



खेलो इंडिया - फिर से

**Standard Operating Procedure (SOP)
for Sports Activities**

Contents

1. Introduction.....	5
2. Principles for the resumption of sport activities.....	7
3. Scope and Coverage.....	8
4. Flowchart for resumption of operations.....	9
5. Measures to be implemented prior to resumption of operations.....	10
5.1. COVID Task Force.....	10
5.2. Disinfection of premises.....	11
6. Guiding Principles for resumption of training.....	12
6.1. Implementation of necessary precautionary measures at the centres.....	12
6.1.1. Protocols and precautions for training.....	12
6.1.2. Precautions for gymnasium/physiotherapy room.....	14
6.1.3. Precautions at Medical Centre.....	16
6.1.4. Security procedures at entry gate.....	17
6.1.5. Sanitization at centre.....	18
6.1.6. Sanitization and precautions at common places/utilities.....	19
6.1.7. Precautions for residential trainee and staff.....	20
6.1.8. Additional Protective measures.....	21
6.2. Athlete Education.....	21
6.3. Categorization of sports and precautions for each category.....	23
6.4. Continuous monitoring and management of protocols.....	27
6.4.1. Monitoring of athletes/ support staff/ management staff –.....	27
6.4.2. Managing a suspected COVID-19 case.....	27
6.4.3. Managing a confirmed COVID-19 case.....	28
References –.....	29
Key Do's and Don'ts for stakeholders.....	30
Annexure 1.....	33
Athlete Consent Form for resumption of training.....	33
Annexure 2.....	34
NSF undertaking for resumption of training.....	34
Annexure 3.....	35
Guidelines on disinfection of common public places.....	35
Annexure 4.....	38

Guidelines for use of mask.....	38
Annexure 5.....	39
Guidelines for handling bio-medical waste.....	39
Annexure 6.....	43
Steps of Hand Hygiene	43

DISCLAIMER: *This Standard Operating Procedure (SOP) indicated in this report was developed based on secondary research of public domain information and official disclosures by various international sports bodies and advisories by the Government, to provide guidance to trainees and staff at SAI and Non-SAI Training Centres in performing the activities defined herein, in a consistent and standardized manner. Attempts were also made to seek inputs from concerned stakeholders including sports officials managing SAI Training Centres and National Sports Federation. SAI has made every attempt to present the information in a clear and concise manner for a variety of users. However, SAI is not responsible for the misuse or misinterpretation of the information presented herein. Under no circumstances shall SAI be liable for any actions taken or omissions made by non-SAI users of this document. In general, this document should be used as a guideline. Differences may exist between the procedures referenced in this document and what is appropriate under site-specific conditions. This document does not represent an endorsement of practitioners or products mentioned in the document. The situation surrounding COVID-19 is dynamic and rapidly evolving. Although extensive secondary research has been conducted to produce this document, this document is not intended to be legal, medical or expert advice and should not be used in place of consultation with appropriate professionals. The information contained in this document should not be considered exhaustive and the user should seek the advice of appropriate professionals wherever relevant.*

All activity should be consistent with the Government guidance regarding health, social distancing and hygiene.

1. Introduction

COVID-19, an infectious disease primarily affecting the lung, was first reported in China on 31st December 2019. The virus swiftly started spreading to other countries prompting WHO to declare the situation as a Public Health Emergency of International Concern on 30th January 2020. As on 14th May 2020, there were more than 4 million people affected by COVID-19 across 215 countries with more than 280 thousand confirmed deaths¹. India reported its first case of COVID-19 on 30th January 2020. Despite a slow increase in numbers in the initial stages of the pandemic, over time the number of cases has been increasing at a faster rate with India reporting more than 70 thousand confirmed cases as on 14th May 2020 with more than 2500 deaths².

The Hon'ble Prime Minister of India announced a nationwide lockdown on 24th March 2020 for 21 days with effect from 25th March 2020 (National Disaster Management Authority (NDMA) Order No – 1-29/2020-PP (Pt.II) dated 24.03.2020). The lockdown was further extended till 03rd May 2020 and subsequently till 31st May 2020 due to the continued risks posed by the virus. The COVID-19 pandemic has not only posed the greatest health hazard for our generation but has also brought economic activities to a virtual standstill and affected the livelihood of millions across the country.

The COVID-19 pandemic has also thrown the sporting world into unprecedented turmoil, with sports events being cancelled and postponed all around the world and forcing most athletes to cut their training short to enter isolation mode. In response to the global pandemic, the Tokyo 2020 Olympic Games have been postponed to Jul-Aug 2021. The postponement of the sporting activities has resulted into an unusual situation wherein the fitness and performance levels of the athletes have been affected by a lack of outdoor training and competition exposure.

Sports Authority of India (SAI) had stopped training activities at its centres from 17th March 2020 in response to the COVID-19 pandemic (Order No – SAI/Pers/Misc/2020 dated 17th March 2020). However, now Ministry of Youth Affairs & Sports vide order No.J-17011/42/2020-SP-V dated 18th May, 2020 have given permission to conduct sports activities in sports complexes & stadia situated in SAI Training Centres (STCs). The Sports Complexes/Stadia will have to follow the guidelines issued by the concerned State Government in which they are situated. However before allowing our athletes to resume sports activities, including training, it is critical to put in place adequate measures to provide a safe environment for the athletes.

The COVID-19 pandemic is the first of its kind to affect humanity. Hence, there were no existing guidelines which could be used as reference for engaging in sporting activities. Accordingly, in SAI, a committee chaired by Secretary, SAI was constituted to develop a Standard Operating Procedure (SOP) for resumption of sports activities,

¹ World Health Organisation website

² Ministry of Health and Family Welfare website

including training, at various centres. The SOP has been approved by the Ministry for implementation.

The SOP would serve as a guiding document and should not be used as a substitute for instructions given by medical professionals and the different guidelines issued by competent authorities (MoHFW, MHA, ICMR, WHO, etc.). The centres should be cognizant of the fact that the SOP cannot guarantee a complete elimination of risks associated with COVID-19 pandemic. However, it shall serve as a reference document for the centres striving to ensure the safest possible environment is created for the athletes to resume sports activities including training.

The individuals in charge of respective facilities, while implementing this SOP, should take into account the local conditions and their preparedness. All activity should be consistent with the Government guidance regarding health, social distancing and hygiene. Any measure implemented by the organisations to enable resumption of activity needs to be adapted such that it follows Government guidelines on social distancing, e.g. strengthening or relaxing measures at short notice. Organisations are encouraged to think creatively about how best to make their sport or activity possible within the guidelines.

What is COVID-19?

COVID-19³ is a disease caused by the “novel corona virus”. Common symptoms are:

- ▶ Fever
- ▶ Dry cough
- ▶ Breathing difficulty
- ▶ Some patients also have aches and pains, nasal congestion, runny nose, sore throat or diarrhoea

About 80% of confirmed cases recover from the disease without any serious complications. However, one out of every six people who gets COVID-19 can become seriously ill and develop difficulty in breathing. In more severe cases, infection can cause severe pneumonia and other complications which can be treated only at higher level facilities (District Hospitals and above). In a few cases it may even cause death.

COVID-19 spreads mainly by droplets produced as a result of coughing or sneezing of a COVID-19 infected person. This can happen in two ways:

- ▶ 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.

³ Ministry of Health and Family Welfare website

- ▶ Indirect contact: one can also get infected by touching any infected surface or cloth and then touching one's mouth, nose or eyes.

The incubation period of COVID 19 (time between getting the infection and showing symptoms) is 1 to 14 days. Some people with the infection, but without any serious symptoms can also spread the disease.

