

COVID 19 AND THE ROLE OF RURAL FUNCTIONARIES

Resource Book of GoI & Govt.of Uttarakhand Advisories for Indian Villages



**Dr. R. S. T. Uttarakhand Academy of Administration,
Nainital**

'For the Corona Warriors '

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FORWARD



The outbreak of COVID19 requires an effective knowledge based response from government officials trying to prevent its escalation in the rural areas. With the country entering into the phase of Unlock1, it is important that relaxation is done in a systematic manner so that lives and livelihood of the villagers may be protected. The return of migratory workers back to their native towns and villages has further exacerbated the problem and also has put an added responsibility on the rural functionaries.

Government of India and the State of Uttarakhand have published through its various Ministries various guidelines, advisories and protocols in order to support and guide the PRI officials, elected representatives and other rural area functionaries to mitigate the impact of Covid19 in the villages.

In order to bring about synergy and better coordination between the officials working in various departments in the villages Dr R S Tolia Uttarakhand Academy of Administration has compiled the above guidelines and collated them into various sectoral areas. The resource book would serve the government as well as non-government agencies who wish to access the knowledge material, tools and skill sets needed to engage with Covid 19 response.

The academy is committed to support the national resolve to effectively fight against the Covid19 pandemic by propagating and disseminating knowledge to the concerned officials. We hope that this compendium can become a useful resource for practitioners and officials entrusted with the task of tackling Covid 19 pandemic in the villages of Uttarakhand.

(Rajiv Rautela)
Director
Dr RST UAoA
18th June 2020

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COVID 19 AND THE ROLE OF RURAL FUNCTIONARIES

Introduction

The outbreak of Covid19 pandemic has caused an unprecedented situation for the Panchayati Raj Institutions and organisations working in rural areas. The scale of the problem can be understood by the fact that worldwide over 80 lakh have been infected by the virus and over 4 lakh have lost their lives. The virus so far has been urban-centric but there is a lurking danger that it may find its way to the rural areas especially after migrants started returning back to their villages . As the resources available in the villages are scare there is a danger that they may get overwhelmed causing calamity of unimaginable proportions.

In order to counter the onslaught of the Corona Virus, it is important that the organisations working in the rural areas are well prepared, informed and work in an organised manner . Their tasks are innumerable and range from managing the influx of the migrants, making institutional arrangements for their quarantine and isolation, creating new pathways for their livelihood, sustaining the present government programmes and maintaining environmental sanitation. In order to equip the Rural functionaries ,Government of India through its various ministries has published various advisories and guidelines with a focus on streamlining the availability of funds and augmenting both institutional and individual capabilities of rural functionaries especially those working with Panchayati Raj Institutions.

Purpose

The management of unprecedented situation like COVID 19 Pandemic needs coordinated efforts and convergence of Human as well as economic resources . Various departments of the State viz. Health & Family Welfare , Panchayati Raj, Rural Development , Women & Child Development, Education etc. are working together to contain spread of the disease in rural area . Creating opportunities for employment for the influx of migrant population is another challenging task .

Dr R S Tolia Uttarakhand academy of Administration has compiled advisories and guidelines issued by Government of India and Government of Uttarakhand to create a repository in order to help the rural functionaries to understand the need of convergence amongst various department and to be better equipped to tackle the pandemic in villages.

GOVERNMENT ADVISORIES

Material Repository: Sectoral Priorities for COVID19 risk mitigation for Rural Functionaries

S. No.	Sector	Name / Subject of Document	Aspect Covered	Language	Organisation
1.	MGNREGS	Name: DO No. J-11060/4/2019-RE-VI (e-366816) Date 15.03.2020 Sub: Implementation of MGNREGS with respect to the Consolidated Guidelines of Ministry of Home Affairs for containing spread of Covid19 dated	<ul style="list-style-type: none"> • Selected activities under MGNREGS allowed outside containment areas • Priority to be given to Irrigation and Water Works. • Other Centre and State Governments scheme may be dovetailed with MGNREGS • Social Distancing and use of Face Mask a must 	English	MoRD
2.	DDU-GKY	DO No J-17060/223/2016 DDU-GKY Date 17.04.2020 Addressing issues faced by trainees and PIAs under DDU-GKY	<ul style="list-style-type: none"> • Candidates to receive post placement support as per DDU-GKY Guidelines • Continuous engagement with under training and placed candidates • Alumni support cost under DDU-GKY to be used. • Release of instalments to PIAs 	English	MoRD
3.	NRLM	DO-G-20011/03/2020-RL Date: 24.04.2020 Expeditious crediting of the first instalment released by Government of India under NRLM and NRETP (2020-21) to State Rural Livelihood Mission.	<ul style="list-style-type: none"> • To provide liquidity and sustainable credit to encourage thrift and economic activities in the SHGs Groups • Revolve Fund and Community Investment Funds to be released to all eligible SHGs/VOs and CLFs • SRLMs to disburse Vulnerability Reduction Fund to needy VOs and issue advisory for disbursement of VRF • Banking Correspondent Agents to be supported • Awareness through SHGs • Production of mask and Sanitizers in large scale 	English	MoRD

			<ul style="list-style-type: none"> • Running of community kitchens 		
4.	NRLM	DO No. J-18046/04/2020 RSETI Date: 30 March 2020 Use of Ex Trainees of RSETI (rural Self Employment Training Institute) for stitching masks.	<ul style="list-style-type: none"> • Advisory on use of homemade protective covers for face and mouth • Manual for Homemade protective covers for face and mouth – Issued by office of PSA to GoI April3,2020 	English	MoRD
5.	Administration	DO No. A-60022/03/2020-E-II Date: March 27,2020 Measures in the wake of Coronavirus	<ul style="list-style-type: none"> • PRI representatives and functionaries to disseminate information • Sensitizing all the inhabitants of Gram, Block, District Panchayats about the threat of novel coronavirus. • PRI functionaries to keep vigil on the health of the inhabitants • Necessary releases under MGNREGS to be done by MoRD • Production of masks by SHGs 	English	Joint DO by MoRD and MoPR
6.	Administration FFC	DO No G-39011/2/2017-FD Date: 10 th June 2020 Employment opportunities to migrant and rural labourers and community vigil and adherence to guidelines.	<ul style="list-style-type: none"> • Requirement of quarantine/isolation centres for longer duration • Utilization of FFC and 15th FC untied grants for creation of community assets. • Methodology of financing the GP Bhawan. • Funds are to fill the infrastructure deficit and are for this FY only. • Convergence of FC and MGNREGS funds by GP 	English	Joint DO by MoRD and MoPR
7.	Clean Drinking Water	No 11048/4/2020-Water-DDWS Date: 13 th April 2020-06-14 Advisory in compliance to SC order dated 03.04.2020 in WP(PIL) No10808/2020	<ul style="list-style-type: none"> • Ensure clean water to everyone including those residing in quarantine/isolation centres • Flexi funds existing under JJM can be used • 25% of the funds under Flexi funds are already available 	English	MoJS NJJM, DDWS

9.	Community Preparation Checklist	DO No M-11015/76/2020-CB Date: May 15,2020 Community Preparation Checklist for action against Covid19 pandemic	<ul style="list-style-type: none"> • Community Preparation Checklist prepared by Department of Community Medicine, Mahatma Gandhi Institute of Medical sciences, Wardha and vetted by Union health ministry. • Elected representatives play a major role with states like Odhisa vesting powers of DMs to Gram Pradhans. • GPs to be directed to effectively coordinate the role of ANM, ASHA and Anganwadi workers and take help from volunteers of NYK, NSS, Swacchagrahi and SHGs 	English	MoPR
10.	Best Practices	DO No M-11015/30/2020-CB Date: 30.03.2020 COVID-19 in India State/UT level Initiatives at the Panchayat Level Date 03.04.2020	<ul style="list-style-type: none"> • Compilation of Best Practices at Panchayat level with themes and relevant photographs 	English	MoPR
11.	Awareness/IEC	DO No J-11011/10/2020-Media Date 13 th March 2020 Awareness through VHSC & Even No. Date 18 th March 2020 Social Distancing Guidelines	<ul style="list-style-type: none"> • Awareness on Covid19 and facilitation of environmental sanitation through Village Health and Sanitation Committees • PRIs to convince the rural masses regarding the need of social distancing. 	English	MoPR
12.	Awareness/IEC	DO No M-11015/30/2020-CB Date: April 17,2020 Significance of generating mass awareness in rural areas for prevention of spread of corona virus in rural areas And DO of even no. dated April 3, 2020	<ul style="list-style-type: none"> • Information to be painted using gerua or paint on walls in the villages • Admissible activity under IEC component of RGSA Scheme. 	English	MoPR
13.	IEC Material	IEC material for distribution	<ul style="list-style-type: none"> • How to handrub • When and how to wear a 	English	MoHFW

			<p>mask</p> <ul style="list-style-type: none"> • What is novel coronavirus disease 		
14.	IEC Material	5 Sutras for prevention of Covid19	<ul style="list-style-type: none"> • One page poster both in Hindi and English 	English/Hindi	MoRD
15.	SOPs	F No Z.28015/19/2020-EMR(Pt) Date: 4 th June, 2020 Regarding SOPs	<ul style="list-style-type: none"> • SOP on preventive measures to contain spread of COVID-19 in offices • SOP on preventive measures to contain spread of COVID-19 in religious places/places of worship • SOP on preventive measures in Hotels and Other Hospitality Units to contain spread of COVID-19 • SOP on preventive measures in Restaurants to contain spread of COVID-19 • SOP on preventive measures in shopping malls to contain spread of COVID-19 	English	MoHFW
16.	Solid Waste Management	Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/Diagnosis/Quarantine of COVID-19 Patients	<p>Management of SW from isolation facilities, labs and hospitals and Role of the following stake holders :</p> <ul style="list-style-type: none"> • Responsibilities of persons operating Quarantine Camps/Homes or Home-Care facilities • Duties of Common Biomedical Waste Treatment Facility (CBWTF) • Duties of SPCBs/PCCs • Duties of Local Bodies 	English	CPCB MoEFCC, GoI
17.	Health and Safety of Sanitation workers/ Frontline workers	Ensuring Health and Safety of Sanitation Workers and Waste pickers in the wake of spread of COVID-19	<p>Guided the ULBs to prepare the SOP covering:</p> <ul style="list-style-type: none"> • Mandatory orientation, Social • Distancing norms and key precautionary measures • List of Do's and Dont's during work • Providing PPE 	English	NSKFDC, MoSJE, GoI
18.		DO No S-11011/1/2020-SBM-	<ul style="list-style-type: none"> • Providing PPE to the Sanitation workers in Rural 	English	Joint DO By MoJS,

	DDWS Date: 8 th April 2020 Safety of frontline workers and stepping up of cleanliness in villages	Local Bodies Utilization of grants under 15 th FC for provision of drinking water and sanitation services.		DDWS and MoPR
19.	Advisory for ensuring Health and Safety of Sanitation workers during COVID19	Standard operating procedures, Specific measures to be taken by sanitation workers, and PPE/Safety gears for sanitation workers and choice of disinfectant.	English	MoSJ&E, GoI
20.	Guidelines for Hygiene and Sanitation in Densely Populated Areas, During the COVID-19 Pandemic	Preventive Measures at home and public areas <ul style="list-style-type: none"> • Face Cover • Sanitation and Hygiene: • Hand Washing • Toilet usage • sanitization 	English	PSA, GoI
21.	Guidelines on rational use of Personal Protective Equipment	<ul style="list-style-type: none"> • Personal Protective Equipment required for sanitary workers • Rational for use of PPE in sanitation 	English	MoHFW, GoI
22.	Role of Frontline workers in prevention and management of Corona virus	<ul style="list-style-type: none"> • Role as a Frontline Worker • What is COVID-19? • How does COVID-19 spread? • People which are at high risk • Key messages for prevention • Personal hygiene and safety • Myths vs. reality for COVID-19 	English	MoHFW, GOI
23.	Covid19 Book of Five Response and containment measures for ANM, ASHA and AWW	The book contains all the information needed for the ASHA, ANM and Aganwadi Workers in order to tackle Covid19 pandemic	English	MoHFW
24.	Resource material for capacity building of healthcare professionals for covid-19 containment	Contains link for resource material for all frontline health workers NSS< NCC volunteers , ANM, ASHA, AWW workers	English	MoHFW

25.		Guidelines on disinfection of common public places including offices	Guidelines on disinfection of: <ul style="list-style-type: none"> • Indoor areas including office spaces • Outdoor areas • Public toilets • Personal Protective Equipment • Handwashing technique • Guidelines for use of mask 	English	MoHFW, GoI
26		Advisory for Protection of Senior Citizens aged above 60 Years	Advisory for senior citizen who are mobile Advisory for care givers of dependent senior citizen advisory for senior citizen for mental well being		
27.	State Advisories	पत्र संख्या 179/USDMA/792 (2020) दिनांक 15 मई, 2020	राज्य में अवस्थित ग्राम सभा में आने वाले प्रवासियों की व्यवस्थाएं/निगरानी हेतु शासकीय कार्मिकों की नियुक्ति के सम्बन्ध में।	Hindi	USDMA
28.		पत्र संख्या 239/XXI(15) G-04 (सा0)/ (2020) दिनांक 02 मई, 2020	प्रदेश के शासकीय कार्यालयों को खोलने पर सावधानी बरतने के सम्बन्ध में।	Hindi	मुख्य सचिव उत्तराखण्ड
29.		पत्र संख्या 238/USDMA/792 (2020) TC-I दिनांक 02 जून, 2020	उत्तराखण्ड राज्य आपदा प्रबन्धन प्राधिकरण द्वारा कोविड-19 संक्रमण से बचाव हेतु जारी मानक प्रचालन विधि (एस0ओ0पी0) SOP	Hindi	USDMA
30.		पत्र संख्या / (वि.आ. निदे.) XXVIII(I) / (2020) दिनांक 26 मई, 2020	चतुर्थ राज्य वित्त आयोग की संस्तुतियों के क्रम में राज्य की समस्त ग्राम पंचायतों को तदर्थ रूप वित्तीय वर्ष 2020-21 की प्रथम त्रैमासिक किश्त की धनराशि का संक्रमण।	Hindi	सचिव वित्त उत्तराखण्ड शासन
31.		पत्र संख्या / पं0-2/ लेखा/ एक्स वि0/ 2019-20 दिनांक 03 अप्रैल, 2020	पंचायतों में Novel Corona Virus-Covid 19 के सम्बन्ध में।	Hindi	निदेशक पंचायती राज

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DO No.J-11060/4/2019-RE-VI (e-366816)

April 15, 2020

Dear Colleague,

Subject: Implementation of MGNREGS with respect to the consolidated guidelines of Ministry of Home Affairs (MHA) for containing spread of Covid-19 dated 15.4.2020.

Reference: DO No.A-60022/03/22020-E.II March 27.3.2020 of Secretary, Department of Rural Development.

Please refer to the detailed advice to States/UTs provided by the aforesaid DO letter of the undersigned on 27th March, 2020, regarding implementation of Rural Development Programmes.

Ministry of Home Affairs vide letter dated 15.4.2020 has indicated selected additional activities that will be allowed with effect from April, 20, 2020. However, these additional activities will be operationalised by States/Union Territories (UTs)/District Administrations based on strict compliance to the existing MHA guidelines of lockdown measures. It has been reiterated by MHA that before operating these relaxations, States/UTs/District Administrations shall ensure that all preparatory arrangements with regard to social distancing as also other sectoral requirements are in place.

In this context, the following guidelines in respect of MGNREGS works, only in those areas/Districts which are outside the Containment Zones are prescribed. **It is reiterated, once again, that these guidelines will not apply in Containment Zones as demarcated by States/UTs/District Administrations.** It is also reiterated that if any new area is included in the category of Containment Zone, the MGNREGS activities allowed in that area till the time of its categorisation as a Containment Zone, will be immediately suspended.

1. MGNREGS works are allowed with strict implementation of social distancing and wearing of face mask/protective face cover (separate communication regarding use of protective face cover) have been issued vide this office letter F.No.J-11060/4/2019-RE-VI (e-366816) dated 11.4.2020.
2. Priority must be given under MGNREGS to irrigation and water conservation works such as construction of feeder canals/distributor canals/minor canal/sub-minor canal/water courses for the community, construction of various kinds of check dams for individuals and community, construction of irrigation open wells for individuals/community, construction of various kind of gully-plugs for individuals and community, construction of farm ponds, mini percolation tanks for individuals and community, construction of recharge pits for individuals and community, construction of water absorption trench for individuals and community, etc., in addition to such irrigation and water conservation works as are permitted under "Permissible Works List" of Schedule I of MGNREG Act, 2005.

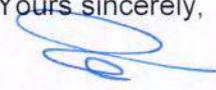
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3. Other Central and State sector schemes in irrigation and water conservation sectors may also be allowed to be implemented and suitably dovetailed with MGNREGS works.
4. All district and field level authorities must be sensitised to imperatives of maintaining social distancing, use of homemade protective face covers and repeated washing of hands with soap and water.

I sincerely hope that with your active support and collaboration we would be in a position to effectively implement MGNREGS in these challenging times.

Regards.

Yours sincerely,


(Rajesh Bhushan)

Additional Chief Secretaries/Principal Secretaries/Secretaries in charge of RD and PR Departments in all States/UTs

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Date: 17th April 2020

D.O. No J-17060/223/2016 DDU-GKY

Dear Chief Secretary,

Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY) is a placement linked skill development program which allows skilling of rural unemployed youth to improve their employability. During the current lock-down situation across the country, under training and placed candidates of DDU-GKY may be facing social and economic distress at their home or training centre or work location. Therefore, it is most important to ensure all round well being of our candidates. In addition, the Project Implementing Agencies (PIAs) of DDU GKY may also be facing different operational issues arising from the current situation of lockdown. To address these issues faced by candidates as well as the PIAs, following actions may be initiated by States/UTs immediately.

2. To facilitate support to the under training and placed candidates:
 - i. States/ UTs should extend all required help to under training and placed candidates currently stranded in training centres or job locations outside their home locations.
 - ii. To provide financial assistance for placed candidates, States/UTs should ensure that all these candidates must receive the Post Placement Support (PPS) as per their eligibility and provisions of the DDU GKY Guidelines without any delay.
 - iii. States/UTs may take all the necessary measures for continuous engagement with under training and placed candidates to take care of their physical and mental well being during this period.
 - iv. States/UTs may use alumni support cost provided under DDU-GKY in helping stranded candidates.
3. To provide requisite support to the PIAs, States/UTs may take necessary action for immediate release of pending 2nd, 3rd and 4th Instalments for eligible projects where all verification processes and other requirements have been successfully completed.

Regards .

Yours sincerely

(Rajesh Bhushan)

Chief Secretary of States/UTs

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DO-G-20011/03/2020-RL

April 24, 2020

Dear Chief Secretary,

Subject: - Expeditious crediting of the first instalment released by Government of India under NRLM and NRETP (2020-21) to State Rural Livelihoods Missions (SRLMs).

Deendayal Antyodaya Yojna - National Rural livelihood Mission (DAY-NRLM), is playing an important role in the rural areas by providing livelihood opportunities to women SHGs Members. In the current scenario of socio economic distress caused by COVID-19, many of the SHGs have done phenomenal work in making face covers/masks, sanitizers, running community kitchen, distributing dry rations and essential goods etc. In order to provide liquidity and sustainable credit to encourage thrift and economic activities in the SHGs Groups, Government of India has released its first instalment to most of the States, in the first week of April, 2020, as given in the Annexure.

These funds would be important in providing quick assistance to the SHGs in the following activities.

- Release of funds to Community Institutions:
 - Revolving Fund and Community Investment Funds should be released to all eligible SHGs/VOs and CLFs.
 - SRLM to identify the needy VOs, disburse Vulnerability Reduction Fund to VOs and issue an advisory for allowing loans from VRF for COVID-19 related medical emergencies, food security and health security etc.
- BC Sakhis (Banking Correspondent Agents):
 - BC Sakhis have played an important role in providing doorstep banking services. They may be facilitated/supported in carrying out their activities by adhering to all health related precautions especially during this period.

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- Awareness Generation through SHGs:
 - Self-Help Groups network may be used to deliver the right messages in the community to encourage adoption of personal health and hygiene practices as per advisories of Ministry of Health and Family Welfare (MoHFW) with regard to containment of COVID-19.
- Production of face covers/ masks, sanitisers, soaps etc. at a large scale
- Running of Community kitchens, distribution of dry rations, supply of vegetables etc.

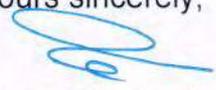
It has been brought to the notice of this Ministry that in many States last year's second instalment and States matching share have not been released to SRLMS, till date which is a cause for concern.

In addition funds have been released in the first week of the current financial year by this Ministry as first instalment of current year to States/UTs. Except Andhra Pradesh and Gujarat these funds have not been released to the SRLMs by the States. For want of release of funds to SRLMs these would not reach the SHGs Members and hence the entire purpose of expeditious release of fund would be defeated.

I therefore seek your personal attention in this matter, to facilitate immediate release of these funds to the SRLMs.

Kind Regards.

Yours sincerely,


(Rajesh Bhushan)

Chief Secretaries of Telangana, Bihar, Chhattisgarh, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Tamil Nadu, Uttar Pradesh, Uttarakhand, West Bengal, Puducherry, Arunachal Pradesh, Assam, Meghalaya, Mizoram, Nagaland and Tripura.

Annexure

**STATE-WISE RELEASE OF FUNDS UNDER NRLM AND NRETP
FOR THE YEAR 2020-2021**

(Rs. in Lakhs)

Sl. No.	State/UT	NRLM	NRETP
1	Andhra Pradesh	6723.90	
2	Telangana	4802.79	
3	Bihar	27420.83	2167.20
4	Chattisgarh	6090.34	842.80
5	Gujarat	4338.86	
6	Haryana	2552.63	
7	Himachal Pradesh	1075.01	
8	Jammu & Kashmir	1330.48	
9	Jharkhand	10339.27	1204.00
10	Karnataka	8704.28	361.20
11	Madhya Pradesh	13047.22	
12	Maharashtra	17206.23	1444.80
13	Odisha	13184.15	1204.00
14	Rajasthan	6609.45	
15	Tamil Nadu	10192.12	602.00
16	Uttar Pradesh	39476.83	
17	Uttarakhand	2078.48	
18	West Bengal	14651.56	1324.40
19	Puducherry	350.00	
	Total (Non NE)	190324.43	9150.40

NORTH EASTERN STATES

1	Arunachal Pradesh	3800.98	
2	Assam	10843.84	
3	Meghalaya	5864.60	
4	Mizoram	5002.37	
5	Nagaland	6772.02	
6	Tripura	8202.60	
	Total (NE)	40486.41	0.00

राजेश भूषण, आईएएस
सचिव
RAJESH BHUSHAN, IAS
SECRETARY



भारत सरकार
ग्रामीण विकास मंत्रालय
ग्रामीण विकास विभाग
कृषि भवन, नई दिल्ली-110001

Government of India
Ministry of Rural Development
Department of Rural Development
Krishi Bhawan, New Delhi-110001
Tel.: 91-11-23382230, 23384467
Fax: 011-23382408
E-mail: secyrd@nic.in

D.O. No J-18046/04/2020RSETI

March 30, 2020

Dear Chief Secretary,

You may be aware that Ministry of Rural Development is supporting a Bank led intervention called Rural Self-Employment Training Institutes (RSETIs) for skill development of rural poor youth for self-employment throughout the Country. So far 585 such RSETIs have been established and are functional in different Districts of the Country. The RSETIs are providing trainings in 61 National Skill Qualifications Framework (NSQF) aligned courses to various candidates. One of the very popular courses being run in RSETIs is Sewing Machine Operators (SMO). A large number of trainees have been trained under this course in almost all RSETIs and have subsequently started working on their own.

One such RSETI in Varanasi, Uttar Pradesh, has engaged some of its ex-trainees to take up work of stitching masks for use in fight against Coronavirus Pandemic in coordination with District authority. If this activity is replicated around all RSETIs in the country, it is likely to have a positive impact on fight against the current Pandemic.

I would like to take this opportunity to advise you to take up this matter on a priority basis with State Rural Livelihood Mission and District Collectors /Magistrates to motivate and facilitate stitching of masks by Ex-trainees of RSETIs, as well as the SHGs. As the trainings presently have been stopped in all RSETIs across the country because of the nationwide lock down , ex-trainees can be advised to use RSETI buildings for such activities if feasible. However, social distancing and all other prescribed precautionary measures should be ensured for all to be involved in this activity.

Yours sincerely

(Rajesh Bhushan)

To

Chief Secretaries of all States/UTs.

Copy for taking up with RSETIs and respective Banks to:
DG, NAR / National Director (NACER)

(Rajesh Bhushan)

Advisory on use of Homemade Protective Cover for Face & Mouth

1. We are aware that social distancing and personal hygiene are keys to prevent COVID 19 infections. Certain countries have claimed benefits of homemade face cover for the general public. Such homemade face cover is a good method for maintaining personal hygiene. Such usage certainly will help in maintaining overall hygienic health conditions.
2. Therefore, it is suggested that such people who are not suffering from medical conditions or having breathing difficulties may use the handmade reusable face cover, particularly when they step out of their house. This will help in protecting the community at large.
3. This face cover is not recommended for either health workers or those working with or in contact with COVID 19 patients or are patients themselves as these categories of people are required to wear specified protective gear.
4. It is advised that two sets of such face covers be made so that one can be washed while the other is used. Hand washing would still remain essential criteria and hand should be washed before wearing the face cover. Such face covers should also not be thrown anywhere but kept safely, washed properly with soap and hot water and dried properly before they are used.
5. These face covers could be made out of clean cloth available at home, which needs to be thoroughly cleaned and washed before a face cover is stitched/made. The face cover should be prepared in such a manner that it can cover the mouth and nose completely and can be tied over the face easily.

6. There must not be a sharing of face covers and a face cover must be used by only one individual. So, in a family of several members, each member should have a separate face cover.

* * * * *

Issued **by** the Office of the Principal
Scientific Advisor to the Government
of India_ April 3, 2020

Annexure

Illustration by MoHFW



Face Covers for Curbing the Spread of SARS-CoV-2 Coronavirus

Manual on Homemade Protective Cover
for Face and Mouth.

Proposed guide is meant to provide a simple outline of best practices to make, use and reuse face covers to enable NGOs and individuals to make face protection themselves.

The key criteria for proposed designs are Ease of Access to Materials, Ease of Making at Home, Ease of Use and Reuse.

The homemade face cover should be prepared in such a manner that it can cover the mouth and nose completely and can be tied over the face easily.

This face cover is not recommended for either health workers or those working with or in contact with COVID 19 patients or are patients themselves as these categories of people are required to wear specified protective gear.

Wearing of face covers is especially recommended for people living in densely populated areas across India.

You can easily make a face cover at home to protect yourself.

Option 1. Make a Face Cover using a Sewing Machine*

Things you will need:

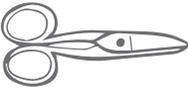
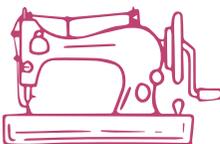
- | | | |
|---|--|--|
| <p>1. </p> <p>100% cotton material</p> | <p><i>Any used cotton cloth can be used to make this face cover. The colour of the fabric does NOT matter but you must ensure that you wash the fabric well in boiling water for 5 minutes and dry it well before making the face cover. Adding salt to this water is recommended.</i></p> | |
| <p>2. </p> <p>Four pieces of cloth strips</p> | <p>3. </p> <p>Scissors</p> | <p>4. </p> <p>Sewing Machine</p> |



Illustration by MoHFW

Begin with

1.a Cutting Fabric – Cut cloth for the face cover at the following sizes as required:

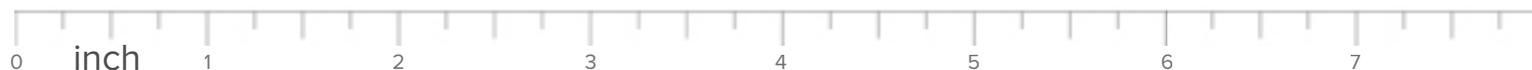
- Adult: 9 inch x 7 inch
- Child: 7 inch x 5 inch

For Adult Size Face Cover



1.b Cutting Strips– Cut 4 strips for tying and piping from cloth: **Two pieces at 1.5”x 5” and Two pieces at 1.5”x 40”**

*You can also make this face cover without a sewing machine



Inch(“)=2.5cms²⁰

Process demonstrated below is for Adult Size Face Cover



Take the cut fabric, attach the 1.5x5" strip to be used as piping to the fabric on one end as shown.



Create three downward facing pleats of approximately 1.5" each folding cloth as shown.



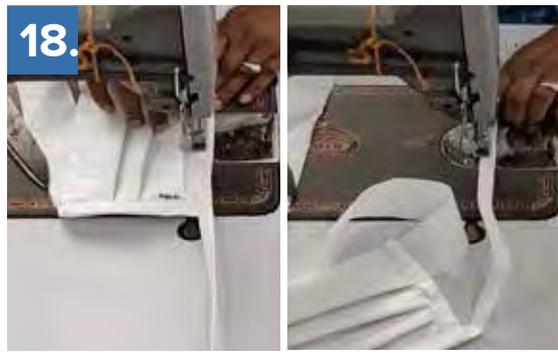
Turn the pleated cloth to the other side and repeat steps for pleating on this side as shown above. Once the pleats have been made, the height of the pleated cloth will be reduced from 9" to 5".



Secure the pleats with piping on both sides as shown above. Take extra care to keep all pleats facing downward as shown.

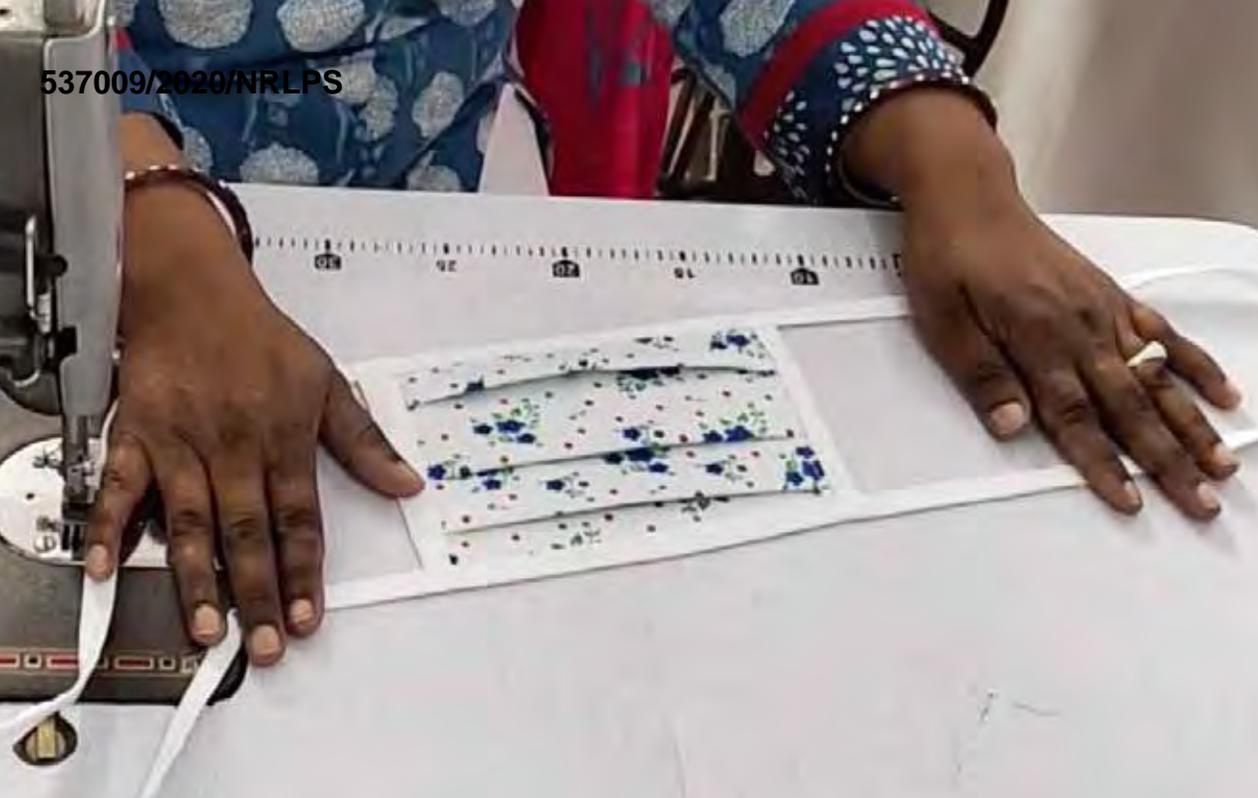


Now begin attaching the long 40" strips used for tying the face cover to the top and bottom as shown.



Once again fold both these strips three times and stitch as shown above.

537009/2020/NRLPS



 **Your face cover is now ready**

 **Ensure that the face cover fits around your mouth and nose** and there is no gap between it and your face. When wearing the face cover, the side facing you should show the pleats as facing downwards.

 **You must never reverse the face cover for reuse. Always thoroughly wash it after every use** following process shown further.

This face cover is currently being used by community health workers of organizations in South Rajasthan including, Amrit Clinic, Arth Hospital, and Shreyas Hospital. Images and process courtesy: Jatan Sansthan, Udaipur

Make sure the face cover fits your face well and there are no gaps on the sides...



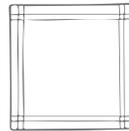
Remember to still maintain up to 2 meter distance from others at all times, wash your hands thoroughly when back home and do not touch your face or eyes!

Demonstrated by Dr. Gargi Goel, Pediatrician, Rajasthan

Option 2: Making a Face Cover at Home Without a Sewing Machine

Things you will need:

1.



100% Cotton material or a Men's cotton handkerchief

2.



Two rubber bands

Step 1



Fold the handkerchief from one side to little above the middle of the cloth

Step 2



Now fold over the other edge to go above the first fold

Step 3



Fold this again evenly from the middle as shown

Step 4

Take a rubber band and tie it on left side of the cloth as shown

Step 5

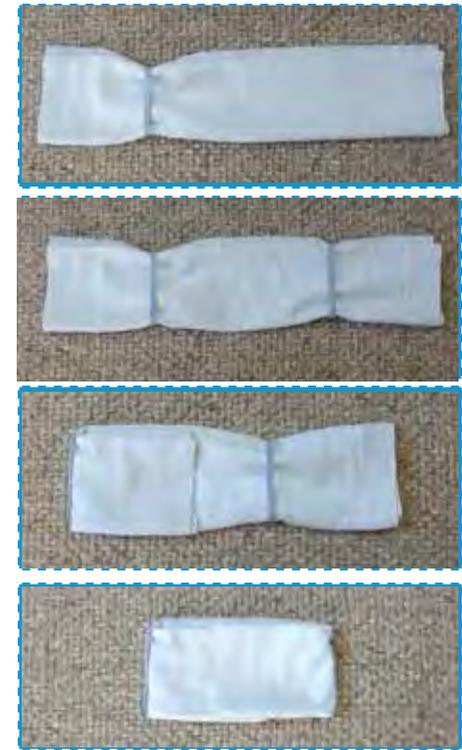
Now tie the other side with another rubber band
Ensure that the area in the middle of the two rubber bands is big enough to cover your mouth and nose

Step 6

Take one edge of the cloth on the side of the rubber band and fold over it. Do this for both sides

Step 7

Now take one fold and insert in to the other fold



1. Your face cover is now ready



2. Please ensure that the face cover fits around your mouth and nose comfortably but that there is no gap left between the face cover and the mouth.



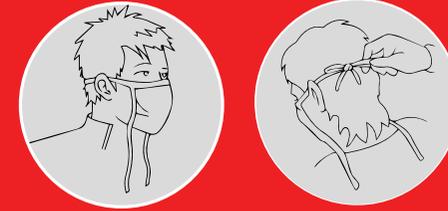
3. To wear this face cover just wrap each rubber band around your ears



4. You must follow all precautions and instructions outlined above when using the face cover

IMPORTANT PRECAUTIONS:**Before using the handmade face cover remember:**

1. Thoroughly wash and clean the face cover (as shown in next page) before wearing it.
2. Wash your hands thoroughly before wearing the face cover.
3. As soon as the face cover becomes damp or humid, switch to another face cover and clean the used face cover.
4. Never reuse a face cover after single use without cleaning it.
5. Never share the face cover with anyone. Every member in a family should have separate face cover.

**When removing the face cover:**

- **Do not touch the front or any other surface of the face cover**, remove it only with strings behind
- **For string face cover, always untie the string** below and then the string above
- **After removal, immediately clean your hands** with 65% alcohol-based hand sanitizer or with soap and water for 40 seconds
- **Drop it directly into a soap solution or boiling water** to which salt has been added

How to Clean and Sanitize your Homemade Face Cover Everyday

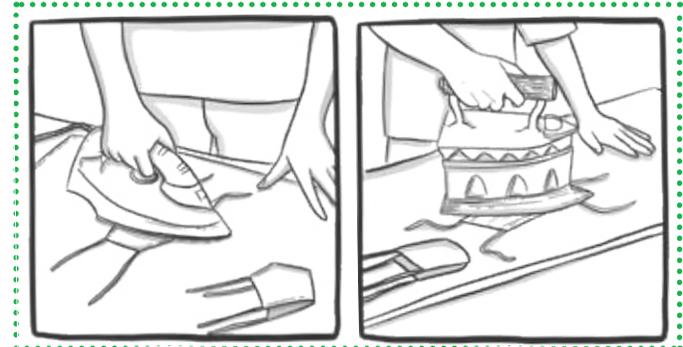
1. Thoroughly wash the face cover in soap and warm water and leave it to dry in hot sun for at least 5 hours.

If you do not have access to the sun, follow Option 2:

2. Place the face cover in water in a pressure cooker and pressure boil it for at least 10 minutes and leave it to dry. Adding salt to the water is recommended. **In the absence of a pressure cooker, you may boil the cloth face cover in hot water for 15 minutes.**

If you do not have access to a pressure cooker/boiling water, follow Option 3:

3. Wash and clean with soap and apply heat on the face cover for up to five minutes. (You may use an iron).



How to Store your Clean Face Cover

It is recommended that you make two face covers so you can wear one, while the other is washed and dried



1. *Take any plastic bag at home*



2. *Clean it thoroughly with soap and water*



3. *Let it dry well on both sides*



4. *Keep your extra clean face cover in this clean bag*



5. *Keep it sealed well*



6. *Now you can rotate your face covers for daily use*

537009/2020/NRLPS

Issued by the Office of the Principal
Scientific Advisor to the Government of
India_ April 3, 2020

Homemade reusable face covers only reduce the chances of inhaling droplets still in the air from an infected person, they do not give full protection. Homemade reusable face covers must be washed and cleaned each day, as instructed. Reuse without washing should **NEVER** be done. **Never share your face cover with anyone. Social distancing must still be maintained.**

**Remember to wash your hands frequently
with soap for 20 seconds.**

Images from public sources



Wearing of face covers is particularly useful in crowded areas.

Design by Vertiver

File No. J-11060/47/2019-RL
Government of India
Ministry of Rural Development
Department of Rural Development

Krishi Bhawan
New Delhi-110001
Dated: 4th April 2020

To
State Mission Director/CEO
State Rural Livelihoods Missions

Subject: Role of self-help groups in response to COVID-19 outbreak

Dear Madam/Sir,

It is heartening to learn that State Rural Livelihoods Missions (SRLMs) are taking various initiatives for addressing the COVID-19 outbreak related issues. The sensitivity and responsiveness demonstrated by Self-Help Group members in addressing various needs emerged due to the current situation at the community level is highly appreciable. In continuation of the earlier advisory dated 26.03.2020 (*copy attached for ready reference*), issued by this Ministry, I would like to reiterate/suggest the following for your information and necessary action

1. Self-Help Group network in the States provides an institutional structure to deliver and reiterate the right messages in the community to encourage adoption of practices recommended by the Ministry of Health and Family Welfare (MoHFW) with regard to response and containment of COVID-19. In this context, it is advised that SRLMs should augment their efforts for creating awareness amongst members and community on critical issues including social distancing, use of masks, recommended practices, quarantine and psycho-social issues of migrants, care of elderly population, mental health and wellbeing etc.
2. Also, SRLMs may coordinate with Department of Health and local authorities and enhance efforts on production of masks, sanitizers, protective gears like gowns etc to meet the demand from health department and. An advisory from Secretary, Rural Development (Copy attached) has also been sent to Chief Secretaries of all the States and UTs for supporting production of masks etc through RSETI trained candidates and using the RSETI infrastructure for producing them. *Advisories on easy methods of making of masks and right way of using masks and on Ayurvedic immunity boosting measures respectively, issued by M/o HFW and M/o AYUSH, are attached with the letter for ready reference.* So far about 132 Lakh masks have been produced by various SHGs across the country, having established the capacity for such large scale productions, the

same may be ramped up. The SRLMs may contact the state health Departments and District Officials to augment the supplies.

3. *Aarogya Setu* is a mobile application developed by the Government of India to connect essential health services with the people of India in our combined fight against COVID-19. The Application is aimed at augmenting the initiatives of the Government of India, particularly the Department of Health, in proactively reaching out to and informing the users regarding risks, best practices and relevant advisories pertaining to the containment of COVID-19. The application is available in 11 languages and operates both on Android and IOS mobile. All the SRLMs are requested to promote use of *Aarogya Setu* Application developed by MoHFW for staying informed and alert against COVID-19 (<https://www.mygov.in/aarogya-setu-app/>). Self-Help Group members shall also be encouraged to download this App to stay informed and updated.
4. For technical inputs and updates, it recommended to refer MoFHW website regularly (<https://www.mohfw.gov.in/>). Websites of MoAYUSH (<http://ayush.gov.in/>), MoWCD (<https://wcd.nic.in/>), FSSAI (<https://www.fssai.gov.in/>) and Ministry of Consumer Affairs (<https://consumeraffairs.nic.in/>) shall also be referred from time to time.
5. We have been informed that in most states, SHGs/VOs/CLFs have also initiated work related to provision of ration or cooked food to poor and vulnerable families using the Vulnerability Reduction Fund or with support from State and district administration. We encourage such activities so as to ensure that no family is left hungry in these difficult times. SRLMs may like universalise such interventions through convergence with relevant departments, like Food and Civil Supplies, for providing rations to the needy families through the women's institutions.
6. It is again cautioned that SRLMs must ensure that members follow various advisories including social distancing issued by MoHFW and State Governments while undertaking any activity. *A pocket reference book on COVID-19 including precautions and safety measures to be followed has been issued by MoHFW and is also attached with the letter for reference and circulation.*

Enclosures: As mentioned above

Yours sincerely,

Sd/-
(Alka Upadhyaya)

Copy for information to:

Ms. Preeti Sudan,
Secretary Ministry of Health and Family Welfare,
Nirman Bhawan, Room No. 156,
A-Wing, New Delhi - 1 1001

File No. J-11060/37/2017-RL
Government of India
Ministry of Rural Development
Rural Livelihoods Division

7th Floor, NDCC II Building
Jai Singh Road
New Delhi-110001
Dated: 26.03.2020

To

The State Mission Directors/CEOs
All States/UTs

Subject: Activities at different level to address COVID-19

Madam/Sir

This is in continuation to letter number J-11060/37/2017-RL dated 11th March 2020 regarding dissemination of information pertaining to COVID-19. In view of the continuing Corona Virus situation, sustained efforts are required for its prevention, control and address that issues that have emerged due to COVID-19 outbreak at the community level.

In this context, pl find attached herewith an advisory on the indicative activities at different levels i.e State Rural Livelihoods Mission (SRLM) and community institutions has been issued. All SMDs/CEOs are requested to take necessary action for the implementation of the advisory and submit the compliance report to this office on a regular basis.

Yours Faithfully,

(Nita Kejrewal)
Joint Secretary (RL)

Advisory on activities to be undertaken under the FNHW component of DAY-NRLM, in response to COVID-19 outbreak:

In order to ensure proper awareness generation about COVID-19 outbreak and to enable the SHG members to be better prepared to manage themselves in the current scenario, as well as to support in amelioration of the difficulties being faced by the disadvantaged sections of the society, SRLMs are advised to consider following activities through community institutions under DAY-NRLM and issue directions accordingly.

All the activities undertaken by SRLMs must follow Advisories issued by MoHFW including advices regarding social distancing, mass gathering or any other Advisory issued by the state with regard to COVID-19 outbreak.

All the Staff and members shall follow preventive measures as specified by the MoHFW on COVID - 19.

A. Activities to be undertaken by SRLMs:

- i. Coordinate with department of health for latest updates and advisories and issue instructions as required.
- ii. List emergency contact details and information e.g. helpline numbers, hospitals conducting COVID-19 tests etc and share up to SHG level.
- iii. Use community radio where ever available or any other available medium for spreading messages on COVID-19.
- iv. Provide technical resource material for reference at all levels. Awareness material has been developed by MoHFW and can be accessed from the following link: <https://www.mohfw.gov.in/>.
- v. In view of on-going lockdown, a chain of communication can be developed: SMMU – DMMU – BMMU – CLF – VO - SHG Leaders / members. The communication with teams and members may be done through email, messages, WhatsApp and phone. Digital messaging at community level may be done for dissemination of information and local coordination may be done over phone, messages and WhatsApp. Awareness generation may be ensured on the COVID-19 virus situation, particularly with regard to the following:
 - a. Awareness on impact of COVID-19 spread and suggested preventive and control measures
 - Realization of possible harmful impact of COVID-19 spread is needed, hence awareness on this may be emphasized.
 - Preventive measures to contain COVID-19 have been specified by the MoHFW and may be reiterated to the community.
 - Resource material in form of poster, advisory, comic book, video, audio etc are available on the MoHFW website.

- b. Awareness on correct method of handwashing
 - Resource material may be available with SRLMs as it is a critical component of FNHW intervention package.
 - Awareness may be imparted considering social distancing and mass gathering advisories issued by the MoHFW.
- c. Awareness on not touching of nose, mouth and eyes and not spitting in public
 - As nose, mouth and eyes are the entry points of Virus, awareness on not touching them may be imparted.
 - Harmful effects of spitting in public may be emphasized.
 - Posters developed by MoHFW on these have already been shared with the SRLMs.
- d. Awareness on social distancing
 - Awareness on importance of social distancing and potential harmful effects if not followed may be emphasized.
 - Awareness on not conducting any social, cultural or mass gathering may be conducted.
 - Advisory on social distancing has been issued by the MoHFW and is available on its website.
- e. Awareness on myths may be addressed and correct information may be disseminated (Content is provided in the role of frontline workers in prevention and management of Corona Virus issued by MoHFW).
- vi. Support in production of sanitizers, soaps, mask and gloves making through community Institutions, as initiated by various SRLMs, and ensure quality standards to be followed. Hygiene has to be ensured during production, supply and distribution.
- vii. Support in cooking and distribution of meals for the needy etc. through groups that already have the existing infrastructure and expertise. *This would include running Community Kitchens in collaboration with State and District Administrations. As is already being done in Kerala through the community institutions. (A copy of the news article in this regard is attached.*
- viii. SRLM needs to identify the needy VOs, disburse of Vulnerability Reduction Fund to VOs and issue an advisory for allowing loans from VRF for COVID-19 medical emergencies, food security and health security etc. This may include provision for basic necessities like food, soap, access to treatment etc or any other as per VO's discretion

B. Activities to be undertaken by Community Institutions:

- i. Ensure that members follow preventive measures while undertaking any activity related to COVID-19 including maintaining distancing while working, washing hands regularly, maintain hygiene and social distancing as required.

- ii. Support in production of sanitizers, soaps, mask and gloves making as initiated by various SRLMs and ensure quality standards to be followed. Hygiene has to be ensured during production, supply and distribution.
- iii. If any SHG member/VO requires capital for purchase of raw material, production and distribution of Sanitizers, soaps, masks and gloves, loans can be disbursed either from Bank loan or CIF. (A letter in this regard has already been sent by the office of AS, MoRD to SRLMs on 23rd March 2020.)
- iv. Cooking and distribution of meals for the needy etc. may be done by groups that already have the existing infrastructure and expertise.
- v. Encourage social distancing and discourage any social, cultural or mass gatherings being organized in the community and report if required.
- vi. Report if any Indian or Foreigners travelled to COVID-19 affected countries in last 14 days are noticed.
- vii. Coordinate with ASHA and AWW in prevention and management of Corona Virus. A brochure has been issued by MoHFW on role of frontline workers in prevention and management of Corona Virus (attached with the email).

c. Disbursement and rescheduling of loans

- i. Disbursement of loans to needy SHG members for food security, medical emergency or production of sanitizers, soaps, mask etc by getting the consensus of member through phone. If it is not possible, disbursing loans and ratifying it in SHG meetings later.
- ii. Moratorium period 2 to 3 months for repayment of loans may be given to needy borrowers, if requested.
- iii. Loan rescheduling can be done to needy borrowers, if required.

Kerala's 43 lakh-strong women self-help network power community kitchens during coronavirus lockdown

By Vishnu Varma · indianexpress.com · 4 min

[View Original](#)



Powering this kitchen and scores of others across the state is the ever-dependable army of Kudumbashree

Powering this kitchen and scores of others across the state is the ever-dependable army of Kudumbashree (Express Photo by Vishnu Varma)

It's nearly 1 pm and the municipality community hall in Kakkanad neighbourhood of Kochi is a hive of activity. Inside the compound, a wooden desk blocks the passage to the hall. A wash basin, complete with handwash, sits on the left. Beyond the wooden table, on which

half their faces, are working furiously.

The menu today is simple: ney-choru (ghee rice) and chicken curry. The cooking's done. One set of women are engaged in filling little plastic pouches with the chicken curry, while the others are tending to the rice. As soon as they are ready, a couple of men hurry over and bring them to the table at the entrance from where they are scooped into little bags by volunteers and delivered to homes nearby.

Is India Under Curfew Or Lockdown? Here's What You Must ...



At a time when Kerala and the rest of the country are under severe lockdown as part of measures to tackle coronavirus, the little morsels of food that get sent out from this makeshift community kitchen in Thrikkakara municipality are central to the hunger-free project of the state's Left government. And powering this kitchen and scores of others across the state is the ever-dependable army of Kudumbashree, a powerful self-help network of 43 lakh women.

families, the councillors of Thrikkakara municipality didn't have to think hard on whom to rely for support. They simply dialled the grassroot-level neighbourhood units of Kudumbashree who immediately jumped on board. Within no time, the kitchen was opened Friday morning to serve breakfast.



Kudumbashree, meaning 'prosperity of family' in Malayalam, was formed in 1997 as a three-tier community network aimed at empowering women

Kudumbashree, meaning 'prosperity of family' in Malayalam, was formed in 1997 as a three-tier community network aimed at empowering women (Express Photo by Vishnu Varma)

"These are women who run exceptional catering services. Soon, they will handle it entirely," said Nazar, an independent councillor who helped set up the kitchen.

Kudumbashree, meaning 'prosperity of family' in Malayalam, was formed in 1997 as a three-tier community network aimed at empowering women in each family and making them drivers of change at the grassroot level.



in a deeply-patriarchal state. From driving taxis to running Metro ticket counters, operating paper mills to orphanages and day-care centres, they have done it all. And so when each government faces an arduous task such as the present one, they have happily relied upon Kudumbashree.

“Kudumbashree’s success was that it was able to discover these women who want to function as public servants. More than improving wages, they have shown an inclination to volunteer and do something for the society,” said Manjeesh, a district programme manager with the network.



Riyaz, a computer technician, is among those who have signed up for the volunteering programme

Riyaz, a computer technician, is among those who have signed up for the volunteering programme (Express Photo by Vishnu Varma)



ubiquitous logo of three flowers on their pocket sleeves have a bit of time to rest. And then they have to start prepping for dinner: a simple meal of rice and sambar which has to get delivered at doorsteps by 8 pm.

“We distributed 380 packets of chapathi and vegetable curry in the morning. Lunch and dinner are for 500 people. Tomorrow, we are expecting to cook food for nearly a 1000 people, a majority of which would go to migrant workers” said Nazar.

The process to identify beneficiaries for the community meals across Kerala is pretty straight-forward: the local panchayat ward members/councillors, ASHA workers and anganwadi teachers comb through every home in their jurisdiction, making a list of those who need food.

They add a few dozens, keeping in mind the destitute and homeless. A helpline number is also provided on which people could call and enquire about the service. The state government has already started assigning volunteers, mostly young people who have private vehicles, who can transport supplies and cooked meals.



Back at the community kitchen, as the last of the food packets get bundled up, the Kudumbashree cooks in white aprons

Back at the community kitchen, as the last of the food packets get bundled up, the Kudumbashree cooks in white aprons (Express Photo by Vishnu Varma)

Nazar adds that he’s been getting dozens of calls from youngsters wanting to volunteer. “But because the government has instructed that all safety protocols have to be followed at community kitchens, we’re careful. Look at me, even I’m standing outside. The staff inside can go out only after they complete the shift.”

Riyaz, a computer technician, is among those who have signed up for the volunteering programme. He waits in front of the wooden desk at the entrance for his share of food packets to be delivered in his neighbourhood. He works at home for a few hours and then engages in volunteering services like these.



There are so many young people like us waiting to see how we can support the government. All that we spend is on fuel, which is practically nothing.”

There’s optimism inside the kitchen too. Nisha, one of the Kudumbashree cooks who runs a catering agency called ‘Nirbhaya’ in her neighbourhood, is not wilting under pressure just yet. She understands the demand for cooked food will go up in the next couple of weeks, but she’s unfettered.

“During the floods, we helped cook for 2000 people. So this is nothing,” she said, with a smile.

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सत्यमेव जयते



राष्ट्रीय स्वास्थ्य मिशन



Role of Frontline Workers in Prevention and Management of CORONA VIRUS

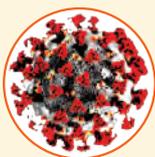


As you know a new respiratory disease called COVID-19 is spreading across the world. India has also reported cases from states and the government is trying to contain the spread of the disease. As an important frontline worker, you play a major role in preventing its spread.

Your Role as a Frontline Worker is two-fold:

1. Spread key messages in the community about measures to prevent the infection.
2. Take actions for early detection and referral of suspected COVID-19 cases.

As a key member of the primary health care team, we want you and your family to be safe. Following the advice in this document will help you in staying safe.



What is COVID-19?

COVID-19 is a disease caused by the “novel corona virus”. **Common symptoms** are:

- ▶ **Fever**
- ▶ **Dry cough**
- ▶ **Breathing difficulty**
- ▶ Some patients also have aches and pains, nasal congestion, runny nose, sore throat or diarrhoea

About 80% of confirmed cases recover from the disease without any serious complications. However, one out of every six people who gets COVID-19 can become seriously ill* and develop difficulty in breathing. In more severe cases, infection can cause severe pneumonia and other complications which can be treated only at higher level facilities (District Hospitals and above). In a few cases it may even cause death.

* Source: WHO

How does COVID-19 spread?

- ▶ COVID-19 spreads mainly by droplets produced as a result of coughing or sneezing of a COVID-19 infected person. This can happen in two ways:
 - ◆ **Direct close contact:** one can get the infection by being in close contact with COVID-19 patients (within one Metre of the infected person), especially if they do not cover their face when coughing or sneezing.
 - ◆ **Indirect contact:** the droplets survive on surfaces and clothes for many days. Therefore, touching any such infected surface or cloth and then touching one’s mouth, nose or eyes can transmit the disease.
- ▶ The incubation period of COVID 19 (time between getting the infection and showing symptoms) is 1 to 14 days
- ▶ Some people with the infection, but without any serious symptoms can also spread the disease.

Which group of people are at higher risk of getting infected?



- ▶ People who have travelled to other countries in last 14 days and their family members.
- ▶ People coming from other states if they have been working with people who travelled to other countries in last 14 days.
- ▶ Family members and contacts of patients confirmed to have COVID-19.
- ▶ People older than 60 years of age and people with medical problems like high blood pressure, heart problems, respiratory disease/asthma, cancer or diabetes are at higher risk for developing serious complications..

Key messages to spread for prevention of COVID-19

1. How to avoid getting COVID-19 or spreading it?



a) Practice Social Distancing:

- ▶ **Avoid gatherings** such as melas, haats, gatherings in religious places, social functions etc.
- ▶ **Maintain a safe distance** of at least one Metre between you and other people when in public places, especially if they are having symptoms such as cough, fever etc. to avoid direct droplet contact.
- ▶ **Stay at home** as much as possible.
- ▶ **Avoid physical contact** like handshakes, hand holding or hugs.
- ▶ **Avoid touching surfaces** such as table tops, chairs, door handles etc.



b) Practice good hygiene

- ▶ **Wash your hands frequently using soap and water:**
 - ◆ After coming home from outside or meeting other people especially if they are ill.
 - ◆ After having touched your face, coughing or sneezing.
 - ◆ Before preparing food, eating or feeding children.
 - ◆ Before and after using toilet, cleaning etc.



Steps of hand washing



Duration 40 seconds



- ▶ While coughing or sneezing cover your nose and mouth with handkerchief. Wash the handkerchief at least daily
- ▶ It is preferable to **cough/sneeze into your bent elbow rather than** your palms.





- ▶ **Do not Spit or shout** in public places to avoid the spread of droplets.
- ▶ **Do not touch your eyes, nose and mouth** with unclean hands.
- ▶ Ensure that the surfaces and objects are regularly cleaned.

2. What to do if you are having symptoms or have travelled to other countries or states in past two weeks?

- Symptoms of COVID 19 and seasonal respiratory illness (common cold/flu) are similar. All people with these symptoms may not have COVID 19.
- Following persons should be quarantined for 14 days at home as a precaution:
 - ▶ People who have travelled to COVID 19 affected countries/areas in past 14 days
 - ▶ Those who have come in close contact with a suspected/confirmed COVID 19 patient
 - ▶ Those who develop symptoms
- These persons should inform you. If symptoms become severe then the person should visit a health facility after speaking with you.



For any COVID 19 related queries, call your State Helpline/Ministry of Health & Family Welfare's 24X7 helpline at **1075** or **011-23978046**.

Your role in early detection and referral



- ▶ As a community worker you may be asked to prepare a line list of all people who have travelled to other countries or other states inside India in last 14 days:
 - ◆ Share their names with your Medical Officer at PHC but not with others
 - ◆ Teach them Home Quarantine for next 14 days
 - ◆ Tell them to monitor themselves for symptoms of COVID-19
 - ◆ Tell them to inform you if symptoms develop and call the COVID 19 Helpline



- ▶ **Instructions for the person being Home Quarantined**
 - ◆ Stay in a separate room at home, if possible with an attached/separate toilet. Try to maintain a distance of at least 1 meter from others
 - ◆ Wear a mask at all times. If masks are not available, take a clean cotton cloth, fold it into a double layer and tie it on your face to cover your nose and mouth
 - ◆ Use separate dishes, towels, bedding etc. which should be cleaned separately
 - ◆ The surfaces such as floor, table tops, chairs, door handles etc. should be cleaned at least once a day
 - ◆ Make sure that only one assigned family member is the caretaker



- ▶ **Instructions for the caretaker of the Home Quarantined person:**
 - ◆ Keep a distance of one metre when entering the room
 - ◆ Wear a mask or cover your face with double layered cotton cloth
 - ◆ Wash your hands after coming out of the room

- ▶ **How to use masks (or cloth covering the nose and mouth)**
 - ◆ Wash your hands before putting on the mask
 - ◆ Make sure that it covers both mouth and nose and is not loose.
 - ◆ Do not touch the mask from the front, touch only from the sides.
 - ◆ Make sure to wash your hands after changing the mask
 - ◆ Change the mask every 6-8 hours or when it becomes moist
 - ◆ If using disposable masks, have a dustbin with cover and a plastic bag lining to throw the masks in.
 - ◆ If using cloth masks, wash them at least daily

How to take care of yourself and carry on with your duties as a frontline worker?

- ▶ **Take all preventive measures** that you are talking about in the community such as keeping safe distance, washing hands frequently including before and after home visits. Carry your own soap if necessary
- ▶ If you are visiting or **accompanying a suspected case** to any health facility, make sure to cover both your mouth and nose with folded cloth or mask.
- ▶ If you are conducting community meetings or supporting outreach sessions the **groups should not be larger than 10-12 people.**
- ▶ Maintaining safe distances for those living in crowded areas or the homeless is going to be difficult. Even then you should inform them about preventive measures and support them as required.
- ▶ **Self-monitor** for signs of illness and report to the Medical Officer, immediately if any symptoms develop.
- ▶ **Ensure that you continue to undertake tasks** related to care of pregnant women, newborns and sick children, Post Natal Care, Breastfeeding and Nutritional Counselling, TB and NCD patient follow up while taking preventive measures.
- ▶ Remember older people are at higher risk, so take **special care to visit homes of elderly people.**
- ▶ **Continue to pay special attention to the marginalized,** as is your routine practice.
- ▶ Also as the people's trusted health worker, try to **reassure them** that while those with symptoms and high risk need close attention, for others, prevention measures will decrease the risk of getting the disease.

Myths vs. reality for COVID-19

As COVID-19 is a new condition, there are many common myths.

Myths	Facts
1. The corona virus can be transmitted through mosquitoes.	The corona virus CANNOT be transmitted through mosquito bites.
2. Everyone should wear a mask.	People who should wear a mask are: <ul style="list-style-type: none"> ▶ Those having symptom of fever, cough etc. ▶ Healthcare workers in facilities caring for ill people ▶ The assigned care taker of a home quarantined person ▶ Even those wearing masks should wash their hands frequently
3. Only people with symptoms of COVID-19 can spread the disease.	Even people with the COVID-19 infection but no symptoms can spread the disease.
4. Eating garlic and drinking alcohol can prevent COVID 19	Eating garlic and drinking alcohol DOES NOT prevent COVID 19



Ministry of Health & Family Welfare
Government of India





सत्यमेव जयते

MINISTRY OF AYUSH

AYURVEDA'S IMMUNITY BOOSTING MEASURES FOR SELF CARE DURING COVID 19 CRISIS

In the wake of the Covid 19 outbreak, entire mankind across the globe is suffering. Enhancing the body's natural defence system (Immunity) plays an important role in maintaining optimum health.

We all know that prevention is better than cure. While there is no medicine for COVID-19 as of now, it will be good to take preventive measures which boost our immunity in these times.

Ayurveda, being the science of life, propagates the gifts of nature in maintaining healthy and happy living. Ayurveda's extensive knowledge base on preventive care, derives from the concepts of "*Dinacharya*" - daily regimes and "*Ritucharya*" - Seasonal regimes to maintain healthy life. It is a totally plant-based science. The simplicity of awareness about oneself and the harmony each individual can achieve by uplifting and maintaining his or her immunity is emphasized across Ayurveda's classical scriptures.

Ministry of AYUSH recommends the following self-care guidelines for preventive health measures and boosting immunity with special reference to respiratory health. These are supported by Ayurvedic literature and scientific publications –

RECOMMENDED MEASURES

I | General Measures



1. Drink warm water throughout the day.



2. Daily practice of Yogasana, Pranayama and meditation for at least 30 minutes as advised by Ministry of AYUSH (#YOGAatHome #StayHome #StaySafe)



3. Haldi (Turmeric), Jeera (Cumin), Dhaniya (Coriander) and Lahsun (Garlic) is recommended in cooking.

II | Ayurvedic Immunity Promoting Measures



1. Take Chyavanprash 10gm (1tsf) in the morning. Diabetics should take sugar free Chyavanprash.



2. Drink herbal tea / decoction (Kadha) made from Tulsi (Basil), Dalchini (Cinnamon), Kalimirch (Black pepper), Shunthi (Dry Ginger) and Munakka (Raisin) - once or twice a day. Add jaggery (natural sugar) and / or fresh lemon juice to your taste, if needed.



3. Golden Milk- Half tea spoon Haldi (turmeric) powder in 150 ml hot milk - once or twice a day.

III Simple Ayurvedic Procedures



1. Nasal application - Apply sesame oil / coconut oil or Ghee in both the nostrils (Pratimarsh Nasya) in morning and evening.



2. Oil pulling therapy - Take 1 table spoon sesame or coconut oil in mouth. Do not drink, Swish in the mouth for 2 to 3 minutes and spit it off followed by warm water rinse. This can be done once or twice a day.

IV During dry cough / sore throat



1. Steam inhalation with fresh Pudina (Mint) leaves or Ajwain (Caraway seeds) can be practiced once in a day.



2. Lavang (Clove) powder mixed with natural sugar / honey can be taken 2-3 times a day in case of cough or throat irritation.



3. These measures generally treat normal dry cough and sore throat. However, it is best to consult doctors if these symptoms persist.

* The above measures can be followed to the extent possible as per an individual's convenience.

These measures are recommended by following eminent Vaidyas from across the Country as they may possibly boost an individual's immunity against infections.

- | | |
|---|--|
| 1. Padma Shri Vaidya P R Krishnakumar, Coimbatore | 9. Vaidya M S Baghel, Jaipur |
| 2. Padma Bhushan Vaidya Devendra Triguna, Delhi | 10. Vaidya R B Dwivedi, Hardoi UP |
| 3. Vaidya P M Varier, Kottakkal | 11. Vaidya K K Dwivedi, Varanasi |
| 4. Vaidya Jayant Devpujari, Nagpur | 12. Vaidya Rakesh Sharma, Chandigarh |
| 5. Vaidya Vinay Velankar, Thane | 13. Vaidya Abhichal Chattopadhyay, Kolkata |
| 6. Vaidya B S Prasad, Belgaum | 14. Vaidya Tanuja Nesari, Delhi |
| 7. Padma Shri Vaidya Gurdeep Singh, Jamnagar | 15. Vaidya Sanjeev Sharma, Jaipur |
| 8. Acharya Balkrishna ji, Haridwar | 16. Vaidya Anup Thakar, Jamnagar |

Disclaimer: The above advisory does not claim to be treatment for COVID 19.



DO No. A-60022/03/2020-E.II

March 27, 2020

Dear Colleague,

**Subject: Measures in the wake of Novel Corona Virus-
Covid 19.**

Sir/Madam,

All of us are aware that the Country is engaged in the challenging task of combating the spread of Novel Corona virus- Covid 19 hence it is imperative that everyone must follow what Hon'ble Prime Minister has emphasised in his address to the nation on 24th March, 2020 on a Nation-wide 21-day lockdown and social distancing to ensure that the chain of the virus infection is broken.

