

Webinar jointly organised by Indian Police Foundation and IDFC Institute on

**Pandemic Policing: Health, Well-being, Morale and Motivation of Police Personnel for Operational Continuity and Resilience**

*A consolidation of the learnings from State and Central Police Organisations*

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**Date:** 23rd July 2020

**Panellists:**

1. Chief Guest: Dr. AP Maheshwari, DG, CRPF
2. Shri Subodh Jaiswal, DGP, Maharashtra;
3. Shri SN Srivatsava, CP, Delhi;
4. Shri Manoj Yadava, DGP, Haryana;
5. Shri Praveen Sood, DGP, Karnataka;
6. Shri Loknath Behera, DGP, Kerala;
7. Shri AK Singh, DG, NSG;
8. Dr. Narender Kingor, Clinical Psychologist; and
9. Dr. Lancelot Pinto, Pulmonary Medicine Specialist
10. Moderator: N Ramachandran, President, Indian Police Foundation

## Executive Summary

The webinar focused on the cross-sharing of learnings between various chiefs of police organisations and recommendations from medical experts. Some of the main points of discussion were:

- I. **Preventive measures:** The immediate focus was on building awareness among the entire police department about the disease, followed by measures to build immunity. The focus was also on early detection of the disease to control mortality. Preventive steps included enforcing cleanliness and hygiene practices, ensuring physical distancing within barracks and living quarters, codifying standard operating procedures (SOP) on preventive measures and ensuring administrative backup.
- II. **Operational continuity:** Various strategies undertaken by different police organisations for manpower management in police stations were discussed. The police leadership shared their experiences around aspects such as managing at-risk personnel, external interactions and protocols for police station visitors and arrested persons.
- III. **Medical/healthcare capacity:** Some of the common measures taken across police organisations included ensuring exclusive medical infrastructure for police and continuously monitoring and communicating with those who tested positive to ensure adequate medical attention was available at the right time.
- IV. **Technology:** Most departments repurposed their digital platforms to provide telemedicine services. They also disseminated information through Whatsapp/Twitter and other online platforms. Regular meetings were organised online and officers were encouraged to work remotely using digital means.
- V. **Training:** Some organisations effectively firewalled the entire training area to insulate trainees and instructors from external exposure and were able to carry out training without any disruption.

## General observations

The panel asserted the importance of conducting annual health-checkups for field officers and observed how the initial response to the pandemic across police units was a crucial determinant in the spread of infections. Some of the other observations included:

- I. [Family concerns](#): The importance of communicating with officers' families was underscored during the webinar. Educating families about safety norms to be observed, and assisting them with procuring essential supplies was also highlighted.
- II. [Importance of Mental Health](#): The importance and relevance of sound mental health was discussed comprehensively during the webinar. The need for research and a long term plan for tackling mental health was asserted. The contribution of police culture and other occupational stressors to mental health issues were discussed. Immediate suggestions for managing mental health included operationalizing tele-counselling sessions, buddy systems, and strong internal communications networks, among others.
- III. [Morale and motivation](#): Good leadership and good quality communication were found to be effective in addressing morale and motivation. On a monetary note, an assurance of generous ex-gratia payments to next of kin in cases of unfortunate death of police personnel was important for ensuring the morale of the forces.
- IV. [Some learnings to go beyond COVID times](#): The core takeaways from the pandemic experience include investing in the physical and mental health of police forces, exploring the use of synthetic training aids and ensuring minimum floor level of ex-gratia payments to personnel who die while on duty.

## Learnings from the Discussion

Following the announcement of the nation-wide lockdown in March 2020, the police were overnight required to enforce the pandemic-related laws and policies—enforcing social distancing, protecting frontline health workers and hospitals, transporting infected citizens to treatment centres, as well as dealing with the migrant crisis of an unprecedented magnitude. Handling of the transportation of migrants and their regulation at departure and arrival points, grappling with the sudden eruption of crowds following the opening of liquor vends as well as the handling of passengers arriving by Vande Bharat flights, etc., posed different kinds of challenges and responses. All these roles including the policing of highly congested localities, marketplaces, slums and containment zones exposed the police to infections within the force. At the same time, in the absence of a pre-existing template, the police had to learn from experience and devise protocols on the job, which have undergone further refinement over the last few months.

Following is a consolidation of the learnings as recounted by the police chiefs of some of the largest states and metropolitan centres in India, the ones most impacted by the pandemic.

