COVID-19 PREPAREDNESS CHECKLIST
FOR URBAN PRIMARY HEALTH CENTRES
IN INDIA

COVID-19-PHC Action Group

(v 1.0 dated 20 April 2020)

About COVID-19-PHC Action Group

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COVID-19 Preparedness Checklist
for Urban Primary Health Centres in India

(1.0 dated 20 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 Non-Governmental Organisation (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 COVID-19 PHC Action group has previously brought a document to guide COVID-19 preparedness in rural settings . The current one looks at the urban context.

The typical reader of this document is a managing a primary care facility (PHC medical officer or manager of an NGO/community health centre) in an urban area. We have kept in mind the typical PHC setting in urban India, noting however that this will vary across states and within it. The document provides a broad checklist for planning and preparedness and 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.

Section A: Preparedness within Urban Primary Health Centre

Section B: Preparedness at the community level

SECTION A: Preparedness within urban primary health centre

Checklist for Urban Primary Health Centre (UPHC) 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 UPHC?		
1.2	Is there a separate patient waiting area with exhaust/appropriate ventilation for patients presenting with respiratory complaints and/or fever?		
1.3	Are there signages and facilities in the common areas to enable physical distancing between patients?		
1.4	If fever clinic established at the UPHC, a) Is the clinic open from 09:00 to 17:00? b) Is the COVID Rapid Response team (1 doctor, 2 nurses and 1 health worker) recruited and in place? c) Is the protocol for patient flow printed and displayed at the fever clinic? d) Are online appointments for the fever clinic being followed? e) Is there a dedicated vehicle available to transport patients to a swab collection centre if indicated? *See notes*		
OR	If no fever clinic is established, a) Have you displayed the list of nearest fever clinics within 3-5 km radius of your clinic at the waiting area and consultation room, along with their tele-consultation details, if available? b) Is there a separate consultation room for patients presenting with respiratory complaints and/or fever?		
1.5	Have you displayed the list of nearest swab collection centres in the fever clinic/fever consultation room, along with their contact details if available?		
1.6	Is there a designated hand-washing and hand sanitisation area/corner for health workers?		
1.7	Have you printed and provided a copy of all relevant COVID-19 government guidelines to the different staff at the UPHC?		
1.8	Has the space in and around UPHC been divided into zones based on risk with appropriate risk-based protocols?		
1.9	Are Personal protective equipment (PPE) available at		

	every point-of-use within the UPHC as per need including the fever clinic?		
1.10	Is the PPE requirement for at least three months available at the UPHC for staff at the health centre and community? *See notes*		
1.11	Does your pharmacy have stock for hydroxychloroquine for staff as per the Indian Council of Medical Research (ICMR) chemoprophylaxis guidelines for health workers caring for suspected or confirmed cases? *See notes*		

NOTES:
Infrastructure, equipment and supplies required for biomedical waste management and disinfection are dealt with in a subsequent section.

1.4 Fever clinics: In urban areas (for eg. in Bengaluru), nearly half of the government UPHCs have been upgraded to fever clinics with a COVID Rapid Response Team. These clinics are expected to be the first point of contact with a suspected COVID-19 patient. Guidelines for screening, testing and referral are available providing clear protocols to be followed. The clinics are then connected to swab collection centres and dedicated COVID-19 care centres and hospitals.

1.8 For instance, the fever clinic/fever consultation room with waiting area would be considered a high-risk zone and would thereby need:

- restriction of movement of non-medical staff or other patients
- At least twice-a-day disinfection of space including equipment used
- PPE requirement as per guidance (*see this video published by AIIMS New Delhi on PPE preparedness and requirement in different areas in a hospital* https://www.youtube.com/watch?v=Cb-c9F3FOeQ&feature=youtu.be

1.10 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 UPHC as per guidelines. You can use the Centre for Disease Control (USA) calculator available at this link to estimate the average PPE consumption rate https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html

1.11 **Hydroxychloroquine chemoprophylaxis**: As per the latest guidelines by ICMR, only asymptomatic health workers involved in the care of suspected or confirmed COVID-19 cases and asymptomatic contacts of laboratory-confirmed cases are advised chemoprophylaxis. Hence UPHCs should store hydroxychloroquine for possible future use and are advised to paste protocol at OP room/pharmacy. *Note: Await any updated guidance from ICMR/ government agencies on this issue. Many states have brought individual guidelines around contraindications and precautions for the use of the drug. Please note that hydroxychloroquine is not a replacement for PPE and having it in stock should not give any false sense of reassurance for lack of or negligence in use of PPE.*

