

**GOVERNMENT OF ARUNACHAL PRADESH  
DIRECTORATE OF HEALTH SERVICES  
NAHARLAGUN**

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File No. MDHS (COVID-19)-01/2020

Dated Naharlagun, the 30<sup>th</sup> March, 2020

**SOP for COVID-19 in Arunachal Pradesh- an Updated Version**

**1. Categorization of Persons: For the purpose of COVID-19, the persons to be put on surveillance shall be categorized as follows:**

**1.1 Category A Person:** A person with any of the symptoms - fever/ cough/ shortness of breath and history of travel to any of the areas included in the surveillance protocol by the State Government from time to time during a period of 28 days prior to onset of symptoms or history of contact\* with a COVID-19 confirmed patient during a period of 28 days prior to onset of symptoms.

**1.2 Category B Person:** An asymptomatic person with history of travel to any of the areas included in the surveillance protocol by the State Government from time to time or history of contact\* with a COVID-19 confirmed patient in the last 28 days and is vulnerable by virtue of belonging to either of the following category: -

- a) Doesn't have a house/place for home quarantine
- b) Person volunteering for institutional quarantine
- c) For security of the individual
- d) Persons who do not observe the Home Quarantine Guidelines

**1.3 Category C Person:** An asymptomatic person with history of travel to any of the areas included in the surveillance protocol by the State Government from time to time or history of contact\* with a COVID-19 confirmed patient in the last 28 days and Is not belonging to any of the categories mentioned for the Category B person.

**1.4 Laboratory confirmed case:** A case that has been confirmed by laboratory tests for COVID-19.

**\*Contact** in the context of COVID-19 is:

- A person living in the same household as a COVID-19 case;
- A person having had direct physical contact with a COVID-19 case or his/her infectious secretions without recommended personal protective equipment (PPE) or with a possible breach of PPE;

- A person who was in a closed environment or had face to face contact with a COVID-19 case at a distance of within 1 meter including air travel;
- The epidemiological link may have occurred within a 14-day period before the onset of illness in the index case (of which the person is a contact).

**2. Surveillance Protocol**

The various persons shall be put on surveillance in the following facilities as notified from time to time as per the following matrix: -

	Home Quarantine	Institutional Quarantine	Isolation for probable cases	Isolation for confirmed cases
Lab confirmed Person				
Category A Person				
Category B Person				
Category C Person				

**3. Reporting Channels**

3.1 All the persons having a positive travel history shall be encouraged to self-report through massive IEC on 104 Toll Free No.

3.2 104 Comprehensive Call Centre shall daily share a list of self-reported person with State Surveillance Unit, which shall further share with the respective Districts, in addition to the list being shared by Bureau of Immigration through the State Surveillance Unit.

