

Roles and Responsibilities of RRTs in COVID-19 response

Composition of Central RRTs

- Epidemiologist
- Microbiologist
- Any other person deployed as per need

Responsibilities of RRTs:

Members of the central RRT will work in close coordination with state and district RRTs both at central and local levels. They will assist in following activities:

- Work with the state to identify geographically defined containment and buffer zones for cluster containment based on epidemiological data
- Assist state to plan and implement containment strategy
- Supporting the state RRT in Surveillance
- Assist in establishing system for sample transfer to nearest designated laboratory
- Assist State in setting-up of COVID-19 control room
- Review state planning of setting-up of COVID-19 designated health facility as per GOI guidelines
- Review implementation of Infection prevention and control practices in COVID-19 designated health facilities
- Review risk communication for quarantine, social distancing, cancelling public transport etc
- Assist state in contingency planning for surge in COVID-19 cases (identification of hospital beds, PPE stock, ventilators, hospital staff, earmarking private facilities for shifting patients after public facilities are saturated)
- Assist state in review and analysis of COVID 19 data on daily basis

In case clusters have been reported from the State, then follow the **Cluster Containment measures**.

Cluster Containment measures: Identify **geographically-defined Containment zone** and **Buffer zone**

The **containment zone will be defined based on:**

- (i) The index case / cluster, which will be the designated epicenter
- (ii) The listing and mapping of contacts.
- (iii) Geographical distribution of cases and contacts around the epicenter.
- (iv) Administrative boundaries within urban cities /town/ rural area.

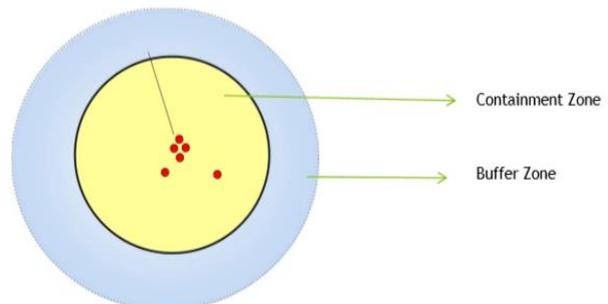
The RRT will do **listing of cases, contacts and their mapping**. This will help in deciding the perimeter for action. The decision of the geographic limit and extent of perimeter control will be that of the State Government. However, likely scenarios and possible characteristics of the containment and buffer zone are given in Table-1.

Table 1: Scenarios for determining containment and buffer zones

S. No.	Scenario	Containment zone characteristics
1	A small cluster in closed environment such as residential schools, military barracks, hostels or a hospital.	Containment zone will be determined by the mapping of the persons in such institution including cases and contacts. A buffer zone of additional 5 Km radius*will be identified.
2	Single cluster in a residential colony	Administrative boundary of the residential colony and a buffer zone of additional 5 Km radius.*
3	Multiple clusters in communities (residential colony, schools, offices, hospitals etc.) with in an administrative jurisdiction	Administrative boundary of the urban district and a buffer zone of neighboring urban districts.
4	Multiple clusters spatially separated in different parts administrative districts of a city	Administrative boundary of city/ town and congruent population in the peri-urban areas as the buffer zone.**
5	Cluster in a rural setting	3 Km radius of containment zone and additional 7 Kms radius of buffer zone.

*The perimeter of the containment zone will be determined by the continuous real time risk assessment.

** The decision to follow a containment protocol will be based on the risk assessment and feasibility of perimeter control.



The Central RRT will help the State/ District administration in **mapping the Containment Zone**. If the epidemiological assessment process is to take time (>12-24 hrs), then a containment zone of 3 Kms and a buffer zone of 7 Kms will be decided which may be subsequently revised, if required, based on epidemiologic investigation, except for rural settings.

Buffer zone: Buffer zone is an area around the containment zone, where new cases are most likely to appear. There will not be any perimeter control for the buffer zone.

Perimeter: Perimeter of the containment zone will be decided by the District administration based on criteria defined above. Clear entry and exit points will be established.

Surveillance in containment zone

Contact listing

The RRTs will list the contacts of the suspect / laboratory confirmed case of COVID-19. The District Surveillance Officer (in whose jurisdiction, the laboratory confirmed case/ suspect case falls) along with the RRT will map the contacts to determine the potential spread of the disease. If the residential address of the contact is beyond that district, the district IDSP will inform the concerned District IDSP/State IDSP.

Mapping of the containment and buffer zones

The containment and buffer zones will be mapped to identify the health facilities (both government and private) and health workforce available (primary healthcare workers, Anganwadi workers and doctors in PHCs/CHCs/District hospitals).

Activities of RRTs

- **Active Surveillance:**

- The residential areas will be divided into sectors for the ASHAs/Anganwadi workers/ANMs each covering 50 households (30 households in difficult areas).
- They will line list the family members and those having symptoms. The field worker will provide a mask to the suspect case and to the care giver identified by the family. The patient will be isolated at home till such time he/she is examined by the supervisory officer.
- They will also follow up contacts identified by the RRTs within the sector allocated to them. All ILI/SARI cases reported in the last 14 days by the IDSP

in the containment zone will be tracked and reviewed to identify any missed case of COVID-19 in the community.

