

**IMPORTANT**  
**MOST IMMEDIATE**

No. 17013/17/2020-PR  
Government of India  
Ministry of Home Affairs

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Women Safety Division  
Major Dhyan Chand National Stadium  
India Gate, New Delhi - 110002  
**May 2, 2020**

To

The Chief Secretaries of all States and UTs  
The DG/IG Police of all States and UTs  
The DG/IG Prisons of all States and UTs

**Sub: Management of COVID-19 in Indian Prisons – guidelines and protocols which may be followed while dealing with persons arrested, detained and those in Prisons and Correctional Homes.**

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Sir/Madam,

The novel Coronavirus 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.

2. People in prisons and other places of detention, living in closed and crowded environment, are likely to be more vulnerable to the coronavirus disease (COVID-19). Moreover, experience shows that prisons, jails and similar settings where people gather in close proximity may act as a source of infection, amplification and spread of infectious diseases within and beyond prisons. Prison health is therefore widely considered as public health. Any control strategy for COVID-19 in the community which does not encompass the prison context will not be sustainable.

**3. An instance was brought to the notice of this Ministry in which certain inmates in a prison tested COVID-19 positive. In view of this, it is considered expedient to issue these guidelines to reiterate the precautions and measures to be taken.**

4. Prevention of import of COVID-19 into prisons and other places of detention is an essential element in avoiding or minimizing the occurrence of infection and serious outbreaks in these settings and beyond. It is therefore considered essential that Health-care teams of States and UTs should work with the Custodial/detention staff in prisons and other places of detention, following the National guidelines and protocols on the subject issued by the Government of India from time to time.

5. In context of prisons and persons arrested by Police in present times, the **following broad guidelines**/protocol, **read with** the national 'Guidelines on disinfection of common public places' (**Annex-X**) and 'Guidelines on rational use of Personal Protective Equipment' (**Annex-Y**) issued by the Ministry of Health and Welfare, Government of India, may be observed:

- a) Custodial/detention staff should work together with health-care teams in prisons and other places of detention to enable identification of suspected cases among prisoners/detainees,
- b) Isolation of such identified persons in single accommodation and a subsequent clinical assessment.
- c) Risk assessment/ risk management → Thermal Screening (handheld thermometer) at the point of arrest/taking custody by Police and also at entry to prison should be available.
- d) Information should be collected from arrested and convicted persons on any history of fever, cough and/or shortness of breath, recent travel history to affected areas and possible contact with confirmed cases in the last 14days.
- e) Decision to limit or restrict visits to Prisons as already communicated to be strictly implemented.
- f) A detailed daily registry of people moving in and out of the prison should be maintained.
- g) Prison/detention management should consider implementing measures of physical distancing, limit the mobility of people within the prison/detention system and/or to limit access of non-essential staff and visitors to prisons and other places of detention, depending on the level of risk in the specific area.

6. In order to strengthen efforts at the field level to tackle the situations arising out of COVID-19, it is considered necessary to follow the Standard Operating Procedure (SOP), prepared in coordination with BPR&D and Ministry of Health and Family Welfare, for the safe custody, medical care, transport, while avoiding transmission of COVID-19 and also ensuring safety of prison staff (healthcare, sanitary, and court staff etc.) as in **Annex-Z**.

7. If a person, who has served his sentence, is an active COVID-19 case at the time of release, or is the contact of a COVID-19 case and still within the quarantine period, the prison authorities should ensure that the person discharged has a place to go where he can maintain isolation in a health facility/quarantine, and that the local authority is notified that the person has been discharged while making sure that transfer and follow-up has been tied up with local authorities.

8. Due to their close interaction with crime perpetrators and prisoners on a daily basis, Police officers, Prison officers and health-care professionals working in prisons are at enhanced risk. It is therefore recommended that the following general precautions may be observed by them:

- Hands should be washed often with soap and water and dried with single-use towels
- Alcohol hand sanitizer containing at least 70% alcohol is also an option if available
- Physical distancing should be observed

- Disposable tissue should be used to cover mouth and nose when coughing or sneezing, then thrown in a bin with a lid
- Touching of eyes, nose or mouth should be avoided if hands are not clean.
- All staff should be alert to the enhanced risk of COVID-19 infection in people in prisons and other places of detention.

9. In addition to the above, use of Personal Protective Gear may be regulated as per guidelines prescribed by the Ministry of Health and Family Welfare, as indicated in **Annex-M** of this letter.

10. Cooperation of all State and UT authorities is solicited in making use of the attached guidelines, and other useful information provided therein, for effective containment of the pandemic and for the safety and security of persons under custody in prison premises, detention homes etc. and various security personnel and prison staff etc. The attached documents can be customized as per local requirement and be also translated into regional/local language of the State for wide propagation and dissemination to officials at all levels, particularly those at ground level and frontline workers.

Yours sincerely,

**Digitally signed**

**(Arun Sobti)**

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## COVID-19: Guidelines on disinfection of common public places including offices

**Scope:** This document aims to provide interim guidance about the environmental cleaning /decontamination of common public places including offices in areas reporting COVID-19.

Coronavirus Disease 2019 (COVID -19) is an acute respiratory disease caused by a novel Coronavirus (SARS-CoV-2), transmitted in most instances through respiratory droplets, direct contact with cases and also through contaminated surfaces/objects. Though the virus survives on environmental surfaces for varied period of time, it gets easily inactivated by chemical disinfectants.