2. Importance of Panchayati Raj Institutions (PRI) representatives and functionaries in effective implementation of 21-day lockdown, including social distancing, in rural areas assumes significance as they are not only elected representatives of the local population but also have a direct connect with the people in their villages / Gram Panchayats. States are requested to proactively advise all the PRI representatives / functionaries of the 3 tier Panchayati Raj System, requesting them to disseminate following information:

3. Sensitizing all the inhabitants of Gram Panchayats, Block Panchayats and District Panchayats about the threat posed by the Novel Corona virus- Covid 19

- i. Implementing preventive public health measures during the lockdown period where the rural population stays indoors
- ii. To implement social distancing measures at pharmacies, grocery, vegetable, milk shops/ vending points, bank branches, ATMs, petrol pumps, cooking gas outlets etc.
- iii. Frequent washing of hands with soap and water
- iv. Intimating local police and administrative authorities in-case migrants who have returned to their villages from within or outside the country, develop symptoms like sneezing, dry cough, fever, shortness of breath and breathing difficulties, helping in putting these people under quarantine, wherever required and as far as possible.

3. PRI representatives and functionaries should not only make local communities aware but should also keep a constant vigil on the health of people within their jurisdiction and any suspected case of Covid-19 may be reported immediately to the Health Authorities without any delay. Further PRI representatives must also facilitate continuous availability of necessary provisions within their jurisdiction. State Governments and UT Administrations may make necessary arrangements and issue detailed guidelines in this regard.

4. Ministry of Rural Development is also taking expeditious steps to liquidate outstanding wage and material dues under Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS). Necessary releases under all flagship schemes to States and UTs has started and would continue till 15th April, 2020. Special interventions have been announced for enhancing MGNREGS wages, giving ex-gratia payments to old age, widow and disability pension beneficiaries, giving ex-gratia payments to women Jan Dhan account holders etc. This should go a long way to address the liquidity issues in rural areas.

5. As many of the rural Self Help Groups (SHGs) are now engaged in production of masks, sanitizers and soaps, therefore, the State Governments may like to encourage them to produce the required quantities of prescribed quality in consultation with their respective Health Departments. However, the States / UTs will have to ensure that the items produced meet the necessary standards.

6. The above actions are only suggestive and the States and UTs may like to take other appropriate actions fully utilizing the Panchayati Raj Institutions to ensure that hardships to the villagers are mitigated.



(Rajesh Bhushan)
Secretary

Department of Rural Development



(Sunil Kumar)
Secretary

Ministry of Panchayati Raj

To
Addl. Chief Secretaries/Principal Secretaries/Secretaries incharge of
Panchayati Raj and Rural Development Departments in all States / UTs.

Copy to :

1. Principal Secretary to Prime Minister
2. Cabinet Secretary
3. Private Secretary / OSD to Hon'ble Minister, Rural Development
4. Private Secretary to Hon'ble Minister of State, Rural Development
5. All JS-level and above officers of Ministry of Panchayati Raj and Department of Rural Development.



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D. O. No. G-39011/2/2017-FD

10th June, 2020

Dear Chief Secretary,

In the last two months, the country has been faced with an unprecedented situation arising out of the COVID-19 pandemic and the consequent lockdown. While the country has gained time during the lockdown to ramp up health facilities, prevent a rapid surge in COVID-19 cases and keep the mortality rate in check, the biggest challenge before Central and State Authorities in rural areas at this juncture is to provide employment opportunities to returning migrant labourers and rural labourers which is commensurate with their skill sets. However, at the same time there can be no let up in community vigil and strict adherence to guidelines issued by the Health Authorities to check spread of COVID-19.

2. A sample of skill mapping data of migrant labourers undertaken by some States in the past few days/weeks reveals that majority of workers have skills relating to construction industry. It is understood that these skilled workers may not be willing to work as unskilled labourer on Mahatma Gandhi NREGS work sites. Further, as per available information, in several States, a large number of isolation /quarantine centres in rural areas have been set up in Primary/Upper Primary School buildings. These will need to be vacated once the schools reopen. As per available information, it appears that the effect of COVID-19 pandemic is likely to continue for some time at least. Hence, the requirement for continued establishment of isolation / quarantine centers in rural areas is likely to persist in the near foreseeable future.

3. With a view to provide employment to persons in rural areas as per their skill sets and also to strengthen community infrastructure to enable Gram Panchayats (GPs) to effectively meet the challenges, it has been decided by Government of India to permit utilization of 14th Finance Commission (FC) grants available with Gram Panchayats as well the ensuing 15th FC untied grants (which they will be receiving shortly) during 2020-21 towards construction of specific community assets like Gram Panchayat Bhawans apart from undertaking repair and maintenance of other Public Buildings/Assets located in the Gram Panchayat by engaging and utilizing the services of the skilled/unskilled workers for the same.

4. According to available information, there are about 60,346 Gram Panchayats which do not have Panchayat Bhawans. A statement showing State wise availability of unspent 14th FC Funds (as per information available in PRIASoft), likely allocation under 15th FC, deficit GP Bhawans is enclosed.

5. The maximum approved unit cost for Gram Panchayat Bhawan by Ministry of Panchayati Raj is Rs. 20 lakh. It has been decided to meet 50% cost of Panchayat Bhawan through Finance Commission Funds and 50% of the cost from Mahatma Gandhi NREGS funds. In case the available unspent balance under 14th FC available with GP is insufficient to meet the 50% cost of Panchayat Bhawan, the deficit may be met by utilizing the 'untied funds' likely to be made available to GPs under 15th FC or State Finance Commission (SFC) Grants or Own Sources of Revenue(OSR).

6. Further, GPs may also undertake repair and maintenance of other Public Buildings/Assets located in the Gram Panchayat such as Primary/Upper Primary Schools, Health Sub Centres, Cooperative Stores selling seed and fertilizers etc., wherever necessary by utilizing the Finance Commission funds.

8. It is reiterated that the aforesaid decision has been taken to meet the key infrastructure deficit in rural areas and to provide immediate employment opportunities to skilled and unskilled manpower currently available in rural areas through convergence of Central Finance Commission and Mahatma Gandhi NREGS funds. **These works need to be initiated immediately and completed within this financial year in a mission mode.** Further, this decision is valid ONLY for the current financial year.

9. We believe that if the State Authorities also decide to permit utilization of funds made available under State Finance Commission recommendations, Own Sources of Revenue (OSR) of the Panchayats and/or State schemes to meet any deficit, it should be possible to fully wipe out the key infrastructure deficit in rural areas for Gram Panchayat Bhawans.

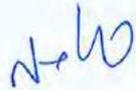
10. Efforts may also be made by Gram Panchayat to converge Finance Commission funds with Mahatma Gandhi NREGA for taking up other works which are permissible under Mahatma Gandhi NREGA and Finance Commission guidelines, including those for the SHG Collectives at village levels(Maximum Cost Limit-Rs15 lakh), esp. in villages not having Panchayat Bhawan or any other community infrastructure. It is suggested that the same may be made available for community events at a charge decided by the Collective. The cost of such works should be shared between the Mahatma Gandhi NREGA funds and FC funds & other Panchayat Funds equally.

11. In light of the above, we request that suitable instructions may forthwith be issued to officers of concerned Departments to immediately work out their strategy for each District and communicate the same to Ministry of Panchayati Raj and Ministry of Rural Development the number of GP Bhawans proposed to be constructed during current financial year under this special dispensation at the earliest. All the provisions and guidelines of Mahatma Gandhi NREGA should be adhered to during implementation of works taken under convergence with Mahatma Gandhi NREGS.

With warm regards,

Yours sincerely,


10.6.20
(Sunil Kumar)


(Nagendra Nath Sinha)

Encl. a/a

All Chief Secretaries, States. (As per list attached)

State	No. of RLBs/TLBs as per LGD	FFC Unspent Balance (Rs. In crore) As on 01.04.20	XV FC Fund allocation		Panchayat Bhawans
			Tied	Un-Tied	Estimated deficit
Andhra Pradesh	13,371	715	1,313	1,313	1,615
Arunachal Pradesh*	1,785	-	116	116	1,233
Assam	2,197	2,398	802	802	292
Bihar*	8,387	-	2,509	2,509	1,055
Chhattisgarh	11,655	780	727	727	692
Goa	191	55	38	38	90
Gujarat*	14,292	-	1,598	1,598	227
Haryana	6,197	570	632	632	3,827
Himachal Pradesh	3,226	658	215	215	9
Jammu & Kashmir**	4,290	768			1,257
Jharkhand	4,353	958	845	845	279
Karnataka	6,021	1,967	1,609	1,609	460
Kerala*	941	-	814	814	3
Ladakh**	192	14			-
Madhya Pradesh	22,812	979	1,992	1,992	0
Maharashtra	27,877	3,673	2,914	2,914	3,794
Manipur	161	19	89	89	57
Meghalaya #	8,998		91	91	-
Mizoram #	823		47	47	114
Nagaland #	1,270		63	63	633
Odisha	6,798	2,889	1,129	1,129	0
Punjab	13,261	216	694	694	7,618
Rajasthan	11,341	3,258	1,931	1,931	1,928
Sikkim	185	52	21	21	43
Tamil Nadu	12,523	3,908	1,804	1,804	2,650
Telangana	12,769	915	924	924	4,390
Tripura	591	58	96	96	56
Uttar Pradesh	58,762	4,314	4,876	4,876	26,318
Uttarakhand	7,791	258	287	287	1,601
West Bengal*	3,340	-	2,206	2,206	38
Total	2,66,400	29,422	30,375	30,375	60,279

Source:

14th FC = PRIASoft

15th FC = XV FC recommendation

Note:

* States not on-board PRIASoft-PFMS Interface; so unconfirmed.

** J&K and Ladakh UTs as on 31.10.2019

FFC funds not allocated under 14th FC

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Shri Deepak Kumar,
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Government of Bihar
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Shri R. P. Mandal,
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Shri M. S. Rao,
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Government Meghalaya,
Civil Secretariat Building,
Shillong -793001.

Shri Lalnunmawia Chuaungo,
Chief Secretary,
Government of Mizoram,
Aizwal – 796001.

Shri Talitemjen Toy,
Chief Secretary,
Government of Nagaland,
Secretariat,
Kohima -797001.

Dr. Asit Kumar Tripathy,
Chief Secretary
Government of Odisha
Odisha Secretariat
Bhubneshwar-751001.

Dr. Karan A. Singh,
Chief Secretary
Government Punjab,
Punjab Civil Secretariat,
Chandigarh -160001.

Shri Devendra Bhushan
Gupta,
Chief Secretary,
Government Rajasthan,
Secretariat,
Jaipur -302005.

Shri S. C. Gupta,
Chief Secretary,
Government Sikkim,
Tashiling Secretariat,
Gangtok -737101.

Shri K. Shanmugam,
Chief Secretary,

Government of Tripura,
Civil Secretariat,
Agartala -799001.

Shri Rajender Kumar Tiwari,
Chief Secretary,
Government Uttar Pradesh,
101, Lok Bhawan, UP Civil
Secretariat,
Vidhan Sabha Marg,
Lucknow -226001.

Shri Utpal Kumar Singh,
Chief Secretary
Government of Uttarakhand
Dehradun -248001.

Shri Rajiva Sinha,
Chief Secretary,
Government of West Bengal,
Writers' Building,
Kolkata-700001.



Bharat Lal
Additional Secretary
&
Mission Director

National Jal Jeevan Mission
Government of India, Ministry of Jal Shakti
Department of Drinking Water and Sanitation

No. 11048/4/2020- Water-DDWS

Dated the 13th April, 2020

**Advisory in compliance of Hon'ble Supreme Court's order dated 03.04.2020 in
WP (PIL) No.10808/2020**

Madam/ Sir,

Please find enclosed a copy of the Writ petition(PIL number 10808 of 2020), order of Hon'ble Supreme Court dated 3/4/2020 in the writ petition and an advisory note of National Jal Jeevan Mission, detailing the requirements and suggested course of action for compliance of orders of the Hon'ble Court.

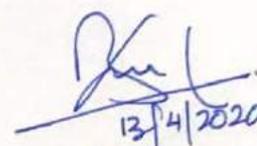
2. It may be seen that the Hon'ble Court in its order has directed the respondents to treat the petition as a representation and act upon the prayers made therein appropriately. In the list of prayers, *inter alia*, it has been prayed to ensure clean water to the citizens, including those residing in shelter homes or are undergoing quarantine/ treatment during the period of pandemic COVID- 19 conditions.

3. As per Ministry of Finance, Dept. of Expenditure OM 55(5)/ PF-II/ 2011 dated 6.9.2016, and subsequent modifications issued, flexi fund under JJM can be used to meet the requirement arisen due to calamity. Thus, provision of flexi fund upto 25% of the annual allocation is already existing in the Jal Jeevan Mission. It is reiterated that the flexi-funds under the Jal Jeevan Mission can be utilized for mitigating drinking water requirements during calamities and wherever needed. It is also to be ensured that potable water supply as an essential service has to be maintained and necessary arrangements for manpower, chemicals, water testing, operation and maintenance, etc. to be made. In case, people involved in running the water supply systems get infected, alternate arrangement has to be in place so as there is no breakdown in the service.

4. The State Government may utilize such funds for compliance of directions of Hon'ble Court and largely for giving relief to the people during the period of lockdown. Further, you are also requested to comply with relevant instructions issued by the Ministry of Home affairs, Government from time to time, to combat the COVID-19 pandemic by following the prescribed protocols.

With warm regards

Yours Sincerely,


13/4/2020
(Bharat Lal)

Enclosure: As above

To

Chief Secretary/ Administrator/ Advisor to Lieutenant Governors
All States/ UTs.

Copy for information and necessary action to:

1. Additional Chief Secretary/ Principal Secretary/ Secretary, In-charge Rural Water Supply Department, All States/ UTs.
2. Chief Engineer, Rural Water Supply Department, All States/ UTs.

Copy for information to:

1. Home Secretary
2. Secretary, D/o Health and Family Welfare
3. Secretary, M/o Housing and Urban Affairs

Advisory for ensuring safe drinking water during lock down and effective management of pandemic caused by Corona Virus

COVID-19 has taken pandemic proportions in many countries and in view of the seriousness of the matter, Govt of India and State Governments have taken several pre-emptive measures to contain this disease in the country. Frequent washing of hands with frothing soaps is recognized as most efficient and effective measure in the listed preventive measures for controlling the spread of the virus. Thus, there is an urgent need to ensure that safe potable water is available to all citizens particularly in the rural areas where facility of medical sanitizers may not be available.

Public Health Engineering Departments/ Boards/ Nigams of the State Governments need to accord top priority for taking measures to augment supply in areas where water supply may be deficient as of now and special care may be given to vulnerable sections of the society like people residing in relief camps, places of quarantine, hospitals, old age homes, poor strata of society, slums, etc. It will be appropriate to integrate the identified needs of potable water in the micro-plans of the districts being formulated to combat the spread of COVID-19 disease.

Further, wherever chemical treatment for enhancing the safety of potable water is required, appropriate purifying chemicals like Chlorine tablets, bleaching powder, Sodium hypochlorite solution, Alum, etc. as may be needed, should be used. State Governments may assess the requirements of water purifying chemicals and availability of the same. In case the supply of the same is deficient, to meet the immediate requirement, then suitable intervention for their procurement from elsewhere sources may be resorted to. The purifying chemicals are among the essential commodities and therefore it may be ensured that these are part of the running supply chain.

In addition, sufficient field test kits may be made available to the villagers trained in their use and they may be advised to do periodic testing of water supplied and alert all concerned in the event of any contamination.

Arrangements for round the clock vigil may be made to ensure functionality of water supply systems from source to delivery points.

Personal safety measures like masks, sanitisers, etc. may be provided to the officials of PHED, particularly who are managing the operation and maintenance of the water supply systems in the field. Alternate arrangement should be in place to replace the staff managing water supply, in case they get infected.

It is possible that demand during this period may go up and if people have to fetch water from the public stand post, supply hours may be required to be increased to ensure social distancing.

Further, existing grievance redressal mechanism may be strengthened so that any interruption in water supply can be immediately brought to the notice of all the concerned and timely action can be ensured to reinstate the supply.

The principles of social distancing and relevant instructions issued by the Ministry of Home affairs, GoI to combat the COVID -19 pandemic may be complied with, by following the prescribed protocols.

The Registrar General (Judicial),

Supreme Court of India,

Tilak Marg, Delhi

Subject: URGENT MATTER- PIL on provision of CLEAN WATER and other reliefs mentioned in the petition to fight against COVID19.

Respected Sir,

Listing of the urgent PIL is requested before the Supreme Court Justice(s), to plead for directions regarding provision of clean water and sanitation to 166 million Indians who continue to lack access along with other prayers mentioned in the petition. Unfortunately, despite access to Water being one of the crucial aspect in fighting COVID Pandemic, no steps have been taken by the Centre or State Government to ensure clean and sufficient water supply to all people within India.

We are deeply disturbed by the plight of marginalised and destitute Indian population who will be facing a massive Pandemic in the coming days. We have come to realise that the Government of India and State governments have not taken any effective measures for securing the right to water and sanitation for all persons living in India. There have been disturbing reports on the lack of PPE for sanitation workers and scientific reports stating how important water and sanitation is in fight against COVID19.

Through this petition we are praying the Hon'ble Supreme Court to:

- Impose urgent positive duty upon state and non-state actors to ensure that the right to water remains available and cost-free at all times during the disaster.
- Ensure that urgent steps are taken in making clean water and sanitary conditions available to all persons in India.
- Direct State governments and Central agencies to stop all activities of manual scavenging, rehabilitate manual scavengers and provide PPE to the Sanitation worker in the wake of COVID 19 pandemic.
- Direct State governments and Central agencies to ensure open defecation is prohibited in the entire country in the wake of COVID 19 pandemic.

Regards
Rohit Samhotra
Advocate
P-2057/2015

IN THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION
WRIT PETITION (C) NO. _____ OF 2020 (P.I.L)
PUBLIC INTEREST LITIGATION
(UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA)

IN THE MATTER OF:

POSITION OF PARTY:

Between

In this Court

Rohit Samhotra and Another

....Petitioners

AND

Union of India and Ors.

....Respondents

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IN THE SUPREME COURT OF INDIA

ORIGINAL JURISDICTION
WRIT PETITION (C) NO. _____ OF 2020 (P.I.L)
PUBLIC INTEREST LITIGATION
(UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA)

IN THE MATTER OF:

POSITION OF PARTY:

Between

In this Court

1. Rohit Samhotra,
H.no. 624,
Sector 16D,
Chandigarh
160015

....Petitioner no. 1

2. Ritumbra Manuvie,
H.no.360, Sector-19,
Faridabad
121002

....Petitioner no. 2

AND

1. Union of India,
Through Secretary,
Ministry of Home Affairs,
Jai Singh Marg,
Hanuman Road Area,

Connaught Place,
New Delhi
110001
jscpg-mha@nic.in

....Respondent no. 1

2. Ministry of Health & Family Welfare
Through Secretary,
Near Udyog Bhawan Metro Station,
Maulana Azad Rd,
New Delhi,
Delhi 110011
secyhfw@nic.in

....Respondent no. 2

3. Ministry of Water and Sanitation
Through Secretary,
C Wing, 4th Floor,
Pt. Deendayal Antyodaya Bhawan,
CGO Complex, Lodhi Road,
New Delhi 110003
param.iyer@gov.in, secydws@nic.in

....Respondent no. 3

PUBLIC INTEREST LITIGATION UNDER ARTICLE 32 READ
WITH ARTICLE 142 OF THE CONSTITUTION OF INDIA.

To,

THE HON'BLE CHIEF JUSTICE AND HIS COMPANION JUSTICES OF
THE SUPREME COURT OF INDIA.

THE HUMBLE PETITION OF THE PETITIONERS AS
ABOVENAMED.

MOST RESPECTFULLY SHOWETH,

1. That the petitioners herein are filing the instant writ petition in public interest under Article 32 read with Article 142 of the Constitution of India for the enforcement of rights under Article 14 and 21 of the persons seeking a writ directing the respondents for the prayers mentioned in this petition in the view of COVID-19 pandemic.

2. That on 23rd March 2020 a group of 10 eminent UN Experts have stated that governments must ensure access to continuous and sufficient water to their populations in order to effectively fight the COVID-19 pandemic. They further asserted that as washing hands with soap and clean water is vital in the fight against COVID-19, the global struggle against the pandemic has little chance to succeed if personal hygiene, the main measure to prevent contagion, is unavailable to the citizenry, especially to those living with intersectional vulnerabilities in urban and rural slums. The copy of the statement issued is annexed as **Annexure P-1**.

3. That World Health Organization has established that thoroughly and frequently washing hands with soap and water are the only '*gold standard*' for prevention of and contamination

from COVID-19. Similar, guidelines have been shared by medical experts across the world, who have repeatedly said that while alcohol-based hand-sanitizers can be effective it does not guarantee the removal of all bacteria and viruses and can in fact cause the microbes to develop immunity and mutate into a more resistant variety. The copy of guidance issued by WHO is annexed as **Annexure P-2**. The copy of advisory issued by Centers for Disease Control and Prevention, USA is annexed as **Annexure 2A**.

4. That Indian Centre for Medical Research has stated in its COVID-19 prevention FAQs that thoroughly washing hands with soap and water for 20 seconds is most useful. They have further stated that alcohol-based hand-sanitizers are also effective, however, they have not stated any guideline on the composition or use of the sanitizers. The copy of FAQs for Patients with Hypertension, Diabetes and Heart Diseases in view of Coronavirus/COVID-19 Pandemic is annexed as **Annexure 3**.

5. That the global medical advice is to use a hand-sanitizer which constitute 60% alcohol for a minimum of 20 seconds (before evaporation of alcohol) to ensure neutralization of COVID-19. However, the validity of this claim is unfound, as the study that the guideline refers to while comparing the various

forms of hand-hygiene says that a minimum of 6ml of hand-sanitizer rubbed for 60 second is required to remove viral and bacterial microbes. The copy of review article is annexed as **Annexure P-4.**

6. That the above mentioned article further concludes that such high-level of alcohol-based hand-sanitization can cause problems of flammability amongst those involved in food-preparation, causing grave injuries. This is problematic especially for women in rural areas whose lives is on additional risk due to open-stove cooking across India.

7. That further, it is not known how the hand-sanitization bottles which are highly-flammable will be safely disposed. Indian Land-fills are already struggling with massive plastic pollution and these bottles will only add to the environmental burden through which yet another problem will be created in long-term.

8. That the provision of clean water is the most appropriate and key measure in fighting COVID-19 pandemic. However, it is humbly submitted that there are grave inconsistencies in the access to clean water, which can be summarised as follows:

- a Down to Earth has reported on 23 March 2018 that approximately 166 million people in India still do not have

access to clean water and approx. 541 Million people lack access to proper sanitation, with scarcity felt more acutely in urban slums and rural areas for drinking water and sanitation respectively. These figures were also cross-checked with the NITI Ayog Report of 2018 titled Composite Water Management Index, published on 12th June 2018.

a As per the several scientific studies conducted by reputed institutes, the most vulnerable areas for water depletion are Punjab, Haryana, Rajasthan, Gujarat and Delhi. The copy of an article summarising that India is running out of water is annexed as **Annexure P-5**. These estimations are further cross-checked with Aquaduct data supported by the World Resource Institute. The copy of visual data simulation of ground water, and general water stress are annexed as **Annexure P-5 (A&B)** respectively. After conducting a survey on Drinking Water, Sanitation, Hygiene and Housing condition in India, a report was published by Press Information Bureau, Government of India, Ministry of Statistics & Programme Implementation. The copy of report is annexed as **Annexure P-5 (C)**.

b Every year approximately 37.7 million people in India are affected by waterborne diseases due to contamination of

water by bacteria (E coli, Shigella, Vibrio cholerae), viruses (Hepatitis A, polio virus, rota virus) and parasites (E. histolytica, Giardia, hook worm). And the NITI Ayog report has shown that approximately 2,00,000 people in India die every year due to water borne diseases.

9. That the Human Right to Water and Sanitation (HRWS) was recognised as a human right by the United Nations, General Assembly on 28 July 2010 through resolution no. 64/292. The copy of Resolution is annexed as **Annexure P-6**.

10. That the Hon'ble Supreme Court has emphasised the importance of the Right to access to safe and clean water in **Bandhua Mukti Morcha vs. Union of India** [1984 AIR 802, 1984 SCR (2) 67]. The Hon'ble Supreme Court in **Subhash Kumar v State of Bihar** [1991 AIR 420, 1991 SCR (1) 5] held that Right to life is a fundamental right under Article 21 of the Constitution and it includes the right of enjoyment of pollution free water and air for full enjoyment of life. In **State of Karnataka vs State of Andhra Pradesh** [AIR 2001 SC 1560], this Hon'ble Court held that the right to water is a right to life, and thus a fundamental right. In **Narmada Bachao Andolan vs Union of India** [(2000) 10 S.C.C. 664] (2000), it was again reiterated that '*water is the basic need for the survival of human beings and is part of the right to life and human rights*'.

11. That the principle of Roman Law '*salus populi est suprema lex*' (welfare of the people is paramount law) is the abiding faith in Indian Constitution and the '*State is assigned a positive role to help people realize their rights and needs*'. Apart from the interpretation of Article 21 by the Hon'ble Supreme Court, Directive Principles of State Policy also lay down guiding principles of Governance for the State as to best sub serve needs of its people.

12. That however, despite the Central government's planning with respect to countering COVID-19 pandemic, **no guidelines have been issued to ensure clean water and sanitary facilities.**

a Ministry of Health and Family Welfare, which has focused on provision of hand-sanitizers as a quick fix but not on provision of clean water and Sanitation facilities;

b Or the Department of Water and Sanitation, has not issued any notification on provision of clean water and sanitation facilities during the Pandemic;

c Or the Ministry of Home Affairs, has not issued any notification with regards to continued availability of clean and safe water and sanitation for 1.35 billion Indians;

d Or the Prime Minister Office– has not issued any notification on availability of clean water or Sanitation facilities;

e Or the Swatch Bharat Mission have not issued any specific guidelines to ensure supply of clean water and sanitation facilities.

13. That it is also submitted that a recent study in Netherlands has found SARS-Covid-2 RNA remains in the sample testing of sewage water. The copy of the study is annexed as **Annexure P-7**. And hence, maintenance of clean water and sanitization for all people inside Indian Territory becomes highly crucial for tackling the COVID-19 outbreak.

14. That the necessity of tackling water and sanitation crisis in light of COVID-19 has also been highlighted by the WHO, Times Magazine (especially in context of India) and various Humanitarian actors across the globe who have terms '*hand hygiene as a luxury of the privileged class who can lock themselves up in self-isolation and can spend money stock-piling hand-sanitizers*'.

15. That a recent study '***Prolonged presence of SARS-CoV-2 viral RNA in faecal samples***' published online on Lancet Journal suggests that the possibility of extended duration of viral

shedding in faeces, for nearly 5 weeks after the patients' respiratory samples tested negative for SARS-CoV-2 RNA. In such circumstances, community educational workshops to prohibit open defecation, especially, in villages would be indispensable. The directives of government and mandatory guidelines would be extremely important to prohibit open defecation in villages. The copy of study is annexed as **Annexure P-8**.

16. That it is further humbly submitted that the Sanitation work who are at the front-line of fighting COVID-19 Pandemic, continue to work in abysmal condition without PPE. These people are also at an elevated risk due to continued practise of manual scavenging in several states in India. On 16 February 2020, *The Hindu* has reported that despite the 2013 legislation on Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act, there are at least 48,345 manual scavengers, across India with the highest number of Manual Scavenger employed in the State of Uttar Pradesh while relying upon a national survey conducted in 18 States.

PRAYER: -

17. In the given circumstances and given the existing inconsistencies of the current government's response to COVID-19 pandemic it is prayed as follows: -

- (A) Impose urgent positive duty upon state and non-state actors to ensure that the right to water remains available and cost-free at all times during the COVID-19 pandemic situation. Also to maintain healthy hand hygiene, along with social distancing as the most effective known measure to prevent contracting COVID-19.
- (B) Ensure that urgent steps are taken in making clean water and sanitary conditions available to all persons within India, including the provision of clean drinking water and appropriate sanitation measures in all detention centres, camps, prisons, hospitals and buildings otherwise established to isolate COVID-19 patients.
- (C) Direct all State governments and Central agencies to make urgent provisions through the use of civil-society actors to create make-shift water camps across all migratory routes and ensure that those migrating to villages from the cities have access to water for drinking and washing hands throughout their journey.
- (D) Direct State governments and Central agencies to take all appropriate measures to provide mass-information on the educational workshops at community level to prohibit open defecation especially in villages. Also, to issue the directives and mandatory guidelines to prohibit open defecation in villages.

- (E) Direct State Governments, especially the government of Uttar Pradesh to immediately stop all activities of manual scavenging, rehabilitate manual scavengers and provide PPE to the Sanitation worker.
- (F) To pass such other orders and further orders as may be deemed necessary on the facts and in the circumstances of the case.

FILED BY:

PETITIONER NO.1 IN PERSON

ROHIT SAMHOTRA

Advocate

P-2057/2015

(Also representing petitioner no. 2)



UNITED NATIONS
HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER

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COVID-19 will not be stopped without providing safe water to people living in vulnerability – UN experts

[Spanish version](#)

GENEVA (23 March 2020) – As washing hands with soap and clean water is vital in the fight against COVID-19, governments worldwide must provide continuous access to sufficient water to their populations living in the most vulnerable conditions, UN experts* said.

“The global struggle against the pandemic has little chance to succeed if personal hygiene, the main measure to prevent contagion, is unavailable to the 2.2 billion persons who have no access to safe water services,” the experts said.

“We call on governments to immediately prohibit water cuts to those who cannot pay water bills. It is also essential that they provide water free of cost for the duration of the crisis to people in poverty and those affected by the upcoming economic hardship. Public and private service providers must be enforced to comply with these fundamental measures.

“For the most privileged, washing hands with soap and clean water - the main defence against the virus - is a simple gesture. But for some groups around the world it is a luxury they cannot afford.”

The UN experts welcomed the measures announced by some governments to mitigate the impact of the loss of jobs likely to result from the pandemic and called for policies to ensure the continuous access to water and sanitation.

“People living in informal settlements, those who are homeless, rural populations, women, children, older persons, people with disabilities, migrants, refugees and all other groups vulnerable to the effects of the pandemic need to have continuous access to sufficient and affordable water. Only this will allow them to comply with the recommendations of health institutions to keep strict hygiene measures,” the UN experts said.

They expressed concerns that economically vulnerable people will become victims of a vicious cycle. “Limited access to water makes them more likely to get infected. Infection leads to illness and isolation measures, making it difficult for people without social security to continue earning a living. Their vulnerability increases, which results in even more limited access to water. Governments need to implement measures to break this cycle.

“Throughout our mandates, we keep insisting on the need to ensure that ‘no one is left behind.’ Governments must pay special attention to marginalised groups who are rarely at the centre of public policies related to water and sanitation. In relation to COVID-19, this message is even more critical,” they said.

ENDS

* **The UN experts:** the Special Rapporteur on the human rights to safe drinking [water and sanitation](#), Mr Léo Heller; the Independent expert on the promotion of a democratic and equitable [international order](#), Mr Livingstone Sewanyana; the Special Rapporteur on the rights of [persons with disabilities](#), Ms Catalina Devandas-Aguilar; the Special Rapporteur on the [right to development](#), Mr Saad Alfarargi; the

Special Rapporteur on the issue of human rights obligations relating to the enjoyment of a safe, clean, healthy and sustainable [environment](#), David R. Boyd; the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental [health](#), Mr Dainius Puras; the Special Rapporteur on [adequate housing](#) as a component of the right to an adequate standard of living; Ms Leilani Farha; the Special Rapporteur on the human rights of [migrants](#), Mr Felipe González Morales; the Independent Expert on the enjoyment of all human rights by [older persons](#), Ms Rosa Kornfeld-Matte; and the the Independent Expert on human rights and [international solidarity](#), Mr Mr. Obiora C. Okafor; and the Independent Expert on the effects of [foreign debt](#) and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights, Mr Juan Pablo Bohoslavsky.

Follow the Special Rapporteur on [Twitter](#) and [Facebook](#)

Special Rapporteurs and Independent Experts are part of what is known as the [Special Procedures](#) of the Human Rights Council. [Special Procedures](#), the largest body of independent experts in the UN Human Rights system, is the general name of the Council's independent fact-finding and monitoring mechanisms that address either specific country situations or thematic issues in all parts of the world. [Special Procedures](#) experts work on a voluntary basis; they are not UN staff and do not receive a salary for their work. They are independent from any government or organization and serve in their individual capacity.

For more information and **media requests**, please contact: Mr. Jon Izagirre García (+41 22 917 9715 / jizagirre@ohchr.org)

For media inquiries related to other UN independent experts, please contact Xabier Celaya (+ 41 22 917 9445 / xcelaya@ohchr.org)

Follow news related to the UN's independent human rights experts on Twitter: [@UN_SPExperts](#).

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CONTACT US

Water, sanitation, hygiene, and waste management for the COVID-19 virus

Interim guidance
19 March 2020

Background

This interim guidance supplements the infection prevention and control (IPC) documents by summarizing WHO guidance on water, sanitation and health care waste relevant to viruses, including coronaviruses. It is intended for water and sanitation practitioners and providers and health care providers who want to know more about water, sanitation and hygiene (WASH) risks and practices.

The provision of safe water, sanitation, and hygienic conditions is essential to protecting human health during all infectious disease outbreaks, including the COVID-19 outbreak. Ensuring good and consistently applied WASH and waste management practices in communities, homes, schools, marketplaces, and health care facilities will help prevent human-to-human transmission of the COVID-19 virus.

The most important information concerning WASH and the COVID-19 virus is summarized here.

- Frequent and proper hand hygiene is one of the most important measures that can be used to prevent infection with the COVID-19 virus. WASH practitioners should work to enable more frequent and regular hand hygiene by improving facilities and using proven behavior-change techniques.
- WHO guidance on the safe management of drinking-water and sanitation services applies to the COVID-19 outbreak. Extra measures are not needed. Disinfection will facilitate more rapid die-off of the COVID-19 virus.
- Many co-benefits will be realized by safely managing water and sanitation services and applying good hygiene practices.

Currently, there is no evidence about the survival of the COVID-19 virus in drinking-water or sewage. The morphology and chemical structure of the COVID-19 virus are similar to those of other human coronaviruses for which there are data about both survival in the environment and effective inactivation measures. This document draws upon the evidence base and WHO guidance on how to protect against viruses in sewage and drinking-water. This document will be updated as new information becomes available.

1. COVID-19 transmission

There are two main routes of transmission of the COVID-19 virus: respiratory and contact. Respiratory droplets are generated when an infected person coughs or sneezes. Any person who is in close contact with someone who has respiratory symptoms (sneezing, coughing) is at risk of being exposed to potentially infective respiratory droplets.¹ Droplets may also land on surfaces where the virus could remain viable; thus, the immediate environment of an infected individual can serve as a source of transmission (contact transmission).

Approximately 2–10% of cases of confirmed COVID-19 disease present with diarrhoea,^{2,4} and two studies detected COVID-19 viral RNA fragments in the faecal matter of COVID-19 patients.^{5,6} However, only one study has cultured the COVID-19 virus from a single stool specimen.⁷ There have been no reports of faecal–oral transmission of the COVID-19 virus.

2. Persistence of the COVID-19 virus in drinking-water, faeces and sewage and on surfaces.

Although persistence in drinking-water is possible, there is no evidence from surrogate human coronaviruses that they are present in surface or groundwater sources or transmitted through contaminated drinking water. The COVID-19 virus is an enveloped virus, with a fragile outer membrane. Generally, enveloped viruses are less stable in the environment and are more susceptible to oxidants, such as chlorine. While there is no evidence to date about survival of the COVID-19 virus in water or sewage, the virus is likely to become inactivated significantly faster than non-enveloped human enteric viruses with known waterborne transmission (such as adenoviruses, norovirus, rotavirus and hepatitis A). For example, one study found that a surrogate human coronavirus survived only 2 days in dechlorinated tap water and in hospital wastewater at 20°C.⁸ Other studies concur, noting that the human coronaviruses transmissible gastroenteritis coronavirus and mouse hepatitis virus demonstrated a 99.9% die-off in from 2 days⁹ at 23°C to 2 weeks¹⁰ at 25°C. Heat, high or low pH, sunlight, and common disinfectants (such as chlorine) all facilitate die off.

It is not certain how long the virus that causes COVID-19 survives on surfaces, but it seems likely to behave like other coronaviruses. A recent review of the survival of human

coronaviruses on surfaces found large variability, ranging from 2 hours to 9 days.¹¹ The survival time depends on a number of factors, including the type of surface, temperature, relative humidity, and specific strain of the virus. The same review also found that effective inactivation could be achieved within 1 minute using common disinfectants, such as 70% ethanol or sodium hypochlorite (for details, see Cleaning practices).

3. Keeping water supplies safe

The COVID-19 virus has not been detected in drinking-water supplies, and based on current evidence, the risk to water supplies is low.¹² Laboratory studies of surrogate coronaviruses that took place in well-controlled environments indicated that the virus could remain infectious in water contaminated with faeces for days to weeks.¹⁰ A number of measures can be taken to improve water safety, starting with protecting the source water; treating water at the point of distribution, collection, or consumption; and ensuring that treated water is safely stored at home in regularly cleaned and covered containers.

Conventional, centralized water treatment methods that use filtration and disinfection should inactivate the COVID-19 virus. Other human coronaviruses have been shown to be sensitive to chlorination and disinfection with ultraviolet (UV) light.¹³ As enveloped viruses are surrounded by a lipid host cell membrane, which is not robust, the COVID-19 virus is likely to be more sensitive to chlorine and other oxidant disinfection processes than many other viruses, such as coxsackieviruses, which have a protein coat. For effective centralized disinfection, there should be a residual concentration of free chlorine of ≥ 0.5 mg/L after at least 30 minutes of contact time at pH < 8.0 .¹² A chlorine residual should be maintained throughout the distribution system.

In places where centralized water treatment and safe piped water supplies are not available, a number of household water treatment technologies are effective in removing or destroying viruses, including boiling or using high-performing ultrafiltration or nanomembrane filters, solar irradiation and, in non-turbid waters, UV irradiation and appropriately dosed free chlorine.

4. Safely managing wastewater and faecal waste

There is no evidence that the COVID-19 virus has been transmitted via sewerage systems with or without wastewater treatment. Further, there is no evidence that sewage or wastewater treatment workers contracted the severe acute respiratory syndrome (SARS), which is caused by another type of coronavirus that caused a large outbreak of acute respiratory illness in 2003. As part of an integrated public health policy, wastewater carried in sewerage systems should be treated in well-designed and well-managed centralized wastewater treatment works. Each stage of treatment (as well as retention time and dilution) results in a further reduction of the potential risk. A waste stabilization pond (an oxidation pond or lagoon) is generally considered a practical and simple wastewater treatment technology particularly well suited to destroying pathogens, as relatively long retention times (20 days or longer) combined with sunlight, elevated pH levels, biological activity, and other factors serve to accelerate pathogen destruction. A final disinfection step may be considered if existing wastewater treatment plants are not optimized to remove viruses. Best practices for protecting the health of workers at sanitation treatment facilities should

be followed. Workers should wear appropriate personal protective equipment (PPE), which includes protective outerwear, gloves, boots, goggles or a face shield, and a mask; they should perform hand hygiene frequently; and they should avoid touching eyes, nose, and mouth with unwashed hands.

WASH in health care settings

Existing recommendations for water, sanitation and hygiene measures in health care settings are important for providing adequate care for patients and protecting patients, staff, and caregivers from infection risks.¹⁴ The following actions are particularly important: (i) managing excreta (faeces and urine) safely, including ensuring that no one comes into contact with it and that it is treated and disposed of correctly; (ii) engaging in frequent hand hygiene using appropriate techniques; (iii) implementing regular cleaning and disinfection practices; and (iv) safely managing health care waste. Other important measures include providing sufficient safe drinking-water to staff, caregivers, and patients; ensuring that personal hygiene can be maintained, including hand hygiene, for patients, staff and caregivers; regularly laundering bedsheets and patients' clothing; providing adequate and accessible toilets (including separate facilities for confirmed and suspected cases of COVID-19 infection); and segregating and safely disposing of health care waste. For details on these recommendations, please refer to Essential environmental health standards in health care.¹⁴

1. Hand hygiene practices

Hand hygiene is extremely important. Cleaning hands with soap and water or an alcohol-based hand rub should be performed according to the instructions known as “My 5 moments for hand hygiene”.¹⁵ If hands are not visibly dirty, the preferred method is to perform hand hygiene with an alcohol-based hand rub for 20–30 seconds using the appropriate technique.¹⁶ When hands are visibly dirty, they should be washed with soap and water for 40–60 seconds using the appropriate technique.¹⁷ Hand hygiene should be performed at all five moments, including before putting on PPE and after removing it, when changing gloves, after any contact with a patient with suspected or confirmed COVID-19 infection or their waste, after contact with any respiratory secretions, before eating, and after using the toilet.¹⁸ If an alcohol-based hand rub and soap are not available, then using chlorinated water (0.05%) for handwashing is an option, but it is not ideal because frequent use may lead to dermatitis, which could increase the risk of infection and asthma and because prepared dilutions might be inaccurate.¹⁹ However, if other options are not available or feasible, using chlorinated water for handwashing is an option.

Functional hand hygiene facilities should be present for all health care workers at all points of care and in areas where PPE is put on or taken off. In addition, functional hand hygiene facilities should be available for all patients, family members, and visitors, and should be available within 5 m of toilets, as well as in waiting and dining rooms and other public areas.

2. Sanitation and plumbing

People with suspected or confirmed COVID-19 disease should be provided with their own flush toilet or latrine that has a door that closes to separate it from the patient's room. Flush toilets should operate properly and have functioning drain traps. When possible, the toilet should be flushed with the lid down to prevent droplet splatter and aerosol clouds. If it is not possible to provide separate toilets, the toilet should be cleaned and disinfected at least twice daily by a trained cleaner wearing PPE (gown, gloves, boots, mask, and a face shield or goggles). Further, and consistent with existing guidance, staff and health care workers should have toilet facilities that are separate from those used by all patients.

WHO recommends the use of standard, well-maintained plumbing, such as sealed bathroom drains, and backflow valves on sprayers and faucets to prevent aerosolized faecal matter from entering the plumbing or ventilation system,²⁰ together with standard wastewater treatment.²¹ Faulty plumbing and a poorly designed air ventilation system were implicated as contributing factors to the spread of the aerosolized SARS coronavirus in a high-rise apartment building in Hong Kong in 2003.²² Similar concerns have been raised about the spread of the COVID-19 virus from faulty toilets in high-rise apartment buildings.²³ If health care facilities are connected to sewers, a risk assessment should be conducted to confirm that wastewater is contained within the system (that is, the system does not leak) before its arrival at a functioning treatment or disposal site, or both. Risks pertaining to the adequacy of the collection system or to treatment and disposal methods should be assessed following a safety planning approach,²⁴ with critical control points prioritized for mitigation.

For smaller health care facilities in low-resource settings, if space and local conditions allow, pit latrines may be the preferred option. Standard precautions should be taken to prevent contamination of the environment by excreta. These precautions include ensuring that at least 1.5 m exists between the bottom of the pit and the groundwater table (more space should be allowed in coarse sands, gravels, and fissured formations) and that the latrines are located at least 30 m horizontally from any groundwater source (including both shallow wells and boreholes).²¹ If there is a high groundwater table or a lack of space to dig pits, excreta should be retained in impermeable storage containers and left for as long as feasible to allow for a reduction in virus levels before moving it off-site for additional treatment or safe disposal, or both. A two-tank system with parallel tanks would help facilitate inactivation by maximizing retention times, as one tank could be used until full, then allowed to sit while the next tank is being filled. Particular care should be taken to avoid splashing and the release of droplets while cleaning or emptying tanks.

3. Toilets and the handling of faeces

It is critical to conduct hand hygiene when there is suspected or direct contact with faeces (if hands are dirty, then soap and water are preferred to the use of an alcohol-based hand rub). If the patient is unable to use a latrine, excreta should be collected in either a diaper or a clean bedpan and immediately and carefully disposed of into a separate toilet or latrine used only by suspected or confirmed cases of COVID-19. In all health care settings, including those with suspected or confirmed COVID-19 cases, faeces must be treated as a biohazard and handled as little as possible. Anyone handling

faeces should follow WHO contact and droplet precautions¹⁸ and use PPE to prevent exposure, including long-sleeved gowns, gloves, boots, masks, and goggles or a face shield. If diapers are used, they should be disposed of as infectious waste as they would be in all situations. Workers should be properly trained in how to put on, use, and remove PPE so that these protective barriers are not breached.²⁵ If PPE is not available or the supply is limited, hand hygiene should be regularly practiced, and workers should keep at least 1 m distance from any suspected or confirmed cases.

If a bedpan is used, after disposing of excreta from it, the bedpan should be cleaned with a neutral detergent and water, disinfected with a 0.5% chlorine solution, and then rinsed with clean water; the rinse water should be disposed of in a drain or a toilet or latrine. Other effective disinfectants include commercially available quaternary ammonium compounds, such as cetylpyridinium chloride, used according to manufacturer's instructions, and peracetic or peroxyacetic acid at concentrations of 500–2000 mg/L.²⁶

Chlorine is ineffective for disinfecting media containing large amounts of solid and dissolved organic matter. Therefore, there is limited benefit to adding chlorine solution to fresh excreta and it is possible that this may introduce risks associated with splashing.

4. Emptying latrines and holding tanks, and transporting excreta off-site.

There is no reason to empty latrines and holding tanks of excreta from suspected or confirmed COVID-19 cases unless they are at capacity. In general, the best practices for safely managing excreta should be followed. Latrines or holding tanks should be designed to meet patient demand, considering potential sudden increases in cases, and there should be a regular schedule for emptying them based on the wastewater volumes generated. PPE (long-sleeved gown, gloves, boots, masks, and goggles or a face shield) should be worn at all times when handling or transporting excreta offsite, and great care should be taken to avoid splashing. For crews, this includes pumping out tanks or unloading pumper trucks. After handling the waste and once there is no risk of further exposure, individuals should safely remove their PPE and perform hand hygiene before entering the transport vehicle. Soiled PPE should be put in a sealed bag for later safe laundering (see Cleaning practices). Where there is no off-site treatment, in-situ treatment can be done using lime. Such treatment involves using a 10% lime slurry added at 1-part lime slurry per 10 parts of waste.

5. Cleaning practices

Recommended cleaning and disinfection procedures for health care facilities should be followed consistently and correctly.¹⁹ Laundry should be done and surfaces in all environments in which COVID-19 patients receive care (treatment units, community care centres) should be cleaned at least once a day and when a patient is discharged.²⁷ Many disinfectants are active against enveloped viruses, such as the COVID-19 virus, including commonly used hospital disinfectants. Currently, WHO recommends using:

- 70% ethyl alcohol to disinfect small areas between uses, such as reusable dedicated equipment (for example, thermometers);
- sodium hypochlorite at 0.5% (equivalent to 5000 ppm) for disinfecting surfaces.

All individuals dealing with soiled bedding, towels, and clothes from patients with COVID-19 infection should wear appropriate PPE before touching soiled items, including heavy duty gloves, a mask, eye protection (goggles or a face shield), a long-sleeved gown, an apron if the gown is not fluid resistant, and boots or closed shoes. They should perform hand hygiene after exposure to blood or body fluids and after removing PPE. Soiled linen should be placed in clearly labelled, leak-proof bags or containers, after carefully removing any solid excrement and putting it in a covered bucket to be disposed of in a toilet or latrine. Machine washing with warm water at 60–90°C (140–194°F) with laundry detergent is recommended. The laundry can then be dried according to routine procedures. If machine washing is not possible, linens can be soaked in hot water and soap in a large drum using a stick to stir and being careful to avoid splashing. The drum should then be emptied, and the linens soaked in 0.05% chlorine for approximately 30 minutes. Finally, the laundry should be rinsed with clean water and the linens allowed to dry fully in sunlight.

If excreta are on surfaces (such as linens or the floor), the excreta should be carefully removed with towels and immediately safely disposed of in a toilet or latrine. If the towels are single use, they should be treated as infectious waste; if they are reusable, they should be treated as soiled linens. The area should then be cleaned and disinfected (with, for example, 0.5% free chlorine solution), following published guidance on cleaning and disinfection procedures for spilled body fluids.²⁷

6. Safely disposing of greywater or water from washing PPE, surfaces and floors.

Current WHO recommendations are to clean utility gloves or heavy duty, reusable plastic aprons with soap and water and then decontaminate them with 0.5% sodium hypochlorite solution after each use. Single-use gloves (nitrile or latex) and gowns should be discarded after each use and not reused; hand hygiene should be performed after PPE is removed. If greywater includes disinfectant used in prior cleaning, it does not need to be chlorinated or treated again. However, it is important that such water is disposed of in drains connected to a septic system or sewer or in a soakaway pit. If greywater is disposed of in a soakaway pit, the pit should be fenced off within the health facility grounds to prevent tampering and to avoid possible exposure in the case of overflow.

7. Safe management of health care waste

Best practices for safely managing health care waste should be followed, including assigning responsibility and sufficient human and material resources to dispose of such waste safely. There is no evidence that direct, unprotected human contact during the handling of health care waste has resulted in the transmission of the COVID-19 virus. All health care waste produced during the care of COVID 19 patients should be collected safely in designated containers and bags, treated, and then safely disposed of or treated, or both, preferably on-site. If waste is moved off-site, it is critical to understand where and how it will be treated and destroyed. All who handle health care waste should wear appropriate PPE (boots, apron, long-sleeved gown, thick gloves, mask, and goggles or a face shield) and perform hand hygiene after removing it. For more information refer to the WHO guidance, Safe management of wastes from health-care activities.²⁸

Considerations for WASH practices in homes and communities.

Upholding best WASH practices in the home and community is also important for preventing the spread of COVID-19 and when caring for patients at home. Regular and correct hand hygiene is of particular importance.

1. Hand hygiene

Hand hygiene in non-health care settings is one of the most important measures that can prevent COVID 19 infection. In homes, schools and crowded public spaces – such as markets, places of worship, and train or bus stations – regular handwashing should occur before preparing food, before and after eating, after using the toilet or changing a child’s diaper, and after touching animals. Functioning handwashing facilities with water and soap should be available within 5 m of toilets.

2. Treatment and handling requirements for excreta.

Best WASH practices, particularly handwashing with soap and clean water, should be strictly applied and maintained because these provide an important additional barrier to COVID-19 transmission and to the transmission of infectious diseases in general.¹⁷ Consideration should be given to safely managing human excreta throughout the entire sanitation chain, starting with ensuring access to regularly cleaned, accessible, and functioning toilets or latrines and to the safe containment, conveyance, treatment, and eventual disposal of sewage.

When there are suspected or confirmed cases of COVID-19 in the home setting, immediate action must be taken to protect caregivers and other family members from the risk of contact with respiratory secretions and excreta that may contain the COVID-19 virus. Frequently touched surfaces throughout the patient’s care area should be cleaned regularly, such as beside tables, bed frames and other bedroom furniture. Bathrooms should be cleaned and disinfected at least once a day. Regular household soap or detergent should be used for cleaning first and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (that is, equivalent to 5000 ppm or 1-part household bleach with 5% sodium hypochlorite to 9 parts water) should be applied. PPE should be worn while cleaning, including mask, goggles, a fluid-resistant apron, and gloves,²⁹ and hand hygiene with an alcohol-based hand rub or soap and water should be performed after removing PPE.

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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

Contributors

This interim guidance was written by staff from WHO and UNICEF. In addition, a number of experts and WASH practitioners contributed. They include Matt Arduino,

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Handwashing: Clean Hands Save Lives

Show Me the Science – When & How to Use Hand Sanitizer in Community Settings

Note: For hand hygiene guidance in healthcare settings, please visit the [Clean Hands Count webpage](#).

CDC recommends washing hands with soap and water whenever possible because handwashing reduces the amounts of all types of germs and chemicals on hands. But if soap and water are not available, using a hand sanitizer with at least 60% alcohol can help you avoid getting sick and spreading germs to others. The guidance for effective handwashing and use of hand sanitizer in community settings was developed based on data from a number of studies.

Alcohol-based hand sanitizers can quickly reduce the number of microbes on hands in some situations, but sanitizers do *not* eliminate all types of germs.

Why? Soap and water are more effective than hand sanitizers at removing certain kinds of germs, like *Cryptosporidium*, *norovirus*, and *Clostridium difficile*¹⁻⁵. Although alcohol-based hand sanitizers can inactivate many types of microbes very effectively when used correctly¹⁻¹⁵, people may not use a large enough volume of the sanitizers or may wipe it off before it has dried¹⁴.

Hand sanitizers may not be as effective when hands are visibly dirty or greasy.

Why? Many studies show that hand sanitizers work well in clinical settings like hospitals, where hands come into contact with germs but generally are not heavily soiled or greasy¹⁶. Some data also show that hand sanitizers may work well against certain types of germs on slightly soiled hands^{17,18}. However, hands may become very greasy or soiled in community settings, such as after people handle food, play sports, work in the garden, or go camping or fishing. When hands are heavily soiled or greasy, hand sanitizers may not work well^{3,7,16}. Handwashing with soap and water is recommended in such circumstances.

Hand sanitizers might not remove harmful chemicals, like pesticides and heavy metals, from hands.

Why? Although few studies have been conducted, hand sanitizers probably cannot remove or inactivate many types of harmful chemicals. In one study, people who reported using hand sanitizer to clean hands had increased levels of pesticides in their bodies¹⁹. If hands have touched harmful chemicals, wash carefully with soap and water (or as directed by a poison control center).

If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Why? Many studies have found that sanitizers with an alcohol concentration between 60–95% are more effective at killing germs than those with a lower alcohol concentration or non-alcohol-based hand sanitizers^{16,20}. Hand sanitizers without 60-95% alcohol 1) may not work equally well for many types of germs; and 2) merely reduce the growth of germs rather than kill them outright.

When using hand sanitizer, apply the product to the palm of one hand (read the label

to learn the correct amount) and rub the product all over the surfaces of your hands until your hands are dry.

Why? The steps for hand sanitizer use are based on a simplified procedure recommended by CDC ²¹. Instructing people to cover all surfaces of both hands with hand sanitizer has been found to provide similar disinfection effectiveness as providing detailed steps for rubbing-in hand sanitizer ²².

Swallowing alcohol-based hand sanitizers can cause alcohol poisoning.

Why? Ethyl alcohol (ethanol)-based hand sanitizers are safe when used as directed, ²³ but they can cause alcohol poisoning if a person swallows more than a couple of mouthfuls ²⁴.

From 2011 – 2015, U.S. poison control centers received nearly 85,000 calls about hand sanitizer exposures among children ²⁵. Children may be particularly likely to swallow hand sanitizers that are scented, brightly colored, or attractively packaged. Hand sanitizers should be stored out of the reach of young children and should be used with adult supervision. Child-resistant caps could also help reduce hand sanitizer-related poisonings among young children ²⁴. Older children and adults might purposefully swallow hand sanitizers to become drunk ²⁶.

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FAQs for Patients with Hypertension, Diabetes and Heart Diseases in view of Coronavirus/COVID-19 Pandemic

Are patients with heart disease, diabetes or hypertension at increased risk to get coronavirus infection?

No, people with hypertension, diabetes or heart diseases are at no greater risk of getting the infection than anyone else.

Among people with above diseases is there an increased risk of severe illness or complications once infected?

The majority (80%) of people diagnosed with COVID-19 will have mild symptoms of a respiratory infection (fever, sore throat, cough) and make full recovery. Some of the people with diabetes, hypertension and heart diseases including Heart Failure (weak heart) may develop more severe symptoms and complications. Therefore extra care is advised for these patients.

Are people with diabetes more prone to Covid-19 ?

In general, you know that people with uncontrolled diabetes are at increased risk of all infections. People with diabetes are not at higher risk for acquiring the infection, but some individuals are prone to more severe disease and poorer outcomes once infected. Hence, follow your diet and exercise routine (to the extent possible), take your medications regularly and test your sugar levels frequently so as to keep your diabetes under control.

When diabetic patients become sick, they may require frequent monitoring of blood glucose and adjustment of drugs including insulin, small frequent meals and adequate fluids.

Some tips for those with diabetes, hypertension and heart disease:

Take your medicines regularly - It is very important

Make sure that you take all medications prescribed regularly as before even if you are mildly symptomatic. Don't stop any medication unless advised by your doctor. Continue with your blood pressure, diabetes and heart disease medications in case you are unable to visit your doctor. Medications to control cholesterol (statins) should be continued.

What about reports about BP medications increasing severity of COVID-19 ?

After review of available information the consensus of various scientific societies and expert group of cardiologists is that currently there is no evidence that the two group of drugs- ACE inhibitors (eg. Ramipril, Enalapril and so on) and angiotensin receptor blockers (ARBs) (eg. Losartan, Telmisartan and so on) increase the susceptibility or severity of COVID-19. These drugs are very effective for heart failure by supporting your heart function, and controlling high blood pressure. It maybe be harmful to stop these medications by yourself. This can worsen your heart condition.

What can I take pain or fever?

Some type of pain killers(called NSAIDs) like Ibuprofen is found to worsen the

COVID-19. Such drugs are known to be harmful to heart failure patients and may increase your risk of kidney damage. Avoid NSAIDs or take them only when prescribed by your doctor.

Paracetamol is one of the safest pain killers to use if needed.

Control blood pressure (BP), blood sugar and do regular physical activity

It is also important to control your risk factor levels – Avoid smoking and alcohol, have your BP and blood sugar levels under control and have some form of regular physical activity (However, please modify your out-door activities according to the norms of social-distancing.). Follow the diet and salt restriction as advised. If you are a non-vegetarian, you can continue to be so. Increasing the fibre and protein content of the diet and more vegetables and fruits in diet is advisable.

What should I do if I get symptoms suggestive of COVID-19?

In case you get fever, cough, muscle pain without shortness of breath, call your doctor and seek advice on phone. You need to stay at home (at least for 14 days) and avoid close contact with other family members and maintain hand hygiene and correctly wear a medical mask.

If there is shortness of breath or worsening symptoms like excessive fatigue call/visit your doctor (further advice will depend on advise of your physician)

What should you do to prevent COVID-19?

Covid-19 is spread by coughs and sneezes, through what are called droplets (tiny amount saliva or other secretions expressed through cough/sneezing or even after a hearty laugh) and through touch . When you touch an object that has the virus particles on it, the virus may

get onto your hands and when you touch your face, you may get infected. Virus particles can persist upto 3 days and therefore it is important to maintain hygiene of your surroundings. Wash the rooms , tables and other surfaces with floor cleaners or even simple soap solution and sanitize your hands with hand sanitizers or by washing when you touch unknown or suspicious surfaces.

What are the important steps you can do to prevent acquiring or spreading infection

1. Social distancing – Very important .

- A. Avoid contact with someone who shows symptoms of possible COVID-19 - anyone having a cold or cough or fever.
- B. Avoid non-essential travel and use of public transport.
- C. Avoid public places, crowds and large family get togethers. Keep in touch with friends and relatives using phone, internet, and social media.
- D. Avoid routine visits to hospitals / Labs. for minor problems, contact hospital or HF clinic by phone or helpline number if possible. If you are regularly checking INR and adjusting blood thinning medicines, please contact the doctor over phone if possible and try and avoid a hospital as much as possible.

2. Hand hygiene

- A. Avoid handshakes and touching face with hands
- B. Wash your hands with soap and water frequently – do this for at least 20-30 seconds and systematically to clean all parts of the hand
- C. Alcohol based hand-sanitisers are also useful.
- D. Avoid touching possibly contaminated areas/objects – Public toilet doors, door handles etc.

Review

Outbreaks Where Food Workers Have Been Implicated in the Spread of Foodborne Disease. Part 10. Alcohol-Based Antiseptics for Hand Disinfection and a Comparison of Their Effectiveness with Soaps

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ABSTRACT

Alcohol compounds are increasingly used as a substitute for hand washing in health care environments and some public places because these compounds are easy to use and do not require water or hand drying materials. However, the effectiveness of these compounds depends on how much soil (bioburden) is present on the hands. Workers in health care environments and other public places must wash their hands before using antiseptics and/or wearing gloves. However, alcohol-based antiseptics, also called rubs and sanitizers, can be very effective for rapidly destroying some pathogens by the action of the aqueous alcohol solution without the need for water or drying with towels. Alcohol-based compounds seem to be the most effective treatment against gram-negative bacteria on lightly soiled hands, but antimicrobial soaps are as good or better when hands are more heavily contaminated. Instant sanitizers have no residual effect, unlike some antimicrobial soaps that retain antimicrobial activity after the hygienic action has been completed, e.g., after hand washing. Many alcohol-based hand rubs have antimicrobial agents added to them, but each formulation must be evaluated against the target pathogens in the environment of concern before being considered for use. Wipes also are widely used for quick cleanups of hands, other body parts, and surfaces. These wipes often contain alcohol and/or antimicrobial compounds and are used for personal hygiene where water is limited. However, antiseptics and wipes are not panaceas for every situation and are less effective in the presence of more than a light soil load and against most enteric viruses.

This is the 10th article in a series on food workers and foodborne illness. In the first three articles, the authors described the types of outbreaks identified during a review of 816 published and unpublished reports and how workers contributed to these outbreaks (49, 130, 131), and the next three articles provided information on infective doses, pathogen carriage, sources of contamination, pathogen excretion by infected persons, and transmission and survival of pathogens in food environments (132–134). In the seventh and eighth papers, the authors discussed physical barriers to contamination and the pros and cons of glove use (136, 137). In the ninth article, hand hygiene for removing as much soil (bioburden) from fingers and other parts of hands as possible, the effectiveness of various soaps (with and without antimicrobial compounds), and the need for drying hands to remove loose microorganisms from the skin surface were discussed (138). The present article provides a discussion of the increasing use of antiseptics and sanitary wipes in the health care and food industries and the

effectiveness of various soaps and antiseptics or sanitizers under different conditions.

DEFINITIONS

Weber et al. (147) defined germicides as biocidal agents, such as antiseptics, disinfectants, and preservatives, that inactivate microorganisms. Antiseptics are antimicrobial substances that are applied to the skin or mucous membranes to reduce the microbial flora. Disinfectants are substances that are applied to inanimate objects to destroy harmful microorganisms, although disinfectants may not kill bacterial spores. Preservatives (antimicrobials) are incorporated into soaps and other antiseptics to prevent microbial growth.

Hand disinfection can be defined as the application of a chemical agent with antimicrobial activity to the hands. Reduction of the resident flora depends on the ability of the topical antimicrobial product to produce an immediate and persistent residual effect (104). The terms “hand antiseptic” or “alcohol-based hand rub” (ABHR) are more often used than “hand sanitizer,” especially in Europe (121, 145). In

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the 2005 version of the U.S. Food and Drug Administration (FDA) Food Code (144), the term “hand sanitizer” was changed to “hand antiseptic” to eliminate confusion with the term “sanitizer” (a defined term in the Food Code) and to more closely reflect the terminology used in the FDA monograph for health care concerning antiseptic drug products for over-the-counter human use (143).

The term “sanitizer” is typically used to describe a substance used to control bacterial contamination of inert objects or articles, equipment and utensils, and other food contact surfaces, usually a strong chemical solution such as sodium hypochlorite or a quaternary ammonium compound. The Food Code definition of “sanitizer” requires a minimum microbial reduction of 5 log units, which is equal to a 99.999% reduction. Most antimicrobial hand agents typically achieve a much smaller reduction and so are not consistent with the definition of “sanitizer” in the Food Code.

A hand antiseptic solution used as a hand dip should be kept clean and at a strength equivalent to at least 100 mg/liter chlorine. An antimicrobial soap with an E2 designation requires activity equivalent to 50 ppm of chlorine. However, because “sanitizer” and “antiseptic” are used interchangeably in the literature with possibly different meanings it is not always easy to separate the two, and both are used in this article.

Four types of hand disinfection were described by Smith (121) based on hospital requirements. Hygienic hand disinfectants are alcohol-based agents used to rapidly kill transient organisms on the hands (i.e., within 15 to 30 s) but may have an additional antimicrobial effect on resident microflora. Hygienic hand disinfectants with residual activity differ from alcohol-based agents because repeated use of hexachlorophene, iodophors, alcoholic chlorhexidine, and chlorhexidine leads to longer residual activity. These agents can destroy both the existing transient bacteria and other bacteria (e.g., *Staphylococcus aureus*) that may subsequently contaminate the hands. Surgical hand disinfectants are agents that remain active against both transient and resident organisms for 2 to 4 h (e.g., povidone-iodine and chlorhexidine) and are less commonly used in food facilities.

Basic hand disinfection includes use of the agents described below, which are designed to continually reduce the density of resident organisms and are particularly useful for food, pharmaceutical, and health care workers. The effectiveness of these agents is based on application frequency, with repeated use giving a greater reduction in hand flora than that obtained with a single treatment. Hand disinfection agents approved for use in the food industry are limited because compounds that are potentially toxic to consumers or affect the taste or appearance of the food are not permitted. However, these agents must have sufficient activity against a wide range of microorganisms. Most of the compounds that meet these criteria are liquid soaps. Powdered soaps containing borax (sodium borate decahydrate) are available for heavy duty hand cleaning, to use as laundry detergents, or to remove grease under cold washing conditions and may be effective in hard water but are rarely

used in the food industry for hand washing. Some of the agents most frequently used are listed below and mentioned briefly elsewhere in this article, especially when they are used in combination with alcohol. Alcohol-based compounds used as antiseptics are discussed in more detail in the following sections.

Chlorhexidine. This hand disinfectant is effective against gram-positive cocci and to a lesser extent gram-negative bacteria and fungi at 4% concentrations or at 0.5 to 2% (wt/vol) alcohol, e.g., 0.5% in 70% isopropanol. Chlorhexidine gluconate (CHG) is commonly used in health care facilities.

Quaternary ammonium compounds (“quats”). These products, typically used for cleaning equipment in food operations, are bacteriostatic and fungistatic. Benzalkonium chloride (BAC) is the quaternary ammonium compound most often used in health care settings.