Links to resources for equipment and supplies guidelines:

- Government of Karnataka (GoK) Establishing fever clinics
- Ministry of Health & Family Welfare, Government of India (MoHFW): Coronavirus Disease 2019 (COVID-19): Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-190
- National Health Systems Resource Centre (NHSRC: Principles for infection prevention and control of COVID-19 patients
- MoHFW Guidelines on the 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 UPHC staff undergone training on modes of transmission and common myths/misconceptions of COVID-19?		
2.2	Have all the UPHC staff undergone training on PPE use and its importance?		
2.3	Have you held mock drills for staff at the UPHC on high-risk case detection? *See notes*		
2.4	Are physical distancing norms implemented at the UPHC during routine work including meetings? *Check compliance randomly during work hours*		
2.5	Have staff been provided secure low risk rooms/lockers/designated safe locations to keep personal belongings during duty hours?		
2.6	Are the health workers at the UPHC conducting a self-assessment for symptoms daily?		
2.7	Are you conducting periodic health-worker wellness and exposure checks? *See notes*		
2.8	Are health workers aware of the insurance scheme for health workers fighting COVID-19? *See notes*		
2.9	Are your staff at UPHC and the community aware of the various protective measures brought in by the government for their safety while travelling to and from work and during duty hours?		

NOTES:

2.1 **Awareness about COVID-19**: Awareness material is available in simple non-technical language for health workers in MoHFW's pocketbook 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 UPHC, 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
    - UPHC entry screening area, health workers checking temperature, doctor outpatient chamber
    - Sanitary staff cleaning UPHC waiting areas/toilets
    - Handling dead body at UPHC
    - 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 pocketbook of five. Videos on how to use different PPE are available from AIIMS at this link: https://drive.google.com/open?id=1HOi0ao-sqR9hWKYe0Q-Be5S4E8sfjqFb

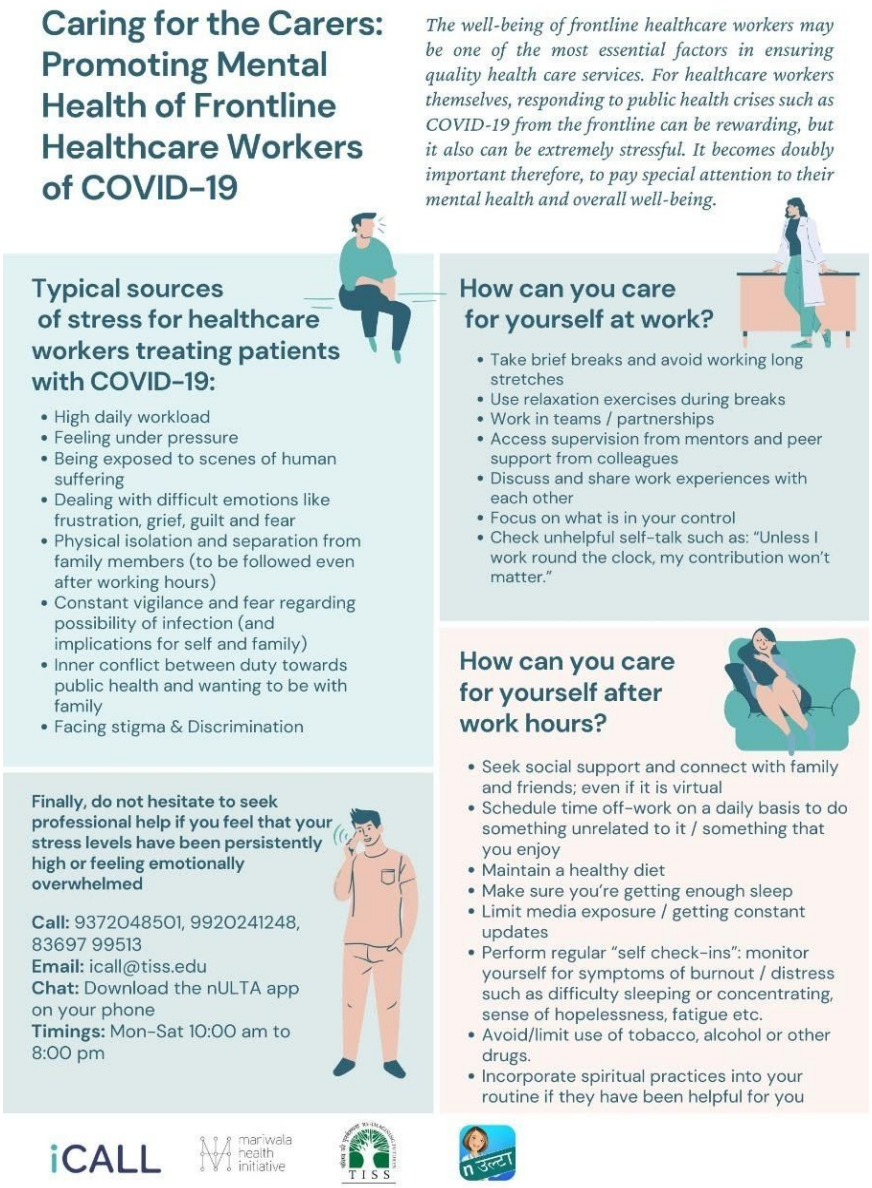
2.3 Mock drill for health workers: An important way to assess staff and facility preparedness and training is by conducting mock drills for staff at the UPHC. Details on inventory, staff to be involved, skills to be tested, etc are provided in guidelines by MoHFW. Mock drills also help in reassuring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

