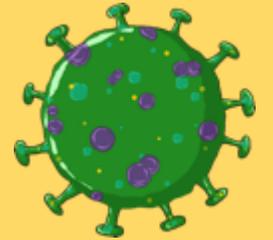
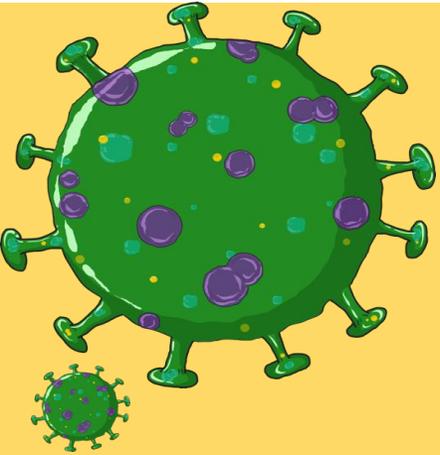




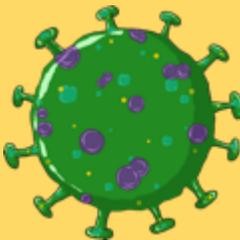
Ministry of Health & Family Welfare  
Government of India



# COVID

## Manual for Surveillance Teams for containment zones

August, 2020



# COVID



## Chapters Outline: what will the Surveillance Team learn?

### 1. Role of Surveillance Team in Containment Zone

This chapter talks of key interventions about containment zone, role of the Surveillance Team and key facts about COVID

### 2. Community Surveillance (House to House search for suspect cases) and Contact tracing

This chapter provides details on home visits and contact tracing protocols; reporting formats, home quarantine measures and non-COVID essential services

### 3. Preventive and Control Measures for Families & Communities

This chapter explains about information and knowledge Surveillance team will give to the community on hand and respiratory hygiene; physical distancing & stigma and discrimination

### 4. Personal Safety

This chapter provides information on self protection actions for Surveillance team while visiting the suspect cases and contacts and conducting community activities



# Chapter 1

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## COVID Containment and Role of Surveillance Team



# COVID Containment At Local Level

## Key Interventions for COVID Containment

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



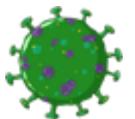
# What is the Role of Surveillance Team?