Iodophors. These compounds (e.g., 7.5 to 10% povidone) are effective against both gram-positive and gram-negative bacteria and some spore-forming bacteria.

Triclosan. Triclosan is widely used at concentrations of 0.2 to 2% and exhibits bacteriostatic activity against gram-positive bacteria and to a lesser extent on other bacteria and fungi.

Ozone. The use of 4 ppm of ozonated water in combination with 0.2% BAC and 83% ethanol is an effective method of hand disinfection. However, Michaels and coworkers (85, 86) found that there was no significant difference between hands washed with water containing 3 ppm of ozone combined with bland soap (without antimicrobial compounds) or soap containing 0.2% BAC and hands washed with nonozonated water. Therefore, the combination of ozone and alcohol appears to be more important for disinfection than combination of soap with ozonated water.

ALCOHOL INSTANT HAND ANTISEPTICS, SANITIZERS, AND RUBS

Effectiveness of alcohol for disinfecting hands. Although alcohol has been used as an antiseptic since ancient times, the first systematic in vitro studies of the germicidal activity of ethyl alcohol against pure cultures of bacteria were performed by Koch in the early 1880s, and in the 1890s and early 1900s alcohol was proposed for use as a skin antiseptic (22). Early investigators discovered that preparations containing 50 to 70% alcohol were more effective than those containing 95% alcohol, and isopropyl alcohol reduced bacterial counts on contaminated hands when used as a hand rub (22). Using more quantitative methods, Price (112) found that 65.5% alcohol was effective for reducing the number of bacteria on the skin. He subsequently recommended the use of a 3-min wash with 70% alcohol as a preoperative hand scrub and that

70% alcohol should be used for disinfecting contaminated hands.

ABHRs have become commercially available and have been in common use since the 1970s; they appear to be more effective than many nonalcoholic products when hands are relatively clean (106). ABHRs were more widely used in Europe than in North America until the early 2000s. Despite the proven efficacy of alcohol-based products, delayed acceptance of ABHRs by some hospitals was attributed to a concern that repeated use would lead to excessive drying of the skin, but with the addition of 1 to 3% glycerol or other emollients skin drying has not been a problem (22), and most antiseptic brands contain a moisturizer to minimize irritation to the skin. Most alcohol-based antiseptics contain ethanol and/or isopropanol. The alcohol strips away oils on the skin and works immediately to kill bacteria and most viruses by modifying their protein structure, but the alcohol should remain on the skin for at least 30 s. Unfortunately, proteins and fats on soiled hands, often encountered in food production and preparation scenarios, decrease the effectiveness of alcohol as an antiseptic.

In health care settings, ABHRs are much more efficient for reducing the bacterial load on hands than is washing with antiseptic soap. Girou et al. (48) found that after hand rubbing, the median percent reduction in bacterial contamination was significantly higher than that achieved with hand washing in 23 health care workers in intensive care units (83 versus 58%, $P = 0.012$). In another study, Karabay et al. (65) found that rubbing with ABHRs was more efficient than washing with an antimicrobial soap for 35 nurses (54 and 27%, respectively; $P < 0.01$); compliance also was better in the hand rubbing group than in the hand washing group (72.5 and 15.4%, respectively; $P < 0.001$). Ehrenkranz and Alfonso (41) found that transmission of gram-negative bacteria can occur from patients to catheters unless an alcohol rinse is used with soap and water. Mackintosh and Hoffman (77) found that when hands contaminated with *Escherichia coli*, *Streptococcus pyogenes*, *Staphylococcus saprophyticus*, *Pseudomonas aeruginosa*, *Klebsiella aerogenes*, and *Serratia marcescens* were exposed to 0.3 ml of alcohol sanitizer containing either 80% ethanol or 70% isopropanol, bacterial transfer to fabric was slightly lower than that after a soap-and-water wash. However, when the volume of the alcohol in the rubs was raised to 0.5 ml with 70% isopropanol, a 14,000-fold reduction in transfer occurred compared with a 9,800-fold reduction after using a thorough soap-and-water wash, which is a nonsignificant difference.

Antiseptic effectiveness will differ based on (i) alcohol type, (ii) alcohol concentration, (iii) quantity used on hands, and (iv) exposure period. Use of small amounts of antiseptic containing low alcohol concentrations combined with short drying times will markedly decrease efficacy, especially when organic matter (dirt, grease, or food) and/or viruses are present. Differences in procedures, levels of grease or food debris, and specific requirements must be noted when comparing the requirements between food service and health care settings. Alcohol-based antiseptics should be

combined with regular hand washing regimens and should not replace hand washing and drying or use of fingernail brushes (71, 74, 87, 88, 145).

Types of alcohol-based agents. The majority of alcohol-based hand antiseptics or sanitizers contain isopropanol, ethanol, n-propanol, or a combination of two of these (23). Those containing 60 to 95% alcohol denature proteins most effectively because water is needed for the process. These agents are effective against enveloped viruses but not against spores, oocysts, and nonenveloped viruses, e.g., norovirus, rotavirus, hepatitis A virus, and poliovirus. The alcohol-based gels or liquids can cause a 3.5-log reduction of bacteria on hands after a 30-s application and a 4- to 5-log reduction after 1 min; however, the time required for virus inactivation often is longer than the alcohol remains active on the hands. There is no residual effect with these products compared with CHG, quaternary ammonium compounds, octenidine, or triclosan, which are often added to the alcohols (23, 88, 111). However, the use of alcohol hand antiseptics with and without antimicrobial additives was equally effective for reducing hospital-associated infections (62, 87). Thus, the incorporation of antimicrobials with residual activity, such as CHG, into gels is considered unnecessary for health care workers and has been viewed with caution and concern because of the potential for development of antimicrobial resistance and dermatitis and the unknown long-term effects of residual biocides on skin flora. There is also the possibility of a false sense of security for users who believe that a "long lasting" formula offers ongoing barrier protection (83, 111); antibiotic-resistant bacteria have been isolated from the surfaces of dispensers of soap containing CHG (25).

Newer formulations with combinations of alcohols and other agents are being developed against pathogens resistant to disinfection. A formulation containing less ethanol (55%) in combination with 10% propan-1-ol, 5.9% propan-1,2-diol, 5.7% butan-1,3-diol, and 0.7% phosphoric acid has a broad spectrum of virucidal activity (67). In quantitative suspension tests, with and without protein load, this formulation reduced the infectivity titer of nine enveloped viruses (influenza A and B viruses, herpes simplex 1 and 2 viruses, bovine coronavirus, respiratory syncytial virus, vaccinia virus, hepatitis B virus, and bovine viral diarrhea virus) and four nonenveloped viruses (hepatitis A virus, poliovirus, rotavirus, and feline calicivirus) by $>10^3$ units within 30 s. In comparative testing, only 95% ethanol had similar levels of activity. In fingerpad tests, the poliovirus type 1 (Sabin) titer decreased 3.04 log units after 30 s compared with 1.32 log units with 60% propan-2-ol. Testing against feline calicivirus produced a 2.38-log reduction with the test formulation, whereas 70% ethanol and 70% propan-1-ol produced 0.68- and 0.70-log reductions, respectively. In a recent WHO study (124), two formulations, one based on ethanol and the other based on isopropyl alcohol, were compared for their activity against both enveloped and nonenveloped viruses. Formulation I contained 80% (vol/vol) ethanol, 1.45% (vol/vol) glycerol, and 0.125% (vol/vol) hydrogen peroxide, whereas formu-

lation II contained 75% (vol/vol) isopropyl alcohol, 1.45% (vol/vol) glycerol, and 0.125% (vol/vol) hydrogen peroxide. Both formulations had activity against enveloped viruses. Formulation I also reduced the titers of adenovirus and murine norovirus (a surrogate for human norovirus) by >4 log units within 30 s but failed to inactivate poliovirus by 4 log units within short exposure times, indicating insufficient activity against enteroviruses. Steinmann et al. (124) strongly recommended formulation I rather than products with recognized microbiological activity for settings with frequent nosocomial viral infections. Because of its broader spectrum against viral pathogens, formulation I also should be used in outbreak situations involving known and unknown viruses.

Recently introduced alcohol foam antiseptics that can be spread over the surface of the hand are better than gel products and have been associated with higher compliance and increased efficacy as compared with gels in health care settings in the United States and the United Kingdom (8, 82). In comparative studies with standard test methods (European Standard EN 1500), both alcohol liquid and alcohol foam products had significantly higher efficacy (>1 log) than did gel products (37, 68, 82, 110). Gel and foam products are now used in remote high-traffic areas away from hand washing sinks, e.g., at bed sides, in food service facilities, at deli counters, in areas catering to at-risk patients, and at grocery store check-out counters. However, Boyce and Pittet (23) revealed the economic implications associated with extensive use of these products; the total budget for hand hygiene supplies in a hospital was about \$1 per patient-day, but costs for alcohol-based products and foam products were 1.6 to 2.0 times higher and 4.5 times higher, respectively, than those for soap.

ANTIMICROBIAL WIPES

Moistened wipes. Before the widespread use of alcohol gels and foams, disinfectant wipes were popular for removing transient organisms from hands. Premoistened cleansing tissues are still used as baby wipes, adult incontinence wipes, hand and face wipes, feminine wipes, cosmetic wipes, and household cleaning wipes. Antiseptic wipes are available for general hand and face cleansing and specific uses such as antiacne treatment. These products can loosen soil, facilitating the removal of dirt, grease, and microorganisms from skin.

One recent concern is that sporadic cases of *Campylobacter* infection in infants have been linked to grocery store shopping carts. Infections have been acquired by infants who have either touched the contaminated shopping cart or been touched by the contaminated hands of caretakers who have handled packaged retail meats, which are known to harbor external contamination (45). Thus, wipes have been advocated for removal of pathogens and are widely available to customers for in-stores use, but no peer-reviewed studies have been published addressing wipe effectiveness on carts.

The use of wipes in the food industry is more questionable. Smith (121) argued that wipe use may

increase the risk of foreign body contamination of food from wipes themselves (or pieces of them); unless wipes are needed to remove visible dirt, alcohol gels and foams were suggested as better alternatives. In the past, wipes were most often treated with aqueous alcohol solutions containing surface-active detergents, fragrance, and humectants to maintain a moist state. Because of the lotions present in these wipes, friction is reduced, which is beneficial when wiping sensitive or irritated skin. However, because finger and palm friction is important for reducing microbial loads, these wipes also must include antimicrobial compounds. Alcohol-impregnated paper hand wipes were effective for surface sanitization (63, 127), and have been advocated as an alternative to hand washing in hospitals in place of or as an alternative to soap and water (29). Various alcohol concentrations have been studied for their effectiveness in wipes, e.g., 80% ethanol and 15% glycerol for removal of *P. aeruginosa* and *S. aureus* from the hands of nurses on ward rounds (126) and 70% isopropyl alcohol for removal of *Campylobacter* spp. on hands (32). Larson et al. (73) advocated a minimum of 60% alcohol, whereas Butz et al. (29) reported that alcoholic wipes with 30% alcohol could reduce viable counts comparable to those achieved with nonmedicated soap after repeated use. This lower alcohol concentration may be an advantage because wipes containing 30% alcohol are less irritating to skin than are those with triclosan and chlorhexidine. However, because of skin irritation and dryness (19, 57, 104) newer hand antiseptics and moist wipe products are being formulated as alcohol-free (39, 84). Antimicrobial moist wipes typically contain quaternary ammonium compounds such as BAC and benzethonium chloride and povidone iodine and triclosan products; most produce immediate effects through contact but some have cumulative and residual effects (10, 34, 39, 84, 95). Inactive ingredients found in wipes include moisturizers, wetting agents, surfactants, detergents, emulsifiers, and emollients. Examples of prework creams, moisturizers, emollients, and conditioning creams were provided by Smith (121).

In special cases in which hand washing sinks are not available, such as catering in remote locations, workers may use chemically treated towelettes for hand washing, but little work has been done to determine their efficacy. Butz et al. (29) and Ayliffe (10) found that dry tissue wiping combined with an antimicrobial moist wipe without rinsing is at least equivalent to or better than a soap-and-water wash and rinse. Michaels et al. (84) conducted an experiment in which hands contaminated with 10^8 CFU/ml *E. coli* in tryptone soya broth were wiped with dry tissue paper after a 2-min drying period and then wiped with a moist tissue containing 0.1% BAC. When the hands were exposed to a series of 10 contamination and wipe cycles, the residual effect of the BAC was noticeable; reductions increased from the 1st to the 10th decontamination step (1.09- to 1.4-log reduction per hand), equivalent to 96.1% decontamination. Edmonds et al. (40) evaluated the SaniTwice three-step process, which comprises a sanitizer hand wipe followed by paper towel drying and reapplication of the sanitizer. In a comparison study, the SaniTwice wipe and a nonantimicrobial hand

washing procedure both achieved microbial reductions of about 2.6 to 2.9 log units when hands were contaminated with 10^9 CFU of *E. coli* in beef broth. Based on limited experimental work, the SaniTwice alcohol-based method seems to be more effective than the BAC wipe. However, the need for two stages (dry wipe and moist wipe) or three stages (moist wipe or alcohol alone, dry paper, and moist wipe or alcohol alone) may inhibit the use of these methods, or some of the stages may be ignored. Nevertheless, because wipe methods tested have been more effective than soap and water, they should be considered feasible, practical hand hygiene interventions for remote food service situations or where water availability is limited.

COMPARISON OF THE EFFECTIVENESS OF SOAPS AND ALCOHOL-BASED ANTISEPTICS AND SANITIZERS

A telephone survey of 40 consumers in Colorado revealed that in the home most people (78%) used a liquid hand cleaner typically containing an antibacterial ingredient (63%), but these respondents did not know the identity of the active agent (26). A written survey of 60 students yielded similar results (73 and 67%, respectively). In general, these students thought that regular hand soaps and even ABHRs were not as effective as antibacterial soaps in removing bacteria from the hands, and only 2% of the telephone survey respondents had gel rubs in their homes compared with 15% of the students. At the same time that this survey was conducted, 90 students in food preparation classes were volunteers in an experiment to estimate the bacterial load on hands before and after cleaning by different methods (26). Regular, antibacterial, and alcohol gel hand cleaners reduced bacterial populations by means of 0.4, 0.7, and 1.4 log units, respectively, indicating that alcohol gels significantly reduced bacteria on hands compared with liquid hand soap and antibacterial soap ($P \leq 0.05$). Gruendemann and Bjerke (53) published a full discussion on the value of alcohol gels in health care settings. However, it is not always clear from the literature whether experimental results are applicable to resident species of skin flora and/or transients, and caution should be used when comparing efficacy data.

Montville et al. (96) compared interventions by considering the results as distributions. Data from other publications and from their own experiments were translated into appropriate discrete or probability distribution functions. Soap with an antimicrobial agent was more effective than regular soap. Hot air drying increased the amount of bacterial contamination on hands, whereas paper towel drying slightly decreased contamination. There was little difference in efficacy between alcohol and alcohol-free antiseptics. Ring wearing slightly decreased the efficacy of hand washing. The experimental data validated the simulated combined effect of certain hand washing procedures based on distributions derived from reported studies. The conventional hand washing system caused a small increase in contamination on hands compared with the touch-free system, i.e., where faucets are operated by

elbows, feet, or automatic movement sensors. Sensitivity analysis revealed that the primary factors influencing final bacterial counts on the hand were sanitizer, soap, and drying method.

We evaluated 38 separate studies of hand hygiene interventions for their effectiveness for removal of various microorganisms, mainly members of the *Enterobacteriaceae* and *S. aureus* combined with soils and applied to hands (7, 11, 12, 16, 31, 32, 36, 76, 78, 86, 89–91, 94, 101, 102, 105, 107, 109, 115, 122, 125) and enteric viruses, such as rotavirus, adenovirus, rhinovirus, poliovirus, and hepatitis A virus (7, 20, 80, 119, 120). Most of the interventions in these studies used standard methods of 15 to 20 s of washing and 10 s of rinsing. Hand hygiene experiments in the health care field have mostly used light soil conditions, such as tryptone soy broth with or without 5% serum and phosphate-buffered saline, because they are standard laboratory materials easily applied to skin, but these conditions do not accurately represent conditions encountered in many settings in clinical practice and almost all food preparation environments. In these studies, the overall efficacy of hand hygiene methods depended on many factors such as soil type, antimicrobial soap strength, e.g., bland (no antimicrobial compound), E1 (low strength antimicrobial compound), or E2 (strong antimicrobial compound at 50 ppm), and the type of alcohol antiseptic (sanitizer). For information on bland, E1, and E2 soaps, see Todd et al. (138). As expected, light soil was more easily removed than were heavy soils (ground beef, chicken juice, fecal material, and organic soils), and the contaminating organisms on lightly soiled hands were inactivated by antimicrobials at significantly higher levels. Enteric bacteria were fairly easy to remove (1.1- to 3.5-log reduction for light soil and 0.7- to 2.4-log reduction for heavy soil), but viruses were more difficult to remove because they are more resistant to physiochemical inactivation than are most non-spore-forming bacteria. Alcohol-based compounds were most effective against gram-negative bacteria on lightly soiled hands, but a soap with an antimicrobial agent seemed to be as effective, if not more so, when hands were more heavily soiled. Unfortunately, there is very little published work available on alcohol antiseptic efficacy against bacteria or viruses embedded in heavy soils, conditions more likely to be encountered by food workers.

Enteric bacterial loads on hands can be high when toilet paper is improperly used or not used at all after defecation, and hand washing will not remove all of the enteric organisms present. A combination of hand washing with plain soap and rubbing with an ABHR will enhance the hygiene process, making the procedure more effective than either approach alone, unless larger quantities of antiseptic (up to 6 ml) are employed (87). Larmer et al. (69) evaluated the effectiveness of different types of soaps in 24 separate hand hygiene studies. These authors concluded that there were no significant differences in effectiveness between ABHRs and medicated and/or plain soap. However, greater efficiency was achieved with hand rubs with 70% alcohol or 70% alcohol with CHG than with rubs with 30% alcohol. Larmer et al. also noted that all of the studies had some

methodological limitations, e.g., no assessor blinding or difficulty creating experimental conditions in institutions. However, they recommended that hands be washed with soap and water when visibly soiled, and when soap is used regularly hand moisturizers should be used liberally. All ABHRs used should contain an emollient and 0.5% CHG. The U.S. Food Code (145) specified that food workers must maintain clean hands by washing with an appropriate cleaning compound, e.g., soap and water. Ojarjarvi (101) tested five types of liquid soap for 1 year and found little difference in their effectiveness. However, the type of antiseptic did affect the preference for the cleaning agent, especially among workers with dermatological problems who do not like alcohol or emulsion-type soaps and may prefer plain water.

In Europe, hygienic hand washing (biocidal) soaps are evaluated based on EN 1499 (43) and hand rubs are evaluated based on EN 1500 (44). In both of these methods, the soap or hand rub being tested is compared with a reference product using 15 volunteers per test. The reference soap for EN 1499 is a defined nonbiocidal product, and the reference rub for EN 1500 is isopropan-2-ol. In these tests, hygienic hand washing soaps are approved when they perform significantly better than the nonbiocidal soap, and hand rubs are approved when they perform the same as or better than isopropan-2-ol. Testing at Campden BRI (Chipping Campden, UK) involved assessing six hygienic hand washing soaps and six hand rubs according to EN 1499 and EN 1500, respectively. All hygienic hand washing soaps passed the EN 1499 tests, with an overall mean 3.18-log reduction compared with a 2.79-log reduction for the nonbiocidal soap. However, only two of the six hand rubs passed the EN 1500 tests, with an overall 3.19-log reduction compared with a 3.81-log reduction for the isopropan-2-ol. Approval of hand rub agents in the European Union is thus more difficult to obtain than approval of biocidal soaps.

Five to 6 ml of alcohol antiseptic will reduce viral loads by 2.4 log units in the presence of light soil and by 1.1 log units in the presence of heavy soil (20, 22, 80). However, this amount of alcohol is not practical to use in food worker environments; it is two to six times the amount commonly utilized by workers using alcohol antiseptics. Viruses are most practically removed by the vigorous friction that occurs during hand washing and drying (120). A typical example is norovirus, which requires aggressive hand washing and sodium hypochlorite solutions (1,000 ppm) for surface sanitizing (54). Rinsing hands under running water (2.0-log reduction) and use of alcohol antiseptic followed by vigorous wiping with a paper towel provide the necessary conditions for virus removal (120). In recognition of this problem of cleaning before use of an alcohol antiseptic, the U.S. Food Code (145) requires that hands of food workers be washed before use of ABHRs.

In fingernail studies, overall lower levels of *E. coli* were removed from artificial versus natural nails, and a significant improvement ($P \leq 0.05$) over all other methods, including a soap wash followed by an alcohol hand sanitizer, was achieved when a fingernail brush was used (87). Courtenay et al. (33) argued that the National

Restaurant Association ServSafe program hand washing methods are more effective than a warm water or cold water rinse (<1 versus 1.4 and 2.1 log CFU/ml *E. coli* on hands, respectively, from 3.6 log CFU/ml on unwashed hands) and more effective than the use of an ethanol-based sanitizer alone (2.9 to 3.4 log CFU/ml remained on hands when ethanol-based sanitizers were used instead of hand washing). The ServSafe procedure calls for wetting hands in warm water, soaping to a good lather, scrubbing hands and arms, cleaning fingernails, and then rinsing and drying with a single-use paper towel. When vinyl food service gloves were worn during the hand washing treatments, gloves retained more bacteria than when only hands were rinsed or washed.

CONTAMINATION OF ANTISEPTICS

Contamination from bar soaps, soap dispensers, and reservoirs. Studies performed by soap manufacturers have indicated that bar soaps do not easily transmit bacteria to users (14, 59); however, there is considerable evidence that soap bars stored in wet dishes are easily and commonly contaminated during use (24, 27, 64, 81). In survey studies of bar soap contamination compared with liquid soaps, *S. aureus* and *Enterobacteriaceae* of human origin typically have been isolated in >96% of samples tested (24, 60, 64, 81). This is one reason why bar soaps are not mentioned for hand washing in food operations in the 2005 and 2009 U.S. FDA Food Code editions in contrast to the 2001 version (142, 144, 145), and liquid soaps are the current standard for soaps used in health care and food environments (116). However, bar soaps still are used in many other settings, including the home, and these bars should be replaced frequently.

Contamination also can occur at hand washing stations that dispense liquid soaps (92). More than 40 outbreaks or infections have been documented as associated with contaminated antiseptics (147), resulting in systemic infections, skin abscesses, and conjunctivitis in patients and workers. The most frequently implicated soaps were those containing chlorhexidine and BAC. Both outbreaks and sporadic failures of antiseptics are typically due to user error rather than microbial contamination during production. Common errors include the use of overdiluted solutions, the use of outdated products, the use of tap water to dilute the germicide, the refilling of small-volume dispensers from large-volume stock containers, and use of an inappropriate product. Prior cleaning is necessary to remove proteinaceous material and biofilms so that the germicide can achieve adequate microbial inactivation. In a case-control study to determine the source of *S. marcescens* in a hospital, hands of health care workers were 54 times more likely to be contaminated with the organisms after hand washing with an *S. marcescens*-contaminated soap pump ($P < 0.001$) (118). In hospital environments, patients have been infected through handling of contaminated soap, resulting in eye damage, bacteremia, and even death (51, 79, 117, 139). The most frequent contaminating microorganisms were *Pseudomonas* and/or *Burkholderia* spp., although *S. aureus*,

S. marcescens, and other opportunistic pathogens have been isolated from these soaps. Soaps causing such infections range from bland soaps to those containing antimicrobial ingredients such as CHG, hexachlorophene, polyvinylpyrrolidone-iodine, and triclosan.

Soaps can become contaminated either before or during use. Intrinsic sources are production and packaging areas, where contaminated raw ingredients or the manufacturing process itself leads to bacteria being present in the soaps (1, 17, 35, 61, 92, 128). Contamination of ingredients or water used in processing can lead to formation of biofilms in distribution pipes, and these biofilms can be difficult to eradicate (1, 92). In a manufacturing plant producing iodophor products (1), the antiseptic became contaminated with a variety of gram-negative water bacteria, which colonized product distribution lines, affecting the manufacture and quality of the formulated iodophors and causing infections in several patients who used the antiseptic. *Pseudomonas (Burkholderia) cepacia* was able to survive for 68 weeks in a 1% iodine solution. Biofilm formation occurred in the distribution lines, and periodically the organisms would slough off into the product.

Manufacturers of iodophors and other health care professionals should be aware that pipes or other surfaces colonized with bacteria may be a source of contamination. Anderson et al. (2) recommended scheduled bacteriologic quality control checks of process water and finished product, maintenance of resin beds and filters, and sanitization of water and product distribution pipes (e.g., 60°C water for 1 h). Risk of contamination is minimized when manufacturing is configured around well-designed proprietary production processes and risk management protocols are incorporated within quality control and quality assurance programs (e.g., ISO 9001). Good manufacturing practices and hazard analysis critical control point plans should be considered when designing soap production systems, and assumptions should not be made that a few bacteria are of no consequence.

Extrinsic contamination occurs when contaminating microorganisms are introduced into soap containers during use by individuals with soiled hands. Design and function of soap and antiseptic dispensers, such as pump-top bottles and wall-mounted self-contained delivery mechanisms, are critical to reducing cross-contamination and infection rates. Devices delivering drugs or simple soap can be contaminated by hand contact, leading to infections in health care environments (9, 47, 66, 97, 141). In these scenarios, pseudomonads and other gram-negative bacteria can metabolize ingredients in soaps or lotions and predominate over staphylococci, yeasts, and molds (128). However, the outer surfaces of soap containers can easily be contaminated by hands before and after washing (25, 81), and the potential for cross-contamination between users should be considered another risk factor. Dispensers can be either open or closed. Reservoir systems fall into the open category, where soap is either poured into a reservoir or a bottle is positioned in a fixed reservoir. Bag-in-the-box or sealed cartridge systems have soap fully enclosed within the cabinet. Piston pump-top bottles are another form of an

open system metering device. These pump-top bottle systems allow air ingress through the neck of the pump plunger and are thus considered open systems in the soap industry (92). McBride (81) and Brooks et al. (25) described how dispensers become contaminated with opportunistic pathogens. Soap residues were found on the underside of the dispenser, near the dispenser orifice, and in crevices around the dispensing button, which were heavily contaminated (25). The soap within the prefilled disposable bags appeared to be uncontaminated, but the dispensers were covered with *Klebsiella pneumoniae*, *Acinetobacter* spp., *Pseudomonas* spp., and methicillin-resistant *S. aureus* (MRSA). The nozzles and pumps on many collapsible bag systems do not work well, which leads to leaking soap. Sticky soap bottle surfaces attract organic soil and can become reservoirs for microbes capable of growing on and in soap films (13, 25, 128). Thus, hand washing stations must be monitored for proper settings and maintenance of soap dispensers and the amount of time simple soaps are used.

In addition to dispenser mechanism cross-contamination, soap reservoir systems have caused outbreaks in health care setting after dispensers have been refilled (15). After discovering that these reservoirs were problematic, health care regulatory agencies requested that the reservoir and dispenser nozzles be sanitized before refilling (46, 75, 123). These strict directives were seemingly forgotten or ignored, resulting in recent hospital-associated outbreaks (52, 139). One of these outbreaks involved an antimicrobial soap from a reservoir-type dispenser that staff refilled or topped off without sanitizing the reservoir (52). Reservoir systems situated in locations with possibly high insect populations, such as around food processing facilities, can become contaminated through contact by these pests (83). Weber et al. (147) recommend the following practices (germicides include both antiseptics and disinfectants): (i) use only approved antiseptics and disinfectants; (ii) use all germicides at their recommended use dilution and do not overdilute products; (iii) use sterile water to dilute antiseptics; (iv) use all germicides for the recommended contact times; (v) do not use germicides labeled only as antiseptics for the disinfection of medical devices or surface disinfection; (vi) follow the recommended procedures in the preparation of products to prevent extrinsic contamination; (vii) continue to use small-volume dispensers that are refilled from large-volume stock containers until they are entirely empty and then rinse dispensers with tap water and air dry before refilling; and (viii) store stock solutions of germicides as indicated on the product label.

Theft also may be an important risk factor in the contamination of reservoirs and dispensers, although this factor is not widely documented or discussed. Pilfering of product, i.e., taking small quantities out of a large container for personal use, can introduce contaminants into that container, and other soap product tampering situations have been identified in various food environments (83, 113). Thus, soap dispenser design should include a locking mechanism and reserves should be kept in sealed cabinets to prevent pilfering and/or intentional product contamination. Most standard soap and paper towel dispensers available

through hygiene equipment suppliers include standard locking security devices, and these must be sophisticated enough to prevent tampering but not so complex as to be a barrier to restocking or to limit the availability of soaps for hand washing.

Contamination of hands and clothing at hygiene stations and automated hand washing machines. Michaels et al. (93) surveyed microbial contamination on contact surfaces associated with hand washing stations in restrooms and processing areas. Indicator organisms (coliforms, *E. coli*, and *S. aureus*) were found on many of the sampled surfaces, revealing that an individual can be contaminated from organisms deposited by a previous user on hygiene contact surfaces, e.g., water faucet handles, sink counter tops, door handles, and soap dispenser buttons (zig-zag cross-contamination). An ideal hand washing station includes faucets that operate automatically or through use of a knee, foot, or elbow. In restrooms and many food preparation facilities, these types of faucets are not available, increasing the risk of cross-contamination through use of contaminated faucet handles. When a wet hand turns the faucet off, contamination deposited by one user is picked up by the next user. Paper towels for turning off faucets and opening restroom doors is a little-used option that can prevent recontamination of hands after washing. In health care facilities, surfaces contacted during hand drying have led to cross-contamination (50, 55, 56, 58). Another issue is the risk from sprays. During both manual and automated hand washing, users may become contaminated from water droplets dispersed from the water flow of taps or nozzles and the action of the hands during hand washing (J. Holah, personal observation). Such droplets can be described as either ballistic, i.e., they travel in the direction of the originating motive force (e.g., the bounceback of large water droplets from the sink surfaces) or aerosol (smaller droplets), whose movement is directed by local air currents. The degree of cross-contamination to the clothing and skin of the user from this transfer vector is unknown but is likely to be affected by the water pressure at the taps, the shallowness of the sink, the vigorosity of the hand rubbing, and the degree of contamination picked up from the hand or sink surface. Transfer of contamination to uniforms or clothing of food workers at a height on the uniform that may come into contact with foodstuffs during food preparation (e.g., around the waist and stomach area) would be of most concern. Managers of food preparation operations should be encouraged to check for water droplet transfer, i.e., how wet the uniform is in this area, and modify the hand washing station accordingly.

In the 13th century, Muslim engineer Al-Jazari in northern Mesopotamia (present-day Iraq) designed an automated hand washing device with humanoid servants (150). By pulling a plug on the tail of an artificial peacock, water was released from the bird's beak. As the wash water accumulated in a basin below the rinsed hands, a float rose and actuated a servant to appear from behind a door under the peacock and offer soap. When more water was used, a second float at a higher level was activated and a second

servant appeared with a towel. When the base valve was released and the water drained away, the servants disappeared and the doors closed. Actual use of this device was not recorded, but a long time elapsed before automated hand washing machines were considered for industrial use.

In the 20th century, hand washing machines and automatic sinks were investigated as a way to improve hand washing effectiveness and compliance, but deficiencies were found (146, 149). Reports from users of early hand washing machines indicated contaminated water was a problem (100), and features of a then-available unit included a "self-cleaning monitor to eliminate bacterial colonization during operation," indicating a possible problem. Negative attitudes concerning the use of these machines have been reported (70), and manual hand washing was noted to be superior in many instances (140, 149). In one case, hands were more effectively washed with an automatic sink, but this sink was used less often than a regular sink for hand washing, therefore decreasing compliance (70). In one instance, cross-contamination of the hands after the use of a hand washing machine resulted in an outbreak, and an observational study revealed that hand washing compliance improved from 22 to 38% when the hand washing machines were in use (149). However, 4 months after the hand washing machines were installed, an outbreak of MRSA infection occurred in the intensive care unit. As part of evaluating the outbreak, the machines were found to be positive for cultures of methicillin-resistant *Staphylococcus epidermidis*, *Achromobacter* spp., and *Streptococcus viridans*. The design of the hand washing machines made contamination of sleeves and already washed hands possible. The effectiveness of these devices also is dependent on water pressure (146) or use of alcoholic disinfectants (98, 99). Some units are designed for glove washing. These devices have been useful as compliance intervention devices (72, 149). Some automated cleansing systems have been associated with reducing variability in hand washing effectiveness (103) and therefore suited for the testing of antimicrobial soap products (98, 148).

Recent changes have made hand washing machines more sophisticated. One model is available in three different versions: countertop, wall mounted, and free standing but portable (5, 18). When washing hands, the user wearing a radio frequency identification badge is identified by the machine's reader, which scans that person's unique tag number that is associated with a name in a back-end database. The device records the date, time, and beginning and end of the wash cycle and then sends that information to the database. The touchless wash cycle automatically starts when the hands are inserted into two rotating cylinders, which deliver a fully automated 10- to 12-s cycle of hand washing, sanitizing, and rinsing designed to clean the hands from fingertips to wrists. The claim is that by using a CHG sanitizing solution the single cycle is able to remove >99.98% of pathogens and can continue to kill bacteria for up to 6 h. When the automated hand cleansing system was set for a total cycle length of 15 s using 5 ml of 2% CHG against feline calicivirus on hands (Standard Test Method for Determining the Virus-Eliminating Effectiveness of

Liquid Hygienic Handwash and Handrub Agents Using the Fingerpads of Adult Volunteers, ASTM E 1838.02), a mean 3.97-log reduction (99.99%) and as high as a 4.25-log reduction (99.994%) was achieved (4). The system uses up to 75% less water than manual hand washing and discharges 75% less wastewater. The use of this system also further boosts compliance by ensuring a pleasant, uniform hand washing from fingertip to wrist with 20 to 40 high-pressure, low-volume water jets in a consistent wash-and-sanitize cycle. Time will tell whether this type of hand washing device will become sufficiently widespread to become the norm.

For food workers, boots also must be cleaned or disposable overshoes must be worn. As for automatic hand washing devices, boot washers tend not to be used. Unless these washers are well designed and maintained, the disinfectant quality is not sufficient to inactivate contaminants, as occurred in Wales in 2005 when a meat processing establishment was responsible for 157 cases of *E. coli* O157:H7 infection (108).

NONDISINFECTION ISSUES ASSOCIATED WITH ALCOHOL-BASED COMPOUNDS

Flammability. Alcohols are flammable, and flash points of alcohol-based hand rubs range from 21 to 24°C, depending on the type and concentration of alcohol present (114). Thus, ABHRs should be stored away from high temperatures or flames. Even removal of a polyester gown can create enough static electricity to generate an audible static spark, which can be sufficient to ignite unevaporated alcohol on the hands of a health care worker (28). Queensland Health provided details on how alcohol-based products should be displayed and stored, e.g., in small quantities, not near any electrical outlet, and out of reach of children (114).

Abuse of the alcohol content. Another issue for alcohol-based antiseptics is they could be consumed to access the alcohol, and ethanol-based hand antiseptics are considered a safety issue in prison communities (38) or hospital and/or health care settings where alcohol-addicted individuals are confined. In one anecdotal report from the United Kingdom (Campden BRI), the alcohol was removed from alcohol-based products and then mixed with orange juice before consumption. One individual was admitted to a hospital after consuming rubbing alcohol but then ingested ethanol-based hand antiseptic while in the hospital (42, 129). The media have reported accidental and intentional consumption of alcohol-based antiseptics by children and teens, highlighting public awareness of the alcohol content of these products and the potential for misuse (3). Blanchet et al. (21) reported intoxication of a hospitalized patient who on two separate days ingested two 100-ml bottles of a topical antiseptic solution containing isopropyl alcohol and propanol-1. This case points out the need to limit access to alcohol-containing antiseptic solutions in wards where alcoholic and psychotic patients are hospitalized. In 2009, Health Canada delayed the delivery of ABHRs to some First Nations communities affected by H1N1 influenza virus

because of concerns that these products might be consumed for their alcohol content (30). Thefts of ABHRs had been reported previously in some of these communities, where large numbers of people suffer from alcohol addiction.

Religious concerns. Another issue associated with these alcohol-based gels is the potential conflict with religious beliefs. In the United Kingdom, town councils, schools, and businesses have been purchasing alcohol-based gels to reduce the spread of the H1N1 influenza virus, but some Muslims are refusing to use these gels because the Koran forbids the use of alcohol (6). To accommodate these individuals, some council chiefs issued nonalcohol gels, which have little effect on the virus (121). However, the Muslim Council of Britain stated that people should follow medical advice and use the alcohol-based hand gels, pointing out that Islamic teachings allow Muslims to use alcohol for medicinal purposes. The Muslim Council of Britain stated that

consumption of all intoxicants including alcohol is totally forbidden in Islam, and according to some Schools, alcohol itself is considered impure. External application of synthetic alcohol gel, however is considered permissible within the remit of infection control because (a) it is not an intoxicant and (b) the alcohol used in the gels is synthetic, i.e. not derived from fermented fruit. Alcohol gel is widely used throughout Islamic countries in health care settings. Any controversy, therefore, is likely to be in perception rather than principle within Islam. Any confusion in this respect may be avoided if references to and labelling of alcohol gel bottles emphasized the disinfection properties rather than its alcohol content—use of the term ethanol to describe the contents was to be encouraged.

CONCLUSION

In previous articles, a composite list of problems uncovered during investigations of foodborne disease outbreaks involving food workers and potential interventions to improve hygiene and prevent spread of foodborne disease from food workers were provided (49, 130–134). The major concerns identified included (i) hand washing, (ii) sanitation of food contact surfaces, (iii) facility-wide hygiene education and training, (iv) incentives for workers to report their illnesses, (v) surveillance of the work force by management, and (vi) regular professional screening of employees for illness, including nasal and stool samples obtained from staff returning from overseas travel.

Hand hygiene is a key factor in the transmission of foodborne disease and one of the least costly interventions to implement. Use of hand antiseptics and/or sanitizers, including ABHRs, has been increasing in recent years, especially during the 2009 H1N1 pandemic. Public health messaging focused on hand washing or the use of antiseptics as a major method to control the spread of the virus when combined with vaccination, resulting in record sales for manufacturers of these hand hygiene products. The risk of cross-contamination from person-to-person and from hands to food or vice versa can be reduced by using wash stations with hands-free faucets and easy-to-use paper towel dispensing systems.

Alcohol instant hand antiseptic use has been advocated in conjunction with hand washing and drying, although experimental data indicate no significant increase in efficacy when both hand washing and alcohol antiseptics are used sequentially (87). Most of these recommendations are incorporated into Chapter 2 and Annex 3 of the 2009 U.S. FDA Food Code (145). Although alcohol-based antiseptics are convenient and can be installed at many locations where hand hygiene is required, these agents have their limitations when heavy soil is involved, and they must be combined with a hand washing regimen. They are effective against some but not all viruses, and the type of alcohol preparation used makes a difference, e.g., ethanol versus isopropyl alcohol at different concentrations (124). The correct amount of antiseptic with an effective level of alcohol, e.g., 70%, must be used followed by an appropriate drying time. Alcohol-based antiseptics should be combined with regular hand washing schedules and should not replace hand washing and drying or the use of fingernail brushes.

Economic implications may play a role in the use of alcohol-based products because the daily cost can be up to 4.5 times higher than that of soap and water. ABHRs can be flammable and may be abused for their alcohol content. Religious prohibitions and social customs also can complicate hand hygiene practices, but every society recognizes the need for clean hands when preparing food.

Training alone will not improve hand hygiene and other important food safety practices substantially; manager commitment is required, and programs should be designed to encourage compliance through rewards and penalties. Employees come from diverse cultural backgrounds, sometimes with different concepts of the principles of contamination and sanitation. The issue of hand hygiene compliance is addressed in a subsequent article (135).

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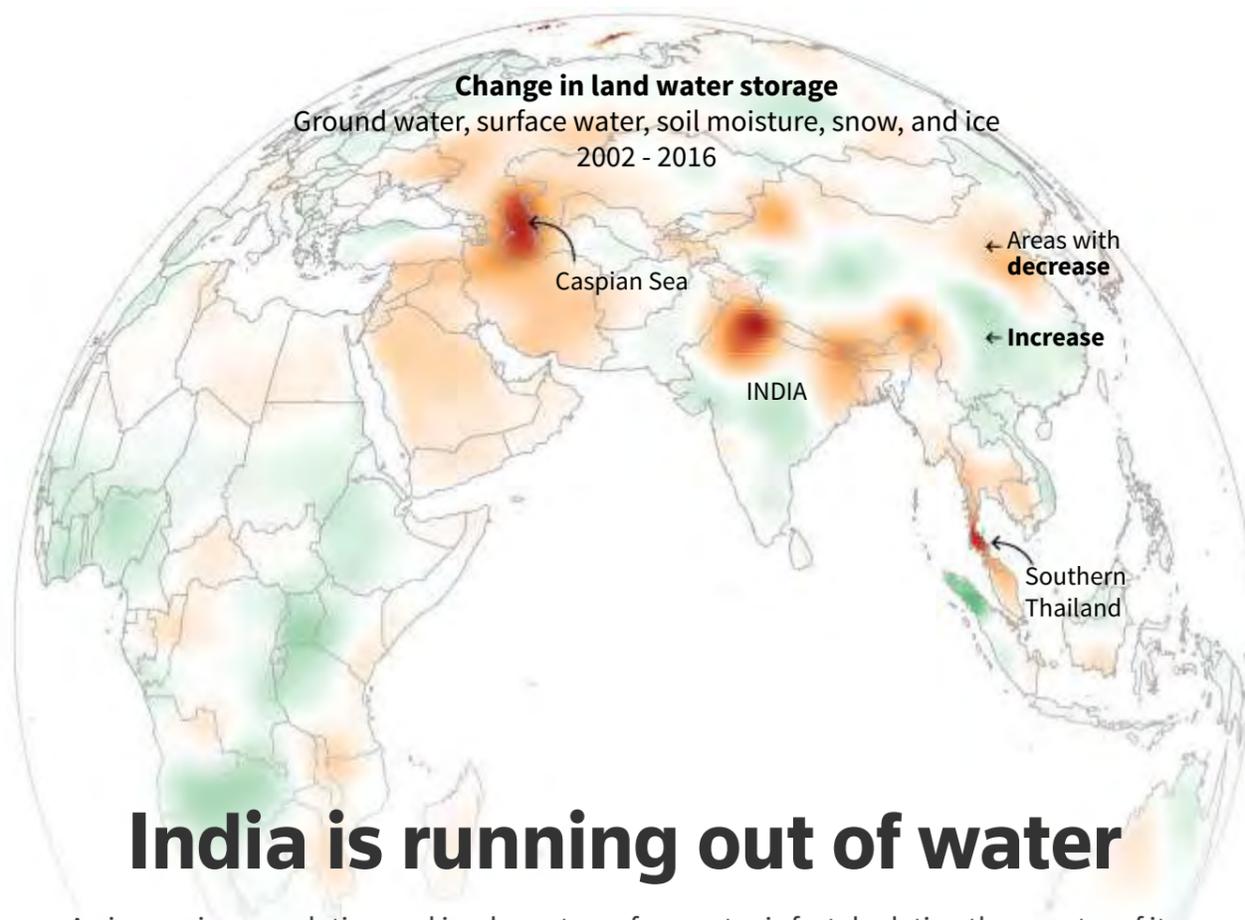
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India is running out of water

An increasing population and inadequate surface water is fast depleting the country of its groundwater resources. More than a third of the country's population lives in water-stressed areas.

By Gurman Bhatia

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Groundwater has been declining at an alarming rate in India, which is expected to surpass China as the world's most populous country in less than a decade.

More than a third of India's population lives in water-stressed areas and this number is set to grow due to depleting groundwater and rising urbanisation.

India is one of 17 countries facing extremely high water stress, according to a recent report by the World Resources Institute.

India's water stress has increased in the last few decades as borewells were dug to extract more and more groundwater for water-guzzling crops such as rice and sugarcane.

Ideally, surface water should be stored during monsoon season and used throughout the year instead of groundwater. India has built many large dams in the last few decades, but still there are hundreds of incomplete dams and successive federal governments have spent billions of dollars over the years to complete them. But several are still unfinished due to bureaucratic sloth, corruption, opposition to land acquisition and lack of coordination within the government.

Government data released in July 2019 shows that in 2017, 109 districts out of the 684 for which data was available, used more groundwater than what was replenished by both natural and artificial processes, a measurement known as groundwater "recharge".

DISTRICT-WISE POPULATION AND GROUNDWATER UTILISATION IN INDIA (2017)

Colour represents percentage of the groundwater recharge utilised

0 percent of recharge utilised



Each bar represents a district

As you scroll down, more groundwater is being exploited

Height represents the population of a district

10

20

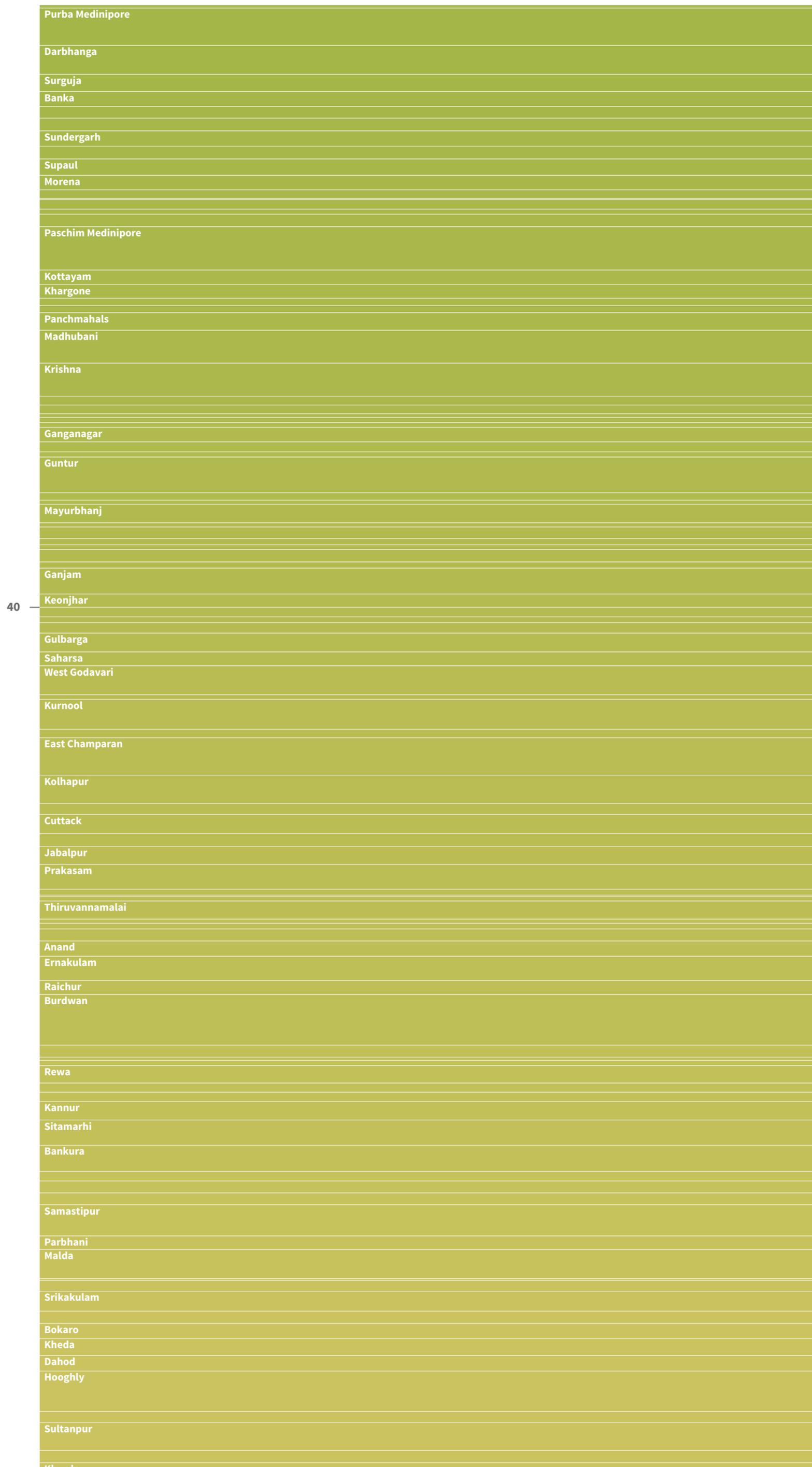
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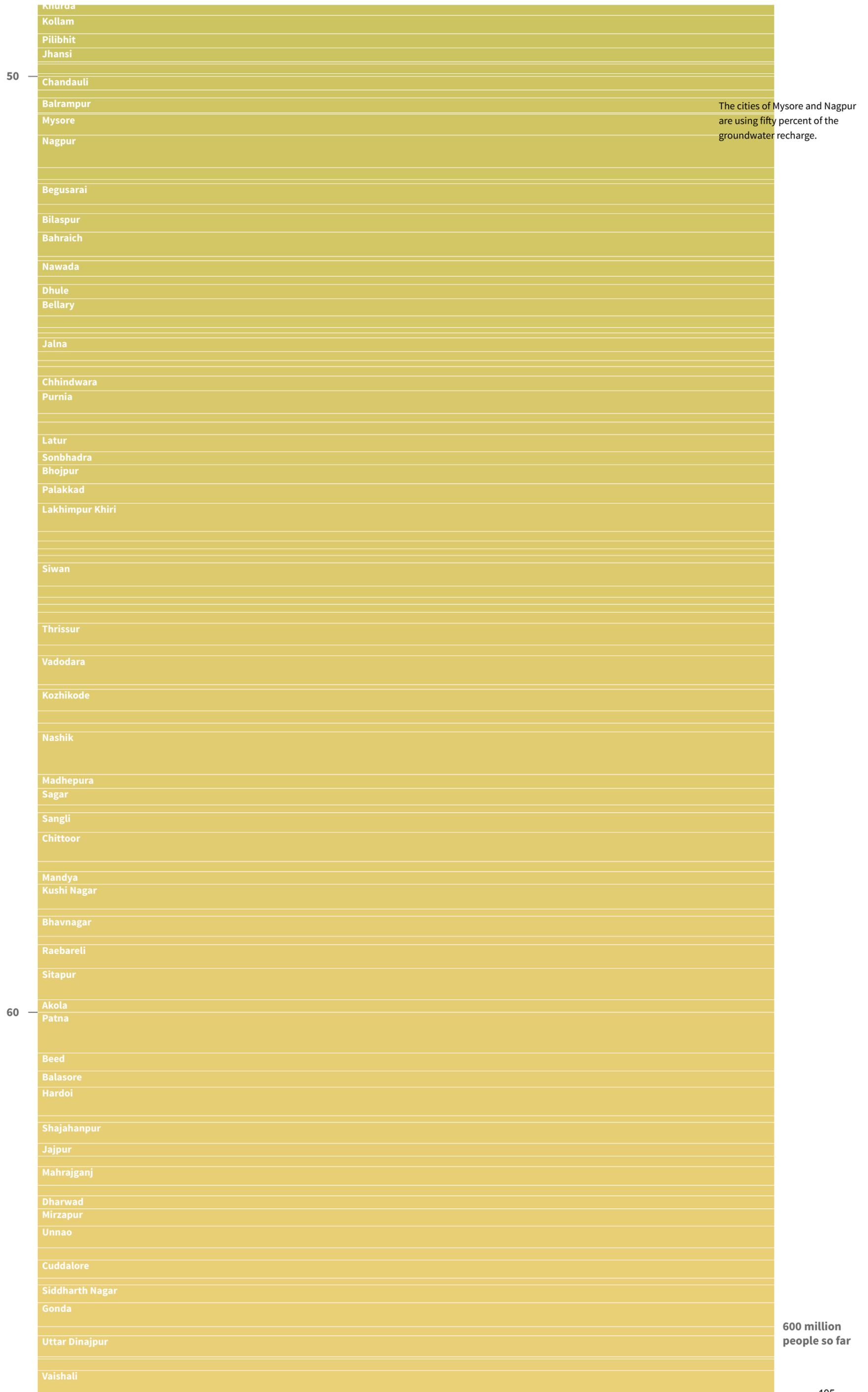


Several sparsely populated, rural districts in the country have safe levels.

Thane district in the western state of Maharashtra is most populated but groundwater level is still safe due to large dams in the district.

200 million people so far



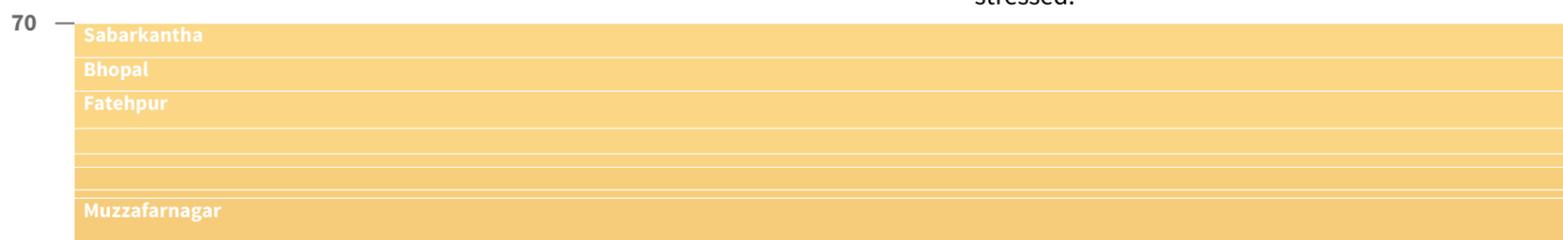


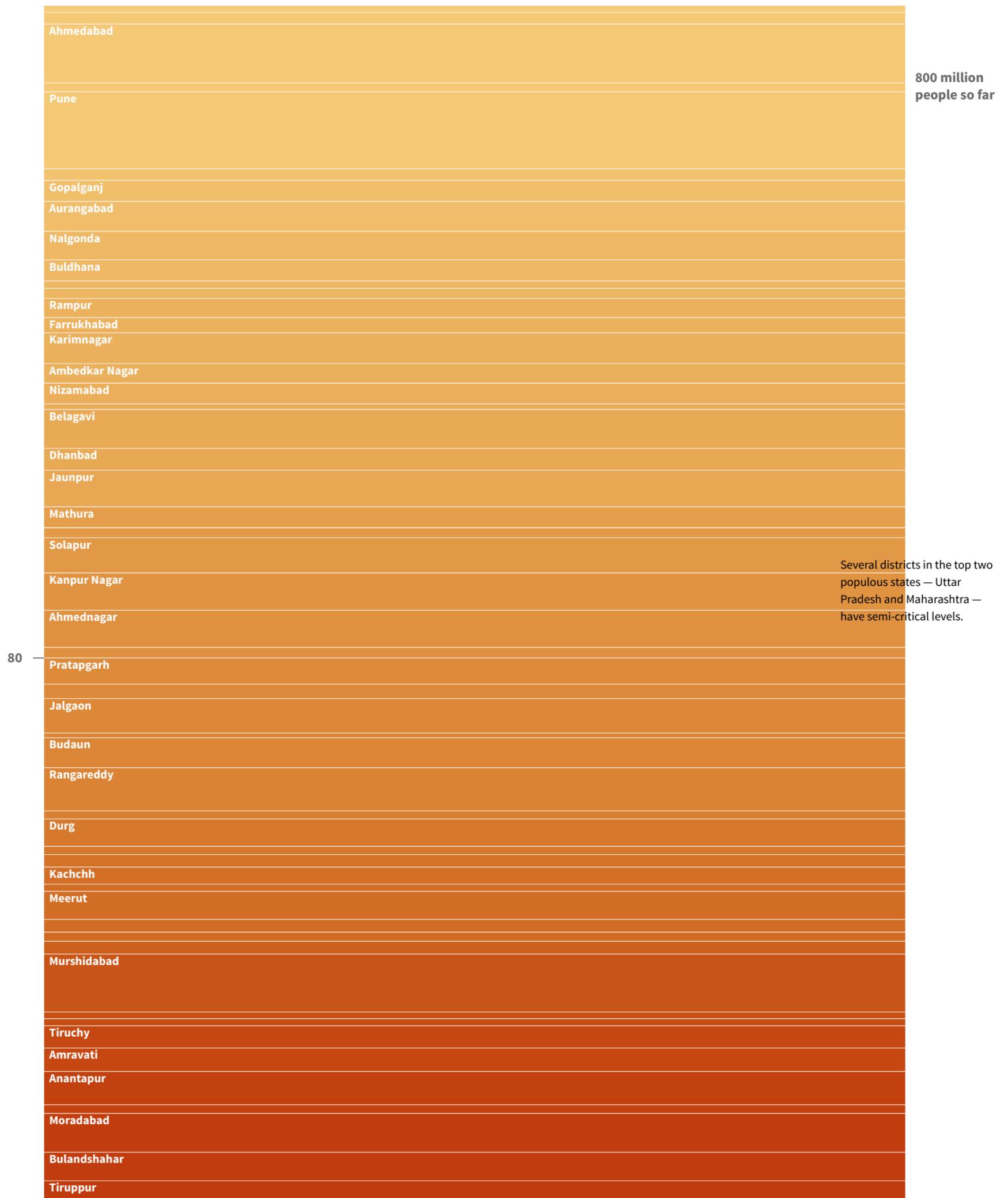


Nearly 750 million people in India are living in regions where groundwater usage is at safe levels.

SEMI-CRITICAL DISTRICTS

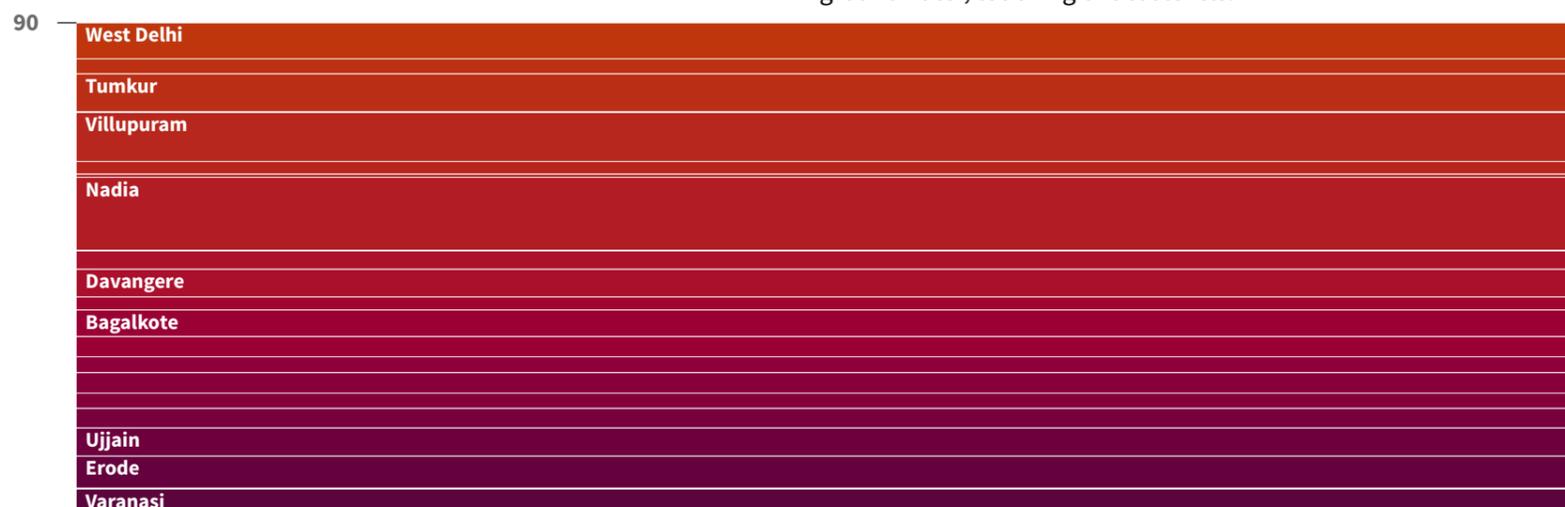
Districts that have groundwater utilisation over 70 percent are water-stressed.





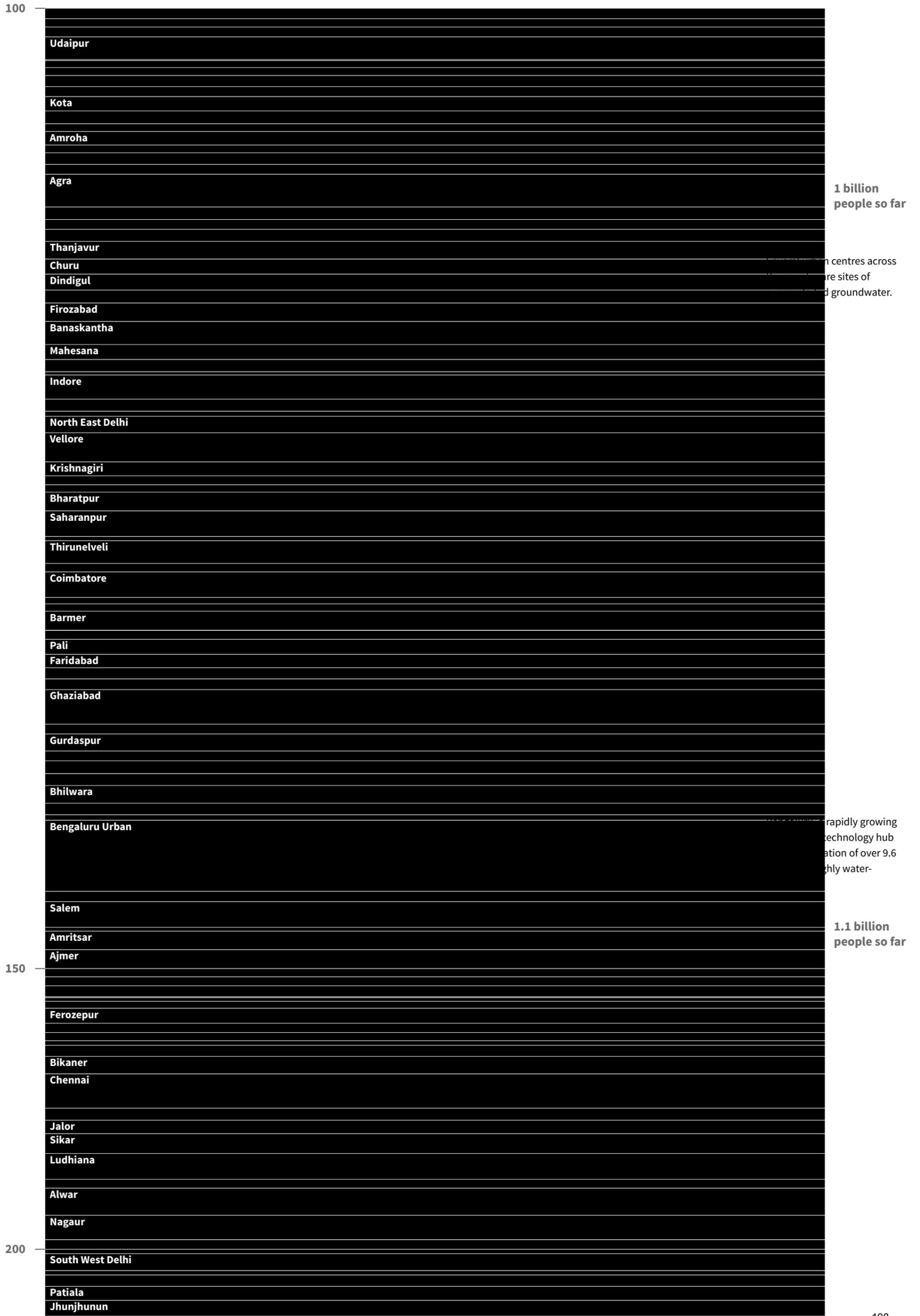
CRITICAL DISTRICTS

As areas become more urban, the high demand increases the dependence on groundwater, touching critical levels.



OVEREXPLOITED DISTRICTS

When the withdrawal volume exceeds the water replenished in a region, one ends up in the overexploited zone.

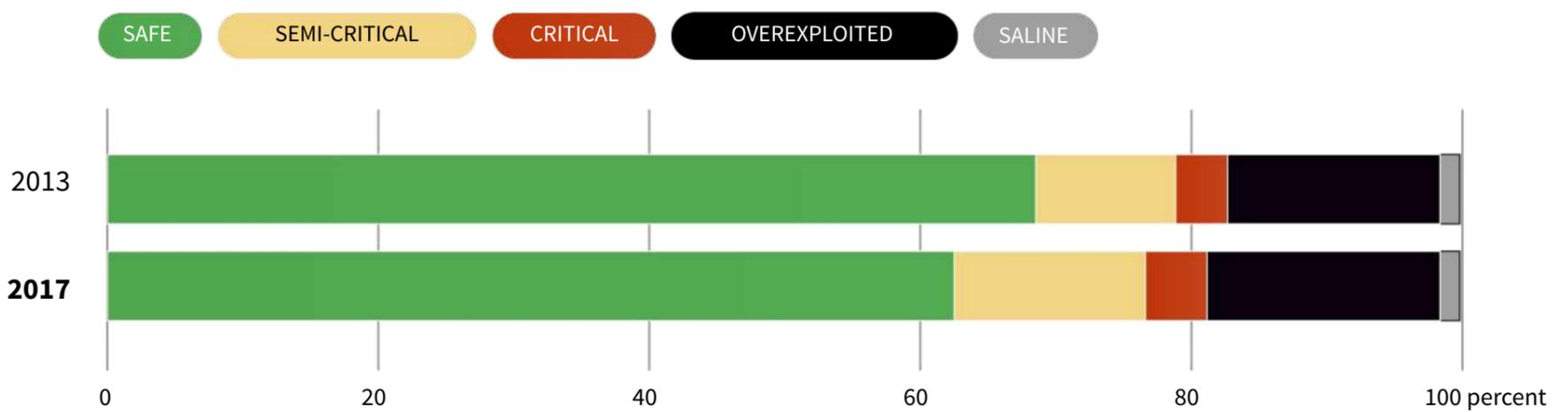




Data published by the Central Ground Water Board in India suggests that when city and village blocks were compared to the last review done in 2013, fewer blocks recorded safe levels in 2017. The percentage of overexploited blocks increased.