2.6 & 2.7 Health worker wellness, motivation and exposure check

- **Health worker awareness:** Ensure all staff working 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, complying to protocols and the importance of personal safety even after 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 (UPHC medical officers and supervisors) address this issue proactively and give adequate attention to mental health issues from the start

- Keep aside some time during team meetings to address health worker motivation and mental health. Examples of activities: allowing health 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 (e.g. creating a WhatsApp group 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)
- Ensure staff is well-rested and not overstressed
- Developing an award and recognition strategy



2.8 Pradhan Mantri Garib Kalyan Package: Insurance scheme for health workers fighting COVID-19 This is an accident insurance scheme that covers loss of life due to COVID-19 and accidental death on account of COVID-19 related duty. It covers public health providers including community health workers who may be in direct contact and care of COVID-19 cases and maybe at risk of being impacted by this. It also applies to private hospital staff and retired/volunteer/local urban bodies/contracted/daily wage/ad-hoc/outsourced staff requisition by government or drafted for COVID-19 related responsibilities. See more details in the resources provided.

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
- WHOWorld Health Organisation (WHO):: Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health
- MoHFW: Pradhan Mantri Garib Kalyan Package: Insurance scheme for health workers fighting COVID-19
- MoHFW: Frequently asked questions for insurance scheme

No.	Assessment item	Remarks/Action	Status
3	**PATIENT CARE**		
3.1	Have you implemented the segregated patient flow based on symptoms at the facility entrance with appropriate signage for the fever clinic/fever consultation room? *See notes*		
3.2	Have you displayed screening, treatment and referral flowchart from guidelines for COVID-19 in the fever clinic/fever 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/neighbouring districts?		
3.4	Have you displayed the latest COVID-19 symptoms list, case definitions and high risk conditions in the screening area and fever clinic/consultation room? *See notes*		
3.5	Do you have a plan if a suspected case presents at your facility or is identified in the community? If not, contact your district health authority for guidance. *See notes*		
3.6	Do you have a follow-up plan for people identified at the UPHC as high-risk or needing home quarantine from within the catchment area? *See notes*		
Tele-consultation			
3.7	Is tele-consultation feasible in your PHC area as per MOHFW guidelines? *See notes*		
3.8	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?		

NOTES:

3.1 Patient flow at the UPHC Identify a health worker to screen patients at the gate/entry to the UPHC and direct patients presenting with symptoms matching COVID-19 to a separate

area. UPHCs should identify a separate screening and holding area for patients with any Influenza like illness (or any patients with symptoms of COVID-19 as per 3.3).

3.2 Screening, treatment and referral protocols (*need to refer to latest guidelines as this is getting updated frequently*)
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?

For fever clinic, refer the guidelines for the appropriate protocol

3.4 Latest COVID-19 symptoms list, case definitions and high risk factors: Each health centre is advised to display checklists for symptoms, case and contact definitions and high risk factors. Print the updated information from the recent most clinical guidelines or State-provided guidance.

