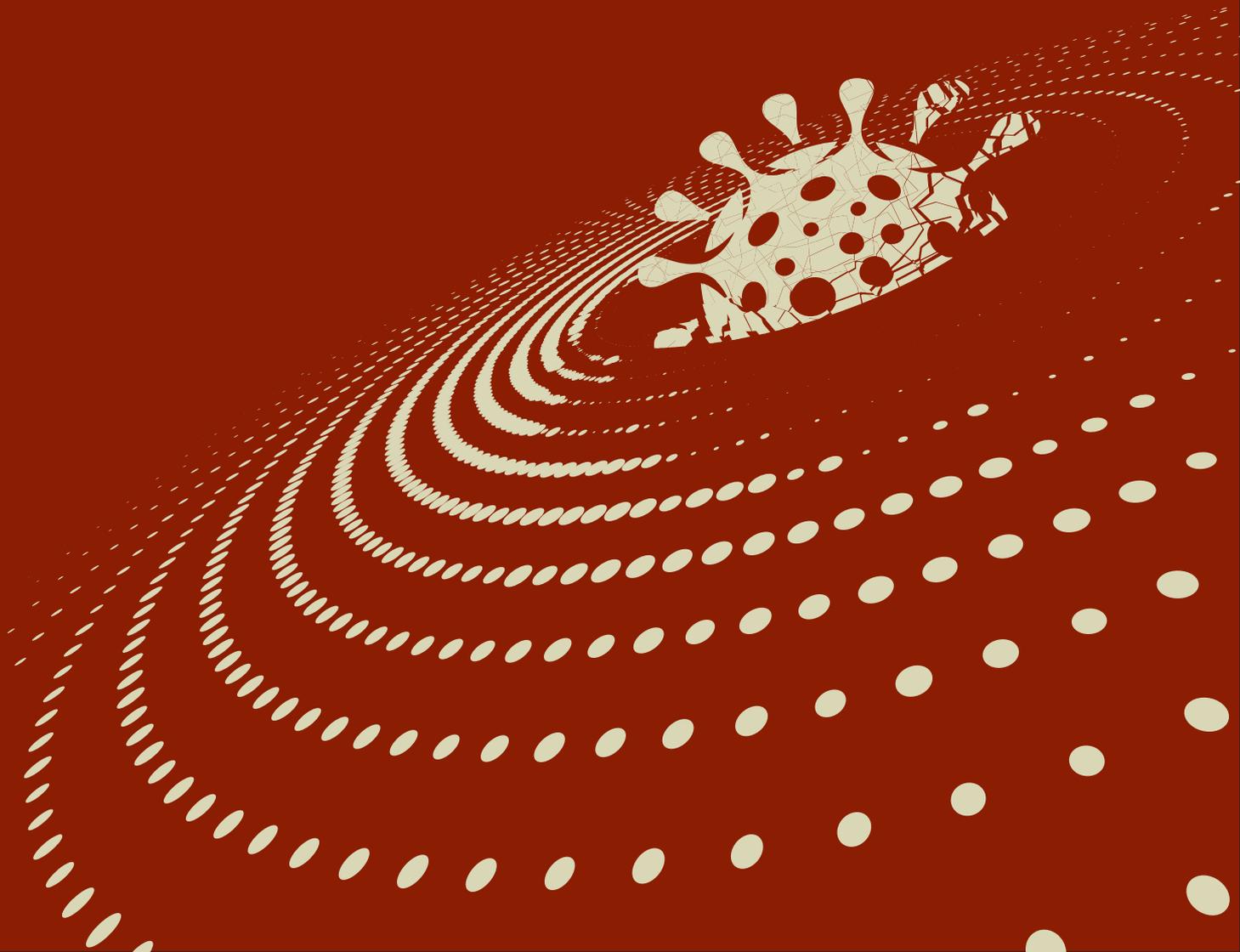


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INDIAN INSTITUTE FOR  
HUMAN SETTLEMENTS