3.3 The District Surveillance Unit(s) shall categorize such persons into the categories as mentioned at clause 1.

**4. Actions to be taken after categorization of persons:**

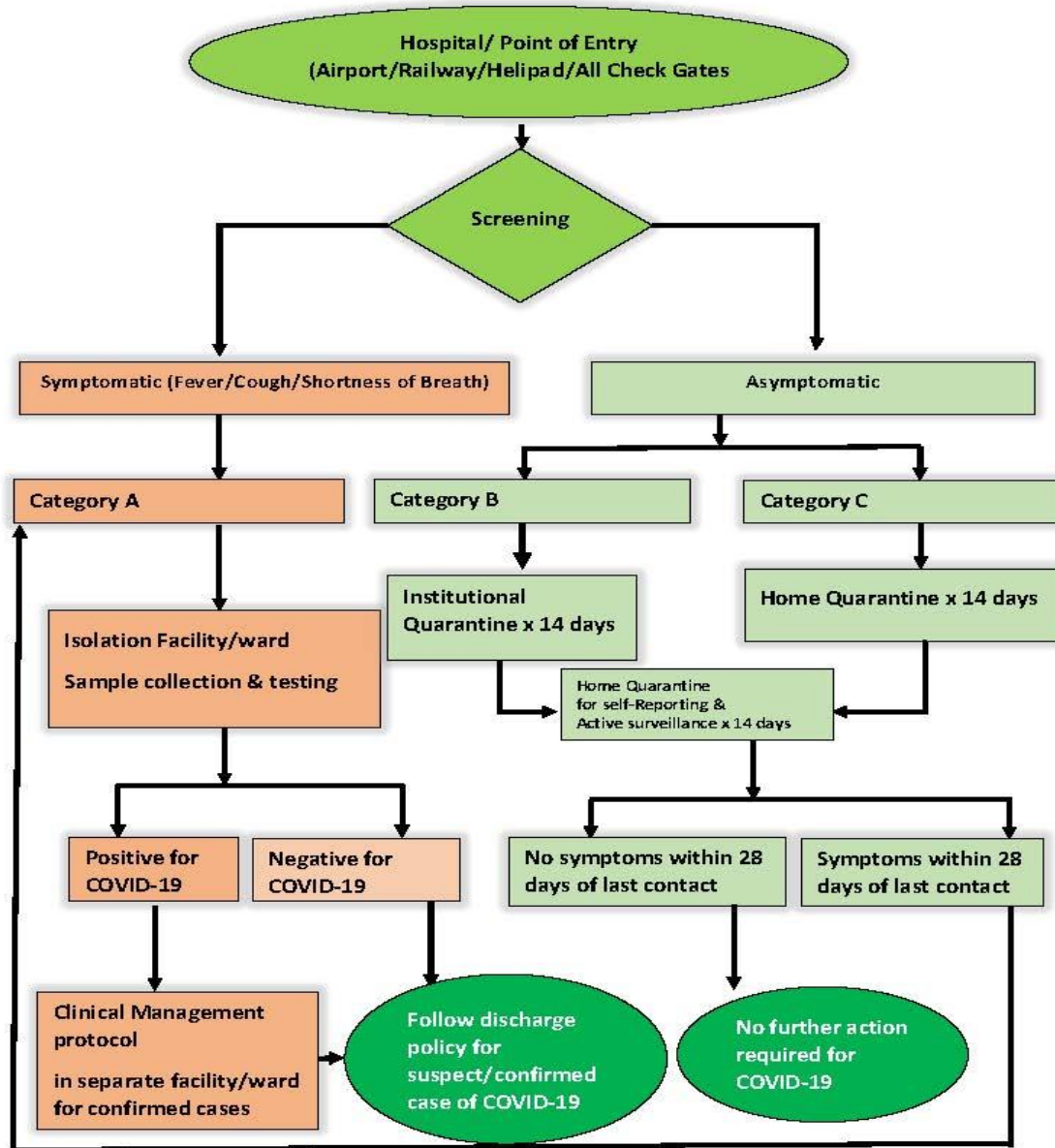
- After categorization of the person, the District Surveillance Unit shall undertake the actions as per the Algorithm 1.
- All necessary infection and preventive measures should be practiced for The Category A persons, until and unless proven otherwise by Laboratory confirmation.
- For all Category A persons, the District Surveillance unit and rapid Response Team shall start line listing the contacts as soon as the person is categorized as category A and the relevant demographic, epidemiological and exposure details shall be recorded:

Sr. No.	Name	Age	Sex	Address	Co-morbidities	Date & Time of last contact	Nature of contact

- The contacts should be provided with information about prevention of the disease, symptoms and they should be informed about the measures to be taken in home quarantine and possibility of institutional quarantine and isolation.

