



THE ADMINISTRATION OF UNION TERRITORY OF LADAKH
Disaster Management, Relief, Rehabilitation &
Reconstruction Department
(State Executive Committee, Ladakh Disaster Management Authority)
Tele/Fax: 01982-255567, 01982-255568; e-mail: ladakhdivcom@gmail.com

Subject: - COVID-19 Management - Guidelines/instructions -reg.

Order No: - 22- DM(UTL) of 2020,
Dated: - 30.04.2021.

Whereas, the National Disaster Management Authority (NDMA) vide Order No.40-3/2020-DM-I(A) dated: -23.03.2021 had issued guidelines for effective control of COVID-19, which are in effect till 30.04.2021.

Whereas, the National Disaster Management Authority, (NDMA) vide Order No.40-3/2020-DM-I(A) dated:- 29.04.2021 has directed the State/Union Territory Governments and State/ Union Territory Authorities to consider the containment measures for COVID-19, as conveyed vide MoHFW advisory dated, 25.04.2021 for immediate implementation in State/UT, based on the assessment of the situation, until 31.05.2021.

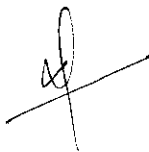
Now, therefore, under the directions of the aforesaid orders of NDMA, GoI and in exercise of the powers conferred under section 24 of the Disaster Management Act, 2005, the State Executive Committee, Ladakh Disaster Management Authority hereby directs that the aforesaid MoHFW advisory dated 25.04.2021 (**Annexure – I**) shall immediately be implemented in the Union Territory of Ladakh for effective control of COVID-19, based on the assessment of the situation, **until 31.05.2021** along with the following COVID-19 containment guidelines.

1. General instructions:

- (i) All passengers arriving in Ladakh both by air and road are advised to get themselves tested for COVID-19, not later than 96 hours before their arrival in Ladakh from ICMR approved test laboratories. **The Tourists arriving in Ladakh both by air and road must have a negative RT-PCR report not older than 96 hours.** Such person(s)/Tourists who is/are without a valid COVID-19 test report of not later than **96 hours** before their arrival will undergo mandatory COVID-19 test and shall be quarantined at quarantine center or place of stay and will only be allowed out of quarantine; if his/her test report is found negative.
- (ii) All Labours arriving in Ladakh both by air and road are advised to come through contractor(s) or labour agencies with COVID-19 test report of **96 hours** before their arrival in Ladakh form ICMR approved test laboratories. Such labourers who arrive in Ladakh, without any

COVID-19 test report shall be turned back at the cost of contractors/mates at the point of entry.

- (iii) Incoming passenger(s) who is/are declared suspects in the Aarogya Setu app will mandatorily be home quarantined for 14 days. In case, they develop any symptoms, they shall inform the District Surveillance Officer of the respective district immediately. Such persons will be administered a COVID-19 test by the District Surveillance Officer and till such time their test report is declared negative, they will have to stay under home quarantine along-with other family members.
- (iv) Any person(s) reported with severe COVID-19 symptom will be isolated by the District Administration along with their contacts irrespective of the mode of travel.
- (v) Persons arriving in Ladakh on official duty or duty which entails visiting offices or coming in contact with large number of people, or tourists, must strictly follow COVID-19 precautionary measures such as hand sanitization, social distancing, wearing of face mask at all times during the course of their stay in Ladakh. In case, they develop any symptoms, they shall inform the District Surveillance Officer of the respective districts immediately. Such persons will be administered a COVID-19 test by the District Surveillance Officer and till such time their test report is declared negative, they will have to stay under mandatory quarantine.
- (vi) The personnel of Defense and Central Armed Police Forces returning to duty by road or special flights are exempted from the above provisions and shall be allowed to proceed to their respective Units/Formations for necessary quarantine as per their internal procedures.
- (vii) All offices and workplaces in the Union Territory shall be sanitized on daily basis and in accordance with the SOP of the Ministry of Health & Family Welfare issued from time to time. Every Officer/Official/Employee will maintain sanitization facility outside their rooms and waiting areas, for each and every visitor and ensure compulsory wearing of face masks by each visitor. The office in-charge/head of the office will nominate an officer/official/employee by formal orders for ensuring that such hand sanitization and mask compliance by every visitor visiting their offices is ensured. Every office will ensure thermal temperature screening at the gate.
- (viii) All Hotels and other hospitality services will follow the SOP of Ministry of Health and Family Welfare, Government of India issued from time to time. Hotels/Guest houses that accept bookings for guests (irrespective of their mode of arrival) will maintain details of guests with entire travel history, ensure daily screening of all their guests and report any guest who is symptomatic to the District Surveillance Officer. Daily reports of screening will be submitted to the District Surveillance Officer by every



Hotels/Guest houses of both the Districts in a devised format to be circulated by the respective District Magistrates.

