

COVID-19 PREPAREDNESS CHECKLIST FOR RURAL **PRIMARY HEALTH CARE** & COMMUNITY SETTINGS



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COVID-19 Preparedness Checklist for Rural Primary Health Care and Community Health Settings

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PURPOSE OF THIS DOCUMENT

COVID-19 in India was apparently restricted to people in cities with a history of travel, or exposure to someone else with travel to one of the COVID-19 reporting countries. As of now, the rate at which official figures are rising, and some case histories seem to strongly indicate that community transmission has begun, although this remains unclear. In such a situation, the preparedness of government Primary Health Centres (PHCs) and several NGO-run community health centres and hospitals will be crucial in terms of their response, to prevent the further transmission of COVID-19, screen patients with symptoms and respond, either with treatment or referral.

The typical reader of this document is a health worker (doctor, nurse, pharmacist or other paramedical staff) of a rural primary care/ community-based healthcare facility. We have kept in mind the typical PHC setting in rural India. This too may vary from state to state, from district to district, and hence these guidelines will require adaptation to your setting. The rest of the document shall directly address the reader.

This is not an official guidance endorsed by or approved by any government agency/entity. Treat this as a dynamic and evolving tool to help you prepare yourself better in case community transmission begins in your area.

To be sure, ensure that you follow all instructions that come in from the district/state administration or department while you consider the current document.

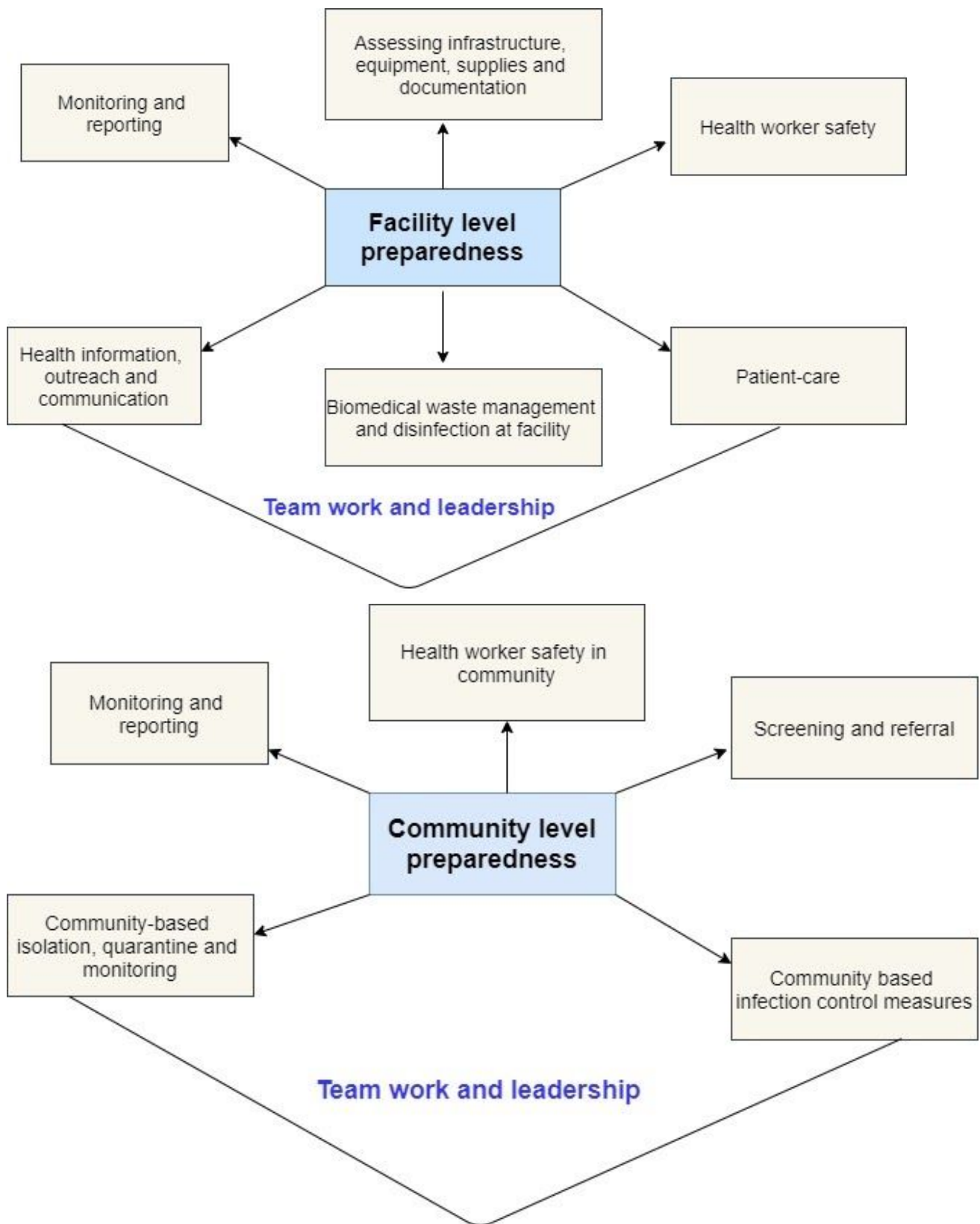


Figure 1: Schematic illustrating core areas for PHC/community health centre preparedness for COVID-19

This document is organised in two sections:

Section A: Preparedness within primary healthcare facilities (including PHC and sub-centre)

1. Checklist for assessing infrastructure, equipment, supplies and documentation
2. Health worker safety
3. Patient-care
4. Biomedical waste management and disinfection at facility
5. Health information, outreach and communication
6. Monitoring and reporting

Section B: Preparedness at the community level (including frontline workers, fieldwork, ASHAs)

1. Screening and referral
2. Health worker safety in community
3. Community-based isolation, quarantine and monitoring
4. Community-based infection control measures
5. Monitoring and reporting

SECTION A: Preparedness within primary healthcare facilities (including PHC and sub-centre)

1. Checklist for assessing infrastructure, equipment, supplies and documentation

- i. Have you checked each of your PHC care units for preparedness/ disinfection?

