

**IN THE SUPREME COURT OF INDIA
(ORIGINAL CIVIL JURISDICTION)**

I.A. NO. _____ OF 2020

IN

**WRIT PETITION (CIVIL) DIARY NO. 10852 OF 2020
(IN THE MATTER OF PUBLIC INTEREST LITIGATION)**

IN THE MATTER OF:-

Dr. Arushi Jain ... Petitioner/Applicant

Versus

Union of India & Anr. ... Respondents

**APPLICATION FOR DIRECTIONS ON BEHALF OF
PETITIONER/APPLICANTS**

PAPER BOOK

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ADVOCATE FOR THE APPLICANT: MITHU JAIN

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PROVISIONAL APPLICATION NO. _____ OF 2020

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DR. ARUSHI JAINPETITIONER

-VERSUS-

UNION OF INDIARESPONDENT

**APPLICATION FOR DIRECTIONS ON BEHALF OF THE
PETITIONER/APPLICANT**

To,
The Chief Justice of India
and his companion Justices of Supreme Court of India

MOST RESPECTFULLY SHOWETH:

1. That the instant Public Interest Litigation (PIL) by way of Writ Petition has been preferred before this Hon'ble Court on 02.04.2020 by a Resident Doctor seeking urgent intervention of this Hon'ble Court to take judicial notice and pass directions in view of the **plight of doctors, nursing staff, hospital staff, Asha workers, ambulances operators etc. and the kind of treatment being meted out to them despite putting the nation first, working tirelessly round the clock** and risking their own lives and the lives of their family members. The Petitioner *inter alia* has sought for the following reliefs in her Writ Petition:

“a. Issue a writ of mandamus, or any appropriate writ, order or direction to the Respondents and or other appropriate authorities to urgently and immediately provide Special Task Force and/or proper Police Protection to search teams and emergency hospital staff which includes doctors, nurses, paramedics to facilities the working of hospitals, health care facilities, quarantine

facilities, remote screening sites and also at hospitals across the country;

b. Issue a writ of mandamus, or any appropriate writ, order or direction to the Respondents and or other appropriate authorities to provide temporary accommodations to the front line medical healthcare professionals such as doctors, staff, nurses, emergency ambulance operators who are working in emergency wards so that the chances of transmission and or of the virus to their family members at home is completely eliminated;

c. Issue a writ of mandamus, or any appropriate writ, order or direction to the Respondents and or other appropriate authorities to ensure prevention of eviction of medical healthcare professional living in rented accommodations till the pandemic is controlled, or provide an alternative accommodation at no costs to this medical staff which is being evicted or sought to be evicted;

d. Issue a writ of mandamus, or any appropriate writ, order or direction to the Respondents and or other appropriate authorities to ensure availability of masks, sanitizers and prohibit any hospital, authority, government agency, medical facility to deduct any wages/salary or threaten any healthcare professional in any manner;

e. Issue a writ of mandamus, or any appropriate writ, order or direction to the Respondents and or other appropriate authorities to take appropriate and stringent action against obstructers and or violators and this message be directed to be publicised widely to cause deterrent in the society;”

2. The said Writ Petition (C) Diary No. 10852 of 2020 was listed before this Hon’ble Court on 08.04.2020, when this Hon’ble Court

was pleased to pass a number of directions in Writ Petition (Civil) Diary No. 10795 of 2020 and the present Writ Petition of the Petitioner herein was tagged alongwith the Writ Petition (Civil) Diary No. 10795 of 2020. This Hon'ble Court passed the following interim directions:

“(1) The respondents as per guidelines dated 24.03.2020 of the Ministry of Health and Family Welfare are directed to ensure availability of appropriate Personal Protective Equipments, including sterile medical/Nitrile gloves, starch apparels, medical masks, goggles, face shield, respirators (i.e. N-95 Respirator Mask or Triple Layer Medical Mask or equivalent), shoe covers, head covers and coveralls/gowns to all Health Workers including Doctors, Nurses, Ward Boys, other medical and paramedical professionals actively attending to, and treating patients suffering from COVID-19 in India, in Metro cities, Tier-2 and Tier-3 cities.

(2) The Government of India, respective States/Union Territories and respective Police authorities are directed to provide the necessary Police security to the Doctors and medical staff in Hospitals and places where patients who have been diagnosed COVID-19 or patients suspected of COVID-19 or those quarantined are housed. Necessary Police security be also extended to Doctors and other medical staff who visit places to conduct screening of people to find out symptoms of disease.

(3) The State shall also take necessary action against those persons who obstruct and commit any offence in respect to performance of duties by Doctors, medical staff and other Government Officials deputed to contain COVID-19.

(4) The Government shall explore all alternatives including enabling and augmenting domestic production of protective clothing and gear to medical professional. This includes the exploring of alternative modes of production of such clothing (masks, suits, caps, gloves etc.) and permitting movement of raw materials. Further, the Government may also restrict export of such materials to augment inventory and domestic stock.”

A copy of order passed by this Hon'ble Court in Writ Petition (Civil) Diary No. 10795 of 2020 & Writ Petition (Civil) Diary No. 10852 of 2020 dated 08.04.2020 is annexed herewith and marked as **ANNEXURE A/1. (Page No. 22 to 30)**

3. That it has become imperative for the Petitioner to move the present application seeking directions to be passed by this Hon'ble Court for considering and allowing prayer (b) in the writ petition as sought for by the Writ Petitioner in view of disturbing news articles coming from all across the country regarding the harsh, deplorable and hard living conditions of doctors, nurses and support staff who are in the forefront for treating the patients suffering from Covid-19. The Petitioner has compiled various news reports and articles regarding the living conditions of the doctors, nurses and support staff and the same are briefly given as follows:

- a) 5-Star Hotels in Delhi, UP to Isolate Doctors Treating COVID-19 Patients; Lucknow & New Delhi, 30.03.2020, NDTV- Doctors in Lucknow and Delhi will be given accommodation in hotels located near their hospitals. The true typed copy of the Article dated 30.03.2020 published

by NDTV is annexed herewith and marked as **ANNEXURE A/2. (Page No. 31 to 32)**

- b) Dormitories, hostels and shared bathrooms for nurses on COVID-19 duty published in The Hindu, New Delhi, on 08.04.2020 - The article gave details of the conditions of the nurses working in LNJP Hospital who were initially not provided accommodation and then put up in hostels where they had to share common facilities.

Dormitories, hostels and shared bathrooms for nurses on COVID-19 duty

The government has arranged suitable accommodation for doctors but nurses and other staff have to make do with basic or inadequate facilities

NIKHIL M BABU
NEW DELHI

When Laila*, a nurse and mother of three children, started working at a COVID-19 ward of the LNJP Hospital in mid-March, she used to carry a bag with a few clothes and toiletries in the hope that the hospital would provide accommodation. It turned out to be a false hope. Naturally, she was disappointed. "I used to return home after work with the bag. I would go to the bathroom straight and wash my clothes in hot water so that my husband and children would be safe. Of course, we were scared for our families," said the woman in her fifties, who has been working as a nurse at the LNJP hospital for the past two decades.

The nurse, who lives in Mayur Vihar stated that other nurses too used to carry bags in the beginning and after repeated requests, the hospital gave them rooms about 10 days later. By March 26, the government gave them accommodation in a hostel on the hospital premises, which was shut. "Two people stay in a room. But around six have to share the bathroom," she said.

Home quarantine
After her 14-day work period got over (Delhi has a 14-day work and 14-day quarantine plan for health workers and medical professionals who are on Coronavirus duty) she has quarantined herself at her house, due to 'lack' of facilities at the government facility.

"My quarantine started on April 2 and for three-four days I stayed at the hostel. But on our floor, there are other nurses who are still working in COVID wards and we even have to share bathrooms with them. We go back after our shifts and sometimes wait for an hour to get the bathroom as everyone's shift gets over at the same time and each one will be washing their clothes," narrated Laila, who felt home was better.

Even as the nurses are struggling, Chief Minister Arvind Kejriwal announced on March 30 that the government had arranged 100 individual rooms in The Lalit, a five-star hotel, for the doctors who are treating in COVID-19 wards. "We do not want any five-star rooms. We just need a proper room with an attached bathroom so that there is no exposure to the virus," she said.

All the same, she said that the hostel was better than the dormitories provided to the nurses, where a large "number of people" have to share the bathroom.

"The government should treat everyone - doctors, nurses, nursing assistants and sanitation staff - at the same level if they want to fight the virus. The exposure is more for sanitation staff as they clean these spaces. They are less educated than us and the government should provide proper quarantine facilities for them too," she said.

The nurses' association has been sending emails to the Chief Minister and Union Health Minister almost every day, but they are yet to act, she informed. (*name changed to protect identity)



A view of the COVID-19 ward at LNJP Hospital in the Capital. *FILE PHOTO BY MOORTHY

The true typed copy of the Article dated 08.04.2020 published by 'The Hindu' is annexed herewith and marked as **ANNEXURE A/3. (Page No. 33 to 34)**

- c) Coronavirus | Bhopal doctor shifts to hotel after 'car quarantine' published in The Hindu on 09.04.2020 - Sachin Nayak, working at JP Hospital in Bhopal, was living in his car after his shift ended so that his family is not at risk of catching the infection from him.

Doctor shifts to hotel after 'car quarantine'

He was worried his wife, daughter could contract COVID-19 from him

SIDHARTH YADAV
BHOPAL

After living in his car for weeks outside his home, Sachin Nayak moved into a hotel in Bhopal on Tuesday after his hospital made the arrangements.

The doctor was worried that his wife and three-year-old daughter could contract COVID-19 from him.

As cases spiralled in Bhopal, he slept in the car across the road and spoke on the phone with his family. He read, too, if time permitted, or took a stroll on the road.

After returning from duty at the government-run J.P. Hospital each day, he would plonk himself on a mattress spread over the reclined back seat. Soaps, laptops, chargers, clothes, tooth



One day at a time: An image of Dr. Sachin Nayak. As cases spiralled in Bhopal, he slept in his car. *SPECIAL ARRANGEMENT

brush, towel were all inside the car.

"It was a compulsion... I didn't have a choice," Dr. Nayak from the Anaesthesia Department at the hospital told *The Hindu*.

The hospital first tended

to incoming patients, which overwhelmed its resources, and then made arrangements for doctors as other city-based hospitals eased its initial load. After performing duty in isolation wards for a few days, doctors are re-

quired to quarantine themselves to rule out the possibility of infecting patients and family members.

"Of course, you can't go back home after working in such a hazardous environment. Therefore it's better to be away," chuckles Dr. Nayak.

CM's praise

The doctor even earned the praise of Chief Minister Shivraj Singh Chouhan, who said he saluted such "warriors". He wrote on Twitter: "I and the whole of Madhya Pradesh greet warriors like you who are fighting the war against corona. If we all continue with such resolve, we will be able to win this great war more quickly. Sachin ji, salute your spirit."

