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Date) 11 .05. 2020

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Director General
Disaster Management Centre
Director
National Disaster Relief Services Centre

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

Attached herewith is a set of guidelines on additional measures, to be taken for camp management in the background of Covid-19 pandemic, during the rainy season.

As you are already aware, additional measures are required to be taken in managing safe locations for those displaced internally, in the light of the currently ongoing pandemic of Covid 19 infection. These guidelines are prepared to enable those who are supposed to manage these safe locations with the aim of preventing the disease in association with such safe locations.

Please be kind enough to disseminate these guidelines to all relevant stakeholders and instruct them to adhere strictly to them in consultation with local public health staff in order to ensure the stated objectives are achieved.


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Copies to:

1. All Deputy Director Generals
2. All Provincial Directors of Health Services
3. All Regional Directors of Health Services
4. Director NIHS
5. Chief Medical Officer of Health, Colombo Municipal Council

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 visitors

Two 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 records of inmates including their dates of arrival and the dates 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 a first aid box containing at least 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- 19cases 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.

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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, well managed 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 management

Assistance 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.