PHC Care Unit	Preparedness Check	Remarks
Consultation room	Inventory PPEs & Medicines, hand washing area and sanitizer facility.	Segregate consultation area for examination of patients with respiratory symptoms.
Waiting area	Should be well ventilated with exhaust/ open areas	Twice-a-day surface disinfection needed
Laboratory	PPE check	Disinfect all surfaces after any specimen collection (if performed at PHC)
Common areas	Handles, rails, benches	Twice a day disinfection needed

- ii. Have you checked on **running water/electricity status**? Have you checked on running water status in your facility? Does the motor/plumbing need repair? Need to hire staff for manual filling of tanks?
- iii. **Contingency plan for power/water failure:** Is there a contingency plan in place in case of failure of running water/electricity in the facility?
- iv. Have you identified a **designated hand-washing area for health workers**?
- v. Have you estimated essential supplies of **personal protection equipment, disinfection supplies and essential medicines**?
- vi. **Have you assessed availability of Personal Protective Equipment (PPE)** and disinfectant liquids to ensure health-worker safety? **Advance indents:** Prepare an indent for ensuring adequate PPE for 1 month?
- vii. **Do you have a suppliers database:** Identify any other supplies that may be needed during the COVID-19 outbreak in your area. Identify possible suppliers at nearest taluka/district HQ & state capitals in case of emergencies. Print supplier contact details and paste on notice board
- viii. **Have you assessed essential medicine supplies:** Audit the pharmacy/dispensary for the essential medicines- Indent if required. Ensure availability of medications for chronic conditions like diabetes, hypertension, etc to be stocked and may be given to the community members to avoid travel to the health centres for 2-3 weeks.
- ix. **Have you printed and stocked sufficient HCQ prophylaxis for the future if suspected/positive cases emerge in the PHC area for both health workers and household contacts?** Refer to latest [ICMR guidance for HCQ for health workers caring](#)

[for suspected/positive cases and household contacts](#) and store HCQ as needed. Paste protocol at OP room for instant use.

2. Health worker safety

i. What should be there in the PPE kit at PHC?

Personal Protective Equipments (PPEs) are protective gears designed to safeguard the health of workers by minimizing the exposure to a biological agent. The components of PPE are:

- N95 respirators (masks) and surgical masks
- Gloves: Powder-free non-sterile gloves of different sizes
- Coverall: Single-use, acceptable colour cover-alls (avoid black) without tears and impermeable to fluids
- Goggles: Transparent, zero-power with seal to skin/face, with flexible frame; can be reused after appropriate disinfection
- Shoe covers and face shields

ii. How to implement personal protection equipment (PPE) for PHCs? (from GoI PPE guidance)

- At the PHC, the main components of PPE used frequently are surgical masks, N95 masks and gloves. PPE must be worn in hospital depending on the risk of the health worker at that location (see [PPE risk categorisation adapted from GoI guidelines on rational use of PPE](#) specifications for each PPE component included)
- **Low risk areas/staff requiring surgical mask and gloves**
- Drivers of ambulances
- Visitors accompanying young children (<5) and elderly (>60)
- **Moderate risk areas/staff requiring N95 masks and gloves only**
- PHC entry screening area, health workers checking temperature, doctor outpatient chamber
- Sanitary staff cleaning PHC waiting areas/toilets
- Handling dead body at PHC
- Attending emergency cases
- **High risk areas/staff requiring full complement of PPE**
- *Laboratory sample collection (currently not foreseen at PHC laboratory)*
- Health worker and any other accompanying patients with severe acute respiratory illness

iii. What is the correct technique for using PPE?

- **Masks:** N-95 & surgical masks (Correct way to wear a medical mask see the video https://www.youtube.com/watch?v=lrvFrH_npQI)
Masks must be comfortable to wear and seal well the face, with good filtration capacity and an easy through-flow of air. Ideally N-95 or surgical masks are to be changed once in every 2-4 hrs or when it gets wet whichever is earlier. But in situations of shortage of masks, “**extended use**” and “**limited use**” of N-95 or surgical masks can be done in a day.

The decision to implement these practices should be made on a case by case basis taking into local conditions like number of disposable N95 respirators available, current respirator usage rate, success of other respirator conservation strategies, etc.). Some healthcare facilities may wish to implement extended use and/or limited reuse before respirator shortages are observed, so that adequate supplies are available during times of peak demand

“Extended use” refers to the practice of wearing the same N95 respirator for repeated encounters with several patients, without removing the respirator between the encounters. Extended use may be implemented when multiple patients are infected and patients are placed together in dedicated waiting rooms, clinics or hospital units. Eye protection may be left in place with the N95 respirator for extended use.

“Reuse” refers to the practice of using the same N95 respirator for multiple encounters with patients but removing it (‘doffing’) between at least some of the encounters. The respirator is stored in between encounters and reused.

- **Gloves:** Wearing two sets of gloves to minimize risk

After use, PPE needs to be discarded as per biomedical waste management guidelines.

iv. Apart from PPE, how can health workers at the PHC protect themselves?

- Ensure all staff working at the health centre from doctor to Group D staff are aware about the disease transmission and features of COVID 19, the rationale and importance of measures being put into place and complying to protocols no matter how tedious they may seem, and the importance of personal safety including when they return home.
- A technical brief on the latest updates in managing COVID 19 and emerging guidelines must be shared with all staff at least once in 2-3 days.
- Health workers must be advised on self-assessment, symptom reporting and staying home when ill.

NOTE: Make sure all health professionals providing care are not symptomatic. Ensure isolation and testing of health workers as soon as they report any symptoms to prevent hospital based transmission.

3. Patient-care

i. How to organise patient flow at the PHC/health centre?

Identify a health worker to screen patients at the gate/entry to the PHC and direct patients presenting with symptoms matching COVID-19 to a separate area. PHCs should identify a separate triage and holding area for patients with Influenza like illness (or any patients with symptoms of COVID-19 as per table below).

ii. How to do risk assessment of patients presenting at PHC (likely to change in coming days)

- Symptoms check
- High risk condition or high contact risk check

SYMPTOM CHECKLIST

S No.	Symptoms	Yes	No	Remarks with duration
1	Fever (jwara) ಜ್ವರ			
2	Cough (kemmu) ಕೆಮ್ಮು			
3	Rhinorrhoea/ runny nose ಮೂಗು ಸೋರುವುದು			
4	Sore throat (gantalu novu) ಗಂಟಲು ನೋವು			
5	Body pain (mayyi kayyi novu) ಮೈಕೈ ನೋವು			
6	Loss of appetite (tinnudu kammi agidhiya) ತಿನ್ನೋದು ಕಮ್ಮಿಯಾಗಿದೆ			
7	Diarrhoea (bedi) ಭೇದಿ			
8	Lost sense of smell (anosmia) and taste (ageusia) ವಾಸನೆ / ನಾಲಿಗೆ ರುಚಿ ಗುರುತಿಸುವ ಶಕ್ತಿ ಕಡಿಮೆ ಆಗುವಿಕೆ			
RED FLAGS				
8	Difficulty breathing or shortness of breath after symptoms set in (usiraatakke thondare aagutha) ಉಸಿರಾಟಕ್ಕೆ ತೊಂದರೆ			IMMEDIATE ACTION For any one of these symptoms, refer for testing and management to centres.
9	Persistent pain or pressure in the chest (yedhe novu) ಎದೆ ನೋವು			
10	Increased confusion or difficulty in waking up (prajyne kammi) ಪ್ರಜ್ಞೆ ಕಮ್ಮಿ			
11	Bluish lips or face (thuti neeli banna) ನೀಲಿಬಣ್ಣದ ತುಟಿ			
12	Extreme fatigue (tumbha susthu) ತುಂಬಾ ಸುಸ್ತು			

NOTE: For symptoms other than the above: **REASSURE** that it's **NOT COVID 19** and go to 'Precautionary and Treatment' protocol on page 9.

