

Guidance Note for Search and Rescue (SAR) Missions for COVID-19 Patients and Contacts in Disaster Affected Communities

2021



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Ministry of Health



Ministry of Defense

Guidance Note for Search and Rescue (SAR) Missions for COVID-19 Patients and Contacts in Disaster Affected Communities

Background:

With the impending threat of floods and landslides following the Southwestern monsoon and the escalating COVID-19 outbreak situation in Sri Lanka, the necessity for Standard Operating Procedures (SOP) to confront both crises simultaneously have been discussed. Hence, the Ministry of Health (MoH), along with their counterparts at Disaster Management Center (DMC) has already formulated an operational guideline for the camp management during COVID-19 Pandemic highlighting the additional measures to be followed during the rainy season and adverse weather events (Refer Annexure 1). Search and Rescue (SAR) teams may also be called upon to evacuate COVID-19 positive patients or their contacts currently under home quarantine to safety centers in case of natural disasters such as floods or landslides. Several challenges and broad issues that may need to be addressed have been identified during such an operation during the COVID-19 Pandemic as stated in the explanatory notes.

Objective

The objective of this document is to provide operational guidelines for the SAR missions for COVID-19 patients and contacts in disaster affected communities

Operational Guidelines for SAR in COVID-19

- I. Pre evacuation stage
 - a) Pre identify high-risk individuals and families within lockdown areas and evacuate them to safe shelters with isolation cubicles.
 - b) Coordinate between District DMC teams, area Medical Officer of Health (MOH), and the area Public Health Inspector (PHI) for pre-identification and prioritization.
 - c) Pre-identify infected individuals in possible inundation zone and evacuate them for treatment centers/Intermediate Care Centers (ICC) on a priority basis.
 - d) Liaise with the District DMC coordinator and the Regional Epidemiologist (RE) for operational requirements.
 - e) Identify a space for isolation of patients/ suspected patients within the safe shelter (As stipulated in the operational guidelines for the management of temporary shelters during COVID-19 outbreak)
 - f) Liaise between the DMC and the Medical Officer of Health for vaccination of SAR personnel in identified high-risk locations, depending on current vaccination priorities and availability of stocks.
 - g) Use the following demonstration on doffing and donning of PPE found at the following link to train SAR staff to familiarize with the process:
Sinhala
<https://drive.google.com/file/d/14hdZ48448-wJuIP4rUPFqsu8iu2NnFkG/view>
Tamil
<https://drive.google.com/file/d/1UF2HOaDZmPoeM2kvRTXJJHcUTuUfx5X-/view>
 - h) Wear appropriate PPE properly to protect SAR teams from minimizing the risk of contracting the disease. If a SAR team is transporting a patient in a boat or similar vehicle following PPE are recommended:
 - Surgical mask or N95 mask
 - Fluid resistant gowns Gloves
 - Eye protection (Face shield or goggles)
 - i) Pre-identify ICC/treatment centers in the potential inundation area and communicate the findings to the Regional Director of Health Services (RDHS).

- j) Discuss with the area Medical Officer of Health to decide on the possible relocation and prioritization of patients for transfer if relocation of the entire facility is not possible.
- k) Ensure that all SAR personnel are free from symptoms of COVID-19 and are not picked from service members who are under quarantine.

II. During the evacuation

- a) Ensure that all the COVID-19 positive persons and contacts should be wearing a facemask properly during the evacuation.
- b) Decide in consultation with the DMC and MoH on the minimum number of personnel required for a SAR mission in a lockdown locality without compromising the operational feasibility and safety.
- c) Pre identify ambulance staging area/ closest health institution for ambulances and line of communication in such eventuality.
- d) Evacuate all infected/suspected pregnant mothers as per the guidance provided by the Family Health Bureau and the Medical Officer of Health to a safer location/ ICC/treatment center.
- e) Request the services of the area Public Health Midwife (PHM) for the pre-identification and prioritization during the evacuation of pregnant mothers.
- f) Evacuate children as a critical priority. Always evacuate children along with parents or guardians, otherwise it could lead to separate/unaccompanied, missing, or orphaned children.
- g) Evacuate elderly and disabled persons awaiting transfer to a hospital or contacts being home quarantined on a priority basis depending on the operational factors and ground situation.

