



HEALTH AND SAFETY MEASURES FOR POLICE PERSONNEL ON COVID-19

Training Manual for
Biju Patnaik State Police Academy, Odisha, Bhubaneswar
by Training Division, Public Health Foundation of India (PHFI)

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DISCLAIMER

This document has been prepared with the information collected and collated from various guidelines issued by national and international agencies such as World Health Organization (WHO), Ministry of Health and Family Welfare (MoHFW), Ministry of Home Affairs (MHA), Indian Council of Medical Research (ICMR), All India Institute Of Medical Sciences (AIIMS), Centers for Disease Control and Prevention (CDC), Commonwealth Human Rights Initiative (CHRI), International Association of Chiefs of Police (IACP) and from published literature. As with all guidelines, during the COVID Pandemic, this also has to be considered a dynamic one and may need changes as per the behavior of the pandemic, health care and law enforcement resources and governmental notifications.



FOREWORD

Every crisis throws up a challenge and is an opportunity to prove one's mettle. COVID-19 has posed a set of challenges to all countries irrespective of their level of economic development and terrain. Some countries have exhibited resolve, ready response and result oriented performance monitoring, to stall the march of the virus. Others exhibited initial overconfidence and delayed a strong response, with a huge price to pay in terms of deaths. India's response was initiated early and scaled up strongly, with a very low death rate at present. It is, however, too early to let down our guard. Our collective societal response must continue to keep the virus from inflicting much damage.

The Indian Police Force has been on the forefront to maintain law and order, support the health system, guide the public and are on the battlefield as intrepid COVID warriors. There had never been any such crisis before, and the police manuals have no existing SOPs. Yet, the police personnel have been able to deal with the situation with energy, efficiency and, in most cases, with empathy. Hence, it is heartening to see how the police rose to the occasion and not only met the expectations of the people but, perhaps, went beyond the call of duty.

In India, thousands of police personnel have tested COVID positive, exposed to the infection in the line-of-duty; sadly, some have succumbed. While everyone else is staying home, safe with their families, COVID warriors in Khaki have patrolled the streets to enforce the lockdown policy day and night. As per the data available from Police Foundation of India website on May 31st 2020, 5149 police personnel have tested positive; 10781 have quarantined, and unfortunately, 49 warriors have lost their lives in the battle against COVID-19. Most states have now tried to provide enough PPE to police on field duty. There are innumerable cases across India of police personnel at all levels displaying compassion above and beyond their assigned duty. The Honourable Prime Minister of India, Shri Narendra Modi in the radio program Mann ki Baat, acknowledged this (April 26th 2020) and said, ***"The human and sensitive side of policing ... has touched our hearts"***.

Without any precedents, this policing role has no SOPs, training manuals, or good practices to guide personnel on the ground for the right action. The traditional role of the police revolves around criminal activities and civil order. In this case, the police continue to be protectors of lives, shielding the population against a dangerous virus. The policemen/women are quickly trying to adapt to this new situation and learn-on-the-job.

This training manual titled ***"Health and Safety Measures for Police Personnel on COVID-19"*** outlines the hazards associated with policing duty, the risks involved and the risk mitigation measures that should be followed to protect themselves against COVID-19. We hope this document can meet the challenges and allow the police Personnel of Odisha to tackle this menace head-on.



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LEARNING OBJECTIVES



To give an overview of COVID 19, its mode of transmission, symptoms and preventive measures



To outline the hazards and risks involved for Police force during COVID 19 pandemic



To recommend the protective measures and health safety protocols for the Police force engaged in various duties during COVID 19 pandemic and more specifically in the post lock-down period



To know methods of protecting oneself and family members



To know what to do in case one self or family member becomes infected



The novel Corona virus disease (COVID-19) pandemic is a global health crisis which has affected a huge population the world over. The virus which causes the disease is highly infectious and even pre-symptomatic people can infect others. Any person who is in close contact with someone who has suspected or confirmed COVID-19 (e.g. fever, cough, breathing difficulty, etc.) is at risk of contracting the disease.

The rapid spread of the disease worldwide and uncertainties as to its evolution demand a global response in which law enforcement services including police personnel play a crucial role in contributing to the effort to control the disease and promoting safer communities.

Police personnel are among the frontline workers performing duties to implement lockdown orders and government guidelines for containing the spread of the disease. Since they have to interact with the public on a daily basis, they are more vulnerable to the corona virus disease (COVID-19). Instances have been noticed of high number of police personnel getting infected. Hence, it is imperative to make police personnel aware of the precautions to be taken while performing their assigned tasks in order to ensure that the strategy adopted for containing COVID-19 spread remains sustainable. In view of such cases, it is considered expedient to issue these safety measures to reiterate the precautions and measures to be taken.

This document outlines the hazards associated with policing duty, the risks involved and the risk mitigation measures that should be followed to protect themselves against COVID- 19.

2.

What is COVID-19?

COVID-19 is the name given to a disease by the World Health Organization that is caused by SARS-CoV2 virus¹. This virus is a new variant of corona virus that caused Severe Acute Respiratory Syndrome (SARS) in 2003 and Middle Eastern Respiratory Syndrome (MERS) 2012. It is an RNA virus. The size of the virus varies from 0.06 to 0.14 microns. Corona virus Disease 2019 (COVID-19), a new respiratory disease was first identified in Wuhan, China, in December 2019. It has now been identified in more than 215 countries. Corona viruses are a family of viruses found in people and animals causing a range of illnesses from the common cold to severe respiratory infection. Due to the increased availability of testing, more COVID-19 infections are being identified every day. As it is a newly-identified virus, this is an emerging and rapidly-evolving situation and new information becomes available daily.

Symptoms

Incubation period of the disease varies from 2 to 14 days but it has been reported to be as long as 27 days in extreme cases². That means symptoms may appear 2-14 days after coming in contact with an infected person or acquiring the virus from a contaminated object/surface. The virus primarily affects the respiratory system. So the first symptoms are high grade fever, accompanied by dry coughing, sneezing and difficulty in breathing. Additional symptoms may be present in the later stages of the disease depending on the severity of infection. It includes diarrhoea and severe respiratory distress. Some patients may have aches and pains, nasal congestion, runny nose and sore throat as well. These symptoms are usually mild and begin gradually. Most people recover from the disease without needing special treatment.

Diagnosis

Diagnosis is confirmed by laboratory testing. Only those people who have the above signs and symptoms along with history of coming in contact with a known case of COVID-19 or who have a history of travel to a country where infection is prevailing in last 14 days should opt for testing. But all persons with signs and symptoms must consult a qualified doctor and go for testing only if the doctor so advises. Diagnosis of the diseases is done by testing sample collected from the suspected case. A person is suspected to have the diseases, if he/she has come in contact with a person who has the disease or has travelled to an area where the disease is prevalent among the residents and has developed signs and symptoms. Govt. Agencies also conduct random testing to ascertain presence of virus in the community. Sample is collected using swabs from the throat of the person and examined in the laboratory. Two tests can be performed. COVID-19 testing can identify the SARS-CoV2 virus and includes methods that detect the presence of virus itself by Reverse Transcription Polymerase Chain Reaction (RT-PCR). This test can be done on respiratory samples obtained by various methods, including a nasopharyngeal swab or sputum sample. Another test that detects antibodies produced in response to infection. Detection of antibodies (Rapid Antibody tests) can be used for population surveillance and RT-PCR for diagnosis³.

Treatment

If signs and symptoms are present and the tests come out positive, then the person is a confirmed case of Covid-19 infection. At present there is no drug that can be used to cure the infection. However most of the patients recover from the illness if supportive treatment is provided. As there is risk of disease becoming severe and life threatening, the confirmed cases must report to the designated health service provider. There is help line numbers provided by state governments and the central government of the country to seek help for diagnosis and treatment. An infected person must get admitted to graded “COVID CARE” facilities depending upon the severity of symptoms. A basic facility where patients showing mild symptoms can be referred to is COVID CARE CENTRE⁴. This could be a makeshift facility — like a stadium, school, hostel or a quarantine facility. A person showing moderate symptoms could be admitted to a dedicated COVID HEALTH CENTRE, which would be a designated hospital or a separate wing of a big hospital. A person with severe symptoms would be referred to a **Dedicated COVID HOSPITAL⁴**, which would have isolation rooms/ wards, intensive care units, blood bank, dialysis and oxygen supply facilities. Isolation is most important to prevent transmission of infection to others and hospitalization is must for getting proper care so that recovery is possible. There could also be infected patients who are asymptomatic and such kind of asymptomatic patients require home quarantine. In Odisha, all cases tested positive irrespective of the symptoms are referred to **Dedicated COVID HOSPITALS**.

Vulnerable Groups

Particular attention should be paid to older people, and those with underlying medical problems such as high blood pressure, respiratory or heart problems, diabetes, or deficient immune systems. These people are more likely to develop serious illness.

Transmission Mode

Disease transmission is most likely to occur through small droplets from the nose or mouth which are spread from person to person when somebody with COVID-19 coughs or exhales. Other people catch COVID-19 by touching objects or surfaces contaminated by these droplets, then touching their eyes, nose or mouth.



COUGH / EXHALE



CONTAMINATED OBJECTS AND SURFACES



PHYSICAL CONTACT



TOUCHING EYES, NOSE OR MOUTH

Recommended Protection Measures

The overwhelming majority of people infected with COVID-19 experience mild symptoms and recover from the disease without needing special treatment. There is no specific antiviral treatment or vaccine for COVID-19. Individuals with COVID-19 typically successfully receive treatment to relieve symptoms. The best way to prevent illness and contamination spread is to **avoid exposure to the virus**.



Practise proper and frequent handwashing or use hand-sanitizer.



Do not touch your face with unwashed hands.



Apply social distancing measures: the WHO recommendation is to stay at least one metre away from each other (some national guidelines recommend more).



Clean or decontaminate your work equipment if you think you have been in contact with a COVID-19 patient and self-monitor for signs of illness.



Considering the transmission mode of the disease and when available, law enforcement officers in contact with the general population may be recommended to wear masks and/or gloves.

Important: personal protective equipment (PPE) protects you and others only if you know how to use and dispose of it properly.



Seek medical advice if you show any symptom, as per your national public health recommendations.



3.

Potential exposure to
COVID-19 while on duty
by police personnel

Police/security personnel are being deployed for various functions where they interface with public, who could be potentially infective to others. Hence, police/security personnel are vulnerable to contract the COVID-19 infection while on duty for the following reasons⁵:

- Continuous exposure and close contact with public, even to the extent of physical handling of people, some of whom may be transmitting infection.
- Physical handling of documents for verification on roads in enforcing lock down, guarding BCPs (Border Check Posts), for registration of complaints at police stations etc.
- Deployment in areas especially in the COVID Hotspots, Hospitals, Quarantine facilities (TMCs), which need their presence to maintain law and order.
- Lack of awareness on infection prevention and personal protection, including correct use of protective gears like masks, gloves, etc.
- Close proximity in dwelling units like barracks/police quarters further increases the risk of transmission leading to infection-amplification and swift spread of infection.



4.

Guidelines for Prevention of **COVID-19**

Risk Communication

Although awareness is being created through print, visual and social media about the basics of COVID-19, it is important for the police administration to reiterate the same to their personnel through health lectures, advisories and talks in the daily roll-call or any other method considered effective⁵.

