Synthesized Guidance for **COVID-19** Message Development

USAID
FROM THE AMERICAN PEOPLE

Breakthrough ACTION
FOR SOCIAL & BEHAVIOR CHANGE

ACKNOWLEDGEMENTS

This document is based on resources from WHO, UNICEF, the United States Centers for Disease Control, and academic resources such as the Johns Hopkins Bloomberg School of Public Health Global Health Now Expert Reality Check.

Breakthrough ACTION, a project funded by the United States Agency for International Development (USAID) and based at Johns Hopkins Center for Communication Programs, extends their sincere gratitude to the thought leaders who contributed to the development of these public resources.

We additionally extend our thanks to the full team of professionals that contributed to the development of this resource under the valuable guidance and direction of Elizabeth Serlemitsos, Alice Payne Merrit, Uttara Bharath Kumar, and Lynn Van Lith, especially: Stephanie Clayton, Sean Maloney, Sarah Harlan, Heather Finn, Jarret Cassaniti, Ruwaida Salem, Cynthia Irakoze, Anne Ballard Sara, Kathryn Bertram, Samantha Tsang, Jessica Hawk, Xuefan Guan, Nika Elmi, Alexandra Jaye Zimmer, and Ankita Meghani. We also would like to acknowledge the contributions of the READY initiative. The READY initiative is funded by the Office of U.S. Foreign Disaster Assistance. Johns Hopkins Center for Communication Programs serves as a READY consortium member.

Learn how to quickly find the technical content you need by reviewing our brief navigation aid.

To share feedback and ask questions regarding the content of this guide, please complete a short form:

https://bit.ly/Feedback-Synthesized-Guidance-COVID-19-Message-Development

This message guide was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the United States Government.

WHAT'S NEW

Key updates will be noted in this section. The next update will be June 5th.

May 15th Updates include:

- How are COVID-19 and influenza viruses similar?
- How are COVID-19 and influenza viruses different?
- What medical interventions are available for COVID-19 and influenza viruses?
- What kind of COVID-19 Tests Exist?
- Who should be tested for COVID-19?
- What do the viral test results mean?
- If I test positive on an antibody test, can I get an immunity passport?
- If I'm a smoker, am I at greater risk of COVID-19?
- Can antiretrovirals be used to treat COVID-19?
- Can pregnant or postpartum women living with HIV transmit COVID-19 to their unborn child or infant?
- Is it safe to care for my other medical conditions during this time?
- What personal protective equipment (PPE) should I wear when caring for a patient with known or suspected COVID-19?
- What is the correct way to put on (don) and take off (doff) PPE?
- How long does an examination room need to remain vacant after being occupied by a patient with confirmed or suspected COVID-19?
- What personal protective equipment (PPE) should I wear when transporting patients who are confirmed with or suspected COVID-19 within a healthcare facility? For example, what PPE should be worn when transporting a patient to radiology for imaging that cannot be performed in the patient room?
- I am a healthcare worker providing care for a non-immunocompromised COVID-19 patient in a non-healthcare setting. When is it safe to end the patient's isolation?
- Should angiotensin converting enzyme inhibitors (ACE-I) or angiotensin receptor blockers (ARB) be stopped in patients with COVID-19?
- Do nonsteroidal anti-inflammatory drugs (NSAIDs) worsen the course of disease for people with COVID-19?
- Should people with COVID-19 and increased alanine aminotransferase (ALT) or aspartate aminotransferase (AST) be tested for viral hepatitis?

- Dialysis Facilities
- During the COVID-19 pandemic, should high-risk populations continue to be vaccinated for hepatitis A?
- When setting up an alternate care site (ACS), what are the infection prevention and control considerations?
- Considerations for School Reopening In the context of the evolving COVID-19 outbreak
- Our schools have been identified for reopening, what additional considerations are there to assess readiness and guide planning?
- As a parent, should I take my child out of school?
- What guidance or resources are available for airlines and airline partners?
- I am part of an airline cabin crew and someone is displaying symptoms. What steps should be taken?
- Are there additional infection control considerations I should consider putting in place for my veterinary clinic or practice?
- What guidance is available for those working in labs in the context of COVID-19?
- What guidance is available to facilitate decision making on the reopening of schools?
- What guidance is available for me if I am a leader and policy maker in cities and urban settlements?
- What guidance is available for decision-makers and managers to strengthen the community-based healthcare?
- What are current guidelines for continuing routine immunization programs and vaccine-preventable disease surveillance?
- What technical guidance is available for those working on surveillance and case management for COVID-19?
- What should I do to prevent the spread of COVID-19 for park visitors?
- What is WHO's position on the use of chloroquine and hydroxychloroquine in the context of the COVID-19 response?
- What is WHO's position on the use of Artemisia plant material for the prevention or treatment of malaria and/or COVID-19?
- What guidance is available for projects that are supporting PEPFAR programs in the context of COVID-19?
- What guidance is available for first responders in the context of plan, prepare and respond to COVID-19?

TABLE OF CONTENTS

PART 1: INTRODUCTION

ROLE OF MESSAGING IN RISK COMMUNICATION

Risk communication is the real-time exchange of information, advice, and opinions between experts or officials and people who face a threat to their survival, health, or economic or social well-being from a hazard (such as a zoonotic disease outbreak)[1]. Effective risk communication can manage people's expectations during an emergency and assist response efforts by increasing efficiency and minimizing duplication or contradictory information.

As evidenced in the 2014-2015 West African Ebola outbreak, an effective response can depend on behavioral and social norm changes. These changes require robust, trustworthy communication and commitment to community engagement to support those affected by an outbreak to:

- Define the issue or problems affecting them.
- Reflect on the causes of the issues including how their behaviors impact them.
- Identify their ability to improve the issue.
- Organize themselves to address the issue.

Engaging communities prior to an event fosters trust and strengthens dynamic exchange between communities and health facilities that can accelerate community-led action in an emergency situation. Community engagement helps to ensure communities see the benefit in adopting the behaviors advocated in an emergency response and willingly cooperate with response teams.[2]

Coordinated, consistent messages are critical to providing an effective communication response, enabling multiple stakeholders to speak and engage the people they serve with one clear voice across all channels of communication.

PURPOSE OF THIS DOCUMENT

The purpose of this document is to provide a synthesized, indexed reference of accurate, standardized COVID-19 information from the World Health Organization (WHO) and other trustworthy sources. This information is presented in simple, clear language to support the development of messages and materials needed for communication interventions.

As information is rapidly evolving, as the world learns more about COVID-19, it can be challenging to navigate and synthesize all the information presented online. This resource aims to facilitate easy access to recommendations from the WHO, the US Centers for Disease Control and Prevention (CDC), and other

[1] WHO Risk Communications Webpage. https://www.who.int/emergencies/risk-communications

[2] The Health Communication Capacity Collaborative (HC3). (2017) The SBCC Emergency Helix: A Framework for Strengthening Public Health Emergency Programs with Social and Behavior Change Communication. Baltimore: Johns Hopkins Center for Communication Programs.

trusted sources to provide an easy way to check the technical accuracy of information and link directly to associated content on relevant websites to:

- Support the sharing of consistent and credible information across numerous channels.
- Inform activities and materials designed to raise awareness, promote healthy behaviors, and mobilize individuals, families and communities to take action to prevent the spread of COVID-19.
- Provide a foundation of credible information to which more detailed and specific information can be added as it becomes available.
- Provide a tool that can be easily adapted to individual country contexts to support coordinated response activities.

The primary intended audience of this ***document*** includes program staff designing or implementing COVID-19 risk communication messages or community engagement activities. This could include staff from government ministries, departments, agencies, and supporting technical partners.

The ultimate intended audiences of the ***messages*** that may be developed based on this synthesized guidance include, but are not limited to, the public at large, employers, health care workers, schools, industries, and those working as a part of COVID-response.

The content in this document is directly referenced from WHO and CDC websites, as well as other trusted expert sources. It is presented along with source links and associated documents in alignment with the following principles for effective message development for risk communication. The organization of the document is described below.

Principles of Effective Risk Communication Message Development: The do's and don'ts[3]	
The *Do's* for Message Content	***Do Not***
• Provide **simple, easy-to-do actions** that the public can perform to reduce risk. • Develop **concise** messaging by presenting one main idea at a time that is **focused** on ***what*** people need to know and do, ***why*** they should do it (benefits and risks), and ***how*** they should do it. • **Acknowledge** the **emotions** (fear, anxiety and sadness) that people may experience as a result of the outbreak. • **Acknowledge the uncertainty** linked to the outbreak and its evolution. • Share what **we know at this time, what we do not yet know**, and what is being done to obtain more information. • **Dispel rumors, myths, and misinformation** with a response that is leveled and proportionate to the scope of the	• Provide background information, as this may distract audiences from the key messages. • Develop long messages that address more than one issue at once. When we are scared or anxious it is difficult to take in or remember a lot of information. • Deny uncertainty around the disease and outbreak, as this affects your credibility.

[3] Content for this tool is largely adapted from the Johns Hopkins Center for Communication Program's SBCC in Emergencies Implementation Kit: https://sbccimplementationkits.org/sbcc-in-emergencies.Some examples were drawn from https://data2.unhcr.org/en/documents/download/74766.

incorrect information. ● Recognize that **animals and the environment** are an **important and valuable** part of people's livelihoods and culture. ● **Work closely** with risk communication stakeholders and relevant coordinating and technical working groups to **ensure recommended behaviors are feasible** in country or localized contexts where messages will be used. ● **Work closely** with risk communication stakeholders and relevant coordinating and technical working groups to collaboratively **agree and prioritize on the smallest possible number of contextually appropriate behaviors** that can be reinforced across all partners and channels.	● Speculate about any issue relating to the emergency, or worst case scenarios. ● Provide information that is dishonest, unproven or factually incorrect. ● Blame individuals, organizations or institutions for the emergency. ● Offer promises that cannot be guaranteed.
The *Do's* for Message Framing	***Do Not***
● Ensure that messages instill **confidence** by giving action steps and essential health information in a **positive way** that **reinforces the specific behavior to practice**, for example "in case of fire *use the stairs"*instead of "don't use the elevator." ● Use **simple language** that can be understood by a student in primary school while maintaining the accuracy and integrity of the concept. ● Maintain **consistency in phrasing**. ● **Appeal to emotions** and sense of individual and collective **responsibility**. ● **Use personal pronouns** like "w*e*" to reinforce credibility and support. ● **Respect** cultural beliefs and values.	● Fuel fear and anxiety, they are likely already elevated. ● Use language that can be interpreted as judgmental or discriminatory. ● Use technical jargon and complex, technical words. ● Use humor. We rarely get jokes when we are feeling desperate or vulnerable.
The Do's for Message Resources and Dissemination	***Do Not***
● **Use national-level messages guides** with messages that have been vetted for technical accuracy. If none exist, use global-level messages developed by WHO or CDC. ● Develop messages **taking into consideration the communication channels** to disseminate them. ● **Repeat the message** across multiple channels **frequently** to increase the reach of the message ● Use **evidence-based data** to inform messages and ensure technical information is aligned with WHO for consistency. ● Link **messages to available services** and resources and **coordinate** closely with partners and response coordination platforms to **identify opportunities for complementary interventions** beyond communication that may support the adoption of priority prevention behaviors, such as structural interventions or others known to be effective for short term	● Reference or link to unconfirmed, unreliable, or out-of-date sources for information on the outbreak.

habit formation.	

This list, as well as additional tools and guidance to support the selection and adaptation of information in this guide for different contexts and audience needs, is provided in Part 6 of this document.

How to use this Resource

This reference resource is organized into 6 parts based on broad audience categories. Each part may contain content that is relevant or of interest for different groups or sub-audiences, as indicated by the topic questions.

- **Part 1**: **Introduction**: Provides an orientation to the resource
- **Part 2: Content relevant to the General Public:** Catalogues and presents information for the prevention, detection, and general management of COVID-19 along with other commonly asked questions and information on a variety of cross-cutting topics that have broad relevance for the public at large.
- **Part 3: Content relevant to Health Workers and Health Facilities:** Catalogues and presents information relevant for health workers and others working in or managing care facilities, and provides links to additional technical and operational guidance provided by WHO and CDC for those working with these groups.
- **Part 4: Content for School Administrators, Parents of Students, and Children:** Catalogues and presents information and resources related to school safety and management in the context of COVID-19, as well as guidance developed by UNICEF and WHO for talking with youth of different ages about COVID-19.
- **Part 5: Content and technical guidance resources relevant to Special Industry, Response Organizations, and Decision Makers:** Catalogues and presents information and links to operational and technical guidance provided by WHO and CDC related to the travel industry and ports of entry as well as those working in fragile settings like migrant camps, prisons, COVID-19 test laboratories, wet markets. It further includes information and links to operational and technical guidance provided by WHO and CDC for authorities, decision makers and actors supporting case management, surveillance, and other reponse pillars.

- **Part 6: Resources and tools** from the Johns Hopkins Center for Communication Programs and other partners on effective messaging design, selection of communication channels, audience needs and pretesting to support adaptation and use of the information presented in Parts 2-5.

Within parts 2-5, topic headings are presented as frequently asked questions under general categories of information. Under each topic question, topline content is presented first, followed by information that provides additional detail, anticipates audience concerns, and seeks to answer the questions ***how*** and ***why*** for each promoted behavior.

Efforts are taken to ensure each topic is comprehensive, as some readers may not have time to review entire sections of the reference resource. As a result, there is repetition of some information between associated topics, or across the different parts of the resource guide. Each topic heading is included and linked in the table of contents to facilitate easy location of relevant messages, and internal bookmarks and links help to quickly guide the reader to related or complementary information presented in different sections of the document.

It is recommended to consult this reference resource guide when designing communication tools, messages, and/or interventions for COVID-19. The information appropriate to your audience needs can be selected and content can be applied through a full spectrum of communication activities and channels as appropriate to your context and needs. Examples of these communication activities include but are not limited to:

- Public announcements and press conferences/releases
- Media communication (print, video, radio, and public awareness campaigns) and social media
- Social mobilization and partner engagement
- Interpersonal communication
- Community engagement as appropriate.

It is also recommended to consult the WHO Coronavirus webpages for technical guidance and frequently asked questions and CDC Coronavirus webpages along with the source links provided under each topic question in conjunction with this guide as information is changing very rapidly.

Please note that not all information or messages are appropriate for every activity or channel of communication.

- It is recommended to review the principles of effective messaging presented in Part 6 of this document before developing messages and materials with the content presented in the guide.
- It is also recommended to identify your intended audience and understand their specific needs and barriers before designing interventions or developing messages, as possible.
    - Understanding the behaviors, knowledge, aspirations, and feelings of an audience can help identify information needs to frame messages and activities that resonate and motivate behavior change. It also informs the selection of approaches and delivery channels to which audiences are more likely to respond for the desired changes to occur.
    - Your messages may need to be adapted for the intended audience, channel, or activity being designed depending on the context of when, where, and how the messages you develop will be used. Pre-testing of any materials is recommended, if possible (See Part 6)

PROCESS FOR DEVELOPMENT AND UPDATE

The world is still learning about COVID-19, and guidance is changing rapidly in response to new knowledge and evolving characteristics of the outbreak and the global response.

As there is much that is yet unknown about COVID-19, this document presents information and content that is publicly available and endorsed on The World Health Organization and The US Centers for Disease Control websites, as global leaders in the response to the pandemic. Other content is included when it comes from a credible expert on a specific technical area, as noted and referenced in that specific area. Links to source information are provided for each topic along with the date the page was last visited.

Because the situation continues to evolve rapidly, readers are encouraged to consider this document a "living document" and check it frequently online as opposed to downloading a version of the document and working with it over time.

New content and updates to existing content will be released weekly (each Friday by 6pm EST). All new content will be highlighted in a section titled "What's New" that will maintain a list of updates along with the date the update was added. In addition, all updated content will be marked in the Table of Contents and the body of the document with an 

icon to help identify what has been added or refined over the past week. As noted earlier, it is recommended to use the links provided under each topic question as a simple cross check to the information in the guide, as well as any national or local guidelines as there may be a few days delay between when guidance is issued and posted and the release of the updated guide each Friday.

Feedback or questions on this synthesized guidance reference document are welcome and will help us improve the usability of this tool. Please feel free to share feedback, comments, and questions in this form.

PART 2: CONTENT RELEVANT TO THE GENERAL PUBLIC

DEFINITIONS

WHAT IS COVID-19?

- COVID-19 is the abbreviation commonly used to refer to Coronavirus disease 2019
- COVID-19 is an infectious respiratory disease caused by the most recently discovered coronavirus that is officially named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
    - When communicating with the public, the virus is referred to as "the virus responsible for COVID-19" or "the COVID-19 virus."
    - Neither of these designations are intended as replacements for the official name of the virus.
- COVID-19 is new, and not the same as the coronaviruses that cause mild illnesses like colds.
    - COVID-19 was unknown before an outbreak began in Wuhan, China, in December 2019.
- COVID-19 was declared a pandemic by the World Health Organization in March 2020.

(WHO Source Page Visited May 12, 2020)

WHAT IS A CORONAVIRUS?

- Coronaviruses are a large family of viruses. There are many types of coronaviruses, and some can cause illness in animals or humans.
    - Several coronaviruses cause respiratory infections in humans, including the common cold, the Middle East Respiratory Syndrome (MERS), and Severe Acute Respiratory Syndrome (SARS).
    - Sometimes coronaviruses that infect animals can evolve into a new coronavirus that makes people sick.

(WHO Source Page Visited May 12, 2020)

IS COVID-19 THE SAME AS SARS?

- No. Although COVID-19 and SARS are both part of a large family of viruses called coronaviruses, they are different viruses.
- SARS was more deadly but much less infectious than COVID-19. There have been no outbreaks of SARS anywhere in the world since 2003.

(WHO Source Page Visited May 12, 2020)

SYMPTOMS AND INCUBATION PERIOD

WHAT ARE THE SYMPTOMS OF COVID-19?

- The most common symptoms of COVID-19 are fever, tiredness, and dry cough.
    - Some people with COVID-19 may experience aches and pains, nasal congestion, runny nose, conjunctivitis, sore throat, diarrhea, new loss of taste or smell or a rash on skin or discoloration of fingers or toes. These symptoms begin gradually and are usually mild.
    - CDC additionally recognizes that the presence of the following symptoms may also be indicative of COVID-19: cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, and new loss of taste or smell as symptoms of COVID-19.
    - CDC also indicates that less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.
    - Most people who have COVID-19 experience mild symptoms. However, sometimes the symptoms grow stronger and include difficulty breathing.
    - Some people may not show any symptoms at all or feel unwell even though they have the disease.
- Most people (80%) experience mild cases of COVID-19, and recover without hospitalization. However, according to WHO, around 1 out of every 5 people with COVID-19 become seriously ill and experience difficulty breathing.
    - People 65 years of age and older, as well as those with pre-existing medical conditions—like high blood pressure, heart problems or diabetes—are more likely to become seriously ill, however anyone can catch COVID-19 and become seriously ill.
    - Children have similar symptoms as adults and generally have mild illness.
    - Even people with very mild symptoms of COVID-19 can transmit the virus.
- People of all ages that experience a fever, a cough, and difficulty breathing should seek medical attention.
    - CDC recognizes emergency warning signs to include trouble breathing, persistent pain or pressure in the chest, new confusion,inability to wake or stay awake, and bluish lips or face.
- Based on what is currently known, the time between when COVID-19 enters the body to when symptoms begin ranges from 1-14 days, and is most commonly estimated at about 5 days.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

CAN COVID-19 BE CAUGHT FROM A PERSON WHO HAS NO SYMPTOMS?