III. Post evacuation

- a) Ensure the availability of necessary supplies such as disinfection spray backpacks in addition to the mask, face shield, gloves, and hand sanitizers.
- b) Disinfect boats and other vehicles used for patient/suspected individual transportation after each operation.
- c) Get the advice of the Regional Epidemiologist to decide on the quarantine period in case any of the SAR teams had an actual or suspected accidental exposure.

Identification of a Welfare Center for Persons under Quarantine during a Natural Disaster

1. The Disaster Management officials, in consultation with the Regional Director of Health Services, Regional Epidemiologist, Medical Officer of Health, and the PHIs will assign one or more designated welfare centers for those who are under quarantine.
2. These shelters should be similar to a routine welfare center by all means except that strict perimeter protection will be ensured to prevent the mobility of those under quarantine with the support of the PHI and the Police of the area.
3. The government officials should register all persons upon admission to a center. The PHI and the Police should ensure that all registered persons remain within the welfare center premises throughout their quarantine period.
4. All other facilities available in a routine welfare center must be available in these centers as well (Refer Annexure 1).
5. The staff who are providing services such as food, water, and sanitation could enter the welfare centers for persons with persons who are undergoing quarantine wearing an adequate level of PPE.

Explanatory Notes

1) Broad issues to be considered

Figure 1 summarizes the broad issues discussed in this document.