# IIHS COVID-19 Response Plan

Edition 1, 2020-2021





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## Table of Contents

1.	Introduction.....	1
2.	Planning Phase.....	2
3.	Monitoring and the Crisis Management Team .....	3
4.	Infection Prevention and Control .....	4
5.	Contingency Planning.....	5
5.1.	Monitoring Institutional Continuity Plan scenarios .....	5
5.2.	Institutional Continuity Plan in case of infection .....	6
5.3.	Institutional Continuity Plan .....	7
5.4.	ICP if one or more office premises have to be shut down .....	7
5.5.	Resuming work at the office after any of the above scenarios.....	8
6.	Institutional Continuity During and After Lockdown.....	8
6.1	Operations during lockdown.....	8
6.2	Post-lockdown plan .....	8
6.3	Post-lockdown Phase I, beginning 11 May 2020.....	8
6.3.1	Staff deployment .....	8
6.3.2	Administration protocols .....	9
6.3.3	Deployment plan for Bengaluru .....	10
6.4	Post-lockdown Phase II, beginning 17 May 2020.....	12
6.4.1	General activities.....	12
6.4.2	Safety measures.....	12
7.	Office Operations Protocols .....	13
7.1	Lift usage.....	13
7.2	Housekeeping.....	13
7.3	Visitor management .....	13
7.4	Incoming materials management.....	14
7.5	Cafeteria management .....	14
8.	Staff Protocols for Resuming Work from Office.....	15
9.	Library .....	16
10.	Resuming Work at the Kengeri Campus.....	17
11.	Protocols for the Urban Fellowship Programme .....	17
11.1	Infection prevention and control.....	17
11.1.1	1 Pre-travel protocols.....	17
11.1.2	Post-arrival protocols.....	17
11.1.3	Mid-course travel protocols .....	18
11.2	Contingency Planning.....	18

11.2.1 Team responsibility to monitor the Institutional Continuity Plan (ICP) scenarios:.....	18
11.2.2 Institutional Continuity Plan in case of infection identification .....	18
11.2.3 Institutional Continuity Plan (ICP) due to lockdown/closure of premises .....	19
11.2.4 Re-joining the institute after infection .....	19
11.3 Daily safety protocol:.....	19
12. Success Rates and Learnings .....	20
13. Way Forward .....	22

## List of Figures

Figure 1: 3P Model: People, Processes and Partnerships.....	2
Figure 2: Key activities .....	2
Figure 3: The Lockdown and phased re-opening timelines.....	3
Figure 4: Crisis Management Team .....	3
Figure 5: ICP .....	7
Figure 6: Process flow for allowing entry in office .....	9
Figure 7: Self-Assessment Questionnaire .....	10

## List of Tables

Table 1: Daily Deployment Chart .....	10
Table 2: Pre-defined time slots for meetings .....	11
Table 3: Capacities of meeting rooms.....	12

# 1. Introduction

As of 5 January 2021, India reported 10.4 million confirmed cases of COVID-19, with 150,000 people losing their lives. So far, 9.98 million people have recovered.<sup>1</sup>



Source: IIHS Operations Team records 2020

Subsequently, the Ministry of Health and Family Welfare (MoHFW) issued unlock guidelines, and the states have since followed their own protocols in accordance with Central guidelines.

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.

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.

