COVID-19 PREPAREDNESS CHECKLIST
FOR RURAL PRIMARY HEALTH CARE
& COMMUNITY SETTINGS

COVID-19-PHC Action Group

(v 1.1 dated 3 April 2020)

This version supersedes the previous version 1 released on 27 March 2020

About COVID-19-PHC Action Group

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COVID-19 Preparedness Checklist

for Rural Primary Health Care and Community Health Settings

(v 1.1 dated 3 April 2020)

PURPOSE OF THIS DOCUMENT

Incidences of COVID-19 cases in India was, until recently, was estimated to be restricted to people in cities with a history of travel or exposure to someone else with travel to one of the COVID-19 reporting countries. As of now however, the rate at which official figures are rising, and some case histories seem to strongly indicate that community transmission has begun, In such a situation, the preparedness of government Primary Health Centres (PHCs) and several NGO-run community health centres and hospitals will be crucial in terms of their response to prevent the further transmission of COVID-19 with respect to screening of patients with symptoms, and in responding, either with treatment or referral.

The typical reader of this document is a managing a primary care facility (PHC medical officer or manager of NGO/community health centre) in a rural area. We have kept in mind the typical PHC setting in rural India. This too may vary from state to state, from district to district, and hence these guidelines will require adaptation to your setting.

This is not an official guidance document endorsed by or approved by any government agency/entity. This document must be used to complement the most updated guidelines and resources from the ministry of health and government agencies.

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Section A: Checklist for overall PHC and Sub-Centre preparedness

Section B: Checklist for community-level preparedness (including frontline workers and fieldwork)

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SECTION A: Preparedness within primary healthcare facilities (including PHC and sub-centre)

Section A: Checklist for overall Primary Health Centre (PHC) preparedness

No.	Assessment item	Remarks/Action	Status
1	**INFRASTRUCTURE, EQUIPMENT AND SUPPLIES**		
1.1	Is there a designated hand-washing area/corner for all patients at the entrance or waiting area of the PHC?		
1.2	Is there a separate patient waiting area with exhaust/appropriate ventilation for patients presenting with respiratory complaints and/or fever?		
1.3	Is there a separate consultation room for patients presenting with respiratory complaints and/or fever?		
1.4	Are there signages and facilities in the common areas to enable physical distancing between patients?		
1.5	Is there a designated hand-washing and hand sanitisation area/corner for health workers?		
1.6	Are Personal protective equipment (PPE) available at every point-of-use with the PHC including laboratory, consultation room, dressing room?		
1.7	Have you printed and provided a copy of all relevant COVID-19 government guidelines to different staff at the PHC?		
1.8	Have you prepared a room-wise preparedness plan including PPE and disinfection and displayed it in the room? *See notes*		
1.9	Is the ambulance and/or other patient transport vehicle disinfected regularly as per infection control guidelines?		
1.10	Are running water and electricity available throughout the day at the PHC? If not, is a contingency plan available?		
1.11	Is hot water available for cleaning the health centre as per guidelines?		
1.12	Are landline and internet equipment functioning satisfactorily at the PHC to		

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	ensure smooth communication and reporting?		
1.13	Is the PPE requirement for at least a month available at the PHC for staff at the health centre and community? *See notes*		
1.14	Is the disinfectant, sanitiser and soap requirement for at least a month available at the PHC for cleaning as per guidelines?		
1.15	Have you identified and displayed PPE and disinfectant suppliers phone numbers for emergency indents in the pharmacy?		
1.16	Does your pharmacy have adequate stock for essential medicines required for at least a month based on your estimations? *See notes*		
1.17	Does your laboratory have adequate stock for required reagents and other chemicals required for at least a month based on your estimations? *See notes*		
1.18	Does your pharmacy have stock for hydroxychloroquine for at least 2 staff as per the ICMR chemoprophylaxis guidelines for health workers caring for suspected or confirmed cases? *See notes*		

1. Infrastructure, equipment and supplies: NOTES

1.8 Example of a **room-wise preparedness plan**

PHC Care Unit	**Preparedness Check**	**Remarks**
Consultation room	Inventory PPEs & Medicines, hand washing area and sanitizer facility	Segregate consultation area for examination of patients with respiratory symptoms.
Waiting area	Should be well ventilated with exhaust/ open areas	Twice-a-day surface disinfection needed
Laboratory	PPE check	Disinfect all surfaces after any specimen collection (if to be performed at PHC)
Common areas	Handles, rails, benches	Twice a day disinfection needed

1.13 PPE requirements: While gloves and masks are most required, all relevant PPE including gloves, surgical masks, N95 respirators, goggles, cover-alls, shoe-covers and face shields should be available at the PHC as per guidelines.

1.16 and 1.17 Essential supplies for pharmacy and laboratory: An immediate inventory update should be undertaken (if not already done) for essential medicines, equipment and other essential supplies (such as laboratory supplies) to identify shortages. Immediate requirements should be put up and acquired as early as possible. Local untied funds could be utilised to buy some supplies urgently.

1.18 **Hydroxychloroquine chemoprophylaxis**: As per the latest guidelines by ICMR, the health workers at the PHC will not be using it at this point. However PHCs are advised to store hydroxychloroquine for possible future use and advised to paste protocol at OP room. *Note: Exercise caution while providing HCQ with respect to toxicity and any medical contraindications; await any updated guidance from ICMR on this issue*

Links to resources for equipment and supplies guidelines:

- MoHFW: Coronavirus Disease 2019 (COVID-19): Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19
- NHSRC: Principles for infection prevention and control of COVID-19 patients
- MoHFW Guidelines on rational use of Personal Protective Equipment
- ICMR guidance for Hydroxychloroquine for health workers caring for suspected/positive cases and household contacts

No.	Assessment item	Remarks/Action	Status
2	**HEALTH WORKER SAFETY**		
2.1	Have all the PHC staff undergone training on modes of transmission and common myths/misconceptions about COVID19?		
2.2	Have all the PHC staff undergone training on PPE (handwashing and masks mainly) use and its importance?		
2.3	Have the PPE use guidelines (including hand washing) been printed and displayed in all relevant rooms at the PHC? *See notes*		
2.4	Have you held mock drills for staff at the PHC on high risk case detection? *See notes*		
2.5	Have hand sanitisers and designated handwashing points been provided at each point-of-use in the PHC for staff? *This*		

	includes the consultation room, treatment room, laboratory, etc		
2.6	Have PPE (masks and gloves mainly) been distributed to each staff in the PHC, as per guidelines based on the possible (high/moderate/low) risk involved? *See notes*		
2.7	Are physical distancing norms implemented at the PHC during routine work including meetings? *Check compliance randomly during work hours*		
2.8	Has the space in and around PHC been divided into zones based on risk with restriction of outsiders and non-medical staff in the high-risk areas?		
2.9	Are the health workers at the PHC conducting a self-assessment for symptoms daily?		
2.10	Are you conducting periodic health-worker wellness and exposure checks? *See notes*		
2.11	Are you conducting periodic wellness checks for families of staff residing on campus?		