The risks peculiar to the police personnel must be emphasised, in order to insist upon police personnel to constantly observe preventive measures, while they are on duty. The following points need to be reiterated:

- Advice on preventive measures, especially hand hygiene practices (frequent hand washing even when the hands are not visibly dirty using soap and water or an alcohol based hand sanitizer), Respiratory etiquette (covering mouth and nose while sneezing/coughing using a disposable tissue/handkerchief or coughing/sneezing in flexed elbow) and Physical distancing (at-least 1 meter)
- Information on self-protection using appropriate protective gears such as facemask, goggles, face shield and gloves and their proper disposal.
- At the police post, the police personnel on duty, should maintain physical distancing norms among themselves.
- Personnel must be aware of self-monitoring for symptoms of COVID-19 (like fever/cough/difficulty in breathing) and not to ignore even minor flu like symptoms such as sore throat, running nose, sneezing etc.
- They must immediately seek medical help if they develop symptoms like fever, cough and difficulty in breathing. Also they must immediately inform their superiors about the same, for the latter to take appropriate actions, including enforcing quarantine of such personnel.
- Advice about accessing health care advice (e.g. from own medical officer or Helpline no. 104/ 1075)

Training

Training of staff for prevention of COVID-19 is a key element of the preparedness against the disease. No personnel protective gear would be of help unless the person is trained properly on proper usage and safe disposal of same. Training activities should cover the following areas

- Basic disease knowledge, including pathogen, transmission route, signs and clinical disease progression,
- Hand hygiene practice,
- Respiratory etiquette,
- Appropriate use of protective gear and its safe disposal,
- Environmental prevention measures, including cleaning and disinfection.

Short training capsule course (available at iGOT platform) on many of the above activities may be utilized for training security personnel.

Infection Prevention Control (IPC) Practices

The police personnel, while on COVID-19 duty should follow standard precautions such as hygiene, respiratory etiquettes, physical distancing and use of protective gears (**triple layer medical mask, gloves, goggles and face shields**) as detailed below.

Hand Hygiene

- Hand washing (20 sec): wet hands and apply soap; rub all surfaces; rinse hands and dry thoroughly with a single use towel; use towel to turn off faucet. As detailed in **Annexure I**

[Watch Video](#) ►

- Hand sanitization using alcohol sanitizer (20 sec): apply enough product (with alcohol content > 70%) to cover all areas of the hands; rub hands until dry.

▲ [Click to See the Information](#)

When to perform hand hygiene

- Before and after any direct contact with a person, if gloves are not worn.
- Immediately after gloves are removed.
- On coming in contact with blood or body fluids and contaminated items and after contact with inanimate objects, instead of using a hand sanitizer, wash hands with soap and water even if hand is not visibly dirty.
- If hands are visibly dirty, then also wash hands with soap and water.
- When you have coughed or sneezed into the palm of your hand.

Respiratory hygiene and cough etiquettes

- Cover your nose and mouth when coughing/sneezing with tissue or mask, dispose off used tissues and masks and perform hand hygiene after contact with respiratory secretions.
- Making adequate hand hygiene resources, tissues and masks available in common areas.
- Used tissues should be disposed off carefully as detailed in **Annexure-II-D**.

Physical distancing measures

Physical distancing of minimum 6 feet must be followed while dealing with public, while inspecting vehicles, verifying/ handling documents and interacting with personnel. The police personnel should NOT put his head inside/near to the window shield of the vehicle. Non-compliant persons who need to be interrogated should be asked to come out of the vehicle.

At the police posts/police stations the police personnel on duty should maintain physical distancing of **at least 6 feet** among themselves. The same measures should be followed while dealing with complainants/ accused/ suspects/ witnesses/ persons coming to police posts/ stations for redressal of grievance.

- a. The number of personnel in police vehicle should be restricted to maintain physical distancing.
- b. Instruct all police personnel to maintain a **physical distance of 6 feet** from each other at all times, whether in barracks, place of stay in duty locations, offices, police stations and on the streets:
- c. Prescribe the number of personnel permitted to be in Police Control Room (PCR) vans and any police vehicle to adhere to the physical distancing requirement
- d. Ensure the physical distancing requirement is adhered to during meetings and briefings
- e. Strictly enforce that only one personnel is permitted to ride police motorcycles/two-wheelers
- f. Ensure a distance of 6 feet be kept between each person in police lock-ups at all times, including at night to sleep.

Environmental measures

Objects and surfaces like batons, helmets, barriers, vehicle door handles, mobile and landline phones etc. require frequent cleaning and disinfection. Cleaning with water and household detergents / or 1% sodium hypochlorite is sufficient. Mobile phone, credit/debit card swipe machines should be wiped frequently with alcohol. Safai staff should be protected from 'COVID-19' infection and wear disposable gloves when cleaning or handling surfaces, clothing or linen soiled with body fluids, and should perform hand hygiene before and after removing gloves.

Police/Security personnel on duty in moderate/high risk zones should especially be advised to sanitise all uniform items such as headgear, belt, baton, shoes and other things like mobile, wallet, etc., after duty hours. At their residential barracks or police quarters, clothes, bedclothes, bath and hand towels, handkerchief etc. can be cleaned using regular laundry soap and water or machine-washed at 60–90 °C with common laundry detergent.

Riot equipments and gears, weapons with accessories required for performance of security and enforcement related duty etc. should be sanitised properly, and frequently before and after use. Steering wheel, gear shift, door handles, ignition keys, etc., of vehicles being used by police personnel should be sanitized frequently.

Disinfect all offices, police stations, outposts, chowkis, Police Control Room vans, and all police vehicles daily.

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) toilets.

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, elevators, security guard booths, office rooms, meeting rooms, eating areas / cafeteria should be mopped with a disinfectant with 1% sodium hypochlorite or phenolic disinfectants.
- High contact surfaces such elevator buttons, handrails / handles and call buttons, public counters, intercom systems, equipments 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 seats 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.

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.

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.
- 70% Alcohol can be used to wipe down surfaces where the use of bleach is not suitable, e.g. metal. (Chloroxylenol (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.

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.
- Masks are effective if worn according to instructions and properly fitted. Masks should be discarded and changed if they become physically damaged or soaked.

Use of Protective Gears

Gloves

- Wear gloves at all times while on duty.
- Remove gloves properly and perform hand hygiene on coming in contact with blood or body fluids and then put on a new pair of gloves.
- The procedure of wearing and taking off gloves is at **Annexure-II-A**.

Facial protection

Use of triple layer medical mask for facial protection is recommended while on duty. Using a mask incorrectly may hamper its effectiveness and may cause harm to the personnel. So it must be used correctly. The correct steps in wearing and taking of the mask are at **Annexure-II-B**.

Face shields

- A face shield to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.
- The security personnel on COVID duty will have to wear a face-shield at all times while on duty.
- While taking off the face shield, ensure that the front surface is NOT touched. If one accidentally touches the same, perform hand hygiene as detailed in the document.
- The face shield is re-usable. The front portion can be decontaminated by wiping with 70% alcohol or 1% sodium hypochlorite solution. This is to be followed by hand hygiene.

Protection of Eyes during COVID-19

Experts say that the Corona virus can be spread through your eyes, therefore, it is important to protect your eyes. Currently there is no standard explicitly for eye protection against biological hazards, such as COVID-19. Goggles or face shields are appropriate protection for the eyes.

Goggles: Goggles are designed to protect from splashes, sprays, and respiratory droplets. However, to be effective, goggles must fit snugly, particularly from the corners of the eye across the brow.

- Ensure appropriate cleaning and disinfection if goggles or reusable face shields are used.
- Eye protection, if damaged should be discarded (e.g., damaged face shield and goggles can no longer provide protection).
- While wearing eye protection, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
- Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with disinfectant solution. Let it fully dry (air dry or use clean absorbent towels).
- Consider switching to glasses, rather than contacts, as people who wear contacts tend to touch their eyes more often than the average person. Changing to glasses could help prevent exposure and reduce eye-rubbing, and glasses can offer some shield from infected respiratory droplets.
- Police personnel should take care not to touch their eye protection and avoid rubbing their eyes. If they touch or adjust their eye protection they must immediately perform hand hygiene.

The specification of protective gears (triple layer mask, gloves and face shield) is available at **Annexure II-C**.

For safe disposal of used protective gears, guidance is available at **Annexure II-D**.



5.

COVID-19: Health and Safety for Police Personnel & their families

Police Personnel can potentially expose their colleagues and their families to COVID-19.

Precautions to be taken at the Police Stations

- Ministry of Health and Family Welfare 'Guidelines for disinfection of common public places' may be followed for sanitizing the entire premises and Hand sanitizers should be placed at the entry point and other convenient places at all times.
- Cleaning and disinfection efforts should especially be targeted to touched/contaminated surfaces that are frequently in use.
- All visitors to Police Stations should be handled with due caution and non-essential personal visits should be discouraged.
- A separate place should be earmarked for visitors and they should be allowed entry only to the designated area. Interaction with visitors should be restricted to this designated area.
- A separate waiting area may also be identified, to accommodate visitors in case greater numbers of visitors are visiting the police station.
- All police personnel should wear disposable or cloth face mask and gloves while interacting with visitors duly maintaining physical distance of at least 6 feet.
- If a visitor comes without a face mask, a face mask should be provided to him.
- Provide and guarantee a consistent supply of separate bars of soap to each person in police lock-ups, and instruct each person to wash or sanitize their hands frequently.
- Provide hand sanitizers where access to running water is limited.
- Provide clean running water and working hand-wash facilities.
- Ensure sufficient supplies of hand sanitizers for staff in each unit.
- **Lock-ups Management** -Following steps be taken in all police stations/lock-ups mandatorily:
 - a. Disinfect and thoroughly clean police lock-ups for men and women daily.
 - b. After everytime, an arrested person is taken out from the lock up, it should be disinfected properly.
 - c. Maintain high standards of hygiene for all police staff and persons in lock-ups.
- Provide a cloth mask/ handkerchief/ gamcha/ tissue paper to each person in police lock-ups to enable them to cover their mouth as much as possible.
- Station House Officers and selected police personnel at every police station should keep a vigilant check on the health of each person in lock-up.
- Regular thermal screening of police personnel and arrested person to check body temperature.
- Anyone sneezing, coughing, having fever or breathlessness must immediately be sent to the nearest medical facility for testing .
- Ensure every arrested person is medically examined immediately after arrest as per Section 54 of the Code of Criminal Procedure; if kept in custody, s/he is mandatorily medically examined every 24 hours.
- A clear protocol for police personnel to follow immediately on returning home, with emphasis on washing hands and face, bathing and changing clothes, and daily washing of the police uniform
- There should be a contingency plan in the event of spread of virus among police personnel to (i) provide support to those taken ill and (ii) to manage the critical police functions by suitable redeployment. The plan must:
 - a. Draw up a deployment plan to manage existing, available strength,
 - b. Assure the subordinate ranks, particularly the constabulary, of guaranteed pay and adequate leave to recover,
 - c. Free medical treatment at govt. cost to officers/ men across ranks,
 - d. Provide support, including supply of essential goods, to the families of personnel, where necessary.

