

GOVERNMENT OF ASSAM
ORDERS BY THE GOVERNER
HEALTH AND FAMILY WELFARE DEPARTMENT

NOTIFICATION

The 21st March, 2020

No. HLA.270/2020/33, In exercise of the power conferred under section 2.3 &4 of the Epidemic Disease Act, 1897, Government of Assam is pleased to frame the following Regulations for prevention and containment of Coronavirus Disease -2019 (COVID-19).

1. The regulations may be called '**The Assam COVID-19 Containment Regulations, 2020**'.
2. In case of community transmission (following index or cluster case) of the COVID-19, as per the *Containment plan- Novel Coronavirus Disease 2019, MOHFW-GOI*, the following measure are to be taken to control and prevent further spread of the disease within a defined geographic area by active/passive surveillance, breaking the chain of transmission.
3. The measures would include geographic quarantine, social distancing measures, enhanced active surveillance, testing all suspected cases, Isolation of cases, home quarantine of contacts, social mobilization to follow preventive public health measures for containment of the spread.
4. The Joint DHS/DSO-IDSP of respective districts shall be responsible to notify any laboratory confirmed positive case of COVID-19.
5. In the identified geographical areas of the confirmed case, line listing and mapping (active surveillance) of all the contacts of the index case shall be ensured by the respective Medical Officer In-Charge (MO-IC) of the PHC/UPHC through the network of Front line health workers (FLHWs) - MPW, ANM, ASHA and AWWs. Active surveillance through house to house survey to be carried out in all households within the specified radius of the index case by FLHWs.
6. Active surveillance will be conducted in the residential area by dividing them into sectors covering approximately 30 to 50 households/day per FLHW. This workforce will have supervisory officers in the ratio of 1:4. The teams will conduct daily visit from morning to afternoon and will submit reports in the prescribed formats. The field worker will provide a mask to the suspected case and the care giver identified by the family. The FLHW shall provide necessary information and updates to the concerned persons. The suspected patients/persons will be isolated at home till the time he/she is examined by the Rapid Response Team (RRT).
7. The DSO will ensure daily reporting of the surveillance activities through the MO-IC and control room of the containment zone.
8. Identified cases with symptoms (suspects) to be immediately informed to the DSO and RRT (Annexure 1). District RRT will help the State/ District administration in mapping the Containment Zone. A Containment zone and a Buffer zone surrounding the containment zone, as specified will be decided which may be subsequently revised, if required, based on epidemiologic investigation.
9. Strict Perimeter control should be enacted in the containment zone (Clear entry and exit point to be established. Vehicles and persons entering and exiting the containment zone shall be restricted and sanitized as per the protocol). This shall be ensured by Police and General Administration.
10. Strict Perimeter control shall not be required for the Buffer zone.
11. RRT will classify the suspected cases under the category of A, B and C (Annexure 2) and samples shall be collected and sent to the designated laboratory for testing COVID-19 accordingly. The process flow is provided in (Annexure 3).
12. Any information of suspected / quarantined / isolated cases should not be disclosed following the medical ethics.



13. There shall be social mobilization activities with the principles of social/physical distancing among the population in the Containment and Buffer zone for adoption of community-wide practice of frequent washing of hands and respiratory etiquettes in workplaces and homes. Quarantine and Isolation is important mainstay of cluster containment in the identified government isolation wards/private hospitals and other identified isolation and quarantine facilities.
14. Volunteer work force has to be identified by the District Administration in the Containment zone and to be trained for COVID-19 social mobilization for containment.
15. An intensive risk communication campaign will be followed to encourage all persons to stay indoors for an initial period of 14 days and to be extended based on the risk assessment. Based on the risk assessment and indication of successful containment operations, an approach of staggered work and market hours may be put into practice.
16. 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.
17. Quarantine refers to the separation of individuals who are not yet ill but have been exposed to COVID-19 and therefore have the potential to become ill. There will be a voluntary home quarantine of contacts of suspect /confirmed cases. The guideline on home quarantine available as (Annexure 4).
18. Discharge of the quarantined/isolated cases to be done as per the discharge protocol of MoHFW, Govt. of India (Annexure 5).
19. Isolation refers to separation of individuals who are ill and suspected or confirmed of COVID-19. There are various modalities of isolating a patient. Ideally, patients can be isolated in individual isolation rooms in the designated hospitals.
20. In resource-constrained settings, all positive COVID-19 cases to be clustered in cohort in a ward with good ventilation. Similarly, all suspect cases should also be clustered in cohort in a separate ward.
21. The waste generated in the containment zone is to be disposed as per the Bio-Medical Waste Management guideline for COVID-19 from Central Pollution Control Board (CPCB). (Annexure 6)
22. District administration shall be responsible for coordinating with various departments like Food and Civil Supply, Water and sanitation, Police and Transport departments and other relevant departments to ensure that all the basic humanitarian measures are in place.