## **Conduct Community Surveillance (House to House search for suspect cases and contact)**

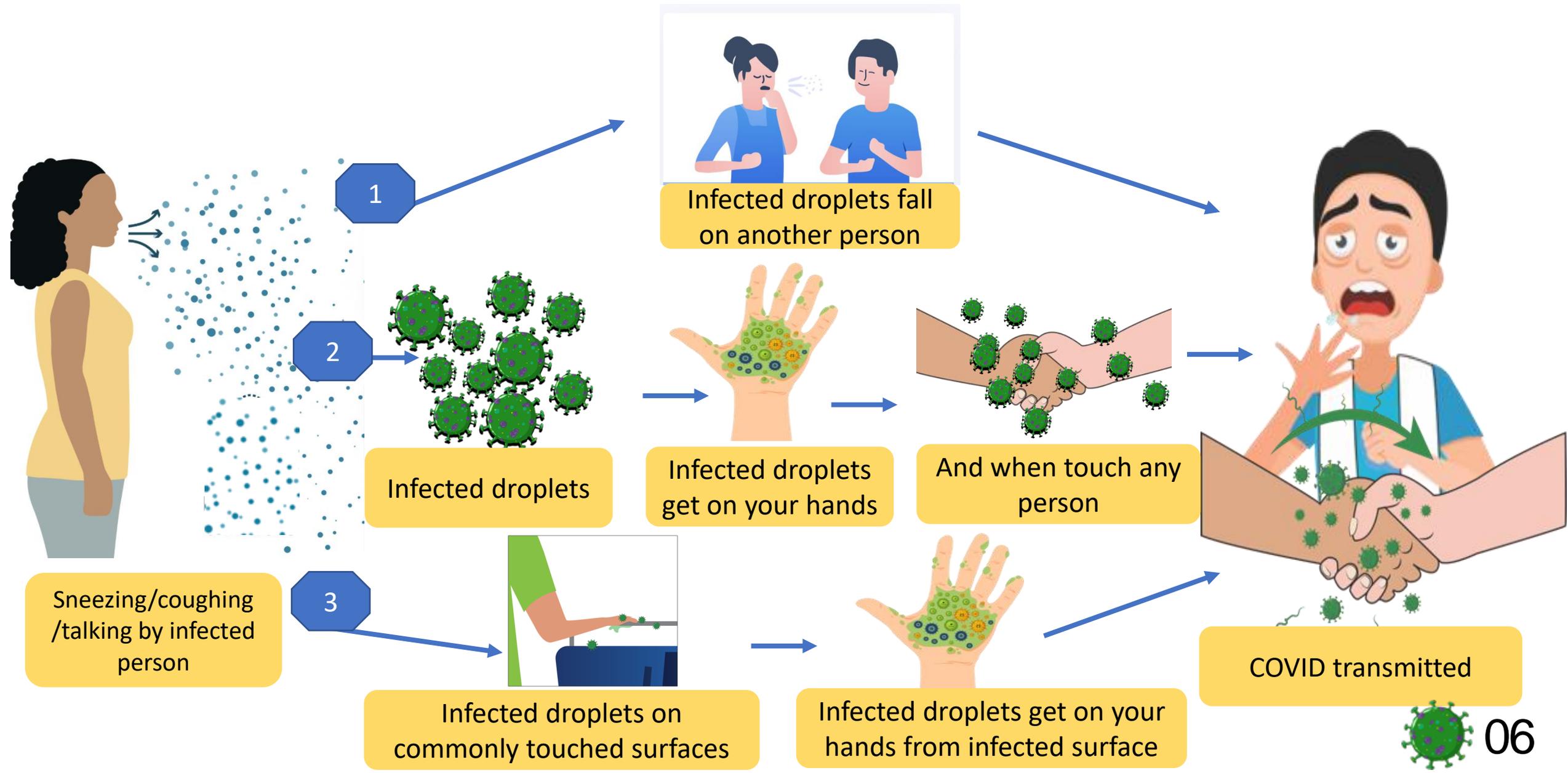
- (1) Home visits to identify suspect case and contacts
- (2) Identify family members with other diseases (Diabetes, Hypertension, Heart disease, Cancer, kidney disorder and lung disease, TB)
- (3) Follow-up with families on home isolated cases and home quarantined contacts
- (4) Actions families need to take if there is a suspected case at home

## **Create awareness in communities for COVID Response for Containment**

- (1) Practice of prevention and containment measures including physical distancing
- (2) Help communities in dealing with stigma & discrimination
- (3) Disseminate COVID IEC materials



# How is COVID transmitted?



1

Infected droplets fall on another person

2

Infected droplets

Infected droplets get on your hands

And when touch any person

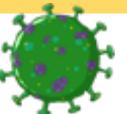
COVID transmitted

3

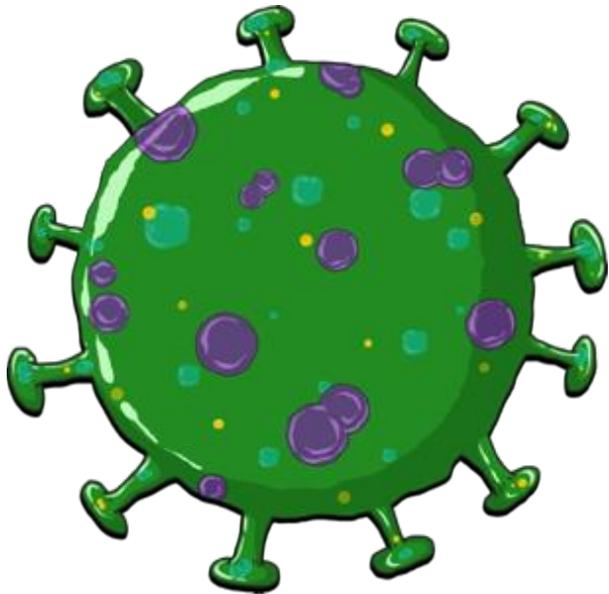
Sneezing/coughing/talking by infected person

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





# Important points to remember

Surveillance team plays an important role in COVID response and containment.