- (ix) The owners of Hotels/Guest houses/Home stays must also ensure social distancing, availability of hand sanitizer at their lobbies, restaurants, lawns and business centers and ensure frequent sanitization of common areas and spaces. The District Administration of the respective Districts shall get these facilities inspected periodically.
- (x) All shops, restaurants (including in hotels) including barber-shops, saloons and beauty parlors, will follow the SOPs of Ministry of Health & Family Welfare, Govt. of India issued from time to time. The District Magistrates will ensure regular inspections of shops/barbershops/restaurants/kitchens of restaurants etc.
- (xi) There shall be regulated parking on roads of bazaars, market areas by the respective District Administration to prevent congestion and ensure social distancing.
- (xii) Schools/educational institutes shall mandatory follow the Standard Operating Procedure (SOP), regarding health and safety precautions issued by School Education Department/Higher Education Department from time to time.
- (xiii) Swimming pools being used for training of sportspersons shall mandatory follow Standard Operating Procedure (SOP), regarding health and safety precautions issued by the Ministry of Youth Affairs & Sports, GoI.
- (xiv) Cinemas/theatres/multiplexes shall mandatory follow the Standard Operating Procedure (SOP), regarding health and safety precautions as per SOP issued by the Ministry of Information and Broadcasting, GoI.
- (xv) Entertainment parks and similar places shall mandatory follow the Standard Operating Procedure (SOP), regarding health and safety precautions issued by the Ministry of Health & Family Welfare (MoHFW), GoI.
- (xvi) Business to Business (B2B) Exhibitions shall mandatory follow the Standard Operating Procedure (SOP), regarding health and safety as per SOP issued by the Department of Commerce, GoI.
- (xvii) Religious places/places of worship will follow the Standard Operating Procedures (SOP) as per the precaution issued by the Ministry of Health & Family Welfare (MoHFW).
- (xviii) Social/ religious/ academic/ entertainment/ educational/ cultural/ sports/ religious gathering/political functions and other congregations will be permitted outside the containment zones upto a ceiling of 25 persons only or 50% of the hall capacity, whichever is less in case of indoor



spaces and such gathering will be permitted up to a ceiling of 50 persons or 50% of the capacity of the space with social distancing, whichever is less in case of open space, only with the prior permission of the respective District Magistrates. Wearing of face masks, maintaining social distancing, provision of thermal scanning and use of hand wash or sanitizer will be mandatory.

- (xix) The District Magistrates based on their assessment of the situation in their respective districts may impose night curfew, with a view to contain the spread of COVID-19.
- (xx) The District Magistrates shall take all necessary measures to promote COVID-19 appropriate behavior within their respective Districts and shall also ensure strict enforcement of wearing of face masks, hand hygiene and social distancing norms. They shall also take necessary steps to regulate crowds in markets, public transport and various gatherings as per SOPs issued by MoHFW, GoI.

2. Effective enforcement of the Test-Track-Treat protocol:

➤ Test

- a) There is need to ensure that the tests being conducted are uniformly distributed in both the districts, with adequate testing to be done in district reporting higher number of cases. The proportion of RT-PCR tests in the total mix should be scaled up, on best effort basis, to 70% or more. Districts where proportion of RT-PCR tests is less, should rapidly increase testing through this protocol, to reach the prescribed level.