2. Principles for the resumption of sport activities

In view of the spread of COVID19, the training facilities were suspended in the entire country due to lockdown. The various training facilities are likely to restart their normal activities post relaxation of lockdown. The following principles are the cornerstone of resumption of sport activities –

- ▶ Resumption of sporting activities shall be in compliance with Government guidelines on health, social distancing and hygiene to ensure safety of all stakeholders
- ▶ Resumption of sporting activities will be based on objective health information to ensure they are conducted safely and do not risk increased COVID-19 local transmission rates.
- ▶ All decisions about resumption of sporting activities must take place with careful reference to these Principles following close consultation with MoHFW and/or Local Public Health or other authorities, as relevant.
- ▶ All individuals who participate in and contribute to sports will be considered in resumption plans, including those at the high performance/professional level, those at the community competitive level, and those who wish to enjoy passive (non-contact) individual sports.
- ▶ Resumption of sporting activity should take place in a staged fashion with an initial phase of small group (<10) activities in a non-contact fashion while maintaining the social distancing, prior to moving on to a subsequent phase of large group (>10) activities including full contact training/competition in sport. Individual jurisdictions will determine progression through these phases, taking account of local epidemiology, risk mitigation strategies and public health capability.
- ▶ At all times sports organisations must respond to the directives of Public Health or other authorities. Localised outbreaks may require sporting organisations to again restrict activity and those organisations must be ready to respond accordingly. The detection of a positive COVID-19 case in a sporting club or organisation will result in a standard public health response, which could include quarantine of a whole team or large group, and close contacts, for the required period.

3. Scope and Coverage

This SOP applies to all SAI and non-SAI training centres wherein athletes may undertake sports activities, including training. Resumption of activities shall be allowed in a phased manner as per Government guidelines.

This SOP covers all stakeholders active at the centres including –

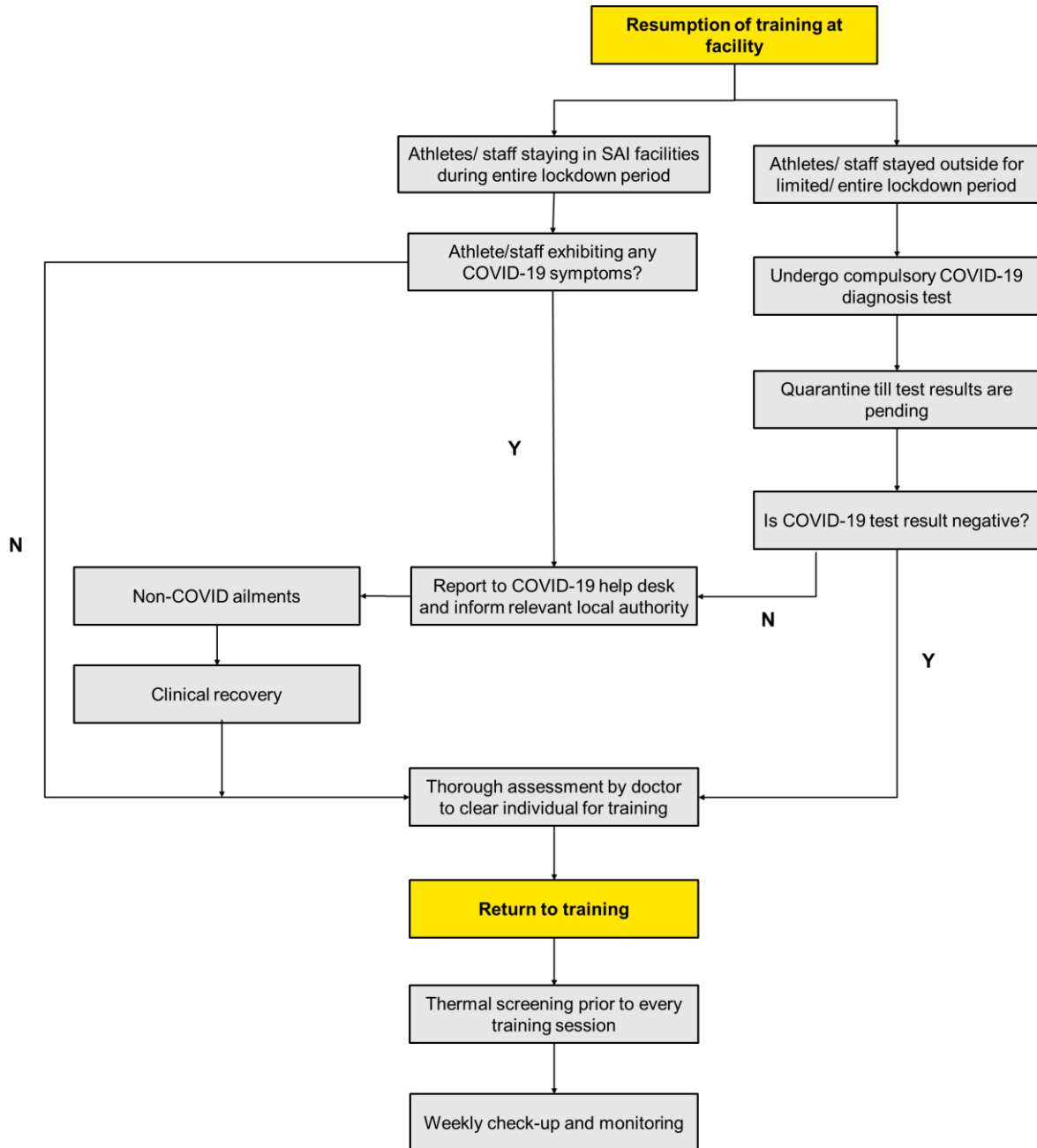
- ▶ All athletes
- ▶ All technical and non-technical support staff involved in activities irrespective of the organisation they represent
- ▶ All administrative staff at training centre
- ▶ All hostel and facility management staff
- ▶ All visitors to the centres

A nationwide lockdown had been announced from 25th March 2020 under which there were complete restrictions on movement of individuals. Thus, people were stranded at their immediate location resulting in creation of various scenarios with respect to the status of athletes and staff during lockdown. A concerted effort has been made to ensure all possible scenarios are covered under the ambit of this SOP. After careful assessment, it was concluded that the athletes/staff could be covered under three scenarios. The scenarios and the respective preliminary precautionary measures for each scenario are given below –

Scenario	Precautionary measure
Scenario 1 - Athletes/ staff including administrative staff staying in a contained environment at SAI facilities during the entire lockdown period, with an embargo against ingress and egress of personnel to the facilities.	Athletes and staff including administrative staff shall be subjected to basic screening to detect any concerning ailments. Screening and check-up should be verified by a doctor. The coaches shall be made aware of the schedule for medical check-up and their results
Scenario 2 – Athletes/ staff including administrative staff stayed outside the SAI facilities for limited time or during entire lockdown period	All the athletes and staff including administrative staff joining the training facilities afresh shall be tested for COVID-19 (RT-PCR test) to prevent any chance of infection to the personnel who have been staying in an infection free environment at the training facilities. The returning athletes and staff shall be quarantined till the test results clear them of COVID-19 contraction. In the event of a positive COVID-19 case, local authorities shall be notified for handling of the case.
Scenario 3 – Athletes/ staff including administrative staff at non-SAI training facilities E.g. Padukone-Draavid Centre for Sports Excellence, Pullela Gopichand Badminton Academy etc.	The precautionary measures of Scenario 1 and 2 will be applicable to all athletes/ staff at all non-SAI training centres. Centre in-charge shall ensure adherence to these protocols

4. Flowchart for resumption of operations

The following flowchart illustrates the key steps and considerations for resumption of sports activities, including training, at the centres and applies to all the scenarios mentioned in Section 3 of this SOP document.