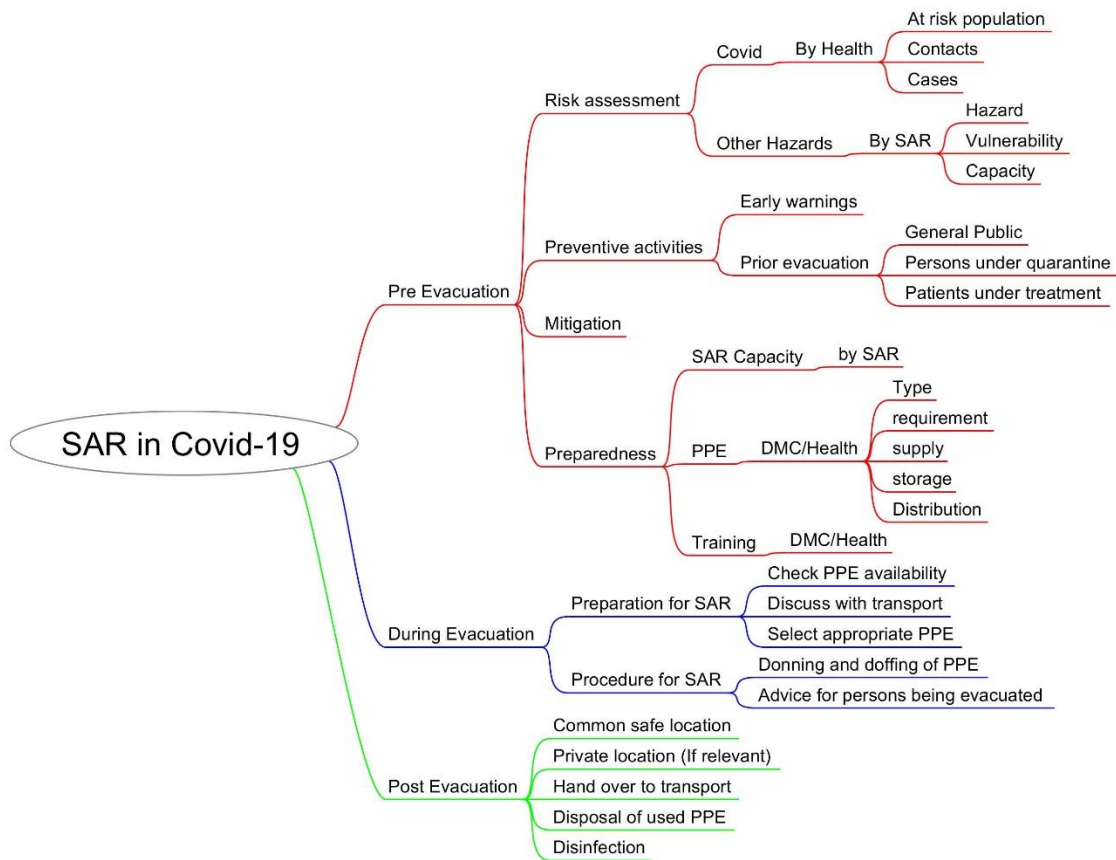


Figure 1: Issues to be considered during the SAR in COVID-19

SAR in COVID-19 could be considered as pertaining to the pre-evacuation, during the evacuation, and post evacuation stages. A risk assessment must be conducted during the pre-evacuation considering both COVID-19 and natural disease risk. The Regional Epidemiologist under the guidance of the Regional Director of Health Services should be consulted for COVID-19 risk assessment at the district level. The area Medical Officer of Health and the PHII should be consulted in carrying out a risk assessment at the MOH level. The risk assessment will take into consideration the at-risk population, cases, and contacts in the area.

The SAR teams should carry out the usual risk assessment for natural disasters using the hazard, vulnerability, and capacity of the team and the community considering multiple natural hazards in the area.

Adequate preventive activities must be carried out in the pre-evacuation stage. For example, it is essential that the natural disaster early warning reach all community members to get ready for the evacuation. It is always good to carry out prior evacuation of the general public, persons under quarantine, and persons under treatment in hospitals or those awaiting hospital admissions before the risk level demands the emergency interventions by the SAR teams. Measures to mitigate the risk should also be attempted if feasible during the pre-evacuation stage.

In preparation for SAR, the SAR capacity should be realistically assessed by the SAR teams themselves. In addition to the standard SAR equipment, the PPE required by the SAR teams must be identified, procured, distributed, and stored in strategic locations for the ready access by the SAR teams.

DMC and the Ministry of Health should train the SAR teams based on this document. In addition, the district, divisional, and community level disaster and health staff must be made aware of the arrangements stipulated in this document.

In case of an evacuation, the SAR team should get ready with the necessary equipment and supplies, emphasizing the PPE for COVID-19. It should be noted that SAR operations could be difficult wearing PPE. In addition, the selection and use of PPE should be based on the risk. The Guidelines Provided by the Ministry of Health should be used to determine the type of PPE which is elaborated later in this document. The staff involved in the SAR operations must be careful not only for the donning but also for doffing of PPE, as well as their safe disposal. It should also be noted that the key principles of humanitarian response, such as respect for the dignity of the persons being rescued, even if they are cases or contacts of COVID-19 patients, must be respected by the SAR team to the best of their ability. It is important that the equipment and vehicles such as boats and stretchers are properly disinfected as per the health guidelines.

After the evacuation, the COVID-19 patients should be properly handed over to the ambulance or suitable vehicle to transport the rescued persons. As per the direction of the Medical Officer of Health and the Public Health Inspectors, COVID-19 positive patients will be transported to an

appropriate treatment center. The rescued persons who are under quarantine will be directed to a designated welfare center exclusively identified to house families under quarantine.

2. Challenges

I. Pre evacuation stage

- a) Evacuation of families and individuals in lockdown areas/quarantined houses
- b) Evacuation of confirmed COVID-19 patients under home care
- c) Housing COVID-19 patients receiving home care at temporary shelters.
- d) Vaccination of targeted SAR personnel stationed in high-risk localities.
- e) PPE tailor made for SAR missions (not compromising safety)
- f) Pre identification of health institutions in probable inundation area

II. During the evacuation

- a) Search, rescue and evacuation of COVID-19 patients and their close contacts from inundated areas
- b) Transport of such individuals from a given location to a safer place.
- c) SAR of suspected/infected vulnerable groups (Pregnant mothers, Children, and elderly)

III. Post Evacuation

- a) Decontamination and disinfection of premises, equipment, and personnel
- b) Quarantining of exposed personnel
- c) SAR personnel rotation and minimizing repeated exposure.



Camp Management Guidelines During Covid-19 Pandemic

Additional measures to be followed during the
rainy season and adverse weather events in
2021



Ministry of Health



Ministry of Defense

Guidelines on additional measures, to be taken for camp management in the background of Covid-19 pandemic, during the rainy season 2020

Sri Lanka has taken numerous steps to prevent, mitigate, prepare and respond to the current pandemic of Covid-19.

