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IIHS COVID-19 Response Plan

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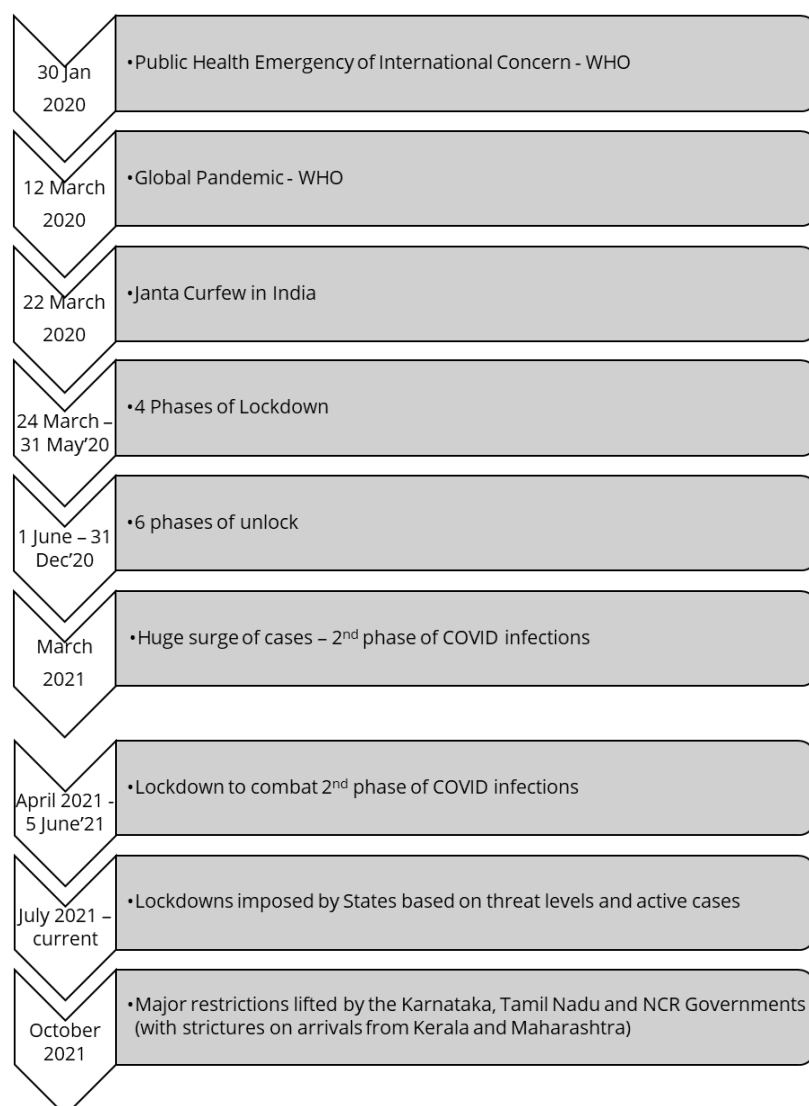
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1. Introduction

As of 26 November 2021, India reported 34.6 million confirmed cases of COVID-19, with 4.67 lakh deaths. Thirty-four million people have recovered as of add date.¹



Source: IIHS Operations Team records, 2021

The Ministry of Health and Family Welfare (MoHFW) has issued a series of relaxations after achieving almost 120 crore vaccinations². State Governments are now following their own guidelines and protocols to safeguard citizens, in line with Central guidelines, as appropriate.

Since March 2020, IIHS has planned its response to the pandemic by adopting an iterative approach. While an Institutional Continuity Plan (ICP) was already in place to deal with contingencies, it did not address communicable diseases of the potency and scale of COVID-19. The pandemic brought unprecedented challenges prompting the institution to initiate measures to bridge this gap.

¹ Figures sourced from www.mohfw.gov.in

² Figure sourced from www.mohfw.gov.in

This document covers the contingency plan to mitigate risks and ensure emergency response preparedness. IIHS has been regularly monitoring and following the Central Government guidelines (MOHFW and MHA) along with the relevant state government guidelines, as well as the COVID response guidelines released by organisations such as the World Health Organization (WHO) and the Indian Council of Medical Research (ICMR), while formulating its COVID-19 response plan for IIHS offices in Bengaluru, Chennai, Trichy, Delhi, and Mumbai.

2. Planning Phase

IIHS consulted official data sources while putting together this response plan.

From an operations standpoint, the **3P Model of People, Processes and Partnerships** was given precedence at the planning stage. Figure 1 presents the main considerations while Figure 2 outlines the activities planned under five key heads. Each set of responses was drafted against definite timelines (Figure 3). The subsequent sections present IIHS' response plan based on this framework.

Figure 1: 3P Model: People, Processes and Partnerships

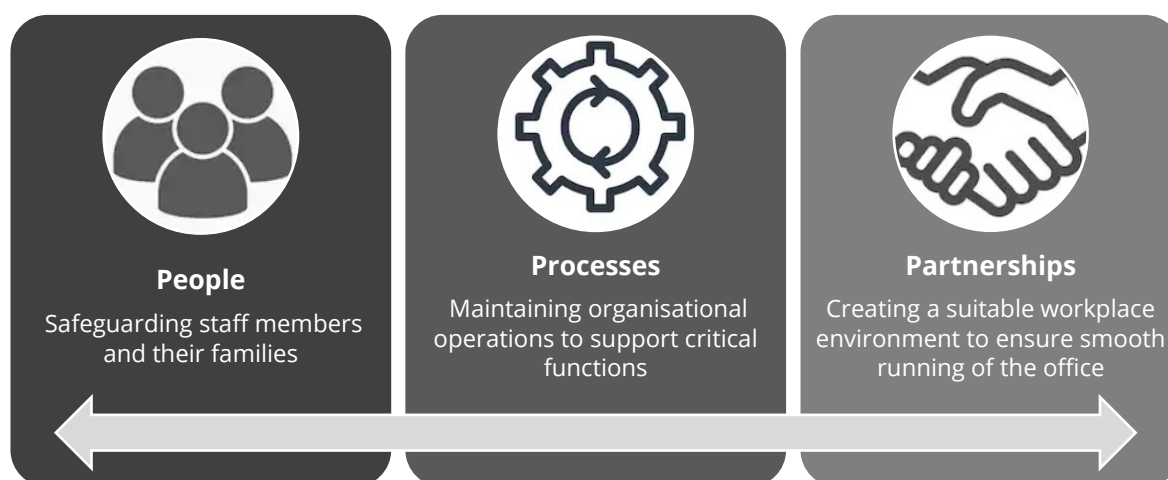
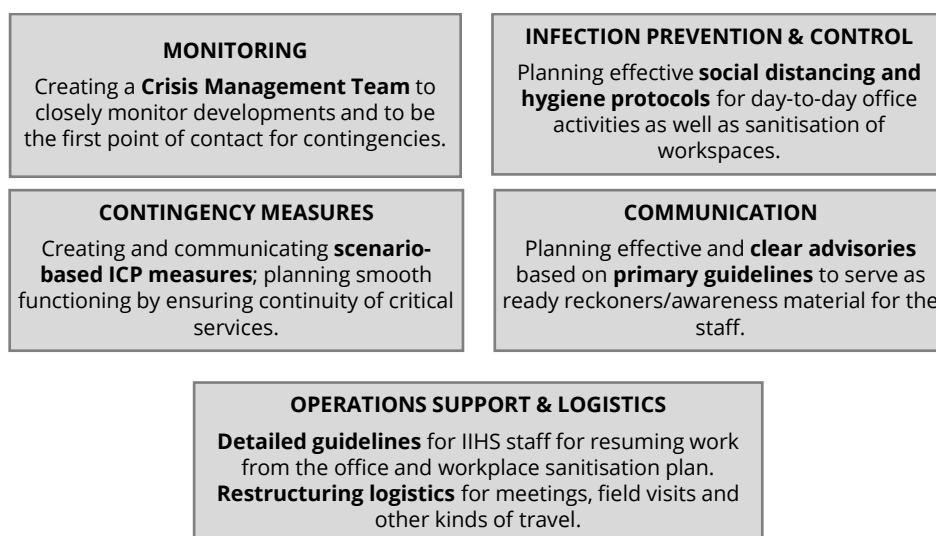
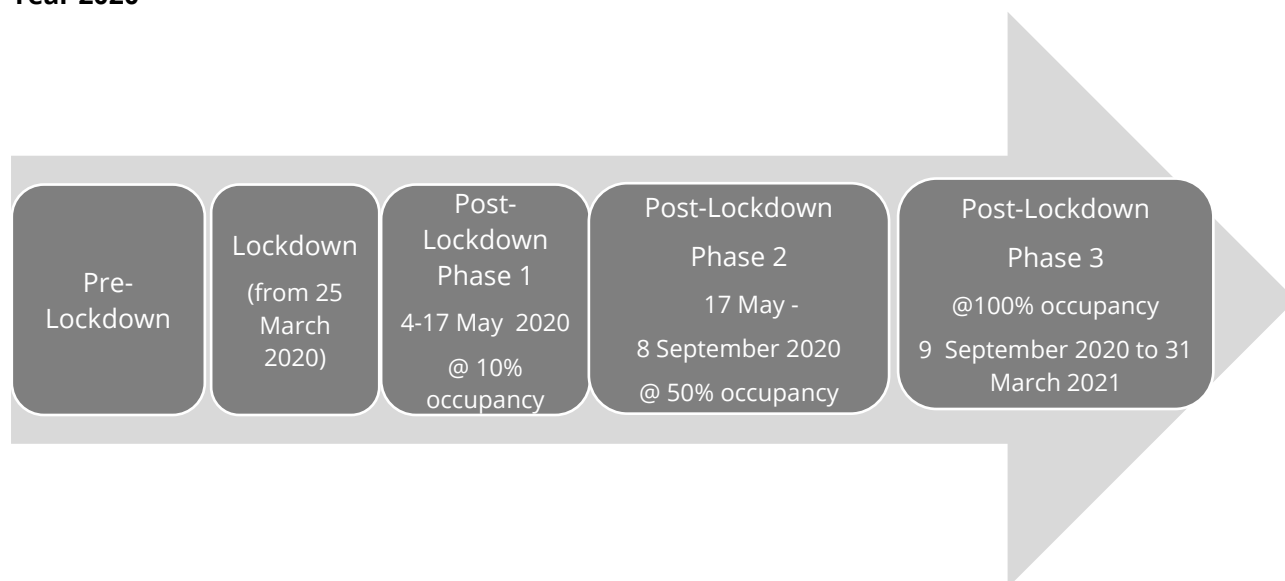