5. Measures to be implemented prior to resumption of operations

5.1. COVID Task Force

- ▶ A COVID Task Force shall be constituted at each training centre to **guide and monitor all trainees and staff within the centres**. The Task Force shall include the chief coaching staff from each NSF as its member. The Centre-in-charge is the ex-officio Chairman of the Task Force and is responsible for overall implementation of protocols outlined in this SOP.
- ▶ Their responsibilities would be including but not limited to –
 - a. Communicate clearly and regularly with athletes and other stakeholders explaining measures being taken to manage risk, and the advice being given to individuals to follow the same
 - b. Ensure disinfection of all common areas and surfaces at regular intervals
 - c. Supervision of security arrangements at the entry points
 - d. Monitoring of entry into the campus/playing areas
 - e. Monitoring of drop point for daily supplies
 - f. Monitoring of movements of all athletes//residential staff/outsourced staff through a movement register. It is advised that CCTV cameras are operational throughout the centre.
 - g. Placement of notices/advisories on time
 - h. Update of action plan to administration on daily basis
 - i. Update of COVID19 cases to relevant higher management
 - j. Provision of information of COVID-19 helpline centres
 - k. Follow-up of foreign coaches and their health & travel advise
 - l. Training of facility management staff to follow the protocols
 - m. Establish a centre COVID helpline for assistance and communicate the same to all athletes and other stakeholders
- ▶ COVID Task Force shall work closely with the coaches and support staff to define guidelines and protocols addressing the following issues –
 - a. Training which can be effectively performed other than on field of play and other common training facilities
 - b. Staggered training to minimise numbers and reduce contact
 - c. Manage numbers at training to maintain social distancing as per norms
 - d. Modify training times to ensure there are fewer people present at the same time
- ▶ The Task Force shall ensure each athlete provides a signed consent form declaring their consent and knowledge of all the limitations and risks associated with training under current scenario (A sample consent form has been included

in **Annexure 1**). Prior to commencement of National Coaching Camp (NCC), NSFs shall submit a written undertaking to abide by all the protocols prescribed in this SOP and various Government orders issued from time to time in the context of COVID-19 prevention (A sample undertaking has been included in **Annexure 2**). All training centres (including SAI centres) would endeavour to offer an environment for sports activities with best possible protection against infection. **The precautionary measures and protocols mentioned in this SOP have been derived from study of best practices and inputs from experts but in no way could guarantee the complete elimination of risks posed by COVID-19 pandemic.**

- ▶ Travel of trainees and coaches shall be closely regulated and monitored by Task Force
- ▶ The use of *Aarogya Setu* app shall be made mandatory for all athletes and staff at the centre. The Task Force shall ensure a 100% coverage of *Aarogya Setu* among all athletes and staff at the centre. Health information of every individual shall be mandatorily updated daily. Activities shall only be allowed if status on Aarogya Setu shows safe. (<https://www.mygov.in/aAarogya-setu-app/>)

5.2. Disinfection of premises

- ▶ All areas within the premises shall be disinfected using clinically approved disinfectants (like 1% sodium hypochlorite solution) which have no significant side-effects on exposure through touch or smell. The areas to be disinfected are including but not limited to –
 1. Entrances (doorknobs, handles etc.) to premise, buildings, rooms
 2. All common areas which are used by trainees, staff and visitors
 3. Playing surfaces, various equipment at the field of play, operational areas for field of play which includes control panels for irrigation system, floodlights and adjacent areas
 4. Gyms and medical centres
 5. Washrooms and toilets
 6. All other surfaces which are touched by users after every single use
- ▶ The disinfection shall be performed by professional staff/agency and procedures will be set in place to ensure the same is performed at regular interval (minimum twice every week). Sample guidelines on disinfection is provided in **Annexure 3**.
- ▶ The schedule of disinfection activity must be intimated to all trainee and staff well in advance so that necessary training schedule is prepared based on the disinfection activity and the same should be appropriately displayed to bring to notice of visitors.

6. Guiding Principles for resumption of training



6.1. Implementation of necessary precautionary measures at the centres

6.1.1. Protocols and precautions for training

It is the **responsibility of National Sports Federations (NSFs) and organisations responsible for conducting training** to ensure complete adherence to protocols during training and to secure agreement from respective athletes that any training activity undertaken shall be in full compliance to the protocols mentioned hereunder. There shall be a Hygiene Officer from the NSF in case of National Coaching Camps to ensure compliance and implementation of all protective measures for athlete and staff safety. Any athlete found to be in violation of the protocols shall be removed from training and reported to Hygiene Officer for appropriate action. Hygiene Officer will report all violations to the respective NSF, who will in turn report to COVID Task Force with an endorsement to SAI Headquarter. In all other cases, Hygiene Officer may be from the centre where training is being undertaken, wherein he would undertake necessary measure to ensure adherence to protocols.

- ▶ Obligatory written confirmation of the infection-free condition and requisite fitness of players and staff shall be provided to COVID Task Force by NSF before allowing access to training facility
- ▶ Centre-in-charge shall maintain a daily checklist for each athlete indicating time spent at training facility, physiotherapy room, medical centre etc.
- ▶ The training facilities used by Olympic athletes and probable shall be earmarked exclusively for their use and shall not be accessible to other athletes.
- ▶ All personal training equipment belonging to an athlete shall be disinfected while

the athlete is inducted into the training centre.

- ▶ Athletes and staff shall be screened before being allowed access to common field-of-play/training facilities. RT-PCR test shall be conducted for new/returning athletes (especially athletes in Olympic camps) as per Government guidelines
- ▶ FOP equipment shall be handed over to the athletes and support staff only by the ground staff wearing adequate protective equipment like masks and gloves
- ▶ Athletes shall change before and after the training at their respective room. Use of low ventilated spaces and rooms that prevent social distancing, such as locker rooms and small dryland rooms shall be avoided.
- ▶ A coach or staff member should ask athletes, as they come into practice, if they feel ill in any way, specifically listing certain symptoms, and send home those athletes reporting illness or experiencing symptoms. Symptoms include mild to severe respiratory illness with fever, cough and difficulty breathing, or other symptoms.
- ▶ Athletes/coaches who begin to cough/sneeze for any reason, must move away from others until coughing/sneezing dissipates.
- ▶ As most injuries occur early in the season, deconditioned athletes shall not be rushed back to full practice, or competition.
- ▶ Residential athletes requiring usage of common shower areas shall ensure soaps, towels and any other utility is not shared. Athletes shall ensure social distancing is maintained even inside the toilets. Guidelines for cleaning toilets, social distancing norms and hygiene practices shall be displayed clearly inside every toilet.
- ▶ On-field training shall be conducted in small groups ensuring distance of minimum 2 metres is maintained at all times by trainees and staff
- ▶ Any training equipment used shall be disinfected before next usage by a different individual. Athletes shall only be allowed to use personal equipment including utilities like towels, water bottles etc.
- ▶ Hand-hygiene facilities shall be made available adjacent to field-of-play for use as and when necessary.
- ▶ Physical contact of any form shall be avoided as part of training routine, for example handshakes, high-fives, tackling, sparring etc.

- ▶ Training shall be planned in a manner which minimises the need of physiotherapy or recovery post training
- ▶ Use of swimming pool shall not be allowed during this period except in facilities designated for Olympic training. Separate guideline/SOP shall be published for allowing resumption of swimming. Opening of swimming pool is subject to guidelines of the government on this issue.
- ▶ All trainers and support staff shall also adhere to the precautionary measures mentioned in this SOP at all times without exception.
- ▶ Athletes shall also perform hand-hygiene before and after use of all training equipment
- ▶ Special precautions shall be taken for training engagement of para-athletes as per guidelines and instructions of qualified medical personnel. Para-athletes shall train in a designated centre.
- ▶ Athletes must remain inside the training facilities till the COVID-19 situation stabilizes
- ▶ No spectators shall be allowed within centre at any time. Only athletes and training staff shall be present at the venue.
- ▶ Primary focus shall be on creating a healthy environment with quality experience, progressive training and safety of all athletes and staff.
- ▶ Coaches may use downtime to ensure all safety skills are up-to-date, including complete sport safety, concussion training etc.
- ▶ Cases requiring urgent First-Aid intervention shall be handled by authorised medical personnel ensuring adherence to necessary precautionary measures for physical contact