**Algorithm1: Protocol after Categorization of Travelers**

**Algorithm 1: Protocol after Categorization of Travelers**



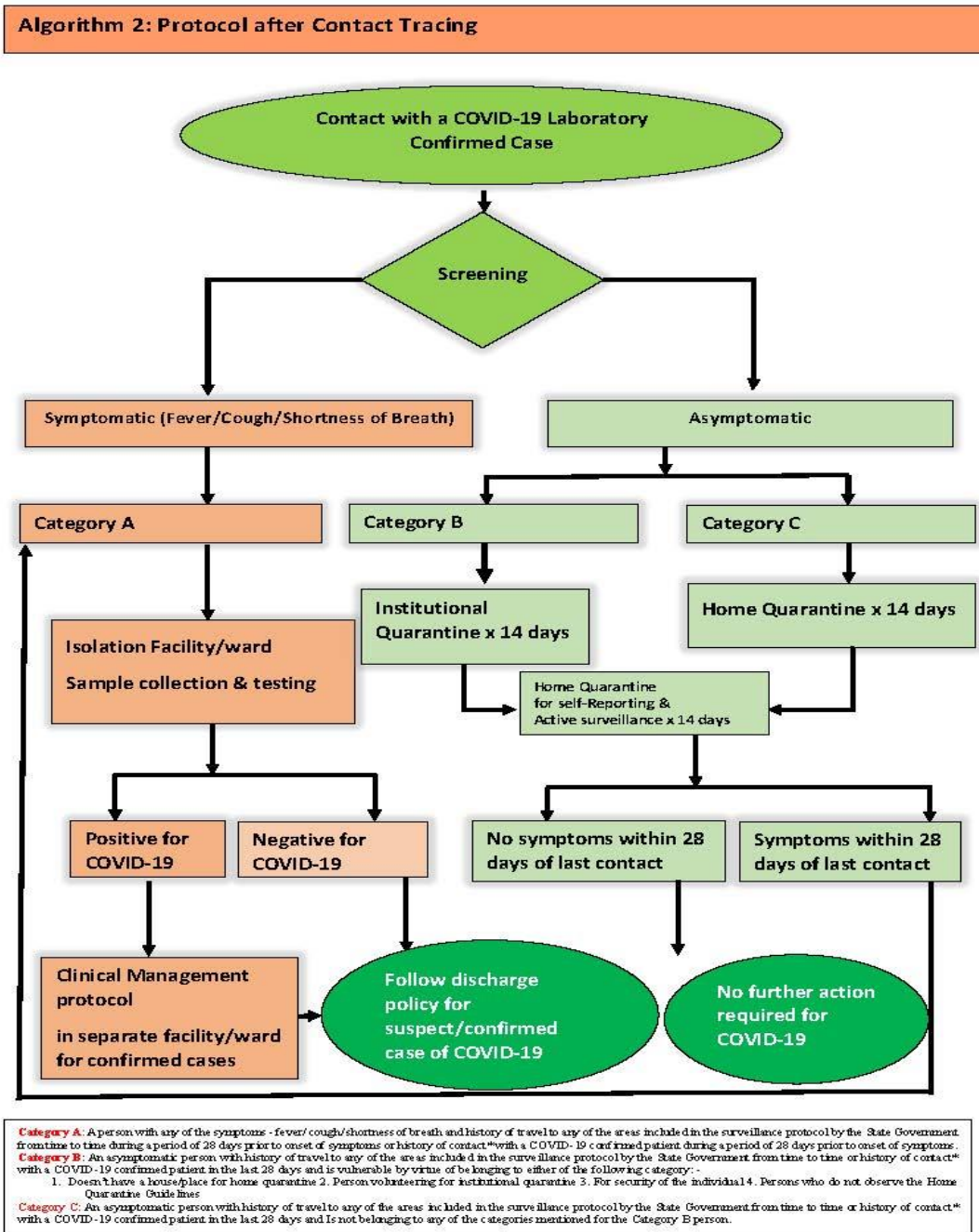
**Category A:** A person with any of the symptoms - fever/ cough/shortness of breath and history of travel to any of the areas included in the surveillance protocol by the State Government from time to time during a period of 28 days prior to onset of symptoms or history of contact\*with a COVID-19 confirmed patient during a period of 28 days prior to onset of symptoms.

**Category B:** An asymptomatic person with history of travel to any of the areas included in the surveillance protocol by the State Government from time to time or history of contact\* with a COVID-19 confirmed patient in the last 28 days and is vulnerable by virtue of belonging to either of the following category: -  
 1. Doesn't have a house/place for home quarantine 2. Person volunteering for institutional quarantine 3. For security of the individual 4. Persons who do not observe the Home Quarantine Guide lines

**Category C:** An asymptomatic person with history of travel to any of the areas included in the surveillance protocol by the State Government from time to time or history of contact\* with a COVID-19 confirmed patient in the last 28 days and is not belonging to any of the categories mentioned for the Category B person.

- In case a Category A person converts to Lab confirmed case by virtue of Laboratory confirmation, he/she shall be shifted to declared isolation facility for confirmed cases and in case of the line listed contacts, further action shall be taken as per algorithm 2.

### Algorithm 2: Protocol after Contact Tracing



- In case the disease starts having local/community transmission, cluster containment strategy as outlined in the containment plan guideline issued by MoH&FW, GoI.