Figure 2: Key activities



Source: IIHS Operations Team records, 2020 and 2021

Figure 3: Lockdown and phased re-opening timelines
Year 2020



Source: IIHS Operations Team records, 2020 and 2021

Year 2021



Source: IIHS Operations Team records, 2021

3. Monitoring and the Crisis Management Team

A Crisis Management Team (CMT) was formed to develop, plan, implement and track IIHS' emergency preparedness and response. Individuals from key internal teams were identified and allocated specific responsibilities (See Figure 4).

Figure 4: Crisis Management Team



Source: IIHS Operations Team records, 2020

The CMT identified critical services and service groups that played a major role in the day-to-day functioning of the office and were at the forefront of all contingency and mitigation measures.

4. Infection Prevention and Control

The response plan made infection prevention and control the priority focus to ensure the safety of the staff members and all the IIHS offices.

IIHS staff as well as service providers played a critical role in executing the plan. The CMT mapped the requirements against each key function so that every team could set up its own Key Performance Indicators (KPIs) in achieving its targets.

Responsibility				
Key Function	Sanitisation	Personal Hygiene	Prevention of Infection	Records
Housekeeping				
Security				
Canteen, Kitchen, Cafeteria				
Library				
Gardening				
Transport				
Operations				

Checking frequency							
Days	1	2	3	4	5	6	7
Sanitisers							
Gloves							
Masks							
Waste segregation							
Emergency contact details							
Personnel back-up plan							
Travel details							
Stock maintenance							
Management reporting							

The teams were asked to:

1. Report at the main entrance while resuming duties, and sanitise their hands.
2. Fill out the self-assessment questionnaire which collected the following information:
 - a. If they themselves or their family members exhibited any COVID-19 symptoms;
 - b. If they were at a public gathering or any other place where the risk of exposure was high; and
 - c. If they had travelled in the last 30 days.
3. Use PPE — proper masks and gloves (as required) — at all times. A register was maintained to track the usage and disposal of these items.

Additionally, specific guidelines were developed for the following teams:

Housekeeping staff

1. Cleaned doorknobs, desks, entrance doors, lockers, basin slabs, flush buttons, lift buttons and other frequently used items every two hours with disinfectants containing more than 70 per cent alcohol.
2. Sanitised and dried the cloth used for wiping/cleaning after every use.
3. Sterilised used masks and gloves in one per cent sodium hypochlorite solution, cut and then disposed them of in designated bins.

Security

Security personnel screened all visitors before they entered the premises and notified the Operations team if anyone was perceived to be a possible source of infection.

Canteen staff

1. Wore PPE including hair nets, latex gloves and face masks while working in the kitchen.
2. Sanitised utensils with hot water before and after use, and disinfected kitchen slab, shelves, knobs and other frequently touched surfaces every two hours. Sanitised and dried the cloth used to clean the surfaces after every use.

3. Sanitised the vehicle used to transport food – including seats, door handles, armrest, and steering wheel – before and after every trip. Driver wore a mask and sanitised hands before using the vehicle.
4. Cleaned cafeteria service wares in hot water and wiped them before and after every use; disinfected tables and chairs after every use.

5. Contingency Planning

As a preparedness measure, the crisis management team followed a scenario-based approach for the effective handling of the COVID-19 crisis.

Single points of contact (SPOCs) were identified from the Operations and People Function to monitor the situation for scenarios 5.4 to 5.9, and to take appropriate steps.

5.1. Monitoring Institutional Continuity Plan scenarios

The action items for the ICP scenarios were as follows:

Operations Team

- Monitored and ensured adherence to government notifications and directives.
- Directed staff showing signs of illness to a medical practitioner for treatment.
- Ensured that office premises were temporarily vacated and sanitised in the event of positive cases.
- Ensured that work resumed only post sanitisation.

Team Leads

- Instructed the respective staff members to report any issues related to COVID-19.
- Allowed staff members to work from home or take leave as the need arose.

People Function

- Assisted staff members get medical help and helped with insurance-related matters.

5.2 Institutional Continuity Plan in case of infection

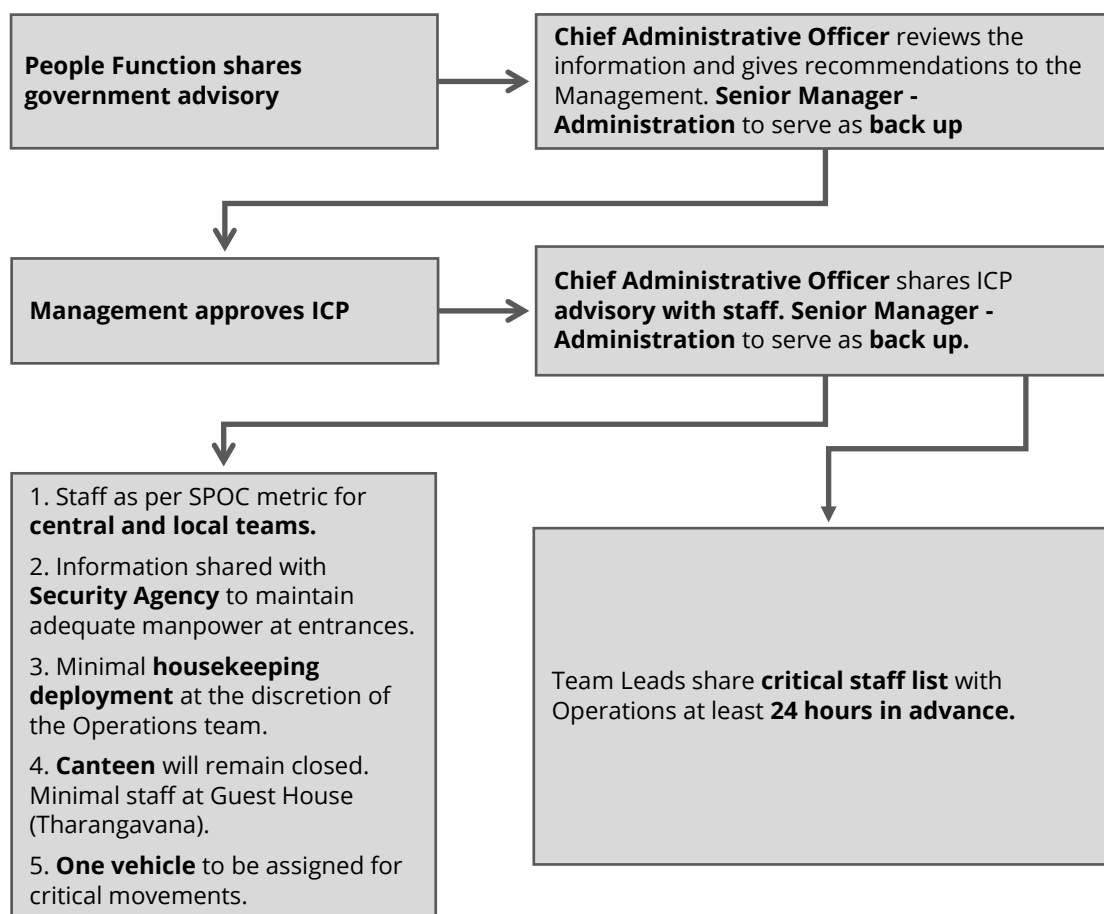
- When a staff member was identified or suspected to have contracted the virus, the team lead or operations team asked them to stop work immediately and seek immediate medical guidance.
- The ICP team obtained details of the affected staff member's movements over the preceding three days to trace people they came in contact with.
- The individuals concerned were notified and asked to go into self-quarantine and observe for any symptoms.
- IIHS worked with the concerned hospital/medical establishment to provide appropriate support to the infected individual.
- It was decided that in-house medication would not be provided to avoid potentially harmful side effects to the individual.

Other identified scenarios

- Staff member returns from travel and reports infection
- Staff member reports infection while undertaking fieldwork
- Staff member reports to duty and then declares symptoms
- Staff member seeks help for their family

5.3 Institutional Continuity Plan

Figure 5: ICP



Source: IIHS Operations Team records, 2020

5.4. ICP if one or more office premises have to be shut down

- The Operations team identified Disaster Recovery (DR) sites for all locations.
- In Bengaluru, the Bengaluru City Campus (BCC) was the DR site for BCC Annex and vice versa. BCC was also the DR site for the Kengeri office. The IIHS Guest House (Tharangavana) was temporarily shut down.
- In Delhi, the two office spaces were to serve as DR sites for each other.
- Since there is only one office each in Chennai and Trichy, the decision to work from home or office was left to the respective function heads. If not, the management had to decide if critical resources could work out of a conveniently located hotel, subject to availability.

