



COVID-19 BOOK OF FIVE

Response and Containment Measures for ANM, ASHA, AWW

CONTENT



| 1. WHAT IS MY ROLE : ANM, ASHA, AWW | 2 |
|--|----|
| 2. WHAT SHOULD I KNOW ABOUT COVID-19 | 3 |
| 3. WHAT ARE THE SAFE PRACTICES TO BE PROMOTED | 4 |
| 4. WHO IS A SUSPECT | 5 |
| 5. WHO IS A CONTACT CASE | 6 |
| 6. HOW TO CONDUCT COMMUNITY SURVEILLANCE | 7 |
| 7. HOW TO COMMUNICATE DURING COMMUNITY SURVEILLANCE | 8 |
| 8. HOW TO CREATE A SUPPORTIVE ENVIRONMENT | 9 |
| 9. HOW TO INTERACT WITH FAMILIES | 10 |
| 10. WHAT ARE THE SAFE PRACTICES AT HOME | 11 |
| 11. HOW TO SUPPORT HOME QUARANTINE | 12 |
| 12. HOW TO SUPPORT HOME QUARANTINE FOR FAMILY MEMBERS | 13 |
| 13. HOW CAN I ADDRESS STIGMA | 14 |
| 14. HOW TO USE A MASK | 15 |
| 15. WHAT ARE THE PRECAUTIONS FOR ME DURING COMMUNITY VISITS | 16 |
| 16. WHAT ARE THE PRECAUTIONS & SAFETY MEASURES FOR ME ON REACHING HOME | 17 |
| FACTS AND MYTHS | 18 |
| WHY DO CHILDREN IN EMERGENCIES REQUIRE SPECIAL ATTENTION? | 19 |









WHAT IS MY ROLE : ANM, ASHA, AWW

Health - ANM *Under guidance of DSO/MO*

- Provide information
- (a) Preventive and control measures including social distancing
- (b) Addressing myths and misconceptions;
- Support DSO on
- (a) Contact tracing as per SOPs
- (b) Implementing home quarantine,

- home care, and supportive services for HRG and probable cases urban/rural areas and
- (c) Address psychosocial care and stigma and discrimination.
- Reporting and feedback
- Team safety and prevention
- Supportive Supervision

Health -ASHA, CHV (in urban areas) and ICDS - AWW Under guidance of ASHA Facilitator and CDPO

- Community awareness through inter-personal communication
 - (a) Uptake of preventive and control measures including social distancing
 - (b) Addressing myths and misconceptions;
- Support ANM/Supervisor in house to house surveillance including
 (a) Identification of HRG and

- probable cases
- (b) Ensure uptake of medical services in urban and rural areas and
- (c) Address psychosocial care and stigma and discrimination.
- Reporting and feedback
- Personal safety and precautions
- Use of COVID 19 IEC materials









WHAT SHOULD I KNOW ABOUT COVID-19

- It is a disease called Coronavirus Disease-2019
 caused by a Coronavirus named as SARS-CoV-2
- The symptoms of COVID-19 are Fever,
 Cough and Difficulty in breathing
- If you have the symptoms of Fever, Cough or Difficulty in Breathing



- You are a contact of a laboratory confirmed positive case
- You must immediately call the State Helpline Number or Ministry of Health & Family Welfare, Government of India 24x7 helpline 011-2397 8046, 1075 or your ASHA/ANM.











WHAT ARE THE SAFE PRACTICES TO BE PROMOTED



Frequent handwashing

a. Regularly and thoroughly wash your hands with soap and water for 40 secs or 70% alcohol based hand rub



Maintain social distancing

- a. Practice at least 1 metre distance between yourself and others.
- b. Avoid going to crowded places
- c. Avoid organising and attending events, prayers, parties



Avoid touching eyes, nose and mouth

a. Because contaminated hands can transfer the virus to your eyes, nose or mouth



Practice good respiratory hygiene

- a. Cover your mouth and nose with handkerchief or tissue when you cough or sneeze.
- b. Dispose of the used tissue immediately in a closed dustbin.
- c. Wash your hands with soap and water for 40 secs or rub hands with 70% alcohol based hand sanitiser



Stay informed, take care and follow advice from ANM / ASHA/AWW

- a. Stay informed on the latest developments about COVID-19
- b. Check with the ASHA/ANM/AWW or PHC on any queries you have on how to protect yourself



















WHO IS A SUSPECT

Anyone with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (cough, difficulty in breathing),











A history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset:

OR



Anyone with any acute respiratory illness AND having been in contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR



Anyone with severe acute respiratory infection {fever and at least one sign/symptom of respiratory disease (cough, difficulty in breathing} AND requiring hospitalization;

OR



A case for whom testing for COVID-19 is inconclusive. Laboratory Confirmed case: A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.