COVID-19 symptoms list: *For illustration purpose prepared from GoK training for COVID-19 surveillance team*

S No.	Symptoms	Yes	No
1	Fever		
2	Cough		
3	Running nose		
4	Tiredness		
5	Nasal congestion		
6	Sore throat		
7	Difficulty in breathing		

Case definitions - Suspect case
Acute respiratory illness is defined as **fever AND at least one sign/symptom** of respiratory disease (e.g. cough, running nose or shortness of breath)

S No.	Suspected case
1.	A patient with history of **ARI (acute respiratory illness) WITH history of international travel** during the 14 days prior to symptoms onset
2.	A patient or health worker with **ARI and contact with a confirmed COVID-19 case** in the last 14 days prior to onset of symptoms

3.	A patient with **Severe ARI (SARI) AND requiring hospitalisation AND with no other aetiology** (*even if no history of travel or contact with suspect/confirmed case)*
4.	A case for whom **testing for COVID-19 is inconclusive**

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 Suspected case presenting at UPHC: 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. 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.

3.6 High-risk cases or those needing home quarantine identified at UPHC: The appropriate frontline health worker (MPW and ASHA) must be immediately informed and provided all key details. At the end of each day, formal communication with all key details including home address, phone number, landmarks and any other key information must be shared

3.7 Telephonic/WhatsApp/telemedicine consultations Wherever possible as per GoI telemedicine guidelines, remote consultation opportunities must be explored by UPHC medical officers. The relevant portions for UPHCs 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)
- 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
- GoK: Establishing fever clinics
- GoK: Training for COVID-19 surveillance team
- ICMR Revised Strategy of COVID-19 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 the disinfection solution being prepared as per the standard requirement? *1% hypochlorite solution See notes*		
4.2	Is hot water available for cleaning the health centre as per guidelines?		
4.3	Is the disinfectant, sanitiser and soap requirement for at least three months available at the UPHC for cleaning as per guidelines?		
4.4	Have you identified and displayed PPE and disinfectant suppliers phone numbers for emergency indents in the pharmacy?		
4.5	Is there a zone-wise plan for disinfection (procedures and frequency) of the health centre based on risk? *See notes*		
4.6	Is the ambulance and/or other patient transport vehicle disinfected regularly as per infection control guidelines?		
4.7	Are staff aware that PPE removal should be at/near the		

	appropriate bins?		
4.8	Are you implementing storage and disposal of infected and other types of waste generated as per guidelines?		
4.9	Are staff trained in disposal of waste and bin colour codes depending on type of waste?		

NOTES:

4.1 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. This preparation should be modified depending on the bleaching powder strength. Prepare in an open area and always prepare immediately before use.

4.5 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 up to 3 hrs each.
- Site of collection of biomedical waste should be regularly disinfected with freshly prepared 1% hypochlorite solution.

c. Common area disinfection: 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:

- (National Communicable Disease Centre (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 communication platform (WhatsApp/group call) on which your facility and field staff are available for communication and coordination?		
5.3	Have you procured/printed and displayed key posters in local language at the UPHC, 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 UPHC and community? *See notes*		
5.5	Is the state/district COVID-19 helpline number(s) prominently displayed at your UPHC entrance and in all posters?		
5.6	Is there a regularly updated COVID-19 dashboard (in local language) with whiteboard/cardboard which displays information on confirmed and quarantined cases in the UPHC area, district and state? *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?		

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 UPHC/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. Guidelines are available on different types of awareness materials to be used in different spaces of the health centre.

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, emphasise 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 UPHC:

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

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

- MoHFW: Guidelines on awareness material for display at health facilities
- MoHFW: COVID-19 book of five: Response and containment measures for ASHA, ANM, AWW
- MoHFW: AddressingSocialStigmaAssociatedwithCOVID-19

No	Assessment item	Remarks/Action	Status
6	**MAINTAIN ESSENTIAL SERVICES**		
6.1	Do you have a strategy in place to minimise routine out-patient visits wherever possible? *See notes*		
6.2	Have you planned emergency care provision in a way that it runs uninterrupted despite the changes brought in for COVID-19 precautions? *See notes*		
6.3	Does your pharmacy have adequate stock for essential medicines required for at least three months based on your estimations? *See notes*		
6.4	Does your laboratory have adequate stock for required reagents and other chemicals required for at least three months based on your estimations? *See notes*		