- In the case of a shut-down, critical staff from each function were to be identified and relocated to the DR site to work from meeting rooms/conference rooms/common areas using wireless networks. The rest of the staff would be allowed to work from home.
- In case the DR site was not within walking distance from the office premises, staff members would be relocated using official vehicles. The vehicles would be sanitised after every use.
- In case any field station was closed due to government regulations, the field staff would be immediately recalled to the nearest office until the field station was open again.
- A thorough deep-cleaning and disinfecting exercise was carried out in coordination with the appropriate government agencies and earmarked vendors before reopening any office premises

5.5 Resuming work at the office after any of the above scenarios

For all ICP scenarios, before any staff member could resume working at the office after an incidence of infection, they would need to carry a fitness certificate from a registered medical practitioner. Else, they could carry a negative RT-PCR report with the test carried out not more than 48 hours before resuming work from office.

Since December 2021, in line with latest ICMR guidelines, negative result from a rapid antigen test (RAT) has also been sufficient to return to office after an infection. If 14 days have passed from the date of first symptoms, no test is required to resume work at the office.

6. Institutional Continuity During and After Lockdown – First and Second wave

6.1 Operations during lockdown

- The Bengaluru offices were sanitised at the onset of Lockdown 1.0 on 23 March 2020. This work was carried out by an authorised agency following which all office operations were shut down barring essential security and cleaning services.
- The same process was followed during the 2 April office shutdown due to 12 active cases among the staff. The offices continued to remain closed hereafter due to the lockdowns imposed in view of the 2nd surge of the infections
- All teams were advised to work from home during the first and second waves of infection in April 2021. The Operations team planned daily stand-up calls through virtual platforms to discuss any issues and worked extensively on closing the documentation gaps on government advisories and other preparedness protocols.
- Government-issued guidelines and travel restrictions were monitored, regularly updated and consolidated in the form of weekly staff advisories and shared with IIHS staff members.
- Office vehicles were used for any emergency movement and were sanitised before and after every use. The state e-pass system was used to facilitate the emergency movement of staff members working on server maintenance and payroll processing.

6.2 Post-lockdown plan

Once the government lockdown measures were eased and states allowed institutions to re-open, subject to certain restrictions, IIHS laid down plans to resume office operations in a phased manner. This process is explained in the following sections.

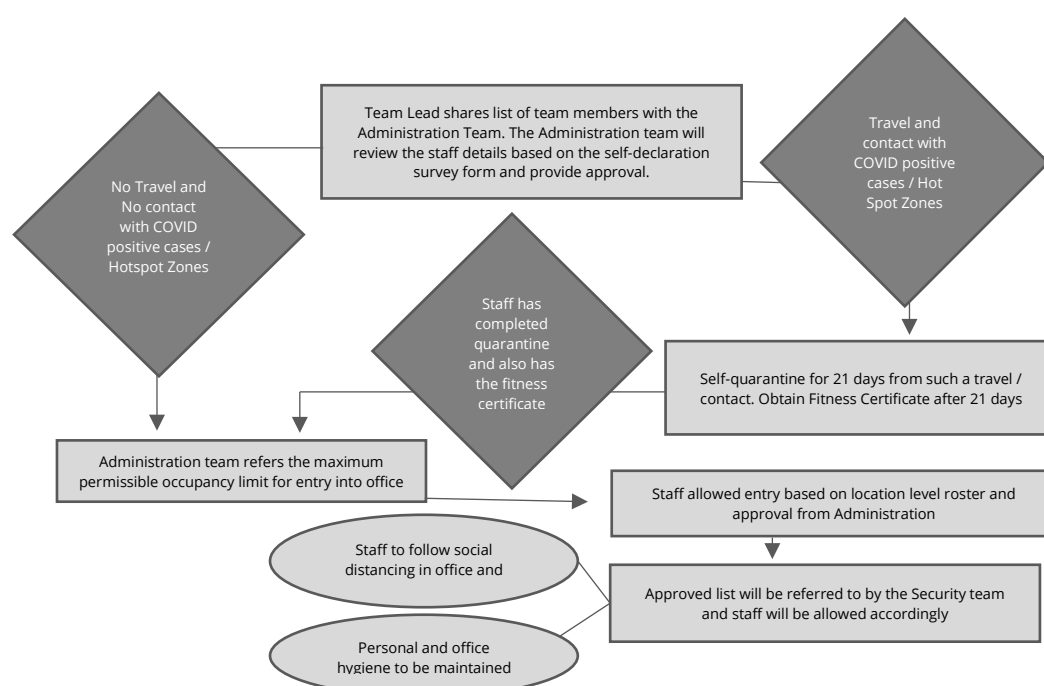
6.3 Post-lockdown Phase I, beginning 11 May 2020

6.3.1 Staff deployment

- In adherence to the social distancing norms, only 10 per cent of staff were allowed at all IIHS offices. The rest of the staff continued to work from home.
- All project teams identified key resources who needed to be present in the premises on a given day. Advance notice was given to the Operations team which helped in making necessary arrangements.
- Teams held meetings using virtual platforms. Where face-to-face meetings were critical, prior permission was taken from the Operations team. This was subject to a limited number of participants and availability of space.
- Team Leads considered the following aspects while preparing the team roster for working from office:
 - Health conditions of staff and their family members;
 - Whether an infant or senior citizen was living with the staff member;
 - Whether the staff member resided in a neighbourhood designated as a containment or hotspot zone; and
 - Whether the staff member or anyone sharing their living space was exposed to infection (through gatherings, travel or others).

6.3.2 Administration protocols

Figure 6: Process flow for allowing entry in office



Source: IIHS Operations Team records, 2020

- BCC: The first floor served as the principal working area. The cabins on the second floor served as additional workspaces as and when required.
- BCC Annex: The ground floor and second floor served as the principal working area.
- Trichy and Chennai: Work from home was recommended.
- Delhi: Work from home was recommended.

The Operations team performed the following activities to facilitate the safe resumption of work from the premises.

- The Operations team conducted a survey to understand the health status of staff members and consultants, and their travel history during the lockdown. The survey also captured information on whether the staff member and/or any of their family members were in a hotspot zone during this period.
- This data was collected through a **COVID-19 Staff Self-Assessment form**. The responses were reviewed, and staff members were allowed to come in to the office based on the submitted information.

Figure 7: Self-Assessment Questionnaire

IIHS COVID-19 Staff Self Assessment Form

* Required

1. Have you undertaken any travel outside the city since 24 March 2020? *

Mark only one oval.

☐ Yes

☐ No

2. If you answered "yes" to the above question, please share below details of the dates, places, and modes of travel.

3. Have you come in contact with any COVID-19 infected person since 24 March 2020? *

Mark only one oval.

☐ Yes

☐ No

4. Do you currently have any of the following symptoms? Click on all that are applicable. *

Check all that apply:

☐ Fever

☐ Dry Cough

☐ Difficulty in breathing

☐ Any other symptoms of flu

Have you or anyone in your family (who resides with you) been part of any volunteering activities during the lockdown? *

Mark only one oval.

☐ I was a volunteer

☐ My family member was a volunteer

☐ No

Have you or anyone in your family (who resides with you) been near any of the designated hot spots / containment areas during the lockdown? Please see the following list of these hot spots / containment areas:

<https://www.google.com/maps/@12.934761,77.631224,15z>

Mark only one oval.

☐ I stayed / visited

☐ My family member stayed / visited

☐ No

Does anyone over the age of 60 or below the age of 5 reside with you? *

Mark only one oval.

☐ Yes

☐ No

8. Do you or anyone in your family (who resides with you) have any of the ailments noted below? Click all that are applicable. *

Mark only one oval.

☐ Lung Disease

☐ Cardiac Disease

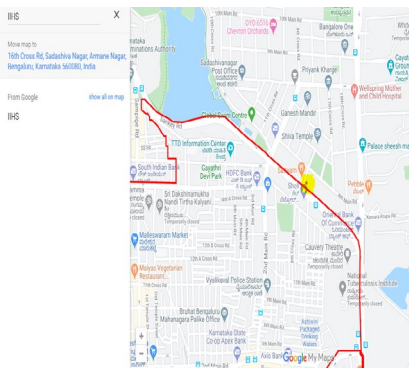
☐ Renal Disease

☐ Hypertension

☐ Diabetes

☐ No

☐ Other: _____



Source: IIHS Operations Team records 2020

6.3.3 Deployment plan for Bengaluru

Each programme/project team shared weekly rosters with names of those working from the office premises in a particular week by the preceding Thursday (end of day), to the Travel Desk group mail ID for review and approval.

The Operations team reviewed the roster keeping a daily deployment plan in mind (see Table 1).

Table 1: Daily Deployment Chart

BCC	Team	Deployment
C Floor	Team 1	1
1 st Floor	Team 2	2
1 st Floor	Team 3	3
1 st Floor	Team 4	3
1 st Floor	Team 5	3
2 nd Floor	"N" number of cabins available for emergency usage	
3 rd Floor	Team 6	1

Annex	Team	Deployment
Ground Floor	Team 3	1
2 nd Floor	Team 7	2
2 nd Floor	Team 8	2
2 nd Floor	Team 9	3

Source: IIHS Operations Team records 2020

Each team had a SPOC as well as a back-up SPOC to update the roster every week.

All staff members working from the office were mandated to wear masks and carry their own water bottles and coffee mugs to prevent any chance of infection through cross-contamination.

For face-to-face meetings, the following protocols were followed:

- Requests were sent (along with names of participants, not exceeding 10) to the Operations team at least two days in advance. Meetings took place only after proper arrangements were made and confirmed by the Operations team.
- The list of participants for approved meetings was shared with the Security team. Staff members carried their own laptops, pens and notebooks for safety.
- Teams conducted meetings only in pre-defined time slots (see Table 2) and venues (see Table 3).