WHO IS A CONTACT CASE



Staying in the same house without proper protection with COVID-19 patient

2

Staying in the same close environment as a COVID-19 patient (including workplace, classroom, household, gatherings)

3

Traveling together in close proximity (less than 1 m) with a symptomatic person who later tested positive for COVID-19

4

Person providing direct care to a COVID-19 patient

5

The infection may have been transferred within a 14-day period before the onset of illness in the case under consideration











HOW TO CONDUCT COMMUNITY SURVEILLANCE

1

Visiting Contact: Community Surveillance done by visiting the local residence of the contact(s) by Health Personnel. Telephone may be used in certain circumstances or for follow-up. Follow precautions.

2

Introducing purpose: Introduce yourself, explain purpose of contact tracing, collect data in prescribed format.

3

Use Formats: Community Surveillance to include identification of extended social networks and travel history of cases during the 28 days after onset of illness.

4

Monitoring: Contacts of confirmed cases traced and monitored for at least 28 days after the last exposure to the case patient for evidence of COVID - 19 symptoms as per case definition.

5

Follow-up: Information about contacts can be obtained from:

- a. A patient, his/her family members, persons at patient's workplace or school associates, or
- b. others with knowledge about the patient's recent activities and travels











HOW TO COMMUNICATE DURING COMMUNITY SURVEILLANCE

Always be polite. anyone can get affected by COVID-19. Do not discriminate, shout, or use rude language. Tell people about the purpose of your visit and what you will do with the answers you are seeking. Say that this is the support that the government is giving to all citizens.





Keep distance of 1 meter: When you meet people, avoid touching or close physical contact. This is true for passing on infection either way. It is better to sit in the open and speak with the family members if space and situation allows.



Interview: Ask questions and get very specific answers. When you are writing, make sure your writing is clear and complete information (addresses, names, contact numbers) is written legibly.





Feedback: Check if people have understood your messages correctly by taking feedback and asking them to repeat what you have advised or shared





Clarifications: If there are questions and you have the answers, you must share this with the community member. However, if you do not have the answer, do not hesitate to say so. A lot is still unknown about COVID-19



Be Prepared when you go to the field:

- Carry a Sanitizer/soap for cleaning your hand
- Carry your formats
- Carry your own writing materials like pen, writing pad
- Carry your masks and extra masks if required









HOW TO CREATE A SUPPORTIVE ENVIRONMENT

1

Talk to and involve Influencers

- a. Make a list of local influencers (Gram Pradhan, Religious Leaders, Teachers, any other)
- b. Explain & discuss the situation and protocols to be followed and seek their support in awareness campaign

2

Plan community support for high risk groups

- a. Make a list of high risk people in the village as per contact tracing protocols
- b. Identify people they meet or talk to; share preventive measures with these people and request them to keep communicating these measures to the high risk people
- c. Take care of children whose parents may be in quarantine for issues of education and/or care

3

Develop community networks for support

- a. Divide village into smaller groups for emergency planning, keep contact details of group coordinators
- b. Share contact details of ANM, ASHA, AWW Ambulance, and other medical support with them
- c. Share coordinating details of child protection committees for addressing issues of trauma and violence in children.

4

Help develop household emergency contact lists

a. Ensure each household has a current list of emergency contacts of the government help line, ANM, ASHA or AWW

5

Raise your voice against Stigma and Discrimination

- a. Identify stigma and discrimination situations in the community
- b. Talk to the affected households to support them in time of need.











Greet with local salutation and state purpose of your visit. Be respectful, polite and empathetic. Do not discriminate or be rude.