- Based on what is known right now, the risk of catching COVID-19 from a person with no symptoms is unknown but is thought to be low.
    - The main way COVID-19 is spread is through respiratory droplets released when someone with COVID-19 coughs or exhales.

- Many people with COVID-19 do not feel ill and may only have very mild symptoms, especially in the early stages of the disease.
- It is possible to catch COVID-19 from someone who has very mild symptoms and may not feel ill or recognize they are ill.
- Some reports have indicated that people with no symptoms can transmit the virus, but it is not yet known how often it happens.
    - WHO is assessing ongoing research on the topic and will continue to share updated findings.

(WHO Source Page Visited May 6, 2020)
(CDC Source Page Visited May 6, 2020)

WHAT SHOULD I DO IF I HAVE SYMPTOMS AND WHEN SHOULD I SEEK MEDICAL CARE?

- If you have minor symptoms, such as a slight cough or a mild fever, there is generally no need to seek medical care. Instead, stay at home, self-isolate, and monitor your symptoms, unless you live in an area with malaria or dengue fever.
    - Self-isolation is when a person that is experiencing fever, cough, or other COVID-19 symptoms stays at home and does not go to work, school or public places to avoid spreading potential COVID-19 with others.
    - If you are self- isolating, follow the guidance provided by your national health authority.
    - General guidelines provided by WHO include:
        - Have a large, well-ventilated space with hand-washing and toilet facilities
        - If this is not possible, place beds at least 1 metre apart
        - Keep at least 1-2 meters (3 - 6 feet) from other people; even from your family members
        - Monitor your symptoms daily
        - Isolate for 14 days, even if you feel healthy
        - If you develop difficulty breathing, contact your healthcare provider immediately – call them first if possible
        - Stay positive and energized by keeping in touch with loved ones by phone or online, and by exercising yourself at home.
        - CDC guidelines on when it is safe to leave self -isolation are available below and here.
- If you live in an area with malaria or dengue fever do not ignore symptoms of fever. Seek medical help.
    - When you go to the health facility, wear a mask if possible and keep at least 1-2 meters (3 - 6 feet) from other people and do not touch surfaces with your hands.
    - If it is a child who is sick, help the child stick to this advice.
- You should seek immediate medical care if you have difficulty breathing or pain/pressure in the chest; new confusion or inability to arouse, and bluish lips or face.
    - Call ahead in advance if it is possible.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 6, 2020)

**This range reflects the current WHO and US CDC Guidance for physical distancing. This will be updated as new guidance is released.*

How are COVID-19 and influenza viruses similar?

- COVID-19 and influenza viruses have a similar disease presentation.
    - They both cause respiratory disease, which presents as a wide range of illness from asymptomatic or mild through to severe disease and death.
- Both viruses are transmitted by contact, droplets and fomites.
    - As a result, the same public health measures, such as hand hygiene and good respiratory hygiene (coughing into your elbow or into a tissue and immediately disposing of the tissue), are important actions all can take to prevent infection.

(WHO Source Page Visited May 12, 2020)

How are COVID-19 and influenza viruses different?

- The speed of transmission is an important point of difference between the two viruses.
    - Influenza has a shorter median incubation period (the time from infection to appearance of symptoms) and a shorter serial interval (the time between successive cases) than COVID-19.
    - The serial interval for COVID-19 is estimated to be 5-6 days, while for influenza, the serial interval is 3 days.
    - This means that influenza can spread faster than COVID-19.
    - Pre-symptomatic transmission – transmission of the virus before the appearance of symptoms – during the first 3-5 days is a major driver of the spread of influenza.
    - In contrast, the COVID-19 virus can be shed 24-48 hours prior to symptom onset, but this currently does not appear to be a major driver of transmission.
- The reproductive number – the number of secondary infections generated from one infected individual – is understood to be between 2 and 2.5 for COVID-19, higher than for influenza.
    - Estimates for COVID-19 and influenza viruses are very context and time-specific, making direct comparisons difficult.
- While children are important drivers of influenza transmission in the community,
    - For COVID-19, initial data indicates that children are less affected than adults and that clinical attack rates in the 0-19 age group are low.
- For COVID-19, 80% of infections are mild or asymptomatic. 15% are severe infections, requiring oxygen; and 5% are critical infections, requiring ventilation. Severe and critical infection for COVID-19 is higher than what is observed for influenza infection.

- Those most at risk for severe influenza infection are children, pregnant women, elderly, those with underlying chronic medical conditions and those who are immunosuppressed.
    - For COVID-19, our current understanding is that older age and underlying conditions increase the risk for severe infection.
- Mortality for COVID-19 appears higher than for influenza, especially seasonal influenza.
    - The crude death ratio (the number of reported deaths divided by the reported cases) for COVID-19 is between 3-4%.
    - For seasonal influenza, mortality is usually well below 0.1%.
    - It is important to note that mortality is to a large extent determined by access to and quality of health care.

(WHO Source Page Visited May 12, 2020)

What medical interventions are available for COVID-19 and influenza viruses?

- There are currently no licensed vaccines or therapeutics for COVID-19.
- Antivirals and vaccines are available for influenza.
    - While the influenza vaccine is not effective against COVID-19, it is highly recommended to get vaccinated each year to prevent influenza infection.

(WHO Source Page Visited May 12.2020)

Transmission & Spread

How is COVID-19 transmitted or spread between people?

- COVID-19 is spread when a person:
    - Breathes in the droplets released when a person with COVID-19 coughs out, exhales (breathes out), or talks within a range of 1 - 2 meters (3 - 6 feet) or touches objects or surfaces that the released droplets land on and then touch their eyes, nose or mouth
        - The WHO states that these respiratory droplets are too heavy to hang in the air and quickly fall on floors and surfaces.
- The virus that causes COVID-19 is spreading very easily and sustainably between people.
    - Information from the ongoing COVID-19 pandemic suggests that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious.
    - It is possible for those with very mild symptoms of COVID-19 that may not feel ill to spread the virus, it is not known if the virus can be spread by those with no symptoms.
- Some reports have indicated that people with no symptoms can transmit the virus, but it is not yet known how often it happens.

- WHO is assessing ongoing research on the topic and will continue to share updated findings.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

CAN CHILDREN OR ADOLESCENTS CATCH COVID-19?

- Yes, research indicates that children and adolescents are just as likely to become infected with COVID-19 as any other age group and can spread COVID-19.
- Evidence so far, suggests that children and young adults are less likely to get severe disease, but severe cases can still happen in these age groups.
- Children and adults should follow the same guidance on self-quarantine and self- isolation if there is a risk that they have been exposed or are showing symptoms.
    - It is particularly important that children avoid contact with older people and others who are at risk of more severe disease.

(WHO Source Page Visited May 12, 2020)

HOW LONG DOES THE COVID-19 VIRUS LIVE ON SURFACES?

- Studies have shown that COVID-19 virus can survive for up to 72 hours (3 days) on plastic and stainless steel, less than 4 hours on copper, and less than 24 hours on cardboard.
- Surfaces can be easily cleaned with common household disinfectants (See guidance here).
- To avoid spreading COVID-19 you may come into contact with on surfaces:
    - Clean AND disinfect frequently touched surfaces daily (tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks).
    - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol.*
        - Use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
        - Wash hands with soap and water when they are visibly soiled.
        - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
    - Avoid touching your eyes, mouth, or nose. This will prevent the virus from remaining on any of your surfaces and infecting you or your family members.

(WHO Source Page Visited May 12, 2020)

(CDC Source Page Visited May 6, 2020)

**This is based on current WHO and US CDC guidance available at this time. This will be updated as new guidance is released*

HOW SHOULD I CLEAN AND DISINFECT SURFACES?

- Cover your hands, if possible, with disposable gloves when cleaning and disinfecting and consider opening a window to increase ventilation.
- When cleaning general surfaces, first use regular household soap or detergent and water to remove germs and dirt, then disinfect to kill viruses such as COVID-19 on surfaces.
- Before disinfecting, read the instructions on the bottle or packaging of the product to make sure you take all safety precautions when applying the product and that you understand how to use the disinfectant correctly.
    - For example, many products recommend that you keep the surface completely covered (visibly wet) for a period of time.
    - Some bleach (sodium hypochlorite) based household cleaners such as those suitable for use on colored clothing or for whitening, may not actually be effective for disinfection.
    - Unexpired household bleach will be effective against coronaviruses when properly diluted (see below).
- Household bleach should never be mixed with ammonia or any other cleanser.
- An effective household disinfectant should contain sodium hypochlorite (bleach) at 0.1% (equivalent to 1000 ppm)[a]. To make this at home:
    - Mix 5 tablespoon (⅓ of an 8 ounce cup or 25 ml) of household bleach (like clorox) per gallon (128 fluid ounces/3785 ml) of water OR
    - 4 **tea**spoons (20 ml) of bleach per quart (32 ounces or 946 ml) of water [b]
- For surfaces that cannot be cleaned with bleach, alcohol solutions with at least 70% ethanol can be used**.**[b]
- For surfaces such as carpet, rugs, or drapes: [b]
    - Clean with soap and water or with cleaners appropriate for use on these surfaces.
    - Launder items, if possible, according to the manufacturer's instructions using the warmest appropriate water and drying the items completely. OR
    - Disinfect as directed above.
- For electronic surfaces such as tablets, touchscreens, keyboards, and remote controls:
    - Consider putting a wipeable cover on electronics if possible.
    - Follow the manufacturer’s instruction for cleaning and disinfecting. If no guidance is provided, use alcohol-based wipes or sprays containing at least 70% alcohol and dry the surface completely.[b]
- For clothing, towels, linens, and other items: [b]
    - If no one in the household is a suspected or confirmed COVID-19 patient, it is not necessary to use a washing machine or drier, or very hot water. Launder according to the manufacturer’s instructions using the warmest appropriate water and drying completely.
    - Cover your hands, if possible, with disposable gloves when handling dirty laundry from a person who is sick.

        - Dirty laundry from a person who is sick can be washed with other people's items.
        - Do not shake dirty laundry.
    - Clean and disinfect any baskets, containers, or clothes hampers that held dirty clothes as directed above.
    - Remove gloves and immediately dispose of them and wash hands right away.
- If you are cleaning and someone is ill in the home:[b]
    - Only clean the area around the person who is ill when needed, such as when the area is soiled.
        - You can provide tissues, paper towels, soap, water, and other cleaning and disinfectant supplies to the person who is ill if they feel well enough to clean their own space.
    - Ask the person who is ill to clean and disinfect the bathroom after each use if this is possible. If it is not possible, wait as long as possible before cleaning and disinfecting.
    - Wash dishes, forks, spoons, or other items using gloves and hot, soapy water or in a dishwasher.
        - Wash hands after taking off gloves or handling used items.
    - If possible dedicate a trash bin lined with a removable, plastic bag for the person that is ill to use.
        - Use gloves when removing the garbage bag and disposing of the trash and wash hands after disposing of it.
    - Additional information about caring for a loved one at home can be found below.
- If you are cleaning and disinfecting reusable medical equipment use ethyl alcohol 70% [d,e]
- If you are cleaning surfaces soiled by body fluids, first clean with soap and water and then disinfect with sodium hypochlorite (bleach) at 0.5% (equivalent to 5000 ppm or 1-part household bleach with 5% sodium hypochlorite to 9 parts water) for disinfecting surfaces. [a,c]

[a](WHO Source Link Visited May 12, 2020)
[b](CDC Source Link Visited May 12, 2020)
[c](WHO Source Link Visited May 12, 2020)
[d](WHO Source Link Visited May 12, 2020)
[e](WHO Source Link Visited May 12, 2020)

HOW SHOULD I WASH MY FRUITS AND VEGETABLES IN THE TIME OF COVID-19??

- Wash your fruits and vegetables the same way you normally do.
    - Before handling fruits and vegetables, wash your hands with soap and water. Then, wash fruits and vegetables thoroughly with clean water, especially if you eat them raw.

(WHO Source Page Visited May 12, 2020)

Is it safe to receive a package from any area where COVID-19 has been reported?

- Yes. Although COVID-19 can survive for a short period of time on some surfaces, it is unlikely for it to be spread from domestic or international mail products or packaging exposed to different conditions and temperatures.
- It may be possible to catch COVID-19 by touching a surface or object that has the virus on it and then touching your mouth, nose, or eyes, but this is not thought to be the main way it spreads.

(CDC Source Page Visited May 12, 2020)

Can I catch COVID-19 from the feces of someone with the disease?

- While there is evidence that the virus may be present in feces of some COVID-19 patients, the risk of catching COVID-19 from the feces of an infected person is low.
    - Even low risk is a risk and reinforces the need to wash hands with soap frequently, especially after using the bathroom and before eating.
    - to date, there have not been reports of faecal-oral transmission of COVID-19.
    - Additionally, there is no evidence to date on the survival of the COVID-19 virus in water or sewage.

(WHO Source Page Visited May 12, 2020)

What is Community Spread?

- Community spread means people have been infected with the virus in an area, including some that are not sure how or where they became infected.

(CDC Source Page May 12, 2020)

Can my pets spread COVID-19?

- As the outbreak has evolved, there are now known instances of animals and pets of COVID-19 patients being infected with the disease, however further evidence is needed to understand if animals and pets can spread the disease.
- Several dogs and cats (domestic cats and a tiger) in contact with infected humans have tested positive for COVID-19. In addition, ferrets appear to be susceptible to the infection.
- In experimental conditions, both cats and ferrets were able to transmit infection to other animals of the same species, but there is no evidence that these animals can transmit the disease to humans or play a role in spreading COVID-19.
- It is recommended that people who are sick with COVID-19 and people who are at risk limit contact with companions and other animals.
- When handling and caring for animals, basic hygiene measures should always be implemented. This includes hand washing after handling animals, their food, or supplies, as well as avoiding kissing, licking or sharing food.

- As the intergovernmental body responsible for improving animal health worldwide, World Organization for Animal Health (OIE) is developing technical guidance on specialised topics related to animal health, dedicated to veterinary services and technical experts (including on testing and quarantine).

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

DID COVID-19 COME FROM ANIMALS?

- Many coronaviruses do have an animal origin, however at this point in time, it is not possible to determine precisely how humans were initially infected with COVID-19.
    - The virus which causes COVID-19 is most likely to have an origin in bats, and transmission of the virus to humans has likely occurred through an intermediate animal host – a domestic animal, a wild animal or a domesticated wild animal which has not yet been identified.
    - The highest risk of COVID-19 spread now is through human-to-human transmission.
- Normal hygienic best practices are advised when interacting with animals and, the following general recommendations apply for those who visit live animal markets:
    - Anyone visiting live animal markets, wet markets, or animal product markets should practice general hygiene measures, including:
        - Regular hand washing with soap and water after touching animals and animal products
        - avoiding touching eyes, nose, or mouth with hands, and
        - avoiding contact with sick animals or spoiled animal products
- Any contact with other animals possibly living in the market (e.g,. stray cats and dogs, rodents, birds, bats) should be strictly avoided.
- Attention should also be taken to avoid contact with potentially contaminated animal waste or fluids on the soil or structures of shops and market facilities.
- The consumption of raw or undercooked animal products should be avoided.
- Raw meat, milk, or animal organs should be handled with care, to avoid cross-contamination with uncooked foods, as per good food safety practices (see Part 5 for additional recommendations for people working in live animal markets).

(WHO Source page visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

IS COVID-19 TRANSMITTED THROUGH MOSQUITO BITES OR TICKS?

- No, to date there is no evidence to suggest that COVID-19 is transmitted by mosquitoes or ticks.
    - COVID-19 is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose.

(WHO Source Page Visited May 12, 2020)

(CDC Source Page Visited May 12, 2020)

In what climates can COVID-19 be transmitted?

- From the evidence so far, the COVID-19 virus can be transmitted in all geographic areas and climates, including those with hot and humid weather as well as those with cold weather.
    - Regardless of what climate you live in, you should adopt preventive measures (see prevention section below).
- Some viruses, like those that cause the common cold and flu, spread more during cold weather months but it is possible to become sick with them in other months.
    - Generally coronaviruses survive for shorter periods at higher temperatures and higher humidity than in cooler or dryer environments.
    - However, we don't have direct data for COVID-19, nor do we have direct data for a temperature-based cutoff for inactivation at this point.
- The necessary temperature would also be based on the materials of the surface, the environment, etc. The normal human body temperature remains around 36.5°C to 37°C, regardless of the external temperature or weather.
    - Exposing yourself to sun, high temperatures, cold temperatures, or snow will not protect you against COVID-19.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

Can 5G mobile networks spread COVID-19?

- No, viruses including COVID-19 cannot travel on radio waves or mobile networks.
- COVID-19 is present in many countries that do not have 5G mobile networks.
- COVID-19 is spread through respiratory droplets when a person infected with COVID-19 coughs, sneezes, or speaks, or when people touch a surface that the droplets have landed on and then touch their eyes, nose, or mouth.

(WHO Source Page May 12, 2020)

If I recover from COVID-19, can I become infected again?

- We are still learning about the immune response to COVID-19. The duration of immunity after COVID-19 infection is still unknown.
- After recovery, before your immune system returns to normal, you can be infected by not just this virus, but by regular colds and flu.
- Most people that catch COVID-19 do recover and eliminate the virus from their bodies..
- This WHO scientific brief emphasizes that there is currently no evidence that people who have recovered from COVID-19 and have antibodies are protected from a second infection.

(CDC Source Page Visited May 12, 2020)

2020) (Global Health Now Source Page Visited May 12,

2020)(WHO Source Page Visited May 12,

(WHO Source Page Visited May 12, 2020)

CAN COVID-19 BE SPREAD FROM FOOD- INCLUDING TAKE OUT, REFRIGERATED, OR FROZEN PACKAGED FOOD?

- Currently, there is no evidence that indicates that COVID-19 is spread through food.
- It may be possible that a person can get COVID-19 by touching a surface or object, like a packaging container, that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.
- In general, because of poor survivability of coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging.

(CDC Source Page Visited May 6, 2020)

CAN SOMEONE WHO HAD COVID-19 AND RECOVERED SPREAD THE ILLNESS TO OTHERS?

