



Guidelines for Child Care Institutions
under the
Juvenile Justice (Care & Protection of Children) Act, 2015
in the Context of **COVID-19**

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With support from
UNICEF
Field Office for Andhra Pradesh, Karnataka and Telangana

8 April 2020

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Introduction

According to the World Health Organization (WHO), children and young people are global citizens, powerful agents of change and the next generation of caregivers, scientists, and doctors.² Any crisis presents the opportunity to help them learn, cultivate compassion and increase resilience while building a safer and more caring community. One such crisis the world is facing today is the Coronavirus disease (COVID-19) an infectious disease caused by a newly discovered coronavirus.

WHO has declared COVID-19 as a pandemic³, while cautioning that this term is not a word to use lightly or carelessly, given that if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death. A pandemic is the highest level of global health emergency and signifies widespread outbreaks affecting multiple regions of the world. However, the WHO statements remain hopeful that the pandemic can be controlled and the damage minimized by taking immediate aggressive steps. The National Disaster Management Authority (NDMA), chaired by Hon'ble Prime Minister Shri Narendra Modi, in exercise of the powers under section 6(2)(i) of the Disaster Management Act, 2005, has issued an Order dated 24.03.2020, directing the Ministries/ Departments of Government of India, and the State/Union Territory Governments and State/ Union Territory Authorities to take effective measures to prevent the spread of COVID-19 in the country.

When a child has fallen out of the safety net of care that is expected to be provided by the child's own biological, extended or adoptive family, it is the duty of the State, in its *parens patriae* role to ensure care and protection to such a child. Child Care Institutions (CCIs) under the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015), have an obligation to ensure that every child in their care is safe, and that the rights of children are respected, protected and fulfilled, given the legal obligations arising out of the Constitution of India, the international treaties ratified by India and domestic laws on child protection.

Children residing in these CCIs, are already vulnerable to the negative impact of being institutionalized and "deprived of their liberty", a term that signifies any form of detention or imprisonment or the placement of a child in a public or private custodial setting which that child is not permitted to leave at will, either by virtue of an order given by a public authority or at its instigation or with its consent or acquiescence.⁴ For many children, a CCI offers much-needed care and protection, particularly when it is not in the best interest of the child to continue to live with the child's family or guardian or relatives. Such children are now all the more vulnerable given that they are now potentially at additional risk of being infected by COVID-19. Penal Reform International, in its briefing - *Coronavirus: Healthcare and human rights of people in prison (16 March 2020)*,⁵ explains that this could be due to due to the 'proximity of

²The World Health Organization, *Key Messages and Actions for COVID-19 Prevention and Control in Schools*, March 2020, p. 3, available at https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4

³ World Health Organization, Speech made by Director General of WHO, 11th March 2020, available at <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

⁴ UN General Assembly resolution 72/245, *Global Study on children deprived of liberty*, A 74/136 (11 July 2019), available at <https://www.ohchr.org/EN/HRBodies/CRC/StudyChildrenDeprivedLiberty/Pages/Index.aspx>

⁵ Penal Reform International, *Coronavirus: Healthcare and human rights of people in prison*, 16 March 2020, p.2, available at <https://cdn.penalreform.org/wp-content/uploads/2020/03/FINAL-Briefing-Coronavirus.pdf>

living (or working) so closely to others – in many cases in overcrowded, cramped conditions with little fresh air’; because children living in CCIs could ‘also have common demographic characteristics with generally poorer health than the rest of the population, often with underlying health conditions’ and that ‘Hygiene standards are often below that found in the community and sometimes security or infrastructural factors reduce opportunities to wash hands or access to hand sanitizer...’ Further, the National Commission for Protection of Child Rights (NCPCR) in its *Advisory regarding care and protection of children moving with migrant families; children living on streets/Child Care Institutions in light of COVID-19*, dated 29.3.2020,⁶ emphasizes the need for care and protection of vulnerable children without family or out of institutional care and envisages their placement in fit facilities.

The Guidance Note: Protection of Children during infectious disease outbreaks, published by The Alliance for Child Protection in Humanitarian Action⁷ states that children are anyway particularly vulnerable during infectious disease outbreaks for three main reasons:

1. Children have specific susceptibilities to infection during infectious disease outbreaks

Children, particularly those aged 0-6 years residing in Specialized Adoption Agencies (SAAs) are ‘more prone to putting things in their mouths and by so doing increase their exposure’ to the virus. They also ‘seek close proximity to caregivers, increasing their risk of exposure if they fall ill’, and are ‘less likely to adhere to some behavioural and hygienic practices such as routine hand washing that prevent, or reduce the risk of, infection due to their age, maturity and evolving capacities’. Moreover, ‘their immunologic defence is generally lower than adults since their immune systems are still developing’.

2. Infectious diseases can disrupt the environments in which children grow and develop

COVID-19 can ‘disrupt the environments in which children grow and develop.’ Many of the regular government-appointed staff who work inside the CCIs have now been either asked to stay home, or come on rotation. NGOs have been told to come less frequently, or prohibited from coming in some States. ‘Since children, especially younger ones, are reliant on their caregivers for providing nurture, care and protection and for meeting their basic needs, these changes pose salient risks to their well-being and development.’ ‘As children grow, the social competencies they require are learned through interactions with their peers and others.’

Attempts at restoring children back to their families or releasing them on bail or leave have been proposed and made, resulting in fewer children residing in these institutions. Children in need of care and protection and children in conflict with law who are dealt with or apprehended by police or placed in detention may potentially be at higher risk due to limited child protection services such as Special Juvenile Police Units, trained counselors, etc.

⁶ National Commission for Protection of Child Rights, *Advisory regarding care and protection of children moving with migrant families; children living on streets/Child Care Institutions in light of COVID-19*, 29.3.2020, clause 6, available at <https://www.ncpcr.gov.in/showfile.php?lang=1&level=1&sublinkid=1983&lid=1904>

⁷ The Alliance for Child Protection in Humanitarian Action, *Guidance Note: Protection of Children during infectious disease outbreaks*, pp 9-15, available at https://www.alliancecpha.org/en/system/tdf/library/attachments/cp_during_ido_guide_0.pdf?file=1&type=node&id=30184

3. Measures used to prevent and control the spread of infectious diseases can expose children to protection risks

Preventive and control measures are urgently required to be implemented in CCIs as an emergency response to COVID-19, given that the *Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19*,⁸ Ministry of Health and Family Welfare, dated 29-03-2020, refers to the current phase of COVID-19 pandemic in India as ‘local transmission and limited community transmission’. However, these measures may themselves pose risks to children’s health and wellbeing. Isolation of children as a measure of prevention or treatment of COVID-19 can exacerbate anxiety and insecurity leading to deteriorating mental health and potential violence.

Preventative awareness programs on the disease that are not tailored to the needs of children, including children with disability could induce panic and psycho-social distress. Further, as regards treatment measures, health facilities providing treatment to children may not have child friendly medical services attuned to children’s developmental and psychosocial needs, and treatment provided for COVID-19 ‘might overshadow other treatments required by the population, including by children with disabilities or chronic illnesses.’ Isolation, during quarantine could result in children being at risk of neglect and denied the nurturing care they need from their caregivers, particularly ‘access to cognitive or social stimulation offered by education and through socialising with peers’. They also face the risk of becoming stigmatised, which could further impact their mental health and well-being including increasing depression and anxiety. ‘Personal protective gear worn by health workers can appear alien and be frightening’. ‘Quarantine measures can lead to tensions between caregivers and children,’ resulting in increased ‘frustration and corporal punishment’, and ‘increased obstacles to reporting incidents of physical violence’.

Urgent measures therefore need to be taken on priority to prevent the spread of the virus to CCIs and respond to any COVID infection that may arise among the children or the staff caring for them. The Supreme Court of India gave directions on 03.04.20 in *In re Contagion of COVID 19 Virus in Children Protection Homes*, Suo Motu Writ Petition (Civil) No.4 of 2020.⁹ Guidance for Persons in Charge of CCIs established under the JJ Act, 2015 on how to effectively implement this order to prevent and control the spread of COVID-19 in CCIs, is the immediate need of the hour.

These Guidelines for Persons in Charge of CCIs, and the Guidance for consideration by the Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs), based on this Supreme Court judgment has been prepared by a multidisciplinary team consisting of a trained social worker, medical doctors, and legal researchers, with inputs from experts on the field. A list of useful Reading Material and Websites has also been prepared, available in *Annexure 1: Suggested Reading Material and Websites on COVID-19*.

⁸ Ministry of Health and Family Welfare, Directorate General of Health Services [Emergency Medical Relief], Government of India, *Coronavirus Disease 2019 (COVID-19): Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19*, 29-03-2020, available at https://www.manupatrafast.in/covid_19/Central/Standard%20Operating%20Procedure%20for%20transporting%20a%20suspectconfirmed%20case%20of%20COVID-19.pdf

⁹ Available at https://main.sci.gov.in/supremecourt/2020/10820/10820_2020_0_4_21584_Order_03-Apr-2020.pdf

Guideline 1: Illustrative Application of Fundamental Principles while responding to COVID-19

Do's	Don'ts
<p>Safety</p> <ul style="list-style-type: none"> ● Prepare an emergency plan, reorganize and train staff on COVID-19 and implications for management of CCI, regulate entry of staff and visitors, and ensure procedures related to hygiene, cleanliness, segregation, reporting to health authorities, and other matters relating to safety are adhered to based on Government guidelines and the Supreme Court's directions dated 03.04.20. ● Try to continue with the regular routine maintained in the home, with minimal disruptions, so as to maintain a sense of security and wellbeing, while taking all measures to ensure the safety of the children and the staff. ● Ensure that children being released, discharged or transferred are provided with copies of relevant documents, contact numbers of persons they could call to seek any assistance, etc., and keep the DCPU informed, so as to prevent any harassment or distress during their journey. 	<ul style="list-style-type: none"> ● Do not compromise on the safety of children in your care, by prioritizing other concerns you may have ● Avoid delays in facilitating access to treatment or medical intervention due to procedural requirements.
<p>Dignity, equality & non-discrimination, non-stigmatizing semantics:</p> <ul style="list-style-type: none"> ● Treat children with respect, dignity, and equality, irrespective of their COVID-19 status and/or their caste, tribe religion, sex, sexual orientation, gender identity, disability, place of birth, etc. 	<ul style="list-style-type: none"> ● Avoid stereotyping or blaming any group or community for the pandemic. ● Do not use language that could stigmatize children affected or infected with COVID-19 as 'COVID-19 children'. ● Do not subject them to any treatment for prevention of COVID-19, (e.g., spraying them with disinfections, etc.) which is not medically indicated. Do not discriminate or favour one person over another. ● Dispel myths regarding food that may or may not be consumed.
<p>Ensure that needs of all children, particularly children with disabilities are met. For this purpose:</p> <ul style="list-style-type: none"> ● Ensure continuity of care by essential staff and caregivers; ● IEC materials should be child-friendly and accessible to children with disabilities. 	<ul style="list-style-type: none"> ● Do not neglect the needs of children with disabilities, pregnant girls, or children with other vulnerabilities in your care.