In view of the above, the following guidelines are to be followed, especially in areas reporting COVID-19. For ease of implementation the guideline divided these areas into (i) indoor areas, (ii) outdoor areas and (iii) public toilets.

### 1. Indoor areas including office spaces

Office spaces, including conference rooms should be cleaned every evening after office hours or early in the morning before the rooms are occupied. If contact surface is visibly dirty, it should be cleaned with soap and water prior to disinfection. Prior to cleaning, the worker should wear disposable rubber boots, gloves (heavy duty), and a triple layer mask.

- Start cleaning from cleaner areas and proceed towards dirtier areas.
- All indoor areas such as entrance lobbies, corridors and staircases, escalators, elevators, security guard booths, office rooms, meeting rooms, cafeteria should be mopped with a disinfectant with 1% sodium hypochlorite or phenolic disinfectants. The guidelines for preparing fresh 1% sodium hypochlorite solution is at **Annexure I**
- High contact surfaces such elevator buttons, handrails / handles and call buttons, escalator handrails, public counters, intercom systems, equipment like telephone, printers/scanners, and other office machines should be cleaned twice daily by mopping with a linen/absorbable cloth soaked in 1% sodium hypochlorite. Frequently touched areas like table tops, chair handles, pens, diary files, keyboards, mouse, mouse pad, tea/coffee dispensing machines etc. should specially be cleaned.
- For metallic surfaces like door handles, security locks, keys etc. 70% alcohol can be used to wipe down surfaces where the use of bleach is not suitable.
- Hand sanitizing stations should be installed in office premises (especially at the entry) and near high contact surfaces.
- In a meeting/conference/office room, if someone is coughing, without following respiratory etiquettes or mask, the areas around his/her seat should be vacated and cleaned with 1% sodium hypochlorite.
- Carefully clean the equipment used in cleaning at the end of the cleaning process.
- Remove PPE, discard in a disposable PPE in yellow disposable bag and wash hands with soap and water.

In addition, all employees should consider cleaning the work area in front of them with a disinfecting wipe prior to use and sit one seat further away from others, if possible

## 2. Outdoor areas

Outdoor areas have less risk than indoor areas due to air currents and exposure to sunlight. These include bus stops, railway platforms, parks, roads, etc. Cleaning and disinfection efforts should be targeted to frequently touched/contaminated surfaces as already detailed above.

## 3. Public toilets

Sanitary workers must use separate set of cleaning equipment for toilets (mops, nylon scrubber) and separate set for sink and commode). They should always wear disposable protective gloves while cleaning a toilet.

Areas	Agents / Toilet cleaner	Procedure
Toilet pot/ commode	Sodium hypochlorite 1%/ detergent Soap powder / long handle angular brush	<ul style="list-style-type: none"> <li>• Inside of toilet pot/commode:</li> <li>• Scrub with the recommended agents and the long handle angular brush.</li> <li>• Outside: clean with recommended agents; use a scrubber.</li> </ul>
Lid/ commode	Nylon scrubber and soap powder/detergent  1% Sodium Hypochlorite	<ul style="list-style-type: none"> <li>• Wet and scrub with soap powder and the nylon scrubber inside and outside.</li> <li>• Wipe with 1% Sodium Hypochlorite</li> </ul>
Toilet floor	Soap powder /detergent and scrubbing brush/ nylon broom 1% Sodium Hypochlorite	<ul style="list-style-type: none"> <li>• Scrub floor with soap powder and the scrubbing brush</li> <li>• Wash with water</li> <li>• Use sodium hypochlorite 1% dilution</li> </ul>
Sink	Soap powder / detergent and nylon scrubber 1% Sodium Hypochlorite	<ul style="list-style-type: none"> <li>• Scrub with the nylon scrubber.</li> <li>• Wipe with 1% sodium hypochlorite</li> </ul>
Showers area / Taps and fittings	Warm water Detergent powder Nylon Scrubber 1% Sodium Hypochlorite/ 70% alcohol	<ul style="list-style-type: none"> <li>• Thoroughly scrub the floors/tiles with warm water and detergent</li> <li>• Wipe over taps and fittings with a damp cloth and detergent.</li> <li>• Care should be taken to clean the underside of taps and fittings.</li> <li>• Wipe with 1% sodium hypochlorite/ 70% alcohol</li> </ul>
Soap dispensers	Detergent and water	<ul style="list-style-type: none"> <li>• Should be cleaned daily with detergent and water and dried.</li> </ul>

- 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
4. **Personal Protective Equipment (PPE):** Wear appropriate PPE which would include the following while carrying out cleaning and disinfection work.
- Wear disposable rubber boots, gloves (heavy duty), and a triple layer mask
  - Gloves should be removed and discarded damaged, and a new pair worn.
  - All disposable PPE should be removed and discarded after cleaning activities are completed.
  - Hands should be washed with soap and water immediately after each piece of PPE is removed, following completion of cleaning. (Refer to **Annexure II: Steps of Hand Hygiene**)

Masks are effective if worn according to instructions and properly fitted. Masks should be discarded and changed if they become physically damaged or soaked. (**Annexure-III: Guidelines for use of mask**)