2. Health worker safety: NOTES

2.1 **Awareness about COVID-19**: Awareness material is available in simple non-technical language for health workers in MoHFW's pocket book of five. Webinars are also available that provide key information about the disease and are available online. Here is a webinar by AIIMS New Delhi on the epidemiology, clinical features and diagnosis, and infection control practices: https://www.youtube.com/watch?v=BTLGGV3_XnI

2.2 **PPE use**: At the PHC, the main components of PPE used frequently are surgical masks, N95 masks and gloves. PPE must be worn in hospital depending on the risk of the health worker at that location (*extracted from guidelines*)

- **Low risk areas/staff** requiring surgical mask and gloves
    - Drivers of ambulances
    - Visitors accompanying young children (<5) and elderly (>60)
- **Moderate risk areas/staff** requiring N95 masks and gloves only
    - PHC entry screening area, health workers checking temperature, doctor outpatient chamber
    - Sanitary staff cleaning PHC waiting areas/toilets
    - Handling dead body at PHC
    - Attending emergency cases
- **High risk areas/staff** requiring full complement of PPE

- Health worker and any other accompanying patients with severe acute respiratory illness

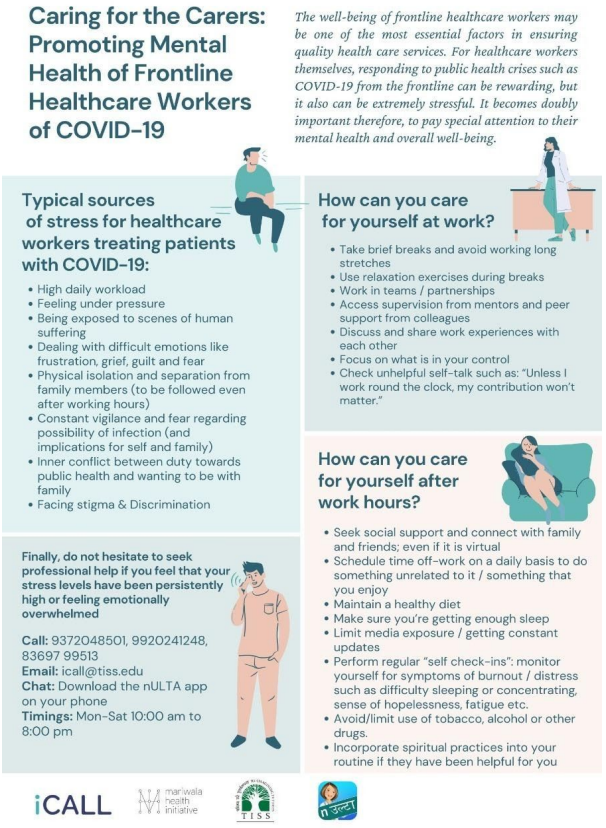
This video shows the correct way to use a mask https://www.youtube.com/watch?v=IrvFrH_npQI. Details on steps for hand washing and other key hygiene methods are shared in the MoHFW pocket book of five.

2.4 Mock drill for health workers: An important way to assess staff and facility preparedness and training is by conducting mock drills for staff at the PHC. Details on inventory, staff to be involved, skills to be tested, etc are provided in guidelines by MoHFW. Mock drills also help in reassuring staff and alleviating anxiety among staff.

2.10 Health worker wellness, motivation and exposure check

- **Health worker awareness:** Ensure all staff working at the health centre from doctor to Group D staff are aware about the disease transmission and features of COVID-19, the rationale and importance of measures being put into place and complying to protocols no matter how tedious they may seem, and the importance of personal safety including when they return home.
- **Regular updates**: A technical brief on the latest updates in managing COVID-19 and emerging guidelines must be shared with all staff at least once in 2-3 days
- **Self-assessment:** Health workers must be advised on self-assessment, symptom reporting and staying home when ill
- **Health worker wellness:** The social process around a pandemic means that frontline health workers will experience stigmatisation, isolation and be socially ostracised. During previous pandemics, many health workers were not being allowed to use the village well, asked to leave their rented accommodation, and not being allowed to use public transport. Health workers often isolate themselves from their families to protect them from infection to respond to their call for duty. Like the general public, health workers might also struggle to get their own essential supplies. It is important to be prepared for this and develop plans for this. Health workers can be overwhelmed with both the surge in cases as well as poor outcomes to treatment in some situations. It is important that the team leaders address this issue proactively and give adequate attention to mental health issues from the start
    - It would be helpful to keep aside some time during team meetings to address health worker motivation and mental health. Examples of activities could include allowing healthcare workers to talk about their concerns and challenges and team leaders acknowledging it.
    - Early mobilisation of community and awareness to counter stigma
    - Providing psychosocial support (individual counselling and peer-group as for example by creating a WhatsApp group which should be used as a platform to share supportive and encouraging messages only)
    - Consider paying non-performance-based incentives
    - Arrange for transport or provide, additional transport allowance
    - Arrange for child-care support
    - Arrange separate good quality clean accommodation (if desired by health worker)
    - Developing an award and recognition strategy

- Ensure staff is well-rested and not overstressed



FOR A PRINT-SIZE VERSION OF ABOVE POSTER, SEE APPENDIX 1

Links to resources for health worker safety guidelines:

- MoHFW: COVID-19 book of five: Response and containment measures for ASHA, ANM, AWW
- MoHFW: Mock drill for emergency response for COVID-19 cases in government hospitals
- MoHFW: Guidelines on rational use of Personal Protective Equipment
- WHO: Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health