Ask for **high risk conditions** and **high-contact conditions** if at least 1 symptom from 1 - 7 in the above list is present. Collect more information:

HIGH CONTACT RISK CHECK

(“HIGH RISK” even if one of the below is “YES”)

S. No.	High Contact Risk Criteria	Yes	No	Within 14 days of contact ? Yes/No
1	Contact with someone in the last 14 days having symptoms of severe respiratory illness/admitted for the same			
2	Caller in close proximity (within 3 ft) of a conveyance with a symptomatic person who later tested or not positive for COVID 19			
3	Contact with someone in the last 14 days having tested positive for COVID 19			
4	Direct physical contact with the person being suspected to have COVID 19 including examining a person without PPE (personal protective equipment)			
5	Touched or cleaned the linen/clothes/dishes of a person suspected to have COVID 19			
6	Touched the body fluids (respiratory secretions, vomit, saliva, urine, feces) of a person with suspected COVID 19			

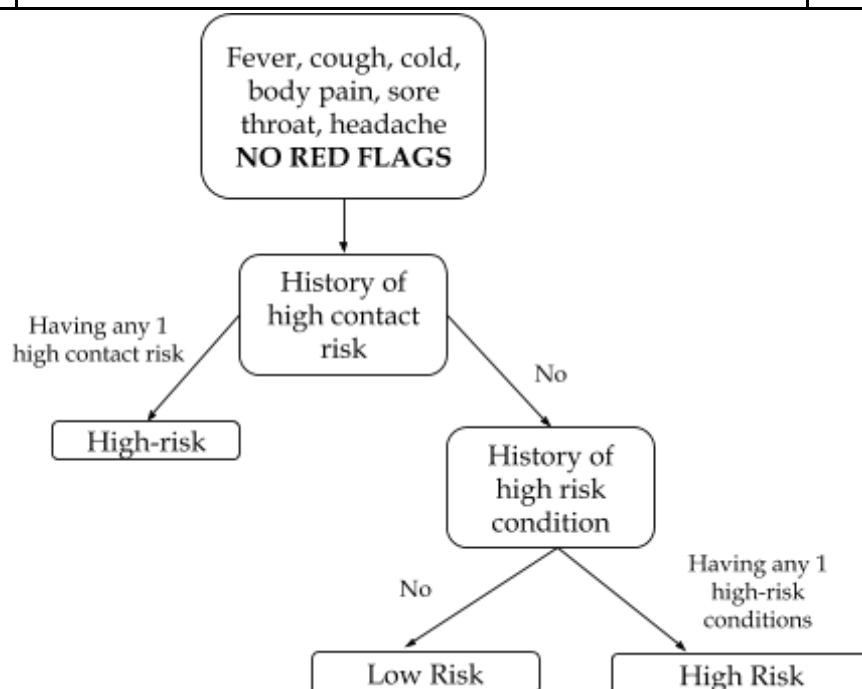
High Risk Conditions (“HIGH RISK” even if one of the below is “YES”)

Risk Classification

Use the chart below, in case of no red-flag to classify risk:

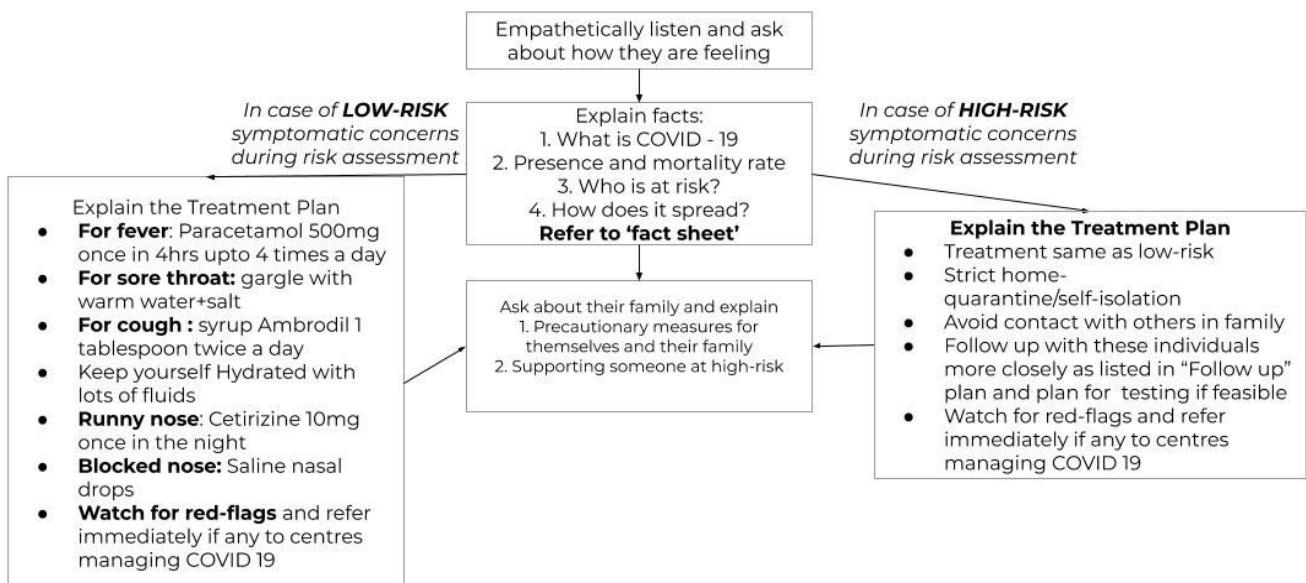
S No.	High Risk Conditions Criteria	Yes	No
1	Above the age of 60 or under the age of 5		
2	Malnourishment		
3	Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)		

4	Lung disease including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema), tuberculosis , occupational lung diseases like silicosis or other chronic conditions associated with impaired lung function or that require home oxygen		
5	Diabetes Mellitus		
6	Current or recent pregnancy in the last two weeks		
7	Compromised immune system (immunosuppression) (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)		
8	Blood disorders (e.g., sickle cell disease or on blood thinners)		
9.	On treatment for chronic kidney disease		
10.	On treatment for chronic liver disease		
11	On treatment for any chronic illness requiring care at home		



After classification, go to 'precautionary and treatment' protocol below:

PRECAUTIONARY AND TREATMENT PROTOCOL:



Source: SWASTI/swasti.org

iii. **Follow up over phone:**

- Follow-up for red flag cases: 1, 3, 7 and 14 days later (whether they actually went to the referral, what happened after that, etc.)
- Follow-up for high-risk cases: 3, 7 and 14 days later
- Follow-up for low-risk cases: 7 and 14 days later
- Follow the same risk assessment procedure for every follow-up

iv. **How to handle treatment and referral?**

- Prepare a list of nearest testing and higher referral centres as per instruction from District administration (could include private facilities too in case they have been approved by the government)
- **Ambulance readiness & disinfection:** Check PHC ambulance if available. If not, assess other options for patient referral/transport in discussion with Taluk Health Office. Either for PHC vehicles/other vehicles used for this purpose, ensure that designated and trained drivers use the vehicle and disinfect appropriately after each use. Ensure appropriate PPE and awareness for the driver and ambulance staff.

v. **Do we have to do material transport/collection?**

Currently, material collection/transport is not being done/expected to be done at PHCs, but you can expect this to change soon. Meanwhile, assess readiness of your laboratory and availability of trained technicians.

vi. **Should I allow routine out-patient visits?**

- Consider a printed message at PHC gates advising patients NOT to come for routine out-patient visits especially for elderly and children.
- Encourage telephonic consultations.
- Encourage non-COVID chronically ill patients (Diabetes/Epilepsy/Asthma) to send healthy adults from their own households to pick up their medicines and/or organise medicines to be sent to village/household via ASHAs/healthy volunteers





vii. Are telephonic/Whatsapp/telemedicine consultations allowed?

Wherever possible as per the Government of India's telemedicine guidelines, remote consultation opportunities must be explored by PHC MOs. The relevant portions for PHCs are as follows:

- Only registered medical practitioners (registered in the state/Indian medical register) may use this.
- The same professional and ethical norms and standards as applicable to traditional in-person care shall apply for tele-consultations as well. Consent is mandatory from the patient and must be reflected in the patient record.
- Telemedicine modes can be via video, audio and text.
- Use a badge to display name, registration number and also state it during consultation and provide it in all electronic communication (WhatsApp/ email etc.)
- Ensure patient identity is verified before proceeding with consultation.
- Ensure adult presence in case of children <15 year of age; adult's identity and relationship needs to be verified beforehand.

4. Biomedical waste management and disinfection at facility

- Biomedical waste management assessment:** Assess COVID-19 waste management guidance document for hospitals and ensure preparedness to deal with infected waste in case of positive detected at facility or among patients who recently visited facility. Removal of PPE must take place in the designated area with all the PPE kit including mask, gloves properly placed in yellow bags. Designated place to be earmarked outside the building for collection of yellow and black bags. It should be collected at least twice daily by biomedical waste management vehicles/any other local established practice.
- Site of collection of biomedical waste should be regularly disinfected with freshly prepared 1% hypochlorite solution. All officials concerned with the administration and all other health care workers including medical, paramedical, nursing officers, other paramedical staff and waste handlers such as safai karamcharis, attendants & Sanitation attendants needs to be well oriented to requirements of handling and management of general and biomedical waste generated at the facility.

Categories	Type of Bags	Type of Waste	Treatment/Disposal
Yellow 	Non chlorinated plastic, autoclavable bags	<ol style="list-style-type: none"> 1. Donned off PPE 2. PPE with spill 3. Gloves 4. Shoe covers 5. Head Covers 6. disposable bed sheets 	Incineration or Plasma pyrolysis or deep burial*
Red 	Non chlorinated plastic, autoclavable bags	<ol style="list-style-type: none"> 1. Eye protection goggles 2. recyclable materials like pens 3. plastic water bottles used by quarantine people 4. Bed sheets 	Autoclaving/microwaving /hydroclaving and then sent for recycling not be sent to landfill
White 	Puncture, leak, tamper proof containers	1. sharp waste including metals	Auto or Dry Heat Sterilization followed by shredding or mutilation or encapsulation
Blue 	Cardboard boxes with blue coloured marking	Glassware/tubelight/CFL bulbs/LED used in quarantine Quarantine facility	Disinfection or autoclaving, microwaving, hydroclaving and then sent for recycling

Source: NCDC COVID-19 BMW guidelines

iii. **Facility Cleaning and Disinfection**

- a. **What to use:** 1 Percent sodium hypochlorite solution is recommended. For surfaces that do not tolerate bleach 70% ethanol can be used (phones, computers, keyboards and other electronics)
- b. **Instructions for disinfection** extracted from guidelines of quarantine facilities:
 - Spray 1% sodium hypochlorite working solution on all the surfaces (protecting electrical points/appliances).
 - Then, clean with a neutral detergent that is used for removing traces of hypochlorite solution.
 - While cleaning, windows need to be open .

Inviting contributors to expand and enrich this document. Please leave inputs as comments.

- All frequently touched areas, such as all accessible surfaces of walls and windows, the toilet bowl and bathroom surfaces need to be carefully cleaned.
- All textiles (e.g. pillow linens, curtains, etc.) should be first treated with 1% hypochlorite spray and then packed and sent to get washed in laundry using a hot-water cycle (90°C) and adding laundry detergent.
- Mattresses / pillows after spraying with 1% hypochlorite should be allowed to get dry (both sides) in bright sunlight for upto 3 hrs each.
- Site of collection of biomedical waste should be regularly disinfected with freshly prepared 1% hypochlorite solution.
- Cleaning/disinfecting every room at least twice a day including frequently touched surfaces such as tables, rails, the arms of chairs, sinks, call bells, door handles and push plates, and any area/piece of equipment that may potentially be contaminated.
- Thorough cleaning/disinfection once in a day
- Disinfection of ward after every use

c. **How to make 1% hypochlorite solution from WHO guidelines:**

Two different dilutions of bleach are used for disinfection.