- Any case falling within the case definition will be conveyed to the supervisory officer who in turn will visit the house of the concerned, confirm that diagnosis as per case definition and will make arrangements to shift the suspect case to the designated treatment facility.
 - The supervisory officer will collect data from the health workers under him/ her, collate and provide the daily and cumulative data to the control room by 4.00 P.M. daily.
 - The community will also be encouraged to self monitor their health and report to the visiting ASHA/Anganwadi worker or to nearest health facility.
- **Passive Surveillance**
 - All health facilities in the containment zone will be listed as a part of mapping exercise. All such facilities both in Government and private sector (including clinics) shall report clinically suspect cases of COVID-19 on real time basis (including 'Nil' reports) to the control room at the district level.
 - **Contact Tracing**
 - The contacts of the laboratory confirmed case/ suspect case of COVID-19 will be line-listed and tracked and kept under surveillance at home for 28 days (by the designated field worker).

Surveillance in Buffer zone:

All health facilities in the buffer zone will be listed as a part of mapping exercise. All such facilities both in Government and private sector (including clinics) shall report clinically suspect cases of COVID-19 on real time basis (including 'Nil' reports) to the control room at the district level. Measures such as personal hygiene, hand hygiene, social distancing to be enhanced through enhanced IEC activities in the buffer zone.

- Review of ILI/SARI cases reported in the last 14 days by the District Health Officials to identify any missed case of COVID-19 in the community.
- Enhanced passive surveillance for ILI and SARI cases in the buffer zone through the existing Integrated Disease Surveillance Programme.
- In case of any identified case of ILI/SARI, sample should be collected and sent to the designated laboratories for testing COVID-19.

Quarantine: Quarantine refers to separation of individuals who are not yet ill but have been exposed to COVID-19 and therefore have a potential to become ill. There will be voluntary home quarantine of contacts of suspect /confirmed cases. The guideline on home quarantine available on the website of the Ministry provides detail guidance on home quarantine.

Isolation: Isolation refers to separation of individuals who are ill and suspected or confirmed of COVID-19. Use MoHFW guidelines to assist States in identification of Isolation facilities.

Social distancing measures: Use MoHFW guidelines on Social Distancing.

Infection Prevention & Control & Bio-medical waste management: Follow MoHFW IPC guidelines to assist States in IPC & BMW management.

Risk Communication

Risk communication material Risk communication materials [comprising of (i) posters and pamphlets; (ii) audio only material; (iii) AV films] prepared by PIB/MoHFW will be prepared and kept ready for targeted roll out in the containment and buffer zones.

Laboratory Support: The designated laboratory will provide daily update (daily and cumulative) to District, State and Central Control Rooms on:

- i. No. of samples received
- ii. No. of samples tested
- iii. No. of samples under testing
- iv. No. of positive samples

RRT will provide aggregate data on daily basis on the following (for the day and cumulative):

- i. Total number of suspect cases
- ii. Total number of confirmed cases
- iii. Total number of critical cases on ventilator
- iv. Total number of deaths
- v. Total number of contacts under surveillance

Scaling down of operations: The operations will be scaled down if no secondary laboratory confirmed COVID-19 case is reported from the containment and buffer zones for at-least 4 weeks after the last confirmed test has been isolated and all his contacts have been followed up for 28 days. The containment operation shall be deemed to be over 28 days from the discharge of last confirmed case (following negative tests as per discharge policy) from the designated health facility i.e. when the follow up of hospital contacts will be complete.

The closing of the surveillance for the clusters could be independent of one another provided there is no geographic continuity between clusters. However the surveillance will continue for ILI/SARI.

However, if the containment plan is not able to contain the outbreak and large numbers of cases start appearing, then a decision will need to be taken by State administration to abandon the containment plan and start on mitigation activities.

Reference

- Containment Plan COVID 19 MoHFW

Checklist for core RRTs

S.no	Activity	Status
1	Complete Line list of confirmed cases as on date (Format A)	
2	Details of deaths (if any)	
3	Complete Line list of contacts of confirmed cases including test results	
4	Risk communication	
4.1	Risk communication for quarantine	
5	Social distancing measures	
6	Public Transport status	
7	COVID-19 control room	
8	COVID-19 designated health facility as per GOI guidelines	
9	Implementation of Infection prevention and control practices in COVID-19 designated health facilities	
10	System for sample transfer to nearest designated laboratory	
10.1	Lab reporting format for daily reporting	
11	State and District RRT for Surveillance (Number and members)	
12	Contingency planning for surge in COVID-19 cases	
12.1	Identification of hospital beds	
12.2	PPE stock	
12.3	Ventilators	
12.4	Hospital staff training	
12.5	Earmarked private facilities for shifting patients after public facilities are saturated	
13	Cluster Containment strategy	
13.1	State/ District Road map	
13.2	Identification of clusters	
13.3	Identification of geographically defined containment and buffer zones for cluster containment based on epidemiological data	
13.4	Surveillance in containment zone Contact tracing and listing	
13.5	Surveillance in buffer zone	