Sub: Implementation Framework for community Containment/Large containment areas for COVID-19 in the Country.


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A copy of Order No. 40-3/2020-DM-I(A), dated 27.05.2021 issued by the Ministry of Home Affairs on the above mentioned subject is enclosed herewith for information and strict compliance.

No.2020/G(Acc.)/Maint/Misc./COVID-19
New Delhi, dated 28.05.2021

(B. MAJUMDAR)
Joint Secretary
Railway Board

All officers and staff of Board’s Office at Rail Bhawan, Dayabasti and National Rail Museum, New Delhi.

Copy to :-

1. Registrar, CRIS, Chankyapuri, New Delhi.
2. Vice Chairman, RLDA, New Delhi.
No. 40-3/2020-DM-I(A)
Government of India
Ministry of Home Affairs

North Block, New Delhi-110001
Dated 27th May, 2021

ORDER

In exercise of the powers, conferred under Section 10(2)(l) of the Disaster Management Act 2005, the undersigned hereby directs that Ministry of Home Affairs’ Order of even number dated 29th April 2021, to ensure compliance to the containment measures for COVID-19, as conveyed vide Ministry of Health & Family Welfare (MoHFW) DO No. Z.28015/85/2021-DM Cell dated 25th April 2021, will remain in force upto 30th June 2021.

Union Home Secretary

and, Chairman, National Executive Committee (NEC)

To:
1. The Secretaries of Ministries/ Departments of Government of India
2. The Chief Secretaries/Administrators of States/Union Territories
   (As per list attached)

Copy to:
i. All Members of the National Executive Committee
ii. Member Secretary, National Disaster Management Authority
CIRCULAR

Sub: Implementation Framework for community containment/Large containment areas for COVID-19 in the Country.


No.2020/G(Acc.)/Maint/Misc./COVID-19
New Delhi, dated 30.04.2021

(T. SRINIVAS)
Director (GA)
Railway Board

All officers and staff of Board’s Office at Rail Bhawan, Dayabasti and National Rail Museum, New Delhi.

Copy to:-

1. Registrar, CRIS, Chankyapuri, New Delhi.
2. Vice Chairman, RLDA, New Delhi.
ORDER

Whereas, an Order of even number dated 23.03.2021 was issued for effective control of COVID-19 in the country, for a period upto 30.04.2021;

And whereas, considering the unprecedented surge in COVID-19 cases across the country, Ministry of Health & Family Welfare (MoHFW) vide DO No. Z.28015/85/2021-DM Cell dated 25th April 2021, has issued an advisory to all States and Union Territories (UTs), for implementing intensive, local and focused containment framework, in specific districts/ cities/ areas, identified based on a prescribed criterion;

Whereas, in exercise of the powers under section 6(2)(i) of the Disaster Management Act, 2005, National Disaster Management Authority (NDMA) has directed the undersigned to issue an order, for ensuring compliance on the focused containment measures, as mentioned in the aforesaid MoHFW letter dated 25.04.2021, for containment of COVID-19 in the country;

Now, therefore, in exercise of the powers, conferred under Section 10(2)(i) of the Disaster Management Act 2005, the undersigned, hereby directs the State/ Union Territory Governments and State/ Union Territory Authorities to consider the containment measures for COVID-19, as conveyed vide aforesaid MoHFW advisory dated 25.04.2021, as per Annexure-I, for immediate implementation in their State/ UT, based on the assessment of the situation, until 31.05.2021. States/ UTs, will take the necessary containment measures, under the relevant provisions of the Disaster Management Act 2005, it is further directed that:

(i) The National Directives for COVID-19 Management, as specified in Annexure-I, shall continue to be strictly followed throughout the country.

(ii) All the District Magistrates shall strictly enforce the containment measures, taken by States/ UTs and the National Directives.

(iii) Any person violating these measures will be liable to be proceeded against under the provisions of Section 51 to 59 of the Disaster Management Act, 2005, and such legal action under Section 188 of the IPC, and other relevant provisions of law shall be initiated;

This order shall come into force at once.

[Signature]
Chairman, NDMA

[Signature]
DDG

[Signature]
DG

[Signature]
DG

[Signature]
5. The areas requiring intensive action and local containment connotes specific and well-defined geographical units such as cities/towns/part of the towns/district headquarters/semi-urban localities/municipal wards/panchayat areas etc.

6. The areas so identified for intensive action and local containment will primarily focus on the following strategic areas of intervention.

