

**GOVERNMENT OF NAGALAND
DIRECTORATE OF HEALTH AND FAMILY WELFARE
NAGALAND: KOHIMA**

NO. DHFW/COVID-19/2019-20/5008-12

Dated Kohima, the 15th July, 2020

CONTAINMENT PLAN FOR COVID-19, NAGALAND (15th JULY, 2020)

A COVID-19 Cluster Containment Plan-Nagaland was issued on 30th March, 2020. This document is a revision of that containment plan. There are no major changes. The trigger for action and perimeter control are the two main areas of change in this version.

The Ministry of Health and Family Welfare issued a revised Containment Plan on 16.05.2020 which can be accessed from the Ministry's website. The two containment plans are to be read together and matters not addressed in this State containment plan may be referred from the MoHFW plan.

The objective of this containment plan is to break cycle of transmission and decrease the morbidity and mortality due to COVID-19.

CLUSTER CONTAINMENT STRATEGY:

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. Cluster containment strategy would be to contain the disease within a defined geographic area by early detection, breaking the chain of transmission and thus preventing its spread to new areas.

This would include 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.

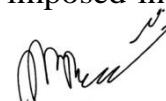
A. TRIGGER FOR ACTION

Step 1: Signal for investigation:

1. The signal could be Integrated Disease Surveillance Program (IDSP) identifying a cluster of Influenza like Illness (ILI) or Severe Acute Respiratory syndrome (SARI), which may or may not have epidemiological linkage to a travel related COVID case.
2. The signal could also be through other informal reporting mechanisms (media/ social media / civil society / hospitals both government and private sector / rumour register).

Step 2: Investigation of the signal by RRT

3. The RRT/IDSP will investigate the signal and ensure early diagnosis through the ICMR/VRDL (Virus Research and Diagnostic Laboratory) Network.
4. If there is a laboratory confirmed case or cases of COVID-19, the RRT will carry out contact tracing (Refer to State Contact Tracing SOP).
5. During this stage, temporary restriction of movement may be imposed in the area



to carry out the investigation. An area may be **‘temporarily sealed’ for contact tracing and house to house surveillance**. But at this stage, the area should not be declared as a containment zone.

6. Such area will be unsealed after completion of contact tracing and finding that the area does not qualify for containment zone.

NB:

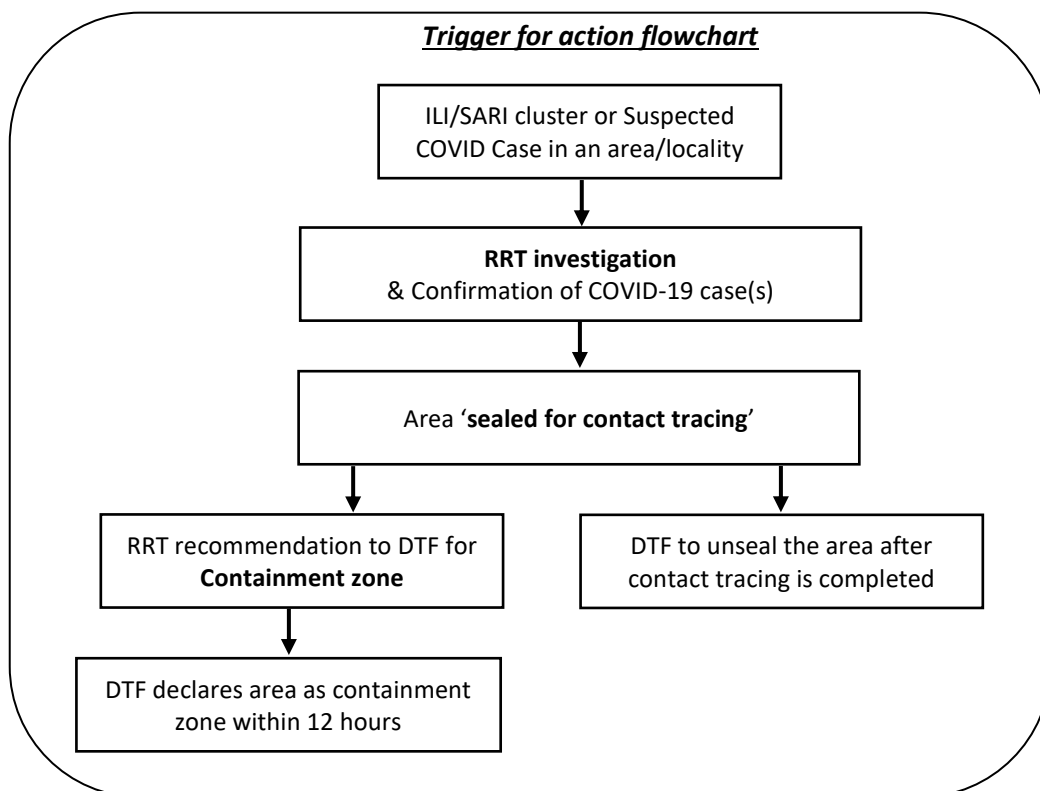
Rapid Response Team (RRT) consists of the following members:

- i. Surveillance Officer
- ii. Epidemiologist / Public Health specialist
- iii. Physician
- iv. Microbiologist / Pathologist
- v. Other member(s) as deemed necessary by District Task Force.

Step 3: Condition for declaration of Containment

7. After detection of case(s) and contact tracing, if **any one of these two criteria** are met, the area will be qualified to be declared as a containment zone:

- a) *One or more cases are detected who have not travelled from an area reporting confirmed cases of COVID-19 or who had no exposure to a person travelling from COVID-19 affected area or other known exposure to an infected person.*
- b) *Any cluster (whereby there is unusual aggregation of cases in time and space) of 5 or more COVID-19 confirmed cases in a colony/area.*



B. DEFINING CONTAINMENT ZONE AND BUFFER ZONE:

Containment Zone

On receiving the signal, the State Rapid Response Team (RRT) and district RRT teams of IDSP will be deployed to undertake mapping of cases and contacts so as to delineate the containment and buffer zones.

Containment Zones are delineated based on:

- 1) Mapping of cases and contacts
- 2) Geographical dispersion of cases and contacts
- 3) Area having well demarcated perimeter
- 4) Enforceability of perimeter control

The RRT will do listing of cases, contacts and their mapping. This area should therefore be appropriately defined by the district task force/local urban bodies with technical inputs at local level. For effective containment, it is advisable to err on the side of caution.

Buffer Zone

A Buffer Zone has to be delineated around each containment zone. It shall be appropriately defined by the district administration /local urban bodies with technical inputs at local level.

Buffer zone will be primarily the area wherein additional & focused attention is needed so as to ensure that infection does not spread to adjoining areas. For effective containment, it is of paramount importance that the buffer zone needs to be a large area.

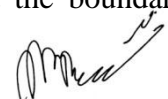
During the initial setting up of perimeter control for containment and buffer zones by Rapid Response Team, there may be additional measures on the side of taking extra precaution. Therefore, periodic review of surveillance data may lead to re-defining the containment and buffer zones. The containment zone may accordingly increase or reduce in size based on additional evidence.

C. DECLARATION OF CONTAINMENT & BUFFER ZONES:

1. On being satisfied that an area is qualified to be declared as a containment zone, the RRT will set off the alarm and inform the District Task Force. Also the geographic limit and extent of perimeter of the containment and buffer zones will be recommended by the RRT.
2. The District Task Force will declare the area as a containment zone and also declare the geographic limit and extent of perimeter of the containment area and buffer zone ***within 12 hours of the recommendation.*** The District Task Force will also immediately inform the NSDMA, Home Department and H& FW Department about the declaration made by it regarding the containment zone.
3. The District Administration and Police shall be responsible for enforcement of the Containment Measures.
4. The District Task Force shall assess the demographic & socioeconomic details of the Containment & Buffer Zones.
5. ***The containment operation shall be deemed to be over 28 days from the discharge of last confirmed case following negative test as per discharge policy.***

D. PERIMETER CONTROL IN THE CONTAINMENT ZONE

1. Once a perimeter is defined, the PERIMETER CONTROL will be enforced by the District Administration and Police with visible markings/ boundaries.
2. Imposition & enforcement of Curfew for restriction of mobility, with exemptions to emergency services.
3. Erecting barricades and defining Suitable Entry and Exit points at the boundaries by the



Administration and Police. Stern actions against willful violators.