## I. Preventive measures

1. Building awareness – the first step
  - Spreading awareness within the forces was considered most crucial. Giving an understanding of the nature of the virus, how it spreads, its symptoms, what are the preventive strategies, and what should be done in case anyone felt unwell, or showed symptoms of the disease.
  - Awareness campaigns also comprised the importance of correctly wearing masks, the protocols for hand hygiene and physical distancing.
  - Awareness campaigns were handled differently in different units, with the unit commanders and supervisors being given the responsibility of dissemination and enforcement.
  - In the Central Armed Police Forces (CAPFs), these are being held both in the morning and evening sessions, through communication platforms that could reach across units.
  - The awareness campaigns also aimed at breaking the stigma associated with the disease which prevents people from reporting symptoms.
  - Apart from the efforts of unit commanders and immediate supervisors, many state police and CAPFs ensured that senior officers interacted with personnel regularly for spreading awareness and reassuring them.
2. Building immunity
  - All organisations focused on strengthening the health and immunity of personnel, making sure that personnel had wholesome nutrition and adequate sleep/rest. To enable this, duty hours were limited to 8 hours per day.
  - Most police organisations distributed free meals, cooked centrally and delivered at the place of duty, or made local arrangements for cooking.
  - Special care was taken to ensure the required nutrition value of food and availability of food supplements with adequate sources of Vitamin C, Vitamin D, etc.
  - Some state police organisations distributed prophylactic drugs and certain preparations as recommended by the Ministry of Ayush believed to help boost immunity.
  - The importance of physical exercises was stressed while encouraging the practice of yoga and *pranayama*.
3. Early detection
  - Early detection and early commencement of treatment were found to be more effective in controlling the virulence of the disease as well as reducing mortality rates. Personnels are repeatedly briefed to report early symptoms and not hide or desist from reporting.
  - Ensure immediate testing as soon as any symptoms appear (diarrhoea, fever, body ache, loss of smell, loss of taste) to pre-empt the possibility of the condition worsening and disease spreading.
4. Enforcing social distancing within barracks and living quarters
  - Minimising congestion in barracks by drastically reducing the number of beds per unit and following minimum prescribed distances between beds.

- Ensuring physical distancing precautions and frequent handwashing in police stations, barracks and common areas like dining rooms and washrooms. People are found to be most vulnerable in these areas, as there is a tendency to gather closely and talk to each other, at a time when masks are off.
5. Cleanliness and hygiene practices
- Many state police organisations set up task forces comprising of medical officers, paramedics and nurses of the police force/hospitals to spread awareness and audit cleanliness and hygiene.
  - Selected police personnel were imparted the basics of paramedic training.
  - Encouraging officers to not carry avoidable things to work like watches, etc.
  - Washing/sanitising uniform articles immediately on return to home, promptly taking shower, etc.
  - In the case of glove use, ensuring a fresh pair of gloves are used after every encounter and used gloves are disposed of safely.
  - Creating committees to inspect/audit police stations, barracks and police colonies to ensure cleanliness.
  - Creating wellness centres in police colonies.
6. Codifying SOPs
- Most states/CAPFs have since written down SOPs laying down preventive and protective strategies and also for spreading understanding of the threats. These included detailed guidelines and precautions to be adopted by both the policemen and their families.
  - Protocols for conducting daily health check-ups.
  - Protocols for functions such as arrest, inquest, post-mortem, etc.
7. Provisioning and administrative backup.
- Assessing the requirements of sanitisers, facemasks and other PPE kit for each police unit and making sure that they are procured and distributed timely and regularly.
  - Providing sanitisation spray machines to police stations and police colonies.
  - Sanitisation trucks/vehicles using UV light technology.
  - Assessing and provisioning the requirements of hotel rooms, guest houses, etc. for police personnel who are not allowed to stay with their families.
  - Assessing the number and availability of hospital beds, testing capacities and quarantine facilities for meeting the requirements of police personnel and coordinating with hospital and civic authorities to ensure the same.
  - Identify police personnel who may require help—in terms of material as well as psychological aid.
  - Continuous assessment of organisational response capacities and capacity deficits.

## **II. Operational continuity**

The ethos of the police and CAPFs, especially that of the Special Forces is founded on continuous operational preparedness and availability. Force preservation is a must, to ensure

long term continuity. As far as our Special Forces are concerned, they are committed to a culture of total operational readiness.

Even as many states and CAPFs have been reporting large scale infections, including a significant number of deaths, it has become imperative to plan ahead for ensuring the availability and readiness of adequate manpower for operational continuity.