The containment measures will shut down everything barring essential services.

Services	Personal responsible for operations during lockdown
Essential services(Water, telephone, internet, banking, gas, fuel and electricity etc.)	Deputy Commissioner
Food and Groceries	Department of food and civil supplies
Medicines	Drug inspector
Sanitation of the containment area and Cleaning	Deputy Commissioner/ municipal Corporation/gram Panchayat
Law and order and Fire	Superintendent of Police
Transportation and shifting	DDMA and transport department
Waste Management	Pollution Control Board

23. There shall be prohibition for persons entering and exiting the containment zone. As significant inconvenience will be caused to the general public by adopting these measures in the containment zone, the state government/district administration is to proactively engage the community and work with them to make them understand the benefits of such measures. IEC and signage to be provided by the administration. Rumours and myths are to be strictly controlled by the administration.
24. The State Government shall ensure adequate stock of personal protective equipment to the health care staffs who are dealing with suspected and confirmed cases.
25. The field staff brought in for the surveillance activities and that for providing perimeter control need to be accommodated within the containment zone. Facilities such as schools, community buildings, etc. will be identified for sheltering the team. All the necessary arrangements shall be made at these locations by District administration/ DDMA
26. A dedicated helpline number will be provided at the Control room (district headquarter) and its number will be widely circulated for providing general population with information regarding the risks of COVID-19 transmission, the preventive measures required and the need for prompt reporting to the health facilities, availability of essential services and administrative orders on perimeter control.
27. A control room is to be set up inside the containment zone to facilitate regular and timely management of information from various field units to the District and State control rooms.
28. There will be regular press briefings/ press releases to keep the media updated on the developments and avoid stigmatization of affected localities. Every effort shall be made to address and dispel any misinformation circulating in media including social media. Regular media scanning activities to be undertaken by the district team.
29. A Coordination cell to be established for the containment of the COVID-19 at State and District headquarters. The team will be staffed by State and District Surveillance Officer under which data managers (deployed from IDSP/ NHM) responsible for managing data from the field and health facilities. Daily situation reports will be put up.
30. Trainings will be imparted to healthcare worker and others concerned involved in the containment operations. The training will be conducted by the RRT a day prior to containment operations are initiated.
31. In case of the Buffer zone, all the existing health facilities will be mapped, networked for integrated surveillance and service delivery. Passive surveillance (including regular NIL report when there is no such case) shall be ensured from all the health facilities (Govt. and Private).
32. A designated mental health team shall oversee and take measures to address the situation arising due to anxiety and stress in the community.
33. State and District Task Force designated for managing COVID-19 shall regularly review, oversee, coordinate and take required interventions.
34. This regulation also empowers Deputy Commissioner, Superintendent of Police and Joint. DHS of the district to take relevant decisions according to the local situation for containment of COVID-19.



(Anurag Goel, IAS),

Commissioner & Secretary to Government of Assam
Health & Family Welfare Department



Copy to:

1. The Chairman, Assam Administrative Tribunal.
2. All Additional Chief Secretaries/ Principal Secretaries/ Commissioner & Secretaries/ Secretaries to the Government of Assam.
3. The Principal Secretary to Hon'ble Chief Minister, Assam.
4. The Principal Secretary, Assam Legislative Assembly, Dispur.
5. The Accountant General, Assam, Guwahati-29.
6. The Commissioner & Secretary, Health & Family Welfare Department.
7. The Resident Commissioner, Government of Assam, Assam House, New Delhi.
8. All Commissioner of Divisions, Assam.
9. The Commissioner & Secretary to H.E., the Governor of Assam, Guwahati.
10. The Commissioner & Secretary, Legislative Department, Dispur
11. The Commissioner & Secretary, Judicial Department and Legal Remembrancer, Assam.
12. All Principal Secretaries of the Autonomous Councils, Assam.
13. All Heads of Department.
14. All Deputy Commissioners/ Sub-Divisional Officers for necessary action.
15. The Director of Medical Education, Assam for necessary action.
16. The Director of Health Services, Assam for necessary action.
17. The Director of Health Services (Family Welfare), Assam for necessary action.
18. The Director of AYUSH, Assam for necessary action.
19. The Project Director, Assam State Aids Control Society.
20. The P.S. to Hon'ble Minister, Health & Family Welfare, Assam.
21. The P.S. to Hon'ble Ministers/Ministers of State, Assam.
22. The P.S. to Chief Secretary, Assam.
23. The P.S. to Director General of Police, Assam
24. All Joint Director of Health Services, Assam for necessary action.
25. Managing Directors/ Directors/ Medical Superintendents/ Hospital (I/C) etc. of all Hospitals (including private) in the State of Assam.
26. Any other concerned.
27. Guard File.

By order etc.,



Mission Director

National Health Mission, Assam

Annexure 1: Rapid response team

- Under the supervision of the IDSP- District Surveillance Officer a Rapid Response team (RRT) shall be formed comprising of
 - Clinician
 - Microbiologist/Pathologist
 - Epidemiologist
 - Entomologist
 - Veterinary Officer
 - Food safety officer
 - Any other specialist (as per need & availability)
- A list with the contact details of the core team and backups is compiled; it is up to date and easily accessible
- A brief and concise document describing all roles and responsibilities is prepared and centrally accessible
- All the team members are informed of, and trained in, their roles and responsibilities; a contact list and documentation are centrally accessible
- A place where the RRT can regularly meet shall be identified and necessary arrangements done.
- In case of unavailability of core members during emergency, reserve specialists for each of the roles has to nominated
- All the RRT members shall be supplied with necessary PPE kits
- 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
	A small cluster is 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.
	Single cluster in a residential colony	Administrative boundary of the residential colony and a buffer zone of additional 5 Km radius.*
	Multiple clusters in the communities (residential colony, schools, offices, hospitals etc.) within an administrative jurisdiction	Administrative boundary of the urban district and a buffer zone of neighbouring urban districts.
	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.**
	Cluster in the 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.

**Annexure 2: Guidelines for testing, quarantine, hospital admission and discharge
for COVID- 19 based on current risk assessment**

CATEGORY A: - low grade fever/ mild sore throat /cough/ rhinitis/diarrhoea

CATEGORY B: - High grade fever and /or severe sore throat/ diarrhoea

OR

Category A plus one or more of the following

- Lung/heart/kidney/neurological disease, blood disorders / uncontrolled diabetes / cancer / HIV-AIDS
- On long term steroids
- Pregnant lady
- Age – more than 60 years

Category C: - Breathlessness, chest pain drowsiness, fall in blood pressure, haemoptysis, cyanosis (red flag signs) Children with ILI (influenza like illness) with red flag signs (somnia, high/ persistent fever, inability to feed well convulsion's, dyspnoea/respiratory distress etc.)

Worsening of underlying chronic conditions

** Categorization should be reassessed every 28-48 hours for category A & B*

DEFINITION OF CONTACT

A contact is a person that is involved in any of the following:

- Providing direct care without proper personal protective equipment (PPE) for COVID –19 patients.
- Staying in the same close environment of a COVID—19 patients (including workplace, classroom, household gatherings)
- Travelling together in close proximity (within 1 meter) with a symptomatic person who later tested positive for COVID – 19

HIGH RISK CONTACT

- Contact with a confirmed case of COVID –19
- Travellers who visited a hospital where COVID –19 cases are being treated.
- Travel to a province where COVID –19 LOCAL TRANSMISSIONS is being reported as per WHO daily situation report.
- Touched body fluids of patients (respiratory tract secretions, blood, vomitus, saliva, urine, faeces)
- Direct physical contact with the body of the patient including physical examination without PPE.
- Touched or cleaned linens, clothes or dishes of the patient.
- Close contact within 3 feet, (1metre) of the confirmed case.
- Co-passengers in an airplane/vehicle seated in the same row, 3 rows in front and behind of a confirmed COVID – case.

