

Standard Operating Procedure (SOP) 1 c_for support for Community Support Teams to identify the vulnerable/Risk group

Preamble:

The Community Support Teams (CST) must be able to follow all the protocols involved in Phase-II of community surveillance of COVID19, in order to control the spread of Coronavirus and find out and protect the vulnerable individuals.

Important Definitions:

Potential Virus Fighter (PVF): An individual reporting symptom of COVID-19. We will be identifying PVFs in the following ways:

- a) through visiting household everyday looking for PVF
- b) through individuals calling government hotlines 333) and reporting any symptom;
- c) other household members of the PVF/VVF who showed symptom being screened

Once the PVF has been screened, the result can be either of these three:

Verified Virus Fighter (VVF): A PVF who has been screened and has high fever and with relevant signs/symptoms of respiratory disease (for example cough, shortness of breath (in last 15 days), sore throat) or the loss of the sense of smell.

OR an individual who tested COVID-19 positive in the last few days.

PVF with follow-up: A PVF who has been screened and whose body temperature is between 99.0oF to 99.4oF AND who has at least one sign/symptom of respiratory disease (for example cough, shortness of breath (in last 15 days), sore throat, the loss of the sense of smell).

Cleared Virus Fighters (CVFs): A PVF whose body temperature is below 99oF or who does not exhibit any symptoms of respiratory disease (for example cough, shortness of breath, sore throat, the loss of the sense of smell).

Vulnerable Individuals:

Certain individuals are at higher risk of developing complications and dying from COVID-19, these include older individuals (50 years or older in the context of Bangladesh), diabetics, hypertensive individuals, individuals with respiratory diseases such as COPD or those with compromised immune systems. Pregnant women are also a high-risk group for COVID-19 related adverse outcomes.

Scope

For use by CSTs, AMS/VAMs, telemedicine doctors, field Implementation teams and their support teams operating in urban & rural areas of Bangladesh to carry out surveillance for COVID19 and identification and protection of vulnerable groups.

Purpose

The purpose of this Standard Operating Procedure (SOP) is to provide a brief overview of the workflow of CSTs work to a) identify vulnerable individuals efficiently, b) identify the PVF c) take the necessary steps to follow once someone identified as VVF, CVF or follow up PVF. The SOP will link to other technical SOPs and provide guidance to the following activities.

Specific Objectives

1. Reach out to the community and attempt to make contact with households
2. Screen all individuals with COVID-like symptoms (PVFs) to identify if they are VVFs
3. Provide counselling on home management of COVID-19, ensuring 14-day quarantine, mask-wearing guidance to VVFs, and also refer them to CST telemedicine or hospital depending on the severity.
4. Screen all individuals 35 years and older and any pregnant women to identify vulnerable individuals (over 50 years, diabetics, hypertensives, individuals with COPD and pregnant women)
5. Provide counselling on specific protection measures for vulnerable individuals and referral to telemedicine for management of morbidities (diabetics, hypertensive, etc) and pregnancy.

6. Provide SRHR telemedicine numbers to all females aged 15-49 years in the household.

Procedure:

Once the CSTs are trained and grouped into teams and assigned to a particular ward, they will need to do the following coordination activities:

A. Coordination with local authorities Urban:

The AM/VAM (with support from the Field Implementation (FI) team of BRAC will organize in-person meetings for the different wards and zones of the city corporation. The participants should include: the focal person from the ward councilor, the ward councilor, and the zonal executive officer (ZEOs) and the Deputy Chief Health Officer (DCHO). The AM/VAM will support the FI team to inform the local police station about the CSTs working under their jurisdiction. This will include sharing a list of each CST member (along with their photos) working in their particular wards.

Steps in organizing the meeting:

- a) They will be provided the contact details of focal persons and members from Ward councillors.
- b) All physical distancing rules have to be followed: the meeting will only include essential individuals to prevent overcrowding. There should be a minimum of 1-metre distance between each individual.
- c) All participants will perform hand hygiene on arrival and when leaving the meeting and they will all wear masks
- d) Prior to the commencement of the meeting, the meeting venue, including chairs and tables, will be cleaned with disinfectants, especially hard surfaces.
- e) Keep the meeting as brief as possible, try to finish within 20-30 minutes
- f) CST members will check each participant's body temperature before the meeting and maintain hand hygiene throughout the meeting. Participants with whose body temperature is over 99.0oF should be screened as a PVF and cannot join the meeting

Follow-up: On a regular basis, the CST should share activity updates with the local authority /focal person through telephone. The AMs/VAMs will update the FI team regularly, who will also facilitate discussion with the ward councilors/ZEOs/DCHO.

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Note: Representatives from the different partner organizations will try to attend the field coordination meetings.

B. Maintenance/Handling of logistics

Refer to SOPS 3 and 5 for materials needed for CSTs to carry out their duties in a safe and professional manner.