- COVID-19 spreads person to person.
- People are thought to be most contagious when they are symptomatic (the sickest).
    - CDC recommends that these patients be isolated either in the hospital or at home (depending on how sick they are) until they are better and no longer pose a risk of infecting others. However, the virus has recently been detected in people without symptoms.
    - How long someone is actively sick can vary so the decision on when to release someone from isolation is made using a test-based or non-test-based strategy (i.e., time since illness started and time since recovery) in consultation with appropriate public health officials.
    - The decision involves considering the specifics of each situation, including disease severity, illness signs and symptoms, and the results of laboratory testing for that patient.
- Someone who is released from isolation is not considered to be a risk for spreading COVID-19 to others.

(CDC Source Page Visited May 12, 2020)

CAN SOMEONE WHO HAS BEEN QUARANTINED SPREAD COVID-19 TO OTHERS?

- Quarantine in the context of COVID-19 means separating a person or group of people who have been exposed to COVID-19 but that have not developed illness (symptoms) from other people who have had exposure to COVID-19, in order to prevent the possible spread of the disease.
    - Quarantine is usually established for the incubation period of the communicable disease, which is the span of time during which people have developed illness after exposure.
    - For COVID-19, the period of quarantine is 14 days from the last date of exposure because the incubation period for this virus is 2 to 14 days.

- Someone who has been released from COVID-19 quarantine is not considered a risk for spreading the virus to others because they have not developed illness during the incubation period.

(CDC Source Page Visited May 12, 2020)

COVID-19 Testing

What kinds of COVID-19 Tests Exist?

- Two kinds of tests are available for COVID-19: viral tests and antibody tests.
    - A viral test tells you if you have a current infection.
    - An antibody test tells you if you had a previous infection.
        - CDC does not recommend using antibody testing to diagnose acute infection. It is recommended to use a viral (nucleic acid or antigen) test to diagnose acute infection.
        - An antibody test may not be able to show if you have a current infection because it can take 1-3 weeks after infection to make antibodies.
        - The CDC does not yet know if having antibodies to the virus can protect someone from getting infected again, or how long that protection might last.

(CDC Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

Who should be tested for COVID-19?

- To learn if you have a current infection, a viral test is used. However, not all individuals with a current infection will require a viral test.
    - Most people will have mild illness and can recover at home without medical care and may not need to be tested.
    - The CDC provides guidance about who should be tested, but decisions are made by state and local health departments and healthcare providers.
        - High priority groups for testing include:
            - Hospitalized patients with symptoms
            - Healthcare facility workers, workers in congregate living settings, and first responders with symptoms
            - Residents in long-term care facilities or other congregate living settings, including prisons and shelters, with symptoms
        - Priority groups for testing include:
            - Persons with symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat.

- Persons without symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

  - If you have symptoms of COVID-19 and want to get tested, call your healthcare provider first.
  - You can also visit your state or local health department's website to look for the latest local information on testing.
  - Although supplies of tests are increasing, it may still be difficult to find a testing location.

(CDC Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

What do the viral test results mean?

- If you test positive for COVID-19 by a viral test, know what protective steps to take if you are sick or caring for someone.
- If you test negative for COVID-19 by a viral test, you probably were not infected at the time your sample was collected. However, that does not mean you will not get sick. The test result only means that you did not have COVID-19 at the time of testing.
- If you test positive or negative for COVID-19, regardless of the type of test you received, you should take preventive measures to protect yourself and others.

(CDC Source Page Visited May 12, 2020)

If I test positive on an antibody test, can I get an immunity passport?

- Some governments have suggested that the detection of antibodies to COVID-19 could serve as an "immunity passport" or "risk-free certificate", enabling people to travel or go back to work, assuming they are protected against re-infection.
- There is no evidence that people who have recovered from COVID-19 and have antibodies are protected from a second infection.
  - People who assume that they are immune to a second infection because they have received a positive test result may ignore public health advice.
  - The use of such certificates may therefore increase the risks of continued transmission.

(WHO Source Page Visited May 12, 2020)

Risks associated with COVID-19

How severe is illness caused by COVID-19?

- Most people (80%) experience mild cases of COVID-19, and recover without hospitalization.
  - About 1 in 5 people with COVID-19 become seriously ill and experience difficulty breathing.

- Serious illness caused by COVID-19 can lead to death.
- People 65 years of age and older, as well as those with pre-existing medical conditions—like high blood pressure, heart problems or diabetes—are more likely to become seriously ill.
- For more on COVID-19 symptoms, see the section on "What are the symptoms of COVID-19?" above.

(WHO Source Page Visited May 6, 2020)

WHAT IS MY RISK OF CATCHING COVID-19?

- Since COVID-19 is a new disease, we are still learning about how it affects people.
- Based on what is known from the outbreak in multiple countries around the world, including the US, and what is known about other respiratory illness such as the flu, the following people have a higher risk of developing serious illness:
  - People aged 65 years and older
  - People who live in a nursing home or long-term care facility
  - People of all ages with underlying medical conditions, particularly if not well controlled, including:
    - People with chronic lung disease or moderate to severe asthma
    - People who have serious heart conditions
    - People who are immunocompromised
    - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
    - People with severe obesity (body mass index [BMI] ≥40)
    - People with diabetes
    - People with chronic kidney disease undergoing dialysis
    - People with liver disease
      - Generally, well-controlled means that your condition is stable, not life-threatening, and laboratory assessments and other findings are as similar as possible to those without the health condition.
      - You should talk with your healthcare provider if you have a question about your health or how your health condition is being managed.
- There is no evidence at this time that there is an increased risk of complications or miscarriage for those who are pregnant (see below section on pregnancy for more information).

(CDC Source Page Visited May 6, 2020)
(CDC Source Page Visited May 6, 2020)

What should I do if I am at higher risk of COVID-19?

- If you are at higher risk of getting very sick from COVID-19, you should:
    - Stock up on supplies.
    - Take everyday precautions to keep space between yourself and others.
    - When you go out in public, keep away from others who are sick.
    - Limit close contact and wash your hands often.
    - Avoid crowds, cruise travel, and non-essential travel.
- If there is an outbreak in your community, stay home as much as possible. Watch for symptoms and emergency signs.
- If you get sick, stay home and call your doctor for advice.

(CDC Source Page Visited May 12, 2020)

If I'm a smoker, am I at greater risk of COVID-19?

- A review of studies by public health experts convened by WHO on 29 April 2020 found that smokers are more likely to develop severe disease with COVID-19, compared to non-smokers.
    - Tobacco smoking is a known risk factor for many respiratory infections and increases the severity of respiratory diseases.
    - Tobacco is also a major risk factor for noncommunicable diseases like cardiovascular disease, cancer, respiratory disease and diabetes which put people with these conditions at higher risk for developing severe illness when affected by COVID-19.
- There is currently insufficient information to confirm any link between tobacco or nicotine in the prevention or treatment of COVID-19.
- WHO recommends that smokers take immediate steps to quit by using proven methods such as toll-free quit lines, mobile text-messaging programmes, and nicotine replacement therapies such as gums and patches.

(WHO Source Page Visited May 12, 2020)

If I'm living with HIV, am I at greater risk of COVID-19?

- At this time, it is unknown if the immunosuppression of HIV will put you at greater risk for COVID-19.
    - There is one case report of a person living with HIV (PLHIV) who had COVID-19 and recovered.
    - There was also one small study among PLHIV with COVID-19 in China. In this study, there were similar rates of COVID-19 among PLHIV and the entire entire population. There was increased risk with older age, but not with HIV-related factors (CD4 counts, viral load levels, or antiretroviral regimens).

- PLHIV who have advanced disease, low CD4 counts, and high viral loads—and those who are not taking antiretroviral treatment (ART)—have an increased risk of infection in general. This could also apply to COVID-19, but currently the evidence is limited.

- Until we know more, PLHIV who know their HIV status are advised to do the following:
  - Take the same preventive measures as the general population (see prevention section).
  - If you are taking antiretroviral therapy (ART), ensure that you have at least 30 days and up to a 6 month supply of your medications.
  - Adequate supplies of medicines to treat co-infections and comorbidities and addiction should also be ensured.
  - Clinically stable PLHIV can benefit from simplified ART delivery models, which often include multi-month prescriptions (3-6 month supply). This can reduce the frequency of visits to clinical settings, and ensures that treatment continues during the COVID-19 outbreak.
  - Ensure that your vaccinations are up to date (influenza and pneumococcal vaccines).
  - If you are not yet on ART, talk to your doctor about starting.
  - If you are living with HIV and have not achieved viral suppression through ART, you may have a compromised immune system that could leave you vulnerable to opportunistic infections and further disease progression.
- Please check here for evolving guidance on COVID-19, HIV and antiretrovirals. Additional technical and operational information for those implementing HIV programs with the President's Emergency Plan For AIDS Relief (PEPFAR) funding is available in Part 5 of this document.

(WHO Source Page Visited May 14, 2020)

CAN ANTIRETROVIRALS BE USED TO TREAT COVID-19?

- At this time, there is insufficient data to assess the effectiveness of LPV/r or other antivirals for treating COVID-19.
- Several randomized trials are planned to assess the safety and efficacy of using antiretroviral drugs – mainly LPV/r – for treating COVID-19, in combination with other drugs. Results are expected from mid-2020 onwards.

(WHO Source Page Visited May 14, 2020)

CAN PREGNANT OR POSTPARTUM WOMEN LIVING WITH HIV TRANSMIT COVID-19 TO THEIR UNBORN CHILD OR INFANT?

- There is currently no evidence for intrauterine infection caused by vertical transmission in women who develop COVID-19 pneumonia in late pregnancy.
- Although no vertical transmission has been documented, transmission after birth via contact with infectious respiratory secretions is a concern.
- Infants born to mothers with suspected, probable, or confirmed COVID-19 should be fed according to standard infant feeding guidelines, while applying necessary precautions for infection prevention and control.

- As with all confirmed or suspected COVID-19 cases, symptomatic mothers who are breastfeeding or practicing skin-to-skin contact or kangaroo mother care should practice respiratory hygiene, including during feeding, perform hand hygiene before and after contact with the child, and routinely clean and disinfect surfaces with which the symptomatic mother has been in contact.

(WHO Source Page Visited May 14, 2020)

How effective are thermal scanners in detecting people infected with COVID-19?

- Thermal scanners are effective in detecting people who have developed a fever (i.e., have a higher than normal body temperature), however they cannot detect people who are infected with COVID-19.

(WHO Source Page Visited May 14, 2020)

Family Planning/Contraception in the Context of COVID-19

Is contraception /family planning safe to use during the COVID-19 pandemic?

- Yes, all modern contraception methods are safe to use, including during the COVID-19 pandemic.
    - If you have had a baby in the last 6 months or have a health condition, such as diabetes, high blood pressure, or breast cancer- or if you smoke- seek advice from a health provider to make sure that you use a method of contraception that is suitable and safe for you.

(WHO Source Page Visited May 14, 2020)

What is the best contraceptive method to use during the COVID-19 pandemic?

- The best method of contraception is the one that works well for you.
    - All modern methods of contraception help to prevent pregnancy.
    - Women and their partners can choose any modern contraceptive method that is acceptable to and safe for them.
    - There is a wide variety of modern contraceptive methods. To learn more about which one may work best for you, see here.

(WHO Source Page Visited May 14, 2020)
(Breakthrough ACTION Source Page Visited May 14, 2020)

I want to avoid getting pregnant during the COVID-19 pandemic. What can I do?

- Even in these difficult times, you can decide if and when you want to get pregnant.
- If you do not want to become pregnant, you can start to use or continue to use a modern contraceptive method of your choice.

    - You may be able to access contraception from a health care provider by phone or online.
    - If possible, ask your healthcare provider or pharmacist for an extra supply of contraceptives to ensure you are prepared for any shortages and/or limited access to your health care provider or pharmacy.
    - If you cannot access these services you may opt for a method that is available without a prescription (such as condoms, spermicides, diaphragm, pills, or emergency contraceptive pills) from a nearby pharmacy.
    - Condoms, when they are used consistently and correctly, are the only method of contraception that help to prevent unintended pregnancy and protect against sexually transmitted infections, including HIV.
        - Condoms can be used together with other methods of contraception to protect against both unintended pregnancy and sexually transmitted infections.
    - Emergency contraceptive pills can prevent up to 95% of pregnancies when taken within 5 days after intercourse, and they can be taken by anyone with or without a health condition.
- If you want to avoid becoming pregnant during this uncertain time, it can be helpful to speak with your partner about family planning as long as it is safe to do so.

(WHO Source Page Visited May 14, 2020)
(Breakthrough ACTION Source Page Visited May 14, 2020)

I AM UNABLE TO ACCESS MY CONTRACEPTIVE METHOD OF CHOICE. WHAT SHOULD I DO?

- If your preferred method is not available during these challenging times, you can use another short-term method now and return to your preferred method at a later time.
- If it is difficult to access the contraceptive method of your choice due to inability to access a required prescription or meet with a health worker, consider using methods such as condoms available at a nearby pharmacy.
    - You can also consider fertility awareness-based methods, lactational amenorrhea (if you are exclusively breastfeeding), or other contraceptive methods that are recommended for self-care in your country.
- Depending on the situation in your country, methods recommended for self-care could include oral pills, condoms, and the Standard Days Method (SDM), CycleBeads app, or CycleBeads and paper trackers.
- Remember, changes in bleeding and other side effects can be bothersome but they are normal for women using contraception. Seek the advice of a health professional or a local hotline about side effects.

(WHO Source Page Visited May 14, 2020)
(Breakthrough ACTION Source Page Visited May 14, 2020)

I WANT TO CHANGE MY CONTRACEPTIVE METHOD- IS THIS POSSIBLE WITH THE ON-GOING OUTBREAK?

- Yes, it is possible, however it may be difficult to access all of the methods of contraception that are normally available in your country due to restrictions on movement, lack of supply, as well as increased demands on health providers and health services.
    - If you have a pre-existing health condition, it is best to consult a health provider to learn more about which contraceptive methods are safest for you that are available and feasible.
    - With the advice of a health provider you could consider using methods that do not have medical restrictions like oral pills, condoms, and the Standard Days Method (SDM), CycleBeads app, or CycleBeads and paper trackers.diaphragm, spermicides, or lactational amenorrhea if you are exclusively breastfeeding.

(WHO Source Page Visited May 14, 2020)

I WANT TO REMOVE OR REPLACE MY IMPLANT OR IUD - IS THAT POSSIBLE DURING THE COVID19 PANDEMIC?

- Removal of implants or IUDs, after the recommended period of use (and routine follow up appointments) may not be prioritized by your country's health system during this health emergency. Seek advice from your health provider.
- If you cannot have your long acting method removed, it is important to use another method of contraception to avoid pregnancy at this time.
- There are no medical problems caused by delaying removal of long acting methods such as implants or IUDs.
    - Do not try to remove the contraception method yourself; wait until you are able to access health care from a trained provider.

(WHO Source Page Visited May 14, 2020)

WHY IS TALKING ABOUT AND PROVIDING SERVICES AND INFORMATION FOR CONTRACEPTION AND FAMILY PLANNING IMPORTANT DURING THE COVID-19 PANDEMIC?

- Contraception and family planning information and services are life-saving and important at all times.
    - Sexual activity does not cease with the COVID-19 pandemic. It is therefore crucial to ensure that people are able to access rights-based services and information to initiate and/or continue use of contraception.
- By preventing unintended pregnancies, contraception helps to protect girls and women from the negative health consequences of unintended pregnancies, which can save their lives.
    - Contraception reduces the need for abortion.
    - Condoms, when used consistently and correctly, help to prevent both unintended pregnancies and sexually transmitted infections (including HIV).
- In addition, by preventing the negative health consequences associated with unintended pregnancies, abortion, and sexually transmitted infections (including HIV), contraception can help alleviate unnecessary additional pressure on already-stretched health systems which are working hard to address COVID-19.

- More information for policy makers, program managers, and others providing family planning information and services is provided in Part 5 of this document.

(WHO Source Page Visited May 14, 2020)
(Breakthrough ACTION Source Page Visited May 14, 2020)

Pregnancy and childbirth in the context of COVID-19

I'm pregnant. Am I at higher risk of COVID-19?

- We are still learning about the impacts of COVID-19 on pregnant women.
- There is no evidence at this time that there is an increased risk of complications or miscarriage for those who are pregnant, however, pregnant women can be at a greater risk of developing serious respiratory infections, due to changes in their immune systems.
- It is important for pregnant women to take action to protect themselves against COVID-19 and report fever, cough, or difficulty breathing, to their healthcare provider.

(WHO Source Page Visited May 14, 2020)

I'm pregnant. How can I protect myself against COVID-19?

- If you are pregnant, you should take the same precautions to avoid COVID-19 infection as other people (see section on prevention of COVID-19). You can help protect yourself by:
    - Washing hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
        - Using an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
        - Washing hands with soap and water when they are visibly soiled
        - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
- Keeping a physical distance of 1 - 2 meters or 3 - 6 feet between yourselves and others and avoiding crowded spaces.
- Avoiding touching your eyes, nose and mouth.
- Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands.
- If you have a fever, cough or difficulty breathing, seek medical care early. Call before going to a health facility, and follow the directions of your local health authority.
- If you are pregnant or recently delivered a baby, please attend your routine care appointments.

(WHO Source Page Visited May 14, 2020)

Can I pass COVID-19 to my unborn or newborn baby?

- It is still unknown whether you can pass COVID-19 to a fetus or baby during pregnancy or delivery, however, to date, there is no evidence of the virus in amniotic fluid or breastmilk.
    - A very small number of babies have tested positive for COVID-19 shortly after birth, but it is not known if these babies got the virus before or after birth.
    - Mother to child transmission of COVID-19 during pregnancy is thought to be unlikely, though CDC cautions that newborns are susceptible to person-to person spread.

(WHO Source Page Visited May 14, 2020)
(CDC Source Page Visited May 14 , 2020)

IF I'M PREGNANT AND GET COVID-19, DO I NEED TO DELIVER VIA CESAREAN SECTION?

- No, caesarean sections should only be performed when medically justified.
- Birth methods should be individualized based on your preferences and medical indications.

(WHO Source Page Visited May 14, 2020)

SHOULD I BE TESTED FOR COVID-19 IF I'M PREGNANT?

- Pregnant women with symptoms of COVID-19 should be prioritized for testing.
    - If you have COVID-19, you may need specialized care.
    - Testing protocols and eligibility vary depending on where you live.

(WHO Source Page Visited May 14, 2020)

WHAT CARE SHOULD BE AVAILABLE DURING PREGNANCY AND CHILDBIRTH?

