

**GOVERNEMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

No.Health.122/2020/Pt./47

Dated Shillong, the 4th August, 2020.

ORDER

STANDARD OPERATING PROCEDURE FOR MICRO CONTAINMENT ZONES

1. Definition: Any specific area within an urban locality/village which has more than one COVID positive case and there is a likelihood of further spread in the locality/village can be designated as Micro Containment Zone. The Micro Containment Zone could be **declared when it fulfils the conditions as mentioned below:**

- (i) There is more than one case emerging from an urban locality/village.
- (ii) There is no travel or contact reasons attributable to the cases that are emerging from the areas and/or.
- (iii) There is a medical opinion on the need for declaring a containment zone to prevent any further spread of the disease.

2. Strategy: The strategy would be to contain COVID-19 within a defined geographical area by early detection, breaking the chain of transmission and thus, preventing spread to new areas. This would include geographical quarantine, social distancing measures, enhanced active surveillance, testing all suspected cases, isolation of cases/home quarantine, social mobilization to follow preventive public health measures.

The District Rapid Response Teams/Surveillance Units would undertake mapping of cases and contacts in these areas along with the active surveillance by ASHA workers/Anganwadi workers/Community Management Teams.

3. Power to Notify Micro Containment Zones and Size for Micro Containment Zone: The District Magistrate/ Deputy Commissioner shall notify Micro Containment Zones in consultation with the District Medical & Health Officer, District Surveillance Unit, District Epidemiologists, Local Medical Team, Community COVID Management Team, etc.

There is no fixed metric distance in notifying a containment zone and the geographical boundaries are decided by how far the severity of the movement of those affected has been in gauging the levels of spread.

4. Perimeter control :

- Perimeter control will ensure that there is no unchecked outward movement of population from micro containment zone except for maintaining of essential services (including medical emergencies) and Government business continuity. It will also check influx of population in the containment zone.
- All vehicular movement, movement of public transport and movement of persons will be restricted except for medical emergencies and for maintaining supply of essential goods and services.
- Details of all persons moving out of the perimeter zone for essential/emergency services will be recorded and they will be followed up through IDSP.

5. Immediate Steps to be Taken in a Containment Zone:

- (a) **Index Case** in the cluster to be **identified** based on possible origin of the infection (Time: within 12 hours of the Test Report)

(b) All the **High Risk and Low Risk Contacts of the case(s) have to be listed** and tested for RT-PCR or Rapid Antigen Test as per the State Protocol (Time: within 12 hours of the Index Case Test Report)

(c) The health workers with the help of the CCMT shall do a **door to door survey** of all the houses with line listing, recording any **fever and cough related symptoms** and those shall be tested as per the State Protocol for testing in containment zones [**Time : Within 48 hours of the index case test report**]

(d) All **SARI/ILI cases** reported in the last 14 days by the IDSP in the containment zone will **be tracked and reviewed**. Any other SARI cases reported in the nearby medical facilities to be tested and reviewed (**Time : Within 72 hours of the index case test report**)

6. **Perimeter Control/Other Interventions that are to be Taken in a Containment Zone:**

(a) The District administration will establish clear entry and exit points and post signs and create awareness informing public about the perimeter control.

(b) Health workers posted at the exit point will perform screening (e.g. interview travellers, measure temperature, record the place and duration of intended visit and keep complete record of intended place of stay).

(c) Details of all persons moving out of perimeter zone for essential/emergency services will be recorded and they will be followed up through IDSP. All vehicles moving out of the perimeter control will be decontaminated with sodium hypochlorite (1%) solution.

(d) Clinical management of all confirmed cases will be ensured.

(e) Quarantine and Isolation of suspects will be strictly enforced to break the chain of transmission in the community.

