

Uttarakhand State Disaster Management Authority & Department of Health & Family Welfare Government of Uttarakhand

COVID-19: ADVISORY RELATED TO CLUSTER SCREENING

Issued on 18/3/2020

Uttarakhand State Disaster management Authority & Department of Health & Family Welfare Government of Uttarakhand

All activities need to be conducted in consultation with department of health

Personnel involved in these operations need to be trained by the master trainers of the district.

Advisory related to Cluster Screening

A cluster is defined as 'an unusual aggregation of health events that are grouped together in time and space and that are reported to a health agency'. Clusters of human cases are formed when there is local transmission. The local transmission is defined as a laboratory confirmed case of COVID-19:

- i. Who has not travelled from an area reporting confirmed cases of COVID-19 or
- ii. Who had no exposure to a person travelling from COVID-19 affected area or other
- iii. known exposure to an infected person
- iv. There could be single or multiple foci of local transmission. \There may or may not be an epidemiological link to a travel related case

Advisory

Cluster containment strategy

- 1. The main objective is to contain the disease within the geographical location with early identification and break the chain of transmission and spread to new areas.
- 2. This includes geographic quarantine, social distancing measures, enhanced active surveillance, testing all suspected cases, isolation of cases, home quarantine of contacts, social mobilization to follow preventive public health measures

Active Surveillance

- 1. The residential areas will be divided into sectors for the ASHAs/Anganwadi workers/ANMs each covering 50 households (30 households in difficult areas). Additional workforce would be mobilized from neighbouring districts (except buffer zone) to cover all the households in the containment zone. This workforce will have supervisory officers (PHC/CHC doctors) in the ratio of 1:4.
- 2. The field workers will be performing active house to house surveillance daily in the containment zone from 8:00 AM to 2:00 PM.
- 3. They will line list the family members and those having symptoms. Cluster Screening Staff
- 4. The field worker will provide a mask to the suspect case and to the care giver identified by the family.
- 5. The patient will be isolated at home till such time he/she is examined by the supervisory officer. They will also follow up contacts identified by the RRTs within the sector allocated to them.

Passive surveillance

- 1. All health facilities in the containment zone will be listed as a part of mapping exercise.
- 2. All such facilities both in Government and private sector (including clinics) shall report clinically suspect cases of COVID-19 on real time basis (including 'Nil' reports) to the control room at the district level.

Contact Tracing

1. The contacts of the laboratory confirmed case/ suspect case of COVID-19 will be linelisted and tracked and kept under surveillance at home for 28 days (by the designated field worker).

- 2. The Supervisory officer in whose jurisdiction, the laboratory confirmed case/ suspect case falls shall inform the Control Room about all the contacts and their residential addresses.
- 3. The control room will in turn inform the supervisory officers of concerned sectors for surveillance of the contacts.
- 4. If the residential address of the contact is beyond the allotted sector, the district IDSP will inform the concerned Supervisory officer/concerned District IDSP/State IDSP.
- 5. Health workers posted at the exit point will perform screening (e.g. interview travellers, measure temperature, record the place and duration of intended visit and keep complete record of intended place of stay).
- 6. Details of all persons moving out of perimeter zone for essential/ emergency services will be recorded and they will be followed up through IDSP.
- 7. All vehicles moving out of the perimeter control will be decontaminated with sodium hypochlorite (1%) solution.

Application of Routine Practices and Additional Precautions

In addition to Routine Practices, Health Care Staff at risk of exposure to an individual presenting with signs and symptoms and exposure criteria consistent with COVID-19 should follow Contact and Droplet precautions. This includes the appropriate selection and use of personal protective equipment:

- 1. Gloves to protect hands
- 2. Facial protection: Surgical/procedural mask and eye protection, or face shield, or surgical/procedural mask with visor attachment.
- 3. Hand hygiene should be performed whenever indicated, paying particularly attention to during and after completion of screening.