



GOVERNMENT OF KARNATAKA

No. HFW 109 ACS 2020

Karnataka Government Secretariat
Vikasa Soudha,
Bengaluru, dated: 17-04-2020

CIRCULAR

Sub: Definition of Containment Zone, Cluster and their management
S.O.P. reg.

Ref: Circular no. HFW 100 ACS 2020 dated: 11.04.2020.

This office has issued a Circular cited at reference above defining hotspot, containment zone and cluster. However, after detailed deliberations and careful consideration, it is felt that the definitions need modification for easier implementation of various lockdown measures and Covid-19 virus control strategies. **Therefore, the Circular cited above is withdrawn.**

I. Following are the **revised definitions** along with the detailed strategies for their management.

1. Containment Zone:

Containment Zone is a well-defined "area" around the residence of a novel Coronavirus – positive person where the most intensive measures to prevent the spread of viral infection need to be implemented. The "area" remains a Containment Zone till

- i. no new Covid-19 case is reported within 28 days of the last positive case of that area or
- ii. less than 10 primary and secondary contacts remain under active home quarantine (as earlier defined) in the Containment Zone.

The 'area' is defined as follows.

- a) For an **apartment complex** - the particular tower/block which has the residence of Covid – positive person. In case of single block apartments, it would be the entire apartment.
- b) For an **independent house/Villa**, an area of 100 metres with road / physical perimeter all around the house of Covid – positive person.
- c) For a **slum area** (notified or otherwise) an area of 100 metres around the house with road / physical perimeter which has the residence of Covid positive person.
- d) For a **rural area**, the complete habitation where the Covid - positive person resides or a smaller contiguous area as deemed necessary.

BBMP Commissioner/Deputy Commissioner of the district will delineate the "area" as defined above by identifying roads or other features for clear geographical segregation.

2. Buffer Zone:

Buffer Zone will be an area in a radius of 5 km for urban and 7 km for rural areas around the Containment Zone. Active surveillance and social distancing measures should be in place in the Buffer Zone to avoid spread of Covid-19 infection.

There will be an Intensive Buffer Zone of 1 km radius wherein house to house screening should be done.

When a Containment Zone turns normal due to non-reporting of any new Covid-19 case in that Containment Zone within 28 days of the declaration of that area as a Containment Zone or less than 10 contacts remaining under active home quarantine (as earlier defined) in the Containment Zone, the Buffer Zone shall turn into a normal zone.

3. Cluster:

Cluster refers to an aggregation of Covid – positive cases grouped together which are epidemiologically linked. The cases should be linked to a particular Covid – positive person wherein many such cases have occurred in a small area.



to a particular Covid – positive person wherein many such cases have occurred in a small area.

II. Standard Operating procedure in BBMP and urban areas

1. Incident Commander – Crisis Management Team

Once a Containment Zone is declared by the BBMP, the Commissioner should appoint an Executive Magistrate or a Class I officer entrusted with magisterial powers as Incident Commander for each Containment who will be responsible for the overall management of the Containment and Buffer Zone surrounding it. In cases of non-BBMP areas, the Deputy Commissioner should appoint an Incident Commander for each Containment Zone and Buffer Zone as above. The SOP that is being designed for the Containment Zone will be replicated in the Cluster.

The Incident Commander in the BBMP area should be a senior or Junior Class-I officer of BBMP entrusted with Magisterial powers exclusively appointed for this purpose. In case of non-BBMP urban areas, the Deputy Commissioner can appoint a taluk level/district level officer as the Incident Commander for one or more Containment Zone.

All decisions relating to management of the Containment Zone is the responsibility of the Incident Commander, including determining the exact boundaries under guidance of the BBMP Commissioner/ Deputy Commissioner of the district. Day to day management would be the prerogative of the Incident Commander, subject to directions of the Government. The boundaries of the Containment Zone must be clearly demarcated and the main entry and exit points to the Containment Zone need to be identified.

An Incident Command Centre would need to be established in the vicinity of the Containment Zone from which the Incident Commander will operate. The Incident Command Centre shall have a centralized control room under the supervision of the Incident Commander with police, municipal and health authority representatives assigned to the control room. It should be a 24x7 centre with basic amenities for the personnel manning it. BBMP/municipality should provide all facilities for the smooth operation of the command centre.