A. Containment

i. Focus will be on containment as a major approach to flatten the current curve of the epidemic.

ii. Night curfew: Movement of individuals shall be strictly prohibited during night hours, except for essential activities. Local administration shall decide the duration of the night curfew hours and issue orders, in the entire area of their jurisdiction, under appropriate provisions of law, such as under Section 144 of CrPC, and ensure strict compliance.

iii. The spread of the infection has to be controlled through restricting the intermingling amongst people, the only known host for the COVID-19 virus.

iv. Social/political/sports/entertainment/academic/cultural/religious/festival-related and other gathering and congregations shall be prohibited.

v. Marriages (attended by up to 50 persons) and funerals/last rites (attended by up to 20 persons) may be allowed.

vi. All shopping complexes, cinema halls, restaurants & bars, sports complexes, gymnasiums, swimming pools and religious places should remain closed.

vii. Essential services and activities such as healthcare services, police, fire, banks, electricity, water and sanitation, regulated movement of essential transport including all incidental services and activities needed for smooth functioning of these activities shall continue. Such services shall continue in both public and private sectors.

viii. Public transport (railways, metros, buses, cabs) to operate at a passenger capacity of 50%.

ix. There shall be no restrictions on inter-State and inter-circle travel, including transportation of essential goods.

x. All offices, both government and private, to function with a strength of 50%.

xi. All industrial and scientific establishments, that may not be allowed subject to the work force and local administration, they shall also be allowed through aälltential staff and full compliance of all protocols.

xii. The SOPs already issued by Govt. to ensure proper contact tracing, quarantine teams and supervisors are actively deployed.

xiii. Moreover, these are indicative activities, and the local administration is to analyze the situation and then take a decision.
xiv. The restrictions as above shall continue for a period of 14 days.
xv. Before declaring a containment area, make a public announcement, outlining the rationale for the same and the kind of restrictions that will be in place (a leaflet in local language may be distributed highlighting the gravity of the situation and restrictions to be followed).
xvi. Community volunteers, civil society organizations, ex-servicemen, and members of the local NYK/NSS centers etc. should be involved for sustainable management of containment activities, translating the aforementioned leaflets and for encouraging people in the community for sustained behavior change as well as vaccination.

B. Testing and Surveillance

Districts will continue with the strategy of ‘Test-Track-Treat-Vaccinate’ and implementation of Covid Appropriate Behavior across the district as the ongoing strategy for the management of COVID-19.

i. Ensure adequate testing and door to door case search in the area through adequate number of teams formed for such purpose.

ii. Plan for testing of all clinically resembling cases of influenza like illness (ILI) & SARI through RAT. All symptomatic individuals turning out to be negative for SARS-CoV-2 infection with RAT need to be retested through RT-PCR.

iii. Ensuring compliance of COVID Appropriate Behaviour agreements through creation of awareness through involvement of the community organizations and through stringent regulatory framework.

C. Clinical Management

i. Analysis to be undertaken with respect to clinical infrastructure to as to manage the present situation (within a month) and necessary action initiated to ensure enough beds, ICU beds, ventilators, intubation skills, teams for hospitals as needed. Additional arrangements for ICU beds at Frs, MOs, be made available, with central allocation, drawing from MOs, hospitals etc.

ii. Ensure that critical ICUs are available for non-COVID patients under alternate management such that a regimen can be introduced to them to continue even when management is shifted to COVID patients.

iii. Provision of a centralised ICU with adequate beds and staff is to be curtailed and relocated as per availability, thereby preparing for COVID patients and non-COVID patients.

iv. Medical monitoring of COVID patients will be conducted through critical care teams, ensuring that the sophisticated ICU and challenging COVID patients are handled by experienced teams.

v. Continuous training and skill development should be ensured to the medical staff and health workers, specially to the nurses and other paramedics who have been dedicated to the COVID patients.

vi. All the above shall be reviewed accordingly.
vi. Appoint senior district officials as in-charge for all Covid dedicated hospitals and create a mechanism for seamless shifting of patients (including home isolation cases) as per their symptom to the relevant facilities.

vii. Ensure availability of sufficient ambulances for such purpose.

viii. Coordinate availability of oxygen, other related logistics, drugs etc. in collaboration with state officials and ensure their rational use.

ix. Oxygen therapy for the admitted cases shall follow the guidelines issued by Ministry of Health on the rational use of oxygen.

x. Use of Investigative drugs (Remdesivir / Tocilizumab etc.) shall also strictly follow the clinical management protocol/advisories issued by Ministry of Health.

xi. Facility wise cases and deaths shall be analyzed on daily basis by the Incident Commander/District Collector/Municipal Commissioner. Death audit shall be undertaken for all deaths in the hospitals and in the community to provide supportive supervision to field staff/hospitals.