Action  
1

## Surveillance Team's Role in COVID Containment Zone

1. **Conduct Community Surveillance** (House to House search of suspect cases) and follow up of contacts
2. **Create awareness in communities** on COVID Containment measures; and disseminate COVID IEC Materials



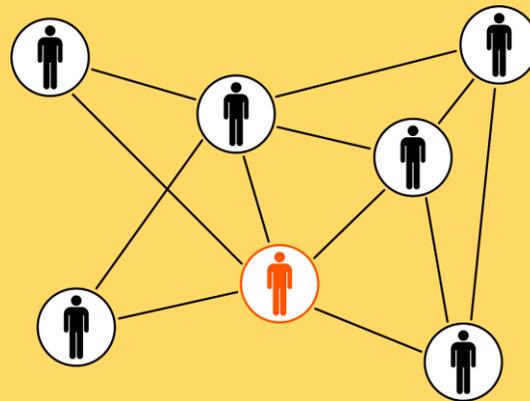


# Chapter 2

## Community Surveillance (house to house search for suspect cases) and Contact Tracing



Home visits



Contact tracing



Reporting



## 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



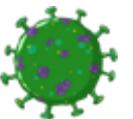
## Who is a Confirmed Case?

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



# Who is a Contact?

## Contact

- A contact is a person who has been exposed to a COVID-19 case, from 2 days before to 14 days after the case's onset of illness.

## High Risk Contact

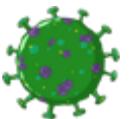
- Lives in the same household as the patient
- Anyone in close proximity (within 1 meter) of the confirmed case without precautions (mask) for > 15 minutes
- Had direct physical contact with the body of the patient including physical examination without PPE. (handshake, hugging, kissing, etc.)

## Low Risk Contacts

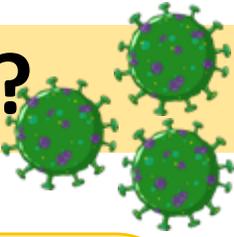
- All other contacts, not meeting criteria for High Risk Contact

## Examples of Contacts – You need to trace in the community

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



# Daily Home Visits-What Surveillance Team needs to do?



**1. Coordinate with the supervisor & collect daily list of homes for visit**

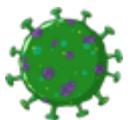
**2. Conduct home visits (house to house) to actively search COVID suspect cases**

**3. Follow up contacts of COVID suspect/confirmed cases**

**4. Maintain a list of suspected/confirmed cases and contacts**

**5. Follow-up with families on home isolated cases and home quarantined contacts**

**6. Create awareness in communities on COVID prevention and containment measures**  
*(please refer to Session 3)*

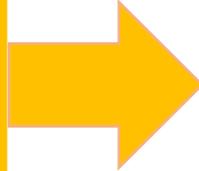


# Plan a home visit -What Surveillance Team needs to do? (1/4)



**Coordinate with your supervisor & collect daily list of homes for visit in the containment zone**

Take the list of around 100 houses your team need to visit daily

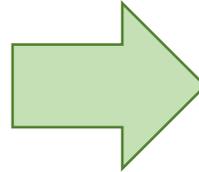


- Every morning meet your Supervisor
- Take the list of around 100 houses allocated to your team
- Collect your team's Form 1
- Collect contacts list from supervisor
- Debrief your supervisor on activities during the day such as number of cases and contacts followed, new suspected cases found, no. of contacts identified for testing etc.





**Home visits (house to house) to actively search COVID suspect cases**



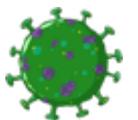
- **Introduce yourself and inform the head of the family that you are conducting COVID Surveillance**

- **Inform family that you will be screening all household members and will take readings of their temperature & oxygen saturation**

- **Use THERMAL GUN & PULSE OXIMETER to screen all family members**

- **Fill readings of all family members in the FORM-1. Identify suspect cases**

- **If a person is found with fever or has low oxygen saturation, inform the supervisor**

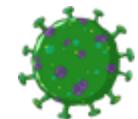




**THERMAL SCREENING**

## How to use a THERMAL GUN?

- ✓ Collect **calibrated** THERMAL GUN in the morning from the supervisor
- ✓ Turn on the THERMAL GUN and ensure it records correct temperature
- ✓ Keep the THERMAL GUN at the palm's distance (6 inches) from the forehead and press the button to record the temperature
- ✓ Read the "Number on the Screen" and fill the reading in FORM-1. Repeat this exercise for all family members
  - ✓ **FEVER: Any temperature of 100.4 F (38° Celsius) or greater is considered as fever**
- ✓ Clean THERMAL GUN with sanitizer or alcohol-based wipe when the GUN is handed over to someone else