Table 2: Pre-defined time slots for meetings

Team	Monday	Tuesday	Wednesday	Thursday	Friday
Team 1	10 AM to 12 PM				
Team 2	3 PM to 5 PM				
Team 3		10 AM to 12 PM			
Team 4		3 PM to 5 PM			
Team 5			10 AM to 12 PM		
Team 6			3 PM to 5 PM		
Team 7				10 AM to 12 PM	
Team 8				3 PM to 5 PM	
Team 9				3 PM to 5 PM	
Team 10					10 AM to 12 PM
Team 11					3 PM to 5 PM

Source: IIHS Operations Team records 2020

Table 3: Capacities of meeting rooms

Room for Cross-functional Meetings	Participant Limit
Room 1	4
Room 2	10
Room 3	8
Room 4	4

Source: IIHS Operations Team records 2020

6.4 Post-lockdown Phase II, beginning 17 May 2020

Keeping in mind the precautionary measures mentioned in Section 6.3, staff deployment was increased to 50 per cent from 19 May 2020 for the Bengaluru offices. This figure was arrived at after a careful analysis of the seating arrangements and measures to ensure a minimum of six feet distance between workstations to minimise close contact.

In Trichy, the office space design allowed for 100 per cent occupancy from 26 May 2020.

The Delhi and Chennai offices opened by mid-June 2020. Essential services continued to be provided in both locations.

6.4.1 General activities

A second round of sanitisation was completed in the Bengaluru offices (BCC, Annex and Guest House on 4 May 2020 and Kengeri on 16 May 2020), the Delhi office (15 May 2020), the Trichy office (22 May 2020) and in Chennai (26 May 2020) by authorised agencies.

A nurse was deployed to screen all staff members and vendor partners operating out of the Bengaluru and Trichy offices. The Building Management team screened staff at the Delhi office.

6.4.2 Safety measures

Directional markers were set up to help staff members avoid close contact. Signages with social distancing protocols were put up in the cafeteria, lifts, stairways and washrooms.

Isolation bays were set up in the offices to cater to any exigencies.

Staff guidelines, mentioned in Section 4.1.12, were shared with all staff members in the form of a ready reckoner to ensure adherence to the IIHS COVID-19 response plan.

Travel advisories were prepared based on the guidelines laid down by the Ministry of Civil Aviation. The Operations team assigned personnel to track and update the guidelines based on Central and state government notifications. Travel advisories, based on the government defined norms for inter and intra state travels, were shared with all staff members on a weekly basis.



6.5 Post lockdown plan after the second surge

The offices were initially opened at 10% occupancy, following the same norms as mentioned in section 6.3.1 and 6.3.2

6.5.1 Post lockdown plan – modifications made for second surge

Learning from year one, where it was understood that different teams have different deployment requirements, instead of pre-fixing the number of people who can attend office on a specific day, roster system was introduced wherein all teams had to share their critical deployment list with the Operations team.

The Operations team thereafter decided whether the teams can be allowed based on the count of requests. Keeping in mind the occupancy restrictions.

Basic safety measures and office protocols remained same as mentioned in the previous sections.

Phased increase in occupancy was done, in line with Figure 3, mentioned above.

7. Office Operations Protocols – 2020

The Operations team put together a set of protocols to maintain social distance and hygiene in the office. A series of guidelines and norms were put in place to ensure a safe working environment to enable institutional continuity.

7.1 Lift usage

Only one person was allowed to use the lift at a time.

7.2 Housekeeping

This included sanitisation of workspaces and the use and disposal of PPE.

7.3 Visitor management

The IIHS Library, which is a public reference library, was closed to visitors.

All project teams were requested to have meetings through virtual platforms.

Permission for visitor entry into the premises was granted only after the respective team lead requested the Operations team a day in advance. The Operations team reviewed the requirement and if the meeting was found to be unavoidable, the ground floor exhibition area was set up for such a meeting on a first-come-first-serve basis.



7.4 Incoming materials management

Vendors were asked to submit their invoices in a box kept with the security team at the main entrance.

Incoming couriers and parcels were received and kept in a designated area, and the recipients were informed.

7.5 Cafeteria management

The seating arrangement in the BCC cafeteria was modified to ensure that no more than 15 staff members were present in the area at a time. Lunch was served in multiple batches to ensure the necessary distancing was maintained.

Staff members were advised to wash their plates and cutlery and leave them in a trough containing water-and-vinegar solution for sterilisation. The sterilised items were air-dried after one hour and used the next day.



7.6 Local transport

Office vehicles were used to pick-up and drop off staff members who routinely used public transport.

The vehicles were sanitised before and after every use in the presence of the BCC security team.

Where external vehicles were required, the cabs reported at BCC before undertaking any other task during the day, and were thoroughly sanitised before use.

In either case, no more than two people (in addition to the driver) were allowed in a vehicle at a time.

All cars were equipped with hand sanitisers for the drivers and passengers.

Seat separators were installed in the office vehicles to further ensure the safety of the driver as well as the passengers.

7.7 Office protocols in 2021

The sudden onset of the second surge in April and subsequent lockdowns disrupted the workflow, which had begun to look up during the phased unlocks during in late 2020 and early 2021.

Once conditions improved and safety measures were relaxed around July-August 2021, IIHS looked back on the processes followed in 2020 to carry forward best practices and modify certain aspects which could be improved upon.

The main **difference** between 2020 and 2021 has been the **testing and quarantine norms** which were revisited and revised to ensure safety to our staff on one hand while also ensuring minimal disruption to work.

7.7.1 Testing and quarantine norms – travel protocols

While the screening, tracing, tracking and associated testing/quarantine protocols remained unchanged and were in line with applicable Government guidelines, travel protocols were repeatedly reviewed and updated.

The vaccination exercise carried out by IIHS, explained in detail in subsequent chapters, showed that the IgG antibody tests would need to be replaced by the standard RT PCR tests to screen for infections. **The travel protocols** were changed as noted below.

15 June 2021: Travel into Bengaluru from any state meant that an RT PCR test had to be taken on the fifth day after arrival, before they could gain entry into office premises. **Tamil Nadu, Delhi and Mumbai offices** followed relevant State Government mandated protocols.

26 July 2021: Since once round of vaccination was already carried out at **Bengaluru**, the concept of Business travel was introduced wherein anyone who was **fully vaccinated** and travelling for a period **less than 48 hours**, was exempt from quarantine requirements. An RT PCR test was done after 72 hours if the trip duration was more than 48 hours. **Partially vaccinated** individuals could undertake the test only after 72 hours of arrival, before coming into the office. Respective State guidelines continued to be followed at **Delhi, Mumbai and Tamil Nadu offices**.

8 October 2021: At Bengaluru, anyone on **an official trip of not more than 72 hours** are exempted (by air) from test / quarantine, if they are **fully vaccinated**. Upon their return from trips of duration longer than 72 hours, RT PCR test before travel and RAT needed to be done on arrival. **Partially vaccinated** individuals could undertake the test only after 72 hours of arrival, before coming into the office. Respective State guidelines continued to be followed at **Delhi, Mumbai and Tamil Nadu offices**.

22 October 2021 onwards: No requirement of test/quarantine for any fully vaccinated individual when they return to Bengaluru after a trip which is of less than 72 hours. **Partially vaccinated** individuals could undertake the test only after 72 hours of arrival, before coming into the office. Respective state guidelines continued to be followed in **Delhi, Mumbai and Tamil Nadu offices** for arrival from select states such as Maharashtra and Kerala. Arrivals from other states, the same process as mentioned for Bengaluru. For **international arrivals**, standard guidelines by the Central Government were followed and test/quarantine requirements, in line with the protocols for the Category A and other Nations, were put in place.

8. Staff Protocols for Resuming Work from Office

Clear guidelines were laid out for staff members once the resumption of office operations became imminent.

Project leads were asked to approve staff members who met the following criteria to continue to work from home:

- Staff with underlying medical conditions
- Staff living with family members older than 60 years or younger than 5 years
- Staff staying in red zones/hotspots/containment zones
- Staff who relied on public transport (IIHS provided pick-up and drop services only for those whose presence in the office was critical). This facility continued up until the public commute system became adequate from 30 September 2020.

The following protocols were put in place for staff who had recently travelled.

- A mandatory eight-day quarantine followed by an IgG Antibody Test on the eighth day to resume work from office if the report was negative. This process was stopped since the start of the vaccination process in 2021.
- A three-day quarantine followed by an RT-PCR test was allowed to resume work from office if the report was negative.
- Specific quarantine period mandated by the state government was also followed. The IgG Antibody Test for staff members, which was taken two days before the quarantine period ended, was not applicable from 2021, considering the generation of antibodies from vaccination. If the staff member travelled interstate to resume working from office, they underwent a 72-hour quarantine post arrival and took the RT-PCR test.

IIHS bore the expenses of the test for the following categories:

- New recruits
- First-time returnees after the lockdown
- IIHS staff members and consultants coming in for IIHS stipulated work
- UFP Fellows
- For new recruits, visiting consultants and other cases as deemed fit by the management, IIHS provided an initial three-day hotel quarantine (inter-state visitors). Following this, they were tested and shifted to the IIHS Tharangavana Guest House (in Bengaluru) or continued in the same hotel (for other states) for a certain period, as approved by the Management.

In order to work from office, all staff members were expected to do the following:

- Self-check for any COVID-19 symptoms and maintain a log of their temperature before entering the office.
- Wear a mask while travelling and when present in the office.
- Carry a handkerchief and sanitiser and frequently wash their hands for at least 20 seconds at a time.
- Commute in their own vehicles as much as possible while observing the following rules:
 - For 4 wheelers: Driver + no more than two passengers
 - For 2 wheelers: Ride solo

- Intimate the travel desk a day in advance if they needed pick-up and drop services. The services were stopped once the government resumed public transport services.