While 388 blocks improved, 504 deteriorated. 4,835 blocks saw no change.

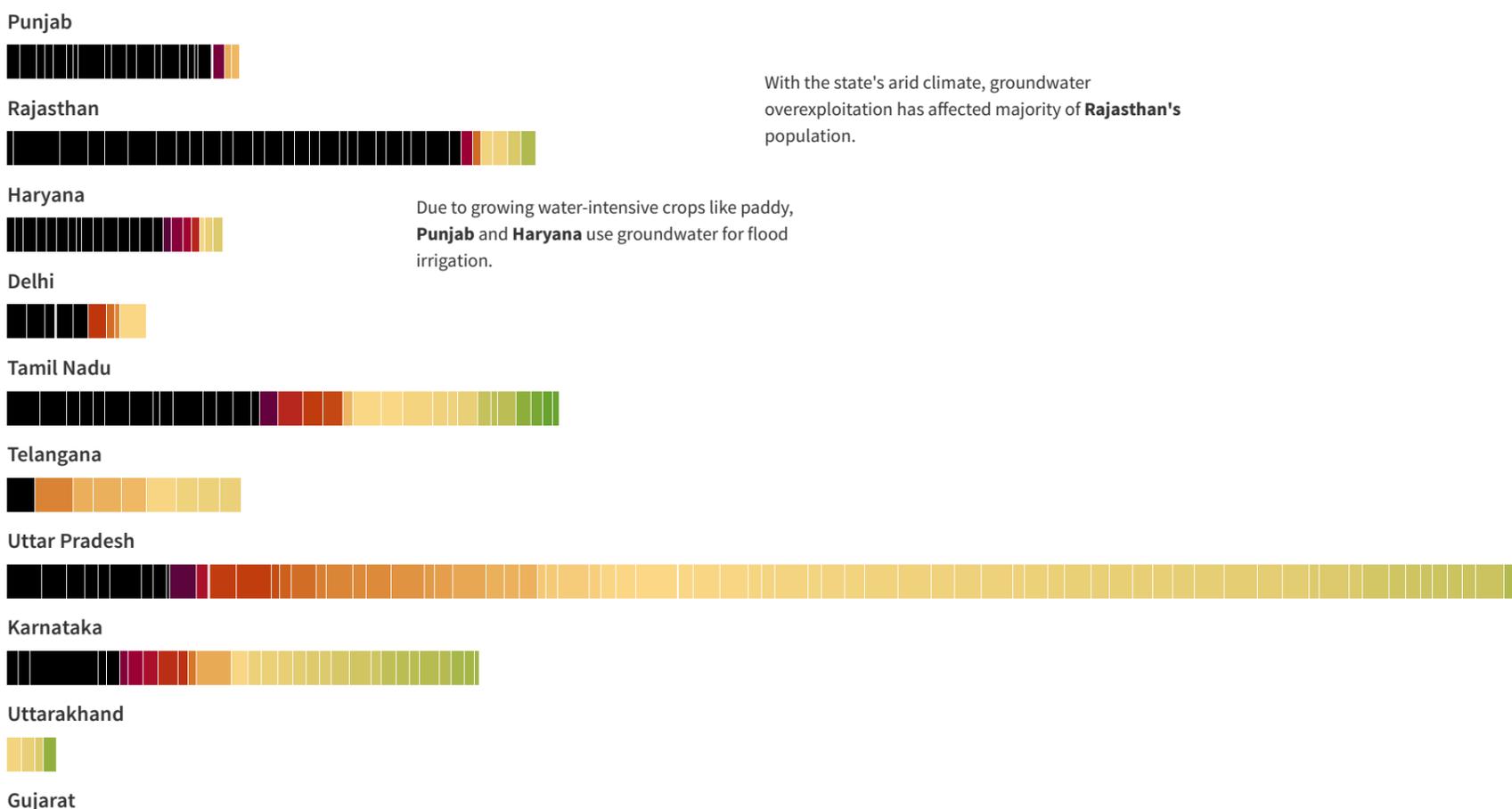
DECREASE OF SAFE BLOCKS BETWEEN 2013 AND 2017

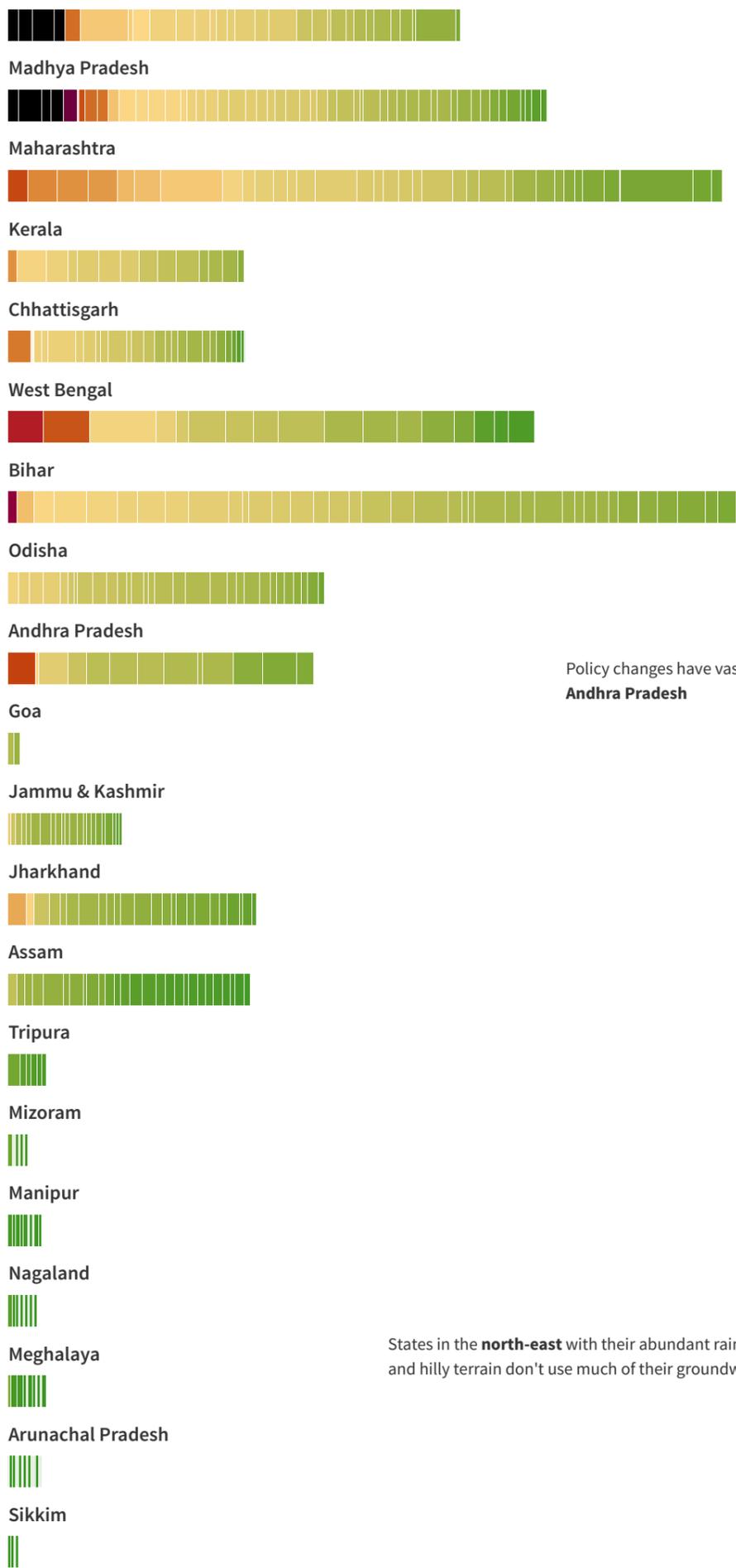


Most of the problematic areas are concentrated in a few states. While Rajasthan suffers because of being a land-locked desert, districts in Punjab and Haryana are overexploited due to their heavy use of groundwater for irrigation. Several other water-stressed districts are rapidly growing urban centres where groundwater ends up being the fallback to meet increasing demand amidst the lack of adequate sources.

POPULATION AND GROUNDWATER UTILISATION IN INDIA BY STATE (2017)

Each block represents a district with available data. Width represents population.



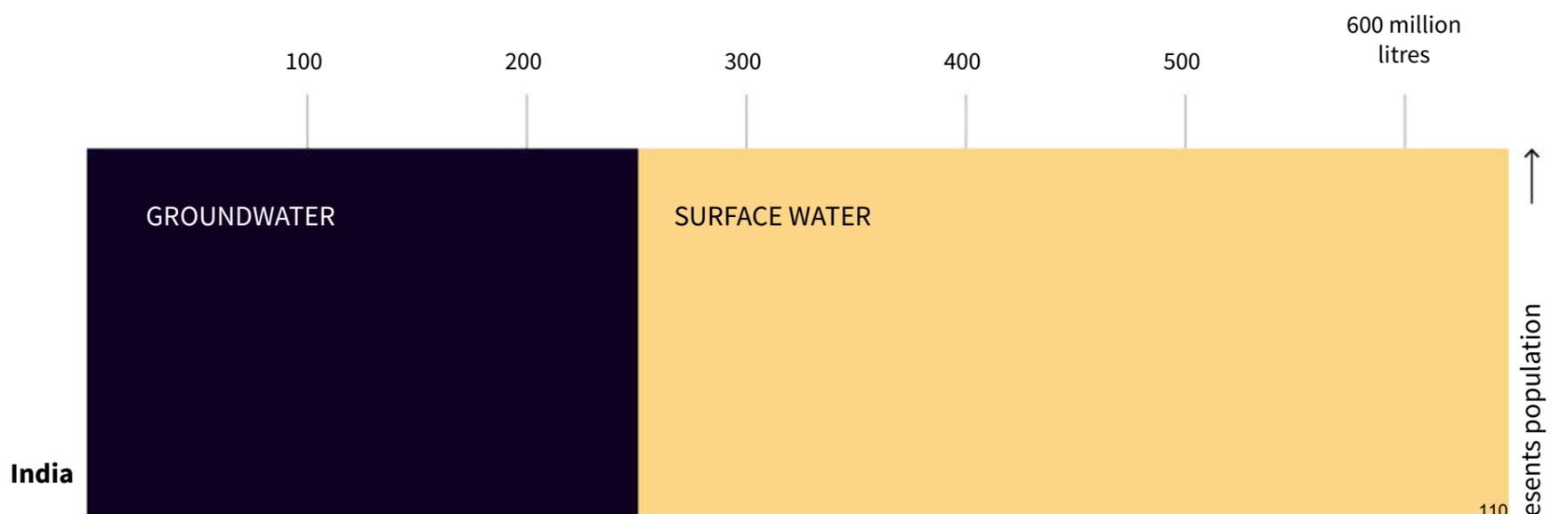


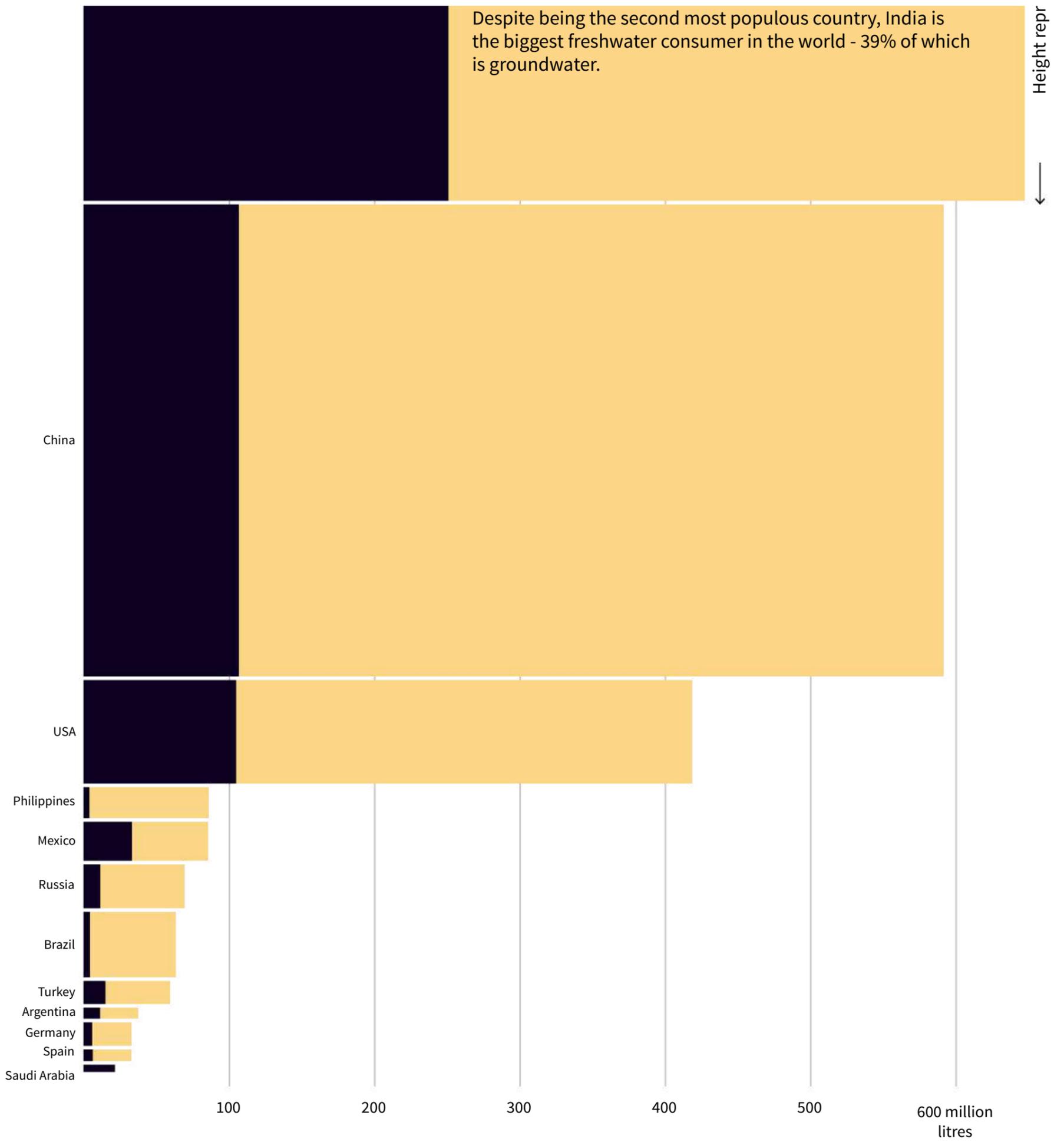
Policy changes have vastly improved the usage in **Andhra Pradesh**

States in the **north-east** with their abundant rainfall and hilly terrain don't use much of their groundwater.

India's groundwater usage exceeds that of China and the United States combined. They, like many other countries, instead depend on surface water for their daily fresh water requirements.

ANNUAL FRESHWATER WITHDRAWAL BY TYPE AND COUNTRY

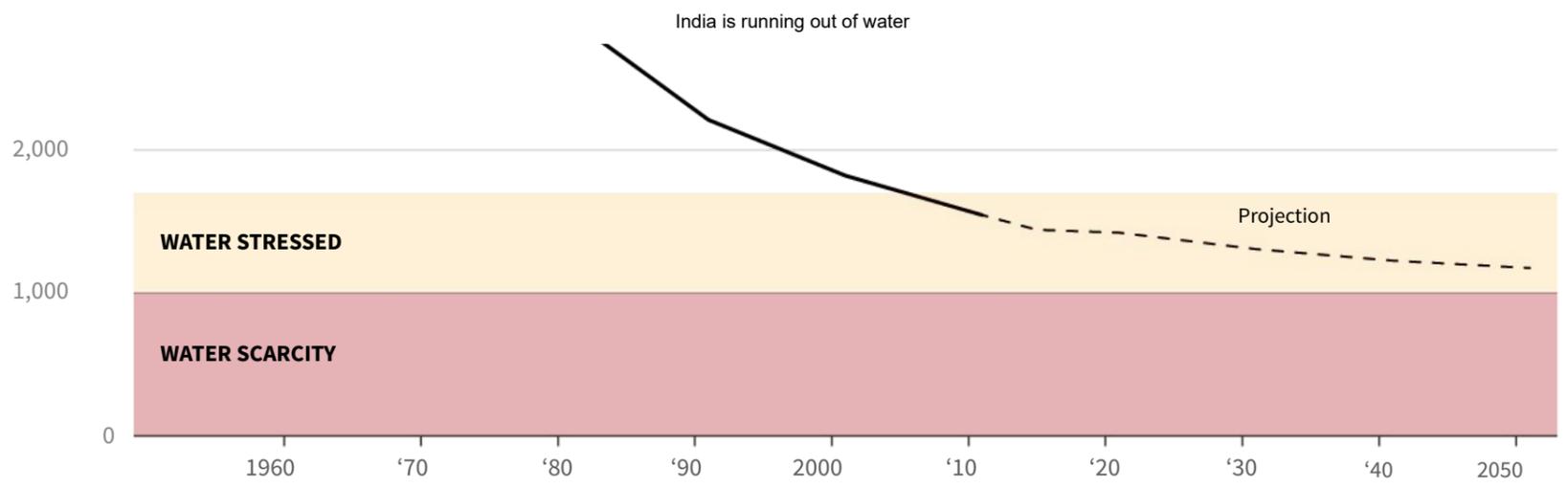




Per capita water availability has fallen to 1,545 cubic metres in 2011 from 5,177 cubic metres in 1950. Less than 1,700 cubic metres water availability is considered a water-stressed condition, whereas below 1,000 cubic metres is considered as a water scarcity condition. Availability in the South Asian country is forecast to drop below 1,300 by 2041.

PER CAPITA WATER AVAILABILITY IN INDIA (M³/YEAR)



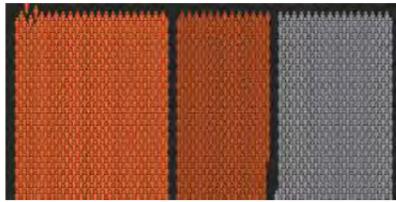


Note: Figures for West Bengal districts are from 2013.

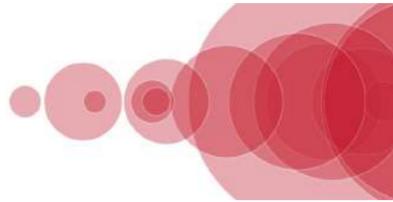
Sources: Central Ground Water Board of India; EnviStats 2018; Census of India (2011); (Rodell M. et al.) Emerging trends in global freshwater availability (2018); AQUASTAT Database (2010-2018), Food and Agriculture Organization of the United Nations.

By Gurman Bhatia. Additional work by Manas Sharma and Simon Scarr. Editing by Rajendra Jadhav. | REUTERS GRAPHICS

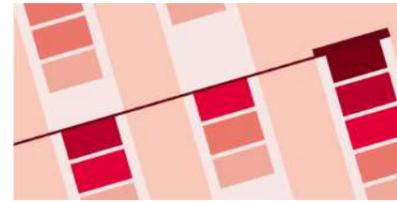
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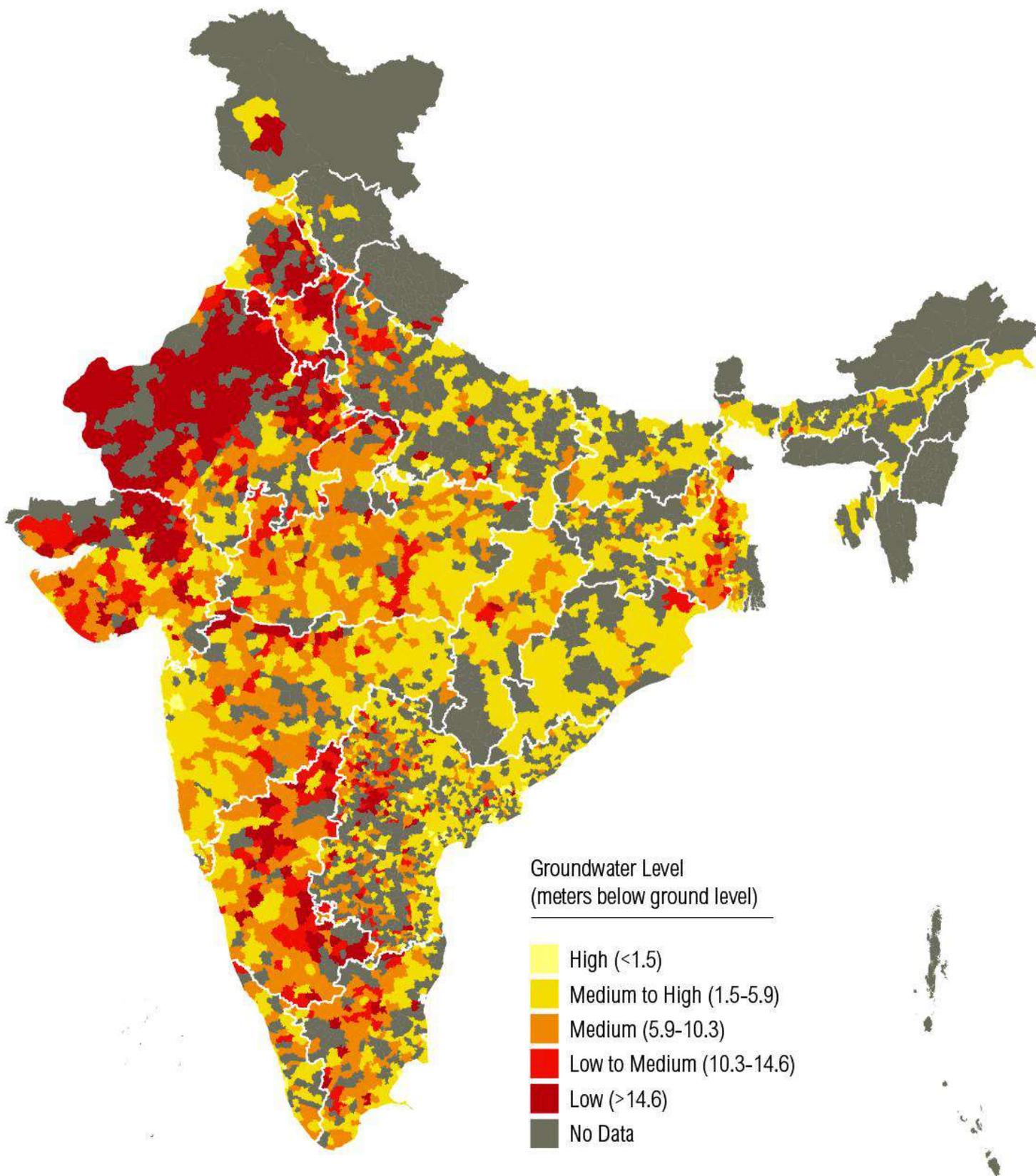
[A deluge of death in northern Italy.](#)

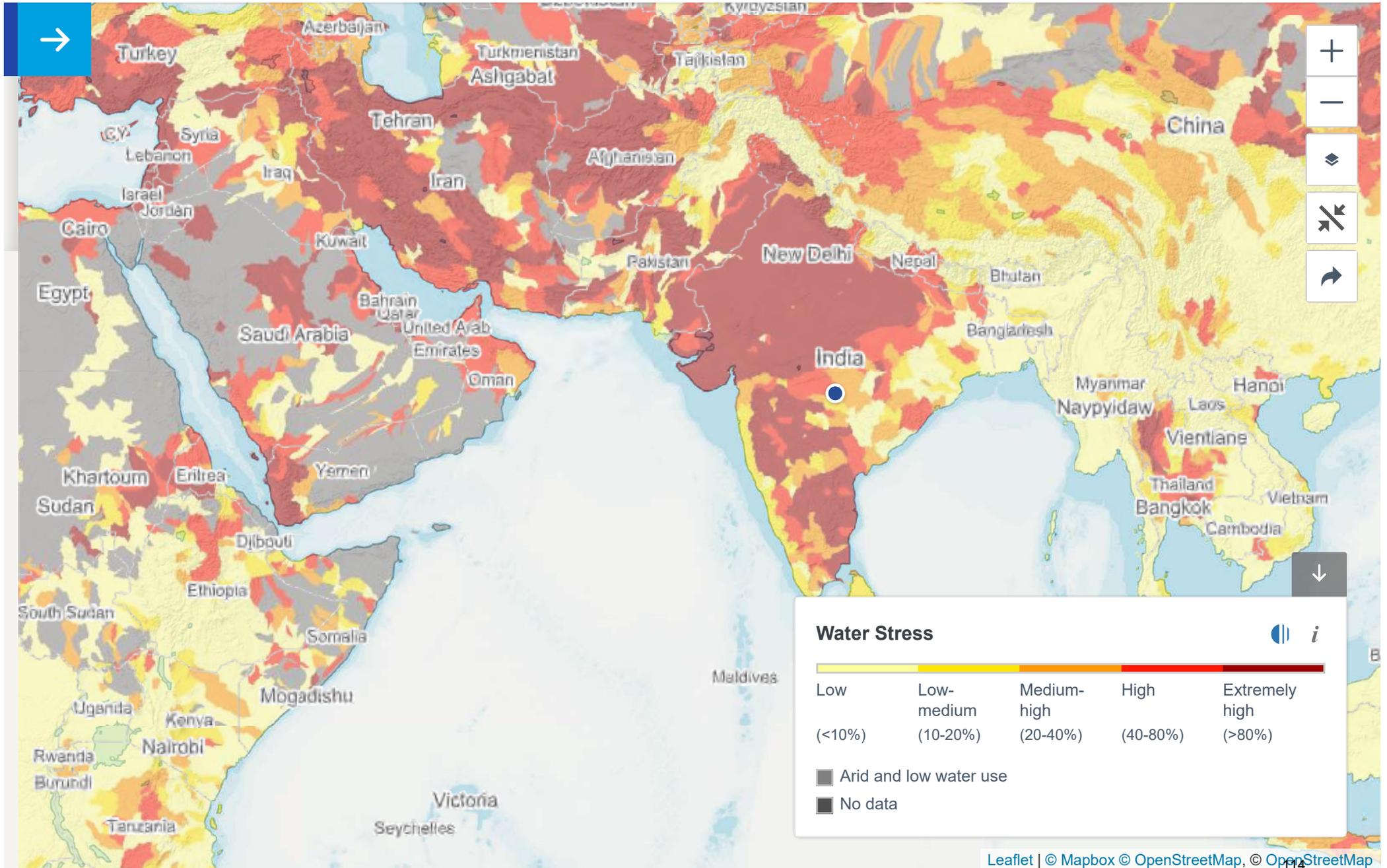


[Coronavirus testing: Which countries are leading?](#)



[State by state, COVID-19 grinds U.S. to a halt](#)





**Press Information Bureau
Government of India
Ministry of Statistics & Programme Implementation**

23 NOV 2019 5:13PM by PIB Delhi

NSS report no.584: Drinking Water, Sanitation, Hygiene and Housing condition in India, NSS 76th round (July – December 2018)

1. The National Statistical Office (NSO), Ministry of Statistics and Programme Implementation has conducted a survey on Drinking Water, Sanitation, Hygiene and Housing Condition as a part of 76th round of National Sample Survey (NSS). Prior to this, surveys on the same subject were carried out by NSO during 65th round (July 2008 - June 2009) and 69th round (July - December, 2012).
2. The main objective of the survey was to collect information on facilities of drinking water, sanitation along with housing facilities available to the households and the micro environment surrounding the houses which are important determinants of overall quality of living condition of the people. The important aspects on which the information was collected in the survey are: type of the dwelling unit (viz. independent house, flat etc.), tenurial status of the dwelling unit (viz. owned, hired, no dwelling etc.), structure of the dwelling unit (viz. pucca, semi-pucca, katcha), condition of the structure (viz. good, satisfactory, bad), floor area of the dwelling unit, age of the house owned by the household, facilities available to the households in respect of drinking water, bathroom, latrine etc. and micro environment surrounding the house like drainage system of the house, system of disposal of household waste water, system of disposal of household garbage, problems of flies and mosquitoes etc.
3. The present survey was spread across the country and for the central sample, data were collected from 1,06,838 households (63,736 in rural areas and 43,102 in urban areas) from 5,378 sample villages in rural areas and 3,614 sample UFS blocks in urban areas, following a scientific survey methodology. This report is based on the central sample data collected through the survey on Drinking Water, Sanitation, Hygiene and Housing Condition during NSS 76th round. Some important findings of the survey, based on the response of the households, are being presented in the following paragraphs:

3.1 Drinking water facility

- a. The major source of drinking water was *hand pump* for the households in the rural areas and *pipied water into dwelling* in the urban areas. About 42.9% of the households in the rural areas used *hand pump* as the principal source of drinking water and about 40.9% of the households in the urban areas used *pipied water into dwelling* as the principal source of drinking water.
- b. About 48.6% of the households in the rural and about 57.5% in the urban areas had exclusive access to principal source of drinking water.
- o (c) About 87.6% of the households in the rural and about 90.9% in the urban areas had sufficient drinking water throughout the year from the principal source.
- d. About 58.2% of the households in the rural and about 80.7% in the urban areas had drinking water facilities within the household premises.
- e. About 94.5% of the households in the rural and about 97.4% in the urban areas used 'improved source of drinking water' viz. bottled water, pipied water into dwelling, pipied water to yard/plot, pipied water from

neighbour, public tap/standpipe, tube well, hand pump, protected well, public tanker truck, private tanker truck, protected spring and rainwater collection.

f. About 51.4% of the households in the rural and about 72.0% in the urban areas used improved source of drinking water, sufficiently available throughout the year located in the premises.

3.2 Bathroom and sanitation facility:

- a. About 50.3% of the households in the rural and about 75.0% in the urban areas had exclusive access to bathroom.
- b. About 56.6% of the households in rural and about 91.2% in urban areas had access to bathroom. Among the households which had access to bathroom, about 48.4% in the rural areas and about 74.8% in the urban areas used bathroom attached to the dwelling unit.
- (c) About 71.3% of the households in the rural and about 96.2% in the urban areas had access to latrine. It may be noted that there may be respondent bias in the reporting of access to latrine as question on benefits received by the households from government schemes was asked prior to the question on access of households to latrine.
- d. The major type of latrine used by the households was flush/pour-flush to septic tank in both rural and urban areas. About 50.9% of the households in rural and 48.9% in urban areas used flush/pour-flush to septic tank type of latrine.
- e. Among the households which had access to latrine, about 94.7% of the males and 95.7% of the females in the rural areas used latrine regularly while about 98.0% of the males and 98.1% of the females in the urban areas used latrine regularly.
- f. Among the households which had access to latrine, about 93.8% of the males and 94.6% of the females in the rural areas regularly used *Improved Latrine* while about 97.2% of both males and females in the urban areas regularly used *Improved Latrine*. The latrine of any of the types (i) flush/pour-flush to piped sewer system, (ii) flush/pour-flush to septic tank, (iii) flush/pour-flush to twin leach pit, (iv) flush/pour-flush to single pit, (v) ventilated improved pit latrine, (vi) pit latrine with slab and (vii) composting latrine was considered as *Improved Latrine*.
- g. Among the households which had access to latrine, about 85.8% of the males and 86.4% of the females in the rural areas regularly used *Improved Latrine* which was for exclusive use of the household while the corresponding figure was about 82.4% for males and 84.7% for females in the urban areas.
- h. Among the households which had access to latrine, about 3.5% of the household members in the rural areas and about 1.7% of the household members in the urban areas never used latrine.
- a. Among the households using latrine, about 4.5% of the households in the rural areas and about 2.1% of the households in the urban areas reported that water was not available in or around the latrine used.
- j. About 48.0% of the households in the rural areas and about 86.1% of the households in the urban areas had bathroom and latrine both within household premises.

3.3 Tenurial status and household characteristics:

- a. About 96.0% of the households in the rural and about 63.8% in the urban areas had their own dwelling unit.
- b. Among the households living in houses (i.e. households with dwelling units), about 96.7% of the households in the rural and about 91.5% in the urban areas used the house for residential purpose only.
- (c) Among the households living in houses, about 89.0% of the households in the rural and about 56.4% in the urban areas had independent house.

- d. Among the households living in houses, about 76.7% of the households in the rural and about 96.0% in the urban areas had the house of pucca structure.
- e. Among the households living in houses, average floor area of the dwelling unit was about 46.6 sq. m. in the rural and about 46.1 sq. m. in the urban areas.

3.4 Electricity for domestic use:

- a. Among the households living in houses, about 93.9% of the households in the rural and about 99.1% in the urban areas had electricity for domestic use.

3.5 Micro environment:

- a. Among the households living in houses, about 48.3% of the households in the rural and about 86.6% in the urban areas used LPG as fuel for cooking.
- b. Among the households living in houses, about 61.1% of the households in the rural and about 92.0% in the urban areas had drainage system in the house for disposal of waste water/liquid waste.
- c. Among the households living in houses, about 48.1% of the households in the rural areas disposed off household waste water without treatment to open low land areas/streets. In the urban areas, about 71.1% of the households disposed off household waste water without treatment to drainage system.
- d. Among the households living in houses, about 72.4% of the households in the rural areas disposed off household garbage either in household's individual dumping spot or in a common place other than community dumping spot. In the urban areas, about 70.3% of the households disposed off household garbage either in community dumping spot or in a common place other than community dumping spot.
- e. Among the households living in houses, about 80.4% of the households in the rural areas had no arrangement for collection of household garbage. In the urban areas, panchayat/municipality/corporation made arrangement for collection of household garbage for about 74.1% of the households.
- f. Among the households living in houses, about 87.1% of the households in the rural and about 95.7% in the urban areas had the house with direct opening to approach road/lane/constructed path.

4. The report on “**Drinking Water, Sanitation, Hygiene and Housing Condition**” and unit level data are both available on www.mospi.gov.in.

VRRK/VJ/NK



General Assembly

Distr.: General
3 August 2010

Sixty-fourth session
Agenda item 48

Resolution adopted by the General Assembly on 28 July 2010

[without reference to a Main Committee (A/64/L.63/Rev.1 and Add.1)]

64/292. The human right to water and sanitation

The General Assembly,

Recalling its resolutions 54/175 of 17 December 1999 on the right to development, 55/196 of 20 December 2000, by which it proclaimed 2003 the International Year of Freshwater, 58/217 of 23 December 2003, by which it proclaimed the International Decade for Action, “Water for Life”, 2005–2015, 59/228 of 22 December 2004, 61/192 of 20 December 2006, by which it proclaimed 2008 the International Year of Sanitation, and 64/198 of 21 December 2009 regarding the midterm comprehensive review of the implementation of the International Decade for Action, “Water for Life”; Agenda 21 of June 1992;¹ the Habitat Agenda of 1996;² the Mar del Plata Action Plan of 1977 adopted by the United Nations Water Conference;³ and the Rio Declaration on Environment and Development of June 1992,⁴

Recalling also the Universal Declaration of Human Rights,⁵ the International Covenant on Economic, Social and Cultural Rights,⁶ the International Covenant on Civil and Political Rights,⁶ the International Convention on the Elimination of All Forms of Racial Discrimination,⁷ the Convention on the Elimination of All Forms of Discrimination against Women,⁸ the Convention on the Rights of the Child,⁹ the

¹ *Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3–14 June 1992*, vol. I, *Resolutions Adopted by the Conference* (United Nations publication, Sales No. E.93.I.8 and corrigendum), resolution 1, annex II.

² *Report of the United Nations Conference on Human Settlements (Habitat II), Istanbul, 3–14 June 1996* (United Nations publication, Sales No. E.97.IV.6), chap. I, resolution 1, annex II.

³ *Report of the United Nations Water Conference, Mar del Plata, 14–25 March 1977* (United Nations publication, Sales No. E.77.II.A.12), chap. I.

⁴ *Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3–14 June 1992*, vol. I, *Resolutions Adopted by the Conference* (United Nations publication, Sales No. E.93.I.8 and corrigendum), resolution 1, annex I.

⁵ Resolution 217 A (III).

⁶ See resolution 2200 A (XXI), annex.

⁷ United Nations, *Treaty Series*, vol. 660, No. 9464.

⁸ *Ibid.*, vol. 1249, No. 20378.

⁹ *Ibid.*, vol. 1577, No. 27531.



Convention on the Rights of Persons with Disabilities¹⁰ and the Geneva Convention relative to the Protection of Civilian Persons in Time of War, of 12 August 1949,¹¹

Recalling further all previous resolutions of the Human Rights Council on human rights and access to safe drinking water and sanitation, including Council resolutions 7/22 of 28 March 2008¹² and 12/8 of 1 October 2009,¹³ related to the human right to safe and clean drinking water and sanitation, general comment No. 15 (2002) of the Committee on Economic, Social and Cultural Rights, on the right to water (articles 11 and 12 of the International Covenant on Economic, Social and Cultural Rights)¹⁴ and the report of the United Nations High Commissioner for Human Rights on the scope and content of the relevant human rights obligations related to equitable access to safe drinking water and sanitation under international human rights instruments,¹⁵ as well as the report of the independent expert on the issue of human rights obligations related to access to safe drinking water and sanitation,¹⁶

Deeply concerned that approximately 884 million people lack access to safe drinking water and that more than 2.6 billion do not have access to basic sanitation, and alarmed that approximately 1.5 million children under 5 years of age die and 443 million school days are lost each year as a result of water- and sanitation-related diseases,

Acknowledging the importance of equitable access to safe and clean drinking water and sanitation as an integral component of the realization of all human rights,

Reaffirming the responsibility of States for the promotion and protection of all human rights, which are universal, indivisible, interdependent and interrelated, and must be treated globally, in a fair and equal manner, on the same footing and with the same emphasis,

Bearing in mind the commitment made by the international community to fully achieve the Millennium Development Goals, and stressing, in that context, the resolve of Heads of State and Government, as expressed in the United Nations Millennium Declaration,¹⁷ to halve, by 2015, the proportion of people who are unable to reach or afford safe drinking water and, as agreed in the Plan of Implementation of the World Summit on Sustainable Development (“Johannesburg Plan of Implementation”),¹⁸ to halve the proportion of people without access to basic sanitation,

1. *Recognizes* the right to safe and clean drinking water and sanitation as a human right that is essential for the full enjoyment of life and all human rights;

¹⁰ Resolution 61/106, annex I.

¹¹ United Nations, *Treaty Series*, vol. 75, No. 973.

¹² See *Official Records of the General Assembly, Sixty-third Session, Supplement No. 53 (A/63/53)*, chap. II.

¹³ See A/HRC/12/50 and Corr.1, part one, chap. I.

¹⁴ See *Official Records of the Economic and Social Council, 2003, Supplement No. 2 (E/2003/22)*, annex IV.

¹⁵ A/HRC/6/3.

¹⁶ A/HRC/12/24.

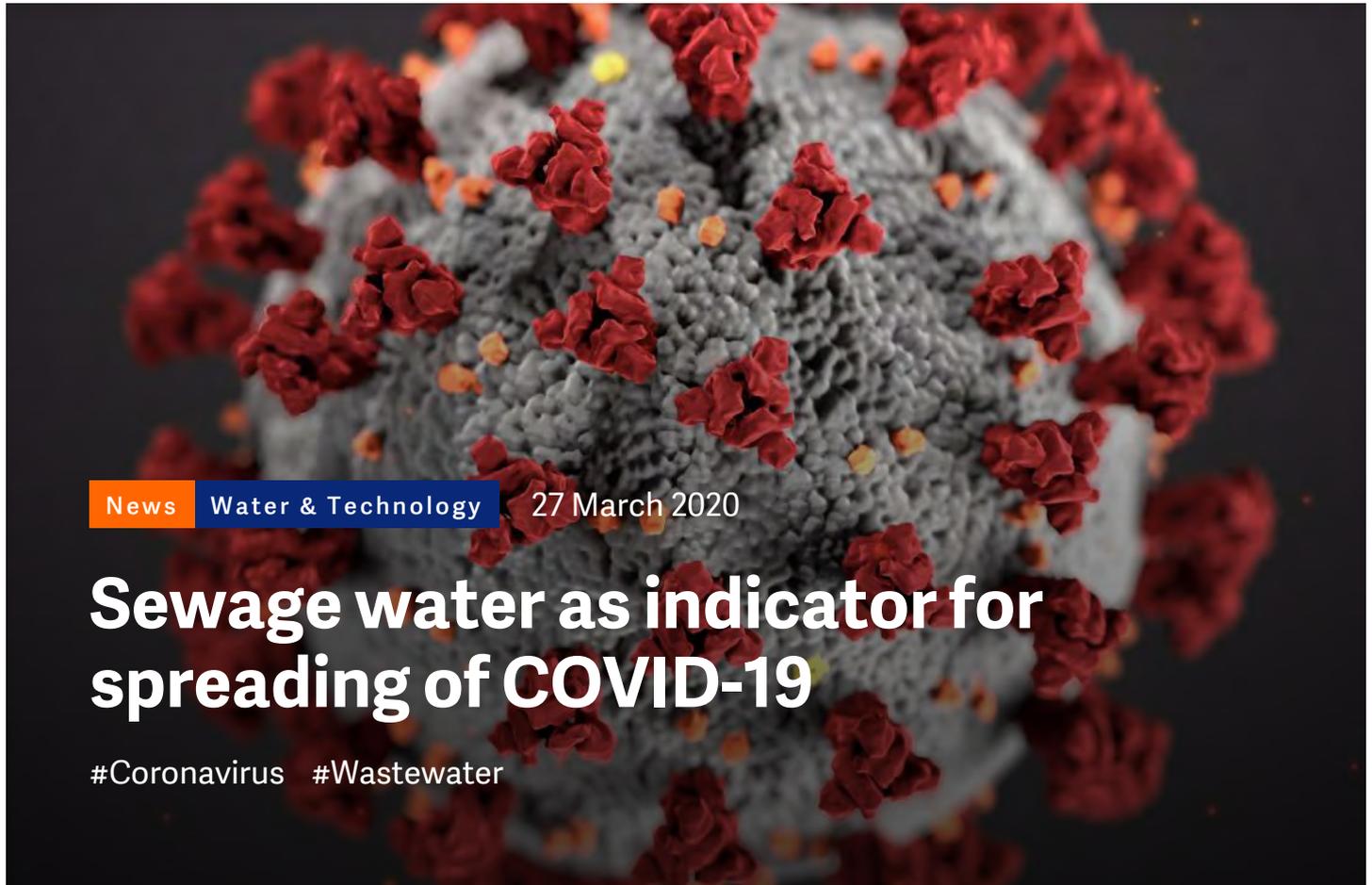
¹⁷ See resolution 55/2.

¹⁸ See *Report of the World Summit on Sustainable Development, Johannesburg, South Africa, 26 August–4 September 2002* (United Nations publication, Sales No. E.03.II.A.1 and corrigendum), chap. I, resolution 2, annex.

2. *Calls upon* States and international organizations to provide financial resources, capacity-building and technology transfer, through international assistance and cooperation, in particular to developing countries, in order to scale up efforts to provide safe, clean, accessible and affordable drinking water and sanitation for all;

3. *Welcomes* the decision by the Human Rights Council to request that the independent expert on human rights obligations related to access to safe drinking water and sanitation submit an annual report to the General Assembly,¹³ and encourages her to continue working on all aspects of her mandate and, in consultation with all relevant United Nations agencies, funds and programmes, to include in her report to the Assembly, at its sixty-sixth session, the principal challenges related to the realization of the human right to safe and clean drinking water and sanitation and their impact on the achievement of the Millennium Development Goals.

*108th plenary meeting
28 July 2010*



News

Water & Technology

27 March 2020

Sewage water as indicator for spreading of COVID-19

#Coronavirus #Wastewater

Photo by CDC on Unsplash

Microbiologists at research institute KWR conducted a series of RNA-analyses at municipal waste water treatment plants (WWTP) in the Netherlands. The analyses showed the presence of RNA gene fragments of the COVID-19 virus in the influent water.

According to KWR the screening of the COVID-19 virus at municipal waste water plants can be used to signal new outbreaks in advance and play an important role to follow the evolution of the pandemic.

Gene fragments of COVID-19 detected at Dutch WWTP.

Additional research

RNA-analysis is a method to measure the presence of viruses through capturing virus particles and detect specific gene fragments. The method does not discriminate between inactive and infectious particles. The KWR microbiologists say they have not yet been able to quantify the presence of these fragments. Their first findings indicate that the concentration of the virus at the WWTP is low.

Currently researchers are examining all samples multiple times and are looking at the reproducibility of the results. Furthermore, they double check and focus on fragments of multiple genes, to strengthen their results about the presence of the virus.

| KWR employees taking samples of sewage water as part of a European study to determine the presence of cocaine and party drugs. (photo: KWR)

No real surprise

The detection of COVID-19 in the sewage water at the Dutch WWTP does not really come as a surprise. Sewage water contains many viruses and the detection of the new coronavirus from human faeces was to be expected.

Study results released by Chinese microbiologists in 2005 showed that SARS-CoV RNA had been detected in the sewage water of Chinese hospitals where SARS-patients were treated.

Early warning of new outbreaks

KWR suggests the use of the RNA-analyses of sewage water as a tool to measure the virus circulation in cities or smaller municipalities. The concentration level of the virus can be an indicator for the number of virus infections in the population and can signal in advance a new outbreak, for instance when a lock down is lifted.

Similarly, these analyses can help monitor the effect of measures put in place to mitigate the spreading of the pandemic, according to KWR.

On Monday 30 March, KWR will broadcast a webinar titled: COVID-19: Significance and impact of the pandemic for the water sector. Two professors, Rosina Girones, Research Group Leader at the University of Barcelona, and Gertjan Medema, Principle Microbiologist at KWR, will discuss the new findings during this webinar.

Afterwards, a recorded version of the webinar will be published on the [KWR-website](#) and [Watershare website](#).

This news item was originally published on the website of [KWR Water](#)

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Online Water Footprint Assessment provides options for saving water

#Water footprint #irrigation



News Integrated Water

First job for dred

#Van Oord #Dredging

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Prolonged presence of SARS-CoV-2 viral RNA in faecal samples

We present severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) real-time RT-PCR results of all respiratory and faecal samples from patients with coronavirus disease 2019 (COVID-19) at the Fifth Affiliated Hospital of Sun Yat-sen University, Zhuhai, China, throughout the course of their illness and obligated quarantine period. Real-time RT-PCR was used to detect COVID-19 following the recommended protocol (appendix p 1). Patients with suspected SARS-CoV-2 were confirmed after two sequential positive respiratory tract sample results. Respiratory and faecal samples were collected every 1–2 days (depending on the availability of faecal samples) until two sequential negative results were obtained. We reviewed patients' demographic information, underlying diseases, clinical indices, and treatments from their official medical records. The study

was approved by the Medical Ethical Committee of The Fifth Affiliated Hospital of Sun Yat-sen University (approval number K162-1) and informed consent was obtained from participants. Notably, patients who met discharge criteria were allowed to stay in hospital for extended observation and health care.

Between Jan 16 and March 15, 2020, we enrolled 98 patients. Both respiratory and faecal samples were collected from 74 (76%) patients. Faecal samples from 33 (45%) of 74 patients were negative for SARS-CoV-2 RNA, while their respiratory swabs remained positive for a mean of 15.4 days (SD 6.7) from first symptom onset. Of the 41 (55%) of 74 patients with faecal samples that were positive for SARS-CoV-2 RNA, respiratory samples remained positive for SARS-CoV-2 RNA for a mean of 16.7 days (SD 6.7) and faecal samples remained positive for a mean of 27.9 days (10.7) after first symptom onset (ie, for a mean of 11.2 days [9.2] longer than for respiratory samples). The full disease course of the 41 patients with faecal

samples that were positive for SARS-CoV-2 RNA is shown in the figure. Notably, patient 1 had positive faecal samples for 33 days continuously after the respiratory samples became negative, and patient 4 tested positive for SARS-CoV-2 RNA in their faecal sample for 47 days after first symptom onset (appendix pp 4–5).

A summary of clinical symptoms and medical treatments is shown in the appendix (pp 2–3, 6–8). The presence of gastrointestinal symptoms was not associated with faecal sample viral RNA positivity ($p=0.45$); disease severity was not associated with extended duration of faecal sample viral RNA positivity ($p=0.60$); however, antiviral treatment was positively associated with the presence of viral RNA in faecal samples ($p=0.025$; appendix pp 2–3). These associations should be interpreted with caution because of the possibility of confounding. Additionally, the Ct values of all three targeted genes (*RdRp*, *N*, *E*) in the first faecal sample that was positive for viral RNA were negatively associated with the duration of faecal viral RNA positivity (*RdRp* gene $r=-0.34$; *N* gene



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2020

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See Online for appendix

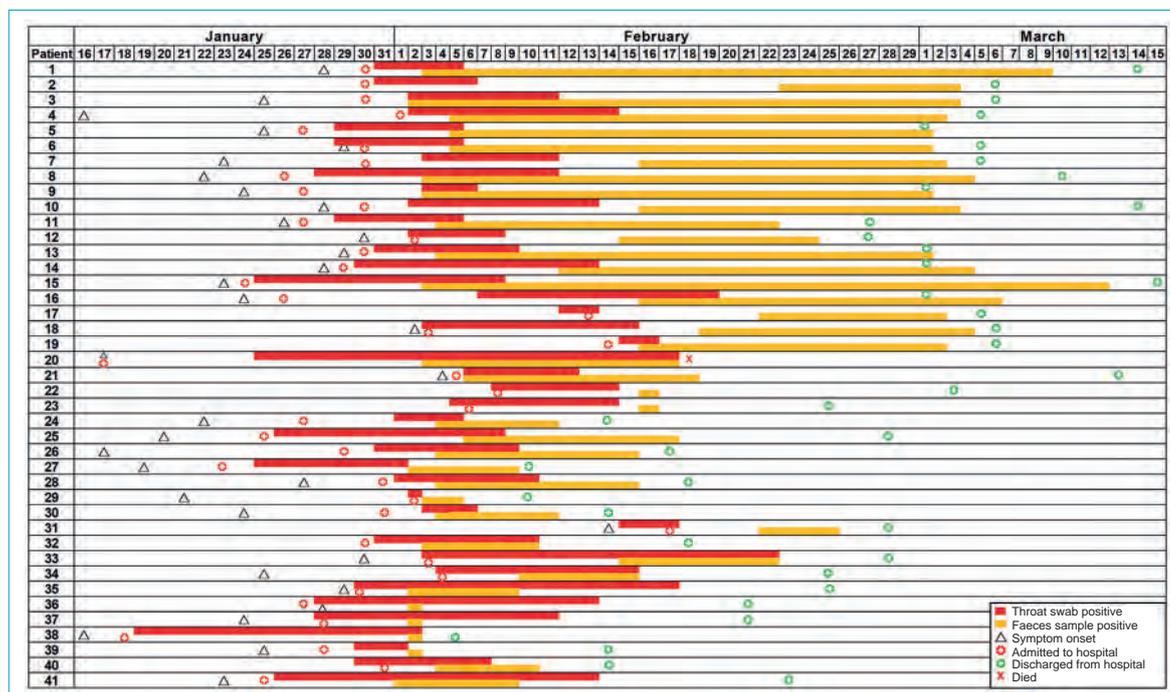


Figure: Timeline of results from throat swabs and faecal samples through the course of disease for 41 patients with SARS-CoV-2 RNA positive faecal samples, January to March, 2020

$r = -0.02$; and *E* gene $r = -0.16$), whereas the correlation of the *Ct* values with duration of faecal sample positivity was only significant for *RdRp* ($p = 0.033$; *N* gene $p = 0.91$; *E* gene $p = 0.33$).

Our data suggest the possibility of extended duration of viral shedding in faeces, for nearly 5 weeks after the patients' respiratory samples tested negative for SARS-CoV-2 RNA. Although knowledge about the viability of SARS-CoV-2 is limited,¹ the virus could remain viable in the environment for days, which could lead to faecal-oral transmission, as seen with severe acute respiratory virus CoV and Middle East respiratory syndrome CoV.² Therefore, routine stool sample testing with real-time RT-PCR is highly recommended after the clearance of viral RNA in a patient's respiratory samples. Strict precautions to prevent transmission should be taken for patients who are in hospital or self-quarantined if their faecal samples test positive.

As with any new infectious disease, case definition evolves rapidly as knowledge of the disease accrues. Our data suggest that faecal sample positivity for SARS-CoV-2 RNA normally lags behind that of respiratory tract samples; therefore, we do not suggest the addition of testing of faecal samples to the existing diagnostic procedures for COVID-19. However, the decision on when to discontinue precautions to prevent transmission in patients who have recovered from COVID-19 is crucial for management of medical resources. We would suggest the addition of faecal testing for SARS-CoV-2.³ Presently, the decision to discharge a patient is made if they show no relevant

symptoms and at least two sequential negative results by real-time RT-PCR of sputum or respiratory tract samples collected more than 24 h apart. Here, we observed that for over half of patients, their faecal samples remained positive for SARS-CoV-2 RNA for a mean of 11.2 days after respiratory tract samples became negative for SARS-CoV-2 RNA, implying that the virus is actively replicating in the patient's gastrointestinal tract and that faecal-oral transmission could occur after viral clearance in the respiratory tract.

Determining whether a virus is viable using nucleic acid detection is difficult; further research using fresh stool samples at later timepoints in patients with extended duration of faecal sample positivity is required to define transmission potential. Additionally, we found patients normally had no or very mild symptoms after respiratory tract sample results became negative (data not shown); however, asymptomatic transmission has been reported.⁴ No cases of transmission via the faecal-oral route have yet been reported for SARS-CoV-2, which might suggest that infection via this route is unlikely in quarantine facilities, in hospital, or while under self-isolation. However, potential faecal-oral transmission might pose an increased risk in contained living premises such as hostels, dormitories, trains, buses, and cruise ships.

Respiratory transmission is still the primary route for SARS-CoV-2 and evidence is not yet sufficient to develop practical measures for the group of patients with negative respiratory tract sample results but positive faecal samples. Further research into the

viability and infectivity of SARS-CoV-2 in faeces is required.

We declare no competing interests. This work was supported by grants from National Science and Technology Key Projects for Major Infectious Diseases (2017ZX10302301-002), National Natural Science Foundation of China (31470877), Guangzhou Science and Technology Planning Project (201704020226 and 201604020006), Guangdong Natural Science Foundation (2015A030311009), and National Key Research and Development Program of China (2016YFC1200105). YW, CG, and LT contributed equally. HS, GJ, and XH are joint senior authors.

Yongjian Wu, Cheng Guo, Lantian Tang, Zhongsi Hong, Jianhui Zhou, Xin Dong, Huan Yin, Qiang Xiao, Yanping Tang, Xiujuan Qu, Liangjian Kuang, Xiaomin Fang, Nischay Mishra, Jiahai Lu, Hong Shan, Guanmin Jiang, Xi Huang
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Center for Infection and Immunity, Fifth Affiliated Hospital, Sun Yat-sen University, Zhuhai, Guangdong Province, 519000, China (YW, LT, ZH, JZ, XD, HY, QX, YT, XQ, LK, XF, GJ, XH); Center for Infection and Immunity, Mailman School of Public Health, Columbia University, New York, NY, USA (CG, NM); School of Public Health, Sun Yat-sen University, Guangzhou, Guangdong Province, China (JL); and Guangdong Provincial Engineering Research Center of Molecular Imaging, Guangdong Provincial Key Laboratory of Biomedical Imaging, and Department of Interventional Medicine, Fifth Affiliated Hospital, Sun Yat-sen University, Zhuhai, Guangdong Province, China (HS)

- 1 Goh GK-M, Dunker AK, Foster JA, Uversky VN. Rigidity of the outer shell predicted by a protein intrinsic disorder model sheds light on the COVID-19 (Wuhan-2019-nCoV) infectivity. *Biomolecules* 2020; **10**: e331.
- 2 Yeo C, Kaushal S, Yeo D. Enteric involvement of coronaviruses: is faecal-oral transmission of SARS-CoV-2 possible? *Lancet Gastroenterol Hepatol* 2020; published online Feb 19. [https://doi.org/10.1016/S2468-1253\(20\)30048-0](https://doi.org/10.1016/S2468-1253(20)30048-0).
- 3 Munster VJ, Koopmans M, van Doremalen N, van Riel D, de Wit E. A novel coronavirus emerging in China - key questions for impact assessment. *N Engl J Med* 2020; **382**: 692-94.
- 4 Bai Y, Yao L, Wei T, et al. Presumed asymptomatic carrier transmission of COVID-19. *JAMA* 2020; published online Feb 21. DOI:10.1001/jama.2020.2565.

S U P R E M E C O U R T O F I N D I A
RECORD OF PROCEEDINGS

WRIT PETITION (CIVIL) Diary No(s). 10808/2020

ROHIT SAMHOTRA & ANR.

Petitioner(s)

VERSUS

UNION OF INDIA & ORS.

Respondent(s)

Date : 03-04-2020 This petition was called on for hearing today.

CORAM :

HON'BLE MR. JUSTICE L. NAGESWARA RAO

HON'BLE MR. JUSTICE DEEPAK GUPTA

For Petitioner(s) Petitioner-in-person

For Respondent(s) Mr. Tushar Mehta, SG

UPON hearing the counsel the Court made the following
O R D E R

The Court convened through Video Conferencing.

This Writ Petition may be treated as a representation to the Union of India. A copy of this Writ Petition be sent to the Respondents. Suitable action may be taken by the Respondents regarding the suggestions made by the Petitioners.

Writ Petition is disposed of with the above directions.

Pending application(s), if any, shall also stand disposed of.

Signature Not Verified


Digitally signed by
GEETA AHUJA
Date: 2020.04.03
20:50:15
Reason: I am the author

GEETA AHUJA)
COURT MASTER (SH)

(ANAND PRAKASH)
BRANCH OFFICER

डॉ. संजीव पटजोशी, भा.पु.से., पी.एच.डी
Dr. SANJEEB PATJOSHI, IPS, Ph.D.



संयुक्त सचिव
भारत सरकार
पंचायती राज मंत्रालय
JOINT SECRETARY
Government of India
Ministry of Panchayati Raj
11th Floor, Jeevan Prakash Building
25, Kasturba Gandhi Marg,
New Delhi-110001
Tel.: +91-11-23753819, Fax: +91-11-23317931
E-mail: js1-mopr@gov.in
Mob: 7350595165

DO No.N-11011/9/2016-FD

Tel.: +91-11-23753819, Fax: +91-11-23317931
Dated 15th April, 2020

Subject: Utilization of Fourteenth Finance Commission's (FFC) Grants for tackling COVID-19 pandemic and lock down in Gram Panchayats.

Dear Principal Secretary/ Secretary

Please refer to my DO letter of even number dated 3rd April, 2020 on the aforementioned subject-matter (copy enclosed) which outlined in detail the permissible activities out of Fourteenth Finance Commission's (FFC) Grants in the current F.Y. 2020-21 for tackling the prevailing situation arisen out of COVID-19 pandemic in the country, by the Gram Panchayats in the light of FFC Guidelines which mandates 'Sanitation' as one of the activities in the Gram Panchayats besides delivering of other basic services of sewerage, drinking water supply, street lights, etc.

2. In the meantime, it is being observed that besides above initiatives, Gram Panchayats are taking pro-active measures in the light of various advisories being issued by the Central Government/ MoH&FW/MHA/State Govt etc. as well as on their own accord to mitigate and prevention of infection COVID-19. All the State Panchayati Raj Departements are hereby intimated that all the initiatives/measures by Gram Panchayats - like the ones for creating Quarantine/isolation facilities, IEC activities of educating and sensitizing population, food shelters for feeding needy and hungry in the affected areas within Gram Panchayats - being taken Gram Panchayats for handling the COVID-19 lock down situation would be permissible under the purview of "Sanitation, water supply, maintenance of community assets etc." out of 14th Finance Commission Grants at the disposal of the Gram Panchayats.

3. I would, therefore, request you for taking immediate necessary action to communicate to GPs accordingly. Actions taken/being taken to this effect may please invariably be intimated to the Ministry of Panchayati Raj on regular basis.

with regards

Yours sincerely,


Dr. Sanjeeb Patjoshi 15/4/20.

To

All Principal Secretaries / Secretaries
Panchayati Raj Departments,
All FFC Grantee States

डॉ. संजीव पटजोशी, भा.पु.से., पी.एच.डी
Dr. SANJEEB PATJOSHI, IPS, Ph.D.



संयुक्त सचिव
भारत सरकार
पंचायती राज मंत्रालय
JOINT SECRETARY
Government of India
Ministry of Panchayati Raj
11th Floor, Jeevan Prakash Building
25, Kasturba Gandhi Marg,
New Delhi-110001
Tel.: +91-11-23753819, Fax: +91-11-23317931
E-mail: js1-mopr@gov.in
Dated 3rd April, 2020
Mob.: 7350595165

DO No.N-11011/9/2016-FD

Subject: Utiliation of Fourteenth Finance Commission's (FFC) Grants of tackling COVID-19 pandemic in Gram Panchayats.

Dear Principal Secretary/ Secretary

As you are aware , Fourteenth Finance Commission's (FFC) Grants with 5 period years 2015-20, have been mandated for their utilization by Gram Panchayats (GP) for delivering basic services of sanitation besides other services of drinking water supply, street lights, sewerage etc in the rural areas of the country. More than 90% of FFC Basic Grant allocation for year 2019-20 have been released to all states covered under FFC meant for Gram panchayats much before date 31-Mar-20.

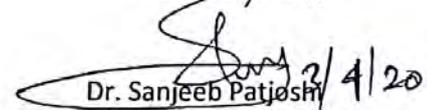
In the present difficult scenario in rural areas/ Gram Panchayats also, which has arisen out of COVID-19 pandemic crisis, the roles and responsibilities of the Gram panchayats are to maintain sufficient sanitation in their jurisdiction to prevent spread of viral infection by way of disinfection, fumigation of village roads, sewage drains and public use buildings of school and college, anganwadi centre, hospital building, library building, community hall, panchayat bhawan, market place, bank premises, post office premises, CSC premise, veterinary hospital within GP , garbage cleaning, lifting and disposal by sanitation workers who have to be given protective face masks, eye protective goggles, hand gloves, hand wash soaps, alcohol based sanitizers, gumboots, dustbins etc. Gram Panchayat level volunteers doing anti pandemic work need also to be given face mask, hand wash soap, alcohol based hand sanitizers, hand gloves, gumboots from Gram Panchayat side.

Hence it is advised that the FFC Grants , which includes Sanitation as one of the basic services in Gram Panchayats, shall be optimally utilized for disinfection ,fumigation, sanitization, sanitation and for purchases of masks, sanitizers etc. in Gram Panchayats, as aforesaid ,for effectively handling to contain/prevent/check of spread of COVID-19 pandemic in rural areas/Gram Panchayats. The FFC Grants which are presently at the disposal of the Gram Panchayats after the previous Financial Year 2019-20 ended on date 31.03.2020, shall be utilized during the current fiscal period year 2020-21 for the aforementioned purposes besides other basic services as outlined in the FFC Guidelines and SFC/State Specific Guidelines. One year extension has already been allowed in PriSoft accounting application and to all FFC grants receiving states to utilize FFC grants upto date 31-3-21.

I request for immediate communication of this advisory to the Gram Panchayat level authorities/functionaries for swift action. Action taken to this effect may please invariably be intimated to the Ministry of Panchayati Raj on regular basis.

With regards

Yours sincerely,


Dr. Sanjeeb Patjoshi 3/4/20

To

All Principal Secretaries / Secretaries
Panchayati Raj Departments,
All FFC Grantee States



D.O.No. M-11015/76/2020-CB

May 15, 2020

Dear

As you are aware India's war against the COVID-19 pandemic is now entering a phase wherein we have to carefully resume economic activity even as we continue to maintain the vigil and adhere to strict guidelines laid down by the Health Authorities.

2. It is heartening to note that, as per latest available information, there are no positive/active COVID-19 cases in your State/UT. It is a reflection of the effective steps taken in your State/UT for screening, quarantining and monitoring the people, including in rural areas. The exemplary work done by Gram Panchayats (GPs) in the fight against COVID 19 has also been noted and lauded by the Hon'ble Prime Minister in his interaction with PRI functionaries on the occasion of National Panchayati Raj Day – 24th April, 2020.

3. However, with economic activities slowly resuming and ongoing return of migrants, both from abroad and other parts of the country, new challenges are emerging. These call for stepping up vigil and putting in place a robust system to continually monitor 'community preparedness' especially in rural areas so as to ensure that COVID 19 does not spread to rural areas. This would entail, inter alia, monitoring the following:

- i. Preventive Measures for control of COVID 19 pandemic
- ii. Solidarity at community level & steps to deal with issues related to 'social stigma'
- iii. Help in surveillance activities
- iv. Support quarantine/isolation
- v. Identification of needy families & plan for providing help
- vi. Ensure continued provision of essential health services at village level
- vii. Prompt response in case COVID 19 positive cases are detected
- viii. Ensure hygiene and sanitation in the Gram Panchayat

A Community Preparedness Checklist developed by Department of Community Medicine, Mahatma Gandhi Institute of Medical Sciences, Sewagram, Wardha and vetted by Union Health Ministry is enclosed. This will need to be distributed to all Gram Panchayats in local language and filled up every fortnight and system put in place by the Panchayati Raj Department and Health Department to take appropriate corrective measures.

4. Since Gram Panchayat is an institution that exists in all parts of the country, the elected representatives of GPs have a major role to play in the ongoing efforts of Union and State Governments to control the spread of COVID 19 pandemic. In Odisha the State Government has even gone to the extent of vesting powers of District Magistrate to the Gram Pradhans for dealing with this pandemic. All other States are also extensively using the GPs in tackling this situation in rural areas. This needs to be further strengthened. Special attention also needs to be paid to effectively deal with cases of 'social stigma' as and when they are reported. The message must be spread that death rate in India is among the lowest in the world and recovery rate is continually improving. Further, the special needs of old and infirm in rural areas must be suitably addressed.

5. Gram Panchayats should be directed to effectively coordinate the role and activities of frontline Health workers such as ANM, ASHA, Anganwadi worker and take help of volunteers of Nehru Yuva Kendra, NSS, Swachagrahis, SHG workers in this massive exercise. Resumption of economic activity has to be associated with mandatory wearing of mask, maintaining physical distance of two metres at public places and compulsory hand washing using soap at frequent intervals among others. Several States and UTs have also prohibited spitting in public. This needs to be effectively enforced through GPs in rural areas. Strict vigil and adherence to guidelines issued by Health Authorities from time to time hold the key to success in this war against Corona.

