Guidelines for Setting Community Based Quarantine Facility in rural areas

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Introduction

With thousands of people (migrant workers) leaving cities in India to their respective places due to the lockdown announced as a response to COVID-19 crisis, there are high chances of the spread of the SARS-CoV-2 from cities like National Capital Region-Delhi region, Pune, etc to many places in India.

To contain the spread of the infection, there is an urgent need to implement measures at the village level using the existing public and private infrastructure and workforce. This utmost important measure needs to be done in a socially sensitive manner not affecting the morale of the people who have faced hardships while travelling back, many of whom have walked hundreds of miles. This community-based approach to solve the public health issue will have to involve combined efforts to quarantine the reverse migrants. Therefore, we propose community-based quarantine measures with specific focus on rural or low resource ares.

Community based Quarantine facility is an intermediate between home quarantine and hospital isolation. This may be required when the home condition is not suitable for home quarantine due to overcrowding, lack of separate washing/toilet facilities, other high-risk individuals in the same room, very close proximity with neighbours like in slums/chawls etc.

Scope of Document:

This guidance document has been prepared by modifying the "setting up isolation ward document " of the Ministry of Health and Family Welfare, Government of India to establish a “ Community Based Quarantine Facility” at the level of village or health and wellness centre. Quarantine facility is for healthy(asymptomatic) contacts of confirmed cases and should not be mistaken for isolation facility which is for confirmed cases.

Need for setting up the community quarantine facility

Need for community based quarantine is when homes are unsuitable and there is a risk of transmission to the entire neighbourhood with common pathways and roads to toilets, shared toilets etc. and more vulnerable population (like elderly, people with diabetes mellitus and other risk groups) in the family. Another benefit of this facility is the reduced stigma for the quarantined person and their family by neighbors.
Home quarantine is better than community based quarantine if homes have a separate room and attached toilet facility with running water.

***Setting up isolation facility is beyond the scope of this document**:*

In our view, **isolation facilities should not be set in villages with the resource constraints** especially PPE(personal protection equipment), training of staff and transport in case sickness is worsened (it has been noticed that the conditions worsen within hours). Isolation facilities should be located in semi-urban (Community Health Centres) or urban localities (District hospitals) where trained staff, PPE and transport (ambulances) to treating hospital is readily available.

Requirement:

1. For migrant communities returning from hotspot cities with home conditions not fit for home quarantine
2. For isolating families of SARS CoV-2 positive patients with home conditions not fit for home quarantine
3. For demonstrating practices of physical distancing, hand hygiene and disinfection to the village community.

Definitions:
Quarantine - Quarantine refers to the separation of individuals who are " ***not yet ill*** " but have been exposed to COVID-19 and therefore have the potential to become ill. There will be a voluntary home quarantine of contacts of suspect /confirmed cases.

Isolation - Isolation refers to the separation of individuals **who are " ill"** and suspected or confirmed of COVID-19.

Principles
1. Physical distancing
2. Hygiene and Disinfection - Hand / Surface Cleaning to prevent cross-infection during the asymptomatic period.
3. Psychological Support
4. Nutrition
5. Daily Symptom Check
6. Social support and solidarity
7. Transport facilities link up

Steps:

1. Discussion with the community - The village panchayat along with the village health, sanitation and nutrition committee (VHSNC) should discuss with the village people on raising awareness, prevention measures and treatment modalities, offer an option of setting up community based quarantine facility. Expertise of School teacher, gramsevak, ASHA and anganwadi worker can be utilised to set up quarantine facility. Principles of distancing, disinfection along with psychological,social,nutrition and transport needs should be taken into consideration. Structural modifications can be done as per feasibility in villages provided principles are not compromised. Looking after psychological, social, nutrition needs will not only help reduce stigma but also induce feelings of support and solidarity.