While in office, the following protocols were followed at all times:

- Mandatory carrying of ID cards.
- Entry only for staff on approved roster list.
- Compulsory hand sanitising before entry, and before using common facilities such as printer, coffee machine, water dispenser, cafeteria, or any other utility area.
- Compulsory temperature and oximeter screening by a nurse at BCC.
- No contact with access card readers and entrance and exit.
- No visitors into the Library; responses only to online queries.
- Desks were cleaned of clutter.
- Own mugs, pens and notepads were brought to prevent cross-contamination.
- Used markers and dusters were placed in a box earmarked for sanitisation.
- Entry for only one person in the lift at a time.
- Social distancing in the washrooms and common areas.
- One-way movement of staff based on floor signage, to minimise people contact.

9. Library

From the onset of the lockdown until the office was reopened in May 2020, the Library remained closed. Upon reopening, only requests for online materials were attended to by the team from their homes. Similar processes were followed in 2021, during the lockdown and once the office reopened on 14 July.

For borrowing

- Staff members emailed their requirement to the Library team.
- Requested books were sanitised and readied for collection, after which the staff was emailed.
- The books were collected from a shelf located outside the Library, following which the staff sent a confirmation email to the Library.
- The Library team then updated the staff member's Koha account accordingly.

For returning

- Staff members emailed the Library team with the book titles they wanted to return.
- Staff members dropped off the books in a demarcated area located outside the Library and emailed the Library team of the same.
- The Library team verified and updated the staff member's Koha account accordingly.
- Returned books were sanitised before being placed back on the shelves.

In November 2020, the Library team implemented a token system to help regulate the movement of individuals within the library. This was in place until the 2021 lockdowns when operations were forced to shut down again. Sanitisation and distancing protocols have been in place for the same.

Once the Library operations resumed during the phased re-opening of office spaces in 2021, plans were made to re-initiate Saturday visits by external members. This was put in place from the beginning of August 2021.

External members were allowed to visit the library on Saturdays only, when no other IIHS staff would be present. They notified their arrival time in advance and filled up a self-declaration form. The library and operations teams reviewed this and then allowed entry, subject to strict screening, sanitisation and distancing norms.

10. Resuming Work at the Kengeri Campus

The Kengeri Campus is currently under construction with the campus team and contractors working on site. Arrangements have been in place since 2020 to enable up to 25 workers to stay at the campus and carry out critical work. IIHS vendor partners committed to ensure adequate supply of essential items for the workers staying at the campus.

A nurse was deployed in 2020, for the daily screening of personnel housed at the campus. All visitors are undergoing a mandatory assessment and screening before entry. An isolation bay was initially set up initially outside the ground floor lobby area of the building. This bay was later shifted to the old office area to enhance safety. One member of the Operations team was deployed at Kengeri on a 24x7 basis to ensure that safety protocols were adhered to.

11. Protocols for the Urban Fellowship Programme 2020-21

The Urban Fellowship Program (UFP) began on 1 September 2020 and concluded on 25 March 2021. It included a two-month online foundation programme followed by a six-month classroom session at the Bengaluru City Campus before the Fellows began their internships.

Specific protocols were created to ensure safe onboarding as well as the continuation of classes in a controlled manner for the Fellows, faculty and other IIHS staff members and support groups.

11.1 Infection prevention and control

11.1.1 Pre-travel protocols

A virtual meeting was organised to brief the Fellows on the safety protocols at their place of accommodation and on campus. A co-living space was identified for their accommodation so that the entire group could stay in one place to enable efficient monitoring and support.

Detailed Dos and Don'ts along with the COVID safety handbook were shared before their arrival. The Fellows were assigned quarantine rooms while the staff was briefed on safety protocols that needed to be followed for room service, cleaning and other requirements.

11.1.2 Post-arrival protocols

The Fellows reported at least 14 days before classes to facilitate the two-week quarantine period at the designated accommodation. An IgG Antibody Test was conducted on the eighth day after arrival to check for any possible exposure to the virus. Positive reports were immediately referred for an RT-PCR test to check for any active infection. The Fellows were allotted twin-sharing rooms after receiving negative test reports.

A trained IIHS representative carried out daily screening at the accommodation to check for basic parameters like body temperature, SPO2 levels and pulse rates. This activity was carried out as a doorstep service during the quarantine. Post quarantine, a dedicated space was set up for all the Fellows to assemble and get screened. Room service for meals was arranged during the quarantine.

A bus service was organised to transport the Fellows back and forth from BCC. The bus was sanitised with standard disinfectants and 70 per cent alcohol solution before each trip. A dedicated floor was allotted for UFP classes at the BCC. No other IIHS functions operated from there, in order to minimise contact with IIHS staff. The Fellows also had the ground floor cafeteria all to themselves; a separate cafeteria was set up for the IIHS staff.

As part of their welcome kit, the Fellows were provided with PPE kits comprising two reusable masks, one face shield and one sanitiser bottle. They were directed to use the mask at all times and to also wear the face shield while travelling in the bus as well as while interacting with anyone during the on-field practical visits.

General hygiene, sanitisation and social distancing protocols, as applicable for all IIHS staff members, consultants, service partners, were applicable for the Fellows as well. Posters were put up to reinforce the message, and awareness sessions were conducted.

11.1.3 Mid-course travel protocols

The following protocols, as per Section 8 of this document were enforced for Fellows who needed to undertake inter-state travel for any emergencies or during the winter break before going back to their accommodation or resuming classes:

- A 72-hour quarantine and negative RT-PCR test report was mandatory

11.2 Contingency Planning

11.2.1 Team responsibility to monitor the Institutional Continuity Plan (ICP) scenarios:

Identified Operations and People Function SPOCs monitored the situation for all scenarios mentioned in this chapter and took appropriate steps to coordinate with the UFP SPOC.

General action items for all teams for the BCP scenarios were as follows:

Operations

The Operations team monitored and followed government notifications and directives to understand the situation and accordingly updated the plan of action. Anyone demonstrating any sign of illness was redirected to a medical practitioner for treatment. A plan was in place to temporarily vacate and sanitise the premises in the event of positive cases. Work could resume only after the authorised sanitising agency's approval.

UFP Coordinating Team

Issues faced by the Fellows were brought to the notice of the UFP coordinator immediately. Leave / other exceptions were reviewed by the UFP coordinator and action taken on a case-to-case basis.

People Function

The People Function assisted in getting medical help as well as in matters related to insurance.

11.2.2 Institutional Continuity Plan in case of infection identification

When any Fellow was identified or suspected to have contracted the virus, the UFP coordinator immediately informed the central team and sought medical help. The Fellow concerned was moved to an isolation room at their accommodation, and further action was taken in consultation with a registered medical practitioner.

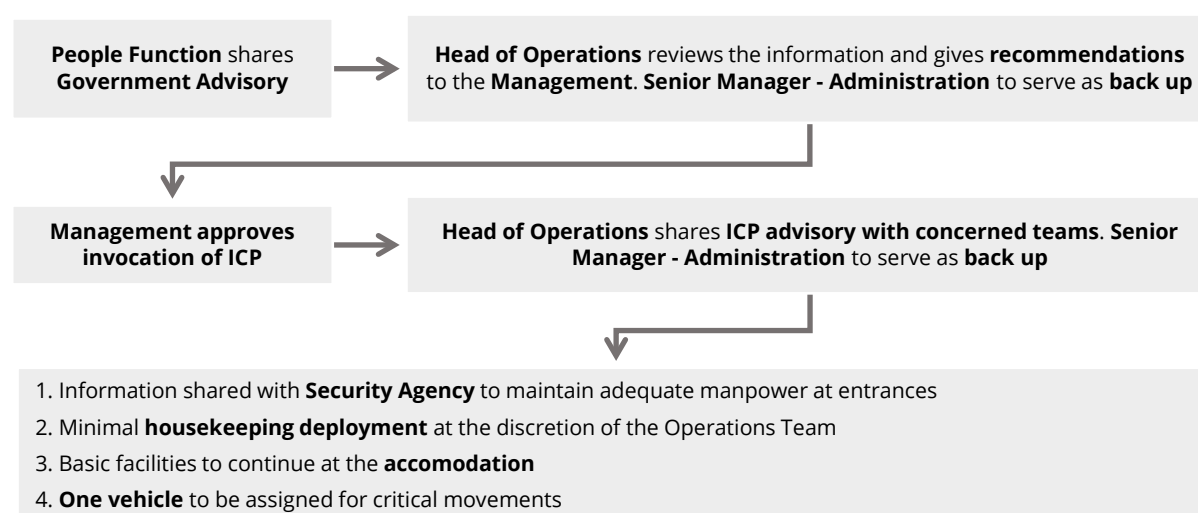
The ICP Team obtained details of the affected Fellow's movements in the last 14 days to trace people they encountered.

The individuals concerned were notified and asked to go into self-quarantine and monitor their symptoms.

IIHS worked with the medical agency/hospital concerned to provide support to the affected individual.

11.2.3 Institutional Continuity Plan (ICP) due to lockdown/closure of premises

Figure 8: ICP flow chart



Source: IIHS Operations Team records, 2020

In case of a localised shut down, wherein only the BCC/area around BCC was declared as a containment zone, arrangements were in place for the Fellows to attend their classes virtually. A similar model was planned if the accommodation space area was declared a containment zone.

11.2.4 Re-joining the institute after infection

Fellows could resume classes with a fitness certificate from a registered medical practitioner and after review by the People Function team.