➤ Track

- b) The new positive cases detected as a result of intensive testing need to be isolated/ quarantined at the earliest; and, their contacts have to be traced at the earliest, and similarly isolated/ quarantined. Containment Zones, accordingly, have to be demarcated and prescribed containment measures implemented within such Zones.
- c) Effective demarcation of Containment Zones, in vulnerable and high incidence areas, is key to breaking the chain of transmission and controlling the spread of the virus. Containment Zones shall be carefully demarcated by the district authorities, at the micro level, taking into consideration the guidelines prescribed by the Ministry of Health and Family Welfare (MoHFW) in this regard. The list of Containment Zones will be notified on the websites by the respective District Magistrates. This list will also be shared with MoHFW on a regular basis.
- d) Within the demarcated Containment Zones, containment measures, as prescribed by MoHFW, shall be scrupulously followed, as under:



- Only essential activities shall be allowed in the Containment Zones.
- There shall be strict perimeter control to ensure that there is no movement of people in or out of these zones, except for medical emergencies and for maintaining supply of essential goods and services.
- There shall be intensive house-to-house surveillance by surveillance teams formed for the purpose.
- Testing shall be carried out as per prescribed protocol.
- Listing of contacts shall be carried out in respect of all persons found positive, along with their tracking, identification, quarantine and follow up of contacts for 14 days (80% of contacts to be traced in 72 hours).
- Surveillance for ILI/ SARI cases shall be carried out in health facilities or outreach mobile units or through fever clinics in buffer zones.
- **It shall be the responsibility of District Administration, District Police and Municipal Authorities to ensure that the prescribed Containment measures are strictly followed.**

➤ **Treat**

- e) Quick isolation of COVID-19 patients shall be ensured in treatment facilities/ home (subject to fulfilling the home isolation guidelines).
- f) Clinical interventions, as prescribed, shall be administered. Capacity building of health workers and professionals shall be an ongoing exercise, to be conducted at all levels, with a view to ensure that the prescribed clinical management protocol is understood clearly and administered accordingly.
- g) The concerned agencies- of the UT Administration shall ensure adequate availability of COVID dedicated health and logistics (including ambulatory) infrastructure and availability of adequate medical oxygen supply, based on their assessment of the case trajectory.
- h) Effective infection prevention and control practices shall be followed in treatment facilities and by health care workers and professionals.

3. COVID appropriate behavior:

- i. District Magistrates shall take all necessary measures to promote COVID-19 appropriate behavior. Strict enforcement of wearing of face masks, hand hygiene and social distancing must be ensured.

- ii. Wearing of face masks is an essential preventive measure. In order to enforce this core requirement, administrative actions, including imposition of appropriate fines, on persons not wearing face masks in public and work spaces shall be enforced.
- iii. Observance of social distancing in crowded places, especially in markets, weekly bazaars and public transport, is also critical for containing the spread of the infection. SOP issued by Ministry of Health and Family Welfare (MoHFW) to regulate crowds in market places, shall be strictly enforced by States and UTs.
- iv. SOPs for regulating travel in aircrafts are already in place, which shall be strictly enforced. District Magistrates shall issue necessary guidelines for regulating travel in other modes of public transport, e.g., buses, taxis etc., and ensure that these are strictly complied with.
- v. The National Directives for COVID-19 Management, as specified in **Annexure II**, shall be strictly followed throughout the UT.

4. Strict Adherence to the prescribed SOPs:

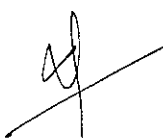
- i. All activities have been permitted outside Containment Zones and SOPs have been prescribed for various activities. These include: movement by passenger trains; air travel; metro trains; schools; higher educational institutions; hotels and restaurants; shopping malls, multiplexes and entertainment parks; yoga centers and gymnasiums; exhibitions, assemblies and congregations, etc.
- ii. The SOPs, as updated from time to time, shall be strictly enforced by the authorities concerned, who shall be responsible for their strict observance.

5. Vaccination:

- i. Vaccination against COVID-19, in the present scenario, is critical to break the chain of transmission. Therefore, the District Magistrate shall rapidly step up the pace of vaccination, to cover all priority groups, as recommended by NEGVAC and approved by the Central Government, urgently and in an expeditious manner.

6. Local Restrictions:

- i. The District Magistrates, based on their assessment of the situation, may impose local restrictions at district/ sub-district and city/ ward level, with a view to contain the spread of COVID- 19 by ensuring compliance on the focused containment measures as mentioned in MoHFW advisory vide DO no: Z.28015/85/2021-DM Cell dated 25.04.2021.