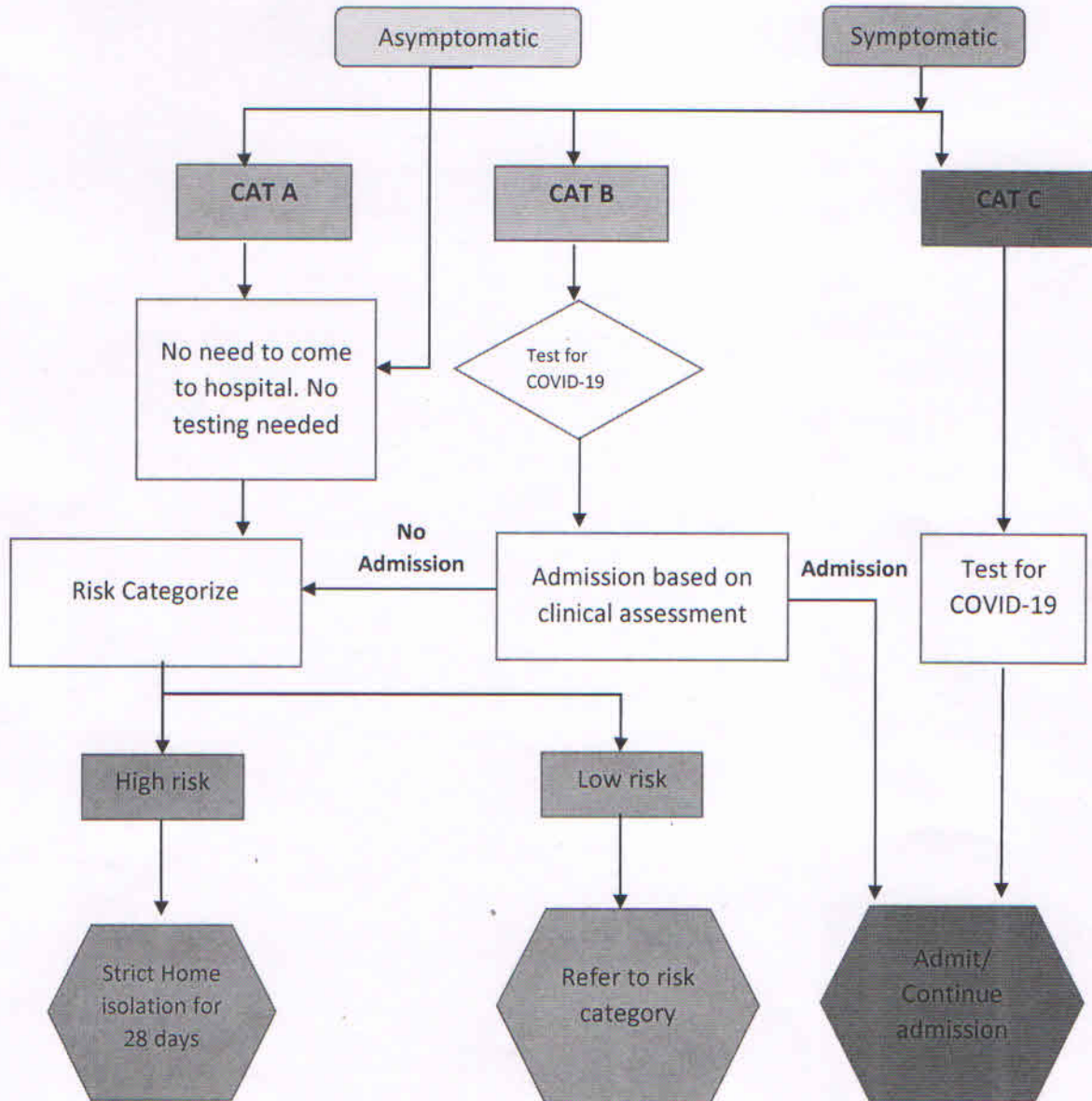
LOW RISK(LR) CONTACT

- Shared the same space (same classroom/same room for work or activity and not having high risk exposure to the confirmed/suspected case)
- Travel in the same environment (bus/train) but not having high risk exposure as cited above.
- Any traveller from abroad not satisfying high risk criteria.