<sup>1</sup> Figures sourced from <https://www.mygov.in>

## 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

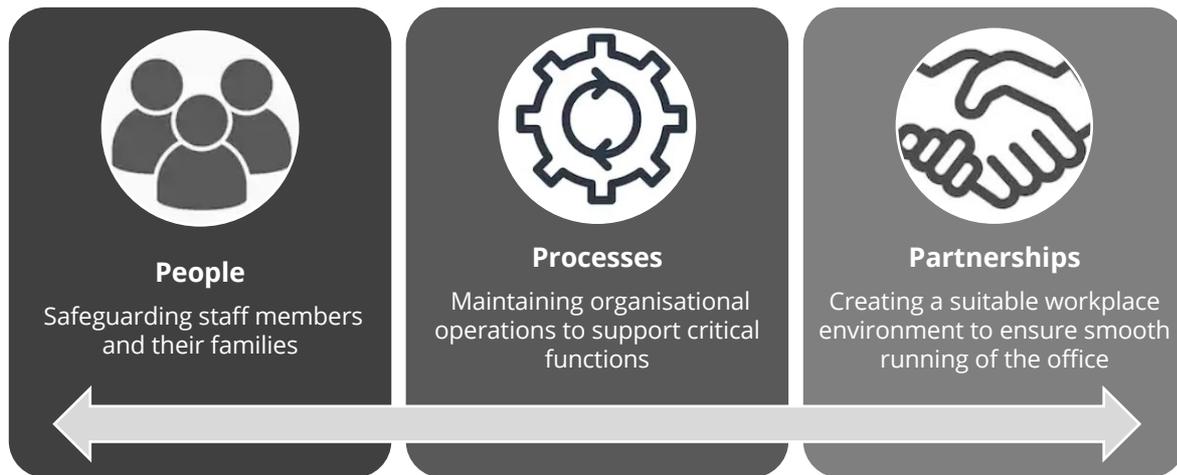
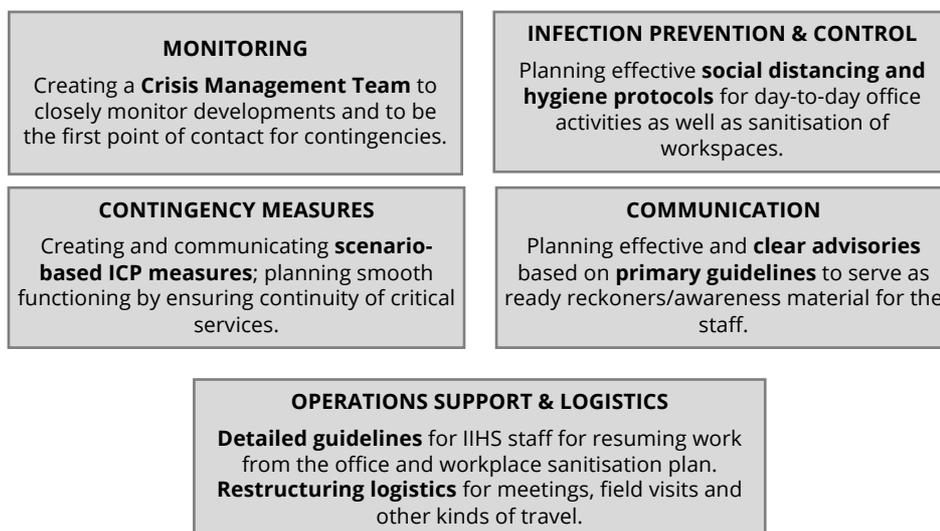


