



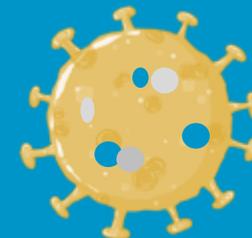
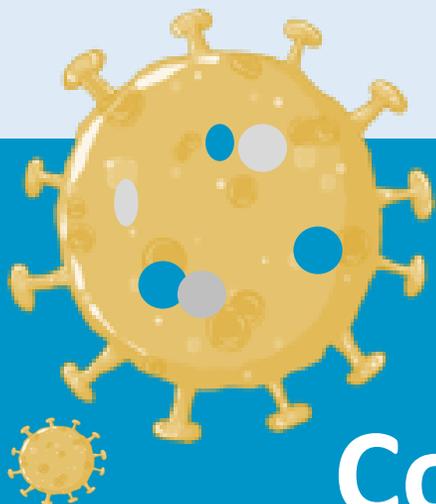
सत्यमेव जयते

Ministry of Health & Family Welfare
Government of India

COVID

**Containment and Surveillance
Manual for Supervisors in
containment zones**

August, 2020



Who is a Supervisor in the COVID team?

A supervisor is an intermediary between the field level surveillance teams and the medical officer

The supervisor has a technical and managerial role and is responsible for overseeing the execution of the containment plan, within his area of jurisdiction.

The supervisor is selected from locally available resources. This could be Lady Health Visitors (LHV), booth level officials, Ayush students, teachers, sanitary inspectors, male health workers etc. trained as a supervisors for containment operations.



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Chapter 1: Basics of COVID



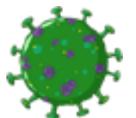
Chapter 2: Managerial Role of Supervisors



Chapter 3: Technical role of Supervisors

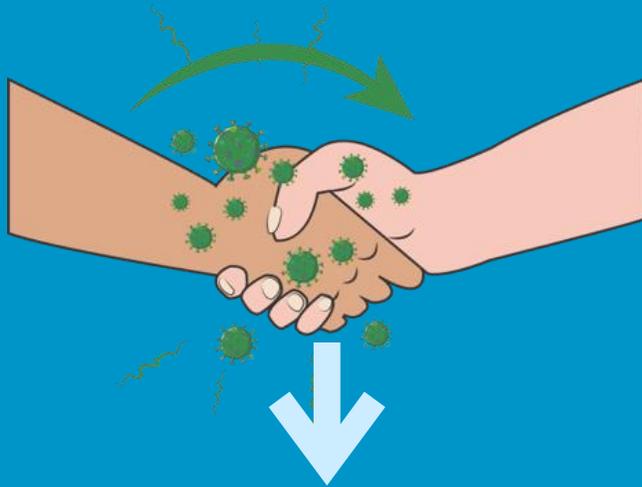


Chapter 4: Checklist



Chapter 1

Basics of COVID



About COVID



Key interventions in
Containment Zones

Key Topics

This chapter covers important facts about COVID-19, containment strategy and key interventions in containment zone:



1.1: Basics about COVID

- Symptoms, signs, route of transmission, and clinical severity of COVID
- Definitions of cases (suspect/confirmed/symptomatic/asymptomatic), contacts (high risk/low risk)

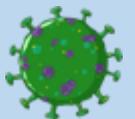
1.2: Containment Strategy and Key Interventions

- Containment strategy and list activities to be carried out in containment and buffer zone.
- Difference between active and passive surveillance
- Types of laboratory tests and criteria used for diagnosing COVID
- Difference between isolation and quarantine