<p>Best Interests & institutionalisation as a measure of last resort:</p> <ul style="list-style-type: none"> Consider the best interest of every child in consultation with the child, taking into account the child’s age and maturity, as well as other staff and the Support Person in POCSO cases while recommending de-institutionalization. 	<ul style="list-style-type: none"> Do not recommend discharge of a child unless you are confident that the child will be safe during travel and upon restoration and that adequate arrangements for the child’s needs will be met during travel.
<ul style="list-style-type: none"> Make arrangements for all children to be in telephonic contact or video calls with parents/family members at least twice a week, unless such contact has been prohibited by the CWC/JJB/Children’s Court in orders passed for that child. 	<ul style="list-style-type: none"> Do not deny children access to their families or relatives (via telephone or in person) unless it is expressly prohibited by the CWC/JJB/Children’s Court.
<p>Right to be heard:</p> <ul style="list-style-type: none"> Make yourself available to children and build rapport and trust. All children, including children with disabilities, may need extra attention from you and may want to talk about their concerns, fears, and questions. It is important that they know they have someone who will listen to them. Tell them you care for them and give them plenty of affection.¹⁰ 	<ul style="list-style-type: none"> Do not deny children an opportunity to express their views. Avoid depriving children of information or dismissing their questions, concerns and fears. Avoid creating fear or confusion among the children or sharing information that is unverified or not age-appropriate.
<ul style="list-style-type: none"> Provide children with information they need about COVID-19, in an age-appropriate and disability-sensitive manner. Focus on helping the children in your care feel safe but be truthful. If a child asks about something and you don't know the answer, say so.¹¹ 	
<ul style="list-style-type: none"> Involve children/Children’s Committees in decisions concerning how the CCI may need to be re-organized and managed during this time. Encourage staff and children to find solutions. 	<ul style="list-style-type: none"> Do not prevent children from voicing their opinions or views. Avoid being judgmental or dismissive of children’s views or labelling them.
<ul style="list-style-type: none"> Encourage staff in the CCI to respect children and their right to participate in decisions. Encourage them to listen to (not necessarily agree with) the children. 	
<ul style="list-style-type: none"> Be open, calm, patient and approachable. 	

¹⁰ Adapted from Ministry of Women and Child Development, “Coping Strategy for Children and Caregivers”, 480884/2020/JS WCD, available at <https://wcd.nic.in/sites/default/files/FINAL%20COPING%20STRATEGY.pdf>

¹¹ Adapted from Ministry of Women and Child Development, “Coping Strategy for Children and Caregivers”, 480884/2020/JS WCD, available at <https://wcd.nic.in/sites/default/files/FINAL%20COPING%20STRATEGY.pdf>

<p>Positive measures:</p> <ul style="list-style-type: none"> ● Explore children’s contact with authorized service providers through audio-visual means to maintain connection with the outside world and continuity of psycho-social support and learning. ● Proactively seek support from civil society and community members for arranging laptops and dongles, crayons, art-craft materials etc., sanitize them, and make time to facilitate interactions. ● Call for an online or telephonic meeting with all NGOs/individuals who are permitted to work inside the CCI, to plan for how to take care of the children’s emotional and other needs, so that they can continue to engage with the children ● Monitor all interactions of family members, authorized service providers, NGOs, and volunteers with the children. 	<ul style="list-style-type: none"> ● Avoid blaming any person or system for any lack of resources or connectivity. ● Avoid excessive bureaucratic procedures while seeking support from civil society or authorised volunteers. ● Do not leave the children unsupervised during online interactions. ● Do not allow any recording of children during online interactions.
<p>Privacy and confidentiality</p> <ul style="list-style-type: none"> ● Maintain the children’s right to privacy and confidentiality while communicating information about children who may have been exposed to, or infected or affected by COVID-19. ● Seek the permission of the JJB/CWC/Children’s Court permission before disclosing information about the child’s status to anyone other than medical professionals. ● Ensure that all medical records of children who are being transferred to other districts or repatriated to their country of origin are sent in sealed envelopes. 	<ul style="list-style-type: none"> ● Do not disclose the identity of a child to the media. ● Do not share information about a child’s COVID-19 status, with anyone except other CCI staff, the CWC/JJB/Children’s Court, parent or guardian of the child, and medical professionals.

Guideline 2: Checklist for Persons in Charge of CCIs for planning in advance for emergency situations.

The Supreme Court passed several directions on 03.04.20 in *In re Contagion of COVID 19 Virus in Children Protection Homes*, Suo Motu Writ Petition (Civil) No.4 of 2020. The Supreme Court's **Directions relevant to planning for emergency situations are provided below with additional suggestions in italics.**

The Person in Charge of the CCI shall, in coordination with the health staff attached to the CCI, -plan ahead with the local health authorities to plan for any emergency that may arise due to the COVID-19. This shall include:

1. updating the emergency contact lists *including contact information of doctors and other service providers who could be approached for consultation and services.*
2. separating sick children and staff from those who are well, without creating stigma;
3. for informing parents/caregivers, and consulting with health care providers/health authorities wherever possible; and
4. whether or not children/staff need to be referred directly to a health facility, depending on the situation/context, or sent home, after obtaining the necessary orders from the concerned Child Welfare Committee or Juvenile Justice Board, or Children's Court.
5. Information about such *plans and related* procedures shall be shared with staff, parents and children ahead of time.

Additionally, for effective implementation of the SC order, the following steps may be taken:

6. *Identify how to avail transport in case of any emergency in the CCI and inform all staff members.*
7. *Ensure adequate supply of food stock, drinking water, groceries, thermometer, disinfectants such as bleach, or alcohol based disinfectants, soap, menstrual hygiene products, protective clothing, quality face masks, etc., and other basic necessities. Identify suitable suppliers who can provide these items..*
8. *Ensure adequate supply of zinc containing multivitamins and Vitamin C which could be given daily to children to reduce the chances of them catching the common cold. Recommended daily allowance for Vit C is 40 mg/ day, and 5-12 mg/day of Zinc for children from 1-18 years of age. Ensure supply of paracetamol and cetirizine in syrup and tablet form.*
9. *Keep a hospital bag ready with material a child is likely to need, should the child need to be hospitalized, such as a change of clothes, toiletries and medicine, etc.*
10. *Identify a room or space where children or staff who fall ill can be cared for, separate from those who are well*
11. *Keep adequate supplies of crayons, paints, clay, colouring books, arts and craft materials, activity books/sheets, etc., to help ensure children in the CCIs are engaged meaningfully. Speakers could be procured to play music inside the CCI, to support recreation, dance classes, etc.*
12. *Ensure that some cash is available at hand for an emergency situation.*

Reorganization of staffing at CCIs and Requisite Permits

In its directions passed on 03.04.20, the Supreme Court in *In re Contagion of COVID 19 Virus in Children Protection Homes*, Suo Motu Writ Petition (Civil) No.4 of 2020, directed State Governments to:

“Begin preparing for a disaster/emergency situation that may arise. Work with Persons in Charge of CCIs and District Child Protection Units to plan staffing rotations or schedules to reduce in-person interaction by CCI staff, where feasible. Begin developing a system for how to organise trained volunteers who could step in to care for children, when the need arises.”

To effectively implement the above directions, the following suggestions may be considered:

1. **Staff reorganization:**

- a. *Assess the staff strength available, identify the critical roles that need to be played, and divide the staff into batches (25% to 50% staff in a batch) and instruct them to live within the CCI for one week at a time. This would reduce the number of staff coming in daily from outside. A week would be enough time for the manifestation of infection in any staff incubating the virus.*
- b. *Avoid having more staff than are necessary to work in the CCI at any point of time, given that staff need to be available in batches, and additionally during times of emergency.*
- c. *Ensure that there are adequate health staff, so that there is one person available at any time of day or night. Inform the DCPO in case of any shortage of such critical staff.*

2. **Instructions for precautions by Staff off-duty:** *practice strict prevention protocols, to reduce their chances of infection, and then subsequently carrying the virus into the CCIs. These include physical distancing, regular disinfection of hands & surfaces at home, reducing trips to shops, etc. to bare minimum, etc. Advise them to cut their nails short.*

3. **Permits:** *Requisite permits for movement or permissions should be obtained for the staff and service providers and the DCPU could facilitate this.*

4. **Identification of service providers:** *Proactively identify specialised professional services, counselors, translators, interpreters, special educators, social workers, mental health workers, vocational trainers etc. for the children willing and able to conduct distance mode services to children residing in CCIs, as well as those who released due to the pandemic.*

5. **Innovative programmes:**

- a. *Initiate and support innovative programmes, online or through other mediums, request for funds from the Juvenile Justice Fund for the purpose.*
- b. *Facilitate children’s contact with authorized service providers and volunteers through audio-visual means to maintain connection with the outside world and continuity of psycho-social support and learning. Call for an online or telephonic meeting with all NGOs/individuals who are permitted to work inside the CCI, to plan for how to take care of the children’s emotional and other needs, so that they can continue to engage with the children*
- c. *Proactively seek support from civil society and community members for arranging laptops and dongles, crayons, art-craft materials, etc, sanitize them, and make time to facilitate interactions. Monitor all interactions of family members, authorized service providers, NGOs, and volunteers with the children.*
- d. *Arrange wifi and other technical support that may be used to enable the Person in Charge to participate in Video Conferences through distance mode, and also for authorized mental health workers, dance/physical education/music teachers/others to facilitate distance mode interactive sessions with children.*

Guideline 3: Preventive Measures for Child Care Institutions (CCIs) under the JJ Act, 2015

In its directions passed on 03.04.20, the Supreme Court in *In re Contagion of COVID 19 Virus in Children Protection Homes*, Suo Motu Writ Petition (Civil) No.4 of 2020, addressed measures to be taken by Persons-in-charge of CCIs to prevent children and staff members in CCIs from getting infected by COVID - 19. **Directions relevant to prevention are provided below with additional suggestions in italics.**

1. Know and make known how COVID -19 spreads

The best way to prevent illness is to avoid being exposed to this virus. Current understanding of the virus is that it spreads mainly from person- to -person.