## **5. Protocol for various facilities**

### **5.1 Home Quarantine:**

#### **5.1.1 Instructions for the person and family**

- Needs to stay away from elderly people, pregnant women, children and persons with co-morbidities within the household.
- Restrict his/her movement within the house.
- Under no circumstances attend any social/religious gathering e.g. wedding, condolences, etc.
- Wash hand as often thoroughly with soap and water or with alcohol-based hand sanitizer.
- Avoid sharing household items e.g. dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people at home.
- Wear a surgical mask at all the time. The mask should be changed every 6-8 hours and disposed of. Disposable masks are never to be reused.
- Masks used by patients / care givers/ close contacts during home care should be disinfected using ordinary bleach solution (5%) or sodium hypochlorite solution (1%) and then disposed of either by burning or deep burial.
- Used mask should be considered as potentially infected.
- Only an assigned family member should be tasked with taking care of the such person.
- Avoid shaking the soiled linen or direct contact with skin.
- Use disposable gloves when cleaning the surfaces or handling soiled linen.
- Wash hands after removing gloves.
- Visitors should not be allowed.
- Clean and disinfect frequently touched surfaces in the quarantined person's room (e.g. bed frames, tables etc.) daily with 1% Sodium Hypochlorite Solution.
- Clean and disinfect toilet surfaces daily with regular household bleach solution/phenolic disinfectants
- Clean the clothes and other linen used by the person separately using common household detergent and dry
- If symptoms appear (cough/fever/difficulty in breathing), he/she should immediately inform the nearest health centre or call 104

### **5.1.2 Instructions for District Authorities**

- Health worker shall personally visit in morning and contact telephonically in the evening on daily basis.
- Form A shall be filled up and reported to DSO by 4 pm on basis of point (2).
- If person remains asymptomatic after 28 days of observation no further action is required.
- If persons become symptomatic, then he/she shall be categorized as Category A and shifted to Isolation facility for probable cases for further Investigation and management.

### **5.2 Institutional Quarantine:**

- The Director Health Services, Arunachal Pradesh and the District Medical Officer of the concerned district shall ensure provision of medical supervision round the clock in form of deployment of Medical Officer and Staff Nurse and simultaneously ensure the availability of basic drugs, equipment for examination,. The facility shall have an adequate stock of disinfectants, PPEs and masks for staff and patients, if required.
- The DCs and district administration shall arrange for adequate security at these Institutional Quarantine facilities. They will also arrange and ensure adequate messing and catering as per requirement (with provision of door to door delivery of food), linen management as per guidelines issued from time to time, Sweeping, laundry facility and disinfection facility either himself or through a designated nodal officer. The Nodal Officer, if so, designated shall be responsible for all these arrangements.
- The facility shall have provision of ambulance nearby, with the staff of ambulance trained in all aspects of the transport of such persons and the disinfection protocols.
- Health Care Provider shall clinically examine daily for signs and symptoms of COVID-19.
- If person remains asymptomatic after 14 days of observation. He/she shall be shifted to Home quarantine for another period of 14 days. If person becomes symptomatic any time during Institutional Quarantine and Home Quarantine, then he/she shall be categorized as Category A and shifted to Isolation facility for probable cases for further Investigation and management.

### **5.3 Isolation facility**

Isolation facilities earmarked should be according to the guidelines of the MoH&FW and separate wards for probable case and lab confirmed cases should be ensured.

#### **For probable cases of COVID-19**

- Health Care Providers shall provide treatment to all such persons and follow SOPs laid down for COVID -19.
- The Medical Superintendent of these respective facilities shall be the nodal person for all the arrangements and the logistics. He shall also notify a nodal clinician (those who have been trained) for the purpose of sample collection and clinical management.

- Samples (Nasopharyngeal and Oropharyngeal Swabs along with Blood) shall be sent following Sample transportation protocols i.e. in viral transport media with triple layered package either to ICMR-Dibrugarh or to GMC- Guwahati.
- For the purpose of sample collection, the Nodal Officer (Medical Superintendent) shall ensure that the swab collection and VTM (Viral Transport Medium) are available in stock beforehand from the SSU-IDSP, which in turn shall provide the same in adequate numbers to these isolation facilities for probable cases of COVID -19.
- The Nodal Officer (Medical Superintendent) shall ensure the sample transport to the testing centre with full bio-safety precautions.
- The Category A persons shall be presumed to be Category Red person, until and unless proven otherwise by Laboratory confirmation. Therefore, these facilities shall follow all protocols for disinfection and the biomedical waste management as prescribed. The facility will ensure that all healthcare staff is trained in washing of hands, respiratory etiquettes, donning/doffing & proper disposal of PPEs and bio- medical waste management. There shall be strict adherence to Infection prevention control practices in all facilities.
- A minimum distance of 1 meter shall be maintained between the beds in these facilities and the patients shall always wear a triple layer surgical mask.
- The facility shall have a dedicated ambulance for transport to the Isolation facility for confirmed cases, in case the test report comes out as positive. The staff of such ambulance should be trained in all aspects of the transport of such persons and the disinfection protocols. The ambulances need to be disinfected using 1% sodium hypochlorite solution using knapsack sprayers.
- If person turns out to be positive for COVID-19, then he/she shall be shifted to Isolation facility for confirmed cases.