2. Space -
   Already existing buildings like schools, community halls, Anganwadi centre with attached toilet facilities can be used.Good to choose facilities located away from crowded places of village(like temple, common water source, shop etc). For good and cross Ventilation, keep all doors and windows open.All unnecessary furniture should be removed. If such a building is not existing, then open spaces under a tree can be utilised. In some villages, quarantine has been tried over a tree. (https://m-timesofindia-com.cdn.ampproject.org/v/s/m.timesofindia.com/city/kolkata/west-bengal-labourers-who-recently-returned-to-village-quarantine-themselves-on-tree/). It's good to keep personal belongings to minimum. As per village choice, such facilities could be mixed gender or could be gender alone areas.

- What if the toilet is not available ?
  If an attached toilet is not available,try to arrange temporary community toilets on wheels. If even that is not possible then a separate area at least 20 meter away from water bodies (to avoid water body contamination) should be assigned specifically for quarantined persons (should be different from routine areas used by other villagers) to avoid cross infection. More information is available on https://www.who.int/water_sanitation_health/hygiene/emergencies/em2002chap8.pdf

3. Physical distancing-
   Beds/Charpai should be placed at a distance of minimum 6 feet from one another(more distance of more space is available).
   Visitors should be limited and should follow social distancing rules.
   High risk populations namely age above 65, diabetes mellitus, people with chronic respiratory,heart,kidney or liver disease, patients with immunocompromised conditions such as those who are on steroids, ART or on cancer treatment should absolutely avoid visiting quarantine facilities.

NOVEL CORONAVIRUS (COVID-19)

Physical distancing is necessary to break the chain of transmission in rural areas

What is physical distancing?

Physical distancing means keeping 6 feet apart from others

Follow these measures of physical distancing

1 Maintain a safe distance from each other while working in the agricultural fields

2 Keep distance from each other while walking to and coming back from the fields

3 Maintain distance while you fetch water

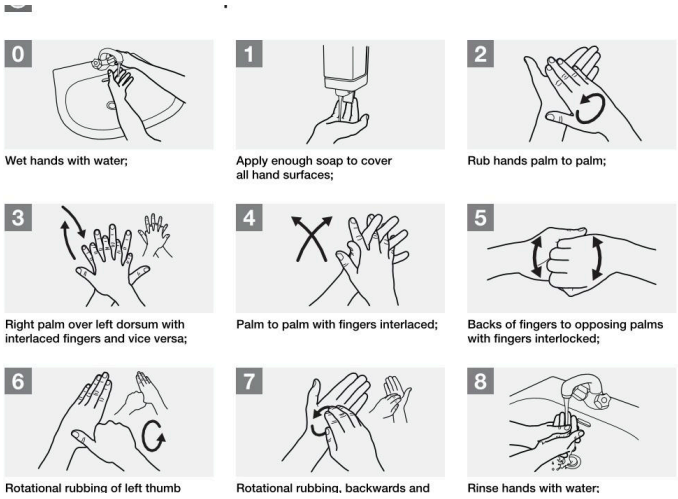
4 Avoid sitting in groups or large gatherings

Everyone in the facility should wear a cloth mask/ folded handkerchief with no respiratory symptoms and surgical mask if they have respiratory symptoms not qualifying covid-19 testing.If they qualify covid 19 testing (appearance of fever, dry cough, difficulty breathing with fatigue,lethargy), a person should be sent to a nearby isolation facility.

4. Hand hygiene -
   Ensure that appropriate hand washing and hand hygiene supplies are available. Soap and water or alcohol based hand rubs should be provided at the toilet door. These can be either procured from the government health department/ bought from the market with local Panchayat fund / collective village contribution.
   Person should be trained in steps of hand washing (picture) and duration of 40 seconds.