- **1:10 bleach solution** (which contains 0.5% chlorine concentration), a strong disinfectant that is used to disinfect: Excreta, Bodies, Spills of blood/body fluids, Vehicles and tires. It is also used to prepare 1:100 bleach solution
- **1:100 bleach solution** (which contains 0.05% chlorine concentration) which is used to disinfect: Surfaces, Medical equipment, Bedding, Reusable protective clothing before it is laundered. It is also recommended for: Rinsing gloves between contact with different patients (if new gloves are not available, Rinsing gloves, aprons, boots before leaving a patient's room, Disinfecting contaminated waste before disposal
- Bleaching powder (Chlorine of Lime) with 30% active chlorine - Use 16 g (1 tablespoonful) per 1 litre of water to prepare 1:10 solution OR 16 g (1 tablespoonful) per 10 litres of water to prepare 1:100 solution

5. Health information, outreach and communication

- i. **Communication:** Access to internet and telephone lines, mobile phones. Communication is key, ensure regular communication throughout the facility team as necessary. Make attempts to communicate with the public through simple posters on the walls/ boards of the facility, public service announcements.
- ii. **How do I set up a COVID dashboard at my PHC?**
 - Consider a “dashboard” format of displaying information on the epidemic. The simplest is to have a whiteboard that can be disinfected daily carrying a listing of the number of COVID-19 positive in: (a) PHC area, (b) district, (c) state. Such dashboards displayed prominently help prevent misinformation. Ensure that you put information in these charts manually from authentic government bulletins only.
 - **Display authentic data** on charts carrying information in local language of at least the following (a) symptoms, (b) Dos and don'ts, (c) national and state

level helpline numbers, (d) when to seek medical attention (risk-factors/red flags as indicated above), (e) nearest sample testing/collection centre

- Prominently display all contact information of the district COVID-19 related response teams/officials at your facility.

iii. **How can I ensure widespread dissemination of information without organising physical meetings of people?**

- Using autos with loud-speakers or other local modalities. Consider locally relevant modes of mass communication especially for people who are unable to move far from homes and do not have access to mobile phones
- **Widespread information dissemination:** Identify prominent locations at the main road/highways away from your PHC area for display of such information; ensure such information display at local bus-stand, Anganwadi, post-office, Panchayat office and other important locations.

6. Monitoring and reporting

i. **How frequently should I do PHC level meetings and who should participate?**

Based on guidance from the district assess the periodicity of meetings with health workers needed. *Limit it to the least frequency needed to ensure capacitated health workers.* (Eg. weekly/fortnightly)

ii. **What should I assess during these meetings?**

- Plan for 30 min-1 hour meetings where at least the following can be discussed.
- **Discussing self/team's health status:** Any symptoms to be reported and appropriate measures to be taken.
- **Latest information:** Assess latest information with health workers on disease prevention and transmission; combat any misinformation coming either from community/health workers
- **Health worker safety & PPE technique:** Emphasise on the need for personal protection and health worker safety; ensure all health workers know the proper technique for PPE
- Review latest case-definition as updated by ICMR/MoHFW/state government entity
- **Conduct mock-drills** (see below)
- Consider showing authentic visuals from WHO/MoHFW/Government approved sources to build health worker capacity

iii. **How can I ensure that my health workers are ready to respond appropriately? Are there any mock-drills I can consider?**

- Conduct mock-drills for health workers to assess appropriateness of response by providing real-life instances of people meeting case-definition turning up at ASHAs/sub-centres; allow for peer review of the drill by health workers and provide inputs on appropriateness and adequacy of the steps in the drill

iv. **Should I identify one of my staff for coordination of COVID-19 response?**

Consider designating a **centralised point-person** for your PHC who shall handle external communications; the ideal point-person is someone who is in close communication with the PHC team lead (typically PHC Medical Officer (MO))

- could be male health worker/sr. Health inspector/block health educator (depending on whether facility has these roles).
 - The person can function as a coordinator for the COVID-19 response and free up time for the PHC MO.
 - Daily debriefing session can be held with him/her especially on new guidelines/communication from district/state
- v. **Should I consider a local helpline?**
Consider the utility of a local helpline operated by one of your staff. Purpose of the local helpline may be to limit hospital/healthcare facility visits by elderly/others and hence further limit chances of transmission.
- vi. **How can I improve health worker motivation and ensure their well-being?**
The social process around a pandemic means that frontline health workers will experience stigmatisation, isolation and be socially ostracised. During previous pandemics, many health workers were not being allowed to use the village well , asked to leave their rented accommodation, and not being allowed to use public transport. Health workers often isolate themselves from their families to protect them from infection to respond to their call for duty. Like the general public, health workers might also struggle to get their own essential supplies. It is important to be prepared for this and develop plans for this. Health workers can be overwhelmed with both the surge in cases as well as poor outcomes to treatment in some situations. It is important that the team leaders address this issue proactively and give adequate attention to mental health issues from the start
- It would be helpful to keep aside some time during team meetings to address health worker motivation and mental health. Examples of activities could include allowing healthcare workers to talk about their concerns and challenges and team leaders acknowledging it.
 - Early mobilisation of community and awareness to counter stigma
 - Providing psychosocial support (individual counselling and peer-group as for example by creating a WhatsApp group which should be used as a platform to share supportive and encouraging messages only)
 - Consider paying non-performance-based incentives
 - Arrange for transport or provide, additional transport allowance
 - Arrange for child-care support
 - Arrange separate good quality clean accommodation (if desired by health worker)
 - Developing an award and recognition strategy
- vii. **How to ensure health worker availability and deal with absenteeism?**
- These are challenging times, more so for health workers. **Ensure that you are well rested** and available at work-station during outbreak management. Avoidable leaves may need to be cancelled.
 - **Roster:** Consider roster for health workers to limit exposure; provide periodic off-days to ensure health workers are well rested and motivated
 - **Leadership by PHC MO:** Health workers may be looking up for clarity of communication and leadership of the PHC Medical Officer. Ensure that you are available and accessible to them at crucial moments

- **Teamwork:** Ensure coordinated response when positive cases are reported so that people or health workers do not panic.
- viii. **How to avoid stigmatisation of cases/high-risk/vulnerable individuals**
During times of pandemics, as history tells us, there is a rise in stigmatisation of people; we also need to guard against these. Here too the authority of the medical expert can play a crucial role in maintaining solidarity and inclusiveness. Therefore in your meetings and communication, ensure emphasis on ensuring that everyone is treated with dignity and ensure that no individuals/groups face any stigma/discrimination due to contracting COVID-19 or for any other reason. It needs to be emphasised within communities during visits by health workers.