2

Be aware that suspected and confirmed cases, and their family members may be stressed or afraid. So, the most important thing you can do is to listen carefully to questions and concerns.

3

Gather accurate information from the person: their name, date of birth, travel history, list of symptoms, record and communicate as per the surveillance format. Write the information clearly



You may not have an answer for every question: a lot is still unknown about COVID-19 and it is okay to admit that.



If available, share information pamphlets or handouts with family members. Discuss their questions using IEC like pamphlets etc to enable better understanding and motivate them to share the CORRECT information with others.











WHAT ARE THE SAFE PRACTICES AT HOME

1

Stay away from others

- a. Stay in a specific room and away from other people in your home.

 Maintain distance of at least 1 meter. Restrict all movement so that others in the house stay safe from infection
- b. If available, use a separate bathroom



Seek health care and notify

a. If suffering from fever, cough, or having difficulty in breathing, wear a mask to protect others and immediately get in touch with your nearest health facility or ASHA or ANM.



Wear a mask

- a. When you are around other people and before you enter a healthcare provider's clinic
- b. If sick person is unable to wear it, then other family members should wear it when they enter the sick person's room



Avoid going to public areas

- a. Do not go to work, school, or public areas
- b. If you are infected, you could transmit infection to others



Avoid visitors or support staff coming to the house

- a. You may likely pass infection unknowingly
- b. Support staff like maids, drivers, etc should be asked to stay away



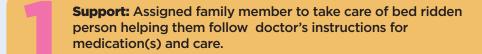


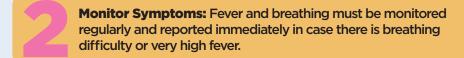






HOW TO SUPPORT HOME QUARANTINE





Protective Hygiene:

- Avoid sharing household items like dishes, drinking glasses, cups, eating utensils, towels, bedding with the person. Throw used tissues in a lined closed trash can.
- Wash and disinfect linen in warm water and soap, dry in sun
- Washing machine: use disinfectant, soap, warm water, dry in sun
- Linen can be soaked in hot water and soap in a large drum, using a stick to stir, avoiding splashing (soak linen in 0.05% chlorine for approximately 30 minutes. Finally, rinse with clean water and let linen dry fully in the sunlight.
- Place all used tissues, disposable gloves, facemasks, and other contaminated items in a lined container before disposing them of with other household waste.
- Clean and disinfect: All "high-touch" surfaces, such as counters, table tops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, stool, or body fluids on them.
- Wash hands: with soap and water for at least 40 seconds or, if soap and water are not available, clean your hands with a 70% alcohol-based hand sanitizer. Wash often and especially after touching





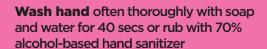








HOW TO SUPPORT HOME QUARANTINE FOR FAMILY MEMBERS







Keep away from elderly. Household members should stay in another room or be separated from the person as much as possible. Household members should use a separate bedroom and bathroom, if available.





Avoid sharing household items e.g. dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people at home.





Wear a triple layered mask at all the time when in contact with infected person.

Disposable masks are never to be reused.

(Used mask should be considered as potentially infected). Mask to be disposed safely.





If symptoms appear (fever/cough /difficulty in breathing) he/she should immediately inform the nearest health centre or call your local phone number









HOW CAN LADDRESS STIGMA

As a major support to people when they suffer from anxieties. stigma and/or discrimination you can help people overcome their anxieties and build a supportive environment

- Publicly, use terms like people who have COVID-19 instead of "COVID-19 cases" or "victims". Similarly, use terms like people who may have COVID-19 instead of "suspected cases" - even when it may be the official terminology in your contact listing formats.
- Advise people to minimize watching, reading or listening to news that causes them to feel anxious or distressed.
- Advise people to engage in relaxing activities like indoor games, reading, gardening, home-cleaning, etc.
- Engage community influencers to build community support by talking to people within their circle of influence. a. Identify influencers

 - b. Share correct information on COVID-19 with them
 - c. Brief them on specific support required by you.
- To emphasise that most people do recover from COVID-19, amplify the good news about local people
 - a. Who have recovered from COVID-19
 - b. Who have supported a loved one through recovery











HOW TO USE A MASK

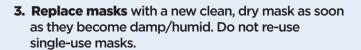
1. Use a mask if:

- a. You develop fever, cough or breathing difficulty
- 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:

- 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.
- 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.