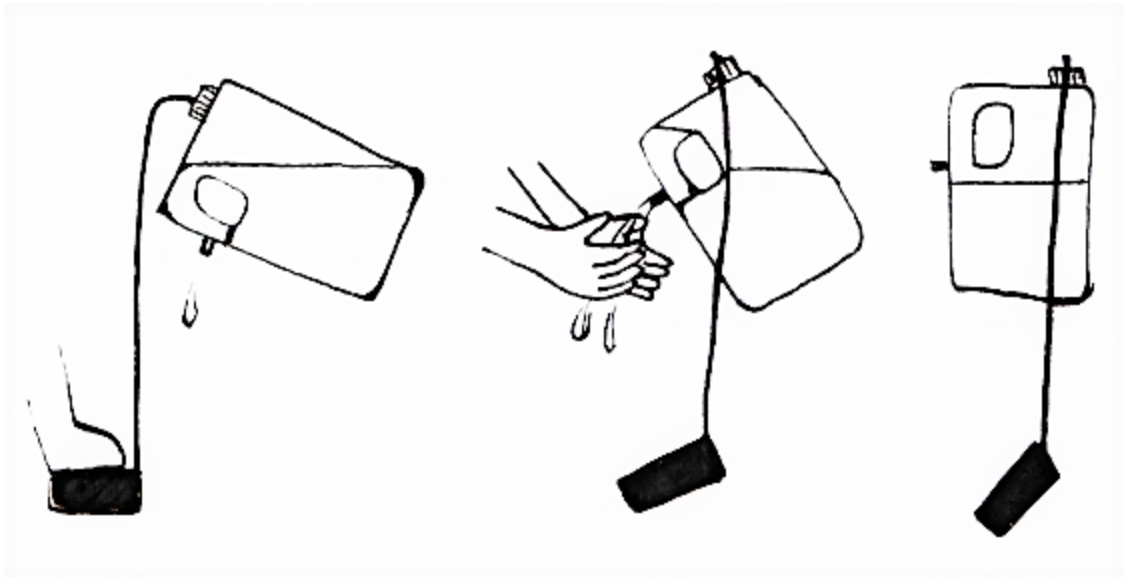
   How to do hand wash with water scarcity and without hand sanitizer?

- If you have enough water, wash your hands thoroughly with soap, rubbing the soap around your fingers, between them, around and under the nails, on your palms and on the back of your hands for about 40 seconds and then wash them clean.



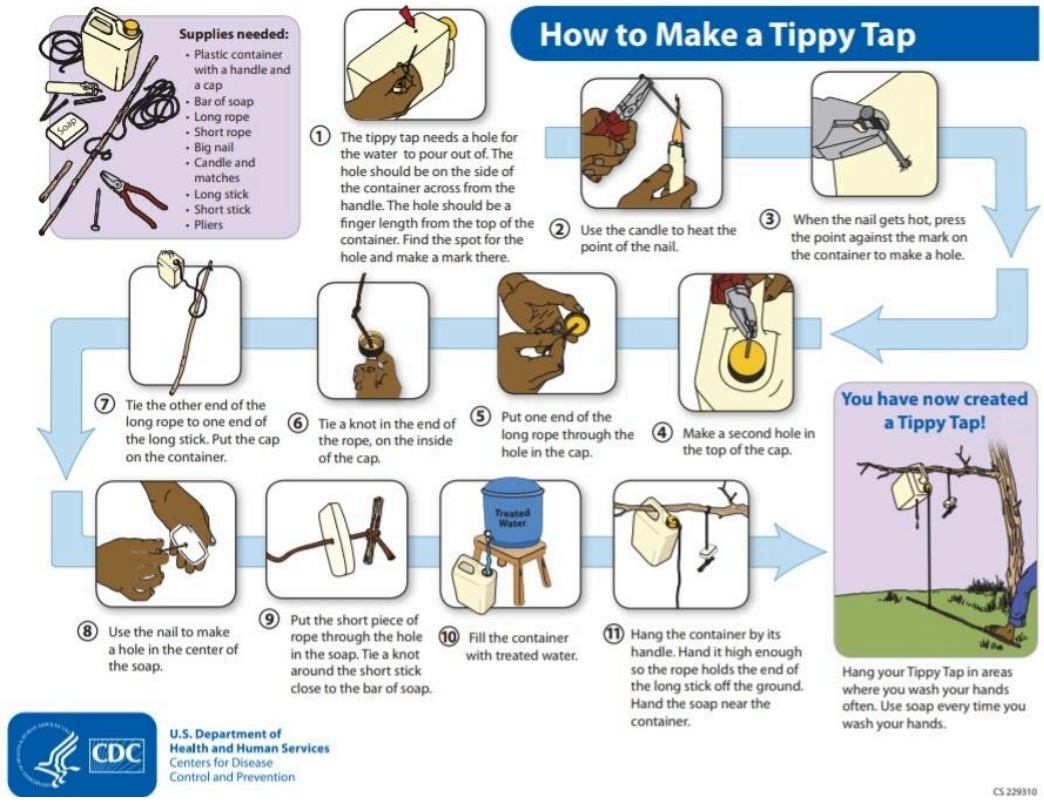
- If you have access to a hand sanitizer, put about one teaspoon of hand sanitizer on your hands and rub the hands together thoroughly between fingers, around and under the nails, on the palms and back of the hands about 20 seconds -- don't wash them.