The true typed copy of the Article dated 08.04.2020 published by The Hindu is annexed herewith and marked as **ANNEXURE A/4. (Page No. 35 to 36)**

- d) 'Provide special allowance to those treating COVID-19 patients'; published in The Hindu, New Delhi, on 12.04.2020 - The Delhi Unit of the Indian National Congress party requested Shri Arvind Kejriwal to provide accommodation to Nurses in hotels so that they don't stay in close proximity with one another and have separate washrooms. The true typed copy of the Article dated 12.04.2020 published by The Hindu is annexed herewith and marked as **ANNEXURE A/5. (Page No. 37 to 38)**
- e) Coronavirus: Nurses ask for rotation of duty after 14-day shift in Covid wards; New Delhi, 12.04.2020, Hindustan Times- Nurses from various hospitals were asked to report at Rajiv Gandhi Super Speciality hospital even though they had just completed a 14 day shift at their respective hospitals. The true typed copy of the Article dated

12.04.2020 published by Hindustan Times is annexed herewith and marked as **ANNEXURE A/6. (Page No. 39 to 40)**

- f) Mumbai resident doctors struggle to keep distance in cramped hostel rooms; Mumbai, 13.04.2020, Indian Express- This article gave details about the doctors in Mumbai who are forced to share hostel rooms and common washrooms and are at risk of contracting the infection from each other rather than at the hospital while treating patients.

ON COVID-19 FRONT LINES IN MUMBAI

Resident doctors struggle to keep distance in hostels

TABASSUM BARNAGARWALA
MUMBAI, APRIL 12

WHILE THEY are asking patients to practise distancing amid the COVID-19 outbreak, resident doctors in Maharashtra are struggling to follow the same principle.

Lodged in cramped hostels in Mumbai, each resident doctor is sharing a room with three-four other doctors. Their mattresses are one-two feet apart and there is a common toilet for about 10 doctors.

On Sunday, two resident doctors tested positive for COVID-19 in Sion Hospital and two more in Seven Hills hospital. The cases have sent alarm bells ringing among resident doctors who now fear that living in close quarters may become a source of cross infection for the front line workers.

At least 90 healthcare workers have contracted COVID-19 infection in Mumbai — about 8 per cent of the total number of cases in the city that accounts for the maximum cases in Maharashtra.

"If we collapse, who will treat the patients?" a resident doctor from Sion Hospital asked.

Doctors are now requesting separate accommodation for those posted in fever clinics and



Lodged in cramped hostels, each resident doctor is sharing a room with three or four other doctors. *Express*

isolation wards. While Seven Hills Hospital, dedicated for COVID-19 cases, is providing living quarters in five hotels of Taj, other hospitals have asked residents to "adjust" in the hostels.

Sion Hospital has three hostels with 210 rooms for over 800 resident doctors. Two resident doctors from medicine and surgery departments have tested positive for COVID-19. One worked in an isolation ward. The other attended to a critical patient who required an emergency pancreas surgery. The patient also had pleural effusion — water in the lungs — that required another procedure. He was breathless, but doctors had no time to wait for swab results and so a surgery was con-

ducted. After surgery, his swab tested positive for COVID-19.

The two doctors were shifted to Seven Hills Hospital's isolation facility on Sunday. Two others tested positive in Seven Hills Hospital after getting exposed to COVID-19 patients on duty. They too are in isolation at Seven Hills Hospital and all of them are stable.

"We share the same canteen. Toilets are not disinfected. And hostel rooms are too small. There is ample scope for the virus to transmit," a resident doctor from Sion Hospital said. He said several resident doctors were exposed to the one who has tested positive.

Contact tracing for the two doctors in Sion Hospital started on Sunday. "But the administration is making no attempts to quarantine us. Several doctors and nurses are getting exposed. Once exposed, we have to be quarantined for 14 days. That is not happening because of lack of human resources. If we test negative, we have to report back to work," a resident doctor in Kasturba Hospital said.

Resident doctors have repeatedly raised this issue with BMC and demanded that rooms in nearby lodges, guesthouses and hotels be opened up for doctors treating COVID-19 patients.

The true typed copy of the Article dated 13.04.2020 published by Indian Express is annexed herewith and marked as **ANNEXURE A/7. (Page No. 41 to 43)**

- g) Doctor among 3 test positive for Covid-19 at Max hospital; New Delhi, 13.04.2020, Press Trust of India- A doctor, nurse and non-medical staff had contracted the virus at Max Hospital, Saket while a technician and 2 nurses had tested positive at Sir Ganga Ram Hospital. The true typed copy of the Article dated 13.04.2020 published by the Press Trust of India is annexed herewith and marked as **ANNEXURE A/8. (Page No. 44 to 46)**
- h) Three Sassoon Hospital nurses test coronavirus positive; Pune, 15.04.2020, Press Trust of India- 3 nurses at Sassoon Hospital, Pune tested positive for coronavirus. Sassoon Hospital is one of the main facilities for treatment of coronavirus patients in the city. The true typed copy of the Article dated 15.04.2020 published by the Press Trust of India is annexed herewith and marked as **ANNEXURE A/9. (Page No. 47)**
- i) Hindu Rao Hospital fires doctor for 'diverting PPEs', doctors' forum cries foul; Health Minister steps in; New Delhi, 18.04.2020, National Herald- Dr. Piyush Pushkar Singh, working at Hindu Rao Hospital was terminated for allegedly diverting PPEs to people who didn't require them. However, an organisation stated that he had been dismissed because he raised concerns over mismanagement and lack of infrastructure at the hospital. The true typed copy of the Article dated 18.04.2020 published by the National Herald

is annexed herewith and marked as **ANNEXURE A/10**
(Page No. 48 to 49)

- j) The Covid martyrs in Kolkata's hospitals; Kolkata, 01.05.2020, India Today- This article explains the problems faced by doctors in Kolkata and the number of doctors who were succumbing to this infection on account of being exposed to patients who were positive without adequate safety gear. The true typed copy of the Article dated 01.05.2020 published by the India Today is annexed herewith and marked as **ANNEXURE A/11. (Page No. 50 to 55)**
- k) In Pune's COVID-19 hospitals, doctors rely on team work and humour to rise above fears, battle virus in sweltering conditions; Pune, 01.05.2020, Firstpost- This articles explains the conditions under which doctors have to work and the stigma they face near their homes with threats of eviction also. The true typed copy of the Article dated 01.05.2020 published by Firstpost is annexed herewith and marked as **ANNEXURE A/12. (Page No. 56 to 61)**
- l) Halted by sealed Delhi-Gurgaon border: Doctors, health staff, crucial surgeries; New Delhi, 02.05.2020, Indian Express- Due to the sealing of the Delhi-Gurgaon border many doctors and health staff were stranded and could not go to their hospitals. The doctors who were allowed to cross the border were told to make necessary arrangements for staying since they wouldn't let them come back home. The

true typed copy of the Article dated 02.05.2020 published by the Indian Express is annexed herewith and marked as **ANNEXURE A/13. (Page No. 62 to 66)**

- m) Coronavirus Pandemic: AIIMS Delhi Doctors Sound Alarm Bells Against Govt Apathy; New Delhi, 02.05.2020, Outlook- The Resident Doctors Association listed ten demands from the Government in order to ensure better and safer working conditions for doctors. The true typed copy of the Article dated 02.05.2020 published by the Outlook is annexed herewith and marked as **ANNEXURE A/14. (Page No. 67 to 69)**

4. Further, the Applicant/Petitioner has been informed vide credible sources including members of resident doctor association of prestigious medical institutions about impugned actions, which are elaborated hereinunder. However, these doctors are not in position to come forward considering that the medical institutes employing them are likely to browbeat the issue and initiate an inquiry against such medical staff who raise these issues. The attention of this Hon'ble Court is drawn to the following issues-

- (i) **Frontline medical healthcare personnel to be provided alternative accommodation and lodging facilities during the course of duty-**

In this regard, the Applicant/Petitioner is told that in terms of the advisories issued by WHO, the medical institutes are accordingly drawing duty rosters wherein these frontline

medical healthcare workers are given shifts of 14 days or 7 days at stretch and accordingly replaced with other such personnel. Therefore, considering higher exposure and susceptibility to COVID-19 of frontline medical healthcare personnel, provision of temporary accommodations to the front line medical healthcare personnel should be done in order to eliminate the chances of transmission of the virus to their family members is completely eliminated.

(ii) Quarantine of frontline medical healthcare personnel at households and or hostels after their shifts end-

In this regard, the Applicant/Petitioner is told that in terms of the advisories issued by WHO, the medical institutes are accordingly drawing duty rosters wherein these frontline medical healthcare workers are given shifts of 14 days at stretch and accordingly replaced with other such personnel. The ones having completed their shifts of 14 days or 7 days are accordingly made to quarantine for 14 days after their shift. However, in several cases, these it has been reported that after being provided with proper quarantine facilities for a week, these personnel are made to undergo the remaining part of the quarantine period of 7 days or any extension thereof at their respective homes.

It would not be out of place to mention that most of these personnel are residing with their family members or living in hostels thereby putting other co-occupants at serious risk. Further, this is more alarming in the case of these personnel living in hostels including medical colleges in case of

resident doctors wherein there are common washrooms thereby putting other occupants of these hostels to greater risk. Furthermore, this is leading to a situation where more and more such doctors are being exposed to COVID 19 which is likely to severely impact medical healthcare system of the Country.

(iii) Quarantine of frontline medical healthcare workers on having come in contact with a COVID positive patient not during the course of their duty

In cases where these frontline personnel are quarantined due to having come directly in contact with a COVID 19 positive person, not during their course of duty but otherwise, in some of the cases it has been seen that the said personnel are being put to self-quarantine in hostels etc. wherein there is sharing of washrooms and other common facilities. It is reiterated that this is putting other occupants of these hostels to greater risk.

The “Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health” Interim Guidance dated 19.03.2020 issued by the World Health Organization is annexed herewith and marked as **ANNEXURE A/15 (Page No. 70 to 72)**.

The newsletter “WHO calls for healthy, safe and decent working conditions for all health workers, amidst COVID-19 pandemic” issued by the World Health Organization is annexed herewith and marked as **ANNEXURE A/16. (Page No. 73 to 76)**.

5. That there will be many cases all over the country which have not been highlighted in the media and since the country is facing lockdown the only source of information is through media, thus it is necessary to bring the same to the kind attention of this Hon'ble Court so that appropriate orders can be passed under Section 65 of the Disaster Management Act, 2005 ("**DM Act, 2005**") which empowers the concerned authorities to acquire/take over hotels, guesthouses including the ones owned by Public Sector Undertakings, state bhavans, sadans etc. and accordingly use it for the purposes of providing alternative self-containing accommodation and or quarantine facilities to frontline medical healthcare workers. Most of these hotels, bhavans, sadans, guest houses are lying vacant and are available for the said cause. Sec. 66 of the DM Act, 2005 provides for adequate compensation to be paid to the persons whose premises are requisitioned adequate compensation. Even under Sec. 34 (j) of the DM Act, 2005, the District Authority has the power to procure exclusive or preferential use of amenities from any authority or person and in the present case can ask for the use of guesthouses and state bhavans from government authorities.
6. The Applicant craves the leave of this Hon'ble Court to read the facts mentioned in the PIL as part of the present application as the said are not being repeated herein for the sake of brevity and convenience.
7. The Applicant is praying for exemption from filing attested affidavit in the prevailing circumstances and undertakes to file any court fees deficit subsequently upon this Court resuming normal functioning.