No.	Assessment item	Remarks/Action	Status
3	**PATIENT CARE**		
3.1	Have you planned and implemented a		

	segregated patient flow based on symptoms at the facility entrance with appropriate signage? *See notes*		
3.2	Have you displayed screening, treatment and referral flowchart from guidelines for COVID-19 in the screening area and consultation room? *See notes*		
3.3	Have you printed a list and contact details of COVID-19 testing centres and designated COVID-19 hospitals in your district/neighboring districts?		
3.4	Have you displayed the latest COVID-19 symptoms list along with red-flags, high travel and high contact risk conditions in the screening area and consultation room? *See notes*		
3.5	Do you have a plan if a patient with Severe Acute Respiratory Illness (SARI) presents at your facility or a health worker/caregiver contacts you over the phone? If not, contact your district health authority for guidance. *See notes*		
3.6	Do you have a plan for referral of suspected cases to the designated testing and/or quarantine facility identified for your district as per district health authority guidance? *See notes*		
3.7	Do you have a follow-up plan for people identified at the PHC as being high-risk or needing home quarantine from within the catchment area?		
3.8	Do you have a strategy in place to minimise routine out-patient visits wherever possible? *See notes*		
3.9	Have you planned emergency care provision in a way that it runs uninterrupted despite the changes brought in for COVID-19 precautions? *See notes*		
Tele-consultation			
3.10	Is tele-consultation feasible in your PHC area as per MOHFW guidelines? *See notes*		
3.11	If yes, have you rolled out a plan that allows your frontline health workers to organise		

	tele-consults for minor ailments detected in the field?		

3. Patient care: NOTES

3.1 Patient flow at the PHC Identify a health worker to screen patients at the gate/entry to the PHC and direct patients presenting with symptoms matching COVID-19 to a separate area. PHCs should identify a separate screening and holding area for patients with Influenza like illness (or any patients with symptoms of COVID-19 as per table below).

3.2 Screening, treatment and referral protocols (*likely to change in coming days*) Follow the treatment protocol for primary health care provided by your state government/appropriate higher government authority. Given the dynamic shifts in our understanding of COVID-19, these may be updated. Clinical management guidelines are now available by MoHFW.

- Do you have a list of most likely presenting symptoms for COVID-19?
- Have you updated your protocol with a list of possible complications that need urgent referral in COVID-19 patients (red-flag conditions)?
- Do you have a list of patients with other conditions who may have higher risk of contracting COVID-19?
- Are you assessing risk of contact (in the last 14 days) with someone with confirmed/high likelihood of COVID-19?

3.4 Latest COVID-19 symptoms list and high risk factors: Each health centre is advised to display checklists for symptoms and high risk factors, examples are provided.

A symptom checklist for COVID-19 (for illustration purposes only; with translation in Kannada; check updated list from your district/state government)
Adapted from The COVID-19 Collaborative/SWASTI showing Kannada translations

S No.	Symptoms	Yes	No	Remarks with duration
1	Fever (jwara) ಜ್ವರ			
2	Cough (kemmu) ಕೆಮ್ಮು			
3	Rhinorrhea/ runny nose ಮೂಗು ಸೋರುವುದು			
4	Sore throat (gantalu novu) ಗಂಟಲು ನೋವು			
5	Body pain (mayyi kayyi novu) ಮೈಕೈ ನೋವು			
6	Loss of appetite (tinnudu kammi agidhiya) ತಿನ್ನೋದು ಕಮ್ಮಿಯಾಗಿದೆ			
7	Diarrhoea (bedi) ಭೇದಿ			

8	Lost sense of smell (anosmia) and taste (ageusia) ವಾಸನೆ / ನಾಲಿಗೆ ರುಚಿ ಗುರುತಿಸುವ ಶಕ್ತಿ ಕಡಿಮೆ ಆಗುವಿಕೆ			
RED FLAGS				
8	Difficulty breathing or shortness of breath after symptoms set in (usiraatakke thondare aagutha) ಉಸಿರಾಟಕ್ಕೆ ತೊಂದರೆ			**IMMEDIATE ACTION** *For any one of these symptoms, refer for testing and management to centres.*
9	Persistent pain or pressure in the chest (yedhe novu) ಎದೆ ನೋವು			
10	Increased confusion or difficulty in waking up (prajyne kammi) ಪ್ರಜ್ಞೆ ಕಮ್ಮಿ			
11	Bluish lips or face (thuti neeli banna) ನೀಲಿಬಣ್ಣದ ತುಟಿ			
12	Extreme fatigue (tumbha susthu) ತುಂಬಾ ಸುಸ್ತು			

Ask for high risk conditions and high-contact conditions if at least 1 symptom from 1 - 7 in the above list is present. Collect more information.

High contact risk check (*For illustration purposes only; check updated list from district/state government) Adapted from The COVID-19 Collaborative/SWASTI*

S. No.	High Contact Risk Criteria	Yes	No	Within 14 days of contact?
1	Contact with someone in the last 14 days having symptoms of severe respiratory illness/admitted for the same			
2	Caller in close proximity (within 3ft) of a conveyance with a symptomatic person who later tested positive for COVID-19			
3	Contact with someone in the last 14 days having tested positive for COVID-19			
4	Direct physical contact with the person being suspected to have COVID-19 including examining a person without PPE (personal protective equipment)			
5	Touched or cleaned the linen/clothes/dishes of a person suspected to have COVID-19			
6	Touched the body fluids (respiratory secretions, vomit, saliva, urine, feces) of a person with suspected COVID-19			

High Risk Conditions *(For illustration purposes only; check updated list from district/state government) Adapted from The COVID-19 Collaborative/SWASTI*

S No	**High Risk Conditions Criteria**	**Yes**	**No**

1	Above the age of 60 or under the age of 5		
2	Malnourishment		
3	Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)		
4	Lung disease including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema), tuberculosis, occupational lung diseases like silicosis or other chronic conditions associated with impaired lung function or that require home oxygen		
5	Diabetes Mellitus		
6	Current or recent pregnancy in the last two weeks		
7	Compromised immune system (immunosuppression) (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)		
8	Blood disorders (e.g., sickle cell disease or on blood thinners)		
9.	On treatment for chronic kidney disease		
10.	On treatment for chronic liver disease		
11	On treatment for any chronic illness requiring care at home		

3.5 SARI patients presenting at PHC: Standard precautions include hand hygiene; use of PPE to avoid direct contact with patients' blood, body fluids, secretions (including respiratory secretions) and non-intact skin. Standard precautions also include cleaning and disinfection of equipment and cleaning of the immediate environment in the consultation room. Apply all contact precautions and airborne droplet precautions. Refer to the latest revised guidelines on clinical management by MoHFW

3.6 Referral for testing Contact your district health authorities to know the protocol for referral for testing in your district/state. The revised strategy document is provided by MoHFW in this regard as well.