- Take measures to ensure that all police personnel, especially those on the field, can be regularly tested for the virus given their constant exposure to public spaces. Anyone showing symptoms should immediately be removed from duty and provided medical attention.
- Prominently display the instructions on maintaining distance and hygiene on posters, in the local language, outside every police office and police station.
- Designate a senior officer at Police Headquarters at District/ Unit level and also at state level as the nodal point to receive and monitor all reports of virus symptoms and/or positive cases. Reports to be promptly sent to immediate supervisors, with a copy to the nodal officer, to inform when virus symptoms are found among police personnel and persons in custody⁶.
- Instruct field-level personnel to abide by the following safety measures:
 - a. Avoid physical contact with any person on the street.
 - b. Avoid touching face, nose, eyes and mouth.
 - c. Wear masks and other required accessories.
 - d. Maintain a distance of 6 feet, as far as possible, while interacting with members of the public.
 - e. Use separate hand towels/handkerchiefs and avoid sharing.
 - f. Not to exchange anything/ object especially mobile phone with others.
 - g. Use the mobile in speaker mode to decrease its contact with face.

Policemen at Home

Before coming into direct contact with their loved ones, every policeman should maintain social distancing measures and follow these steps on returning home:

- Clean, decontaminate, or sanitize your work equipment, including shoes, duty belts and any equipment that's frequently touched avoiding the spread of particles/dust.
- Change out of uniform at the end of a shift while still at the station or immediately after returning home prior to interacting with family members
- Take off duty clothes and wash them with laundry soap as soon as feasible. Handle, transport and wash them in way that limits exposure to skin, eyes, environment and other clean clothes (avoid shaking clothes)
- Take a shower or wash exposed skin with soap and water
- Self-monitor for signs of illness.
- Visually practice good hygiene upon entering the home so children see parents washing hands, changing clothes, etc. to model good behavior.
- Reinforce it as routine to help minimize children's anxiety.
- Identify a separate area to quarantine sick members
- Limit close contact with outsiders as much as possible

Explaining Basic Hygiene Practices to Children

- Practice proper hygiene together.
- Teach your child to wash his/her hands with soap and water for at least 20 seconds.
- Encourage younger child to sing their ABCs if they struggle to count to twenty.
- Challenge older children to come up with a song to sing for at least 20 seconds while they wash their hands.
- Encourage good hygiene, such as promptly washing or sanitizing hands after coughing, sneezing, or physically interacting with others.
- Point out when your child is touching his/her face and gently discourage poor habits that could contribute to the transmission of the virus. Make this a fun challenge with children to avoid causing stress or fear about "getting caught" but rather frame it as a family game to increase the practice of good hygiene.

Illness at Home

Police Personnel should also create a family emergency plan to include collecting key phone numbers, stocking up on necessary medications and supplies, charging up equipment, etc. Get regular up-to-date information about local COVID-19 activity from public health officials in your area. Remember to consider members of your household that may be at greater risk such as older adults and people with severe chronic illnesses.⁷

If you or a family member has been exposed to COVID-19 and develops a fever and symptoms of respiratory illness, such as cough or difficulty breathing⁸, take the following actions:

- Call your healthcare provider immediately.
- Stay home except to get medical care.
- Isolate in a room from the rest of family members (including pets).
- To limit anxiety in children, reinforce that this is a normal thing to do to keep the rest of the family healthy as part of basic disease isolation, similar what families already practice for the flu, cold, etc.
- Make sure to follow your organization protocols relating to sick leave.
- Remaining at home during sickness will prevent the virus from spreading to community members.

Staying Healthy as Police Personnel

Take the following steps to protect yourself to reduce the likelihood of contracting COVID-19.

- **Practice proper hand hygiene** by promptly washing or sanitizing hands after coughing, sneezing, or physically interacting with others. Wash your hands for at least 20 seconds with soap and water.
- **Avoid touching your face** (eyes, nose, and mouth).
- **Cover your mouth and nose** with your bent elbow or tissue when you cough or sneeze. Make sure to dispose of the tissue immediately⁹. Wash your hands with soap immediately after sneezing or coughing.
- **Avoid close physical contact** with others including shaking hands and hugging.
- Maintain at least **6 feet distance** between yourself and anyone who is coughing or sneezing, when possible¹⁰.
- **Promptly disinfect your gear** including your duty belt after physical contact with any individual¹¹.
- Keep **disinfectant wipes and hand sanitizer** in an easily accessible place while on-duty.
- Always wear a **mask** and make sure to know how to properly use and dispose/ clean it (in case of a cloth mask). Most of the policemen are wearing cloth masks. Cloth face masks or coverings, whether provided by the employer or brought from home, or worn by general public are not respirators or disposable face masks and **do not protect from exposures. However**, they are still better for routine use in public places than not covering your mouth and nose.
- Cloth face masks are only intended to **help contain the wearer's respiratory droplets from being spread**. For them to be effective everybody in the work place or public should be wearing them or any other mask without exception
- Cloth face masks are intended to **slow the spread of the virus** that causes COVID-19. Wearing them may help people who unknowingly have the virus from spreading it to others.
- When it is not practicable for workers or employees to wear a single cloth face covering for the full duration of a work shift, particularly **if they become wet, soiled, or otherwise visibly contaminated, a clean cloth face covering (or disposable face mask option) should be used and changed out as needed**.
- Please mark the inner side of the mask with indelible ink so that the same side is used to cover the nose, mouth and chin

Process of cleaning cloth face mask

- A reusable cloth mask should be **washed after each wearing**. When you take it off, **fold it in half to contain the inner secretions** and deposit it into a laundry bin, one ideally with a lid that you can close, if you aren't able to wash it immediately.
- There's no need to wash cloth masks separately from other clothes. If you're dumping them into a washing machine and then putting them into a dryer, that should effectively kill the virus. The water temperature for the washing machine cycle should be **warm or hot between 60 to 90 degrees Celsius**.
- No washing machine at home? Make sure to practice routine, **thorough hand-washing hygiene if you're hand-washing your mask with warm or hot water**.
- Lastly, always keep an eye on the integrity of the fabric if you use a **bandana or DIY cloth mask**. With repeated laundering, **they can become thinner over time**, which means **an even lower barrier to prevent transmission**. If you feel like it's becoming thinner, it's probably time to **get a new cloth mask for better protection. (Refer Annexure II b)**

Educate yourself and participate in training on the use of **Personal Protective Equipment (PPE)** for respiratory protection, if available at your agency.

- Ensure only trained personnel wearing appropriate PPE have contact with individuals who have or might have COVID-19.
- Make sure to know **police services plans and protocols** for exposure control.
- **Seek medical care early** if you have a fever, cough and difficulty breathing.

COVID-19-infected droplets may be able to live on nearly any surface¹². Consider sanitizing items you frequently touch during a shift:

- Phone
- Laptop
- Clipboard
- Police vehicle equipment
 - Steering wheel
 - Gear shift
 - Dispatch radio module
 - Door handles and edges



6.

Police Personnel role in enforcing Public Health Protections

With the outbreak of an infectious disease, police personnel may be required to respond to calls for service related to public health orders including lockdown, mandatory quarantines and the protection of medical resources. This information is meant to help police departments to better understand their authority in such situations along with methods to reduce risk and exposure.

Types of Public Health Orders

- **Curfew** – regulates times during which a person is required to stay indoors.
- **Social distancing** – maintaining distance between people to avoid the spread of disease.
- **Quarantine** – restricts the movement of people who are presumed to have been exposed to disease agent but are not ill either because they are still in incubation period or have very mild symptoms or did not become infected with the disease. Quarantine can be applied to an individual or a large group who are either asked to stay at home or at a designated facility for a period of 14 days. Quarantine facility should be preferably placed in the outskirts of the urban/ city area (can be a hostel/unused health facilities/buildings, etc.) away from the people's reach, crowded and populated area. It should be well protected and secured (preferably by security personnel/ paramilitary or defense). It should preferably have better approachability to a tertiary hospital facility having critical care and isolation facility. The purpose of quarantine during the current COVID 19 pandemic is to reduce transmission by separating contacts of COVID-19 patients from community, monitoring contacts for development of signs and symptoms of COVID-19, and segregation of COVID-19 suspects, as early as possible from among other quarantined persons
- **Self-quarantine** – the voluntary act of putting oneself in quarantine.
- **Isolation** – separates sick people from those who are not.
- **Shelter-in-place (stay at home)** – requires individuals stay in a safe, non-public location (home) except for essential activities and work until told otherwise.

The following measures need to be taken during enforcement of public health orders including lockdown:

Protective Measures against Covid-19

Like other essential service providers the nature of their work places police personnel at great risk of contracting the virus and thus spreading it. It is vital that all police especially those in police stations and out on the streets strictly adopt protective measures at all times. Police officers overseeing lock-ups must ensure protective measures for all persons in custody.

- While it is likely that a majority of police personnel are deployed for attending to COVID-19 related duties and other policing duties, for those who are not deployed in frontline, the option of Work from Home wherever feasible should be explored.
- Those police personnel who are more than 55 years old or those who have pre-existing co-morbid conditions may not be deployed in the frontline where the chances of contracting the virus are more.
- To meet the challenge of COVID-19 and to ensure sustainment of control strategy for COVID-19, police forces need to prepare an effective second line of defense to make up for the police personnel who will be required to be withdrawn from active duty due to COVID infection during the pandemic. Home Guards, Civil Defense, NCC cadets, Scouts and Guides and Student Police Cadets may be utilized in areas where there are not imminent law and order issues. They can especially be of help in maintaining order at the relief centres and in facilitating the maintenance of supply chain and for coordinating other essential services.
- While performing COVID related duties, Police/Security personnel should help general public and deal with them with empathy and compassion especially with the weaker sections of the society. They should monitor religious and religious and social congregations during festivals to ensure social distancing. Police should also be watchful of migrant labourers/ slums to contain any unexpected and undesirable mass movement.

- **Monitoring and Control:** Control Rooms are the nerve centres of policing and must monitor round the clock, the minutest concerns of policing during the pandemic. The Control Rooms may be expanded, resourced and designed to incorporate special COVID-19 Cells, to exclusively look after all issues relating to the pandemic. The staff manning these COVID-19 cells should be trained on elementary modules relating to the epidemic and briefed about appropriate responses to help engage with issues and scenarios they are likely to be confronted with. Such COVID-19 Cells should be adequately equipped with men and material, including Drones which may be used for aerial reconnaissance, if required on urgent basis.

Guidance on Minimal Use of Force

- In the midst of unprecedented restrictions on people's daily lives, the use of force by police as a means to enforce the lockdown must be prohibited. Non-violent means must be devised and implemented.
- Orient and equip field-level personnel with the skills of effective dialogue and communication to understand people's reasons or recognise their compulsions for being out on the streets; and provide the needed assistance

Facilitating Access to Essential Service Providers and Full Cooperation with Service Providers

The police are the crucial liaison point between people and essential services. This not only ensures the smooth conduct and delivery of essential services, it can save lives. This is a critical component of the police role and must be prioritised.

