe Acute Respiratory Infection) by conducting house to house visits periodically with strict Covid-19 safety measures.

3.2.2. Management of Confirmed Cases in Community CCC:

	Asymptomatic cases without Co-morbidities	Asymptomatic cases with Co-morbidities
Village without Health Unit	Yes	No
Village with Health Unit but without Doctor	Yes	No
Village with Health Unit and Doctor is available	Yes	Yes

3.3. Monitoring of Patients in Community CCC or Home Isolation for prompt recognition of Danger Signs such as Difficulty in breathing, Respiratory Rate >24 per minute; SPO2 90 to 94%, severe fever or severe cough.

3.4. Referral:

3.4.1. In the event of a person from another village is tested positive, the person is to be kept the local Community CCC till the nearest ambulance arrives for transportation of the person to his/her village Community CCC.

3.4.2. The source of funding for the POL of the ambulance will be borne by HFW/ NDSMA.

3.4.3. Any Cases in Community CCC or Home Isolation with Danger Signs to be referred to nearest District Covid Hospital.

3.5. Reporting:

3.5.1. Where there is no Health Centre: The ASHA will compile the reports and send to the Block Asha Coordinators and District Community Mobilizers as per letter No. NSDMA-ER-COVID-19/368/2021.

3.5.2. Where there is Health Centre: The ANM/ GNM/ CHO/ MO will compile the reports and send to the Block ASHA Coordinators and District Community Mobilizers.

4. Community BCC Team (CBT)

4.1. Community BCC Team shall comprise of Student leaders, Faith leaders, SHGs (NSRLM), Village Health Committee members, etc.

4.2. Roles and responsibilities:

4.2.1. To address stigma associated with COVID-19 patients

4.2.2. COVID-19 appropriate behaviors like mask wearing, hand washing and social distancing.

5. Community Covid-19 Care Centre in Villages:

5.1. All villages should setup a Community CCC for isolation & management of Asymptomatic cases without comorbidities & oxygen saturation of 94% or more (Non-High risk). If health unit with doctor is available, Community CCC will also manage Asymptomatic cases with comorbidities in addition to the above mention Asymptomatic cases.

5.2. The Community CCC can be in a School, Panchayat Hall, Church Guest House, or any other facility as deemed fit by the VTF. The Health Unit even if available should not be converted to Covid facility unless unavoidable so as to continue delivery of essential services.

5.3. Every Community CCC shall be linked to the nearest Health Unit and to one Functional Ambulance.

5.4. Monitoring of Patients in Community CCC

5.4.1. The ANM/ CHO/ MO of the nearest Health Unit shall do telephonic monitoring of symptoms and well being of the patient daily with charting.

5.4.2. The ASHA will supplement the clinical monitoring of symptoms.

5.4.3. The ASHA/ ANM/ CHO/ MO shall be well versed in recognising DANGER SIGNS such as Difficulty in breathing, SPO2 less than 94%, severe fever or severe cough for immediate referral.

5.5. Logistics needed for Community CCC

5.5.1. Adequate beds, water supply, electricity and toilet for the inpatients.

5.5.2. Food shall be arranged by the respective family members.

5.5.3. The Facility should have Pulse Oximeter (FT), Thermometer (Clinical or Infrared) and medicines like Tablet Paracetamol, Cough Syrup, Vitamin C, Zinc, Triple Layer Face Mask, IEC material on Do's and Dont's; Danger Signs; Contact No of ASHA/ ANM/ CHO/ MO; Contact No of Tele- Consultation/ Tele-Counselling; Oxygen Cylinder (Type A) for emergency purpose.

OPERATIONAL GUIDELINE TO CONTAIN COVID-19 IN RURAL & PERI-URBAN AREAS

1. DEFINITION:

a. Asymptomatic cases are laboratory confirmed cases not experiencing any symptoms and having oxygen saturation at room air of more than 94%.

b. Mild cases are laboratory confirmed cases with upper respiratory tract symptoms (&/or fever) without shortness of breath and having oxygen saturation at room air of more than 94%.

c. Co-morbidities: Co-morbid conditions such as Hypertension, Diabetes, Heart disease, Chronic lung/liver/ kidney disease, Cerebro-vascular disease, immune compromised status (HIV, Transplant recipients, Cancer therapy) etc.