3.8 Strategies to minimise routine outpatient visits: Consider tele-consultation, medicine drop-off at homes or proxy medicine pick-ups by younger or low risk family members for patients on monthly medication, home visits by ASHAs/health workers for chronically ill and antenatal check-ups. Additional signage and barriers may be required at the PHC entrance to discourage routine patient visits and encourage teleconsultations or care by frontline workers particularly during weekly markets or festival days.

3.9 Emergency care provision: Many precautions and changes in care provision in the PHCs may affect the way emergencies are managed. The PHC medical officer needs to discuss and plan with staff to ensure that emergency care provision

including snake bite, deliveries, trauma care, etc are continued to be cared for uninterruptedly at the health centre while still keeping the safety of patient and staff at the centre. This includes priority laboratory testing, labour room and neonatal care management, safe space for mother and child postnatal admission and emergency patient transport vehicle.

3.10 Telephonic/WhatsApp/telemedicine consultations Wherever possible as per GoI telemedicine guidelines, remote consultation opportunities must be explored by PHC MOs. The relevant portions for PHCs are as follows:

- Only for registered medical practitioners
- The same professional and ethical norms and standards as applicable to traditional in-person care shall apply for tele-consultations as well. Consent is mandatory from the patient and must be reflected in the patient record.
- Telemedicine modes can be via video, audio and text.
- Use a badge to display name, registration number and also state it during consultation and provide it in all electronic communication (WhatsApp/ email etc.)
- Request patients to identify themselves using any identity card and record such consultations in your outpatient register
- In case of children 16 years and below, the caregiver is authorised to consult on behalf of the patient. The caregiver must have a formal document establishing the relationship with the patient or was verified in a previous consultation.
- The caregiver can similarly consult on behalf of a patient with mental or physical disability.

Links to resources for patient care guidelines:

- MoHFW Revised Guidelines on Clinical Management of COVID–19
- ICMR Revised Strategy of COVID19 testing in India (Version 3, dated 20/03/2020)
- MoHFW Telemedicine Practice Guidelines

No.	Assessment item	Remarks/Action	Status
4	**BIOMEDICAL WASTE MANAGEMENT AND DISINFECTION**		
4.1	Is there a plan for disposal of infected waste (by incineration) as per your state bio-medical waste management rules? *If this is not properly implemented at your facility, review them urgently*		
4.2	Have you identified a secure location to store yellow (infected waste) bins that are full and ready to be picked up? *Away from*		

	rodents/human contact		
4.3	Are there bins of appropriate colour placed at the different points of waste generation? *Do a room-by-room audit*		
4.4	Are staff fully aware of and complying with the bin colour codes depending on type of waste?		
4.5	Are staff aware that PPE removal should be at/near the bin?		
4.6	Is the disinfection solution being prepared as per the standard requirement? *1% hypochlorite solution*		
4.7	Is there a roster for twice-a-day disinfection of common areas, handles, benches, etc as per infection control guidelines?		
4.8	Have you implemented a common area disinfection routine at your facility? *If not, ensure twice a day disinfection of all common areas and frequently touched surfaces such as tables, rails, the arms of chairs, sinks, call bells, door handles and push plates, and any area/piece of equipment that may potentially be contaminated.*		

4. Biomedical waste management and disinfection: NOTES

4.1 Facility cleaning and Disinfection plan: If this is not properly implemented at your facility, review them urgently. There are guidelines available with relevant information for disinfecting hospitals, quarantine facilities and public places. Relevant information is extracted from these and provided here

a. **What to use**: 1 Percent sodium hypochlorite solution is recommended. For surfaces that do not tolerate bleach 70% ethanol can be used (phones, computers, keyboards and other electronics)
b. **Instructions for disinfection**:
    - Spray 1% sodium hypochlorite working solution on all the surfaces (protecting electrical points/appliances).
    - Then, clean with a neutral detergent that is used for removing traces of hypochlorite solution.
    - While cleaning, windows need to be open .
    - All frequently touched areas, such as all accessible surfaces of walls and windows, the toilet bowl and bathroom surfaces need to be carefully cleaned.

- All textiles (e.g. pillow linens, curtains, etc.) should be first treated with 1% hypochlorite spray and then packed and sent to get washed in laundry using a hot-water cycle (90°C) and adding laundry detergent.
- Mattresses / pillows after spraying with 1% hypochlorite should be allowed to get dry (both sides) in bright sunlight for upto 3 hrs each.
- Site of collection of biomedical waste should be regularly disinfected with freshly prepared 1% hypochlorite solution.

4.6 Preparing 1% hypochlorite solution
Most commonly used is bleaching powder which usually has 70% available chlorine. To prepare 1% hypochlorite solution, add 7g (roughly 2 teaspoons) in 1 litre of water. Prepare in an open area and always prepare immediately before use.

4.8 Routine disinfection plan: Ensure twice a day disinfection of all common areas and frequently touched surfaces such as tables, rails, the arms of chairs, sinks, call bells, door handles and push plates, and any area/piece of equipment that may potentially be contaminated. This plan can be further revised depending on patient load and categorisation of risk of cases.

Links to resources for biomedical waste management and disinfection guidelines:
- NCDC Guidelines for disinfecting a quarantine facility (for COVID-19)
- MoHFW COVID-19: Guidelines on disinfection of common public places including offices
- MoHFW National guidelines for infection prevention and control in healthcare facilities
- CPCB: Guidelines for handling, treatment and disposal of waste generated during treatment/diagnosis/quarantine of COVID-19 patients
- NHSRC: Principles for infection prevention and control of COVID-19 patients

No.	Assessment item	Remarks/Action	Status
5	**HEALTH INFORMATION, OUTREACH AND COMMUNICATION**		
5.1	Have you assessed communication infrastructure (internet and phone availability) at your facility and your outreach points (sub-centre ANM, ASHA, AWW)?		
5.2	Have you identified a single platform on which all of your facility and field staff are available for communication and coordination?		