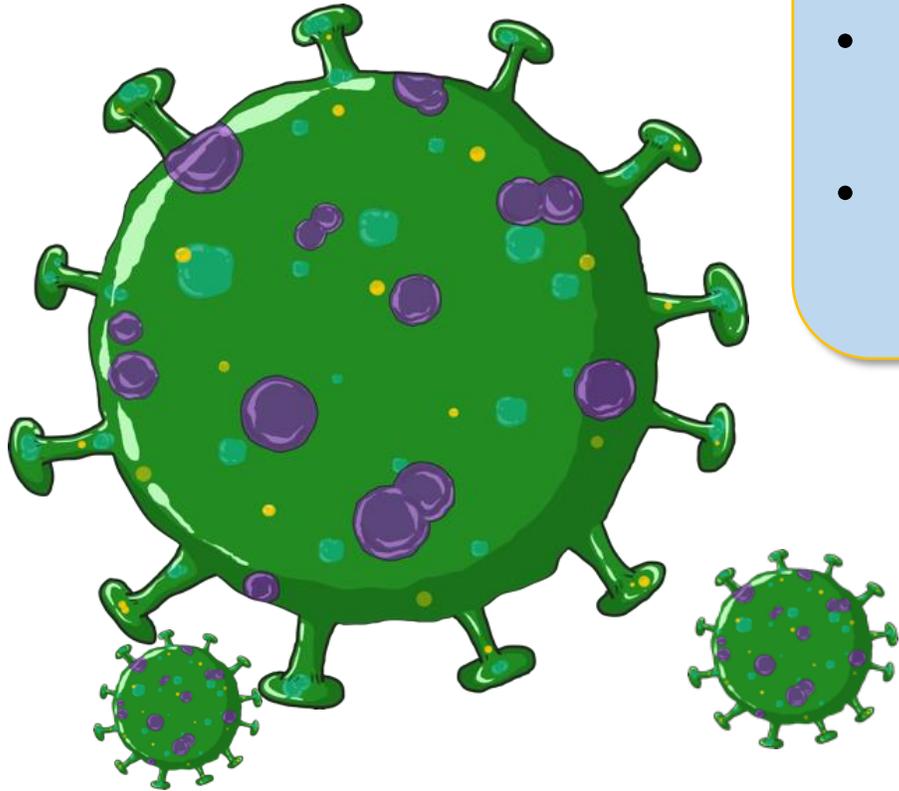




1.1 Basics About COVID



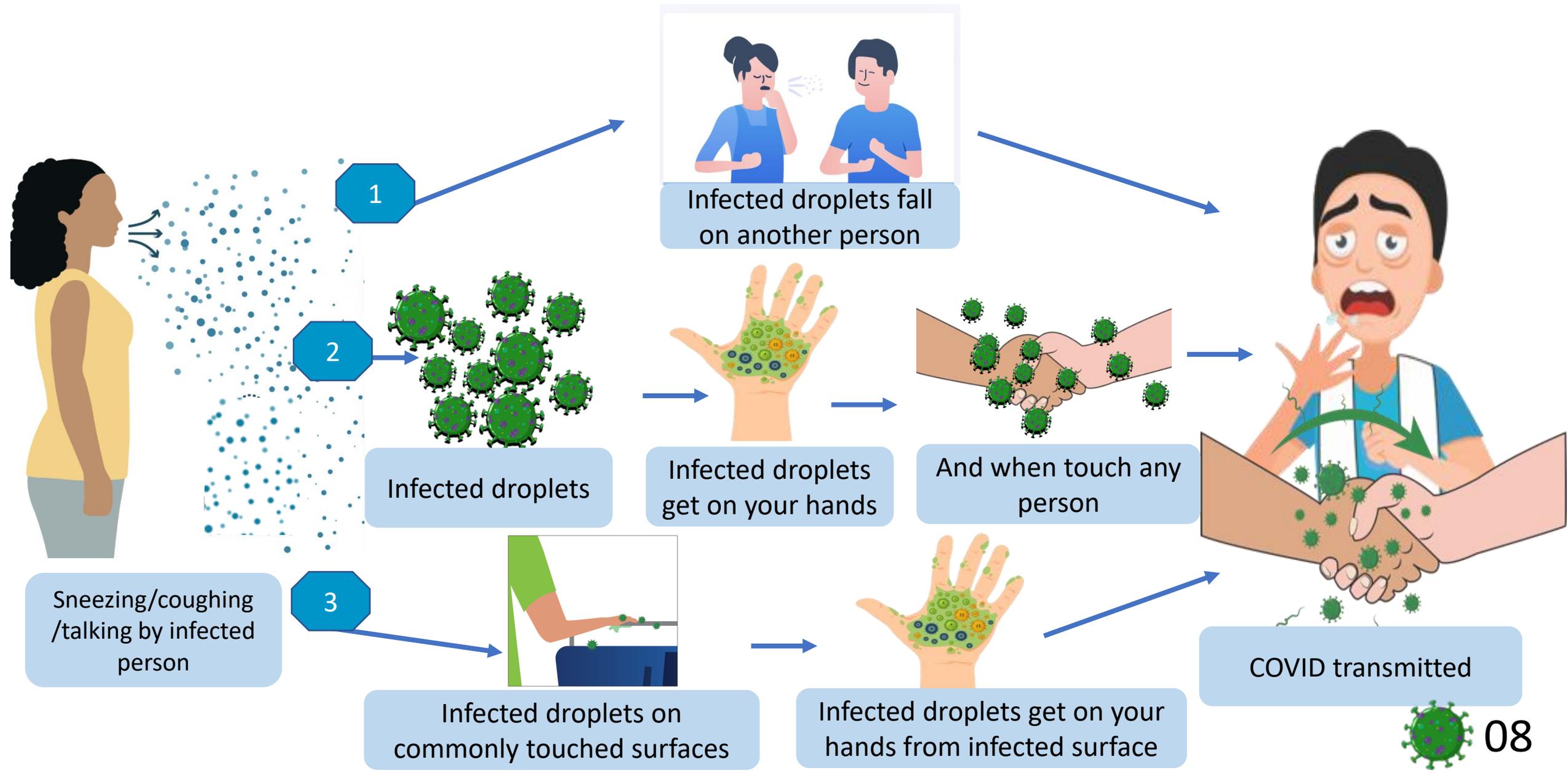
What is COVID?



- COVID-19 is a viral infectious disease
- It is caused by recently discovered novel Coronavirus (SARS-CoV-2)
- The disease is named as COVID – 19 ('CO' stands for corona, 'VI' for virus, and 'D' for disease)

- This new virus and disease were unknown before the outbreak in China (December 2019).
- COVID-19 is now a pandemic because it is affecting many countries globally including India.
- There is no cure or vaccine for this disease yet.

How is COVID transmitted?



Sneezing/coughing /talking by infected person

Infected droplets

Infected droplets fall on another person

Infected droplets get on your hands

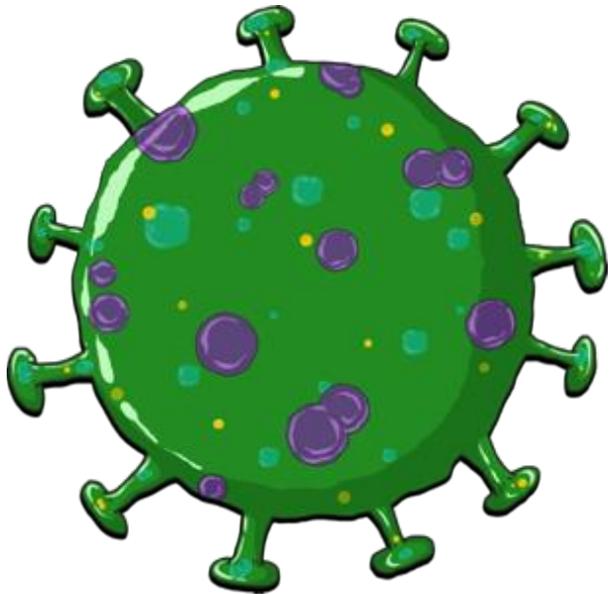
And when touch any person

COVID transmitted

Infected droplets on commonly touched surfaces

Infected droplets get on your hands from infected surface

What are the common symptoms of COVID?



FEVER



COUGH



DIFFICULTY IN BREATHING

Sometimes people may complain of the following symptoms:

- General weakness/fatigue,
- Headache,
- Body ache,
- Sore throat,
- Running nose,
- Loss of appetite
- Nausea/vomiting
- Diarrhoea,
- Altered mental status

Who is a COVID Suspected Case*?

Acute onset of fever AND cough;

OR

Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, body ache, sore throat, running nose, difficulty in breathing, loss of appetite/nausea/vomiting, diarrhoea, altered mental status



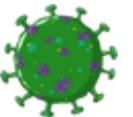
Who is a Confirmed Case?

A person who tested positive for COVID infection, irrespective of clinical signs and symptoms

Who are Symptomatic and Asymptomatic Cases?