- If you don't have much water, one can install simple handwashing devices using locally available materials using less water as in the following pictures:



Source: www.SSWM.info

- Tippy tap is another good option to establish a hand wash station with limited water availability.
- More information on creating simple hand washing devices in rural settings with limited resources on https://sswm.info/humanitarian-crises/rural-settings/hygiene-promotion-community-mobilisation/important/simple-handwashing-devices



6. Disinfection -
   Disinfection of commonly touched surfaces (cell phones, combs-if being shared, switches, door handle, keys, window handles, cycle handles, motorbike handles, bucket, hand pump handles, TV switch, torch), floor to be done once daily and consists of damp dusting and floor mopping with phenolic disinfectants. Person doing disinfection should use gloves and preferably should take bath with soap and water after cleaning.

7. Personal Hygiene-

   Not spitting on roads and public spaces.

   Limiting the use of clothes to few (two sets) and washing and reusing them if they have access to water.

   Beddings, pillow cover, cloth mask, clothes can be washed in hot water and soap and dried thoroughly in the sun.

   Only those who have symptoms should wear a surgical mask and all others can use either folded handkerchief or cloth mask as shown in the picture:

8. Nutrition -
   Home made food, tea,coffee can be allowed or if large numbers then food can be cooked depending on preference and feasibility in the village. Rules of social distancing should be followed while cooking/serving food. Potable water should be available in the room. It is advised to keep separate utensils with a washing facility nearby. Alcohol, Tobacco should be avoided in the facility.

9. Psychological Support -
   This is a key element. Person (along with the family) to be quarantined should be reassured, counseled about the

- Need of quarantine is to avoid infection to other family members and villagers as symptoms may appear as late as 2 weeks and yet the person can spread infection.
- This is not to blame or boycott the person but to help.
- Reassurance by ASHA, Anganwadi workers and VHSNC to help get all things including food, medicine, hand hygiene, transport to health center for illness during quarantine.

10. Social Support -
    Social support like providing rations, money etc. for those who do not have means of earning, migrants who came back to the villages and are in need of it to compensate for wage loss should be arranged.
    Posters of handwashing to be put up in village public spaces if posters can be printed.

11. Supplies checklist -
    - Gloves
    - Soap
    - Water
    - Alcohol based Hand Sanitizer
    - Surgical masks
    - Phenol based floor cleaner / Bleach
    - Contact details for doctor,nurse, ambulance,ASHA,Anganwadi worker. (National helpline number 011-239 78046 / 1075.)

12. Staff responsibility -
    Following responsibilities should be decided and delegated to VHNC members or village volunteers with a duty roster.

- Screening persons needing community based quarantine
- Maintaining list, date of entry and exit
- Daily symptom log book
- Daily checklist - food provision, cleaning, ventilation, visitor control etc.
- Information sharing with concerned authorities.
- Display posters at facility - Hand wash steps, Cough etiquettes, Physical Distancing.

We are open for suggestions and comments. Please send them to…
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Poster on Physical distancing in rural areas developed by Sindu Nila, Samar Khan and Anusha Purushottam and other volunteers from Yumetta Foundation.