	Like Whatsapp/any other platform on which all staff are available for remote access		
5.3	Have you procured/printed and displayed key posters in local language at the PHC, sub-centres and anganwadis? *See notes*		
5.4	Does the awareness material include a focus on countering possible stigma and discrimination due to quarantine status, contact exposure or test positivity at the PHC and community? *See notes*		
5.5	Is the state/district COVID-19 helpline number(s) prominently displayed at your PHC entrance and in all posters?		
5.6	Is there a regularly updated COVID-19 dashboard (in local language) at your facility with whiteboard/cardboard which displays information on confirmed and quarantined cases? *See notes*		
5.7	Have you identified locally relevant modes of mass communication (e.g. autos fitted with loudspeakers) for community especially to communities/households that are remote		

5. Health information, outreach and communication: NOTES

5.3 Posters to print and display the health centre

- Common symptoms
- Dos and don'ts
- national and state level helpline numbers
- when to seek medical attention (risk-factors/red flags as indicated above)
- Facility if any for tele-consultation in your PHC/medicine pick-up
- Any other local information related to COVID

In addition, posters could be put up at the local bus stand, village square and panchayat office.

5.4 Stigma and discrimination due to quarantine status, contact exposure or test positivity: During times of pandemics, as history tells us, there is a rise in stigmatisation of people; we also need to guard against these. Here too the authority of the medical expert can play a crucial role in maintaining solidarity and inclusiveness. Therefore in your meetings and communication, ensure emphasis on ensuring that everyone is treated with dignity and ensure that no individuals/groups face any stigma/discrimination due to contracting COVID-19 or for any other reason. It needs to be emphasised within communities during visits by health workers.

5.6 Dashboard at PHC:

- Display the number of confirmed cases in your state, district and PHC area (for border areas, can display information for nearby districts as well)
- Update daily to communicate trends to your staff and PHC visitors
- Use authentic data preferably from daily press briefings by state health departments

Links to resources for health information, outreach and communication guidelines:

- COVID-19 book of five: Response and containment measures for ASHA, ANM, AWW

No.	Assessment item	Remarks/Action	Status
6	**MONITORING AND REPORTING**		
6.1	Have you notified a face-to-face (virtual as possible) meeting schedule for your PHC and field staff? *Limit it to the least frequency needed to ensure capacitated health workers (Eg. weekly/fortnightly)*		
6.2	Do you have a plan for review and building capacity of your PHC staff during these meetings? *See notes*		
6.3	Have you prepared a mock-drill routine to test staff preparedness during meetings? *See notes*		
6.4	Have you compiled authentic videos/resources from the WHO/MoHFW/state health department in the form of booklets/videos to show staff during meetings?		
6.5	Have you considered identifying a point-person at the PHC for dissemination of guidelines, addressing queries and coordination with local actors? *See notes below*		
6.6	Have you assessed health worker availability (absenteeism if any) and made contingency plans? *See notes*		

MONITORING AND REPORTING: NOTES

6.2 Plan for meetings:

- Plan for 30 min-1 hour meetings where at least the following can be discussed.
- Discussing self/team's health status: Any symptoms to be reported and appropriate measures to be taken.
- **Latest information:** Assess latest information with health workers on disease prevention and transmission; combat any misinformation coming either from community/health workers
- **Health worker safety & PPE technique**: Emphasise on the need for personal protection and health worker safety; ensure all health workers know the proper technique for PPE
- Review latest case-definition as updated by ICMR/MoHFW/state government entity
- **Conduct mock-drills** (see below)
- Consider showing authentic visuals from WHO/MoHFW/Government approved sources to build health worker capacity

6.3 Mock drills for health workers: Conduct mock-drills for health workers to assess appropriateness of response by providing real-life instances of people meeting case-definition turning up at ASHAs/sub-centres; allow for peer review of the drill by health workers and provide inputs on appropriateness and adequacy of the steps in the drill. Pose scenarios to your staff during drills and assess appropriateness of response.

6.5 Point-person at PHC for COVID-19 response

Consider designating a centralised point-person for your PHC who shall handle external communications; the ideal point-person is someone who is in close communication with the PHC team lead (typically PHC medical officer)

- Could be male health worker/senior health inspector/block health educator
- The person can function as a coordinator for the COVID-19 response and free up time for the medical officer.
- Daily debriefing session can be held with him/her especially on new guidelines/communication from district/state

6.6 Health worker availability at PHC

- These are challenging times, more so for health workers. Ensure that you are well rested and available at work-station during outbreak management. Avoidable leaves may need to be cancelled.
- **Roster**: Consider roster for health workers to limit exposure; provide periodic off-days to ensure health workers are well rested and motivated
- **Leadership by PHC medical officer**: Health workers may be looking up for clarity of communication and leadership of the PHC medical officer. Ensure that you are available and accessible to them at crucial moments
- **Teamwork**: Ensure coordinated response when positive cases are reported so that people or health workers do not panic.

APPENDIX 1

Caring for the Carers: Promoting Mental Health of Frontline Healthcare Workers of COVID-19

The well-being of frontline healthcare workers may be one of the most essential factors in ensuring quality health care services. For healthcare workers themselves, responding to public health crises such as COVID-19 from the frontline can be rewarding, but it also can be extremely stressful. It becomes doubly important therefore, to pay special attention to their mental health and overall well-being.

Typical sources of stress for healthcare workers treating patients with COVID-19:

- High daily workload
- Feeling under pressure
- Being exposed to scenes of human suffering
- Dealing with difficult emotions like frustration, grief, guilt and fear
- Physical isolation and separation from family members (to be followed even after working hours)
- Constant vigilance and fear regarding possibility of infection (and implications for self and family)
- Inner conflict between duty towards public health and wanting to be with family
- Facing stigma & Discrimination

How can you care for yourself at work?

- Take brief breaks and avoid working long stretches
- Use relaxation exercises during breaks
- Work in teams / partnerships
- Access supervision from mentors and peer support from colleagues
- Discuss and share work experiences with each other
- Focus on what is in your control
- Check unhelpful self-talk such as: "Unless I work round the clock, my contribution won't matter."

How can you care for yourself after work hours?