6.1.2. Precautions for gymnasium/physiotherapy room(

- ▶ Gymnasium to be opened only if allowed by the government guidelines.
- ▶ Use of gym shall be avoided/ limited to inescapable requirement; and as far as possible exercise shall be allowed using personal equipment, which shall not be shared by any other trainee.
- ▶ If exercising in gym is deemed necessary, distancing norms of minimum 2 metres shall be adhered to at all times and it shall be ensured that no utility like towel, water bottle etc. is shared

- ▶ The use of gym shall be allowed in specific time slots, allowing sufficient time for disinfection between two slots, and the maximum number of people allowed to use the gym at a time shall be determined by the COVID Task Force of respective centre depending on available space.
- ▶ Use of the fitness equipment shall be permitted only while wearing gloves and face mask (guidelines for use of face masks included in **Annexure 4**) and under consequent use of disinfectants afterwards. Use of the fitness room shall be permitted only in small groups based on space available and adherence to social distancing norms.
- ▶ Spatial separation and sufficient distance between gym equipment shall be ensured at all times to ensure social distancing.
- ▶ Each gym equipment shall be disinfected after every single use. Additional staff shall be identified for proper disinfection of the gym equipment prior to continuous usage.
- ▶ Trainees shall be encouraged to undertake additional freehand exercises and practice yoga extensively during this period
- ▶ All physiotherapy/massage shall be avoided unless absolutely necessary. In case physiotherapy is deemed necessary, the following shall be exercised –
 - a. Athletes must take a proper shower before physiotherapy/massage
 - b. Athletes shall be treated individually in spacious, ventilated rooms. If necessary, additional rooms may be opened with disinfected examination couches.
 - c. Both the physiotherapist and the athlete shall sanitize hands prior to and after the therapy session using sanitizers placed within treatment room
 - d. Both physiotherapist and athlete shall wear facial masks during the treatment session
 - e. Physiotherapist shall use disposable gloves, discarding them after each therapy session
 - f. Physiotherapist shall avoid touching eyes, nose and mouth of the athlete
 - g. Athletes shall carry their own towel for the therapy session
 - h. All surfaces used during the course of each therapy session shall be disinfected before use for a different athlete
 - i. Medical equipment such as ultrasound/ shockwave/etc. shall be used economically and only after prior and subsequent disinfection.
 - j. Doors shall remain open as far as possible to avoid use of door handles
- ▶ Recovery areas including sauna, hydrotherapy etc. shall be made inaccessible during this period

- ▶ Services of a masseur/ masseuse may be utilised preferably only once high intensity training starts or wherever recovery is an issue. Additionally, services utilising recovery equipment/ massage table/ game ready shall be resumed only after proper disinfection.
- ▶ As an interim measure, a massage chair/ Lympha Press system may be used for recovery purposes by adopting due disinfection protocol.

6.1.3. Precautions at Medical Centre

- ▶ All Medical Room furniture in each room shall be sterilised at regular intervals.
- ▶ Patients entry door into the building complex shall have a wall installed hand sanitizer which must be used by every patient before entry.
- ▶ Medical facilities at the centre must be upgraded (including modern COVID diagnosis devices) to ensure all provisions are made for protection from and treatment of COVID-19 infection. Sufficient staff shall also be provisioned to handle such treatment.
- ▶ All athletes and staff shall resort to tele-consultation as much as possible and not visit the medical centre unless it is a case of emergency.
- ▶ Any trainee/staff treated in the medical centre shall be treated in accordance to local/national protocols for treatment of infectious diseases.
- ▶ All coaches shall keep a track of athletes with cough and fever and shall refer them to medical centre for follow-up diagnosis/ treatment.
- ▶ A competent authority of facility management and mess staff shall also track staff members with cough and fever and shall refer them to medical centre for follow-up diagnosis/ treatment. All staff members coming from outside shall be quarantined till negative test results are obtained before resuming duty.
- ▶ Entry shall be regulated, and marks shall be made outside the medical centre for maintaining social distancing by designating standing/waiting points.
- ▶ Screening of all patients shall be done at the entrance at separate tables placed in the waiting area.
- ▶ General medical check-up shall be conducted every weekend for all athletes and support staff including mess and horticulture staff, groundsmen, security, para-medical staff etc. till situation stabilises. Medical register shall be maintained and checked regularly to track all personnel who may be susceptible

to virus by virtue of respiratory illness or other relevant ailments.

- ▶ Minimum distancing criteria shall also be followed within the medical centre between patients
- ▶ All medical staff including Doctors, Nurses, Medical attendants, shall be advised to wear all necessary PPE while handling a suspected COVID-19 case.
- ▶ Adequate number of protective equipment and hand sanitisers should be available at the medical centre
- ▶ Protocols shall be put in place for disposal of bio-medical waste generated during treatment/ diagnosis/ quarantine of COVID-19 patients/suspected patients as per guidelines issued by Central Pollution Control Board (included in **Annexure 5**)
- ▶ Medical centre shall be operated in close coordination with local hospitals and treatment centres equipped with COVID19 testing and treatment. All concerned cases shall be dealt with as per guidance of these centres.
- ▶ Referrals to hospitals for non-COVID cases shall be avoided unless it is an emergency.
- ▶ Ambulance, wherever available, shall be disinfected and all necessary hygiene measures shall be followed for use of ambulance.
- ▶ Medical centre shall maintain close coordination with COVID Task Force and have direct access to COVID19 Helpline. Medical centre shall furnish information of individuals reporting fever or illness to the COVID Task Force who will ensure follow-up diagnosis/ treatment of such individuals after 14 days.

6.1.4. Security procedures at entry gate

- ▶ ONLY ONE access point will be open for entry and exit to and from the centre respectively. The utilisation of facilities by outside athletes shall be prohibited till relaxations are announced by Government based on local conditions.
- ▶ Compulsory screening will be performed of all persons visiting the centres. The security personnel manning the entry gate at each shift shall be trained to perform the thermal tests and conduct screening based on any obvious symptoms.
- ▶ Provision of wash basin with soap solution or alcohol-based hand sanitiser shall be made at the entry point and all visitors shall wash their hands before entering the premise.

- ▶ Any person exhibiting any symptom attributed to COVID-19 will be immediately prevented from entering the centre.
- ▶ All visitors or vehicles must have valid authorization issued by competent authority to enter the premise.
- ▶ Any parcel/courier shall be collected from building entry gate by the addressee.
- ▶ Any person entering the premise must be wearing a mask covering their nose and mouth.

6.1.5. Sanitization at centre

- ▶ Staff managing/ servicing the centre shall be residential
- ▶ Hand sanitizers shall be made available at the entrance and a notice shall be displayed with guidelines on proper sanitization process
- ▶ Sanitizers shall be placed at entry points of rooms of officials, FOP, gymnasium, medical centre, dining hall/mess and other strategic points throughout the centre.
- ▶ Every person within the centre shall sanitize their hands regularly as per guidelines displayed on illustrative notices throughout the centre.
- ▶ Wherever possible, windows shall be kept open and operation of A/C avoided. If used, A/C shall be operated between 24-30 degree centigrade with humidity levels maintained between 40-70%⁴.
- ▶ Handshakes and other forms of greetings which need physical contact shall be avoided
- ▶ Meetings with trainee groups shall be avoided as far as possible
- ▶ For all discussions, which demand physical presence, trainees and staff shall strictly adhere to the social distancing norm of minimum 2 metres between each individual.
- ▶ All packed supplies delivered at centre shall be placed in an open area for a period of 24hrs (cardboard packing) or 72 hours (plastic packing) before usage. Unwrapped items like fruits or vegetables shall be washed under running water

⁴ Indian Society of Heating Refrigerating and Air Conditioner Engineers (ISHRAE).

immediately after being delivered at centre. Fruits and vegetables may be soaked in diluted vinegar, salt or lemon water for few hours and left to dry prior to consumption

- ▶ Centres may refer to nutritionists and local Government advisories on procurement and serving of certain food types, e.g. non-vegetarian food, and accordingly the same may be provided to athletes.
- ▶ Waste disposal staff shall ensure they are wearing face masks and disposable gloves at all times while handling trash bags or bins. Clothes worn during waste disposal shall be changed and cleaned after handling waste. Staff shall avoid direct contact with drivers and collectors and shall perform hand-hygiene after handling waste. In addition, all other Government guidelines pertaining to waste disposal shall be strictly adhered to.
- ▶ Any manual sorting of mixed waste, if practiced, shall be immediately stopped.

