



**Report of the Expert Committee**  
**On**  
**Phased Exit Strategy After 21-days Lock Down**

**Submitted to**  
**The Government of Karnataka**

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The expert group constituted by the Government of Karnataka comprising of the following members had several brainstorming sessions and created the strategy with input from other external experts, especially from senior faculty and researchers from IIM Bangalore.

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## Preamble:

Phase-wise lifting of lock down is essential to prevent public frustration, instil confidence, provide livelihood to many and consolidate the gains made so far.

Reassure the public about increasing number of CoVid patients in India, as most of these patients got infected before the 21 days lock down.

Of course, we are likely to see rapidly increasing numbers for the next few days followed by a plateau and rapid decline due to the effect of lock down.

Thanks to the bold action of our Prime minister declaring 21 days lockdown at a very stage of CoVid 19 pandemic, we believe it might bring down the mortality by at least 50%.

In order to capitalise on this lead, India needs to follow up with some smart and some unconventional strategies as soon as the lock down gets lifted.

**We believe that the government should plan phased exit at 2 weekly intervals. COVid 19 is a three-month old disease and there is no precedence or standards to follow.**

**No one can predict the ground realities at the end of 2 weeks, so let's design the action plan for 2 weeks from 15<sup>th</sup> April to 30<sup>th</sup> April, 2020.**

**Also declaring lockdown of a specific industry for long period of time will result in layoffs compounding the economic problems.**

We just need to send a message to everyone that life is not going to be normal for at least 6 months.

**We believe there is no medical reason to extend the lock down beyond 21 days.**

Our country of 1.3 billion people with limited social security, just 6% employed by organised sector simply can't sustain prolonged lock down to prevent massive societal and economic disruption.

**We should keep the option of extended lockdown as an ammunition in case of a tsunami of patients hitting the nation in the future, which is very unlikely looking at the way government machinery is working.**

## **Recommendations:**

The recommendations are being presented below in the following seven categories:

- A. For General Public,**
- B. For Offices and Educational institutions**
- C. Industry**
- D. Clinical management**
- E. CoVid-19 testing**
- F. Quarantine**
- G. Transport**

## **A. Recommendations for General Public:**

1. The lock down will continue in localized identified hotspots for two weeks.
2. Strict social distancing policy must be enforced even after the exit for the next six weeks until 31<sup>st</sup> May 2020.
3. No gathering of more than 4 to 6 people should be allowed at public places.
4. Movement of people in public places should be restricted; Section 144 may continue in certain areas. Police vigil to continue in public areas.
5. All Essential services to run as is now during the lock down period
6. Rural agricultural activities to be nurtured in view of sowing and harvesting season being around the corner.
7. All Gyms, Bars, Hotels, shopping malls, religious institutions, all places of entertainment, movie theatres, social functions like marriages shall remain closed until 30<sup>th</sup> April 2020 or further orders.
8. Interstate borders should be completely closed other than for goods vehicles. Eventually it should open based on mutual consent to prevent spill over from states with the high case load to other states
9. Any place where large number of people use common toilets should be banned.
10. Senior citizens should be protected and strictly be advised to stay indoor until 30<sup>th</sup> April 2020 or further orders as they are at a high risk of getting severe disease when exposed



11. There is enough scientific evidence to make wearing cloth masks in public places mandatory. People may be encouraged to use three layered cloth masks, handkerchiefs / dupattas to cover their nose and mouth. All used material to be washed in soap and water, dried, ironed and reused every day. Public should be warned against using disposable surgical mask depriving the medical personnel of protective gear to face COVID patients.

*Surgical masks disposed off into garbage is not biodegradable, can spread the virus if garbage pickers start recycling it.*

12. Air travel and interstate train journeys other than goods must continue with lockdown for two more weeks until 30<sup>th</sup> April 2020. There is strong possibility that some of the positive patients who landed in airports would have acquired infections in the plane. WHO believes that virus can spread inside the plane to passengers in adjacent rows. Toilets in airports, planes, railway stations and trains are the chief vector for viral spread because coronavirus thrives in a cold, moist environment. It is impossible for travellers to use toilets without touching door handle, taps or flush.
13. Eventually when the air and train travel get opened, till the pandemic gets controlled Senior citizens should be discouraged from travelling.
14. Till the normalcy is attained, warning signs should be put up in all public toilets to use it when it is absolutely required.
15. City, district and Town municipalities should be requested to prepare a ward-wise plan for allowing citizens to buy provisions and essentials.
  - a. Grocery shops and all standalone shops which are not inside a mall must be kept open from early morning till late night to prevent hoarding, rush and follow social distancing. Gradually consumption must resume to revive the economic engine.

