

Oral Rehydration Points (ORPs): Planning and Guidance

Preface: Community Hydration Strategies

A comprehensive strategy for cholera treatment includes not only establishment of Cholera Treatment Centers (CTCs) and Cholera Treatment Units (CTUs) but also support of community services to provide early rehydration when distance, safety, or other barriers limit immediate access to a hospital or cholera treatment facility. Community health workers (CHWs) or nurse auxiliaries trained in important aspects of cholera treatment can play a crucial role in increasing access to early rehydration, which is critical for preventing the progression to moderate and severe dehydration and, thus, saving lives. The following CHW activities should be developed depending on resource availability:

1. **Distribution of commodities:**

CHWs can distribute sachets of oral rehydration salts (ORS) and water treatment supplies to community members from any fixed point in the community.

2. **Mobile Community Rehydration and Education:**

CHWs can visit the homes of ill community members, assist with the proper water treatment and preparation of ORS solution, and provide education on sanitation, rehydration, and the importance of promptly seeking treatment from a treatment facility.

3. **Establish an Oral Rehydration Point (ORP):**

One to two CHWs or nurse auxiliaries can staff a fixed ORP established and overseen by the referral cholera treatment facility or the facility's managing non-governmental organization (NGO) partner in coordination with the local or departmental Ministry of Public Health and Population (MSPP). The CHW(s) or nurse auxiliaries initiate hydration, carry out infection control, refer patients for treatment (including procurement of transport if available), and provide cholera education to patients and community members.

The necessary training for these activities is included in the CDC *Haiti Cholera Training Resources: Community Health Worker Materials*.

The following document will provide additional guidance to organizations operating cholera treatment facilities for setting up ORPs in their catchment area.

Introduction

Oral Rehydration Points (ORP) are community level sites that provide rapid access to oral rehydration salts (ORS) solution in communities. ORPs are usually staffed by community health workers (CHWs) or nurse auxiliaries who are trained on important aspects of cholera management, have access to a water source, and are provided regularly with supplies for making water safe to drink, ORS sachets, and other commodities. ORPs should refer all ill patients to a nearby cholera treatment facility: Cholera Treatment Centers (CTCs), Cholera Treatment Unit (CTUs), or any health facility capable of providing IV hydration. Training, coordination, and restocking of supplies should be done by the referral cholera treatment facility or the implementing partner organization. To ensure rapid access to oral rehydration, ORPs should be established in locations that are easily accessed by all persons (for example within one hour walking). A successful model in a rural area may be to establish a cholera treatment facility centrally with ORPs in each of the villages in the facility's catchment area. ORPs should be open at least 12 hours per day; rural ORPs without a nearby cholera treatment facility may need to be open overnight. If circumstances require, ORP staff may need to visit ill patients in the home if travel to a distant cholera treatment facility is not feasible (nighttime or poor security) or impossible (handicapped patient, bad weather, or flooding).

A. Objectives

ORP objectives:

1. To distribute ORS sachets and water treatment products to make water safe for mixing ORS
2. To educate patients on the proper preparation of ORS solution
3. To initiate hydration of patients and to refer them to the nearest cholera treatment facility for treatment

B. Setting up an ORP Network

Any area without easy access to a health facility or designated cholera treatment facility should have an ORP. ORPs should be set up depending upon the population density and needs:

- Cities/dense populations:
 - 5-10 ORPs per cholera treatment facility are recommended
- Rural/scattered populations:
 - One ORP per village is recommended
 - Each person should have access to an ORP **or** to a CHW distributing supplies within one hour of walking

Choice of ORP Locations

The location of an ORP should be chosen by community members and could be an existing dispensary (outpatient clinic), a local shop, school, church, or other community space.

Other considerations include:

- The ORP should have access to a nearby water source (which can provide a minimum of 10L/patient/day)
- The ORP should have a latrine or an area where a latrine could be constructed
- If outdoors, the ORP should have a tarp shelter
- If the ORP is part of or adjacent to an existing dispensary, the ORP should be separated from other patient care areas
- The ORP should have a sign or colored flag which clearly indicates that the place is an ORP

Flexibility of Locations and Reassessment of Needs

Ideally, the cholera treatment facility will help determine the locations of the ORPs within its respective catchment area in collaboration with MSPP and other partners. As the outbreak progresses, ORP locations should be adjusted depending on the needs of affected communities as determined by MSPP and their partners. For example, if a cholera treatment facility notes that a disproportionately large number of patients from a particular area are dying within the community or soon after arrival to the cholera treatment facility, this could indicate inadequate access to care. In such a situation, the cholera treatment facility should establish or shift ORPs to provide better coverage of that area.