Annexure 3: Clinical decision making algorithm for persons from countries/areas with reported transmission of COVID 19, primary contacts, secondary contacts

1. A person within 14 days of return from a country/area with reported local
2. Primary contacts
3. Secondary contacts



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Annexure 4: Home Quarantine

Home quarantine is applicable to all such contacts of a suspect or confirmed case of COVID19

Instructions for contacts being home quarantined:

The home quarantined person should:

Stay in a well-ventilated single-room preferably with an attached/separate toilet. If another family member needs to stay in the same room, it's advisable to maintain a distance of at least 1 meter between the two.

- Needs to stay away from elderly people, pregnant women, children and persons with co-morbidities within the household.
- Restrict his/her movement within the house.
- Under no circumstances attend any social/religious gathering e.g. wedding, condolences, etc.

He should also follow the under mentioned public health measures at all times:

- Wash hand as often thoroughly with soap and water or with alcohol-based hand sanitizer
- Avoid sharing household items e.g. dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people at home.
- Wear a surgical mask at all the time. The mask should be changed every 6-8 hours and disposed off. Disposable masks are never to be reused.
- Masks used by patients / care givers/ close contacts during home care should be disinfected using ordinary bleach solution (5%) or sodium hypochlorite solution (1%) and then disposed of either by burning or deep burial.
- Used mask should be considered as potentially infected.
- If symptoms appear (cough/fever/difficulty in breathing), he/she should immediately inform the nearest health centre or call 011-23978046/104/

Instructions for the family members of persons being home quarantined

- Only an assigned family member should be tasked with taking care of the such person
- Avoid shaking the soiled linen or direct contact with skin
- Use disposable gloves when cleaning the surfaces or handling soiled linen
- Wash hands after removing gloves
- Visitors should not be allowed
- In case the person being quarantined becomes symptomatic, all his close contacts will be home quarantined (for 14 days) and followed up for an additional 14days or till the report of such case turns out negative on lab testing



Environmental sanitation

- a. Clean and disinfect frequently touched surfaces in the quarantined person's room (e.g. bed frames, tables etc.) daily with 1% Sodium Hypochlorite Solution.
- b. Clean and disinfect toilet surfaces daily with regular household bleach solution/phenolic disinfectants
- c. Clean the clothes and other linen used by the person separately using common household detergent and dry.

Duration of home quarantine

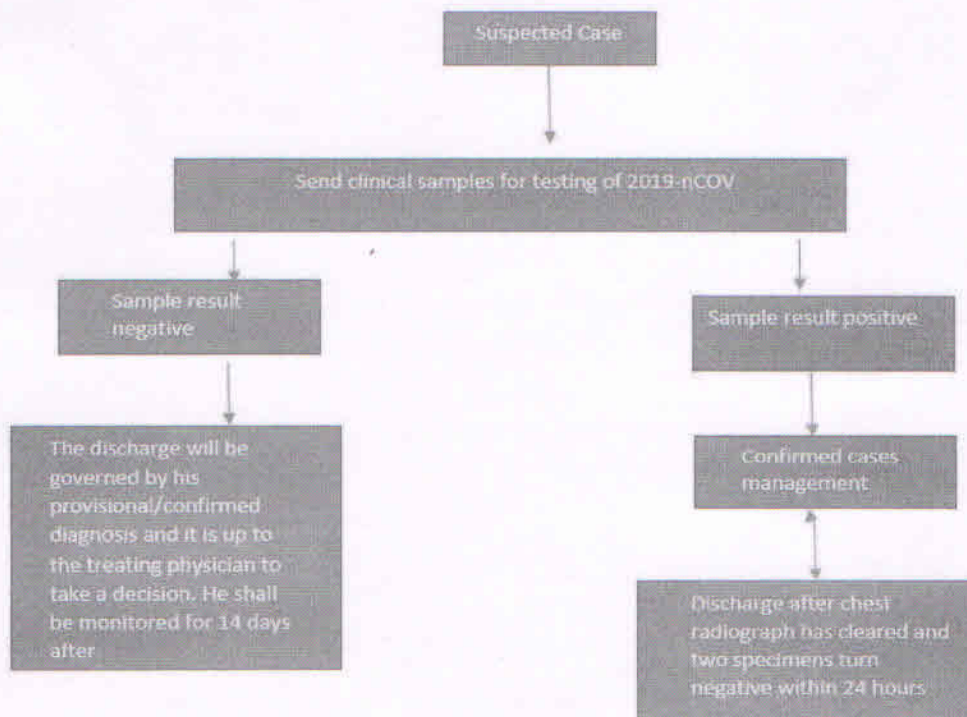
The home quarantine period is for 14/28 days from contact with a confirmed case or earlier if a suspect case (of whom the index person is a contact) turns out negative on laboratory testing