- Symptomatic cases are those confirmed cases who have fever with cough or three or more of the above mentioned symptoms
- Asymptomatic cases are those confirmed cases who don't have any symptoms

*There are other criterias that would be verified by the medical doctor



Contact is a person who has come in contact with a confirmed case of COVID

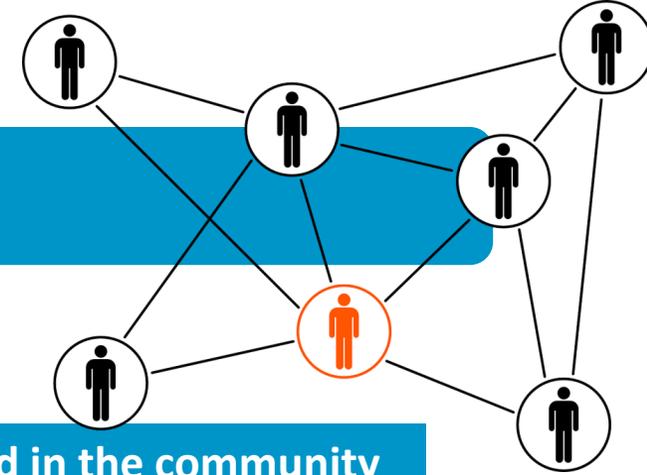
High Risk Contact

- Lives in the same household as the patient
- Anyone in close proximity (within 1 meter) of the confirmed case without precautions (mask) for > 15 minutes
- Had direct physical contact with the body of the patient including physical examination without PPE. (handshake, hugging, kissing, etc.)

Low Risk Contact

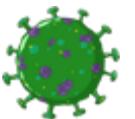
All other contacts, not meeting criteria for High Risk Contact

Who is a Contact?

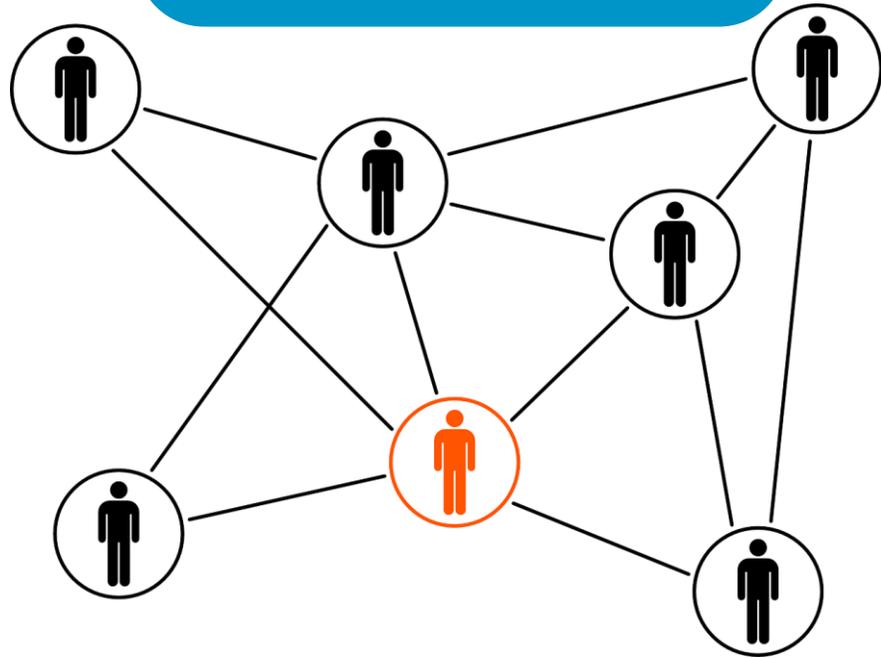


Examples of Contacts – To be traced in the community

- | | |
|-------------------|--|
| Household | <ul style="list-style-type: none">• Family members, Visiting relatives• Domestic help |
| Community | <ul style="list-style-type: none">• Neighbors, friends• Milk/vegetable vendors etc. |
| Travel | <ul style="list-style-type: none">• Co-travelers & drivers in flight/ train/bus/taxi/auto rickshaw etc. |
| Social Gatherings | <ul style="list-style-type: none">• If attended, social gatherings like marriage, parties, funeral , religious meetings, conferences |



What you need to know about Contact tracing?



What is Contact Tracing? Contact tracing is the process of identifying, assessing, and managing people who have been exposed to Covid

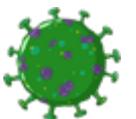
Why to trace contacts? Identifying, categorising, quarantine and follow up of contacts will prevent further transmission

How quickly you need to do it ? 80% of contacts should be traced and put under quarantine within 72 hours

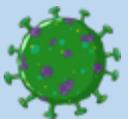
How long you need to do it ? They are followed up daily for 14 days from the last point of exposure

How many contact you expect per case ? On an average there would be 30 contacts per case

What if a contact is living beyond your jurisdiction? The details of contacts living in different places should be immediately shared with the respective health authorities /IDSP team.



1.2 Containment Strategy and Key Interventions



COVID Containment At Local Level

What is containment, its purpose? Containment activities are undertaken in a confined area to prevent infection from getting established in the community and prevent its spread outside the said area. It intends to break the cycle of transmission.

Key Interventions for COVID Containment

- Community Surveillance (House to House search for suspect cases) in containment zone
- List and identify contacts
- Quarantine and follow-up of contacts
- Isolation of COVID patients in treatment facilities/home
- Facilitating testing of suspect cases and high risk contacts
- Implementing preventive measures
- Create awareness in communities on COVID prevention and containment activities

Identification of containment and buffer zones are responsibilities of district administration/ local urban bodies



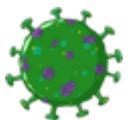
What is Health Surveillance?



- It is collection, analysis and interpretation of health data essential for planning, implementing and evaluating public health activities.
- There are multiple methods of collecting this data. Such as from health records, surveys, laboratories, media reports etc.