6.1.6. Sanitization and precautions at common places/utilities

- ▶ Sanitizers shall be placed at entry point of all common areas and facilities
- ▶ All doors/windows shall be kept open at all times during office hours to avoid operation of A/C and provide natural ventilation. If used, A/C shall be operated between 24-30 degree centigrade with humidity levels maintained between 40-70%
- ▶ All surfaces, which can potentially be touched by multiple individuals shall be cleaned and sanitized at regular intervals during the day by residential facility management staff.
- ▶ Special attention shall be given to surfaces in wash rooms/toilets/showers by periodical cleaning, swabbing and disinfecting. Adequate paper towels shall be provisioned at toilets to avoid use of hand dryers. Guidelines for cleaning toilets, social distancing norms and hygiene practices shall be displayed clearly inside every toilet.
- ▶ Mandatory minimum 2 metres distance between tables and between individuals in serving area shall be maintained in canteen or mess. Distancing norms shall be followed in kitchen as well.
- ▶ Socialising and group meals shall be avoided. Use of recreation area shall be avoided as far as possible and all surfaces and equipment in recreation area shall be disinfected at regular intervals.
- ▶ Cooking of common item by multiple individuals shall be avoided. The food

handlers shall be allowed to prepare and handle food with bare hands only upon practicing proper hand washing procedures. If gloves are used, the gloves shall be changed frequently and hands shall be washed whenever gloves are removed.

- ▶ Gloves, mask and apron shall be worn while serving and gloves shall be changed frequently. Separate pair of footwear shall be used in the dining area.
- ▶ Food handlers shall be quarantined as per norms upon returning to centre, and shall remain at the centre for a duration of 1 to 2 months after quarantine, working on a rotational roster
- ▶ Air filters shall be installed in common areas

6.1.7. Precautions for residential trainee and staff

- ▶ Training centres shall ensure that all athletes are accommodated in single rooms. For larger rooms/dormitories, not more than 25% of the capacity shall be utilised and social distancing shall be adhered to.
- ▶ The linen/bed sheets shall be changed at frequent intervals
- ▶ Each room shall be provided a hygiene kit including masks, gloves, hand sanitizer, soap and tissues
- ▶ The use of toilet shall be allowed in a manner which ensures social distancing in the toilet area as well. Guidelines for cleaning toilets, social distancing norms and hygiene practices shall be displayed clearly inside every toilet.
- ▶ Rooms shall be cleaned by boarders themselves and each individual shall do their own laundry
- ▶ Workout shoes should be kept separately, washed properly and dried under sunlight to keep it germ free. There shall be separate pair of shoes or Slippers for use outside the room and any footwear used for walking outside the room should be kept outside the room. Shoes or slippers must get cleaned properly and dried under sunlight.
- ▶ Windows of rooms should be kept open as much as possible to ensure ventilation
- ▶ Athletes are encouraged to avoid visiting places other than training facility and hostel within the campus. Athletes visiting a shop within the campus shall wear face mask and gloves and make payments digitally. Unnecessary movement of staff outside campus shall be avoided.

- ▶ Athletes shall avoid meeting their parents/ relatives/ friends visiting from outside the campus.
- ▶ No office staff or the family of the office staff residing within the campus shall come in close contact with the training athletes except with the prior permission of Centre-in-charge. A circular may be issued at Regional Centre level in this regard to all the staff
- ▶ Quarantine facilities for existing and new/returning athletes and staff shall be provisioned in a separate building to the hostel building. These quarantine rooms shall be well ventilated, with an attached washroom. Quarantine rooms shall be serviced by a separate pool of staff. The quarantine facilities shall adhere to all other recommendations mentioned in the Ministry of Health and Family Welfare (MoHFW) guidelines -
<https://www.mohfw.gov.in/pdf/90542653311584546120quartineguidelines.pdf>

6.1.8. Additional Protective measures

- ▶ Provision of sufficient masks and gloves for all trainees and staff shall be made by the centre as per MoHFW guidance. Masks provided to athletes may be marked with their names to avoid interchanging of masks.
- ▶ All trainee and staff within the premises shall be wearing mask covering nose and mouth at all time while present in common areas.
- ▶ All those involved in cleaning and sanitation activities shall make use of adequate protective equipment as provisioned at the centre
- ▶ Provision of adequate tissues and placement of no-touch (foot operated) disposal receptacles at strategic points shall be made. All waste bins inside the centres shall be lined with black trash bags which shall be changed daily.
- ▶ Provision shall be made for adequate liquid soap and water in the workplace. If hands are visibly dirty, soap and water should be chosen over hand sanitizer.
- ▶ Regular thermal screening shall be performed for all trainees and staff

6.2. Athlete Education

- ▶ Prior to resuming sports activities at the centres, each athlete shall be educated on COVID precautionary measures, which are to be implemented at the facility and during activities. Prior to commencement of activities, coaching staff shall

reemphasise proper hygiene and health safety practices to all athletes as part of daily briefing.

- ▶ Athletes shall be trained in disinfection practices to allow them to disinfect their own rooms and prevent contamination
- ▶ Non-residential athletes and residential athletes returning to the centre shall be educated on the existing precautionary measures regarding usage of common facilities within the centre.
- ▶ Provision shall be made for education material for athletes and other personnel to promote required behaviours (e.g. regular and thorough hand-washing, covering mouth and nose with a tissue or sleeve during coughing/sneezing). Some topics on which resources (preferably published by WHO) shall be made available are -
 - a. Good hygiene for coronavirus (COVID-19)
 - b. Hand washing guidance (**Annexure 6**)
 - c. Covering of coughs and sneezes (use and disposal of tissues)
 - d. Self-isolation (self-quarantine) for coronavirus (COVID-19)
 - e. Advice for people at risk of coronavirus (COVID-19)
- ▶ Posters illustrating hygiene best practices and anti-COVID precautionary measures shall be displayed at clearly visible spots throughout the centre.
- ▶ High performance/professional athletes and other personnel shall be educated on hygiene practices and required behaviours relevant to their sport and environment. Some mandatory precautionary practices include -
 - a. No sharing of drink bottles and towels.
 - b. No sharing of mats, or equipment without an appropriate cleaning protocol, in between training sessions
 - c. No physical contact in the form of handshakes, hugs, high-fives etc.
- ▶ Use of *Aarogya Setu* app shall be made mandatory and the athletes shall be trained on effective usage of the app
- ▶ Resources published by Ministry of Health & Family Welfare may be found on the following link - <https://www.mohfw.gov.in/>
- ▶ Resources published by WHO on everyday preventive measures may also be referred to through the following link –
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public?gclid=EAlaIqobChMllo6fucyj6QIVySMrCh222wpTEAAYASACEqJG_PD_BwE

6.3. Categorization of sports and precautions for each category

A general categorization of sports depending on the nature of training and competition requirements has been made and baseline precautions have been assigned to each category⁵. The individuals in charge of respective facilities, while resuming activities under any category, should take into account the local conditions and their preparedness. These precautions shall be adhered to at all times without exception. The following table enlists general precautions to be followed for all groups of athletes.

CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D
Non-contact sports	Minimal/Medium contact sports	Full contact sports	Water sports
Description			
Individual sports with no requirement for physical contact during training or competition and minimal requirement for sharing of equipment	Mostly team sports which require some level of physical contact during training or competition and where equipment is usually shared	Individual sports (all combat sports) which require mandatory physical contact during training or competition	Individual or team sport which require presence in water body, albeit without swimming activity
Examples			
Archery, Shooting, Cycling, Fencing, Athletics, etc.	Football, Hockey, Volleyball, Basketball, Handball etc. Indirect contact – Weightlifting, Lawn Tennis, Badminton, Table Tennis etc.	Boxing, Judo, Wushu, Karate, Taekwondo, Wrestling etc.	Canoeing, Sailing, Rowing, etc. No swimming shall be permitted
Precautions for training activity			
▶ Full array of training activities may be performed as individual or pair maintaining – i. distancing norms of minimum 2 metres between athletes and staff ii. exiting facility as soon as training is concluded	▶ Training activities may be performed in small groups (maximum 8-10) maintaining distancing norms of minimum 2 metres between athletes and staff and ensuring aspects of training which require physical contact are avoided like tackling, body-	▶ Selective training activities may be performed by athletes individually without engaging in physical combat with other athletes and utilizing alternative practice equipment like punching/kicking bags, slam balls, choke dummies etc. - ▶ Distancing norms of minimum 2 metres	▶ Full array of training activities may be performed as individual or pair maintaining – i. distancing norms of minimum 2 metres between athletes and staff ii. exiting facility as soon as training is concluded

⁵ Resumption of Sport in India – COVID-19 Scenario, Indian Olympic Association (IOA)

CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D
Non-contact sports	Minimal/Medium contact sports	Full contact sports	Water sports
	<p>blocking etc.</p> <ul style="list-style-type: none"> ▶ The pitch shall be divided into three/ four areas, with a maximum of three players in each space who will train and stick to their partnerships should a player test positive for coronavirus. ▶ Chief Coach and an assistant coach shall oversee proceedings from the safe distance/ video tower, with the pair the only staff allowed to pick up balls and cones, which would then be disinfected. ▶ Training shall be in small groups, players maintaining social distancing from each other during exercises and sessions not exceeding one hour per day. However, “drastic measures” shall be taken to avoid contact with no competitive games being played. ▶ Athletes shall exit facility immediately after training 	<p>between athletes and staff shall be maintained</p> <ul style="list-style-type: none"> ▶ Athletes shall exit facility as soon as training is concluded 	
Precaution for equipment usage			

CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D
Non-contact sports	Minimal/Medium contact sports	Full contact sports	Water sports
<ul style="list-style-type: none"> ▶ Personal equipment such as bow, gun, sword, javelin, discuss, rackets etc. shall be used without sharing. ▶ In the dire need of sharing any of such personally used equipment; equipment shall be properly disinfected after every single use as per the standard procedure using disinfectant, wearing face masks, gloves and personal precautionary equipment etc. ▶ Sports specific safety equipment such as a helmet, eye protectors, face protectors etc. shall not be shared. ▶ Shared Training equipment such as arrows, targets, Olympic bar/ weights etc. must be disinfected after every single use. ▶ Additional staff shall be appointed for proper disinfection of the equipment prior to continuous usage. ▶ Equipment which 	<ul style="list-style-type: none"> ▶ Personal equipment such as hockey stick, gloves, face masks, mouth guard, helmet, shin guards, wrist band, head band, shoes etc. shall be used without sharing. ▶ All such equipment shall be properly disinfected after every single use as per the standard procedure using disinfectant, wearing face masks, gloves and personal precautionary equipment etc. ▶ Additional staff shall be appointed for proper disinfection of the equipment prior to continuous usage. ▶ Equipment which is bound to be shared and utilised continuously during a training such as balls must be used carefully without using such equipment to rub/ touch face, remove sweat, cover mouth while hyperventilating etc. ▶ Consistent hand sanitization is a must before, during and after every training session. 	<ul style="list-style-type: none"> ▶ Personal equipment such as gloves, face masks, mouth guard, helmet, wrist band, head band, training uniform, shoes etc. shall be used without sharing. ▶ All such equipment shall be properly disinfected after every single use as per the standard procedure using disinfectant, wearing face masks, gloves and personal precautionary equipment etc. ▶ Additional staff shall be appointed for proper disinfection of the equipment prior to continuous usage. ▶ Equipment which is bound to be shared and utilised continuously during a training such as punching/ kicking bags, slam balls, skipping ropes etc. must be used carefully without using such equipment to rub/ touch face, remove sweat, cover mouth while hyperventilating etc. ▶ Consistent hand sanitization is a must before, during and after every training 	<ul style="list-style-type: none"> ▶ Personal equipment such as hats, swimsuits, training uniforms, swimming goggles. shall be used without sharing. ▶ All such equipment shall be properly disinfected after every single use as per the standard procedure using disinfectant, wearing face masks, gloves and personal precautionary equipment etc. ▶ Additional staff shall be appointed for proper disinfection of the equipment prior to continuous usage. ▶ Equipment which is bound to be shared and utilised continuously during a training such as paddles, oars etc. must be used carefully without using such equipment to rub/ touch face, remove sweat, cover mouth while hyperventilating etc. ▶ Consistent hand sanitization is a must before, during and after every training session.

CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D
Non-contact sports	Minimal/Medium contact sports	Full contact sports	Water sports
<p>is bound to be shared and utilised continuously during a training such as balls, shuttlecocks must be used carefully without using such equipment to rub/ touch face, remove sweat, cover mouth while hyperventilating etc.</p> <p>► Consistent hand sanitization is a must before, during and after every training session.</p>		<p>session.</p>	

6.4. Continuous monitoring and management of protocols

To ensure smooth functioning/ structuring of the sports activities and to achieve desired results after resumption of activities, a proper monitoring process shall be put in place to ensure adherence to SOP and any early detection of illness within the athlete group.

6.4.1. Monitoring of athletes/ support staff/ management staff –

- ▶ A checklist may be prepared and a system of obtaining daily report from various stakeholders may be put in place by COVID Task Force.
- ▶ All athletes and support staff, including the ground staff and management staff shall be consistently apprised regarding early reporting of any suspected COVID-19 symptoms. Monitoring process shall include -
 - a. Submission of a weekly assessment/testing report by medical personnel and physiotherapist to the Doctor-in-charge at the respective training centre.
 - b. Assessment of symptom check, resting heart-rate and temperature. Further addition of a checklist of respiratory symptoms, with follow up of reported symptoms, shall be considered.

6.4.2. Managing a suspected COVID-19 case

- ▶ Training centre shall refer to local State/Territory guidelines on the assessment process for a possible case.
- ▶ A doctor must make decisions about investigations, treatment, and management.
- ▶ Unwell athletes/other personnel must always call ahead before attending for assessment.
- ▶ All athletes/ other personnel must be made aware not to attend sports activities if they are unwell with any of the following symptoms, even if only mild:
 - a. Cough
 - b. Sore throat
 - c. Fever (e.g. night sweats or chills)
 - d. Shortness of breath
- ▶ Any athlete with a possible respiratory tract infection should refrain from sports activities (even at home) until a doctor, given the potential for worsening illness, has cleared them to do so.

- ▶ If an individual is being tested for COVID-19:
 - a. They must immediately self-isolate and discontinue sports activities until COVID-19 has been excluded and they have been medically cleared by a doctor to return to the sports activities
 - b. Any such diagnosis and treatment shall be performed outside the campus premises
 - c. Isolation of close contacts will be a decision for medical staff, based on case specific details

- ▶ Definition of close contacts:
 - a. Face-to-face contact in any setting with a confirmed or probable case, for greater than 15 minutes cumulative over the course of a week, in the period extending from 48 hours before onset of symptoms in the confirmed or probable case, or
 - b. Sharing of a closed space with a confirmed or probable case for a prolonged period (e.g. more than 2 hours) in the period extending from 48 hours before onset of symptoms in the confirmed or probable case
 - c. Contact is considered to have occurred within the period extending 48 hours before onset of symptoms in the patient, until the patient is classified as no longer infectious by the treating team (usually 24 hours after the resolution of symptoms)

6.4.3. Managing a confirmed COVID-19 case

- ▶ COVID-19 is a notifiable disease and Local public health authorities must be immediately informed and steps taken as per instructions of the health authorities.