**Annexure-I**

## Guidelines for Preparation of 1% sodium hypochlorite solution

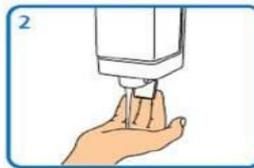
Product	Available chlorine	1percent
Sodium hypochlorite – liquid bleach	3.5%	1 part bleach to 2.5 parts water
Sodium hypochlorite – liquid	5%	1 part bleach to 4 parts water
NaDCC (sodium dichloro-isocyanurate) powder	60%	17 grams to 1 litre water
NaDCC (1.5 g/ tablet) – tablets	60%	11 tablets to 1 litre water
Chloramine – powder	25%	80 g to 1 litre water
Bleaching powder	70%	7g g to 1 litre water
Any other	As per manufacturer's Instructions	

## Steps of Hand Hygiene

## Hand-washing technique with soap and water



Wet hands with water



Apply enough soap to cover all hand surfaces



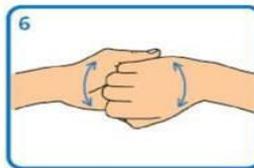
Rub hands palm to palm



Rub back of each hand with palm of other hand with fingers interlaced



Rub palm to palm with fingers interlaced



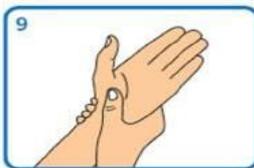
Rub with back of fingers to opposing palms with fingers interlocked



Rub each thumb clasped in opposite hand using a rotational movement



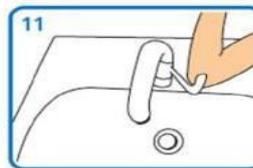
Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand



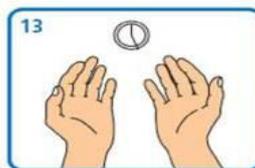
Rinse hands with water



Use elbow to turn off tap



Dry thoroughly with a single-use towel



Hand washing should take 15-30 seconds

**Guidelines for use of mask**

The correct procedure of wearing triple layer surgical mask

1. Perform hand hygiene
2. Unfold the pleats; make sure that they are facing down.
3. Place over nose, mouth and chin.
4. Fit flexible nose piece over nose bridge.
5. Secure with tie strings (upper string to be tied on top of head above the ears –lower string at the back of the neck.)
6. Ensure there are no gaps on either side of the mask, adjust to fit.
7. Do not let the mask hanging from the neck.
8. Change the mask after six hours or as soon as they become wet.
9. Disposable masks are never to be reused and should be disposed off.
10. While removing the mask great care must be taken not to touch the potentially infected outer surface of the mask
11. To remove mask first untie the string below and then the string above and handle the mask using the upper strings.
12. Disposal of used masks: Used mask should be considered as potentially infected medical waste. Discard the mask in a closed bin immediately after use.

**Ministry of Health and Family Welfare**  
**Directorate General of Health Services**  
**[Emergency Medical Relief]**

**Novel Coronavirus Disease 2019 (COVID-19): Guidelines on rational use of Personal Protective Equipment**

**1. About this guideline**

This guideline is for health care workers and others working in points of entries (POEs), quarantine centers, hospital, laboratory and primary health care / community settings. The guideline uses setting approach to guide on the type of personal protective equipment to be used in different settings.

**2. Introduction**

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Rarely, animal coronaviruses can evolve and infect people and then spread between people such as has been seen with MERS and SARS.

The outbreak of Novel coronavirus disease (now named COVID-19) was initially noticed from a seafood market in Wuhan city in Hubei Province of China in mid-December, 2019, has spread to more than 185 countries/territories worldwide including India.

The causative agent for COVID-19, earlier termed provisionally as novel Coronavirus has been officially named as SARS-CoV-2.

**3. Mode of transmission**

There is clear evidence of human-to-human transmission of SARS-CoV-2. It is thought to be transmitted mainly through respiratory droplets that get generated when people cough, sneeze, or exhale. SARS-CoV-2 also gets transmitted by touching, by direct touch and through contaminated surfaces or objects and then touching their own mouth, nose, or possibly their eyes. Healthcare associated infection by SARS-CoV-2 virus has been documented among healthcare workers in many countries.

The people most at risk of COVID-19 infection are those who are in close contact with a suspect/confirmed COVID-19 patient or who care for such patients.

**4. Personal Protective Equipment (PPE)**

Personal Protective Equipments (PPEs) are protective gears designed to safeguard the health of workers by minimizing the exposure to a biological agent.

**4.1 Components of PPE**

Components of PPE are goggles, face-shield, mask, gloves, coverall/gowns (with or without aprons), head cover and shoe cover. Each component and rationale for its use is given in the following paragraphs:

#### 4.1.1 Face shield and goggles

Contamination of mucous membranes of the eyes, nose and mouth is likely in a scenario of droplets generated by cough, sneeze of an infected person or during aerosol generating procedures carried out in a clinical setting. Inadvertently touching the eyes/nose/mouth with a contaminated hand is another likely scenario. Hence protection of the mucous membranes of the eyes/nose/mouth by using face shields/ goggles is an integral part of standard and contact precautions. The flexible frame of goggles should provide good seal with the skin of the face, covering the eyes and the surrounding areas and even accommodating for prescription glasses.

#### 4.1.2 Masks

Respiratory viruses that includes Coronaviruses target mainly the upper and lower respiratory tracts. Hence protecting the airway from the particulate matter generated by droplets / aerosols prevents human infection. Contamination of mucous membranes of the mouth and nose by infective droplets or through a contaminated hand also allows the virus to enter the host. Hence the droplet precautions/airborne precautions using masks are crucial while dealing with a suspect or confirmed case of COVID-19/performing aerosol generating procedures.