# How to use a PULSE OXIMETER?

- ✓ Turn on the Pulse Oximeter. Ensure digits are visible in the screen
- ✓ Insert middle finger correctly within the Oximeter. Allow few seconds for the Pulse Oximeter to detect the pulse and display the oxygen saturation (SpO2)
- ✓ Take the reading and fill in the Form-1
  - Normal : SpO2 should be 95% or above
  - **If SpO2 below 95 %, then person should be immediately referred to the supervisor/ medical officer**
- ✓ Clean finger with sanitizer or alcohol-based wipe for every person before use
- ✓ To avoid wrong reading, do not test on fingers with nail polish



**PULSE OXIMETER  
SCREENING**

# Follow up contacts and persons at high risk - What Surveillance Team needs to do? (3/4)

## Why to Follow up contacts?

Identifying and classifying contacts as early as possible prevents the spread of further transmission

**Follow up contacts of COVID suspect/ confirmed cases and persons with other disease**

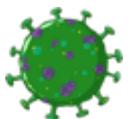
Once the COVID suspected case is identified, categorize contacts as HIGH and LOW RISK

Fill FORM-1 and follow-up with contacts

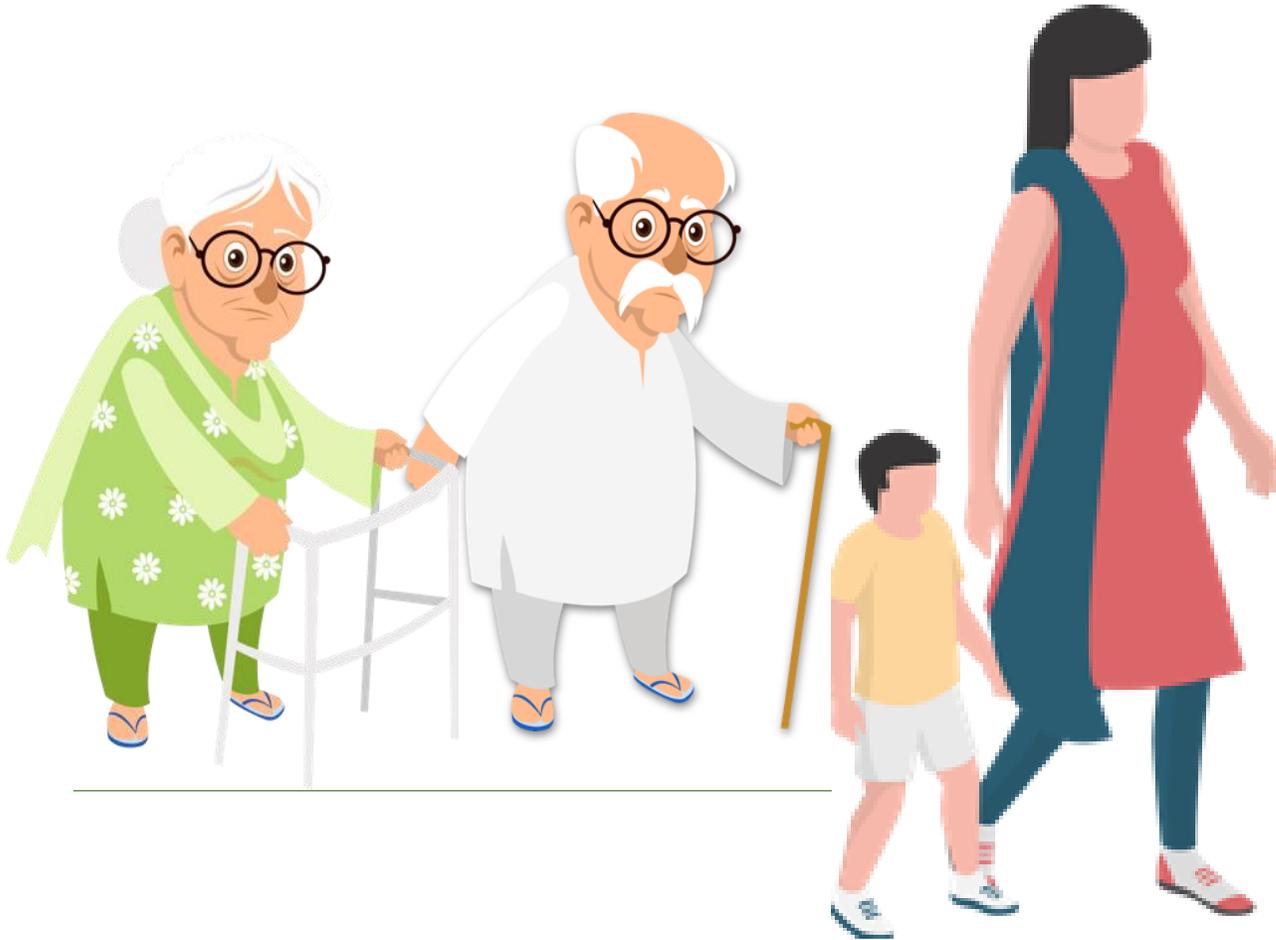
Also take note of family members with other disease such as Diabetes, Hypertension, Heart disease, Cancer, kidney disorder, lung disease and TB