#### **For confirmed cases of COVID -19**

- Health Care Providers shall provide treatment to all such persons and follow SOPs laid down for COVID -19.
- The Medical Superintendent of these respective facilities shall be the nodal person for all the arrangements and the logistics.
- There shall be strict adherence to Infection prevention control practices in all facilities. Environmental cleaning should be done twice daily and consist of damp dusting and floor mopping with Lysol or other phenolic disinfectants and cleaning of surfaces with sodium hypochlorite solution. The support staff engaged in patient care including cleaning and disinfection will also wear full complement of PPE.
- Patient shall be discharged as per discharge policy for COVID-19 notified by MoHFW, Gol.
- The person from date of discharge shall be put on Home quarantine for next 14 days.

## **6. Ambulance Transfer**

When a suspect case of 2019 nCoV- Acute Respiratory Disease patient has to be transported, the following precautions should be taken by ambulance personnel accompanying the patient:

- a) On arrival to the healthcare facility from where the patient is to be transferred A. Decontaminate hands (alcohol gel/rub).
- b) Don Personal Protective Equipment (PPE) A patient requiring Aerosol Generating Precaution: N95 mask with respirator, gloves, long sleeved fluid repellent gown and goggles.
- c) Inform the hospital of the admission/transfer of a potentially infectious person.

### **Before leaving the house/healthcare facility**

- Request patient to wear a surgical mask (if tolerated) and advise on Respiratory Hygiene and Cough Etiquette
- A patient with suspected or confirmed 2019 nCoV- Acute Respiratory Disease should not travel with other patients

### **In ambulance**

Remove gloves, decontaminate hands and put on new gloves before touching the patient and before a clean or aseptic procedure, if required. Wearing gloves does not replace hand hygiene.

- Use single use or single patient use medical equipment where possible
- Use disposable linen if available

### **Arrival to the referral hospital**

Before the patient leaves the ambulance ensure arrangements are in place for receipt of the patient

- Transfer patient to the care of hospital staff
- Perform hand hygiene
- After transfer of patient remove PPE

### **Before ambulance is used again**

- Cleaning and disinfecting (PPE as outlined above should be worn while cleaning) Surfaces (stretcher, chair, door handles etc) should be cleaned with a freshly prepared 1% hypochlorite solution or equivalent
- Laundry Place reusable blankets in a bag, then put into a laundry bag and send for laundering clearly labelling it so that person in the laundry wears appropriate PPE before handling or autoclaves it before opening.
- Medical equipment Follow manufacturer's instructions for cleaning/disinfecting reusable equipment (see guidelines)
- Management of waste All masks and any waste contaminated with blood or body fluid (including respiratory secretions) should be disposed of as infectious waste in yellow bag
- Management of sharps – per Standard Precautions



- Management of spillages of blood and body fluids – per Standard Precautions
- **In the ambulance, if the driver’s chamber is not separate, driver should also use PPE.**

**Note**

- **As the current situation is still evolving and as the National Guidelines keeps updating, this SOP will keep getting updated from time to time after consultation with the State Task Force, Directorate of Health Services, Naharlagun.**
- **HELPLINE No.**
  - **State Control Room-I (State Civil Secretariat):104/ 0360-2292777/ 2292775/2292774**
  - **State Control Room-II/ State Task Force (DHS, Naharlagun): 0360-2350407**
  - **Mental Health Helpline no. 080 46110007 (Toll Free No.)- NIMHANS for people who may face mental health issue due to the country wide lock down.**

**ANNEXURE:**

- **Guidelines for transporting a suspect/confirmed case of COVID-19 by letter no D.O.No. Z-18015/1/2020-NHM-2, dated 26<sup>th</sup> march 2020**
- **Guidelines on disinfection of common public places including offices**



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**DHS cum Chairman (STF COVID-19)**  
**Govt. of Arunachal Pradesh**  
**Naharlagun**