Preparedness at the community level (including frontline workers, fieldwork, ASHAs)

1. Screening and referral

- i. **Are community health workers aware of their roles and responsibilities?**
 - a. To spread key messages in the community about measures people can take to prevent the infection.
 - b. To take actions for early detection and referral of suspected COVID-19 cases.
 - c. To follow up patients in home quarantine and ensure compliance with social distancing in the community
- ii. **Whom should community health workers consider high-risk?**

Anyone with Symptoms (see table earlier in the document), and any one of the following

 - a. Have one of the red-flag conditions
 - b. Have high contact risk
 - c. Are at high risk due to age/other high risk health conditions
- iii. **What should health workers do if they find someone with high-risk?**
 - a. Immediately inform PHC MO/doctor/health worker
 - b. Provide mask to the person considered high-risk
 - c. Provide detailed instructions on personal protection, hand hygiene, household disinfection to all household members
 - d. Assess feasibility of isolating patient at his home till assessment by PHC MO as per the guidelines issued by the district
 - e. Wherever home isolation is not feasible, contact local Panchayat COVID task force for help in identifying a community-based isolation centre or contact district level officials through the PHC MO for help in identifying such locations
- iv. **What if one of the cases turns out to be confirmed positive in the village?**
 - a. As soon as a confirmed positive is known, a rapid response team as per the Government of India guidelines will begin to manage the situation as per the "[Micro-plan for Containing Local Outbreak of COVID-19](#)". The health worker's role will be vital in containment efforts, contact tracing of the positive and ensuring isolation of all exposed/high risk.
 - b. PHC MOs must consider updating themselves with this guidance document in case there is a positive report from their facility and this will require coordination with officials at higher levels. See <https://www.mohfw.gov.in/pdf/ModelMicroplanforcontainmentoflocaltransmissionofCOVID19.pdf>
- v. **What are the key messages that CHWs should reinforce during their visits/interactions over the phone?**

Key messages to spread in the community for prevention of COVID-19



1. How to avoid getting COVID-19 or spreading it to others?

a) Practice Social Distancing:

- ▶ **Avoid big social gatherings** such as melas, haats, gatherings in religious places, social functions etc.
- ▶ **Maintain a safe distance** of at least 1 Metre between you and other people when in public places, especially if they are having symptoms such as cough, fever etc. to avoid direct droplet contact.
- ▶ **Stay at home** as much as possible.
- ▶ **Avoid physical contact** like handshakes, hand holding or hugs.



b) Practice good hygiene

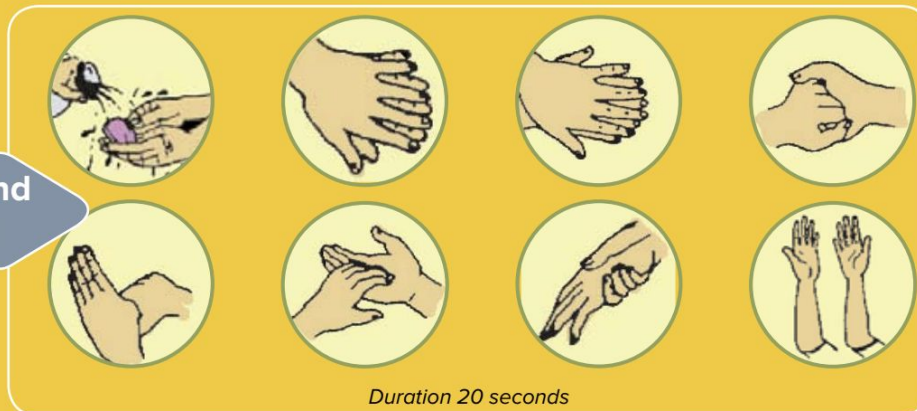
- ▶ **Wash your hands frequently using soap and water**, especially after
 - ♦ Coming home from outside or meeting other people especially if they are ill.
 - ♦ After having touched your face, coughing or sneezing.
 - ♦ Before preparing food, eating or feeding children.
 - ♦ Before and after using toilet, cleaning etc.



- ▶ While coughing or sneezing cover your nose and mouth with handkerchief or towel or **cough/sneeze into your flexed elbow**.
- ▶ **Do not Spit** in public places.
- ▶ **Do not speak loudly** or **shout in public places** to prevent spread of droplets.
- ▶ **Do not touch your eyes, nose and mouth** with unclean hands.
- ▶ Ensure that the surfaces and objects are regularly cleaned.



c) Monitor your own health and immediately contact the ASHA/ANM or visit a Primary Health Centre (PHC).



Steps of hand washing

Duration 20 seconds

Source: NHSRC/MoHFW resource for CHWs

2. Health worker safety in community

- vi. **What kind of PPE is required for screening/fieldwork in community settings?**
Low risk setting requiring triple-layer mask and physical distance:

Inviting contributors to expand and enrich this document. Please leave inputs as comments.

- Fieldwork and community surveillance by ASHAs/Anganwadi workers. Maintain distance of one meter (3 feet) from ALL irrespective of their risk/exposure. Surveillance team to carry adequate triple layer masks to distribute to suspect cases detected on field surveillance
- Any suspected cases detected in field surveillance.

Moderate risk setting requiring N95 masks with gloves

- Doctors at supervisory level conducting field investigation

vii. **What are the steps for CHWs to take care of themselves?**

How to take care of yourself and carry on with your duties as a frontline worker?

- ▶ **Take all preventive measures** that you are talking about in the community such as keeping safe distance, washing hands frequently etc.
- ▶ If you are **accompanying a suspected case** to any health facility, make sure to cover both your mouth and nose with folded cloth or mask.
- ▶ If you are conducting community meetings or supporting outreach sessions the **groups should not be larger than 10-12 people.**
- ▶ **Self-monitor** for signs of illness and report to the Medical Officers, if any.
- ▶ **Try to ensure that you continue to undertake tasks** related to care of pregnant women, new-borns and sick children, Post Natal Care, Breastfeeding and Nutritional Counselling, TB and NCD patient follow up while taking preventive measures.
- ▶ Remember older people are at higher risk, so take **special care to visit homes of elderly people.**
- ▶ **Continue to pay special attention to the marginalised**, as it is your routine practice.
- ▶ As a key member of the healthcare team, you should **support ANM/Medical Officer with information** on people who are at high risk for COVID-19.
- ▶ Also as the people's trusted health worker, try to **reassure them** that while those with symptoms and high risk need close attention, for others, prevention measures will decrease the risk of getting the disease.

Source: NHSRC/MoHFW resource for CHWs

3. Community-based isolation, quarantine and monitoring

[\(Based on recommended guidance for contact tracing, quarantine and isolation for Coronavirus Disease \(COVID-19\) by MoHFW\)](#)

i. **What is isolation and for whom is it?**

Suspect cases detected on active surveillance need to be isolated in a room in the house temporarily till the time he/she is examined by the supervisory medical officer or shifted by the designated ambulance to the designated health facility. (If the household does not have such feasibility, coordinate with local Panchayat/higher officials for identifying alternate facilities for isolation in community settings)

- a. **Disinfecting isolation area:** After completion of home isolation after shifting to a health facility, or the place of temporary isolations need to be disinfected in

accordance with prescribed SOPs by 1% sodium hypochlorite solution (see instructions shared earlier)

ii. **What is home quarantine and for whom should it be done?**

All households and close contacts of a confirmed and suspect cases are to be home quarantined. A contact is a person who is:

- a. Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients
- b. Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings).
- c. Traveling together in close proximity (1 m) with a COVID-19 patient in any kind of conveyance within a 14-day period after the onset of symptoms in the case under consideration.
- d. **Duration of home quarantine:** Those being home quarantined need to be followed up till the time test results of suspect case (whose contacts are being home quarantined and followed up) comes negative. If the test result comes positive then all such persons become 'true' contacts and have to be home quarantined for 14 days and followed up for 28 days.

iii. **What should health workers do for contacts under home quarantine in their area?**

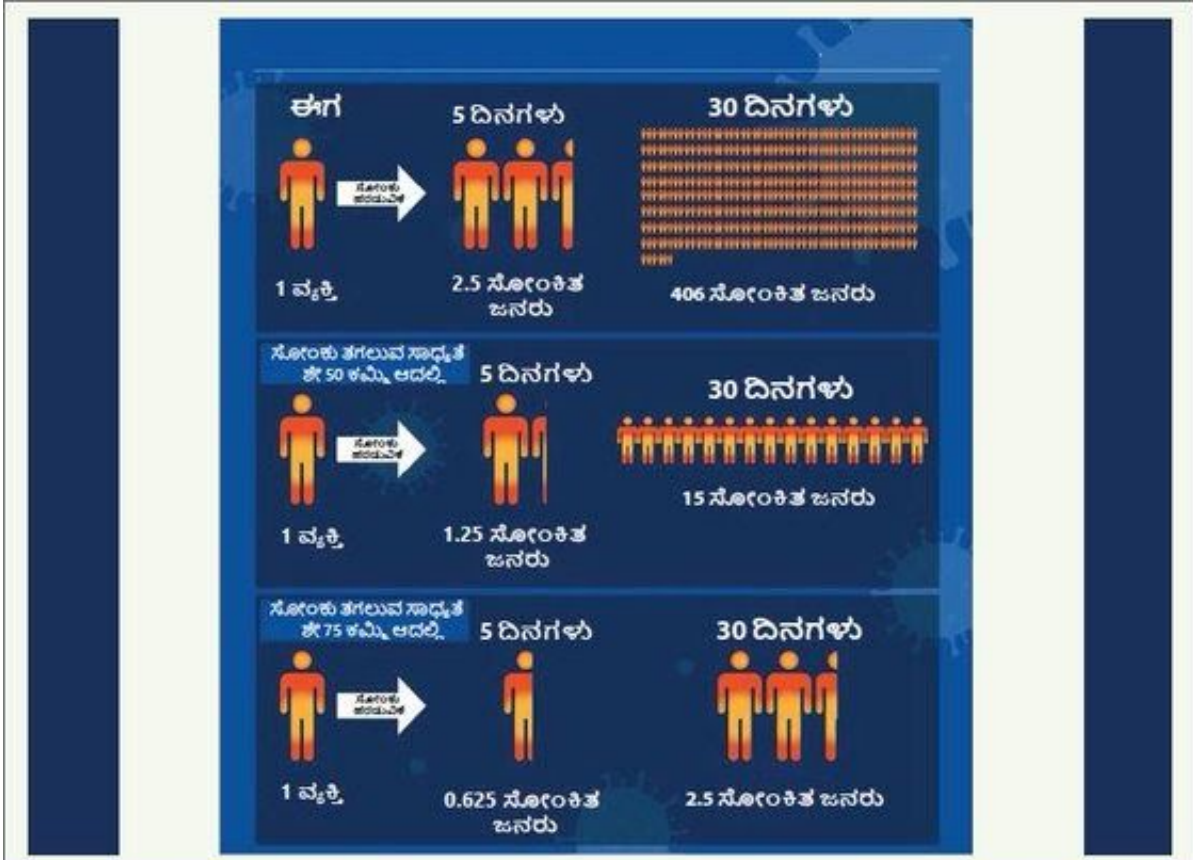
Each health worker or person responsible should:

- a. Enlist all the contacts identified with their names, address and contact details and submit to the supervisor daily
- b. Daily visit the contact and ask him/her if they have developed any fever, cough, shortness of breath, difficulty in breathing etc.)
- c. Educate contacts and their family members on importance of contact tracing and home quarantine
- d. Distribute triple-layer surgical masks to the contact and keep sufficient stock.
- e. Create awareness on symptoms and provide information on self-health monitoring
- f. Contacts should be informed that if they develop symptoms:
 - Immediately wear a triple layer mask and avoid close contact with any other person.
 - Inform concerned health workers who will arrange for a medical examination by a supervisory medical officer and transportation to hospital, if required.
 - Provide details on all possible contacts since the time he/she has developed symptoms and inform health worker
 - Duration of follow up of contacts would be 28 days from the time of last contact with a case

Active surveillance within 3 km of any positive case may be needed; in case of positive look out for instructions from district rapid response teams (may change as per instructions of your district).

4. Community-based infection control measures

- i. **Social distancing** is the main strategy to control transmission of infection in the community. Social distancing is a non-pharmaceutical infection prevention and control intervention implemented to avoid/decrease contact between those who are infected with a disease causing pathogen and those who are not, so as to stop or slow down the rate and extent of disease transmission in a community. This eventually leads to decrease in spread, morbidity and mortality due to the disease.
- ii. In the rural setting, the key measures advised are: avoiding non-essential travel, limited gatherings of people, postpone non-essential gatherings and physical distancing maintained at markets and during travel
- iii. See more details in the MOHFW guidelines
<https://www.mohfw.gov.in/SocialDistancingAdvisorybyMOHFW.pdf>
- iv. **General precautionary cleaning:** Cleaning with water and household detergents and use of common disinfectant products should be sufficient for general precautionary cleaning



ಸಾಮಾಜಿಕ ಅಂತರ ಏನು?

COVID-19 ಹನಿಗಳ ಮೂಲಕ ಹರಡುವ ರೋಗ. ಸೋಂಕಿತ ವ್ಯಕ್ತಿ ಸೀನಿದರೆ ಅಥವಾ ಕೆಮ್ಮಿದರೆ ಅವರ ದೇಹದಿಂದ ಹಲಾವಾರು ಸೂಕ್ಷ್ಮವಾದ ಹನಿಗಳು ಆಚೆ ಬರುತ್ತವೆ. ಈ ಹನಿಗಳು ಸುತ್ತಮುತ್ತಲಿನ ಜಾಗವನ್ನು ಅಥವಾ ವಸ್ತುಗಳನ್ನು ಕಲುಷಿತಗೊಳಿಸುತ್ತದೆ. ಅಂತಹ ಹನಿಯನ್ನು ಯಾರಾದರೂ ಮುಟ್ಟಿ ಆನಂತರ ತಮ್ಮ ಮೂಗು, ಕಣ್ಣು ಅಥವಾ ಬಾಯಿಯನ್ನು ಮುಟ್ಟಿದಲ್ಲಿ ಈ ರೋಗ ಹರಡುತ್ತೆ.

