

## **SMART LOCKDOWN GUIDELINES FOR ADMINISTRATION**

### **1. Definitions**

1.1 **Hotspot**. An area of **elevated disease incidence or transmission (generally more than 1.5 cases per 1000)** identified via data analytics, epidemiologic or field evaluation.

1.1.1 **Geographically Based Hotspot**. An area of disease prevalence located within a city, town or a village etc where several clusters of infected persons reside.

1.1.2 **Temporal Hotspots - Potentially Risky Work Settings**. A business center, market place and shopping malls etc visited by considerable no of IPs / PIPs during the business hours.

2. **Purpose of Smart Lockdown**. Smart lockdowns are aimed at **restricting maximum no of IPs in a targeted manner to an identified hotspot**, with a view to contain/ retard local COVID-19 spread and thereby **break the transmission cycle** of disease. This would also entail increased **epidemiological interventions as testing, tracing, quarantine and isolation** of suspected and confirmed cases in an identified hotspot. Smart lockdowns have greater significance within the current environment because: -

2.1 Our **disease trajectory has entered a critical phase**, and only our **proactivity can slow the spread** considerably, within coming weeks.

2.2 **City wide lockdowns**, though administratively convenient, are economically/ socio-economically unsustainable and therefore **not practicable**.

2.3 **Differentiated approach within a city** is possible due to **identified variability in disease prevalence** in various areas.

2.4 **Smart lockdowns** therefore offer a **balanced approach** to limit the spread under the circumstances.

### 3. Implementation Guidelines

- 3.1 As a general principle, **all hotspots** earmarked for lockdown within a district, **must aim to contain a major proportion of its total IPs.**
- 3.2 **Relatively larger areas** must be focused **rather than small blocks / street-based** lockdowns – this is to allow administrative convenience/ feasibility.
- 3.3 While prioritizing, **hotspots with greater population density** may be selected for **maximum dividends** as well as for **administrative and logistics convenience.**
- 3.4 **Local administration** may exercise powers under **Epidemic Disease Control Act 1958** or any other provincial provisions to make the compliance, obligatory for citizens.
- 3.5 Local health authorities also have to ensure significant ramp up of testing, tracing, quarantine and effective home isolation of suspected cases and patients in the hotspot area. Daily reports and epi-curve from the hot-spot to be collected to monitor the spread of disease.
- 3.6 A **24-48 hours' notice** (depending upon local demography and administrative/ logistics issues) must precede any lockdown **after necessary communication**, in order to allow the residents, essential stores owners and other service providers **to carryout necessary preparation.**
- 3.7 The **prior communication** should be well **publicized** and must include: -
  - 3.7.1 Information about increased vigilance, infection prevention and control measures – **'Dos' and 'Don'ts'** by affected public during the lockdown.
  - 3.7.2 The **administrative support and any incentives being made available** to the residents
  - 3.7.3 Information of the **emergency helplines**
  - 3.7.4 Their **rights like immunity from punitive actions** by the respective office/ employers etc.

- 3.8 **Period of lockdown should be based on scientific information (ref 3.5 above) and may be at least 2 weeks, which may be modified as required.**
- 3.9 **Restriction of movement, both in and out as well as, within the hotspot, should be effectively ensured.**
- 3.10 **Business activity within the lockdown area must be totally prohibited, special exemptions must however be given to pharmacies, grocery stores and emergency/ essential services etc**
- 3.11 As far as possible, there ought to be **total restriction of movement of elderly and sick individuals;** and only **one young member per household** must be allowed **for groceries / medical supplies,** with due health precautions.
- 3.12 **Volunteers** and community members like Imam Masjids and local elders of area must be **adequately incorporated** for better **service delivery/** logistics, **monitoring well-being** of respective localities as well as to assist District Administrations/ Law Enforcement Agencies in general implementation.
- 3.13 **Essential shops** operating within the hotspot must be **kept under effective monitoring** for implementation of SOPs.
- 3.14 As far as possible individuals making home deliveries **like milkmen, newspaper deliverymen etc must be effectively managed** within the city.
- 3.15 For any **medical evacuations, helplines/ telephone numbers of emergency services** should be effectively **communicated** to residents.
- 3.16 **General SOPs for Mosques would not be applicable to locked down areas;** Jamaat will be restricted to resident staff of the mosque, with due precautions. General public must pray at home.
- 3.17 **OPD services within local hospitals should remain suspended** for the period of lockdown, however emergency services will be provided

- 3.18 The hotspot notification should contain directions for **offices and other employers refraining them from any punitive actions** against their employees, that are unable to turn up due to lock-down restrictions.
- 3.19 Any other **local instructions/ guidelines based on ground situation**, deemed essential by the district administration may also be communicated to all concerned
4. **Follow Up**. A **comprehensive post-analysis regarding the epidemiological effects of smart lock down** may also be **communicated to NCOC**, for **lateral sharing of experiences** and making further **improvements**.