Considering the fact that;

1. The global situation, the current level of the disease burden and the geographical distribution of cases in Sri Lanka, indicate that the pandemic is likely to continue at least for the next 2 – 3 months;
2. The inter-monsoon rains have started in April and the South-West Monsoon season is to start and continue from the month of May;
3. Landslides, floods and other related events are also likely to happen during this period as observed in the past;
4. Internal displacement of persons, to a varying degree, is also inevitable, following such events;
5. Covid-19 could be present in the host community and could be introduced into the camps and spread among inmates and supporting staff;

Following guidelines are issued, to be used in conjunction with the previous instructions in this regard, to facilitate the preparedness and response to any adverse events that may occur, during the rainy season.

Objectives

It is extremely important to be prepared, establish and manage, safe locations for internally displaced persons (IDPs) in a manner to;

1. prevent introduction of disease in to the camp and in to the host community,
2. prevent spread of the disease within the camp and in host community,
3. prevent the introduction and spread of the disease among Health Care Workers and other supporting staff,
4. diagnose and treat infected persons as early as possible,
5. keep the inmates and the host community, well informed of the risk.

Guiding Principles

All activities, aimed to achieve the above objectives are required to be carried out, under the following basic guiding principles:

1. Ensuring the availability of essential facilities without discrimination
2. Minimum inconvenience to the inmates
3. Ensuring the safety of supporting staff (both health and non-health)

Scope

1. These guidelines mainly address the issues and the changes required to carry out camp management, in light of the current pandemic of Covid-19 virus. Therefore, they should be used in conjunction with the previous instructions and guidelines, given to prepare and manage IDP camps during seasonal flood situations in the country, issued by the Ministry of Health and the agencies coming under the ministry, in this regard.
2. These guidelines do not cover the persons who live in their own dwellings, though affected by floods/landslides. Therefore, all instructions, already issued, in relation to such persons, both with regard to disaster management and COVID-19 management at community level, should be adhered to.

Guidelines

A. Measures to be taken in preparation for camp management

Following measures should be taken as early as possible, well before any disaster, so that response activities could be initiated in an organized manner.

- 1.** MOH and the Divisional Secretary should jointly prepare a map containing COVID related data, flood, landslide and other relevant data related to disaster. Relief Officer (Disaster Management) could be entrusted to this task.
- 2.** Using the above map as a guide, get the details of population data and other attributes to facilitate the identification of high-risk areas and populations, so that appropriate response could be initiated based on the risk.
- 3.** Using the above map and the data, pre-identify the right locations, with adequate space to accommodate IDPs maintaining the minimum physical distance. Details of the safe locations used in the past would also be helpful in this regard. Based on the number of persons who required accommodation in the past, and the space which was available in the safe locations, additional space need to be identified, either in the previously used locations or in new locations.
The general rule should be to double the standard minimal space required (3.5 m²): 7 m² per person.
- 4.** In addition to the routine preparations for IDP camps (e.g. toilets, water supplies etc.), arrangements should be made to ensure the availability, at a short notice, of additional items, specially required for Covid-19 related responses, such as:
 - i.** Face Masks (reusable cloth masks - 2 per person per week - would be sufficient for routine purposes)
 - ii.** Complete sets of Personal Protective Equipment (PPE) (consisting of, at least a coverall/gown, surgical face mask, hand gloves and an eye shield) to be used in the event of detecting a suspected patient and thereafter. Two sets of PPEs per camp would be sufficient, provided additional sets are available at divisional level (10% of the total estimated requirement for the division)
 - iii.** IR Thermometers to be used:
 - a. For initial screening of inmates
 - b. For daily fever surveillance
 - c. For screening of supporting staff and visitorTwo IR thermometers per camp would be ideal, but one per camp is good enough, provided replacements are readily available from divisional level in case of malfunctioning.

B. Measures to be taken during the establishment of camps

While taking all routine measures, in preparing the safe location, to accommodate IDPs, following extra measures should be taken, in the light of the current pandemic of Covid-19.