- Between a person who is infected with the virus and other people who are in close contact with that person, (*within about 6 feet*);
- Having face -to -face contact with a COVID-19 patient within 2 meters¹² ;
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs (*within about one metre / 3 feet*);
- *Transmission of the virus is the most when a person is sick, with symptoms like cough, running nose, etc. However, some transmission can also occur even when the person is not showing any symptoms;*
- *The virus can also spread if a person comes in contact with a surface or object (like a table, vessel, packet) that has the virus on it, and then touches their mouth or nose or eyes. Contact with contaminated surfaces or objects is not thought to be the main way the virus spreads.¹³*
- There is currently no vaccine to prevent COVID-19.

About COVID-19

COVID-19 is a respiratory illness that generally presents with fever, cough and shortness of breath. Based on a report dated 16-24 February 2020 by WHO, in 80% of cases, the disease is mild to moderate in severity. However, 13.8% develop severe disease and in 6.1% of patients can become critically ill with pneumonia and breathing difficulties. Further, “individuals at highest risk for severe disease and death include people aged over 60 years and those with underlying conditions such as hypertension, diabetes, cardiovascular disease, chronic respiratory disease and cancer. Disease in children appears to be relatively rare and mild with approximately 2.4% of the total reported cases reported amongst individuals aged under 19 years. A very small proportion of those aged under 19 years have developed severe (2.5%) or

¹² The reference to 15 mins in the SC order has been deleted as “the 15-minute limit is arbitrarily selected for practical purposes. Based on individual risk assessments, public health authorities may consider expanding contact tracing and management to persons who had a shorter duration of contact with a case.” See European Center for Disease Prevention and Control, “Contact tracing: Public health management of persons, including healthcare workers, having had contact with COVID-19 cases in the European Union”, 25 February 2020. <https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-public-health-management-contact-novel-coronavirus-cases-EU.pdf>

¹³ Center for Disease Control and Prevention, “How Coronavirus Spreads”, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

critical disease (0.2%).²⁴

Symptoms of COVID-19

The symptoms¹⁵ of COVID-19 are similar in children and adults and include:

1. Cold-like symptoms such as runny nose and sore throat,
2. Fever (above 38 C or 100.4 F)
3. Cough
4. Body pain
5. Diarrhoea and vomiting

The symptoms of COVID-19 infection are similar to the flu (influenza), and the common cold, which are a lot more common than COVID-19. This is why testing is required to confirm if someone has COVID-19.¹⁶

When any or all of 1-5 symptoms are present, check for high contact conditions below

RED FLAG SIGNS: These are warning symptoms/signs, that require immediate medical attention

1. Difficulty breathing or shortness of breath after symptoms set in
2. Tightness in chest or chest pain after symptoms set in
3. New onset confusion or difficulty in waking up
4. Bluish lips or face

High Contact Conditions for COVID_19

1. Contact with someone in the last 14 days having symptoms of severe respiratory illness/admitted for the same
2. Contact with someone in the last 14 days having tested positive for COVID-19
3. Direct physical contact with the person suspected to have COVID-19
4. Touched or cleaned the linen/clothes/dishes of a person suspected to have COVID-19
5. Touched the body fluids (respiratory secretions, vomit, saliva, urine, feces) of a person with suspected COVID-19

What to do if a person develop symptoms suggestive of COVID 19 infection

If the child/staff has any of the symptoms mentioned above with one of the high contact risk factors, the child/staff has a high risk of COVID-19 infection and should be referred to the nearest PHC/COVID-19 testing and managing hospitals. Immediately notify the supervisor and the local health department.

¹⁴ World Health Organization, *Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) 16-24 February 2020* <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

¹⁵ Centers for Disease Control and Prevention, "Symptoms of Coronavirus", <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

¹⁶ UNICEF & WHO, *Key Messages and Actions for COVID-19 Prevention and Control in Schools*, March 2020, p.3, https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4

2. Take necessary steps to practice, promote and demonstrate positive hygiene behaviors and monitor their uptake.

- *Encourage* frequent usage of hand sanitizer by guard, gardener, driver, etc. present in the residential premises/compound, and that hands are cleaned and disinfected often, *including on entry* at the main door. *Advise children and staff to cut their nails short.*
- Schedule regular hand washing reminders.
- If possible, make arrangements *for* hand sanitizers that contain at least 70% alcohol. Ensure that all surfaces of hands are covered, and they are rubbed together until they feel dry.
- Utilize emergency/contingency funds for this purpose, and submit requisition for additional budgetary allocation where required, at the earliest.

3. Ensure nutrition

- *Follow a healthy and balanced diet chart which is also to the liking of children.*
- *Do not deny children food they enjoy, unless prohibited by their doctor. Good food gives children a sense of happiness.*

4. Practice social distancing

- Physical distancing must be maintained. Avoid shaking hands and hugging as a matter of greeting. Instruct children and staff to maintain social distance by putting distance (at least 2 metres (6 feet) distance between yourself and anyone who is coughing/sneezing) between themselves and other people if COVID-19 is spreading in the community. This is especially important for people who are at higher risk of getting very sick, such as older *people*;
- Reduce number of people entering into CCIs;
- Meetings shall be done through video conferences and/or rescheduled;
- Distancing should be appl[ied] in the CCIs where children and staff members congregate such as the reading, dining and television rooms. For example, use of these spaces can be scheduled at 25% participation and the schedule developed to ensure more social distancing.

5. Cleaning and disinfecting rigorously

Current evidence suggests that COVID-19 may remain viable for hours to days on surfaces made from a variety of materials (*in droplets in air for about 3 hours, on copper for about 4hours, on cardboard for about 24 hours, on plastics and stainless steel for about 2-3 days*¹⁷). Cleaning refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection. Disinfecting works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

- Clean and disinfect the CCI building, especially water and sanitation facilities at least once a day, and particularly surfaces that are touched by many people (railings, door and window handles, toys, teaching and learning aids etc.) Clean and disinfect frequently touched surfaces daily. This includes gates/doors, doorbells, tables, doorknobs, light switches, handles, desks, phones, toilets, water taps, wash basins, etc.

¹⁷ Harvard Medical School, *COVID-19 basics Symptoms, spread and other essential information about the new coronavirus and COVID-19*, Harvard Health Publishing, March 2020, *SARS-CoV-2 stability similar to original SARS virus*

<https://www.health.harvard.edu/diseases-and-conditions/covid-19-basics>;

New coronavirus stable for hours on surfaces by National Institute of Health, News Release, 17th March 2020

<https://www.nih.gov/news-events/news-releases/new-coronavirus-stable-hours-surfaces>

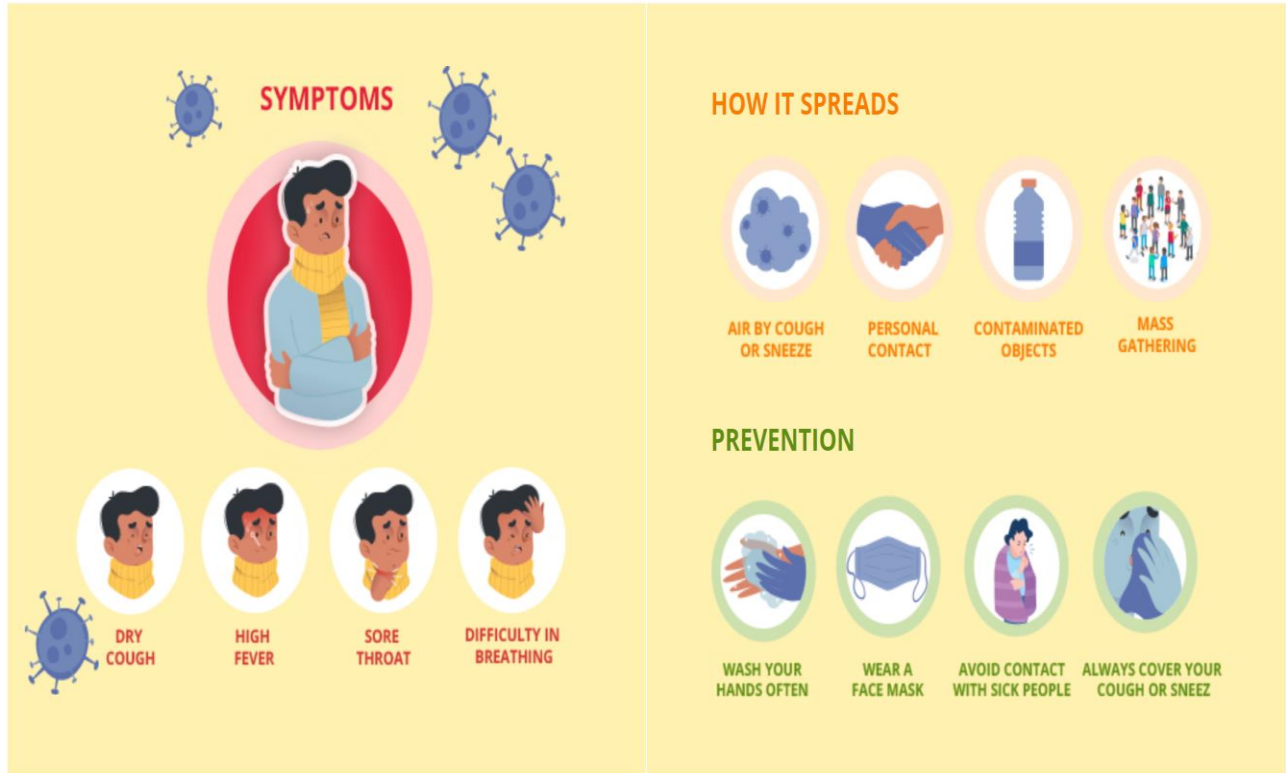
- Do not shake dirty laundry; this can minimize the possibility of dispersing the virus through the air;
- Wash items using the hot water and dry items completely. Dirty laundry that has been in contact with an ill person can however be washed with other people's items if washed in hot water and with adequate amounts of soap/detergent;
- Ensure adequate, clean toilets; *Clean and disinfect toilet surfaces daily with regular household bleach solution/phenolic disinfectants*
- Maintain clean and hygienic kitchen conditions;
- *Increase airflow and ventilation.*
- Clean/disinfect all couriers packages, parcels, grocery packets before bringing inside the CCI and sanitize hands right after the process. Preferably wear disposable gloves;
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common household disinfectants should be used when possible.
- *Use appropriate, available disinfectant in the recommended quantity, for the recommended duration as mentioned in the instructions on the container.*
- *Do not touch your face during cleaning and disinfecting. Wearing a mask or covering one's mouth and nose with a cloth reduces the chances of doing this. Disinfect hands after the activity.*
- **Display and follow the following posters:**
 - Ministry of Health and Family Welfare, *COVID-19: Guidelines on disinfection of common public places including offices*, 29 March 2020
<https://www.mohfw.gov.in/pdf/Guidelinesondisinfectionofcommonpublicplacesincludingoffices.pdf>
 - Ministry of Health and Family Welfare, *Advisory on use of Homemade Protective Cover for Face & Mouth*, 3 April 2020,
<https://www.mohfw.gov.in/pdf/Advisory&ManualonuseofHomemadeProtectiveCoverforFace&Mouth.pdf>
 - *Poster on COVID 19 Spread and Signs and Symptoms* <https://www.mygov.in/covid-19/>
 - *Poster on Protect yourself and others - Do's and Dont's*
https://www.mohfw.gov.in/pdf/Poster_Corona_ad_Eng.pdf
 - *Poster on Handwash* <https://hamodia.com/2020/03/12/hand-washing-poster/>
 - *Ministry of Health and Family Welfare poster on testing for COVID-19*
https://www.mohfw.gov.in/pdf/FINAL_14_03_2020_ENg.pdf
 - *World Health Organization's poster on Helping children cope with stress during the 2019 n-Cov outbreak*
<https://www.who.int/docs/default-source/coronaviruse/helping-children-cope-with-stress-print>
 - *Poster on When to Wear a Mask* - Available at <https://www.mohfw.gov.in/pdf/Mask-Eng.pdf>