8. The Applicant hereby gives consent that the matter may be taken up through Video-Conferencing mode.
9. The instant Application is bonafide and in the interest of justice and no prejudice would be caused to any of the parties if the present Application is allowed.

P R A Y E R

In view of the facts and circumstances mentioned above, the Applicant most respectfully prays that this Hon'ble Court may be pleased to pass orders directing:-

- a) Respondents to take necessary steps under Section 65 and Section 34 of the Disaster Management Act, 2005 with directions to acquire/take over vacant hotels, guesthouses including the ones owned by public sector undertakings, state bhavans, sadans etc. and accordingly use it for the purposes of providing alternative self-containing accommodation and or quarantine facilities to frontline medical healthcare workers;
- b) Respondents to ensure that frontline medical healthcare personnel make provisions and suitable arrangements for quarantine at self-containing accommodations and accordingly not constrained to quarantine at their own households and or hostels or any other such sharing accommodations;
- c) Exempt the Applicant from filing duly affirmed affidavit in the prevailing circumstances and allow the payment of deficit court fee subsequently; and/or

- d) Pass such order(s) as this Hon'ble Court may deem fit and proper in the facts and circumstances of the present case.

AND FOR THIS ACT OF KINDNESS, THE HUMBLE PETITIONER AS IS DUTY BOUND SHALL EVER PRAY.

Drawn by:
MS. MITHU JAIN
MR. ARJUN SYAL
MR. ARNAV VIDYARTHI

Mithu Jain

Filed by:
(MITHU JAIN)
Advocate for the Applicant/Petitioner

Filed on: 05.05.2020

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WRIT PETITION (CIVIL) DIARY NO. 10852 of 2020
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IN THE MATTER OF:

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-VERSUS-

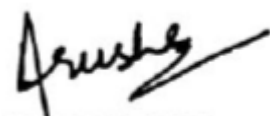
UNION OF INDIA & ANR.

... RESPONDENT

AFFIDAVIT

I, Dr. Arushi Jain, aged about _____
 , do hereby
 solemnly declare as under: -

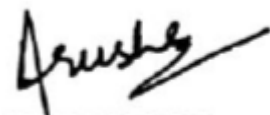
1. That I am the applicant in the captioned matter and as such I am fully competent and authorized to swear and depose this affidavit and fully aware of the facts and circumstances of the present case.
2. That I have read the contents of the accompanying application and I say that the contents therein are true to my personal knowledge.
3. That the present affidavit is of the same or subsequent date of drafting of the application.



DEPONENT

VERIFICATION:

Verified at New Delhi on this the 5th day of May 2020 that the contents of this affidavit are based on the information derived from the records and also on the basis of the information received and believed to be correct. No part of it is false and nothing material has been concealed or suppressed there from.



DEPONENT

APPENDIX**DISASTER MANAGEMENT ACT, 2005****34. Powers and functions of District Authority in the event of any threatening disaster situation or disaster.—**

For the purpose of assisting, protecting or providing relief to the community, in response to any threatening disaster situation or disaster, the District Authority may—

- (a) give directions for the release and use of resources available with any Department of the Government and the local authority in the district;
- (b) control and restrict vehicular traffic to, from and within, the vulnerable or affected area;
- (c) control and restrict the entry of any person into, his movement within and departure from, a vulnerable or affected area;
- (d) remove debris, conduct search and carry out rescue operations;
- (e) provide shelter, food, drinking water and essential provisions, healthcare and services;
- (f) establish emergency communication systems in the affected area;
- (g) make arrangements for the disposal of the unclaimed dead bodies;
- (h) recommend to any Department of the Government of the State or any authority or body under that Government at the district level to take such measures as are necessary in its opinion;
- (i) require experts and consultants in the relevant fields to advise and assist as it may deem necessary;

- (j) procure exclusive or preferential use of amenities from any authority or person;
- (k) construct temporary bridges or other necessary structures and demolish structures which may be hazardous to public or aggravate the effects of the disaster;
- (l) ensure that the non-governmental organisations carry out their activities in an equitable and non-discriminatory manner;
- (m) take such other steps as may be required or warranted to be taken in such a situation.

65. Power of requisition of resources, provisions, vehicles, etc., for rescue operations, etc.—

(1) If it appears to the National Executive Committee, State Executive Committee or District Authority or any officer as may be authorised by it in this behalf that—

- (a) any resources with any authority or person are needed for the purpose of prompt response;
- (b) any premises are needed or likely to be needed for the purpose of rescue operations; or
- (c) any vehicle is needed or is likely to be needed for the purposes of transport of resources from disaster affected areas or transport of resources to the affected area or transport in connection with rescue, rehabilitation or reconstruction, such authority may, by order in writing, requisition such resources or premises or such vehicle, as the case may be, and may make such further orders as may appear to it to be necessary or expedient in connection with the requisitioning.

(2) Whenever any resource, premises or vehicle is requisitioned under sub-section (1), the period of such requisition shall not extend beyond

the period for which such resource, premises or vehicle is required for any of the purposes mentioned in that sub-section.

(3) In this section,—

(a) “resources” includes men and material resources;

(b) “services” includes facilities;

(c) “premises” means any land, building or part of a building and includes a hut, shed or other

structure or any part thereof;

(d) “vehicle” means any vehicle used or capable of being used for the purpose of transport,

whether propelled by mechanical power or otherwise.

66. Payment of compensation.—

(1) Whenever any Committee, Authority or officer referred to in sub-section (1) of section 65, in pursuance of that section requisitions any premises, there shall be paid to the persons interested compensation the amount of which shall be determined by taking into consideration the following, namely:—

(i) the rent payable in respect of the premises, or if no rent is so payable, the rent payable for

similar premises in the locality;

(ii) if as consequence of the requisition of the premises the person interested is compelled to change his residence or place of business, the reasonable expenses (if any) incidental to such change:

Provided that where any person interested being aggrieved by the amount of compensation so determined makes an application within the thirty days to the Central Government or the State Government, as the case may be, for referring the matter to an arbitrator, the amount of compensation to be paid shall be such as the arbitrator appointed in this

behalf by the Central Government or the State Government, as the case may be, may determine:

Provided further that where there is any dispute as to the title to receive the compensation or as to the apportionment of the amount of compensation, it shall be referred by the Central Government or the State Government, as the case may be, to an arbitrator appointed in this behalf by the Central Government or the State Government, as the case may be, for determination, and shall be determined in accordance with the decision of such arbitrator.

Explanation.—In this sub-section, the expression “person interested” means the person who was in actual possession of the premises requisitioned under section 65 immediately before the requisition, or where no person was in such actual possession, the owner of such premises.

(2) Whenever any Committee, Authority or officer, referred to in sub-section (1) of section 65 in pursuance of that section requisitions any vehicle, there shall be paid to the owner thereof compensation the amount of which shall be determined by the Central Government or the State Government, as the case may be, on the basis of the fares or rates prevailing in the locality for the hire of such vehicle:

Provided that where the owner of such vehicle being aggrieved by the amount of compensation so determined makes an application within the prescribed time to the Central Government or the State Government, as the case may be, for referring the matter to an arbitrator, the amount of compensation to be paid shall be such as the arbitrator appointed in this behalf by the Central Government or the State Government, as the case may be, may determine:

Provided further that where immediately before the requisitioning the vehicle or vessel was by virtue of a hire purchase agreement in the possession of a person other than the owner, the amount determined under this sub-section as the total compensation payable in respect of the requisition shall be apportioned between that person and the owner in such manner as they may agree upon, and in default of agreement, in such manner as an arbitrator appointed by the Central Government or the State Government, as the case may be, in this behalf may decide.

ANNEXURE A/1

IN THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION

WRIT PETITION (CIVIL) Diary No(s). 10795/2020

JERRYL BANAIT Petitioner(s)

VERSUS

UNION OF INDIA & ANR. Respondent(s)

WITH

W.P. (CIVIL) Diary No(s). 10830/2020

W.P. (CIVIL) Diary No.10852/2020

O R D E R

IA No.48242/2020 – FOR INTERVENTION/IMPLEADMENT

Heard Mr. Jaideep Gupta, learned senior counsel for the intervener. The application for intervention is allowed.

WRIT PETITION (CIVIL) Diary No(s). 10795/2020

The Court convened through Video Conferencing.

A medical professional has filed this writ petition under Article 32 of the Constitution of India as a Public Interest Litigation praying for various directions in reference to pandemic COVID-19.

The World Health Organisation (WHO) has declared COVID-19 as pandemic on 11.03.2020. According to WHO, Coronaviruses are a large family of viruses which can cause illness in humans, known to cause respiratory infections. People can expose themselves to COVID-19 from others who carry the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. The droplets land on surfaces around the person and other people by touching these objects or surfaces can catch COVID-19. People can also catch COVID-19 if

they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets.

The Government of India, Ministry of Health and Family Welfare has taken various measures for Infection Prevention and Control in Healthcare facilities. The Coronavirus has already spread in about 200 countries of the World and is gradually spreading in our country-India.

To combat COVID-19 the first line of defence in battling such a pandemic is the Doctors and the medical staff who are the most vulnerable to fall prey to the virus, while protecting others from it. The World Health Organisation has issued guidelines on 27.02.2020 for rational use of personal protective equipment for coronavirus disease 2019 (COVID-19). The guidelines contained recommendations regarding type of personal protective equipment to be used in the context of COVID-19 for health care workers Doctors and others.

The Ministry of Health and Family Welfare, Directorate General of Health Services has issued guidelines dated 24.03.2020 on "Rational use of Personal Protective Equipment". The petitioner prays for issuing a direction to the respondent to ensure that guidelines issued by WHO and the guidelines dated 24.03.2020 issued by the Ministry of Health and Family Welfare be implemented and respondents be directed to ensure availability of appropriate Personal Protective Equipments, including sterile medical/Nitrile gloves, starch apparels, medical masks, goggles, face shield, respirators (i.e. N-95 Respirator Mask or Triple Layer Medical Mask or equivalent), shoe covers, head covers and coveralls/gowns to all Health Workers including Doctors, Nurses, Ward Boys, other medical and paramedical professionals actively attending to, and treating patients suffering from COVID-19 in India, in Metro cities,

Tier-2 and Tier-3 cities. A direction has also sought for providing security to Doctors and other paramedical professionals.

This Court on 01.04.2020 requested the learned Solicitor General to examine the petition and to place before the Court the position of the Union Government in regard to the issues which have been highlighted by the petitioner.

We have heard Mr. Mukul Rohtagi, learned senior counsel appearing for the petitioner as also Mr. Tushar Mehta, learned Solicitor General of India who appears for the respondent(s). He submits that the stand of the Union of India is not adversary to any of the relief claimed in the Writ Petition(s). He further submits that the Government of India is taking all necessary steps regarding providing Personal Protection Equipments (PPEs) and other necessities for the doctors. Steps have also been taken for procuring PPEs from the domestic manufacturers. He further submits that with regard to protection by police, security and police personnel to the hospitals and doctors, the Government will go an extra mile to augment the security as existing today. He further submits that appropriate security will be provided to all the Covid-19 hospitals and doctors. He further submits that the apprehension of Mr. Rohtagi, learned Senior Counsel that the Government is going to deduct certain part of the salary from the Government doctors, to be utilized for procuring protective equipment is incorrect and no part of the salary of the Government doctors will be deducted.