Masks are of different types. The type of mask to be used is related to particular risk profile of the category of personnel and his/her work. There are two types of masks which are recommended for various categories of personnel working in hospital or community settings, depending upon the work environment:

1. Triple layer medical mask
2. N-95 Respirator mask

##### 4.1.2.1 Triple layer medical mask

A triple layer medical mask is a disposable mask, fluid-resistant, provide protection to the wearer from droplets of infectious material emitted during coughing/sneezing/talking.

##### 4.1.2.2. N-95 Respirator mask

An N-95 respirator mask is a respiratory protective device with high filtration efficiency to airborne particles. To provide the requisite air seal to the wearer, such masks are designed to achieve a very close facial fit.

Such mask should have high fluid resistance, good breathability (preferably with an expiratory valve), clearly identifiable internal and external faces, duckbill/cup-shaped structured design that does not collapse against the mouth.

If correctly worn, the filtration capacity of these masks exceeds those of triple layer medical masks. Since these provide a much tighter air seal than triple layer medical masks, they are designed to protect the wearer from inhaling airborne particles.

#### 4.1.3 Gloves

When a person touches an object/surface contaminated by COVID-19 infected person, and then touches his own eyes, nose, or mouth, he may get exposed to the virus. Although this is not thought

to be a predominant mode of transmission, care should be exercised while handling objects/surface potentially contaminated by suspect/confirmed cases of COVID-19.

Nitrile gloves are preferred over latex gloves because they resist chemicals, including certain disinfectants such as chlorine. There is a high rate of allergies to latex and contact allergic dermatitis among health workers. However, if nitrile gloves are not available, latex gloves can be used. Non-powdered gloves are preferred to powdered gloves.

#### 4.1.4 Coverall/Gowns

Coverall/gowns are designed to protect torso of healthcare providers from exposure to virus. Although coveralls typically provide 360-degree protection because they are designed to cover the whole body, including back and lower legs and sometimes head and feet as well, the design of medical/isolation gowns do not provide continuous whole-body protection (e.g., possible openings in the back, coverage to the mid-calf only).

By using appropriate protective clothing, it is possible to create a barrier to eliminate or reduce contact and droplet exposure, both known to transmit COVID-19, thus protecting healthcare workers working in close proximity (within 1 meter) of suspect/confirmed COVID-19 cases or their secretions.

Coveralls and gowns are deemed equally acceptable as there is a lack of comparative evidence to show whether one is more effective than the other in reducing transmission to health workers. Gowns are considerably easier to put on and for removal. An apron can also be worn over the gown for the entire time the health worker is in the treatment area. Coveralls/gowns have stringent standards that extend from preventing exposure to biologically contaminated solid particles to protecting from chemical hazards.

#### 4.1.5 Shoe covers

Shoe covers should be made up of impermeable fabric to be used over shoes to facilitate personal protection and decontamination.

#### 4.1.6. Head covers

Coverall usually cover the head. Those using gowns, should use a head cover that covers the head and neck while providing clinical care for patients. Hair and hair extensions should fit inside the head cover.

The specifications for all the PPEs are at **Annexure-A**.

## 5. Rational use of PPE

The PPEs are to be used based on the risk profile of the health care worker. The document describes the PPEs to be used in different settings.

### 5.1. Point of Entry

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Health Desk	Provide information to travellers	Low risk	Triple layer medical mask Gloves	Minimum distance of one meter needs to be maintained.
2	Immigration counters, customs and airport security	Provide services to the passengers	Low risk	Triple layer medical mask Gloves	Minimum distance of one meter needs to be maintained.
3	Temperature recording station	Record Temperature with hand held thermal recorder.	Low risk	Triple layer medical mask Gloves	
4	Holding area/ Isolation facility of APHO/ PHO	Interview & Clinical examination by doctors/ nurses	Moderate Risk	N-95 masks Gloves	
5	Isolation facility of APHO	Clinical management (doctors, nurses)	Moderate Risk	N-95 masks Gloves	
		Attending to severely ill passenger	High risk	Full complement of PPE	When aerosol generating procedures are anticipated
5	Sanitary staff	Cleaning frequently touched surfaces/ Floor/ cleaning linen	Moderate risk	N-95 mask Gloves	
6	Administrative staff	Providing administrative support	No risk	No PPE	No contact with patients of COVID-19. They should not venture into areas where suspect COVID-19 cases are being managed.

## 5.2. Hospital Setting

### 5.2.1. Out Patient Department (Respiratory Clinic / Separate screening area)<sup>#</sup>

S. No	Setting	Activity	Risk	Recommended PPE	Remarks
1	Triage area	Triaging patients  Provide triple layer mask to patient.	Moderate risk	N 95 mask  Gloves	Patients get masked.
2	Screening area help desk/ Registration counter	Provide information to patients	Moderate risk	N-95 mask  Gloves	
3	Temperature recording station	Record temperature with hand held thermal recorder	Moderate Risk	N 95 mask  Gloves	
4	Holding area/ waiting area	Nurses / paramedic interacting with patients	Moderate Risk	N 95 mask  Gloves	Minimum distance of one meter needs to be maintained.
5	Doctors chamber	Clinical management (doctors, nurses)	Moderate Risk	N 95 mask  Gloves	No aerosol generating procedures should be allowed.
6	Sanitary staff	Cleaning frequently touched surfaces/ Floor/ cleaning linen	Moderate risk	N-95 mask  Gloves	
7	Visitors accompanying young children and elderlies	Support in navigating various service areas	Low risk	Triple layer medical mask	No other visitors should be allowed to accompany patients in OPD settings. The visitors thus allowed should practice hand hygiene

# All hospitals should identify a separate triage and holding area for patients with Influenza like illness. If there is no triage area / holding area for patients due to resource constraints, such hospitals will follow the above guidance for general OPD.