For surveillance of COVID, we would be using

- **Active surveillance**, which is house to house search to identify suspect cases
- **Passive surveillance**, which is data collected from patients themselves reporting to health facilities



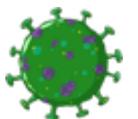
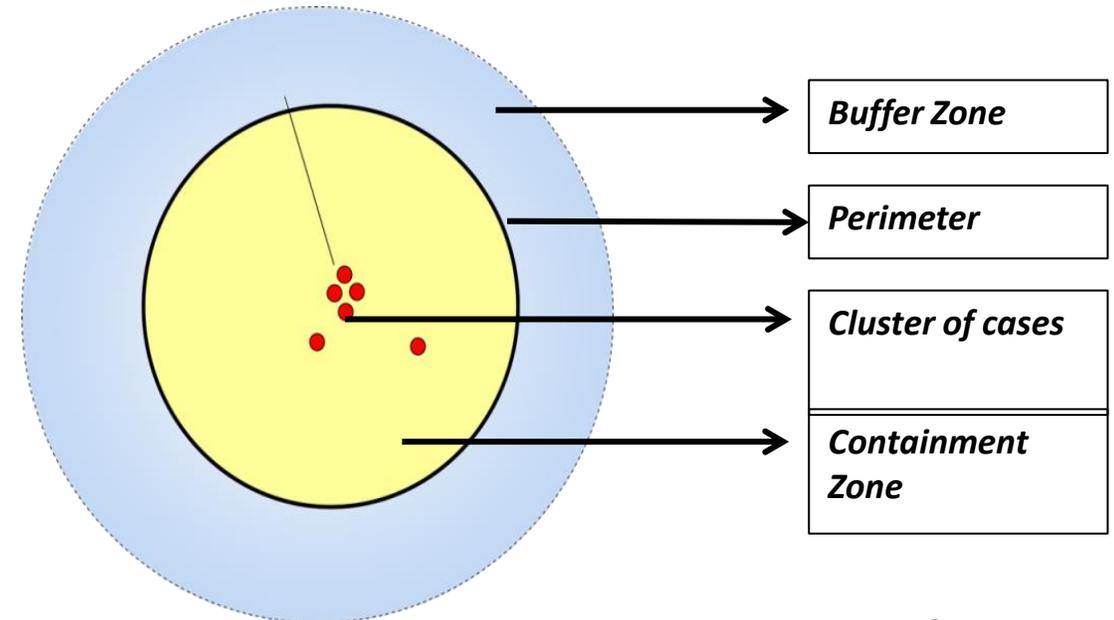
What are the activities in Containment zone and Buffer Zone?

Containment Zone

- **Active house to house search** for cases by surveillance teams formed for the purpose
- **Testing of all cases** as per testing guidelines
- **Contact identification, listing, tracing, quarantine and follow up**
- **Rapid isolation and appropriate management of suspect/confirmed cases**
- **Strict perimeter control**
 - Establish clear entry and exit points.
 - No movement except for medical emergencies and essential goods & services
 - No unchecked influx of population
 - People transiting to be recorded & followed

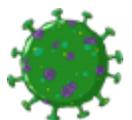
Buffer Zone

Enhance surveillance for ILI/ SARI cases in health facilities or outreach mobile units or through fever clinics



What do you need to know about Clinical Management?

- COVID is managed symptomatically , there is no proven drug or vaccine
 - 80% of cases are very mild/ mild and recover fully
 - Early detection, hospitalization and case management are key interventions to prevent deaths
- About 15% cases require hospitalization and 5% need ICU admission and ventilators
 - In those requiring hospitalization oxygen therapy is main stay of treatment
 - Elderly and high risk groups (diabetes, hypertension, lung disease, TB, kidney disease, cancer and patient on immunosuppressant's) require close monitoring of their oxygen saturation to prevent deterioration and death



What is the difference between Isolation and Quarantine?

Quarantine: Is separation of individuals who were exposed to a case and are likely to become symptomatic within the next 14 days.

The **purpose** of Quarantine is to reduce transmission by-

- Segregate contacts of COVID-19 patients in a quarantine facility or at home to break the chain of transmission.
- Monitoring contacts for development of sign and symptoms of COVID-19.
- Testing high risk contacts from 5th to 10th day of exposure

Duration of quarantine : For 14 days from contact with a confirmed case

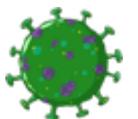
Isolation: Is separation of persons who are ill from those who are not ill.

The **purpose** of isolation is to break the cycle of transmission by-

- Segregation of such suspect/confirmed cases COVID-19 patients in a COVID treatment facility or at home.
- Monitoring such for deterioration of their clinical status.

Duration of isolation: For those isolated in a COVID treatment facility, their discharge is as per discharge criteria For those isolated at home, after 10 days of symptom onset and no fever for 3 days.

There is no need for testing after the home isolation period is over.



What is Infection Prevention Control?

Basic level of infection control precautions to be followed at all times while in the field. These are:

1



Hand hygiene

2



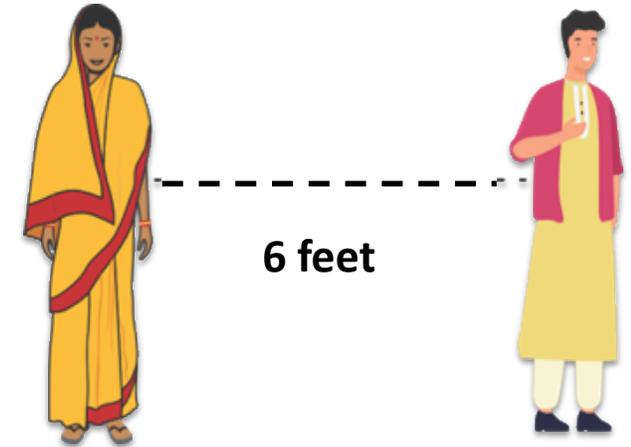
Personal Protective Equipment

3



Respiratory hygiene

4



Physical distancing



Important Points to Remember

1.1: Basics about COVID

- COVID is a new disease and has no cure
- People can catch COVID-19 from others who have the virus
- Common symptoms of COVID are: Cold, Cough and Difficulty in Breathing

COVID Definitions

- **COVID Suspect Case:** A person with Acute onset of fever AND cough OR Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, body ache, sore throat, running nose, difficulty in breathing, loss of appetite/nausea/vomiting, diarrhoea, altered mental status
- **COVID Confirmed Case:** A person who tested positive for COVID infection, irrespective of clinical signs and symptoms
- **Symptomatic cases** are those those confirmed cases who have fever with cough or three or more of the above mentioned symptoms
- **Asymptomatic cases** are those confirmed cases who don't have any symptoms
- **Contact is a person who has come in contact with a confirmed case of COVID**