Mr. Tushar Mehta also submits the appropriate instructions shall be issued by the Directorate General of Health Services to the private hospitals not to deduct any salary from the doctors working in the private hospitals and para-medical staff.

It is the first responsibility of the State to protect its citizens from the pandemic. The Ministry of Health and Family Welfare after coming to know the disease COVID-19 which was reported first in Wuhan City, Hubai province, China on 31.12.2019, issued guidelines dated 25.01.2020 for Infection Prevention and Control in Healthcare Facilities which, inter alia, prescribe procedures and practices to be adopted for infection prevention and control.

The Doctors and the medical staff who are the first line of defence of the country to combat with this pandemic have to be protected by providing Personal Protective Equipments as recommended by WHO on 27.02.2020. The Ministry of Health and Family Welfare has already issued necessary guidelines on Rational Use of Personal Protective Equipment which have been brought on the record as Annexure P-6 to the petition. As per Clause 5 of the Guidelines the Personal Protective Equipments are to be used based on the designed to safeguard of the healthcare workers. Para 5.1, 5.2, 5.2.1 and 5.2.2 which are relevant for the present purpose are extracted below for ready reference:

5. Rational use of PPE

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

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Health Desk	Provide information to travellers	Low risk	Triple layer medical mask Gloves	Minimum distance of one meter needs to be maintained.
2	Immigration counters, customs and airport security	Provide services to the passengers	Low risk	Triple layer medical mask Gloves	Minimum distance of one meter needs to be maintained.
3	Temperature recording station	Record Temperature with hand held thermal recorder.	Low risk	Triple layer medical mask Gloves	

4	Holding area/ Isolation facility of APHO/ PHO	Interview & Clinical examination by doctors/ nurses	Moderate Risk	N-95 masks Gloves	
5	Isolation facility of APHO	Clinical management (doctors, nurses)	Moderate Risk	N-95 masks Gloves	
		Attending to severely ill passenger	High risk	Full complement of PPE	When aerosol generating procedures are anticipated
5	Sanitary staff	Cleaning frequently touched surfaces/ Floor/ cleaning linen	Moderate risk	N-95 mask Glove s	
6	Administrative staff	Providing administrative support	No risk	No PPE	No contact with patients of COVID- 19. They should not venture into areas where suspect COVID-19 cases are being managed.

5.2. Hospital Setting

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

S. No	Setting	Activity	Risk	Recommended PPE	Remarks
1	Triage area	Triaging patients Provide triple layer mask to patient.	Moderate risk	N 95 mask Gloves	Patients get masked.
2	Screening area help desk/ Registration counter	Provide information to patients	Moderate risk	N-95 mask Gloves	
3	Temperature recording station	Record temperature with hand held thermal recorder	Moderate Risk	N 95 mask Gloves	
4	Holding area/ waiting area	Nurses / paramedic interacting with patients	Moderate Risk	N 95 mask Gloves	Minimum distance of one meter needs to be maintained.
5	Doctors chamber	Clinical management (doctors, nurses)	Moderate Risk	N 95 mask Gloves	No aerosol generating procedures should be allowed.

6	Sanitary staff	Cleaning frequently touched surfaces/ Floor/ cleaning linen	Moderate risk	N-95 mask Gloves	
7	Visitors accompanying young children and elderlies	Support in navigating various service areas	Low risk	Triple layer medical mask	No other visitors should be allowed to accompany patients in OPD settings. The visitors thus allowed should practice hand hygiene

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

5.2.2. In-patient Services

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

					distance of 1 meter
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The Ministry of Health and Family Welfare has already taken a decision with regard to Personal Protective Equipments for Doctors and medical staff. The said guidelines shall be implemented to protect the Doctors and medical staff who are exposed to coronavirus to the maximum, as they are supervising and treating coronavirus patients.

We may notice the aspect regarding security of Doctors and medical staff. An incident which happened on 02.04.2020 in the city of Indore in the locality Tatpatti Bakhhal where medical staff with Doctors had gone to screen certain persons regarding coronavirus, were attacked and stones were pelted by certain miscreants, needs to be specially noticed. Certain other incidents have also been reported from other parts of the country including an incident at Ghaziabad where certain patients misbehaved with medical staff, which was reported to the Police also. The petitioner has brought on record details of such incidents which took place in first week of April, 2020 in different parts of the country by I.A. No. 48249 of 2020.

The pandemic which is engulfing the entire country is a national calamity. In wake of calamity of such nature all citizens of the country have to act in a responsible manner to extend helping hand to the Government and medical staff to perform their duties to contain and combat the COVID-19. The incidents as noted above are bound to instill a sense of insecurity in Doctors and medical staff from whom it is expected by the society that they looking to the call of their duties will protect citizenry from disease of COVID-19. It is the duty of the State and the Police Administration to provide necessary security at all places where patients who have been diagnosed coronavirus positive or who have been quarantined are

housed. The Police security be also provided to Doctors and medical staff when they visit places for screening the people to find out the symptoms of disease.

We, in view of the above, are satisfied that petitioner has made out a case for issuing following interim directions to the respondents in this PIL:

(1) The respondents as per guidelines dated 24.03.2020 of the Ministry of Health and Family Welfare are directed to ensure availability of appropriate Personal Protective Equipments, including sterile medical/Nitrile gloves, starch apparels, medical masks, goggles, face shield, respirators (i.e. N-95 Respirator Mask or Triple Layer Medical Mask or equivalent), shoe covers, head covers and coveralls/gowns to all Health Workers including Doctors, Nurses, Ward Boys, other medical and paramedical professionals actively attending to, and treating patients suffering from COVID-19 in India, in Metro cities, Tier-2 and Tier-3 cities.

(2) The Government of India, respective States/Union Territories and respective Police authorities are directed to provide the necessary Police security to the Doctors and medical staff in Hospitals and places where patients who have been diagnosed COVID-19 or patients suspected of COVID-19 or those quarantined are housed. Necessary Police security be also extended to Doctors and other medical staff who visit places to conduct screening of people to find out symptoms of disease.

(3) The State shall also take necessary action against those persons who obstruct and commit any offence in respect to performance of duties by Doctors, medical staff and other Government Officials deputed to contain COVID-19.

(4) The Government shall explore all alternatives including enabling and augmenting domestic production of protective clothing and gear to medical professional. This includes the exploring of alternative modes of production of such clothing (masks, suits, caps, gloves etc.) and permitting movement of raw materials. Further, the Government may also restrict export of such materials to augment inventory and domestic stock.

W.P. (CIVIL) Diary No(s). 10830/2020 & W.P. (CIVIL) Diary No.10852/2020

Tag with Diary No.10795/2020.

[ASHOK BHUSHAN]

[S. RAVINDRA BHAT]

NEW DELHI;
APRIL 08, 2020

Mithu Jain

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ANNEXURE A/2

5-Star Hotels in Delhi, UP to Isolate Doctors Treating COVID-19 Patients

The UP government has also booked four hotels in Lucknow -- Hyatt Regency, Fairfield Hotel, Piccadilly Hotel and Lemon Tree Hotel -- to quarantine doctors and paramedical staff treating coronavirus patients.

New Delhi | Swati Sharma
March 30, 2020

New Delhi: Doctors treating coronavirus patients will be quarantined at five-star hotels in Delhi and Uttar Pradesh at the government's expense.

Doctors of LNJP and GB Pant hospitals in Delhi will be put up at Lalit, a luxury hotel a few km away. 100 rooms will be booked in the hotel and Delhi government will fully fund their stay, says an order from city Health Minister Satyender Jain.

CMO Delhi- Doctors are on the frontlines of the battle against Coronavirus. All doctors serving in Delhi government's Lok Nayak Hospital and GB Pant Hospital on COVID-19 duty will now be housed in Hotel Lalit. #DelhiFightsCorona

12:08 PM - Mar 30, 2020

The UP government has also booked four hotels in Lucknow - Hyatt Regency, Fairfield Hotel, Piccadilly Hotel and Lemon Tree Hotel - to quarantine doctors and paramedical staff treating coronavirus patients.

An official said Hyatt Regency and Fairdeal Hotel have been acquired for the doctors and medical staff of Dr Ram Manohar Lohia Institute of Medical Sciences.

The other two have been acquired for the doctors and staff of Sanjay Gandhi Post Graduate Institute of Medical Sciences.

Doctors, nurses and other staff handling coronavirus patients have been targeted and ostracised in many parts of the country despite the nationwide applause during the "Janata Curfew" called by Prime Minister Narendra Modi.

There have since been reports of landlords throwing out doctors who have treated coronavirus patients and neighbours harassing them.

"These reports pain me greatly. Doctors and other staff in white coats who are treating coronavirus patients are incarnations of god," PM Modi said last week.

There are nearly 1,100 coronavirus cases in India, including 29 deaths.

Mithu Jain

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ANNEXURE A/3

Dormitories, hostels and shared bathrooms for nurses on COVID-19 duty

Nikhil M. Babu

New Delhi, APRIL 08, 2020 23:49 IST

The government has arranged suitable accommodation for doctors but nurses and other staff have to make do with basic or inadequate facilities

When Laila*, a nurse and mother of three children, started working at a COVID-19 ward of the LNJP Hospital in mid-March, she used to carry a bag with a few clothes and toiletries in the hope that the hospital would provide accommodation. It turned out to be a false hope.

Naturally, she was disappointed. "I used to return home after work with the bag. I would go to the bathroom straight and wash my clothes in hot water so that my husband and children would be safe. Of course, we were scared for our families," said the woman in her fifties, who has been working as a nurse at the LNJP hospital for the past two decades.

The nurse, who lives in Mayur Vihar stated that other nurses too used to carry bags in the beginning and after repeated requests, the hospital gave them rooms about 10 days later. By March 26, the government gave them accommodation in a hostel on the hospital premises, which was shut. "Two people stay in a room. But around six have to share the bathroom," she said.

Home quarantine

After her 14-day work period got over (Delhi has a 14-day work and 14-day quarantine plan for health workers and medical professionals who are on Coronavirus duty) she has quarantined herself at her house, due to 'lack' of facilities at the government facility.

“My quarantine started on April 2 and for three-four days I stayed at the hostel. But on our floor, there are other nurses who are still working in COVID wards and we even have to share bathrooms with them. We go back after our shifts and sometimes wait for an hour to get the bathroom as everyone’s shift gets over at the same time and each one will be washing their clothes,” narrated Laila, who felt home was better.

Even as the nurses are struggling, Chief Minister Arvind Kejriwal announced on March 30 that the government had arranged 100 individual rooms in The Lalit, a five-star hotel, for the doctors who are treating in COVID-19 wards. “We do not want any five-star rooms. We just need a proper room with an attached bathroom so that there is no exposure to the virus,” she said.

All the same, she said that the hostel was better than the dormitories provided to the nurses, where a large “number of people” have to share the bathroom.

“The government should treat everyone — doctors, nurses, nursing assistants and sanitation staff — at the same level if they want to fight the virus. The exposure is more for sanitation staff as they clean these spaces. They are less educated than us and the government should provide proper quarantine facilities for them too,” she said.

