

A. Protocol for the Containment of COVID-19 outbreak in a Cluster

1. Definition

The detection of two or more cases occurring at a specific time from the same location and common source of exposure that may/may not be linked to an imported case

2. Objective

This protocol is to enable the management of both COVID-19 positive cases and at risk population in a specific cluster in a contained manner with the following objectives:

- To break the chain of transmission by limiting exposure of the community beyond the cluster
- To prevent overwhelming of health facilities/system due to surge of positive cases
- To isolate efficiently serious and critical cases from the cluster and manage at COVID-19 centers

3. Duration

The duration of quarantine for the cluster shall be decided based on:

- The number of cases detected amongst the continued testing of symptomatic individuals and
- The overall testing result of the asymptomatic population in the cluster area at the end of 21 days of last case detection

4. Identification and Cordoning of the cluster area

- The cluster will be identified based on risk assessment by National Surveillance team in consultation with TAG and Regional/local Surveillance team
- After the area is identified as cluster outbreak, the regional/local COVID-19 task force team will demarcate the areas to be cordoned
- The demarcated area will be cordoned off till further notice from the MoH

5. Monitoring of cordoned area

- Regional/local Task Force in consultation with surveillance team shall develop local plan for routine monitoring of the cordoned area
- Local/Regional Task Force shall monitor and ensure there is no movement in and out of the cordoned area as per their protocol.

6. Quarantine within the cluster

- There should be no contact with anyone outside of the cordoned area
- There shall be minimum or no interaction among quarantined people within the clusters

- All people living within the cluster shall be considered as primary contact and shall remain in home quarantine mode.
- The surveillance team/cluster management team shall maintain the records of individual in the home quarantine in the cluster (name, contact no and address)
- The Regional/local Task force shall assign security to ensure the adherence cordoning protocol
- Quarantined individual may be allowed to move outside for emergency purpose after approval from the Regional/local task force
- The cluster community and family members should also be responsible for reporting to security personnel if any community/family member movement outside the cluster area and/or any people coming into the cluster.

7. Isolation of positive cases

- Each cluster area shall have an isolation facility within the cluster if not available, positive cases can be moved to isolation wards within the district
- All positive cases shall be moved to isolation facility/wards immediately
- Critical patients shall be moved to the National COVID-19 treatment center as required or evacuate if desired.
- The duration of isolation shall be minimum of 21 days and may be released early depending upon the test result and risk assessment by the MOH.
- All people attending to the positive case in the isolation facility should use full PPE
- Donning and doffing steps shall be strictly adhered to by health staff and individual attending to positive.
- The Health workers and other frontline workers involved in cluster management should follow frontline containment SOP.

8. Health advice to the cluster community

- Avoid social gathering
- Stay and sleep in a separate room, if possible
- Wear face mask, follow cough etiquette and wash hands with soap and water frequently after coming home
- If you are coming out of the house, keep a physical distance of at least 1 meter and avoid close contacts
- Do not share plates, mugs, Doma and cigarettes
- Clean and disinfect frequently touched surfaces such as bedside tables, bedframes and other bedroom furniture on daily basis.
- Clean and disinfect, door knobs, bathroom and toilet surfaces at least once daily with soap or detergent. Special attention on cleaning and disinfection should be given to common/shared public toilets
- Used gloves, face shields, face masks and other waste generated at-home should be segregated and disposed off into a waste bins.

- If any individual develop signs/symptoms (fever, cough, shortness of breath, loss of smell/taste etc.) report to health focal person of the cluster or the cluster manager.