1.2: Containment Strategy and Key Interventions

- Community Surveillance (House to House search for suspect cases) in containment zone
- List and identify contacts
- Quarantine and follow-up of contacts
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- Implementing preventive measures
- Create awareness in communities on COVID prevention and containment activities



Chapter 2

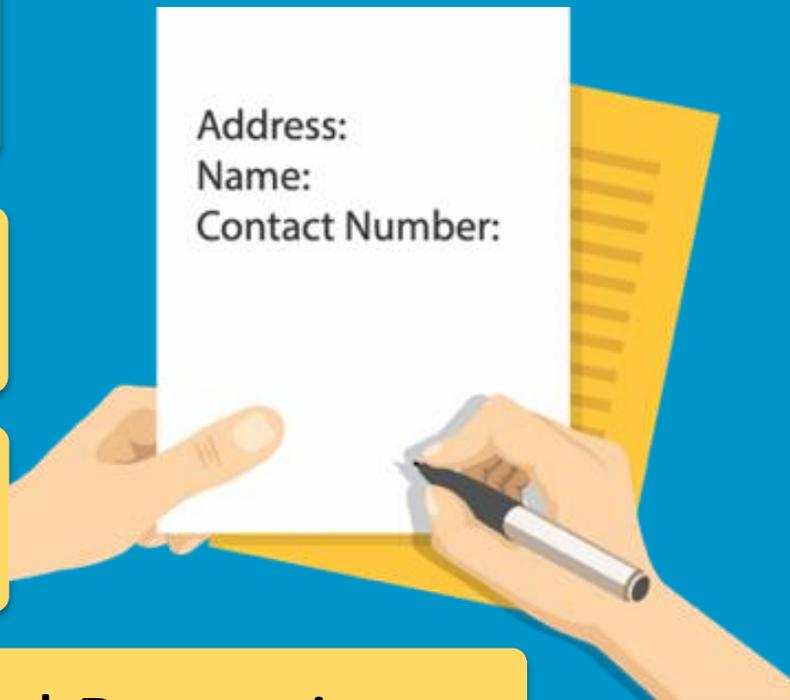
Managerial Role of Supervisors

Planning

Operations

Logistics

Monitoring and Reporting



Address:
Name:
Contact Number:

Key Topics

This chapter explains the expected managerial role of the supervisors and covers the following topics:

- Area of jurisdiction, roles and responsibilities
- Education of the surveillance teams about
 - COVID and its mode of spread
 - on their roles and responsibilities
- Planning for field visits for supervising of the surveillance teams
- Logistics arrangements for surveillance teams to carry out their activities
- Data collection and collation from the field staff
- Monitoring of surveillance teams and perimeter control



Managerial Role: Key Components



1. Planning

This component outlines planning process for COVID-19 management in the allocated area of jurisdiction.

2. Operations

This component explains activities for the supervisor at the field level

3. Logistics

This component outlines supply chain management in assigned area of jurisdiction

4. Monitoring and reporting

This component explains monitoring and supervision required in the field

1. How to plan for house to house surveillance and contact tracing?



Supervisors
to:

Collect list of homes in allotted sector from the Medical Officer/ Rapid Response Team

Know the surveillance teams, allocated to them

Assign around 100 households for each team

Plan daily briefing meetings with the surveillance teams at the start of the day

Plan debriefing meetings with surveillance teams on activities during the day e.g number of cases and contacts followed, new suspected cases found, no. of contacts identified for testing etc.

Network with fellow supervisors on contacts traced to their areas

Plan meetings with superiors and brief them forms and data with MO/Control Room



Supervisors
to:

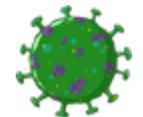
2. Operations in the containment zone

Know the area of jurisdiction

Familiarize field surveillance teams with prescribed manual

Sensitize/train surveillance teams on their roles and responsibilities

Hold briefing and debriefing meetings with their surveillance teams



3. Logistics requirement to carryout activities in the containment zone



Supervisors
to:

Requisition PPEs, Thermal Guns, Hand Sanitizers, Pulse oximeters, field activity forms, etc.

Ensure that equipment to be used in the field are calibrated

Distribute logistics and keep a record of daily utilization of logistic.

Review requirements periodically & arrange for the same

Network with the ambulance service provider and medical officers



4. Monitoring and reporting in the containment zone

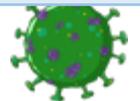
The area within the containment zone will be divided in multiple sectors, each allotted to a supervisor with multiple surveillance teams reporting to him/her

On an average a supervisor is to supervise around 10 surveillance teams (subject to geography and availability of trained human resource), each team allocated not more than 100 households.

Random check/monitor on the activities of surveillance teams (at least 10% of households)

Monitor perimeter control and report to the medical officer/RRT

Collect and collate data from the field staff and debrief them about day's activity



Important Points to Remember



Supervisor's role as a Manager:

- Plan field visits for supervising the surveillance teams
- Arrange logistic for surveillance teams to carry out their activities
- Sensitize/train surveillance teams on their roles and responsibilities in containment zone
- Collect and collate data from the field staff
- Daily monitor surveillance teams and submit their report

Chapter 3

Technical Role of Supervisors



Contact
Tracing

Testing
Containment

Verifying on Home
Isolation & Quarantine

Arrange for
Referrals

Personal
Protection

Key topics

This chapter explains technical role of the Supervisors in detail and cover the following points:



1. Conduct contact tracing and follow up
2. List the COVID tests
3. Verify the requirement for home quarantine and home isolation
4. Arrange for referral
5. Explain personal protection.

Technical Role: Key Components



1. Contact Tracing

This component explains about tracing, enlisting and follow-up of contacts in the allocated area of jurisdiction.

2. Testing

This component outlines role of supervisor in facilitating COVID-19 testing of suspect cases, eligible contacts

3. Containment

This component explains role of supervisors in the containment zone and management of COVID-19 suspect cases and contacts

4. Verifying on home quarantine & home isolation

This component explains eligibility criteria for home isolation/home quarantine and follow up of such patients

5. Arrange for referral

This component outlines referral process for suspect cases/patients requiring admission to a facility

6. Personal protection

This component explains personal protection to be undertaken by the supervisors and the field teams

Supervisor's Role in contact tracing

Only contact tracing can break the chain of COVID transmission if it is implemented immediately upon identification of a COVID case

Supervisor along with RRT should interview the case to identify all contacts, whom he/she had come in contact 2 days prior to the onset of symptoms up to such time that he/she was isolated. (If the case is already isolated in a COVID treatment facility, this would be done by RRT and the list of contacts shall be provided to supervisor)

Supervisor should seek information on the case's activities to identify contacts (for the period mentioned above)

If the case is well enough to talk, the supervisor should interview the case directly. If the case is unable to talk or has died, gather information from people who cared for or had proximity to the case, including healthcare workers, family and neighbors.