(f) **Communication based communication – advocacy on hand hygiene, respiratory etiquette, environmental sanitation and wearing of mask/face covers. Strict enforcement of social distancing/ home quarantine.**

(g) **Closure of schools, colleges and work places:** Administrative orders will be issued to close schools, colleges and work places in the containment and buffer zones. Intensive risk communication campaign will be followed to encourage all persons to stay indoors for an initial period, to be extended based on the risk assessment. Based on indication of successful containment operations, an approach of staggered work and market hours relaxation may be allowed.

(h) **Cancellation of Mass Gatherings:** All mass gathering events and meetings in public or private places, in the containment and buffer zones shall be cancelled/ banned till such time, the area is declared to be free of COVID-19 or the outbreak has increased to such scales to warrant mitigation measures instead of containment.

7. **Duration of and withdrawal of declaration of Micro Containment: First Review on the de-notification of the containment zone has to be done within 72 hours of the Notification.** The **Deputy Commissioner**, in consultation with the DMHO and the Medical Team shall de-notify the containment zone when:

(a) All the High Risk Contacts have been **tested** and there is a satisfaction that **no further testing is required** to assess the spread.

(b) There is **sufficient evidence** to suggest that there is no threat of further spread within the designated zones.

(c) No new cases have emerged for at least 5 days (depending on the nature of the locality and assessment of the Medical team).

(d) **Individualised Behaviour Change Management trainings** have been imparted in the zones for the communities to adopt to the new **norms of 'Living with COVID-19'** which includes wearing masks in public spaces, maintaining physical distancing and ensuring regular hand hygiene

Sd/-

(Sampath Kumar, IAS)

Commissioner & Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

Memo No.Health.122/2020/Pt./47-A,

Dated Shillong, the 4th August, 2020.

Copy to:

1. The Secretary to the Governor of Meghalaya for kind information of Governor.
2. PS to the Chief Minister, Meghalaya for kind information of Chief Minister.
3. PS to the Deputy Chief Minister, Meghalaya for kind information of Deputy Chief Minister.
4. PS to the Minister, Health & Family Welfare Department, Meghalaya for kind information of Minister.
5. PS to all Ministers, for kind information of Hon'ble Ministers.
6. PS to Chief Secretary to the Government of Meghalaya for kind information of Chief Secretary.
7. The Additional Chief Secretary/ Principal Secretaries/ Commissioner & Secretaries/ Secretaries of all Departments, Government of Meghalaya.
8. Mission Director, National Health Mission, Meghalaya, Shillong.
9. Director of Health Services (MI)/(MCH&FW)/(Research), Meghalaya, Shillong.
10. The Director of Information & Public Relations, Meghalaya, Shillong for wide circulation in the print and electronic media of the State.
11. The Director General of Police, Meghalaya.
12. The Deputy Commissioner,
East Khasi Hills, **Shillong** /West Khasi Hills, **Nongstoin**/ South-West Khasi Hills, **Mawkyrwat**/ East Jaintia Hills, **Khliehriat**/ West Jaintia Hills, **Jowai**/ Ri-Bhoi District, **Nongpoh**/ West Garo Hills, **Tura**/ South-West Garo Hills, **Ampati**/ East Garo Hills, **Williamnagar**/ South Garo Hills, **Baghmara** /North Garo Hills, **Resubelpara**.
13. Joint Director of Health Services (MCH&FW) I/c IDSP, Meghalaya, Shillong.
14. District Medical & Health Officer
East Khasi Hills, **Shillong** /West Khasi Hills, **Nongstoin**/ South-West Khasi Hills, **Mawkyrwat**/ East Jaintia Hills, **Khliehriat**/ West Jaintia Hills, **Jowai**/ Ri-Bhoi District, **Nongpoh**/ West Garo Hills, **Tura**/ South-West Garo Hills, **Ampati**/ East Garo Hills, **Williamnagar**/ South Garo Hills, **Baghmara** /North Garo Hills, **Resubelpara**
15. All Administrative Departments/Heads of Departments

By Orders, etc.,



Joint Secretary to the Government of Meghalaya,
Health & Family Welfare Department.