6.5	Are running water and electricity available throughout the day at the UPHC? If not, is a contingency plan available?		

6.1 Strategies to minimise routine outpatient visits: The guidelines provide different models for approaching minor ailments or routine visitors like patients with chronic diseases, etc. They define **essential services** as maternal, new-born and child health, prevention and management of communicable diseases, treatment for chronic diseases to avoid complications, and addressing emergencies. Some are mentioned here:

- Replace visit with tele-consultation directly or with help of frontline workers
- 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
- Scheduling visits for different services or fixed day services for each ward area ensuring adherence to physical distancing
- Organising increased preventive activities like screening/immunisation at the ward level after the lockdown

Five categories of patients identified in need of essential services are: pregnant women, recently delivered, infants and children under five, those on treatment for chronic diseases, requiring treatment for dialysis, cancer, blood transfusions, and other special needs. You need to ensure that frontline workers have a list of such patients and follow them up regularly.

6.2 Emergency care provision: Many precautions and changes in care provision in the UPHCs may affect the way emergencies are managed. The UPHC 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.

6.3 and 6.4 Essential supplies for pharmacy and laboratory: An immediate inventory update should be undertaken (if not already done) for essential medicines (for chronic diseases stocks for at least three months), 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. Local youth can be hired as runners to pick up medicine from district drug warehouses.

Links to resources for maintaining essential services:
MoHFW: Enabling Delivery of Essential Health Services during the COVID 19 Outbreak: Guidance note

No.	Assessment item	Remarks/Action	Status
7	**MONITORING AND REPORTING**		
7.1	Have you notified a face-to-face (virtual as possible) meeting schedule for your UPHC and field staff? *Limit it to the least frequency needed (e.g. weekly/fortnightly)*		

7.2	Do you have a plan for review and building capacity of your UPHC staff during these meetings? *See notes*		
7.3	Have you prepared a mock-drill routine to test staff preparedness during meetings? *See notes*		
7.4	Have you compiled authentic videos/resources from the WHO/MoHFW/ state health department in the form of booklets/videos to show staff during meetings?		
7.5	Have you considered identifying a point-person at the UPHC for dissemination of guidelines, addressing queries and coordination with local actors? *See notes below*		
7.6	Have you assessed health worker availability (absenteeism if any) and made contingency plans? *See notes*		

NOTES:

7.2 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

7.3 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.

7.5 Point-person at UPHC for COVID-19 response

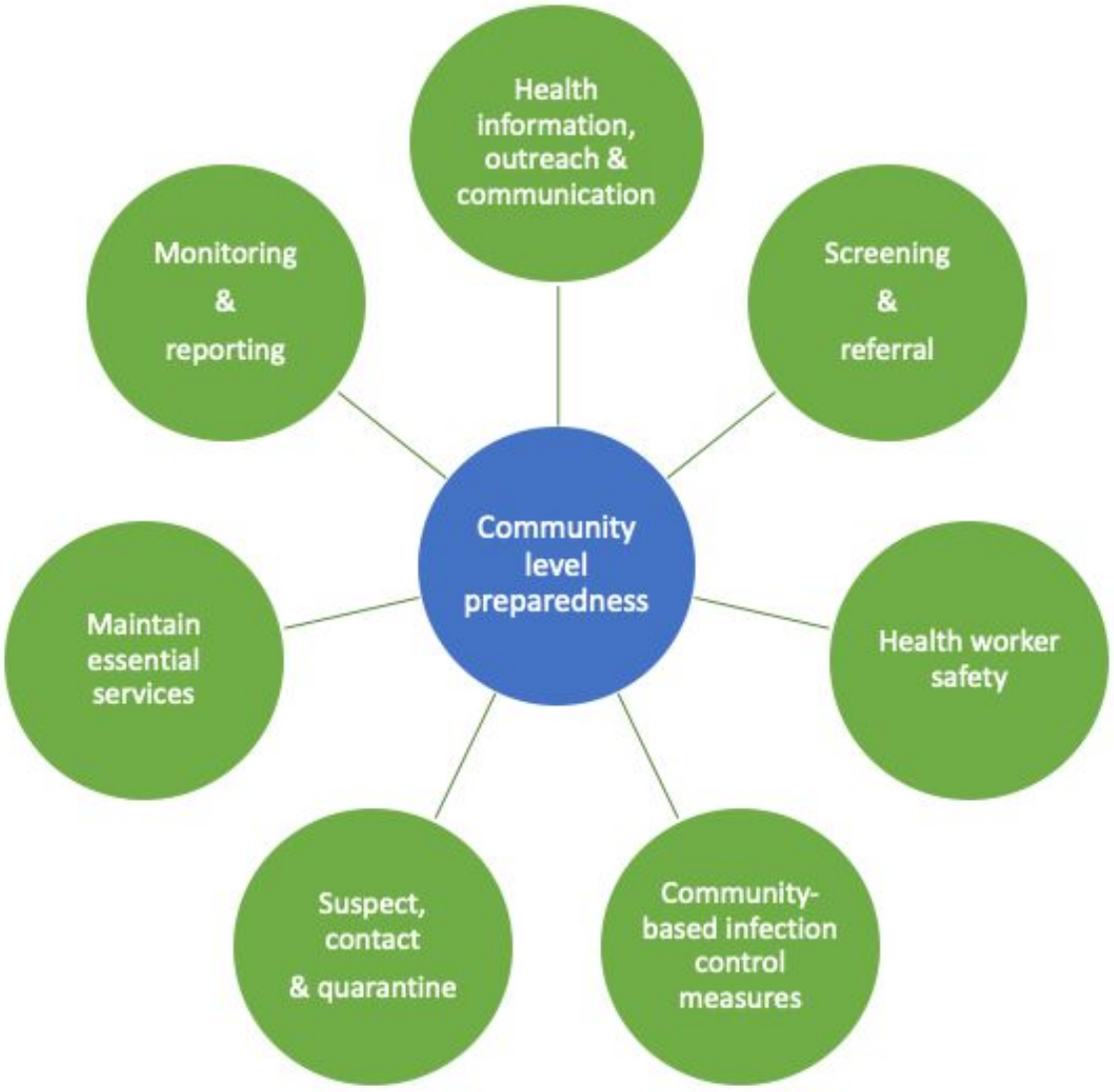
Consider designating a centralised point-person for your UPHC who shall handle external communications; the ideal point-person is someone who is in close communication with the UPHC team lead (typically UPHC medical officer)