The Health Ministry has set up a National Helpline on COVID-19, which is 1075 and 1800-112-545. In case of any queries or clarifications related to Coronavirus pandemic, call on this number. In addition, Childline 1098 continues to be operational. State and Union Territories Helpline numbers are available at <https://www.mohfw.gov.in/pdf/coronavirushelplinenumbers.pdf>

POSTERS

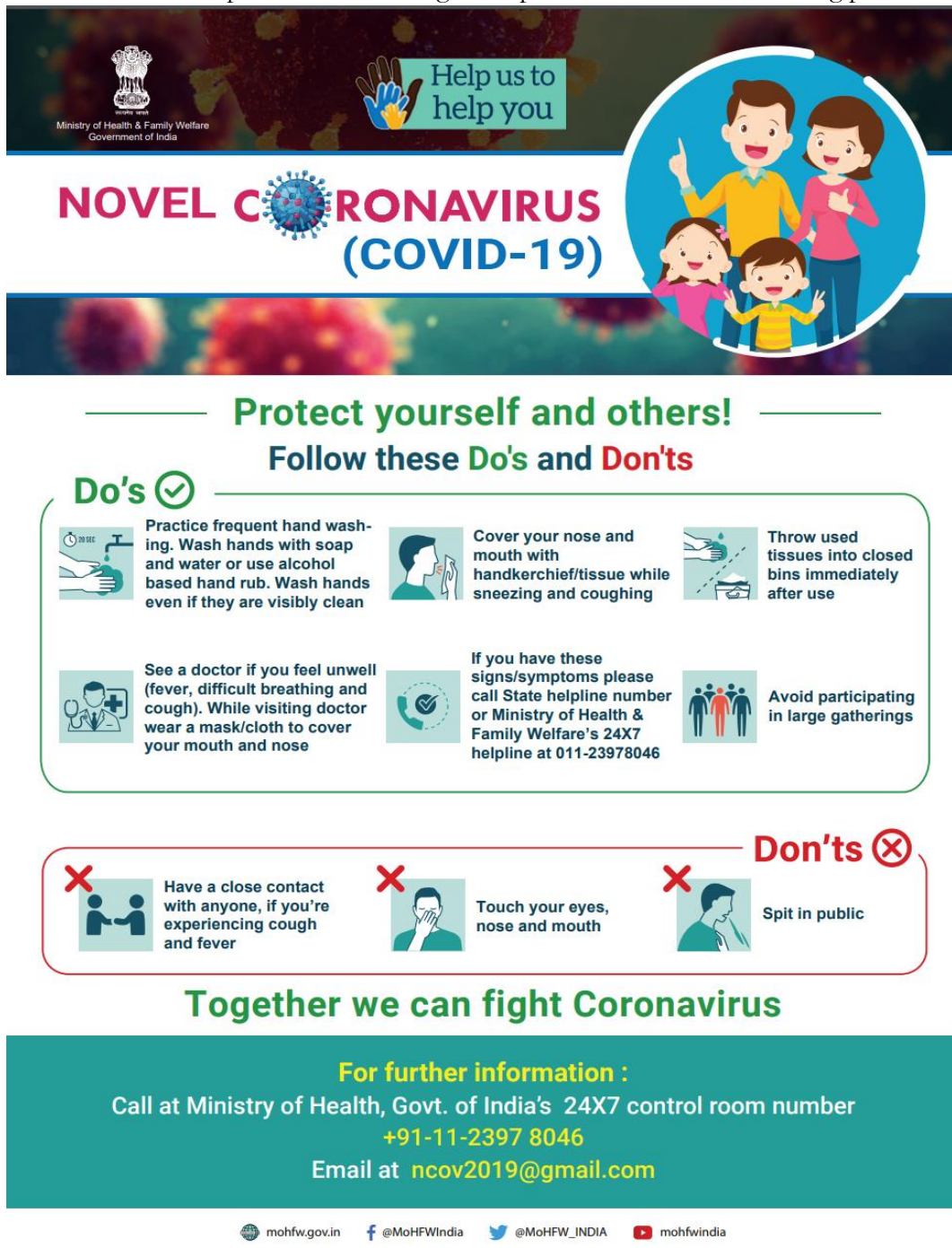
(1) Poster on COVID 19 Spread and Signs and Symptoms

Available at <https://www.mygov.in/covid-19/>



2) Poster on Protect yourself and others - Do's and Don'ts

Available https://www.mohfw.gov.in/pdf/Poster_Corona_ad_Eng.pdf










**Ministry of Health & Family Welfare
Government of India**


Help us to help you




**NOVEL CORONAVIRUS
(COVID-19)**

Protect yourself and others!
Follow these Do's and Don'ts

Do's 





-  Practice frequent hand washing. Wash hands with soap and water or use alcohol based hand rub. Wash hands even if they are visibly clean
-  Cover your nose and mouth with handkerchief/tissue while sneezing and coughing
-  Throw used tissues into closed bins immediately after use
-  See a doctor if you feel unwell (fever, difficult breathing and cough). While visiting doctor wear a mask/cloth to cover your mouth and nose
-  If you have these signs/symptoms please call State helpline number or Ministry of Health & Family Welfare's 24X7 helpline at 011-23978046
-  Avoid participating in large gatherings

Don'ts 

-  **×** Have a close contact with anyone, if you're experiencing cough and fever
-  **×** Touch your eyes, nose and mouth
-  **×** Spit in public

Together we can fight Coronavirus

For further information :
Call at Ministry of Health, Govt. of India's 24X7 control room number
+91-11-2397 8046
Email at ncov2019@gmail.com

 mohfw.gov.in  @MoHFWIndia  @MoHFW_INDIA  mohfwindia

(3) Poster on Handwashing

Available at <https://hamodia.com/2020/03/12/hand-washing-poster/>

Practice simple hygiene by washing hands regularly

1 Wet hands



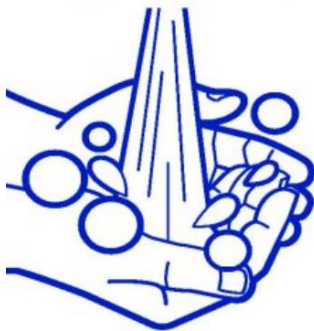
2 Apply soap



3 Lather & scrub



4 Rinse hands



5 Turn off tap



6 Dry hands



Spend **20 seconds** washing your hands.

4) Poster on When to Wear a Mask

Available at <https://www.mohfw.gov.in/pdf/Mask-Eng.pdf>



Ministry of Health & Family Welfare
Government of India



Help us to help you



NOVEL CORONAVIRUS (COVID-19)

When to wear a Mask?

Everyone **NEED NOT WEAR** a mask!

Only wear a mask if

- You have symptoms (Cough, fever or difficulty in breathing)
- You are **caring for** a COVID-19 suspect/confirmed patient
- You are a **health-worker** attending to patients with respiratory symptoms

While wearing a mask, make sure you:

 <p>Unfold the pleats of the mask; make sure that they are facing down.</p>	 <p>Place the mask over your nose, mouth and chin and ensure there are no gaps on either side of the mask, adjust to fit.</p>	 <p>Avoid touching the mask, while using it.</p>	 <p>Do not leave the mask hanging from the neck.</p>
 <p>Change the mask after six hours or as soon as they become wet.</p>	 <p>Never reuse disposable masks and dispose the used masks into closed bins after disinfecting them.</p>	 <p>Do not touch the potentially contaminated outer surface of the mask, while removing it.</p>	 <p>After removal of mask, clean your hands with soap and water or use alcohol-based hand rub disinfectant.</p>

Together we can fight COVID-19!

For further information call
Ministry of Health & Family Welfare,
Government of India's
24X7 control room number

