

Government of Punjab
Department of Home Affairs & Justice

To

1. All the Divisional Commissioners and the Deputy Commissioners in the State
2. All the Zonal IGPs, Commissioners of Police, DIGs and SSPs in the State

No.SS/ACSH/2020/324

Dated: Chandigarh, the 24th day of April, 2020.

Sub: **Stringent action for protection of health-care professionals and workers.**

The district authorities are well aware about the incidents of violence against health-care professionals and workers in some parts of the country. Health-care professionals and workers are required to carry out house-to-house survey for detection of symptomatic cases of COVID-19 in addition to their normal duties of providing treatment and care to COVID-19 and other patients. The incidents of causing obstruction and violence against health-care professionals and workers are, therefore, extremely unfortunate and it is imperative to curb such incidents with strong action.

2. DO letter dated 22nd April 2020 from Union Home Secretary:

In this regard, kindly find enclosed herewith DO letter No.40-10/2020-DM-I(A) dated 22.04.2020 from the Union Home Secretary directing the district authorities to take action under Section 51 of the Disaster Management Act, 2005 and other provisions of Indian Penal Code (IPC) and Criminal Procedure Code (Cr.PC) against the miscreants in respect of incidents of violence against health-care professionals and workers.

The district police should accordingly designate a Nodal Officer in this regard and his/her details should be publicized and regular meetings with local chapters of Indian medical Association (IMA) and other bodies could be very useful.

3. The Epidemic Diseases (Amendment) Ordinance, 2020:

Kindly also find enclosed herewith the Gazette Notification No.CG-DL-E-22042020-219108 dated 22.04.2020 issued by the Ministry of Law & Justice, Government of India notifying The Epidemic Diseases (Amendment) Ordinance, 2020 wherein the acts of violence committed by an person against health-care professionals and workers have been made cognizable and non-bailable entailing imprisonment upto 5 years for simple acts of violence and upto 7 years for acts of violence resulting in grievous hurt.

Darshan Chawla

The definition of "act of violence" has now been made very wide and covers all kinds of acts of harassment, obstruction, harm, injury, hurt, intimation and danger to the life etc. Another important provision is Section 3C of the Ordinance under which the burden of proof for acts of violence resulting grievous hurt has been placed on the accused.

It may accordingly be seen that adequate provisions have now been made under the law for protection of health-care professionals and workers against harassment and acts of violence. The district authorities are enjoined to invoke the provisions of the Disaster Management Act 2005, IPC, Cr.PC and the Epidemic Diseases (Amendment) Ordinance 2020 and take exemplary action against the offenders.

Darshan Chandra

Additional Chief Secretary (Home)

24.04.2020

CC:

1. CPS/CM
2. CS
3. PSCM
4. DGP Punjab
5. ADGP-Law & Order

AJAY BHALLA, IAS



गृह सचिव
Home Secretary
भारत सरकार
Government of India
North Block,
New Delhi

No. 40-10/2020-DM-I (A)

22nd April, 2020

Dear *Chief Secretary,*

Kindly refer to Ministry of Home Affairs advisories issued vide letters No. 11034/01/2020-IS-IV dated 24.03.2020, 04.04.2020 and 11.04.2020 requesting Chief Secretaries/ Administrators/ Directors General of Police of all the State Governments/ Union Territory Administrations to ensure adequate protection to healthcare professionals, medical staff and frontline workers by augmenting their safety and security cover. In spite of the said communications, some incidents of violence have been reported from different parts of the country against healthcare professionals/ frontline workers.

2. You are aware that the whole-hearted and untiring services rendered by the entire medical fraternity, while even risking their lives, has enabled the country to resist the spread of the highly infectious COVID-19 virus, that has already been declared as a pandemic by the World Health Organisation (WHO). At this time, any single incident of violence against healthcare professionals is likely to create a sense of insecurity amongst the entire healthcare community.

3. I would like to draw your kind attention to the direction of the Hon'ble Supreme Court in WP (Civil) No. 10795/2020 dated 08.04.2020, as under:

"The Government of India, respective States/Union Territories and respective Police authorities are directed to provide the necessary Police security to the Doctors and medical staff in Hospitals and places where patients who have been diagnosed COVID-19 or patients suspected of COVID-19 or those quarantined are housed. Necessary Police security be also extended to Doctors and other medical staff who visit places to conduct screening of people to find out symptoms of disease."

The above direction of the Apex Court was conveyed by MHA to all States/Union Territories vide aforesaid letter dated April 11, 2020.

4. Therefore, it is the responsibility of all State Governments/UT Administrations/ District Administrations and law enforcement agencies to take all necessary measures to ensure adequate protection to healthcare professionals and frontline workers, and to prevent any incident of violence against them. The measures to be taken in this regard should be finalized in consultation with the local chapters of the Indian Medical Association (IMA), and the members of the IMA should be kept apprised of the actions taken to create a sense of security and confidence amongst the health fraternity.

Contd.p.2..