Special teams to implement the containment in the Containment Zone need to be formed. Mobile teams to enforce the lockdown in the Containment Zone have to be put in place by the Incident Commander. An assessment of persons in the Containment Zone requiring special needs (pregnancies, cardiac patients etc) would need to be undertaken with the help of local associations in order to cater to their needs in times of emergency. The Joint Commissioner of the respective BBMP Zones/Chief Officer of the urban municipality should provide all assistance/support to the Incident Commander for smooth discharge of her/his duties, including deputing staff as required.

2. Complete seal down – Role of Police

The Containment Zone would have to be cordoned off by hard barricading of all its entrances by the Police. The Containment Zone would not entail any person coming out of the Containment Zone for any purpose. There would be only one entry and exit for each Containment Zone. No private vehicular traffic would be allowed inside or outside the Containment Zone area. It would be the responsibility of the police to ensure that there is complete sealing of the area.

Further, complete curfew management would need to be undertaken by the Police. Essential services and medical emergencies would need to be allowed by the Police with issuance of emergency passes. Use of technology to enforce the seal down would be required. Drones could be effectively used in the Containment Zones to ensure a total lockdown.

3. Health Department – Responsibilities

State Health Department and urban body health officials shall jointly undertake surveillance and preventive activities. Health outpost to be established in such a Containment Zone with a doctor and sufficient field staff to do health screening twice a day apart from an intensive IEC campaign.

Contact tracing and tracking as per protocol needs to be undertaken. Immediate shifting of high risk (primary) contacts to

institutional quarantine and subjecting low risk (secondary) contacts to home quarantine needs to be done. In slum areas due to paucity of space, effective home quarantine cannot be followed for low risk contacts also. Therefore, such contacts also may be shifted to institutional quarantine for slum areas. The Health team will be responsible for the testing of high risk and low risk contacts by drawing swab samples as per protocol. Rapid anti-body tests to rule out any community spread need to be undertaken when deemed fit by BBMP Commissioner/DC of the district.

Health profiling of entire population to find Influenza like Infections (ILIs) or Severe Acute Respiratory Infection (SARI) cases or any symptoms resembling COVID-19 and treating them should be undertaken on priority. The team would need to advise the strictest form of social distancing in such area under the guidance of the Incident Commander. The Health Department would facilitate or provide masks and other materials that help in the quarantine and social distancing measures.

The health-related activities will be undertaken under the overall supervision of the Incident Commander.

4. Responsibility of Municipal Authorities

The BBMP/Municipal Authorities would be responsible for maintaining overall sanitation in the Containment Zone. Daily solid waste management (including bio medical waste) as well as spraying of disinfectants should be undertaken in the Containment Zone. Adequate provision of drinking water in cases of shortage of water supply would need to be undertaken. This could also entail house to house provisioning of essential supplies, services and water. Food packets and ration to the needy should also be undertaken by the BBMP/municipal authorities as per the requirement. All municipal staff would be allowed in the Containment Zone with valid municipal / government identity cards for the above purposes.



5. Essential Supplies Management

Since the Containment Zone area would be completely sealed down with no movement of people outside their houses even for basic necessities like groceries, meat, milk, LPG and medicines, the Police should provide for entry and exit passes for providers of such services to supply essential commodities/services within the Containment Zone. The local police station nearest to the Containment Zone should provide emergency services passes so that there could be uninterrupted supply of essential goods and services to the Containment Zone. All essential supply shops like groceries, meat, milk, medicines, LPG would be closed in the Containment Zone. Provision of ration by Fair Price Shops to the doorstep of the ration card holder would also need to be undertaken.

III. Standard Operating procedure in the rural areas

1. Incident Commander – Crisis Management Team

Once a Containment Zone is declared by the Deputy Commissioner, the Deputy Commissioner will appoint an Executive Magistrate as Incident Commander for each Containment Zone responsible for the overall management of the Containment Zone and Buffer Zone surrounding it. The Deputy Commissioner should appoint an Incident Commander for each Containment Zone. The boundaries of the Containment Zone must be clearly demarcated and the main entry and exit points to the Containment Zone need to be identified. In case of a village, the entire habitation or a smaller contiguous part as determined would need to be cordoned off.

All decisions relating to management of the Containment Zone is the responsibility of the Incident Commander, including determining the exact boundaries under guidance of the Deputy Commissioner of the district. Day to day management would be the prerogative of the Incident Commander, subject to directions of the Deputy Commissioner.