- 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

7.6 Health worker availability at UPHC

- 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 UPHC medical officer**: Health workers may be looking up for clarity of communication and leadership of the UPHC 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.

Section B. Preparedness at the community level for frontline workers



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 key messages for the community about COVID-19 including: a) modes of transmission, b) common myths/misconceptions, c) immunity boosting and general health promotion advice from AYUSH department d) Use of masks by public		
1.2	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*		
1.3	Have the frontline workers prepared a list of community contacts including Mahila Arogya Samiti (MAS) members/local representatives/ward members and shared preventive information and other awareness material with them?		
1.4	Is the state/district COVID-19 helpline number(s) prominently displayed in all posters?		
1.5	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*		
1.6	Are the health workers sharing the various mental health guidelines available with the community including various resources on positive mental health including yoga and meditation advice? *See notes*		
1.7	Are the health workers aware of special advisories for different high risk groups in the community including elderly people and children?		
1.8	Are the health workers oriented about and spreading awareness of the Arogya Setu app and its helpfulness for the community?		
1.9	Are the health workers partnering with local representatives/ward members/MAS members on creating awareness among those living in slum areas on key messages like hand/respiratory hygiene as per guidelines?		

2.0	Have the frontline workers identified and used locally relevant modes of mass communication (e.g. autos with loudspeakers) to reach all households?		

NOTES:

1.2 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 UPHC for care for routine ailments at this time

In UPHCs 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.

1.5 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.

1.6 Mental health resources available: There are various mental health resources available for better understanding and coping with COVID-19 and the restrictive lockdown. These are in the form of various videos, guidelines and flyers and even a comic book aimed at children. These resources are available on union and state health ministry websites/linked YouTube channels. It is key that frontline workers share these resources in the community not only to spread awareness but to mitigate stress and anxieties related to this crisis.