### 5.2.2. In-patient Services

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Individual isolation rooms/ cohorted isolation rooms	Clinical management	Moderate risk	N 95 mask  Gloves	Patient masked. Patients stable. No aerosol generating activity.
2	ICU/ Critical	Critical care	High risk	Full complement of	Aerosol generating

	care	management		PPE	activities performed.
3	ICU /critical care	Dead body packing	High risk	Full complement of PPE	
4	ICU/ Critical care	Dead body transport to mortuary	Low Risk	Triple Layer medical mask  Gloves	
5	Sanitation	Cleaning frequently touched surfaces/ floor/ changing linen	Moderate risk	N-95 mask  Gloves	
6	Other Non-COVID treatment areas of hospital	Attending to infectious and non-infectious patients	Risk as per assessed profile of patients	PPE as per hospital infection prevention control practices.	No possibility of exposure to COVID patients. They should not venture into COVID-19 treatment areas.
7	Caretaker accompanying the admitted patient	Taking care of the admitted patient	Low risk	Triple layer medical mask	The caretaker thus allowed should practice hand hygiene, maintain a distance of 1 meter

### 5.2.3. Emergency Department

S.No	Setting	Activity	Risk	Recommended PPE	Remarks
1	Emergency	Attending emergency cases	Moderate risk	N 95 mask  Gloves	When aerosol generating procedures are anticipated
2		Attending to severely ill patients of SARI	High risk	Full complement of PPE	Aerosol generating activities performed.

### 5.2.4. Pre-hospital (Ambulance) Services

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Ambulance Transfer to designated hospital	Transporting patients not on any assisted ventilation	Moderate risk	N-95 mask  Gloves	
		Management of SARI patient while transporting	High risk	Full complement of PPE	When aerosol generating procedures are anticipated
		Driving the ambulance	Low risk	Triple layer medical mask Gloves	Driver helps in shifting patients to the emergency

### 5.2.5. Other Supportive/ Ancillary Services

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1.	Laboratory	Sample collection and transportation	High risk	Full complement of PPE	
		Sample testing	High risk	Full complement of PPE	
2	Mortuary	Dead body handling	Moderate Risk	N 95 mask Gloves	No aerosol generating procedures should be allowed. No embalming.
		While performing autopsy	High Risk	Full complement of PPE	No post-mortem unless until specified.
3	Sanitation	Cleaning frequently touched surfaces/ Floor/ cleaning linen in COVID treatment areas	Moderate risk	N-95 mask  Gloves	
4	CSSD/Laundry	Handling linen of COVID patients	Moderate risk	N-95 mask  Gloves	
5	Other supportive services	Administrative Financial Engineering Security, etc.	No risk	No PPE	No possibility of exposure to COVID patients. They should not venture into COVID-19 treatment areas.

### 5.3. Health Workers in Community Setting

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	ASHAs/ Anganwadi and other field staff	Field Surveillance	Low Risk	Triple layer mask  Gloves	Maintain distance of one meter. Surveillance team to carry adequate triple layer masks to distribute to suspect cases detected on field surveillance
2	Doctors at supervisory level conducting field investigation	Field surveillance Clinical examination.	Medium risk	N 95 mask  Gloves.	

#### 5.4 Quarantine facility

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Persons being quarantined		Low Risk	Triple layer mask	
2	Healthcare staff working at quarantine facility	Health monitoring and temperature recording	Low Risk	Triple layer mask Gloves	
		Clinical examination of symptomatic persons	Moderate Risk	N-95 masks Gloves	
3	Support staff		Low Risk	Triple layer mask Gloves	

#### 5.5 Home Quarantine

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Persons being quarantined		Low Risk	Triple layer mask	
2	Designated family member	Taking care of person being quarantined	Low Risk	Gloves	While cleaning commonly touched surfaces or handling soiled linen
3	Other family		No Risk	No PPE required	Maintain a distance of at least 1 meter from person under home quarantine. Senior citizens in the household should stay away from such persons under home quarantine.

#### Points to remember while using PPE

1. PPEs are not alternative to basic preventive public health measures such as hand hygiene, respiratory etiquettes which must be followed at all times.
2. Always (if possible) maintain a distance of at least 1 meter from contacts/suspect/confirmed COVID-19 cases
3. Always follow the laid down protocol for disposing off PPEs as detailed in infection prevention and control guideline available on website of MoHFW.