d. Danger Signs: The following signs or symptoms in case of Confirmed Covid-19 cases are knows as Danger Signs- Difficulty in breathing, Dip in oxygen saturation (SpO2 < 94%), Respiratory Rate >24 per minute, Severe fever, Severe cough, Persistent pain/pressure in the chest, Mental confusion or inability to arouse, Slurred speech/ seizures/ weakness or numbness in any limb or face, Developing bluish discolorations of lips/face etc

2. SURVEILLANCE:

a. Community Surveillance of ILI/ SARI and contact tracing by Village Surveillance & Treatment Team (VSTT).

b. Flu Clinic/ ILI/SARI OPD on dedicated days (MON, WED & FRI) in all SC, HWC, PHC & CHC.

c. Any person history of high-risk exposure to COVID patients to be quarantined and tested.

3. COVID-19 TESTING:

a. Phase-I: RAT kit facility in all HWC-SC, PHC with doctor and CHC.

b. Phase-II: CoviSelf kit facility (as & when available) for SC, PHC without doctor ASHA in all villages without Health Unit.

c. Covid-19 testing shall be done in compliance to ICMR/ Government Covid-19 testing policy.

NB: ANM/ GNM/ CHO/ MO will be accredited for Sample Collection and Testing. The CMO shall be responsible for the accreditation.

4. MANAGEMENT OF ACTIVE CASES:

a. Asymptomatic/mild cases without Co-morbidities & Oxygen Saturation of 94% or more (Non-High risk) to be kept in Home Isolation or in Community CCC in all Villages

b. Asymptomatic/mild cases with Co-morbidities & Oxygen Saturation of 94% or more to be managed in Community CCC where Doctor or CHO is available

c. All asymptomatic/mild cases with Danger Signs to be managed in the nearest Dedicated CCC or Dedicated Covid Hospital depending on the severity.

NB: All cases with Co-morbidities to be referred to the nearest Community CCC where Doctor or CHO is available or Dedicated CCC or Dedicated Covid Hospital depending on the severity.

5. CLINICAL MANAGEMENT & MONITORING OF COVID-19 CASES

➢ **Home Isolation:**

a. Home Isolation is permissible only to asymptomatic cases without Co-morbidities subject to availability of a single room and a care taker to provide care on 24 x7 basis in the household.

b. All patients in Home Isolation as well as their family members are to strictly observe Covid Appropriate Behaviours.
c. Provide home Isolation kit including required medicines for symptomatic management of fever, cough and running nose and IEC Materials.
d. Provision to provide pulse oximeter (Fingertip) and thermometer for self monitoring on loan to families with confirmed cases through the Village Task Force.
e. Advise for Warm gargle and steam inhalation twice a day.
f. Follow-ups for patients through visits by Village Surveillance & Treatment Team duly following appropriate Infection Prevention Control practices.
g. All patients in Home Isolation to be linked to the nearest Health Unit.
h. The ANM/ CHO/ MO of the nearest Health Unit shall provide telephonic monitoring of symptoms and well being of the patient daily with charting.
i. Immediate medical attention by either AHSA/ ANM/ CHO/ Doctors whichever is available, if there is development of any DANGER SIGNS and to immediately arrange ambulance for shifting of patient to the nearest Dedicated CCC or Dedicated Covid Hospital depending on the severity. Oxygen support if available at the Community CCC may be provided to the patient while waiting for arrival of ambulance.
j. Advise patients to call the local ASHA or the nearest Health Unit or the Tele- Consultation service in case of exacerbation of health condition.
k. Advise patients to avail the Tele-Counselling facilities.
l. Patients under home isolation will end isolation after at least 10 days have passed from onset of symptoms and with no fever in last 3 days.