5. I would also like to draw your kind attention to Section 51 of the Disaster Management Act, 2005 which provides for strict penalties against any person who obstructs any officer or employee of the Central Government or the State Government, or a person authorised by the National Authority or State Authority or District Authority in the discharge of his functions under this Act or refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority.

6. In line with the provisions of the Disaster Management Act, 2005, I urge upon all State/UT and District authorities to invoke the provisions of the Act, or any other law in force, to take strict penal action against the offenders, who obstruct Government health officials, or other health professionals and/ or related persons, who are authorized under the Disaster Management Act, 2005, in the discharge of their lawful services.

7. A few heinous instances of unruly behaviour by people have also been reported in some parts of the country where the family and relatives of medical professionals, suspected to have died due to COVID-19 infection were prevented from performing the last rites of the deceased. In such cases, adequate security should be provided; and, stringent action should be taken against such offenders who obstruct the performance of last rites of medical professionals or frontline healthcare workers, who, unfortunately, succumb to the infection from COVID-19 while discharging their services, or otherwise.

8. State Governments/ UT Administrations are also requested to appoint Nodal Officers at State/UT level and at District level, who would be available 24x7 to redress any safety issue on the functioning of medical professionals. They should also take immediate and strict action in case any incident of violence takes place.

9. Details of preventive measures taken and appointment of Nodal Officers should be widely publicized amongst the medical fraternity, including the local chapters of the IMA, as well as to the public at large, to ensure compliance at ground level. Further, it is requested that details of action taken by State Governments/UT Administrations should be informed to Ministry of Home Affairs and Ministry of Health and Family Welfare.

With regards,

Yours sincerely


22/04/2020
(Ajay Bhalla)

To
The Chief Secretaries of all States
(As per standard list)



भारत का राजपत्र The Gazette of India

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असाधारण

EXTRAORDINARY

भाग II — खण्ड 1

PART II — Section 1

प्राधिकार से प्रकाशित

PUBLISHED BY AUTHORITY

सं० 25] नई दिल्ली, बुधवार, अप्रैल 22, 2020/वैशाख 2, 1942 (शक)
No. 25] NEW DELHI, WEDNESDAY, APRIL 22, 2020/VAISAKHA 2, 1942 (SAKA)

इस भाग में भिन्न पृष्ठ संख्या दी जाती है जिससे कि यह अलग संकलन के रूप में रखा जा सके।
Separate paging is given to this Part in order that it may be filed as a separate compilation.

MINISTRY OF LAW AND JUSTICE

(Legislative Department)

New Delhi, the 22nd April, 2020/Vaisakha 2, 1942 (Saka)

THE EPIDEMIC DISEASES (AMENDMENT) ORDINANCE, 2020

No. 5 OF 2020

Promulgated by the President in the Seventy-first Year
of the Republic of India.

An ordinance further to amend the Epidemic Diseases
Act, 1897.

WHEREAS Parliament is not in session and the
President is satisfied that circumstances exist which
render it necessary for him to take immediate action;

NOW, THEREFORE, in exercise of the powers
conferred by clause (1) of article 123 of the Constitution,
the President is pleased to promulgate the following
Ordinance:—

	1. (1) This Ordinance may be called the Epidemic Diseases (Amendment) Ordinance, 2020.	Short title and commencement.
	(2) It shall come into force at once.	
3 of 1897.	2. In section 1 of the Epidemic Diseases Act, 1897 (hereinafter referred to as the principal Act), in subsection (2), the words "except the territories which, immediately before the 1st November, 1956, were comprised in Part B States" shall be omitted.	Amendment of section 1.
	3. After section 1 of the principal Act, the following section shall be inserted, namely:-	Insertion of new section 1A.
	‘1A. In this Act, unless the context otherwise requires,—	Definitions.
	(a) "act of violence" includes any of the following acts committed by any person against a health care service personnel serving during an epidemic, which causes or may cause—	
	(i) harassment impacting the living or working conditions of such healthcare service personnel and preventing him from discharging his duties;	
	(ii) harm, injury, hurt, intimidation or danger to the life of such healthcare service personnel, either within the premises of a clinical establishment or otherwise;	
	(iii) obstruction or hindrance to such healthcare service personnel in the discharge of his duties, either within the premises of a clinical establishment or otherwise; or	
	(iv) loss or damage to any property or documents in the custody of, or in relation to, such healthcare service personnel;	
	(b) "healthcare service personnel" means a person who while carrying out his duties in relation to epidemic related responsibilities, may come in direct contact with affected patients and thereby is at the risk of being impacted by such disease, and includes—	
	(i) any public and clinical healthcare provider such as doctor, nurse, paramedical worker and community health worker;	
	(ii) any other person empowered under the Act to take measures to prevent the outbreak of the	

disease or spread thereof; and

(iii) any person declared as such by the State Government, by notification in the Official Gazette;

(c) "property" includes—

(i) a clinical establishment as defined in the Clinical Establishments (Registration and Regulation) Act, 2010;

(ii) any facility identified for quarantine and isolation of patients during an epidemic;

(iii) a mobile medical unit; and

(iv) any other property in which a healthcare service personnel has direct interest in relation to the epidemic;

(d) the words and expressions used herein and not defined, but defined in the Indian Ports Act, 1908, the Aircraft Act, 1934 or the Land Ports Authority of India Act, 2010, as the case may be, shall have the same meaning as assigned to them in that Act.'.