1075 (Toll Free) | 011-23978046

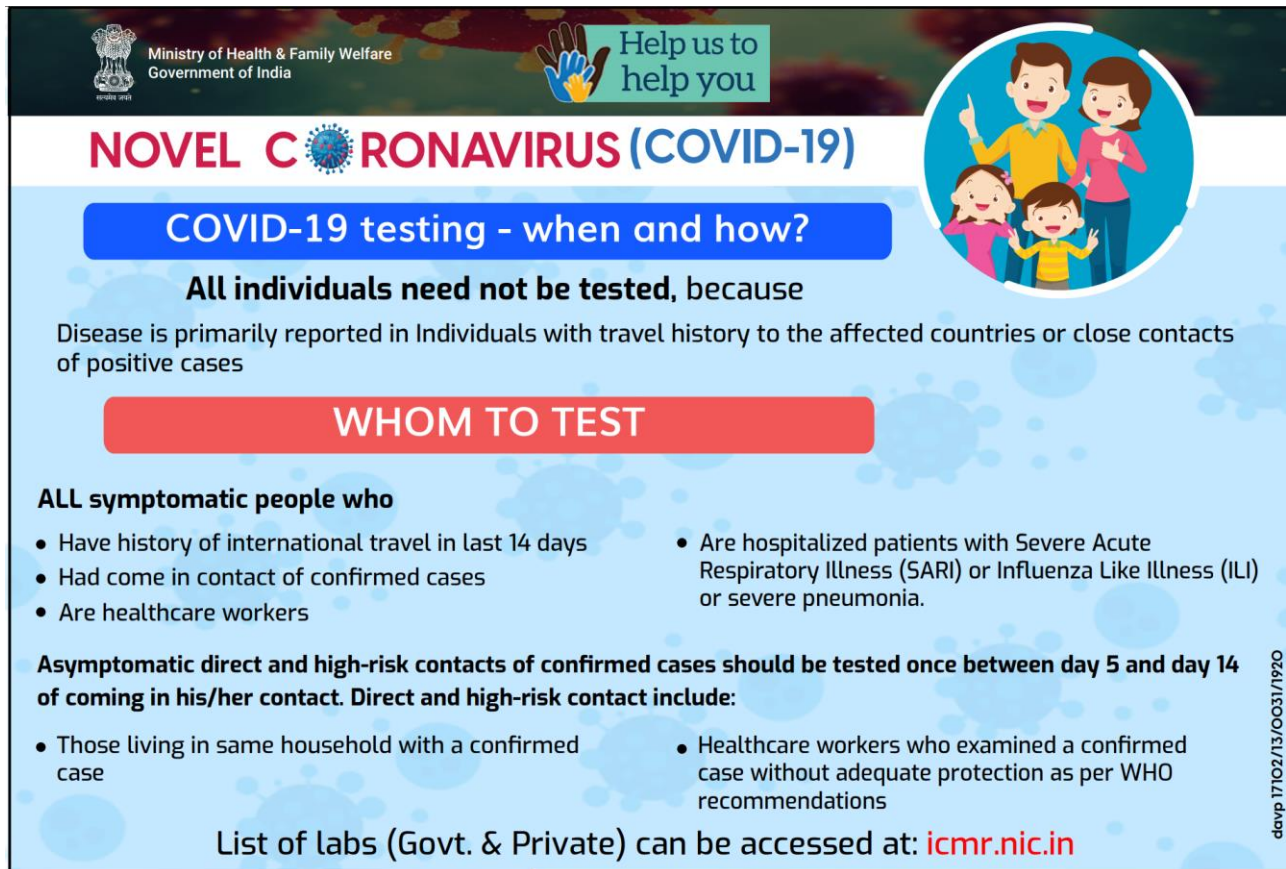
Email at ncov2019@gmail.com

 mohfw.gov.in
 [@MoHFWIndia](https://www.facebook.com/MoHFWIndia)
 [@MoHFW_INDIA](https://twitter.com/MoHFW_INDIA)
 [mohfwindia](https://www.youtube.com/mohfwindia)

You may cut this out and paste in your office/public place/home

5) Ministry of Health and Family Welfare poster on testing for COVID-19

https://www.mohfw.gov.in/pdf/FINAL_14_03_2020_ENg.pdf



Ministry of Health & Family Welfare
Government of India

Help us to help you

NOVEL CORONAVIRUS (COVID-19)

COVID-19 testing - when and how?

All individuals need not be tested, because
Disease is primarily reported in Individuals with travel history to the affected countries or close contacts of positive cases

WHOM TO TEST

ALL symptomatic people who

- Have history of international travel in last 14 days
- Had come in contact of confirmed cases
- Are healthcare workers
- Are hospitalized patients with Severe Acute Respiratory Illness (SARI) or Influenza Like Illness (ILI) or severe pneumonia.


Asymptomatic direct and high-risk contacts of confirmed cases should be tested once between day 5 and day 14 of coming in his/her contact. Direct and high-risk contact include:

- Those living in same household with a confirmed case
- Healthcare workers who examined a confirmed case without adequate protection as per WHO recommendations


List of labs (Govt. & Private) can be accessed at: icmr.nic.in

dovp.17102/13/0031/1920

(6) World Health Organization’s poster on Helping children cope with stress during the 2019 n-Cov outbreak, available at <https://www.who.int/docs/default-source/coronaviruse/helping-children-cope-with-stress-print>


World Health Organization

Helping children cope with stress during the 2019-nCoV outbreak




Children may respond to stress in different ways such as being more clingy, anxious, withdrawing, angry or agitated, bedwetting etc.


Respond to your child’s reactions in a supportive way, listen to their concerns and give them extra love and attention.

Children need adults’ love and attention during difficult times. Give them extra time and attention.

Remember to listen to your children, speak kindly and reassure them.

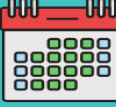
If possible, make opportunities for the child to play and relax.






Try and keep children close to their parents and family and avoid separating children and their caregivers to the extent possible. If separation occurs (e.g. hospitalization) ensure regular contact (e.g. via phone) and re-assurance.

Keep to regular routines and schedules as much as possible, or help create new ones in a new environment, including school/learning as well as time for safely playing and relaxing.





Provide facts about what has happened, explain what is going on now and give them clear information about how to reduce their risk of being infected by the disease in words that they can understand depending on their age.

This also includes providing information about what could happen in a re-assuring way (e.g. a family member and/or the child may start not feeling well and may have to go to the hospital for some time so doctors can help them feel better).

7) Coping with stress during the 2019-nCoV outbreak, available at https://www.who.int/docs/default-source/coronaviruse/coping-with-stress.pdf?sfvrsn=9845bc3a_2


World Health Organization

Coping with stress during the 2019-nCoV outbreak



It is normal to feel sad, stressed, confused, scared or angry during a crisis.

Talking to people you trust can help. Contact your friends and family.

If you must stay at home, maintain a healthy lifestyle - including proper diet, sleep, exercise and social contacts with loved ones at home and by email and phone with other family and friends.





Don't use smoking, alcohol or other drugs to deal with your emotions.

If you feel overwhelmed, talk to a health worker or counsellor. Have a plan, where to go to and how to seek help for physical and mental health needs if required.

Get the facts. Gather information that will help you accurately determine your risk so that you can take reasonable precautions. Find a credible source you can trust such as WHO website or, a local or state public health agency.





Limit worry and agitation by lessening the time you and your family spend watching or listening to media coverage that you perceive as upsetting.

Draw on skills you have used in the past that have helped you to manage previous life's adversities and use those skills to help you manage your emotions during the challenging time of this outbreak.



Guideline 4: Core Messages on COVID-19 for Children in Child Care Institutions under the JJ Act, 2015

Inform, talk about COVID-19

- Keep the age, maturity and any disability of the child in mind when talking to them.
- Ask children what they have heard about the COVID-19 virus.
- Explain that COVID 19 is a new virus (germ) that causes infection of the nose, throat and lungs. It is different from the viruses that cause the common cold and the flu.
- The virus enters through the nose, mouth or eyes. It makes the person cough, sneeze, have a running nose and fever. It can infect the lungs and cause problems with breathing. Some people get loose motions and vomiting. For some people the symptoms are very mild, whereas for others it could require hospitalization.
- Avoid using words like ‘terrible’, ‘horrible,’ etc., when describing the virus.

Reassure, allay fears/ anxiety

- Explain to the children the reasons for restriction of entry of family/ relatives/ guardian/ lawyers/NGOs/service providers.
- Explain that in children and young people the infection seems to be mild. The disease is more likely to be severe in older people - especially those above 60 years of age and those with illnesses like diabetes.
- Talk about how the vast majority of people who get COVID-19 infection, recover. In fact, 80% of those infected don’t even need to be admitted in a hospital. A scientific study showed that severe infection among children is rare. 99.4% of children had mild or moderate symptoms.¹⁸
- Avoid causing panic or the opposite - complacency.

Share factual and scientific information from verified sources

- Avoid causing fear or stigma.
- Explain that the virus spreads easily from an infected person to another. The virus is present in the discharge that comes out when a person who is infected coughs or sneezes or spits.
- Close contact with a person who has COVID-19 can also transfer the infection.
- The virus can also survive for several hours to days on things touched by a person who has COVID-19 infection.
- A person can get the virus on to their hands by touching surfaces or objects that have the virus on them, and then touching their mouth, nose or eyes.
- The virus cannot enter the body through the skin. The virus can be easily destroyed if it comes in contact with soap, detergents and commonly available disinfectants.
- At present there is no vaccine against the virus at present.
- Since the virus is new, there is no 100% effective treatment. Different medicines are being used to treat patients with fairly good results.
- Explain how to wear a mask

¹⁸ Ian P Sinha, Rachel Harwood, Malcolm G Semple, Daniel B Hawcutt, Rebecca Thursfield, Omendra Narayan, et al. Published: March 27, 2020 DOI :[https://doi.org/10.1016/S2213-2600\(20\)30152-1](https://doi.org/10.1016/S2213-2600(20)30152-1)The Lancet Respiratory Medicine, COVID-19 infection in children, [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30152-1/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30152-1/fulltext)

The World Health Organization provides the following guidance:¹⁹

- Before putting on a mask, clean hands with alcohol-based hand rub or soap and water.
- Cover mouth and nose with mask and make sure there are no gaps between your face and the mask.
- Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water.
- Replace the mask with a new one as soon as it is damp and do not re-use single-use masks.
- To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water.

Please also refer to the advisory on home-made protective cover for face and mouth by the Ministry of Health and Family Welfare, Government of India,

<https://www.mohfw.gov.in/pdf/Advisory&ManualonuseofHomemadeProtectiveCoverforFace&Mouth.pdf>

Build agency and participation

- Ask how they can protect themselves and others?
- How can they participate in keeping the CCI clean?