➢ **Community CCC:**

a. In villages where there is no Health Unit, the VSTT shall provide Follow-ups for patients daily following appropriate Infection Prevention Control practices.
b. In villages where there is Health Unit, ANM/ CHO/ MO along with the VSST shall provide Follow-ups for patients daily following appropriate Infection Prevention Control practices.
c. Provide symptomatic management of fever, cough, body ache, headache, running nose etc.
d. Provide necessary medication for Co-morbid conditions upon clinical monitoring & testing.
e. Advise for Warm gargle and steam inhalation twice a day.
f. In case of development of any DANGER SIGNS immediately arrange for referral transport for shifting of the patients to the nearest Dedicated CCC or Dedicated Covid Hospital depending on the severity. Put the patient on Oxygen support while waiting for arrival of ambulance.
g. Advise patients to call the local ASHA or the nearest Health Unit or the Tele- Consultation service in case of exacerbation of health condition.
h. Advise patients to avail the Tele-Counselling facilities.
i. Ensure diet for patients in Community CCC is arranged by the respective family/ relative.
j. All patients in Community CCC as well as Patient Attendant are to strictly observe Covid Appropriate Behaviours.
k. All Care Givers of Community CCC to wear appropriate Personal Protect Gears and must strictly observe Covid Appropriate Behaviours.
l. Logistics requirement Community CCC given at Annexure: 1.

➢ **Health Units:**

a. All SC/ BD/ SHC/ PHC/ CHC shall be responsible for delivery of healthcare services to the local Community CCC as well as to the respective Community CCC linked to the Health Unit. Further, Health Units with doctors or CHC shall also provide services relating to co-morbid conditions of asymptomic confirmed cases.
b. All SC-HWC/ PHC with Doctor/ CHC shall conduct Rapid Antigen Test for Covid-19.
c. RAT testing shall be in conformity with the ICMR/ Government testing policy.
d. All Health Unit with doctor shall keep a dedicated isolation ward. If space is not available, the VTF shall construct a temporary make shift shed/ building.
e. All CHC & PHC shall earmark Oxygen supported bed (CHC: 2 beds and PHC: 1 bed) and ordinary beds (CHC: 2 beds and PHC: 1 bed) for emergency use for Covid cases.

f. All SC/ BD/ SHC/ PHC/ CHC shall continue delivery of essential services as well as Covid-19 vaccination.

g. Post COVID management:
   1) The MO/ CHO/ ANM of SC/ BD/ SHC/ PHC/ CHC will follow with recovered patients for post-COVID complications. Post COVID management protocol available at https://www.mohfw.gov.in/pdf/PostCOVID13092020.pdf shall be followed.
   2) On discharge, patients should be counselled for post-COVID management at home and leaflets regarding danger signs (e.g. breathlessness, chest pain, recurrence of fever, low oxygen saturation, etc.), precautions and various respiratory exercises.
   3) Patients with other Co-morbidities should also be followed up and primary assessment of other Co-morbidity (e.g. measuring blood pressure, blood glucose level) should be arranged and any modification treatment if necessary should be decided by a PHC medical officer.
   4) Telemedicine services may also be utilized for providing post-covid follow-up care.

6. RAPID RESPONSE TEAM:

a. District Task Force shall setup multiple Rapid Response Team (RRT) to cater the needs to rural areas
b. Rapid Response Team should consist of the following officials: Administrative Officer, Police Officer, District Surveillance Officer or his representative, One doctor from the District Hospital, Epidemiologist, Lab. Technician and any other members can be co-opted as per situation and need.
c. Rapid Response Team will be triggered in case of any clustering of cases or unusual events.
d. Roles and functioning:
   1) Investigation and confirmation of outbreak
   2) Assess the impact on health
   3) Assess the local response capacity and immediate needs.
   4) Assist local health staff in controlling the outbreak.
   5) Follow up of control measures undertaken.
   6) Advise the District authorities on remedial measures as per the findings, etc
e. Logistics:
   1) Ambulance/Vehicles. Each team shall preferably require two vehicles- one Ambulance and one passenger vehicle. The DTF shall requisition Government vehicles in case of shortage
   2) Medicine Kits including Resuscitation Kit to treat emergency cases.
   3) Home Isolation Kits to those asymptomatic cases.
   4) RAT Kits, Sample Collection kits, Personal Protect gears to use during sample collection, standby PPEs, etc.
   5) Pulse Oximeter, Thermometers/ Temperature Scanner, BP apparatus, Stethoscope, Hand Sanitiser, etc.
f. Contingency fund:
   1) For POL and food and lodging, if required.
   2) Seed money to be provided to the DTF to meet the financial requirements.

   NB: Source of Fund for Contingency fund: NSDMA.