An Incident Command Centre would need to be established in the vicinity of the Containment Zone from which the Incident Commander will operate. The Incident Command Centre shall have a centralized control room under the supervision of the Incident Commander with police,

panchayat and health department representatives assigned to the control room. The PDO and local panchayat officials should provide all assistance to the Incident Commander to perform his duties as per this circular.

2. Complete seal down – Role of Police

The declaration of the habitation as a Containment Zone would not entail any person coming out of their house for any purpose. The entire habitation would have to be cordoned off by hard barricading to all its entrances by the Police. There would be only one entry and exit to the entire habitation. No private vehicular traffic would be allowed inside or outside the Containment Zone area. It would be responsibility of the police to ensure that there is complete sealing of the area.

3. Health Department - Responsibilities

The district health officials will be responsible for surveillance and preventive measures in the Containment Zone. A Health outpost is to be established in such a zone with a doctor and sufficient field staff to do health screening twice a day apart from an intensive IEC campaign.

Contact tracing and tracking as per protocol needs to be undertaken. Immediate shifting of high risk (primary) contacts to institutional quarantine and subjecting low risk (secondary) contacts to home quarantine needs to be done. In densely populated areas due to paucity of space, effective home quarantine cannot be followed for low risk contacts also. Therefore, such contacts also may be shifted to institutional quarantine for densely populated areas.

The Health team will be responsible for the testing of high risk and low risk contacts by drawing swab samples as per protocol. Rapid anti-body tests to rule out any community spread need to be undertaken when deemed fit by DC of the district. Health profiling of entire population to find Influenza like Infections (ILIs) or Severe Acute Respiratory Infection (SARI) cases or any symptoms resembling COVID-19 and treating them should be undertaken on priority. The team would need to advise the strictest form of social distancing in such area under the guidance of the Incident Commander. The Health Department would

facilitate or provide masks and other materials that help in the quarantine and social distancing measures.

4. Responsibilities of the Gram Panchayat

The Gram Panchayat Authorities would be responsible for maintaining overall sanitation in the Containment Zone area. Daily solid waste management as well as spraying of disinfectants should be undertaken in the Containment Zone area. Adequate provision of drinking water in cases of shortage of water supply would need to be undertaken. This could also entail house to house provisioning of essential supplies and services. All panchayat staff would be allowed in the Containment Zone with valid government panchayat identity cards for the above purposes. Gram Panchayat should provide all facilities to set up and smooth operation of the command centre.

5. Essential supplies Management

Since the Containment Zone area would be completely sealed down with no movement of people outside their houses allowed even for basic necessities like groceries, meat, milk and medicines, the police should provide for entry and exit passes for providers of such services to supply essential commodities/services within the Containment Zone. All essential supply shops like groceries, meat, medicines would be closed in the Containment Zone. Provision of ration by Fair Price Shops to the doorstep of the ration card holder would also need to be undertaken.

However, agricultural activity/operations should be allowed for asymptomatic and healthy persons to continue in the Containment Zone area with necessary social distancing measures and compulsory wearing of protective masks.

IV. Buffer Zone Management:

1. **The Incident Commander** appointed for the Containment Zone will be given the responsibility of managing the Buffer Zone also. He can use the same set up to monitor it.




2. **Partial Lockdown- Role of Police:** The social distancing measures in the area around the Containment Zone with restricted movement of public needs to be ensured by the police. No public function or gathering should be allowed.

3. Health Department:

- a. Active and effective surveillance by health staff to find ILIs & SARI cases and refer them to Fever Clinic or Isolation hospital as the case may be.
- b. Each surveillance team to cover minimum 50 houses each day and all houses to be covered in a day for health status.
- c. Enforce social distancing and usage of masks in public places.

Appropriate protective gear including gloves, masks and hand sanitizers (PPEs, if required as per HFW guidelines) should be provided by the BBMP/Deputy Commissioner in order that the teams can effectively perform their responsibilities.


(T.M. VIJAY BHASKAR)
Chief Secretary to
Government of Karnataka

To:

- 1) Commissioner, BBMP
- 2) All Deputy Commissioners
- 3) Commissioner, HFWS
- 4) Mission Director, NHM
- 5) Director, HFWS
- 6) Director, Medical Education.