1. Police station manpower management:

- Police in most states have followed a strategy of giving rest to a significant part of the workforce, to limit infections and also to ensure that there is always a supply of freshly rested persons available for deployment.
- States have followed different models.
- One model was based on running police stations at 50% capacity, giving rest to the other 50% during any given point in time.
- In another model, a section of the staff across functions is kept on quarantine, (independent of symptoms) to have a reserve available to be called in whenever the strength depletes.
- In another model, the police station staff was divided into three groups:
  1. Fixed staff - those who normally don't venture out of police stations (like station writers, etc.) are allowed to function normally from the PS.
  2. External duty staff - those who are required to do duty outside, especially in public order management, duties in containment zones, etc. are asked to not come to the police station after completion of their duties. Their accommodation is arranged in hotels, guesthouses, school buildings, etc. They are not allowed to visit their families so that they do not pose any infection threat to family members.
  3. Emergency officers - those who have to move in and out of the police station frequently to meet emergencies - are stationed in a particular part of the building and are urged to not visit other parts of the station building.
- Most states focused on maintaining a contingency reserve strength of police for meeting any unforeseen events and ensuring operational continuity.
- In one model, young trainees from the training institutions were roped in and mixed with experienced personnel for deployment. This was based on the premise that the disease has a limited impact on the young and physically fit, who have better immunity and resistance.
- Another model involved having one set of personnel always on support and administrative duties while others remained on operational duties.

2. Managing at-risk personnel

- Permitting work from home to personnel above the age of 55 years.
- Assigning headquarter duties or duties with lower risks of exposure to personnel above the age of 50 years who may be having other comorbidities.

3. Minimising external interactions

- Isolating various police units based on the functions performed.
- 14 days compulsory quarantine for those returning to work after leave or outbound duties.

4. Visitor management
  - Most states have been taking precautions to ensure that police-public interactions are rendered as safe as possible.
  - Tents are pitched outside the police stations to receive and attend to visitors. Police personnel sit behind a glass screen while interacting with visitors, to prevent infection spread.
  - In some cases, glass screens are installed in public interaction areas within the police station building to separate police personnel and visitors, while recording statements and attending to similar procedures.
5. Setting up protocols to manage arrested persons
  - Some state police have been encouraging a policy of fewer arrests.
  - Arrested persons are tested so that the infection does not spread to the police station staff as far as possible.
  - Some states have set up detention centres in every district so that arrested persons are not brought to the police stations.

### **III. Medical/healthcare capacity**

1. Exclusive medical infrastructure for police
  - Setting up COVID helplines and providing tele-advice.
  - Setting up exclusive police COVID health centres/hospitals with adequate beds, doctors and paramedics.
  - Identifying medical centres early and ensuring quality intensive care, aftercare and timely administration of medication.
  - Reserving beds for police in identified hospitals including military hospitals.
2. Continuous monitoring and communication with those who test positive
  - Task select officers with creating a WhatsApp group to stay in touch with COVID-positive officers, especially in the hospital, so that if they face any problem, they can easily get in touch or be contacted.
  - Continuously monitoring critical cases from police headquarters.
  - Remaining in constant communication with those requiring psychological support.

### **IV. Technology**

1. Repurposing digital platforms to provide telemedicine services.
2. Disseminating information through WhatsApp/Twitter and other online platforms.
3. Organising regular meetings online with all officers.
4. Encouraging digital file movements, online handling of public petitions, summons and internal and external communications.

### **V. Training**

1. Some organisations effectively firewalled the entire training area to insulate trainees and instructors from external contact and were able to carry out training without any disruption.
2. While leave for trainees is discouraged, if any person was required to take leave in an emergency, upon their return, they were moved to compulsory quarantine until rendered safe.
3. Synthetic training environments using Artificial Intelligence, Virtual Reality and Augmented Reality, etc. are widely used in the US/UK and were recommended for Indian police and CAPFs.

## **General observations**

- There was a false sense of safety in units where there were no cases in the initial days. In such units, people were careless, leading to a sudden eruption of infections in due course. On the contrary, in units where cases appeared initially, people were more careful, leading to an overall reduction in the number of cases over time.
- Some persons secretly resorted to self-medication and attempted to hide the symptoms, leading the disease spreading to others.
- Delay in the commencement of treatment was found to be dangerous. Testing and treatment was initiated on the slightest symptoms.
- Field level policemen are generally in poor health, which calls for attention even in non-COVID times. There is a need to introduce compulsory annual health check-ups.

## **I. Family concerns**

1. The role and influence of the officers' families in ensuring their wellbeing and morale needs to be always kept in mind. It is therefore very crucial to remain in constant communication with families of frontline officers.
2. It is to be noted that most police personnel have been on duty on the road right from the beginning of the lockdown when most other government departments (except health workers and few others) have been at home. This perception places tremendous pressures on police personnel from their families.
3. Focus on building awareness of officers' families and educating households on safety norms.
  - a. Families should be advised to ensure that non-essential belongings/equipment from home are not carried to work and vice versa.
  - b. Advise officers to remove their shoes at the entrance of the house, apart from the immediate change of clothes and shower.
4. Most police organisations are in constant touch with families of personnel, some of whom are required to stay outside to prevent the spread of infection. They were assisted by making sure that they had an adequate supply of food, medicines and other essentials.
5. Wellness centres in police colonies and the innovative 'protecting the protectors' scheme were other good practices in some of the states.