- ii. There shall be no restriction on inter-State and intra-State movement of persons and goods including those for cross land-border trade under treaties with neighbouring countries. No separate permission/ approval/ e-permit will be required for such movements.

7. Protection of vulnerable persons:

- i. Persons above 65 years of age, persons with co-morbidities, pregnant women, and children below the age of 10 years are advised to take necessary precautions.

8. Use of Aarogya Setu:

- i. Use of Aarogya Setu may continue on best effort basis on compatible mobile phones. This will facilitate timely provision of medical attention to those individuals who are at risk.

9. Strict enforcement of the guidelines:

- i. The District Magistrates shall strictly enforce the above guidelines/ measures.
- ii. For the enforcement of social distancing, the District Magistrates may, as far as possible, use the provision of section 144 of the Criminal Procedure Code. (Cr.PC) of 1973.

10. Penal provisions:

- i. Any person violating the above guidelines/measures will be liable to be proceeded against as per the provision of section 51-60 of the Disaster Management Act, 2005, besides, legal action under Section 188 of IPC and other legal provisions as applicable.

Sd/-
(Saugat Biswas), IAS
Member Secretary,
State Executive Committee,
Ladakh Disaster Management Authority.

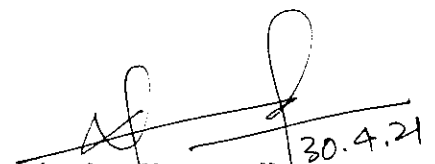
No:-DMRRR/UTL/SOP/COVID-19/2021/3767-93

Dated:- 30.04.2021

Copy for information to the:-

1. Joint Secretary, Jammu, Kashmir & Ladakh, Ministry of Home Affairs, GoI.
2. Joint Secretary, Disaster Management, Ministry of Home Affairs, GoI.
3. Principal Secretary, Health & ME/Revenue Department, Ladakh.
4. Additional Director General of Police, Ladakh.
5. Commissioner/Secretary, GAD/R&B/H&UD/School Education Department Ladakh.
6. Divisional Commissioner, Ladakh.
7. Administrative Secretary, PDD/YS&S Department, Ladakh.

8. Secretary, Information/Higher Education/Social Welfare Department, Ladakh.
9. Secretary, Tourism/Labour & Employment Department, Ladakh.
10. Deputy Commissioner, Leh/Kargil.
11. Sr. Superintendent of Police, Leh/Kargil.
12. Director, Health & Medical Education, Ladakh.
13. All Heads of the Departments, UT of Ladakh.
14. Chief Medical Officer, Leh/Kargil.
15. OSD with the Lieutenant Governor for information of the Hon'ble Lieutenant Governor.
16. Pvt. Secretary to Advisor to the Hon'ble Lt Governor for information of the Advisor.
17. Pvt. Secretary to the Chairman/Chief Executive Councilor, LAHDC Leh/Kargil for information of the Hon'ble CECs.
18. Director, KBR Airport, Leh.
19. District Informatics Officer, Leh for uploading on the UT Ladakh website.
20. Assistant Director Information, Leh/Kargil for necessary action.
21. President Hotel/Guest House owners Association, Leh/Kargil.
22. All Religious Heads of religious organizations of Leh/Kargil.
23. Order/Stock file. (w.2.s.c).


(Delex Namgyal)
Under Secretary
DMRRR, Ladakh. 30.4.21

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

Implementation Framework for community containment/large containment areas

Understanding the virus transmission dynamics:

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

Broadly, the strategies are:

1. **Individual actions** such as wearing of masks, maintaining a distance of 6 feet from others, sanitizing one's hands frequently and not attending any mass gathering; and
2. **Public Health measures** to contain the virus by:
 - **quarantining** and testing individuals suspected to be positive including contacts of SARS-CoV-2 positive persons, SARI cases, persons with flu like symptoms etc. and ensuring that they are not mobile and thus able to spread the infection
 - **isolating** all those who are positive, tracing their contacts, quarantining and testing them.
 - where there are clusters of cases, simply quarantining individuals or families will not help. In that case, **containment zones** with clear boundaries and stringent controls will be required to ensure that the infection does not spread outside. This is in line with the containment strategy followed worldwide and also already enumerated in SOPs of the Ministry of Health. This would mean a large geographical area like a city or district or well defined parts thereof, where cases are high and spiraling up, gets contained physically, However, regulated movement of public transport would be permitted.
3. **Evidence Based Decision:** The decision on where and when to go for large Containment Zone (CZ) has to be evidence based and done at the State/UT level after proper analysis of the situation, such as; the population affected, the geographical spread, the hospital infrastructure, manpower, the ease of enforcing boundaries etc.
4. However, in order to facilitate objective, transparent, and epidemiologically sound decision making, the following broad-based framework is provided to aid States UTs in selection of districts/areas:

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

5. The areas requiring **Intensive action and local containment** connotes specific and well defined geographical units such as cities/town/part of the towns/district headquarters/semi-urban localities/municipal wards/*panchayat areas* etc.
6. The areas so identified for intensive action and local containment will primarily focus on **the following strategic areas of intervention:**

A. Containment

- i. Focus will be on containment as a major approach to flatten the current curve of the epidemic.
- ii. **Night curfew:** Movement of individuals shall be strictly prohibited during night hours, except for essential activities. Local administration shall decide the duration of the night curfew hours and issue orders, in the entire area of their jurisdiction, under appropriate provisions of law, such as under Section 144 of CrPC, and ensure strict compliance.
- iii. The spread of the infection has to be controlled through **restricting the intermingling amongst people**, the only known host for the COVID-19 virus.
- iv. Social/ political / sports / entertainment / academic / cultural / religious / festival-related and other gathering and **congregations shall be prohibited.**
- v. **Marriages (attended by up to 50 persons) and funerals/ last rites (attended by up to 20 persons) may be allowed.**
- vi. All shopping complexes, cinema halls, restaurants & bars, sports complexes, gym, spas, swimming pool and religious places should remain closed.
- vii. **Essential services and activities such as healthcare services, police, fire, banks, electricity, water and sanitation, regulated movement of public transport including all incidental services and activities needed for a smooth functioning of these activities shall continue.** Such services shall continue in both public and private sector.
- viii. **Public transport (railways, metros, buses, cabs) to operate at a maximum capacity of 50%.**
- ix. There shall be **no restrictions on inter-state and intra-state movement including transportation of essential goods.**
- x. All offices, both government and private, to function with a **maximum staff strength of 50%.**
- xi. All industrial and scientific establishments, both government and private may be **allowed subject to the workforce following physical distancing norms.** They shall also be tested through RAT (in case of individuals identified with flu like symptoms) from time to time.
- xii. The SOPs already issued by MoHFW, including training manuals for surveillance teams and supervisors are available on the website & must be followed.
- xiii. **However, these are indicative activities, and States/ UTs should make a careful analysis of the local situation, areas to be covered, and probability of transmission and then take a decision.**

- xiv. The restrictions as above shall continue for a period of 14 days.
- xv. Before declaring a containment area, make a public announcement, outlining the rationale for the same and the kind of restrictions that will be in place (a leaflet in local language may be distributed highlighting the gravity of the situation and restrictions to be followed)
- xvi. Community volunteers, civil society organizations, ex-servicemen, and members of the local NYK/NSS centers etc. should be involved for sustainable management of containment activities, translating the aforementioned leaflets and for encouraging people in the community for sustained behavior change as well as vaccination.

B. Testing and Surveillance

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

- i. Ensure adequate testing and door to door case search in the area through adequate number of teams formed for such purpose.
- ii. Plan for testing of all clinically resembling cases of Influenza like illness (ILI) & SARI through RAT. All symptomatic individuals turning out to be negative for SARS-CoV-2 infection with RAT need to be retested through RT PCR.
- iii. Ensuring compliance of COVID Appropriate Behaviour aggressively both through creation of awareness through involvement of the community based organizations and through stringent regulatory framework.

C. Clinical Management

- i. Analysis to be undertaken with respect to requirement of health infrastructure so as to manage the present and projected cases (next one month) and necessary action initiated to ensure sufficient oxygen-supported beds, ICU beds, ventilators, ambulances including creation of makeshift hospitals, as needed. Sufficient quarantine facilities shall also be re-activated.
- ii. Leverage government, private health facilities including hospital facilities available with central ministries, railway coaches, temporary field hospitals etc.
- iii. Ensure that people satisfying protocol for home isolation only are allowed under home isolation. Create a mechanism for their regular monitoring through Call Centres along with regular visit of surveillance teams to such houses.
- iv. Provision of a customized kit for all patients under home isolation, including detailed dos and don'ts to be followed by them.
- v. Specific monitoring shall be done for high risk cases and their timely shifting to the health facility. Similarly, elderly and co-morbid contacts of positive cases shall be shifted to quarantine centres and monitored.

