

**Action Plan for a Community Based Response to COVID 19 in the population severely and moderately affected by the Union Carbide disaster in Bhopal.**

**A. The following are the Objectives of this Action Plan**

1. To reduce deaths caused by COVID-19
2. To reduce load on hospitals
3. To slow down spread of infection

**B. The following are the Aims of this Action Plan:**

1. Increase awareness regarding protection from and care of COVID-19 patients
2. Provide facilities for implementing of protection measures.
3. Provide screening and testing facilities to persons in high risk category\*
4. Provide medical care, food and other immediate needs of persons in high risk category and those with special needs.
5. Provide facilities for home & community quarantine

**C. The following activities are proposed under this Action Plan**

**1. Effective communication for raising awareness and allaying apprehensions.**

1.1. To reach an information leaflet in Hindi and Urdu stating the following

- a. The District Admin and State Govt is aware of the increased vulnerability of Bhopal Gas Victims and is making special efforts to provide assistance towards protection and care.
- b. The authorities have earmarked the 50 bed PMC centre as a exclusive centre for medical attention to gas victims with COVID-19.
- c. That authorities have decided to provide special assistance to begin with in the severely and moderately affected populations.
- d. The special assistance will be provided through help centres set up close to the affected localities, 3 in each ward.
- e. The authorities are carrying out this plan with help of NGOs and they welcome the voluntary participation of the members of the local community.
- F. The authorities assure the community that no one would be tested or moved from their homes without their informed consent.
- G. Special efforts have been made to record & redress public grievances in this regard and a special helpline is created.

1.2 To use social media and local TV channels to communicate the following messages:

- a. That it is possible to face the Novel Coronavirus with proper information and thoughtful response.
- b. Participation of all is key to the wellbeing of one
- c. Protection from the spread of Coronavirus is within everyone's reach
- d. One needs to be beware of false information particularly with regard to protection from and treatment of COVID-19 particularly those on WhatsApp.
- e. That there are several opportunities for young people and others to volunteer in facing the challenge of the Pandemic.

**2. Prompt and focused help through 21 Help centres in 7 Municipal Wards (1984) identified to be severely and moderately affected by the December 1984 Union Carbide disaster.**

- 2.1 Provide medical care to those with diagnosis of DM, HTN, Dialysis, Cancer, COPD & TB in the community. These persons would be identified from records provided by, to begin with Sambhavna Trust Clinic & BMHRC, NIREH & state run gas relief hospitals as they are made available on priority.
- 2.2 Provide screening through measurement of temperature with thermal scanner and oxygen level in blood through pulse oximeter for those in need of testing and or special care.
- 2.3 Provide facilities in the community through mobile teams for sample collections from persons in different risk categories.
- 2.4 Provide support to persons who need quartining in their homes and if that is not possible in community based quarantine facilities.
- 2.5 Provide food to those in need.
- 2.6 Provide assistance to persons needing special attention such as pregnant women in their last trimester or people with disabilities.
- 2.7 Provide transport and referral facilities for prompt medical care.
- 2.8 Ensure safety and well being of all persons involved in COVID-19 response.

**3. Quarantining of persons with symptoms of COVID-19**

- 3.1 Persons will be quarantined within the community based on the work of Point 2.2 above either in their homes (where possible) or in quarantine facilities set up near the community.
- 3.2 It is advisable that tents are set up on open grounds with adequate protection from the elements and provision of food, drinking water & primary care at these facilities.
- 3.3 Arrangements must be made for PPE of all personnel including volunteers working in the community quarantine facilities.

**4. Treatment and care of persons with COVID-19.**

- 4.1 To the extent possible common complaints such as cough, dry or productive, fever, loose motions, pain in throat, headache and others could be treated with appropriate symptomatic and supportive medicines.
- 4.2 It must be ensured that systems are put in place for no delay communication in cases of aggravation of symptoms despite treatment.
- 4.3 Basic facilities for providing oxygen should be available at the community quarantine facilities
- 4.4 There must be facilities for safe and quick transportation to appropriate facility for prompt treatment.

## D. Persons in different risk categories

Risk Category*	Age	History of Gas Exposure	Comorbidity
Highest Risk	>60yrs	Yes	DM, HTN, Dialysis, Cancer, COPD, and other Respiratory diseases, Cardiac & Kidney ailments
High Risk	<60yrs	Yes	DM, HTN, Dialysis, Cancer, COPD, and other Respiratory diseases, Cardiac & Kidney ailments
High Risk	>60yrs	Yes	None
Moderate Risk	>60yrs	No	DM, HTN, Dialysis, Cancer, COPD, and other Respiratory diseases, Cardiac & Kidney ailments
Above Average Risk	>60yrs	No	None
Above Average Risk	<60yrs	No	DM, HTN, Dialysis, Cancer, COPD, and other Respiratory diseases, Cardiac & Kidney ailments

## E. Special Help Centres (Vishesh Sahayata Kendra)

It is proposed that the different activities listed from 2.1 to 2.8 are carried out through 3 Special Help Centres (Vishesh Sahaayataa Kendra) each for the Municipal Wards categorized as severely and moderately affected by the ICMR in 1984.

Each SHC will have 7 teams with 10 team members in all. 2 out of the 10 members in each team would be from NGO's. It would be good to induct two members from the locality into the team. Members of the team could be drawn from BMHRC, BGTRRD run healthcare centres, NIREH and others. The physical location of SHC should be so distributed that people in different areas have equal access. The demarcation of population under a specific SHC has to be very clear.

Name of Team	Team Composition	Work Responsibility
Medical Care	1 Doctor, 1 Paramedic & 1 Assistant	2.1
Screening Team	2 paramedic	2.2
Sample Collection Team	As per Govt Norm	2.3

Quarantine	2 Field Worker	2.4
Food & Special Assistance	1 Field Worker	2.5 & 2.6
Transport & Referral	1 Field Worker	2.7
Safety & Wellbeing Team	1 Field Worker	2.8

## **F. Resources**

1. Information on the most vulnerable person to be made available from Sambhavna Trust Clinic & BMHRC, NIREH & state run gas relief hospitals at the earliest.
2. Software for entering data in android devices and facility for real time response before the end of day.
3. This Action Plan to be executed in 7 wards (2 severally affected & 5 moderately affected). A total of 3 help desk/ward and each help desk will have a team of 10 members. A total of 210 personnel are needed to carry out this action plan. 21 doctors, 21 paramedic & 126 field workers. Sambhavna will provide 4 paramedics & 30 field workers
4. Equipment Needed: Thermal Scanners-21, Pulse Oximeter: 21, Glucometer-21, BP Instrument: 21, PPE (Personal Protection Equipment) for all health workers.
5. Arrangements for Ambulances for transport of vulnerable patients to COVID-19 centres or for their chronic care
6. Arrangement for food donors & Tent associations for Tent & Beds needed for community based quarantine facilities
7. Medical consultation from voluntary doctors through video conferencing

## **G. NGO's offer to provide**

1. Qualified and trained human power
2. Contact with medical & other professionals
3. List of several thousands residents of the severally & moderately affected wards with specific co morbidities
4. Training & Research Support
5. Designing online & offline formats and database support
6. Developing social media content