- 1.** Ensure maximum possible ventilation inside dwellings without compromising the protection from the extreme elements and the privacy of the inmates.
- 2.** Number of taps, showers, etc. should be doubled as a rule of thumb, wherever possible, to prevent overcrowding of persons at these points. However, extra attention should be given to increase the number of points of handwashing with availability of soap. A hand washing point should be established at the entrance to the camp, wherever feasible.
- 3.** All possible measures should be taken to protect the perimeter of the camp to prevent unnecessary movement of persons to and from the camp. Keep the number of entrances to the camp to a minimum, preferably a single entrance. It is also important not to block any doorways and gates identified as emergency exits.
- 4.** To facilitate tracing of contacts of Covid-19 cases (if found in the area), it is extremely important to maintain the record of the inmates including their dates of arrival and the date leaving the camp. Same information should be recorded in respect of staff and other visitors to the camp. This would avoid any inconvenience in tracing the contacts if the necessity arises.
- 5.** All camps should have at least a first aid box containing basic drugs and medical supplies required to treat minor ailments / injuries. If a separate room could be identified as a first aid room, this could also be used as an examination room for any mobile health clinic.
- 6.** Where ever possible allocate a room for isolation.
- 7.** It is extremely important to limit the total number of inmates that can be accommodated in a given safe location, according to the space available. A minimum of 7 square meters of floor area in dwellings should be available per person as a broad guideline. However, families could be accommodated together keeping a reasonable distance between family units.
- 8.** All inmates should be screened for fever, travel history, possible contact history with Covid-19 cases and any symptoms suggesting a respiratory infection by
 - i.** Interviewing briefly and
 - ii.** checking for fever by measuring temperature using an IR Thermometer, if available
- 9.** Ensure that all inmates are wearing a face mask. Reusable homemade face masks are sufficient for this purpose, provided they are properly washed and dried, before re-using.
- 10.** Health Education and proper instructions should be given to inmates on the very first day regarding the importance of:
 - i.** Keeping 1m distance from each other at all times, especially, in queues and other gathering areas such as washing, bathing dining and recreation areas.
 - ii.** Hand washing as frequently as possible
 - iii.** Proper wearing of face masks

- iv. Avoiding exposure to any element that may lead to flu like illnesses
- 11. Health education messages should be communicated using both audio and visual methods including frequent verbal announcements, display of posters etc.
- 12. All possible measures should be taken to make sure that minimal number of staff is working in contact with inmates. Other activities should be done in locations outside the areas where inmates are living. Arrangements should be made to limit entry of outsiders in to the dwelling areas.

C. Managing and maintaining camps

The following measures should be taken in managing and maintaining camps in addition to the Standard Operating Procedures and Guidelines already in place.

1. Maintaining of minimal physical distance among inmates,
2. Wearing face masks, at all times by the inmates, health care workers (HCW) and other supporting staff as well as the visitors
3. Hand washing should be monitored by the camp management, as frequently as possible. Everybody, including managing staff, visitors and returning inmates (those who would be allowed to leave the camp for essential purposes) should wash their hands with soap and water before entering the camp.
4. Health care workers may have to wear appropriate Personal Protective Equipment (PPE) if dealing with persons suspected of having Covid-19 infection.
5. A strong Symptom Surveillance System should be established inside the camp. For this purpose,
 - i. Fever should be checked by using an IR thermometer, if available.
 - ii. Staff member should visit all the families in the camp at least once a day and ask for;
 1. Fever,
 2. Cough,
 3. Difficulty in breathing,
 4. Runny nose,
 5. Sore throat,
 6. Body aches suggestive of Acute Respiratory Infection in respect of each and every member of the family.
 - iii. All staff members and visitors to the camp should be checked for fever using IR thermometer, if available.
6. Any person who is detected to be suffering from an acute respiratory tract infection, need to be handled as given in section D of the guidelines.
7. An extra effort should be made to ensure proper disposal of waste, including the disposal of used face masks, PPE, and any other clinical waste. Public health staff should monitor and supervise the entire chain of waste management, including that of clinical waste, if generated. It is important to note, that strictly adhering to the existing guidelines, on

waste management (Both solid and liquid as well as general and clinical waste), would be sufficient, in a camp of this nature.