Flow of Communication and Supplies

The central cholera treatment facility or implementing partner organization should oversee the ORPs that refer patients to them and should coordinate communication with MSPP. Each ORP should have a designated cholera treatment facility to which they refer patients. Case count and supply needs should be reported to the central cholera treatment facility daily. The cholera treatment facility is responsible for ensuring that the ORPs it oversees have adequate supplies and are resupplied regularly.

Mobile ORPs

In extremely rural areas, mobile ORPs may be useful. The objectives of mobile ORPs would be limited to distributing ORS sachets or household water treatment products to ill persons, preparing ORS solution for ill persons, and providing education to ill persons and community members. These CHWs may travel on foot, motorcycle, bicycle, or by other means to carry out household visits for ORS distribution.

C. Requirements for ORP Set-up

Logistical Considerations

Every ORP should have trained personnel, designated space, supplies, a latrine, areas for disposal of liquid and solid waste, established infection control and waste management procedures, and a mechanism for patient record keeping and monitoring and evaluation.

Table 1: Personnel and Supplies

Personnel
<ul style="list-style-type: none">• 1 or 2 CHWs or nurse auxiliaries• One person responsible for cleaning/disinfection
Supplies
<i>Safe Water and ORS Solution Preparation</i> <ul style="list-style-type: none">• ORS Sachets• Chlorine tablets or other products for water treatment• 20-liter closed containers with taps• 1-liter containers for measuring• Cups and spoons• Table
<i>Cleaning and Disinfection</i> <ul style="list-style-type: none">• Soap• Non-latex disposable gloves and rubber gloves• Chlorine bleach and/or chlorine granules• Rubber boots• Mop and bucket• Separate basins for handwashing and dishwashing• Cloths for cleaning
<i>Patient Care Materials</i> <ul style="list-style-type: none">• Chairs• Buckets to collect feces and vomit
<i>Other Materials</i> <ul style="list-style-type: none">• Tarp, poles, and rope (if the site is outdoors)• Cell phone and airtime• Logbook• Pens• CDC Haiti Cholera Training Resources: <i>Community Health Worker Materials</i>• Educational materials

When creating the layout of an ORP, separate areas for water treatment, ORS preparation and patient observation with adequate sanitation, hygiene and waste disposal should be maintained. A suggested layout for an ORP is included in the Annex.

Table 2: Infection Control and Waste Management Procedures

Infection Control
<ul style="list-style-type: none">• Wash hands with soap or chlorine solution (0.05%) before and after each patient interaction• Wear rubber gloves when making chlorine solutions and when handling vomit or feces• Fill buckets used to collect feces or vomit with 2% chlorine solution to the depth of 1 cm• Disinfect the ORP shelters, chairs, and floor at least twice each day with 0.5% chlorine solution
Waste Management
<ul style="list-style-type: none">• Vomit and feces should be discarded in a latrine or pit dedicated for this purpose• Disinfect the area surrounding the latrine or pit with 2% chlorine solution twice each day

Record Keeping and Reporting

Each ORP should record the following information (listed in order of priority) about each patient in the logbook:

1. Patient name
2. Village, locality, section, commune
3. Age (<5 years, ≥5 years)
4. Time traveled and by what mode of transportation
5. Number of ORS packets and chlorine tablets provided
6. Action staff took (for example: provided ORS sachets, provided prepared ORS solution)
7. Outcome (for example: patient went to cholera treatment facility, went home, or died at the ORP)

Ideally, these data should be reported to the referral cholera treatment facility on a daily basis.

D. Staff Responsibilities and Training

CHW responsibilities at the ORP site will include patient and family education, preparation of safe water, safe water storage, preparation of ORS, initiation of hydration, referral for treatment, and cleaning and disinfection. While the complete CDC *Haiti Cholera Training Resources: Community Health Worker Materials* (referenced below) should be used for CHW training, the following modules are pertinent to ORP operation specifically:

- Module 2: What You Need to Know about Cholera
- Module 3: Decision Making Guide for Taking Care of People with Watery Diarrhea
- Module 4: Proper Hand Washing Techniques
- Module 5: Preparing ORS
- Module 6: Preparing Safe Water with Aquatabs®
- Module 9: Safe Water Storage
- Module 11: Safe Sanitation and Cleaning

Reference

Centers for Disease Control and Prevention 2010. *Haiti Cholera Training Resources: Community Health Worker Materials*. Available at: http://www.cdc.gov/haiticholera/training/chw_materials.htm.

Appendix:

Suggested ORP Floor Plan