9. PPE usage

- Any person delivering essential goods to the cordoned area should follow strict public health measures
 - No mixing with cluster community and among themselves
 - Use face mask, face shield and keep physical distance at all times
 - Hand wash with soap and water and use alcohol base hand rub as frequently as possible

Category	PPE type	Remark
Health workers and others attending to isolation facility/wards	Full PPE	Follow donning and doffing protocols
People and health workers attending to sick person within cluster	N95 mask, face shield, gloves, gown and shoe cover	
Individuals delivering essential goods with no contacts with positive or suspected cases	Face mask, face shield and gloves	Follow proper disinfection of reusable items such as face shield and utility gloves after each use
RBP and Desuup guarding condoned area with no contacts with positive or suspected cases	Face mask, face shield and gloves	

10. Testing in the cluster

In a cluster outbreak, non-critical cases will be managed within the cluster isolation facility and tested as per the flow chart below (**Figure 1.**)

Within the confined cluster, continued surveillance and testing will be conducted amongst the symptomatic individuals.

In addition, the asymptomatic population of the cluster will be tested in a randomized sampling, when a time period of 21 days have passed after the last positive case was detected, as per **Figure 2**

Figure 1: Testing protocol for confirmed positive case in a cluster

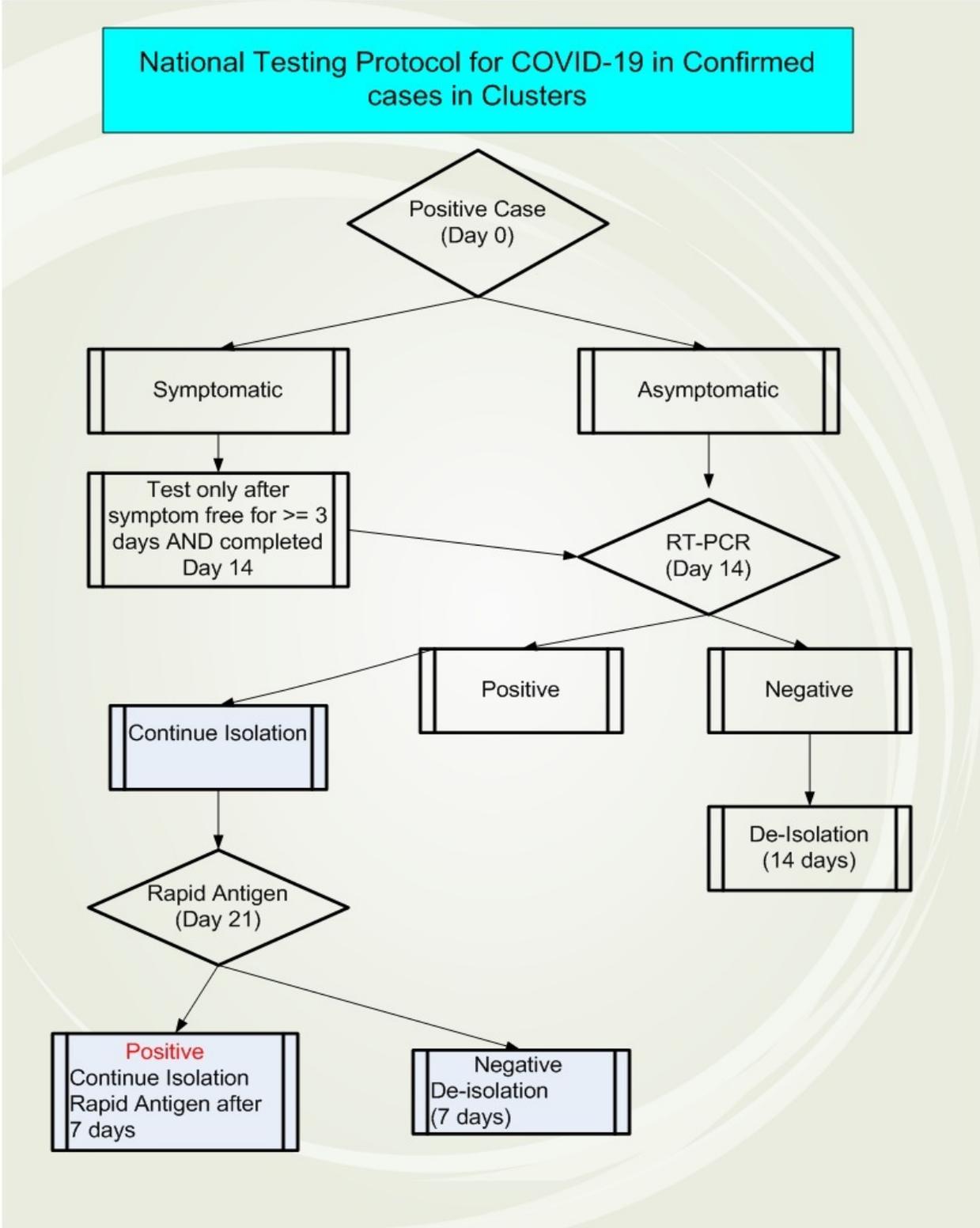
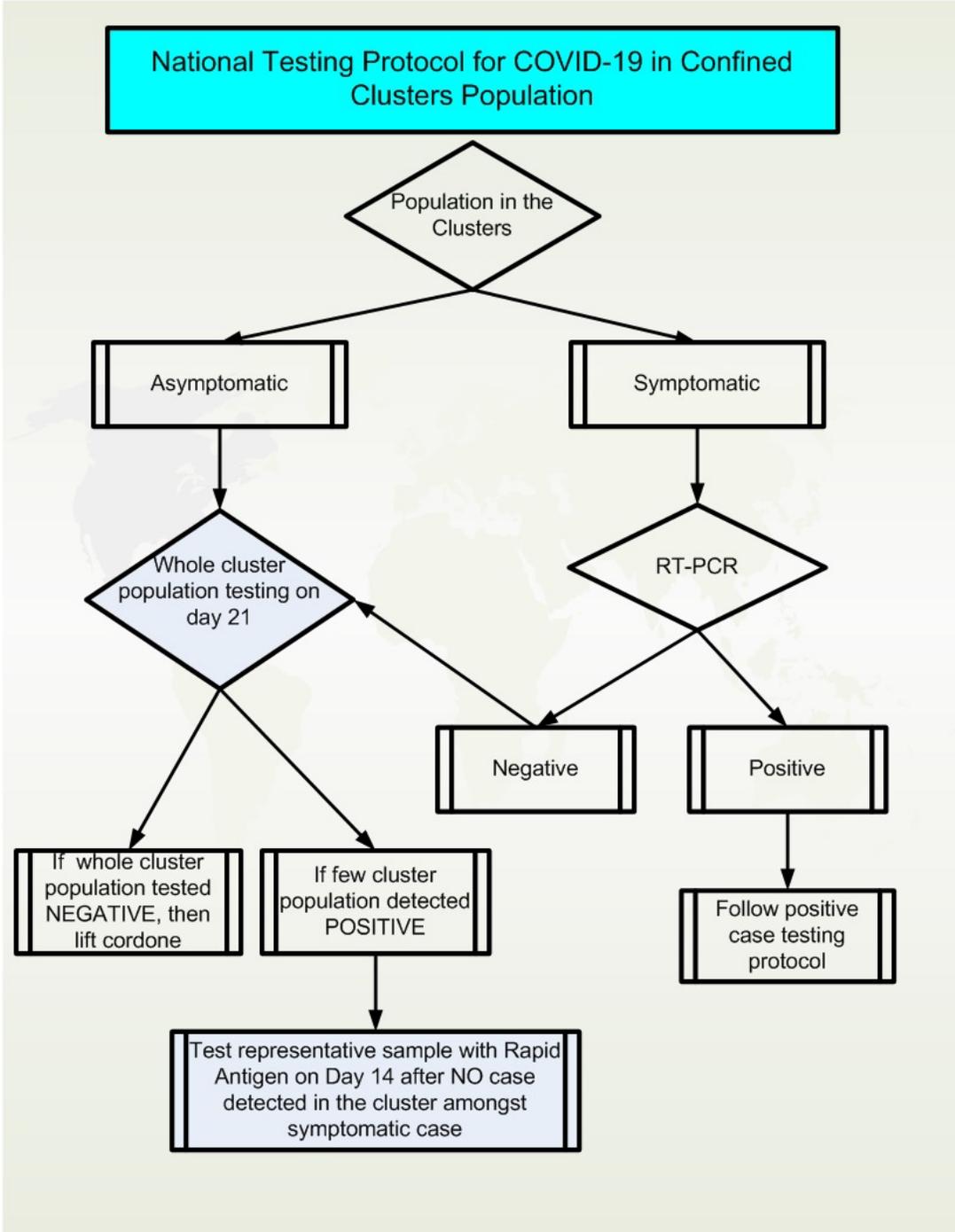