The nurses’ association has been sending emails to the Chief Minister and Union Health Minister almost every day, but they are yet to act, she informed.

(*name changed to protect identity)

Mithu Jain

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ANNEXURE A/4

Coronavirus | Bhopal doctor shifts to hotel after 'car quarantine'

Sidharth Yadav
Bhopal, April 9, 2020

After living in his car for weeks outside his home, Dr. Sachin Nayak moved into a hotel in Bhopal on Tuesday after his hospital made the arrangements.

The doctor was worried that his wife and three-year-old daughter could contract COVID-19 from him.

As cases spiralled in Bhopal, he slept in the car across the road and spoke on the phone with his family. He read, too, if time permitted, or took a stroll on the road.

After returning from duty at the government-run J.P. Hospital each day, he would plonk himself on a mattress spread over the reclined back seat. Soaps, laptops, chargers, clothes, tooth brush, towel were all inside the car.

'No choice'

"It was a compulsion... I didn't have a choice," Dr. Nayak from the Anaesthesia Department at the hospital told The Hindu.

The hospital first tended to incoming patients, which overwhelmed its resources, and then made arrangements for doctors as other city-based hospitals eased its initial load. After performing duty in isolation wards for a few days, doctors are required to quarantine themselves to rule out the possibility of infecting patients and family members.

“Of course, you can’t go back home after working in such a hazardous environment. Therefore it’s better to be away,” chuckles Dr. Nayak.

The doctor even earned the praise of Chief Minister Shivraj Singh Chouhan, who said he saluted such “warriors”. He wrote on Twitter: “I and the whole of Madhya Pradesh greet warriors like you who are fighting the war against corona. If we all continue with such resolve, we will be able to win this great war more quickly. Sachin ji, salute your spirit.”

Mithu Jain

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'Provide special allowance to those treating COVID-19 patients'

Special Correspondent, The Hindu, New Delhi
April 12, 2020 23:38 IST

Delhi Cong. demands accommodation for nurses in hotels

The Delhi Congress on Sunday wrote to Chief Minister Arvind Kejriwal highlighting the problems being faced by doctors, nurses, paramedical staff, sanitation staff and COVID-19 patients and demanded that a special allowance be provided to them.

Delhi Congress chief Chaudhary Anil Kumar, in his letter, said that the Delhi Congress has received complaints that medical and non-medical staff engaged in the treatment of COVID 19 patients are facing problems when it comes to accommodation, personal protective equipment and other things.

"At Lok Nayak Hospital, nurses who were asked to quarantine themselves after treating COVID-19 patients have been provided accommodation in the building which houses infected patients as well as those displaying symptoms. Instead of offering single rooms with attached bathrooms to the nurses, who have all been in close contact with COVID-19 patients, the hospital has asked two nurses to share one room," he said, demanding proper accommodation for them. "Nurses should be provided good-quality accommodation in hotels close to their places of work with food and adequate security as has been provided to doctors," Mr. Kumar said.

The Delhi Congress also demanded counselling services for COVID-19 patients and those who have been asked to quarantine themselves.

Mithu Jain

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ANNEXURE A/6

Coronavirus: Nurses ask for rotation of duty after 14-day shift in Covid wards

Coronavirus in India: The letter was written after 22 nurses who had completed one rotation were asked to report for the second round of duty Tuesday onwards at Rajiv Gandhi Superspeciality hospital, the second-largest Covid-19 hospital in the city.

Updated: Apr 12, 2020 03:46 IST
Anonna Dutt, Hindustan Times, New Delhi

Nurses who have completed one rotation of the 14-day duty in the coronavirus disease (Covid-19) wards and 14 days' quarantine should be moved to other duties so that they can go home, said a letter written to Delhi's health secretary by the All India Government Nurses Federation.

The letter was written after 22 nurses who had completed one rotation were asked to report for the second round of duty Tuesday onwards at Rajiv Gandhi Superspeciality hospital, the second-largest Covid-19 hospital in the city.

These nurses had been drawn from various hospitals in the city to staff the 200-bed hospital.

"If the same batch of nursing officers are posted to the Covid-19 wards for many months continuously then their children and family will suffer. The families (of the nurses being posted again) have to wait for another month or maybe more if a proper policy is not framed. This will lead to stress and mental agony among the nursing personnel," says the letter, a copy of which is with the HT.

Around 47 doctors, nurses and technicians posted for the first 28-day cycle in the Covid-19 ward at Rajiv Gandhi Superspeciality hospital in mid-March were from other Delhi government hospitals.

“The government should create several such teams of nurses. Once they work in the Covid-19 ward they should go back to their original postings so that they can be with their families while the next team takes over,” said nurse GK Khurana, Secretary-General of All India Government Nurses Federation.

The hospital administrator, BL Sherwal, said “The postings are done by the government. They are not our staff and we are just utilising their services. If the government sends us another batch of nurses, technicians and doctors then we will be happy to arrange such rotations. Our own staff have also been given a similar shift.”

The organisation, in another letter to the union health secretary, has asked the government to reserve beds in Covid-19 hospitals for healthcare workers.

“We have been receiving reports from across the country of healthcare workers testing positive for the infection. The government must ensure that they receive proper care and we have suggested reserving around six or eight beds in Covid-19 hospitals for healthcare workers,” said nurse Khurana.

Mithu Jain

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ANNEXURE A/7

Mumbai resident doctors struggle to keep distance in cramped hostel rooms

At least 90 healthcare workers have contracted COVID-19 infection in Mumbai — about 8 per cent of the total number of cases in the city that accounts for the maximum cases in Maharashtra.

Written by Tabassum Barnagarwala | Mumbai | Updated: April 13, 2020

While they are asking patients to practise distancing amid the COVID-19 outbreak, resident doctors in Mumbai are struggling to follow the same principle.

Lodged in cramped hostels, each resident doctor is sharing a room with three or four other doctors. Their mattresses are one or two feet apart and there is a common toilet for about 10 doctors.

On Sunday, two resident doctors tested positive for COVID-19 in Sion hospital and two more in Seven Hills Hospital.

The cases have sent alarm bells ringing among resident doctors who now fear that living in close quarters may become a source of cross infection for the front line workers.

At least 90 healthcare workers have contracted COVID-19 infection in Mumbai — about 8 per cent of the total number of cases in the city that accounts for the maximum cases in Maharashtra. “If we collapse, who will treat the patients?” a resident doctor from Sion hospital asked.

Doctors are now requesting separate accommodation for those posted in fever clinics and isolation wards. While Seven Hills hospital, dedicated for COVID-19 cases, is providing living quarters in five hotels of Taj, other hospitals have asked residents to “adjust” in the hostels.

Sion hospital has three hostels with 210 rooms for over 800 resident doctors. Two resident doctors from medicine and surgery departments have tested positive for COVID-19. One worked in an isolation ward.

The other attended to a critical patient who required an emergency pancreas surgery. The patient also had pleural effusion — water in the lungs — that required another procedure. He was breathless, but doctors had no time to wait for swab results and so a surgery was conducted. After surgery, his swab tested positive for COVID-19.

The two doctors were shifted to Seven Hills Hospital's isolation facility on Sunday. Two others tested positive in Seven Hills Hospital after getting exposed to COVID-19 patients on duty. They too are in isolation at Seven Hills Hospital and all of them are stable. "We share the same canteen. Toilets are not disinfected. And hostel rooms are too small. There is ample scope for the virus to transmit," a resident doctor from Sion hospital said. He said several resident doctors were exposed to the one who has tested positive.

Contact tracing for the two doctors in Sion hospital started on Sunday. "But the administration is making no attempts to quarantine us. Several doctors and nurses are getting exposed. Once exposed, we have to be quarantined for 14 days. That is not happening because of lack of human resources. If we test negative, we have to report back to work," a resident doctor in Kasturba Hospital said.

Resident doctors have repeatedly raised this issue with BMC and demanded that rooms in nearby lodges, guesthouses and hotels be opened up for doctors treating COVID-19 patients.

Dr Mohan Joshi, dean in Sion hospital, said it is not possible to provide rooms for all resident doctors. "We are all exposed to patients and trying

our best to work with available resources,” he added. Several resident doctors said they want to help the government fight the pandemic. “But we can’t do it if our health is compromised,” said a KEM Hospital resident doctor associated with Maharashtra Association of Resident Doctors. The outfit is now holding discussions if doctors posted in isolation wards can be accommodated on a floor in the OPD building of Sion hospital.

Mithu Jain

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ANNEXURE A/8

Doctor among 3 test positive for Covid-19 at Max hospital

A doctor, a nurse and a non-medical staff at Max hospital, Saket in South Delhi have tested positive for Covid-19, hospital authorities said on Monday.

Press Trust of India
New Delhi, April 13, 2020

A doctor, a nurse and a non-medical staff at Max hospital, Saket in South Delhi have tested positive for Covid-19, hospital authorities said on Monday.

Meanwhile, authorities at the Sir Ganga Ram Hospital said Covid-19 tests have been conducted on all 115 healthcare workers who were quarantined two weeks ago and three have tested positive.

One endoscopy technician and two nurses have tested positive. The rest 112 have tested negative for Covid-19 and they will be joining duties from day after tomorrow, they said.

Max Hospital at Saket in south Delhi in a statement said, "So far, three hospital staffers have tested positive -- a doctor, a nurse and one non-medical staff. All of them are recovering."

When asked, authorities said the doctor, who has tested positive, was working in the flu clinic.

"None of the flu patients seen by this doctor have tested positive. However, we suspect that he has mostly likely contacted the disease from outside the hospital. This is based on feedback from the doctor," a spokesperson of the hospital said.

The three staff members have tested positive over the last 3-4 days. The tests were done at Max Labs, when they showed minor symptoms of the

disease. All three are stable and have a mild disease, the spokesperson said.

"These three affected persons have been quarantined in an isolated part of the hospital, which has been created specifically for this purpose," she said.

The district surveillance officer has been informed about the three cases and contact tracing and testing is presently underway, Max hospital authorities said.

Recently, two patients admitted for cardiac treatment at Max hospital had tested positive for Covid-19.

"Thirty-nine healthcare workers, who were contact traced, have been quarantined within a separate and isolated wing at Max Hospital, Saket," it said.

All 39 individuals are asymptomatic and will be tested on the 5th day of exposure, which is April 14.

"There are 154 employees deployed in shifts in the Covid ward of Max Hospital, Saket. None of these employees has had any exposure to the virus. They are working in shifts and are staying on the hospital premises to reduce any risk of infection to their families and neighbours. None of them has been quarantined," the statement said.

All these 154 staff members working in the COVID ward were wearing full PPE kits. No untoward incident has been reported. They have shown no symptoms of the disease and are following the defined protocols. Everything is being monitored. There is no reason to believe that any of them have been exposed, the hospital claimed.

The number of coronavirus cases in Delhi till Monday morning stood at 1,154 with 24 deaths.

Mithu Jain

//TRUE TYPED COPY//

ANNEXURE A/9

Three Sassoon Hospital nurses test coronavirus positive

Sassoon Hospital is one of the main facilities for the treatment of coronavirus patients in the city.