Type of COVID patient	Period of contact tracing
Symptomatic	From 2 days before onset of symptoms to <u>14 days after onset of symptoms</u>
Asymptomatic	From 2 days before to <u>14 days after sample collection</u>

- 80% of contacts should be traced and put under quarantine within 72 hours
- On an average there could be up to 30 contacts per case
- **Note: Those contacts who are not in your area, give the list to Supervisor**



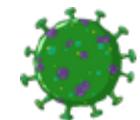
## High Risk Groups including those with other diseases - What Surveillance Team needs to do? (4/4)

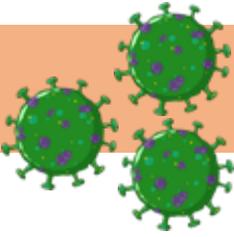


**Look for elderly ( $\geq 60$  years), pregnant women and children in the family and follow them on daily basis for symptoms of COVID**

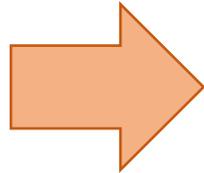
**Take note of family members with other diseases and include information in the Form-1.**

**In high density populations, such as slums, the team to physically move the high risk group to quarantine center**





**Maintain a List of  
suspected/ confirmed  
cases and contacts**

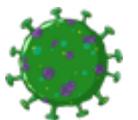


- Familiarize yourself with FORM-1

- Any confusion with the fields, clarify with your Supervisor in detail

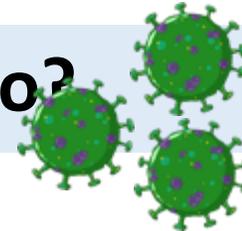
- Complete all the fields in the FORM-1

- Share complete forms with your Supervisor daily





# Follow-up of cases and contacts -What Surveillance Team needs to do?



## Follow-up of 'Cases'

**Isolation** refers to separation of persons who are ill from those who are not ill.

Isolation could be done at a COVID treatment facility or at home.

**Only very mild positive cases** can be advised home isolation.

Such a patient will need a **caregiver** (to ensure actions as per next slide)

Team to actively follow-up with confirmed cases under home isolation till after 10 days of symptom onset and home quarantined contacts for 14 days

Team to take their FEVER and PULSE OXIMETER readings daily. Fill it in Form-1

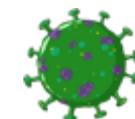
Team to inform families on actions to be taken for home isolated cases & home quarantined contacts.

## Follow-up of 'Contacts'

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

These individuals do not need a caregiver

Ensure actions as per next slide



# What Surveillance Team needs to advice to Home-isolated Cases and Home-quarantined Contacts

## Wear a triple layer mask correctly

All the time



## Clean and Disinfect Items

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

## Stay in a well-ventilated room

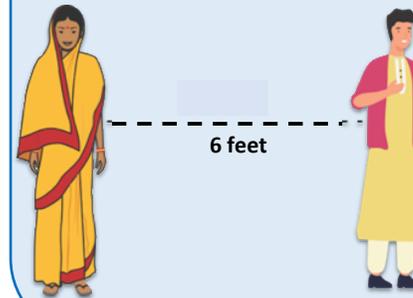


## Avoid Visitors at home and do not leave the house

Do not go to work, School or Public Areas like Markets etc.

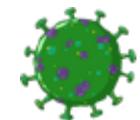
## Keep Distance

- If available, use separate bathroom.
- Stay away from others especially elderly, pregnant women & children and those with other diseases



## Seek medical help

If you develop Cough or Fever or Breathing Difficulties



# What Surveillance Team needs to advice to caregivers of home isolated cases?

## One family member designated as caregiver

### Caregivers to protect themselves self by wearing a mask

- 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

### 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

### 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.

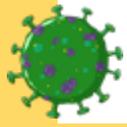
### Hand washing

- The caregiver should wash hands with soap and water for 40 seconds 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 own health and if there are any COVID symptoms then report immediately to nearest health facility





# Important points to remember

## Action 1

Coordinate with the supervisor & collect daily list of 100 homes for visit in the containment zone

Home visits (House to House) active search for suspect cases.