Figure 2: Key activities



Source: IIHS Operations Team records 2020

Figure 3: The Lockdown and phased re-opening timelines



Source: IIHS Operations Team records 2020

### 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

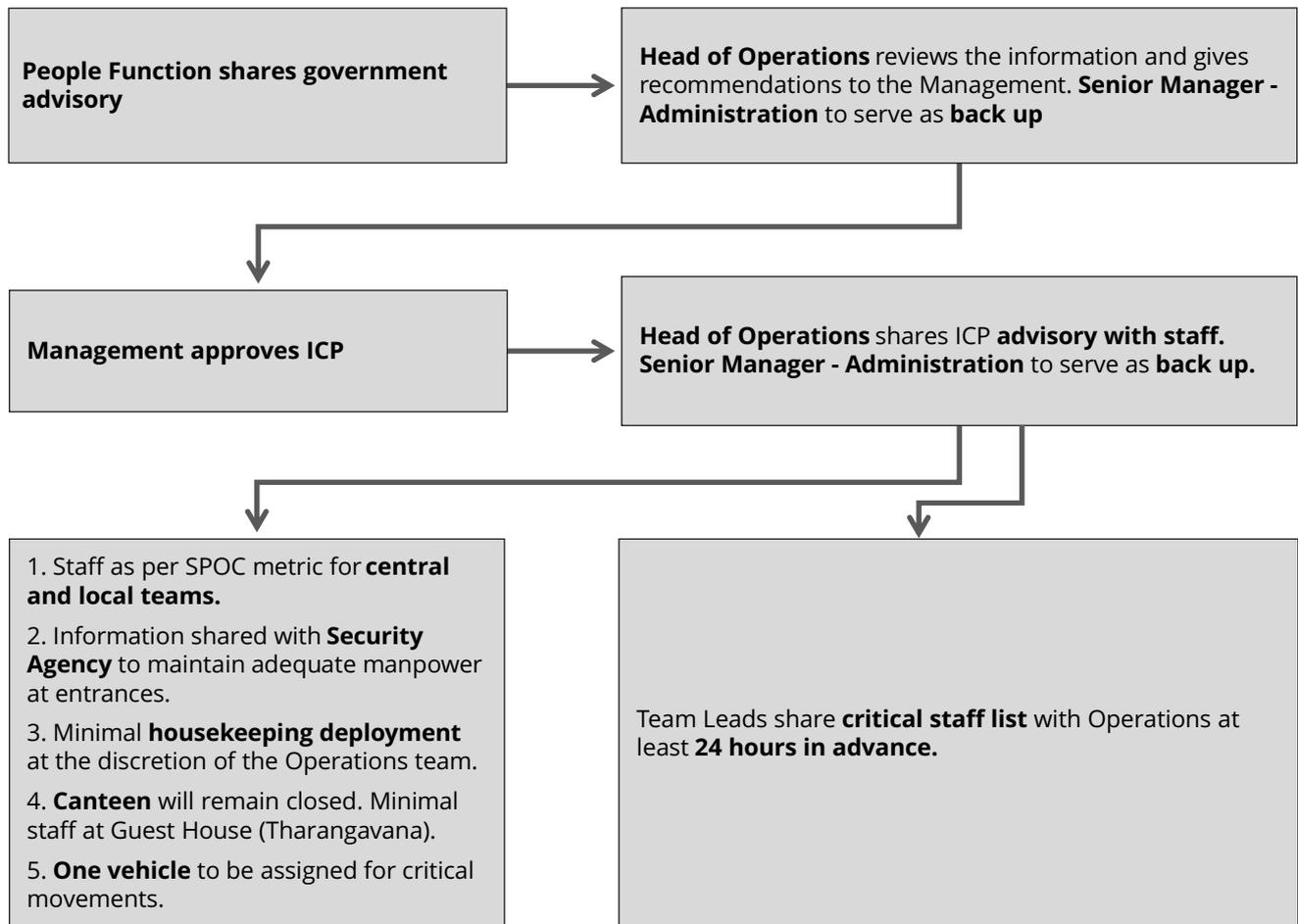
- When a staff member was identified or suspected to have contracted the virus, the team lead or operations team asked them to stop work immediately and seek immediate medical guidance.
- The ICP team obtained details of the affected staff member's movements in the last 14 days to trace people they came 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.

# 6. Institutional Continuity During and After Lockdown

## 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.
- All teams were advised to work from home. 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.