Annexure: 5 – Discharge Protocol

Discharge Policy of nCoV Case

Clinical samples of any suspect/probable case* of nCoV will be sent for laboratory confirmation to designated laboratories. The case will be kept in isolation at health facility till the time of receipt of laboratory results and given symptomatic treatment as per existing guidelines. If the laboratory results for nCoV are negative, the discharge of such patients will be governed by his provisional/confirmed diagnosis and it is up to the treating physician to take a decision. The case shall still be monitored for 14 days after their last contact with a confirmed 2019-nCoV case. In case the laboratory results are positive for nCoV, the case shall be managed as per the confirmed case management protocol. The case shall be discharged only after evidence of chest radiographic clearance and viral clearance in respiratory samples after twospecimens test negative for nCoV within a period of 24 hours.



Case Classification:

Suspected Case:

A. Patients with severe acute respiratory infection (fever, cough, and requiring admission to hospital), AND with no other etiology that fully explains the clinical presentation AND at least one of the following:

a history of travel to or residence in the city of Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or

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Patient is a health care worker who has been working in an environment where severe acute respiratory infections of unknown etiology are being cared for.

B. Patients with any acute respiratory illness AND at least one of the following:

Close contact with a confirmed or probable case of 2019-nCoV in the 14 days prior to illness onset, or visiting or working in a live animal market in Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or

Worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital-associated 2019-nCov infections have been reported.

Probable case:

Probable case: A suspect case for whom testing for 2019-nCoV is inconclusive or for whom testing was positive on a pan-coronavirus assay.

- Confirmed case

A person with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms.

(Source: WHO: [https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov)))



Annexure 6:

**Guidelines for Handling, Treatment, and Disposal of Waste Generated during
Treatment/Diagnosis/ Quarantine of COVID-19 Patients**

March, 2020



Central Pollution Control Board

(Ministry of Environment, Forest & Climate Change)

Parivesh Bhawan, East Arjun Nagar

Delhi - 110032

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**Guidelines for Handling, Treatment, and Disposal of Waste Generated during
Treatment/Diagnosis/ Quarantine of COVID-19 Patients**

In order to deal with COVID-19 pandemic, State and Central Governments have initiated various steps, which include setting up of quarantine centers/camps, Isolation wards, sample collection centers and laboratories.

Following specific guidelines for management of waste generated during diagnostics and treatment of COVID-19 suspected / confirmed patients, are required to be followed by all the stakeholders including isolation wards, quarantine centers, sample collection centers, laboratories, ULBs and common biomedical waste treatment and disposal facilities, in addition to existing practices under BMW Management Rules, 2016.

These guidelines are based on current knowledge on COVID-19 and existing practices in management of infectious waste generated in hospitals while treating viral and other contagious diseases like HIV, H1N1, etc. These guidelines will be updated if need arises.

Guidelines brought out by WHO, MoH&FW, ICMR and other concerned agencies from time to time may also be referred.

Guidelines for handling, treatment and disposal of COVID-19 waste at Healthcare Facilities, Quarantine Camps/Home-care, Sample Collection Centers, Laboratories, SPCBs/PCCs, ULBs and CBWTFs:

(a) COVID-19 Isolation wards:

Healthcare Facilities having isolation wards for COVID-19 patients need to follow these steps to ensure safe handling and disposal of biomedical waste generated during treatment;