- b. Fruit and vegetables to be sold in retail on a moving cart in multiple locations instead of crowded vegetable markets.
  - c. Fruit and vegetables can also be sold in large grounds of educational institutions in each area of a city/town. Social distancing to be enforced at such markets.
16. Ban chewing gums and pan to prevent spitting.
  17. Couriers supplying food and goods of all types should be given ID cards and allowed to provide service. By servicing the needs of many households at a time they can reduce people movement significantly.
  18. Office ID and any KYC document should suffice for local travel for essential work. If feasible E passes to be issued to all people in essential services.

## **B. Recommendations for Offices and Educational Institutions:**

1. Lockdown should continue for all educational institutions and Tutorials until 31<sup>st</sup> May 2020. They should, however, be encouraged to take online classes for students. This experience of online education should be an opportunity to lay the foundation for massive reforms in online education at all levels.
2. Encourage more work-from-home for IT, BT and Commercial establishments. However, they can also operate at 50% strength.
3. Essential services in Government Sector (Offices) may function with 50% staff strength by alternating staff every week until 30<sup>th</sup> April 2020 and reviewed thereafter. This will ensure smooth continuity of work. The staff that worked in the first week will be given off the next week.

## **C. Recommendations for industry**

1. Encourage industries in the organized sector (Eg. Garment factories and Small, medium and large-scale industries) to reopen and function at 50% of its strength alternating staff every other week so that everyone is in employment and gets paid fully.
2. Construction industry should also be encouraged to resume their activities and function at 50% of their strength, alternating staff every other week so that everyone is in employment and gets paid fully.

## **D.Recommendations for Clinical care of CoVid 19 patients and Non-CoVid Patients**

### **D.1. CoVid patients:**

#### **D.1.a. Inpatient Services in Government sector**

- i. Plan and mobilize adequate number of doctors, nurses and paramedics to manage 300 bed ICU in government hospitals of cities, 100 bed ICU in government district hospitals to be planned to cover 24 hours. These should be scaled up rapidly if the need arises. Staff should be alternated every week to avoid burn out and minimize risk of infection, if any.
- ii. Doctors above 60 years of age shall not be involved in frontline care of patients
- iii. ICU beds with piped oxygen, suction, ventilators and PPE and oxygen supply for a month should be planned, in advance.
- iv. Try and segregate moderate and severe patients to Government CoVid hospitals that have piped oxygen& suction facilities and ICUs with ventilators. Mildly symptomatic cases may be kept in other government CoVid hospitals that do not have these facilities.
- v. Uniform treatment protocol to be used across the state for treatment of mild, moderate and severe CoVid 19 cases
- vi. Close to every large COVID hospital, hotel accommodation for health workers, who are treating patients, should be made available to protect their families.
- vii. Rotate treating teams every week so that they get adequate rest.

- viii. Ensure that PPE kits are procured and despatched to all designated CoVid hospitals before lockdown ends.
- ix. ***Karnataka has large number of garment industries which can stitch PPEs in mass scale addressing the global shortage as well as creating employment***

**D.1.b. In-Patient services for COVID patients in private sector**

- i. Most of the district hospitals will not be able to cope with huge influx of sick COVID patients. They have serious shortage of specialists trained to manage large ICU, trained ICU nurses, paramedics ,infrastructure to support to large number of patients on ventilators.
- ii. Karnataka has 60 medical colleges of which 41 are private. Medical college hospitals are well spaced, with nearly 700 beds with piped oxygen and suction, over 400 nurses, large number of interns and post graduate students who can manage large number COVID patients. Govt has placed order for thousands of ventilators which should be available in few weeks. These ventilators can be lent to the COVID medical college hospitals.
- iii. Similarly, there are quite a few private hospitals which are well equipped and willing to manage COVID patients.
- iv. Ministry of health can utilise the services of medical college and private hospitals by identifying them as COVID HOSPITAL, provide them with PPEs, drugs, disposables and reimburse them for the infrastructure and salaries for a month or two.

### **D.1.c. Out-patient Services**

- i. Smaller hospitals and standalone clinics to continue segregation of non-Covid patients.
- ii. Outside every hospital, treating COVID patients, fever clinics should be established in a tent to follow social distancing.