The Supervisor and the RRT must visit the household of case and all his/her contacts within the area of jurisdiction (cases/contacts outside area of jurisdiction will be communicated to the respective supervisor)

It may be helpful to use a calendar or specific dates, such as local holidays, to help cases recall activities.



Supervisor's Role in contact tracing



Contact tracing Process

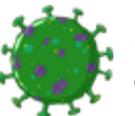
Case Identified and interviewed

Contacts identified and listed

Contacts interviewed

Contacts quarantined and followed-up

Contacts discharged



Supervisor's Role in contact tracing

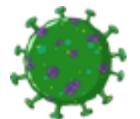


Identifying and interviewing Contacts

Questions should be designed to elicit the names of:

- Household members, who lived with the case in the same house (incl. care giver, housemaids, driver etc.).
- People with direct physical contact (handshake, hugging, kissing etc.)
- Asking the case to recall anyone in close proximity (within 1 meter) of the confirmed case without precautions (mask) for > 15 minutes.
- All people who visited the case including two days prior to symptom onset (e.g., at home, healthcare facility)
- All places the case visited since symptom onset (e.g., work, neighbors, extended family, workplace, shops, pharmacy, place of worship, traditional healers)
- In the event that the case is a healthcare worker, all patients and colleagues of this healthcare worker.
- If the case has used conveyance or public transport try to elicit information on people seated around the case or details of mode of transportation used (flight details, railway details, own conveyance, taxi etc.).
- Anyone else who might have been exposed to the case

Remember contact tracing is a time consuming activity. Be patient, perseverant and empathetic during the interview.



Supervisor's Role in contact tracing



Interviewing the Case

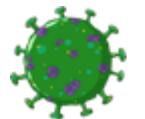
To ensure a complete and accurate list of contacts,

- Supervisor and the Surveillance Team may have to conduct several interviews
- Visit places that the case went to get the names of contacts that the case does not know or remember (i.e., others at a restaurant, hotel, conference, market, place of worship, clinic or workplace).
- Coordinate and collaborate with fellow supervisors, superiors to track contacts located outside of the allocated area

The Team should make every effort to personally identify and interview every listed contact.

During this interview, the contact should be asked about their **last** date of interaction with the case. If there is a discrepancy between the date provided by the case and by the contact, the most recent date since the case's symptom onset should be used as the start of the 14 day follow-up period.

The contacts would be categorised as (i) High Risk and (ii) Low Risk as per laid down criteria. High risk contacts should be prioritized, quarantined and followed up on daily basis.



Supervisor's Role in contact tracing



Quarantine and Follow up of Contacts

When contacts are identified and confirmed, they should be informed of their risk status and the plan for follow-up

Use Form no 1 to daily fill up the details

Contacts should be educated about the signs and symptoms of COVID and preventive measures they should take to protect themselves and others.

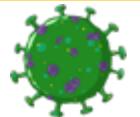
High Risk contacts shall be placed under quarantine for next 14 days

Home quarantine will be allowed after verifying residential adequacy by the Supervisor, or else facility quarantine.

The Supervisor should explain that getting early and good clinical care improves outcomes, and that immediate isolation reduces the risk of infecting family members

Contacts should be given the Surveillance Team's mobile number

Should the contact develop symptoms, the contact should be instructed to self-isolate and notify the team, in order to keep others from getting COVID



Supervisor's Role in contact tracing



Challenges of Contact Tracing

Common challenges include:

- Contacts without addresses
- locations with no street names
- Wrong contact numbers
- use of personal nicknames

Delayed laboratory confirmation delaying the initiation of contact tracing.

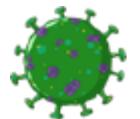
Some of these issues can be circumvented by

Engaging community leaders to help find where contacts

Expediting laboratory reports

If there is delay in lab results, listing of contacts of such suspect cases should be initiated

Seek help from Medical Officer/ RRT



Contract Tracing FORM-1

Name of Frontline Health Worker _____ Mob No. _____;

Name of Supervisor _____

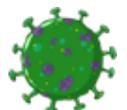
Mob No: _____ District _____ Block _____

Vill/Mohalla _____

Date of start of contact tracing ____/____/____

Sr. No.	Date of last exposure	Name of contact	(HRC/LRC)	Age (yrs.)	Sex (M/F)	Address	Phone number	Day of follow - up (Put a 'X' if the contact has no symptom and put a 'V' if the contact has one of the following symptoms - fever, cough, difficulty breathing or pulse oximeter reading of <95)														
								Encircle the day on which sample was collected														
								1	2	3	4	5	6	7	8	9	10	11	12	13	14	
1																						
2																						

In case pulse Oximeter reading <95% or person develops difficulty in breathing – Team to immediately inform supervisor



Supervisor's Role in contact tracing



Supervising Surveillance Teams to follow up persons at higher risk

Enlist

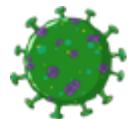


- **Elderly**



Persons with other diseases:

- Diabetes,
- Hypertension,
- Heart disease,
- Cancer,
- Kidney disorder,
- Lung disease
- TB



Supervisor's Role in Testing



Know the nearest laboratories where COVID testing can be done

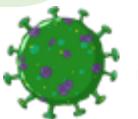
a) Know the Government and Private laboratories attached to the containment zone. This information can be obtained from Microbiologist of Rapid Response Team (RRT).