6. In light of the above, you are requested to direct the Panchayati Raj and Health Department officials to take all necessary steps to strengthen community preparedness and ensure that an effective system is in place in the interior rural areas as per advisory issued by the Health Authorities to safeguard human lives. The Ministry will be seeking fortnightly reports in this regard.

Encl: As above.

Yours sincerely,


15.5.20
(Sunil Kumar)

Chief Secretaries of Arunachal Pradesh, Manipur, Meghalaya, Nagaland, Mizoram, Goa, Sikkim, Andaman & Nicobar Islands, Daman & Diu, Lakshadweep.

Copy to : **Additional Chief Secretaries / Principal Secretaries / Secretaries** of Arunachal Pradesh, Manipur, Meghalaya, Nagaland, Mizoram, Goa, Sikkim, Andaman & Nicobar Islands, Daman & Diu, Lakshadweep.



D.O.No. M-11015/76/2020-CB

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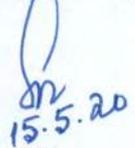
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Encl. – as above.

Yours sincerely,


15.5.20

(Sunil Kumar)

Chief Secretaries of Assam, Jharkhand, Maharashtra, Tamil Nadu, Himachal Pradesh, Odisha, Punjab, Bihar, Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Uttrakhand, Gujarat, Kerala, Tripura, Karnataka, J&K, Haryana, Andhra Pradesh, Telangana, Rajasthan, West Bengal, Puducherry, Ladakh.

Copy to : **Additional Chief Secretaries / Principal Secretaries / Secretaries** of Assam, Jharkhand, Maharashtra, Tamil Nadu, Himachal Pradesh, Odisha, Punjab, Bihar, Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Uttrakhand, Gujarat, Kerala, Tripura, Karnataka, J&K, Haryana, Andhra Pradesh, Telangana, Rajasthan, West Bengal, Puducherry, Ladakh.

COMMUNITY PREPAREDNESS CHECKLIST

FOR ACTION AGAINST COVID 19 PANDEMIC

This checklist has been developed for use by Gram Panchayat / Village Health & Sanitation Committee to assess the preparedness at village /GP level for timely action for prevention of COVID 19 and vector borne diseases. This checklist should be filled by the Gram Panchayat every fortnight for assessing village preparedness. The filled-in format should be retained at village/GP level and should be used for strengthening community action against the pandemic. It will be the responsibility of the Panchayat Secretary (or any official specified by the State Government) to fill this Checklist and share a scanned copy of filled checklist on WhatsApp mobile number each time it is filled. It will be the responsibility of the District Panchayati Raj Officer to ensure that this is regularly filled by each GP and action points shared with District Collector and/or District Health Officer.

Name of Gram Panchayat:

Block:

District:

Date of filling checklist:

No.	Assessment Item	Status	Remark
I. Preventive measures for control of COVID 19 Pandemic			
1.	Is the Village Health & Sanitation Committee constituted in your Gram Panchayat ?	Yes/ No	
2.	Did the committee identify a nodal person among members?	Yes/ No	
3.	Did the committee motivate and enroll volunteers to participate in COVID19 activities?	Yes/ No	
4.	Did the committee ensure participation of Self-Help groups and other community-based organizations in COVID 19 activities?	Yes/ No	
5.	Do the committee members and volunteers have knowledge regarding the following: <ul style="list-style-type: none"> • Modes of transmission/spread of COVID 19 • Importance of using mask/ face cover • Maintaining physical distance • Thoroughly washing hands with soap and water • Cough etiquettes • Home quarantine • Cleaning & disinfecting of frequently used surfaces • Cleaning & disinfection of public places • Local and State level corona helpline numbers (1075, 011-23978046, 020-26127394) 	Yes/ No	
6.	Did the Committee impart information about preventive and control measures against COVID19 to the villagers?	Yes/ No	
7.	Have the committee identified and used locally relevant modes of mass communication (e.g. Dawandi / announcement accompanied by beating of drums)?	Yes/ No	
8.	How good is compliance of villagers with the following? <ul style="list-style-type: none"> • Physical Distancing • Use of mask /handkerchief /face cover • Washing hands with soap and water 	Very good/ Good/ Poor/ Very Poor	Very good/ Good/ Poor/ Very Poor

9.	Is there a system to check the compliance with the above?	Yes/ No	
10.	Did the committee identify places or events where the villagers gather in large numbers e.g. weekly market, festival etc.?	Yes/ No	
11.	Have measures been taken to control such gatherings? If yes, specify measures taken.	Yes/ No	
12.	Have you enlisted the elderly and person with Co-morbidities in your village?	Yes/ No	
13.	Do the committee have plan to ensure adequate care of elderly and persons with co-morbidities?	Yes/ No	
II. Solidarity at community level and address any stigma associated with the disease			
14.	Does the committee have adequate representation of all sections of the society (including minority groups)?	Yes/ No	
15.	Did the committee make adequate efforts to reach out and address concerns of all sections of the society (including minority groups)?	Yes/ No	
16.	Do the committee members/ villagers understand the importance of supporting individuals and their families, in case they get the disease?	Yes/ No	
17.	Did the committee take any steps to address stigma associated with the disease?	Yes/ No	
III. Help in surveillance activities related to COVID 19 pandemic			
18.	Did the committee prepare a list of following? <ul style="list-style-type: none"> • Elderly above 60 years of age • People with hypertension & diabetes • Pregnant women 	Yes/ No Yes/ No Yes/ No	
19.	Does the committee have a plan to ensure adequate care of the above groups of people?	Yes/ No	
20.	Does the committee have a plan to keep a watch on the people suffering from cough, cold or fever?	Yes/ No	
21.	Do the committee members help the ASHA/ AWW in conducting the survey for cough, cold or fever?	Yes/ No	
22.	Does the committee keep vigilance on arrival of any outsider in the village and take measures for prevention of COVID 19 transmission?	Yes/ No	
IV. Support quarantine/ isolation			
23.	Do the committee members keep a watch on the people who have been quarantined in home apart from ASHA?	Yes/ No	
24.	Do the committee members advise and support the families having home quarantined person/s to take necessary precautions?	Yes/ No	

25.	Has the committee made provision for doorstep delivery of essential items and services to the families with home quarantined person/s?	Yes/ No	
26.	Has any arrangement been made for village level quarantine facility wherever and whenever home quarantine is not possible?	Yes/ No	
27.	If yes, have they ensured the following arrangement at village-level quarantine facility?		
	<ul style="list-style-type: none"> • Enough space with adequate ventilation • Electricity and water arrangement • Toilet facility • Hand washing arrangement • Disinfectants (1% hypochlorite solution) • Arrangement for meals and drinking water 	Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No Yes /No	
V. Identify needy families and plan for providing them help			
28.	Does the Committee have plans to deliver essential commodities to the needy people?	Yes/ No	
29.	If yes, have they identified resources to execute that plan?	Yes/ No	
30.	Does the village have a system of monitoring PDS?	Yes/ No	
31.	Other than PDS, does the village have plan to deliver essential commodities to the needy people?	Yes/ No	
32.	Has the committee made any arrangement for accommodation and other essential services for migrants?	Yes/ No	
33.	Has the committee made any plan to give work to the laborers under the schemes like MGNREGA?	Yes/ No	
34.	Has the committee ensured required support to frontline workers and their families?		
VI. Ensure continued provision of essential health services at village level			
35.	Are routine health care services at village level (including Village Health and Nutrition Days) being conducted regularly?	Yes/ No	
36.	Are ASHA/ Anganwadi workers in regular contact with pregnant and lactating women to ensure continuity of care?	Yes/ No	
37.	Are ASHA/ Anganwadi workers in regular contact with all high-risk cases of communicable and non-communicable diseases to ensure continuity of care?	Yes/ No	
38.	Does the village committee ensure adequate stock of medicines for all individuals with hypertension and diabetes at village level?	Yes/ No	
39.	Is transport facility available in village for referral in case of emergency?	Yes/ No	

40.	Are the committee members aware about the Government ambulance services i.e. 108 for COVID19 patients and 102 and other ambulances for other essential health services as the case may be?	Yes/ No	
41.	Is the committee aware of the facilities wherein a suspected COVID patient can be referred ?		
42.	In case of any migrant workers returning to the village, having any notifiable disease like TB etc. or any other co-morbid conditions, has committee provided required support to them in consultation with Health officials?		
VII. Prompt response, in case COVID 19 positive case/s are detected (This section needs to be filled, only if COVID 19 positive cases have been reported from this Gram Panchayat)			
43.	Is there single entry/ exit for the village?	Yes/ No	
44.	If Yes, are adequate IEC materials displayed at the entry.	Yes/ No	
45.	Did the committee ensure mandatory registration at entry gate for all personnel (including police, health personnel and other volunteers)?	Yes/ No	
46.	Did the committee ensure near absolute interruption of movement of people to and from?	Yes/ No	
47.	Did the team ensure villagers are getting right information regarding risk?	Yes/ No	
48.	Are traditional cremation ground/ burial attendants trained and equipped for safety precautions during all deaths during this period?	Yes/ No	
49.	Does the Gram Panchayat have a plan to ensure the safety and well-being of everyone during the process of last rite?	Yes/ No	
50.	Has the committee ensured effective communication with the community for eliciting their support in ensuring required protocol management during containment?	Yes/ No	
51.	Has the committee ensured that required house to house active case search is conducted by the special teams formed for the purpose?	Yes/ No	
52.	Has the committee ensured that the relief measures provided by government are reaching to the most needy in the community?	Yes/ No	
53.	Has the committee helped the surveillance efforts through providing required volunteers from the community?	Yes/ No	
VIII. Ensure Hygiene and Sanitation in the Gram Panchayat			
54.	Is there adequate facility for washing hands with water and soap in Primary School / Upper Primary School /Educational Institutions?	Yes/ No	
55.	Is regular fumigation of the village being undertaken by the Gram Panchayat? If yes, indicate periodicity and chemical	Yes /No	

	used? If not, why not?		
56.	Is regular fumigation of the village also being undertaken by the Gram Panchayat to prevent breeding of mosquitoes? If yes, indicate periodicity and chemical used? If not, why not?	Yes /No	
57.	Is the Gram Panchayat taking steps to ensure collection and disposal of solid waste? If yes, specify system put in place.	Yes /No	
58.	Are the drains cleaned regularly in the village?		
59.	Has the Gram Panchayat taken steps to ensure that there are no stagnant pools of water in the village? If yes, specify measures taken.		
60.	Has the community undertaken voluntary service to keep the village and its environment clean? If yes, please provide details.		



D.O.No. M-11015/30/2020-CB

Dated : 30.3.2020

Dear Sir/Madam,

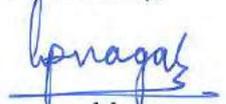
While the world is reeling under the COVID-19 infestation, the States/UTs and the Panchayat Raj Institutions are setting new standards of responsibility and compassion.

2. In the context of Panchayati Raj Institutions, I am to request you to share the stories from Gram Panchayats (GPs) and other Traditional Local Bodies (TLBs). These stories of good, selfless work may pertain to the Health and Sanitisation related work, the measures taken to receive locals returning from outside to minimise the risks and the strategies deployed to alleviate the misery of those whose livelihoods have been adversely affected. Besides these three, there may be other innovative measures that you may want to share. The stories/case-studies/instances may be brief (less than 100 word each) and supported by photographs. The Distt./GP particulars may be provided in each case.
3. It is further requested that the stories from your State/UT may be shared either by email or Whatsapp group (#sabki Yojana Sabka Vikas #) on a daily basis. At the end of the ordeal, the small stories will be compiled in the form of a report.
4. The stories that are shared will serve not only to acknowledge the good work of those who have risen to the occasion but will also inspire other GPs/TLBs in the country to act similarly.

I solicit your whole hearted support.

With Warm Regards,

Yours Sincerely,


(A.P. Nagar)

To

Principal Secretary/Secretary, PR Departments,

All States/UTs

Sunil Kumar, IAS
Secretary



भारत सरकार
पंचायती राज मंत्रालय
डॉ. राजेन्द्र प्रसाद रोड, कृषि भवन,
नई दिल्ली-110001
Government of India
Ministry of Panchayati Raj
Dr. Rajendra Prasad Road, Krishi Bhawan,
New Delhi-110001

D.O. No.: J-11011/10/2020-Media

Dated: 13th March, 2020

Dear Principal Secretaries /Secretaries,

As you may be aware, the Novel Coronavirus (COVID-19), cases have now been confirmed in more than 90 countries. Ministry of Health & Family Welfare has been coordinating the efforts of the Central Government and has also been working with the State Governments in order to mitigate the impact of the outbreak in India.

2. In this regard, it is requested to facilitate Gram Panchayats and Panchayat Samiti meetings to spread awareness on COVID-19 and also facilitate environmental sanitation at village through Village Health and Sanitation Committee in your State.

3. It is also requested that all the necessary action / measures may be taken in close coordination with the State Health Department, which is coordinating all the efforts of the different agencies within the State. Since this matter is being monitored regularly at higher level, the Ministry of Panchayati Raj may please be informed about the steps taken and advisories issued in this regard.

With best wishes,

Yours sincerely,

Encl.: as above.

sh
13.3.20
(Sunil Kumar)

To,

Pr. Secretary/Secretary, Department of Panchayati Raj of all States/UTs



ARUN SINGHAL

Special Secretary

Tel. : 011-23062857

Telefax : 011-23061447

E-mail : arun.singhal@nic.in

For n/a & report.



सत्यमेव जयते

11.3.20

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011

Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

D.O. No. U-12019/12/2020-SNA

Dated the 5th March, 2020

EX
Dear Sunil,

As you are aware the Novel CoronaVirus Disease (COVID-19) has now spread to more than 76 countries causing close to 93000 cases and more than 3200 deaths worldwide. The World Health Organization (WHO) on 30th January, 2020 declared this outbreak as a Public Health Emergency of International Concern (PHEIC). Though, WHO has not yet declared it to be a pandemic, it has advised countries to remain prepared for one.

Several confirmed cases have also been detected in India. Although, we are taking all steps necessary to prevent further importation of such cases and to also prevent local transmission of this disease in India, it will be prudent to raise community awareness about common signs and symptoms of this disease and advocate simple public health measures, the community may undertake to prevent infection.

Towards this end, this Ministry is in the process of disseminating pertinent information to the community through all channels of communication and from all possible vantage points. We have designed posters & Audio Video products towards this end, some of which are being sent along with this letter. Soft copies of these are available on Ministry's website (<https://mohfw.gov.in/node/4904>). You are requested to widely disseminate the same.

The Ministry of Panchayati Raj (MoPR) is requested to kindly disseminate the material and put in a mechanism to ensure that every Gram Panchayat discusses and explains the Dos and Dont's to the village community at regular intervals.

To pre-empt any further risk of spread of COVID-19, I urge you to personally look into this matter.

With regards,

Yours sincerely

Singhal
5/3

(Arun Singhal)



Shri Sunil Kumar

Secretary,

M/o Panchayati Raj,

Room No. 9, Krishi Bhawan, New Delhi

Email: secy-mopr@nic.in



नोवेल कोरोनावायरस (COVID-19)

खुद रहें सुरक्षित, दूसरों को रखें सुरक्षित
क्या करें और क्या ना करें

क्या करें ☑



बार-बार हाथ धोएं: जब आपके हाथ स्पष्ट रूप से गंदे न हों, हाथों को अलकोहॉल - आधारित हैंड सैनिटाइजर से साफ करें



छींकते और खासते समय, अपना मुँह व नाक टिशू/स्फाल से ढकें



प्रयोग के तुरंत बाद टिशू को किसी बंद डिब्बे में फेंक दें



अगर आपको बुखार, खांसी और सांस लेने में कठिनाई है तो डॉक्टर से संपर्क करें: डॉक्टर से मिलने के दौरान अपने मुँह और नाक को ढकने के लिए मास्क/कपड़े का प्रयोग करें



अगर आप में कोरोना वायरस के लक्षण हैं, तो कृपया राज्य हेल्पलाइन नंबर या स्वास्थ्य मंत्रालय की 24x7 हेल्पलाइन नंबर 011-23978046 पर कॉल करें



श्रीद-बाड़ वाली जगहों पर जाने से बचें

क्या न करें ☒



बढ़ि आपको खांसी और बुखार का अनुभव हो रहा हो, तो किसी के साथ संपर्क में ना आएं



अपनी आँख, नाक या मुँह को ना छूएँ



सार्वजनिक स्थानों पर ना रुकें

हम सब साथ मिलकर कोरोनावायरस से लड़ सकते हैं

अधिक जानकारी के लिए
स्वास्थ्य एवं परिवार कल्याण मंत्रालय भारत सरकार के 24x7 हेल्पलाइन नं. +91-11-2397 8046 पर कॉल करें या ई-मेल करें ncov2019@gmail.com



Protect yourself and others!
Follow these Do's and Don'ts

Do's ☑



Practice frequent hand washing. Wash hands with soap and water or use alcohol based hand rub. Wash hands even if they are visibly clean



Cover your nose and mouth with handkerchief/tissue while sneezing and coughing



Throw used tissues into closed bins immediately after use



See a doctor if you feel unwell (fever, difficult breathing and cough). While visiting doctor wear a mask/cloth to cover your mouth and nose



If you have these signs/symptoms please call State helpline number or Ministry of Health & Family Welfare's 24X7 helpline at 011-23978046



Avoid participating in large gatherings



Have a close contact with anyone, if you're experiencing cough and fever



Touch your eyes, nose and mouth



Don'ts ☒

Spit in public

Together we can fight Coronavirus

For further information .
Call at Ministry of Health, Govt. of India's 24X7 control room number
+91-11-2397 8046
Email at ncov2019@gmail.com



D.O No. : M-11015/30/2020-CB

Dear Sir/Madam,

In pursuance to communications issued by the Ministry of Panchayati Raj, Ministry of Home Affairs and Ministry of Health and Family Welfare, your State/ UT would be undertaking various measures to prevent spread of COVID – 19 cases in the rural areas. It is pertinent to mention that generating mass awareness among the people living in rural India assumes great significance in prevention of spread of Corona virus in rural areas.

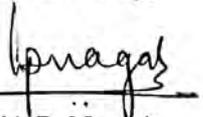
Considering the high risk involved in rural areas due to rapid spread of COVID 19, it is felt that in addition to steps already being undertaken by your State, the following information may be painted on walls using *gerua*, paint or any other suitable material at prominent locations in Gram Panchayats in local language/vernacular on:

- observing social-distancing,
- maintaining personal hygiene, regular hand-washing etc.,
- wearing masks,
- no spitting in public places and
- frequent washing of hands with soap.

This would be an admissible activity under the IEC component of the RGSA Scheme. I would be grateful for your personal attention in this matter so that spread of COVID – 19 in the rural areas is curbed effectively and efficiently.

With Warm Regards,

Yours Sincerely,


(A.P. Nagar)

To
Principal Secretary/ Secretary
PR Departments
All States/ UTs

Novel Coronavirus
Disease
COVID-19

How to handrub?

**RUB HANDS FOR HAND HYGIENE!
WASH HANDS WHEN VISIBLY SOILED**



Duration of the entire
procedure:
20-30 seconds

1a



Apply a palmful of the product in a cupped hand, covering all surfaces;

1b



2



Rub hands palm to palm;

3



Right palm over left dorsum with
interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms
with fingers interlocked;

6



Rotational rubbing of left thumb
clasped in right palm and vice versa;

7



Rotational rubbing, backwards and
forwards with clasped fingers of right
hand in left palm and vice versa;

8



Once dry, your hands are safe.

**Stay
protected!**

**Stay safe from
Coronavirus!**



Contact Ministry of Health and Family Welfare Helpline:
+91-11-23978046 & 1075

Novel Coronavirus Disease COVID-19

When and how to wear a mask?

When to wear a mask?

1. If you are healthy, you only need to wear a mask if you are taking care of a person with suspected COVID-19 infection
2. Wear a mask if you are coughing or sneezing
3. Masks are effective only when used in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water
4. If you wear a mask, then you must know how to use it and dispose off properly



How to wear a mask?



Before putting on a mask, clean hands with alcohol-based hand rub or soap and water



Cover mouth and nose with mask and make sure there are no gaps between your face and the mask



Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water



Replace the mask with a new one as soon as it is damp and do not re-use single-use masks



To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water

**Stay
protected!**

**Stay safe from
Coronavirus!**



Contact Ministry of Health and Family Welfare Helpline:
+91-11-23978046 & 1075

Novel Coronavirus
Disease
COVID-19

What is Novel Coronavirus Disease?

Coronavirus disease (COVID-19) is caused
by Novel Coronavirus that leads to cough, fever or
difficulty in breathing

Symptoms of COVID-19:



FEVER



COUGH



BREATHING DIFFICULTIES

Take precaution. Protect yourself.

1. When coughing and sneezing, cover mouth and nose with handkerchief or tissue
2. Wash hands with soap and water frequently
3. Keep distance and avoid close contact with anyone with fever, cough or breathing difficulties
4. Avoid touching your eyes, nose and mouth
5. If you have fever, cough or difficulty in breathing with travel history from Coronavirus affected countries/areas or contact with suspected or confirmed COVID-19 patient, contact your nearest health facility or report the helpline number

**Stay
protected!**

**Stay safe from
Coronavirus!**



Contact Ministry of Health and Family Welfare Helpline:
+91-11-23978046 & 1075



Ministry of Health & Family Welfare
Government of India



Help us to
help you



NOVEL CORONAVIRUS (COVID-19)

Protect yourself and others!

Follow these Do's and Don'ts

Do's



Practice frequent hand washing. Wash hands with soap and water or use alcohol based hand rub. Wash hands even if they are visibly clean



Cover your nose and mouth with handkerchief/tissue while sneezing and coughing



Throw used tissues into closed bins immediately after use



See a doctor if you feel unwell (fever, difficult breathing and cough). While visiting doctor wear a mask/cloth to cover your mouth and nose



If you have these signs/symptoms please call State helpline number or Ministry of Health & Family Welfare's 24X7 helpline at 011-23978046



Avoid participating in large gatherings

Don'ts



Have a close contact with anyone, if you're experiencing cough and fever



Touch your eyes, nose and mouth



Spit in public

Together we can fight Coronavirus

For further information :

Call at Ministry of Health, Govt. of India's 24X7 control room number
+91-11-2397 8046

Email at ncov2019@gmail.com



mohfw.gov.in



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[@MoHFW_INDIA](https://twitter.com/MoHFW_INDIA)



[mohfwindia](https://www.youtube.com/mohfwindia)



स्वास्थ्य एवं परिवार कल्याण मंत्रालय
भारत सरकार



Help us to
help you



नोवल कोरोनावायरस (COVID-19)

— खुद रहें सुरक्षित, दूसरों को रखें सुरक्षित —

क्या करें और क्या ना करें

क्या करें ✓



बार-बार हाथ धोएं। जब आपके हाथ स्पष्ट रूप से गंदे न हों, तब भी अपने हाथों को अल्कोहल - आधारित हैंड वॉश या साबुन और पानी से साफ करें



छींकते और खांसते समय, अपना मुंह व नाक टिश्यू/रूमाल से ढकें



प्रयोग के तुरंत बाद टिश्यू को किसी बंद डिब्बे में फेंक दें



अगर आपको बुखार, खांसी और सांस लेने में कठिनाई है तो डॉक्टर से संपर्क करें। डॉक्टर से मिलने के दौरान अपने मुंह और नाक को ढकने के लिए मास्क/कपड़े का प्रयोग करें



अगर आप में कोरोना वायरस के लक्षण हैं, तो कृपया राज्य हेल्पलाइन नंबर या स्वास्थ्य मंत्रालय की 24X7 हेल्पलाइन नंबर 011-23978046 पर कॉल करें



भीड़-भाड़ वाली जगहों पर जाने से बचें



यदि आपको खांसी और बुखार का अनुभव हो रहा हो, तो किसी के साथ संपर्क में ना आएं



अपनी आंख, नाक या मुंह को ना छूयें



सार्वजनिक स्थानों पर ना थूकें

क्या न करें ✗

हम सब साथ मिलकर कोरोनावायरस से लड़ सकते हैं

अधिक जानकारी के लिए

स्वास्थ्य एवं परिवार कल्याण मंत्रालय भारत सरकार के 24X7 हेल्पलाइन नं.

+91-11-2397 8046 पर कॉल करें या

ई-मेल करें ncov2019@gmail.com



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@MoHFWIndia



@MoHFW_INDIA

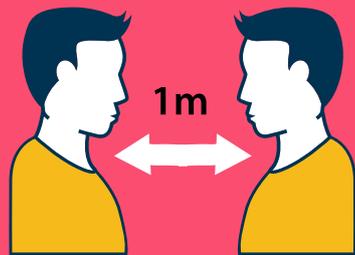


mohfwindia



NOVEL CORONAVIRUS (COVID-19)

Protective measures against Coronavirus



A distance of at least 1 meter is necessary to ensure safety for all



Wash your hands with soap and water regularly



If soap and water is not available, use hand sanitizer with at least 60% alcohol



Wash hands before touching eyes, nose and mouth



Throw used tissues into closed bins immediately after use



Cover your nose and mouth with handkerchief/tissue while sneezing and coughing



Avoid mass gathering and crowded places

If you are experiencing symptoms like fever, cough or difficulty in breathing, please call the state helpline number or 24x7 helpline numbers of Ministry of Health and Family Welfare, Government of India and follow the instructions.

dayp 17102/13/0028/1920

1075 (Toll Free) | 011-23978046

Email to: ncov2019@gov.in , ncov2019@gmail.com

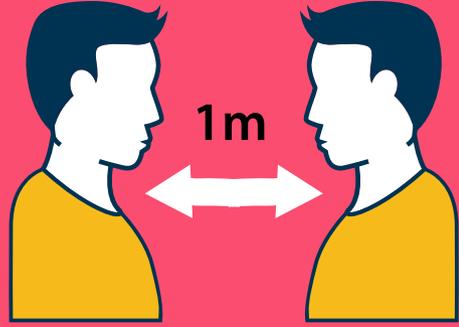




नोवल कोरोनावायरस (COVID-19)



कोरोनावायरस से बचाव के उपाय



आपस में कम से कम 1 मीटर की दूरी,
सबकी सुरक्षा के लिए जरूरी



अपने हाथों को बार-बार
साबुन और पानी से धोएं।



साबुन और पानी उपलब्ध न हो तो,
कम से कम 60% अल्कोहल-आधारित
हैंड सैनिटाइज़र का उपयोग करे



अपनी आंखों, नाक और मुंह को छूने
से पहले हाथों को धो लें



प्रयोग किए गए टिशू को
तुरन्त बंद कूड़ेदान में डालें



छींकते और खांसते समय अपनी नाक
और मुंह को रुमाल/टिशू से ढकें



सामाजिक आयोजनों और
भीड़-भाड़ वाली जगहों से दूर रहें

अगर आप बुखार, खांसी या सांस लेने में परेशानी जैसे लक्षण को महसूस कर रहे हैं, तो कृपया राज्य हेल्पलाइन नंबर या स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के 24x7 हेल्पलाइन नंबरों पर कॉल करें और निर्देशों का पालन करें

1075 (टोल फ्री) | 011-23978046

ई-मेल करें: ncov2019@gov.in , ncov2019@gmail.com





Ministry of Health and Family Welfare
Government of India

सत्यमेव जयते

NOVEL CORONAVIRUS (COVID-19)



There is enough of everything, everyday for everyone
Don't Panic | Don't Rush | Don't Overstock



Maintain at least 1 metre distance in market places, medical stores, hospitals, etc.



Have patience and keep calm while shopping for essential goods/medical supplies



Avoid frequent trips to the market to buy groceries/medical supplies



Avoid shaking hands and hugging as a matter of greeting



Avoid non-essential social gatherings at home



Don't allow visitors at home or visit someone else's home

Observe social distancing at all times

If you have symptoms like cough, fever or difficulty in breathing, avoid any kind of exposure and immediately call the helpline numbers

For information related to COVID-19

Call Ministry of Health and Family Welfare, Government of India's 24x7 Control Room Number 1075 (Toll Free) | 011-23978046 , Email at ncov2019@gov.in , ncov2019@gmail.com

Together we will fight COVID-19



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@MoHFWIndia



@MoHFW_INDIA



mohfwindia



स्वास्थ्य एवं परिवार कल्याण मंत्रालय
भारत सरकार

सत्यमेव जयते

नोवल कोरोनावायरस (COVID-19)



रोज़मर्रा की सभी वस्तुएं हर किसी के लिये हमेशा उपलब्ध हैं
घबराएं नहीं | भीड़ न लगाएं | जमाखोरी न करें



बाजार, मेडिकल स्टोर, अस्पताल आदि जगहों पर कम से कम 1 मीटर की दूरी बनाए रखें



धैर्य रखें और आवश्यक सामान/चिकित्सा संबंधित सामानों की खरीदारी संयम के साथ करें



किराने/ चिकित्सा सामग्री खरीदने के लिए बार-बार बाजार न जाएं



अभिवादन के लिए हाथ न मिलाएं और न ही गले लगाएं



घर पर अनावश्यक लोगों की भीड़ जमा न करें



मेहमान नवाज़ी न करें या किसी दूसरे के घर पर न जाएं

एक-दूसरे से उचित दूरी हमेशा बनाए रखें

यदि आप खांसी, बुखार या सांस लेने में कठिनाई जैसे लक्षण महसूस कर रहे हैं, तो खुली जगहों में न जाएं और तुरन्त हेल्पलाइन नंबर पर कॉल करें

COVID-19 संबंधित जानकारी के लिए

राज्य हेल्पलाइन नंबर या स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के 24X7 हेल्पलाइन नंबरों पर कॉल करें
1075 (टेल फ्री) | 011-23978046, ई-मेल करें: ncov2019@gov.in, ncov2019@gmail.com

हमें मिलकर COVID-19 से लड़ना है



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@MoHFW_INDIA



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ग्रामीण विकास मंत्रालय
भारत सरकार

सत्यमेव जयते

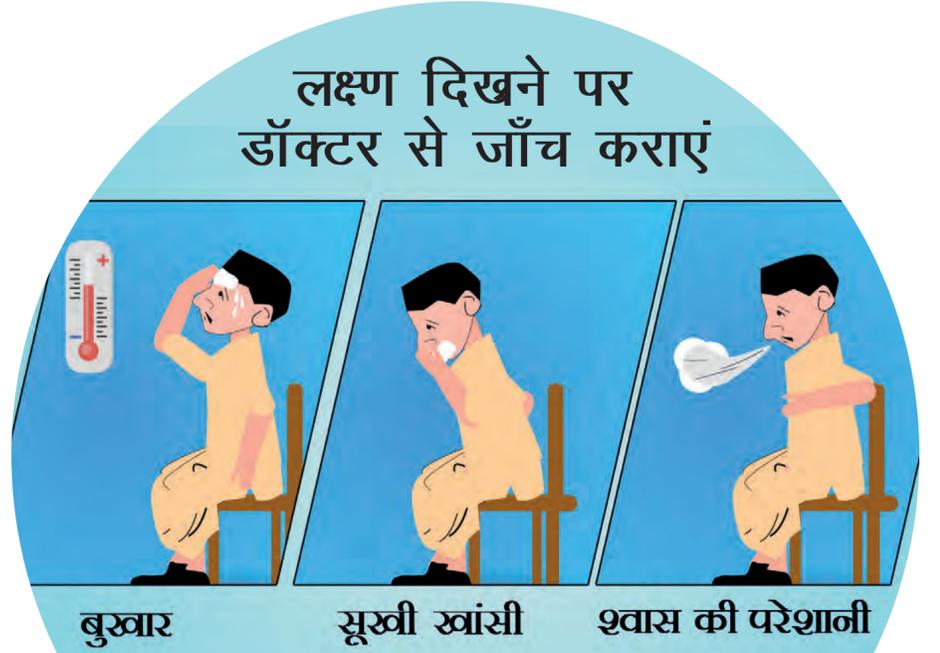
1 घर से बाहर निकलते समय और काम के दौरान मुंह और नाक को मास्क, गमछे या साफ कपड़े से ढक कर रखें



काम के दौरान पंच सूत्र का ध्यान

कोरोना महामारी का समाधान

3 बार-बार साबुन से हाथ धोएं – 20 सेकेंड तक



4



गर्म पानी पीते रहें



5



Nirman Bhawan, New Delhi
Dated 4th June, 2020

OFFICE MEMORANDUM

Government of India has been taking various measures towards management of COVID-19. As part of graded response various restrictions were in place for various public activities and guidelines have been issued from time to time as per the evolving situation.

Ministry of Home Affairs has issued orders under the Disaster Management Act, 2005 dated 30.05.2020 extending the lockdown in Containment Zones up to 30.06.2020 and to reopen certain activities in a phased manner in areas outside the Containment Zones.

The said orders provided that MoHFW will issue SOPs for allowing following activities with effect from 08.06.2020:

1. Religious places/ places of worship for public.
2. Hotels, restaurants and other hospitality services.
3. Shopping Malls

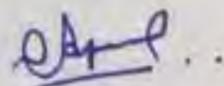
Accordingly, the SOPs as mentioned in annexure have been formulated in consultation with Central Ministries/ Departments concerned and other stakeholders and are hereby issued to be made applicable with effect from 08.06.2020.

States/UTs are requested to implement the aforesaid SOPs. However, they may develop and implement their own protocol which may be stricter as per their assessment of the situation with a view to effectively contain COVID-19.

This is issued with the approval of Competent Authority.

Encl:

1. SOP on preventive measures to contain spread of COVID-19 in offices
2. SOP on preventive measures to contain spread of COVID-19 in religious places
3. SOP on preventive measures to contain spread of COVID-19 in hotels and other hospitality services
4. SOP on preventive measures to contain spread of COVID-19 in restaurants
5. SOP on preventive measures to contain spread of COVID-19 in shopping malls



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To

- Chief Secretaries of all States and UTs
- Secretary (Ministry of Home Affairs, Tourism, Urban Development, Department of Personnel Training, DPIIT)

**Government of India
Ministry of Health & Family Welfare**

SOP on preventive measures to contain spread of COVID-19 in offices

1. Background

Offices and other workplaces are relatively close settings, with shared spaces like work stations, corridors, elevators & stairs, parking places, cafeteria, meeting rooms and conference halls etc. and COVID-19 infection can spread relatively fast among officials, staffs and visitors.

There is a need to prevent spread of infection and to respond in a timely and effective manner in case suspect case of COVID-19 is detected in these settings, so as to limit the spread of infection.

2. Scope

This document outlines the preventive and response measures to be observed to contain the spread of COVID-19 in office settings. The document is divided into the following sub-sections

- (i) Generic preventive measures to be followed at all times
- (ii) Measures specific to offices
- (iii) Measures to be taken on occurrence of case(s)
- (iv) Disinfection procedures to be implemented in case of occurrence of suspect/confirmed case.

Offices in containment zones shall remain closed except for medical & essential services. Only those outside containment zones will be allowed to open up.

3. Generic preventive measures

Persons above 65 years of age, persons with comorbidities, pregnant women are advised to stay at home, except for essential and health purposes. Office management to facilitate the process.

The generic preventive measures include simple public health measures that are to be followed to reduce the risk of infection with COVID-19. These measures need to be observed by all (employees and visitors) at all times. These include:

- i. Individuals must maintain a minimum distance of 6 feet in public places as far as feasible.

- ii. Use of face covers/masks to be mandatory.
- iii. Practice frequent hand washing with soap (for at least 40-60 seconds) even when hands are not visibly dirty. Use of alcohol-based hand sanitizers (for at least 20 seconds) can be made wherever feasible.
- iv. Respiratory etiquettes to be strictly followed. This involves strict practice of covering one's mouth and nose while coughing/sneezing with a tissue/handkerchief/flexed elbow and disposing off used tissues properly.
- v. Self-monitoring of health by all and reporting any illness at the earliest to the immediate supervisory officer.
- vi. Spitting shall be strictly prohibited.
- vii. Installation & use of Aarogya Setu App by employees.

4. Specific preventive measures for offices:

- i. Entrance to have mandatory hand hygiene (sanitizer dispenser) and thermal screening provisions.
- ii. Only asymptomatic staff/visitors shall be allowed.
- iii. Any officer and staff residing in containment zone should inform the same to supervisory officer and not attend the office till containment zone is denotified. Such staff should be permitted to work from home and it will not be counted as leave period.
- iv. Drivers shall maintain social distancing and shall follow required dos and don'ts related to COVID-19. It shall be ensured by the service providers/ officers/ staff that drivers residing in containment zones shall not be allowed to drive vehicles.
- v. There shall be provision for disinfection of the interior of the vehicle using 1% sodium hypochlorite solution/ spray. A proper disinfection of steering, door handles, keys, etc. should be taken up.
- vi. Advise all employees who are at higher risk i.e. older employees, pregnant employees and employees who have underlying medical conditions, to take extra precautions. They should preferably not be exposed to any front-line work requiring direct contact with the public. Office management to facilitate work from home wherever feasible.
- vii. All officers and staff / visitors to be allowed entry only if using face cover/masks. The face cover/mask has to be worn at all times inside the office premises.
- viii. Routine issue of visitors/temporary passes should be suspended and visitors with proper permission of the officer who they want to meet, should be allowed after being properly screened.
- ix. Meetings, as far as feasible, should be done through video conferencing.
- x. Posters/standees/AV media on preventive measures about COVID-19 to be displayed prominently.

- xi. Staggering of office hours, lunch hours/coffee breaks to be done, as far as feasible.
- xii. Proper crowd management in the parking lots and outside the premises – duly following social distancing norms be ensured.
- xiii. Valet parking, if available, shall be operational with operating staff wearing face covers/ masks and gloves as appropriate. A proper disinfection of steering, door handles, keys, etc. of vehicles should be taken up.
- xiv. Any shops, stalls, cafeteria etc., outside and within the office premises shall follow social distancing norms at all times.
- xv. Specific markings may be made with sufficient distance to manage the queue and ensure social distancing in the premises.
- xvi. Preferably separate entry and exit for officers, staff and visitors shall be organised.
- xvii. Proper cleaning and frequent sanitization of the workplace, particularly of the frequently touched surfaces must be ensured.
- xviii. Ensure regular supply of hand sanitisers, soap and running water in the washrooms.
- xix. Required precautions while handling supplies, inventories and goods in the office shall be ensured.
- xx. Seating arrangement to be made in such a way that adequate social distancing is maintained.
- xxi. Number of people in the elevators shall be restricted, duly maintaining social distancing norms.
- xxii. For air-conditioning/ventilation, the guidelines of CPWD shall be followed which *inter alia* emphasises that the temperature setting of all air conditioning devices should be in the range of 24-30°C, relative humidity should be in the range of 40-70%, intake of fresh air should be as much as possible and cross ventilation should be adequate.
- xxiii. Large gatherings continue to remain prohibited.
- xxiv. Effective and frequent sanitation within the premises shall be maintained with particular focus on lavatories, drinking and hand washing stations/areas.
- xxv. Cleaning and regular disinfection (using 1% sodium hypochlorite) of frequently touched surfaces (door knobs, elevator buttons, hand rails, benches, washroom fixtures, etc.) shall be done in office premises and in common areas
- xxvi. Proper disposal of face covers / masks / gloves left over by visitors and/or employees shall be ensured.
- xxvii. In the cafeteria/canteen/dining halls:
 - a. Adequate crowd and queue management to be ensured to ensure social distancing norms.
 - b. Staff / waiters to wear mask and hand gloves and take other required precautionary measures.
 - c. The seating arrangement to ensure a distance of at least 1 meter between patrons as far as feasible.
 - d. In the kitchen, the staff to follow social distancing norms.

5. Measures to be taken on occurrence of case(s):

Despite taking the above measures, the occurrence of cases among the employees working in the office cannot be ruled out. The following measures will be taken in such circumstances:

- i. When one or few person(s) who share a room/close office space is/are 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.
 - b. Immediately inform the nearest medical facility (hospital/clinic) or call the state or district helpline.
 - c. A risk assessment will be undertaken by the designated public health authority (district RRT/treating physician) and accordingly further advice shall be made regarding management of case, his/her contacts and need for disinfection.
 - d. The suspect case if reporting very mild/mild symptoms on assessment by the health authorities would be placed under home isolation.
 - e. Suspect case, if assessed by health authorities as moderate to severe, will be treated as per health protocol in appropriate health facility.
 - f. The rapid response team of the concerned district shall be requisitioned and will undertake the listing of contacts.
 - g. The necessary actions for contact tracing and disinfection of work place will start once the report of the patient is received as positive. The report will be expedited for this purpose.
- ii. If there are large numbers of contacts from a pre-symptomatic/asymptomatic case, there could be a possibility of a cluster emerging in workplace setting. Due to the close environment in workplace settings this could even be a large cluster (>15 cases). The essential principles of risk assessment, isolation, and quarantine of contacts, case referral and management will remain the same. However, the scale of arrangements will be higher.

iii. Management of contacts:

- a. The contacts will be categorised into high and low risk contacts by the District RRTs detailed in the Annexure I.
- b. The high-risk exposure contacts shall be quarantined for 14 days.

- c. These persons shall undergo testing as per ICMR protocol.
- d. The low risk exposure contacts shall continue to work and closely monitor their health for next 14 days.
- e. The flowchart for management of contact/ cases is placed at **Annexure - II**.

6. Closure of workplace

- i. 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/halt work in other areas of the office and work can be resumed after disinfection as per laid down protocol.
- ii. However, if there is a larger outbreak, the building/block will have to be closed for 48 hours after thorough disinfection. All the staff will work from home, till the building/block is adequately disinfected and is declared fit for re-occupation.

7. Disinfection Procedures in Offices

Detailed guidelines on the disinfection as already issued by Ministry of Health & Family Welfare as available on their website shall be followed.

Risk profiling of contacts

Contacts are persons who have been exposed to a confirmed case anytime between 2 days prior to onset of symptoms (in the positive case) and the date of isolation (or maximum 14 days after the symptom onset in the case).

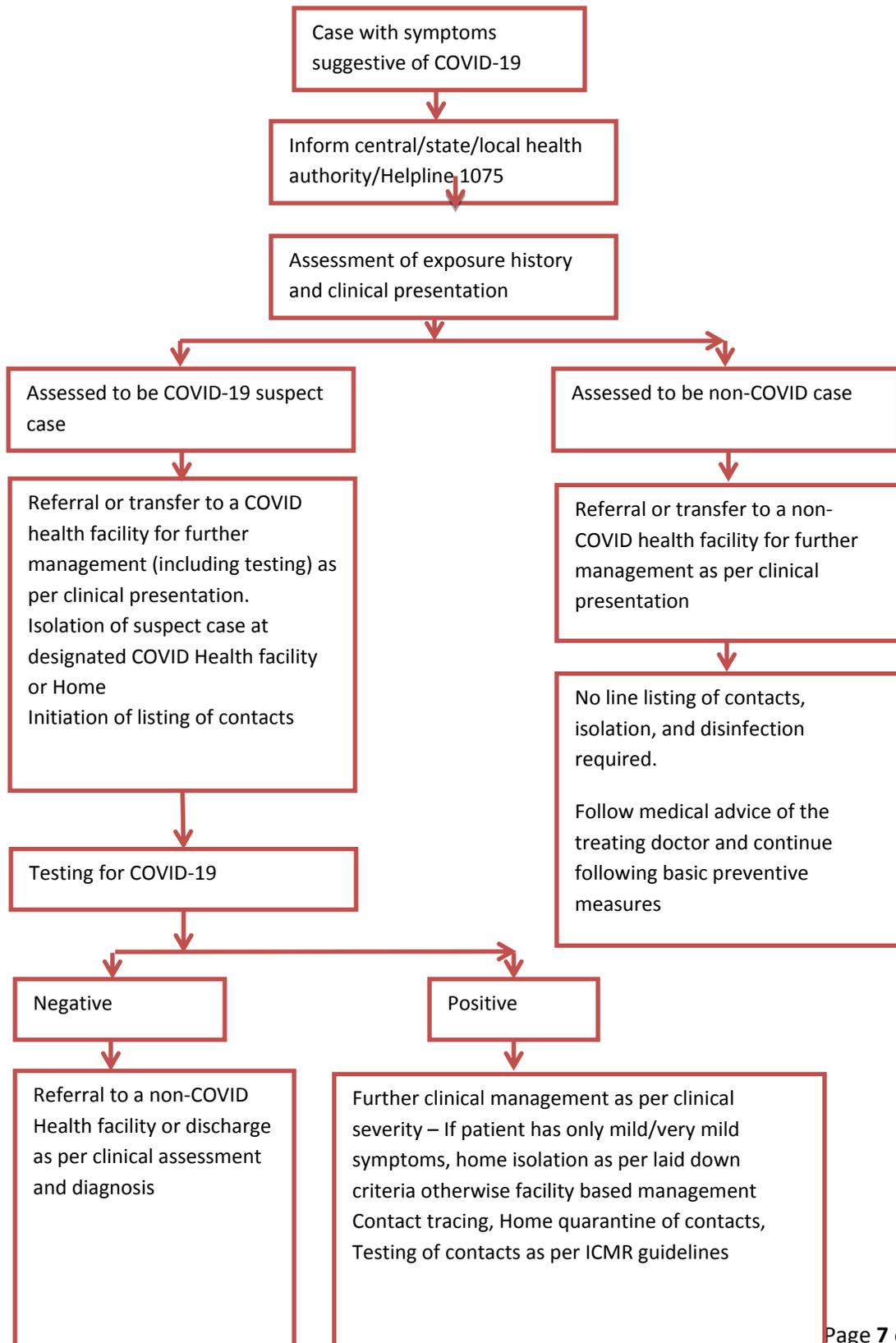
High-risk contact

- Touched body fluids of the patient (respiratory tract secretions, blood, vomit, saliva, urine, faeces; e.g. being coughed on, touching used paper tissues with a bare hand)
- Had direct physical contact with the body of the patient including physical examination without PPE
- Touched or cleaned the linens, clothes, or dishes of the patient.
- Lives in the same household as the patient.
- Anyone in close proximity (within 1 meter) of the confirmed case without precautions.
- Passengers in close proximity (within 1 meter) in a conveyance with a symptomatic person who later tested positive for COVID-19 for more than 6 hours.

Low-risk contact

- Shared the same space (worked in same room/similar) but not having a high-risk exposure to confirmed case of COVID-19.
- Travelled in same environment (bus/train/flight/any mode of transit) but not having a high-risk exposure.

Management of the case(s) and contacts



Government of India
Ministry of Health and Family Welfare

SOP on preventive measures to contain spread of COVID-19 in religious places/places of worship

1. Background

Religious places / places of worship get frequented by large number of people for spiritual solace. To prevent spread of COVID-19 infection, it is important that required social distancing and other preventive measures are followed in such premises.

2. Scope

This document outlines various generic precautionary measures to be adopted in addition to specific measures to be taken at particular places to prevent spread of COVID-19.

Religious places/places of worship for public in containment zones shall remain closed. Only those outside containment zones will be allowed to open up.

3. Generic preventive measures

Person above 65 years of age, persons with comorbidities, pregnant woman and children below the age of 10 years are advised to stay at home. Organisations managing the religious institutions to advise accordingly.

The generic preventive measures include simple public health measures that are to be followed to reduce the risk of COVID-19. These measures need to be observed by all (workers and visitors) in these places at all times.

These include:

- i. Individuals must maintain a minimum distance of 6 feet in public places as far as feasible.
- ii. Use of face covers/masks to be mandatory.
- iii. Practice frequent hand washing with soap (for at least 40-60 seconds) even when hands are not visibly dirty. Use of alcohol-based hand sanitizers (for at least 20 seconds) can be made wherever feasible.
- iv. Respiratory etiquettes to be strictly followed. This involves strict practice of covering one's mouth and nose while coughing/sneezing with a tissue/handkerchief/flexed elbow and disposing off used tissues properly.
- v. Self-monitoring of health by all and reporting any illness at the earliest to state and district helpline.
- vi. Spitting should be strictly prohibited.
- vii. Installation & use of Aarogya Setu App shall be advised to all.

4. All religious places shall also ensure:

- i. Entrance to have mandatory hand hygiene (sanitizer dispenser) and thermal screening provisions.
- ii. Only asymptomatic persons shall be allowed in the premises.
- iii. All persons to be allowed entry only if using face cover/masks.
- iv. Posters/standees on preventive measures about COVID-19 to be displayed prominently. Audio and Video clips to spread awareness on preventive measures for COVID-19 should be regularly played.
- v. Staggering of visitors to be done, if possible.
- vi. Shoes / footwear to be preferably taken off inside own vehicle. If needed they should be kept in separate slots for each individual / family by the persons themselves.
- vii. Proper crowd management in the parking lots and outside the premises – duly following social distancing norms shall be organized.
- viii. Any shops, stalls, cafeteria etc., outside and within the premises shall follow social distancing norms at all times
- ix. Specific markings may be made with sufficient distant to manage the queue and ensure social distancing in the premises.
- x. Preferably separate entry and exits for visitors shall be organized
- xi. Maintain physical distancing of a minimum of 6 feet at all times when queuing up for entry.
- xii. People should wash their hand and feet with soap and water before entering the premises.
- xiii. Seating arrangement to be made in such a way that adequate social distancing is maintained.
- xiv. For air-conditioning/ventilation, the guidelines of CPWD shall be followed which inter alia emphasises that the temperature setting of all air conditioning devices should be in the range of 24-30oC, relative humidity should be in the range of 40-70%, intake of fresh air should be as much as possible and cross ventilation should be adequate.
- xv. Touching of statues/idols / holy books etc. not to be allowed.
- xvi. Large gatherings/congregation continue to remain prohibited.
- xvii. In view of potential threat of spread of infection, as far as feasible recorded devotional music/songs may be played and choir or singing groups should not be allowed.
- xviii. Avoid physical contact while greeting each other.
- xix. Common prayer mats should be avoided and devotees should bring their own prayer mat or piece of cloth which they may take back with them.
- xx. No physical offerings like Prasad/distribution or sprinkling of holy water, etc.to be allowed inside the religious place.
- xxi. Community kitchens/langars / “Ann-daan”, etc. at religious places should follow physical distancing norms while preparing and distributing food.
- xxii. Effective sanitation within the premises shall be maintained with particular focus on lavatories, hand and foot-washing stations/areas.

- xxiii. Frequent cleaning and disinfection to be maintained by the management of the religious place.
- xxiv. The floors should particularly be cleaned multiple times in the premises.
- xxv. Proper disposal of face covers / masks / gloves left over by visitors and/or employees should be ensured.
- xxvi. In case of a suspect or confirmed case in the premises:
 - a. Place the ill person in a room or area where they are isolated from others.
 - b. Provide a mask/face cover till such time he/she is examined by a doctor.
 - c. Immediately inform the nearest medical facility (hospital/clinic) or call the state or district helpline.
 - d. A risk assessment will be undertaken by the designated public health authority (district RRT/treating physician) and accordingly further action be initiated regarding management of case, his/her contacts and need for disinfection.
 - e. Disinfection of the premises to be taken up if the person is found positive.

Government of India
Ministry of Health and Family Welfare

**SOP on preventive measures in Hotels and Other Hospitality Units
to contain spread of COVID-19**

1. Background

All hotels and other hospitality units must take suitable measures to restrict any further transmission of COVID-19 while providing accommodation and other tourist services. The SOP aims to minimize all possible physical contacts between Staff and Guests and maintain social distancing and other preventive and safety measures against COVID-19.

2. Scope

This document outlines various generic precautionary measures to be adopted in addition to specific measures to be ensured in hotels and other hospitality units(*henceforth, 'hotels'*)to prevent spread of COVID-19.

Hotels in containment zones shall remain closed. Only those outside containment zones will be allowed to open up.

3. Generic preventive measures

- (A) Persons above 65 years of age, persons with comorbidities, pregnant women and children below the age of 10 years are advised to stay at home, except for essential and health purposes. Hotel management to advise accordingly.
- (B) The generic measures include simple public health measures that are to be followed to reduce the risk of COVID-19. These measures need to be observed by all (staff and guests) in these places at all times.

These include:

- i. Physical distancing of at least 6 feet to be followed as far as feasible.
- ii. Use of face covers/masks to be made mandatory.
- iii. Practice frequent hand washing with soap (for at least 40-60 seconds) even when hands are not visibly dirty. Use of alcohol-based hand sanitizers (for at least 20 seconds) can be made wherever feasible.
- iv. Respiratory etiquettes to be strictly followed. This involves strict practice of covering one's mouth and nose while coughing/sneezing with a tissue/handkerchief/flexed elbow and disposing off used tissues properly.
- v. Self-monitoring of health by all and reporting any illness at the earliest to state and district helpline.
- vi. Spitting shall be strictly prohibited.
- vii. Installation and use of Aarogya Setu app shall be advised to all.

4. All Hotels shall ensure the following arrangements:

- i. Entrance to have mandatory hand hygiene (sanitizer dispenser) and thermal screening provisions.
- ii. Only asymptomatic staff and guests shall be allowed.
- iii. All staff and guests to be allowed entry only if using face cover/masks. The face cover/masks has to be worn at all times inside the hotel.
- iv. Adequate manpower shall be deployed by hotel management for ensuring social distancing norms.
- v. Staff should additionally wear gloves and take other required precautionary measures.
- vi. All employees who are at higher risk i.e. older employees, pregnant employees and employees who have underlying medical conditions, to take extra precautions. They should preferably not be exposed to any front-line work requiring direct contact with the public. Hotel management to facilitate work from home wherever feasible.
- vii. Proper crowd management in the hotel as well as in outside premises like parking lots—duly following social distancing norms shall be ensured. Large gatherings/congregations continue to remain prohibited.
- viii. Valet parking, if available, shall be operational with operating staff wearing face covers/ masks and gloves as appropriate. A proper disinfection of steering, door handles, keys, etc. of the vehicles should be taken up.
- ix. Preferably separate entry and exits for guests, staff and goods/supplies shall be organized. Maintaining physical distancing of a minimum of 6 feet, when queuing up for entry and inside the hotel as far as feasible. Specific markings may be made with sufficient distance to manage the queue and ensure social distancing in the premises.
- x. Number of people in the elevators shall be restricted, duly maintaining social distancing norms. Use of escalators with one person on alternate steps may be encouraged.
- xi. Details of the guest (travel history, medical condition etc.) along with ID and self-declaration form must be provided by the guest at the reception.
- xii. Posters/standees/AV media on preventive measures about COVID-19 to be displayed prominently.
- xiii. Hand sanitizers must be kept at the reception for guests to use. Guests to sanitize hands before and after filling relevant forms including A&D register.
- xiv. Hotels must adopt contactless processes like QR code, online forms, digital payments like e-wallet etc. for both check-in and check-out.
- xv. Luggage should be disinfected before sending the luggage to rooms.
- xvi. Guests who are at higher risk i.e. those who are older, pregnant or those who have underlying medical conditions are advised to take extra precautions.
- xvii. Guests should be advised not to visit areas falling within containment zone
- xviii. Required precautions while handling supplies, inventories and goods in the hotel shall be ensured. Proper queue management and disinfection shall be organized.
- xix. Appropriate personal protection gears like face covers/masks, gloves and hand sanitizers etc. shall be made available by hotel to the staff as well as the guests.
- xx. Detailed guidelines issued for restaurants shall be followed.

- a. Seating arrangement in the restaurant also to be made in such a way that adequate social distancing is maintained.
 - b. Disposable menus are advised to be used.
 - c. Instead of cloth napkins, use of good quality disposable paper napkins to be encouraged.
 - d. Contactless mode of ordering and digital mode of payment (using e-wallets) to be encouraged.
 - e. Buffet service should also follow social distancing norms among guests.
- xxi. Room service or takeaways to be encouraged, instead of dine-in. Food delivery personnel should leave the packet at guest or customer's door and not handed directly to the receiver. The staff for home deliveries shall be screened thermally by the hotel authorities prior to allowing home deliveries.
 - xxii. For room service, communication between guests and in-house staff should be through intercom/ mobile phone and room service (if any) should be provided while maintaining adequate social distance.
 - xxiii. Gaming Arcades/Children play areas (wherever applicable) shall remain closed.
 - xxiv. For air-conditioning/ventilation, the guidelines of CPWD shall be followed which inter alia emphasises that the temperature setting of all air conditioning devices should be in the range of 24-30°C, relative humidity should be in the range of 40-70%, intake of fresh air should be as much as possible and cross ventilation should be adequate.
 - xxv. Effective and frequent sanitation within the premises shall be maintained with particular focus on lavatories, drinking and hand washing stations/areas.
 - xxvi. Cleaning and regular disinfection (using 1% sodium hypochlorite) of frequently touched surfaces (door knobs, elevator buttons, hand rails, benches, washroom fixtures, etc.) to be made mandatory in all guest service area and common areas.
 - xxvii. Proper disposal of face covers / masks / gloves left over by guests and/or staff should be ensured.
 - xxviii. Deep cleaning of all washrooms shall be ensured at regular intervals.
 - xxix. Rooms and other service areas shall be sanitized each time a guest leaves.
 - xxx. In the kitchen, the staff should follow social distancing norms at work place. Kitchens area must be sanitized at regular intervals.
 - xxxi. In case of a suspect or confirmed case in the premises:
 - a. Place the ill person in a room or area where they are isolated from others.
 - b. Provide a mask/face cover till such time he/she is examined by a doctor.
 - c. Immediately inform the nearest medical facility (hospital/clinic) or call the state or district helpline.
 - d. A risk assessment will be undertaken by the designated public health authority (district RRT/treating physician) and accordingly further action be initiated regarding management of case, his/her contacts and need for disinfection.
 - e. Disinfection of the premises to be taken up if the person is found positive.

Government of India
Ministry of Health and Family Welfare

SOP on preventive measures in Restaurants to contain spread of COVID-19

1. Background

Given the current COVID-19 outbreak in India, it is important that restaurants and other hospitality units take suitable measures to restrict any further transmission of the virus while providing restaurant services.

2. Scope

This document outlines various generic precautionary measures to be adopted in addition to specific measures to be ensured at particular places to prevent spread of COVID-19.

Restaurants in containment zones shall remain closed. Only those outside containment zones will be allowed to open up.

3. Generic preventive measures

Persons above 65 years of age, persons with comorbidities, pregnant women and children below the age of 10 years are advised to stay at home, except for essential and health purposes. Restaurant management to advise accordingly.

The generic measures include simple public health measures that are to be followed to reduce the risk of COVID-19. These measures need to be observed by all (staff and patrons) in these places at all times.

These include:

- i. Physical distancing of at least 6 feet to be followed as far as feasible.
- ii. Use of face covers/masks to be made mandatory.
- iii. Practice frequent hand washing with soap (for at least 40-60 seconds) even when hands are not visibly dirty. Use of alcohol-based hand sanitizers (for at least 20 seconds) can be made wherever feasible.
- iv. Respiratory etiquettes to be strictly followed. This involves strict practice of covering one's mouth and nose while coughing/sneezing with a tissue/handkerchief/flexed elbow and disposing off used tissues properly.
- v. Self-monitoring of health by all and reporting any illness at the earliest to state and district helpline.
- vi. Spitting shall be strictly prohibited.
- vii. Installation & use of Aarogya Setu App shall be advised to all.

viii.

4. All Restaurants shall ensure the following arrangements:

- i. Takeaways to be encouraged, instead of Dine-In. Food delivery personnel should leave the packet at customer's door. DO NOT handover the food packet directly to the customer.
- ii. The staff for home deliveries shall be screened thermally by the restaurant authorities prior to allowing home deliveries.
- iii. Entrance to have mandatory hand hygiene (sanitizer dispenser) and thermal screening provisions.
- iv. Only asymptomatic staff and patrons shall be allowed.
- v. All staff and patrons to be allowed entry only if using face cover/masks. The face cover/masks has to be worn at all times inside the restaurant.
- vi. Posters/standees/AV media on preventive measures about COVID-19 to be displayed prominently.
- vii. Staggering of patrons to be done, if possible.
- viii. Adequate manpower shall be deployed by restaurant management for ensuring social distancing norms.
- ix. All employees who are at higher risk i.e. older employees, pregnant employees and employees who have underlying medical conditions, to take extra precautions. They should preferably not be exposed to any front-line work requiring direct contact with the public. Restaurant management to facilitate work from home wherever feasible.
- x. Proper crowd management in the parking lots and outside the premises – duly following social distancing norms shall be ensured.
- xi. Additional patrons to be seated in a designated waiting area with norms of social distancing.
- xii. Valet parking, if available, shall be operational with operating staff wearing face covers/ masks and gloves as appropriate. A proper disinfection of steering, door handles, keys, etc. of the vehicles should be taken up.
- xiii. Specific markings may be made with sufficient distance to manage the queue and ensure social distancing in the premises.
- xiv. Preferably separate entry and exits for patrons, staff and goods/supplies shall be organized.
- xv. Required precautions while handling supplies, inventories and goods in the restaurant shall be ensured. Proper queue management and disinfection shall be organized.
- xvi. Maintaining physical distancing of a minimum of 6 feet, when queuing up for entry and inside the restaurant as far as feasible.
- xvii. Seating arrangement to be made in such a way that adequate social distancing is maintained. In restaurants, not more than 50% of seating capacity to be permitted.
- xviii. Disposable menus are advised to be used.
- xix. Instead of cloth napkins, use of good quality disposable paper napkins to be encouraged.
- xx. Buffet service should also follow social distancing norms among patrons.
- xxi. Number of people in the elevators shall be restricted, duly maintaining social distancing norms.

- xxii. Use of escalators with one person on alternate steps may be encouraged.
- xxiii. For air-conditioning/ventilation, the guidelines of CPWD shall be followed which inter alia emphasises that the temperature setting of all air conditioning devices should be in the range of 24-30°C, relative humidity should be in the range of 40-70%, intake of fresh air should be as much as possible and cross ventilation should be adequate.
- xxiv. Large gatherings/congregations continue to remain prohibited.
- xxv. Effective and frequent sanitation within the premises shall be maintained with particular focus on lavatories, drinking and hand washing stations/areas.
- xxvi. Cleaning and regular disinfection (using 1% sodium hypochlorite) of frequently touched surfaces (door knobs, elevator buttons, hand rails, benches, washroom fixtures, etc.) to be made mandatory in all guest service area and common areas.
- xxvii. Proper disposal of face covers / masks / gloves left over by patrons and/or staff should be ensured.
- xxviii. Deep cleaning of all washrooms shall be ensured at regular intervals.
- xxix. Adequate crowd and queue management to be ensured to ensure social distancing norms.
- xxx. Staff / waiters should wear mask and hand gloves and take other required precautionary measures.
- xxxi. Contactless mode of ordering and digital mode of payment (using e-wallets) to be encouraged.
- xxxii. Tables to be sanitized each time customer leaves.
- xxxiii. In the kitchen, the staff should follow social distancing norms at work place. Kitchens area must be sanitized at regular intervals.
- xxxiv. Gaming Arcades/Children play areas (wherever applicable) shall remain closed.
- xxxv. In case of a suspect or confirmed case in the premises:
 - a. Place the ill person in a room or area where they are isolated from others.
 - b. Provide a mask/face cover till such time he/she is examined by a doctor.
 - c. Immediately inform the nearest medical facility (hospital/clinic) or call the state or district helpline.
 - d. A risk assessment will be undertaken by the designated public health authority (district RRT/treating physician) and accordingly further action be initiated regarding management of case, his/her contacts and need for disinfection.
 - e. Disinfection of the premises to be taken up if the person is found positive.

Government of India
Ministry of Health and Family Welfare

SOP on preventive measures in shopping malls to contain spread of COVID-19

1. Background

Shopping malls get frequented by large number of people for shopping, entertainment and food. To prevent spread of COVID-19 infection, it is important that required social distancing and other preventive measures are followed.

2. Scope

This document outlines various generic precautionary measures to be adopted in addition to specific measures to be ensured at particular places to prevent spread of COVID-19.

Shopping malls in containment zones shall remain closed. Only those outside containment zones will be allowed to open up.

3. Generic preventive measures

Persons above 65 years of age, persons with comorbidities, pregnant women and children below the age of 10 years are advised to stay at home, except for essential and health purposes. Shopping mall management to advise accordingly.

The generic measures include simple public health measures that are to be followed to reduce the risk of COVID-19. These measures need to be observed by all (workers and visitors) in these places at all times.

These include:

- i. Physical distancing of at least 6 feet to be followed as far as feasible.
- ii. Use of face covers/masks to be made mandatory.
- iii. Practice frequent hand washing with soap (for at least 40-60 seconds) even when hands are not visibly dirty. Use of alcohol-based hand sanitizers (for at least 20 seconds) can be made wherever feasible.
- iv. Respiratory etiquettes to be strictly followed. This involves strict practice of covering one's mouth and nose while coughing/sneezing with a tissue/handkerchief/flexed elbow and disposing off used tissues properly.
- v. Self-monitoring of health by all and reporting any illness at the earliest to state and district helpline.
- vi. Spitting shall be strictly prohibited.
- vii. Installation & use of Aarogya Setu App shall be advised to all.

viii.

4. All shopping malls shall ensure the following arrangements:

- i. Entrance to have mandatory hand hygiene (sanitizer dispenser) and thermal screening provisions.
- ii. Only asymptomatic customers/visitors shall be allowed.
- iii. All workers/customers/visitors to be allowed entry only if using face cover/masks. The face cover/masks has to be worn at all times inside the shopping mall.
- iv. Posters/standees/AV media on preventive measures about COVID-19 to be displayed prominently.
- v. Staggering of visitors to be done, if possible.
- vi. Adequate manpower shall be deployed by Mall Management for ensuring social distancing norms.
- vii. All employees who are at higher risk i.e. older employees, pregnant employees and employees who have underlying medical conditions, to take extra precautions. They should preferably not be exposed to any front-line work requiring direct contact with the public. Shopping Mall management to facilitate work from home wherever feasible.
- viii. Proper crowd management in the parking lots and outside the premises – duly following social distancing norms shall be ensured.
- ix. Valet parking, if available, shall be operational with operating staff wearing face covers/ masks and gloves as appropriate. A proper disinfection of steering, door handles, keys, etc. of the vehicles should be taken up.
- x. Any shops, stalls, cafeteria etc., outside and within the premises shall follow social distancing norms at all times.
- xi. Specific markings may be made with sufficient distance to manage the queue and ensure social distancing in the premises.
- xii. Preferably separate entry and exits for visitors, workers and goods/supplies shall be organized.
- xiii. The staff for home deliveries shall be screened thermally by the shopping mall authorities prior to allowing home deliveries.
- xiv. Required precautions while handling supplies, inventories and goods in the shopping mall shall be ensured. Proper queue management and disinfection shall be organized.
- xv. Maintaining physical distancing of a minimum of 6 feet, when queuing up for entry and inside the shopping mall as far as feasible.
- xvi. Number of customers inside the shop to be kept at a minimum, so as to maintain the physical distancing norms.
- xvii. Seating arrangement, if any, to be made in such a way that adequate social distancing is maintained.
- xviii. Number of people in the elevators shall be restricted, duly maintaining social distancing norms.
- xix. Use of escalators with one person on alternate steps may be encouraged.
- xx. For air-conditioning/ventilation, the guidelines of CPWD shall be followed which inter alia emphasises that the temperature setting of all air conditioning devices should be in the range of 24-30°C, relative humidity should be in the range of 40-

70%, intake of fresh air should be as much as possible and cross ventilation should be adequate.