Press Trust of India
Pune, April 15, 2020

Three nurses working in the isolation ward of state-run Sassoon General Hospital here in Maharashtra have tested positive for coronavirus, an official said on Wednesday. The other nurses of the Pune-based hospital have been quarantined and their samples have also been sent for testing, he said.

Sassoon Hospital is one of the main facilities for the treatment of coronavirus patients in the city. A couple of days back, one of the nurse showed some coronavirus symptoms following which her samples were sent for testing.

"After her report came out positive, swab samples of other nurses who came in close contact with her were also sent for testing. Subsequently, two more nurses tested positive," the official said. He also said that three coronavirus patients died at the Sassoon Hospital since Tuesday night.

"A COVID-19 patient with co-morbid conditions died late Tuesday night, while two other patients succumbed to the disease on Wednesday," the official said.

Mithu Jain

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ANNEXURE A/10

Hindu Rao Hospital fires doctor for 'diverting PPEs', doctors' forum cries foul; Health Minister steps in

Progressive Medicos and Scientists Forum said the doctor was terminated for raising concerns over 'mismanagement' in hospital, Health Minister Dr Harshvardhan asks administration to resolve issue

NH Political Bureau

Published: 18 Apr 2020, 8:53 AM

Even as the country is battling against the worldwide COVID-19 pandemic and medical staff is facing a shortage of Personal Protective Equipment (PPE), Hindu Rao Hospital, run by BJP-ruled North Delhi Municipal Corporation (NDMC), has terminated the services of a resident doctor after charging him with "diverting PPEs to those who don't require them."

An order has been issued terminating the services of the resident doctor, Dr. Piyush Pushkar Singh, who worked with the hospital, for "bringing disrepute to the institution and deciding priority for the distribution of PPE" by NDMC Commissioner Varhsa Joshi.

She tweeted about the decision, without naming the doctor.

Progressive Medicos and Scientists Forum (PMSF) – an organization of doctors and scientists – has, however, countered the claims made by the Hindu Rao Hospital and said that Dr. Singh was terminated for raising concerns over mismanagement in the hospital.

Alleging that the hospital administration was displaying a 'colonial mindset', PMSF demanded restoration of Dr. Singh's services and an inquiry into the matter.

Dr. Singh is said to have raised several issues pertaining to this 'mismanagement' besides shortage of "proper equipment and masks" at

the hospital, in March, much before the PM announced a nationwide lockdown.

A showcase notice was issued to Piyush Singh on March 16 by the medical superintendent of the hospital, in which it was stated that he had “uploaded a video of the orthopedic emergency ward of the Hindu Rao Hospital at 4:29 pm on 14.3.2010 on Facebook along with derogatory statements.”

Singh was accused of “bypassing the channels available to you for addressing your grievance and directly recorded to social media”, and the notice had asked Singh to “explain within 24 hours” why he should not be terminated.

According to the PMSF, the video that was uploaded by Singh “showed seepage into the ward, which had existed there for many days without redress”.

“Health bureaucracy cannot fully be aware of such conditions and be mindful of improving these,” reads a statement issued by the PMSF.

Meanwhile, after several people raised the issue in various social media platforms including Twitter, the union health minister, Dr. Harshvardhan has asked Joshi to take appropriate redressal steps.

Mithu Jain

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The Covid martyrs in Kolkata's hospitals | India Today Insight

Romita Datta, Sonali Acharjee- Kolkata
May 1, 2020

In less than 48 hours, COVID-19 had taken two victims from among Bengal's frontline health warriors-- additional director of health service, Dr Biplab Kanti Dasgupta, and renowned orthopaedic surgeon Dr Sisirkumar Mandal (April 26-28). Even as the government deliberated whether the latter had died of the virus or comorbidities, the doctor fraternity put out a condolence message with an unusual demand. They wanted both doctors declared 'Covid martyrs' and cremated with full state honours.

"It will act as motivational inspiration for the dedicated workforce," said their message. The request was declined but it sounds all the more poignant when you realise that 74 health workers in Bengal, including doctors and nurses, are today battling for their lives, having contracted the viral disease from patients; another 500 are in quarantine and are possible suspects.

"Going by the number of infected doctors and health workers, we fear that hospitals will soon turn into Covid epicentres. There will be a total collapse of the health system unless the government mends its ways," says Dr Manas Gumta, secretary of the Association of Health Service Doctors (AHSD). His apprehensions are not unfounded--12 hospitals including 7 public and 5 private, have had to shut various departments for more than a fortnight, sending on an average 20 to 50 hospital staff on month-long quarantine. No one knows how many patients were infected.

West Bengal's leading healthcare institutions--including Calcutta Medical College and Hospital, NRS Medical College and Hospital, R.G. Kar Medical College, SSKM, Howrah District General Hospital, School of Tropical Medicine, National Medical College, B.R. Singh Railway Hospital--have all been affected. These hospitals are in the heart of the metro districts, Kolkata and Howrah, which have contributed 80 per cent of the state's 882 Covid cases so far.

"Several doctors with private hospitals are now mulling whether it's worth the risk exposing themselves to patients in the absence of adequate protective gear, no SOPs and no rules of segregating patients at the source. Government doctors can't even entertain such thoughts, but I know of at least one neuro-medicine specialist at Calcutta Medical College who has put in his papers," says a senior doctor and member of the West Bengal Doctor's Forum, requesting anonymity.

While ICMR guidelines mandate all symptomatic patients and asymptomatic high-risk patients be tested for Covid, many private hospitals such as Max and Apollo in Delhi now insist on a Covid test for all admitted and new patients to protect healthcare workers. They use the 'other' category in ICMR's testing protocol to facilitate testing for asymptomatic patients without history of exposure. Bengal hospitals need a clear protocol on who and when to test patients to avoid a situation like Italy where hospitals became breeding grounds for infection, leading to 204,000 infections and 27,000 deaths in the country.

The PPE shortage

The rumblings are growing among doctors and health workers about inadequate safety gear, PPE, masks and gloves. "For healthcare workers, PPE is life and death. If they are not protected, it's like

pronouncing a death sentence on them,” says a leading member of the West Bengal Doctors’ Forum.

According to chief secretary Rajiva Sinha’s numbers, the state has so far distributed 419,000 PPEs; this is excluding the 7,000 that have come from the Union ministry of health. The government health services employ about 300,000 people. Out of this, nearly half are active in the field.

There are 15,000 government doctors, 60,000 nurses, 80,000 paramedics and Group D and E staff spread all over Bengal who are directly involved in the battle against Covid. The supply of 419,000 PPEs in the past one month is grossly inadequate.

“There has to be a steady supply of PPEs, at least supply of 12,000 per day. The WHO guidelines say that PPE can only be re-used after ETO sterilisation. I doubt if the districts have ETO sterilisation facilities. And again there are SOPs to be followed. How can we expect such awareness among hospital staff, when there has been no training, no mock drills?” asks Dr Rezaul Karim, a senior member of the AHSD. Other state governments such as Chhattisgarh, Kerala, Maharashtra and Delhi have released videos and guidelines on how to wear and dispose of PPEs, including masks.

Health department officials maintain that there are enough PPEs in stock and that hospitals are being given 60-100 PPEs on an average every day. However, a letter from junior doctors at Calcutta Medical College to the department (on April 20) punctures these claims. “We are not even getting N-95 masks before treating patients,” a portion of the letter reads.

According to the chief secretary, there are 7,000 Covid beds, 5,700 ICUs and 2,838 ventilators in both public and private healthcare facilities

together in Bengal. But doctors have put the number of functional beds at less than 2,500. “Even the Covid-dedicated MR Bangur--which is supposed to have 1,100 beds--has only about 200 in functional condition,” rued a senior city doctor. MR Bangur, at present, has 300 COVID-19 patients.

Since coronavirus patients suffer from respiratory distress, respiratory specialists are mandatory in every Covid hospital. But they too are at a premium, mostly one to a hospital and even they are visiting consultants.

The most worrying issue is the absence of virologists and epidemiologists in the government’s COVID-19 expert committees. “In such a grave situation when epidemiologists should lead us through, administrative officers in the committee are coming up with fanciful theories, making people all the more vulnerable,” says a renowned government doctor.

Complaints about low testing are another area which has alarmed the medical fraternity. West Bengal has done just 14,620 tests with a test-rate of 147 tests per million as on April 29. The state’s testing is the lowest in the country among those who have had over 500 Covid cases. In comparison, Maharashtra has done 128,726 tests or 1,046 per million.

Why is Bengal testing less? Chief minister Mamata Banerjee has a ready answer--the Centre is not sending enough kits and testing is happening in only eight laboratories, as approved by ICMR. But National Institute of Cholera and Enteric Diseases (NICED, ICMR’s nodal COVID-19 testing facility in Kolkata) director Shanta Dutta vehemently denies there being any shortage. She says ICMR has dispatched 42,500 kits but they were getting very few samples till a week back.

ICMR has allowed states to conduct pooled tests in areas of low infection. Each PCR kit can now be used to test 5 samples, a strategy Uttar Pradesh, the Andamans and Delhi have begun to follow to maximise use of resources. Given Bengal's 42,500 kits, even if half of these are used to test in low infection zones, Bengal could have done 106,250 tests. As it is, Bengal has hardly touched the 20,000 figure. ICMR has also allowed states to begin rapid tests. Despite not receiving resources from the Centre, Rajasthan, Tamil Nadu and Chhattisgarh have gone ahead and procured rapid test kits directly from suppliers to increase testing. However, Bengal has made no such proactive efforts. The fact that Bengal has witnessed a 300 per cent spike in Covid cases since April 24 is because testing has now increased. Chief secretary Sinha says Bengal is testing 400 cases a day.

This apart, the constitution of an expert audit committee to certify whether deaths occurred due to coronavirus or underlying ailments (comorbidity in medical parlance) is another black hole. The death figures in Bengal which was in the 10-12 range suddenly jumped to 57 on April 23. Sinha announced the figure but also added that 39 of these people died due to comorbidities.

Bengal has still not added these 39 deaths to its total Covid tally. States such as Maharashtra, Delhi and Rajasthan have been regularly including all deaths of anyone diagnosed with COVID-19 in its Covid tally, and have provided detailed and transparent analysis of those who have died. Availability of data is crucial for public health officials to predict the course of infection, plan for containment and understand the nature of the virus. If Bengal were to add the 39 deaths to its Covid count, the death rate for the state would be the highest in the country at 6.7 per cent, almost double that of the national average of 3.2 per cent.

Perhaps this explains why seven associations of doctors, cutting across political loyalties, on April 22 called CM Mamata's attention to the fear and worry in the medical fraternity in Bengal.

But no one is listening. Whether Dr Dasgupta and Dr Mandal died of Covid or not will be lost in the plethora of confusing data the health bulletin reels out every day. But to friends and colleagues, he will be remembered for having done his duty till the last, supervising the entry and exit of stock and attending to patients, oblivious of being a carrier. Dr Dasgupta's last words on his Facebook page read: "Trust God, even if the answer is WAIT." Perhaps he was waiting for good sense to dawn on the government.