Figure 2. Community testing in a cluster where there is an outbreak



11. Waste disposal

All waste generated from cluster should be treated as potentially infectious and disposed off appropriately.

B. Protocol for the Containment of COVID-19 in Surveillance Zone

1. Definition

Area outside the infected zone where;

- Positive cases have been detected
- There are significant numbers of close/primary contacts traced

2. Objective

A surveillance zone is demarcated to create a buffer area between the infected (red) zone and the green (non-infected) zone, which will be put under stringent surveillance until a certain level of safety is achieved.

3. Duration:

The restriction in the Zone may be lifted if there are no cases detected for 7 days from the date of cordoning and end of testing.

4. Cordoning of the cluster area

12. After the area is identified as Surveillance Zone, the local/regional COVID-19 task force team will demarcate the areas to be cordoned after conducting the risk assessment

13. The demarcated area will be cordoned off till further notice from the MoH

14. The local/regional task force shall monitor and ensure there is no movement in and out of the cordoned area.

15. Any person delivering essential goods should follow strict public health measures

- a. No mixing with Surveillance Zone and among themselves
- b. Use face mask, face shield and keep physical distance at all times
- c. Hand wash with soap and water and use alcohol base hand rub as frequently as possible

5. Testing

- Continued testing of symptomatic individuals
- Mass screening of all or representative samples (depending on the size of the population) of the surveillance zone population within 3-5 days after demarcation

- **Quarantine**

- All people living within the surveillance Zone shall be considered as high-risk group
- There shall be minimum or no interaction with people from outside
- Quarantined individual shall inform Cluster coordinator if they have to visit hospital for urgent medical reasons

- The cluster community and family members shall ensure that there is no mixing of people within the cluster.
- The cluster community and family members should also be responsible for reporting to RBP if any community/family member movement outside the cluster area and/or any people coming into the cluster.

6. Isolation of positive cases

- All positive cases shall be moved to isolation wards
- Critical patients shall be moved to the National COVID-19 treatment center as required or evacuate if desired.
- All people attending to the isolation facility should use full PPE (Guide attached)
- Donning and doffing steps shall be strictly adhered to by health staff and individual attending to positive.
- The Health workers and other frontline workers involved in Surveillance Zone should follow frontline containment SOP.

7. Health advice to the cluster community

- Avoid social gathering
- Wear face mask, follow cough etiquette and wash hands with soap and water frequently after coming home
- If you are coming out of the house, keep a physical distance of at least 1 meter, avoid close contacts
- Clean and disinfect frequently touched surfaces such as bedside tables, bedframes and bedroom furniture on daily basis.
- Clean and disinfect bathroom and toilet surfaces at least once daily with soap or detergent. Special attention on cleaning and disinfection should be given to common/shared public toilets
- Used gloves, face shields, face masks and other waste generated *at-home* should be disposed off into a waste bin.
- If any individual develops signs/symptoms (fever, cough, shortness of breath, loss of smell/taste etc.) report to health by the hotline.

8. Waste disposal

- All waste generated from cluster should be treated as potentially infectious and disposed off appropriately

9. General Recommendations:

- To establish flu clinic out of hospital premises
- Introduce hotline exclusively for reporting of symptomatic cases within the districts
- To form mobile medical team to attend to symptomatic cases