Instruct, orient and equip field-level officers to take all necessary measures to facilitate unhindered, timely and safe movement of every designated essential service provider and the movement of people to access essential services, including:

- a. Guiding delivery persons to reach the point of delivery through the shortest route possible keeping in mind blockades and road/gate closures, if any.
- b. Assisting people with information about the location of the nearest grocery/kirana stores, chemists, ATMs, hospitals, ration shops, primary health centres, and all other essential services.
- c. Assisting anyone in need of medical aid or intervention to reach the closest hospital.
- d. Coordinate with civil society organisations and NGOs to facilitate access to essential services, especially to identify and reach out to vulnerable individuals and/or communities, particularly the disabled/physically and mentally challenged individuals and groups, senior citizens, and children.

Specific Protocol on Stop, Verify and Assist

It will smoothen the police's job in regulating and assisting people found on the streets to have a simple, practical, easily implementable protocol to refer to in terms of questions to ask and possible responses.

Develop a 'Stop, Verify and Assist' protocol that will lay down step-by-step procedures for police personnel to follow on stopping and engaging with persons found on the streets. The protocol should be designed to guide field level officers in their interaction with the public. Emphasis should be on being cooperative and facilitating assistance. At a minimum, it should contain:

- a. Basic questions to understand the reasons for a person being outside and respond accordingly, the questions should be limited to finding out where a person is going and their reason for going there, and should not be invasive.
- b. Various kinds of assistance the police can provide to help a person access essential services, including referral to helplines.

- c. Objective and clear criteria to identify genuine breaches of lockdown conditions and the proportionate police responses possible.

Guidance on Curtailed Arrests and Detention

Since arrest and detention are legal processes, due discretion and precaution are required to be exercised to avoid contracting of virus by policemen. Unnecessary detention may be avoided.

Accountability for Police Misconduct

There must be firm action against any police personnel found deviating from abusing and/or violating established procedures and principles governing lockdown management particularly on use of force, arrest, detention, and managing the public and essential services.

Special Measures to Protect Vulnerable Groups

Certain vulnerable groups face immense difficulties accessing assistance and services, which will only be amplified during the lockdown. It is crucial to identify people and groups who may be at risk of coming into harm and/or of being further marginalised, due to the restrictions on movement and interaction.

Take special measures and formulate plans to address the specific needs and vulnerabilities of women, pregnant women, children, the sick, senior citizens, disabled persons or any other group which will be particularly hampered by the restrictions on movement and social interaction, including:

- a. Assisting in delivering rations or medicines to their residences
- b. Escorting anyone in need to a hospital, bank, ration shop or provisions store, or any other essential service
- c. Facilitating the continuity of medical or support services for the sick, senior citizens, and disabled persons especially or anyone in need
- d. Where possible, making regular phone calls to check in on anyone in need

Ensuring a Non-Discriminatory Response

The police must be non-discriminatory in its response and be vigilant to monitor for and stem any instances of discrimination.

Regular and Clear Communication; both internally across all levels and with the Public

There must be consistent, concerted communication within the police, across the ranks; and with the public, throughout the duration of the lockdown, of the lockdown management plan, developments, measures to be taken, and assurances by police leaders. In post lockdown period, for the enforcement of social distance norms, use of mask, quarantine management etc., there should be similar communication internally and externally.

How to Prepare for Public Health Related Enforcement Activity

- Provide frequent, accurate, and timely information to the public regarding enforcement orders. Effective partnerships between the police and communities will ensure higher levels of compliance, especially regarding voluntary quarantine and social distancing.
- Ensure proper use of personal protective equipment (PPE) and develop enforcement plans that limit risk and exposure to disease.
- Provide officers with appropriate contact information to public health personnel should they encounter an individual demonstrating symptoms.
- Local police departments will be called upon for first response during a pandemic but will be expected to coordinate with other jurisdictions and municipalities.

Protection and Security

- Provide training to officers to prepare them for the modified calls for service, such as those related to the protection and security of medical resources, and the enforcement of quarantine orders. Consider creating a Public Health Response Team that includes officers from different units.
- Officers may be required to provide duties outside normal calls for service regarding the protection and security of medical resources to include:
 - Guarding distribution chains and distribution sites of protective equipment and supplies from the strategic national stockpile.
 - Providing protective services to hospital emergency rooms, temporary treatment shelters and triage centers during patient surges.
 - Providing additional preventive patrol or other measures to targets of opportunity resulting from the emergency (such as pharmacies and supermarkets), to include hoarding and price gauging of critical medical resources.
 - Providing added security to critical infrastructure components (such as utilities and telecommunication facilities).



7.

Management of **Dead Bodies** **and Burial**

Though police has no direct role/ responsibility in dead body management of Covid-19 case, many a time they may have to remain present because of law and order issues or otherwise. At times, they may be required to attend a dead body at mortuary for medico-legal issue. Hence it is considered expedient that the police personnel should have basic knowledge of dead body management.

Disposal of Dead Bodies of COVID - 19

- The main driver of transmission of COVID-19 is through droplets. There is unlikely to be an increased risk of COVID infection from a dead body to health workers or family members who follow standard precautions while handling body.
- Only the lungs of dead COVID patients, if handled during an autopsy, can be infectious.

Handling of Dead Bodies of COVID 19 in isolation

- Hand Hygiene and PPE by HCW.
- All tubes, drains and catheters on the dead body should be removed.
- Any puncture holes or wounds (resulting from removal of catheter, drains, tubes, or otherwise) should be disinfected with 1% hypochlorite and dressed with impermeable material.
- Plug Oral, nasal orifices of the dead body to prevent leakage of body fluids.
- If the family of the patient wishes to view the body at the time of removal from the isolation room or area, they may be allowed to do so with the application of Standard Precautions.
- Place the dead body in leak-proof plastic body bag. The exterior of the body bag to be decontaminated with 1% hypochlorite.
- The body bag can be wrapped with a mortuary sheet or sheet provided by the family members.

Body Bags

- Impermeable
- Leak proof
- Air sealed
- Double sealed
- Disposable
- Opaque
- U shape with Zip 4/6 grips
- Size: 2.2 x 1.2 Mts 11)
- **Standards:** a) ISO 16602:2007 b) ISO 16603:2004 c) ISO 16604:2004 d) ISO/DIS 22611:2003

Disposal of Dead Bodies of COVID 19

- The body will be either handed over to the relatives or taken to mortuary.
- All used/ soiled linen should be handled with standard precautions, put in biohazard bag and the outer surface of the bag disinfected with hypochlorite solution.
- Used equipment should be autoclaved or decontaminated with disinfectant solutions in accordance with established infection prevention control practices.

Handling of Dead Bodies of COVID 19 in Mortuary

- Mortuary staff handling COVID dead body should observe standard precautions.
- Dead bodies should be stored in cold chambers maintained at approximately 4°C.
- Embalming of dead body should not be allowed.
- Autopsy should be avoided
- If required proper PPE, equipment and infection control and disinfection practices to be followed.

Transportation of Dead Bodies of COVID 19

- The body secured in a body bag exterior of which is decontaminated poses no additional risk to the staff transporting the dead body.
- The personnel handling the body SHOULD follow standard precautions (surgical mask, gloves).
- The vehicle, after the transfer of the body to cremation/ burial staff, will be decontaminated with 1% Sodium Hypochlorite.

At the Cremation/ Burial Ground

- The Crematorium/ burial Ground staff should be sensitized that COVID 19 does not pose additional risk.
- Standard precautions of hand hygiene, use of masks and gloves.
- Viewing of the dead body by unzipping the face end of the body bag (by the staff using standard precautions) may be allowed, for the relatives to see the body for one last time.
- Last rites that do not require touching of the body can be allowed.
- Bathing, kissing, hugging, etc. of the dead body are NOT allowed.
- All staff and family members should perform hand hygiene after cremation/ burial.
- The ash does not pose any risk and can be collected to perform the last rites.
- Large gathering at the crematorium/ burial ground should be avoided as a social distancing measure.

Handling of Injured and Dead Cases

Irrespective of the nature of injuries, the status of the injured or the dead and the update on Arogya setu app, the police personnel handling such cases should treat all such cases as potential COVID 19 cases and observe the universal precautions applicable to handling of such casualties. Although most organisms in the dead body are unlikely to infect healthy persons, some infectious agents may be transmitted when persons are in contact with blood, body fluids or tissues of dead body of person with infectious diseases. To minimize the risks of transmission of known and also unsuspected infectious diseases, dead bodies should be handled in such a way that the police personnel exposure to blood, body fluids and tissues is reduced¹³.

In all such instances the police personnel must observe the following

- (a) At a minimum they should put on Gloves, water repellent gown and surgical mask. In addition, goggles or face shield must be used to protect eyes, if there is likelihood of splashes of blood and/or body fluids.
- (b) Make sure any wounds, cuts and abrasions, are covered with waterproof bandages or dressings.
- (c) Do NOT smoke, drink or eat.
- (d) Do NOT touch your eyes, mouth or nose.
- (e) Observe strict personal hygiene. Hand hygiene could be achieved by washing hands with liquid soap and water or proper use of alcohol-based hand rub.
- (f) Avoid sharps injury by putting on double gloves and preferably the outer glove should be nitril glove which is puncture proof, both in the course of examination of dead body and afterwards in dealing with waste disposal and decontamination.

(g) Remove personal protective equipment after handling of the injured or the dead body. These should be disposed in double yellow coloured plastic bags in plastic bins marked with biohazard symbol labeled as COVID 19 Waste either in the hospital or in the cremation ground.

(h) Then, wash hands with liquid soap and water immediately.

For disinfection of dead bodies and wrapping of dead bodies please refer to details given in Transportation and Burial/Cremation of the Dead.

Dead body should not be sprayed, washed or embalmed. Any practice of washing the dead bodies in preparation of “clean burials” should be discouraged. Embalming of dead bodies should not be carried out or permitted during these times of COVID 19



8.

Aarogya Setu

Aarogya Setu

Aarogya Setu (literally, bridge for freedom from disease) is Indian COVID-19 tracking mobile application developed by the National Informatics Centre and that comes under the government Ministry of Electronics and Information Technology.

The stated purpose of this app is to spread awareness of COVID-19 and to connect essential COVID-19 - related health services to the people of India¹⁴. This app augments the initiatives of the Department of Health to contain COVID-19 and shares best practices and advisories. It is a tracking app which uses the smartphone's GPS and Bluetooth features to track the corona virus infection. The app is available for Android and iOS mobile operating systems¹⁵. With Bluetooth, it tries to determine the risk if one has been near (within six feet of) a COVID-19 - infected person, by scanning through a database of known cases across India. Using location information, it determines whether the location one is in belongs to one of the infected areas based on the data available¹⁴.

Aarogya Setu has four sections:

01

Your Status (tells the risk of getting COVID-19 for the user),

02

Self Assess (lets the user know the risk of being infected),

03

COVID-19 Update (gives updates on local and national COVID-19 cases)

04

E-pass (If applied for E-pass, it will be available)¹⁶.

Tells how many COVID-19 positive cases are likely in a radius of 500m, 1 km, 2 km, 5 km and 10 km from the user. The app is built on a platform that can provide an Application Programming Interface (API) so that other computer programs, mobile applications, and web services can make use of the features and data available in Aarogya setu.