11.3 Daily safety protocol:

Daily protocols followed by the Fellows were:

1. Self-assessment for any COVID-19 symptoms and maintenance of temperature log.
2. Wearing masks while travelling and at the institute / outside their rooms.
3. Carrying handkerchief and sanitiser for personal safety and frequent hand washing for at least 40 to 60 seconds or using the sanitiser for 20 seconds.
4. Mandatory carrying of their ID cards.
5. Compulsory hand sanitising before entry.
6. Specific timings and token systems at the Library to regulate footfall. Designated drop boxes to collect and drop books and tokens.
7. IIHS issued personal mugs, pens and notepads were brought to prevent cross contamination.
8. Used markers and dusters were placed in a box earmarked for sanitisation.
9. Compulsory hand sanitising before entry, and before using common facilities such as printer, coffee machine, water dispenser, cafeteria, or any other utility area.
10. Only one person in the lift at a time.
11. Social distancing in the washrooms and common areas.
12. One-way movement of staff based on floor-signage to minimise people contact.

12. Protocols for the Urban Fellowship Programme 2021-22

This year, the programme started from 15 August 2021. The difference with last year being that the initial online term was also organized at Bengaluru.

12.1 Pre-travel protocols

A virtual meeting was organised to brief the Fellows on the safety protocols at their place of accommodation and on campus. The same co-living space as last year was finalized.

The process of sharing the ready reckoners and safety handbooks was followed this year as well.

12.1.1 post-arrival protocols

The Fellows underwent a 7-day quarantine on arrival and an RT PCR test was conducted on the 8th day.

A trained IIHS representative is carrying out daily screening at the accommodation, since their day of arrival, to check for basic parameters like body temperature, SPO2 levels and pulse rates. This activity was carried out as a doorstep service during the quarantine. Post quarantine, a dedicated space was set up for all the Fellows to assemble and get screened. Room service for meals was arranged during the quarantine.

Welcome kit, bus services, cafeteria services and dedicated classroom space remained unchanged since 2020.

12.1.2 Mid-course travel protocols

Anyone travelling out of Bengaluru, needed to do a 5-day quarantine, on arrival and get an RT PCR test done before joining the classes.

Since all the Fellows have been vaccinated, for the winter break in January 2022, the following norms will be applicable.

- Roommates can continue to stay together but avoid interacting with other course mates
- Food will be served at their rooms
- RT PCR test will be done on the 5th day. They can resume their classes once the negative reports are received.

12.2 Protocols for field visits:

Field visits are an intrinsic part of the coursework, and it is imperative that well laid plans are put in place to ensure the health and safety of the Fellows while undertaking such visits.

The following norms have been put in place for the Fellows:

- Fellows with underlying medical conditions need to pre-intimate the UFP coordinator so that topics can be suitably aligned.
- The following protocols were briefed to the Fellows:
 - Field / Site visit will be allowed within the prescribed localities only, restricted for hot spots and containment zones.
 - Avoid crowded area
 - Follow Social distancing everywhere, during site visits. A minimum of 6 feet distance need to be maintained
 - Always wear Face mask / Face Shield and Hand gloves during site visits.
 - All the prescribed areas need to be planned in a way so that they are within walking distance.
 - Fellows need to come to BCC in the morning and then proceed for field visits.
 - Must carry their own food, water, pens, notepads to prevent cross contamination. No sharing of drinks or food.
 - A Field Log should be submitted mentioning the locations and contacts met during visit to the Operations team.
 - Upon completion of field visit, Fellows need to reach BCC by 6 PM & dispose their gloves at the designated bins and proceed to bus boarding point. They should not go back to their classroom for any purpose or visit any other part of the Institution. If they are using single use disposable masks, this should also be disposed along with the gloves
 - After reaching Zolo, they need to directly go their rooms and take a shower and sanitise themselves. Steam inhalation and warm water gargle (saline) has been recommended.

UFP Field Visit Log

*Required

Fellow Name *:

Date *:

1. Please specify the mode of Travel? *

Tick only one Box

☐ Own Vehicle

☐ Taxi/Cab arranged by IIHS

☐ Taxi/Cab arranged by others

☐ Walking

2. If the travel mode is by the Taxi/Cab arranged by IIHS or Others, please provide Vehicle No. & Driver Name

Vehicle No: _____ Driver Name: _____

3. Please specify Location/s of the Field Visit. *

4. Please provide the details of the personnel's / officer's you met during the field visit. *

Name (Key members)

Contact Details (if available)

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

5. _____

5. _____

5. Additional details (if any):

Signature of the Fellow:

13. Contingency Planning for UFP operations

13.1 Team responsibility to monitor the Institutional Continuity Plan (ICP) scenarios:

Identified Operations and People Function SPOCs monitored the situation for all scenarios mentioned in this chapter and took appropriate steps to coordinate with the UFP SPOC.

General action items for all teams for the BCP scenarios were as follows:

Operations

The Operations team monitored and followed government notifications and directives to understand the situation and accordingly updated the plan of action. Anyone demonstrating any sign of illness was redirected to a medical practitioner for treatment. A plan was in place to temporarily vacate and sanitise the premises in the event of positive cases. Work could resume only after the authorised sanitising agency's approval.

An agency has been identified so that a doctor can conduct home visits in case any Fellow requires medical advice and are unable to travel to a clinic.

UFP Coordinating Team

Issues faced by the Fellows were brought to the notice of the UFP coordinator immediately. Leave / other exceptions were reviewed by the UFP coordinator and action taken on a case-to-case basis.

People Function

The People Function assisted in getting medical help as well as in matters related to insurance.

13.2 Institutional Continuity Plan in case of infection identification

When any Fellow was identified or suspected to have contracted the virus, the Operations team moved the individual to a designated isolation facility. The current accommodation partner arranged isolation rooms at another property in Bengaluru so that the Fellows can be separated, thereby reducing the risks of transmission.

As a new process in 2022, each affected Fellow was provided with a medical kit containing medicines which had been prescribed by the BBMP doctors for similar cases. A pulse oximeter and thermometer were provided to the individuals and daily screening logs were recorded in a shared form by 9:30 am.

The ICP Team obtained details of the affected Fellow's movements in the preceding 3 days to ensure contact tracing. Concerned individuals were notified, asked to self-quarantine, and monitor their symptoms. They too were provided with the necessary medical equipment to self-monitor. A RAT was conducted for primary contacts 72 hours from the last exposure.

IIHS worked with the medical agency/hospital/ambulance services to provide support to affected individuals.

13.3 Institutional Continuity Plan (ICP) due to lockdown/closure of premises

Figure 8: ICP flow chart



Source: IIHS Operations Team records, 2020

In case of a localised shut down, wherein only the BCC/area around BCC was declared as a containment zone, arrangements were in place for the Fellows to attend their classes virtually. A similar model was planned if the accommodation space area was declared a containment zone.

13.4 Re-joining the institute after infection

In 2020-21 period the Fellows could resume classes with a fitness certificate from a registered medical practitioner and after review by the People Function team.

Based on 2021-22 medical guidelines, Fellows were tested after 7 days of their first positive report to check for active infections. If found negative, their isolations were ended; if positive, they were asked to complete the 14-day isolation period. For the latter scenario, no further test requirements were set.

13.5 Daily safety protocol

Daily protocols followed by the Fellows are noted below.

1. Self-assessment for any COVID-19 symptoms and maintenance of temperature log.
2. Wearing masks while travelling, and at the institute / outside their rooms.
3. Carrying handkerchiefs and sanitisers for personal safety, and frequent hand washing for at least 40 to 60 seconds or using the sanitiser for 20 seconds.
4. Mandatory carrying of ID cards.
5. Compulsory hand sanitising before entry.
6. Specific timings and token systems at the Library to regulate footfall. Designated drop boxes to collect and drop books and tokens.
7. IIHS issued personal mugs, pens and notepads to prevent cross contamination.
8. Used markers and dusters placed in a box marked for sanitisation.
9. Compulsory hand sanitising before entry, and before using common facilities such as printer, coffee machine, water dispenser, cafeteria, or any other utility area.
10. Only one person in the lift at a time.
11. Social distancing in the washrooms and common areas.
12. One-way movement of staff based on floor-signage to minimise people contact.

14. Vaccination drives

India's national vaccination drive was opened on **1 May 2021** to all citizens aged 18 and above.

However, due to a lack of clarity on the beneficiary age groups, technical glitches on the Co-WIN app, and overcrowding at public health centres, IIHS staff and their dependents were not vaccinated as of 31 May 2021.

The Operations team had initiated enquiries with the Bruhat Bengaluru Mahanagara Palike (BBMP) as well as a number of private hospitals to facilitate a vaccination drive at the IIHS Campus in Bengaluru. After reviewing several options, IIHS entered into an agreement with Manipal Hospitals to vaccinate nearly 200 staff members and their dependents as part of Phase 1 of its vaccination programme, which was carried out on 4 June.

The process followed therein, was documented and published as an Operations SOP ² with the intention of acting as a reference point which similar sized Institutions, organisations and even apartment complexes could utilise for planning inoculation drives for their communities.

14.1 Planning phase

A **Google form** was designed to collect information from staff and their dependants **ten days prior to the date of the vaccination drive**. Everyone was asked to register on the Co-WIN portal prior to updating this information.