- All pregnant women, including those with confirmed or suspected COVID-19 infections, have the right to high quality care before, during and after childbirth.
    - This includes antenatal, newborn, postnatal, intrapartum and mental health care.
- A safe and positive childbirth experience includes:
    - Being treated with respect and dignity.
    - Having a companion of choice present during delivery.
    - Clear communication by maternity staff.
    - Appropriate pain relief strategies.
    - Mobility in labour where possible, and birth position of choice.
- Delivering with a skilled provider is the best thing you can do for your health and the health of your baby.
    - At delivery, ask your provider about family planning methods you can use right away to help you space your next pregnancy, if you wish to do so.
- Make sure your health care providers are informed if you have suspected or confirmed COVID-19, so they can make sure to take all appropriate precautions to reduce risks of infection to

themselves and others, including hand hygiene, and appropriate use of protective clothing like gloves, gown and medical mask.

(WHO Source Page Visited May 14, 2020)

CAN I TOUCH AND HOLD MY BABY IF I HAVE COVID-19?

- Yes, you can touch and hold your baby if you have COVID -19. Close contact and early, exclusive breastfeeding helps a baby to thrive.
- Your health care provider can advise you on how you can safely:
    - Breastfeed.
    - Hold your newborn skin-to-skin.
    - Share a room with your baby.
    - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol before and after touching your baby and clean and disinfect surfaces.

(WHO Source Page Visited May `14, 2020)

IF I HAVE COVID-19, CAN I BREASTFEED MY BABY?

- Yes, women with COVID-19 can choose to breastfeed their baby.
- Breast milk provides protection against many illnesses and is the best source of nutrition for most infants. Learn more about breastfeeding.
- You, along with your family and healthcare providers, should decide whether and how to start or continue breastfeeding.
- We do not know for sure if mothers with COVID-19 can spread the virus to babies in their breast milk, but the limited data available suggest this is not likely.
- If you have COVID-19 and choose to breastfeed it is recommended to do the following:
    - Wear a face mask if available.
    - Practice good respiratory hygiene by covering your mouth and nose with your bent elbow or tissue when you cough or sneeze, disposing of the tissue immediately, and then washing your hands.
    - Wash your hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol before and after touching your baby.
    - Routinely clean and disinfect all surfaces your hands have touched.
- If you are sick and choose to express breast milk to feed your baby:
    - Regularly express breast milk to establish and maintain milk supply.
    - Use a dedicated breast pump used by no one else.

- Wash your hands before touching any pump or bottle parts before expressing breast milk.
- Follow recommendations for proper pump cleaning after each use.
- If possible, have someone who does not have COVID-19 feed the expressed milk to the baby.

(WHO Source Page Visited May 14, 2020)
(CDC Source Page Visited May 14, 2020)

PREVENTION

WHAT CAN I DO TO PROTECT MYSELF AND PREVENT THE SPREAD OF THE DISEASE?

- To protect yourself, your loved ones, and your community from COVID-19 you can:
  - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
    - Use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
    - Wash hands with soap and water when they are visibly soiled.
    - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
    - Washing your hands will kill the virus if it is on your hands.
    - Please see additional WHO interim guidance on obligatory hand hygiene for COVID-19 for additional information.
  - Maintain physical distance of 1 - 2 meters (3 - 6 feet) between you and anyone. This will prevent you from breathing in droplets if the person coughing or sneezing is infected with COVID-19.
  - Avoid touching your eyes, nose, and mouth.
    - If your hands are contaminated with the virus, transferring the virus to your eyes, nose, or mouth can make you sick.
  - Clean AND disinfect frequently touched surfaces daily (tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks).
    - This will prevent the virus from remaining on any of your surfaces and infecting you or your family members.
  - Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands with soap.

        - This will help protect the people around you from getting the virus.
    - If you feel unwell, stay home.
        - This will protect you and help prevent the spread of viruses.
    - Avoid close contact with others.
        - Limit attendance at large gatherings or in crowded spaces.
        - Maintain a physical distance of 1 - 2 meters (3 - 6 feet) between yourselves and others (sometimes referred to as physical distancing)
        - Maintaining a distance from others is especially important for those at higher risk of COVID-19 and can help prevent sick people from infecting healthy people.
        - Stay home as much as possible and cover your face with a cloth cover if you go into public spaces for essential errands.
    - Call in advance before seeking medical attention at hospitals or clinics if you have a fever, cough, and difficulty breathing.
        - Your health providers have the most up-to-date information. Calling them in advance will allow them to direct you to the right facility.
    - If you are sick, wear a facemask when you are around other people (for example, sharing a room or vehicle) and before you enter a healthcare provider's office.
        - Wearing a face mask when you are sick will prevent you from infecting others.
        - See below section here for more more comprehensive guidance on face masks and coverings.
    - Stay informed on the latest developments about COVID-19 and follow advice from your national and local public health authorities.
        - This way, you will receive credible information about spread in your area, and specific advice on what people in your area can do to protect themselves.
        - Most countries in the world have seen cases of COVID-19 and many are experiencing outbreaks.
        - Some countries have seen success slowing their outbreaks, however the situation is unpredictable and it is important to check regularly for the latest news.
    - Stay up to date on current COVID-19 "hotspots" (areas where COVID-19 is spreading widely).
        - If possible, avoid traveling to these places, particularly if you are 65 or older, or have other high-risk medical conditions.

(WHO Source Page Visited May 6, 2020)
(CDC Source Page Visited May 6, 2020)

WHAT IS PHYSICAL (SOCIAL) SOCIAL DISTANCING?

- Physical distancing, also called social distancing, means keeping space between yourself and other people outside of your home. To practice social or physical distancing:

- Follow guidance from the authorities where you live.
- Maintain physical distance of 1 - 2 meters (3 - 6 feet) between you and anyone.
- Cover your mouth and nose with a cloth face cover when around others, including when you have to go out in public, for example, to the grocery store.
- Maintain physical distance of 1 - 2 meters (3 - 6 feet) between you and other people, even when wearing a face covering.
- Stay at least 6 feet between yourself and others, even when you wear a face covering.
- Do not gather in groups.
- Avoid large and small gatherings in private places and public spaces, such as a friend's house, parks, restaurants, or shops.
    - This advice applies to people of any age, including teens and younger adults.
- Stay out of crowded places and avoid mass gatherings.
- Work from home when possible.
- If possible, avoid using any kind of public transportation, ridesharing, or taxis.
- If you are a student or parent, talk to your school about options for digital/distance learning.
- Stay connected while staying away.
    - Call, video chat, or stay connected using social media.
    - Everyone reacts differently to stressful situations and having to socially distance yourself from someone you love can be difficult.

(CDC Source Page Visited May 5, 2020)

I DON'T HAVE SOAP AND WATER. CAN I USE CHLORINE FOR COVID-19 HAND HYGIENE AND DECONTAMINATION?

- Weak chlorine solutions are not recommended and highly discouraged when a 60% ethanol or 70% isopropanol alcohol hand rub (sanitizer) or soap and water are available.
    - This is because there is a higher risk of hand irritation and ill health effects from making and diluting chlorine solutions including eye irritation and respiratory problems.
- If you do not have soap and water, or an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol, a weak chlorine solution (0.05%) can be used to disinfect hands.
    - Chlorine solutions must be made daily, stored in a cool dry place with a lid away from sunlight, otherwise they have the potential to lose their power to disinfect.
- Chlorine is effective as a decontamination (at 0.5%) for environmental cleaning after first cleaning with soap and water. Please also refer to the guidance here.
- Please see WHO interim guidance on obligatory hand hygiene for COVID-19 for additional information and the above section on how to clean and disinfect.

(WHO Source Page Visited May 6, 2020)

How can we protect ourselves if we do not know who is infected?

- The best ways to protect ourselves and others are to:
    - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
        - Use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
        - Wash hands with soap and water when they are visibly soiled.
        - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
            - Washing your hands will kill the virus if it is on your hands.
            - Please see additional WHO interim guidance on obligatory hand hygiene for COVID-19 for additional information.
    - Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands with soap (sometimes referred to as respiratory hygiene).
    - Maintain a physical distance of 1 - 2 meters (3 - 6 feet) between yourselves and others (sometimes referred to as physical distancing).
    - This is especially important if you are standing by someone that is coughing or sneezing, you are at high risk of the disease, or if you are in an area where COVID-19 is circulating.

(WHO Source Link Visited May 6, 2020)
(CDC Source Link Visited May 6, 2020)

Can regularly rinsing my nose with saline help prevent COVID-19 infection?

- No, there is no evidence that regularly rinsing the nose with saline protects people from COVID-19 infection. Follow appropriate preventive measures (see prevention section) to protect yourself against COVID-19.

(WHO Source Page Visited April 29, 2020)

Do hand dryers (like the one in public toilets) kill COVID-19?

- No, hand dryers are not effective in killing COVID-19. Follow appropriate preventive measures (see prevention section) to protect yourself against COVID-19.

(WHO Source Page Visited May 6, 2020)

Can an ultraviolet (UV) disinfection lamp kill COVID-19?

- No, UV lamps should not be used to sterilize hands or other areas of the body, as UV radiation can cause skin irritation. Follow appropriate preventive measures (see prevention section) to protect yourself against COVID-19.

(WHO Source Page Visited May 6, 2020)

CAN SPRAYING ALCOHOL OR CHLORINE ALL OVER YOUR BODY KILL COVID-19?

- No, spraying alcohol or chlorine all over your body will not kill viruses that have already entered your body.
    - Such substances can be harmful to clothes or mucous membranes (for example, eyes and mouth).
- Follow appropriate preventive measures (see prevention section) to protect yourself against COVID-19.

(WHO Source Page Visited May 6, 2020)
(CDC Source Page Visited May 6, 2020)

CAN TAKING A HOT BATH PREVENT COVID-19?

- No, taking a hot bath will not prevent you from catching COVID-19.
    - Your normal body temperature remains around 36.5°C to 37°C, regardless of the temperature of your bath or shower.
    - In fact, taking a hot bath with extremely hot water can be harmful, as it can burn you.
    - Follow appropriate preventive measures (see prevention section) to protect yourself against COVID-19.

(WHO Source Page Visited May 6, 2020)

CAN EATING GARLIC HELP PREVENT COVID-19?

- Garlic is a healthy food that may have some antimicrobial properties, but there is no evidence that eating garlic has protected people from COVID-19.
    - Follow appropriate preventive measures (see prevention section) to protect yourself against COVID-19.

(WHO Source Page Visited May 6, 2020)

WHAT SHOULD I DO IF I HAVE NO SYMPTOMS, BUT COULD HAVE BEEN EXPOSED TO COVID-19 AND DO NOT WANT TO SPREAD IT TO OTHERS?

- If you do not have symptoms of COVID-19 but think you may have been exposed, you can voluntarily separate yourself from others to prevent any potential spread.
    - This is known as self-quarantine.
    - During the time you are self-quarantining will monitor yourself for symptoms.
- If you develop minor symptoms, such as a slight cough or a mild fever, there is generally no need to seek medical care. Stay at home, self-isolate, and monitor your symptoms, unless you live in an area with malaria or dengue fever.
    - Self isolation is when a person that is experiencing fever, cough, or other COVID-19 symptoms stays at home and does not go to work school or public places in order to avoid spreading potential COVID-19 with others.

        - If you are self- isolating, follow the guidance provided by your national health authority. General guidelines provided by WHO include:
            - Have a large, well-ventilated with hand-washing and toilet facilities.
            - If this is not possible, place beds at least 1 metre apart.
            - Keep at least 1-2 meters (3 - 6 feet) from other people even from your family members.
            - Monitor your symptoms daily.
            - Isolate for 14 days, even if you feel healthy.
            - If you develop difficulty breathing, contact your healthcare provider immediately – call them first if possible.
            - Stay positive and energized by keeping in touch with loved ones by phone or online, and by exercising yourself at home.
    - If you live in an area with malaria or dengue fever do not ignore symptoms of fever- seek medical help.
        - When you go to the health facility wear a mask if possible and keep at least 1-2 meters (3 - 6 feet) from other people and do not touch surfaces with your hands.
        - If it is a child who is sick, help the child follow this advice.

(WHO Source Page Visited May 6, 2020)
(CDC Source Page Visited May 6, 2020)

VACCINES, CURES AND TREATMENT

ARE THERE ANY MEDICINES OR THERAPIES THAT CAN PREVENT OR CURE COVID-19?

- To date, there is no vaccine nor specific antiviral medicine to prevent or treat COVID-19.
    - Possible vaccines and some specific drug treatments are under investigation. They are being tested through clinical trials.
    - More information on current approved drugs and investigational agents in the United States is available here.
- Those affected with COVID-19 should receive care to relieve symptoms.
    - People with serious illness should be hospitalized. Most patients recover thanks to supportive care.
    - At present clinical management includes infection prevention and control measures and supportive care, including supplementary oxygen and mechanical ventilatory support when indicated.
- WHO does not recommend self-medication with any medicines, including antibiotics, as a prevention or cure for COVID-19.

- The best way to prevent COVID-19 infection is to take everyday preventive actions (see prevention section)

(WHO Source Page Visited May 6, 2020)
(CDC Source Page Visited May 6, 2020)

Does drinking methanol, ethanol, or bleach cure COVID-19?

- No, drinking methanol, ethanol, or bleach does not prevent or cure COVID-19 and is in fact extremely dangerous.
  - Methanol, ethanol, and bleach are poisons and can cause serious problems and death if consumed.
  - These products are used in products to disinfect surfaces. They will not kill the virus in your body.
  - They will damage your internal organs if you drink them.

(WHO Source Page Visited May 6, 2020)

Do vaccines against pneumonia protect you against COVID-19?

- No. Vaccines against pneumonia—such as pneumococcal vaccine and Haemophilus influenza type B (Hib) vaccine—do not provide protection against COVID-19.
  - Although these vaccines are not effective against COVID-19, vaccination against respiratory illnesses is highly recommended to protect your health.
  - Because COVID-19 is new and so different from other coronaviruses, it requires its own vaccine. Researchers are currently trying to develop a COVID-19 vaccine.

(WHO Source Page Visited May 6, 2020)

Does the Oral Polio Vaccine (OPV) protect you against COVID-19?

- No. The Oral Polio Vaccine (OPV) does not provide protection against COVID-19.
  - A study is planned in the United States to assess OPV's non-specific effects on the immune system to determine potential use until a COVID-19 vaccine and antiviral therapy is developed.

(WHO Source Page Visited May 6, 2020)
(Global Polio Eradication Initiative Source Page Visited May 6, 2020)

Does the Bacille Calmette-Guérin Vaccine (BCG) protect you against COVID-19?

- No. There is no evidence supporting the BCG vaccine as protection against infection with the COVID-19 virus.
  - WHO continues to recommend neonatal BCG vaccination in countries or settings with high incidence of tuberculosis.

(WHO Source Page Visited May 6, 2020)

Are antibiotics effective in preventing or treating COVID-19?

- No. COVID-19 is caused by a virus, and antibiotics are not effective treatment for viruses. Antibiotics can only treat bacterial infections.

(WHO Source Page Visited May 6, 2020)

Medical Mask and non-medical mask (cloth face covering) Guidance

What is the difference between medical masks and non-medical masks or cloth face coverings?

- WHO defines medical masks as surgical or procedure masks that are:
    - flat or pleated (some are shaped like cups)
    - affixed to the head with straps
    - tested according to a set of standardized test methods that aim to balance high filtration, adequate breathability and optionally, fluid penetration resistance.
    - WHO recommends that medical masks should be reserved for use by health care workers, those caring for COVID-19 patients at home, and people with COVID-19 symptoms.
- WHO defines face coverings made in the community of cloth, cotton, or fabric as non-medical masks.
    - WHO updated guidance on the use of non-medical masks in the community and notes that there is no current evidence to make a recommendation for or against their use in this setting.
    - Cotton cloth masks (non medical masks) are not considered appropriate for health care workers.
    - If production of cloth masks for use in health care settings is proposed locally in situations of shortage or stock out, a local authority should assess the proposed personal protective equipment (PPE) according to specific minimum standards and technical specifications (see use of PPE guidance).
- Regardless of the type of mask worn, best practices should be followed in how to wear, remove, and dispose of them, and for hand hygiene after removal (see below sections on How to wear, remove, and dispose of masks).
- The use of a mask alone, regardless of type, is insufficient to provide an adequate level of protection, and all key preventive actions should also be adopted:
    - avoid groups of people and enclosed, crowded spaces.
    - maintain physical distance of at least 1-2 meters (3 - 6 feet) from other persons, in particular from those with respiratory symptoms (e.g., coughing, sneezing).
    - perform hand hygiene frequently, and use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
    - cover your nose and mouth with a bent elbow or paper tissue when coughing or sneezing, dispose of the tissue immediately after use, and perform hand hygiene.
    - refrain from touching your mouth, nose, and eyes.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

WHO SHOULD WEAR A MEDICAL MASK?

- Medical masks should only be used by healthcare workers, caretakers, and those with respiratory symptoms (especially cough).
    - There is a worldwide shortage of medical masks, please save these masks for caregivers and healthcare workers.
    - The CDC and WHO recommend the general public to not use a medical facemask meant for healthcare workers.
- If you are sick with suspected COVID-19 or have mild symptoms, wear a mask as much as possible.
    - the mask should be changed at least once daily.
    - If you cannot tolerate a medical mask you should rigorously apply respiratory hygiene.
        - Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze and then dispose of the used tissue immediately and wash your hands.
    - Self-isolate or reduce interaction with others as much as possible if isolation in a medical facility is not indicated or not possible.
    - Perform hand hygiene frequently, and use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
    - Keep a distance of at least 1-2 meters (3-6 feet) from other people.
    - Avoid contaminating surfaces with saliva, phlegm, or respiratory secretions.
    - Improve airflow and ventilation in your living space by opening windows and doors as much as possible.
- Caregivers or those sharing living space with persons suspected of COVID-19 or with mild symptoms should wear a medical mask when in the same room as the affected person.
    - Perform hand hygiene frequently, and use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
    - Keep a distance of at least 1-2 meters (3-6 feet) from the person you are caring for when possible.
    - Dispose of any material contaminated with respiratory secretions (disposable tissues) immediately after use and then perform hand hygiene.
    - Improve airflow and ventilation in the living space by opening windows as much as possible.
- Health care workers should wear a medical mask when entering a room where patients with suspected or confirmed COVID-19 are admitted.
    - Use a particulate respirator at least as protective as a US National Institute for Occupational Safety and Health-certified N95, European Union standard FFP2, or equivalent, when performing or working in settings where aerosol-generating

procedures, such as tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy are performed.

- Full infection prevention and control guidance for health care workers is provided here. See also Part 2 for additional information relevant to health workers.

- For additional detail on WHO's recommendations, please see advice on the use of masks in the community during home care and in healthcare settings in the context of COVID-19.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

ARE THERE ANY RISKS TO WEARING MEDICAL MASKS IN MY COMMUNITY?

- WHO notes that wearing medical masks in the community may:
  - create a false sense of security,
  - foster neglect of other essential prevention measures such as hand hygiene practices and physical distancing,
  - may lead to touching the face under the masks and under the eyes,
  - result in unnecessary costs, and
  - take masks away from those in health care who need them most, especially when medical masks are in short supply.