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
- NHSRC: Role of frontline workers in prevention and management of Coronavirus
- MoHFW: Ayurveda remedies to boost immunity
- MoHFW: Use of masks by public
- MoHFW: Advisory on use of homemade protective cover for face and mouth
- MoHFW: Minding our minds during COVID 19
- MoHFW: Health advisory for elderly population
- NCDC: Advisory for slums in view of COVID 19

No	Assessment item	Remarks/Action	Status
2	**SCREENING, SUSPECT AND CONTACT**		

2.1	Have the frontline workers been provided clear guidance/training for symptom checklist, screening criteria and high-risk population sub-groups for COVID-19?		
2.2	Are the frontline workers clear about the definition of a suspect case?		
2.3	Do frontline workers have clear instructions on what to do if they identify a COVID-19 suspect? *See notes*		
2.4	Are the frontline workers clear about the definition of a contact?		
2.5	Do they know what protocol to follow in case a contact is identified in the UPHC area?		
2.6	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*		
2.7	Are the frontline workers aware of the COVID dedicated care centre and hospitals to refer the suspected (or confirmed) cases based on clinical criteria?		

NOTES:

2.3 Suspicion of COVID-19 in the community

- Immediately inform UPHC 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 UPHC 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 UPHC medical officer for help in identifying such locations

2.6 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:

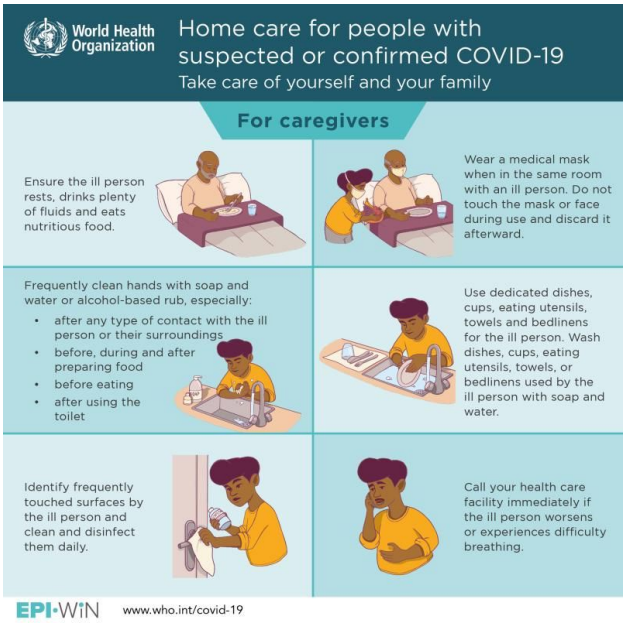
- MoHFW: COVID-19 book of five: Response and containment measures for ASHA, ANM, AWW
- MoHFW: Micro-plan for containing local transmission of COVID-19

- NHSRC: Role of frontline workers in prevention and management of Coronavirus
- MoHFW: Guidance document on appropriate management of suspect/confirmed cases of COVID-19

No.	Assessment item	Remarks/Action	Status
3	**HOME- AND COMMUNITY-BASED QUARANTINE**		
3.1	Are the frontline workers clear about the criteria for home quarantine?		
3.2	Do they know how to guide household members on home-based care, disinfection and hygiene in cases of home quarantine? See notes		
3.3	Are the frontline workers clear about how to follow-up home quarantine cases?		
3.4	Have you identified migrants/others from out of town who may be stranded in your UPHC area requiring quarantine?		
3.5	Do you have a plan for community-based quarantine measures feasible in your setting in partnership with local actors?		
3.6	Have your frontline workers been provided clear instructions on their role and responsibilities in supporting these quarantine measures including those for migrants?		

NOTES:

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



Links to resources for suspect, contacts and community-based quarantine
- MoHFW: COVID-19 book of five: Response and containment measures for ASHA, ANM, AWW
- MoHFW: Guidelines for home quarantine
- MoHFW: Advisory for quarantine of migrant workers
- MoHFW: Psychosocial issues among migrants during COVID 19

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 as posters and communication? *See notes*		
4.2	Have they Identified any upcoming local events with large gatherings and work with the local government/ municipality to avoid/limit scope of such gatherings?		
4.3	Are the frontline workers supporting appropriate community leaders/members on general precautionary cleaning of public places? *See notes*		
4.4	Have they Identified and coordinated with existing community resources to help with infection control and preventive measures?		

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.