D. Vaccination

100% vaccination for the eligible age-groups shall be undertaken duly creating additional vaccination centres and optimal capacity utilization of existing Centres.

E. Community Engagement

1. Ensure adequate advance information to community, also highlighting the need for stringent containment actions so as to win their involvement and support.

2. Provide enough time for people movement for essential commodities or before announcing the large scale containment.

3. Take necessary actions to avoid misinformation & panic in the community.

4. Involve local level NGOs/CEOs/CEOs, Opinion Makers and subjects to create a positive environment and for maintaining dialogue with them.

5. Create wide publicity on early warning signals and can make the public identify cases early and in prevent avoidable deaths among vulnerable patients.

6. Create wide publicity on the mechanisms operational in the community, details of dedicated health care teams, helplines etc.

7. Conduct community based awareness campaigns.

8. Issue local advisories and dissemination of notifications.

9. Ensure that details of Hospital beds, helplines, locations and other related information is made available and constantly updated.

10. Ensure constant availability of oxygen tanks and other necessary equipments in the hospitals.
ix. Community should be oriented about the feasibility of managing mild COVID-19 cases at home with appropriate monitoring of vital parameters such as temperature and oxygen saturation with the help of pulse oxymeter.

x. Need for COVID Appropriate Behaviour including regulatory framework for enforcement should be widely publicized.

xi. Build confidence in community duly highlighting the nature of disease, the fact that early identification helps in early recovery and more than 98% people recover to remove fear as well as stigma related with Covid-19. Involvement of civil society organizations to hold such orientations go a long way in this regard.
ANNEXURE-I

Containment framework, as mentioned in Ministry of Health & Family Welfare (MoHFW), DO no. Z.28015/65/2021-DM Cell dated 25th April 2021
Annexure – A
Implementation Framework for community containment/large containment areas

Understanding the virus transmission dynamics:

The virus transmits through the human host. It is imperative to understand that in order to contain the transmission of the virus, the strategies involve not just containing the virus but also the human host.

Broadly, the strategies are:

1. Individual actions such as wearing of masks, maintaining a distance of 6 feet from others, sanitizing one’s hands frequently and not attending any mass gathering; and

2. Public Health measures to contain the virus by:
   - quarantining and testing individuals suspected to be positive including contacts of SARS-CoV-2 positive persons, SARI cases, persons with flu like symptoms etc. and ensuring that they are not mobile and thus able to spread the infection
   - isolating all those who are positive, tracing their contacts, quarantining and testing them
   - where there are clusters of cases, simply quarantining individuals or families will not help. In that case, containment zones with clear boundaries and stringent controls will be required to ensure that the infection does not spread outside. This is in line with the containment strategy followed worldwide and also already an integrated SOPs of the Ministry of Health. This would mean a large geographical area like a city or district or well defined parts thereof, where cases are high and controlled, gets contained physically, movement regulated, and hands of those under quarantine be permitted.

3. Evidencing Status of Containment: The CoSE (Community and Social Engagement) Team (CoSE) has a comprehensive methodology to assess the status of the situation, i.e., the containmentinker. The assessment should be made in a scientific manner, and the evidences gathered should be cross-examined.

4. However, in the case of large containment areas, it is necessary to assess and understand the vulnerability of the area to be contained. The measures to be taken, the infrastructure requirement and the possible challenges to be faced must be comprehensively

   a. health system capacity
   b. public hygiene
   c. surveillance
   d. other facilities

   The aspects should be assessed clearly and the area must be properly protected with appropriate measures.

   The above strategies and measures should be put in place and monitored closely to achieve the desired containment of the virus.
NATIONAL DIRECTIVES FOR COVID-19 MANAGEMENT

1. **Face coverings:** Wearing of face cover is compulsory in public places, in workplaces, and during transport.

2. **Social distancing:** Individuals must maintain a minimum distance of 6 feet (2 guz ki doori) in public places.

   Shops will ensure physical distancing among customers.

3. **Spitting in public places** will be punishable with fine, as may be prescribed by the State/UT local authority in accordance with its laws, rules or regulations.

   *Additional directives for Work Places*

4. **Work from home (WFH):** As far as possible the practice of WFH should be followed.

5. **Staggering of work/business hours** will be followed in offices, workplaces, shops, markets and industrial & commercial establishments.

6. **Screening & hygiene:** Provision for thermal scanning, hand wash or sanitizer will be made at all entry points and of hand wash or sanitizer at exit points and common areas.

7. **Frequent sanitization** of entire workplace, common facilities and all points which come into human contact e.g. door handles etc., will be ensured, including between shifts.

8. **Social distancing:** All persons in charge of work places will ensure adequate distance between workers and other staff.