Explain that we can do this by:

1. Keeping our hands clean: Washing hands often, every two hours if possible, with soap and water for at least 40 seconds or disinfecting with a hand sanitizer for a minimum of 20 seconds. Explain that soap acts by breaking down the outer layer of the virus, so it is important to lather for 40 minutes. Washing hands after blowing one's nose, coughing, or sneezing²⁰, after using the toilet, before and after preparing food, before eating and when hands are soiled.
2. Avoiding touching one's own face, mouth, nose and eyes with unwashed hands as the virus may be on our hands if we have touched a surface or object that has the virus on them;
3. Covering our mouth and nose with our elbow when coughing and sneezing and wash hands immediately afterwards - to protect others;
4. Avoiding being within 3 feet or too close to a person who is coughing or sneezing;
5. Wearing a mask if one is sick with cough and cold - to protect others; and if one is caring for a sick person.
6. Disposing waste in a bin lined with a disposable bag, and with a lid.
7. Practicing physical distancing (maintain a distance of 1 meter or 3 feet) from staff who come in from outside or visitors and service providers.
8. Avoid a feeling of helplessness, or hopelessness

¹⁹ Source, World Health Organization, Coronavirus disease (COVID-19) advice for the public: When and how to use masks, downloaded on 8 April 2020, available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

²⁰ Basic protection measures against the new coronavirus, WHO, available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Guideline 5: Protocols to be followed for Entry of Staff, Service Providers, and Visitors

In its directions passed on 03.04.20, the Supreme Court in *In re Contagion of COVID 19 Virus in Children Protection Homes*, Suo Motu Writ Petition (Civil) No.4 of 2020, stated that “**Staff or any other individual found to be exhibiting symptoms of COVID-19 should not be permitted to enter the CCI**” and “**Reduce number of people entering into CCIs.**”

In order to effectively implement the SC judgement, the following steps may be taken:

1. Grant entry to only staff/NGO representatives who have been permitted to work in the CCI.
2. Encourage staff to declare if they have come in contact with any person who is suspected or confirmed to be COVID-19 positive or recently travelled from an area with community transmission [applies only to those areas that do not have current community transmission]. Such staff should not be permitted to enter the CCI.
3. Ask staff and other persons authorized to work in the CCI, to inform and stay at home if they have fever or any respiratory illness.
4. Follow up on staff with unexplained absences, to determine their health status.
5. Undertake temperature check for all staff and others authorized to work in the CCIs at the entrance of the CCI daily. Ask any staff who is visibly ill to stop working and refer them to their health care provider.
6. Monitor staff and their contact with children, especially contact with those children who have fever/respiratory symptoms
7. Restrict entry of visitors. Screen all visitors and persons bringing goods and supplies for the CCI for signs and symptoms of acute respiratory infection, or fever. Do not allow anyone with signs or symptoms of respiratory illness to enter the premises.
8. Encourage service providers to ensure that deliveries are made by those who have not come in close contact with a confirmed case or have recently travelled to an area with community transmission [applies only to those areas that do not have current community transmission].
9. Avoid direct contact by visitors with any resident who is sick.
10. Review restrictions on entry of staff, organisations, and visitors from time to time based on the guidelines issued by the government.

Ensure Hygiene and Physical Distancing

11. Staff should sanitize their hands with a hand sanitizer with 70% alcohol kept at the entrance of the CCI. If sanitizer is not available, wash hands with soap (lather for 40 seconds) and water BEFORE touching anything else in the CCI.
12. Staff and visitors should leave their footwear outside as cough/sneeze droplets may be on the footwear, and the person may have stepped on spit.
13. Consider setting up a safe private space near the entrance (such as a *shamiana*) for staff and visitors to change clothes and/wear protective gear, if they are entering the CCI. No data is available yet on the number of hours the virus can survive on clothing. Washing the clothes with detergent and drying it completely is a safe option.
14. Staff coming in daily to the CCI could keep a few changes of outer garments and shoes in the CCI. Change into the garments and shoes kept at the CCI. Wash hands. Begin your work at the CCI.
15. During the day, wash hands with soap and water often.

16. When leaving the CCI, change your outer garments. Wash them and keep them to dry in the CCI. Wear your outside clothes to go out.
17. Staff/Visitors should be instructed in respiratory and hand hygiene, including cutting their nails short, and to keep at least 1 meter distance from residents. They should avoid shaking hands, hugging the residents. If they participate in any group activities with the residents, they must maintain 1 meter distance and avoid touching the residents.

Guideline 6 : Precautions when Receiving Supplies for the CCI

When receiving supplies/ groceries/ other items for use in the CCI from a supplier:

1. Ask the supplier to leave the container with supplies outside the entrance of the CCI if possible. Avoid any physical contact with the supplier.
2. Bring the container inside the CCI. Avoid touching door handles when doing so. If the container can be left unopened for 1-3 days, do so. Wash/ disinfect your hands and any surfaces you may have touched. Initial studies are showing that the virus may survive for upto 3 hours in droplets in the air, upto 4 hours on copper, upto 24 hours on cardboard, upto 3 days on stainless steel and plastic.
3. Clean/disinfect all couriers packages, parcels, grocery packets before bringing inside the CCI and sanitize hands right after the process. Preferably wear disposable gloves. (Supreme Court's direction in *In re Contagion of COVID 19 Virus in Children Protection Homes*, Suo Motu Writ Petition (Civil) No.4 of 2020)
4. If the container has to be opened, identify where the contents will be kept and stored. Keep these ready/ open. Open the container. Wash your hands. Remove the contents from the container. Disinfect or wash the contents as appropriate. Store contents in the appropriate place.
5. Discard the container in the dustbin.
6. Wash/ disinfect your hands.
7. If the supplier has to come inside the CCI to deposit the container, take the person straight to the location where the container has to be kept, making sure that you open the doors for the person carrying the container. Escort the person out of the CCI in the same manner, opening the doors for the person. Ensure minimal contact of the person with people and surfaces at the CCI. Wash your hands.
8. A separate counter may be placed near the entrance of the Home where donations (in kind) can be accepted. Donors may be requested to provide dry ration/uncooked food material instead of cooked meal. (NCPCR, *Advisory regarding care and protection of children moving with migrant families; children living on streets/Child Care Institutions in light of COVID-19*, 29 March 2020.)

Guideline 7: Responsive Measures by Child Care Institutions under the Juvenile Justice (Care and Protection of Children) Act, 2015 for COVID-19

The Supreme Court has passed several directions on 03.04.20 in *In re Contagion of COVID 19 Virus in Children Protection Homes*, Suo Motu Writ Petition (Civil) No.4 of 2020. **Directions relevant to responsive measures are provided below with additional suggestions in italics.**

1. **Conduct regular screening:** Symptoms can include fever, cough and shortness of breath. In more severe cases, infection can cause pneumonia or breathing difficulties. These symptoms are similar to the flu (influenza) or the common cold, which are a lot more common than COVID-19. This is why testing is required to confirm if someone has COVID-19.
 - *Assess each child twice daily for the development of a fever ($\geq 38C$), cough or shortness of breath. Keep the thermometers clean before and after use on every child.*
 - *Immediately report children or other staff who have fever or respiratory symptoms to the Superintendent and inform the nurse/doctor attached to the CCI.*
2. **Health referral system to be followed:** The CCI should immediately follow procedures established by the Ministry/Department of Health and Family Welfare, if children or staff or other service providers working in the CCI become unwell. First step is to inform the nurse/doctor attached to the CCI at the earliest, when there is a suspicion of COVID-19 infection in any staff/child. CCIs can call the helplines [1075 and 1800-112-545. For State and Union Territories Helpline numbers refer to <https://www.mohfw.gov.in/pdf/coronavirushelplinenumber.pdf>] or a local doctor. Children or people affected [should go] only if such advise is given by doctor/helpline, or if symptoms are severe-
3. **Quarantine:** In case of symptoms, the children of the CCI should have a quarantine/segregated section (*where possible*) & make alternate arrangements where a quarantine facility is not possible.
 - *Move the child who displays the onset of symptoms like fever, cough, weakness, loss of appetite, shortness of breath, sputum production, body ache to the Sick Room or First Aid Room.*
 - *Contact the doctor attached to the CCI/nearest health centre/COVID Helpline and seek advice about the next steps.*
 - *Inform the JJB/CWC/Children's Court and the DCPO about any suspected case.*
 - *If possible, move the child to a single room. If no single rooms are available, consider caring for the child/cohorting children with suspected COVID-19 in a cordoned off area in the CCI.*
 - *Promptly facilitate child/staff's testing for COVID-19 based on medical advice received. Testing should be done at a Government approved Laboratory only. A list of Government approved Laboratories has been provided by the Indian Council of Medical Research (ICMR), available at https://icmr.nic.in/sites/default/files/upload_documents/COVID_19_Testing_Laboratories.pdf*
 - *Adhere to the Standard Operating Procedure for the transportation of a suspected/confirmed case of COVID-19 issued by the Ministry of Health and Family Welfare, Directorate General of Health Services, Government of India is adhered.²¹*
 - *Inform parents/guardians, JJB/CWC/Children's Courts and appropriate public health authorities if the COVID-19 test is positive.*

²¹ Available at

<https://www.mohfw.gov.in/pdf/StandardOperatingProcedureSOPfortransportingasuspectorconfirmedcaseofCOVID19.pdf>

Care for Child in a CCI who may have been exposed to COVID-19:

*Based on Ministry of Health and Family Welfare Directorate General of Health Services
[Emergency Medical Relief], Guidelines for Home Quarantine,
<https://www.mohfw.gov.in/DraftGuidelinesforhomequarantine.pdf>*

- *Care for the child in a well-ventilated single-room preferably with an attached/separate toilet.*
- *If another child needs to stay in the same room, maintain a distance of at least 1 meter between the two.*
- *Ensure that children are not made to feel that they have been isolated because of their identity, action, or as a punishment.*
- *Explain to the child, and restrict the child's movement within the CCI should be restricted, especially contact with elderly people, pregnant girls or women, children and persons with co-morbidities (eg., asthma, diabetes, heart disease, etc) within the CCI.*
- *The child should wash hands as often thoroughly with soap and water or with alcohol-based hand sanitizer.*
- *Avoid sharing household items e.g. dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people at the CCI.*

Instructions for the staff of CCIs where children are being quarantined

- *Only an assigned staff member should care for the child/children.*
- *Visitors should not be allowed.*

Environmental Sanitation

- *Use disposable gloves when cleaning the surfaces or handling soiled linen.*
- *Clean and disinfect frequently touched surfaces in the quarantined person's room (e.g. bed frames, tables etc.) daily with 1% Sodium Hypochlorite Solution.*
- *Clean and disinfect toilet surfaces daily with regular household bleach solution/phenolic disinfectants.*
- *Clean the clothes and other linen used by the person separately using common household detergent and dry.*
- *Avoid shaking the soiled linen or direct contact with skin.*
- *Wash hands after removing gloves.*

If the child develops symptoms suggestive of COVID-19

- *If symptoms appear (cough/fever/difficulty in breathing), the Person-in-Charge of the CCI should immediately inform the nearest health centre or call the COVID helpline.*
- *All the child's close contacts will be home quarantined (for 14 days) and followed up for an additional 14 days or till the report of such case turns out negative on lab testing.*
- *Inform the JJB/CWC/Children's Court and the DCPO about any suspected case.*

Duration of home quarantine

- *The home quarantine period is for 14 days from contact with a confirmed case or earlier if a suspect case (of whom the index person is a contact) turns out negative on laboratory testing.*

Guidance for Child Welfare Committees under Juvenile Justice (Care and Protection of Children) Act, 2015 in the context of COVID-19 for consideration by the Nodal Department at State level

The Supreme Court's directions dated 03.04.20 in *In re Contagion of COVID 19 Virus in Children Protection Homes*, Suo Motu Writ Petition (Civil) No.4 of 2020, relevant to Child Welfare Committees are as follows:

- “CWCs are directed to proactively consider steps that are to be taken in the light of COVID - 19, while conducting their inquiries/inspections and also whether a child or children should be kept in the CCI considering the best interest, health and safety concerns
- Special **online sittings** or video sessions may be called to consider measures that may be taken to prevent children residing in the Children's Homes, SAAs, and Open Shelters from risk of harm arising out of COVID- 19.
- **Gatekeeping** or preventive measures need to be considered and families counselled to ensure that institutionalization is the last resort. Focus should be on prevention of separation when possible.
- CWCs to **monitor** cases telephonically for children who have been sent back to their families and coordinate through the District Child Protection Committees and Foster care and Adoption Committees (SFCACs) for children in foster care.
- As far as possible, **online help desks and support systems** for queries to be established at the state level for children and staff in CCIs.
- It is important to consider that violence, including sexual and gender--based violence may be exacerbated in contexts of anxiety and stress produced by lockdown and fear of the disease, CWCs can monitor regularly through video conferencing, WhatsApp and telephonically to ensure **prevention of all forms of violence.**”

The Supreme Court has also directed that “Families that are fostering children should receive information about how to prevent COVID-19 Follow up should be made on their health and psychosocial well-being status, and they should be informed of how to do in case of symptoms.”