In an order on 29 April 2020 the central government made it mandatory for all central government employees to download the app and use it - "Before starting for office, they must review their status on Aarogya Setu and commute only when the app shows safe or low risk"^{17,18}. The Union Home ministry also said that the application is mandatory for all living in the COVID-19 contaminant zone.

Govt. of Odisha is yet to issue any specific instructions for state government employees for using this App.

PRESENTATIONS





PUBLIC
HEALTH
FOUNDATION
OF INDIA



HEALTH AND SAFETY MEASURES FOR POLICE PERSONNEL ON COVID-19

by

Public Health Foundation of India (PHFI)

www.phfi.org



Notes:

HEALTH AND SAFETY MEASURES FOR POLICE PERSONNEL ON COVID-19

ACKNOWLEDGMENT

This presentation has been prepared with the information that is available from published literature and online advisories by national and international agencies. Following sources has been used to prepare this presentation.

- World Health Organization (WHO)
- Ministry of Health and Family Welfare (MoHFW)
- Ministry of Home Affairs (MHA)
- Indian Council of Medical Research (ICMR)
- All India Institute Of Medical Sciences (AIIMS)
- Centers for Disease Control and Prevention (CDC) Guidelines
- Commonwealth Human Rights Initiative (CHRI)
- International Association of Chiefs of Police (IACP)

Slide 2

Notes:

Learning Objectives

- 01** To give an overview of COVID 19, its mode of transmission, symptoms and preventive measures
- 02** To outline the hazards and risks involved for Police force during COVID- 19 pandemic
- 03** To recommend the protective measures and health safety protocols for the Police force engaged in various duties during COVID -19 pandemic.
- 04** To know what to do in case one self or family member becomes infected

Slide 3

Notes:

COVID-19



- The name of the disease is **Corona Virus Disease – discovered in 2019** -COVID-19
- The name "*coronavirus*" is derived from Latin corona, meaning "crown"
- The name of the organism that causes the disease is SARS-CoV-2 stands for Severe (because it is serious) Acute Respiratory Syndrome- Coronavirus (the name of the family of viruses) -2
- The incubation period of COVID 19 (time between getting the infection and showing symptoms) is 2 to 14 days.

Slide 4

Notes:

How does COVID-19 spread?

**Transmission
can happen
in two ways**

01

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.

02

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.

Slide 5

Notes:

Modes of Transmission



Slide 6

Notes:

BE AWARE THAT CELL PHONES ARE CONSIDERED HIGH-TOUCH SURFACES



Slide 7

Notes:

Definition of a COVID 19 Suspect



Let us remember that the suspect needs to have any one of the 5 things:

1. Any kind of **fever, cough or a difficulty in breathing.**
2. If the person has **travelled from any place** which has been an outbreak area for COVID in the last 14 days.
3. If the **person has been in close contact** of another person who is positive for COVID
4. A person **who has tested but has not got the results**
5. A person who may not have the symptoms **but the lab reports come as positive.**

Slide 8

Notes:



Contact of COVID 19

- The types of contacts can then be further divided into contact who are at a **high risk** and those who are at **low risk**
- **The high risk** ones are those who have directly been in touch with the patient or any body fluids while taking care during home quarantine, travelled with a patient, been in the same room/house and shared utensils, etc. with the patient.
- **A low risk contact** is someone who would have been in the same place but well outside the range of one meter, may have travelled in the same bus or train or flight but sat atleast 1 meter away from the person who tested positive.

Slide 9

Notes:

Advisory for Contacts

ASYMPTOMATIC

1. Home quarantine for at least 28 days after the last exposure with the case.
2. Initiate self-health monitoring for development of fever or cough and maintain a list of contacts on daily basis.
3. Active monitoring (eg. Daily visits or telephone calls) for 28 days after the last exposure shall be done by designated health workers

IF SYMPTOMATIC

1. If symptoms develop (fever, cough, difficulty in breathing), use mask, self-isolate and immediately inform designated health workers by telephone

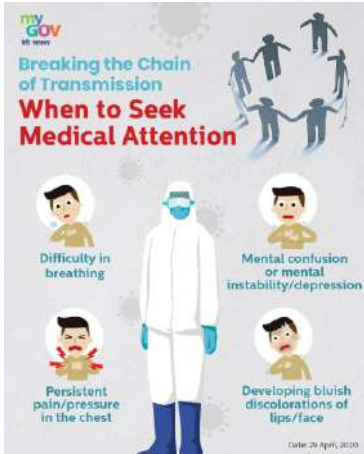
Source: Ministry of Health and Family Welfare, Government of India. Available at: https://www.mohfw.gov.in/pdf/2COVID19PPT_25MarchPPTWithAnimation.pdf

Slide 10

Notes:

Signs & Symptoms

Appear 2-14 days after coming in contact with a case



In the initial stages:

- High fever
- Dry Cough
- Shortness of breath

With increasing severity:

- Diarrhoea
- Severe respiratory distress
- Lack of oxygenation will cause bluish discoloration of lips

In some cases with severe co-morbidities, the disease can cause:

- Signs of kidney failure
- Respiratory failure
- Death

Slide 11

Notes:

Diagnosis

- At present tests are available in laboratories only
- For the sake of quality, tests should be carried out in ICMR recommended labs only
- Point of care tests are not available yet

COVID-19 testing - when and how?

- All individuals need not be tested, because Disease is primarily reported in Individuals with travel history to the affected areas or close contacts of positive cases.
- The guidelines for testing are being revised continuously, keeping in view the current case load, availability of the test kits and other logistics.

Slide 12

Notes:

Whom to Test



- ❖ ALL symptomatic people who
 - Had come in contact of confirmed cases
 - Have history of travel to areas with confirmed cases in last 14 days
 - Are healthcare workers
 - Are hospitalized patients with Severe Acute Respiratory Illness (SARI) or Influenza Like Illness (ILI) or severe pneumonia.
- ❖ Asymptomatic direct and high-risk contacts of confirmed cases should be tested once **between day 5 and day 14** of coming in his/her contact.

List of labs (Govt. & Private) can be accessed at: icmr.nic.in

Slide 13

Notes:

Help us to help you

myGov

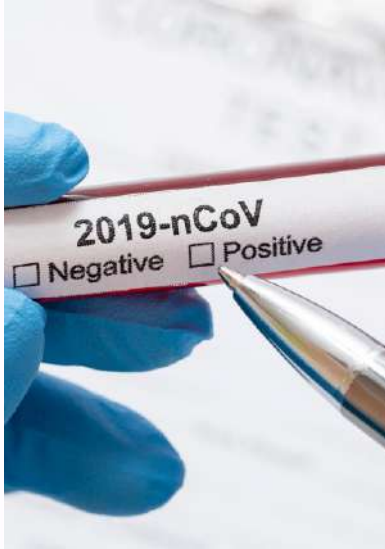
ICMR STRATEGY FOR COVID-19 TESTING

- All symptomatic individuals with International travel history in last 14 days** symptomatic healthcare workers & contacts of lab confirmed cases
- Asymptomatic direct & high-risk contacts of confirmed case** to be tested once between day 5 & day 14 of contact
- All symptomatic Influenza like Illness in hotspots, migrant shelters & evacuee centres to undergo testing**
 - A** Within 7 days of illness (rRT-PCR*)
 - B** After 7 days of illness - Antibody test (if negative, confirmed by rRT-PCR*)

*Real-Time Reverse Transcription-Polymerase Chain Reaction

Slide 14

Notes:



Treatment of COVID19

- At present there are no medicines that can cure a person of the disease
- **PREVENTION IS THE ONLY SOLUTION TO THIS DISEASE AT PRESENT !**
- But, spontaneous recovery is the rule, as only 2-3% diseased persons have died so far
- Supportive treatment helps speedy recovery
- But treatment can be given in medical supervision only

Slide 15

Notes:



Slide 16

Notes:

Key messages for prevention of COVID-19



Slide 17

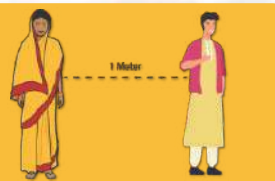
Notes:

PREVENTION: SOCIAL DISTANCING

SOCIAL Distancing: deliberately increasing the physical space between people to avoid spreading illness.

DO

- Stay at home unless absolutely necessary
- Keep a distance of atleast one meter between yourself and another person



DO NOT

- Do not hold events where people have to gather (even if it is a corner meeting with three or four friends, or an evening chat on the chaupal)
- Do not go to crowded places like markets, shopping, melas, and parties
- Do not use public transport



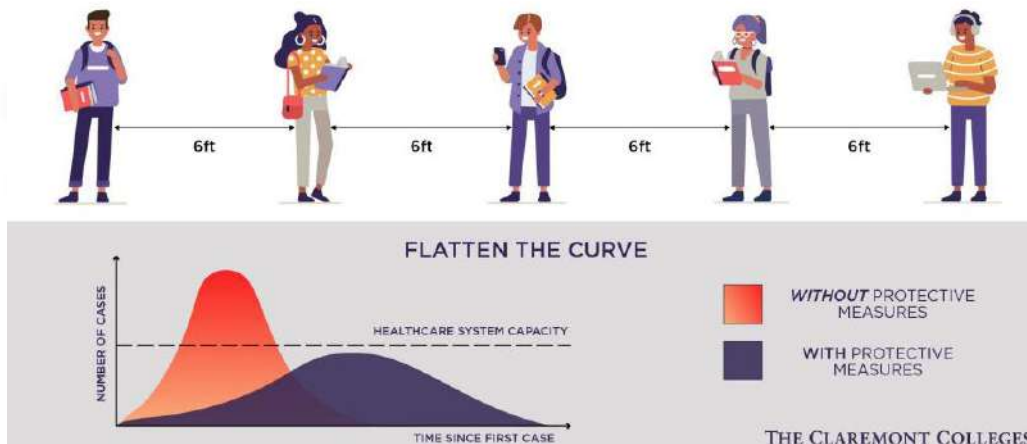
Slide 18

Notes:

Social Distancing

STOP THE SPREAD OF CORONAVIRUS (COVID-19)

MAINTAIN 6 FEET OF DISTANCE
AT ALL TIMES IF IN PUBLIC.



Slide 19

Notes:

Practice good hygiene

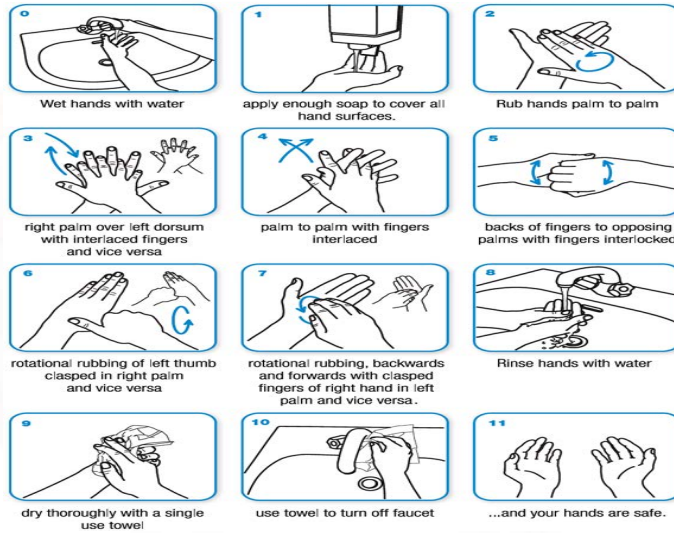
❖ Wash your hands frequently using soap and water:

- 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.