- Seek social support and connect with family and friends; even if it is virtual
- Schedule time off-work on a daily basis to do something unrelated to it / something that you enjoy
- Maintain a healthy diet
- Make sure you're getting enough sleep
- Limit media exposure / getting constant updates
- Perform regular "self check-ins": monitor yourself for symptoms of burnout / distress such as difficulty sleeping or concentrating, sense of hopelessness, fatigue etc.
- Avoid/limit use of tobacco, alcohol or other drugs.
- Incorporate spiritual practices into your routine if they have been helpful for you

Finally, do not hesitate to seek professional help if you feel that your stress levels have been persistently high or feeling emotionally overwhelmed

Call: 9372048501, 9920241248, 83697 99513
Email: icall@tiss.edu
Chat: Download the nULTA app on your phone
Timings: Mon-Sat 10:00 am to 8:00 pm

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Section B. Preparedness at the community level (including frontline workers and fieldwork)

Section B: Checklist for overall community-level preparedness for frontline workers

No.	Assessment item	Remarks/Action	Status
1	**HEALTH INFORMATION, OUTREACH AND COMMUNICATION**		
1.1	Have all the frontline workers undergone training on modes of transmission and common myths/misconceptions about COVID19?		
1.2	Have all the frontline workers undergone training on PPE (handwashing and masks mainly) use and its importance?		
1.3	Have your frontline workers procured/printed and distributed/displayed key posters in local language at the anganwadis, government offices or other community frequented areas? *See notes*		
1.4	Does the awareness material include a focus on countering possible stigma and		

	discrimination due to quarantine status, contact exposure or test positivity in the community? *See notes*		
1.5	Is the state/district COVID-19 helpline number(s) prominently displayed in all posters?		
1.6	Have the frontline workers identified and used locally relevant modes of mass communication (e.g. autos fitted with loudspeakers) especially to reach communities/households that are remote?		
1.7	Have the frontline workers in close communication with all high-risk cases including pregnant women to ensure continuity of care at community-level and avoid non-essential visits to PHC? *See notes*		
1.8	Do the frontline workers have a plan for the routine or seasonal non-COVID-19 health promotion activities in the community?		

1. Health information, outreach and communication: NOTES

1.3 Posters to print and distribute/display at key venues in local languages in the community including bus stand, village square, anganwadi and panchayat office

- Common symptoms
- Dos and don'ts
- Use of masks
- National and state level helpline numbers
- When to seek medical attention (risk-factors/red flags as indicated above)
- Avoid visits to PHC for care for routine ailments at this time

In PHCs catering to tribal populations, frontline workers are encouraged to partner with local tribal leaders in disseminating key information in local dialects through songs or other culturally appropriate ways.

1.4 Stigma and discrimination due to quarantine status, contact exposure or test positivity: During times of pandemics, there is often a rise in stigmatisation of people; we also need to guard against these. Here too the authority of the medical expert can play a crucial role in maintaining solidarity and inclusiveness. Therefore in your meetings and communication, ensure emphasis on ensuring that everyone is treated with dignity and ensure that no individuals/groups face any stigma/discrimination due to contracting COVID-19 or for any other reason. It needs to be emphasised within communities during visits by health workers.

1.7 Continuity of care for high risk patients in community: High risk cases include antenatal and postnatal cases, those with non-communicable diseases like diabetics,

mental health etc and those on chronic care for tuberculosis, etc. There is a high risk of disruption of their regular care especially in terms of medication on one hand and they are more vulnerable to COVID-19 on the other. The frontline workers should identify and stay in close communication with these cases to ensure that their medication supply is not interrupted and that they avoid travel to PHC in the absence of complications.

Links to resources for community level health information, outreach and communication:

- MoHFW: COVID-19 book of five: Response and containment measures for ASHA, ANM, AWW
- MoHFW: Facilitator's guide: Response and containment measures for ASHA, ANM, AWW
- NHSRC: Role of frontline workers in prevention and management of CoronaVirus

No.	Assessment item	Remarks/Action	Status
2	**SCREENING AND REFERRAL**		
2.1	Have you assessed communication infrastructure (internet and phone availability) at your facility and your outreach points (sub-centre ANM, ASHA, AWW)?		
2.2	Have you identified a single platform on which all of your facility and field staff are available for communication and coordination? *Whatsapp/any other platform on which all staff are available for remote access*		
2.3	Have they been provided clear guidance for symptom checklist and screening criteria for COVID-19?		
2.4	Have you carefully reviewed the content of the "key messages" that they need to reinforce during their visits and interaction with communities? Is it in line with the latest guidance from MoHFW/state government guidance?		
2.5	Have they been provided with clear guidance for who is considered a "contact"?		
2.6	Have they been trained on conducting		

	surveillance and contact tracing?		
2.7	Do frontline workers have clear instructions on what to do if they find a contact or someone with suspicion of COVID-19? *See notes*		
2.8	If there is a laboratory confirmed positive case in the community, have you gone through the containment plan and your and the frontline worker's role in containment? *See notes*		

2. Screening and referral: NOTES

2.7 **High-risk/suspicion of COVID-19** in the community

- Immediately inform PHC medical officer/doctor/health worker
- Provide mask to the person considered high-risk
- Provide detailed instructions on personal protection, hand hygiene, household disinfection to all household members
- Assess feasibility of quarantining patient at his home till assessment by PHC medical officer as per the guidelines issued by the district
- Wherever home isolation is not feasible, contact local Panchayat COVID task force for help in identifying a community-based quarantine centre or contact district level officials through the PHC medical officer for help in identifying such locations

2.8 Confirmed positive case in the community

As soon as a confirmed positive is known, a rapid response team as per the Government of India guidelines will begin to manage the situation as per the "Micro-plan for Containing Local Transmission of COVID-19". The health worker's role will be vital in containment efforts, contact tracing of the positive and ensuring isolation of all exposed/high risk. Medical officer's must consider updating themselves with this guidance document in case there is a positive report from their facility and this will require coordination with officials at higher levels.