4. Thermal scanning screening will be done at Exit and Entry points by Police and Non-Medical Agencies.
5. All vehicles moving out of the perimeter control will be decontaminated with sodium hypochlorite (1%) solution by agencies managing the point of entry.
6. Surface disinfection of frequently touched surfaces in public spaces will be done regularly by the concerned by non -medical agencies.
7. Security for medical personnel inside the containment zone will be provided by the Police and Administration.
8. A makeshift camp for health workers and other Government functionaries working inside the containment zone with HANDWASHING FACILITY will be arranged by Administration, Police and NSDMA.
9. Geo-fencing of people in the containment area through Phone / software apps by involving experts from H&FW department, IT department and Cyber-Crime Unit of the state police.
10. Social distancing will be strictly maintained at all costs.

E. SURVEILLANCE INSIDE THE CONTAINMENT & BUFFER ZONE:

1. Contact tracing and listing (Please refer to SOP for contact tracing):

- The contacts of the laboratory confirmed cases/ suspect cases of COVID-19 will be traced and line listed in the contact tracing format (Refer to relevant forms in Contact Tracing SOP) by RRTs/ Field Surveillance Teams.
- These contacts will be tracked by assigned ANM/ASHA/Anganwadi Worker of that sector and kept under facility/home quarantine for 14 days. They will be monitored for clinically compatible signs and symptoms of COVID-19 for 28 days in total. If the residential address of the contact is beyond the containment zone or in adjoining district / State, the district IDSP will inform the concerned District IDSP.
- Preliminary information on the number of contacts will be taken from the **Case Investigation Form** (Refer to Contact Tracing SOP annexure for CIF format) for the confirmed case. All contacts of a confirmed case will be under surveillance for 28 days.
- GIS will be used to track contacts with the help of police and Nagaland COVID App

NB: For details refer to the 'Model Micro-Plan Annexure: IV Guidance for contact tracing, quarantine and isolation for Coronavirus Disease (COVID-19)' issued by MoHFW.

2. Active surveillance:

- a. Active surveillance activities within containment zone will comprise of:
 - Enlist all houses (and persons)
 - Daily visits to each house and enquire about any person developing any symptoms (like fever, cough, shortness of breath, difficulty in breathing, loss of smell or taste etc.)
 - In case of a person is detected to be developing symptoms of COVID-19, the same shall be brought to notice of supervisory medical officer.



- Daily reporting: as per the format (Annexure 1)

NB: For details refer to 'Model Micro-Plan Annexure: IV Guidance for contact tracing, quarantine and isolation for Corona virus Disease (COVID-19)'.

- b. The containment zone will be divided into section/ areas and allotted to the Field Surveillance Teams and they will cover at least 50 households or more in a day from 8 AM to 2 PM (similar to house-to-house survey in routine immunization).
- c. The Field Surveillance Teams will be engaged for an approximate 28 days inside the containment zone.
- d. All Field Surveillance Teams and Supervisors engaged inside the containment zone will stay in a designated quarantine facility and transportation will be arranged accordingly.

3. **Passive surveillance**

- a. Passive surveillance in the Buffer zone will be done by the IDSP network through surveillance of ILI, SARI and ARI cases.

4. **Field Surveillance Teams:**

- a. Active surveillance through house-to-house survey to be carried out in all households within the specified radius of the index case by Field Surveillance Teams under the supervision of Supervisors.
- b. All houses in the containment zone will be surveyed by Field Surveillance Teams using the **Active Surveillance Form for Frontline Workers** (*Annexure 1*).
- c. Those having symptoms (fever with cough and/or respiratory distress) along with ILI (Influenza Like illness) and SARI (Severe Acute Respiratory Syndrome) will be line listed in the form and reported to the respective Supervisor.
- d. If the Field Surveillance Teams identify any suspect cases / with symptoms, the supervisor will be immediately informed and arrangements for sample collection will be done.
- e. The Field Surveillance Teams will provide mask to the suspect and to the caregiver identified by the family.
- f. The Field Surveillance Teams will also undertake IEC Activities in the Containment zone including Inter Personal Communication (IPC) on DO's and Don'ts in the Community.