Slide 20

Notes:



Correct Technique of Hand Washing

[WATCH VIDEO](#)

Slide 21

Notes:



Slide 22

Notes:

Practice good hygiene



- ❖ **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**.

Slide 23

Notes:

Practice good respiratory hygiene



Coughing and sneezing etiquettes

- ❖ 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**.
- ❖ **Never use the saree pallu or gamcha** for sneezing into as you may use these for wiping your hands and the germs will get transferred from your hand to your nose, mouth or eyes.

Slide 24

Notes:

(COVID-19) advice for the public: Myth busters

While several drug trials are ongoing, there is currently no proof that hydroxychloroquine or any other drug can cure or prevent COVID-19. The misuse of hydroxychloroquine can cause serious side effects and illness and even lead to death. WHO is coordinating efforts to develop and evaluate medicines to treat COVID-19.

World Health Organization #Coronavirus #COVID19

FACT:
There are currently no drugs licensed for the treatment or prevention of COVID-19



28 April 2020

Hot peppers in your food, though very tasty, cannot prevent or cure COVID-19. The best way to protect yourself against the new coronavirus is to keep at least 1 metre away from others and to wash your hands frequently and thoroughly. It is also beneficial for your general health to maintain a balanced diet, stay well hydrated, exercise regularly and sleep well.

World Health Organization #Coronavirus #COVID19

FACT:
Adding pepper to your soup or other meals DOES NOT prevent or cure COVID-19.



28 April 2020

To date, there is no evidence or information to suggest that the COVID-19 virus is transmitted through houseflies. The virus that causes COVID-19 spreads primarily through droplets generated when an infected person coughs, sneezes or speaks. You can also become infected by touching a contaminated surface and then touching your eyes, nose or mouth before washing your hands. To protect yourself, keep at least 1-metre distance from others and disinfect frequently-touched surfaces. Clean your hands thoroughly and often and avoid touching your eyes, mouth and nose.

World Health Organization #COVID19 #coronavirus

FACT:
COVID-19 IS NOT transmitted through houseflies



1 April 2020

Do not under any circumstance spray or introduce bleach or any other disinfectant into your body. These substances can be poisonous if ingested and cause irritation and damage to your skin and eyes.

Bleach and disinfectant should be used carefully to disinfect surfaces only.

Remember to keep chlorine (bleach) and other disinfectants out of the reach of children.

World Health Organization #COVID19 #coronavirus

FACT:
Spraying or introducing bleach or another disinfectant into your body WILL NOT protect you against COVID-19 and can be dangerous



17 April 2020

Slide 25

Notes:

Methanol, ethanol, and bleach are poisons. Drinking them can lead to disability and death. Methanol, ethanol and bleach are sometimes used in cleaning products to kill the virus on surfaces – however you should never drink them. They will not kill the virus in your body and they will harm your internal organs.

To protect yourself against COVID-19, disinfect objects and surfaces, especially the ones you touch regularly. You can use diluted bleach or alcohol for that. Make sure you clean your hands frequently and thoroughly and avoid touching your eyes, mouth and nose.

World Health Organization #COVID19 #coronavirus

FACT:
Drinking methanol, ethanol or bleach DOES NOT prevent or cure COVID-19 and can be extremely dangerous



3 April 2020

Viruses cannot travel on radio waves/mobile networks. COVID-19 is spreading in many countries that do not have 5G mobile networks. COVID-19 is spread through respiratory droplets when an infected person coughs, sneezes or speaks. People can also be infected by touching a contaminated surface and then their eyes, mouth or nose.

World Health Organization #Coronavirus #COVID19

FACT:
5G mobile networks DO NOT spread COVID-19



4 April 2020

You can catch COVID-19, no matter how sunny or hot the weather is. Countries with hot weather have reported cases of COVID-19. To protect yourself, make sure you clean your hands frequently and thoroughly and avoid touching your eyes, mouth and nose.

World Health Organization #Coronavirus #COVID19

FACT:
Exposing yourself to the sun or to temperatures higher than 25C degrees DOES NOT prevent nor cure COVID-19



11 April 2020

The most common symptoms of COVID-19 are dry cough, tiredness and fever. Some people may develop more severe forms of the disease, such as pneumonia. The best way to confirm if you have the virus producing COVID-19 disease is with a laboratory test. You cannot confirm it with this breathing exercise, which can even be dangerous.

World Health Organization #Coronavirus #COVID19

FACT:
Being able to hold your breath for 10 seconds or more without coughing or feeling discomfort DOES NOT mean you are free from the coronavirus disease (COVID-19) or any other lung disease.



Slide 26

Notes:

HEALTH AND SAFETY MEASURES FOR POLICE PERSONNEL ON COVID-19

The COVID-19 virus can be transmitted in any climate, including areas with hot and humid weather.

The best way to protect yourself against COVID-19 is by maintaining physical distance of at least 1 metre from others and frequently cleaning your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose.



#Coronavirus #COVID19

FACT:
COVID-19 can be transmitted in areas with hot and humid climates



17 April 2020

There is no reason to believe that cold weather can kill the new coronavirus or other diseases.

The normal human body temperature remains around 36.5°C and 37°C, regardless of the external temperature or weather.

The most effective way to protect yourself against the new coronavirus is by frequently cleaning your hands with alcohol-based hand rub or washing them with soap and water.



#Coronavirus #COVID19

FACT:
Cold weather and snow CANNOT kill the new coronavirus



Taking a hot bath will not prevent you from catching COVID-19. Your normal body temperature remains around 36.5°C to 37°C, regardless of the temperature of your bath or shower. Actually, taking a hot bath with extremely hot water can be harmful, as it can burn you.

The best way to protect yourself against COVID-19 is by frequently cleaning your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose.



#Coronavirus #COVID19

FACT:
Taking a hot bath does not prevent the new coronavirus disease



To date there has been no information nor evidence to suggest that the new coronavirus could be transmitted by mosquitoes.

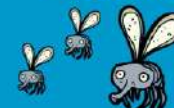
The new coronavirus is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose.

To protect yourself, clean your hands frequently with an alcohol-based hand rub or wash them with soap and water. Also, avoid close contact with anyone who is coughing and sneezing.



#Coronavirus #COVID19

FACT:
The new coronavirus CANNOT be transmitted through mosquito bites



Slide 27

Notes:

HEALTH AND SAFETY MEASURES FOR POLICE PERSONNEL ON COVID-19

No. Hand dryers are not effective in killing the 2019-nCoV.

To protect yourself against the new coronavirus, you should frequently clean your hands with an alcohol-based hand rub or wash them with soap and water. Once your hands are cleaned, you should dry them thoroughly by using paper towels or a warm air dryer.



#2019nCoV

Are hand dryers effective in killing the new coronavirus?



UV radiation can cause skin irritation and damage your eyes.

Cleaning your hands with alcohol-based hand rub or washing your hands with soap and water are the most effective ways to remove the virus.



#Coronavirus #COVID19

FACT:
Ultra-violet (UV) lamps should not be used to disinfect hands or other areas of your skin.



17 April 2020

No. Vaccines against pneumonia, such as pneumococcal vaccine and Haemophilus influenza type B (Hib) vaccine, do not provide protection against the new coronavirus.

The virus is so new and different that it needs its own vaccine. Researchers are trying to develop a vaccine against 2019-nCoV, and WHO is supporting their efforts.

Although these vaccines are not effective against 2019-nCoV, vaccination against respiratory illnesses is highly recommended to protect your health.



#2019nCoV

Do vaccines against pneumonia protect you against the new coronavirus?



No. There is no evidence that regularly rinsing the nose with saline has protected people from infection with the new coronavirus.

There is some limited evidence that regularly rinsing the nose with saline can help people recover more quickly from the common cold. However, regularly rinsing the nose has not been shown to prevent respiratory infections.



#2019nCoV

Can regularly rinsing your nose with saline help prevent infection with the new coronavirus?



Slide 28

Notes:

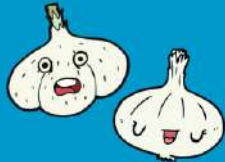
HEALTH AND SAFETY MEASURES FOR POLICE PERSONNEL ON COVID-19

Garlic is a healthy food that may have some antimicrobial properties. However, there is no evidence from the current outbreak that eating garlic has protected people from the new coronavirus (2019-nCoV).



#2019nCoV

Can eating garlic help prevent infection with the new coronavirus?



People of all ages can be infected by the new coronavirus (nCoV-2019). Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus. WHO advise people of all age to take steps to protect themselves from the virus, for example by following good hand hygiene and good respiratory hygiene.



#Coronavirus

Does the new coronavirus affect older people, or are younger people also susceptible?



No, antibiotics do not work against viruses, only bacteria. The new coronavirus (2019-nCoV) is a virus and, therefore, antibiotics should not be used as a means of prevention or treatment. However, if you are hospitalized for the 2019-nCoV, you may receive antibiotics since bacterial co-infection is possible.



#Coronavirus

Are antibiotics effective in preventing and treating the new coronavirus?



To date, there is no specific medicine recommended to prevent or treat the new coronavirus (2019-nCoV). However, those infected with the virus should receive appropriate care to relieve and treat symptoms, and those with severe illness should receive optimized supportive care. Some specific treatments are under investigation, and will be tested through clinical trials. WHO is helping to accelerate research and development efforts with a range of partners.



#Coronavirus

Are there any specific medicines to prevent or treat the new coronavirus?



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Notes:

HEALTH AND SAFETY MEASURES FOR POLICE PERSONNEL ON COVID-19

PREVENTION: HIGH RISK GROUPS

High risk groups are people who are at a higher risk from severe illness if they get covid-19. They includes:

OLDER ADULTS



PEOPLE WHO HAVE UNDERLYING MEDICAL CONDITIONS LIKE:

- On Cancer Medication
- Heart Disease
- Diabetes
- Lung Disease
- Kidney Disease



PREGNANT WOMEN

(As we do not know the impact of the disease on pregnancy as of yet, it is better to take care)



Slide 30

Notes:

What is the difference between isolation, quarantine, and distancing?



'Quarantine' means restricting activities or separating people who are not ill themselves, but may have been exposed to COVID-19. The goal is to monitor symptoms and detect new cases early.



'Isolation' means separating infected people to prevent the spread of COVID-19.



'Physical distancing' means being physically apart but socially connected, for example with digital tools.

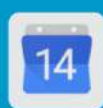
#COVID19



What does home quarantine mean?



If you think you were exposed to someone with COVID-19, avoiding human contact in case you get sick is called 'quarantining' yourself.



In this case you should self-quarantine for 14 days.

Even if you feel healthy.

#COVID19


[CLICK TO WATCH VIDEO](#)

Slide 31

Notes:

When should I quarantine myself?



Do you know someone with COVID-19 or who recently developed a cough, fever and shortness of breath? Then ask yourself if you:



Had 15 minutes or more of face-to-face contact within 1 meter



Shared a workplace, classroom, household or gathering?



Provided care without using a mask and gloves when caring for someone with COVID-19?