Registration form for on site vaccination (Covishield) at BCC
 For 1st Dose of vaccination during the 2nd week of June @ Rs 1100 per shot on self paid basis
 * Required

1. Name (Please provide full name as per Aadhaar Details) *

2. Staff ID *

3. Phone Number (Please provide the number which has been used for Co-WIN registration) *

4. Official E-Mail ID *

5. Aadhaar Number *

6. Age in years *

7. Have you been vaccinated yet? Please share date of vaccination. Leave blank if you are yet to get your first dose
 Example: January 7, 2019

8. If you have received your first dose then select the name of the vaccine
 Mark only one oval.
☐ Covishield
☐ Covaxin

9. Would you like to register your dependents as well for this drive *
 Mark only one oval.
☐ No
☐ Yes Skip to question 10

14.2 Zone identification

Zones were identified for each activity based on the space available to accommodate the confirmed number of vaccination registrations. Zone layout was planned such that unproductive waiting time could be eliminated.

² <https://doi.org/10.24943/OPSSOP.072021>

Zone	Area	Resource	Activity
Zone 1	Helpdesk	<ul style="list-style-type: none"> One member from the Administration team One security person 	<ul style="list-style-type: none"> Welcoming individuals Checking Co-registration Aadhaar details Helping register on WIN portal, if required
Zone 2	Screening desk	<ul style="list-style-type: none"> One in-house nurse One member from housekeeping 	<ul style="list-style-type: none"> Screening temperature and SpO₂ Issuing tokens
Zone 3	Registration desk	<ul style="list-style-type: none"> Two members from Manipal Hospitals One member each from the IIHS Administration and Finance teams 	<ul style="list-style-type: none"> Registering on Manipal Hospital portal for a Co-WIN Providing any assistance relevant to booking Collecting payment, if required
Zone 4	Inoculation room	<ul style="list-style-type: none"> Two nurses from Manipal Hospitals One member from the Administration team 	<ul style="list-style-type: none"> Administering vaccine Placing a time stamp vaccination record sheet and collecting signatures for hospital records
Zone 5	Observation room	<ul style="list-style-type: none"> One doctor from Manipal Hospitals One member from the Administration team 	<ul style="list-style-type: none"> Observing for 15 minutes post-vaccination

14.3 Area and activity management

Twenty individuals per slot were scheduled for the day **over nine slots** based on the respective zone's seating capacity. Slots were scheduled thirty minutes apart.

Helpdesk

- Entry into the campus was restricted based on assigned slots and timings. Detailed instructions were emailed 48 hours in advance with pre- and post-vaccination guidelines to all individuals to help guide them through the vaccination drive.
- A helpdesk was set up at the entrance to check if individuals were carrying their Aadhaar cards and Co-WIN registration details. Those yet to register were aided before being asked to proceed to the screening desk.

Screening desk

- At the screening desk individuals were screened for temperature and oxygen saturation levels.
- Tokens were issued at the time of screening to streamline crowd management.

Registration desk

- A waiting area for twenty people was set up at the registration zone.
- Two registration desks were set up to check and allocate the vaccination batch details before inoculation.

Vaccination room

- After registration, individuals proceeded to take their vaccinations. Timings for pre- and post-vaccination were recorded for hospital documentation.

Observation room

- A hospital-designated doctor and zone volunteer were seated at the observation area.
- All vaccinated individuals were monitored for 20 minutes before being allowed to leave the premises.

The average time spent by each individual from when they entered to when they exited was approximately 35 to 40 minutes. The vaccination drive covered 188 individuals and was completed between 9:30 am and 2 pm.

14.4 COVID-19 precautions

The following measures were taken to ensure safety for all stakeholders and participants.

- Sanitising of premises by in-house support staff prior to the drive
- Displaying boards with directions to the different zones
- Screening at Zone 1 for temperature and SPO2 levels
- Sanitising of chairs and desks after each use
- Sanitising stationery used by individuals to sign off after vaccination
- Allocating bins for disposal of biomedical waste (managed by the Manipal Hospital team)
- Wearing of appropriate PPE by all volunteers and hospital staff
- Mandatory wearing of masks inside the premises
- Placing sanitiser stands at all zones
- Placing water dispenser with disposable cups at all zones
- Disinfecting the entire area after the event through a registered agency

14.5 Subsequent drives

A total of **3 vaccination drives at Bengaluru** and **1 in Chennai** have been organised so far. After the first drive with Manipal Hospitals, subsequent ones were conducted in partnership with Add-on Scan and Labs. A total of **449 shots have been administered** so far for staff members, external consultants, interns, and support staff, including interested family members in all the categories.

On **4 September**, as part of the drive, **25 Fellows from the UFP Batch** (they arrived on 15 August and subsequently were placed under quarantine as mentioned in chapter 12 previously) were given their final doses to ensure a **100 per cent fully vaccinated group**.

Vaccination drive BCC – 4 June – 188 total shots		
Category	Self	Dependents
Staff	36	90
External Consultants	12	19
Interns	2	1
Support staff	26	2
Total	76	112

Vaccination drive BCC – 30 Jul		
Category	Self	Dependents
Staff	54	62
External Consultants	16	13
Interns	1	0
Support staff	26	
Total	97	75

Vaccination drive BCC – 4 September		
Category	Self	Dependents
Staff	14	19
External Consultants	2	1
Interns	1	0
Support staff	5	0
Fellows	25	0
Total	47	20

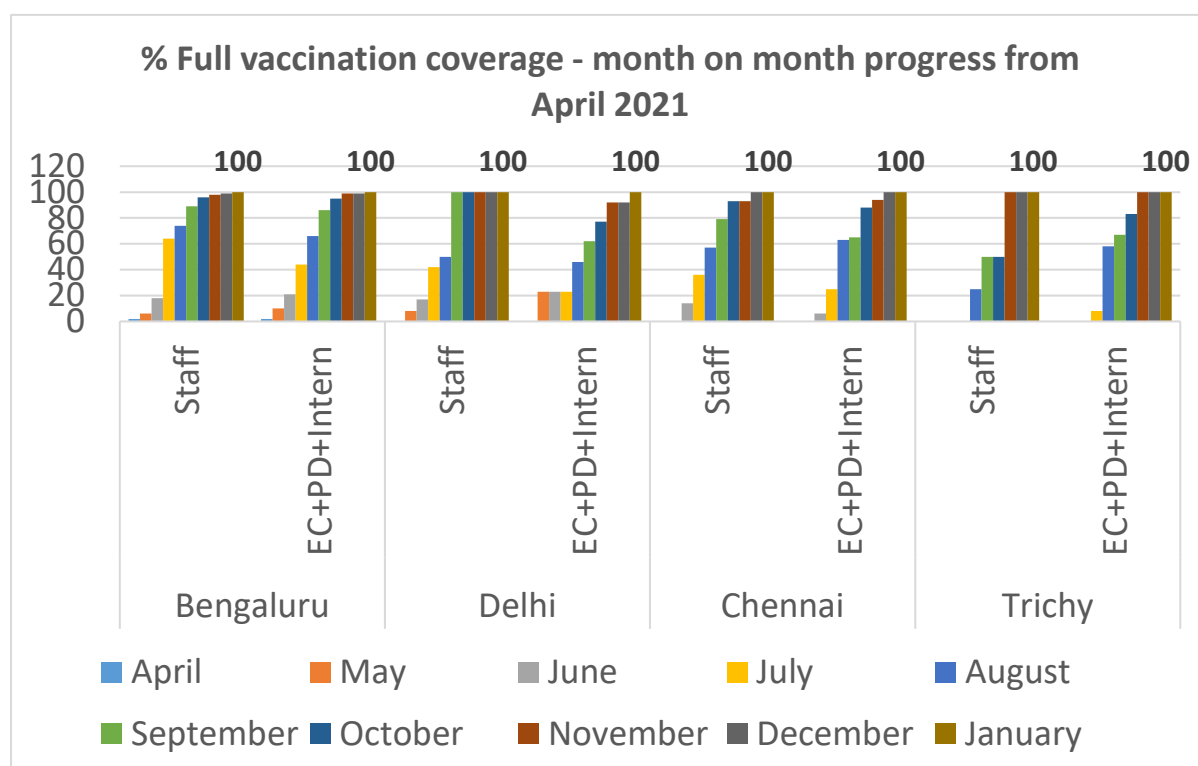
Vaccination drive Chennai – 6 August		
Category	Self	Dependents
Staff	4	6
External Consultants	3	2
Interns	0	0
Support staff	7	
Total	14	8

Source: IIHS Operations Team records 2021

14.6 Vaccination status

IIHS has been striving to achieve 100 per cent vaccination for all regular staff members and External Consultants. The following figure details how this objective has been addressed through a continuous tracking and monitoring exercise for the entire IIHS community.

Figure 9: Vaccination status (tracking fully vaccinated individuals from April 2021)



Source: IIHS Operations Team records, 2021

15. Success Rates and Learnings

The infection rate at IIHS offices across India as per the initial data till March 2021, showed that the initiated safety measures worked; there wasn't a severe impact on the health of staff, External Consultants and Fellows.

Table 4: Incidence of infections from April 2020 to November 2021

Month	COVID cases during the month in India	Mean staff presence in office	IIHS office infection count	IIHS staff infection count while out of office
Apr-20	35,860	0%	0	0
May-20	1,45,967	10%	0	0
Jun-20	4,23,393	30%	0	1
Jul-20	11,46,699	30%	1	1
Aug-20	20,14,189	30%	0	1
Sep-20	25,44,159	30%	1	0
Oct-20	18,25,899	35%	0	1
Nov-20	13,27,088	40%	0	1
Dec-20	8,23,075	40%	0	1
Jan-21	4,72,290	80%	0	1
Feb-21	3,42,102	80%	0	1
Mar-21	7,83,021	80%	3	1
Apr-21	65,22,235	25%	10	30
May-21	95,25,279	10%	0	19
Jun-21	26,51,153	15%	0	1
Jul-21	11,09,978	15%	0	0
Aug-21	10,39,461	40%	0	0
Sep-21	9,84,501	70%	0	1
Oct-21	6,07,111	60%	0	1
Nov-21	2,95,018	80%	0	0
Dec-21	2,64,807	60%	2	1
Jan-22	66,30,744	50%	25	38
Feb-22	15,28,905	50%	3	1
Total	3,46,18,478		45	101

Source: IIHS Operations Team records, 2021-22

However, the suddenness of the second surge right after IIHS began operating at 100 per cent changed the situation to a large extent as evident from the above table. The spike in infections during April 2021, was reflected in the number of infections within the IIHS community as well. Sadly, one of our support staff from the security team succumbed to the infection. While several staff have been critical during the infection, there have fortunately been no fatalities. However, several staff members lost family and/or friends.