Mithu Jain

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ANNEXURE A/12

In Pune's COVID-19 hospitals, doctors rely on teamwork and humour to rise above fears, battle virus in sweltering conditions

Payal Gandhi- Firstpost
May 01, 2020

Editor's note: This series will focus on the difficulties faced by the medical fraternity at COVID-19 hospitals, their duty hours, access to protective gear, facilities they get during quarantine, how are their families coping with this new reality across different states in the country. This is the seventh part of the series.

With Pune witnessing a rising number of coronavirus cases, doctors at various hospitals dealing with the disease have had to battle with their apprehensions and respond to the call of duty.

With around 1,505 infections and 92 deaths reported till Thursday evening, Pune has the second highest number of infections in Maharashtra after Mumbai and has been declared a containment zone. According to the Union health ministry, Maharashtra is the worst-affected state with 10,498 cases and 459 deaths reported in the state as of Friday morning.

Initially, two hospitals — Naidu Infectious Diseases Hospital and the government-run Sassoon hospital — were earmarked for the treatment of COVID-19 patients but as the number of cases continued to spike, especially in the tightly-packed Bhavani Peth area, the Pune Municipal Corporation (PMC) asked private hospitals in the city to allot wards for treating COVID-19 patients.

Dr Vrushali Khadke, a lung specialist and the nodal officer for coronavirus ward at the Poona Hospital told Firstpost that protocols prescribed by the ICMR were implemented in the hospital when it was

asked to open a coronavirus ward almost three weeks ago. As per the protocols, the hospital has a triage area to segregate suspected coronavirus cases from other patients and ICU and isolation units to care for coronavirus positive patients. Personal protective equipment (PPE) is provided to the staff dealing with suspected COVID-19 cases. Doctors and staff at the Poona Hospital work 12-hour shifts for three days and are then given a rest period of three days.

The staffing, however, is different at designated state-run COVID-19 hospitals. They follow a rotational duty chart, under which doctors and paramedical staff work for 14 days and then undergo a mandatory quarantine period of a fortnight.

Challenges posed due to PPE, social distancing norms

Dr Sarika Godse*, a resident doctor working at the Out-Patient Department (OPD) in a private hospital, told Firstpost that all patients coming to the hospital are treated as suspected coronavirus patients, and all doctors and staff, even at OPDs have to take precautions.

She finds the PPE suits quite cumbersome and heavy. The mercury has shot up to around 40 degrees Celsius and the overalls worn on top of normal clothes, make for a sweltering six hours spent at the ward. Besides, once the overalls are donned, the doctors and the staff cannot drink water or take a bathroom break as each suit can only be worn once and is discarded after use.

However, the biggest challenge facing both doctors and patients, according to Khadke, is observing social distancing norms and treatment protocols.

Masks and protective equipment cover most of your face and it becomes difficult for the caregivers to establish a relation of trust with the patients and to reassure them, Khadke added.

Godse expressed similar views. A lot of a physician's work involves touching a patient, examining their eyes, palpating their abdomen and the coronavirus crisis had made exactly this part of a doctor's work risky, Godse explained.

"I haven't heard a patient's chest in a month and a half," she said, adding that the use of stethoscopes has been prohibited as they might play a role in transmitting the virus between patients.

Tough to fight on both fronts

Doctors and paramedical staff are not only worried about transmitting the virus to their patients but also to their family members. "The nursing staff do their household work and come for duty 12 hours a day. Plus, they also have to look after their children... There is a fear present amongst them, but I think they have overcome that with ease," said Khadke.

"It's taxing to keep fighting on both fronts — work and the personal front," said Dr Ameet Dravid of the Pune's Noble Hospital, who has sent his nine year-old daughter to his parents' home in another city.

"It is difficult to explain to her the intricacies of the disease and why she can't meet her parents," he said.

Dr Sayali Adhikari*, a doctor at the OPD in one of the two designated state-run hospitals in the city, hasn't met her parents since the month of March.

“Since they don’t live with me, they are always worried about me. Even after I finish my duty hours, I am too tired to call them. So, I constantly have to reassure them and tell them not to worry about me. So yes, there is definitely a psychological cost associated with my work,” she admits.

Godse, who hails from Mumbai, says she last met her parents four months ago.

“That is unbelievable considering that Pune and Mumbai aren’t that far. However Skype and Zoom calls help,” she said.

However, living away from family makes Godse a bit less anxious about her work, especially since she is expected to begin working in the coronavirus ward soon.

“I do not have much to lose. I am a young healthy woman who doesn’t have diabetes or any other health conditions. If a 40-year-old man living with his family says he doesn’t want to work in the coronavirus ward, it is justified. But I am living alone and not risking anybody, if I was living in Mumbai that would have been a big thing. I would have been scared to go back home if I was in Mumbai because I could have been an asymptomatic carrier who could have infected my grandparents, for example,” she said.

The downside of living alone is loneliness and also the fear of getting evicted. In different parts of the country, doctors have been attacked or even asked to leave their houses as they are suspected to carry the virus back home with them.

Godse has not faced such direct hostility but the chairman of her housing society asked her about accommodation facilities provided by the

hospital for doctors working in coronavirus wards. This added to her worries and made her think about finding alternative accommodation.

Rising over the cloud of fear

A cloud of anxiety and fear has descended over hospitals, especially since doctors and staff at a couple of hospitals in the city have contracted the disease. In Pune, at least 25 staffers including 19 nurses at the private Ruby Hall Clinic have tested positive while three nurses and a senior doctor have been found to be infected in the state-run Sassoon Hospital.

A senior doctor who works at a state-run facility, speaking to Firstpost on the condition of anonymity, said that team work and humour are essential for “rising over the cloud of fear” that surrounds COVID-19.

“When one person is unable to perform some task due to anxiety or fear, team members pick up the slack. That is one way to keep everyone motivated. Our workers have really risen to the challenge, right from carrying equipment to reassuring each other,” the doctor said.

Dr Adhikari too admits to have felt this fear but says that she managed to overcome her fears by reminding herself to abide by the rules of the profession.

“We cannot deny our duty on moral grounds,” she said, and therefore, she is not scared of returning to work after she finishes her mandatory quarantine period of 14 days.

“It is the toughest time of our lives,” said Dravid. However, he said, it helps to remember that doctors are not the only ones in this fight – policemen, sanitation workers, nurses and even administrative staff at

hospitals have been doing a stellar job, and this is a source of inspiration to him.

Life under quarantine

Doctors from government hospitals undergoing their quarantine period said that they continue following developments related to the disease even when not working.

Adhikari said most of her time is spent discussing various patients and the developments in their condition with her colleagues who are also undergoing quarantine. "Wherever you go, these discussions are inevitable," she said.

She has also stocked up her favourite books to help pass the time. Being fond of novels, she decided to utilise the time to read the final part in the Shiva trilogy by Amish Tripathi. Apart from that, she spends her time watching television and catching up with her family.

For Godse, duty at the coronavirus ward is yet to begin. But as routine procedures in the hospital have been drastically curtailed as a precautionary measure, she finds herself with a lot of time on her hands. She spends most of this time reading books or cooking.

*names changed on request

Mithu Jain

//TRUE TYPED COPY//

ANNEXURE A/13

Halted by sealed Delhi-Gurgaon border: Doctors, health staff, crucial surgeries

With the Delhi-Gurgaon border sealed starting Friday morning, healthcare workers who live in the two cities were among those who found themselves stranded.

Written by Somya Lakhani, Shivam Patel | New Delhi
Updated: May 2, 2020, Indian Express

On Thursday night, cancer surgeon Dr Mandeep Malhotra had to reschedule a surgery for a patient suffering from throat cancer after he realised he won't be able to make it to Fortis Hospital in Vasant Kunj from his Gurgaon residence the next morning.

Dr Tariq Matin, a Delhi-based neuro-interventionist, had to postpone a procedure too as he couldn't make it to Narayana Superspeciality Hospital in Gurgaon.

With the Delhi-Gurgaon border sealed starting Friday morning, healthcare workers who live in the two cities were among those who found themselves stranded. Apart from the long queues at border checkpoints, healthcare workers said they had to deal with police personnel, who didn't let them pass despite their ID cards and explanations regarding the urgency of their work.

The Gurgaon authorities have directed that those working there and living in Delhi and vice-versa should make living arrangements at or near their workplaces to avoid cross-border movement.

Malhotra told The Indian Express, "I have been with this patient for two months and this surgery is important. I can delay a day or two, maybe

even a week, but beyond that all our work will be undone and the cancer can progress.”

He said the hospital has given them accommodation to stay back in Delhi, but he cannot as his aged grandmother and two young children stay with him. “One can stay away from home for two-three days but this is indefinite,” he said.

Malhotra said even patients are in trouble as many cross the border for treatment. “I have a Gurgaon-based patient who got operated on for breast cancer. Now she needs post-surgery radiation. I asked her to get it done at a hospital in Gurgaon, but it turns out that a lot of its staffers live in Delhi, so her post-surgery radiation has not been scheduled.”

At 7.30 am Friday, Dr R K Agarwal (58), senior consultant, anaesthesia, at Sir Ganga Ram Hospital, left his Gurgaon residence for work and reached in no time. On his way back in the afternoon though, he found himself pleading with police. “I work in a COVID hospital and, as an anaesthetist, I work with ventilators, which are crucial right now. I showed the police personnel my ID card, a letter from the hospital saying this a COVID hospital, but he just didn’t listen. I felt humiliated. The AC in my car too wasn’t working and I told the policemen that I am tired, I am ageing and that they should let me go. I left the hospital at 1.30 pm and finally reached home at 4.45 pm,” said Agarwal. He said he is “fearful of going to work in the coming days”.

Gurgaon-based Dr Ajay Singhal, head of department of anaesthesia at Primus hospital in Delhi’s Chanakyapuri, said he didn’t go to work after he found out on Thursday that the border had been sealed. “Thankfully,

we have Delhi-based anaesthetists... How can they expect us to make accommodation arrangements in Delhi?”

Matin, the neuro-interventionist at Narayana Superspeciality Hospital, said that 40% of the Gurgaon hospital's healthcare workers live in Delhi, and could not come to work Friday. “The nephrology unit is shut... Dialysis is very important. Other healthcare services shouldn't suffer like this,” he said.

Gurgaon-based Dr Anurag Gupta, a neurosurgeon at Fortis Vasant Kunj said: “NCR has always been one unit, and this sealing has made our life very tough. I am the only neurosurgeon at the hospital. I have asked a Fortis Gurgaon neurosurgeon who lives in Delhi to cover for me. My wife works at Fortis Gurgaon and several heads of department and the director have been unable to come because they live in Delhi.”

A doctor with a private hospital in Delhi, who did not wish to be named, said she and her husband, also a doctor, reached the NH-8 toll plaza on the Delhi-Gurgaon border around 2 pm after completing their shifts and found a long queue of cars. “We knew that the order was coming into effect today so we left a little early to reach Gurgaon, where we live with our three-year-old son. We had to wait for two hours in the traffic before we reached the checkpoint, where we showed our hospital IDs and state government-issued passes, but police told us that they cannot allow us to pass,” she said.

“There were 15-20 doctors besides us. Police also threatened an FIR against us. After much pleading, they finally let us go, with a warning that this was being done only for today and if we return without valid passes tomorrow, we should be ready to face charges,” the doctor said.