(WHO Source Page Visited May 12, 2020)

SHOULD EVERYONE COVER THEIR FACE WITH A NON-MEDICAL MASK (CLOTH COVER)?

- In some countries, masks (of different types) are worn in accordance with local customs or in accordance with advice by national authorities in the context of COVID-19.
  - In these situations, best practices should be followed about how to wear, remove, and dispose of them, and for hand hygiene after removal (see below sections on How to wear, remove, and dispose of masks).
  - The WHO provides guidance for decision makers regarding recommending the use of medical and non-medical masks by the general public here.
    - WHO strongly encourages countries that issue recommendations for the use of masks in healthy people in the community to conduct research on this critical topic. WHO will update its guidance when new evidence becomes available.
- The use of non-medical masks made of other materials (e.g., cotton fabric) in the community setting has not been well evaluated.
  - According to the WHO, there is no current evidence to make a recommendation for or against their use in this setting.
    - WHO is collaborating with research and development partners to better understand the effectiveness and efficiency of non-medical masks.

- The time between exposure to COVID-19 and symptom onset, is on average 5-6 days, but can be as long as 14 days. During this period, also known as the "pre-symptomatic" period, some infected persons can be contagious and therefore transmit the virus to others [a]
- CDC recommends that the potential advantages of the use of face coverings by healthy people in the community setting include reducing potential exposure risk from infected people during the "pre-symptomatic" period and reducing stigmatization of individuals wearing masks for source control. [b]
- A cloth face covering (non-medical mask) is not intended to protect the wearer, but it may prevent the spread of virus from the wearer to others.

[a](WHO Source Page Visited May 12, 2020)
[b](CDC Source Page Visited May 12, 2020)

WHY ARE SOME COUNTRIES RECOMMENDING THE USE OF A NON-MEDICAL MASK OR CLOTH FACE COVER?

- Different countries have different population needs and face different circumstances and vulnerabilities that need to be considered along with factors that include but are not limited to: the settings and conditions people live in; access to materials; feasibility of practicing recommended behaviors; if the mask is intended to be used by sick or healthy people and in which contexts; and how much virus is circulating in the area as well as the ability to test for it.
  - WHO provides guidance for decision makers regarding recommending the use of medical and non-medical masks by the general public here.
- The CDC recommends that people wear a cloth face covering (non-medical mask) in places where physical distancing measures are difficult to maintain (like supermarkets and pharmacies) because it may help prevent transmission from people who may have the virus and do not know it to others.
  - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
  - You can read more about CDC recommendations for how to make, wear, and care for a cloth face covering here.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

DO I STILL NEED TO KEEP A PHYSICAL DISTANCE FROM PEOPLE IF I CHOOSE TO WEAR A CLOTH FACE COVER (NON-MEDICAL MASK)?

- Yes, all of the key preventive actions should be adopted including maintaining at least 1-2 meters (3-6 feet) from other persons, in particular from those with respiratory symptoms (e.g., coughing, sneezing).
  - Avoid groups of people and enclosed, crowded spaces.
  - Perform hand hygiene frequently, and use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.

- Cover your nose and mouth with a bent elbow or paper tissue when coughing or sneezing, and dispose of the tissue immediately after use, and then perform hand hygiene.
- Refrain from touching their mouth, nose, and eyes.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

IF I CHOOSE TO WEAR A NON-MEDICAL MASK OR FACE CLOTH COVER, CAN I USE ANY KIND OF CLOTH?

- The cloth you use for a face covering (non-medical mask) should:
  - Be clean and washed.
  - Include multiple layers.
  - Be breathable.
  - Have water repellent qualities, if possible.
  - Fit comfortably over your nose and mouth when secured behind the head with ties or over the ears with rubber bands or loops.
  - Be able to withstand washing and drying with heat without damage or change to shape.
- The CDC provides instructions for making low cost cloth face coverings (non-medical masks) from common household items and guidance on how to wash it here.

(CDC Source Page Visited May 12, 2020)
(WHO Source Page Visited May 12, 2020)

WHAT IS THE SAFEST WAY TO PUT ON AND USE A MEDICAL OR NON-MEDICAL MASK?

- For any type of mask, appropriate use and disposal are essential to ensure that they are effective and to avoid any increase in transmission. WHO recommends the following steps:
  - Before touching the mask, clean hands with an alcohol-based hand rub or soap and water.
  - Take the mask and inspect it for tears or holes.
  - Orient which side is the top side (where the metal strip is if there is one).
  - Ensure the proper side of the mask faces outwards (the colored side).
  - Place the mask on your face. If your mask has one, pinch the metal strip or stiff edge of the mask so it molds to the shape of your nose.
  - Pull down the mask's bottom so it covers your mouth and your chin.
- CDC provides guidance on how to wear a cloth face covering (non-medical mask) here.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

WHAT IS THE SAFEST WAY TO TAKE OFF AND DISPOSE OF A MASK?

- After use, remove the mask by pulling the elastic loops from behind the ears while keeping the mask away from your face and clothes.
    - Avoid touching potentially contaminated surfaces of the mask.
- Discard the mask in a closed bin immediately after use for disposal (or washing if using a non-medical mask).
- Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
    - Use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
    - Wash hands with soap and water when they are visibly soiled
    - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
- CDC provides guidance on how to remove and routinely wash a cloth face covering (non-medical mask) with hot, soapy water here.
    - Cloth face coverings should be washed routinely with use.

(CDC Source Page Visited May 12, 2020)
(WHO Source Page Visited May 12, 2020)

Care and Hospitalization

If I have or may have COVID-19 but it seems mild, do I need to be hospitalized?

- No. Hospitalization may not be required if you have mild illness with the following characteristics:
    - low-grade fever, cough, malaise, runny nose or sore throat without any warning signs (shortness of breath or difficulty in breathing),
    - increased respiratory sputum
    - gastro-intestinal symptoms such as nausea, vomiting, and/or diarrhea
    - without changes in mental status
- The CDC additionally recognizes chills, repeated shaking with chills, headache, muscle pain, sore throat, and new loss of taste or smell as symptoms of COVID-19.
- Please see the above section on when to seek care, self-isolation, and self quarantine.
- WHO recommends that all laboratory confirmed cases be isolated and cared for in a healthcare facility.
- Hospitalization may be required when there is concern for rapid clinical deterioration. Go to the hospital if you develop any worsening of illness.
    - The CDC identifies emergency warning signs requiring immediate medical attention, including, but not limited to:
        - Trouble breathing

- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

IF I AM RECOVERING AT HOME WITH COVID-19, HOW DO I SAFELY END MY HOME ISOLATION?

- If you are recovering from COVID-19 or its symptoms at home and will not be tested to determine if you are no longer contagious, you may end isolation when:
    - You have had no fever at least 72 hours (or three full days of no fever) without the use of medicine that reduces fevers and,
    - Other symptoms have improved (for example, when cough or shortness of breath have improved) and,
    - At least 7 days have passed since your symptoms first appeared.
- If you are recovering from COVID-19 or its symptoms at home and will be tested to determine if you are no longer contagious, you may end isolation when:
    - You no longer have a fever (without the use of medicine that reduces fever) and,
    - Other symptoms have improved (for example, when cough or shortness of breath have improved) and,
    - You received two negative tests in a row, 24 hours apart.
- If you did not have COVID-19 symptoms, but tested positive, you may end isolation when:
    - At least 7 days have passed since the date of first positive test and,
    - You continue to have no symptoms since the test. For more information on symptoms, refer to guidance here.
    - For three more days, you should continue to maintain a physical distance of 1 - 2 meters (3 - 6 feet) from others and wear a face covering for your nose and mouth when others are present (including at home).
- The decision to stop home isolation should be made in consultation with a healthcare provider and state and local health departments. Local decisions depend on local circumstances.

(CDC Source Page Visited May 12, 2020)

IS IT SAFE TO CARE FOR MY OTHER MEDICAL CONDITIONS DURING THIS TIME?

- It is important to continue taking care of your health and wellness.
    - If you have a chronic health problem, you may be at higher risk for severe illness from COVID-19.
- Continue your medications and do not change your treatment plan without talking to your health care provider.
- Continue to manage your disease the way your healthcare provider has told you.

- If possible, have at least a two-week supply of prescription and non-prescription medication on hand to reduce trips to the pharmacy.
- Talk to your health care provider about whether your vaccinations are up-to-date. People aged 65 years or older, and those with underlying conditions, are recommended to receive vaccinations against influenza and pneumococcal disease as soon as your provider tells you that you can.
- Call your healthcare provider:
    - If you have any concerns about your medical conditions or you are sick,
    - To find out different ways to connect with your healthcare provider for chronic disease management or other conditions
- Do not delay getting emergency care for your health problems or any condition that requires immediate attention.
    - If you need emergency help, call 911, or your country's emergency phone number.
    - Emergency departments have infection control measures to protect you from getting COVID-19 if you need medical attention.
- Continue to practice everyday prevention.

(CDC Source Page Visited May 14, 2020)

CARING FOR LOVED ONES WITH MILD SYMPTOMS OF OR CONFIRMED OF COVID-19 AT HOME

WHAT SHOULD I TELL OTHER PEOPLE AT HOME IF SOMEONE IN OUR HOUSEHOLD HAS SYMPTOMS OR CONFIRMED COVID-19?

- Tell other household members to stay and eat in a different room or, if that is not possible, maintain a physical distance of 1 - 2 meters (3 - 6 feet) from the ill person.
- If possible, use a separate bedroom and bathroom.
    - If you have to share space, make sure the room has good airflow. To increase air flow, open the window and turn on a fan (if possible).
- Limit the number of caregivers and ideally, assign one person as the caregiver who is in good health and has no underlying chronic or immuno-compromising conditions.
    - For more information about those at higher risk for severe illness, refer to the guidance here.
- Avoid sharing personal items with the person who is sick, including items like dishes, cups/glasses, silverware, towels, bedding, or electronics.
- Avoid having unnecessary visitors to your home, especially people at higher risk for severe illness.
- Watch for warning signs and call their doctor if the person keeps getting sicker. For medical emergencies, call 911 and tell the dispatcher that the person has or might have COVID-19.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

HOW SHOULD I ORGANIZE THE ENVIRONMENT TO PROTECT OTHERS IN OUR HOME?

- Place your loved one that is ill in a well-ventilated single room (that is, a room with open windows and an open door).
- Limit the movement of your loved ones in the house and minimize shared space.
- Ensure that shared spaces (for example, the kitchen and bathroom) are well ventilated (keep windows open).
- Use dedicated linen and eating utensils for your loved one who is ill. They may be re-used instead of being discarded.
    - Handle any dishes, cups/glasses, or silverware used by the person who is sick with gloves.
    - Wash them with soap and hot water or in a dishwasher.
    - Clean hands after taking off gloves or handling used items. Wash dishes and utensils using gloves with soap and hot water after each use or in a dishwasher.
    - They may be re-used instead of being discarded.
- Everyday, clean and disinfect surfaces that are frequently touched in the room where the patient is being cared for—such as bedside tables, bed frames, and other bedroom furniture and surfaces commonly touched around the house such as tables, door knobs, light switches, handles, desks, toilets, faucets, sinks and electronics.
- Detailed guidance on how to clean and disinfect multiple types of surfaces and make diluted bleach solution at home is available in this guide here.
- If your loved one with COVID is using a separate bedroom and bathroom, only clean the area around the person who is sick when needed, such as when the area is soiled.
    - If they feel up to it, the person who is sick can clean their own space.
    - Give the person who is sick personal cleaning supplies such as tissues, paper towels, cleaners, soap and water, and appropriate disinfectant. If your loved one with COVID-19 is sharing a bathroom, the person who is sick should clean and then disinfect after each use.
        - If this is not possible, the caregiver and household member should wait as long as possible before entering the bathroom and clean and disinfect the bathroom before use.
- Clean clothes, bed linen, and bath and hand towels using regular laundry soap and water or machine wash at 60–90 °C (140–194 °F) with common household detergent, and dry thoroughly.
- If your loved one is confirmed to have COVID-19 and you are dealing with soiled bedding, towels, and clothes, please refer to guidance here.
- Further guidance is available in Best Practices for Environmental Cleaning in Healthcare Facilities in Resources-Limited Settings which was developed by CDC and ICAN in collaboration with WHO

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

Is there a special procedure I should follow to dispose of waste produced by my loved one with suspected or confirmed COVID-19 if I am providing at home care?

- No. Waste produced during the home care of patients with suspected or confirmed COVID-19 should be disposed of as infectious waste.
    - For more information on disposing of infectious waste, please click here. Or visit CDC website here.
- The CDC recommends placing all disposable gloves, facemasks, and other contaminated items in a lined trash can.
    - If possible, dedicate a lined trash can for the person who is sick.
- Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands with soap afterwards.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

What disinfectants should I use for environmental cleaning if I am caring for a loved one at home with suspected or confirmed COVID-19?

- Use the following for environmental cleaning in facilities or homes housing patients with suspected or confirmed COVID-19:
    - 70% Ethyl alcohol to disinfect reusable dedicated equipment (for example, thermometers) between uses; and
    - Sodium hypochlorite (bleach) at 0.1% (equivalent 1000ppm) for disinfection of frequently touched surfaces; and
    - Sodium hypochlorite at 0.5% (equivalent 5000ppm) for disinfection of larger surfaces or surfaces soiled by body fluids.
    - Please also refer to the guidance here for instructions on how to make diluted household bleach disinfectant for cleaning and guidance on cleaning different types of surfaces

(WHO Source Page Visited May 5, 2020)

What protective measures should the caregiver take while caring for a loved one at home with suspected or confirmed COVID-19?

- Perform hand hygiene after any type of contact with patients or their immediate environment.
    - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol
    - Use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled
    - Wash hands with soap and water when they are visibly soiled
    - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.

- Provide a medical mask to the ill person to contain respiratory secretions.
    - Advise the ill person that they should wear the mask as much as possible.
    - Change the mask daily.
- Wear a medical mask that covers your mouth and nose when in the same room as the patient. Do not touch or handle your mask during use.
    - For those who cannot use a mask, any materials used to cover the mouth and nose should be discarded or cleaned appropriately after use.
    - Remove the mask using the appropriate technique—that is, do not touch the front, but instead untie it.
- Use disposable gloves and a mask when providing oral or respiratory care and when handling stool, urine, and other waste.
    - Perform hand hygiene before and after removing gloves and mask (see above).
    - Do not reuse masks or gloves.
- Gloves and protective clothing (for example, plastic aprons) should be used when cleaning surfaces or handling clothing or linen soiled with body fluids.
    - If using utility gloves, clean them with soap and with 0.1% sodium hypochlorite solution. Please also refer to the guidance here.
    - Perform hand hygiene before putting on and after removing gloves.
- Gloves, masks, and other waste generated during home care should be placed into a waste bin with a lid in the patient's room before disposing of it as infectious waste.
- Limit contact and maintain a physical distance of 1- 2 meters (3 - 6 feet) whenever possible.
    - Use a separate bedroom and bathroom.
    - If possible, have the person who is ill stay in their own "sick room" or area and away from others.
    - If possible, have the person who is sick use a separate bathroom.
    - If you have to share space, make sure the room has good airflow. Open the window and turn on a fan (if possible) to increase air circulation.
        - Improving ventilation helps remove respiratory droplets from the air.
    - Eat in separate rooms or areas.
        - The person who is sick should eat (or be fed) in their room, if possible.
    - Handle any dishes, cups/glasses, or silverware used by the person who is sick with gloves.
        - Wash them with soap and hot water or in a dishwasher.
        - Clean hands after taking off gloves or handling used items.
    - Avoid sharing personal items such as dishes, cups/glasses, silverware, towels, bedding, or electronics with the person who is sick.
- Track your own health.

- Caregivers and close contacts should monitor their health for COVID-19 symptoms.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

I AM CARING FOR A LOVED ONE WITH COVID-19 AT HOME, HOW CAN I SUPPORT THEM?

- Help your loved one follow their doctor's instructions for care and medicine.
  - For most people, symptoms last a few days and people feel better after a week.
- See if over-the-counter medicines, such as acetaminophen, help the person feel better.
- Make sure the person who is sick drinks a lot of fluids and rests.
- Help them with grocery shopping, filling prescriptions, and getting other items they may need. Consider having the items delivered through a delivery service, if possible.
- Take care of their pet(s), and limit contact between the person who is sick and their pet(s) when possible.
- Have their doctor's phone number on hand and call their doctor if their condition gets worse.

(CDC Source Page Visited May 12, 2020)

UNDERSTANDING CASES, CONTACTS, QUARANTINE AND ISOLATION

WHAT IS A SUSPECT CASE OF COVID-19?

- A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), **AND** a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.

  OR

- A patient with any acute respiratory illness **AND** having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;

  OR

- A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; **AND** requiring hospitalization) **AND** in the absence of an alternative diagnosis that fully explains the clinical presentation.

(WHO Source Page Visited May 12, 2020)

WHAT IS A PROBABLE CASE OF COVID-19?

- A suspect case for whom testing for the COVID-19 virus is inconclusive (meaning, the result of the test reported by the laboratory)

  OR

- A suspect case for whom testing could not be performed for any reason.

- The CDC defines probable cases as:
    - Meeting clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19; or
    - Meeting presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence; or
    - Meeting vital records criteria with no confirmatory laboratory testing performed for COVID-19.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

WHAT IS A CONFIRMED CASE?

- A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms. Technical guidance for laboratory testing can be found here.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

WHAT IS THE DEFINITION OF CONTACT WITH SOMEONE WITH COVID-19?

- A contact is a person who experienced any one of the following exposures during the *2 days before* and the *14 days after* the onset of symptoms of a probable or confirmed case:
    - Face-to-face contact with a probable or confirmed case within a physical distance of 1 - 2 meters (3 - 6 feet) and for more than 15 minutes;
    - Direct physical contact with a probable or confirmed case;
    - Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; OR
    - Other situations as indicated by local risk assessments.
    - Note: for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to confirmation.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

WHAT DOES IT MEAN TO BE IN QUARANTINE VERSUS ISOLATION?

- Quarantine means restricting the activities or separating people who are not ill, but that may have been exposed to COVID -19 and are not yet showing symptoms. The goal is to prevent the spread of the disease at a time when people just develop symptoms.
    - Quarantine is different from isolation, which is the separation of ill or infected persons from others to prevent the spread of infection or contamination.

- Isolation refers to the separation of a person or group of people that have symptoms of COVID-19 or known to be infected with COVID -19 from those who are not infected to prevent spread of the disease.
    - Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.
- Physical distancing means maintaining a distance of 1 - 2 meters (3 - 6 feet) from others and is a protective action everyone should take.

(WHO Source Page Visited May 12, 2020)
(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

WHEN IS QUARANTINE USED, AND WHAT DOES IT INVOLVE?