- xxi. Large gatherings/congregations continue to remain prohibited.
- xxii. Effective and frequent sanitation within the premises shall be maintained with particular focus on lavatories, drinking and hand washing stations/areas.
- xxiii. Cleaning and regular disinfection (using 1% sodium hypochlorite) of frequently touched surfaces (door knobs, elevator buttons, hand rails, benches, washroom fixtures, etc.) to be made mandatory in all malls in common areas as well as inside shops, elevators, escalators etc.
- xxiv. Proper disposal of face covers / masks / gloves left over by visitors and/or employees should be ensured.
- xxv. Deep cleaning of all washrooms shall be ensured at regular intervals.
- xxvi. In the food-courts:
 - a. Adequate crowd and queue management to be ensured to ensure social distancing norms.
 - b. In food courts and restaurants, not more than 50% of seating capacity to be permitted.
 - c. Food court staff / waiters should wear mask and hand gloves and take other required precautionary measures.
 - d. The seating arrangement should ensure adequate social distancing between patrons as far as feasible.
 - e. Contactless mode of ordering and digital mode of payment (using e-wallets) to be encouraged.
 - f. Tables to be sanitized each time customer leaves.
 - g. In the kitchen, the staff should follow social distancing norms at work place.
- xxvii. Gaming Arcades shall remain closed.
- xxviii. Children Play Areas shall remain closed.
- xxix. Cinema halls inside shopping malls shall remain closed.
- xxx. In case of a suspect or confirmed case in the premises:
 - a. Place the ill person in a room or area where they are isolated from others.
 - b. Provide a mask/face cover till such time he/she is examined by a doctor.
 - c. Immediately inform the nearest medical facility (hospital/clinic) or call the state or district helpline.
 - d. A risk assessment will be undertaken by the designated public health authority (district RRT/treating physician) and accordingly further action be initiated regarding management of case, his/her contacts and need for disinfection.
 - e. Disinfection of the premises to be taken up if the person is found positive.

Central Pollution Control Board

(Ministry of Environment, Forest and Climate Change, GoI)

Parivesh Bhawan, East Arjun Nagar, Delhi 110032

B-31011/BMW(94)/2020/WM-I

April 19, 2020

By E-mail To,

MoEF&CC / MoH&FW / MoHUA / State Departments of Health

SPCBs/PCCs/ Association of CBWTFs/State Departments of Urban Development

Sub: Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients – Revision 2 dated 18/04/2020– reg.

Issued by

**(Prashant Gargava)
Member Secretary**

Encl.: As above

List of Ministries/Departments

1.	The Special Secretary, Ministry of Health & Family Welfare, Room No. 344-A, Nirman Bhawan, Near Udyog Bhawan Metro Station, Maulana Azad Road, New Delhi, Delhi -110011
2.	The Principle Secretary, Ministry of Urban Development, (NULM) Room No. 114-C, Nirman Bhawan, New Delhi.
3.	Joint Secretary, HSM Division, Ministry of Environment, Forest & Climate Change, Indira Paryavaran Bhawan, Jorbagh Road, New Delhi-110 003
4.	Director General, Armed Force Medical Services, Room No. -8, 'M' Block, Ministry of Defence New Delhi -110001
5.	Sh. Vinod Kachhadia, CBWTF Association of India, 307-308, Century Centre, Near Gujarat Samachar Press, Kanta Stri Vikas Gush Road, Rajkot -36002

List of all the State Pollution Control Boards (SPCBs) & Pollution Control Committees (PCCs)

1.	The Member Secretary Telangana Pollution Control Board Paryavaran Bhawan, A-III Institutional Estate, Sanathnagar Hyderabad - 500018.	11.	The Member Secretary Shiekh-ul-Campus, behind Govt. Silk Factory, Raj Bagh, Srinagar(J&K)
2.	The Member Secretary Andhra Pradesh Pollution Control Board D.No. 33-26-14 D/2, Near Sunrise Hospital, Pushpa Hotel Centre, Chalamvari Street, Kasturibaipet, Vijayawada - 520 010	12.	The Member Secretary Jharkhand State Pollution Control Board T.A. Building, HEC, P.O. Dhurwa, Ranchi-834 004
3.	The Member Secretary Arunachal Pradesh Pollution Control Board Department of Environment & Forests, Paryavaran Bhawan, Yupia Road, Papu Nalah, Naharlagun- 791110	13.	The Member Secretary Karnataka State Pollution Control Board "Parisara Bhavan", #49, 4th & 5th Floor, Church Street, Bangalore-560001
4.	The Member Secretary Assam Pollution Control Board Bamunimaiden, Guwahati - 781 021	14.	The Member Secretary Kerala Pollution Control Board Pattom Palace, P.O. Thiruvananthapuram - 695 004
5.	The Member Secretary Bihar Pollution Control Board Parivesh Bhawan, Plot No. NS-B/2 Patliputra Industrial Area, Patliputra, Patna (Bihar)-800023	15.	The Member Secretary Maharashtra Pollution Control Board Kalptaru Point, 2nd - 4th floor, Opp. Cine Planet, Sion Circle, Sion (E), Mumbai - 400 022
6.	The Member Secretary Chhattisgarh Environment Conservation Board Paryavas Bhawan, North Block Sector-19, Naya Raipur (C.G.)- 492002	16.	The Member Secretary Madhya Pradesh Pollution Control Board Paryavaran Parisar, Sector E-5, Arera Colony, Bhopal - 462 016
7.	The Member Secretary Goa Pollution Control Board Opp. Saligao Seminary, Saligao - Bardez Goa - 403511	17.	The Member Secretary Manipur Pollution Control Board Near Imphal West D.C. Office Complex, Lamphelpat, Imphal - 795 004.
8.	The Member Secretary Gujarat Pollution Control Board Paryavaran Bhawan, Sector 10-A, Gandhi Nagar - 382010	18.	The Member Secretary Meghalaya Pollution Control Board Arden, Lumpyngngad, Shillong - 793 014
9.	The Member Secretary Haryana Pollution Control Board C-11, Sector-6 Panchkula Haryana-134 109	19.	The Member Secretary Mizoram Pollution Control Board New Secretariat Complex, Khatla, Aizawl, Mizoram - 796001
10.	The Member Secretary Himachal Pradesh Pollution Control Board Paryavaran Bhawan, Phase-III, Below BCS, New Shimla - 171 009.	20.	The Member Secretary Nagaland Pollution Control Board Signal Point, Dimapur, Nagaland - 797112
		21.	The Member Secretary State Pollution Control Board, Odisha Paribesh Bhawan, A-118, Nilakantha Nagar, Unit-VIII, Bhubaneswar - 751 012.
		22.	The Member Secretary Punjab Pollution Control Board Vatavaran Bhawan, Nabha Road Patiala - 147 001
		23.	The Member Secretary Rajasthan Pollution Control Board 4, Institutional Area, Jhalana Doongri Jaipur - 302 004, Rajasthan.

24.	The Member Secretary State Pollution Control Board Forest, Environment Wildlife Management Department Government of Sikkim Forest Secretariat Annex I, Ground Floor, Deorali, Gangtok -737102 East Sikkim
25.	The Member Secretary Tamil Nadu Pollution Control Board No. 76, Mount Salai Guindy, Chennai - 600 032
26.	The Member Secretary Tripura Pollution Control Board, Parivesh Bhawan, Pandit Nehru Complex, Gorkhabasti P.O. Kunjaban, Agartala Tripura - 799 006,
27.	The Member Secretary Uttar Pradesh Pollution Control Board Building No TC-12V Vibhuti Khand, Gomti Nagar Lucknow - 226 010
28.	The Member Secretary Uttarakhand Environment Protection & Pollution Control Board 29/20, Nemi Road, Dehradun - 248001.
29.	The Member Secretary West Bengal Pollution Control Board Paribesh Bhawan, 10A, Block- LA, Sector III, Salt Lake City, Calcutta- 700106
30.	The Member Secretary Chandigarh Pollution Control Committee Paryavaran Bhawan, Ground Floor Madhya Marg, Sector C19-B, Chandigarh - 160 019
31.	The Member Secretary Delhi Pollution Control Committee 4th Floor, ISBT Building, Kashmere Gate, Delhi - 110006.
32.	The Member Secretary Daman, Diu & Dadra & Nagar Haveli Pollution Control Committee Fort Area, Court Compound, Moti Daman- 396220
33.	The Member Secretary Lakshadweep Pollution Control Committee Lakshadweep Administration, Dept. Of Sc. and Technology & Environment Kavaratti Island-682 555
34.	The Member Secretary Andaman & Nicobar Pollution Control Committee Dept. Of Sc. and Technology Dollygunj Van Sadan, Haddo P.O. Port Blair - 744 102
35.	The Member Secretary Puducherry Pollution Control Committee Department of Science, Technology and Environment IIIrd floor, PHB Building, 5, Anna Nagar, Puducherry - 605005

List of State Urban Development Department

1.	Mission Director Municipal Administration & Urban Development Department, 3rd Floor, E in C complex Kasana Building, AC Guards ,Lakdipool,Hyderabad-500004 Andhra Pradesh
2.	Tedir, CE-cum Director Urban Development & Housing Department, Mowb II,Itanagar-791111 Arunachal Pradesh
3.	Director Municipal Administration, Dispur,Guwahati-781006
4.	Deputy Director Urban Development & Housing Department, Room No 107 Vikash Bhavan Belly Road, New Secretariat,Patna-800015
5.	Director & CEO State Urban Development Agency, 4th Floor, Indravati Bhavan,HOD Building, Naya Raipur-492001 Chhattisgarh
6.	Mission Director Member-Secretary, GSUDA, 6th Floor, Shramashakti Bhavan ,Pattoo Plaza,Panaji-403001
7.	Mission Director Gujarat Urban Livelihood Mission, G.M.F.B Building Nigam Area, Sector 10 A,Gandhinagar-382010
8.	Special Secretary-cum-Mission Director State Urban Development Agency, SCO No.20, 1st Floor, Sector 7 C, Madhya Marg,Chandigarh-160019
9.	Director Urban Development Department, Palika Bhavan,Talland,Shimla-171002
10.	Director Housing & Urban Development Department, Room No 3/9,Civil Secretariat,Jammu-181001
11.	Mission Director Directorate of Municipal Administration Room No 342,HEC Project Building, Ranchi-834002
12.	Director Directorate of Municipal Administration, 9th Floor, Vishveshwaraiah Towers,

	Dr BR Ambedkar Road-Bangaluru-560001
13.	Executive Director State Poverty Eradication Mission, 2nd Floor, TRDA Rehabilitation, Chalakuzhy Road,Thiruvananthapuram-695011
14.	Commissioner/CEO Directorate of Urban Administration & Development Department,Palika Bhavan, 6 No. Bus Stop,Shivaji Nagar,Bhopal-462016
15.	Principal Secretary Directorate of Municipal Administration, Government Transport Service Building, Sir Pochakhanwala Road, Worli,Mumbai-400030
16.	State Mission Director (SULM), Deputy Secretary Manipur Urban Development Agency, PDA Complex,North of AOC,Imphal-795001
17.	Director Meghalaya Urban Development Agency, Raitong Building,Secretariat Hills, Shillong-793001
18.	Director Urban Development & Poverty Alleviation Department, Thakthing Tlang,Aizwal-796001
19.	Project Director (NULM) Urban Development & Poverty Alleviation Department, Thakthing Tlang,Aizwal-796001
20.	Joint Director State Urban Development Agency, Nagaland,Kohima-797004
21.	Mission Director Housing & UD Department, Odhisha Secretariat,Bhubaneswar-751001
22.	Director State Urban Development Agency, SCO 131-132,Sector 17C,Juneja Building, Chandigarh-160017
23.	Director Local Bodies Department, G3 Raj Mahal, Residency Palace Area, 2nd Godown,Near Civil Line Phatak, ,Jaipur-302015

List of State Urban Development Department

24.	Special Secretary Municipal Administration, 6 Floor Ehilagam Annex Municipal Administration, Chepauk, Chennai-600005
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27.	Director Urban Development Directorate, 43/6 Mata Mandir Marg, Dharampur, Dehradun-248001
28.	Director State Urban Development Agency, Nav Chetna Kendra, 10, Ashoka Marg, Lucknow-226001
29.	Director State Urban Development Agency, H Block, Sector 3 Salt Lake, ILGUS Bhavan, Bidhan Nagar, Kolkata- 700106
30.	Joint Secretary Urban Development, A&N Administration, Port Blair-744101
31.	Joint Commissioner Municipal Corporation of Chandigarh, Room No.202, Sector 17, New Delux Building , Municipal Corporation, Chandigarh- 160017
32.	Joint Secretary Urban Development Department, Administration of Dadra & Nagar Haveli, U.T., Silvassa-396220
33.	Collector Collectorate Dholar Modi Daman-396220
34.	Special Secretary Urban Development, A Wing, 10th Level Room 1004, Delhi Secretariat, IP Estate, New Delhi-110002
35.	Project Director Pondicherry Urban Development Agency, No.16 Suffren, Puducherry-605001

36.	Collector- cum Development Commissioner Kavaratti-682555
37.	UD & Housing Department, Gangtok-737101 Sikkim

List of Health Department

1.	Principal Secretary (H&FW), Department of Health & family Welfare Government of Bihar, Vikas Bhawan, New Secretariat, Patna - 800 015 Bihar
2.	Secretary (H&FW) Department of Health & Family Welfare, Government of Chhattisgarh, R. N. S4-10, Maha Nadi Bhawan Mantralaya, Atal Nagar-492002 Chhattisgarh
3.	Secretary (H&FW) Department of Health & Family welfare Government of Jharkhand Nepal House, Doranda, Ranchi- 834002. Jharkhand.
4.	Principal Secretary (H&FW), Department of Health & Family welfare Government of Madhya Pradesh, 4th Floor, Annexe-III, New Mantralaya Arera Hills, Bhopal-462 004, Madhya Pradesh
5.	Addl. Chief Secretary (Medical H&FW), Department of Health&Family Welfare, Government of Rajasthan, Room No. 5208, Govt. Secretariat, Main Building, Jaipur-302005, Rajasthan
6.	Commissioner Cum Secretary (H&FW), Department of Health & Family Welfare, Government of Odisha, Secretariat Building, Bhubaneswar -751 001, Odisha
7.	Shri Prashant Trivedi Principal Secretary (H&FW), Department of Health & Family Welfare, Government of Uttar Pradesh, 5th floor, Room No. 516, Vikas Bhawan, Janpath Market, Vidhan Sabha Road, Hazrat Ganj Lucknow - 226

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8.	Secretary (Medical, H&FW), Government of Uttarakhand Room No. 301, Vishwakarma Building Uttarakhand Secretariat, 4 B , Subhash Road, Dehradun, Uttarakhand -248001
9.	Secretary (Medical HFW) Department of Health & Family Welfare Govt. of Jammu & Kashmir, Room No. 108 Civil Secretariat Srinagar -180001
10.	Addl Chief Secretary (H&FW) Department of Health & Family Welfare, Govt of Himachal Pradesh Room No 419 HP secretariat, Govt of Himachal Pradesh, Shimla- 171002, H.P
11.	Principal Secretary (H&FW) Department of Health & Family Welfare Govt. of Assam, C.M Block 3rd Floor Assam Secretariat, Dispur, Guwahati, Assam - 781006
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14.	Addl. Chief Secretary (H&FW) Department of Health & Family Welfare, R.N. 201, Addational Building, Shillong- 793 001, Meghalaya
15.	Commissioner & Secretary (H&FW)

List of Health Department

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18.	Commissioner-cum-Secretary (H&FW) Department of Health & Family Welfare, Government of Sikkim, Tashiling, Gangtok - 737101, Sikkim
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21.	Secretary (H&FW), Department of Health & Family Welfare Government of Goa, Ministrial Block CM Office Secretariat, Porvorim, Goa - 403521
22.	Commissioner & Principal Secretary (Public H&FW) Department of Health & Family

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23.	Addl. Chief Secretary (H&FW) Department of Health & Family Welfare, Government of Haryana, R.No. 41, 7th Floor, Haryana Secretariat Building, Sec-1, Chandigarh - 160001
24.	Principal Secretary (H&FW), Department Health and Family Welfare Government of Karnataka Room No. 104 1st Floor, Vikas Souda, Bangalore-560001, Karnataka
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26.	Principal Secretary, (Public H&FW) Department of Health & Family Welfare Government of Maharashtra, 10th Floor, B Wing GT Hospital Complex Building Mumbai - 400001, Maharashtra
27.	Addl. Chief Secretary (H&FW), Department of Health & Family Welfare Government of Punjab, R. No. 314, 3th Floor, Mini Secretariat Punjab, Sector 9, Chandigarh, Punjab- 160009
28.	Secretary (H&FW) Department of Health & Family Welfare Government of Tamilnadu, 4th Floor, Fort St. George,

List of Health Department

	Secretariat, Chennai - 600009, Tamil Nadu
29.	Addl. Chief Secretary (H&FW), Department of Health & Family Welfare Government of West Bengal, Swasthya Bhawan, 4th Floor, 'B' Wing, GN- 29, Sector- V, Bidhan Nagar, Kolkata - 700091, West Bengal.
30.	Principal Secretary (H&FW), Department of Health & Family Welfare, Government of Andaman & Nicobar Island Andaman & Nicobar Administration, Secretariat, Port Blair- 744101 Andaman & Nicobar Island
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32.	Secretary (H&FW) Department of Health & Family Welfare Government of Daman & Diu Dadar & Nagar Haveli Secretariat UT Daman & Diu Dadar & Nagar Haveli Silvassa - 396230,
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34.	Secretary (H&FW), Department of Health & Family Welfare Government of Lakshadweep, UT of Lakshadweep, Kavaratti - 682555, Lakshadweep
35.	Secretary (H&FW) Department of Health & Family Welfare Government of Puducherry, Chief Secretariat, Government of Puducherry

Puducherry - 605 001

Revision 2:

**Guidelines for Handling, Treatment and Disposal of Waste Generated during
Treatment/Diagnosis/ Quarantine of COVID-19 Patients**

18th April, 2020

**[In suppression of earlier guidelines uploaded at CPCB website on 25/03/2020. Text pertaining to
additional information is underlined]**



Central Pollution Control Board

(Ministry of Environment, Forest & Climate Change)

Parivesh Bhawan, East Arjun Nagar

Delhi – 110032

Guidelines for Handling, Treatment, and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients – Rev. 2

In order to deal with COVID-19 pandemic, State and Central Governments have initiated various steps, which include setting up of quarantine centers/camps, Isolation wards, sample collection centers and laboratories.

Following specific guidelines for management of waste generated during diagnostics and treatment of COVID-19 suspected / confirmed patients, are required to be followed by all the stakeholders including isolation wards, quarantine centers, sample collection centers, laboratories, ULBs and common biomedical waste treatment and disposal facilities, in addition to existing practices under BMW Management Rules, 2016.

These guidelines are based on current knowledge on COVID-19 and existing practices in management of infectious waste generated in hospitals while treating viral and other contagious diseases like HIV, H1N1, etc. These guidelines will be updated if need arises. This Revision-2 of guidelines is mainly to incorporate specific requirements and responsibilities of persons operating sewage treatment plants at Healthcare Facilities and to clarify on management of general waste from quarantine homes and masks/gloves from other households.

Guidelines brought out by WHO, MoH&FW, ICMR, CDC and other concerned agencies from time to time may also be referred.

Guidelines for handling, treatment and disposal of COVID-19 waste at Healthcare Facilities, Quarantine Camps/ Quarantine-homes/ Home-care, Sample Collection Centers, Laboratories, SPCBs/PCCs, ULBs and CBWTFs is give below;

(a) COVID-19 Isolation wards: (isolation wards are those where COVID-19 positive patients are being kept for treatment / diagnosis)

Healthcare Facilities having isolation wards for COVID-19 patients need to follow these steps to ensure safe handling and disposal of biomedical waste generated during treatment;

- Keep separate color coded bins/bags/containers in wards and maintain proper segregation of waste as per BMWM Rules, 2016 as amended and CPCB guidelines for implementation of BMW Management Rules.
- As precaution double layered bags (using 2 bags) should be used for collection of waste from COVID-19 isolation wards so as to ensure adequate strength and no-leaks;
- Collect and store biomedical waste separately prior to handing over the same CBWTF. Use a dedicated collection bin labelled as “COVID-19” to store COVID-19 waste and keep separately in temporary storage room prior to handing over to authorized staff of CBWTF. Biomedical waste collected in such isolation wards can also be lifted directly from ward into CBWTF collection van.
- In addition to mandatory labelling, bags/containers used for collecting biomedical waste from COVID-19 wards, should be labelled as “COVID-19 Waste”. This marking would enable CBWTFs to identify the waste easily for priority treatment and disposal immediately upon the receipt.
- General waste not having contamination should be disposed as solid waste as per SWM Rules, 2016.

Guidelines for Handling, Treatment, and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients – Rev. 2

- Maintain separate record of waste generated from COVID-19 isolation wards
- Use dedicated trolleys and collection bins in COVID-19 isolation wards. A label “COVID-19 Waste” to be pasted on these items also.
- The (inner and outer) surface of containers/bins/trolleys used for storage of COVID-19 waste should be disinfected with 1% sodium hypochlorite solution daily.
- Report opening or operation of COVID-19 ward and COVID ICU ward to SPCBs and respective CBWTF located in the area.
- Depute dedicated sanitation workers separately for biomedical waste and general solid waste so that waste can be collected and transferred timely to temporary waste storage area.
- Feces from COVID-19 confirmed patient, who is unable to use toilets and excreta is collected in diaper, must be treated as biomedical waste and should be placed in yellow bag/container. However, if a bedpan is used, then faeces to be washed into toilet and cleaned with a neutral detergent and water, disinfected with a 0.5% chlorine solution, then rinsed with clean water.^{a1}
- Collect used PPEs such as goggles, face-shield, splash proof apron, Plastic Coverall, Hazmet suit, nitrile gloves into Red bag; a²
- Collect used masks (including triple layer mask, N95 mask, etc.), head cover/cap, shoe-cover, disposable linen Gown, non-plastic or semi-plastic coverall in Yellow bags. a³

[^{a1 to a3} Inserted in Rev. 2 of guidelines dated 18/04/2020]

(b) Sample Collection Centers and Laboratories for COVID-19 suspected patients

Report opening or operation of COVID-19 sample collection centers and laboratories to concerned SPCB. Guidelines given at section (a) for isolation wards should be applied suitably in in case of test centers and laboratories. Pre-treat viral transport media, plastic vials, vacutainers, eppendorf tubes, plastic cryovials, pipette tips as per BMWM Rules, 2016 and collect in Red bags.^{b1}

[^{b1} Inserted in Rev. 2 of guidelines dated 18/04/2020]

(c) Responsibilities of persons operating Quarantine Camps/Homes or Home-Care facilities*

Less quantity of biomedical waste is expected from quarantine Camps / Quarantine Home/ Home-care facilities. However, the persons responsible for operating quarantine camps/centers/home-care for suspected COVID-19 persons need to follow the below mentioned steps to ensure safe handling and disposal of waste;

- General solid waste (household waste) generated from quarantine centers or camps should be handed over to waste collector identified by Urban Local Bodies or as per the prevailing local method of disposing general solid waste.

Guidelines for Handling, Treatment, and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients – Rev. 2

- Biomedical waste if any generated from quarantine centers/camps should be collected separately in yellow colored bags (suitable for biomedical waste collection) provided by ULBs. These bags can be placed in separate and dedicated dust-bins of appropriate size.
- Persons operating Quarantine camps/centers should call the CBWTF operator to collect biomedical waste as and when it gets generated. Contact details of CBWTFs would be available with Local Authorities.
- Persons taking care of quarantine home / Home-care should deposit biomedical waste if any generated from suspected or recovered COVID-19 patients, by following any of the following methods as may be arranged by ULBs;
 - Hand over the yellow bags containing biomedical waste to authorized waste collectors at door steps engaged by local bodies; or
 - Deposit biomedical waste in yellow bags at designated deposition Centers established by ULBs. The bag again be stored in yellow bag or container; or
 - Handover the biomedical waste to waste collector engaged by CBWTF operator at the doorstep.
- Persons operating Quarantine camps/centers or Quarantine-homes/Home-care should report to ULBs in case of any difficulty in getting the services for disposal of solid waste or biomedical waste.

Clarifications:

- Quarantine Camps / Quarantine-Home are the places where suspected people or the contacts of suspected / confirmed cases who have been directed by authorized hospitals or local authorities to stay at home for at least 14 days or more for observation for any symptom of COVID-19, if any.
- Homecare – Home care facility is a home where care is to be provided to a COVID-19 positive patient at home. ^{c1}
- Biomedical waste at Quarantine Camps / Home-care may also comprise of used syringes, date expired or discarded medicines, used masks/gloves and in case of patients with other chronic diseases may also include drain bags, urine bags, body fluid or blood soaked tissues/cotton, empty ampules etc.
- Biomedical waste generated from Quarantine Camps / Quarantine-Home / Home-care would be treated as ‘domestic hazardous waste’ as defined under Solid Waste Management Rules, 2016, and shall be disposed as per provisions under Biomedical Waste Management Rules, 2016 and these guidelines.
- General waste from Quarantine Camps / Quarantine-Home / Home-care shall be disposed as solid waste as per provisions under SWM Rules, 2016
- Used masks and gloves generated form home quarantine or other households should be kept in paper bag for a minimum of 72 hours prior to disposal of the same as general waste. It is advisable to cut the masks prior to disposal to prevent reuse. ^{c2}

[*Amended in Rev. 1 of guidelines dated 25/03/2020]

[c1 and c2 Amended in Rev. 2 of guidelines dated 18/04/2020]

[c2: Criteria for 72 hours is as per CDC guidelines for Decontamination and Reuse of Filtering Facepiece Respirators]

(d) Duties of Common Biomedical Waste Treatment Facility (CBWTF):

- Report to SPCBs/PCCs about receiving of waste from COVID-19 isolation wards / Quarantine Camps / Quarantined homes / COVID-19 Testing Centers;
- Operator of CBWTF shall ensure regular sanitization of workers involved in handling and collection of biomedical waste;
- Workers shall be provided with adequate PPEs including three layer masks, splash proof aprons/gowns, nitrile gloves, gum boots and safety goggles;
- Use dedicated vehicle to collect COVID-19 ward waste. It is not necessary to place separate label on such vehicles;
- Vehicle should be sanitized with sodium hypochlorite or any appropriate chemical disinfectant after every trip.
- COVID-19 waste should be disposed-off immediately upon receipt at facility.

In case it is required to treat and dispose more quantity of biomedical waste generated from COVID-19 treatment, CBWTF may operate their facilities for extra hours, by giving information to SPCBs/PCCs.

- Operator of CBWTF shall maintain separate record for collection, treatment and disposal of COVID-19 waste.
- Do not allow any worker showing symptoms of illness to work at the facility. May provide adequate leave to such workers and by protecting their salary.

(e) Duties of SPCBs/PCCs

- Shall maintain records of COVID-19 treatment wards / quarantine centers / quarantine homes in respective States.
- Ensure proper collection and disposal of biomedical waste as per BMW Rules, 2016 and SoPS given in this guidance document;
- Allow CBWTFs to operate for extra hours as per requirement;
- May not insist on authorisation of quarantine camps as such facilities does not qualify as health facilities. However, may allow CBWTFs to collect biomedical waste as and when required;
- In case of States not having CBWTFs as well as rural or remote areas, not having access to CBWTFs, the existing captive facilities of any hospital may be identified for disposal of COVID-19 waste as per provisions under BMWM Rules, 2016 and these guidelines. This may include permitting use of deep burial pits for disposal of yellow category waste as per standards prescribed in Schedule II of Bio-medical Waste Management Rules, 2016.^{g1}
- Coordinate with CBWTFs and ULBs in establishing adequate facilities for collection and disposal of COVID-19 waste.
- In case of generation of large volume of yellow color coded (incinerable) COVID-19 waste, permit HW incinerators at existing TSDFs to incinerate the same by ensuring separate arrangement for handling and waste feeding.

Guidelines for Handling, Treatment, and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients – Rev. 2

[e¹Amended in Rev. 2 of guidelines dated 18/04/2020]

(f) Duties of Urban Local Bodies +

Urban Local Bodies are responsible for ensuring safe collection and disposal of biomedical waste, if any, generated from Quarantine Camps/ Quarantine Homes/ Home Care for COVID-19 suspected persons.

- Information on each Quarantine Camps/ Quarantine Homes/ Home-Care should be available with local administration and provide updated list to SPCBs from time to time;
- In case of quarantine camps, ensure that biomedical waste is collected directly by CBWTFs identified by ULB. Waste from quarantine camps to be lifted by CBWTFs on call basis as and when the biomedical waste gets generated. Provide contact details of CBWTF operator at Quarantine Camps;
- Provide necessary support, security including authorisation to staff of CBWTFs;
- ULB shall engage CBWTF operator for ultimate disposal of biomedical waste collected from quarantine home/home care or waste deposition centers or from door steps as may be required depending on local situation; ULB shall make agreement with CBWTF in this regard.
- ULBs envisage following options to facilitate safe collection and disposal of biomedical waste from quarantined homes/Home care;
 - a) Engage authorized waste collectors for door steps collection of biomedical waste and transfer to collection points for further pick-up by CBWTF; and/or
 - b) In case number of quarantined homes/Home-care units are less, ULBs may engage services of CBWTFs to collect the waste directly from door-steps.
- Provide yellow colored bags (designated for BMW) to the persons responsible for operating Quarantine Camp or home-care. If required, such bags may be provided through CBWTF.
- ULBs shall ensure the following in engaging authorized waste collectors at door-steps or at waste deposition centers;
 - o Create a separate team of workers who shall be engaged in door step waste collection at waste deposition centres or at quarantine homes or home care.
 - o Ensure that only designated staff collects biomedical waste from quarantine homes or home care.
 - o Training should be provided for sanitization, about collection of biomedical waste, precautionary measures to handle biomedical waste.
 - o Impart training to waste collector in handling of biomedical waste including methods of sanitization. Training to waste collectors should be arranged through CBWTF operators;
 - o The staff involved in handling and collection of waste from quarantine homes or home care centers shall be provided with adequate Personnel Protective Equipment such as three layer masks, splash proof aprons/gowns, heavy-duty gloves, gum boots and safety goggles. These PPEs are required to be worn all the time while collecting of waste from quarantine center/quarantine homes/home care/waste deposition centres.

Guidelines for Handling, Treatment, and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients – Rev. 2

- Use dedicated carts / trolleys / vehicles for transport of biomedical waste. Ensure sanitization of vehicles with 1% hypochlorite after each trip.
- Ensure that, waste collectors arriving at quarantine center or at home care shall spray the disinfectant (1% hypochlorite solution) on the bin used for yellow bag.
- Establish common waste deposition centers (as stipulated under SWM Rules, 2016) for receiving / collection of biomedical waste. For this purpose, existing Dhalaos if any may be converted suitably.
- The general solid waste collected from quarantine homes or home care shall be disposed off as per SWM Rules, 2016.
- Services of Common Biomedical Waste Treatment & Disposal Facilities (CBWTFs) and staff associated with CBWTFs for collection, transportation, treatment and disposal of biomedical waste generated from hospitals including COVID-19 isolation wards, Quarantine Camps, etc. may be considered an essential service as part of health infrastructure.
- Facilitate smooth operations of CBWTFs.
- Local agencies / ULBs may take additional measures considering prevailing ground situations and feasibility, however while implementing such measures requirements outlined in these guidelines should be complied.^{f1}

[* Inserted in Rev. 1 of guidelines dated 25/03/2020]

[^{f1} Amended in Rev. 2 of guidelines dated 18/04/2020]

(g) Management of wastewater from HCFs / Isolation Wards **

As per the information available at CDC, the risk of transmission of virus that causes COVID-19 through sewerage systems is thought to be low. Transmission to operators may be possible during treatment of sewage treatment plants, however there is no evidence to date that this has occurred. Therefore, following guidance recommended for HCFs and the operators of STPs;

- Responsible agencies are Healthcare Facilities / Isolation Wards / operators of terminal sewage treatment plants (PHED/Jal Board/etc.).
- HCFs and the agencies operating Sewage Treatment Plants should continue to ensure disinfection of treated wastewater as per prevailing practices to inactivate coronaviruses.
- Operators of ETPs/STPs attached with discharge from Healthcare Facilities and isolation wards should adopt standard operational practices, practice basic hygiene precautions, and wear personal protective equipment (PPE) prescribed for operation of STPs. PPEs should include Goggles, face mask , liquid repellent coveralls, waterproof gloves and Rubber boots.
- During the period of COVID-19 pandemic, utilization of treated wastewater in utilities within HCFs may be avoided.

[** inserted in Rev. 2 of guidelines dated 18/04/2020]



नेशनल सफाई कर्मचारी फाईनेंस एंड डेवलेपमेंट कॉरपोरेशन
(सामाजिक न्याय एवं अधिकारिता मंत्रालय के अंतर्गत भारत सरकार का उपक्रम)
National Safai Karamcharis Finance & Development Corporation
(A. Govt. of India Undertaking, Under the Ministry of Social Justice & Empowerment)



By Post/E-mail

NSKFDC/Proj/M. Corp/449/2020-21/01

Dated: 07.04.2020

To,

**The Municipal Commissioners/CMOs/EOs of Municipal corporations/
Municipalities/Nagar Parishads/Nagar Panchayats of various States/UTs**

**Subject: Ensuring Health and Safety of Sanitation Workers and Wastepickers in
the wake of spread of COVID-19**

Sir/Madam,

As you may be aware, National Safai Karamcharis Finance and Development Corporation (NSKFDC) is an apex corporation under the Ministry of Social Justice and Empowerment, Govt. of India working for the all round socio economic upliftment of its target group which includes Safai Karamcharis including Wastepickers, Manual Scavengers and their Dependents through various loan and non loan based programmes.

Considering the countrywide health crisis due to Coronavirus disease (COVID-19), which has also been declared a pandemic by World Health Organisation (WHO), it is necessary to take effective measures to prevent its spread across the country and also protect our frontline workers who are our best defence to contain and mitigate this pandemic.

You would appreciate that Sanitation workers, Wastepickers and other informal waste collectors are among these silent groups of people who are working tirelessly to prevent the spread of Coronavirus. When it comes to risking their lives for the protection of others, in the present times, they are at par with doctors, healthcare workers and policemen. Therefore, it is imperative for us to understand and provide best support, manage, and protect these individuals as they also face highest risk of becoming infected themselves given their nature of work and exposure.

In view of the above, it is requested to kindly arrange to put in place a Standard Operating Procedure (SoP) for each ULB to ensure health and safety of Sanitation workers and Wastepickers. The SoP may also include following to prevent the spread of COVID-19:

1. Mandatory orientation of Sanitation Workers and Wastepickers on COVID-19, Social Distancing norms and key precautionary measures to be taken including frequent hand-washing, avoid touching their face and wearing Personal Protective Equipments (PPE).

Cont...2/-

हम हिन्दी में पत्राचार का स्वागत करते हैं

एनटीएससी, तीसरा तल, ई-ब्लॉक, एनएसआईसी, ओखला इंडस्ट्रीयल इस्टेट फेज-3, नई दिल्ली-110020

NTSC, 3rd Floor, E-Block, NSIC, Okhla Industrial Estate Phase-III, New Delhi-110020

(Entry from Gate No-4 Near Govind Puri Metro Station)

Telephone Nos. 011-26382476, 26382477, 26382478 Fax:26382479

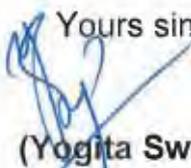
Website: <http://www.nskfdc.nic.in>

E-mail: nskfdc-msje@nic.in

: 2 :

2. List of Do's and Dont's to be practiced while performing their duties and extending necessary support to them.
3. Providing appropriate Personal Protective Equipments, which may include masks, gloves, gumboots, jackets etc. and hand sanitizers, soaps for their safety.

It is requested to take immediate action on above to ensure health and safety of our Sanitation workers and Wastepickers so that we are able to collectively fight and overcome the unprecedented health crisis posed by COVID 19.

Yours sincerely,

(Yogita Swaroop)

**Economic Advisor, MoSJE, Govt of India
& Managing Director (NSKFDC)**

Copy to: Sh. V. K. Jindal, Joint Secretary (SBM), MoHUA with a request to also issue necessary directions to the concerned for above.



सत्यमेव जयते

परमेश्वरन अय्यर
सचिव

भारत सरकार
जल शक्ति मंत्रालय

पेयजल एवं स्वच्छता विभाग

Parameswaran Iyer

Secretary

Government of India

Ministry of Jal Shakti

Department of Drinking Water and Sanitation

सुनील कुमार
सचिव
भारत सरकार
पंचायती राज मंत्रालय

Sunil Kumar

Secretary

Government of India

Ministry of Panchayati Raj

D.O.No.S-11011/1/2020-SBM-DDWS
8th April, 2020

Dear *Neelam*,

Subject: Safety of front-line field workers and stepping up cleanliness in villages- reg.

Please refer to the joint advisory issued vide our D.O. letter of even number dated 17th March, 2020 regarding utilization of 15th Finance Commission grants to Rural Local Bodies (RLBs) for provision of drinking water & sanitation services.

2. As you are aware, Swachh Bharat Mission (Grameen) [SBM(G)] aims at improving overall cleanliness of villages and personal hygiene. A large number of field functionaries always remain involved in the sanitation related activities under the programme. Many of them are continuously providing their invaluable services even during the current critical situation occurred due to Covid 19 pandemic outbreak. It is important that all such front-line field workers involved in sanitation activities under the programme are provided with necessary protective gears such as masks, hand gloves, etc. This will not only enable them to continue providing service to our communities during these critical times but also prevent them from getting infected and the inadvertent spread of the infection.

3. You are therefore requested to ensure that all such front-line field workers involved in sanitation activities under the programme are provided with necessary protective gears. Guidelines of Ministry of Health and Family Welfare for the use of protective gears such as masks, hand gloves, etc. may be followed. This advisory may be shared with all District Collectors urgently, and the Collectors may take stock of such front-line field workers involved in sanitation work under the programme during the current pandemic situation, to provide them with the necessary protective gears.

4. State Governments may also like to advice rural local bodies to use existing funds available with Gram Panchayats to strengthen the cleanliness of village surroundings by purchasing disinfectants e.g. bleaching powder, sanitizers and other necessary arrangements to ensure that villages and surrounding areas are clean.

Sunil Kumar

Best Wishes

Yours sincerely

Parameswaran Iyer

Addressed to All Chief Secretaries by Name



D.O. No.Secy(SJE)/SK/2020
Date: 20.4.2020

Subject: Advisory for ensuring Health and Safety of Sanitation Workers during COVID-19

Dear Chief Secretary,

In the war against COVID-19 the role of the sanitation workers working in municipalities and other local bodies is of crucial importance.

Considering that sanitation workers are in the frontline in the fight against COVID-19, it is imperative to ensure their health and safety. Keeping this in view, the Ministry of Social Justice has prepared an advisory to be conveyed to all Municipalities and local bodies for strict implementation. Further, these bodies may be asked to orient all the sanitation workers on ways to protect themselves from infection.

I would request for immediate attention to the above.

With regards,

Yours sincerely,

Encl: As above

(R. Subrahmanyam)

Chief Secretaries of States/UTs

GUIDELINES FOR SANITATION WORKERS IN VIEW OF COVID -19

Following is expected from departments engaging Sanitation Workers such as Urban Local Bodies/Gram Panchayats/Railways etc to ensure the health and safety of Sanitation Workers/ while performing their sanitation related duties during COVID 19.

A. Putting in Place a Standard Operating Procedure (SoP): A Standard Operating Procedure (SoP) for Sanitation Workers and may be prepared and practiced in view of COVID-19 to ensure their health and safety. The SoP may inter alia include following to prevent the infection of COVID-19 to them:

1. Mandatory orientation of Sanitation Workers on COVID-19, Social Distancing norms and key precautionary measures to be taken including frequent hand-washing, avoid touching their face and wearing Personal Protective Equipments/Safety Gears.
2. List of Do's and Don'ts to be practiced while performing their duties and extending necessary support to them in following the same.
3. Providing appropriate Personal Protective Equipments/Safety Gears, which may include masks, gloves, gum boots, jackets etc. along with hand sanitizers, soaps for their safety.
4. Designate a Nodal Officer to lead and monitor the implementation of SoP at the department/ULB level.

B. Specific Measures to be taken by Sanitation Workers: Following good practices are recommended for Sanitation Workers as precautionary measures to prevent the spread of COVID-19:

1. Obtain ID card or permission letter from the ULB and always carry them for movement during the lockdown period.
2. Work clothes must be worn at designated changing areas before starting the day's work. Always use mask, gloves, footwear and appropriate clothing (like long sleeved shirt, long trousers and apron) while at work.
3. Ensure that soaps or hand sanitizers are available while at work place.

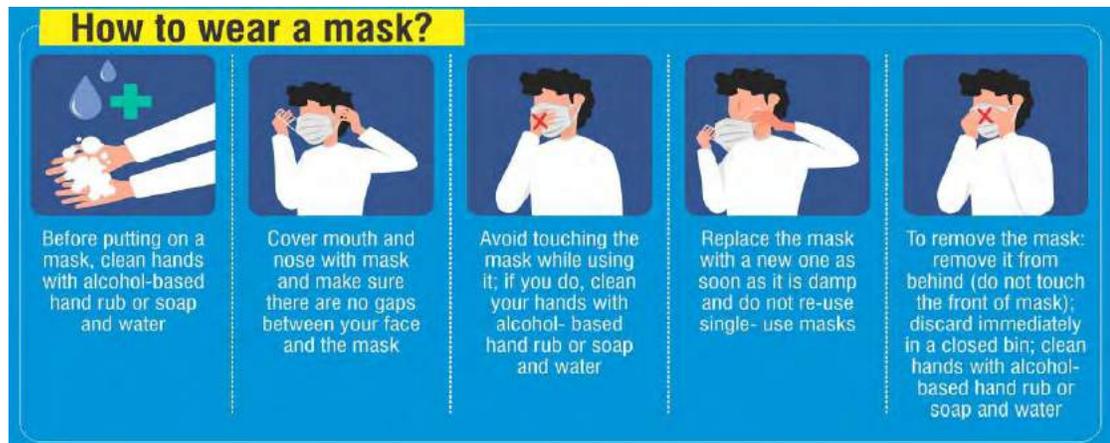
4. Avoid putting your gloves in your pocket (better to store them in a designated plastic bag). Never touch your face with gloves.
5. Wash hands with soap and water before and after performing sanitation activities and any time you remove your gloves.
6. Never touch waste/garbage with bare hands. Wash hands and any body-surface accidentally coming in contact with waste material.
7. Workers should maintain at least 1 meter of distance from each other and general public. If workers are in groups, maintain smaller groups and be in the same groups day after day so that if someone falls ill with COVID-19 it will be easier to identify and quarantine others who were exposed.
8. Clean frequently touched surfaces in the work place (door handles, water taps etc.) frequently (once every 2- 4 hours) with disinfectant.
9. After work, wash and clean the work tools and PPE with water and disinfecting cleaner. Keep them for drying under the sun.
10. Remove your work cloth, take a bath using soap and put on your personal clothes at the changing area, before you exit the workplace. Wash the work cloth using disinfectant and get it dried under the sun before next use.
11. In case where there is no bathing facility available at the work place, ensure that you take a bath using soap before entering home.
12. Use speaker phones when using mobile phone to avoid touching face.
13. Encourage co-workers to take leave if they are found to be ill.

C. Personal Protective Equipments (PPE)/Safety Gears for Sanitation Workers and Choice of Disinfectant: Sanitation Workers may be provided appropriate Personal Protective Equipments/Safety Gears to safeguard the health of workers by minimizing the exposure to a biological agent. Following minimum set of safety Gears/PPE to be used by them while carrying out their sanitation related activities.

1. Mask.
2. Gloves.
3. Head band and wrist band.
4. Footwear covering whole foot/ gum boots.
5. Apron/Jacket

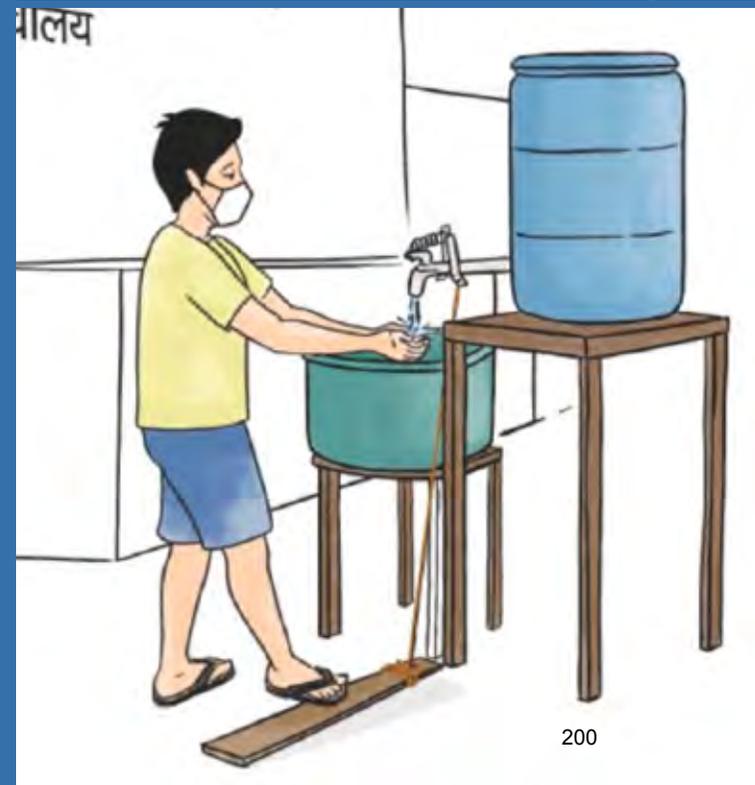
Choice of disinfectant

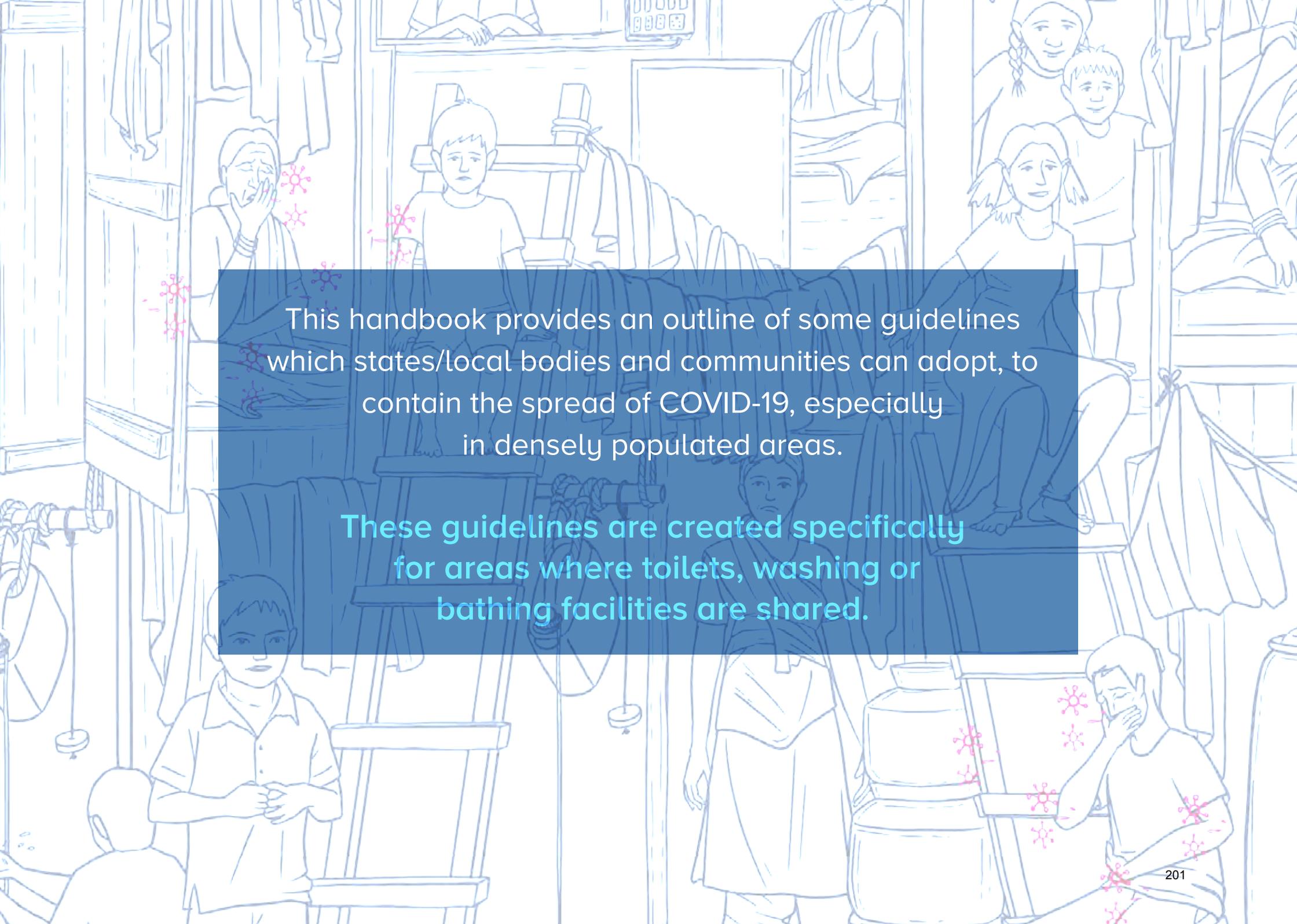
1. Hand wash- preferred option:
 - a. Soap and water
 - b. Alcohol-based hand rub with minimum 60% alcohol (if hands are not visibly dirty)
2. Sodium hypochlorite at 1% (equivalent 10000ppm) for disinfection of surfaces and reusable gloves.
3. Mildly alkaline all-purpose detergent for cleaning surfaces.



Office of the Principal Scientific
Adviser to the Government
of India_ April, 2020

Guidelines for Hygiene and Sanitation in Densely Populated Areas, During the COVID-19 Pandemic





This handbook provides an outline of some guidelines which states/local bodies and communities can adopt, to contain the spread of COVID-19, especially in densely populated areas.

These guidelines are created specifically for areas where toilets, washing or bathing facilities are shared.

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The best way to prevent and slow down transmission is to be well informed of Coronavirus disease. The COVID-19 virus spreads primarily through droplets of saliva while coughing or discharge from the nose while sneezing.

Protect yourself and others from infection by washing your hands frequently, not touching your face, coughing or sneezing into a handkerchief and wearing a mask.

1. Preventive Measures

There is currently no cure available for COVID-19. The most effective way of containing the disease in densely populated areas, where common facilities such as bathrooms and toilets are shared, is to **implement measures that can catalyse behaviour change and promote strict adherence to hygiene and sanitation practices.** Simple precautions and interventions implemented in a coordinated manner at the community level, by volunteers and authorities can help control spread of the disease.



*Remember: No one
can protect you and
your loved ones
better than you
yourself!*

It is important that **all patients in the community with ILI (Influenza-like Illness) symptoms** such as fever, chills, dry cough, running nose etc. immediately report to the nearest ASHA/Anganwadi/ frontline worker.



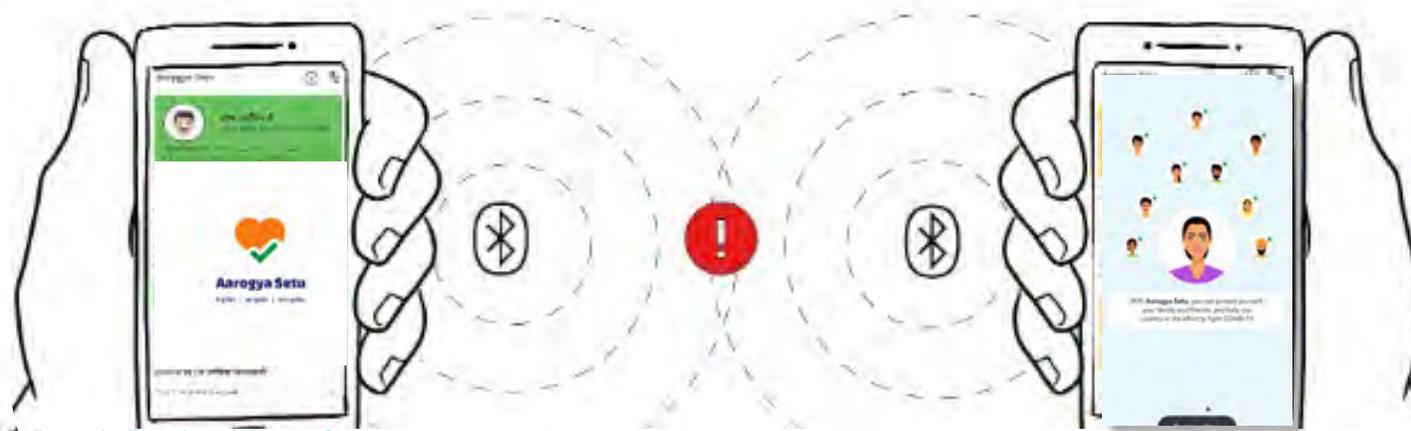
Aarogya Setu App for COVID-19

The Aarogya Setu app (available in 11 languages) will alert you if there are COVID cases near you, help you diagnose symptoms and get you medical support.

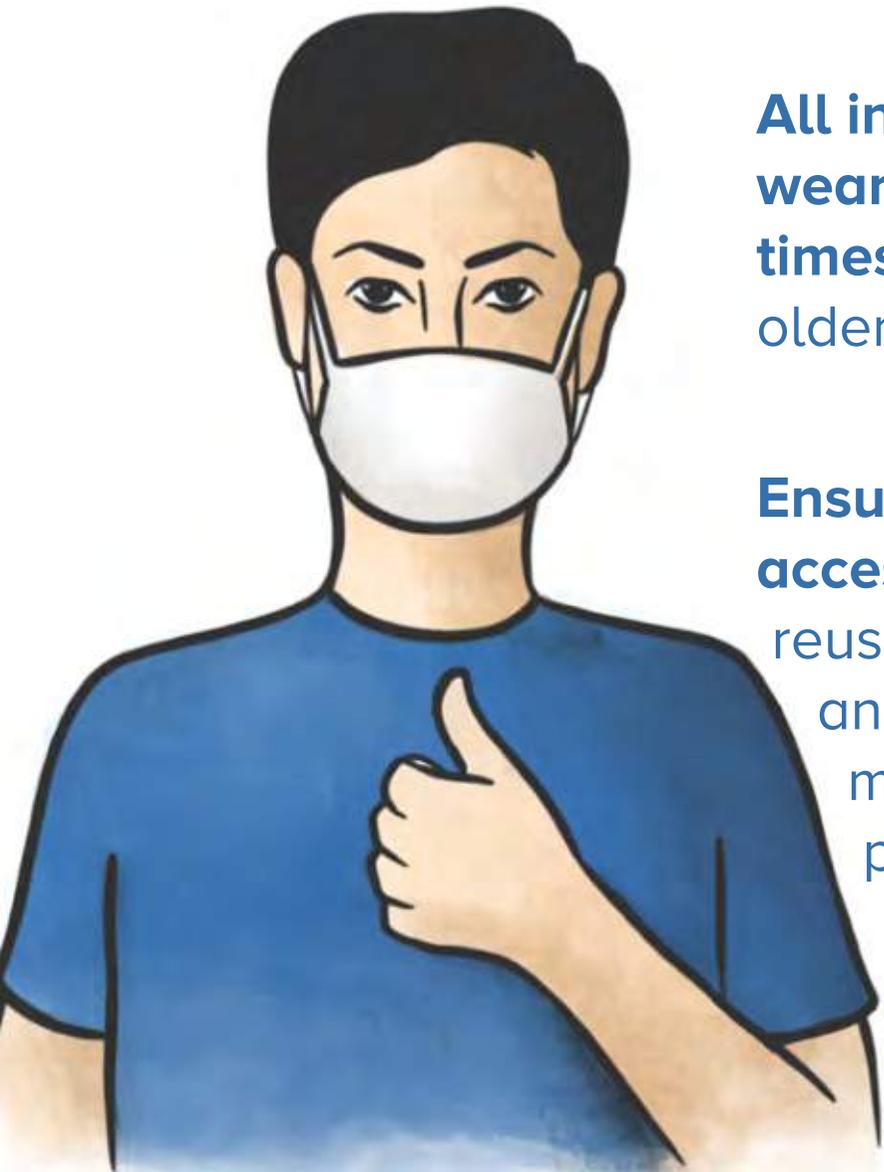


Scan QR code to download Aarogya Setu app

You can use the Aarogya Setu App to self-assess and self-report to frontline workers in your area.



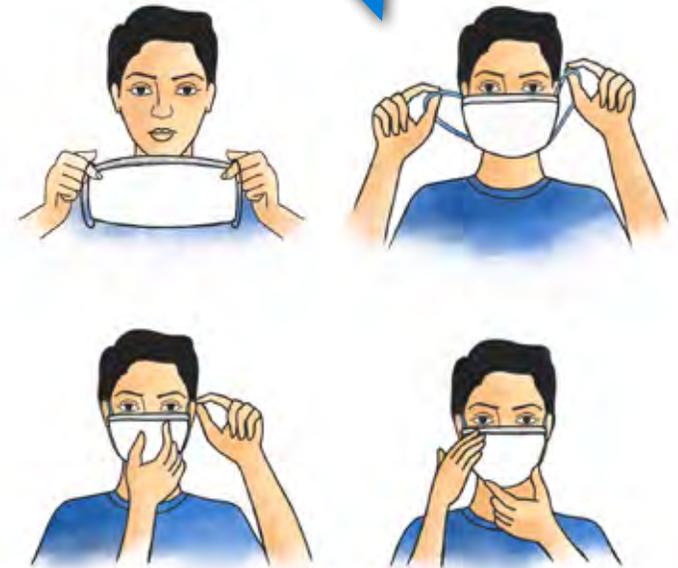
2. Face Cover for Everyone in the Community



All individuals must wear face covers at all times including children older than three years.

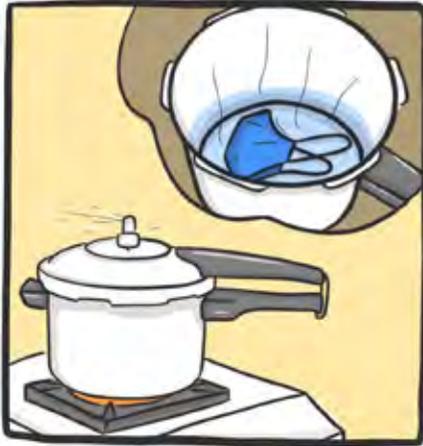
Ensure everyone has access to 100% cotton reusable face covers and they know how to make and wear them properly.

Remember: people with no symptoms can infect others, so ensure everyone uses a face cover to protect themselves and others



Never touch the front of the face cover with your hands, only touch its sides while wearing and removing it.

Ensure everyone knows how to reuse their face covers by cleaning and sanitising



Ensure that you clean your face cover by washing it with soap in hot water and drying it in the sun (specified in manual link below)



Those living in close proximity with others should distance themselves as far as possible, ventilate the room with a fan and open window. Always use face covers when in close proximity



Scan QR Code for  Manual on Face Cover available in 15 languages

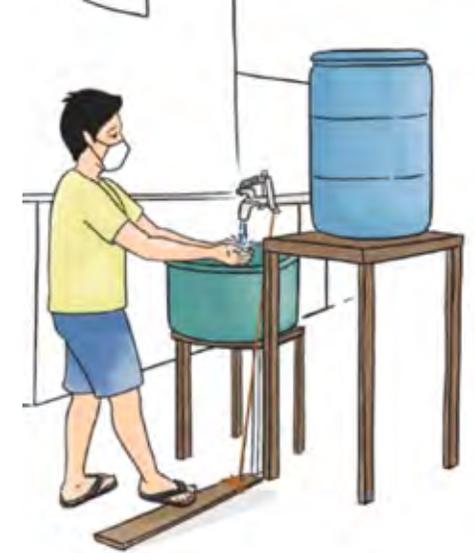
Guidelines on Making, Using and Cleaning Face Covers are available here: <https://www.mohfw.gov.in/pdf/Advisory&ManualonuseofHomemadeProtectiveCoverforFace&Mouth.pdf>

3. Sanitation and Hygiene: HANDWASHING

Common use surfaces such as handles, knobs, doors etc. are a major source of disease spread in a community. **It is recommended that foot-operated handwashing stations are installed at all public areas to enable residents to frequently wash their hands.**

Two designs for affordable and self-assembled handwashing stations are proposed. A third design is recommended for installation in all public/community toilets permanently.

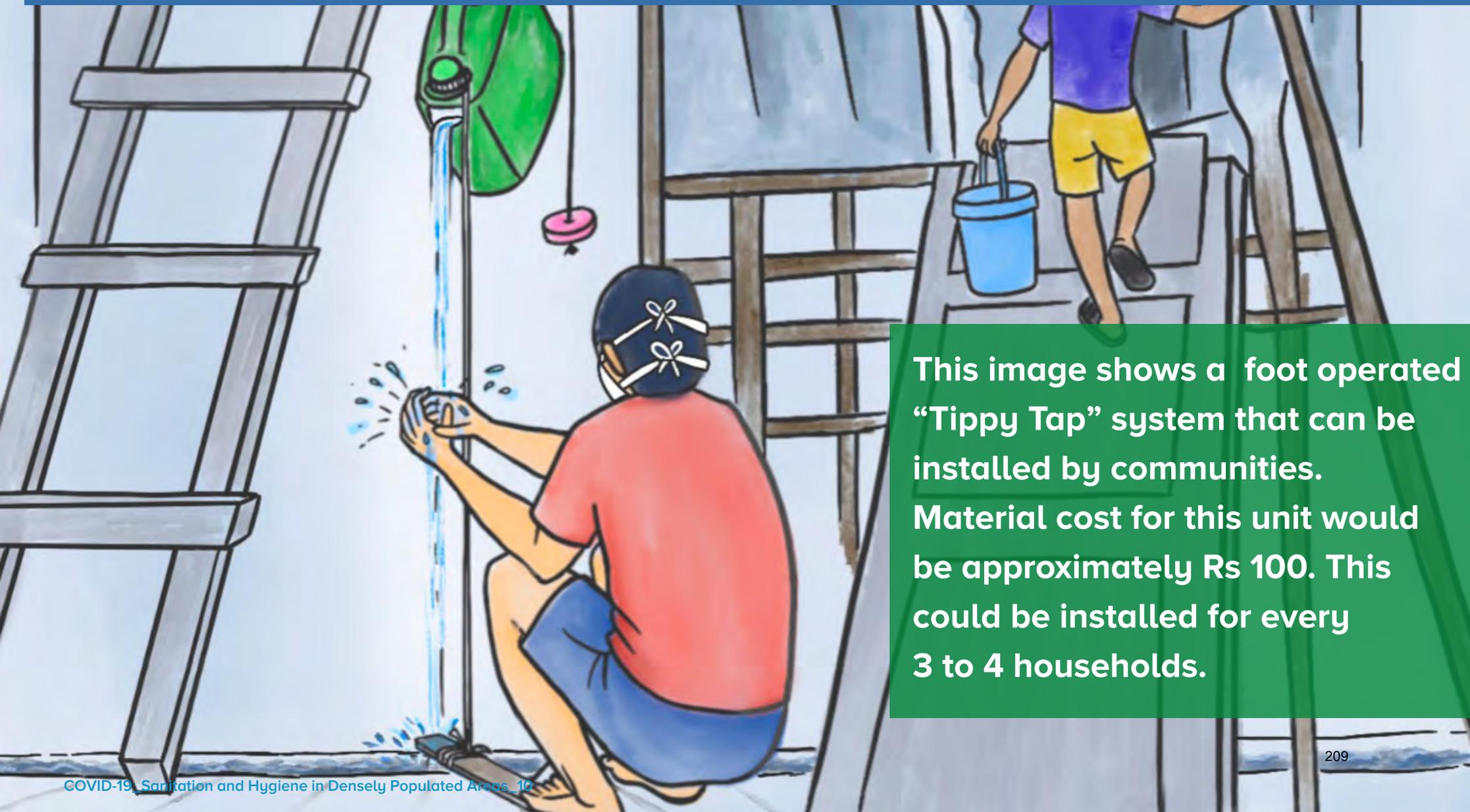
These handwashing stations will control the spread of the disease while reducing amount of water used. To eliminate use of soap, chlorine can be added to the water.



Foot operated handwashing stations are globally adopted measures during epidemics for controlling the spread of disease.



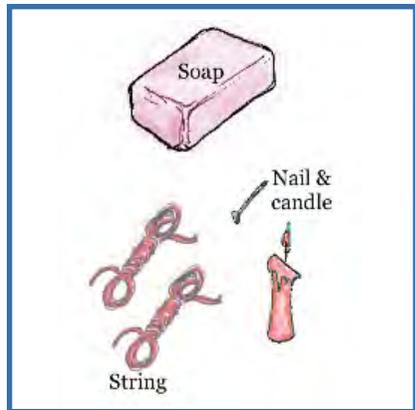
Option 1: Installing Foot Operated Handwashing Stations Outside Homes



This image shows a foot operated “Tippy Tap” system that can be installed by communities. Material cost for this unit would be approximately Rs 100. This could be installed for every 3 to 4 households.