CST members will be provided with an Infrared thermometer, oximeter, Wrist watch BP monitor, three-layer cloth mask, measuring tape, gloves, goggles, bleaching powder, disinfectant containing 70% alcohol, id card and vest. They can keep the logistics in house of one of the members. Infrared thermometer, oximeter, three-layer cloth mask will be provided in the training by FAO. Other logistics like more masks and sanitizers will be provided and managed by BRAC.

B. Contacting PVFs

1. Word-of-mouth:

The CSTs will aim to visit an agreed number of households (but the focus should be on complete and comprehensive screening - it is more important to identify VVFs and vulnerable than to maximize household visit numbers). During the visit they will identify PVFs by word of mouth.

2. Government Hotline:

- The CSTs will also have to visit households with PVFs identified through the government hotline. The AM/VAM will contact the PVFs who called in Government hotlines in the last 2-3 days using the phone number used in the call. They will communicate with individuals, guided by a talking point tree, which explains the CST activities and requests the person to allow a screening visit from the CSTs. The contact information will be passed to the specific CST team through the CST mobile app.
- The CST will receive a list of phone numbers of PVFs in their CST mobile app.

- One of the CST members will call the PVF, introduce themselves, describe the purpose of visiting their house and request to schedule a visit. (They will follow the leaflet on FAQ “Coronavirus and CST team related information”).
- If the PVF is reluctant for a visit, the CST member will try to convince them using interpersonal communication skills. If they still do not agree for the household visit, then the CST member will try to advise them about quarantine over the phone and also ask if they require food or medicine support. The CST will also check if there is any pregnant woman in the house, or any woman who has given birth in the last 6 weeks.

Note: The CST (AM/VAM) should make every effort to contact the PVF, this includes calling each number three times before giving up if it is not answered. If the individual is not willing to have a home visit, the CST will try to counsel them; this may include two calls to try to arrange a home visit.

D. The total Household Visit will include three major activities:

1. Household Form 1
2. PVF Screening (Please follow the [SoP 3 _Quarantine Screening 31 August'20 V8.docx](#) and [SoP 5 _Home Family Quarantine support 310820 V8.docx](#))
3. Vulnerable Screening

Household Form

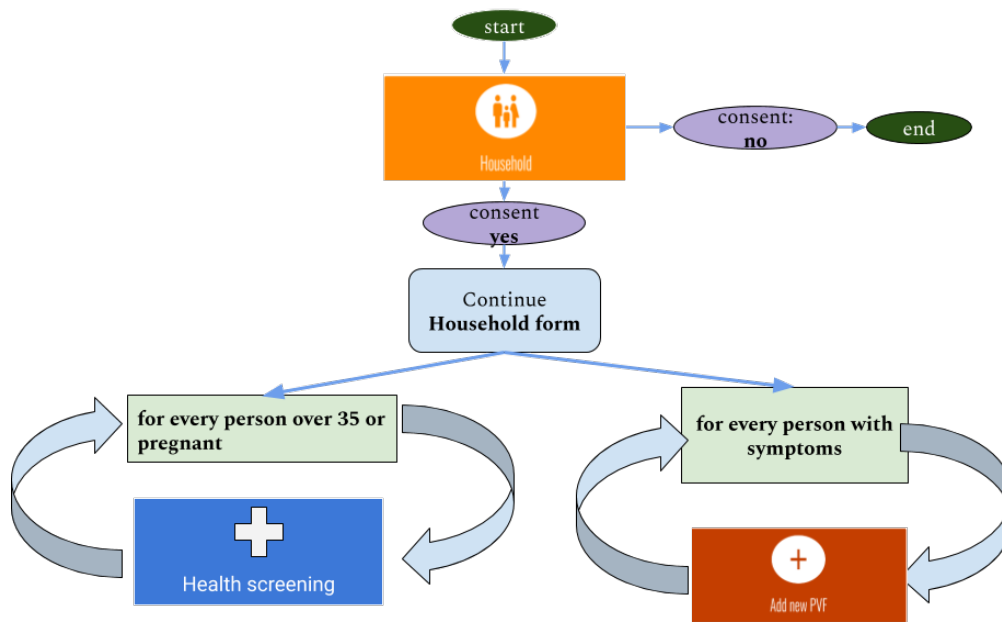
1. After arriving at a house, the CST will ask to speak to an adult household member and note down the household address in the CST app.
2. The CST will explain about the CST programme, about COVID-19 precautions, and provide CST related leaflet and stickers
3. At this point, the CST will seek consent if the household agrees to a health screening and their information to be passed to health services.
4. Consent Statement: Take consent from the responder. If the household agrees to a health screening and their information to be passed to health services.

5. If the household member doesn't agree then the CST will continue to finalize the form without collecting any phone number and name, give them the CST sticker, thank them and leave the house.
6. If the household member agrees to continue, the CST will note down then his/her name and phone number as the primary respondent and proceed with the rest of the household form questions (basic questions about vulnerability: Age breakdown of HH members (most important to obtain accurate information about number of individuals over 50 years of age); pregnant, hypertension, diabetes and COPD).