5. **Supervisors**

- a. One Medical Officer will be given in charge of every containment zone and he/ she will report directly to the District Surveillance Unit.
- b. The Supervisors shall ensure line listing and mapping (active surveillance) of all the contacts of the index case, and house-to-house visit and report submission is carried out by Field Surveillance Teams and shall provide hand-holding to the Filed Surveillance Teams.
- c. The Supervisors will send daily report to the district by 4.00 pm (e.g. No. of households covered, no of suspect cases found, no of samples send for testing) through WhatsApp (Refer to Contact Tracing SOP for relevant format).



6. Sample Collection & Transportation of Testing Samples

- a. Sample for RT-PCR / TrueNat / Rapid Antigen Test will be collected from all cases falling within the case definition for COVID-19 testing. Mobile Sample Collection Booths will be set up in the containment zone. If suitable sample collection centre is not feasible at the containment zone, such cases will be transported to the nearest district sample collection centre (Refer to Contact Tracing SOP annexure for Sample Referral Form).
- b. Any case showing symptoms (ILI/SARI) and not qualifying the case definition for COVID-19 testing shall be subject to Rapid Antibody Testing/ Rapid Test Kits, subject to availability of kits, the case load of ILI and SARI cases and Advisories on Use of Rapid Test Kits being issued by the department from time to time.
- c. If mobile sample collection booth is not possible to set up, upon collection of samples, all cases will be brought back to the containment zone to their respective homes for quarantine till test result is available.

7. Personal Safety Measures:

- a. Utmost personal safety measures will be undertaken during the surveillance. All Surveillance Teams shall strictly observe the DO's and DONT's inside the zone.
- b. All personnel shall wear triple layered surgical mask and hand gloves.
- c. The interview with the family members is to be conducted outside the house and shall strictly maintain physical distancing of minimum one meter.

F. TERMS OF REFERENCE FOR ENFORCEMENT OF CONTAINMENT MEASURES:

In addition to measures indicated in Perimeter Control as well as IRS notified by NSDMA, the broad Terms of Reference for various line departments will be as follows:

1. District Administration, Police and NSDMA

- a. Establish Command & Control Centre and designate necessary Nodal Officer(s) for proper execution of enforcement measures and co-ordination with all agencies involved.
- b. Setting up 24 x 7 Control Room/ Dedicated Helpline for maintenance of law and order and addressing the emergency needs (medical/non-medical) within the containment zone.
- c. Keeping check on spread of rumours and controlling black marketing.
- d. Inform neighboring district administrations for take necessary preventive measures.
- e. Ensuring availability of food and essential items inside the containment zone in coordination with Administration, Food and Civil Supplies, PHED, Municipal Bodies/Village Councils, NGOs and other concerned Departments..
- f. Establish delivery of essential items including animal fodders to the community inside the containment zone. To explore door step delivery ensuring social distancing in the strictest sense.
- g. Disinfection of Public spaces /frequently touched surfaces will be done inside the containment zone in coordination with Municipal Bodies, Village Councils and Administration.



- h. Personal Protective Equipment (PPE) for frontline workers and symptomatic cases inside the containment zone in coordination with HFW.
- i. Vehicles for transportation to the containment zone will be arranged by the District Administration.

2. **H&FW Department:**

- a. The RRT/District Surveillance Unit, IDSP will notify the State Surveillance Unit (SSU) & District Task Force immediately when the TRIGGERS for the containment zone are met as described in Cluster Containment strategy.
- b. The District Team will develop a micro-plan for the ACTIVE SURVEILLANCE, similar to ROUTINE immunization. The DIO / DPO RCH and UIP team will help the DSO /DSU.
- c. Micro plan will compose of number of households, area demarcation and mapping as used in Immunization programs.
- d. Active surveillance and contact listing in the containment zone will be done by the surveillance teams comprising of the following FLW- ANMs, Paramedical Workers under various Health Programmes, ASHAs, AWW etc drafted from the line departments (Health, Social Welfare and School Education etc). Each team comprising of 2-3 members with atleast one health worker and will be responsible for house-to-house survey inside the containment zone. Each team will cover 50 households or more in a day.
- e. The Health department shall provide necessary Capacity building of FLWs and other personnel engaged in the Containment duty. All FLWs and MOs will be briefed on the surveillance formats, DO's and DONT's inside the zone, IPC/ IEC activities, work distribution, sampling and Personal protection.