In furtherance of the Supreme Court's directions, CWCs are recommended to adopt a case-to-case based and consider the following before releasing any child from a CCI or institutionalizing a child:

1. **Best interest determination** would entail a consideration of the child's views, child's identity, preservation of the family environment and maintaining relations, care, protection and safety of the child, situation of vulnerability, and the child's rights to health and education.
2. **Right to be heard:** Ensure that mechanisms are created to enable children in CCIs, in Foster Care and Aftercare to participate in decisions concerning their health, including placement, treatment, etc., and that their views are respected and given due weight in accordance to age and maturity. The CWCs could consider telephonic discussions, video conferencing, etc and promote children's capacities to take increasing levels of responsibility for their own health and development.
3. **Assessing the safety in family:** Assess vulnerability of each and every child and the family situation to determine whether the family environment is safe for the child, not just with regard to their capacity to prevent a COVID-19 infection, but whether the child is likely to be at risk of harm from the family itself. In cases under the POCSO Act, factors under Rule 4(6) also have to be considered. Seek assistance from DCPU to identify frontline workers and volunteers who can gather necessary information or fresh Social Investigation Reports.

4. **Determine willingness and capacity of family to take custody:** Most children in CCIs are from lower socio-economic backgrounds and it is probable that the family may not have sufficient means to presently provide required food, shelter, security and hygiene to the child. Formal undertaking from willing parents/guardians can be taken through electronic medium with the help of the Child Welfare Police Officers. Consent can be obtained via video conferencing mode and assistance of the concerned District Child Protection Unit (DCPU) can be taken for this purpose. Explore whether a child can be placed with a guardian or fit person and consider support through sponsorship. If parents are not able to physically take custody of the child, CWC may direct the district administration/police to arrange escort for the child.
5. **Assess conditions within CCIs:** Undertake immediate inspection of the living conditions in every CCI in their jurisdiction, while following rules of social distancing, to assess the safety of the children given these changed circumstances. Ensure that Persons-in-charge are adhering to the directions of the Supreme Court and the guidelines issued by relevant Ministries. Ensure that newly admitted children are kept in the Reception Centre for 14 days, to the extent possible.
6. **Ensure special needs of children are met:** Children's vulnerability, particularly that of children in the 0-6 years category, orphaned, abandoned and surrendered children, children with disabilities, children living with or affected by HIV/AIDS, transgender children, children in a street situations who do require shelter, and children subjected to abuse, neglect or exploitation by their family or guardian, must also be considered.
7. **Consider views of Support Person:** For child victims under the POCSO Act, views of the Support Person must be taken before any decision is made to restore a child to the family. Support Person's access to the child through telephonic medium to ascertain the child's wellbeing and to remain in contact with the child should be allowed and encouraged.
8. **Well-being of children in Foster care:** Coordinate with the DCPU, which is responsible for the implementation of the Foster Care Scheme to
 - a. ensure that an assessment is undertaken on the health and psycho-social wellbeing of the child being fostered, as well as that of the foster family,
 - b. and whether the situation of the Foster Family is such that the child is not ordinarily at risk of COVID-19.
 - c. The family has received information about how to prevent COVID--19
 - d. The foster family is informed of what to do in case of COVID-19 symptoms.
9. **Consider likely challenges during restoration and identify solutions:**
 - a. **Transit support:** Consider whether families are likely to face challenges in movement and ensure that suitable arrangements are made for curfew passes, escort, hygiene, boarding and lodging during transit (inter or intra-State), personal protective equipment such as masks, sanitizers and gloves.
 - b. **Sponsorship:** CWCs should consider sponsorship at the rate prescribed under the Integrated Child Protection Scheme (ICPS) for every child restored to the family. Such funds may be routed through the concerned disbursed by the Probation Officer of the District Child Protection Unit (DCPU).
 - c. **Documents:** Children being released, discharged or transferred should be provided with copies of relevant documents, contact numbers of persons they could call to seek any assistance, etc., and keep the DCPU informed, so as to prevent any harassment or distress during their journey.
 - d. **Orientation:** Children and their families should be provided detailed orientation about COVID-19 and how to keep oneself safe while also preventing risk of infection to others.

Additionally, in the event that the child is escorted by an authorized individual/official appointed by DCPU or Childline staff, the police should provide necessary permissions and official transport.

10. **Ensure follow-up:** CWCs should instruct the Case Worker/Probation Officer to ensure contact with the children restored to their families on a regular basis and provide updates to the CWC.
11. **Steps to create an online helpdesk and support system:**
 - a. CWCs should create an email address, if they do not have one, and share it along with their contact details with local police stations, SJPUs, Childline, JJBs, Children’s Court, CCIs, and district hospitals. The duty roster should also be shared with them.
 - b. CCIs may be instructed to admit a child for protective custody and produce the child through audio-visual means.
 - c. CWCs may consider sittings through video-conferencing or other audio-visual means to pass interim or final orders, provided that the principles of natural justice and privacy and confidentiality are complied with.
 - d. Follow-ups may also be ensured through audio-visual means.
 - e. Records of proceedings conducted through audio-visual means should be maintained and filed electronically. Confidentiality should be ensured.
 - f. CWCs should work in coordination with the DCPU to proactively identify individuals who could be **appointed as fit persons** and recognize **fit facilities** for the specific purposes related to COVID-19 situations that may arise during the pandemic. Such individuals and facilities could form a panel of authorized COVID-19 volunteers and facilities, who may be called upon to assist the CWC and the DCPU where required.
12. **Ensure contact of children in CCIs with family and service providers:**
 - a. CWCs could instruct the Persons-in-charge and the DCPUs to facilitate alternatives to in-person visiting, including the use of telephones or video calls to facilitate interactions between the children and their family members at least twice a week, and regular interactions with NGOs working in the CCI and other visitors. Contact with family/relatives should be ensured unless it is not in the best interest of the child or the child does not wish to contact.
 - b. Second-hand laptops, dongles, etc., could be sourced from the community and used after sanitization. Sufficient funds will have to be identified and allocated for internet connectivity.
13. **Protocol if a child is suspected or confirmed to have COVID-19 infection:** CWCs should instruct the Persons-in-charge of CCIs to inform them about any suspected or confirmed case within the CCI immediately. No delays in the medical care of the child should be caused for procedural formalities. Such information should be shared with the health authorities as per guidelines issued by the Ministry of Health and Family Welfare or State Government.

Guidance for Juvenile Justice Boards and Children’s Courts under Juvenile Justice (Care and Protection of Children) Act, 2015, in the context of COVID-19 for consideration of Nodal Department at State level

The Supreme Court’s directions dated 03.04.20 in *In re Contagion of COVID 19 Virus in Children Protection Homes*, *Suo Motu Writ Petition (Civil) No.4 of 2020*, relevant to Juvenile Justice Boards are as follows:

“Juvenile Justice Boards (JJB) and Children’s Courts are directed to proactively consider steps that are to be taken in the light of COVID - 19, while conducting their inquiries/inspections. Online or video sessions can be organized. The JJBs/Children’s Courts may consider measures to prevent children residing in Observation Homes (OH), Special Homes (SH) and Places of Safety (PoS) from risk of harm arising out of COVID- 19.

- In this regard, JJBs and Children’s Courts are directed to proactively consider whether a child or children should be kept in the CCI itself, considering the best interest, health and safety concerns. These may include:
- -Children alleged to be in conflict with law, residing in Observation Homes, JJBs shall consider taking steps to release all children on bail, unless there are clear and valid reasons for the application of the proviso to Section 12, JJ Act, 2015.
- Video conferencing or online sittings can be held to prevent contact for speedy disposal of cases.-
- Ensure that counselling services are provided for all children in Observation homes.

It is important to consider that violence, including sexual violence may be exacerbated in contexts of anxiety and stress produced by lockdown and fear of the disease. JJBs would need to monitor the situation in the Observation Homes on a regular basis.”

In furtherance of the Supreme Court’s directions, JJBs and Children’s Court are recommended to adopt a case-to-case based and consider the following before releasing any child from a CCI or institutionalizing a child:

1. **Best interest determination** would entail a consideration of the child’s views, child’s identity, preservation of the family environment and maintaining relations, care, protection and safety of the child, situation of vulnerability, and the child’s rights to health and education.
2. **Grant of bail:** Under the JJ Act, 2015, grant of bail to a child in conflict with the law is the rule, and its denial is an exception. JJBs must consider whether children can be released on bail irrespective of whether they have allegedly committed petty, serious, or heinous offences. Further, seeking of surety may be avoided given the current circumstances and children may be released on a personal undertaking or personal bond without surety.
3. **Disposal of cases on first hearing:** Rule 10(1), JJ Model Rules, 2016, empowers the JJB to dispose of the case in the first hearing if the child’s being in conflict with the law appears unfounded or if the child is alleged to be involved in petty offences. This option needs to be considered by the JJB. It also needs to be explored whether a child can be released on bail or anticipatory bail, or released under the supervision of a fit person or probation officer. Further, production may be done through audio-visual means.
4. **Right to be heard:** Ensure that mechanisms are created to enable children in the OH, SH, and PoS to participate in decisions concerning their health, treatment, etc., and that their views are respected and given due weight in accordance to age and maturity.
5. **Assessment of the safety of the home environment:** Assess vulnerability of each and every child and the family situation to determine whether the family environment is safe for the child, not just with regard to their capacity to prevent a COVID-19 infection, but whether the child is likely to be at risk of harm

upon release or leave of absence. Seek assistance from DCPU to identify frontline workers and volunteers who can gather necessary information or seek a fresh Social Investigation Report.