- WHO recommends that contacts of patients with laboratory-confirmed COVID-19 be quarantined for 14 days from the last time they were exposed to the patient.
    - The global containment strategy includes the rapid identification of laboratory-confirmed cases and their isolation and management either in a medical facility or at home.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

WHAT MEASURES SHOULD BE TAKEN TO ENSURE THAT QUARANTINE ARRANGEMENTS ARE SAFE AND COMFORTABLE FOR TRAVELERS?

- Ensure adequately ventilated, spacious single rooms with en suite facilities (that is, hand hygiene and toilet facilities).
    - If single rooms are not available, beds should be placed at least 1 - 2 meters (3 - 6 feet) apart.
- Ensure suitable environmental infection controls, such as adequate air ventilation, air filtration systems, and waste-management protocols.
- Maintain a physical distance of 1 - 2 meters (3 - 6 feet) between all persons who are quarantined.
- Ensure an appropriate level of comfort, including the provision of food, water, and hygiene facilities.
- Provide protection for baggage and other possessions.
- Ensure appropriate medical treatment for existing conditions.
- Communicate in a language that those who are quarantined can understand, with an explanation:
    - of their rights
    - services that will be made available
    - how long they will need to stay, and

    - what will happen if they get sick
    - contact information for their local embassy or consular support should also be provided
- Provide medical assistance for quarantined travelers who are isolated or subject to medical examinations or other procedures for public health purposes.
- Ensure availability of communication channels so those in quarantine can communicate with family members outside the quarantine facility.
- Provide access to the internet, news, and entertainment (if possible).
- Provide psychosocial support.
- Older persons and those with comorbid conditions require special attention because of their increased risk for severe COVID-19.
- Possible settings for quarantine include hotels, dormitories, other facilities catering to groups, or the contact's home.

(WHO Source Page Visited May 12, 2020)

WHAT MEASURES SHOULD THOSE IN QUARANTINE AND QUARANTINE PERSONNEL ADHERE TO FOR SAFETY IN THE CONTEXT OF COVID-19?

- Standard precautions apply to all persons who are quarantined and to quarantine personnel. These include:
    - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
        - Use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
        - Wash hands with soap and water when they are visibly soiled.
        - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
    - Ensure that all persons in quarantine are practicing covering their mouth and nose with their bent elbow or tissue when they cough or sneeze. Then dispose of the used tissue immediately and wash their hands.
    - Refrain from touching the eyes, nose, and mouth.
    - See above section on mask guidance.

(WHO Source Page Visited May 12, 2020)

I AM A CLEANER IN A COVID-19 QUARANTINE FACILITY. ARE THERE ENVIRONMENTAL CLEANING AND DISINFECTION PROCEDURES THAT I SHOULD FOLLOW TO PROTECT MYSELF?

- Cleaning personnel should be educated about and protected from COVID-19 and how to safely ensure that environmental surfaces are regularly and thoroughly cleaned throughout the quarantine period.

- Clean and disinfect frequently touched surfaces − such as bedside tables, bed frames and other bedroom furniture − daily with regular household disinfectant containing a diluted bleach solution (that is, 1-part bleach to 99 parts water).
    - For surfaces that cannot be cleaned with bleach, 70% ethanol can be used.
- Clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant containing a diluted bleach solution (that is, 1-part bleach to 99 parts water).
- Clean clothes, bed linens, and bath and hand towels using regular laundry soap and water or machine wash at 60-90 °C (140–194 °F) with common laundry detergent, and dry thoroughly.
- Cleaning personnel should wear disposable gloves when cleaning surfaces or handling clothing or linen soiled with body fluids, and they should perform hand hygiene before putting on and after removing their gloves.
- Daily follow up of persons who are quarantined should be conducted within the facility for the duration of the quarantine period and should include screening for body temperature and symptoms.
- Additional technical guidance on quarantine for public health authorities is available in part 5.

(WHO Source Page Visited May 12, 2020)

GENDER BASED VIOLENCE AND COVID-19

IS GENDER BASED VIOLENCE A CONCERN IN THE CONTEXT OF COVID-19?

- Yes, gender based violence remains a major threat to global public health and women's health during emergencies and tends to increase during every type of emergency, including epidemics.
    - Older women and women with disabilities are likely to have additional risks and needs.
    - Women who are displaced, refugees, and living in conflict-affected areas are particularly vulnerable.
    - Other vulnerabilities include age, religion, migration status, sexuality, and ethnicity.
    - Intimate partner violence is the most common form of violence.
- Although data are scarce, reports from China, the United Kingdom, the United States, and other countries suggest an increase in domestic violence cases since the COVID-19 outbreak began.
- The health impacts of violence, particularly intimate partner/domestic violence, on women and their children, are significant.
    - Violence against women can result in injuries and serious physical, mental, sexual and reproductive health problems, including sexually transmitted infections, HIV, and unplanned pregnancies.

- The risks of violence that women and their children face during the current COVID-19 crisis cannot be ignored.
    - Additional information and resources for health workers, governments, religious leaders and service providers on what can be done to address gender based violence is provided in Part 3 and Part 5 of this document.

(WHO Source Page Visited May 12, 2020)
(UNFPA Source Page Visited May 12, 2020)

HOW DOES COVID-19 AFFECT GENDER BASED VIOLENCE?

- Stress, the disruption of social and protective networks, and decreased access to services can all increase the risk of violence for women. As distancing measures are put in place and people are encouraged to stay at home, the risk of intimate partner violence is likely to increase. For example:
    - The likelihood that women in an abusive relationship and their children will be exposed to violence is dramatically increased, as family members spend more time in close contact and families cope with additional stress and potential economic or job losses.
    - Women may have less contact with family and friends that may provide support and protection from violence.
    - Women bear the brunt of increased care work during this pandemic. School closures further exacerbate this burden and place more stress on them.
    - The disruption of livelihoods and ability to earn a living,including for women (many of whom are informal wage workers), will decrease access to basic needs and services, increasing stress on families, with the potential to exacerbate conflicts and violence. As resources become scarcer, women may be at greater risk for experiencing economic abuse.
    - Men may exhibit less health-seeking behaviors because of rigid gender norms, implying a delay in detection and access to treatment for the virus. Men may also feel pressure in the face of economic hardship resulting from the outbreak and the inability to work, causing tensions and conflict in the household, and possibly leading to violence.
    - Perpetrators of abuse may use restrictions due to COVID-19 to exercise power and control over their partners to further reduce access to services, help, and psychosocial support from both formal and informal networks.
    - Perpetrators may also restrict access to necessary items such as soap and hand sanitizer.
    - Perpetrators may exert control by spreading misinformation about the disease and stigmatize partners.
- Access to vital sexual and reproductive health services, including for women subjected to violence, will likely become more limited.
- Other services, such as hotlines, crisis centers, shelters, legal aid, and protection services may also be scaled back, further reducing access to the few sources of help that women in abusive relationships might have.

(WHO Source Page Visited May qw, 2020)
(UNFPA Source Page Visited May 14, 2020)

WHAT SHOULD I DO IF I AM EXPERIENCING VIOLENCE WHILE AT HOME IN THE CONTEXT OF THE COVID-19 OUTBREAK?

- If you or your family members are experiencing violence, the following tips may be useful.
    - Reach out to supportive family and friends who can help practically (for example, with food or child care) as well as in coping with stress.
    - Take other measures to cope with stress—for example, reduce time spent consuming news, practice breathing exercises, and maintain your usual routine as much as possible (see more in section on managing stress).
    - Develop a safety plan for yourself and your children's safety in case the violence gets worse. This includes:
        - keeping numbers of neighbors, friends, and family whom you can call or go to for help
        - having accessible important documents, money, and a few personal things to take with you if you need to leave immediately
        - planning how you might exit the house and access help (for example, transport, location)
    - Make sure helpful information about support networks is accessible —including violence against women hotlines, social workers, child protection, nearest police stations, and shelters or support services. Be discrete so that you stay safe, and so your partner or family members do not find out.
- As much as possible, reduce sources of stress by:
    - Seeking information from reliable sources and only consume news 1-2 times a day
    - Seeking support from family and friends via phone, emails, text, etc.
    - Trying to maintain daily routines and make time for physical activity and sleep.
    - Using relaxation exercises like slow breathing, meditation, progressive muscle relaxation, and grounding exercises to relieve stressful thoughts and feelings.
    - Engaging in activities that in the past have helped with managing adversity.

(WHO Source Page Visited May 12, 2020)

MENTAL HEALTH (ALSO SEE MANAGING STRESS AND COMMUNICATING WITH PATIENTS)

WHAT ARE SOME SIGNS THAT I OR MY LOVED ONES MAY BE EXPERIENCING STRESS RELATED TO THE COVID-19 OUTBREAK?

- The COVID-19 outbreak may be stressful for many people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children.
- According to the CDC, stress during an infectious disease outbreak can include:
    - Fear and worry about your own health and the health of loved ones

- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Worsening of mental health conditions
- Increased use of alcohol, tobacco, or other drugs

- How you respond to the outbreak can depend on your background, the things that make you different from other people, and the community you live in.
- People who may respond more strongly to the stress of a crisis include:
  - Older people and people with chronic diseases who are at higher risk for severe illness from COVID-19.
  - Children and teens.
  - People who are helping with the response to COVID-19, including doctors, other health care providers, and first responders.
  - People who have mental health conditions including problems with substance use.

(CDC Source Page Visited May 4, 2020)

How can I manage stress during the COVID-19 outbreak?

- Coping with stress can make you, the people you care about, and your community stronger. The following tips can help you reduce sources of stress:
  - Take breaks from watching, reading, or listening to news stories, including social media or seek information updates at specific times during the day, once or twice.
    - Hearing about the pandemic repeatedly can be upsetting.
  - Seek information only from trusted sources such as the WHO, CDC, or your national health authority, so that you can take practical steps to prepare your plans and protect yourself and your loved ones.
    - Gathering information from trusted sources can help you distinguish facts from rumors. This can help minimize fears.
  - To the extent possible, maintain daily routines and make time for physical activity and sleep.
  - Take care of your body.
    - Use relaxation exercises like slow breathing, meditation, progressive muscle relaxation, and grounding exercises to relieve stressful thoughts and feelings.
    - Take frequent and regular breaks when sitting for prolonged periods.
  - Engage in activities that in the past have helped with managing adversity.
  - Connect with others. Seek support from family and friends via phone, email, text, etc. Talk with people you trust about your concerns and how you are feeling.

- Protect yourself and be supportive to others.
    - Assisting others in their time of need can benefit the person receiving support as well as the helper.
    - You may want to phone neighbors or other community members who may need some extra assistance.
    - Working together as a community can help to create solidarity in addressing COVID-19.
- Find opportunities to amplify positive and hopeful stories and positive images of local people who have experienced COVID-19.
- For example, talk to people who have recovered or who have supported a loved one and are willing to share their experience.
- If you feel overwhelmed, talk to a counsellor or health worker and avoid using smoking, alcohol or other drugs to cope.
- Establish a plan for where to go and how to seek help for physical or mental health needs if required.
- Channel concerns into actions to protect yourself, your loved ones and your community.
    - First and foremost practice regular and thorough hand washing and good respiratory hygiene.

- Secondly, keep informed and follow the advice of local health authorities including any restrictions put in place on travel, movement and gatherings. Honor caretakers and healthcare workers supporting people with COVID-19 in your community. Acknowledge the role they play to save lives and keep your loved ones safe.

(WHO Source Page Visited May 4, 2020)
(WHO Source Page Visited May 4, 2020)
(CDC Source Page Visited May 8, 2020)

I AM SOCIALLY ISOLATED. HOW CAN I MANAGE STRESS DURING THE COVID-19 OUTBREAK?

- Social isolation, quarantine, and physical distancing can impact you and your family's psychological well-being. Follow these tips to help manage stress:
    - Stay connected to family, friends, and community members via phone or internet.
    - Maintain social networks.
    - Even when isolated, try as much as possible to keep your personal daily routines or create new routines.
    - During times of stress, pay attention to your own needs and feelings.
    - Engage in healthy activities that you enjoy and find relaxing.
    - Exercise regularly, keep regular sleep routines, and eat healthy food. Avoid prolonged periods of sitting by taking frequent breaks and moving your body.

- Take breaks from watching, reading, or listening to news stories, including social media or seek information updates at specific times during the day, once or twice. Hearing about the pandemic repeatedly can be upsetting.
- Seek information only from trusted sources (WHO, CDC, and your local health authorities), and avoid listening to rumors that make you feel uncomfortable.

(WHO Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)

I TAKE CARE OF CHILDREN. HOW CAN I HELP MANAGE THEIR STRESS DURING THE COVID-19 OUTBREAK?

- Those who provide care for children have a valuable role in ensuring their mental health during the COVID-19 outbreak.
- Watch for behavior changes in your child. Not all children and teens respond to stress in the same way. The CDC recognizes the following as some common changes to look for:
  - Excessive crying or irritation in younger children.
  - Returning to behaviors they have outgrown (ex. Toileting accidents or bedwetting).
  - Excessive worry or sadness.
  - Unhealthy eating or sleeping habits.
  - Irritability and "acting out" behaviors in teens.
  - Poor school performance or avoiding school.
  - Difficulty with attention and concentration.
  - Avoidance of activities enjoyed in the past.
  - Unexplained headaches or body pain.
  - Use of alcohol, tobacco, or other drugs.
- Help children find positive ways to express feelings such as fear and sadness.
  - Every child has their own way to express emotions. Sometimes engaging in a creative activity, such as playing, and drawing can facilitate this process.
  - Children often feel relieved if they can express and communicate their feelings in a safe and supportive environment.
- Keep children close to their parents and family, if considered safe for the child.
  - Avoid separating children and their caregivers as much as possible.
  - If a child needs to be separated from their primary caregiver, ensure that appropriate alternative care is provided and that a social worker, or equivalent, will regularly follow up on the child.
  - During any periods of separation, ensure that regular contact with parents and caregivers is maintained—for example, through regular phone or video calls.
- Maintain familiar routines in daily life as much as possible.

- Consider creating new routines, especially if children must stay at home.
- Provide engaging age appropriate activities for children, including educational activities.
- As much as possible, encourage children to continue to play and socialize with others, even if only within the family, when physical distancing is advised.
- Allow children to occasionally choose activities. This can help build their self-confidence during this time.
    - If the activity does not allow for physical distancing, this can be an opportunity to have a candid conversation with children about COVID-19 and related prevention behaviors.
- Limit your family's exposure to news coverage of the event, including social media.
- Children may misinterpret what they hear and can be frightened about something they do not understand.

- During times of stress, it is common for children to seek more attachment and be more demanding on parents. Discuss COVID-19 with your children using honest, age appropriate language.
    - If your children have concerns, addressing those together may ease their anxiety.
    - Children will observe adults' behaviors and emotions for cues on how to manage their own emotions during difficult times.
- Make sure that children and young people do not have access to alcohol and avoid consuming alcohol in front of them, be a role model.
    - Discuss with children and young people the problems associated with drinking and COVID-19, such as violations of quarantine and physical distancing, which can make the pandemic worse.
        - You might think that alcohol helps you to cope with stress, but it is not in fact a good coping mechanism, as it is known to increase the symptoms of panic and anxiety disorders, depression and other mental disorders, as well as the risk of family and domestic violence.
    - Monitor the screen time of your children (including TV), as such media are flooded with alcohol advertising and promotion; they also spread harmful misinformation that may stimulate early initiation and increased consumption of alcohol.
- Take time for yourself. When children are asleep or otherwise engaged, take some time to do something fun or relaxing for yourself.

(WHO Source Page Visited May 4, 2020)
(WHO Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)
(WHO Source Page Visited May 4, 2020)

I TAKE CARE OF OLDER ADULTS. HOW CAN I HELP MANAGE THEIR STRESS DURING THE COVID-19 OUTBREAK?

- Those who provide care for older adults, and those with serious health conditions, have a valuable role in ensuring their mental health during the COVID-19 outbreak. Consider the following tips:
    - Older adults, especially those in isolation and those with cognitive decline/dementia, may become more anxious, angry, stressed, agitated, and withdrawn during the outbreak and while in quarantine.
        - Provide practical and emotional support through informal networks (families) and health professionals.
    - Share simple facts about what is going on and give clear information about how to reduce risk of infection in words older people with/without cognitive impairment can understand.
    - Be prepared and know in advance where and how to get practical help if needed.
        - For example, provide information regarding calling for transportation, having food delivered, and requesting medical care.
    - Ensure that the older adults you care for have at least a two week supply of any regular medications they require.
    - Teach them simple daily physical exercises to perform at home, in quarantine or isolation to maintain mobility and reduce boredom.
    - Help them keep their regular routines and schedules as much as possible or help create new ones in a new environment.
        - This can include regular exercising, cleaning, daily chores, singing, painting or other activities. Encourage them to help each other through peer support.
    - Help them prepare a personal safety pack.
        - The pack may include a summary of basic personal information, available contacts, medical information, regular medicines for two weeks, storable preferred snacks, a bottle of water, and some personal clothes.

(WHO Source Page Visited April 16, 2020)
(CDC Source Page Visited April 16, 2020)

WHAT SHOULD I CONSIDER WHEN IT COMES TO ALCOHOL CONSUMPTION DURING THE COVID-19 OUTBREAK?

- Consumption of alcohol will not protect you from COVID-19 or prevent you from being infected by it.
    - Drinking alcohol will not destroy the virus, and its consumption is likely to increase the health risks if a person becomes infected with the virus.
    - Alcohol (at a concentration of at least 60% by volume) works as a disinfectant on your skin, but it has no such effect within your system when ingested.
    - Consumption of alcohol will not kill the virus in the inhaled air; it will not disinfect your mouth and throat; and it will not give you any kind of protection against COVID-19.

    - Alcohol has a negative effect on your immune system and will not stimulate immunity and virus resistance.

- Alcohol has effects both short-term and long-term, on almost every single organ of your body.
    - Overall, evidence suggests that there is no “safe limit”- in fact, the risk of damage to your health increases with each drink of alcohol consumed.
    - Alcohol use, especially heavy use, can weaken your immune system and thus reduces the ability to cope with infectious diseases.
    - Alcohol, even in very small quantities, is known to cause certain types of cancer.
    - Alcohol, even in small amounts, is a risk to an unborn child at any time during pregnancy.
- Alcohol alters your thoughts, judgement, decision-making, and behavior.
    - Alcohol increases risk, frequency, and severity of perpetration of interpersonal violence, such as intimate partner violence, sexual violence, youth violence, elder abuse, and violence against children.
        - Child abuse and neglect can be aggravated by alcohol consumption, especially in crowded housing situations where isolation from the drinker is not possible.
        - Alcohol is closely associated with violence, including intimate partner violence- Men perpetrate most of the violence against women, which is worsened by their alcohol consumption, while women experiencing violence are likely to increase their alcohol use as a coping mechanism.
            - If you are a victim of violence and are confined with the perpetrator in home isolation, you need a safety plan in case the situation escalates.
            - This includes having a neighbour, friend, relative or shelter to go to in the event that you need to leave the house immediately.
            - Try to reach out to supportive family members and/or friends and seek support from a hotline or local services for survivors
            - If you are under quarantine and need to leave the house immediately, call a local support hotline and reach out to someone you trust.
            - Additional information on gender based and family violence in the context of COVID-19 is available in this document here.
    - Alcohol increases the risk of death and injury from road traffic injuries, drowning, and falls.
    - Alcohol is not in fact a good coping mechanism, as it is known to increase the symptoms of panic and anxiety disorders, depression and other mental disorders, and the risk of family and domestic violence.
        - Alcohol use can increase during self-isolation and both,isolation and drinking may also increase the risk of suicide, so reducing alcohol consumption is very important.
        - If you have suicidal thoughts, you should call your local or national health hotline.