Spent time travelling together within 1 metre of distance?

If the answer to any of these is yes you should self-quarantine for 14 days.

#COVID19



How should I self-quarantine?



Have a large, well-ventilated single room with hand hygiene and toilet facilities



If this is not available place beds at least 1 metre apart. Keep 1 metre distance from others



Look after your comfort: food and water, hygiene, medical treatment, contact with your loved ones, access to news and entertainment

#COVID19



Slide 32

Notes:





ADVISORY FOR QUARANTINE OF MIGRANT WORKERS

Health Measures to be taken at
Place of Congregation



-  **Names, residential addresses & their mobile nos.** to be recorded
-  **Thermal screening for all** to be done by district health administration
-  **Persons suffering from fever** to be further interviewed for symptoms, suggestive contacts
-  **All persons suggestive/confirmed cases of COVID-19** to be **referred to hospital**
-  Those **above 60 years or have comorbidities** to be shifted to facility quarantine, others to undergo home quarantine for 14 days
-  **Integrated Disease Surveillance Programme** to monitor those under home/facility quarantine

PSYCHO-SOCIAL SUPPORT TO MIGRANTS DURING COVID-19

-  Treat migrant workers with dignity & compassion; **understand their concerns & problems**
-  **Help them understand current situations** and reassure them the disease is curable
-  Inform them about support extended by **Central/ State Govts/ NGOs/ health care systems**
-  Emphasize the importance of staying put in their present location to **prevent further spread of the virus**
-  Remind them that it is safer for their families **if they stay away from them**



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Notes:



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Notes:

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



Spit in public

Don'ts ✗

Slide 35

Notes:

BOOST YOUR IMMUNE SYSTEM

Good nutrition and healthy diet are essential to maintain optimal health, boost your immune system and prevent communicable and non-communicable diseases



Eat a variety of foods



Eat less salt and sugars



Eat plenty of vegetables and fruit



Eat moderate amounts of fats and oils

Slide 36

Notes:

SAY NO TO TOBACCO IN THE TIME OF COVID-19...AND ALWAYS!

Smoking makes you more vulnerable to COVID-19.



Increased risk of
serious illness due
to unhealthy lungs



Higher chance of
transmission from
hand to mouth



So, stop smoking and give your lungs a chance!

#COVID19
March 2020

Slide 37

Notes:



Mental health during a lockdown

HELLO!

Even though we are living a
difficult time, our future is
still bright

Slide 38

Notes:

It is normal to feel fearful and anxious during this time.

Talking about your feelings will lessen your distress.

I'M WORRIED.

#MentalHealth #COVID19
#coronavirus



CAN WE TALK?

SURE!!!

#COVID19 #coronavirus



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Notes:



If someone you know is feeling hopeless and having thoughts of harming themselves because of #COVID19 - talk to them.

Talking about suicide will not increase the risk and can help people in crisis process their feelings and relieve the stress.

#MentalHealth #coronavirus



HOW ARE YOU?



#COVID19 #coronavirus



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Notes:

HEALTH AND SAFETY MEASURES FOR POLICE PERSONNEL ON COVID-19



ENSURING MENTAL HEALTH OF ELDERLY DURING COVID-19

- Spend quality time with family & get involved in family discussions
- Involve in daily activities like gardening, cleaning & cooking to help reduce anxiety
- Spend time on recreational activities such as board games, music, reading etc
- Connect to loved ones through phone calls/video calls to keep the stress at bay
- Make sometime for exercise, yoga to boost physical & mental health
- Cut down on listening to News; seek information from credible sources like the Health Ministry website

ENSURING MENTAL HEALTH OF CHILDREN DURING COVID-19

- 
- Listen to their concerns & try answering their queries; **spend quality time with them**
 - Keep them in contact with their friends & loved ones **through phone/video calls**
 - Make them understand that **things will be better if we take proper care**
 - Give them correct information** about what is happening around the world
 - Engage them in **indoor activities**; encourage them to **pick up a hobby**
 - Make a **routine learning at home** by giving them small assignments

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Notes:

HEALTH AND SAFETY MEASURES FOR POLICE PERSONNEL ON COVID-19



SAY NO TO SOCIAL STIGMA Faced by COVID-19 Survivors

- Survivors often suffers from anxiety, **stress & trauma** due to social stigma
- It is **unscientific & inhumane** to isolate people post recovery
- It is **safer to interact with a person** recovered from COVID-19
- A recovered person can **no longer spread the virus**



DON'Ts TO PREVENT COVID-19 STIGMA

- Never spread names/identity** of those affected or under quarantine on social media
- Avoid spreading fear & panic**; do not label any community/area for spread of COVID-19
- Do not target healthcare & sanitary workers** or police, they are there to help you
- Address the patient as 'people recovering from corona'** rather than COVID victims

Slide 42

Notes:

What can we do about stigma?

As a responsible police personnel, we should:

- Inform that COVID 19 is a **simple infection** and **80% are mild cases**.
- Inform that **Covid-19 can happen to anyone**.
- **Comply with the LOCKDOWN** and engage in relaxing activities.
- Ask people to **stay away from watching negative things on the TV** and also fake news
- Guide **Whatsapp groups to help in giving hope and positive news** to help people handle stress.
- Use terms like people who have **COVID-19** instead of “covid-19 cases” or “victims”.
- Make special efforts to reach out to **high risk groups including senior citizens** and children.



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Notes:



We'll Get Through This

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Notes:

MASKS, MASKS AND MASKS.....



Slide 45

Notes:

MASK PROTECTION EFFICIENCY

Image downloaded from: shorturl.at/wBR4

Slide 46

Notes:

HOW TO PUT ON, USE, TAKE OFF AND DISPOSE OF A MASK

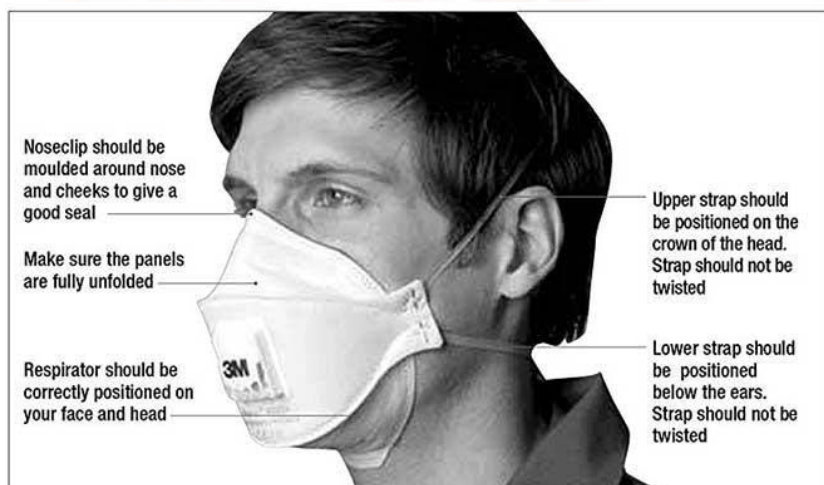
**Before putting on a mask,
clean hands with alcohol-
based hand rub or soap
and water**



Slide 47

Notes:

Rules of wearing a mask.



Slide 48

Notes:

HOW TO PUT ON, USE, TAKE OFF AND DISPOSE OF A MASK

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



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Notes:

Potential exposure to COVID-19 while on duty by police personnel

Police/security personnel are being deployed for various functions where they interface with public, who could be potentially infective to others. Hence, police/security personnel are vulnerable to contract the COVID-19 infection while on duty for the following reasons:

- Continuous exposure and close contact with public, even to the extent of physical handling of people, some of whom may be transmitting infection.
- Vehicle and document verification on road, BCPs, handling of complaints/ grievance at Police Stations.
- Deployment in areas especially in the COVID Hotspots, Hospitals, Quarantine facilities, which need their presence to maintain law and order.
- Lack of awareness on infection prevention and personal protection, including correct use of protective gears like masks, gloves, etc.
- Close proximity in dwelling units like barracks/police quarters further increases the risk of transmission leading to infection-amplification and swift spread of infection.

Slide 50

Notes:

COVID-19: Health and Safety for Police Personnel & their families

- Precautions to be taken at the Police Stations.
- Ministry of Health and Family Welfare 'Guidelines for disinfection of common public places' may be followed for sanitizing the entire premises and Hand sanitizers should be placed at the entry point and other convenient places at all times.
- Cleaning and disinfection efforts should especially be targeted to touched/contaminated surfaces that are frequently in use.
- All visitors to Police Stations should be handled with due caution and non-essential personal visits should be discouraged.
- Maintain social distancing norms of minimum 6 feet while interacting with colleagues or public.

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Notes:

COVID-19: Health and Safety for Police Personnel & their families

- A separate place should be earmarked for visitors and they should be allowed entry only to the designated area. Interaction with visitors should be restricted to this designated area.
- A separate waiting area may also be identified, to accommodate visitors in case greater numbers of visitors are visiting the police station.
- All police personnel should wear disposable or cloth face mask and gloves while interacting with visitors duly maintaining physical distance of at least six feet.
- If a visitor comes without a face mask, a face mask should be provided to him.
- Regular thermal screening of police personnel and also the visitors to check body temperature.

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Notes:

Policemen at Home

Before coming back into direct contact with their loved ones, they should maintain social distancing measures and follow these steps when returning home:



- Clean, decontaminate, or sanitize your work equipment, including shoes, duty belts and any equipment that's frequently touched avoiding the spread of particles/dust
- Change out of uniform at the end of a shift while still at the station or immediately after returning home prior to interacting with family members
- Take off duty clothes and wash them with laundry soap as soon as feasible. Handle, transport and wash them in way that limits exposure to skin, eyes, environment and other clean clothes (avoid shaking clothes)

Slide 53

Notes:

Policemen at Home



- Take a shower or wash exposed skin with soap and water
- Self-monitor for signs of illness.
- Visually practice good hygiene upon entering the home so children see parents washing hands, changing clothes, etc. to model good behavior. Reinforce it as routine to help minimize children's anxiety.
- Identify a separate area to quarantine sick members
- Limit close contact with outsiders as much as possible

Slide 54

Notes:

Explaining Basic Hygiene Practices to Children



- Practice proper hygiene together.
- Teach your child to wash his/her hands with soap and water for at least 20 seconds.
- Encourage younger child to sing their ABCs if they struggle to count to twenty.
- Challenge older children to come up with a song to sing for at least 20 seconds while they wash their hands.
- Encourage good hygiene, such as promptly washing or sanitizing hands after coughing, sneezing, or physically interacting with others.
- Point out when your child is touching his/her face and gently discourage poor habits that could contribute to the transmission of the virus. Make this a fun challenge with children to avoid causing stress or fear about “getting caught” but rather frame it as a family game to increase the practice of good hygiene.

Slide 55

Notes:

Staying Healthy as Police Personnel



- **Practice proper hand hygiene** by promptly washing or sanitizing hands after coughing, sneezing, or physically interacting with others. Wash your hands for at least 20 seconds with soap and water.
- **Avoid touching your face** (eyes, nose, and mouth).
- **Cover your mouth and nose** with your bent elbow or tissue when you cough or sneeze. Make sure to dispose of the tissue immediately. Wash your hands with soap immediately after sneezing or coughing.
- **Avoid close physical contact** with others, including shaking hands and hugging.
- Maintain at least **6 feet distance** between yourself and anyone who is coughing or sneezing, when possible.
- **Promptly disinfect your gear** including your duty belt after physical contact with any individual.
- Keep **disinfectant wipes and hand sanitizer** in an easily accessible place while on-duty.