## Action 2

## Action 3

Collect list of contacts from supervisor. Identify elderly, pregnant women & children in the family and members with other diseases.

Maintain a list of suspected/confirmed cases and contacts using FORM-1. Share daily reports with the supervisor.

## Action 4

## Action 5

Follow-up contacts for 14 days and inform families on precautions for home isolated cases and home quarantined contacts.



# Chapter 3

## Prevention and Control Measures

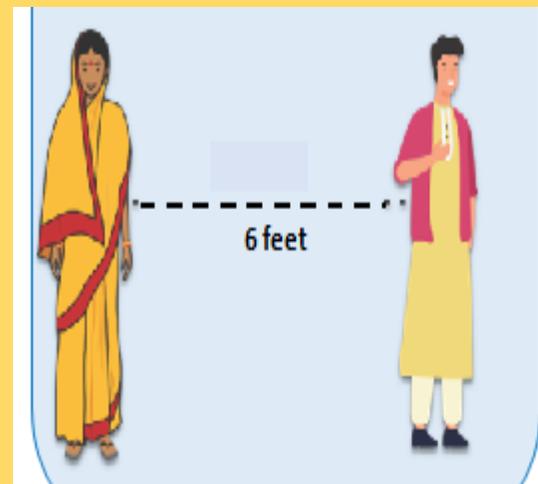
Surveillance Team's message to the community



Hand hygiene



Respiratory hygiene



Physical distancing



Supportive environment & dealing with stigma

# Hand Hygiene: What communities and families need to do?

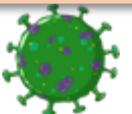
## DO's

- Wash hands with soap and water for 40 seconds frequently, especially after you have been in a public place or after blowing your nose, coughing or sneezing
- If soap and water is not available, then use 70% alcohol-based sanitizer



## DON'T

- Touch your eyes, nose and mouth with unwashed hands
- Unnecessarily touch surfaces like door knobs/handles, door bells, elevator buttons, handrails, mobiles, car handles etc.



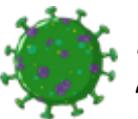
# Respiratory Hygiene: What communities and families need to do?

## DO's

- **Do follow cough etiquettes** (Sneeze, blow your nose or cough into a disposable tissue/handkerchief, and discard the tissue immediately into a bin. If tissues are not available cough/sneeze into your upper arm or sleeve; avoid using your hands.)
- **Do Use a mask or face cover** every time you step out of home
- **Dispose Mask, gloves** in a paper bag for 3 days and then dispose with the regular waste
- **Do Wash hands** immediately after you have covered your sneeze or cough, before putting on the mask and after removing it

## DON'T

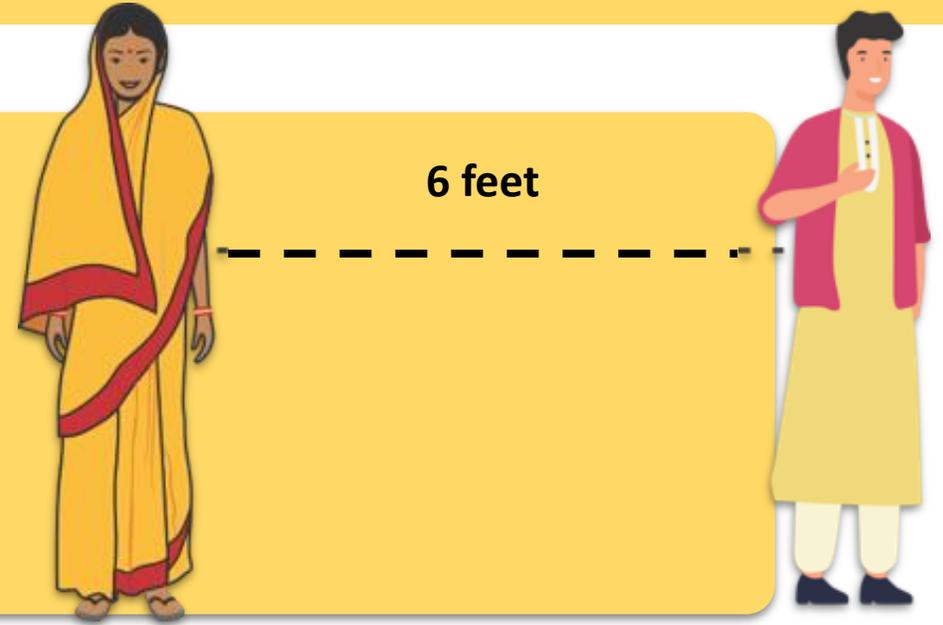
- Do not spit in the open.
- Do not use N-95 mask with or without filter