During the third wave of infections in December 2021 and January 2022, IIHS witnessed a very rapid spike in infections among staff and their family members. Unlike the second surge, this time, the case criticalities were much lower, and most individuals tested negative within 7-10 days from the onset of symptoms.

Phase 1 – Initial restart after complete lockdown: Key considerations

1. Sharing of space for critical teams was a worry since any incident would effectively force the entire team into quarantine.

Along with the partitions, as specified in the earlier sections, the Operations team also divided the teams into two groups and assigned them between the main location and the DR site to ensure availability of adequate backup in case of any eventuality. This measure also helped the central team to track and connect with primary contacts during any infection since seats were pre-designated.

2. Awareness signages and posters were put up. However, there was a need for an easy way to assimilate and remember safety practices.

A video demonstrating the protocols was created and played at the entrance. The video ran throughout the day as a ready reminder to all staff members on the best practices to avoid transmission and ensure personal and group safety.

Phase 2 – Pushing towards 30 per cent occupancy: Key considerations

3. With the state government easing the quarantine and testing mandates, it was difficult to ensure proper tracking and monitoring of staff members and preventing any chance of infection through exposure.

IIHS decided to continue with the quarantine and testing protocols to ensure that the status quo was maintained, and institutional functions were not impacted. The Management's intervention and reinforcement of protocols and practices helped staff to continue adhering to IIHS guidelines despite the government easing the norms.

4. Frequent travel by key management representatives was essential to keep the operations going. The duration of the travel did not lend itself to the standard quarantine and testing norms that IIHS mandated after the government lifted the restrictions.

The process of RT-PCR before travel and rapid antigen post arrival was implemented to resolve this issue. Anyone returning to their base stations after such travel underwent the standard quarantine of 72 hours unless there was another inter-state travel in the pipeline. The use of masks and maintaining six feet distancing in common areas/workspaces was strictly followed as an added measure to prevent transmission.

5. With day care facilities closed, it became difficult for working parents to resume work from the office.

As per policy, day care charges were reimbursed based on the staff members' eligibility. The unique situation prompted the People Function team to revise the policy to include the cost of a nanny as a reimbursable expense.

6. Since the cost of COVID treatment became quite high, there were valid concerns regarding the existing medical coverage.

The People Function team revised the medical coverage in partnership with the insurance service provider and increased the limits for all staff members to be used in the event of a COVID infection and associated hospitalisation.

7. Since only a small percentage of team members were allowed in office at this phase, it became difficult to process the invoices on time for supplies and services. With strict visitor management process, it was also difficult for the vendors to submit their invoices as per the usual deadlines. This posed a challenge regarding timely payments.

The Finance and Administration teams introduced an online system for the submission of invoices, and payments were made digitally. The deadline for submitting hard copies were revised and payments were adjusted against the hard copies once received.

8. With the start of the UFP batch, specific protocols were put in place as mentioned in the previous sections. One of the challenges was to ensure that there was no chance of transmission between the Fellows and IIHS Staff. The centrally-located screening counter at the BCC was identified as the weak link.

A screening bay was set up at the Fellows' place of accommodation. The Fellows were tested before boarding the bus to the BCC. Any issues observed during the screening were immediately reported and the person was advised to seek medical help and quarantine, if needed. This practice reduced the chance of transmission not just between the IIHS staff and the Fellows but among themselves too.

9. It was a challenge to ensure necessary distancing and minimal contact for face-to-face meetings.

The permissible occupancy limits for all meeting rooms on the premises were set. Separate boxes were kept on the tables where the participants could drop used markers and dusters to be sanitised before re-use. Each attendee was given their own refreshment box to minimise contact. Use of masks and sanitisers were mandated within the meeting rooms.

Phase 3 – Approaching 100 per cent occupancy: Key considerations

10. Tracking travel and movements of people sharing living spaces with staff members became necessary, as it was noted as a point of possible exposure.

Initially, a three-day quarantine was prescribed for all staff members in such situations. It was later observed that a blanket protocol such as this would not be practical in the long run as many organisations had resumed operations due to which family members would be travelling frequently. As an effective means of addressing this issue, staff members were advised to inform IIHS so that guidance could be provided.

11. Since many staff members travelled from their homes post lockdown and were also required to undertake work-related inter-state travel, it was a challenge to ensure adherence to the quarantine and testing norms.

The Management agreed to bear the expenses for all tests to be undertaken by first time returnees post lockdown, as well as for those travelling for official purposes. Since quarantine was mandatory, Team Leads were advised to consider these periods as 'work from home' on a case-to-case basis wherever feasible.

12. Liquid sanitisers caused a lot of wastage even though they were cheaper (10 per cent cost variance for 5-litre cans between liquid and gel-based sanitisers) and more easily available in the market.

At the initial stage, IIHS provided gel-based sanitisers but changed to the liquid-based versions owing to price as well as market availability. However, it was noticed that the liquid variety caused more wastage and was also not operationally viable for bulk usage. IIHS reverted to gel-based sanitisers as a more practical option.

13. Biomedical waste such as gloves and masks are being sent to the State Municipal Corporation waste collectors. IIHS does not have any certificates on safe disposal or recycling.

IIHS has arranged for a State Pollution Control Board-approved vendor to collect the biomedical waste. From April 2021, waste from all the locations will be collected at a central facility and sent to the vendor. We will be receiving a certificate for this process.

Phase 4 – Dealing with infections within the community for the first time during the 2nd wave

14. Reverting back to pre-unlock phases and re-initiating remote working protocols during the April-May 2021 lockdowns.

Teams with critical resources were identified and authorisation letters were issued to enable 10 per cent staff to visit the office for key activities like disbursement of payments, maintenance, and IT related activities. Campus operations were initially stalled but began once the State Government allowed in-situ construction activities in late May 2021.

Phase 5 – Phased re-opening of offices and gearing up for UFP 2021-22

15. To ensure continuity of projects and activities, it was imperative to create a safe working environment so that people could start coming back to the office. The UFP batch was also to start from August 2021, so safety protocols were planned to ensure the safety of both the Fellows and the larger IIHS community.

In line with State Government relaxations, offices were re-opened with the same protocols as mentioned in the previous sections, to enable a safe workplace. Since travel was opened by the Government, the IIHS Operations team tweaked travel protocols to enable the staff to undertake trips on behalf of the Institution for key deliverables. The UFP onboarding protocols were revisited and made up to date with current norms.

16. Field visits and local travel started, and several key project activities necessitated day trips and interactions with other stakeholders.

Field visit protocols were set up and shared with the teams. The field log acted as a ready reckoner to track and trace movements and safeguard the staff.

17. Testing requirements were always an issue due to the timelines as well as the cost. However, with the impact of the 2nd wave, it was evident that testing and tracking were key to prevent any large scale outbreaks.

Onsite nurses were trained to use the RAT kits as a first point of screening for anyone returning from a trip or after a sustained period of showing symptoms.

18. With the massive spike in cases during the 3rd wave, it became a challenge to work on the protocols to ensure safety for the staff while continuing office work.

Since the symptoms during the 3rd wave were largely mild, it was decided that all affected individuals who show no symptoms can take a RAT on the 8th day. If the result was found to be negative, they could resume work from the office. If the person crosses 14 days from the onset of symptoms, then no further tests were required.

Teams were asked to consider roster-based deployments. However, no ceiling was marked at Bengaluru as the offices were open. Delhi, Chennai, and Trichy were closed for a couple of weeks based on prevalent Government advisories as well as the local scenario.

16. Way Forward

The IIHS Response Plan is an evolving document and will be continuously updated to ensure compliance with notifications and guidelines issued by the Government of India. It will also consider best practices from other authentic sources.

To improve the response plan, the following activities are planned:

- Raising awareness, enforcing policies (for example, travel restrictions) and familiarising all IIHS staff with available resources and services.
- Assessment of functions with high manual intervention and critical third-party dependencies to understand key risks and to identify single points of failure, especially in high vulnerability and impact locations.
- Review of relevant standard operating procedures and manuals and updating them as necessary.
- Monitoring and reporting of regular updates regarding emerging threats and other relevant issues to the management.
- Planning and conducting a brief pandemic training exercise for staff members to enhance individual and organisational preparedness.
- Adhering to state-specific guidelines on quarantining and testing. These can be made available to the staff and serve as a ready reckoner.
- Gradually looking at easing the restrictions and norms as we move from the pandemic scenario to a phase where COVID is being looked at as an endemic viral infection.
 - As part of this process, the screening recording process has been stopped from 1 April 2022 along with restrictions in the form of reduced occupancies at the lift, cafeteria, and other open spaces.
 - General thermal screening will be carried out at the Bengaluru City Campus by the security guard.
 - All tests will be routed through external labs for inter state travel or symptomatic cases.
 - Travel advisories will continue to be issued until restrictions are removed globally.
 - At Kengeri, screening and testing processes will continue to be in place. This is due to the level of activity and chance for exposure.



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