Slide 56

Notes:

Staying Healthy as Police Personnel

- Wear a **mask** if coming into contact with someone who has the COVID-19 virus and make sure to know how to properly use and dispose of it.
- Educate yourself and participate in training on the use of **Personal Protective Equipment (PPE)** for respiratory protection, if available at your agency.
- Ensure only trained personnel wearing appropriate PPE have contact with individuals who have or may have COVID-19.
- Make sure to know **police services plans and protocols** for exposure control.
- **Seek medical care early** if you have a fever, cough and difficulty breathing.
- COVID-19-infected droplets may be able to live on nearly any surface. Consider sanitizing items you frequently touch during a shift:
 - Phone
 - Laptop
 - Clipboard
 - Patrol car equipment
 - Steering wheel
 - Gear shift
 - Dispatch radio module
 - Door handles and edges



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Notes:

Police Personnel role in enforcing Public Health Protections

Types of Public Health Orders:

- **Curfew** – regulates times during which a person is required to stay indoors.
- **Social distancing** – maintaining distance between people to avoid the spread of disease.
- **Quarantine** – restricts the movement of people who are presumed to have been exposed to disease agent but are not ill either because they are still in incubation period or have very mild symptoms or did not become infected with the disease.
- **Self-quarantine** – the voluntary act of putting oneself in quarantine.
- **Isolation** – separates sick people from those who are not.
- **Shelter-in-place (stay at home)** – requires individuals stay in a safe, non-public location (home) except for essential activities and work, until told otherwise.



Slide 58

Notes:



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Notes:

How to Prepare for Public Health Related Enforcement Activity



- Provide frequent, accurate, and timely information to the public regarding enforcement orders. Effective partnerships between the police and communities will ensure higher levels of compliance, especially regarding voluntary quarantine and social distancing.
- Ensure proper use of personal protective equipment (PPE) and develop enforcement plans that limit risk and exposure to disease.
- Provide officers with appropriate contact information to public health personnel should they encounter an individual demonstrating symptoms.
- Local police departments will be called upon for first response during a pandemic but will be expected to coordinate with other jurisdictions and municipalities.

Slide 60

Notes:

Protection and Security

- ❖ Provide training to officers to ready them for modified calls for service, such as those related to the protection and security of medical resources, and the enforcement of quarantine orders. Consider creating a Public Health Response Team that includes officers from different units.
- ❖ Officers may be required to provide duties outside normal calls for service regarding the protection and security of medical resources to include:
 - Guarding distribution chains and distribution sites of protective equipment and supplies from the strategic national stockpile.
 - Providing protective services to hospital emergency rooms, temporary treatment shelters, and triage centers during patient surges.
 - Providing additional preventive patrol or other measures to targets of opportunity resulting from the emergency (such as pharmacies and supermarkets), to include hoarding and price gauging of critical medical resources.
 - Providing added security to critical infrastructure components (such as utilities and telecommunication facilities).



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Notes:

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 App 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 of the app regarding risks, best practices and relevant advisories pertaining to the containment of COVID-19.

<https://dopt.gov.in/sites/default/files/covid.PDF>

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Notes:

संघीय स्वास्थ्य
MINISTRY
OF AYUSH

Expanding Horizons of Age-Old Traditional Knowledge of Ayurveda with
AYUSH Sanjivani App

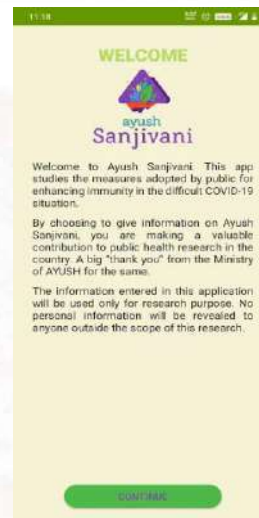
To generate data on acceptance & usage of AYUSH measures & its impact on prevention of COVID-19

Promote AYUSH knowledge for larger good of the global community

Provide AYUSH advisories related to immunity boosting measures

To develop AYUSH interventions & solutions, to reach out to target of 50 lakh people

Download Now!  Detail: 9 May 2020



https://static.mygov.in/rest/s3fs-public/mygov_158891689951307401.pdf

Slide 63

Notes:

THANK YOU.



Slide 64

Notes:

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ANNEXURES

Annexure I : Steps of Hand Hygiene

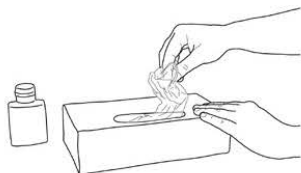
Hand - washing technique with soap and water



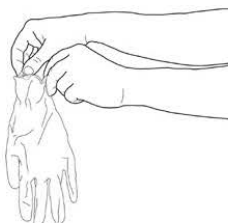
Annexure II - A: Technique for donning and removing gloves

When the hand hygiene indication occurs before a contact requiring glove use, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water.

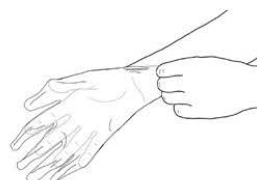
I. HOW TO DON GLOVES:



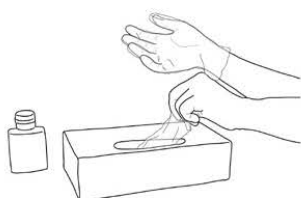
1. Take out a glove from its original box



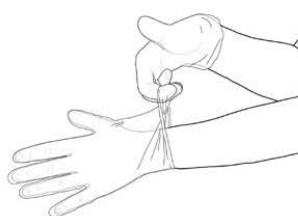
2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)



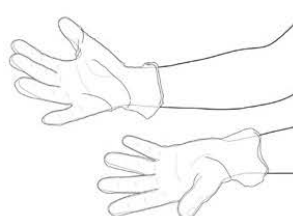
3. Don the first glove



4. Take the second glove with the bare hand and touch only a restricted surface of glove corresponding to the wrist

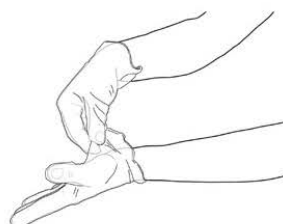


5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand

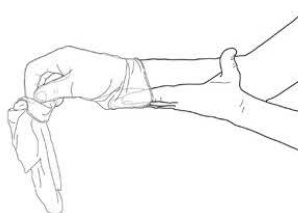


6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

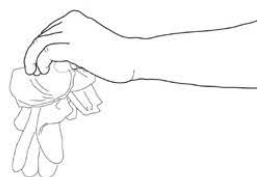
II. HOW TO REMOVE GLOVES:



1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out



2. Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove



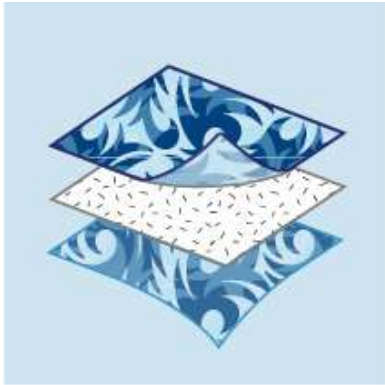
3. Discard the removed gloves

4. Then, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water

Annexure-II-B: Wearing and taking off Triple layer medical mask

- Hold the Triple layer medical mask in right alignment for the nasal clip to be placed over the nose. The external pleats of the triple layer mask should face downwards.
- Open the mask pleats and place the mask carefully to cover mouth and nose.
- For the triple layer mask, tie the upper strings first, followed by the lower string. Fix securely to minimize any gaps between face and mask.
- **While in use, avoid touching the mask especially its front side, because this surface is likely to be highly contaminated and may pose a risk of infection.**
- Remove the triple layer mask by untying the lower string first, followed by the upper string.
- Be careful NOT to touch the front surface of mask while removing.
- Disposed off in the recommended manner as mentioned in the document.
- After removal or whenever you inadvertently touch a used mask, clean hands by using an alcohol-based hand rub (if available) or soap and water.
- Replace masks with a new clean, dry mask after 8 hours or as soon as they become damp/humid.
- Do not reuse single-use masks

ANNEXURE II b: On Cloth Masks



Include multiple layers of fabric



Cover the nose and below the chin



Fit snugly but comfortably against the side of the face



Be secured with ties or ear loops



Allow for breathing without restriction



Be able to be laundered and machine dried without damage or change in shape after each use. The home detergents can be used and the cloth mask can be washed with other clothes in water of temperature between 60 to 90 degrees Celsius

Annexure-II-C: Specifications of Personal Protective Gears required by police personnel performing duty in COVID-19 affected areas

Gloves

- Latex (examination)gloves
- Non-sterile
- Powder free
- Gloves preferably reach mid-forearm (minimum 280 mm total length)
- Different sizes (6.5 & 7)
- Quality compliant with the below standards, or equivalent:
 - a) EU standard directive 93/42/EEC Class I, EN455
 - b) EU standard directive 89/686/EEC Category III, EN374
 - c) ANSI/SEA105-2011

Face Shield

- Made of clear plastic and provides good visibility to both the wearer and the patient
- Adjustable band to attach firmly around the head and fit snugly against the forehead
- Fog resistant (preferable)
- Completely covers the sides and length of the face
- Re-usable (made of material which can be cleaned and disinfected)
- Quality compliant with the below standards, or equivalent:
 - a) EU standard directive 86/686/EEC, EN166/2002
 - b) ANSI/SEAZ87.1-2010

Triple Layer Medical Mask

Three layered medical mask of non-woven material with nose piece, having filter efficiency of 99% for 3 micron particle size.

- a) ISI specifications or equivalent

Annexure-II-D: Procedure to dispose off used masks and gloves

Option 1

Used masks/gloves and disposable tissues should be placed in a disposable leak-proof garbage bag and sprayed with 1% sodium hypochlorite allowing a contact time of 30 mins and allow it to air dry. Thereafter it can be disposed of through the general waste management system.

Option 2

Soak the mask, gloves and used tissues in 1% sodium hypochlorite solution. The solution can be bought from medical stores. Soak the used mask, gloves etc. in this solution for minimum of 30 minutes. Ensure the masks and/or other wastes are below the surface of the liquid. After 30 minutes, discard the remaining solution in drain. Secure the disinfected waste (masks, disposable gloves, tissues etc.) in a polybag and discard in a bin meant for dry waste or non-biodegradable waste.

Option 3

In cities, where authorized waste collectors are available and provisioning has been made for them to collect bio-medical waste, hand over the bags containing biomedical waste to them.

This image shows a single page of white paper with horizontal blue lines. The lines are evenly spaced and run across the width of the page, typical of notebook or lined paper. There are no margins, text, or other markings on the page.

This image shows a full page of blank handwriting practice paper. It features approximately 28 horizontal blue lines spaced evenly across the page. The lines are thin and light blue, set against a plain white background. There are no margins, text, or other markings on the page.



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