- People with an alcohol use disorder are at greater risk of COVID-19 not only because of the impact of alcohol on their health but also because they are more likely to experience home lessness or incarceration than other members of the population.
    - It is therefore essential, under the current conditions, that people who need help because of their alcohol use get all the support they need.
    - Alcohol use disorders are characterized by heavy alcohol use and loss of control over alcohol intake. Although they are among the most prevalent mental disorders globally, they are also among the most stigmatized.
    - If you, or a person close to you, have problems in relation to alcohol use, additional information is available here.

- Please consider the following concerning alcohol use during the COVID-19 pandemic:
    - Avoid alcohol altogether so that you do not undermine your own immune system and health, and do not risk the health of others.
    - Stay sober so that you can remain vigilant, acti quickly and make decisions with a clear head, for yourself and others in your family and community.
    - If you drink, keep your drinking to a minimum and avoid getting intoxicated (drunk).
    - Avoid alcohol as a social cue for smoking, and vice versa: people tend to smoke, or smoke more, if they drink alcohol, and smoking is associated with a more complicated and dangerous progression of COVID-19.
        - Remember, too, that indoor smoking is harmful to others in your household and should be avoided.
    - Never mix alcohol with medications, even herbal or over-the-counter remedies, as this could make them less effective, or it might increase their potency to a level where they become toxic and dangerous.
    - Do not consume alcohol if you take any medication acting on the central nervous system (e.g. pain killers, sleeping tablets, antidepressants, etc.), as alcohol might interfere with your liver function and cause liver failure or other serious problems.
    - Discuss with children and young people the problems associated with drinking and COVID-19, such as violations of quarantine and physical distancing, which can make the pandemic worse.
        - Make sure that children and young people do not have access to alcohol and avoid consuming alcohol in front of them – be a role model.
            - Disinfectant alcohol can easily become accessible for consumption purposes in home isolation. It is important, therefore, to keep such products out of the reach of children and underage drinkers and others who may misuse them.
    - If you have, or someone you care about has, consumed too much alcohol or is experiencing alcohol addiction, please call your local emergency hotline or any relevant health service hotlines for help.

(WHO Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)

WHAT SHOULD I CONSIDER BEFORE I TRAVEL DURING THE OUTBREAK OF COVID-19?

- COVID-19 was declared a pandemic, and as such it is important to access information on any travel restrictions related to your plans, including whether or not re-entry into your home country will be allowed.
- If you are sick, you should delay or avoid travel to affected areas, in particular if you are elderly or an individual with chronic diseases or underlying health conditions.
    - People at higher risk for severe disease are older adults and people of any age with serious chronic medical conditions (lung disease, asthma, high blood pressure, heart disease, diabetes, cancer, severe obesity, and other immunocompromised conditions).
    - CDC recommends that travelers at higher risk for COVID-19 complications avoid all cruise travel and nonessential air travel.
- Consider the risk of passing COVID-19 to others during travel, particularly if you will be in close contact with people who are older adults or have severe chronic health conditions.
    - These people are at higher risk of getting very sick. If your symptoms are mild or you don't have a fever, you may not realize you are infectious.
    - This is also true when considering whether or not to visit friends and family.
        - The CDC recommends you stay home as much as possible and practice social distancing.
        - Traveling to visit friends and family increases your chances of getting and spreading COVID-19.
- Consider the level of transmission in the area you are going before you travel. The CDC issues the following levels of travel health notice:
    - **Level 1 Travel Health Notice:** Limited community transmission CDC recommends travelers practice usual health precautions recommended for their destination.
    - **Level 2 Travel Health Notice:** Ongoing community transmission. CDC recommends that older adults and people of any age with serious chronic medical conditions should consider postponing nonessential travel to most global destinations.
    - **Level 3 Travel Health Notice:** Widespread ongoing transmission without restrictions on entry to the United States. CDC recommends that travelers avoid all nonessential travel to the following destinations (destinations would be listed)
- Consider the following risks you might face, depending on what type of travel you are planning:
    - **Air travel:** Because of how air circulates and is filtered on airplanes, most viruses and other germs do not spread easily on flights. However, there may be risks of getting COVID-19 on crowded flights if there are other travelers on board with COVID-19.
    - **Bus or train travel:** Sitting or standing within 1 - 2 meters (3 - 6 feet) of others for a prolonged period of time can put you at risk of getting or spreading COVID-19.

- **Car travel:** The stops you make along the way could put you and others in the car with you in close contact with others who could be infected.
- **RV travel:** Traveling by RV means you may have to stop less often for food or bathrooms, but RV travelers typically have to stop at RV parks overnight and other public places to get gas and supplies. These stops may put you and those with you in close contact with others who could be infected.

- If you must stay in a hotel, motel, or rental property:
  - Take the same steps you would in other public places, for example, avoid close contact with others, wash your hands often, and wear a cloth face covering.
  - When you get to your room or rental property clean and disinfect all high-hand touch surfaces. This includes tables, doorknobs, light switches, countertops, handles, desks, phones remote controls, toilets, and sink faucets.
    - Consider bringing your own disinfectant and personal cleaning supplies, including clothes and disposable gloves.
  - Wash any plates, cups, or silverware (other than pre-wrapped plastic) before using.
- If you want to go camping, consider the following:
  - Going camping at a time when many locations are experiencing community spread of COVID can pose a risk to you if you come in close contact with others or share public facilities at campsites or along the trails.
  - Also, be aware that many local, state, and national public parks have been temporarily closed due to COVID-19.
- If you do decide to travel, be sure to take steps to help prevent getting and spreading COVID-19 and other respiratory diseases during travel, including proper hand hygiene and prevention behaviors.
- If you do decide to travel, be sure to follow proper food hygiene practices, including food safety practices as well as precautions if visiting live animal markets.
  - If you choose to wear a mask or cloth face cover, it is critical to follow best practices on how to wear, remove, and dispose of them and on hand hygiene after removal.
- The WHO maintains recommendations for international travel here on their website.
  - Please consult both your local government's website and the government website of your destination before traveling.

(CDC Source Page Visited May 4, 2020)
(WHO Source Page Visited May 4, 2020)

I AM TRAVELING WHERE COVID-19 IS SPREADING, WILL I GET INFECTED?

- If COVID-19 is spreading at your destination, but not where you live, you may be more likely to get infected if you travel there than if you stay home.
  - If you have questions about your destination, you should check your destination's local health department website for more information.

- Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded settings, particularly closed-in settings with little air circulation.
    - This may include settings such as conferences, public events (like concerts and sporting events), religious gatherings, public spaces (like movie theatres and shopping malls), and public transportation (like buses, metro, trains).

(CDC Source Page Visited May 4, 2020)
(WHO Source Page Visited May 4, 2020)

I live with someone who is older or has a serious, chronic medical condition. Will I infect them if I travel?

- If you get sick with COVID-19 upon your return from travel, your household contacts may be at risk of infection.
    - Household contacts who are older adults or persons of any age with severe chronic medical conditions are at higher risk for severe illness from COVID-19.

(CDC Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)

Will I be required to stay home from work or school for 14 days to self-monitor for COVID-19 if I travel?

- If you have close contact with someone with COVID-19 during travel or you are coming from an area with ongoing transmission of COVID-19, it is recommended that you stay home and self-monitor for up to 14 days after travel. Depending on your locality, you may be asked to stay self-quarantined.
- If you become sick with COVID-19, you may be unable to go to work or school until you're considered noninfectious.
- If symptoms occur, such as fever, or cough or difficulty breathing, travelers are advised to contact local health care providers, preferably by phone, and inform them of their symptoms and their travel history.
    - You will be asked to avoid contact with others (including being in public places) during this period of infectiousness.

(WHO Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)

Stigma

What is social stigma?

- Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease.
    - This can mean people are labelled, stereotyped, and discriminated against, treated separately, and/or experience loss of status because of a perceived link with the disease.

- Such treatment can negatively affect those with the disease as well as their caregivers, family, friends, and communities.
- People who do not have the disease but may share some of the same characteristics as those that do, may also suffer from stigma.

(UNICEF Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)
(CDC Source Page Visited May 12, 2020

WHY IS COVID-19 CAUSING STIGMA?

- Stigma associated with COVID-19 is based on three main factors:
  - It is a disease that is new and for which there are still so many unknowns.
  - We are often afraid of the unknown.
  - It is easy to associate that fear with "others."
  - While confusion, anxiety, and fear are understandable responses, we must not let them fuel harmful stereotypes.

(UNICEF Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)
(CDC Source Page Visited May14, 2020

What impact is stigma related to COVID-19 having?

- Stigma hurts us all by creating fear or anger towards other people.
  - Stigmatized groups may be subjected to social avoidance or rejection.
  - Stigmatized groups may be denied healthcare, education, housing, or employment due to their health status.
  - In some cases, they may even face physical violence.
- The current COVID-19 outbreak has given rise to social stigma and discrimination against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus—including healthcare workers and those who have traveled to areas with early outbreaks of COVID-19.
- In the COVID-19 situation, stigma can also occur after a person has been released from quarantine, even though they are not considered a risk for spreading the virus to others.
- Stigma affects the emotional or mental health of stigmatized groups and the communities they live in.

(UNICEF Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)

HOW CAN I ADDRESS SOCIAL STIGMA AND AVOID MAKING THINGS WORSE?

- You can address social stigma and avoid making things worse by recognizing that the words you use to talk about COVID-19 matter:

- Avoid attaching locations or ethnicity to the disease—for example, “Wuhan Virus,” “Chinese Virus,” or “Asian Virus.”
    - The official name was chosen to avoid stigmatization: “co” stands for corona; “vi” stands for virus; “d” stands for disease; and “19” stands for the emergence of the disease in 2019.
- It is important to separate a person from having an identity defined by COVID-19 to reduce stigma. For example:
    - Talk about “people who have COVID-19,” “people who are being treated for COVID-19,” “people who are recovering from COVID-19,” or “people who died after contracting COVID19” instead of referring to people with the disease as “COVID-19 cases” or “victims.”
    - Talk about “people who may have COVID-19” or “people who are presumptive for COVID-19”instead of “COVID-19 suspects” or “suspected cases”.
    - Talk about people “acquiring” or “contracting” COVID-19 instead of “transmitting COVID-19,” “infecting others,” or “spreading the virus.”
        - This Implies intentional transmission and assigns blame.
        - Using criminalizing or dehumanizing terminology creates the impression that those with the disease have somehow done something wrong or are less human than the rest of us.
        - This feeds stigma and undermines empathy for these individuals.
        - It can also potentially lead to wider reluctance on their part to seek medical care.
- Speak accurately about the risk from COVID-19, based on scientific data and latest official health advice.
    - Avoid repeating or sharing unconfirmed rumors.
    - Avoid using language designed to generate fear like “plague,” “apocalypse.” etc.
- Use positive language and emphasize the effectiveness of prevention and treatment measures, for example:
    - For most people, this is a disease they can overcome. There are simple steps we can all take to keep ourselves, our loved ones, and the most vulnerable safe.
- Avoid emphasizing or dwelling on the negative messages, for example:
    - We need to work together to help keep those who are most vulnerable safe.
- Emphasize the effectiveness of adopting protective measures to prevent acquiring COVID-19, as well as early screening, testing and treatment.

(UNICEF Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)

HOW CAN COMMUNICATORS AND PUBLIC HEALTH OFFICIALS COUNTER STIGMA?
ALSO SEE HEALTHCARE WORKER SECTION

- Communicators and public health officials can counter stigma by:
    - Communicating the risk or lack of risk from associations with products, people, and places.
    - Giving the facts using simple language and avoiding clinical terms.
    - Sharing accurate information about how the virus spreads, without increasing fear.
    - Speaking out against negative behaviors, including negative statements on social media about groups of people, or exclusion of people who pose no risk from regular activities.
    - Engaging social influencers (religious leaders, mayors, or celebrities) on prompting reflection about people who are stigmatized and how to support them.
    - Amplifying the voices, stories, and images of local people who have experienced COVID-19 and recovered.
    - Engaging with stigmatized groups in person and through media channels.
    - Being cautious about the images that are shared. Make sure they do not reinforce stereotypes.
    - Thanking healthcare workers and responders.
    - Implementing a "hero" campaign to honor caretakers and healthcare workers who may be stigmatized.
    - Maintaining the privacy and confidentiality of those seeking healthcare and those who may be part of any contact investigation.

(UNICEF Source Page VisitedMay 4, 2020)
(CDC Source Page Visited May 4, 2020)

General workplace readiness

As an employer, what are some simple ways to prevent the spread of COVID-19 in my workplace?

- Putting in place the following measures early, even if COVID-19 has not arrived in your community can reduce working days lost due to illness and stop or slow the spread of COVID-19.
    - Coordinate with state and local health officials so timely and accurate information can guide appropriate responses.
    - Make sure surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) are cleaned and disinfected regularly.
        - Contamination on surfaces touched by employees and customers is one of the main ways that COVID-19 spreads.
        - Please follow this guidance on cleaning and disinfecting.
    - Promote regular and thorough hand washing by employees, contractors and customers
        - Put hand rub (sanitizer) dispensers in prominent places around the workplace.

        - Make sure these dispensers are regularly refilled with hand rub (sanitizer) that contains 60% ethanol or 70% isopropanol.
        - Display posters promoting hand washing. Ask your local public health authority for these or look here.
        - Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefings at meetings and information on the intranet to promote hand washing.
        - Make sure that staff, contractors and customers have access to places where they can wash their hands with soap and water.
        - Proper hand washing kills the virus on your hands and prevents the spread of COVID19
    - Consider improving the engineering controls using the building ventilation system. This may include some or all of the following activities:
        - Increase ventilation rates.
        - Increase the percentage of outdoor air that circulates into the system.
    - Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze (respiratory hygiene). Dispose of the used tissue immediately and wash your hands.
        - Display posters promoting respiratory hygiene.
        - Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefing at meetings and information on the intranet etc.
        - Discourage workers from using other workers' phones, desks, offices or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
        - Ensure that face masks and/or paper tissues are available at your workplaces, for those who develop a runny nose or cough at work, along with closed bins for safely disposing of them
        - Good respiratory hygiene prevents the spread of COVID-19.
    - Brief your employees, contractors and customers that if COVID-19 starts spreading in your community:
        - Anyone with even a mild cough or low-grade fever (37.3 C or more) needs to stay at home.
        - They should also stay home (or work from home) if they have had to take simple medications, such as paracetamol/acetaminophen, ibuprofen or aspirin, which may mask symptoms of infection.
        - Make clear to employees that they will be able to count this time off as sick leave.
        - Keep communicating and promoting the message that people need to stay at home even if they have just mild symptoms of COVID-19.

        - Display posters with this message in your workplaces.
        - Combine this with other communication channels commonly used in your organization or business.
        - Your occupational health services, local public health authority or other partners may have developed campaign materials to promote this message.
    - As an employer, plan to respond in a flexible way to varying levels of disease transmission in the community and be prepared to refine their business response plan as needed.

(WHO Source Page VisitedMay 4, 2020)
(CDC Source Page Visited May 4, 2020)

AS AN EMPLOYER, HOW DO I MAINTAIN HEALTHY BUSINESS OPERATIONS?

- Identify a workplace coordinator who will be responsible for COVID-19 issues and their impact at the workplace.
- Implement flexible sick leave and supportive policies and practices.
    - Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.
    - Maintain flexible policies that permit employees to stay home to care for a sick family member or take care of children due to school and childcare closures.
        - Additional flexibilities might include giving advances on future sick leave and allowing employees to donate sick leave to each other.
    - Employers that do not currently offer sick leave to some or all of their employees may want to draft non-punitive “emergency sick leave” policies.
    - Employers should not require a positive COVID-19 test result or a healthcare provider’s note for employees who are sick to validate their illness, qualify for sick leave, or to return to work.
        - Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.
    - Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing national and local workplace laws.
    - Connect employees to employee assistance program resources, if available, and community resources as needed.
        - Employees may need additional social, behavioral, and other services, for example, to cope with the death of a loved one.
- Assess your essential functions and the reliance that others and the community have on your services or products.
    - Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize existing customers, or temporarily suspend some of your operations if needed).

- Identify alternate supply chains for critical goods and services. Some goods and services may be in higher demand or unavailable.
- Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Talk with business partners about your response plans. Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.

- Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from childcare programs and primary/secondary schools.
  - Plan to monitor and respond to absenteeism at the workplace.
  - Implement plans to continue your essential business functions in case you experience higher than usual absenteeism.
  - Prepare to institute flexible workplace and leave policies.
  - Cross-train employees to perform essential functions so the workplace can operate even if key employees are absent.
- Consider establishing policies and practices for social distancing.
  - Implementing flexible worksites (e.g., telework).
  - Implementing flexible work hours (e.g., staggered shifts).
  - Increasing physical space between employees at the worksite.
  - Increasing physical space between employees at the worksite.
  - Increasing physical space between employees and customers (e.g., drive through, partitions).
  - Implementing flexible meeting and travel options (e.g., postpone non-essential meetings or events).
  - Downsizing operations.
  - Delivering services remotely (e.g., phone, video, or web).
  - Delivering products through curbside pick-up or delivery.

- Strategies and recommendations for employers seeking to resume normal or phased business operations:
  - Conducting daily health checks
  - Conducting a hazard assessment of the workplace
  - Encouraging employees to wear cloth face coverings in the workplace, if appropriate
  - Implementing policies and practices for social distancing in the workplace
  - Improving the building ventilation system

(CDC Source Page Visited May 14, 2020)

HOW LARGE DOES A MEETING OR EVENT NEED TO BE IN ORDER TO BE A "MASS GATHERING"?

- An event counts as a "mass gathering" if the number of people it brings together is so large that it has the potential to strain the planning and response resources of the health system in the community where it takes place.
    - You need to consider the location and duration of the event as well as the number of participants.
    - For example, if the event takes place over several days in a small island state where the capacity of the health system is quite limited then even an event with just a few thousand participants could place a big strain on the health system and then be considered a "mass gathering" event.
- Conversely, if the event is held in a big city in a country with a large, well-resourced health system and lasts just a few hours, the event may not constitute a "mass gathering" event.

(WHO Source Page Visited May 48, 2020)
(WHO Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)

DOES WHO RECOMMEND THAT ALL MASS GATHERINGS BE CANCELLED BECAUSE OF COVID-19?