**Personal Protection Equipment (PPE) - Specifications**

**(for Contact & Airborne precautions)**

**1.** PPE Kit

**1.1** Gloves

- Nitrile
- Non-sterile
- Powder free
- Outer 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, EN 455
  - b. EU standard directive 89/686/EEC Category III, EN 374
  - c. ANSI/SEA 105-2011
  - d. ASTM D6319-10

**1.2** Coverall (medium and large)\*

- Impermeable to blood and body fluids
- Single use
- Avoid culturally unacceptable colors e.g. black
- Light colors are preferable to better detect possible contamination
- Thumb/finger loops to anchor sleeves in place
- Quality compliant with following standard
  - a. Meets or exceeds ISO 16603 class 3 exposure pressure, or equivalent

**1.3** Goggles

- With transparent glasses, zero power, well fitting, covered from all sides with elastic band/or adjustable holder.
- Good seal with the skin of the face
- Flexible frame to easily fit all face contours without too much pressure
- Covers the eyes and the surrounding areas and accommodates for prescription glasses
- Fog and scratch resistant
- Adjustable band to secure firmly so as not to become loose during clinical activity
- Indirect venting to reduce fogging
- May be re-usable (provided appropriate arrangements for decontamination are in place) or disposable
- Quality compliant with the below standards, or equivalent:
  - a. EU standard directive 86/686/EEC, EN 166/2002
  - b. ANSI/SEA Z87.1-2010

1.4. N-95 Masks

- Shape that will not collapse easily
- High filtration efficiency
- Good breathability, with expiratory valve
- Quality compliant with standards for medical N95 respirator:
  - a. NIOSH N95, EN 149 FFP2, or equivalent
- Fluid resistance: minimum 80 mmHg pressure based on ASTM F1862, ISO 22609, or equivalent
- Quality compliant with standards for particulate respirator that can be worn with full- face shield

1.5. Shoe Covers

- Made up of the same fabric as of coverall
- Should cover the entire shoe and reach above ankles

1.6. 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
- May be re-usable (made of material which can be cleaned and disinfected) or disposable
- Quality compliant with the below standards, or equivalent:
  - a. EU standard directive 86/686/EEC, EN 166/2002
  - b. ANSI/SEA Z87.1-2010

3. 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

4. Gloves

- Nitrile
- Non-sterile
- Powder free
- Outer gloves preferably reach mid-forearm (minimum 280mm total length)
- Different sizes (6.5 & 7)
- Quality compliant with the below standards, or equivalent:
  - 1. EU standard directive 93/42/EEC Class I, EN 455
  - 2. EU standard directive 89/686/EEC Category III, EN 374
  - 3. ANSI/SEA 105-2011
  - 4. ASTM D6319-10

5. **Body Bags - Specifications**

- 1) Impermeable
- 2) Leak proof
- 3) Air sealed
- 4) Double sealed
- 5) Disposable
- 6) Opaque
- 7) White
- 8) U shape with Zip
- 9) 4/6 grips
- 10) Size: 2.2 x 1.2 Mts
- 11) Standards:
  - a) ISO 16602:2007
  - b) ISO 16603:2004
  - c) ISO16604:2004
  - d) ISO/DIS 22611:2003

All items to be supplied need to be accompanied with certificate of analysis from national/ international organizations/labs indicating conformity to standards

All items: Expiry 5 years

\* Due to scarcity of coveralls, and risk versus benefit, that as an emergency temporary measure in larger public interest, in present given circumstances, the fabric that cleared/passed 'Synthetic Blood Penetration Resistance Test' (ISO 16603) and the garment that passed 'Resistance to penetration by biologically contaminated solid particles (ISO 22612:2005) may be considered as the benchmark specification to manufacture Coveralls." The Coveralls should be taped at the seams to prevent fluid/droplets/aerosol entry.

The test for these two standards (ISO 16603 and ISO 22612:2005), which can be performed in Indian laboratories are as per WHO Disease Commodity Package (Version 4.0)

## **Standard Operating Procedure (SOP) for Handling Arrested Persons, Detainees and Inmates during the Pandemic**

1. The following principles are the guiding light of this SOP:
  - i. Hand Hygiene and Respiratory Etiquettes
  - ii. Social Distancing
  - iii. Segregation
  - iv. Security of Inmates
  - v. Health Monitoring
  - vi. Minimum Movement
  - vii. Tracking and Tracing of contacts
  - viii. Remote Meetings
  
2. **New inmates/detainees/arrested persons**
  - a) Careful screening of all new inmates shall be conducted for COVID-19. Any suspected inmate, based on this screening, may be tested for COVID-19. If an inmate is found COVID-19 positive, his clinical status would be assessed and shall be put in appropriate isolation facility in the jail hospital or separate barrack earmarked for the purpose.
  - b) The detainees, who are asymptomatic but suspected to have been in contact with the COVID-19 positive patient, should be sent to quarantine facility and monitored. Detainees who are symptomatic should be sent to an isolation facility (as suspected cases) and tested for COVID-19. If confirmed positive, he will be transferred to the isolation facility for COVID positive cases. At no point of time, a suspect COVID case will be mixed with a confirmed case.
  - c) For such purpose, the Jail Hospital/Medical Ward should be sufficiently upgraded by increasing the number of beds, personal protective equipment (PPE) for the medical staff, COVID-19 testing kits, and other medical equipment.
  - d) All incoming detainees/new inmates should be lodged separately and should follow physical distancing and suitable hygiene measures. Such asymptomatic detainees should be lodged separately and should have separate dining space.
  - e) Only new or properly cleaned clothing and bedding articles should be provided to new inmates.
  - f) There may be some instances of the influx of detainees who might have had a history of foreign travel or exposure to COVID-19 patients. For such a scenario, a separate building with sufficient space may be earmarked to act as a holding area until their screening is completed. This holding area should be properly sanitized before use.