This information is also available at

https://www.icmr.gov.in/pdf/covid/labs/COVID_Testing_Labs_07082020.pdf

b) Keep for records the name and contact numbers of:

1. The RRT/laboratory technician assigned the work of testing
2. The name and contact number of nodal officer in the identified laboratory



Supervisor's Role in Testing



Facilitate Testing

- a) Arrange for testing at the nearest testing facility
- b) Call for RRT/Lab technician/mobile testing team
- c) If the person wants to get tested at an approved private laboratory, then facilitate the same
- d) Inform laboratories on the number of patients/ samples arriving for testing
- e) Monitor lead time for test results

Monitoring of the test reports

- a) Keep a track of samples from your area sent for testing
- b) Pending receipt of test results, suspect cases will be kept in a COVID facility /home isolation, subject to him/her fulfilling laid down criteria (slide No. 44)



Supervisor's Role in Operations

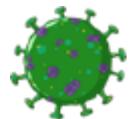


Key Interventions for COVID Containment

- Supervision of community surveillance (House to House search for suspect cases) in containment zone
- List, identify, categorization, quarantine and daily follow up contacts
- Verifying residential facility appropriateness for home quarantine and home Isolation
- Facilitating testing of suspect cases and high risk contacts

Supervisor acts as a link between field teams and

1. District RRT/ medical officer in-charge.
2. District/Containment zone Control room for (i) Designated laboratory, (ii) Designated COVID treatment facility, (iii) Ambulance service providers
3. Data collation



Supervisor's Role in Home Quarantine

Verifying residential facility appropriateness for Home Quarantine

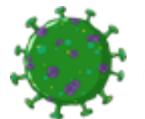
Visit the house of high risk contact detected

Introduce yourself and explain the purpose of the visit

Check for the following:

- i. Availability of well-ventilated single-room preferably with an attached/separate toilet
- ii. Other high risk contact (if any, in the same family) have separate rooms for quarantine
- iii. Family member is available to carry out assigned task of taking care of quarantined person
- iv. Contact and his/her family members have been explained and has agreed to the precautions to be followed and need for prompt reporting in case the contact develops symptoms suggestive of COVID

If answer to i to iii above is yes – Inform medical officer in-charge



Supervisor's Role in Home Quarantine

Advice for contacts being home quarantined



Wear a triple layer mask correctly all the time: The mask should be changed every 6-8 hours and disposed off by putting in a paper bag for 72 hours and then disposing off it as general waste.



Stay in a well-ventilated room



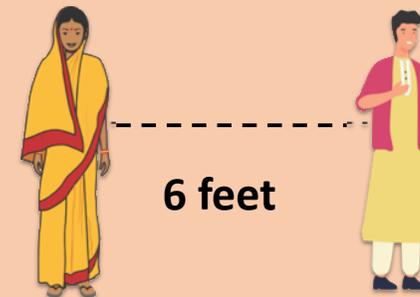
- **Wash hands with soap and water** for 40 secs frequently
- If soap and water is not available, then use 70% alcohol-based sanitizer

Avoid visitors at home and do not leave the house: Do not go to work, School or Public Areas like Markets etc. Under no circumstances attend any social/ religious gathering e.g. wedding, condolences, etc.

Avoid sharing items e.g. utensils, towels, bedding, etc

Keep distance

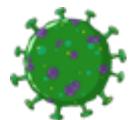
- If available, use separate bathroom.
- Contact will stay away from elderly people, pregnant women, children and persons with other diseases within the household.



6 feet

Clean & disinfect Items: All 'high touch surfaces' to be disinfected with 1% sodium hypochlorite. Especially counters, tabletops, doorknobs etc.

Seek medical help
If you develop Cough or Fever or Breathing Difficulties inform Surveillance Team/Supervisor



Supervisor's Role in Home Isolation

Verifying residential facility appropriateness for Home Isolation

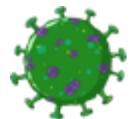
Visit the house of suspect case reported

Introduce yourself and explain the purpose of the visit

Check for the following:

- i. The case has been examined by a medical officer and clinically assigned as very mild/asymptomatic/pre-symptomatic case of COVID-19
- ii. Availability of well-ventilated single-room preferably with an attached toilet
- iii. There should be separate rooms for case, his contact and care giver
- iv. Patient is not suffering from immune-compromised status (HIV, Transplant recipient, cancer therapy etc.)
- v. Elderly (aged > 60 years), pregnant woman, child or a person with other additional diseases (Diabetes, Hypertension, Lung/liver/kidney/heart disease, Cerebrovascular disease etc.) shall only be allowed after proper evaluation by treating medical officer
- vi. A caregiver is available to provide care on 24x7 basis
- vii. Aarogya Setu app is downloaded and active
- viii. An undertaking has been given by the home isolated patient to follow all precautions, take prescribed treatment and restrict his/her movement

If answer to i to iii above is yes – Inform medical officer in-charge



Supervisor's Role in Home Isolation



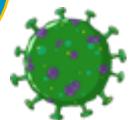
Advice to patients undergoing Home Isolation

Important actions at home

- i. Use triple layer medical mask at all times. Discard mask after 8 hours of use or earlier if they become wet or visibly soiled
- ii. Monitor health (temperature and oxygen saturation)
- iii. Must stay in the identified room & away from other people in home, especially elderly & those with co-morbidity
- iv. Patient must take rest and drink lot of fluids
- v. Follow respiratory etiquettes and hand hygiene
- vi. Don't share personal items with other people
- vii. Should strictly follow physician's instructions and medication advice

When to seek medical attention : If patient develops

- Difficulty in breathing,
- Dip in oxygen saturation ($SpO_2 < 95\%$)
- 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



Supervisor's Role in Home Quarantine and Isolation

Advice for Family members of home quarantined contacts and Isolated patients



One family member designated as caregiver

Protect yourself by wearing a mask

- Avoid touching of face, nose or mouth.
- The caregiver should always wear a three layered mask at all times
- Disposable masks are never to be reused
- Dispose mask, gloves in a paper bag for 3 days and then dispose with regular waste

Clean and disinfect and maintain distance

- Stay in a designated room away from others especially elderly or people with other diseases
- If available, use separate bathroom
- Avoid sharing of household items
- Clean and disinfect frequently touched surfaces in the quarantined person's room (Ex: bed frames, tables etc.) daily with 1% sodium hypochlorite solution
- Clean and disinfect toilet surfaces daily with regular household bleach solution/ phenolic disinfectants

Washing laundry

- Immediately remove and wash clothes or bedding that has vomit or other body fluids.
- Wash and disinfect bed linen in warm water and normal detergent. Dry in Sun.