.....contd/-

- vi. **Appoint senior district officials as In-charge** for all Covid dedicated hospitals and create a **mechanism for seamless shifting of patients (including home isolation cases)** as per their symptom to the relevant facilities.
- vii. **Ensure availability of sufficient ambulances** for such purpose.
- viii. **Coordinate availability of oxygen, other related logistics, drugs etc.** in collaboration with state officials and ensure their rational use.
- ix. **Oxygen therapy** for the admitted cases shall follow the **guidelines issued by Ministry of Health** on the rational use of oxygen
- x. Use of **investigative drugs (Remdesivir / Tocilizumab etc.)** shall also **strictly follow the clinical management protocol/advisories issued by Ministry of Health.**
- xi. **Facility wise cases and deaths** shall be analyzed on **daily basis** by the **Incident Commander/District Collector/Municipal Commissioner.** **Death-audit** shall be undertaken for all deaths in the hospitals and in the community to provide supportive supervision to field staff/hospitals.

D. Vaccination

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

E. Community Engagement

- i. **Ensure adequate advance information to community,** also highlighting the need for stringent containment actions so as to win their involvement and support.
- ii. **Provide enough time for people movement for essential requirements etc.** before announcing the large scale containment
- iii. **Take necessary actions to avoid misinformation & panic** in the community.
- iv. **Involve local level NGOs/CBOs/CSOs, Opinion Makers and subject experts** to create a positive environment and for sustained dialogue with the community.
- v. **Create wide publicity on early warning signals** and self-reporting so as to identify cases early and to prevent avoidable deaths among home isolation patients.
- vi. **Give wide publicity on the mechanism** whereby people can get themselves tested, details of available health facilities, requisitioning an ambulance etc (community based organizations should be encouraged to create WhatsApp groups for quick dissemination of information so that the individuals in need of prevention and/or care services do not suffer delay).
- vii. **Ensure that details of hospital beds and their vacancy status is made available on-line and also released to media on a daily basis.**
- viii. **Details on availability of oxygen, drugs, vaccine and vaccination centres;** including the guidelines related with use of Remdesivir/Tocilizumab etc. be also widely publicized so as to create confidence in the community.

- ix. Community should be oriented about the feasibility of managing mild COVID-19 cases at home with appropriate monitoring of vital parameters such as temperature and oxygen saturation with the help of pulse oxymeter.
- x. **Need for COVID Appropriate Behaviour including regulatory framework for enforcement should be widely publicized.**
- xi. **Build confidence** in community duly highlighting the nature of disease, the fact **that early identification** helps in early recovery and more than 98% people recover to **remove fear as well as stigma** related with Covid-19. Involvement of civil society organizations to hold such orientations go a long way in this regard.

NATIONAL DIRECTIVES FOR COVID-19 MANAGEMENT

1. **Face coverings:** Wearing of face cover is compulsory in public places; in workplaces; and during transport.
2. **Social distancing:** Individuals must maintain a minimum distance of 6 feet (*2 gaz ki doori*) in public places.
Shops will ensure physical distancing among customers.
3. **Spitting in public places** will be punishable with fine, as may be prescribed by the State/ UT local authority in accordance with its laws, rules or regulations.

Additional directives for Work Places

4. **Work from home (WfH):** As far as possible the practice of WfH should be followed.
5. **Staggering of work/ business hours** will be followed in offices, work places, shops, markets and industrial & commercial establishments.
6. **Screening & hygiene:** Provision for thermal scanning, hand wash or sanitizer will be made at all entry points and of hand wash or sanitizer at exit points and common areas.
7. **Frequent sanitization** of entire workplace, common facilities and all points which come into human contact e.g. door handles etc., will be ensured, including between shifts.
8. **Social distancing:** All persons in charge of work places will ensure adequate distance between workers and other staff.