- ▶ Training facilities including medical centre may be closed on the instruction of the local Public Health Authority.

- ▶ Re-opening of the training facility should only occur after close consultation with the local Public Health Authority.

References –

The SOP has been created through extensive research of available public domain information and expert consultation. A concerted effort has been made to ensure all measures and protocols mentioned in the SOP are derived from credible sources.

The following is a list of references used for creating the SOP –

1. Guidelines for Quarantine Facilities, MoHFW
2. Ministry of Home Affairs (MHA) Order No. 40-3/2020-DM-I (A) dated 1st May, 2020
3. Study on Resumption of Sport in India – COVID-19 Scenario, IOA
4. AIIMS booklet on COVID-19
5. Getting your workplace ready for COVID-19, World Health Organisation
6. Standard Operating Procedure for Work Resumption after Lock down, BHEL
7. The Australian Institute of Sport (AIS) Framework for Rebooting Sport in a COVID-19 Environment, May 2020
8. Guidance for providers of outdoor facilities on the phased return of sport and recreation in England, UK Sport

Key Do's and Don'ts for stakeholders

1. Athletes

S.No.	Do's	Don'ts
1	Educate oneself of precautionary measures	Share any personal equipment or utility like water bottle, towel etc.
2	Change at respective rooms before and after training	Engage in any form of physical contact like hand shake, high-five, hugs etc.
3	Practice hand hygiene at regular intervals	Socialise before or after training with other athletes/ staff
4	Maintain distance of minimum 2 metres from other individuals at all times and at all places	Touch face or mouth while handling shared sports equipment
5	Shower before physiotherapy/ massage	
6	Immediately inform medical personnel if experiencing any illness and avoid training	
7	Use face masks at all times except during training	
8	Exit training facility as soon as training ends	
9	Use <i>Aarogya Setu</i> app	

2. Coaches and support staff

S.No.	Do's	Don'ts
1	Educate oneself of precautionary measures	Allow physical contact of any form during training
2	Practice hand hygiene at regular intervals	Socialise before or after training with athletes/ other staff
3	Maintain distance of minimum 2 metres between athletes and other staff at all times and at all places	
4	Ensure disinfection of equipment shared by athletes before and after every use	
5	Immediately inform medical personnel if experiencing any illness and avoid training	
6	Use face masks while near athletes/ other staff at any common area	
7	Use <i>Aarogya Setu</i> app	
8	Ask athletes if they are feeling ill before each training session and	

S.No.	Do's	Don'ts
	report all cases	

3. Physiotherapist

S.No.	Do's	Don'ts
1	Educate oneself of precautionary measures	Touch eye, nose or mouth of athlete
2	Sanitize hands prior to treatment	Allow more than one athlete to be in room during treatment
3	Wear facial masks during treatment	Allow congregation of athletes in the physiotherapy room
4	Use disposable gloves for treatment	
5	Disinfect every surface used during treatment after session	
6	Use <i>Aarogya Setu</i> app	

4. Medical personnel

S.No.	Do's	Don'ts
1	Sterilise medical room furniture at regular intervals	Allow congregation of athletes in the medical centre
2	Perform weekly check-up of all athletes and staff	
3	Provide weekly report to doctor-in-charge	
4	Screen all patients entering medical centre	
5	Train security staff on thermal testing	
6	Ensure social distancing is practiced in the waiting area	
7	Wear necessary PPE gear while handling suspected COVID-19 cases	
8	Use <i>Aarogya Setu</i> app	

5. Administrative and facility management staff

S.No.	Do's	Don'ts
1	Educate oneself of precautionary measures	Socialise in common areas
2	Practice hand hygiene at regular intervals	Engage in physical contact of any form
3	Wear masks while around athlete/ other staff in common areas	Conduct group meetings
4	Maintain social distancing at all times within centre	Call athletes into any office without prior approval of Task Force

S.No.	Do's	Don'ts
5	Ensure disinfection of common areas, rooms, toilets at regular intervals	
6	Ensure availability of hand sanitizers at strategic locations to provide easy access	
7	Display posters in common areas highlighting the Do's and Don'ts	
8	Provision protective equipment (masks and gloves) for athletes and staff as per MoHFW guidelines	
9	Use <i>Aarogya Setu</i> app	

Annexure 1

Athlete Consent Form for resumption of training

Training Consent Form

Name - _____

D.o.B - _____ Gender - _____

Centre - _____ Sport - _____

City - _____ State - _____

- I hereby acknowledge the risks associated with resuming training at the centre under the present COVID-19 pandemic situation.
- I hereby acknowledge that the risks involved, necessary precautions and protocols for resumption of training have been duly informed to me by _____ (name of NSF) and the centre.
- I hereby acknowledge the centre cannot guarantee the complete elimination of risks posed by COVID-19 through the implementation of the precautions and protocols identified by the centre
- I hereby declare that I am willing to resume training at the centre on my own consent without the influence of any other party and I shall adhere to suggested safety precautions and protocols at the centre

(Signature of athlete)

(Signature of Chief Coach)

(Name of athlete)

(Name of Chief Coach)

Annexure 2

NSF undertaking for resumption of training

Declaration

Name of NSF- _____

- We hereby acknowledge the risks associated with resuming training at the centre under the present COVID-19 pandemic situation.
- We hereby declare that we have studied the Standard Operating Procedure (SOP) in detail and assume the responsibilities allocated to us within the SOP
- We hereby declare that we shall adhere to the protocols and precautionary measures prescribed in the SOP and various Government orders issued from time to time in the context of COVID-19 prevention prior to and after resumption of training

(Authorised Signatory from NSF)

(Name of Authorised Signatory)

(Designation of Authorised Signatory)

Annexure 3

Guidelines on disinfection of common public places⁶

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 and disinfected 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.
- ▶ 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

⁶ MoHFW website

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"> ▶ Inside of toilet pot/commode - Scrub with the recommended agents and the long handle angular brush. ▶ Outside - clean with recommended agents; use a scrubber.
Lid/ commode	Nylon scrubber and soap powder/detergent 1% Sodium Hypochlorite	<ul style="list-style-type: none"> ▶ Wet and scrub with soap powder and the nylon scrubber inside and outside. ▶ Wipe with 1% Sodium Hypochlorite
Toilet floor	Soap powder /detergent and scrubbing brush/ nylon broom 1% Sodium Hypochlorite	<ul style="list-style-type: none"> ▶ Scrub floor with soap powder and the scrubbing brush ▶ Wash with water ▶ Use sodium hypochlorite 1% dilution
Sink	Soap powder / detergent and nylon scrubber 1% Sodium Hypochlorite	<ul style="list-style-type: none"> ▶ Scrub with the nylon scrubber. ▶ Wipe with 1% sodium hypochlorite
Showers area / Taps and fittings	Warm water Detergent powder Nylon Scrubber 1% Sodium Hypochlorite/ 70%	<ul style="list-style-type: none"> ▶ Thoroughly scrub the floors/tiles with warm water and detergent

Areas	Agents / Toilet cleaner	Procedure
	alcohol	<ul style="list-style-type: none"> ▶ Wipe over taps and fittings with a damp cloth and detergent. ▶ Care should be taken to clean the underside of taps and fittings. ▶ Wipe with 1% sodium hypochlorite/ 70% alcohol
Soap dispensers	Detergent and water	<ul style="list-style-type: none"> ▶ Should be cleaned daily with detergent and water and dried.

- ▶ 70% Alcohol can be used to wipe down surfaces where the use of bleach is not suitable, e.g. metal. (Chloroxyleneol (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.
 - a. 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.
 - b. 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.
 - c. Disinfect all cleaning equipment after use and before using in other area
 - d. 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.

- a. Wear disposable rubber boots, gloves (heavy duty), and a triple layer mask
- b. Gloves should be removed and discarded damaged, and a new pair worn.
- c. All disposable PPE should be removed and discarded after cleaning activities are completed.
- d. 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.