- 8.** The entire camp site should be maintained at the highest level of cleanliness possible. General purpose disinfectants could be used to disinfect the common areas at least daily, and dwelling areas, every other day. It is important, not to use, any PPE intended to be used to handle suspected or confirmed cases of Covid-19, for routine spraying of disinfectants. General purpose PPEs, used to handle agro-chemicals, is sufficient for this purpose. Public health field staff would oversee the entire process of cleaning and disinfection.
- 9.** If a suspected Covid-19 case is found within the camp, special disinfection procedures should be followed using hypochlorite solution, and/or 70% alcohol, with the support and the guidance of the public health staff, as per the existing guidelines.
- 10.** Ensuring additional water supply, above the usual requirement, is essential, specially to cater the increased usage for hand washing and cleaning procedures. In situations where water supply is extremely limited, at least 30L per person per day should be available.
- 11.** With regards to the meals provided, cooked meals from outside would be the choice at the initial stage. Preparation of such meals should be done under the supervision of the field health staff. However, community cooking within the camp should be started as early as possible to reduce the risk of introduction of disease in to the camp from outside. If community cooking is practically not possible for any valid reason, supply of such food from a single source is encouraged.
- 12.** Sharing of cups, plates, spoons etc. should be restricted to family units at all times.
- 13.** Every effort should be made to restrict the number of supporting staff entering the camp. (permission granted only to those who perform essential functions inside the camp) Visitors to the camp should not be allowed at all times.
- 14.** Inmates of the camps should not be allowed to move in and out of camp unless it is extremely essential to do so. Their movements should be managed and recorded by the camp management to facilitate any future surveillance activities.
- 15.** Special attention should be made when managing donations and relief items. In the light of the current Covid pandemic, distribution of relief items needs to be strictly controlled, as any person carrying items into the camp would pose a risk of infection. Distribution of all non-essential items should be discouraged. All essential relief items should be taken over by the camp management (or preferably by the divisional staff) and distributed in an equitable and transparent manner among all inmates. Handing over of items by the donors directly to the inmates should not be allowed to minimize the risk.

D. If a suspected patient is found

Following measures should be taken if a person is found to be suffering from an Acute Respiratory Tract Infection. These patients could be found;

- i.** At the initial screening at the entry to the camp
 - ii.** During the symptom surveillance
 - iii.** During the screening of staff and visitors at the entrance to the camp
 - iv.** Self-reported persons
- 1.** All persons found to be suffering from Acute Respiratory Tract Infections should be notified to the Medical Officer of Health directly or through any of the field health staff. A register should be maintained of all such patients at the camp.
- 2.** All persons identified as above should be kept in isolation until seen by the health staff.
- 3.** Medical Officer of Health should assess all such patients either by himself or through another clinician or through trained field staff, according the latest guidelines, in order to identify any 'suspected case' of Covid-19 infection as defined in such guidelines.
- 4.** If a suspected case is found, the field health staff should handle them according to the latest guidelines given to them. All other patients need to be treated according to the clinical condition of the patient. This may include;
 - i.** Managing the patient in the camp as a minor ailment or
 - ii.** Refer the patient to the nearest hospital for further managementAssistance of 1990 Suwaseriya ambulance service could be obtained to transfer patients if they are severely ill.

E. Managing IDP camps found to have confirmed or close contacts of confirmed cases

Following measures should be taken

- i.** If a patient referred to the hospital is found to be positive for COVID 19 or
 - ii.** If a close contact of a confirmed case is found in the camp;
- 1.** The message should be communicated to the inmates of the camp and all possible measures should be taken to prevent any unnecessary panic among them. All support should be given to public health staff to identify immediate family members and other close contacts of the patient.
- 2.** Managers of the camp should support any quarantine, testing, isolation procedures that may be instituted by the public health staff. Additional protective measures should be taken under the guidance of the public health staff, at this point onwards.

3. Extra security and protection of inmates is required in such situations to prevent any unwanted movement of the people to and from the camp to avoid possible risk of spreading the disease.

F. Decommissioning of Camps

Decommissioning of camps should be done in a methodical way following the existing guidelines. Additional disinfection with general purpose disinfectants in the presence of owners/partners (ex. principals and parents of schools, priests and “Dayakas” of temples etc.) of the premises would reassure them further.