- g) In case, a separate building is not available for the holding area, a temporary structure may be erected for use as holding area and screening ward.

3. **Procedure to be followed for existing inmates:**

- i. Any inmates returning from parole or furlough should be lodged in separate barracks/cells for a fixed number of days as decided by the health experts.
- ii. Sufficient number of teams may be formed for carrying out the screening for COVID-19.
- iii. The existing inmates, who are asymptomatic but suspected to have been in contact with the COVID 19 positive patient, should be sent to quarantine facility and monitored. Existing inmates who are symptomatic should be sent to an isolation facility (as suspected cases) and tested for COVID-19 as per the guidelines issued by ICMR. If confirmed positive, he will be transferred to the isolation facility for COVID positive cases. At no point of time a suspect COVID case will be mixed with a confirmed case.
- iv. Proper caution may be exercised while shifting the COVID-19 positive inmates for isolation. The staff must wear appropriate personal protective Gears, while dealing with the COVID-19 positive inmates. The vehicles carrying the COVID-19 inmates must be properly sanitized. The COVID-19 inmates must also be made to wear triple layer medical masks.
- v. Meal timings for inmates should be staggered to ensure physical distancing. Rearrange sitting arrangement for inmates at the dining space.
- vi. Inmates under quarantine should have separate dining space maintaining physical distancing.
- vii. The inmates should be encouraged to ensure personal hygiene (Hand hygiene and respiratory etiquettes).

4. **Procedure to be followed for temporary prisons:**

- i. If there is a large outbreak of COVID-19 in a prison, a temporary prison may have to be created.
- ii. Depending on the circumstances and availability of resources, when a new building, like a stadium, guest house, school building, community hall, etc., is notified as a temporary jail, all precautions, as applicable to a regular prison, should be adopted.
- iii. Special consideration may be given to sanitization of such building, strict access control, social distancing and disposal of medical and other waste, etc.
- iv. The potentially exposed inmates/detainees will be segregated and kept in a separate quarantine and monitored on a daily basis.

5. **Other precautions to be followed by the Prison authorities:**

- a. Only one point of entry/exit should be used as far as possible.
- b. The staff at the entrance should use masks, face-shields, gloves, thermal scanning equipment and sanitizers while screening the inmates and performing other duties.
- c. The prisons need to be frequently disinfected at least once a day.
- d. All the toilets, bathrooms, kitchens, and other common areas must be cleaned and sanitized daily.
- e. Prison staff interacting with the inmates, who are in quarantine, should wear face masks, face-shields, and gloves.

- f. All inmates should be made aware of COVID-19 symptoms and the importance of maintaining personal hygiene and social distancing.
- g. Signage at essential points should be placed to make the Prison staff and inmates informed of the precautions to be taken to prevent the spread of COVID -19.
- h. All inmates must be provided with personal soaps and face covers.
- i. All clothing and bedding of the inmates should be cleaned by detergent, bleaching powder in hot water. The clothing and bedding of the inmates under quarantine should be cleaned separately.
- j. The facility of Mulaqats, i.e., meeting between the prisoners and their family members, should be stopped till the pandemic is controlled. Video Conference and phone calls between inmates and his family members should be allowed.
- k. Group activities that are not of essential nature be stopped and only crucial group activities should be carried out duly following the guidelines for distance of at least six feet between two individuals.
- l. Anybody (Prison staff or inmates) having any symptoms of fever, cough, breathlessness, sore throat, should be sent immediately for thorough medical checkup and follow up.

## 6. **Miscellaneous General Guidance Points**

### **General**

- 1) Prisons should review their continuity and contingency plans and update them to ensure that they can perform critical functions with reduced numbers of personnel, in a manner that does not have a negative impact on the security of the prison.
- 2) Staff and prisoners should be reminded to wash their hands for 40 seconds frequently and catch coughs and sneezes in tissues and dispose it appropriately in bins with closed lids.
- 3) Frequently clean and disinfect objects and surfaces that are touched regularly. Also disinfect objects / surfaces not ordinarily cleaned (e.g. cell doors / bars, doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks and telephones, blankets, and clothing).
- 4) Develop a process and space to screen all persons entering prison.
- 5) Screening stations should be outside the entrance to the prison.
- 6) Confirmed cases of coronavirus (COVID-19) should be notified by prison to local State Health authorities.
- 7) Disinfect the cell of the person who is suspected or confirmed of having contracted COVID-19 thoroughly.
- 8) Keep the individual's movement outside the COVID-19 isolation space to an absolute minimum
- 9) Ensure that the individual is always wearing a face protection when outside of the medical isolation space, and whenever another individual enters.

- 10) Masks should be changed at least 8 hourly or earlier, if visibly soiled or wet.