Making a Tippy-Tap *Illustrations and Process from Tippytap.org*

Identify a place such as stairs outside the house, poles supporting roof, etc. Ensure this is near a drain or naali so that the used water can flow into it.



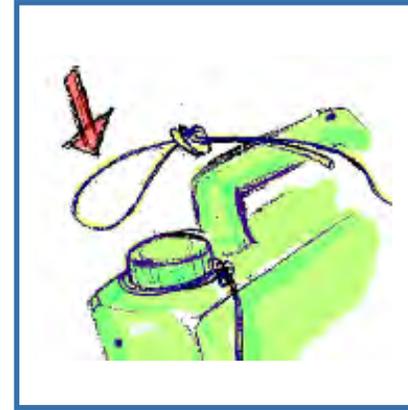
Get a nail, string and a bar of soap



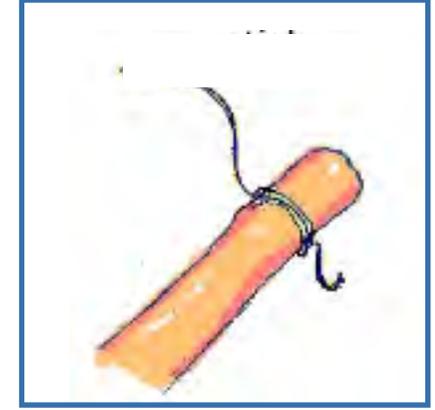
Make 2 holes with warm nail into plastic canister



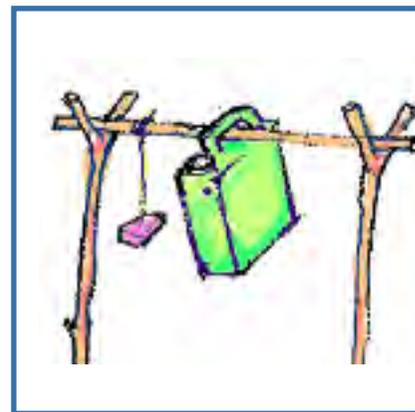
Make 1 hole in bar of soap



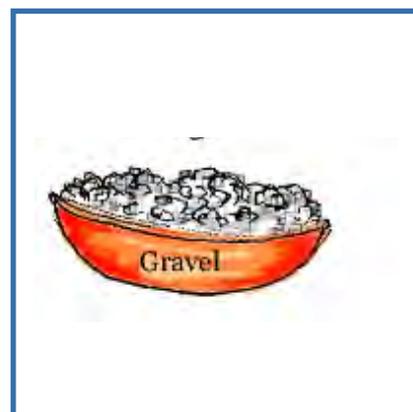
Tie a long string on canister



Tie the other end of the string on foot pedal



Hang the soap and the canister on a hanging bar or available surface



You may place some stones in large flat bowl under the water so it can slowly flow into the drain



Your Tippy Tap handwashing device is ready to use. You can now clean your hands without fear of re-contamination.

Option 2: Installing Foot Operated Handwashing Stations at Community Toilets and Other Areas





Implemented by:
Tashi Pamber (Lab attendant)
Sonam Tsering (Driver, Contract Employee)
Implementation Location: Indian Astronomical Observatory, Hanle, Ladakh



Several examples of Foot Operated Handwashing Systems exist as shown. For rapid deployment, we recommend a mechanical version shown above (Courtesy Dr. Dorje Angchuk) Outside Community Toilets

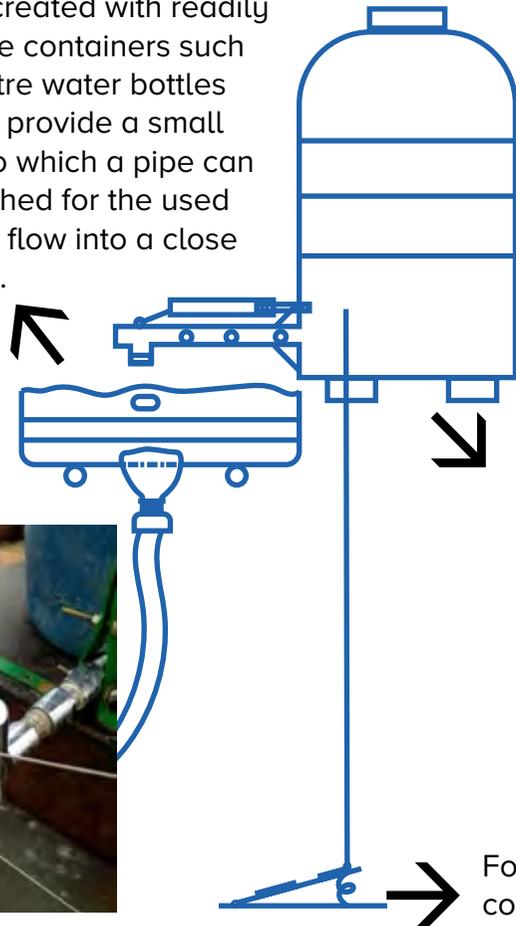
Handwashing Station Components:

- 1) Container
- 2) Bip cock (Tap cock, single turn operated)
- 3) CP nipple (to extend the neck of tap)
- 4) Metallic spring (To return tap to closed position)
- 5) Metal strips (support for wire rope and spring)
- 6) Metallic wire rope (To extend the wire rope to ground level for foot lever)
- 7) Nuts & Bolts.

How to Create a Community Handwashing Station for Public Areas

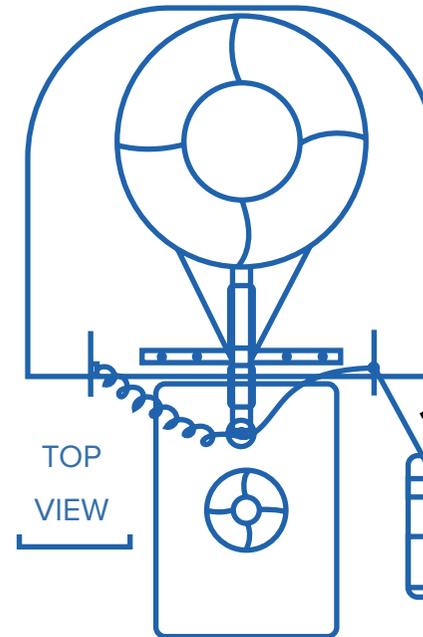
Many alternatives to sinks can be created with readily available containers such as 20 litre water bottles that can provide a small outlet, to which a pipe can be attached for the used water to flow into a close by drain.

SIDE VIEW



Can use any existing container: up to 20 litre system is recommended along with 2 buckets of 10 litre each that are seated on floor as back up for quick replacement.

Foot operated pedal could be made with any piece of metal.



Tap is controlled by the foot pedal through a brake wire .



Other Do-It-Yourself Variations on creating Portable Handwashing Stations



Spring loaded taps that are typically used in water filters can be fitted with a brake wire connected to a pedal



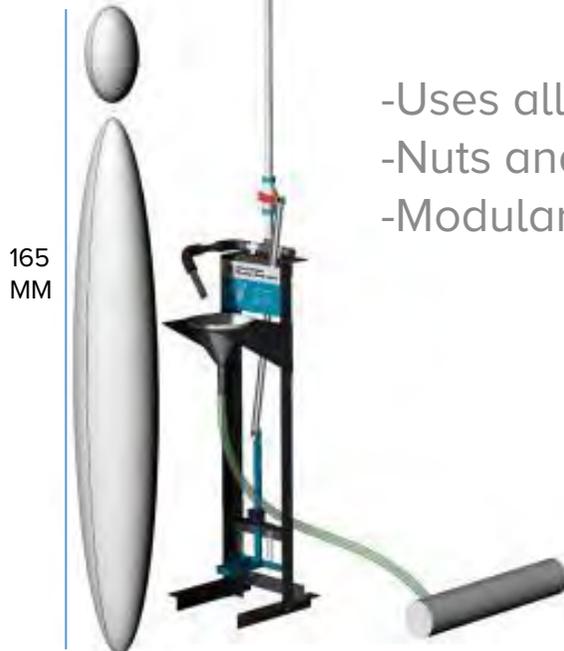
Foot operated Iron bars can be fitted on a tap to create a motion of pushing inside to open the valve

This design for a permanent handwashing station is recommended to be installed at all public/community toilets.



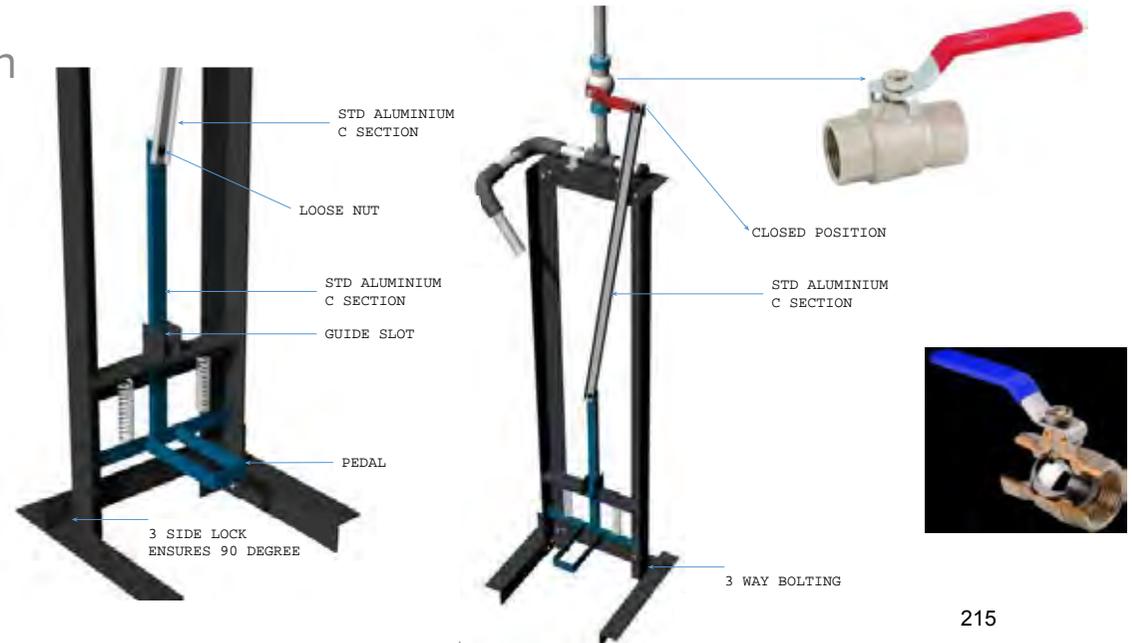
1000L TANK

Up Tube as per Tank Height and Entry Point



165 MM

- Uses all standard parts
- Nuts and Bolts Construction
- Modular



Design by Foley Designs Pvt. Ltd.

How to Wash Hands

1a



1b



with sanitizer

0



1

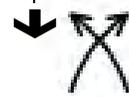


with soap

2



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4



5



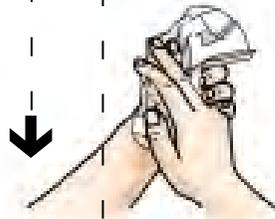
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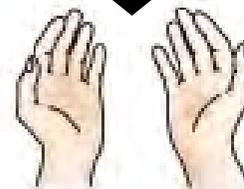
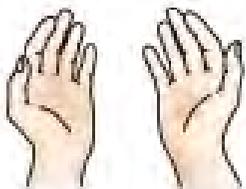
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20-30 seconds
with sanitizer



40-60 seconds
with soap and water



4. Sanitation and Hygiene: TOILET USE

Individuals must not defecate in the open and instead must use the toilet. The toilet must be kept clean after every use. Poorly used or maintained community toilets can serve as a major source of disease. **To prevent infection caused by people who do not take proper precautions while using toilets, the following best practices must be observed.**



Always wear face cover even in the toilet



Do not touch your nose, eyes or mouth, especially inside the toilet



Wash hands with soap right after toilet use, both after defecating and urinating



Maintain safe distancing from each other near toilets and in other public areas. Try not touching door surfaces including handle, latch or the edge. Put soap water on them if touched.



Never enter a toilet with bare feet. Always wear footwear.



Do not spit or sneeze in the toilet. Always use a face cover in the toilet.



Avoid overcrowding at the wash area.

5. Sanitation and Hygiene:

DISINFECTANTS

***Authorities and Volunteers :** Clean streets, toilets and walls with chlorine-containing disinfectant by thorough floor mopping, spraying or wiping three times a day.

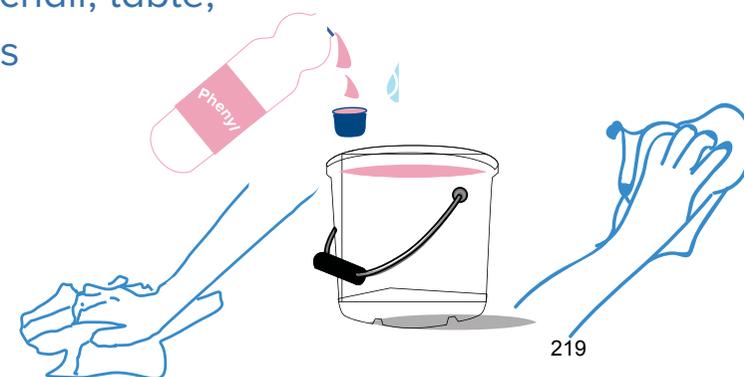
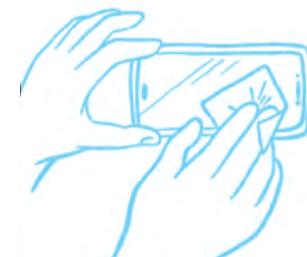
Concentration of Chlorine based Disinfectant Solution to be used:

Available Hypochlorite Solution (Bleach, Pheny)	Required Chlorine Concentration	To Prepare 1000ml	
		Chlorine Solution in ml	Add water in ml
5%	1%	200	800
10%	1%	100	900

- *Authorities may consider **spray cleaning of specific areas** as needed.*
- *Authorities may consider providing a **alternative to soap-based handwashing**, using a chlorine based hand rub solution, dispersed in controlled conditions in public areas. This measure will reduce the amount of water needed.*

***Individuals :** Mix 2-3 spoons-full of Pheny, Chlorine bleach or Lysol available in stores in 5 litre bucket of water and wipe the floor and other surfaces (chair, table, doorknob, switches, etc.) with this water, nsuring that the disinfectant lasts at least 2 minutes at a time on a surface.

*** Distribution of cleaning disinfectants can be arranged by community health workers.**



Additional Measures

- a. Thoroughly wash fruit and vegetables before use
- b. Always clean milk bags and other packaged food items and related materials with soap water before use

To ensure the sustainability of proposed interventions, authorities and volunteers must ensure the following:

1. Undertake **intensive community outreach and awareness** on importance of washing hands frequently and social distancing
2. **Co-manage and maintain** handwashing stations with communities
3. **Ensure water availability** to communities
4. Continually **replenish soap and disinfectants**
5. **Follow all precautions** strictly and rigorously
6. It is essential to **cooperate with and respect all frontline workers** and sanitation staff to control the spread of disease

Note: Wastewater surveillance (regular testing of wastewater) can be used as an early warning tool, especially when social distancing measures are lifted.

Design and Illustrations in this guideline are available to all Government of India departments to create custom/vernacular IEC materials if necessary and can be provided separately upon request.



Ministry of Health and Family Welfare
Directorate General of Health Services
[Emergency Medical Relief]
(Updated on 15th May 2020)

Novel Coronavirus Disease 2019 (COVID-19): Additional guidelines on rational use of Personal Protective Equipment (setting approach for Health functionaries working in non-COVID areas)

1. About this guideline

This guideline is for health care workers and others working in Non COVID hospitals and Non-COVID treatment areas of a hospital which has a COVID block. These guidelines are in continuation of guidelines issued previously on ‘Rational use of Personal Protective Equipment’ (<https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf>). This guideline uses “settings” approach to guide on the type of personal protective equipment to be used in different settings.

2. Rational use of PPE for Non COVID hospitals and Non-COVID treatment areas of a hospital which has a COVID block

The PPEs are to be used based on the risk profile of the health care worker. The document describes the PPEs to be used in different settings.

2.1.Out Patient Department

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Help desk/ Registration counter	Provide information to patients	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	Physical distancing to be followed at all times
2	Doctors chamber	Clinical management	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	No aerosol generating procedures should be allowed.
3	Chamber of Dental/ENT doctors/ Ophthalmology doctors	Clinical management	Moderate risk	<input type="checkbox"/> N-95 mask <input type="checkbox"/> Goggles <input type="checkbox"/> Latex examination gloves + face shield	Aerosol generating procedures anticipated. Face shield, when a splash of body fluid is expected
4	Pre- anesthetic check-up clinic	Pre-anesthetic check-up	Moderate risk	<input type="checkbox"/> N-95 mask <input type="checkbox"/> Goggles* <input type="checkbox"/> Latex examination gloves	* Only recommended when close examination of oral cavity/dentures is to be done
5	Pharmacy counter	Distribution of drugs	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	Frequent use of hand sanitizer is advised over gloves.

6	Sanitary staff	Cleaning frequently touched surfaces/ Floor	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	
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#All hospitals should identify a separate triage and holding area for patients with Influenza like illness so that suspect COVID cases are triaged and managed away from the main out-patient department.

2.2. In-patient Department (Non-COVID Hospital & Non-COVID treatment areas of a hospital which has a COVID block)

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Ward/individual rooms	Clinical management	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	Patients stable. No aerosol generating activity.
2	ICU/ Critical care	Critical care management	Moderate risk	<input type="checkbox"/> N-95 mask <input type="checkbox"/> Goggles <input type="checkbox"/> Nitrile examination gloves +Face shield	Aerosol generating activities performed. Face shield, when a splash of body fluid is expected
3	Ward/ICU /critical care	Dead body packing	Low Risk	<input type="checkbox"/> Triple Layer medical mask <input type="checkbox"/> Latex examination gloves	
4	Ward/ICU/ Critical care (Non-COVID)	Dead body transport to mortuary	Low Risk	<input type="checkbox"/> Triple Layer medical mask <input type="checkbox"/> Latex examination gloves	
5	Labor room	Intra-partum care	Moderate Risk	<input type="checkbox"/> Triple Layer medical mask <input type="checkbox"/> Face shield <input type="checkbox"/> Sterile latex gloves <input type="checkbox"/> Coverall N-95 mask*	Patient to be masked in the Labor room, if possible. *If the pregnant woman is a resident
6	Operation Theater	Performing surgery, administering general anaesthesia	Moderate Risk	<input type="checkbox"/> Triple Layer medical mask <input type="checkbox"/> Face shield (- wherever feasible) <input type="checkbox"/> Sterile latex gloves + Goggles	Already OT staff shall be wearing For personnel involved in aerosol generating procedures

				N-95 mask*	*If the person being operated upon is a resident of containment zone
7	Sanitation	Cleaning frequently touched surfaces/ floor/ changing linen	Low Risk	<input type="checkbox"/> Triple Layer medical mask <input type="checkbox"/> Latex examination gloves	

2.3. Emergency Department (Non-COVID)

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Emergency	Attending emergency cases	Mild risk	<input type="checkbox"/> Triple Layer medical mask <input type="checkbox"/> Latex examination gloves	No aerosol generating procedures are allowed
2		Attending to severely ill patients while performing aerosol generating procedure	High risk	<input type="checkbox"/> Full complement of PPE (N-95 mask, coverall, goggle, Nitrile examination gloves, shoe cover)	

2.4. Other Supportive/ Ancillary Services

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1.	Routine Laboratory	Sample collection and transportation and testing of routine (non-respiratory) samples	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	
		Respiratory samples	Moderate risk	<input type="checkbox"/> N-95 mask <input type="checkbox"/> Latex examination gloves	
2	Radio-diagnosis, Blood bank, etc.	Imaging services, blood bank services etc.	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	
3	CSSD/Laundry	Handling linen	Mild risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination	

				gloves	
4	Other supportive services incl. Kitchen	Administrative Financial Engineering** and dietary** services,etc.	Low risk	<input type="checkbox"/> Face cover	** Engineering and dietary service personnel visiting treatment areas will wear personal protective gears appropriate to that area

2.5.Pre-hospital (Ambulance) Services

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Ambulance Transfer to designated hospital	Transporting patients not on any assisted ventilation	Low risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	
		Management of SARI patient	High risk	<input type="checkbox"/> Full complement of PPE (N-95 mask, coverall, goggle, latex examination gloves, shoe cover)	While performing aerosol generating procedure
		Driving the ambulance	Low risk	<input type="checkbox"/> Triple layer medical mask <input type="checkbox"/> Latex examination gloves	Driver helps in shifting patients to the emergency

Points to remember while using PPE

1. Standard precaution to be followed at all times
2. PPEs are not alternative to basic preventive public health measures such as hand hygiene, respiratory etiquettes which must be followed at all times.
3. Always follow the laid down protocol for disposing off PPEs as detailed in infection prevention and control guideline available on website of MoHFW.

In addition, patients and their attendants to be encouraged to put on face cover.

In case a COVID-19 patient is detected in such Non-COVID Health facility, the MoHFW guidelines for the same has to be followed (Available at: <https://www.mohfw.gov.in/pdf/GuidelinestobefollowedondetectionofsuspectorconfirmedCOVID19case.pdf>)



Role of Frontline Workers in Prevention and Management of CORONA VIRUS



As you know a new respiratory disease called COVID-19 is spreading across the world. India has also reported cases from states and the government is trying to contain the spread of the disease. As an important frontline worker, you play a major role in preventing its spread.

Your Role as a Frontline Worker is two-fold:

1. Spread key messages in the community about measures to prevent the infection.
2. Take actions for early detection and referral of suspected COVID-19 cases.

As a key member of the primary health care team, we want you and your family to be safe. Following the advice in this document will help you in staying safe.



What is COVID-19?

COVID-19 is a disease caused by the “novel corona virus”. **Common symptoms** are:

- ▶ **Fever**
- ▶ **Dry cough**
- ▶ **Breathing difficulty**
- ▶ Some patients also have aches and pains, nasal congestion, runny nose, sore throat or diarrhoea

About 80% of confirmed cases recover from the disease without any serious complications. However, one out of every six people who gets COVID-19 can become seriously ill* and develop difficulty in breathing. In more severe cases, infection can cause severe pneumonia and other complications which can be treated only at higher level facilities (District Hospitals and above). In a few cases it may even cause death.

* Source: WHO

How does COVID-19 spread?

- ▶ COVID-19 spreads mainly by droplets produced as a result of coughing or sneezing of a COVID-19 infected person. This can happen in two ways:
 - ◆ **Direct close contact:** one can get the infection by being in close contact with COVID-19 patients (within one Metre of the infected person), especially if they do not cover their face when coughing or sneezing.
 - ◆ **Indirect contact:** the droplets survive on surfaces and clothes for many days. Therefore, touching any such infected surface or cloth and then touching one’s mouth, nose or eyes can transmit the disease.
- ▶ The incubation period of COVID 19 (time between getting the infection and showing symptoms) is 1 to 14 days
- ▶ Some people with the infection, but without any serious symptoms can also spread the disease.

Which group of people are at higher risk of getting infected?



- ▶ People who have travelled to other countries in last 14 days and their family members.
- ▶ People coming from other states if they have been working with people who travelled to other countries in last 14 days.
- ▶ Family members and contacts of patients confirmed to have COVID-19.
- ▶ People older than 60 years of age and people with medical problems like high blood pressure, heart problems, respiratory disease/asthma, cancer or diabetes are at higher risk for developing serious complications..

Key messages to spread for prevention of COVID-19

1. How to avoid getting COVID-19 or spreading it?



a) Practice Social Distancing:

- ▶ **Avoid gatherings** such as melas, haats, gatherings in religious places, social functions etc.
- ▶ **Maintain a safe distance** of at least one Metre between you and other people when in public places, especially if they are having symptoms such as cough, fever etc. to avoid direct droplet contact.
- ▶ **Stay at home** as much as possible.
- ▶ **Avoid physical contact** like handshakes, hand holding or hugs.
- ▶ **Avoid touching surfaces** such as table tops, chairs, door handles etc.



b) Practice good hygiene

▶ Wash your hands frequently using soap and water:

- ◆ After coming home from outside or meeting other people especially if they are ill.
- ◆ After having touched your face, coughing or sneezing.
- ◆ Before preparing food, eating or feeding children.
- ◆ Before and after using toilet, cleaning etc.



Steps of hand washing

Duration 20 seconds



- ▶ While coughing or sneezing cover your nose and mouth with handkerchief. Wash the handkerchief at least daily
- ▶ It is preferable to **cough/sneeze into your bent elbow rather than your palms.**





- ▶ **Do not Spit or shout** in public places to avoid the spread of droplets.
- ▶ **Do not touch your eyes, nose and mouth** with unclean hands.
- ▶ Ensure that the surfaces and objects are regularly cleaned.

2. What to do if you are having symptoms or have travelled to other countries or states in past two weeks?

- Symptoms of COVID 19 and seasonal respiratory illness (common cold/flu) are similar. All people with these symptoms may not have COVID 19.
- Following persons should be quarantined for 14 days at home as a precaution:
 - ▶ People who have travelled to COVID 19 affected countries/areas in past 14 days
 - ▶ Those who have come in close contact with a suspected/confirmed COVID 19 patient
 - ▶ Those who develop symptoms
- These persons should inform you. If symptoms become severe then the person should visit a health facility after speaking with you.



For any COVID 19 related queries, call your State Helpline/Ministry of Health & Family Welfare's 24X7 helpline at 1075 or 011-23978046.

Your role in early detection and referral



- ▶ As a community worker you may be asked to prepare a line list of all people who have travelled to other countries or other states inside India in last 14 days:
 - ◆ Share their names with your Medical Officer at PHC but not with others
 - ◆ Teach them Home Quarantine for next 14 days
 - ◆ Tell them to monitor themselves for symptoms of COVID-19
 - ◆ Tell them to inform you if symptoms develop and call the COVID 19 Helpline



- ▶ **Instructions for the person being Home Quarantined**
 - ◆ Stay in a separate room at home, if possible with an attached/separate toilet. Try to maintain a distance of at least 1 meter from others
 - ◆ Wear a mask at all times. If masks are not available, take a clean cotton cloth, fold it into a double layer and tie it on your face to cover your nose and mouth
 - ◆ Use separate dishes, towels, bedding etc. which should be cleaned separately
 - ◆ The surfaces such as floor, table tops, chairs, door handles etc. should be cleaned at least once a day
 - ◆ Make sure that only one assigned family member is the caretaker



- ▶ **Instructions for the caretaker of the Home Quarantined person:**
 - ◆ Keep a distance of one metre when entering the room
 - ◆ Wear a mask or cover your face with double layered cotton cloth
 - ◆ Wash your hands after coming out of the room
- ▶ **How to use masks (or cloth covering the nose and mouth)**
 - ◆ Wash your hands before putting on the mask
 - ◆ Make sure that it covers both mouth and nose and is not loose.
 - ◆ Do not touch the mask from the front, touch only from the sides.
 - ◆ Make sure to wash your hands after changing the mask
 - ◆ Change the mask every 6-8 hours or when it becomes moist
 - ◆ If using disposable masks, have a dustbin with cover and a plastic bag lining to throw the masks in.
 - ◆ If using cloth masks, wash them at least daily

How to take care of yourself and carry on with your duties as a frontline worker?

- ▶ **Take all preventive measures** that you are talking about in the community such as keeping safe distance, washing hands frequently including before and after home visits. Carry your own soap if necessary
- ▶ If you are visiting or **accompanying a suspected case** to any health facility, make sure to cover both your mouth and nose with folded cloth or mask.
- ▶ If you are conducting community meetings or supporting outreach sessions the **groups should not be larger than 10-12 people.**
- ▶ Maintaining safe distances for those living in crowded areas or the homeless is going to be difficult. Even then you should inform them about preventive measures and support them as required.
- ▶ **Self-monitor** for signs of illness and report to the Medical Officer, immediately if any symptoms develop.
- ▶ **Ensure that you continue to undertake tasks** related to care of pregnant women, newborns and sick children, Post Natal Care, Breastfeeding and Nutritional Counselling, TB and NCD patient follow up while taking preventive measures.
- ▶ Remember older people are at higher risk, so take **special care to visit homes of elderly people.**
- ▶ **Continue to pay special attention to the marginalized,** as is your routine practice.
- ▶ Also as the people's trusted health worker, try to **reassure them** that while those with symptoms and high risk need close attention, for others, prevention measures will decrease the risk of getting the disease.

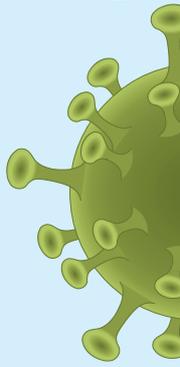
Myths vs. reality for COVID-19

As COVID-19 is a new condition, there are many common myths.

Myths	Facts
1. The corona virus can be transmitted through mosquitoes.	The corona virus CANNOT be transmitted through mosquito bites.
2. Everyone should wear a mask.	People who should wear a mask are: <ul style="list-style-type: none"> ▶ Those having symptom of fever, cough etc. ▶ Healthcare workers in facilities caring for ill people ▶ The assigned care taker of a home quarantined person ▶ Even those wearing masks should wash their hands frequently
3. Only people with symptoms of COVID-19 can spread the disease.	Even people with the COVID-19 infection but no symptoms can spread the disease.
4. Eating garlic and drinking alcohol can prevent COVID 19	Eating garlic and drinking alcohol DOES NOT prevent COVID 19



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COVID-19

BOOK OF FIVE

Response and Containment Measures
for ANM, ASHA, AWW



This book is originally published in English by Ministry of Health & Family Welfare, Government of India . For better understanding of Field workers it is translated in Hindi by Dr. R.S.Tolia Uttarakhand Academy of Administration, Nainital. In case of any clarification please refer to english version.

यह पुस्तिका स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार द्वारा मूल रूप से अंग्रेजी भाषा में प्रकाशित है। क्षेत्रीय कार्मिकों की सहायता हेतु डॉ० आर० एस० टोलिया उत्तराखण्ड प्रशासन अकादमी, नैनीताल द्वारा इसका हिन्दी अनुवाद किया गया है। किसी भी संशय की स्थिति में कृपया अंग्रेजी संस्करण देखें।

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COVID-19

1 WHAT IS MY ROLE : ANM, ASHA, AWW

Health - ANM *Under guidance of DSO/MO*

- Provide information
 - (a) Preventive and control measures including social distancing
 - (b) Addressing myths and misconceptions;
- Support DSO on
 - (a) Contact tracing as per SOPs
 - (b) Implementing home quarantine,
- home care, and supportive services for HRG and probable cases urban/ rural areas and
- (c) Address psychosocial care and stigma and discrimination.
- Reporting and feedback
- Team safety and prevention
- Supportive Supervision

Health -ASHA, CHV (in urban areas) and ICDS - AWW *Under guidance of ASHA Facilitator and CDPO*

- Community awareness through inter-personal communication
 - (a) Uptake of preventive and control measures including social distancing
 - (b) Addressing myths and misconceptions;
- Support ANM/Supervisor in house to house surveillance including
 - (a) Identification of HRG and
 - probable cases
 - (b) Ensure uptake of medical services in urban and rural areas and
 - (c) Address psychosocial care and stigma and discrimination.
- Reporting and feedback
- Personal safety and precautions
- Use of COVID 19 IEC materials



COVID-19

2 WHAT SHOULD I KNOW ABOUT COVID-19

1

It is a disease called Coronavirus Disease-2019 caused by a Coronavirus named as SARS-CoV-2

2

The symptoms of COVID-19 are Fever , Cough and Difficulty in breathing

3

If you have the symptoms of Fever, Cough or Difficulty in Breathing

AND

4

You are a contact of a laboratory confirmed positive case

5

You must immediately call the State Helpline Number or Ministry of Health & Family Welfare, Government of India 24x7 helpline 011-2397 8046, 1075 or your ASHA/ANM.





COVID-19

3 WHAT ARE THE SAFE PRACTICES TO BE PROMOTED

1

Frequent handwashing

- Regularly and thoroughly wash your hands with soap and water for 40 secs or 70% alcohol based hand rub

2

Maintain social distancing

- Practice at least 1 metre distance between yourself and others.
- Avoid going to crowded places
- Avoid organising and attending events, prayers, parties

3

Avoid touching eyes, nose and mouth

- Because contaminated hands can transfer the virus to your eyes, nose or mouth

4

Practice good respiratory hygiene

- Cover your mouth and nose with handkerchief or tissue when you cough or sneeze.
- Dispose of the used tissue immediately in a closed dustbin.
- Wash your hands with soap and water for 40 secs or rub hands with 70% alcohol based hand sanitiser

5

Stay informed, take care and follow advice from ANM / ASHA/AWW

- Stay informed on the latest developments about COVID-19
- Check with the ASHA/ANM/AWW or PHC on any queries you have on how to protect yourself





COVID-19

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Ministry of Health & Family Welfare
Government of India



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COVID-19

4 WHO IS A SUSPECT

1

Anyone with acute respiratory illness {fever and at least one sign/symptom of respiratory disease (cough, difficulty in breathing),

AND



2

A history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset;

OR

3

Anyone with any acute respiratory illness AND having been in contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR

4

Anyone with severe acute respiratory infection {fever and at least one sign/symptom of respiratory disease (cough, difficulty in breathing)} AND requiring hospitalization;

OR

5

A case for whom testing for COVID-19 is inconclusive. Laboratory Confirmed case: A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.



COVID-19

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COVID-19

5 WHO IS A CONTACT CASE

1

Staying in the same house without proper protection with COVID-19 patient

2

Staying in the same close environment as a COVID-19 patient (including workplace, classroom, household, gatherings)

3

Traveling together in close proximity (less than 1 m) with a symptomatic person who later tested positive for COVID-19

4

Person providing direct care to a COVID-19 patient

5

The infection may have been transferred within a 14-day period before the onset of illness in the case under consideration





COVID-19

6 HOW TO CONDUCT COMMUNITY SURVEILLANCE

1

Visiting Contact: Community Surveillance done by visiting the local residence of the contact(s) by Health Personnel. Telephone may be used in certain circumstances or for follow-up. Follow precautions.

2

Introducing purpose: Introduce yourself, explain purpose of contact tracing, collect data in prescribed format.

3

Use Formats: Community Surveillance to include identification of extended social networks and travel history of cases during the 28 days after onset of illness.

4

Monitoring: Contacts of confirmed cases traced and monitored for at least 28 days after the last exposure to the case patient for evidence of COVID - 19 symptoms as per case definition.

5

Follow-up: Information about contacts can be obtained from:

- a. A patient, his/her family members, persons at patient's workplace or school associates, or
- b. others with knowledge about the patient's recent activities and travels





COVID-19

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COVID-19

7 HOW TO COMMUNICATE DURING COMMUNITY SURVEILLANCE

1

Always be polite. anyone can get affected by COVID-19. Do not discriminate, shout, or use rude language. Tell people about the purpose of your visit and what you will do with the answers you are seeking. Say that this is the support that the government is giving to all citizens.



2

Keep distance of 1 meter: When you meet people, avoid touching or close physical contact. This is true for passing on infection either way. It is better to sit in the open and speak with the family members if space and situation allows.

3

Interview: Ask questions and get very specific answers. When you are writing, make sure your writing is clear and complete information (addresses, names, contact numbers) is written legibly.

Address:
Name:
Contact Number:



Feedback: Check if people have understood your messages correctly by taking feedback and asking them to repeat what you have advised or shared

4

5

Clarifications: If there are questions and you have the answers, you must share this with the community member. However, if you do not have the answer, do not hesitate to say so. A lot is still unknown about COVID-19

I don't have clarification regarding this



Be Prepared when you go to the field:

- Carry a Sanitizer/soap for cleaning your hand
- Carry your formats
- Carry your own writing materials like pen, writing pad
- Carry your masks and extra masks if required





COVID-19

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COVID-19

8 HOW TO CREATE A SUPPORTIVE ENVIRONMENT

1

Talk to and involve Influencers

- a. Make a list of local influencers (Gram Pradhan, Religious Leaders, Teachers, any other)
- b. Explain & discuss the situation and protocols to be followed and seek their support in awareness campaign

2

Plan community support for high risk groups

- a. Make a list of high risk people in the village as per contact tracing protocols
- b. Identify people they meet or talk to; share preventive measures with these people and request them to keep communicating these measures to the high risk people
- c. Take care of children whose parents may be in quarantine for issues of education and/or care

3

Develop community networks for support

- a. Divide village into smaller groups for emergency planning, keep contact details of group coordinators
- b. Share contact details of ANM, ASHA, AWW Ambulance, and other medical support with them
- c. Share coordinating details of child protection committees for addressing issues of trauma and violence in children.

4

Help develop household emergency contact lists

- a. Ensure each household has a current list of emergency contacts of the government help line, ANM, ASHA or AWW

5

Raise your voice against Stigma and Discrimination

- a. Identify stigma and discrimination situations in the community
- b. Talk to the affected households to support them in time of need.





COVID-19

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COVID-19

9 HOW TO INTERACT WITH FAMILIES

1

Greet with local salutation and state purpose of your visit. Be respectful, polite and empathetic. Do not discriminate or be rude.

2

Be aware that suspected and confirmed cases, and their family members may be stressed or afraid. So, the most important thing you can do is to listen carefully to questions and concerns.

3

Gather accurate information from the person: their name, date of birth, travel history, list of symptoms, record and communicate as per the surveillance format. Write the information clearly



4

You may not have an answer for every question: a lot is still unknown about COVID-19 and it is okay to admit that.

5

If available, share information pamphlets or handouts with family members. Discuss their questions using IEC like pamphlets etc to enable better understanding and motivate them to share the CORRECT information with others.



COVID-19

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COVID-19

10 WHAT ARE THE SAFE PRACTICES AT HOME

1

Stay away from others

- Stay in a specific room and away from other people in your home. Maintain distance of at least 1 meter. Restrict all movement so that others in the house stay safe from infection
- If available, use a separate bathroom

2

Seek health care and notify

- If suffering from fever, cough, or having difficulty in breathing, wear a mask to protect others and immediately get in touch with your nearest health facility or ASHA or ANM.

3

Wear a mask

- When you are around other people and before you enter a healthcare provider's clinic
- If sick person is unable to wear it, then other family members should wear it when they enter the sick person's room

4

Avoid going to public areas

- Do not go to work, school, or public areas
- If you are infected, you could transmit infection to others

5

Avoid visitors or support staff coming to the house

- You may likely pass infection unknowingly
- Support staff like maids, drivers, etc should be asked to stay away





COVID-19

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IN254EX



COVID-19

11 HOW TO SUPPORT HOME QUARANTINE

1

Support: Assigned family member to take care of bed ridden person helping them follow doctor's instructions for medication(s) and care.

2

Monitor Symptoms: Fever and breathing must be monitored regularly and reported immediately in case there is breathing difficulty or very high fever.

Protective Hygiene:

- Avoid sharing household items like dishes, drinking glasses, cups, eating utensils, towels, bedding with the person. Throw used tissues in a lined closed trash can.
- Wash and disinfect linen in warm water and soap, dry in sun
- Washing machine: use disinfectant, soap, warm water, dry in sun
- Linen can be soaked in hot water and soap in a large drum, using a stick to stir, avoiding splashing (soak linen in 0.05% chlorine for approximately 30 minutes. Finally, rinse with clean water and let linen dry fully in the sunlight.
- Place all used tissues, disposable gloves, facemasks, and other contaminated items in a lined container before disposing them of with other household waste.

3

4

Clean and disinfect: All "high-touch" surfaces, such as counters, table tops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, stool, or body fluids on them.

5

Wash hands: with soap and water for at least 40 seconds or, if soap and water are not available, clean your hands with a 70% alcohol-based hand sanitizer. Wash often and especially after touching





COVID-19

12 HOW TO SUPPORT HOME QUARANTINE FOR FAMILY MEMBERS

1

Wash hand often thoroughly with soap and water for 40 secs or rub with 70% alcohol-based hand sanitizer



2

Keep away from elderly. Household members should stay in another room or be separated from the person as much as possible. Household members should use a separate bedroom and bathroom, if available.



3

Avoid sharing household items e.g. dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people at home.



4

Wear a triple layered mask at all the time when in contact with infected person. Disposable masks are never to be reused. (Used mask should be considered as potentially infected). Mask to be disposed safely.



5

If symptoms appear (fever/cough /difficulty in breathing) he/she should immediately inform the nearest health centre or call your local phone number





COVID-19

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IN258EX



COVID-19

13 HOW CAN I ADDRESS STIGMA

As a major support to people when they suffer from anxieties, stigma and/or discrimination you can help people overcome their anxieties and build a supportive environment

1

Publicly, use terms like people who have COVID-19 instead of “COVID-19 cases” or “victims”. Similarly, use terms like people who may have COVID-19 instead of “suspected cases” – even when it may be the official terminology in your contact listing formats.

2

Advise people to minimize watching, reading or listening to news that causes them to feel anxious or distressed.

3

Advise people to engage in relaxing activities like indoor games, reading, gardening, home-cleaning, etc.

4

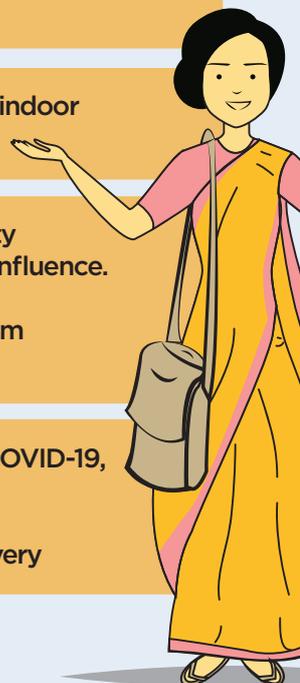
Engage community influencers to build community support by talking to people within their circle of influence.

- Identify influencers
- Share correct information on COVID-19 with them
- Brief them on specific support required by you.

5

To emphasise that most people do recover from COVID-19, amplify the good news about local people

- Who have recovered from COVID-19
- Who have supported a loved one through recovery





COVID-19

14 HOW TO USE A MASK

1. Use a mask if:

- You develop fever, cough or breathing difficulty
- You are visiting a health facility.
- You are caring for an ill person and/or entering the room of an infected person.



2. Use a Mask Correctly:

- Unfold pleats, facing down, place over nose, mouth and chin.
- Fit nose piece over nose-bridge. Tie strings upper string tied - top of head above ears lower string at the back of the neck.
- Leave no gaps on either side of the mask, adjust to fit.
- Do not pull the mask down or hang it from the neck
- Avoid touching the mask while in use.



- ### 3. Replace masks
- with a new clean, dry mask as soon as they become damp/humid. Do not re-use single-use masks.

4. Remove the mask

- By using appropriate technique (i.e. do not touch the front but remove the lace from behind)
- By first untying the string below and then the string above and handle the mask using the upper strings. Do not touch other surfaces of the mask while removing.



5. Disposing of Mask

After removal or whenever you inadvertently touch a used mask, clean hands by using an alcohol-based hand rub or soap and water. Discard single-use masks after each use and dispose of them immediately upon removal by soaking in household bleach solution and then throwing in a closed dustbin





COVID-19

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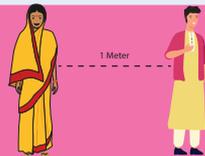


COVID-19

15 WHAT ARE THE PRECAUTIONS FOR ME DURING COMMUNITY VISITS

1

Maintain distance of 1 meter from people and avoid close physical contact when you are communicating



2

Use a three layered mask to cover your face. Make sure it is properly worn



3

Avoid touching your face (eyes, nose, mouth) at all times.



4

Wash your hands with soap and water for 40 secs or use a 70% alcohol based hand rub.



5

Avoid touching high touch points like door bells, door knobs, support rails and





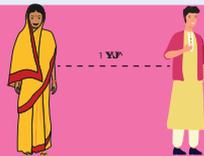
COVID-19

15

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COVID-19

16 WHAT ARE THE PRECAUTIONS & SAFETY MEASURES ME ON REACHING HOME

1

Carefully remove your face mask and gloves using the correct method, avoid touching front of your mask at all time, untie lace from behind and do not let the mask hang low around your neck.

2

Dispose off used mask and gloves by throwing them in a covered dustbin. (See: MASK MANAGEMENT).

3

If you have carried your bag/register, wipe them down with the disinfectant solution. Add four teaspoons of any home bleach to four cups of water to prepare disinfectant solution.

4

Wash your hands with soap and water for 40 secs or 70% alcohol based hand-sanitizer before you touch anything else.

5

If you get any symptoms like cold, cough, fever, contact the nearest Government Facility or District Surveillance Officer immediately.





COVID-19

16

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Ministry of Health & Family Welfare
Government of India





COVID-19

FACTS AND MYTHS

1. Statement: With the summers coming up, the Coronavirus will be killed

FACT: The COVID-19 virus can be transmitted in ALL AREAS, including areas with hot and humid weather. The best way to protect yourself against COVID-19 is by frequently washing your hands with soap and water, covering your coughs and sneezes and avoiding crowded places.

2. Statement: Having a bath with hot water will kill the virus

FACT: The virus lives inside the body where the temperature is maintained at 37°C and is not affected by a hot water bath that you have.

3. Statement: Eating raw garlic, sesame seeds will protect you against the virus

FACT: Garlic is a healthy food that has other benefits but does not protect you against the Coronavirus.

4. Statement: Getting the pneumonia vaccine will protect you against the virus

FACT: While vaccines for Pneumonia will certainly protect you against pneumonia, it has no protective effect

against the Novel Coronavirus.

5. Statement: You can get COVID-19 through mosquito bites

FACT: The Coronavirus cannot be spread through the bite of a mosquito. It is spread through droplets spread when an infected person sneezes or coughs

6. Statement: Spraying alcohol or disinfectant over your body can prevent infection

FACT: Spraying with alcohol or sanitizer on clothes and body, or consuming alcohol will not prevent you from getting infection. Infection spreads when the virus enters the body through nose or mouth. Cleaning and wiping hands with alcohol is to prevent the germ from entering your system through infected hands when you touch your mouth or you eat food with infected hands.

7. Statement: Regularly rinsing the nose with saline will prevent the infection

FACT: Rinsing nose with saline has in few cases helped in containing common cold, but has no evidence to suggest it is effective against the Novel Coronavirus infection



COVID-19

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COVID-19

WHY DO CHILDREN IN EMERGENCIES REQUIRE SPECIAL ATTENTION?¹

Children are the most vulnerable of the populations. They have unique needs and these often get overlooked in emergencies. The ASHA and AWW have an important role to play as members of the child protection committees at the village level.

1

Inform parents that children may express anxiety and sadness. This may be expressed as stubbornness or tantrums. Parents need to be patient and not resort to violent disciplining.

2

Be informed that during emergencies children can be put in situations where they experience violence, abuse and deprivation. Be aware of these possibilities, take action and report

3

To be vigilant and watch out for unaccompanied minors

4

Call CHILDLINE 1098 for any support for children.

5

Monitor that Child Protection workers of Child Care Institutions (CCIs) are following all safety norms

¹This section to be used only for Child Protection Nodal Officers at the State level



COVID-19

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¹This section to be used only for Child Protection Nodal Officers at the State level



For more Information contact:

Director, Emergency Medical and Relief.
Ministry of Health and Family Welfare.
Tel: +91-11-23978046

Director, National Center For Disease Control.
Tel: +91-1123913148

Mission Director, National Rural Health Mission.
Tel: xxxxxxxxxx

RESOURCE MATERIAL FOR CAPACITY BUILDING OF HEALTHCARE PROFESSIONALS FOR COVID-19 CONTAINMENT

S.No	Role	Category of Health-care Professional	Resource Material for Capacity Building	Videos available	Topics Covered
1	Field Surveillance (Young Personnel preferred)	ANM, ASHA, AWW AYUSH Students NCC Cadets NSS Volunteers NYKS Volunteers IRCS Volunteers CPSE Workers Ambulance Drivers Gram Panchayats / Urban Local Bodies Employees/ Rozgar Sevaks RWA All officers generally deployed as micro observers during general elections, including teachers	<ol style="list-style-type: none"> FACILITATOR GUIDE for Training of ANM, ASHA, AWW https://www.mohfw.gov.in/pdf/FacilitatorGuideCOVID19_27%20March.pdf SLIDES for Training of ANM, ASHA, AWW https://www.mohfw.gov.in/pdf/2COVID19PPT_25MarchPPTwithAnimation.pdf DIGITAL POCKET BOOK for ANM, ASHA, AWW https://www.mohfw.gov.in/pdf/3Pocketbookof5_Covid19_27March.pdf STANDARD OPERATING PROCEDURE for Transporting a Suspect/Confirmed case of COVID-19 https://www.mohfw.gov.in/pdf/StandardOperatingProcedureSOPfortransportingasuspectorconfirmedcaseofCOVID19.pdf GUIDELINES for Home Quarantine https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf Manual on Homemade Protective Cover for Face and Mouth(03.04.2020) https://www.mohfw.gov.in/pdf/Advisory&ManualonuseofHomemadeProtectiveCoverforFace&Mouth.pdf 	<ol style="list-style-type: none"> Surveillance of COVID19 management (AIIMS) https://drive.google.com/drive/folders/1HOi0ao-sgR9hWKYe0Q-Be5S4E8sfjqFb Video on Covid-19 awareness for community level workers https://www.youtube.com/watch?v=UIQIZBO2iIA&feature=youtu.be VIDEO TUTORIAL (Hindi) on Infection Control, Personal Protection & Environment Cleaning against COVID https://drive.google.com/file/d/17oCqHqPM4-b23YlW6tVQtUe_dRUh6VmP/view VIDEO DEMONSTRATION (English) of Hand Washing by AIIMS https://youtu.be/htl6ZUQ-b3Y VIDEO DEMONSTRATION (Hindi) of Hand Washing by AIIMS https://youtu.be/8Dt1BTGxn5I Lockdown to knockdown COVID-19 https://www.mohfw.gov.in/video/video1.html Know what is the meaning of Lockdown for them. https://www.youtube.com/watch?v=maBw7HmrU8c&feature=youtu.be Connecting with little ones 	<ol style="list-style-type: none"> Role of frontline workers. Information about Handwashing, Cough hygiene, Social distancing . Personal safety measures to be taken in the field. Supportive public health services. Community surveillance. How to deal with stigma and discrimination. Transporting a suspected case of COVID-19 Management on board in an ambulance. Disinfection of ambulance. Instructions for contacts being home quarantined. Environmental sanitation .

			<p>7. HEALTH ADVISORY for Elderly Population of India during COVID19 Pandemic https://www.mohfw.gov.in/pdf/AdvisoryforElderlyPopulation.pdf</p> <p>8. GUIDELINES for Disinfection of Public Places including Offices https://www.mohfw.gov.in/pdf/Guidelinesondisinfectionofcommonpublicplacesincludingoffices.pdf</p> <p>9. GUIDELINES for General Public for using Masks https://www.mohfw.gov.in/pdf/Useofmaskbypublic.pdf</p>	<p>during the COVID19 stay-in' (ENGLISH) https://www.youtube.com/watch?v=OYD9bogtJIU&feature=youtu.be</p> <p>9. Connecting with little ones during the COVID19 stay-in' (HINDI) https://www.youtube.com/watch?v=GPWn_e9iuv&feature=youtu.be</p> <p>10. Precautions to be taken - AMITABH BACHAN . ENGLISH https://drive.google.com/drive/folders/1wvEmLyv3w3gUMpJP5VhgZgXruuusRpJS</p> <p>11. Precautions to be taken - AMITABH BACHAN HINDI https://drive.google.com/drive/folders/1wvEmLyv3w3gUMpJP5VhgZgXruuusRpJS</p> <p>12. Cover your mouth HINDI https://drive.google.com/drive/folders/1wvEmLyv3w3gUMpJP5VhgZgXruuusRpJS</p> <p>13. Cover your mouth ENGLISH https://drive.google.com/drive/folders/1wvEmLyv3w3gUMpJP5VhgZgXruuusRpJS</p> <p>14. Hand-wash ENGLISH https://drive.google.com/drive/folders/1wvEmLyv3w3gUMpJP5VhgZgXruuusRpJS</p> <p>15. Things to know about home quarantine ENGLISH https://drive.google.com/drive/folders/1wvEmLyv3w3gUMpJP5VhgZgXruuusRpJS</p> <p>16. Do you need to wear the mask ENGLISH https://drive.google.com/drive/folders/1wvEmLyv3w3gUMpJP5VhgZgXruuusRpJS</p>	
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				<p>gUMpJP5VhgZgXruuusRpJS</p> <p>17. When to seek treatment ENGLISH/ HINDI https://drive.google.com/drive/folders/1wvEmLyv3w3gUMpJP5VhgZgXruuusRpJS</p> <p>18. Basic precautions against COVID19 Trisha ENGLISH https://drive.google.com/drive/folders/1wvEmLyv3w3gUMpJP5VhgZgXruuusRpJ</p>	
2	Field Supervision (Experienced Personnel preferred)	<p>PHC doctors</p> <p>Ayush doctors</p> <p>Dental doctors</p> <p>Physiotherapists</p> <p>Ex- Servicemen</p> <p>Veterinary doctors</p> <p>All officers generally deployed as micro observers during general elections, including teachers</p>	<p>1. FACILITATOR GUIDE for Training of ANM, ASHA, AWW https://www.mohfw.gov.in/pdf/FacilitatorGuideCOVID19_27%20March.pdf</p> <p>2. SLIDES for Training of ANM, ASHA, AWW https://www.mohfw.gov.in/pdf/2COVID19PPT_25MarchPPTwithAnimation.pdf</p> <p>3. DIGITAL POCKET BOOK for ANM, ASHA, AWW https://www.mohfw.gov.in/pdf/3Pocketbookof5_Covid19_27March.pdf</p> <p>4. HOW TO USE the Training Toolkit for ANM, ASHA, AWW https://www.mohfw.gov.in/pdf/4FLWToolkitHowtousethetoolkit.pdf</p> <p>5. STANDARD OPERATING PROCEDURE for Transporting a Suspect/Confirmed case of COVID-19 https://www.mohfw.gov.in/pdf/StandardOperatingProcedureSOPfortransportingasuspectorconfirmedcaseofCOVID19.pdf</p>	<p>1. lockdown to knockdown COVID-19 https://www.mohfw.gov.in/video/video1.html</p> <p>2. VIDEO TUTORIAL (Hindi) on Infection Control, Personal Protection & Environment Cleaning against COVID https://drive.google.com/file/d/17oCqHqPM4-b23YLW6tVQtUe_dRUh6VmP/view</p> <p>3. VIDEO DEMONSTRATION (English) of Hand Washing by AIIMS https://youtu.be/htl6ZUQ-b3Y</p> <p>4. VIDEO DEMONSTRATION (Hindi) of Hand Washing by AIIMS https://youtu.be/8Dt1BTGXn5I</p>	

			<p>6. GUIDELINES for Home Quarantine https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf</p> <p>7. HEALTH ADVISORY for Elderly Population of India during COVID19 Pandemic https://www.mohfw.gov.in/pdf/AdvisoryforElderlyPopulation.pdf</p> <p>8. GUIDELINES for Disinfection of Public Places including Offices https://www.mohfw.gov.in/pdf/Guidelinesondisinfectionofcommonpublicplacesincludingoffices.pdf</p> <p>9. GUIDELINES for General Public for using Masks https://www.mohfw.gov.in/pdf/Useofmasksbypublic.pdf</p> <p>10. GUIDELINES for COVID Waste Disposal by CPCB (revised 25th March) https://ncdc.gov.in/WriteReadData/l892s/63948609501585568987.pdf</p>		
3	Sample Collection, Packaging and Transportation	Lab Technicians B Sc/M Sc Microbiology Students	<p>1. Advisory to start rapid antibody based blood test for COVID-19 (04.02.2020) https://www.mohfw.gov.in/pdf/Advisory&StrategyforUseofRapidAntibodyBasedBloodTest.pdf</p> <p>2. GUIDELINES for Specimen Collection, Packaging and Transport for SARS-CoV-2 https://www.mohfw.gov.in/pdf/5Sample%20collection_packaging%20%202019-nCoV.pdf</p> <p>3. TESTING STRATEGY for</p>	<p>1. WEBINAR 1 - Infection Control Practices for COVID-19 by AIIMS New Delhi https://youtu.be/BTLGGV3_Xnl?t=1771</p> <p>2. Physicians Webinars on COVID-19 (02.04.2020) https://www.mohfw.gov.in/pdf/RevisedCOVIDWebinarforPhysicianofficers2.pdf</p> <p>3. VIDEO DEMONSTRATION of PPE Donning & Removal by AIIMS https://youtu.be/mdrK</p>	<p>1. STRATEGY FOR USE OF RAPID ANTIBODY BASED BLOOD TEST.</p> <p>2. Specimen Collection, Packaging and Transport of sample.</p> <p>3. Testing strategy for COVID-19.</p> <p>4. Infection prevention</p>

			<p>COVID-19 by Indian Council of Medical Research (revised 20 March)</p> <p>https://icmr.nic.in/sites/default/files/upload_documents/2020-03-20_covid19_test_v3.pdf</p> <p>4. GUIDELINES for Rapid Antibody Kits for SARS-CoV-2 (28th March) https://icmr.nic.in/sites/default/files/upload_documents/Guidance_on_RapidKits_COVID19_28032020_V1.pdf</p> <p>5. GUIDELINES for COVID Waste Disposal by CPCB (revised 25th March) https://ncdc.gov.in/WriteReadData/l892s/63948609501585568987.pdf</p> <p>6. GUIDELINES for COVID-19 Testing in Private Laboratories in India https://www.mohfw.gov.in/pdf/NotificationofICMguidelinesforCOVID19testinginprivatelaboratoriesinIndia.pdf</p>	<p>zhHD88</p> <p>4. VIDEO DEMONSTRATION of PPE Donning & Removal by IDSP https://drive.google.com/file/d/1TdaBLvD-73oiN6xuVwbcUgpKt6_aUH_o/view?usp=sharing</p>	<p>and control for COVID-19.</p> <p>5. PPE Donning and removing.</p> <p>6. Waste Disposal management.</p>
4	Clinical Management in COVID Treatment Facilities	<p>1. GUIDELINES for Clinical Management of COVID-19 (revised 31st March) https://www.mohfw.gov.in/pdf/RevisedNationalClinicalManagementGuidelineforCOVID1931032020.pdf</p> <p>2. GUIDELINES on Rational Use of PPE https://www.mohfw.gov.in/pdf/GuidelinesonRationalUseofPersonalProtectiveEquipment.pdf</p> <p>3. WEBINAR for Physicians</p>	<p>1. Physician WEBINAR 1 https://www.youtube.com/watch?v=BTLGGV3_XnI&list=PLRlCeuhQjvr6d_YG1D14NRRsD4hFl_Tzd&index=2&t=0s</p> <p>2. Physician WEBINAR 2 https://www.youtube.com/watch?v=8bcLvmqVlNg&list=PLRlCeuhQjvr6d_YG1D14NRRsD4hFl_Tzd&index=3&t=0s</p> <p>3. Physician WEBINAR 3 https://www.youtube.com/watch?v=mXEAqRaqafY&list=PLRlCeuhQjvr6d_YG1D14NRRsD4hFl_Tzd&index=4&t=0s</p> <p>4. Physician WEBINAR 4 https://www.youtube.com/watch</p>	<p>1. Case definitions</p> <p>2. Clinical features</p> <p>3. Immediate implementation of IPC measures</p> <p>4. Laboratory diagnosis</p> <p>5. Early supporting therapy and monitoring.</p> <p>6. Management of hypoxemic respiratory failure and ARDS .</p> <p>7. Management of septic shock</p> <p>8. measures of</p>	

			<p>on COVID-19 ENGLISH(02.04.2020) https://www.mohfw.gov.in/pdf/RevisedCOVIDWebinarforPhysicianofficers2.pdf</p> <p>4. WEBINARS for NURSES FOR TRAINING IN CARE OF COVID-19 PATIENTS https://www.mohfw.gov.in/pdf/RevisedCOVIDWebinarforNursingofficers2.pdf</p>	<p>?v=y8gYvRcPdhQ&list=PLRlCeUHQjvr6d_YG1D14NRRsD4hFI_Tzd&index=7&t=0s</p> <p>5. WEBINAR 1 for Nurses https://www.youtube.com/watch?v=-LiueyrHEIY&list=PLRlCeUHQjvr6D6gUSLeex9f5pBuf6fTSK&index=3&t=0s</p> <p>6. WEBINAR 2 for Nurses https://www.youtube.com/watch?v=ZMhQmholi5g&list=PLRlCeUHQjvr6D6gUSLeex9f5pBuf6fTSK&index=5&t=0s</p> <p>7. WEBINAR 3 for Nurses https://www.youtube.com/watch?v=wmCwATSH5CQ&list=PLRlCeUHQjvr6D6gUSLeex9f5pBuf6fTSK&index=2&t=0s</p> <p>8. WEBINAR 4 for Nurses https://www.youtube.com/watch?v=rU6cOJq2wkQ&list=PLRlCeUHQjvr6D6gUSLeex9f5pBuf6fTSK&index=4&t=0s</p>	Prevention of complications
4.1	At isolation facility	<p>Allopathic Doctors</p> <p>Doctors drawn from Army, Paramilitary and Railways</p> <p>Ayush Doctors</p> <p>Medical Interns & Final yr MBBS Students</p> <p>Nursing Students (M SC/ B Sc final year)</p>	<p>1. GUIDELINES for Setting Up Isolation Facility/Ward https://ncdc.gov.in/WriteReadData/l892s/42417646181584529159.pdf</p> <p>2. GUIDELINES for Clinical Management of COVID-19 (revised 31st March) https://www.mohfw.gov.in/pdf/RevisedNationalClinicalManagementGuidelineforCOVID1931032020.pdf</p> <p>3. WEBINAR SCHEDULE for Nursing Officers caring for COVID by AIIMS (02.04.2020) https://www.mohfw.gov.in/pdf/RevisedCOVIDWebinarforNursingofficers2.pdf</p> <p>4. GUIDELINES for COVID Waste Disposal by CPCB (revised 25th March) https://ncdc.gov.in/WriteReadData/l892</p>	<p>1. VIDEO PLAYLIST of Telemedicine Sessions for Physicians by AIIMS for COVID https://www.youtube.com/playlist?list=PLRlCeUHQjvr6d_YG1D14NRRsD4hFI_Tzd</p> <p>2. VIDEO PLAYLIST of Telemedicine Sessions for Nurses by AIIMS for COVID (02.04.2020) https://www.youtube.com/playlist?list=PLRlCeUHQjvr6D6gUSLeex9f5pBuf6fTSK</p> <p>3. VIDEO DEMONSTRATION of PPE Donning & Removal by IDSP https://drive.google.com/file/d/1TdaBLvD-73oiN6xuVwbcUgpKt6_auH_o/view?usp=sharing</p> <p>4. VIDEO DEMONSTRATION of PPE Donning & Removal by AIIMS https://youtu.be/mdrK_zhHD88</p>	<p>1. Quarantine and isolation facilities.</p> <p>2. Wearing and removing Personal Protective Equipment (PPE)</p> <p>3. Transport of Infectious Patients.</p> <p>4. Epidemiology, Clinical features and diagnosis</p> <p>5. Infection control practices .</p> <p>6. Management of COVID-19 .</p> <p>7. Management of Severe COVID-19: ARDS and septic shock.</p> <p>8. Management of critically ill patients in ICU.</p> <p>9. Ventilation</p>

			<p>s/63948609501585568987.pdf</p> <p>5. PHYSICIAN Webinars on COVID-19 (02.04.2020) https://www.mohfw.gov.in/pdf/RevisedCOVIDWebinarforPhysicianofficers2.pdf</p>		strategy.
4.2	Intensive care	<p>Anaesthetist/Respiratory Physician/ Medical Specialist 2/3 yr PG students (MD/ DNB/Diploma)in above mentioned subjects</p> <p>GNM Nursing Officers Nursing Faculty Final year BSc/MSc Nursing Students</p>	<p>1. GUIDELINES on Clinical Management of Severe Acute Respiratory Illness (SARI) in Suspect/Confirmed COVID cases https://ncdc.gov.in/WriteReadData/l892s/96997299691580715786.pdf</p> <p>2. GUIDELINES for COVID Waste Disposal by CPCB (revised 25th March) https://ncdc.gov.in/WriteReadData/l892s/63948609501585568987.pdf</p>	<p>1. COVID-19 Webinar (ICU Care and ventilation Strategy) by AIIMS, New Delhi https://www.youtube.com/watch?v=mXEAqRaqaFY</p> <p>2. VIDEO DEMONSTRATION of PPE Donning & Removal by IDSP https://drive.google.com/file/d/1TdaBLvD-73oiN6xuVwbcUgpKt6_auH_o/view?usp=sharing</p> <p>3. VIDEO DEMONSTRATION of PPE Donning & Removal by AIIMS https://youtu.be/mdrK_zhHD88</p>	<p>1. Infection control practices .</p> <p>2. Management of COVID-19 .</p> <p>3. Management of Severe COVID-19: ARDS and septic shock.</p> <p>4. Management of critically ill patients in ICU.</p> <p>5. Ventilation strategy.</p> <p>6. Waste Disposal .</p> <p>7. PPE Donning & Removal.</p>

4.3	Infection prevention and Control	All above listed doctors and nurses	1. GUIDELINES for Infection Prevention And Control In Healthcare Facilities https://www.mohfw.gov.in/pdf/National%20Guidelines%20for%20IPC%20in%20HCF%20-%20final%281%29.pdf	1. WEBINAR 1 - Infection Control Practices for COVID-19 by AIIMS New Delhi https://youtu.be/BTLGGV3_Xnl?t=1771	1. Infection Prevention And Control In Healthcare Facilities
5	Medical care/ nursing care in non-Covid areas.	All doctors/ nurses in service and above 60 or with co-morbidities All retired personnel volunteering to work	1. GUIDELINES for the Use of IEC posters for General Health Facilities and Designated Hospitals https://www.mohfw.gov.in/pdf/Guidelinebook1mb.pdf 2. GUIDELINES for COVID Waste Disposal by CPCB (revised 25th March) https://ncdc.gov.in/WriteReadData/l892s/63948609501585568987.pdf 3. Guidelines for Dialysis of COVID – 19 patients. https://www.mohfw.gov.in/pdf/GuidelinesforDialysisofCovid19Patients.pdf	1. VIDEO DEMONSTRATION of PPE Donning & Removal https://drive.google.com/file/d/1TdaBLVD-73oiN6xuVwbcUgpKt6_auH_o/view?usp=sharing	1. Use of Information Materials for General Health Facilities and Designated Hospitals. 2. Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients. 3. Dialysis with reference to COVID-19 Infection
6.	Psycho –Social Care	Psycho- Social Teams of psychiatrists / psychologists and Psycho-social workers Community volunteers.	1. Minding our minds - https://www.mohfw.gov.in/pdf/MindingourmindduringCoronaelectedat.pdf 2. PSYCHOSOCIAL	1. Practical tips to take care of your mental health during the stay in (31.03.2020) https://www.youtube.com/watch?v=uHB3WJsLI8s&feature=youtu.be	1. mental health during lockdown. 2. mental health of children. 3. mental health of elderly 4. mental health of migrants.

