GOVERNMENT OF NCT OF DELHI
DELHI DISASTER MANAGEMENT AUTHORITY

No. F.2/07/2020/pt file-III/407 Dated: 01 .05.2021

ORDER

Whereas, the Delhi Disaster Management Authority (DDMA) is satisfied that the NCT of Delhi is threatened with the spread of COVID-19 epidemic, which has already been declared as a pandemic by the World Health Organization, and has considered it necessary to take effective measures to prevent its spread in NCT of Delhi;

2. And whereas, considering the unprecedented increase in COVID-19 cases with high positivity rate and in order to break the transmission chain of COVID-19 virus, DDMA had imposed curfew on movement of individuals in the territory of NCT of Delhi with effect from 10:00 pm on 19.04.2021 (Monday) to 5:00 am on 26.04.2021 (Monday) vide Order No. 381 dated 19.04.2021, which has further been extended till 05:00 am on 03.05.2021 (Monday) vide Order No. 397 dated 25.04.2021, as an emergency measure;

3. And whereas, Ministry of Home Affairs, Govt. of India has issued Order No. 40-3/2020-DM-I (A) dated 29.04.2021 whereby it has been directed to consider the containment measures for COVID-19, as conveyed vide MoHFW, GoI advisory dated 25.04.2021, as per Annexure-I , for immediate implementation, based on the assessment of the situation, until 31.05.2021 as well as compliance of National Directives for COVID-19 Management (Annexure-II);

4. And whereas, the situation of COVID-19 in NCT of Delhi has now been reviewed and observed that COVID-19 positive cases as well as positivity rate is still very high and the bed occupancy (Oxygen supported/ICU beds) in the dedicated COVID-19 Government & Private Hospitals/ Nursing Homes is on very higher side, therefore, in order to contain the spread of virus and to break the transmission chain, curfew needs to be extended for another week in the territory of NCT of Delhi (except for essential activities / services) and to follow the aforesaid order of MHA, GoI dated 29.04.2021 regarding Containment, Testing and Surveillance, Clinical Management, Vaccination, Community Engagement, COVID Appropriate Behaviour etc. for overall well being and safety of the people of NCT of Delhi.

5. Now, therefore, in exercise of powers conferred under section 22 of the Disaster Management Act, 2005, the undersigned, in his capacity as Chairperson, State Executive Committee, DDMA, GNCTD, hereby directs to **extend the curfew, on movement of individuals (except for essential activities/ services as already stipulated in DDMA Order No. 381 dated 19.04.2021 and Order No. 397 dated 25.04.2021) in the territory of NCT of Delhi, till 05:00 am on 10.05.2021 (Monday)** or further orders whichever is earlier.

6. Further, Pr. Secretary (H&FW), GNCTD, all District Magistrates of Delhi & their counterpart District Deputy Commissioners of Police and all other authorities concerned are directed to ensure strict compliance of this order and to take all requisite actions for effective implementation of the directions contained in aforesaid order of MHA, GoI regarding Containment, Testing and Surveillance, Clinical Management, Vaccination, Community Engagement, COVID Appropriate Behaviour etc. The authorities concerned shall adequately inform and sensitize the field functionaries about these instructions for strict compliance, in letter and spirit.

7. In case any person is found violating the aforesaid instructions, the defaulting person(s) shall be proceeded against as per the provisions of section 51 to 60 of Disaster Management Act, 2005, Section 188 of IPC and other applicable laws.

01.05.21

(Vijay Dev)
Chief Secretary, Delhi

Copy for compliance to:

1. All Additional Chief Secretaries/Principal Secretaries/Secretaries/HODs of Govt. of NCT of Delhi
2. Commissioner of Police, Delhi
3. Chairman, New Delhi Municipal Council
4. Pr. Secretary (Health), GNCTD
5. Commissioner (South DMC/East DMC/North DMC)
6. Secretary (I&P) for wide publicity in NCT of Delhi
7. Secretary (IT) with the request to operationalise e-pass system on website www.delhi.gov.in
8. CEO, Delhi Cantonment Board
9. All District Magistrates of Delhi
10. All District DCPs of Delhi
11. Director, DGHS, GNCTD

Copy for kind information to:-

1. Secretary to Hon'ble Lt. Governor, Delhi
2. Addl. Secretary to Hon'ble Chief Minister, GNCTD
3. Secretary to Hon'ble Dy. Chief Minister, GNCTD
4. Secretary to Hon'ble Minister of Health, GNCTD
5. Secretary to Hon'ble Minister of Revenue, GNCTD
6. Secretary to Hon'ble Minister of Labour, GNCTD
7. Secretary to Hon'ble Minister of Social Welfare, GNCTD
8. Secretary to Hon'ble Minister of Food & Supply, GNCTD
9. Staff Officer to Cabinet Secretary, GoI
10. Special Secretary (UT), MHA, GoI
11. Addl. Chief Secretary (Power)/ State Nodal Officer, GNCTD
12. Addl. Chief Secretary (UD), GNCTD
13. Pr. Secretary (Home),GNCTD
14. Pr. Secretary (Revenue)-cum-Divisional Commissioner, GNCTD
15. All members of State Executive Committee, DDMA, GNCTD
16. System Analyst, O/o Divisional Commissioner, Delhi for uploading of the order on website – ddma.delhigovt.nic.in
17. Guard file.

No. 40-3/2020-DM-I(A)
Government of India
Ministry of Home Affairs

North Block, New Delhi-110001
Dated 29th April, 2021

ORDER

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

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

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

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

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

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

(iii) Any person violating these measures will be liable to be proceeded against as per the provisions of Section 51 to 60 of the Disaster Management Act, 2005, besides legal action under Section188 of the IPC, and other legal provisions as applicable.