7. INFECTION PREVENTION AND CONTROL (IPC):

a. IPC for Home Isolation:

Instruction for the COVID Positive Person/Patient:

1) Patient must isolate himself from other household members and stay in the identified room and away from other people in home, especially elderly and those with co-morbid conditions like hypertension, cardiovascular disease, renal disease, etc.
2) The patient should be kept in a well-ventilated room with cross ventilation and windows should be kept open to allow fresh air to come in.
3) Patient should at all times use triple layer medical mask. Discard mask after 8 hours of use or earlier if they become wet or visibly soiled. In the event of care giver entering the room, both care giver and patient may consider using N 95 mask.
4) Mask should be discarded only after disinfecting it with 1% Sodium Hypochlorite.
5) Follow respiratory etiquettes at all times.

6) f) Frequent hand washing with soap and water for at least 40 seconds or clean with alcohol-based Sanitizer.
7) Don't share personal items with other people in the household.
8) Ensure cleaning of surfaces in the room that are touched often (tabletops, doorknobs, handles, etc.) with 1% hypochlorite solution
9) Instructions for caregivers

➢ Mask:

a) The caregiver should wear a triple layer medical mask. N95 mask may be considered when in the same room with the ill person.
b) Front portion of the mask should not be touched or handled during use.
c) If the mask gets wet or dirty with secretions, it must be changed immediately.
d) Discard the mask after use and perform hand hygiene after disposal of the mask.
e) He/she should avoid touching own face, nose or mouth.

➢ Hand hygiene:

f) Hand hygiene must be ensured following contact with ill person or his immediate environment.
g) Hand hygiene should also be practiced before and after preparing food, before eating, after using the toilet, and whenever hands look dirty.
h) Use soap and water for hand washing at least for 40 seconds. Alcohol-based hand rub can be used, if hands are not visibly soiled.
i) After using soap and water, use of disposable paper towels to dry hands is desirable. If not available, use dedicated clean cloth towels and replace them when they become wet.
j) Perform hand hygiene before and after removing gloves.

➢ Exposure to patient/patient's environment

a) Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions. Use disposable gloves while handling the patient.
b) Avoid exposure to potentially contaminated items in his immediate environment (e.g. eating utensils, dishes, drinks, used towels or bed linen).
c) Food must be provided to the patient in his room. Utensils and dishes used by the patient should be cleaned with soap/detergent and water wearing gloves. The utensils and dishes may be re-used.
d) If monitoring of patient is done with Pulse Oximeter , thermometer, BP instrument ,etc., they should be sanitized with alcohol based hand rubs and dried before using again.
e) Clean hands after taking off gloves or handling used items. Use triple layer medical mask and disposable gloves while cleaning or handling surfaces, clothing or linen used by the patient.
f) Perform hand hygiene before and after removing gloves.
g) Clean and disinfect daily surfaces that are frequently touched in the room where the patient is being cared for (Household soap or detergent should be used first for cleaning, and then, after rinsing, regular household disinfectant with 0.1% sodium hypochlorite).
h) Clean the patient's clothes, bed linen, and bath and hand towels using regular laundry soap and water or machine wash at 60–90 °C with common household detergent, and dry thoroughly.
i) For Non machine washing, soak linen/clothes in hot water with soap/detergent in a large drum. Use a stick to stir and avoid splashing. Empty the drum and soak linen in 0.1% chlorine for approx. 30 minutes. Rinse with clean water and let linens dry fully in the sunlight.
j) Clean and disinfect toilet surfaces daily with regular household bleach solution/phenolic disinfectants.

10) Instruction for Biomedical Waste disposal

a) Effective waste disposal shall be ensured so as to prevent further spread of infection within household. The waste (masks, disposable items, food packets etc.) should be disposed of as per CPCB guidelines (available at: http://cpcbenvis.nic.in/pdf/1595918059_mediaphoto2009.pdf).

b) Disposal by deep burial is permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility. This will be carried out with prior approval from the prescribed authority

b. IPC for Community COVID Care Centre (CCCC):
The guidelines as outlined in the IPC for Home Isolation can be followed.

c. IPC for Health Centres:

1) SC/PHC/CHC medical officer in-charge should familiarise himself/herself with MoHFW's guidelines for infection prevention and control in healthcare facilities (available at: https://www.mohfw.gov.in/pdf//National%20Guidelines%20for%20IPC%20in%20HCF%20-%20final%281%29.pdf)
2) All personnel being deployed at (i) entry points, (ii) screening desks, (iii) consultation rooms, (iv) sampling area and (v) pharmacy counter and (vi) isolation ward should be provided with requisite PPEs and hand sanitizers. Choice of PPE shall be in accordance with MoHFW guidelines on rational use of personal protective equipment (available at: https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf)
3) In addition to ARI screening and treatment areas, personnel working in other parts of the facilities should be provided with suitable PPEs. This shall be in accordance with the MoHFW's Additional guidelines on rational use of Personal Protective Equipment (setting approach for Health functionaries working in non-COVID areas) (available at: https://www.mohfw.gov.in/pdf/UpdatedAdditionalguidelinesonrationaluseofPersonalProtectiveEquipmentsettingapproachforHealthfunctionariesworkinginnonCOVID19areas.pdf)
4) In addition, proper provision of covered bio-hazard bins for disposal of used PPEs should be made available at these locations. Used PPEs, masks etc. should necessarily be disposed of in accordance with the guidelines issued by Central Pollution Control Board (available at: https://cpcb.nic.in/uploads/Projects/Bio-Medical-Waste/BMW-GUIDELINES-COVID_1.pdf).
5) Disposal by deep burial is permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility. This will be carried out with prior approval from the prescribed authority
6) Cleaning and disinfection:
   a) Suitable provisions for disinfection of floors and surfaces should be done at least twice a day by cleaning with 1% sodium hypochlorite solution.
   b) This includes entrance area, screening area, waiting area, consultation area, designated area for suspected COVID-19 cases, laboratory, pharmacy, etc.
   c) All frequently touched surfaces shall be cleaned frequently (at least twice a day) with 1% sodium hypochlorite solution.
   d) Washrooms and hand washing stations shall be deep cleaned at least four times a day.
   e) In addition, disinfection of ambulances transporting suspected/confirmed COVID-19 cases must be done after every visit.
7) Elements of Standard Precautions:
   a) Hand hygiene
   b) Respiratory hygiene (cough etiquette)
   c) PPE according to the risk
   d) Safe injection practices, sharps management and injury prevention
   e) Safe handling, cleaning and disinfection of patient care equipment
   f) Environmental cleaning
   g) Safe handling and cleaning of soiled linen
   h) Waste management

d. Rational & Appropriate use of Personal Protective Equipment:

Setting	Activity	Recommended PPE
1. Home Isolation		
Confirmed Cases		Triple layer mask
Care Giver of persons in Home	Taking care of person being quarantined	Triple layer mask

Isolation		Gloves
2. Community CCC		
Confirmed Cases		Triple layer mask
Healthcare staff	Health monitoring and temperature recording	N 95 mask Gloves
	Clinical examination of symptomatic persons	N 95 mask Gloves
Support staff		Triple layer mask Gloves
3. **Community Setting**		
HCW	Field Surveillance	Triple layer mask Gloves
	Field surveillance Clinical examination.	N 95 mask Gloves.
4. Dead Body Management		
HCW in Health Facilities/ VDMA in Community setting	Dead body sanitization and sealing	Full complement of PPE
VDMA	Handling of Dead body after sealing for Disposal	N 95 mask Gloves
5. Healthcare Setting		
HCW & Sanitary staff	Help desk/ Registration counter OPD, Screening & Triage area	N 95 mask Gloves
Patients		Triple layer mask
Visitors accompanying Patients		
6. Laboratory Static or Mobile		
Sample Collector/ Testing	Sample collection and transportation	Full complement of PPE
	Sample testing	Full complement of PPE
7. Ambulance		
HCW	Transporting patients not on any assisted ventilation	N 95 mask Gloves.
	Management of SARI patient while transporting	Full complement of PPE
Driver	Driving the ambulance	Triple layer mask Gloves

Points to remember while using PPE

a. PPEs are not alternative to basic preventive public health measures such as hand hygiene, respiratory etiquettes which must be followed at all times.
b. Always (if possible) maintain a distance of at least 1 meter from contacts/suspect/confirmed COVID-19 cases
c. Always follow the laid down protocol for disposing off PPEs as detailed in infection prevention and control guideline available on website of MoHFW.