6. **Determine willingness and capacity of family to take custody of the child:** In a pandemic situation like this, families must not be forced to take custody of children. Most children in CCIs are from lower socio-economic backgrounds and it is probable that the family may not have sufficient means to presently provide required food, shelter, security and hygiene to the child. Formal undertaking from willing parents/guardians can be taken through electronic medium with the help of the Child Welfare Police Officers. Consent can be obtained via video conferencing mode and assistance of the concerned District Child Protection Unit (DCPU) can be taken for this purpose. It also needs to be explored whether a child can be placed with a fit person or released on probation and consider support through sponsorship. If parents are not able to physically take custody of the child, CWC may direct the district administration/police to arrange an escort for the child.
7. **Assess conditions within CCIs:** Undertake immediate inspection of the living conditions in every OH, SH, and PoS in their jurisdiction, while following rules of social distancing, to assess the safety of the children given these changed circumstances. Ensure that Persons-in-charge are adhering to the directions of the Supreme Court and the Guidelines issued by relevant Ministries. Ensure that newly admitted children are kept in the Reception Centre for 14 days, to the extent possible.
8. **Ensure special needs of children are met:** Identify whether the child requires access to mental health, de-addiction services, or any other therapeutic intervention and prepare a plan to ensure continuity of care. Consider passing directions to the DCPU to provide information about local resources including recognized NGOs, fit facilities, etc., who could be called upon to provide such services.
9. **Consider challenges during restoration and identify solutions:**
 - **Transit support:** Families/children are likely to face challenges in movement and ensure that suitable arrangements are made for curfew passes, escort, hygiene, boarding and lodging during transit (inter or intra-State), personal protective equipment such as masks, sanitizers and gloves.
 - **Sponsorship:** JJBs should consider sponsorship at the rate prescribed under the Integrated Child Protection Scheme (ICPS) for every child restored to the family. Such funds may be routed through the concerned disbursed by the Probation Officer of the District Child Protection Unit (DCPU).
 - **Documents:** Children being released, discharged or transferred should be provided with copies of relevant documents, contact numbers of persons they could call to seek any assistance, etc., and keep the DCPU informed, so as to prevent any harassment or distress during their journey.
 - **Orientation:** Children and their families should be provided detailed orientation about COVID-19 and how to keep oneself safe while also preventing risk of infection to others. Additionally, in the event that the child is escorted by an authorized individual/official appointed by DCPU or Childline staff, the police should provide necessary permissions and official transport.
10. **Ensure follow-up:** JJBs should instruct the Probation Officer to ensure contact with the children restored to their families on a regular basis and provide updates to the JJB.
11. **Steps to create an online helpdesk and support system:**
 - JJBs should create an email address, if they do not have one, and share it along with their contact details with local police stations, SJPU, CWCs, Childline, CCIs, and district hospitals.
 - CCIs may be instructed to admit a child for protective custody and produce the child through audio-visual means.
 - JJBs may consider sittings through video-conferencing or other audio-visual means to pass interim or final orders, provided that the principles of natural justice and privacy and confidentiality are complied with.
 - Follow-ups may also be ensured through audio-visual means.

- Records of proceedings conducted through audio-visual means should be maintained and filed electronically. Confidentiality should be ensured.
 - JJBs should work in coordination with the DCPU to proactively identify individuals who could be **appointed as fit persons** and recognize **fit facilities** for the specific purposes related to COVID-19 situations that may arise during the pandemic. Such individuals and facilities could form a panel of authorized COVID-19 volunteers and facilities, who may be called upon to assist the CWC and the DCPU where required.
12. **Ensure contact of children in CCIs with family and service providers:** JJBs could instruct the Persons-in-charge and the DCPUs to facilitate alternatives to in-person visiting, including the use of telephones or video to facilitate interaction between the children and their family members, lawyer, NGOs working in the CCI and other visitors. Persons-in-charge of CCIs may be instructed to facilitate oral communication between the child and the child's parents or guardians or relatives through telephone or video chat, unless contact with the family is not in the best interest of children. Second-hand laptops, dongles, etc., could be sourced from the community and used after sanitization. Sufficient funds will have to be identified and allocated for internet connectivity.
13. **Protocol if a child is suspected or confirmed to have COVID-19 infection:** JJBs should instruct the Persons-in-charge to inform them about any suspected or confirmed case within the CCI immediately. No delays in the medical care of the child should be caused for procedural formalities. Such information should be shared with the health authorities as per guidelines issued by the Ministry of Health and Family Welfare or State Government.

Annexure 1: Suggested Reading Material and Websites on COVID-19

Supreme Court of India

1. *In re Contagion of COVID 19 Virus in Children Protection Homes*, Suo Motu Writ Petition (Civil) No.4 of 2020, available at https://main.sci.gov.in/supremecourt/2020/10820/10820_2020_0_4_21584_Order_03-Apr-2020.pdf

Government of India

1. Ministry of Home Affairs, Government of India, *Consolidated Guidelines on the measures to be taken by Ministries/ Departments of Government of India, State/Union Territory Governments and State/ Union Territory Authorities for containment of COVID-19 Epidemic in the Country*, notified on 24.03.20 and further modified on 25.03.20 and 27.03.20, available at <http://pibphoto.nic.in/documents/rlink/2020/mar/p202032401.pdf>
2. Ministry of Health and Family Welfare Directorate General of Health Services [Emergency Medical Relief], *Coronavirus Disease 2019 (COVID-19): Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19*, 29 March 2020, available at <https://www.mohfw.gov.in/pdf/StandardOperatingProcedureSOPfortransportingasuspectorconfirmedcaseofCOVID19.pdf>
3. Ministry of Health and Family Welfare Directorate General of Health Services [Emergency Medical Relief], *Guidelines on disinfection of common public places including offices*, 29 March 2020, available at <https://www.mohfw.gov.in/pdf/Guidelinesondisinfectionofcommonpublicplacesincludingoffices.pdf>
1. Ministry of Health and Family Welfare Directorate General of Health Services [Emergency Medical Relief], *Guidelines for Home Quarantine*, available at <https://www.mohfw.gov.in/DraftGuidelinesforhomequarantine.pdf>
1. Ministry of Health and Family Welfare, *Minding our minds during the COVID-19 pandemic*, Government of India, 31 March 2020, available at <https://www.mohfw.gov.in/pdf/MindingourmindsduringCoronaeditedat.pdf>
4. Ministry of Women and Child Development, *Coping strategy for children and caregivers*, available at <https://wcd.nic.in/sites/default/files/FINAL%20COPING%20STRATEGY.pdf>
5. Ministry of Health and Family Welfare, Government of India, *Advisory on use of Homemade Protective Cover for Face & Mouth*, available at, <https://www.mohfw.gov.in/pdf/Advisory&ManualonuseofHomemadeProtectiveCoverforFace&Mouth.pdf>
6. Ministry of Health and Family Welfare, Government of India, *COVID helpline numbers*, available at <https://www.mohfw.gov.in/pdf/coronavirushelplinenumber.pdf>

7. Ministry of Health and Family Welfare, Government of India, *Protective measures*, available at, <https://www.mohfw.gov.in/pdf/ProtectivemeasuresEng.pdf>
8. Ministry of Health and Family Welfare, Government of India, *Everyone need to wear a mask?*, available at <https://www.mohfw.gov.in/pdf/Mask-Eng.pdf>

National Commission for Protection of Child Rights

2. National Commission for Protection of Child Rights, *Advisory regarding care and protection of children moving with migrant families; children living on streets/Child Care Institutions in light of COVID-19*, 29.3.2020, clause 6, available at <https://www.ncpcr.gov.in/showfile.php?lang=1&level=1&sublinkid=1983&lid=1904>

Indian Council for Medical Research

3. Indian Council for Medical Research, available at, <https://www.icmr.nic.in/node/39071>

National Centre for Disease Control

- National Centre for Disease Control, *Guidelines for Quarantine Facilities*, available at <https://ncdc.gov.in/WriteReadData/1892s/90542653311584546120.pdf>

All India Institute of Medical Sciences

1. All India Institute of Medical Sciences, *COVID-19 INFORMATION BOOKLET*, <http://dhemajijudiciary.gov.in/AIIMS%20COVID-19%20Information%20Booklet.pdf>
2. All India Institute of Medical Sciences, *Updated Infection Prevention & Control Guidelines for 2019-nCoV (COVID-19)*, available at https://www.aiims.edu/images/pdf/notice/Updated_COVID_19_HIC_SUPPLEMENT_VERSION_1.2_30_March_2020.pdf

World Health Organization

4. The World Health Organization, Regional Office for Europe, *Key Messages and Actions for COVID-19 Prevention and Control in Schools*, March 2020, available at https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4
5. The World Health Organization, Regional Office for Europe, *Preparedness, prevention and control of COVID-19 in prisons and other places of detention Interim guidance*, 15 March 2020, available at, http://www.euro.who.int/_data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?dm_i=21A8,6SM73,FLWT3F,R7PLZ,1
6. World Health Organization, *Emerging respiratory viruses, including COVID-19: methods for detection, prevention, response and control* [OpenWHO online course]; 2020, available at <https://openwho.org/courses/introduction-to-ncov>
7. World Health Organization, *Country and Technical Guidance available at*, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

8. World Health Organization, *Coronavirus disease (COVID-19) advice for the public: Myth busters*, available at, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>
9. World Health Organization, *Helping children cope with stress during the 2019 n-Cov outbreak* available at, <https://www.who.int/docs/default-source/coronaviruse/helping-children-cope-with-stress-print>
10. The World Health Organization, *Coping with stress during the 2019-nCoV outbreak*, available at <https://www.aiims.edu/images/pdf/notice/WHO%20Coping%20with%20Stress%20of%20COVID.pdf>)

Other International Organizations

10. Centres for Disease Control and Prevention, available at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
11. Centres for Disease Control and Prevention, available at, <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html>
12. Penal Reform International, *Coronavirus: healthcare and human rights of people in prison*, 2020, available at <https://cdn.penalreform.org/wp-content/uploads/2020/03/FINAL-Briefing-Coronavirus.pdf>
13. Centres for Disease Control and Prevention, *Use of Cloth Face Coverings to Help Slow the Spread of COVID-19*, available at, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
14. The Alliance for Child Protection in Humanitarian Action, *Guidance Note, Protection of Children during infection disease outbreaks*, available at https://alliancecpha.org/en/system/tdf/library/attachments/cp_during_ido_guide_0.pdf?file=1&type=node&id=30184
15. Child Care Aware, *Webinar on Getting Prepared for Emergencies*, available at, <https://info.childcareaware.org/lets-get-ready-planning-together-for-emergencies>