PVF Screening:

7. The CST will then screen each member with COVID-19 symptoms with the PVF screening form will need to be completed for each PVF.
8. At first, the CST will seek consent for PVF screening, if the person doesn't agree then the CST will end the PVF screening. If the person agrees, then the CST will continue with the PVF screening form. This PVF screening process will need to be repeated for each household member with COVID-19 symptoms.

***Consent Statement:** "We will ask simple questions about your health and measure your temperature using an infra-red thermometer. All of your data will be kept confidential under the Ministry of Health and Family Welfare of Bangladesh. Your data might be shared for telemedicine referral and other health-related research or services. You have the right to stop this interview at any point in time or refuse to give answers to any questions that make you uncomfortable.."*



Vulnerable Screening

1. If there is anyone over 35 years of age or if there is a pregnant woman, then please offer them health screening. Please start with the oldest household member.
2. The CST will explain why it is necessary to identify vulnerable people.
3. The CST will follow the App to fill up the first part of the health screening form.
4. Depending on whether the person has one or more declared health issues, the CST will seek consent to do a physical examination to help identify undiagnosed conditions (for example, if an individual says no or does not know about having high blood pressure, the CST will measure their blood pressure).

Consent Statement: Do you want to have a physical examination now, this will include you measuring your own waist and might include measuring blood pressure.

5. Once the person agreed to the screening process, please follow SOP 4 c_ on how to measure BP and SOP 4 d_ on how to measure waist circumference.

6. The CST will proceed to ask remaining questions on the screening form.
7. At the end of the screening form, the CST should ask for the respondent's name and phone number.

C. Steps to take for individuals identified as vulnerable:

For individual identified as Elderly, Diabetic, Hypertensive and COPD- provide counselling based on SOP 09 and refer them to CST telemedicine.

Pregnant women: Refer to SRHR telemedicine

D. Steps to take after PVF screening based on the screening result

1. Steps to be taken if PVF is identified as VVF:

- Please refer to SOP 5 Home Family Quarantine Support”. Support the VVF in maintaining quarantine for 14-days along with their entire households.
- Measure oxygen saturation levels and enter the level into the App. Take appropriate action based on the oxygen saturation levels.
- Connecting to the telemedicine doctor who will determine the severity of the VVF's symptoms. Depending on the severity, the doctor will recommend a course of action. (Refer to SOP 7: Dedicated Medical Guidance Call Centre for VVF). If it is not possible to connect to the doctor, the CST can leave the number with the VVF to call later. When connecting the VVF with a Telemedicine doctor CST needs to inform the doctor about this. Doctor will decide the severity of the case.
- Provide essential medicine and food support for low income households or arrange for these things to be procured by friends or neighbors.
 - a. The CST will teach the other members of the household on how to avoid direct contact with VVFs while still supporting and motivating the VVF fight against COVID-19. The CST will ensure that the neighbors will understand the role of the VVF in the fight against COVID 19 and are ready to help them.

- b. The CST will proceed to include information on all household members as per the app specifications (name, phone number, age, gender and relationship with the VVF). If another household member is showing COVID-19 symptoms and wants to be screened as a PVF, only then the CST will screen them as a PVF, otherwise only the information mentioned above needs to be collected for each household member.
- c. Carry out scheduled follow up visits to ensure adherence to proper quarantine, check if medicines or food is needed and to check if symptoms have worsened.
- At the 14th day of quarantine period, doctors from telemedicine will call VVF to find out the current status if no further sickness is in the household, they are all free to end isolation.

2. Steps to be taken if the PVF is identified as PVF with follow up

The CST will counsel them about monitoring symptoms very closely, and call the CST right away if the symptoms worsen

- a. The CST will share their phone numbers if they need further support and will advise of any follow up visits
- b. In any event, the CSTs will revisit him/her within two days to reassess their symptoms and start the whole screening processes again by following the relevant section in the App.
- c. The App will determine if the person is VVF, PVF with follow up or cleared PVF;
- d. If the app changes the status of the PVF with Follow-up to VVF, then the CST will follow SOP 5 as outlined above.
- e. If the app keeps the status of the PVF with follow up, the CST will ask the PVF to contact them if the symptoms worsen. If PVF doesn't contact the CST, CST does not need to visit the household further.
- f. Cleared PVF, the CST will follow the SOP 5 for these categories.
- g. The CST will advise the PVF with follow-up to call the CST immediately if symptoms worsen. The CST will always also advise the entire household to wear masks when going outside their homes and to request visitors to wear masks when visiting.

- h. If anyone in the family develops cough or fever, they may report again contacting their local CST or using 333 or 16263.

3. Monitoring VVFs and PVFs with follow-up:

- Monitoring visits will clearly schedule and are designed to:
 - a. check the health status of the household
 - b. check for compliance with isolation; this should include problem solving if the family are having trouble access food or medicines
 - c. Ensure that the family are not being subjected to stigmatization from neighbours.