			<p>ISSUES AMONG MIGRANTS DURING COVID-19</p> <p>https://www.mohfw.gov.in/pdf/RevisedPsychosocialissuesofmigrantsCOVID19.pdf</p> <p>3. Taking care of mental health of children during COVID - 19 https://www.mohfw.gov.in/pdf/mentalhealthchildren.pdf</p> <p>4. Taking care of the mental health of elderly during COVID - 19. https://www.mohfw.gov.in/pdf/mentalhealthelderly.pdf</p>	<p>2. Various health experts on how to manage mental health and well-being during the #COVID19 outbreak https://www.youtube.com/watch?v=iuKhtSehp24&feature=youtu.be</p> <p>3. Connecting with little ones during the COVID19 stay-in' ENGLISH https://www.youtube.com/watch?v=OYD9bogtJIU&feature=youtu.be</p> <p>4. Identifying and addressing sources of anxiety and stress during the lockdown https://www.mohfw.gov.in/video/video4.html</p>	
7.	Management				
	ICS	Serving / Retired armed forces officers Serving or retired CPSE Officers NDMA/SDMA/ NDRF officers NGO-Consultancy Groups	<p>1. Training module for Incident response system: Basic and Intermediate https://nidm.gov.in/PDF/modules/irs-1.pdf</p>		<p>1. Principles & Features of IRS .</p> <p>2. Organisation & Staffing .</p> <p>3. Incident Facilities.</p> <p>4. Incident Resources & Resource Management .</p> <p>5. Organising for Incident or Event.</p> <p>6. Incident & Event Planning.</p>
	Quarantine facility management	All officers generally deployed as micro observers during general elections, including teachers	<p>1. Containment Plan for Large Outbreaks (04.04.2020) https://www.mohfw.gov.in/pdf/3ContainmentPlanforLargeOutbreaksofCOVID19Final.pdf</p> <p>2. GUIDELINES for Quarantine facilities COVID-19</p>		<p>1. Containment Plan for Large Outbreaks.</p> <p>2. setting up and management of Quarantine facilities COVID-19</p>

			https://ncdc.gov.in/WriteReadData/l892s/90542653311584546120.pdf		
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COVID-19: Guidelines on disinfection of common public places including offices

Scope: This document aims to provide interim guidance about the environmental cleaning /decontamination of common public places including offices in areas reporting COVID-19.

Coronavirus Disease 2019 (COVID -19) is an acute respiratory disease caused by a novel Coronavirus (SARS-CoV-2), transmitted in most instances through respiratory droplets, direct contact with cases and also through contaminated surfaces/objects. Though the virus survives on environmental surfaces for varied period of time, it gets easily inactivated by chemical disinfectants.

In view of the above, the following guidelines are to be followed, especially in areas reporting COVID-19. For ease of implementation the guideline divided these areas into (i) indoor areas, (ii) outdoor areas and (iii) public toilets.

1. Indoor areas including office spaces

Office spaces, including conference rooms should be cleaned every evening after office hours or early in the morning before the rooms are occupied. If contact surface is visibly dirty, it should be cleaned with soap and water prior to disinfection. Prior to cleaning, the worker should wear disposable rubber boots, gloves (heavy duty), and a triple layer mask.

- Start cleaning from cleaner areas and proceed towards dirtier areas.
- All indoor areas such as entrance lobbies, corridors and staircases, escalators, elevators, security guard booths, office rooms, meeting rooms, cafeteria should be mopped with a disinfectant with 1% sodium hypochlorite or phenolic disinfectants. The guidelines for preparing fresh 1% sodium hypochlorite solution is at **Annexure I**
- High contact surfaces such elevator buttons, handrails / handles and call buttons, escalator handrails, public counters, intercom systems, equipment like telephone, printers/scanners, and other office machines should be cleaned twice daily by mopping with a linen/absorbable cloth soaked in 1% sodium hypochlorite. Frequently touched areas like table tops, chair handles, pens, diary files, keyboards, mouse, mouse pad, tea/coffee dispensing machines etc. should specially be cleaned.
- For metallic surfaces like door handles, security locks, keys etc. 70% alcohol can be used to wipe down surfaces where the use of bleach is not suitable.
- Hand sanitizing stations should be installed in office premises (especially at the entry) and near high contact surfaces.
- In a meeting/conference/office room, if someone is coughing, without following respiratory etiquettes or mask, the areas around his/her seat should be vacated and cleaned with 1% sodium hypochlorite.
- Carefully clean the equipment used in cleaning at the end of the cleaning process.
- Remove PPE, discard in a disposable PPE in yellow disposable bag and wash hands with soap and water.

In addition, all employees should consider cleaning the work area in front of them with a disinfecting wipe prior to use and sit one seat further away from others, if possible

2. Outdoor areas

Outdoor areas have less risk than indoor areas due to air currents and exposure to sunlight. These include bus stops, railway platforms, parks, roads, etc. Cleaning and disinfection efforts should be targeted to frequently touched/contaminated surfaces as already detailed above.

3. Public toilets

Sanitary workers must use separate set of cleaning equipment for toilets (mops, nylon scrubber) and separate set for sink and commode). They should always wear disposable protective gloves while cleaning a toilet.

Areas	Agents / Toilet cleaner	Procedure
Toilet pot/ commode	Sodium hypochlorite 1%/ detergent Soap powder / long handle angular brush	<ul style="list-style-type: none"> • Inside of toilet pot/commode: • Scrub with the recommended agents and the long handle angular brush. • Outside: clean with recommended agents; use a scrubber.
Lid/ commode	Nylon scrubber and soap powder/detergent 1% Sodium Hypochlorite	<ul style="list-style-type: none"> • Wet and scrub with soap powder and the nylon scrubber inside and outside. • Wipe with 1% Sodium Hypochlorite
Toilet floor	Soap powder /detergent and scrubbing brush/ nylon broom 1% Sodium Hypochlorite	<ul style="list-style-type: none"> • Scrub floor with soap powder and the scrubbing brush • Wash with water • Use sodium hypochlorite 1% dilution
Sink	Soap powder / detergent and nylon scrubber 1% Sodium Hypochlorite	<ul style="list-style-type: none"> • Scrub with the nylon scrubber. • Wipe with 1% sodium hypochlorite
Showers area / Taps and fittings	Warm water Detergent powder Nylon Scrubber 1% Sodium Hypochlorite/ 70% alcohol	<ul style="list-style-type: none"> • Thoroughly scrub the floors/tiles with warm water and detergent • Wipe over taps and fittings with a damp cloth and detergent. • Care should be taken to clean the underside of taps and fittings. • Wipe with 1% sodium hypochlorite/ 70% alcohol
Soap dispensers	Detergent and water	<ul style="list-style-type: none"> • Should be cleaned daily with detergent and water and dried.

- 70% Alcohol can be used to wipe down surfaces where the use of bleach is not suitable, e.g. metal. (Chloroxyleneol (4.5-5.5%)/ Benzalkonium Chloride or any other disinfectants found to be effective against coronavirus may be used as per manufacturer's instructions)
- Always use freshly prepared 1% sodium hypochlorite.

- Do not use disinfectants spray on potentially highly contaminated areas (such as toilet bowl or surrounding surfaces) as it may create splashes which can further spread the virus.
 - To prevent cross contamination, discard cleaning material made of cloth (mop and wiping cloth) in appropriate bags after cleaning and disinfecting. Wear new pair of gloves and fasten the bag.
 - Disinfect all cleaning equipment after use and before using in other area
 - Disinfect buckets by soaking in bleach solution or rinse in hot water
4. **Personal Protective Equipment (PPE):** Wear appropriate PPE which would include the following while carrying out cleaning and disinfection work.
- Wear disposable rubber boots, gloves (heavy duty), and a triple layer mask
 - Gloves should be removed and discarded damaged, and a new pair worn.
 - All disposable PPE should be removed and discarded after cleaning activities are completed.
 - Hands should be washed with soap and water immediately after each piece of PPE is removed, following completion of cleaning. (Refer to **Annexure II: Steps of Hand Hygiene**)

Masks are effective if worn according to instructions and properly fitted. Masks should be discarded and changed if they become physically damaged or soaked. (**Annexure-III: Guidelines for use of mask**)

Annexure-I

Guidelines for Preparation of 1% sodium hypochlorite solution

Product	Available chlorine	1percent
Sodium hypochlorite – liquid bleach	3.5%	1 part bleach to 2.5 parts water
Sodium hypochlorite – liquid	5%	1 part bleach to 4 parts water
NaDCC (sodium dichloro-isocyanurate) powder	60%	17 grams to 1 litre water
NaDCC (1.5 g/ tablet) – tablets	60%	11 tablets to 1 litre water
Chloramine – powder	25%	80 g to 1 litre water
Bleaching powder	70%	7g g to 1 litre water
Any other	As per manufacturer's Instructions	

Steps of Hand Hygiene

Hand-washing technique with soap and water

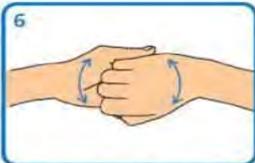
- 

1 Wet hands with water
- 

2 Apply enough soap to cover all hand surfaces
- 

3 Rub hands palm to palm
- 

4 Rub back of each hand with palm of other hand with fingers interlaced
- 

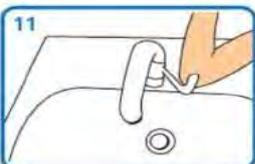
5 Rub palm to palm with fingers interlaced
- 

6 Rub with back of fingers to opposing palms with fingers interlocked
- 

7 Rub each thumb clasped in opposite hand using a rotational movement
- 

8 Rub tips of fingers in opposite palm in a circular motion
- 

9 Rub each wrist with opposite hand
- 

10 Rinse hands with water
- 

11 Use elbow to turn off tap
- 

12 Dry thoroughly with a single-use towel
- 

13 Hand washing should take 15–30 seconds

Guidelines for use of mask

The correct procedure of wearing triple layer surgical mask

1. Perform hand hygiene
2. Unfold the pleats; make sure that they are facing down.
3. Place over nose, mouth and chin.
4. Fit flexible nose piece over nose bridge.
5. Secure with tie strings (upper string to be tied on top of head above the ears –lower string at the back of the neck.)
6. Ensure there are no gaps on either side of the mask, adjust to fit.
7. Do not let the mask hanging from the neck.
8. Change the mask after six hours or as soon as they become wet.
9. Disposable masks are never to be reused and should be disposed off.
10. While removing the mask great care must be taken not to touch the potentially infected outer surface of the mask
11. To remove mask first untie the string below and then the string above and handle the mask using the upper strings.
12. Disposal of used masks: Used mask should be considered as potentially infected medical waste. Discard the mask in a closed bin immediately after use.

R. Subrahmanyam, IAS
Secretary



Ministry of Social Justice and Empowerment
Department of Social Justice & Empowerment
Government of India

D.O. No.Secy(SJE)/SD/2020/214513

Date: 13.4.2020

Subject: Advisory for protection of senior citizens aged above 60 years.

Dear Chief Secretary,

The Senior Citizens who are aged above 60 years and especially those with medical conditions are particularly susceptible to infections during the COVID times. MSJE alongwith Ministry of Health & Family Welfare and Department of Geriatric Medicine, AIIMS Delhi has prepared an Advisory to be followed by all the senior citizens and their care givers during these times.

I would request that this Advisory is widely publicised in all the districts, in all institutions working for senior citizens and through NGOs who are working in this area.

With regards,

Yours sincerely,

Encl: As above


(R. Subrahmanyam)

Chief Secretary of States/UTs



**Ministry of Social Justice and
Empowerment,
Government of India**



**Department of Geriatric
Medicine AIIMS,
New Delhi**

Advisory for Senior Citizens during COVID-19

Based on the Census 2011 age-cohort data, it is projected that there would be approximately 16 Crore Senior citizens (aged above 60 yrs) in the Country.

Sr Citizens between age group 60-69 yrs	8.8cr
Sr Citizens between age group 70-79 yrs	6.4cr
Assisted elders (above 80 years or people who require medical assistance)	2.8cr
Indigent elders (destitute who are homeless or deserted by the families)	0.18cr

Senior citizens above the age of 60 years face an increased risk in COVID times. This is an advisory for Senior Citizens and their caregivers on how to protect them from increased health risk during this period.

For whom is this?

- Aged 60 and above particularly those with following medical conditions
 - Chronic (long-term) respiratory disease, such as asthma, chronic obstructive pulmonary disease (COPD), bronchiectasis, post tuberculous sequelae, interstitial lung disease
 - Chronic heart disease, such as heart failure
 - Chronic kidney disease
 - Chronic liver disease, such as alcoholic, and viral hepatitis
 - Chronic neurologic conditions, such as Parkinson's disease, stroke
 - Diabetes
 - Hypertension
 - Cancer

Advisory for Senior Citizens who are mobile:

Do's	Don'ts
<ul style="list-style-type: none"> • Stay within the house all the time • Avoid having visitors at home • If meeting is essential, maintain a distance of 1 meter • If living alone, one can consider depending on healthy neighbours for acquiring essentials for home • Avoid small and large gatherings at all cost • Remain actively mobile within the house • consider doing light exercise and yoga at home • Maintain hygiene by washing hands. Especially before having meals and after using the washroom. This can be done by washing hands with soap and water for at least 20 seconds • Clean frequently touched objects such as spectacles • Sneeze and cough into tissue paper/handkerchief. After coughing or sneezing dispose of the tissue paper in a closed bin/wash your handkerchief and hands • Ensure proper nutrition through home cooked fresh hot meals, hydrate frequently and take fresh juices to boost immunity • Take your daily prescribed medicines regularly. • Monitor your health. If you develop fever, cough and/or breathing difficulty or any other health issue, immediately contact nearest health care facility and follow the medical advice • Talk to your family members (not staying with you), relatives, friends via call or video conferencing, take help from family members if needed 	<ul style="list-style-type: none"> • Come in close contact with someone who is displaying symptoms of coronavirus disease (fever/cough/breathing difficulty). • Shake hands or hug your friends and near ones • Go to crowded places like parks, markets and religious places • Cough or sneeze into your bare hands • Touch your eyes, face and nose • self-medicate • Go to hospital for routine checkup or follow up. As far as possible make tele-consultation with your healthcare provider • Invite family members and friends at home
<ul style="list-style-type: none"> • Due to Summer, avoid dehydration. Consume an adequate amount of water. (Caution for individuals with pre-existing Heart and Kidney disease) 	

Advisory for caregivers of dependent senior citizens

Do's	Don'ts
<ul style="list-style-type: none"> • Wash your hands before helping the older individual • Cover nose and mouth adequately using a tissue or cloth while attending on the senior citizen • Clean the surfaces which are frequently used. These include a walking cane, walker, wheel-chair, bedpan etc • Assist the older individual and help her/him in washing hands • Ensure proper food and water intake by senior citizens • Monitor his/her health 	<ul style="list-style-type: none"> • Go near senior citizens if suffering from fever/cough/breathing difficulty • Keep senior citizens completely bed-bound • Touch the Senior Citizen without washing hands <input type="checkbox"/>
<ul style="list-style-type: none"> • Contact help-line if the older adult has the following symptoms: <ul style="list-style-type: none"> ○ Fever, with or without body ache ○ New-onset, continuous cough, shortness of breath ○ Unusually poor appetite, inability to feed 	

Advisory for senior citizens on mental well-being

Do's	Don'ts
<ul style="list-style-type: none"> • Communicate with relatives at home • Communicate with neighbours, provided social distancing is followed, and gathering of people is avoided • Provide a peaceful environment • Rediscover old hobbies like painting, listening to music, reading • Make sure to access and believe only the most reliable sources of information • Avoid tobacco, alcohol and other drugs to avoid loneliness or boredom • If you have an already existing mental illness, call helpline (08046110007) 	<ul style="list-style-type: none"> • Isolate yourself • Confine oneself in a room • Follow any sensational news or social media posts. • Spread or share any unverified news or information further
<ul style="list-style-type: none"> • Contact helpline in case of <ul style="list-style-type: none"> ○ Change in mental status, such as excessively drowsy during the day, not responding, speaking inappropriately ○ New onset of inability to recognise relative which he/she could do before 	

प्रेषक,

संख्या-179/USDMA/792 (2020)

मुख्य सचिव/मुख्य कार्यकारी अधिकारी,
उत्तराखण्ड राज्य आपदा प्रबन्धन प्राधिकरण,
उत्तराखण्ड शासन।

सेवा में,

समस्त जिलाधिकारी,
उत्तराखण्ड।

यू0एस0डी0एन0ए0

देहरादून, दिनांक 15 मई, 2020

विषय: राज्य में अवस्थित ग्राम सभा में आने वाले प्रवासियों की व्यवस्थाएं/निगरानी हेतु शासकीय कार्मिकों की नियुक्ति के सम्बन्ध में।

महोदय,

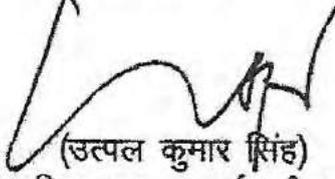
आप अवगत हैं कि राज्य में अवस्थित विभिन्न ग्राम सभाओं में देश के अनेक राज्यों तथा जनपदों से प्रवासियों का आगमन हो रहा है। इस सम्बन्ध में गृह मंत्रालय, भारत सरकार द्वारा तालाबन्दी की अवधि में व्यक्तियों के आवागमन की अनुमति दिये जाने के क्रम में उत्तराखण्ड में आने वाले व्यक्तियों की कोविड-19 के परिप्रेक्ष्य में गृह मंत्रालय एवं स्वास्थ्य मंत्रालय, भारत सरकार के दिशा निर्देशों के अनुरूप निगरानी किये जाने की अत्यन्त आवश्यकता है। इस सम्बन्ध में समस्त जिलाधिकारी ऐसे समस्त ग्रामों में जहां पर प्रवासियों का आगमन हुआ है, वहां पर अनिवार्य रूप से शासकीय कार्मिक (ग्राम सभा में अवस्थित सरकारी विद्यालयों में कार्यरत अध्यापकों/अध्यापिकाओं या अन्य विभागों के कार्मिक) की तैनाती करना सुनिश्चित करें। उपरोक्त शासकीय कर्मी का यह दायित्व होगा कि वह लगातार Quarantine (Home or otherwise) में रह रहे व्यक्तियों हेतु समस्त व्यवस्थाएं करना सुनिश्चित करेंगे एवं लगातार अनुश्रवण करते रहेंगे। उपरोक्त से सम्बन्धित व्यवस्थाएं करने में होने वाला व्यय मुख्यमंत्री राहत कोष से वहन किया जाएगा।

2. आप यह भी अवगत हैं सम्बन्धित ग्राम सभा/ग्राम प्रधान की महत्वपूर्ण भूमिका के दृष्टिगत राज्य कार्यकारी समिति आपदा प्रबन्धन अधिनियम, 2005 की धारा 22 (एच) में प्रदत्त शक्तियों का उपयोग करते हुये कार्यालय आदेश संख्या-117/USDMA-838(2020) दिनांक 04 मई, 2020 के द्वारा समस्त ग्राम प्रधानों को शक्तियों का प्रतिनिधायन करते हुये निर्देश जारी

किये गये हैं। उपरोक्त के सम्बन्ध में जिलाधिकारी अपने स्तर से सम्बन्धित ग्राम में समस्त व्यवस्थाएं करने हेतु सम्बन्धित ग्राम प्रधान को रू0 10,000/- तक की धनराशि मुख्यमंत्री राहत कोष से दे सकते हैं।

3. अतः आपको निर्देशित किया जाता है कि सम्बन्धित ग्राम सभाओं में शासकीय कार्मिक की शीघ्र तैनाती करना सुनिश्चित करें एवं उपरोक्त संन्दर्भित कार्यालय आदेश में दिये गये निर्देशों का पालन करते हुये सम्बन्धित शासकीय कार्मिक द्वारा ग्राम प्रधानों को ग्राम सभा क्षेत्र में आने वाले सभी व्यक्तियों को क्वारनटाईन करने में सहयोग तथा अन्य व्यवस्थायें सुनिश्चित किये जाने हेतु सम्बन्धितों को निर्देशित किया जाना सुनिश्चित करें।

भवदीय,


(उत्पल कुमार सिंह)
मुख्य सचिव/मुख्य कार्यकारी अधिकारी

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु:-

1. सचिव, मा0 मुख्यमंत्री को मा0 मुख्यमंत्री महोदय के संज्ञानार्थ
2. पुलिस महानिदेशक, उत्तराखण्ड।
3. समस्त अपर मुख्य सचिव/प्रमुख सचिव/सचिव, उत्तराखण्ड शासन।
4. महानिदेशक, सूचना एवं लोक संपर्क विभाग, उत्तराखण्ड।
5. मण्डल आयुक्त, कुमाऊ एवं गढ़वाल।
6. महानिदेशक, विद्यालयी शिक्षा, उत्तराखण्ड
7. समस्त मुख्य विकास अधिकारी, उत्तराखण्ड।
8. समस्त जिला शिक्षा अधिकारी, उत्तराखण्ड।


(उत्पल कुमार सिंह)
मुख्य सचिव/मुख्य कार्यकारी अधिकारी

उत्पल कुमार सिंह,
मुख्य सचिव
उत्तराखण्ड शासन।

भेजा है

1. समस्त अपर मुख्य सचिव, उत्तराखण्ड शासन।
2. समस्त प्रमुख सचिव/सचिव/सचिव (प्रभारी), उत्तराखण्ड शासन।
3. मण्डलायुक्त, गढ़वाल एवं कुमाऊं।
4. पुलिस महानिदेशक, उत्तराखण्ड।
5. समस्त जिलाधिकारी, उत्तराखण्ड।
6. समस्त विभागाध्यक्ष/कार्यालयाध्यक्ष, उत्तराखण्ड।

सामान्य प्रशासन विभाग

देहरादून : दिनांक 02 मई, 2020

विषय : प्रदेश के शासकीय कार्यालयों को खोलने पर सावधानी बरतने के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक पूर्व में शासनादेश संख्या 232/XXXI(15)G-04 (सा0)/2020, दिनांक 18 मार्च, 2020 तथा 235/XXXI(15)G-04 (सा0)/2020, दिनांक 19 अप्रैल, 2020 के द्वारा राज्य के कार्यालयों को खोले जाने से सम्बन्धित दिशा-निर्देश जारी किये गये थे। तदक्रम में मुझे यह कहने का निदेश हुआ है कि 04 मई, 2020 से राज्य के ग्रीन जोन जनपदों के समस्त शासकीय कार्यालयों को खोला जाना प्रस्तावित है। ग्रीन जोन में अवस्थित कार्यालयों में कार्यरत समस्त समूह 'क' एवं 'ख' के अधिकारीगण की शत प्रतिशत तथा समूह 'ग' एवं 'घ' की 50% उपस्थिति सुनिश्चित की जाएगी। शिक्षण संस्थाएँ बन्द रहने की दशा में नितान्त आवश्यकता पड़ने पर न्यून संख्या में शिक्षक/स्टाफ को बुलाने पर विचार किया जा सकता है।

2— रैड तथा ऑरेंज जोन के जनपदों के अन्तर्गत शासकीय कार्यालयों में 04 मई, 2020 से एक सप्ताह तक समूह क एवं ख के अधिकारीगण 100 प्रतिशत तथा समूह ग एवं घ के कर्मचारीगण 33 प्रतिशत रोटेशन के आधार पर, जिसका निर्धारण अपर मुख्य सचिव/प्रमुख सचिव/सचिव/विभागाध्यक्ष/कार्यालयाध्यक्ष द्वारा किया जाएगा, उपस्थित रहकर कार्य करेंगे। प्रथम सप्ताह के अन्त में स्थिति की समीक्षा करने के पश्चात समूह 'क' एवं 'ख' के अधिकारीगण को 100 प्रतिशत तथा समूह 'ग' एवं 'घ' के 50 प्रतिशत कर्मचारीगणों को कार्यालयों में उपस्थित रहने पर विचार किया जाएगा। किसी भी जनपद के जिलाधिकारी द्वारा कोविड-19 के संक्रमण की स्थिति का आंकलन कर आवश्यकता पड़ने पर किसी कार्यालय को Epidemic Act एवं Disaster Management Act के सुसंगत प्राविधान के अधीन बन्द रखने का निर्णय शासन को अवगत कराने के उपरान्त लिया जा

सकना। इसी प्रकार जिलाधिकारी द्वारा कोविड-19 के प्रबंधन तथा शोकग्राम के उद्देश्य से आवश्यकता पड़ने पर उनके जनपद में स्थित किसी कार्यालय में तैनात अधिकारी/कर्मचारी को सेवारत प्राप्त किया जा सकता।

3- सभी जॉनों में शासकीय कार्यालय प्रातः 10:00 बजे से अपरान्ह 04:00 बजे तक खोले जाएंगे। सचिवालय के कार्यालय प्रातः 09:30 बजे से अपरान्ह 04:00 बजे तक खोले जाएंगे।

4- शासकीय कार्यालयों में कार्यरत अधिकारीगण/कर्मचारीगण कोरोना वायरस (कोविड-19) के संक्रमण से बचाव हेतु निम्नानुसार कार्यवाही/सावधानी का अनिवार्य रूप से अनुपालन करना सुनिश्चित करेंगे।

Disinfection and Sanitization:

1. कार्यालयों को साफ-सुधरा रखने हेतु कीटाणुनाशक रसायन जैसे sodium hypochlorite or chloroxylenol or parachlorometaxylenol (PCMX) का प्रयोग प्रवेश द्वारों, दरवाजों, फर्श खुला क्षेत्र, सीढ़ियों, रेलिंग, मलियारों, कुर्सियों/मेजों, पूछताछ/कैश काउण्टर्स दीवारों/सतहों, लिफ्ट, सभागारों, बरामदों, कैण्टीनस, शौचालयों, वाटर पॉइंट्स आदि में सप्ताह में कम से कम दो बार अनिवार्य रूप से किया जाए।
2. प्रत्येक दिन कम से कम एक बार उपयुक्त कीटाणुनाशक द्वारा कार्यालयों के फर्श, मलियारे तथा दो बार शौचालयों, सिंक, आदि को सेनेटाइज किया जाये।
3. पानी के टैंकों को पूर्ण रूप से स्वच्छ एवं कीटाणु रहित रखा जाये। टैंक में रूके हुए पानी को निकालकर स्वच्छ एवं ताजा पानी भरा जाये।
4. कार्यालयों के सभी वाटर फिल्टर्स की सर्विस अधिकृत सर्विस प्रोवाइडर द्वारा कराया जाना सुनिश्चित किया जाए तथा पीने के पानी की शुद्धता की जांच भी करवायी जाये।
5. सभी कार्यालयों के प्रवेश द्वार पर हैण्ड सैनिटाइजर/हैण्ड वाश की उपलब्धता अनिवार्य रूप से सुनिश्चित की जाये। प्रत्येक व्यक्ति द्वारा कार्यालय में प्रवेश से पूर्व हाथों को अनिवार्य रूप से सैनिटाइज किया जाये। शौचालयों में लिक्विड सोप, टिशु पेपर्स एवं पानी की व्यवस्था सुनिश्चित करें। फाइलों, कम्प्यूटर की-बोर्ड आदि उपकरणों का इस्तेमाल के पश्चात् अपने हाथों को भली-भांति **sanitize** करते रहें। अपने मुंह, आंख आदि को अनावश्यक छूने का प्रयास न करें।
6. कार्यालयों में ताजी हवा एवं खुला वातावरण रखा जाये तथा एयर कण्डीशनर व पंखों की साफ-सफाई तथा लिफ्ट में लगे पंखों की भी साफ सफाई का रख-रखाव किया जाये। किसी भी प्रकार की **Air Conditioning** का इस्तेमाल हतोत्साहित किया जाये तथा नितान्त अपरिहार्य परिस्थिति में इस विषय पर भारत सरकार की गाइडलाइन के अनुसार ही किया जाए।

Social Distancing:

7. विभागाध्यक्ष/कार्यालयाध्यक्ष कार्यालयों के खुलने/बन्द होने तथा मध्यान्ह भोजन का समय **stagger** करने पर विचार करेंगे ताकि परिसर के अन्दर अथवा बाहर भीड़ न हो।

8. प्रत्येक परिसर/कार्यालय, वेटिंग रूम, विजिटर लॉबी आदि में सोशल डिस्टेंसिंग का अनुपालन अनिवार्य रूप से किया जाये। भीड़-भाड़ बिल्कुल न की जाये व बैठने के लिए दो कुर्सियों के बीच की दूरी कम से कम 6 फीट होनी चाहिए।
9. यथा सम्भव सीडियों का उपयोग किया जाये लिफ्ट का प्रयोग करने की दशा में (लिफ्ट के साइज के अनुसार) 2 या 4 व्यक्तियों से अधिक द्वारा न किया जाये।

Screening and Monitoring :

10. कार्यालयों में मुख्य प्रवेश द्वार पर थर्मल स्कैनिंग के लिए पूर्ण व्यवस्था सुनिश्चित की जाये।
11. कार्यालयों में अनावश्यक आगंतुकों का प्रवेश पूर्णतः वर्जित रहेगा।
12. कार्यालयों में कार्यरत अधिकारियों एवं कर्मचारियों द्वारा पहचान पत्र अपने साथ रखना अनिवार्य रहेगा तथा कार्यालय में प्रवेश के समय सुरक्षाकर्मियों को चैकिंग के समय पहचान पत्र दिखाया जायेगा।

Prevention and Awareness :

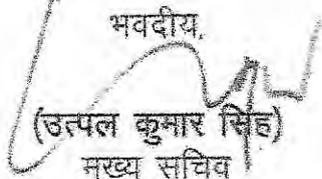
13. किसी भी ऐसी महिला कर्मिक जो गर्भावस्था में हो अथवा जिनकी संतान 10 वर्ष से कम उम्र की हो केवल अपरिहार्य परिस्थिति में ही कार्यालय बुलाई जा सकेंगी। इसी प्रकार 55 वर्ष से अधिक आयु अथवा Co-morbidities से ग्रसित कर्मिक को भी अपरिहार्य परिस्थिति के अलावा कार्यालयों में नहीं बुलाया जाएगा।
14. प्रत्येक कर्मिक को अपने स्वास्थ्य की स्थिति के बारे में स्वयं संतुष्ट होना चाहिए तथा उसे यह भी देखना होगा कि उसके परिवार के किसी सदस्य अथवा आस-पड़ोस एवं प्रियजन कोविड-19 से ग्रसित तो नहीं है एवं स्थानीय प्रशासन द्वारा उसको क्वारंटाइन में रखने हेतु तो नहीं कहा गया है।
15. कार्यालय परिसरों में गुटका, पान, तम्बाकू, बीड़ी, सिगरेट का सेवन एवं धूकना पूर्णतः प्रतिबन्धित रहेगा।
16. मारुक/फेस कवर का अनिवार्यतः प्रयोग किया जाए।
17. कार्यालयों/कार्यालय परिसरों/कैंपटीन्स/किचन आदि में डस्टबिन को ढक कर रखा जाए एवं कूड़ा करकट डस्टबिन में ही डाला जाए। कैंपटीन वर्तमान समय में बंद रखे जाएंगे परन्तु किचन के माध्यम से कार्यालय कक्षों में डिलीवरी की इजाजत दी जा सकेगी।
18. कार्यालयों के दरवाजे को खुला रखा जाये, ताकि दरवाजों को बार-बार छूना न पड़े।
19. अधिकारियों एवं कर्मचारियों द्वारा विशेषतः पानी की बोतल, चाय मग अपने घर से ही लाया जाए।
20. कैंपटीन द्वारा चाय/काँफी/पानी आदि के लिए कार्ड बोर्ड के डिस्पोजल कप का ही इस्तेमाल किया जाए।
21. कार्यालयों/सभागारों में बैठकों या समारोह इत्यादि का आयोजन अपरिहार्य परिस्थिति में की जाए। संभव हो सके तो बैठकों के लिए वीडियो कॉन्फ्रेंसिंग का ही उपयोग किया जाए।
22. खांसी, जुकाम, सांस लेने में तकलीफ के लक्षण वाले अधिकारी/कर्मचारी को कार्यालय में न बुलाया जाए तथा उसे अनुमन्य अवकाश स्वीकृत किया जाए। ऐसे कर्मचारियों के द्वारा अपनी

- बीमारी की सूचना अनिवार्य रूप से अपने उच्च अधिकारियों को दी जाए और चिकित्सकीय परामर्श के पश्चात् ही किसी दवाई का सेवन किया जाए।
23. कार्यालयों में कर्मचारी अभिवादन / शिष्टाचार में हाथ न मिलायें व अन्य गैर सम्पर्क तरीकों का ही उपयोग करें।
24. खातते अथवा छींकते समय अपने मुँह एवं नाक को रुमाल अथवा कोहनी से ढकें तथा हथेलियों का इस्तेमाल न करें।
25. कार्यालय में खुले एवं असुरक्षित व बाहर से मंगाये खाद्य पदार्थों का सेवन बिल्कुल न किया जाए।
26. AROGYA SETU App का इस्तेमाल सभी कार्मिकों के लिए अनिवार्य होगा।

General Guidelines for Movement within office Premises :

- (i) सोशल डिस्टेंसिंग कम से कम 6 फिट अवश्य रखी जाए।
- (ii) ग्रुप में न घूमें तथा भोजन, चाय आदि के लिए किसी एक स्थान पर इकट्ठा होने से बचें तथा हर स्थिति में सोशल डिस्टेंसिंग बनाकर रखें।
- (iii) पानी के नल आदि को इस्तेमाल के पहले एवं पश्चात् साफ करें।
- (iv) बाहर से मंगाया भोजन प्रतिबंधित करें।

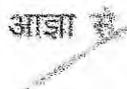
यह आदेश समय-समय पर भारत सरकार एवं राज्य सरकार द्वारा निर्मित किए जाने वाले आदेशों के अधीन होगा।

भवदीय,

 (उत्पल कुमार सिंह)
 मुख्य सचिव

संख्या—239 / xxxi(15)G-04(सा0) / 2020 तबदिनांक।

प्रतिलिपि.— निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

1. सचिव, श्री राज्यपाल, उत्तराखण्ड।
2. सचिव, मा0 मुख्यमंत्री जी, उत्तराखण्ड।
3. सचिव, विधान सभा, उत्तराखण्ड।
4. सचिव, गोपन (मंत्रिपरिषद) विभाग, उत्तराखण्ड शासन।
5. समस्त निजी सचिव, मा0 मंत्रिगण, उत्तराखण्ड को मा0 मंत्रिगण महोदय के संज्ञानार्थ।
6. स्टाफ ऑफिसर, मुख्य सचिव, उत्तराखण्ड शासन।
7. गार्ड फाईल।

आज्ञा से

 (डॉ० पंकज कुमार पाण्डेय)
 सचिव(प्रभारी)

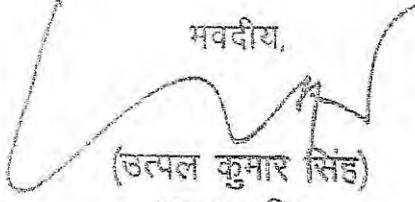
उत्तराखण्ड राज्य आपदा प्रवन्धन प्राधिकरण
सचिवालय परिसर, देहरादून
संख्या- 215-USDMA-792 (2020) TC-1
देहरादून: दिनांक- 29/5/2020

आदेश

उत्तराखण्ड राज्य आपदा प्रवन्धन प्राधिकरण द्वारा कोविड-19 संक्रमण से बचाव हेतु विभिन्न मानक प्रचालन विधि (एसओपी) तैयार की गई हैं। उक्त के संदर्भ में सम्बन्धित मानक प्रचालन विधि (एसओपी) (SOP for Interstate & Intrastate movement of stranded persons: SOP for Interstate movement of stranded persons by trains) में निम्नलिखित बिन्दुओं को समावेशित किया जाना प्रस्तावित है:

- Inter-district movement within the state shall be permitted. However, such persons shall register themselves on the web portal (<https://dselservices.in/uttarakhand-migrant-registration.php>), prior to their movement. No other permit/ permission will be required for such inter-district movement within the state.
- The District Nodal Officers shall ensure proper thermal screening of all such people at the district border check posts. Also, a record of such inbound persons shall be maintained and shared with the state control room on a daily basis.
- In case of inter-state and intra-state movement for official purposes, all officers of GoI, State Government, CPSUs, Central Government/ State Government organisations, Judiciary shall be exempted from being quarantined. However, such individuals shall ensure compliance of all norms of safety and social distancing, as per guidelines of MoHFW and MHA.
- All inbound persons travelling for business, provision of essential services, technical expertise for industries or other similar purposes, irrespective of the mode of travel, shall ensure movement directly to the quarantine centres designated for them. They shall, however, be allowed to move to their place of work, and it shall be the responsibility of the concerned establishment to ensure that all norms of safety and social distancing, as per MoHFW and MHA guidelines, are strictly complied with. There shall be no restriction of the quarantine period of 14 days for all such asymptomatic persons and they shall be permitted to travel back to their place of origin, after completion of work.

उक्त समावेशित बिन्दुओं के आधार पर यथा संशोधित एसओपी (मानक प्रचालन विधि) के अनुसार कार्यवाही सुनिश्चित की जाये। शेष आदेश तथा निर्गत दिशा निर्देश यथावत रहेंगे।

भवदीय,

(उत्पल कुमार सिंह)
मुख्य सचिव

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित -

1. सचिव, मा० मुख्यमंत्री को ना० मुख्यमंत्री महोदय के सज्जनार्थ ।
2. समस्त अघर मुख्य सचिव/प्रमुख सचिव/सचिव, उत्तराखण्ड शासन ।
3. पुलिस महानिदेशक, उत्तराखण्ड ।
4. स्थानीक आयुक्त, उत्तराखण्ड ।
5. मण्डल आयुक्त, कुमाऊँ एवं गढ़वाल ।
6. समस्त जिलाधिकारी/वरिष्ठ पुलिस अधीक्षक, उत्तराखण्ड ।
7. आयुक्त सूचना एवं लोक संपर्क विभाग, उत्तराखण्ड ।
8. सम्बन्धित गाई फाईल ।

(उत्पल कुमार सिंह)
मुख्य सचिव

उत्तराखण्ड राज्य आपदा प्रबन्धन प्राधिकरण
सचिवालय परिसर, देहरादून
संख्या-²³⁸USDMA-792 (2020) TC-I
देहरादून: दिनांक 02 जून 2020

आदेश

उत्तराखण्ड राज्य आपदा प्रबन्धन प्राधिकरण द्वारा कोविड-19 संक्रमण से बचाव हेतु जारी मानक प्रचालन विधि (एसओपी) (SOP for Interstate & Intrastate Movement of Stranded Persons; SOP for Interstate Movement of Stranded Persons by Trains, SOP for Movement of Passengers by Trains and SOP for Passengers of Domestic Flights) के निम्नवत् आवश्यक संशोधन किया जाता है।

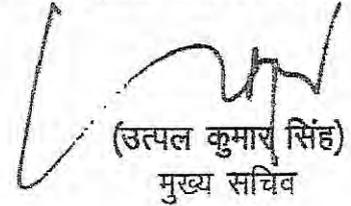
Inter-state movement:

1. All inbound persons from high load Covid-19 infected cities (*list enclosed at annexure - 1- this may vary from time to time*), irrespective of the mode of travel, shall undergo a period of 7 days in institutional quarantine and subsequently 14 days in home quarantine. However, such individuals shall have the option of choosing from a government institutional quarantine facility (non-payment basis) or a paid quarantine facility (payment to be made by the quarantined individual).
 - 1.1. All inbound persons, not from such high load Covid-19 infected cities, shall only be home quarantined for 14 days.
2. If some individuals have already completed a period exceeding 7 days in quarantine facility and are asymptomatic, they shall be immediately discharged. Irrespective of the period in institutional quarantine, the District Nodal Officers shall subsequently ensure home quarantine of 14 days.
3. In cases where results of the samples of asymptomatic persons in institutional quarantine are still awaited, they shall be discharged from the quarantine facility on completion of 10 days. But close monitoring of their health condition for the subsequent period of 14 days during home quarantine shall be done through the teams identified by District Magistrates.
4. Prior to the discharge of such persons from quarantine facilities, they shall submit a self-declaration form/ undertaking for strictly adhering to the health protocols and state guidelines. Details of such discharged persons shall be shared with the satellite control room on a daily basis (Annexure 2).
5. All inbound persons from other states, irrespective of the mode of travel, shall mandatorily register themselves on the web portal (<https://dsclservices.in/uttarakhand-migrant-registration.php>).

Inter-district movement within the state:

1. Permits shall be required for movement of people from red zone to other districts. No permit/ permission shall be required for inter-district movement between orange/ green zones.
2. However, all such persons shall mandatorily register themselves on the web portal, prior to their movement.
 - 2.1. Those residing in Dehradun:
<https://dsclservices.in/uttarakhand-migrant-registration.php>
 - 2.2. Those residing in any of the other districts:
https://policecitizenportal.uk.gov.in/e_pass
3. All such persons, irrespective of the mode of travel, shall be exempted from being quarantined. However, they shall strictly comply with the norms of safety and social distancing as per MHA & MoHFW guidelines.

उक्त समावेशित बिन्दुओं के आधार पर यथा संशोधित एस०ओ०पी० (मानक प्रचालन विधि) के अनुसार कार्यवाही सुनिश्चित की जाये। शेष आदेश तथा निर्गत दिशा निर्देश यथावत रहेंगे।


(उत्पल कुमार सिंह)
मुख्य सचिव

संख्या / दिनांक उपरोक्तानुसार

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित -

1. सचिव, मा० मुख्यमंत्री को मा० मुख्यमंत्री महोदय के सज्जानार्थ।
2. समस्त अपर मुख्य सचिव/प्रमुख सचिव/सचिव, उत्तराखण्ड शासन।
3. पुलिस महानिदेशक, उत्तराखण्ड।
4. स्थानीक आयुक्त, उत्तराखण्ड।
5. मण्डल आयुक्त, कुमाऊँ एवं गढ़वाल।
6. समस्त जिलाधिकारी/वरिष्ठ पुलिस अधीक्षक, उत्तराखण्ड।
7. आयुक्त सूचना एवं लोकसपर्क विभाग, उत्तराखण्ड।
8. सम्बन्धित गार्ड फाईल।

(उत्पल कुमार सिंह)
मुख्य सचिव

उत्तराखण्ड राज्य आर्य समाज प्रबन्धन समिति
समिवालय परिसर देहरादून
संख्या 287 / 1 SO/DA-793(2020)
देहरादून, दिनांक 27 मई, 2020

आदेश

सर्वोपरान्त यह आदेश 27 मई, 2020 (2020-05-27) दिनांक से लागू होगा। यह आदेश राज्य सरकार द्वारा जारी की गई सलाह के साथ-साथ 27 मई, 2020 को जारी की गई सलाह के साथ-साथ जारी किया गया है।
27 मई, 2020 को जारी किया गया है।
Hotels and hospitality services, Restaurants, Shopping Malls, Religious places, Places of worship के संबंध में यह आदेश जारी किया गया है।

यह आदेश राज्य सरकार द्वारा जारी की गई सलाह के साथ-साथ जारी किया गया है।

1. Hotels/ B&B/ Homestay and hospitality services

- 1.1. All hotels/ B&B/ Homestay & hospitality services shall be allowed to open in the state. However, all such hotels/ B&B/ Homestay & hospitality services in unincorporated areas of the state and municipal area of Dehradun shall remain closed, till further orders.
- 1.2. The hotel management/ B&B/ Homestay management shall not entertain bookings from high-load Covid-19 infected cities of other states and ensure that bookings of persons from non-high-load Covid-19 infected cities of other states shall be for a minimum period of 7 days. In cases of violation of the rules regarding period of stay by any individual, it shall immediately reported by the concerned hotel management/ B&B/ Homestay management to the District administration/police for penal action under relevant sections of IPC, Epidemics Diseases Act and Disaster Management Act.
- 1.3. The hotel management/ B&B/ Homestay management shall take a written undertaking/ self declaration form enclosed as annexure -1) from the customers that he or she shall not visit any public premises or tourist attractions in Uttarakhand during his or her stay in the Hotel. The customer violating the undertaking will be liable to be proceeded against as per the provisions of section 31 to 60 of the DM Act, 2005 and under section 187 of the IPC.
- 1.4. In addition to the above, the hotel management/ B&B/ Homestay management shall strictly adhere to the SOP prepared by the Department of Tourism Government of Uttarakhand on Hotels/ B&B/ Homestay and other Hospitality Units (Enclosed as Annexure- 2).

2. Restaurants

- 2.1 All restaurants shall be allowed to open in the state between 7 AM to 7 PM. However, all such restaurants in containment zones of the state and municipal area of Dehradun shall remain closed, all further orders.
- 2.2 The restaurant owners/ managers shall make arrangements to ensure that a record of all customers, as also the waiters serving the tables, is maintained at all times, clearly specifying the date and time.
- 2.3 In addition to the above, the restaurant management shall strictly adhere to the SOP prepared by department of Tourism, Government of Uttarakhand on restaurants (Enclosed at Annexure-2).

3. Shopping Malls

- 3.1 All shopping malls shall be allowed to open in the state between 7 AM to 7 PM. However, all such shopping malls in containment zones of the state and municipal area of Dehradun shall remain closed, all further orders.
- 3.2 Prior to opening the mall, the Mall management shall give an undertaking/ self-declaration to the District administration regarding various measures taken for preventing the spread of covid-19, as also strict adherence to the guidelines issued by CPWD for air conditioning in such areas with maximum exposure and concentration and those issued by MoHFW and MHA for norms of safety and social distancing.
- 3.3 The Mall management shall also make arrangements for opening 50% of the shops on any given day, all further orders.
- 3.4 However, District administration, in consultation with the Mall Management, may decide to put necessary restrictions on the maximum number of people to be allowed in the interest of public health. Wide publicity in advance regarding the restrictions to be placed shall be made.
- 3.5 In addition to the above, the shopping mall management shall strictly adhere to the SOP issued by MoHFW, Government of India on shopping malls (Enclosed at Annexure-3).

प्रक

अमित सिंह नेगी,
सचिव वित्त,
उत्तराखण्ड शासन।

सद म

निदेशक,
पंचायतीराज,
उत्तराखण्ड देहरादून

वित्त अनुभाग-1

देहरादून:दिनांक: 26 मई, 2020

विषय: चतुर्थ राज्य वित्त आयोग की संस्तुतियों के क्रम में राज्य की समस्त ग्राम पंचायतों को तदर्थ रूप वित्तीय वर्ष 2020-21 की प्रथम त्रैमासिक किश्त की धनराशि का संक्रमण।

महोदय,
कृपया उपर्युक्त विषय पर मुझे यह कहने का निदेश हुआ है कि चतुर्थ राज्य वित्त आयोग उत्तराखण्ड की संस्तुतियों पर सरकार द्वारा लिये गये निर्णय के क्रम में राज्य की समस्त ग्राम पंचायतों को सलगन विवरणानुसार तदर्थ रूप से वित्तीय वर्ष 2020-21 की प्रथम त्रैमासिक किश्त ₹ 28,31,94,000.00 (अट्ठाईस करोड़ इकतीस लाख बीसहजार मात्र) की धनराशि सन्निहित किये जाने हेतु आपके निवेदन पर रखे जाने की श्रेय राज्यपाल महोदय सहर्ष स्वीकृति प्रदान करते हैं।

2- उपर्युक्त धनराशि निम्नलिखित शर्तों एवं प्रतिबन्धों के अधीन संक्रमित की जा रही है:-

- वित्त अनुभाग-6, उत्तराखण्ड शासन के शासनादेश सं0-132/xxvii(6) /430/ रक/ 2008/ 2019 दिनांक: 29 मार्च, 2019 द्वारा 01 अप्रैल, 2019 से राज्य के समस्त शासकीय विभागों में एकीकृत वित्तीय प्रबन्धन प्रणाली (IFMS) लागू कर दी गई। उक्त शासनादेश में दी गई व्यवस्थानुसार निदेशक, पंचायतीराज विभाग द्वारा एकीकृत वित्तीय प्रबन्धन प्रणाली पोर्टल के माध्यम से ऑनलाईन बिल तैयार कर ग्राम पंचायतों के लिए संक्रमित धनराशि को सलगन विवरणानुसार जिला पंचायतीराज अधिकारी के स्तर पर उपलब्ध खते में तत्काल हस्तान्तरित किया जायेगा, तदनुसार जिला पंचायतीराज अधिकारी द्वारा पूर्ववत ग्राम पंचायतों को धनराशि हस्तान्तरित की जायेगी। उपरोक्त की सूचना वित्त विभाग (वि.आ.नि.दि.) को उपलब्ध करायी जायेगी। निदेशक, पंचायतीराज व जिला पंचायतीराज अधिकारी द्वारा धनराशि अपने स्तर पर नहीं रोकी जायेगी।
- संक्रमित की जा रही धनराशि से निर्वाचित जनप्रतिनिधियों (यथा प्रधान, ग्राम पंचायत, उपप्रधान) का मानदेय पंचायतीराज विभाग द्वारा निर्गत शासनादेश सं0 3062/XII(1)/2017-86(10)/2005 दिनांक 11 दिसम्बर, 2017 में उल्लिखित धनराशि के अनुसार किया जा सकेगा। अवशेष धनराशि में से 20 प्रतिशत की धनराशि कोरोना महामारी के बचाव हेतु प्रचार-प्रसार, सेनेटाईजेशन एवं इस महामारी से सम्बन्धित अन्य कार्यों पर व्यय की जायेगी। उसके उपरान्त अवशेष धनराशि (1) जलापूर्ति की व्यवस्था (2) सैबरेज टोस अपशिष्ट प्रबन्धन (3) सैब्रेज प्रबन्धन सहित जल निकासी एवं स्वच्छता (4) सामुदायिक परिसम्पत्तियों का रख-रखाव (5) स्ट्रीट लाइट (6) आगनबाड़ी भवनों का निर्माण/ अतिरिक्त कक्षा-कक्ष इत्यादि का निर्माण एवं सामुदायिक भवन निर्माण आदि विकास कार्यों पर किया जायेगा। उक्त 8 मदों के अर्न्तगत यदि ग्राम पंचायतों द्वारा कार्य पूर्ण कर लिए गये हों अथवा कोई कार्य प्रस्तावित नहीं किया गया हो तो शेष धनराशि का उपयोग भी कोरोना महामारी के बचाव सम्बन्धी कार्यों पर किया जा सकता है।
- संबन्धित जिला पंचायतीराज अधिकारी द्वारा संक्रमित धनराशि के उपयोगिता प्रमाण-पत्र निदेशक, पंचायतीराज को उपलब्ध कराये जायेगे। निदेशक, पंचायतीराज द्वारा समस्त ग्राम पंचायतों से प्राप्त उपयोगिता प्रमाण पत्रों को संकलित तथा प्रतिहस्ताक्षर कर प्रशासकीय विभाग के प्रमुख सचिव/सचिव के माध्यम से महालेखाकार, उत्तराखण्ड एवं सचिव वित्त, उत्तराखण्ड शासन को प्रेषित करना सुनिश्चित किया जायेगा। प्रमाण-पत्र के साथ कराये गये कार्य का पूर्ण विवरण (कराये गये कार्यों का क्षेत्र पंचायत व ग्राम पंचायतवार भौतिक प्रगति तथा व्यय की गई धनराशि) भी सलगन करना आवश्यक होगा।
- संक्रमित धनराशि के उपयोगिता प्रमाण-पत्र दिनांक 31 जुलाई 2020 तक उपलब्ध कराना सुनिश्चित किया जायेगा तदोपरान्त ही अगली किश्त की धनराशि संक्रमित की जायेगी।

- v. संक्रमित धनराशि के समुचित उपयोग के लिए पंचायतीराज निदेशालय के स्तर पर निदेशक, तथा जिला स्तर पर विभागीय अधिकारी/मुख्य/वरिष्ठ लेखाधिकारी/ लेखाधिकारी/सहायक लेखाधिकारी, जैसी भी स्थिति हो उत्तरदायी होंगे।
- vi. यह धनराशि चतुर्थ राज्य वित्त आयोग की अनुमतियों के आधार पर उनके द्वारा निर्धारित अंश एवं सूत्र के अनुसार सज्जित की जा रही है। धनराशि का उपयोग शासनादेश सं० 316/XXVII(1)/2017 दिनांक 31 मार्च, 2017 द्वारा निर्गत मार्गदर्शक सिद्धान्तों के अनुसार किया जायेगा।
- vii. संक्रमित की जा रही धनराशि का विवरण क्षेत्र पंचायतवार व ग्राम पंचायतवार संलग्न है तथा ई-मेस से भी उपलब्ध कराया जा रहा है।
- viii. ग्राम पंचायतों द्वारा जन्म तथा मृत्यु प्रमाण-पत्र, रटेशनरी आदि के व्यय हेतु न्यूनतम रु० 500/- व अधिकतम रु० 1000/- प्रतिमाह संक्रमित की जा रही धनराशि से 5 प्रतिशत की सीमा में रहते हुए आकरिमकता मद में व्यय करने की अनुमति होगी।
- ix. क्षतिग्रस्त नगर पंचायतों के विघटन के फलस्वरूप पुनः ग्राम पंचायतों का सृजन होने एवं ग्राम पंचायतों का शहरी स्थानीय निकायों में सम्मिलित हो जाने पर वर्तमान में विकासखण्ड के अर्न्तगत अवशेष ग्राम पंचायतों की स्थिति एवं ग्राम पंचायतों के क्षेत्रफल/जनसंख्या आदि की सूचना तत्काल वित्त विभाग को उपलब्ध करानी होगी ताकि अगली किश्त पर उन्हें धनराशि तदनुसार सज्जित की जा सके।
- x. यदि किसी ग्राम पंचायत का कोई भाग नगर निगम/नगर पालिका परिषद्/नगर पंचायत में सम्मिलित कर लिया गया हो या किसी ग्राम पंचायत से नई ग्राम पंचायत का गठन हो गया हो तो ऐसी स्थिति में उस ग्राम पंचायत अथवा नगर निकाय को अवशेष धनराशि का हस्तान्तरण वित्त विभाग के शासनादेश सं०-822/XXVII (1)/2014 दिनांक 15 अक्टूबर, 2014 एवं शासनादेश सं०-1344/XXVII (1)/2014 दिनांक 17 दिसम्बर, 2018 में दी गई व्यवस्थानुसार किया जायेगा, जिसकी सूचना सचिव, वित्त, उत्तराखण्ड शासन को उपलब्ध करायी जायेगी।

3- इस सम्बन्ध में होने वाला व्यय वित्तीय वर्ष 2020-21 के आय-व्ययक की अनुदान संख्या-07 के लेख-ईर्षक-3604-स्थानीय निकायों तथा पंचायतीराज संस्थाओं को क्षतिपूर्ति तथा समनुदेशन 200 अन्व विविध क्षतिपूर्ति एवं समनुदेशन, 02-राज्य वित्त आयोग- 0208-ग्राम पंचायतों हेतु राज्य वित्त आयोग द्वारा संस्तुत करों से समनुदेशन, 69- समनुदेशन के नामें डाला जायेगा।

संलग्नक-यथोपरि।

भवदीय,

(अमित सिंह नेगी)
सचिव, वित्त।

संख्या-38802 (वि.आ.नि.दे.) XXVII(1)/2020 तददिनांक।
प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित :-

- 1- प्रमुख सचिव/सचिव, पंचायतीराज, उत्तराखण्ड शासन।
- 2- महालेखाकार (लेखा एवं हकदारी) उत्तराखण्ड, देहरादून।
- 3- आयुक्त कुंमाऊ मण्डल, नैनीताल/गढ़वाल मण्डल, पौड़ी, उत्तराखण्ड।
- 4- निदेशक, वित्त आयोग निदेशालय, 223, विश्वकर्मा भवन देहरादून, उत्तराखण्ड शासन।
- 5- शहरत जिलाधिकारी उत्तराखण्ड।
- 6- निदेशक, कोषागार (लेखा एवं हकदारी) उत्तराखण्ड, देहरादून।
- 7- सशस्त्र मुख्य कोषाधिकारी/वरिष्ठ कोषाधिकारी/कोषाधिकारी, उत्तराखण्ड।
- 8- सशस्त्र जिला पंचायत राज अधिकारी, उत्तराखण्ड।
- 9- निजी सचिव, मा० मुख्यमंत्री जी को मा० मुख्यमंत्री जी के अवलोकनार्थ।
- 10- निजी सचिव, मा० पंचायतीराज मंत्री जी को मा० पंचायतीराज मंत्री जी के अवलोकनार्थ।
- 11- एन०आई०सी०, सचिवालय परिसर, देहरादून।

आज्ञा से

(भूपेश चन्द्र तिवारी)
अपर सचिव, वित्त।

Modulo / EDO / APPROVED
 2-2-2020

समस्त जिला पंचायत राज अधिकारी,
 उत्तराखण्ड

संख्या
 विषय
 महोदया,

/ पं०-2/लेखा/एक्स० वि०/2019-20 दिनांक 03 अप्रैल, 2020
Novel Corona Virus- Covid 19 के संक्रमण के सम्बन्ध में।

DC
 7/04

उपर्युक्त विषयक सचिव, ग्राम्य विकास एवं पंचायतीराज मंत्रालय, भारत सरकार, नई दिल्ली के अर्द्धशासकीय पत्र संख्या- 60022/03/2020-E दिनांक 27 मार्च, 2020, जिसमें पंचायतीराज विभाग व ग्राम्य विकास द्वारा ग्राम पंचायत क्षेत्रों में Novel Corona Virus- Covid 19 की रोकथाम हेतु की जाने वाली कार्यवाहियों/कार्यों के सम्बन्ध में दिशा-निर्देश दिये गये हैं, के क्रम में पंचायतीराज विभाग से सम्बन्धित कार्य हेतु आपको पूर्व में ही निर्देश दिये गये हैं। उक्त पत्र के क्रम में संयुक्त सचिव, पंचायतीराज मंत्रालय, भारत सरकार के अर्द्धशासकीय पत्र संख्या- M-11015/30/2020-CB दिनांक 03 अप्रैल, 2020 द्वारा विभाग द्वारा की गयी कार्यवाही/कार्यों से भारत सरकार को अवगत कराने की अपेक्षा की गयी है। उक्त अनुदेशों के क्रम में आपको पुनः निर्देशित किया जाता है कि Covid 19 संक्रमण से बचने के लिये सभी ग्राम पंचायतों में सम्बन्धित ग्राम प्रधानों, ग्राम पंचायत सदस्यों एवं ग्राम पंचायत स्तरीय कार्मिकों के माध्यम से निम्न दिशा-निर्देशों का अनुपालन सुनिश्चित कराया जाये :

1. ग्राम पंचायत में बाहर से आने वाले व्यक्तियों को ग्राम पंचायत क्षेत्रान्तर्गत अवस्थित पंचायत भवन अथवा राजकीय विद्यालय अथवा अन्य उपलब्ध राजकीय भवन में संगरोध (Quarantine) किया जायेगा। ग्राम पंचायत क्षेत्रान्तर्गत राजकीय भवन उपलब्ध न होने की दशा में उन्हें उनके घरों में ही Quarantine किया जायेगा तथा उनके स्वास्थ्य एवं बीमारी के सम्बन्ध में समीपस्थ राजकीय चिकित्सा केन्द्र अथवा पुलिस स्टेशन अथवा तहसील प्रशासन (सिविल प्रशासन) को तत्काल सूचित किया जायेगा। साथ ही उनके द्वारा समस्त राजकीय निर्देशों का अनुपालन सुनिश्चित किया जायेगा।
2. यदि ग्राम पंचायत में कोई व्यक्ति विदेश से आये तो उसे सर्वप्रथम राजकीय चिकित्सा केन्द्र में स्वास्थ्य परीक्षण हेतु भेजा जायेगा तथा चिकित्सक के अनुदेशों के अनुरूप अग्रेत्तर कार्यवाही की जायेगी।
3. ग्राम पंचायत के समस्त निवासियों द्वारा लॉक डाऊन नियमों एवं सामाजिक दूरी (Social distancing) सम्बन्धी सरकार द्वारा समय-समय पर जारी अनुदेशों का पूर्णतः पालन किया जायेगा।
4. Novel Corona Virus- Covid 19 के संक्रमण के खतरे को देखते हुए ग्राम पंचायत क्षेत्रान्तर्गत सभी व्यक्तियों को सैनिटाईज किये जाने तथा नियत अन्तराल पर हाथों को साबुन व पानी से धोने, सामाजिक दूरी बनाये रखने आदि हेतु जागरूक किया जाये।
5. ग्राम पंचायत क्षेत्रान्तर्गत निवासरत सभी व्यक्तियों को आशा कार्यकर्त्रियों एवं ए० एन० एम० आदि के माध्यम से लगातार निगरानी पर रखा जाये तथा किसी भी व्यक्ति में Covid 19 के लक्षण पाये जाने पर तत्काल नजदीकी राजकीय चिकित्सा केन्द्र को सूचित किया जाये।
6. सरकार द्वारा उपलब्ध कराये जा रहे राशन को ग्राम पंचायत क्षेत्रान्तर्गत सभी राशन कार्ड धारकों को लोक वितरण प्रणाली के अन्तर्गत उपलब्ध कराया जाना सुनिश्चित कराया जाये। यदि इसमें कोई समस्या हो तो समस्या के निराकरण हेतु तहसीलदार/ उपजिलाधिकारी को सूचित करते हुए समस्या का यथासमय निराकरण किया जाये।

लेखा ०

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7. ग्राम पंचायत के ऐसे निवासी, ग्राम पंचायत क्षेत्रान्तर्गत ऐसे बाहरी व्यक्ति एवं प्रवासी मजदूर जिनके पास राशन कार्ड नहीं है, के लिये सरकार द्वारा उपलब्ध करायी जा रही राशन सामग्री व अन्य सहायता की तहसीलदार/उपजिलाधिकारी के माध्यम से उपलब्धता सुनिश्चित की जाये।
8. ग्राम पंचायत क्षेत्र को स्वच्छ रखे जाने हेतु विशेष व्यवस्थाएँ की जायें, जिसमें गँवों में सार्वजनिक रास्तों एवं नालियों की साफ सफाई, कीटनाशकों का छिड़काव / सैनिटाईजेशन आदि व्यवस्थाएँ सुनिश्चित हों।
9. ग्राम पंचायत में निवासरत् सभी व्यक्तियों हेतु आवश्यक सेवाओं एवं वस्तुओं/ सामग्री(essential goods and commodities) की निर्बाध रूप से आपूर्ति सुनिश्चित की जाये, इसमें यदि कोई व्यवधान या समस्या परिलक्षित हो तो तहसीलदार/उपजिलाधिकारी के माध्यम से इसमें सुधार कराया जाये।
10. महिला एवं बाल विकास विभाग, उत्तराखण्ड द्वारा ग्राम वासियों को जागरूक किये जाने हेतु Novel Corona Virus- Covid 19 के सम्बन्ध में एक लघु फिल्म "सरुली बुआ" साझा की गयी है। सोशल मीडिया का प्रयोग करते हुए इस लघु फिल्म के माध्यम से जागरूकता तथा क्या करें और क्या नहीं (Do's and Don'ts) के सम्बन्ध में ग्राम वासियों को जागरूक किया जाये।
11. पंचायतों में Novel Corona Virus- Covid 19 के संक्रमण से बचाव हेतु आवश्यक सावधानियों तथा इससे निपटने के लिये ग्राम पंचायतों द्वारा किये जा सकने वाले कार्यों के सम्बन्ध में राष्ट्रीय ग्रामीण विकास एवं पंचायतीराज संस्थान (NIRD&PR), हैदराबाद द्वारा लघु फिल्म तैयार की गयी है। इसके अध्ययन उपरान्त ग्राम पंचायतों द्वारा अपने क्षेत्र में अपनी-अपनी आवश्यकता के अनुरूप कार्य सुनिश्चित किये जायें।
12. ग्राम पंचायत क्षेत्रान्तर्गत राज्य वित्त आयोग/केन्द्रीय वित्त आयोग/OSR/आर जी एस ए मदों के सापेक्ष निर्माणाधीन विकास कार्यों में संलग्न मजदूरों व अन्य कार्मिकों में सैनिटाईजेशन, मास्क, सामाजिक दूरी व अन्य आवश्यक सावधानियतों का विशेष ध्यान रखा जाये।

अतः आपको निर्देशित किया जाता है कि आपके जनपद की समस्त ग्राम पंचायतों में ग्राम प्रधान, ग्राम पंचायत सदस्यों एवं ग्राम पंचायत स्तरीय कार्मिकों के माध्यम से उपरोक्त निर्देशों का कड़ाई से अनुपालन सुनिश्चित कराया जाये तथा सम्बन्धित ग्राम पंचायतों में किये जा रहे विशेष उल्लेखनीय कार्यों के फोटोग्राफ्स/वीडियो क्लिप निदेशालय पंचायतीराज को ई-मेल (gp.pr.covid19@gmail.com)/व्हाट्स ऐप्प से भेजना सुनिश्चित किया जाये, ताकि कृत कार्यवाही से पंचायतीराज मंत्रालय भारत सरकार को समय समय पर अवगत कराया जा सके।
संलग्न : उक्तानुसार।

भवदीय

(हरिचन्द्र सेमवाल)
निदेशक

- ख्या - 04 (मैमो)/उक्त दिनांकित।
तिलिपि : निम्नांकित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित -
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