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

Links to resources for community-based infection control measures:
- MoHFW: Guidelines for home quarantine
- MoHFW: Advisory on social distancing
- MoHFW COVID-19: Guidelines on disinfection of common public places including offices

No.	Assessment item	Remarks/Action	Status
5	**HEALTH WORKER SAFETY**		
5.1	Are the frontline workers aware about their role and responsibilities in preventing the spread of COVID-19 in the community?		
5.2	Have all the frontline workers undergone training on PPE use and its importance?		
5.3	Have all the frontline workers been provided adequate PPE for at least one month?		
5.4	Have all the frontline workers undergone training on all community protocols?		
5.5	Are physical distancing norms implemented in the field during routine work including meetings? *Check compliance randomly during work hours*		
5.6	Are the frontline workers conducting a self-assessment for symptoms daily?		
5.7	Are you conducting periodic health-worker wellness and exposure checks? *See notes*		
5.5	Are health workers aware of the insurance scheme for health workers fighting COVID-19? *See notes*		

NOTES:

5.2 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.

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

5.7 Health worker wellness, motivation and exposure check

● **Health worker awareness:** Ensure all staff working 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, complying to protocols and the importance of personal safety even after 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 (UPHC medical officers and supervisors) address this issue proactively and give adequate attention to mental health issues from the start

  ● Keep aside some time during team meetings to address health worker motivation and mental health. Examples of activities: allowing health 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 (e.g. creating a WhatsApp group 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)
  ● Ensure staff is well-rested and not overstressed
  ● Developing an award and recognition strategy

5.5 Pradhan Mantri Garib Kalyan Package: Insurance scheme for health workers fighting COVID-19 This is an accident insurance scheme that covers loss of life due to COVID-19 and accidental death on account of COVID-19 related duty. It covers public health providers including community health workers who may be in direct contact and care of COVID-19 cases and maybe at risk of being impacted by this. It also applies to private hospital staff and retired/volunteer/local urban bodies/contracted/daily wage/ad-hoc/outsourced staff requisition by government or drafted for COVID-19 related responsibilities. See more details in the resources provided.

Links to resources for community level health worker safety:

- MoHFW: COVID-19 book of five: Response and containment measures for ASHA, ANM, AWW
- MoHFW: Guidelines on rational use of Personal Protective Equipment
- NHSRC: Role of frontline workers in prevention and management of Coronavirus
- MoHFW: Pradhan Mantri Garib Kalyan Package: Insurance scheme for health workers fighting COVID-19
- MoHFW: Frequently asked questions for insurance scheme

- 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. Available 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
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 they in touch with the point person at the UPHC for queries in procedure or related information?		

Links to resources for monitoring and reporting
MoHFW: COVID-19 book of five: Response and containment measures for ASHA, ANM, AWW

No	Assessment item	Remarks/Action	Status
7	**MAINTAIN ESSENTIAL SERVICES**		
7.1	Do the frontline workers have a plan for the routine or seasonal non-COVID-19 health promotion activities in the community?		
7.2	Do the frontline workers have a clear strategy and drugs/equipment to resolve minor health complaints in the community itself to minimise out-patient visits to UPHC? *See notes*		
7.3	Are the frontline workers in close communication (phone and occasional home visits) with all high-risk cases to ensure continuity of care at community-level and avoid non-essential visits to UPHC? *See notes*		
7.4	Do the frontline workers regularly collect medication for high risk cases in the community as mentioned and ensure that it reaches patients' homes to avoid disruption in care?		
7.5	Are the frontline workers continuing to monitor the		

	routine national programmes and seasonal diseases? If not, what additional support do they require?		

7.2, 7.3 and 7.4 Strategies to minimise routine outpatient visits: The guidelines provide different models for approaching minor ailments or routine visitors like patients with chronic diseases, etc. They define **essential services** as maternal, new-born and child health, prevention and management of communicable diseases, treatment for chronic diseases to avoid complications, and addressing emergencies. Some are mentioned here:

- Replace visit with tele-consultation directly or with help of frontline workers
- Medicine drop-off at homes from UPHC via ASHAs or through pharmacies or proxy medicine pick-ups by younger or low risk family members for patients on monthly medication
- Home visits by frontline workers for chronically ill and antenatal check-ups
- Scheduling visits for different services or fixed day services for each ward area ensuring adherence to physical distancing
- Organising increased preventive activities like screening/immunisation at the ward level after the lockdown

Five categories of patients identified in need of essential services are: pregnant women, recently delivered, infants and children under five, those on treatment for chronic diseases, requiring treatment for dialysis, cancer, blood transfusions, and other special needs. You need to ensure that frontline workers have a list of such patients and follow them up regularly.

Links to resources for maintaining essential services:

- MoHFW: Enabling Delivery of Essential Health Services during the COVID 19 Outbreak: Guidance note
- MoHFW: Medicine delivery to doorstep