## **II. Importance of Mental Health**

1. Importance and relevance



- a. The stress of having to make life and death decisions regularly can have a major negative impact on the lives and mental health of police personnel.
  - b. A long-term and comprehensive plan of action to address mental health issues is required.
  - c. Equally important is immediate attention to both near-term and long-term repercussions in the context of pandemic duties.
2. Frequent causes of occupational stress in the police
    - a. Constant exposure to people suffering from distress and pain.
    - b. Responsibility of protecting the lives of citizens while placing their own in peril.
    - c. Managing and controlling their emotions when other people are provoking them.
    - d. The nature of work is sometimes inconclusive and has an alternating pace.
3. Police culture
    - a. A tendency to deny the existence of stress due to the stigma of being labelled as weak or not being able to manage work.
    - b. Not communicating issues in order to portray a sense of control.
    - c. Increasing incidence of suicides and fratricides in the police/CAPFs.
    - d. Lack of adequate sleep, rest and recreation, irregular, unpredictable and long duty hours leading to mental health issues.
    - e. Poor human resource and time management.
4. Research on police stress
    - a. Focussed and specific research required on police occupational stress to help officers and departments deal with work-related stress.
    - b. Run pilot programmes to help evaluate studies/projects.
    - c. Evaluate, validate and integrate local and state-level mental health programmes that have already progressed.
5. Learnings and solutions through COVID-19
    - a. Emphasise the importance of continuous and good quality communication with officers.
      - Internal communication with affected personnel to encourage a positive attitude.
      - Remain in continuous touch by sending messages to affected officers so that they don't feel alone or discarded.
      - Personal communication instead of mass communication.
      - Encourage testimonials from individuals who have recovered from severe symptoms to demonstrate that the disease is manageable once you seek help at the right time.
      - Make use of the buddy system to leverage individual-level connections and communication channels to identify and address issues and defuse stress. Buddies are selected based on parameters/characteristics/traits to identify those who can connect emotionally.
      - Use social media, films and awareness modules for generating mass awareness, but emphasise more on one-to-one personalised meetings and not relying exclusively on mass means of communication.

- Arrange meetings with doctors online and provide counselling to deal with anxiety.
- Reputed doctors and psychologists giving support over the telephone, available 24x7
- Arrange for direct in-person meetings with mental health experts where required.
- Providing counselling and anxiety management.

### III. Morale and motivation

Despite the highly stressful nature of the work, good leadership has been found to be very effective in keeping the forces in high states of morale and motivation. Good quality communication between the police leaders and their teams was found to be very effective in keeping up their morale and motivation. Genuine concern on the part of top leadership for the wellbeing of subordinates goes a long way.

1. Ex Gratia payments: The amount paid to next of kin in cases of the unfortunate death of police personnel varied from state to state. A generous ex-gratia payment to next of kin is one of the means of ensuring the morale of the forces.
2. Delhi Government has been paying Rs.1 crore to the next of kin and another sum of Rs. 10 lakhs each was paid to them from police welfare funds.
3. Most other states have been sanctioning Rs. 50 lakhs to the next of kin in addition to Rs. 10 lakhs from the welfare funds.
4. Some states have assured employment to the next of kin and agreed that the next of kin will not be required to vacate their official accommodation until alternate arrangements are made.

### IV. Some learnings to go beyond COVID times

1. **Urgent need to invest in the physical health of police personnel.** Anecdotal experience across states, as well as studies carried out by certain state police departments, indicate that the general state of health of police personnel is far from satisfactory. Prevalence of diabetes, hypertension, heart diseases, digestive disorders, and a host of other diseases have rendered police personnel more vulnerable to COVID infections as well as higher levels of mortality. This calls for all police organisations to ensure annual medical checks of all police personnel.
2. **Occupational stress and mental health issues should receive urgent attention, beyond the pandemic.** High levels of stress, anxieties and other forms of mental health issues amongst police personnel may be leading to deviant and brutal behaviour not only towards the general public but even with members of their own family. If anyone is found to be suffering from mental diseases silently, it is very important that he or she is identified and supported quickly. A well thought out strategy is required to extend expert medical help and also to deal with the stigma attached to seeking mental health treatment
3. **Use of synthetic training aids.**
4. **Ensuring minimum floor level of ex-gratia payments to personnel who die on duty.**