### **D.2. Non-COVID 19 Clinical services (Routine clinical services)**

- i. All hospitals **to start a Helpline for their patients**. Depending on the needs of patients, they may be advised to come to the hospital, if necessary, at appointed time slots.
- ii. As far as possible Tele Consultation services shall be used to treat patients.
- iii. Prescriptions for continuing medications may be issued through tele consultation as per existing guidelines.
- iv. Protect the salaries of frontline health workers like doctors, nurses and paramedics during the lockdown period and following the downturn.
- v. Elective procedures in the hospitals, both government and private, can be resumed after 15<sup>th</sup> April 2020 with due precautions to ensure that the patient is not suffering from CoVid and staff members are protected.

## **E. CoVid 19 Testing**

1. Procure sufficient PCR test kits and reagents form ICMR. Also place orders for kits from State Government.
2. Request more private labs to be recognised especially those that have been already approve/accredited for H1N1 testing
3. Use ICMR and GOI guidelines for testing suspected cases by PCR
4. Adopt ICMR recommendations for antibody testing by Rapid Kits. First preference of use of rapid kits is for subjects residing in '**Hot Spots**', followed by those under quarantine. No indiscriminate use of antibody rapid testing kits for general public.
5. Link labs to hospitals. Divide sate, districts and cities into zones and map them to the nearest lab for PCR testing
6. Conduct online training for Rapid Antibody testing using available online platforms
7. Make reporting of results mandatory in standard format for rapid antibody test results as per ICMR guidelines issues on 5<sup>th</sup> April 2020
8. Have a core team of experts at Bangalore to analyse and interpret data/results that come in every day and use it for planning interventions (Clinical /containment, etc.)

## **F. Recommendations for Quarantine :**

1. Identify hotspots (reported even one CoVid 19 case) based on area pin code and continue area wise lock down and containment measures to prevent local transmission and lift the lock down at a later date.
2. Continue quarantine (institutional/home as relevant) of covid19 contacts/suspects (includes primary and secondary contacts) up to 28 days. Test all contacts by PCR between 5<sup>th</sup>-7<sup>th</sup> day of quarantine and again on 14<sup>th</sup> day of quarantine. If at any time they are positive for CoVid 19 by PCR they should be immediately shifted to designated CoVid hospitals or CoVid isolation facilities.
3. The recent ICMR strategy for antibody testing using rapid kits can be used for screening of subjects at hotspots, asymptomatic contacts and further action taken as per the ICMR algorithm.
4. Large number of isolation facilities for asymptomatic positive patients living in small dwellings where safe isolation can't be done without risking the family. Hotels, guest houses, marriage halls and stadiums can be used for this purpose.
5. Mobile tracking and monitoring system to be implemented for home quarantined patients.
6. Continued enforcement of social distancing, respiratory and personal hygiene both at home and public places.



## G. Recommendations for Transport

1. No trains and intercity buses till 30<sup>th</sup> April/further notice
2. No domestic and international flights till 30<sup>th</sup> April/further notice. Virus can spread inside the plane and train to the co passengers sitting in adjacent seats. Also toilets of planes and airports, trains and railways stations can be vector of transmission.
3. Inter district, Intercity and interstate movements can be opened up only for goods transportation with strict control at check posts.
4. Public transports like buses should get back to usual schedule. Clear rules to be framed for passenger entry and seating in non- A/c buses and trains; in buses passengers should be seated and in alternate rows only and one passenger per seat, allow only half of seating capacity.
5. No Metro train services until the 30<sup>th</sup> April 2020 ***since Metro is airconditioned***
6. Non-A/C Buses, Autorickshaws and two wheelers may be permitted to ply until 30<sup>th</sup> April 2020, however all private taxis (including Ola and Uber) to be banned
7. Private owned cars with E passes can ply subject to following odd and even numbers from 8 AM to 8 PM to restrict the people movement.

Lock down, complete and partial will give breathing time for the government and the hospitals to prepare for early detection, isolation and treatment. Ultimately Countries are judged not by the number of patients who got infected but by the number of patients who survived.

***These are just guidelines based on the current situation and knowledge. Authorities should constantly monitor the developments at the ground level and make suitable amendments to the guidelines. On 22nd April our group will review the COVID situation and come up with the plans for the following 2 weeks.***

## The menace of surgical mask



**Discarded face masks are piling up on Hong Kong's beaches and nature trails (Gary Stokes, co-founder of marine conservation group OceansAsia, pictured in Soko Islands earlier this month) – Daily Mail**