Government of Jammu and Kashmir
Department of Disaster Management, Relief Rehabilitation & Reconstruction
(State Executive Committee)
Civil Secretariat, Jammu
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D a t e d : 14.04.2020

1) Whereas, the Government of India vide its Order No.40-3/2020-DM-
   l(A) dated 24.03.2020, had notified measures for lockdown all over the
country w.e.f. 25th March, 2020, till 14th April, 2020; and

2) Whereas, the Deputy Commissioners, in their capacity as the
   Chairpersons of District Disaster Management Authorities, have
   already issued orders for enforcing lockdown in their respective
districts since 25th March, 2020; and

3) Whereas, the Jammu and Kashmir State Disaster Management
   Authority (JKSDMA) is satisfied that focused containment measures
   need to be taken to prevent community transmission of COVID-19; and

4) Whereas, it has been felt by the JKSDMA that in order to curb the
   spread of community transmission, stringent lockdown measures need
   to be enforced in the identified Hotspots, to be referred to as “Red
   Zones”, in various parts of the Union Territory of Jammu and Kashmir;
   and

5) Whereas, it is also imperative that essential services and public
   emergencies are duly addressed in the identified “Red Zones” by
   observing a Standard Operating Procedure (SOP).

6) Now, therefore, in exercise of powers conferred upon me, in my
   capacity as the Chairperson of State Executive Committee, under
   Section 24 of the Disaster Management Act, 2005, the guidelines
   annexed with this order are notified as the SOP to be followed in the
   “Red Zones” by the concerned authorities of the Government.

(B. V. R. Subrahmanyan)
Chief Secretary
Chairperson State Executive Committee

Copy to:
1. Financial Commissioner, Health and Medical Education Department.
2. Principal Secretary to the Government, Home Department.
3. Principal Secretary to the Lieutenant Governor, J&K
4. Director General of Police, J&K.
5. Joint Secretary (J&K), Ministry of Home Affairs, Government of India.
8. All Deputy Commissioners.
9. All Superintendents of Police.
10. Private Secretary to the Chief Secretary.
11. Private Secretary to the Secretary to Government, DMRR&R.
12. Incharge Website, GAD.
RED ZONES
STANDARD OPERATING PROCEDURE

WHAT IS A RED ZONE

- Areas with a significant number of cases or where there is suspicion of cluster transmission, based on assessment by DC & CMO, with the advice of the SP as well, will be declared as RED ZONES by Deputy Commissioner concerned.
- The mapping (size of perimeter) of red zones shall be done depending upon size of habitation, geographic distribution of +ve cases, proximity to other habitations, accessibility, geographical barriers, mobility of COVID +ve person, etc.
- Intelligent demarcation of boundaries using roads, natural barriers, etc.

RED ZONE strategy

a) The red zone will see a 100% lockdown and shall be completely sealed for any movement across its boundaries. No outward or inward movement would be allowed.
b) As far as possible, there shall be only one opening to the red zone to be manned by Naka party and Magistrate. Stickers indicating Red Zone would be present at the point of entry / exit.
c) The only movement across the red zone boundaries would be for supplies (medical, grocery, vegetables), medical emergencies, fumigation/sanitation, and enforcement/survey personnel.
d) All entry and exit to the zone would be with red zone passes and proper fumigation of vehicles, safety of personnel and safety tunnels.
e) Surrounding villages/ habitations are declared as Buffer Zones

Health Screening / Surveillance

a) The entire red zone will be under surveillance and the people will be contacted periodically for rechecking for symptoms.
b) There would be a 100% survey and screening of all persons in the red zone. Surveillance procedure has been issued and will be reissued with improvements.
c) The results of survey shall be integrated with Aarogya Setu as much as possible.
d) There would be intensive testing of all contacts (already being done), of neighbours and of all those with symptoms. In addition, there would be random sampling testing.
e) Detailed health screening of the contacts and all souls within 300m to be carried out.
f) The survey results would be geo-mapped.
g) As load increases, doctors will not have time to do contact tracing. Separate teams therefore need to be constituted for contact tracing, so that the doctors can handle medical load.
Administration and Essential Services

a. Tehsildar or other suitable officer to be overall administrator of concerned Red Zone- assisted by Tehsil Supply Officer, Tehsil Social Welfare Officer, Jr. Engineer (PDD/PHE), Pharmacists to provide essential services, food, medicines etc.
b. System of passes for essential services or emergency needs to be set up- all necessary precautions before entering/leaving red zones to be followed
c. Dedicated Control Rooms shall be established for all Red Zones individually or in groups depending upon size of the red zone- can also be integrated with helpline/Call centre to address the needs of residents
d. Designated officers to ensure provision of essential commodities while taking necessary precautions and using protective gear
e. Fumigation-
   a. all common/public places within the red zone twice a day
   b. All Ambulances / Duty / Supply vehicles entering / leaving the red zone shall be fumigated
   c. Extra Cleanliness drives all around shall be carried
f. Departments like PDD and PHE depts. To ensure regular electricity and water supply respectively to the red zone-they will activate helplines to address any complaints on priority- or common control room as above can be used
g. Banking arrangements such a mobile ATM or any other facilitation to be ensured

Handling Emergencies

a) In-case of any Emergency, whether medical or otherwise, permission for movement to be provided by concerned SDM / Tehsildar
   a. Medical Emergency: A medical team shall be placed in the adjoining buffer zone to cater to any medical emergency that might arise
   b. In case of a medical emergency requiring hospitalisation, the same shall be certified by the concerned BMO and the patient along with one attendant only should be duly red stamped and then shifted in ambulance for further treatment
   c. Non-Covid medical treatment - DCs will make some parallel arrangements for this in select locations, particularly for issues such as dialysis and pregnancies.
Support to Medical and other frontline Personnel

a) All frontline staff especially medical personnel to be protected from violence and cared for. No LAWLESSNESS TO BE TOLERATED
b) **Vehicles** to be allotted for Medical staff movement; withdrawing from others if necessary.
c) **Protection gear as prescribed for** staff working in red zones to be provided. Medical staff handling suspects/ attending patients to be provided with PPE's.
d) Dedicated staff/ ambulance and PPEs to shift patients to Administrative Quarantine/ Hospitals.

Community Participation

a) Volunteers- to be roped in for assistance and for ensuring home deliveries- to also be motivated to ensure that no movement / gathering takes place inside red zone
b) Create database of influencers in the village like religious leaders, Govt. servants PRI members and utilize them in spreading awareness and ensuring total lockdown
c) Panchayat COVID AMCs - use them for surveillance, mask promotion, welfare measures
d) **Grievance Redressal**–important to set up effective mechanism under a local officer to resolve issues quickly
e) **High Degree of Communication to be maintained:**
   a. All important Information to be publicised regularly through electronic and social media for sensitization of all and Queries to be answered
   b. Announcement through PA Systems on DOs & DONTs, advise to stay at home, social distancing, hand hygiene.
   c. Pamphlets to be distributed during surveillance/ door to door survey by surveillance teams.

General Safety and other measures

a) Universal usage of face masks shall be ensured in the red zone village
b) Ayush medicines - to be promoted for immunity enhancement