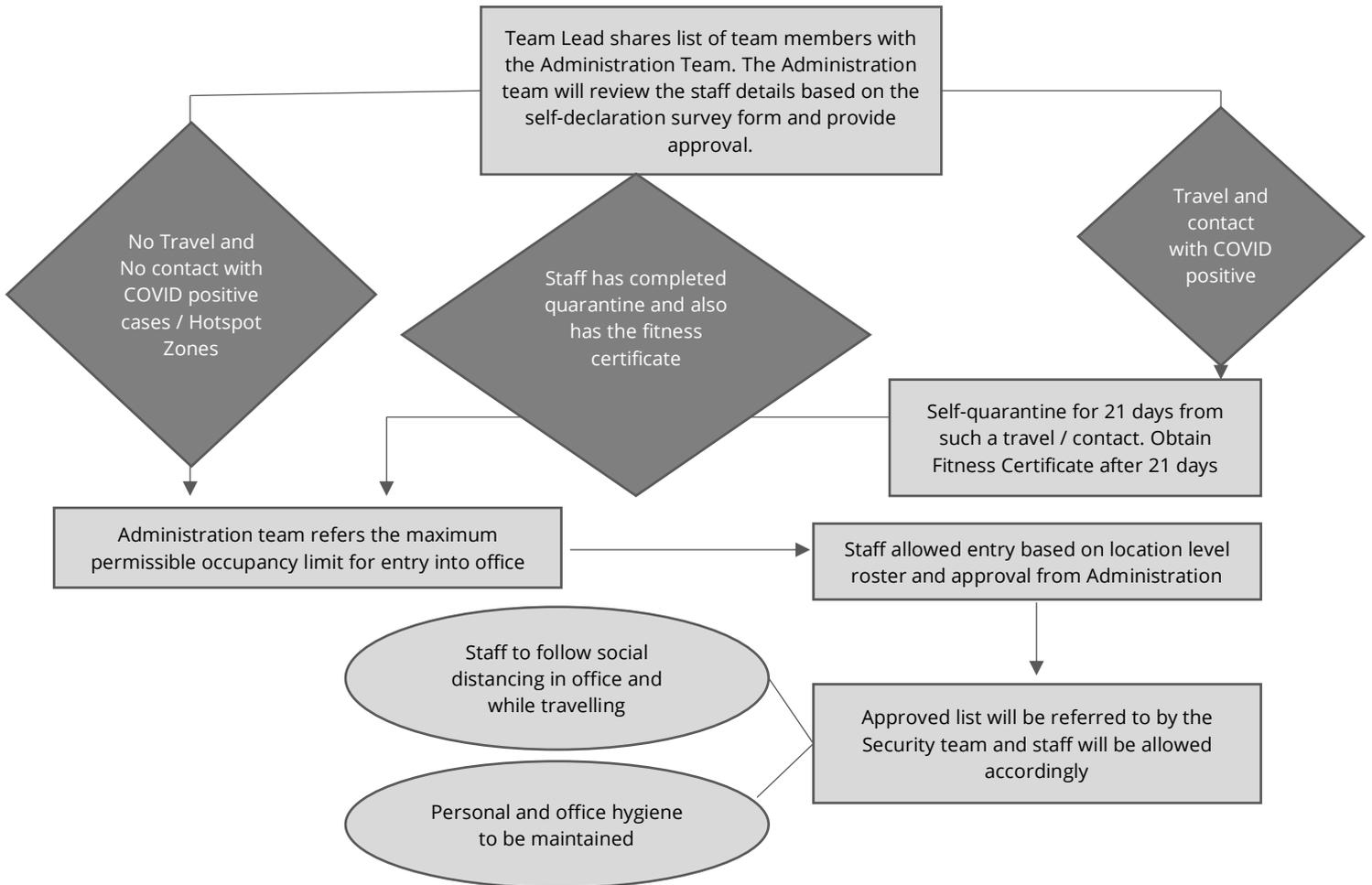
## 6.3 Post-lockdown Phase I, beginning 11 May 2020

### 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 link for a list of these hot spots / containment areas:  
<https://drive.google.com/open?id=1G1shGjtw987KxtKMOOSXTC3XWV-9S8Guzg-sharing> *\**

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? *\**

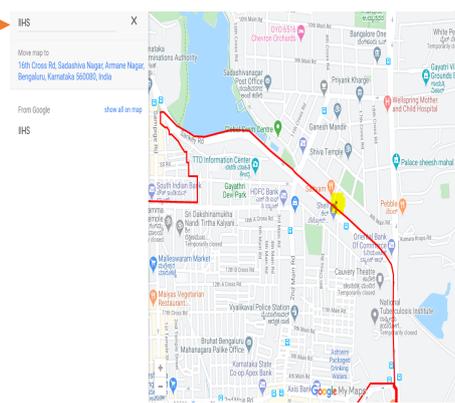
Mark only one oval.

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 <sup>st</sup> Floor	Team 2	2
1 <sup>st</sup> Floor	Team 3	3
1 <sup>st</sup> Floor	Team 4	3
1 <sup>st</sup> Floor	Team 5	3
2 <sup>nd</sup> Floor	"N" number of cabins available for emergency usage	
3 <sup>rd</sup> Floor	Team 6	1

<b>Annex</b>	<b>Team</b>	<b>Deployment</b>
Ground Floor	Team 3	1
2 <sup>nd</sup> Floor	Team 7	2
2 <sup>nd</sup> Floor	Team 8	2
2 <sup>nd</sup> 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

<b>Team</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
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.



## 7. Office Operations Protocols

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.

## 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.
- Alternatively, 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 was taken two days before the quarantine period ended. 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 learners
- 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, the Library remained closed. Upon reopening, only requests for online materials were attended to by the team from their homes.