Hand washing

- The caregiver should wash hands with soap and water for 40 secs frequently
- If soap and water is not available, then use 70% alcohol-based sanitizer

Follow medical advice and early reporting

- Ensure that the patient follows the doctors advice and treatment
- Monitor your own health and if you have any COVID symptoms then report immediately to nearest health facility



Supervisor's Role in Home Quarantine and Isolation



Daily follow up of home quarantined contacts and home isolated cases

Follow up of home quarantined contacts

- Provide details of such contacts to designated surveillance teams
- Ensure daily follow up and/or visits by the surveillance teams to look for development of symptoms and oxygen saturation of home quarantined contact and their family members for next 14 days
- Undertake supervisory visits to such households to cross check that:
 - Their households are being visited by the surveillance teams
 - Home quarantined persons are abiding the given instructions
 - Facilitate testing of the High Risk contact between 5th to 10th day. If test positive, and the medical officer certifies that the case is very mild/asymptomatic/pre-symptomatic, the patient will remain in home isolation.
- At the end of quarantine period, certify successful completion of quarantine period

Follow up of home isolated cases

- Provide details of such cases to designated surveillance teams
- Ensure daily follow up and/or visits by the surveillance teams to look for any worsening of symptoms and oxygen saturation of isolated and their family contacts
- Undertake supervisory visits to such households to cross check that:
 - Their households are being visited by the surveillance teams
 - Home isolated persons are following home isolation guidelines
- At the end of isolation period, certify successful completion of isolation period



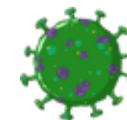
Supervisor's Role in Arranging for Referrals



Assessment of clinical severity

Clinical Severity	Criteria	Facility
Very mild/ pre-symptomatic	Very mild symptoms	Home isolation (provided facility is available)
Mild	Fever and/or uncomplicated upper respiratory tract infection without difficulty of breathing with SpO2 > 95%	Admit to CCC
Moderate	Pneumonia with no signs of severe disease, SpO2 < 95% on room air	Admit to DCHC
Severe	Difficulty in breathing requiring ventilator or spO2 < 90% on room air	Admit to DCH

Assessment of clinical severity is important for the supervisor to understand for timely referral of patients to the designated facility. He/ she has to base his/ her inference from the SpO2 reading and coupled with breathlessness in the patient.



Supervisor's Role in Arranging for Referrals

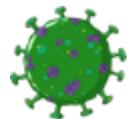


Referral & Transfer of Patients (Ambulance)

If a suspect/ confirmed case requires hospital admission based on the clinical severity, call the control room/ ambulance service provider for immediate transfer of the patient

- Confirm bed availability in the designated hospital
- Supervisor will ensure timely transfer of patients
- Ensure that the patient and caregiver accompanying the patient are wearing triple layered mask
- Maintain ambulance call log and report call log time

In case of inordinate delay in ambulance movement, the same will be enquired and intimated to MO for remedial measures



Personal Safety Measures: to be always followed in the field



When Supervisors' are moving around in the community:

- Maintain a distance of at least 6 feet from people when you are communicating
- Always use a three layered medical mask to cover your face, make sure it is properly worn
- Avoid touching your face (eyes, nose, mouth) at all times
- Wash your hands with soap and water frequently or use alcohol based sanitizer
- Avoid touching or direct physical contact with suspected case or High Risk contacts

Immediately on reaching home:

- Carefully remove and dispose your face mask by keeping the used mask for 3 days in a paper bag and then dispose off as general waste
- Wash hands with soap and water for 40 seconds or with an alcohol based sanitizer before you touch anything else.
- Monitor your health
- If you develop any COVID symptoms (fever, cough or breathing difficulties), report to the nearest health facility or to your supervisor or to District Surveillance officer



Mask Management

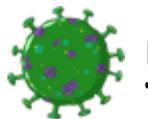


Use a mask correctly

- Unfold pleats facing down, place over nose, mouth and chin
- Fit nose piece over nose-bridge. Tie strings-upper string tied at top of your head, above the ears and lower string at the back of the neck
- Leave no gaps on the either side of the mask. Adjust to fit
- Do not pull the mask down or hang from the neck
- Avoid touching the mask while in use
- Replace mask with a new clean, dry mask as soon as they become damp/ humid after 6-8 hrs.

Removal and disposal of the mask

- Do not re-use single-use masks
- For removal, first untie the lower strings and then strings on the head. Handle the mask using the upper strings
- Do not touch outer surfaces of the mask while removing
- If you touch the mask while removing it, immediately wash your hand with soap and water or with 70% alcohol based sanitizer

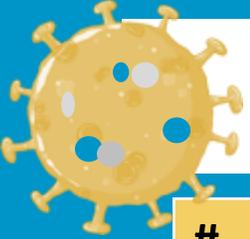


Important Points to Remember



Technical Role of the Supervisor:

- Conduct contact tracing and follow up on contacts and suspect cases
- Enlist for the COVID tests
- Verify the requirement for home quarantine and home isolation
- Arrange for referral
- Ensure personal protection for self and for surveillance teams.

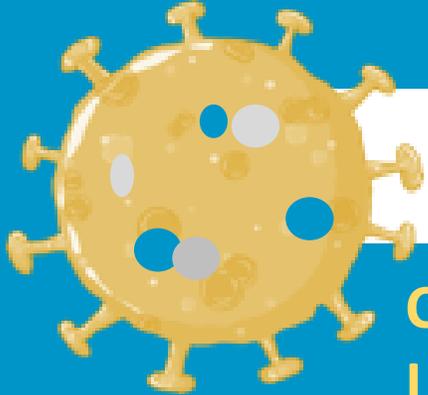


Self Assessment Checklist of Field Actions

#	Actions	Status-Y/N	
1	Obtain daily list of those tested from Data management team	Y	N
2	Assign maximum 100 houses to each surveillance teams	Y	N
3	Review actions taken for cases, tests advised, home isolation checks/ advice with teams	Y	N
4	Briefing and debriefing sessions conducted for the surveillance teams	Y	N
5	Active follow up of confirmed cases and home quarantined contacts	Y	N
6	Monitor contacts, provide advice and assistance by phone	Y	N
7	Review Contact Tracing Progress with tracers at the end of each day, identify successes and provide positive reinforcement of situations handled well	Y	N
8	Review safety or security concerns with surveillance teams	Y	N
9	Provide contact tracing progress to data management team	Y	N
10	Monitor effective communication and relationship building skills of surveillance teams and provide support when required	Y	N



Ministry of Health & Family Welfare
Government of India



Let's defeat COVID

Correct information and behavior's is the way to defeat the infection.
Lets play our role in this fight against COVID.