# Physical Distancing: What communities and families need to do?

## DO's

- Stay at home unless absolutely necessary to step out
- Keep distance of at least 6 feet between yourself and another person



## DON'T VISIT



**Crowded places**

*with many people nearby*



**Close-contact settings**

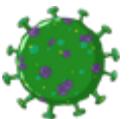
*Especially where people have close-range conversations*



**Confined and enclosed spaces**

*with poor ventilation*

Grocery stores; markets; vegetable sellers; marriage parties etc.



# Stigma and its impact on health seeking behavior

What communities and families need to know?

**Stigma makes COVID positive and suspects hide their problems**

**Keep people away from accessing health services and seeking help**

**Make people hide their problems**

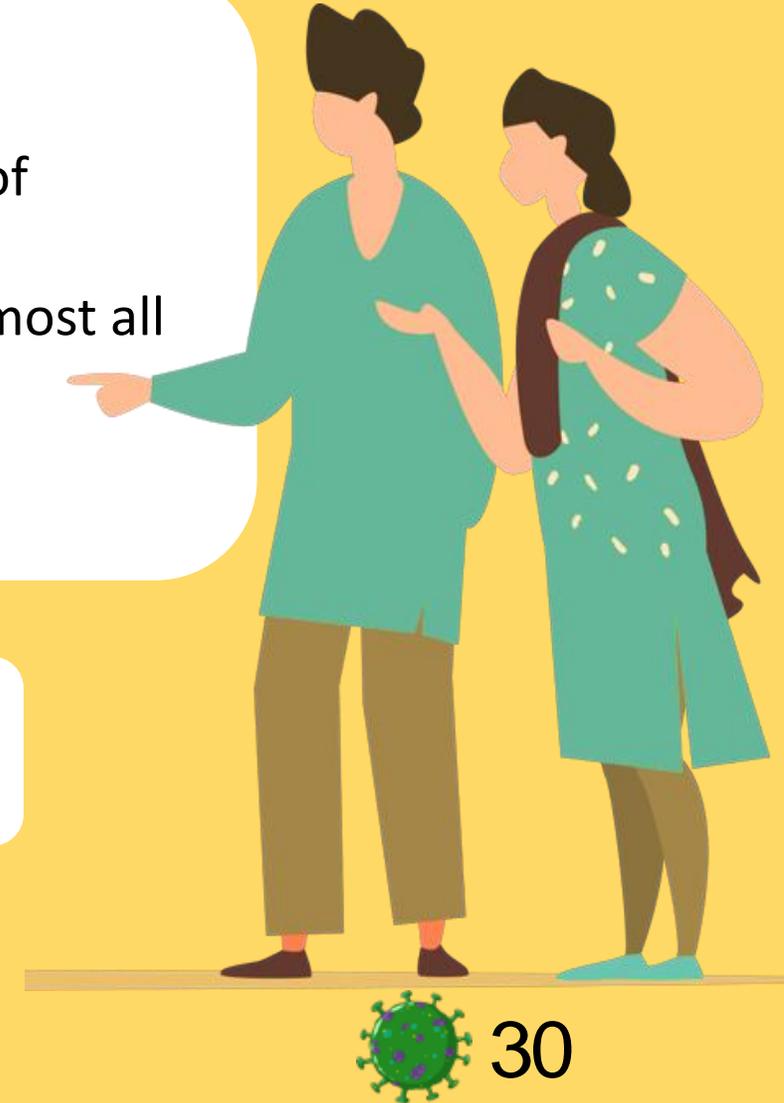


# What can you do to minimize stigma related to COVID?

## As a Surveillance Team:

- Request people not to discuss & tell neighbours about COVID status of patients
- Inform the people that it is a mild disease in most of the people & almost all of them are recovering
- COVID can happen to anyone
- Do not discriminate against people affected by this disease

**Speak to people, be available to listen how they feel**





# Important points to remember

**Action  
1**

Inform communities to Wash hands with soap and water for 40 Secs frequently, especially after you have been in a public place or after blowing your nose, coughing or sneezing

Remind communities to always use a mask or reusable mask every time step out of home and dispose it safely.