29/04/2021

Union Home Secretary

and, Chairman, National Executive Committee (NEC)

To:

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

Copy to:

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

ANNEXURE-I

Containment framework, as mentioned in Ministry of Health & Family Welfare (MoHFW), DO no. Z.28015/85/2021-DM Cell dated 25th April 2021

Annexure – A

Implementation Framework for community containment/large containment areas

Understanding the virus transmission dynamics:

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

Broadly, the **strategies** are:

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

2. **Public Health measures** to contain the virus by:

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

3. **Evidence Based Decision**: The decision on where and when to go for large Containment Zone (CZ) has to be evidence based and done at the State/UT level after proper analysis of the situation, such as; the population affected, the geographical spread, the hospital infrastructure, manpower, the ease of enforcing boundaries etc.

4. However, in order to facilitate objective, transparent, and epidemiologically sound decision making, the following broad-based framework is provided to aid States UTs in selection of districts/areas:

S. No.	Parameter	Thresholds
1	**Test positivity**	Test positivity of **10%** or more in the last one week
OR		
2	**Bed occupancy**	Bed occupancy of **more than 60%** on either **oxygen supported or ICU beds**

.....contd/-

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

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

A. Containment

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

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

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

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

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

vi. All shopping complexes, cinema halls, restaurants & bars, sports complexes, gym, spas, swimming pool and religious places should remain closed.

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

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

ix. There shall be **no restrictions on inter-state and intra-state movement including transportation of essential goods.**

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

xi. **All industrial and scientific establishments,** both government and private may be **allowed** subject to **the workforce following physical distancing norms.** They shall also be tested through RAT (in case of individuals identified with flu like symptoms) from time to time.

xii. The SOPs already issued by MoHFW, including training manuals for surveillance teams and supervisors are available on the website & must be followed.

xiii. **However, these are indicative activities, and States/ UTs should make a careful analysis of the local situation, areas to be covered, and probability of transmission and then take a decision.**

.....contd/-

xiv. The restrictions as above shall continue for a **period of 14 days.**

xv. **Before declaring a containment area, make a public announcement, outlining the rationale for the same and the kind of restrictions that will be in place (a leaflet in local language may be distributed highlighting the gravity of the situation and restrictions to be followed)**

xvi. **Community volunteers, civil society organizations, ex- servicemen, and members of the local NYK/NSS centers etc.** should be involved for sustainable management of containment activities, translating the aforementioned leaflets and for encouraging people in the community for sustained behavior change as well as vaccination.

B. Testing and Surveillance

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

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

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

iii. Ensuring **compliance of COVID Appropriate Behaviour** aggressively both through creation of awareness through involvement of the community based organizations and through stringent regulatory framework.

C. Clinical Management

i. Analysis to be undertaken with respect to **requirement of health infrastructure** so as to **manage the present and projected cases (next one month)** and necessary action initiated to ensure sufficient oxygen-supported beds, ICU beds, ventilators, ambulances including creation of makeshift hospitals, as needed. Sufficient quarantine facilities shall also be re-activated.

ii. Leverage **government, private health facilities** including hospital facilities available with **central ministries, railway coaches, temporary field hospitals etc.**

iii. Ensure that people satisfying protocol for home isolation only are allowed under **home isolation**. Create a **mechanism for their regular monitoring** through Call Centres along with **regular visit of surveillance teams** to such houses.

iv. Provision of a **customized kit** for all patients under home isolation, **including detailed dos and don'ts** to be followed by them.

v. Specific **monitoring** shall be done for **high risk cases** and their timely shifting to the health facility. Similarly, **elderly and co-morbid contacts** of positive cases shall be **shifted to quarantine centres** and monitored.

.....contd/-

vi. Appoint **senior district officials as In-charge** for all Covid dedicated hospitals and create a **mechanism for seamless shifting** of patients (**including home isolation** cases) as per their symptom to the relevant facilities.

vii. Ensure availability of **sufficient ambulances** for such purpose.

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

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

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

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

D. Vaccination

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

E. Community Engagement

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

ii. Provide enough time for people movement for essential requirements etc. before announcing the large scale containment

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

iv. **Involve local level NGOs/CBOs/CSOs, Opinion Makers and subject experts** to create a positive environment and for sustained dialogue with the community.

v. **Create wide publicity** on **early warning signals** and self-reporting so as to identify cases early and to prevent avoidable deaths among home isolation patients.

vi. Give **wide publicity on the mechanism** whereby people can get themselves tested, details of available health facilities, requisitioning an ambulance etc (community based organizations should be encouraged to create WhatsApp groups for quick dissemination of information so that the individuals in need of prevention and/or care services do not suffer delay).

vii. Ensure that **details of hospital beds and their vacancy status is made available on-line and also released to media on a daily basis**.

viii. Details on **availability of oxygen, drugs, vaccine and vaccination centres**; including the guidelines related with use of Remdesivir/Tocilizumab etc. be also widely publicized so as to create confidence in the community.

.....contd/-

ix. Community should be oriented about the feasibility of managing mild COVID-19 cases at home with appropriate monitoring of vital parameters such as temperature and oxygen saturation with the help of pulse oxymeter.

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

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

Annexure II

NATIONAL DIRECTIVES FOR COVID-19 MANAGEMENT

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

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

   Shops will ensure physical distancing among customers.

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

Additional directives for Work Places

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

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

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

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

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

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