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. 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













WHAT ARE THE PRECAUTIONS FOR ME DURING COMMUNITY VISITS



Maintain distance of 1 meter from people and avoid close physical contact when you are communicating





Use a three layered mask to cover your face. Make sure it is properly worn





Avoid touching your face (eyes, nose, mouth) at all times.









Wash your hands with soap and water for 40 secs or use a 70% alcohol based hand rub.





Avoid touching high touch points like door bells, door knobs, support rails and





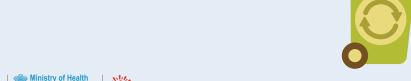






WHAT ARE THE PRECAUTIONS & SAFETY MEASURES ME ON REACHING HOME

- Carefully remove your face mask and gloves using the correct method, avoid touching front of your mask at all time, untie lace from behind and do not let the mask hang low around your neck.
- Dispose off used mask and gloves by throwing them in a covered dustbin. (See: MASK MANAGEMENT).
- If you have carried your bag/register, wipe them down with the disinfectant solution. Add four teaspoons of any home bleach to four cups of water to prepare disinfectant solution.
- Wash your hands with soap and water for 40 secs or 70% alcohol based hand-sanitizer before you touch anything else.
 - If you get any symptoms like cold, cough, fever, contact the nearest Government Facility or District Surveillance Officer immediately.











FACTS AND MYTHS

1. Statement: With the summers coming up, the Coronavirus will be killed

FACT: The COVID-19 virus can be transmitted in ALL AREAS, including areas with hot and humid weather. The best way to protect yourself against COVID-19 is by frequently washing your hands with soap and water, covering your coughs and sneezes and avoiding crowded places.

2. Statement: Having a bath with hot water will kill the virus

FACT: The virus lives inside the body where the temperature is maintained at 37°C and is not affected by a hot water bath that you have.

3. Statement: Eating raw garlic, sesame seeds will protect you against the virus

FACT: Garlic is a healthy food that has other benefits but does not protect you against the Coronavirus.

4. Statement: Getting the pneumonia vaccine will protect you against the virus

FACT: While vaccines for Pneumonia will certainly protect you against pneumonia, it has no protective effect

against the Novel Coronavirus.

5. Statement: You can get COVID-19 through mosquito bites

FACT: The Coronavirus cannot be spread through the bite of a mosquito. It is spread thorough droplets spread when an infected person sneezes or coughs

6. Statement: Spraying alcohol or disinfectant over your body can prevent infection

FACT: Spraying with alcohol or sanitizer on clothes and body, or consuming alcohol will not prevent you from getting infection. Infection spreads when the virus enters the body through nose or mouth. Cleaning and wiping hands with alcohol is to prevent the germ from entering your system through infected hands when you touch your mouth or you eat food with infected hands.

7. Statement: Regularly rinsing the nose with saline will prevent the infection

FACT: Rinsing nose with saline has in few cases helped in containing common cold, but has no evidence to suggest it is effective against the Novel Coronavirus infection







WHY DO CHILDREN IN EMERGENCIES REQUIRE SPECIAL ATTENTION?1

Children are the most vulnerable of the populations. They have unique needs and these often get overlooked in emergencies. The ASHA and AWW have an important role to play as members of the child protection committees at the village level.

- Inform parents that children may express anxiety and sadness.

 This may be expressed as stubbornness or tantrums. Parents need to be patient and not resort to violent disciplining.
- Be informed that during emergencies children can be put in situations where they experience violence, abuse and deprivation. Be aware of these possibilities, take action and report
- To be vigilant and watch out for unaccompanied minors
- Call CHILDLINE 1098 for any support for children.
- Monitor that Child Protection workers of Child Care Institutions (CCIs) are following all safety norms

¹This section to be used only for Child Protection Nodal Officers at the State level







For more Information contact:

Director, Emergency Medical and Relief.

Ministry of Health and Family Welfare.

Tel: +91-11-23978046

Director, National Center For Disease Control.

Tel: +91-1123913148

Mission Director, National Rural Health Mission.

Tel: xxxxxxxxxx