From end-May, the Library resumed operations with reduced timings and services only for IIHS staff. To ensure the safety of the staff and the materials, the following 'contactless circulation' protocols were implemented:

### **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.

Since November 2020, the Library Team has implemented a token system to help regulate the movement of individuals within the library. Sanitisation and distancing protocols have been in place for the same.

Since November, 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 were made to enable up to 25 workers to stay within the Kengeri campus and carry out critical work before the onset of the 2020 monsoon. IIHS vendor partners committed to ensure adequate supply of essential items for the workers staying at the campus.

A nurse was deployed for the daily screening of personnel housed at the campus. All visitors underwent a mandatory assessment and screening before entry. An isolation bay was set up 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

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.

### 1.1 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.

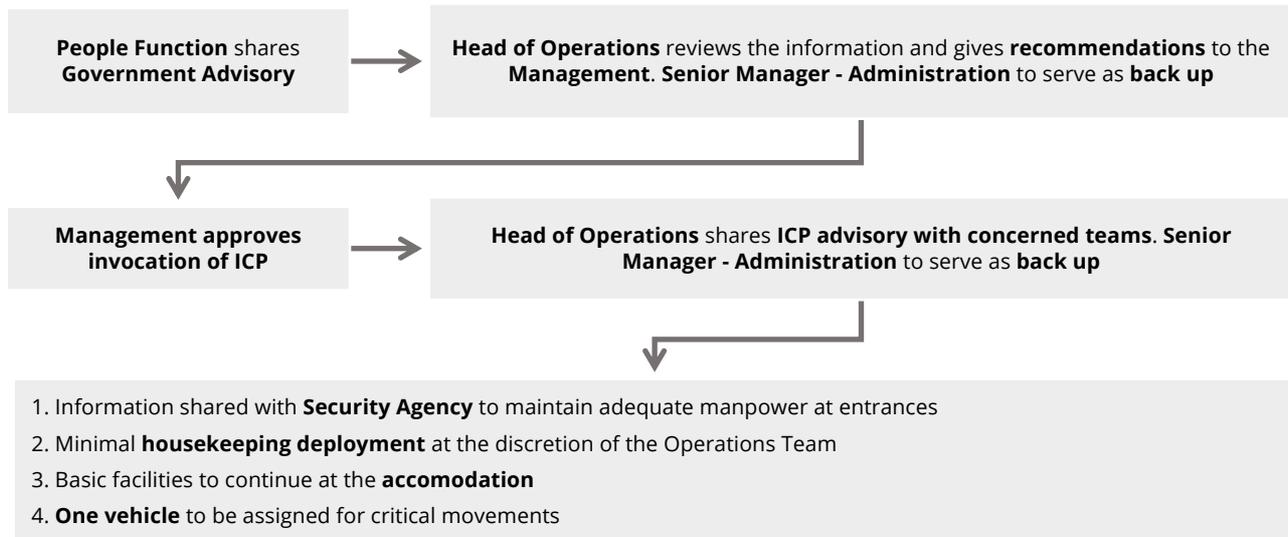
The ICP Team obtained details of the affected Fellow's movements in the last 14 days to trace people they came in contact with.

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. Success Rates and Learnings

The infection rate at IIHS offices across India showed that the initiated safety measures worked; there wasn't a severe impact on operations nr the health of staff, external consultants and Fellows.

Table 4: Incidence of infections from April 2020 to January 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
April 2020	35,860	0%	0	0
May 2020	1,45,967	10%	0	0
June 2020	4,23,393	30%	0	1
July 2020	11,46,699	30%	1	1
August 2020	20,14,189	30%	0	1
September 2020	25,44,159	30%	1	0
October 2020	18,25,899	35%	0	1
November 2020	13,27,088	40%	0	1
December 2020	8,23,075	40%	0	1
January 2021	4,72,290	80%	0	1
<b>Total</b>	<b>1,07,58,619</b>		<b>2</b>	<b>7</b>

Source: IIHS Operations Team records 2021

This document highlights some of the issues IIHS faced while implementing the COVID-19 response plan along with how they were addressed.

### 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.

## **13. 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.





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