GUIDELINES FOR GOVERNMENT ESTABLISHMENT IN THE MANAGEMENT OF COVID-19 CASES

I. Role of Departments
a) Every Government Department/Administrative unit should designate a Nodal Officer (for COVID-19 infection control) who will be trained in contact tracing and classifying the High Risk and Low Risk Contacts by State or District IDSP unit.
b) Every District shall designate a Medical Officer who will be responsible for Government Offices. The Officer shall be different from the District Surveillance Officer.
c) District Surveillance Unit of East Khasi Hills shall designate a separate Medical Officer for managing large establishments like Secretariat. The Medical Officer shall liaise with the Nodal Officer of the Departments for guidance on contact tracing, Testing, etc.
d) The service of the identified Medical Officer shall also be utilized for training of all the Department staff in Behaviour Change Management.

II. Detection of Cases
When one or few person(s) who share a room/close office space is/are tested positive or found to be suffering from symptoms suggestive of COVID-19:

a) Place the ill person in a room or area where they are isolated from others at the workplace. Provide a mask/face cover till such time he/she is examined by a doctor. Immediately inform the nearest medical facility (hospital/clinic) or call the State or District helpline.
b) A risk assessment will be undertaken by the designated public health authority (District RRT/Designated Health Officials) and accordingly further advice shall be made regarding management of case, his/her contacts and need for disinfection.
c) The rapid response team of the concerned district or the trained Nodal Officer of the respective Department shall undertake the listing of contacts.
d) If the patient is Positive, the necessary steps for contact tracing and disinfection of work place will start immediately.

III. Classification of Contacts
The contacts will be categorized into High Risk Contacts and Low Risk Contacts by the District RRT/designated public health authority as detailed below:

A. High-Risk Primary Contact
   a) Share the same space (worked in the same room) in the work place and came in close proximity (within 1 metre) of the confirmed case without precautions for a significant time.
   b) All those who travelled (for significant time) in close proximity (within 1 metre) in a conveyance vehicle without adequate precautionary measures with a symptomatic person who later tested positive for COVID-19.

B. Low-risk contact
   a) Those who do not have direct exposure and contact with a Positive case.
   b) All secondary contacts who may have come in contact with a High Risk Primary Contact.
c) Those who have low risk exposure (wearing mask, maintaining physical distance and hand hygiene) while contacting/communicating with the positive case.

IV. Testing and Quarantine

a) All High Risk Contacts will be tested as per the State Protocol. If a High Risk Contact tests Negative, they will be required to quarantine themselves at home or at an institution (if independent room at home is not available) for a period of 7 (seven) days as per protocol for Government employees. If any symptoms develop during this period, even if mild, it should be reported to 108 or local public health authority. If a High Risk Contact tests Positive, his/her case will be managed as per the existing protocol.

b) Low risk contacts do not need to be tested. This includes all secondary contacts of the high risk contact who tested negative. They can continue to work and closely monitor their health for next 14 days. Only those secondary contacts of any such High Risk Contact who has tested Positive will require testing and quarantine as outlined in paragraph IV (a) above.

V. Closure of Work Place

a) If there are one or two cases reported, the disinfection procedure will be limited to places/areas visited by the patient in past 48 hrs. There is no need to close the entire office building/hold work in other areas of the office and work can be resumed after disinfection as per laid down protocol.

b) However, if there is a larger outbreak as assessed by the designated medical officer, the building/block/floor will have to be closed for 48 hours or longer as may be assessed by the Medical Officer and follow containment measures as recommended. All the staff will work from home, till the building/block/floor is adequately disinfected and is declared fit for re-occupation.

This issues with the approval of Chief Secretary.

Sd/-

(Sampath Kumar, IAS)
Commissioner & Secretary to the Government of Meghalaya,
Health & Family Welfare Department.
Memo No. Health.83/2020/56-A  
Dated Shillong, the 17th September, 2020.

Copy to:
1. The Secretary to the Governor of Meghalaya for kindl information of Governor.
2. PS to the Chief Minister, Meghalaya for kind information of Chief Minister.
3. PS to the Deputy Chief Minister, Meghalaya for kind information of Deputy Chief Minister.
4. PS to the Minister, Health & Family Welfare Department, Meghalaya for kind information of Minister.
5. PS to all Ministers, for kind information of Hon’ble Ministers.
6. PS to Chief Secretary to the Government of Meghalaya for kind information of Chief Secretary.
7. The Additional Chief Secretary/Principal Secretaries/Commissioner & Secretaries/ Secretaries of all Departments, Government of Meghalaya.
8. Mission Director, National Health Mission, Meghalaya, Shillong.
9. Director of Health Services (MI)/(MCH&FW)/(Research), Meghalaya, Shillong.
10. The Director of Information & Public Relations, Meghalaya, Shillong for wide circulation in the print and electronic media of the State.
11. The Deputy Commissioner,
12. All Administrative Departments/Heads of Departments

   By Orders, etc.,

   (Joint Secretary to the Govt. of Meghalaya, Health & Family Welfare Department.)