23 of 2010.

15 of 1908.

22 of 1934.

31 of 2010.

4. In section 2A of the principal Act, for the portion beginning with the words "the Central Government may take measures" and ending with the words "as may be necessary", the following shall be substituted, namely:—

"the Central Government may take such measures, as it deems fit and prescribe regulations for the inspection of any bus or train or goods vehicle or ship or vessel or aircraft leaving or arriving at any land port or port or aerodrome, as the case may be, in the territories to which this Act extends and for such detention thereof, or of any person intending to travel therein, or arriving thereby, as may be necessary".

Amendment of section 2A.

5. After section 2A of the principal Act, the following section shall be inserted, namely:—

"2B. No person shall indulge in any act of violence against a healthcare service personnel or cause any damage or loss to any property during an epidemic."

Insertion of new section 2B.

Prohibition of violence against health care service personnel and damage to property.

6. Section 3 of the principal Act shall be renumbered as sub-section (1) thereof, and after sub-section (1) as so

Amendment of section 3.

renumbered, the following sub-sections shall be inserted, namely:—

“(2) Whoever, —

(i) commits or abets the commission of an act of violence against a healthcare service personnel; or

(ii) abets or causes damage or loss to any property,

shall be punished with imprisonment for a term which shall not be less than three months, but which may extend to five years, and with fine, which shall not be less than fifty thousand rupees, but which may extend to two lakh rupees.

(3) Whoever, while committing an act of violence against a healthcare service personnel, causes grievous hurt as defined in section 320 of the Indian Penal Code to such person, shall be punished with imprisonment for a term which shall not be less than six months, but which may extend to seven years and with fine, which shall not be less than one lakh rupees, but which may extend to five lakh rupees.”.

45 of 1860.

7. After section 3 of the principal Act, the following sections shall be inserted, namely:—

Insertion of new sections 3A, 3B, 3C, 3D and 3E.

2 of 1974.

‘3A. Notwithstanding anything contained in the Code of Criminal Procedure, 1973,—

Cognizance, investigation and trial of offences.

(i) an offence punishable under sub-section (2) or sub-section (3) of section 3 shall be cognizable and non-bailable;

(ii) any case registered under sub-section (2) or sub-section (3) of section 3 shall be investigated by a police officer not below the rank of Inspector;

(iii) investigation of a case under sub-section (2) or sub-section (3) of section 3 shall be completed within a period of thirty days from the date of registration of the First Information Report;

(iv) in every inquiry or trial of a case under sub-section (2) or sub-section (3) of section 3, the proceedings shall be held as expeditiously as possible, and in particular, when the examination of witnesses has once begun, the same shall be continued from day to day until all the witnesses in attendance have been examined, unless the Court finds the adjournment of

the same beyond the following day to be necessary for reasons to be recorded, and an endeavour shall be made to ensure that the inquiry or trial is concluded within a period of one year:

Provided that where the trial is not concluded within the said period, the Judge shall record the reasons for not having done so:

Provided further that the said period may be extended by such further period, for reasons to be recorded in writing, but not exceeding six months at a time.

3B. Where a person is prosecuted for committing an offence punishable under sub-section (2) of section 3, such offence may, with the permission of the Court, be compounded by the person against whom such act of violence is committed.

Composition of certain offences.

3C. Where a person is prosecuted for committing an offence punishable under sub-section (3) of sections 3, the Court shall presume that such person has committed such offence, unless the contrary is proved.

Presumption as to certain offences.

3D. (1) In any prosecution for an offence under sub-section (3) of section 3 which requires a culpable mental state on the part of the accused, the Court shall presume the existence of such mental state, but it shall be a defence for the accused to prove the fact that he had no such mental state with respect to the act charged as an offence in that prosecution.

Presumption of culpable mental state.

(2) For the purposes of this section, a fact is said to be proved only when the Court believes it to exist beyond reasonable doubt and not merely when its existence is established by a preponderance of probability.

Explanation.—In this section, "culpable mental state" includes intention, motive, knowledge of a fact and the belief in, or reason to believe, a fact.

3E.(1) In addition to the punishment provided for an offence under sub-section (2) or sub-section (3) of section 3, the person so convicted shall also be liable to pay, by way of compensation, such amount, as may be determined by the Court for causing hurt or grievous hurt to any healthcare service personnel.

Compensation for acts of violence.

(2) Notwithstanding the composition of an offence under section 3B, in case of damage to any property or

loss caused, the compensation payable shall be twice the amount of fair market value of the damaged property or the loss caused, as may be determined by the Court.

(3) Upon failure to pay the compensation awarded under sub-sections (1) and (2), such amount shall be recovered as an arrear of land revenue under the Revenue Recovery Act, 1890.¹

1 of 1890.

RAM NATH KOVIND,
President.

DR. G. NARAYANA RAJU,
Secretary to the Govt. of India.