Another doctor with Medanta Hospital in Gurgaon, who was on his way to work from Delhi, said he told police officials that he worked in an ICU and had valid passes. “They said only those with Central government passes would be allowed to go through,” the doctor said.

G K Khurana, secretary general of the All India Government Nurses Federation, said: “Additional restrictions are causing problems in the movement of healthcare workers, many of whom have called us. Authorities should either allow their movement or make arrangements for their stay near their places of work.”

Dr Arjun Dang, CEO of Dr Dangs Lab, said: “Diagnostic staff conducting coronavirus tests are facing difficulties due to shortage of manpower owing to transport issues.”

Dr Ritu Garg, zonal director of Fortis Memorial Research Institute in Gurgaon, said while restricting movement across the border may help reduce transmission, “we also need to ensure medical assistance to patients on chemotherapy, dialysis and with other medical emergencies”.

A spokesperson for Max Healthcare, which has hospitals in both Delhi and Gurgaon, said nearly 40% of their clinical, para-clinical and support staff travel between Delhi, Gurgaon and Faridabad. “Sealing at borders is forcing us to operate with limited manpower... Despite ID cards and passes issued by Delhi for healthcare workers, they are being stopped,” the spokesperson said.

“We are trying to make arrangements for accommodation for mandatory essential staff in Delhi but that is another challenge with most hotels and accommodation facilities non-operational... Arranging transportation is another hassle,” the Max Healthcare spokesperson said.

Mithu Jain

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ANNEXURE A/14

Coronavirus Pandemic: AIIMS Delhi Doctors Sound Alarm Bells Against Govt Apathy

Doctors blame the government for failing to provide basic facilities and services to healthcare professionals who are at the forefront to deal with cases of Coronavirus.

Jeevan Prakash Sharma- New Delhi
02.05.2020- Outlook

The Coronavirus infection is increasingly spreading among healthcare professionals and forcing them to go in quarantine. This has led to a shortage of doctors in many top hospitals in the country. It is also discouraging many others to lead from the front as they are concerned about their own lives and well-being.

Concerned over rising instances of doctors falling sick, Padmini Singh, Secretary, Health and Family Welfare, Delhi government has asked medical directors of various government hospitals to get written explanation from such doctors, who have tested positive for the virus, asking them how “in spite of wearing required protective gears, maintaining safe distances and following precautions prescribed for healthcare workers, they still contracted the infection.”

Calling it an insensitive move, doctors have opposed it. Dr Adarsh Pratap Singh, President, Residents’ Doctors Association, AIIMS, New Delhi, says that the current trend is quite worrisome.

Singh has blamed the government for failing to provide basic facilities and services to healthcare professionals in several hospitals.

“Government, health agencies and hospital administration have to focus on these things to prevent such catastrophe to happen with healthcare providers,” Singh says.

Singh and other doctors have listed ten demands and asked the government to take urgent steps.

Inadequate and substandard supply of PPE: In many COVID-19 hospitals, the healthcare professionals don't have access to complete personal protection equipment (PPE) which make them vulnerable to the infection. In some hospitals, the quality is so inferior that it fails to serve the purpose.

Non-availability of PPE to doctors treating non-COVID patients: Such patients often bring infection in non-COVID wards unknowingly and infect doctors. Today, PPE is a must for every doctor. As the numbers of hotspots are increasing, so are the asymptomatic COVID-19 positive patients.

Safer accommodation needed for doctors: Many health workers are at the risk while commuting from home as in many cases they get infected due to community transmission. They need accommodation at safer places, closer to their respective hospitals.

Lesser number of testing: More testing will isolate more infected people causing a minimum risk to doctors.

Exposure to COVID-19 patients for long: Since health workers are inadequate in numbers, they have to work for long to attend COVID patients. It leads to more viruses entering into their bodies and making them sick.

Inadequate infection prevention, control training: Health workers in many districts are poorly trained to handle this infectious disease. A quick training can help them save themselves and others.

Increase in work stress, intensity and anxiety: Working in a life-threatening environment without proper facilities and care is stressful for health workers. They are de-motivated.

Social ostracism, harassment and assault: Despite a law to ensure protection to health workers, social ostracism continues unabated. Instead of treating them as warriors, they are seen as a threat and are harassed.

Invest more in healthcare: It is time the government should realise to invest more in infrastructure and capacity building to fight a pandemic like COVID-19.

Bring private practitioner back to work: Government healthcare professionals are overburdened because private practitioners have closed their clinics and dispensaries. They should be asked to start working to ease off burden in government hospitals.

Mithu Jain

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ANNEXURE A/15

Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health

Interim guidance 19 March 2020
World Health Organisation

Background

Health workers are at the front line of the COVID-19 outbreak response and as such are exposed to hazards that put them at risk of infection. Hazards include pathogen exposure, long working hours, psychological distress, fatigue, occupational burnout, stigma, and physical and psychological violence. This document highlights the rights and responsibilities of health workers, including the specific measures needed to protect occupational safety and health.

Health work rights, roles and responsibilities

Health worker rights include the expectation that employers and managers in health facilities:

- assume overall responsibility to ensure that all necessary preventive and protective measures are taken to minimize occupational safety and health risks;
- provide information, instruction, and training on occupational safety and health, including;
- refresher training on infection prevention and control (IPC);
- use, putting on, taking off and disposal of personal protective equipment (PPE);
- provide adequate IPC and PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies) in sufficient quantity to those caring for suspected or confirmed COVID-19 patients,

such that workers do not incur expenses for occupational safety and health requirements;

- familiarize personnel with technical updates on COVID-19 and provide appropriate tools to assess, triage, test, and treat patients, and to share IPC information with patients and the public;
- provide appropriate security measures as needed for personal safety;
- provide a blame-free environment in which health workers can report on incidents, such as exposures to blood or bodily fluids from the respiratory system, or cases of violence, and adopt measures for immediate follow up, including support to victims;
- advise health workers on self-assessment, symptom reporting, and staying home when ill;
- maintain appropriate working hours with breaks;
- consult with health workers on occupational safety and health aspects of their work, and notify the labour inspectorate of cases of occupational diseases;
- allow health workers to exercise the right to remove themselves from a work situation that they have reasonable justification to believe presents an imminent and serious danger to their life or health, and protect health workers exercising this right from any undue consequences;
- not require health workers to return to a work situation where there has been a serious danger to life or health until any necessary remedial action has been taken;
- honour the right to compensation, rehabilitation, and curative services for health workers infected with COVID-19 following exposure in the workplace – considered as an occupational disease arising from occupational exposure;
- provide access to mental health and counselling resources; and

- enable cooperation between management and health workers and their representatives.

Health workers should:

- follow established occupational safety and health procedures, avoid exposing others to health and safety risks, and participate in employer-provided occupational safety and health training;
- use provided protocols to assess, triage, and treat patients;
- treat patients with respect, compassion, and dignity;
- maintain patient confidentiality;
- swiftly follow established public health reporting procedures of suspected and confirmed cases;
- provide or reinforce accurate IPC and public health information, including to concerned people who have neither symptoms nor risk;
- put on, use, take off, and dispose of PPE properly;
- self-monitor for signs of illness and self-isolate and report illness to managers, if it occurs;
- advise management if they are experiencing signs of undue stress or mental health challenges that require supportive interventions; and
- report to their immediate supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to life or health.

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication

Mithu Jain

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ANNEXURE A/16

WHO calls for healthy, safe and decent working conditions for all health workers, amidst COVID-19 pandemic

World Day for Safety and Health at Work: WHO key facts & key messages to support the day

28 April 2020 |Departmental news

On World Day for Safety and Health at Work, the World Health Organization calls upon all governments, employers and workers organizations and the global community to take urgent measures for strengthen countries' capacities to protect occupational health and safety of health workers and emergency responders respect their rights to decent working conditions, and develop national programmes for occupational health of health workers and to provide them with occupational health services. Amidst the COVID-19 pandemic, ILO has dedicated World Day for Safety and Health at Work 2020 in addressing the outbreak of infectious diseases at work, in particular, on the COVID-19 pandemic.

Health workers are at the front line of the COVID-19 outbreak response and as such are exposed to hazards that put them at risk of infection. Hazards include pathogen exposure, long working hours, psychological distress, fatigue, occupational burnout, stigma, and physical and psychological violence.

Infections with COVID-19, insufficient measures for infection prevention and control, occupational safety and health, mental health and psychosocial support for health workers result in high rates of absenteeism and deplete the health workforce – the most precision resources for stopping the COVID outbreak.

Key Messages and Facts

COVID-19 infections among health workers:

- As of 21 April 2020 countries reported to WHO that over 35, 000 health workers were infected with COVID19. This number is significantly higher because of underreporting.
- The major occupational risks for COVID19 infection among health workers are: late recognition or suspicion of COVID-19 in patients, working in a higher-risk department, longer duty hours, suboptimal adherence to infection prevention and control measures, such as hand hygiene practices, and lack of or improper use of personal protective equipment (PPE). Other factors have also been documented, such as inadequate or insufficient IPC training for respiratory pathogens, including the COVID-19 virus, as well as long exposure in areas in healthcare facilities where large numbers of COVID-19 patients were being cared for.
- The prevention of infections requires the use of appropriate infection prevention and control measures by all health workers, with a special focus on the adherence to hand hygiene and personal protective equipment when caring for COVID-19 patients, as well as a combination of environmental and administrative controls.
- Health workers infected with COVID-19 following exposure in the workplace should have the right to employment injury benefits for occupational disease, including compensation, rehabilitation, and curative services.

Violence and stigma against health workers:

- Health workers are at high risk of violence all over the world. Between 8% and 38% of health workers suffer physical violence

at some point in their careers. Many more are threatened or exposed to verbal aggression and social stigma because of their work.

- In the COVID19 crisis, shortage of staff and resources and increasing social tensions result in increased level of violence against health workers and even attacks against health care facilities. Doctors, nurses, security personnel and those who are assisting in testing, tracing contacts and enforcing physical distancing measures to stop COVID-19 experience threats and aggression.
- WHO calls upon governments, employers and workers organizations to institute measures for zero-tolerance to violence against health workers at the workplace and at the way to and from their workplace, and for intensifying social support and respect for health workers and their families.

Long working hours and psychosocial hazards for health workers:

- Many health workers have to work longer or irregular hours because of the increasing demand for health services. In addition, many countries experience shortage of health workers, or junior staff are working in demanding new roles.
- Health workers face psychosocial hazards, which are exacerbated during emergencies where demands increase and they have to experience risk of infection witness higher suffering or mortality.
- Long working hours, shift work, high workload and other psychosocial hazards can lead to fatigue, occupational burnout, increased psychological distress or declining mental health - affecting the health of health workers, and the quality and safety of care delivered.

- WHO calls for adequate staffing levels and clinical rotation in healthcare facilities, measures to minimize psychosocial hazards, and provision of access to mental health and psychosocial support for health workers.

The annual World Day for Safety and Health at Work on 28 April promotes the prevention of occupational accidents and diseases globally. It is an awareness-raising campaign intended to focus international attention on the magnitude of the problem and on how promoting and creating a safety and health culture can help reduce the number of work-related deaths and injuries.

Mithu Jain

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