Links to resources for community level screening and referral:

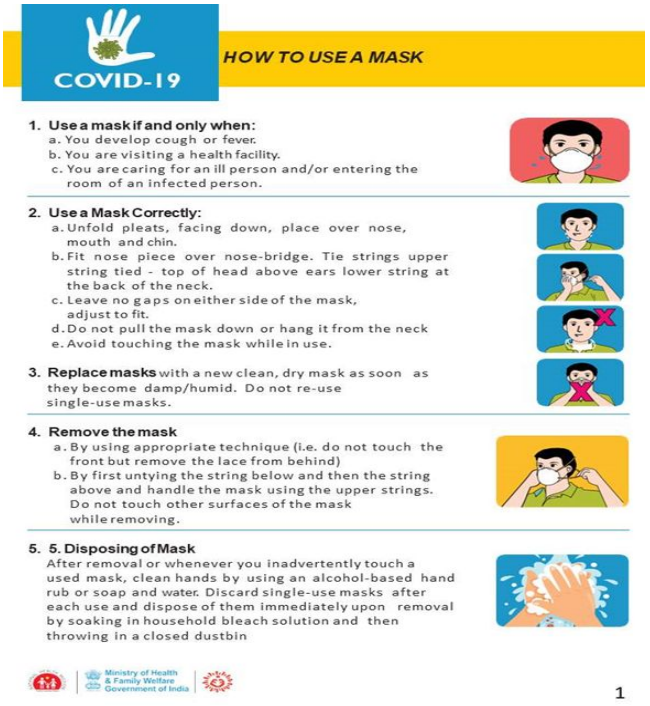
- MoHFW: COVID-19 book of five: Response and containment measures for ASHA, ANM, AWW
- MoHFW: Facilitator's guide Response and Containment Measures Training toolkit for ANM, ASHA, AWW
- MoHFW: Micro-plan for containing local transmission of COVID-19
- NHSRC: Role of frontline workers in prevention and management of CoronaVirus

No.	Assessment item	Remarks/Action	Status
3	**HEALTH WORKER SAFETY**		
3.1	Are the frontline workers aware about their role and responsibilities in preventing the spread of COVID-19 in the community?		
3.2	Have the frontline workers been trained in PPE use in the field? *See notes*		
3.3	Have you assessed and explained PPE requirements for fieldwork, surveillance and home-visits to quarantined households to the frontline worker? *See notes*		

3. Health worker safety

3.2 Posters and videos to illustrate technique for using PPE

There are manuals available to train the frontline workers on PPE with simple illustrations that could be printed as handouts or posters that in turn they can keep with themselves or display in key venues like anganwadis, panchayat office, etc.
NHSRC has developed a video for personal protection for frontline workers and is available at this link https://drive.google.com/file/d/17oCqHqPM4-b23YLW6tVQtUe_dRUh6VmP/view?usp=sharing.
An illustration of mask use is shared from the pocket book.



FOR A PRINT-SIZE VERSION OF ABOVE POSTER, SEE APPENDIX 2

3.3 Risk considerations for field-work

These could vary depending on the nature of outbreak in your area and in case of active outbreak and containment related fieldwork, risk categorisation may need to be increased. In other cases, it is safe to assume community transmission for the typical fieldwork for frontline workers as outlined below:

Low risk setting requiring triple-layer mask, physical distancing and hand sanitisers:

- Fieldwork and community surveillance by ASHAs/Anganwadi workers. Maintain distance of one meter (3 feet) from ALL irrespective of their risk/exposure. Surveillance team to carry adequate triple layer masks to distribute to suspect cases detected on field surveillance
- Any suspected cases detected in field surveillance.

Moderate risk setting requiring N95 masks with gloves (in addition to physical distancing as feasible)

- Doctors at supervisory level conducting field investigation

Links to resources for community level health worker safety:

- MoHFW: COVID-19 book of five: Response and containment measures for ASHA, ANM, AWW
- MoHFW: Facilitator's guide Response and Containment Measures Training toolkit for ANM, ASHA, AWW
- MoHFW: Guidelines on rational use of Personal Protective Equipment
- NHSRC: Role of frontline workers in prevention and management of CoronaVirus
- Bhaumik S, Moola S, Tyagi J,Nambiar D, Kakoti M.Frontline health workers in COVID-19 prevention and control: rapid evidence synthesis. The George Institute for Global Health,India, 23 March 2020. Avalable online at https://www.georgeinstitute.org.in/frontline-health-workers-in-covid-19-prevention-and-control-rapid-evidence-synthesis

No.	Assessment item	Remarks/Action	Status
4	**COMMUNITY-BASED INFECTION CONTROL MEASURES**		
4.1	Have the frontline workers identified locations/areas in their area that need increased physical distancing messages? *See notes*		
4.2	Have they Identified any upcoming local events that may cause large gatherings and advised local stakeholders against such gatherings (especially if there are major tourist/pilgrimage sites in your PHC area)?		

4.3	Are the frontline workers aware of what instructions to give community members on physical distancing and seeking help on general precautionary cleaning? *See notes*		
4.4	Have they Identified and distributed/displayed posters in local language to communicate the importance of physical distancing at key venues? *See notes*		
4.5	Have they Identified and coordinated with existing community resources to help with infection control and preventive measures?		

4. Community-based infection control measure: NOTES

4.1 Physical distancing (also sometimes referred to as social distancing) is the main strategy to control transmission of infection in the community. **Social distancing** is a non-pharmaceutical infection prevention and control intervention implemented to avoid/decrease contact between those who are infected with a disease causing pathogen and those who are not, so as to stop or slow down the rate and extent of disease transmission in a community. This eventually leads to decrease in spread, morbidity and mortality due to the disease. See more details in the MOHFW guidelines https://www.mohfw.gov.in/SocialDistancingAdvisorybyMOHFW.pdf

4.3 General precautionary cleaning: Cleaning with water and household detergents and use of common disinfectant products should be sufficient for general precautionary cleaning

4.4 Example poster for spreading awareness on importance of physical distancing

Poster developed by Sindu Nila, Samar Khan and Anusha Purushottam
FOR A PRINT-SIZE VERSION OF ABOVE POSTER, SEE APPENDIX 2