**Action  
2**

**Action  
3**

Inform communities Stay at home. Only Step out when necessary and keep distance of at least 6 feet between yourself and another person

Sensitize communities against Stigma related to COVID and counsel them to deal with it

**Action  
4**



# Chapter 4

## Personal Safety for Surveillance Team



Personal safety measures



# Personal Safety Measures: to be always followed in the field

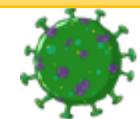


## When teams are moving around in the community:

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

## Immediately on reaching your home:

- Carefully remove and dispose the 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 or any of your team member gets COVID symptoms (fever, cough or breathing difficulties), report to the nearest health facility or to the 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

Maintain a distance of at least 6 feet from other people

Action  
1

Action  
2

Wash hands with soap and water for 40 seconds or with an alcohol based sanitizer

Always use a three layered mask to cover the face, make sure it is properly worn. Dispose used mask, gloves in a closed container for 3 days and then dispose with the regular waste

Action  
3

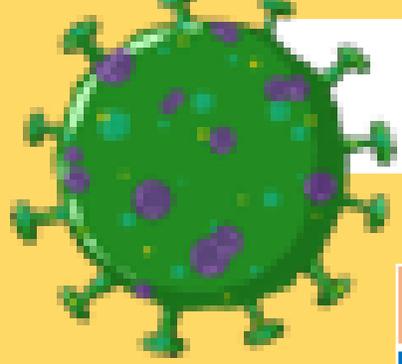
Action  
4

Avoid touching or direct physical contact with suspected case or High Risk contact

If you or any member of team get COVID symptoms (fever, cough or breathing difficulties), report to the nearest health facility or to the supervisor or to District Surveillance officer.

Action  
5

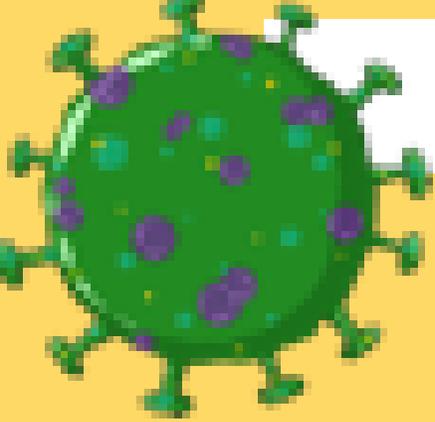




# Self Assessment Checklist of Field Actions

#	Actions	Status (Y/N)	
<b>Part 1: Community Surveillance (house to house search for cases and contacts)</b>			
1	I coordinate with my supervisor and collect list of around 100 homes for visits daily	Y	N
2	I screen all family members of the households with the thermal gun and pulse oximeter to identify suspect cases and contacts	Y	N
3	I report all persons with Fever (100.4 F /38° Celsius and above) and SpO2 less than 95% immediately to my supervisor	Y	N
4	I identify elderly, pregnant women and persons with other diseases like heart disease, diabetes, lung disease, TB, kidney disease, on cancer medication	Y	N
5	I maintain a list/Form 1 daily and share it with my supervisor	Y	N
6	I follow-up with home isolated cases and home quarantined contacts for 14 days. I inform their families and caregivers about the precautions they need to take while managing a suspect case or a contact at home	Y	N





# Self Assessment Checklist of Field Actions

#	Actions	Status (Y/N)	
<b>Part 2: Creating awareness in communities on COVID preventive and containment practices</b>			
7	I inform communities about hand-washing with soap and water for 40 seconds or use of 70% alcohol based hand-sanitizer	Y	N
8	I guide communities to wear mask properly and safe disposal at household level	Y	N
9	I promote knowledge of common symptoms of COVID and encourage early reporting in communities. And if any member have symptoms, I encourage them to report early to state helpline or 24x7 MOHFW helpline at 1075	Y	N
10	I help communities deal with stigma	Y	N
<b>Part 3: Personal Safety</b>			
11	I wear a mask when I move in the community and conduct home visits	Y	N
12	I report immediately to my supervisor or to District Surveillance Officer, if I develop any COVID symptoms (fever, cough or breathing difficulties).	Y	N

## 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.**