8. DIET FACILITY FOR COVID-19 CASES:

a. Diet for cases who are admitted to Government Covid Hospital shall be arranged by the concerned Hospital at the Government approved rate.
b. Diet for cases in Community CCC shall be arranged by the respective family/ relative.
c. Diet for cases in Government CCC facilities will be arranged by DTF on payment basis.
d. Churches, NGOs and volunteers may supplement/ sponsor the meals.

9. COVID-19 DEAD BODY MANAGEMENT IN RURAL SETTINGS:

a. Sanitization/ Disinfection & Sealing of the dead body:
   i. if death occurs in Health Facility it will be done by Health Care Workers (HWC).
   ii. if death occurs in Household or community, it will be done level by Village Disaster Management Authority (VDMA)

b. Disposal of the dead body:
   i. Relatives of the deceased.
   ii. If dead body is unclaimed by VDMA.

   NB: The Management of Covid-19 Dead Body shall be in conformity with the SOP for Disposal of Dead Bodies of Covid-19 issued by the Government.

10. TRAINING REQUIREMENT:

a. Topics:
   i. Sample Collection & Testing.
   ii. Management of cases.
   iii. Community Surveillance.
   iv. Outbreak/ Clustering Response.
   v. Infection Prevention and Control.
   vi. Risk Communication strategies.
   vii. Village Preparedness of management of Covid-19 Pandemic.

b. Participants:
   i. District & Block Task Force for COVID-19:
   ii. Village Task Force (VTF) for COVID-19:
   iii. Village BCC Team (VBT)
   iv. Village Surveillance & Treatment Team (VSTT):
   v. Various categories of Health Care Workers of different Health Units (SC/ BD/ SHC/ PHC/ CHC)
   vi. Rapid Response Team

Annexure 1A – List of Equipment for Community CCC

Sr. No	Equipment	
1	Beds	
2	Pulse oximeter	
3	Digital B.P Apparatus	
4	Digital Thermometer	
5	LED Torch Light	

Annexure 1B – List of Consumables for Community CCC

Sr. No	Consumables	
1	Complete PPE kit for emergency Use	
2	N-95 masks	
4	Non sterile Gloves,	
5	Gloves, heavy duty	
6	Face shield	
7	Dead Body Bag/ Plastic Sheet	
8	Bio-hazardous bags	
9	Soap/ handwash	

Annexure 1C – Drugs & other consumables

Sr. No	Equipment	
1	Paracetamol (650 mg)	
2	Antihistamines / Anti-tussives / multivitamins	
3	Rapid antigen testing kits	
4	Alcohol-based hand sanitizer (250 ml)	
5	1% Sodium Hypochlorite solution (1 liter)	
6	Standard IEC materials on COVID-19	
7	Drugs for GI symptoms (drugs for gastric acidity e.g. PPIs, anti-emetics, anti-diarrheals, ORS)	
8	Analgesic antipyretic (Ibuprofen 400 mg,, naproxen 250 mg)	

Annexure 2A – List of Equipment for various Health Centres:

Sr. No	Equipment					
1	Beds	SC (Non HWC)	SC (HWC)	PHC without Doctors	PHC with Doctors	CHC
2	Oxygen Source (Cylinder/ piped medical oxygen supply/ Oxygen concentrator)	N	Y	N	Y	Y
3	Pulse oximeters	Y	Y	Y	Y	Y
4	Self-Inflating resuscitation bag	Y	Y	Y	Y	Y
5	Facility for haematology and Biochemistry tests	N	Y	N	Y	Y
6	Glucometer	Y	Y	Y	Y	Y
7	Stethoscope	Y	Y	Y	Y	Y
8	Digital B.P Apparatus	Y	Y	Y	Y	Y
9	Digital Thermometer	Y	Y	Y	Y	Y
10	IV Stand	Y	Y	Y	Y	Y
11	Mattress and linen, and blanket	Y	Y	Y	Y	Y
12	Refrigerators 165 Litres	Y	Y	Y	Y	Y
13	LED Torch Light	Y	Y	Y	Y	Y
14	Laryngoscope set	N	N	N	Y	Y
15	Oxygen delivery devices (Nasal cannula, oxygen face mask)	N	Y	N	Y	Y
16	Patient transfer trolley with side rail	Y	Y	Y	Y	Y
17	Portable suction pump	Y	Y	Y	Y	Y
18	Nebuliser machine, MDI spacer					
19	Wheelchair					
20	Commode chair	Y	Y	Y	Y	Y
21	Sputum can, bed pan, urine pot	Y	Y	Y	Y	Y
22	Computer with internet and printer	Y	Y	Y	Y	Y
23	Biomedical waste bins	Y	Y	Y	Y	Y