- Keep separate color coded bins/bags/containers in wards and maintain proper segregation of waste as per BMW Rules, 2016 as amended and CPCB guidelines for implementation of BMW Management Rules.
- As precaution double layered bags (using 2 bags) should be used for collection of waste from COVID-19 isolation wards so as to ensure adequate strength and no-leaks;
- Collect and store biomedical waste separately prior to handing over the same CBWTF. Use a dedicated collection bin labelled as "COVID-19" to store COVID-19 waste and keep separately in temporary storage room prior to handing over to authorized staff of CBWTF. Biomedical waste collected in such isolation wards can also be lifted directly from ward into CBWTF collection van.
- In addition to mandatory labelling, bags/containers used for collecting biomedical waste from COVID-19 wards, should be labelled as "COVID-19 Waste". This marking would enable CBWTFs to identify the waste easily for priority treatment and disposal immediately upon the receipt.
- General waste not having contamination should be disposed as solid waste as per SWM Rules, 2016;
- Maintain separate record of waste generated from COVID-19 isolation wards

**Guidelines for Handling, Treatment, and Disposal of Waste Generated during
Treatment/Diagnosis/ Quarantine of COVID-19 Patients**

- Use dedicated trolleys and collection bins in COVID-19 isolation wards. A label "COVID-19 Waste" to be pasted on these items also.
- The (inner and outer) surface of containers/bins/trolleys used for storage of COVID-19 waste should be disinfected with 1% sodium hypochlorite solution.
- Report opening or operation of COVID-19 ward to SPCBs
- Depute dedicated sanitation workers separately for BMW and general solid waste so that waste can be collected and transferred timely to temporary waste storage area.

(b) Sample Collection Centers and Laboratories for COVID-19 suspected patients

Report opening or operation of COVID-19 sample collection centers and laboratories to concerned SPCB. Guidelines given at section (a) for isolation wards should be applied suitably in in case of test centers and laboratories also.

(c) Quarantine Camps/Home Care for COVID-19 suspected patients

Less quantity of biomedical waste is expected from quarantine centers. However, quarantine camps/centers/home-care for suspected COVID-19 cases need to follow these steps to ensure safe handling and disposal of waste;

- Treat the routine waste generated from quarantine centers or camps as general solid waste and the same need to be disposed as per SWM Rules, 2016. However, biomedical waste if any generated from quarantine centers/camps should be collected separately in yellow coloured bags and bins.
- Quarantine camps/centers shall inform CBWTF operator as and when the waste is generated so that waste can be collected for treatment and disposal at CBWTFs.
- In case of home-care for suspected patients, biomedical waste should be collected separately in yellow bags and the same shall be handed over to authorized waste collectors engaged by local bodies. ULB should engage CBWTFs to pick-up such waste either directly from such quarantined houses or from identified collection points.

(d) Duties of Common Biomedical Waste Treatment Facility (CBWTF):

- Report to SPCBs/PCCs about receiving of waste from COVID-19 isolation wards / Quarantine Camps / Quarantined homes / COVID-19 Testing Centers;
- Operator of CBWTF shall ensure regular sanitization of workers involved in handling and collection of biomedical waste;
- Workers shall be provided with adequate PPEs including three layer masks, splash proof aprons/gowns, nitrile gloves, gum boots and safety goggles;
- Use dedicated vehicle to collect COVID-19 ward waste. It is not necessary to place separate label on such vehicles;
- Vehicle should be sanitized with sodium hypochlorite or any appropriate chemical disinfectant after every trip.

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**Guidelines for Handling, Treatment, and Disposal of Waste Generated during
Treatment/Diagnosis/ Quarantine of COVID-19 Patients**

- COVID-19 waste should be disposed-off immediately upon receipt at facility.
- In case it is required to treat and dispose more quantity of biomedical waste generated from COVID-19 treatment, CBWTF may operate their facilities for extra hours, by giving information to SPCBs/PCCs.
- Operator of CBWTF shall maintain separate record for collection, treatment and disposal of COVID-19 waste.
- Do not allow any worker showing symptoms of illness to work at the facility. May provide adequate leave to such workers and by protecting their salary.

(e) Duties of SPCBs/PCCs

- Shall maintain records of COVID-19 treatment wards / quarantine centers / quarantines homes in respective States.
- Ensure proper collection and disposal of biomedical waste as per BMW Rules, 2016 and SoPS given in this guidance document;
- Allow CBWTFs to operate for extra hours as per requirement,
- May not insist on authorisation of quarantine camps as such facilities does not qualify as health facilities. However, may allow CBWTFs to collect biomedical waste as and when required;