Annexure 4

Guidelines for use of mask

HOW TO WEAR A MEDICAL MASK SAFELY

who.int/epi-win

Do's →



Wash your hands before touching the mask



Inspect the mask for tears or holes



Find the top side, where the metal piece or stiff edge is



Ensure the colored-side faces outwards



Place the metal piece or stiff edge over your nose



Cover your mouth, nose, and chin



Adjust the mask to your face without leaving gaps on the sides



Avoid touching the mask



Remove the mask from behind the ears or head



Keep the mask away from you and surfaces while removing it



Discard the mask immediately after use preferably into a closed bin



Wash your hands after discarding the mask

Don'ts →



Do not Use a ripped or damp mask



Do not wear the mask only over mouth or nose



Do not wear a loose mask



Do not touch the front of the mask



Do not remove the mask to talk to someone or do other things that would require touching the mask



Do not leave your used mask within the reach of others



Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.




Annexure 5

Guidelines for handling bio-medical waste

**Guidelines for Handling, Treatment, and Disposal of Waste Generated during
Treatment/Diagnosis/ Quarantine of COVID-19 Patients**

March, 2020



Central Pollution Control Board
(Ministry of Environment, Forest & Climate Change)
Parivesh Bhawan, East Arjun Nagar
Delhi – 110032

Guidelines for Handling, Treatment, and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients

In order to deal with COVID-19 pandemic, State and Central Governments have initiated various steps, which include setting up of quarantine centers/camps, Isolation wards, sample collection centers and laboratories.

Following specific guidelines for management of waste generated during diagnostics and treatment of COVID-19 suspected / confirmed patients, are required to be followed by all the stakeholders including isolation wards, quarantine centers, sample collection centers, laboratories, ULBs and common biomedical waste treatment and disposal facilities, in addition to existing practices under BMW Management Rules, 2016.

These guidelines are based on current knowledge on COVID-19 and existing practices in management of infectious waste generated in hospitals while treating viral and other contagious diseases like HIV, H1N1, etc. These guidelines will be updated if need arises.

Guidelines brought out by WHO, MoH&FW, ICMR and other concerned agencies from time to time may also be referred.

Guidelines for handling, treatment and disposal of COVID-19 waste at Healthcare Facilities, Quarantine Camps/Home-care, Sample Collection Centers, Laboratories, SPCBs/PCCs, ULBs and CBWTFs :

(a) COVID-19 Isolation wards:

Healthcare Facilities having isolation wards for COVID-19 patients need to follow these steps to ensure safe handling and disposal of biomedical waste generated during treatment;

- Keep separate color coded bins/bags/containers in wards and maintain proper segregation of waste as per BMWM Rules, 2016 as amended and CPCB guidelines for implementation of BMW Management Rules.
- As precaution double layered bags (using 2 bags) should be used for collection of waste from COVID-19 isolation wards so as to ensure adequate strength and no-leaks;
- Collect and store biomedical waste separately prior to handing over the same CBWTF. Use a dedicated collection bin labelled as "COVID-19" to store COVID-19 waste and keep separately in temporary storage room prior to handing over to authorized staff of CBWTF. Biomedical waste collected in such isolation wards can also be lifted directly from ward into CBWTF collection van.
- In addition to mandatory labelling, bags/containers used for collecting biomedical waste from COVID-19 wards, should be labelled as "COVID-19 Waste". This marking would enable CBWTFs to identify the waste easily for priority treatment and disposal immediately upon the receipt.
- General waste not having contamination should be disposed as solid waste as per SWM Rules, 2016;
- Maintain separate record of waste generated from COVID-19 isolation wards


18/3

Guidelines for Handling, Treatment, and Disposal of Waste Generated during Treatment/Diagnosis/ Quarantine of COVID-19 Patients

- Use dedicated trolleys and collection bins in COVID-19 isolation wards. A label "COVID-19 Waste" to be pasted on these items also.
- The (inner and outer) surface of containers/bins/trolleys used for storage of COVID-19 waste should be disinfected with 1% sodium hypochlorite solution.
- Report opening or operation of COVID-19 ward to SPCBs
- Depute dedicated sanitation workers separately for BMW and general solid waste so that waste can be collected and transferred timely to temporary waste storage area.

(b) Sample Collection Centers and Laboratories for COVID-19 suspected patients

Report opening or operation of COVID-19 sample collection centers and laboratories to concerned SPCB. Guidelines given at section (a) for isolation wards should be applied suitably in in case of test centers and laboratories also.

(c) Quarantine Camps/Home Care for COVID-19 suspected patients

Less quantity of biomedical waste is expected from quarantine centers. However, quarantine camps/centers/home-care for suspected COVID-19 cases need to follow these steps to ensure safe handling and disposal of waste;

- Treat the routine waste generated from quarantine centers or camps as general solid waste and the same need to be disposed as per SWM Rules, 2016. However, biomedical waste if any generated from quarantine centers/camps should be collected separately in yellow coloured bags and bins.
- Quarantine camps/centers shall inform CBWTF operator as and when the waste is generated so that waste can be collected for treatment and disposal at CBWTFs.
- In case of home-care for suspected patients, biomedical waste should be collected separately in yellow bags and the same shall be handed over to authorized waste collectors engaged by local bodies. ULB should engage CBWTFs to pick-up such waste either directly from such quarantined houses or from identified collection points.

(d) Duties of Common Biomedical Waste Treatment Facility (CBWTF):

- Report to SPCBs/PCCs about receiving of waste from COVID-19 isolation wards / Quarantine Camps / Quarantined homes / COVID-19 Testing Centers;
- Operator of CBWTF shall ensure regular sanitization of workers involved in handling and collection of biomedical waste;
- Workers shall be provided with adequate PPEs including three layer masks, splash proof aprons/gowns, nitrile gloves, gum boots and safety goggles;
- Use dedicated vehicle to collect COVID-19 ward waste. It is not necessary to place separate label on such vehicles;
- Vehicle should be sanitized with sodium hypochlorite or any appropriate chemical disinfectant after every trip.

1.4/3

**Guidelines for Handling, Treatment, and Disposal of Waste Generated during
Treatment/Diagnosis/ Quarantine of COVID-19 Patients**

- COVID-19 waste should be disposed-off immediately upon receipt at facility.
- In case it is required to treat and dispose more quantity of biomedical waste generated from COVID-19 treatment, CBWTF may operate their facilities for extra hours, by giving information to SPCBs/PCCs.
- Operator of CBWTF shall maintain separate record for collection, treatment and disposal of COVID-19 waste.
- Do not allow any worker showing symptoms of illness to work at the facility. May provide adequate leave to such workers and by protecting their salary.

(e) Duties of SPCBs/PCCs

- Shall maintain records of COVID-19 treatment wards / quarantine centers / quarantines homes in respective States.
- Ensure proper collection and disposal of biomedical waste as per BMW Rules, 2016 and SoPS given in this guidance document;
- Allow CBWTFs to operate for extra hours as per requirement;
- May not insist on authorisation of quarantine camps as such facilities does not qualify as health facilities. However, may allow CBWTFs to collect biomedical waste as and when required;



Annexure 6

Steps of Hand Hygiene

Hand-washing technique with soap and water

- 

1 Wet hands with water
- 

2 Apply enough soap to cover all hand surfaces
- 

3 Rub hands palm to palm
- 

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

5 Rub palm to palm with fingers interlaced
- 

6 Rub with back of fingers to opposing palms with fingers interlocked
- 

7 Rub each thumb clasped in opposite hand using a rotational movement
- 

8 Rub tips of fingers in opposite palm in a circular motion
- 

9 Rub each wrist with opposite hand
- 

10 Rinse hands with water
- 

11 Use elbow to turn off tap
- 

12 Dry thoroughly with a single-use towel
- 

13 Hand washing should take 15-30 seconds