ಇದರಿಂದ ಸೋಂಕಿತ ವ್ಯಕ್ತಿ ಮತ್ತು ಸೋಂಕಿಗೆ ಒಳಗಾಗಿಲ್ಲದ ವ್ಯಕ್ತಿ ನಡುವೆ ಅಂತರವಿರಬೇಕು. ಈ ಕಾರಣದಿಂದಲೇ ಸಾಮಾಜಿಕ ಅಂತರ ಕಾಯ್ದುಕೊಳ್ಳುವ ಅಭ್ಯಾಸ ರೋಗದ ಹರಡುವಿಕೆಯನ್ನು ನಿಲ್ಲಿಸುವುದರಲ್ಲಿ ಅಥವಾ ಕಡಿಮೆ ಮಾಡುವುದರಲ್ಲಿ ಅತ್ಯಂತ ಪರಿಣಾಮಕಾರಿ ಆಗಿದೆ.



ಸಾಮಾಜಿಕ ಅಂತರ ಹೇಗೆ ಕಾಯ್ದುಕೊಳ್ಳುವುದು?

- ಮನೆಯಲ್ಲಿಯೇ ಇರಿ ಮತ್ತು ಆಹಾರವನ್ನು ಖರೀದಿಸುವಂತಹ ಅಗತ್ಯ ಕಾರ್ಯಗಳನ್ನು ನಡೆಸಲು ಮಾತ್ರ ಮನೆಯ ಹೊರಗೆ ಹೋಗಿ.
- ಜನಸಮೂಹದ ಜಾಗಗಳು ಮತ್ತು ಕಾರ್ಯಕ್ರಮಗಳಿಗೆ ಹೋಗಬೇಡಿ.
- ಜನರಿಂದ 1 ಮೀಟರ್ ಅಂತರವನ್ನು ಕಾಯ್ದುಕೊಳ್ಳಿ.
- ಜನರೊಂದಿಗೆ ವಸ್ತುಗಳನ್ನು ಹಂಚಿಕೊಳ್ಳುವುದನ್ನು ತಪ್ಪಿಸಿ
- ನೀವು ವಸ್ತುಗಳನ್ನು ಹಂಚಿಕೊಂಡಿದ್ದಲ್ಲಿ, ಆನಂತರ ನೀವು ಮತ್ತು ಅವರು ಕೈ ತೊಳೆಯಿರಿ.

5. Monitoring and reporting

- Communication:** Minimise interpersonal interaction but ensure appropriate communication with your hospital and community teams. Ensure all of your team-members have access to the chosen medium of communication (Eg. Whatsapp. But ensure that there is not too many groups to avoid confusion)

- ii. **Village-level task force:** Some states (like Karnataka) have notified the constitution of task force for COVID-19 preparedness at revenue village level consisting of panchayat members and officials. Coordinate efforts with such task forces
- iii. **Voluntarism and community participation:** Active participation of communities ought to be encouraged but carefully steered to ensure that physical distancing norms and mass congregations do not occur. Welcome volunteerism from healthy/young adults but ensure manageable numbers. Ensure participation of volunteers in drills and delegate appropriate low-risk responsibilities and ensure their safety with PPE and other measures.
- iv. Limit exposure to vulnerable villages/households/regions to the extent possible by coordinating with related departments (Eg. coordinate advisories related to external travels to local pilgrimage/tourism sites via information to Panchayats)
- v. Coordinate appropriate information availability to remote locations while ensuring that these information dissemination measures themselves do not attract large congregations of people

Options for social (physical) distancing or isolation:

Since homes might not be an ideal place to have isolation, consider coordination with Panchayats to recognise certain open areas to have makeshift isolation areas *within* wedding halls/schools, paying guest facilities, fields etc to be prepared if suspected cases are identified. An ideal location is one which is large, clean, which can be easily segmented into smaller units, which is well-ventilated, and exposed to sunlight. Ensure maintenance of at least 2m (or 6 feet) distance between people. Ensure that within these large structures such as schools/wedding halls, etc, the area can be segmented into smaller units with at least 2m distance between people.

Resources and reference material

1. Bhaumik S, Moola S, Tyagi J, Nambiar D, Kakoti M. Frontline health workers in COVID-19 prevention and control: rapid evidence synthesis. The George Institute for Global Health, India, 23 March 2020. Available online at <https://www.georgeinstitute.org.in/frontline-health-workers-in-covid-19-prevention-and-control-rapid-evidence-synthesis>
2. Mock Drill for Emergency Response for Handling COVID -19 cases in Govt Hospitals https://drive.google.com/file/d/1jBh_HV4hpaePm3wOoNNLpWYTMA8skdzO/view
3. Non-pharmaceutical measures for containment of COVID-19: https://docs.google.com/document/d/1or85kz3DjMqLe8cRa_96bmWdoOnAazLfaL1xUQA70ic/edit
4. Guidelines for quarantine facility <https://ncdc.gov.in/WriteReadData/l892s/90542653311584546120.pdf>
5. Guidelines for handling, treatment and disposal of waste generated during treatment/diagnosis/quarantine of COVID-19 patients by Central Pollution Control Board <https://www.cpcb.nic.in/uploads/Projects/Bio-Medical-Waste/BMW-GUIDELINES-COVID.pdf>
6. Role of frontline workers in prevention and management of COVID-19 by National Health Systems Resource Centre <https://drive.google.com/drive/folders/1Yl8t50VeYAaK1TZS8tR-ZzK6yYBInv2N>

Inviting contributors to expand and enrich this document. Please leave inputs as comments.

7. Model Micro plan for containment of COVID-19 in community settings
<https://www.mohfw.gov.in/pdf/ModelMicroplanforcontainmentoflocaltransmissionofCOVID19.pdf>
8. Rational use of PPE guidelines by MoHFW
<https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf>

If you would like to make substantial contributions to this document, please email prashanth.ns@gmail.com

--- ENDS ---

Yet to be added into main document:

- 1) MOHFW guidance on dead bodies and disinfection - also extend to community COVID-19 deaths; check for religious/cultural practices that may be in conflict with guidance and ensure sufficient education is provided for this
- 2) Empathetic but firm guidelines regarding local travellers from outside village who are returning home, especially if returning from village with positives.
- 3) Possible fecal transmission in convalescence

Suggested additions

- 1) Addition to section A (1. Checklist): Is soap and sanitiser available in sufficient quantity for use by the staff as well as by patients and visitors? (Can be added after point number iv (designated hand washing station)).
- 2) Please check whether we have mentioned the role of VHSNC and how to involve them.
- 3) More details whether MO should do Physical examination – Percussion & Auscultation, prescribe lab investigations and x-ray for Flue (non Covid 19 and H1N1)