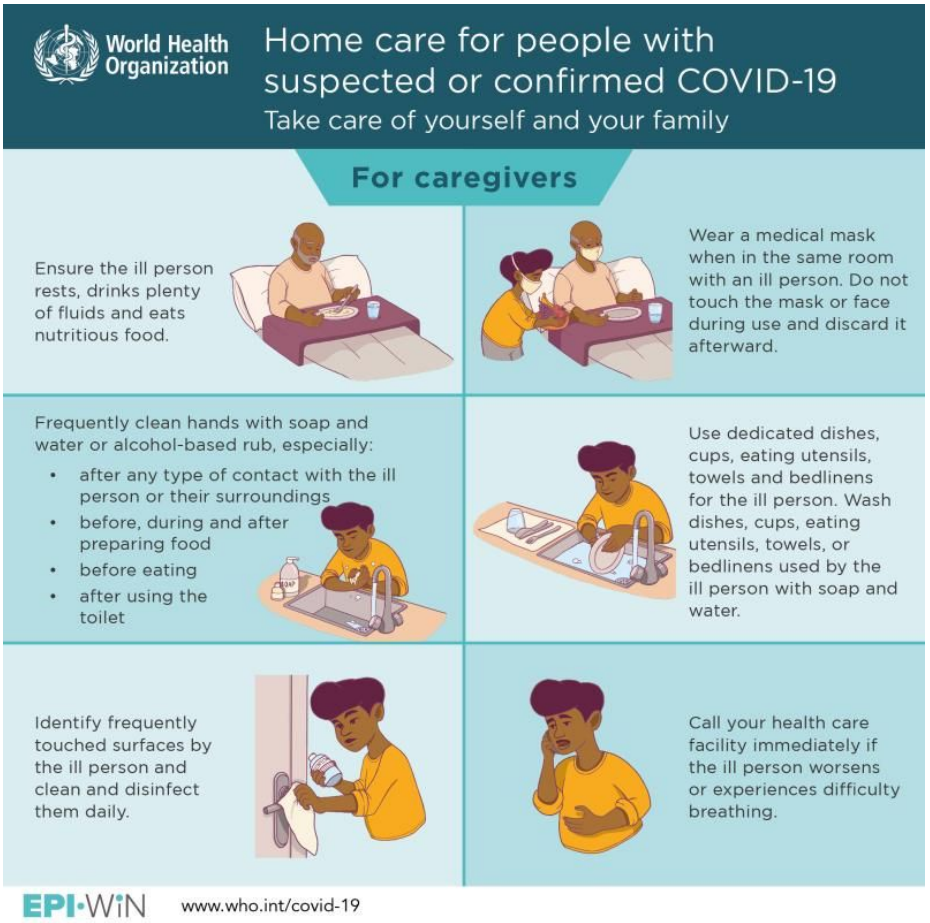
Links to resources for community-based infection control measures:

- MoHFW: guidance for contact tracing, quarantine and isolation for Coronavirus Disease (COVID-19) by MoHFW)
- MoHFW: Advisory on social distancing
- MoHFW COVID-19: Guidelines on disinfection of common public places including offices
- MoHFW: COVID-19 book of five: Response and containment measures for ASHA, ANM, AWW
- NHSRC: Role of frontline workers in prevention and management of CoronaVirus

No.	Assessment item	Remarks/Action	Status
5	**SUSPECT, CONTACT AND COMMUNITY-BASED QUARANTINE**		
5.1	Are the frontline workers clear about the definitions of suspect, contact and criteria for home quarantine?		
5.2	Do they know how to guide household members on home-based care, disinfection and hygiene in cases of home quarantine? *See notes*		
5.3	Have you reviewed the home quarantine procedures that frontline workers follow when a possible contact is identified?		
5.4	Have you identified migrant/other communities who may be stranded in your PHC area during lockdown/quarantine?		
5.5	Do your frontline workers have a plan for community-based quarantine measures that are feasible in their setting?		
5.6	Have they identified possible venues/locations that may be used for community-based quarantine measures for large groups in coordination with Panchayat /VHSNC members?		

5. Suspect, contact and community-based quarantine: NOTES

5.2 Example poster for supporting home-based caregivers of suspected/confirmed COVID-19



FOR A PRINT-SIZE VERSION OF ABOVE POSTER, SEE APPENDIX 2

Links to resources for suspect, contacts and community-based quarantine

- MoHFW: guidance for contact tracing, quarantine and isolation for Coronavirus Disease (COVID-19) by MoHFW)
- MoHFW: Advisory for quarantine of migrant workers
- MoHFW: COVID-19 book of five: Response and containment measures for ASHA, ANM, AWW
- NHSRC: Role of frontline workers in prevention and management of CoronaVirus

No.	Assessment item	Remarks/Action	Status
6	**MONITORING AND REPORTING**		
6.1	Are the frontline workers trained in conducting community surveillance?		

6.2	Are they monitoring those quarantined at home daily for symptoms?		
6.3	Are the frontline workers continuing to monitor the routine national programmes and seasonal diseases? If not, what additional support do they require?		

6. Monitoring and reporting: NOTES

Links to resources for monitoring and reporting

- MoHFW: COVID-19 book of five: Response and containment measures for ASHA, ANM, AWW
- NHSRC: Role of frontline workers in prevention and management of CoronaVirus

APPENDIX 2

COVID-19

HOW TO USE A MASK

1. **Use a mask if and only when:**
   a. You develop cough or fever.
   b. You are visiting a health facility.
   c. You are caring for an ill person and/or entering the room of an infected person.

2. **Use a Mask Correctly:**
   a. Unfold pleats, facing down, place over nose, mouth and chin.
   b. Fit nose piece over nose-bridge. Tie strings upper string tied - top of head above ears lower string at the back of the neck.
   c. Leave no gaps on either side of the mask, adjust to fit.
   d. Do not pull the mask down or hang it from the neck
   e. Avoid touching the mask while in use.

3. **Replace masks** with a new clean, dry mask as soon as they become damp/humid. Do not re-use single-use masks.

4. **Remove the mask**
   a. By using appropriate technique (i.e. do not touch the front but remove the lace from behind)
   b. By first untying the string below and then the string above and handle the mask using the upper strings. Do not touch other surfaces of the mask while removing.

5. **5. Disposing of Mask**
   After removal or whenever you inadvertently touch a used mask, clean hands by using an alcohol-based hand rub or soap and water. Discard single-use masks after each use and dispose of them immediately upon removal by soaking in household bleach solution and then throwing in a closed dustbin

Ministry of Health & Family Welfare Government of India

1

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World Health Organization

Home care for people with suspected or confirmed COVID-19

Take care of yourself and your family

For caregivers

Ensure the ill person rests, drinks plenty of fluids and eats nutritious food.

Wear a medical mask when in the same room with an ill person. Do not touch the mask or face during use and discard it afterward.

Frequently clean hands with soap and water or alcohol-based rub, especially:

- after any type of contact with the ill person or their surroundings
- before, during and after preparing food
- before eating
- after using the toilet

Use dedicated dishes, cups, eating utensils, towels and bedlinens for the ill person. Wash dishes, cups, eating utensils, towels, or bedlinens used by the ill person with soap and water.

Identify frequently touched surfaces by the ill person and clean and disinfect them daily.

Call your health care facility immediately if the ill person worsens or experiences difficulty breathing.

EPI-WiN www.who.int/covid-19