Annexure 2B – List of Consumables

Sr. No	Consumables					
	Items	SC (Non HWC)	SC (HWC)	PHC without Doctors	PHC with Doctors	CHC
1	Oxygen mask with reservoir	N	Y	N	Y	Y
2	Nasal prongs (all sizes)	N	Y	N	Y	Y
3	Oropharyngeal Airways (all sizes)					
4	Complete Personal protection kits	Y	Y	Y	Y	Y
5	N-95 masks	Y	Y	Y	Y	Y
6	Medical masks	Y	Y	Y	Y	Y
7	Gloves, examination	Y	Y	Y	Y	Y
8	Gloves, heavy duty	Y	Y	Y	Y	Y
9	Face shield	Y	Y	Y	Y	Y
10	Oxygen tubings	N	Y	N	Y	Y
11	IV Catheters (all sizes)	Y	Y	Y	Y	Y
12	Stopcock, 3-way, for infusion giving set, with connection line, sterile, single use	Y	Y	Y	Y	Y
13	Syringes, Luer (all sizes)	Y	Y	Y	Y	Y
14	Needles, hypodermic (all sizes)	Y	Y	Y	Y	Y
15	IV Drip set	Y	Y	Y	Y	Y
16	Bio-hazardous bags	Y	Y	Y	Y	Y
17	Urinary Catheters with urobag	Y	Y	Y	Y	Y
18	Glucometer strips (1000 strips with each glucometer in packets of 50 and lancets)	Y	Y	Y	Y	Y
19	Nebulizer Mask Disposable Kit Adult	Y	Y	Y	Y	Y
20	Nebulizer Mask Disposable Kit Pediatrics	Y	Y	Y	Y	Y

21	Oxygen Cylinders B Type with trolley, regulator, flow meter humidifier	N	Y	N	Y	Y
22	Oxygen face mask adult	N	Y	N	Y	Y
23	Oxygen face mask Pediatrics	N	Y	N	Y	Y
24	Ortho Toluidine Solution for refill (1 litre Bottle)	Y	Y	Y	Y	Y
25	Suction Catheter	Y	Y	Y	Y	Y
26	Nasogastric Tube	Y	Y	Y	Y	Y

Annexure 2C – Drugs, Testing Kits and Other Consumables

Sr. No	Drugs, testing kits and other consumables					
	Items	SC (Non HWC)	SC (HWC)	PHC without Doctors	PHC with Doctors	CHC
1	Paracetamol (650 mg)	Y	Y	Y	Y	Y
2	Antihistamines / Anti-tussives / multivitamins IV fluids	Y	Y	Y	Y	Y
3	Resuscitative drugs (adrenaline, sodium bicarbonate, frusemide, deriphyllin, dopamine, dobutamine, etc.)		Y		Y	Y
4	Drugs for management of non-communicable diseases (including Ischemic heart disease, hypertension, COPD, asthma,diabetes mellitus)	Y	Y	Y	Y	Y
5	Rapid Antigen Testing kits	Y	Y	Y	Y	Y
6	Alcohol-based hand sanitizer (250 ml)	Y	Y	Y	Y	Y
7	1% Sodium Hypochlorite solution (1 liter)	Y	Y	Y	Y	Y
8	Standard IEC materials on COVID-19	Y	Y	Y	Y	Y
9	Antibiotics	Y	Y	Y	Y	Y
10	Analgesic antipyretic (Ibuprofen 400 mg,, naproxen 250 mg)	Y	Y	Y	Y	Y
11	Drugs for GI symptoms (drugs for gastric acidity e.g., PPIs, anti-emetics, anti-diarrheals, ORS)	Y	Y	Y	Y	Y
12	Sedation agents (Inj midazolam,)	N	N	N	Y	Y
13	Paralytic agents (scoline, atracurium,)	N	N	N	Y	Y
14	Other: Inj KCL, Calcium gluconate, Magnesium sulphate, sodium bicarbonate	N	N	N	Y	Y