### **Generating Awareness and special initiatives**

- 11) Any person (staff /visitors/vendors/service providers) showing symptoms of COVID-19 or who has been in contact with a confirmed or suspected case of COVID19 MUST NOT BE ALLOWED TO ENTER the prison.
- 12) Communicate with prisoners the temporary impact of COVID-19 on ordinary prison routines (including visits and other services).
- 13) Stress the importance of protecting the health of staff, prisoners, and the community.
- 14) Show the prisoners the information posters and explain the information and verify that the prisoner understands the content.
- 15) Encourage prisoners to report any symptoms of COVID-19 to a staff member for the health and well-being of everyone.
- 16) Consider reducing the number of prisoners gathering in groups, attempt to reduce movement of prisoners and avoid mixing individuals from different prisoner groups (particularly at-risk prisoners)
- 17) Provide access to virtual / telephone visit options. If moving to virtual / telephone visits, disinfect electronic equipment regularly.
- 18) Increase supplies of food, water and medication.
- 19) Consider using the prison industry to produce masks and other useful equipment.
- 20) If possible, consider making hand sanitizer containing at least 70% alcohol (where permissible based on security restrictions).
- 21) Communicate with staff and prisoners, using verbal commands / providing verbal direction from a distance instead of using physical contact.
- 22) Explain by showing / demonstrating.

### **Staff – personal protection and handling of inmates**

- 23) Staff should minimize any non-essential contact with suspected corona virus (COVID-19) cases.
- 24) Ensure prison staff has all the necessary information / fully understand the COVID-19 prevention and response procedures. Prison staff should be made aware of all relevant procedures and protocols and should be regularly briefed/ trained and updated on the procedure. This is very essential and adequate attention may be paid by senior officers.
- 25) Communicate with prison staff that COVID-19 prevention and response procedures will temporarily impact the ordinary prison routine.

- 26) Screen all staff before they enter the prison.
- 27) DO NOT ALLOW ENTRY if a staff member shows or has experienced any symptoms of COVID-19.
- 28) If a staff member has been in contact with an individual infected by COVID-19 or with symptoms related thereto, consider assigning them duties with no or limited contact with prisoners and other staff for a period of 14 days (i.e. external patrol or towers).
- 29) Encourage staff to be extra observant and communicate with prisoners. Look for prisoners with COVID-19 symptoms and be aware of unusual suspicious prisoner behavior as a result of restricted movement and activities.
- 30) Inform staff why it is important that they do not come to work if they show any symptoms of COVID-19, and put into place procedures so they can be paid and are not penalized in other ways for being absent;
- 31) Determine the least amount of staff you need to operate your prison.
- 32) Have a contingency plan to call on other uniformed personnel to temporarily support a massive staff shortage (police, military, other uniformed personnel);
- 33) Increase vigilance and interact with prisoners to get more information about possible symptoms of disease and signs of unrest among prisoners.
- 34) Register all possible symptoms of disease in prisoners and other staff.
- 35) Limit direct contact with prisoners if possible, conduct visual searches on low-risk prisoners.
- 36) Don't approach or stand directly in-front of prisoners, reduce the risk of prisoners coughing or breathing directly on you.
- 37) Do prisoner counts from a distance if possible.
- 38) If you need to physically handle/direct prisoners, wear gloves, eye protections and a face-mask if possible or wash your hands before and immediately after if no gloves are available.
- 39) Do not conduct area searches without gloves.
- 40) If no gloves are available, limit touching areas and ensure you wash your hands before and immediately after searching.
- 41) Ensure at least 2 meters distance between you and the prisoner when interviewing, counseling, admitting, or discharging prisoners.
- 42) If in an office, use the desk and chairs to create distance. Clean your equipment several times a day with disinfectant - if available (including radio, phone, handcuff, handcuff keys, etc.).

- 43) If possible, change clothes and shoes before going home.
- 44) Remind staff on the special vulnerability of prisoners and their duty of care as well as operations in accordance with human rights standards
- 45) As soon as an individual develops symptoms of COVID-19, they should wear triple layer medical mask and should be immediately placed in isolation in a separate space from other individuals, preferably in a separate building inside the prison.
- 46) Minimize the number of staff in contact with infected prisoners, particularly staff belonging to at risk groups.

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**Guidelines for use and disposal of protective gears, as per guidelines of the Ministry of Health and Family Welfare**

**1. 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 **Annex-(i)** of these guidelines.

**2. 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 off the mask are at **Annex-(ii)** of these guidelines.

**3. 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.
- Security personnel on COVID duty will 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 reusable. The front portion can be decontaminated by wiping with 70% alcohol or 1% sodium hypochlorite solution. This is to be followed by hand hygiene.
- The specifications of protective gears (triple layer mask, gloves and face shield) are at **Annex-(iii)** of these guidelines.

**4. Safe disposal of used protective gears**

- For disposal of used mask/gloves, guidance is at **Annex-(iv)** of these guidelines.

**Correct steps in wearing and taking off the 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

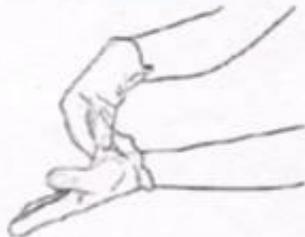


5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand

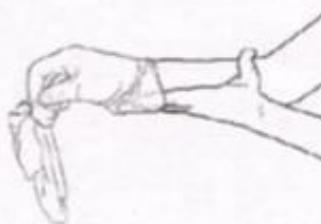


6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

**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

**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.

**Specifications of Personal Protective Gears required by police/security 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 1, EN 455.
  - b) EU standard directive 89/686/EEC Category 111, EN 374.
  - c) ANSI/SEA 105-2011.

**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, EN 166/2002.
  - b) ANSVSEA Z87.1-2010.

**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

**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 minutes 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 to collect bio-medical waste, hand over the bags containing biomedical waste to them