3. **Social Welfare Department**

- a. All Anganwadi Workers (AWW) as designated in the micro plan will do House-to-House survey as a part of the health team. DWOs, CDPOs and Supervisors will assist in micro-planning and House-to-House survey as and when called by the District Surveillance Team / CMO office.
- b. Involvement in IEC and awareness generation activities like Inter Personal Communication (IPC) during House-to-House visits.

4. **National Rural Livelihood Mission (NRLM) under RD Department**

- a. Self Help Groups under NRLM in villages and Towns will do awareness drive in the specified containment zone.
- b. The SHG members if called by the Health Department will do house to house survey as and when needed.

It may be stated here that, in addition to measures mentioned above, **all other measures indicated in the SOPs issued by State or GOI will be followed** (e.g. Contact Tracing, ICMR testing criteria, Infection Control, Management Protocol for COVID-19, Discharge Policy, Dead body management). The SOP on Containment Plans can be downloaded from the link given below:



1. Containment Plan for Large Outbreaks Novel Coronavirus Disease 2019 (COVID-19)
<https://www.mohfw.gov.in/pdf/3ContainmentPlanforLargeOutbreaksofCOVID19Final.pdf>
2. Micro Plan for Containing Local Transmission of Coronavirus Disease (COVID-19)
<https://www.mohfw.gov.in/pdf/ModelMicroplanforcontainmentoflocaltransmissionofCOVID19.pdf>

The District Task Force shall prepare the Micro Plan for Containing Local Transmission of COVID-19 and to share the copies with H&FW department and NSDMA, Home Department. While micro-plan will be as per the local context, there will be one uniform SOP across the districts and this should not be modified in any form as per High Powered Committee decision on 10th July, 2020.

Enclosed:

- Annexure 1: Active Surveillance Format for field workers (ANM/ASHAs/AWWs)
- Annexure 2: Containment Plan Checklist for RRT



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Dated Kohima, the 15th July, 2020

Copy to:

1. The Deputy Secretary to the Chief Secretary for information
2. The Principal Secretary, Home Department for information
3. The Commissioner and Secretary, Health and Family Welfare Department for information
4. The Deputy Commissioner / Commissioner of Police / Superintendent of Police of all districts for information and necessary action
5. The Chief Medical Officer / Medical Superintendent of all districts for information and necessary action
6. Guard File / Office copy



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CONTAINMENT PLAN CHECKLIST FOR RRT

(To be submitted to the District Task Force)

As per laid down SOP, we (RRT) have conducted an investigation of the reported COVID-19 confirmed / suspected case(s) No. ____ at _____ (place) on _____ (date), and the report is submitted using the state checklist.

Checklist for declaring an area as Containment Zone:

Sl.	Trigger for Action	Yes / No
1	<i>One or more laboratory confirmed case(s) have not travelled from an area reporting confirmed cases of COVID-19 or had no exposure to a person travelling from COVID-19 affected area or other known exposure to an infected person.</i>	
2	<i>A cluster (unusual aggregation of cases in time and space) of 5 or more COVID-19 confirmed cases in a locality</i>	

- A. If any one of the above two criteria is met (Yes), **containment zone** will be declared and enforced.
- B. If any of the two criteria is not met, the area will be '**Sealed for contact tracing**' till all contacts are tracked, quarantined and tested. This category may become a **containment zone** during the process of contact tracing or may be unsealed after the contact tracing exercise is over.
- C. If Containment zone is declared, SOP has to be strictly followed with daily reporting for a minimum of 28 days of the last case and extended as and when necessary.
- D. The perimeter of containment zone and buffer zone will be recommended by the RRT and finalized along with the DTF.

Recommendation:

- () The area is recommended to be declared as a containment zone.
Or
() The area is recommended to be temporarily sealed for contact tracing.

The perimeter (boundary) recommended is:

	Containment / Sealed for contact tracing	Buffer
East:		
West:		
North:		
South:		

Other details may be enclosed.

Rapid Response Team (RRT)