- No. As each international mass gathering is different, the factors to consider when determining if the event should be cancelled may also differ.
- Any decision to change a planned international gathering should be based on a careful assessment of the risks and how they can be managed, and the level of event planning.
    - The assessment should involve all stakeholders in the event, and in particular the health authorities in the country or community where the event is due to take place.
    - These authorities and stakeholders are in the best position to assess the level of stress the event might place on the local health system and emergency services and whether this level of stress is acceptable in the current situation.
- WHO recommends that all countries with community transmission should seriously consider postponing or reducing mass gatherings that bring people together and have the potential to amplify disease and support the recommended best practice of physical distancing.
    - Any decision should be guided by the use of WHO tools, in particular the Risk Assessment for Mass Gatherings during COVID-19.
    - If movement restrictions and further national measures have been established in the country, the WHO Risk Assessment will apply when the process of re-opening/conducting mass gatherings is being considered post movement restrictions.

(WHO Source Page Visited May 4, 2020)

WHAT FACTORS SHOULD ORGANIZERS AND HEALTH AUTHORITIES CONSIDER WHEN ASSESSING IF THE RISK IS ACCEPTABLE OR NOT?

- For countries not currently known to be experiencing community transmission of COVID-19, the priority consideration will be whether the planned mass gathering event substantially increases the risk of the virus entering the country and becoming established, as well as the risk for participants to import infection back to their home country and further increasing global spread.
    - In making this assessment, the organizers and their national or local health authorities should recognize that the risk of imported cases of COVID-19 is naturally linked to international travel.
    - They should also recognize that it is neither realistic or desirable to aim for zero risk.
    - When organizers and health authorities are determining whether to hold a mass gathering, they should determine what is an acceptable risk and what additional measures should be implemented to mitigate the risks.
- For countries where COVID-19 has already started to spread in the community, key consideration will be:
    - aimed at containing or at least slowing down the spread of the virus in the local community/country.
    - preventing participants from other countries from being infected with COVID-19.
- In each case the risk should be considered in the context of the known features of COVID-19, its severity, its transmissibility and the effectiveness of measures to prevent or reduce transmission.
    - The strain already placed on the local health system in responding to COVID-19 outbreak(s), and the additional strain the mass gathering might place on the system also need to be taken into account.
- You can find more advice in the WHO document Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak.

(WHO Source Page Visited May 4, 2020)

WHAT IF MY ORGANIZATION DOES NOT HAVE THE CAPACITY TO ASSESS THE RISKS COVID-19 POSES FOR OUR PLANNED MASS GATHERING?

- The national and local public health authorities in the country where you plan to hold the mass gathering will most likely know how to conduct a health risk assessment.
    - If there is a WHO Country Office there they may also be able to provide some expert support. So too might the WHO Regional Office in your part of the world. You can find the names and contact details of the WHO Regional Offices here.

(WHO Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)

IF WE GO AHEAD WITH OUR MASS GATHERING, WHAT CAN WE DO TO REDUCE THE RISK OF PARTICIPANTS CATCHING COVID-19?

- Promote hand washing; respiratory hygiene and maintaining a physical distancing of 1 - 2 meters (3 - 6 feet) at the event.

- If a gathering is planned, consider holding it outdoors. If this is not possible, ensure that the indoor venue has adequate ventilation.
- Regulate the number and flow of people entering, attending, and departing from spaces to ensure safe distancing at all times.
- Make sure you have emergency contact details for all participants, including where they are staying during the event.
    - You should make it clear to them that this information will be shared with the local public health authorities to enable rapid contact tracing if a participant at the event becomes ill with COVID-19.
- The event organisers need to have an agreed preparedness plan in case one or more participants become ill with COVID-19 symptoms.
    - This should include rapid isolation of the ill person and their safe transfer to a local health facility.
- You should consider whether the number of participants at the event could be reduced, making available participation by video or teleconference and possibly screening participants for COVID-19 symptoms (cough, fever, malaise) at points of entry to the venue.
- WHO has provided special mass gathering considerations for religious leaders and faith-based communities. Additionally, the section of this report for religious leaders and faith-based communities can be found here.
- WHO has produced guidance and a training course on how to plan for a mass gathering.
    - Both describe how to conduct a risk assessment, plan for, and manage health risks in partnership with the local authorities.

(WHO Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)

CAN I ORGANIZE A WORKPLACE MEETING OR EVENT IN THE CONTEXT OF COVID-19?

- There is a risk that people attending your meeting or event might be knowingly bringing the COVID-19 virus to the meeting and others may be exposed to COVID-19.
- Before you plan the meeting or event check the advice from the authorities in the community where you plan to hold the meeting or event. Follow their advice.
- Consider whether a face-to-face meeting or event is needed.
    - Could it be replaced by a teleconference or online event?
    - Could the meeting or event be scaled down so that fewer people attend?
    - Ensure and verify information and communication channels in advance with key partners such as public health and health care authorities.

(WHO Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)

MY ORGANIZATION HAS DECIDED TO HAVE A MEETING. WHAT STEPS SHOULD I TAKE IN PREPARING FOR A MEETING OR EVENT IN THE CONTEXT OF COVID-19

- Develop and agree on a preparedness plan to prevent infection at your meeting or event.
    - Pre-order sufficient supplies and materials, including tissues and hand rub (sanitizer) for all participants.
    - Have medical masks available to offer anyone who develops respiratory symptoms.
    - Actively monitor where COVID-19 is circulating. Advise participants in advance that if they have any symptoms or feel unwell, they should not attend.
- Make sure all organizers, participants, caterers and visitors at the event provide contact details: mobile telephone number, email and address where they are staying.
    - State clearly that their details will be shared with local public health authorities if any participant becomes ill with a suspected infectious disease.
    - If they will not agree to this they cannot attend the event or meeting.
- Develop and agree to a response plan in case someone at the meeting becomes ill with symptoms of COVID-19 (dry cough, fever, malaise). This plan should include:
    - Identification of a room or area where someone who is feeling unwell or has symptoms can be safely isolated
    - Have a plan for how they can be safely transferred from there to a health facility.
    - Know what to do if a meeting participant, staff member or service provider tests positive for COVID-19 during or just after the meeting
    - Agree on the plan in advance with your partner healthcare provider or health department.

(WHO Source page visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)

MY ORGANIZATION HAS DECIDED TO HAVE AN EVENT. WHAT STEPS SHOULD I TAKE DURING A MEETING OR EVENT TO PREVENT OR REDUCE THE SPREAD OF COVID-19?

- Provide information or a briefing, preferably both orally and in writing, on COVID-19 and the measures that organizers are taking to make this event safe for participants.
- Build trust. For example, as an icebreaker, practice ways to say hello without touching.
- Encourage people to wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
    - Provide an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol for when hands are not visibly soiled.
    - Wash hands with soap and water when they are visibly soiled
    - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.

- Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze (respiratory hygiene). Then dispose of the used tissue immediately and wash your hands. Supply tissues and closed bins to dispose of them in.
- Provide contact details or a health hotline number that participants can call for advice or to give information.
- Display dispensers of alcohol-based hand rub (sanitizer) prominently around the venue.
- If there is space, arrange seats so that participants are at least 1 - 2 meters (3 - 6 feet) apart.
- Open windows and doors whenever possible to make sure the venue is well ventilated.
- If anyone who starts to feel unwell, follow your preparedness plan or call your hotline.
    - Depending on the situation in your area, or recent travel of the participant, place the person in the isolation room. Offer the person a mask so they can get home safely, if appropriate, or to a designated assessment facility.
- Thank all participants for their cooperation with the provisions in place.

(WHO Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)

MY ORGANIZATION HAS DECIDED TO HAVE AN EVENT OR MEETING. WHAT ARE KEY CONSIDERATIONS TO PREVENT OR REDUCE COVID-19 RISKS AFTER THE MEETING OR EVENT?

- Retain the names and contact details of all participants for at least one month.
    - This will help public health authorities trace people who may have been exposed to COVID-19 if one or more participants become ill shortly after the event.
- If someone at the meeting or event was isolated as a suspected COVID-19 case, the organizer should let all participants know this.
    - They should be advised to monitor themselves for symptoms for 14 days and take their temperature twice a day.
- If they develop even a mild cough or low-grade fever (i.e. a temperature of 37.3 C or more) they should stay at home and self-isolate.
    - This means keeping a physical distance of 1 - 2 meters (3 - 6 feet) with other people, including family members.
    - They should also telephone their healthcare provider or the local public health department, giving them details of their recent travel and symptoms.
- Thank all the participants for their cooperation with the provisions in place.

(WHO Source Page visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)

WORK RELATED TRAVEL

AS AN EMPLOYER WHAT SHOULD I CONSIDER BEFORE MY EMPLOYEES TRAVEL?

- Make sure your organization and its employees have the latest information on areas where COVID-19 is spreading. You can find this here.
- Based on the latest information, your organization should assess the benefits and risks related to upcoming travel plans.
- Avoid sending employees who may be at higher risk of serious illness (e.g. older employees and those with medical conditions such as diabetes, heart and lung disease) to areas where COVID-19 is spreading.
- Make sure all persons travelling to locations reporting COVID-19 are briefed by a qualified professional (e.g. staff health services, health care provider or local public health partner)
- Consider issuing employees who are about to travel with small bottles (under 100 CL) of alcohol-based hand rub (sanitizer) with 60% or more alcohol. This can facilitate regular hand washing.

(WHO Source Page Visited May 4, 2020)

AS AN EMPLOYER WHAT SHOULD I CONSIDER WHILE MY EMPLOYEES ARE TRAVELING?

- Encourage employees to wash their hands regularly and maintain a physical distance of 1 - 2 meters (3 - 6 feet) away from people who are coughing or sneezing.
- Ensure employees know what to do and who to contact if they feel ill while traveling.
    - Advise them to check themselves for symptoms of COVID-19 before starting travel and notify their supervisor and stay home if they are sick.
    - If traveling out of the country, advise sick employees to follow company policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country.
- Ensure that your employees comply with instructions from local authorities where they are traveling.
- Advise your employees to comply with any local restrictions on travel, movement or large gatherings.

(WHO Source Page Visited May 4, 2020)
(CDC Source Page Visited May 4, 2020)

AS AN EMPLOYER WHAT SHOULD I CONSIDER WHEN MY EMPLOYEES RETURN FROM TRAVELING?

- Employees who have returned from an area where COVID-19 is spreading should monitor themselves for symptoms for 14 days and take their temperature twice a day.
- If they develop even a mild cough or low grade fever (i.e. a temperature of 37.3 C or more) they should stay at home and self-isolate.
- If in self-isolation, this means maintaining a physical distance of 1 - 2 meters (3 - 6 feet) with other people, including family members. They should also telephone their healthcare provider or the local public health department, giving them details of their recent travel and symptoms.

(WHO Source Page Visited May 4, 2020)

AS AN EMPLOYER HOW CAN I GET MY WORKPLACE READY IN CASE COVID-19 ARRIVES IN MY COMMUNITY?

- Develop a plan of what to do if someone becomes ill with suspected COVID-19 at one of your workplaces.
    - The plan should cover putting the ill person in a room or area where they are isolated from others in the workplace, limiting the number of people who have contact with the sick person and contacting the local health authorities.
- Consider how to identify persons who may be at risk, and support them, without inviting stigma and discrimination into your workplace.
    - This could include persons who have recently travelled to an area reporting cases, or other personnel who have conditions that put them at higher risk of serious illness (e.g. diabetes, heart and lung disease, older age).
- Tell your local public health authority you are developing the plan and seek their input.
- Promote regular teleworking across your organization.
    - Teleworking will help your business keep operating while your employees stay safe.
- Develop a contingency and business continuity plan for an outbreak in the communities where your business operates.
- The plan will help prepare your organization for the possibility of an outbreak of COVID19 in its workplaces or community.
- Communicate to your employees and contractors about the plan and make sure they are aware of what they need to do – or not do – under the plan.
- Be sure your plan addresses the mental health and social consequences of a case of COVID-19 in the workplace or in the community and offer information and support.
- For small and medium-sized businesses without in-house staff health and welfare support, develop partnerships and plans with your local health and social service providers in advance of any emergency.
    - Your local or national public health authority may be able to offer support and guidance in developing your plan.

(WHO Source Page Visited May 4, 2020)

RIGHTS AND RESPONSIBILITIES

I AM A HEALTH WORKER WHO IS WORKING IN A HEALTH FACILITY. WHAT ARE MY RIGHTS?

- Health workers are at the front line of the COVID-19 outbreak response and as such are exposed to hazards that put them at risk of infection including pathogen exposure, long working hours, psychological distress, fatigue, occupational burnout, stigma, and physical and psychological violence. Your rights include:
    - Working in a facility where all the necessary preventive and protective measures are taken to minimize occupational safety and health risks;
    - Access to information, technical updates, instruction, and training on occupational safety and health, including;
        - refresher training on infection prevention and control (IPC);
        - how to use, put on, take off and dispose of personal protective equipment (PPE);
    - Adequate IPC and PPE supplies (masks, gloves, goggles, gowns, hand rub (sanitizer), soap and water, cleaning supplies) in sufficient quantity;
    - Tools to assess, triage, test, and treat patients, and to share IPC information with patients and the public;
    - Appropriate security measures at health care facilities, as needed, for personal safety;
    - A blame-free environment where incidents such as exposure to blood or bodily fluids from the respiratory system, or cases of violence, can be reported and measures for immediate follow up, including support to victims, are adopted;
    - Information on self-assessment, symptom reporting, and staying home when ill;
    - Appropriate working hours with breaks;
    - To remove yourself from a work situation where you believe it presents an imminent and serious danger to your life or health, and protection from any negative consequences if this right is evoked;
    - To not return to a work situation where there has been a serious danger to life or health until any necessary remedial action has been taken;
    - Compensation, rehabilitation, and curative services if infected with COVID-19 following exposure in the workplace;
    - Access to mental health and counselling resources; and
    - Cooperation with management and my representatives.

(WHO Source Page Visited May 12, 2020)

I AM A HEALTH WORKER WITH UNDERLYING HEALTH CONDITIONS AND/OR PREGNANT. ARE THERE WORK RESTRICTIONS RECOMMENDED?

- To assess if you are at high risk of developing severe illness from COVID-19, please refer to this section of this document.
- For pregnant women, please refer to this section of this document to assess your risk level.
- To the extent feasible, healthcare facilities should consider prioritizing healthcare workers who are not at higher risk of developing severe illness and who are not pregnant to care for confirmed or suspected COVID-19 patients.
    - If staffing shortages make this challenging, facilities could consider restricting high risk and pregnant healthcare workers from being present for higher risk procedures (e.g. aerosol-generating procedures).
    - Healthcare workers concerned about their risk should discuss their concerns with their supervisor or occupational health services.

(CDC Source Page Visited May 12, 2020)

I AM A HEALTH WORKER WHO IS WORKING IN A HEALTH FACILITY. WHAT ARE MY RESPONSIBILITIES?

- As a health worker in your responsibilities include:
    - following established occupational safety and health procedures, avoid exposing others to health and safety risks, and participate in employer-provided occupational safety and health training;
    - providing or reinforcing accurate IPC and public health information, including to concerned people who have neither symptoms nor risk;
    - putting on, using, taking off, and disposing of PPE properly;
    - using provided protocols to assess, triage, and treat patients;
    - treating patients with respect, compassion, and dignity;
    - maintaining patient confidentiality;
    - swiftly following established public health reporting procedures of suspected and confirmed cases;
    - self-monitoring for signs of illness and self-isolate and report illness to managers, if it occurs;
    - advising management if they are experiencing signs of undue stress or mental health challenges that require supportive interventions; and
    - reporting to their immediate supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to life or health.

(WHO Source Page Visited May 12, 2020)

I AM A HEALTH WORKER WHO HAD COVID-19. WHEN CAN I RETURN TO WORK IN HEALTHCARE SETTINGS?

- Decisions about return to work for healthcare workers with confirmed or suspected COVID-19 should be made in the context of local circumstances.
- The CDC provides guidelines on the return to work for healthcare personnel with confirmed or suspected COVID-19 that contains information on: .
    - Return to work criteria for healthcare workers with confirmed or suspected COVID-19.
    - Return to work practices and work restrictions.
    - Strategies to mitigate healthcare personnel staffing shortages.
- Strategies for symptomatic healthcare workers with suspected or confirmed COVID-19 (either strategy is acceptable depending on local circumstances):
    - **Test-based strategy.** Exclude from work until:
        - resolution of fever without the use of fever-reducing medications; and
        - improvement in respiratory symptoms (e.g. cough, shortness of breath); and
        - negative results of an FDA Emergency Used Authorized molecular assay for COVID-19 from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).
        - Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.
    - **Symptom-based strategy.** Exclude from work until:
        - at least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath); **and**
        - at least 10 days have passed since symptoms have first appeared.
- Strategies for healthcare workers with laboratory-confirmed COVID-19 who have not had any symptoms include test based and time based strategies (either is acceptable depending on local circumstances):
    - **Test-based strategy.** Exclude from work until:
        - Negative results of an FDA Emergency Used Authorized molecular assay for COVID-19 from at least two consecutive respiratory specimens nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).
        - Because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness.
        - Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.
    - **Time-based strategy.** Exclude from work until:
        - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

        - If they develop symptoms, then the **symptom-based strategy** or the **test-based strategy** should be used.
        - Because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness.

- After returning to work, healthcare workers should:
    - Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or at baseline.
    - Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

(CDC Source Page Visited May 12, 2020)

I AM AN EMERGENCY MEDICAL SERVICES (EMS) EMPLOYEE. WHAT ARE MY RESPONSIBILITIES IN THE CONTEXT OF COVID-19?

- Responsibilities are outlined in a guidebook for Prehospital Emergency Medical Services (EMS) during the COVID-19 pandemic that addresses the functions of pre-hospital EMS: dispatching, pre-transport/on scene EMS, transport, post-transport, administration (911/EMS), and special considerations.
- General responsibilities of Dispatchers include:
    - Further screen Patients Under Investigation (PUI) with fever and/or signs/symptoms of lower respiratory illness, assessing for travel and contact history.
    - Be up to date on the screening algorithms.
    - Allocate resources according to disease severity with Advanced Life Support (ALS) ambulance for severe cases and Basic Life Support (BLS) for mild cases.
    - Prepare a protocol for pre-arrival instructions to callers that includes turning on adequate lighting, gathering patients' medications and controlling domestic animals.
- General responsibilities of On-scene EMS providers include:
    - Assessment of the patient should begin at 1 meter if possible.
    - If the PUI is a confirmed or suspected COVID-19 case, appropriate personal protective equipment (PPE) must be worn prior to further evaluation (also see Section 2 of guidebook for PPE details).
    - Personnel not in appropriate PPE should maintain a distance of at least 1 meter from the patient and should wear gloves to guard against infectious agents on the surfaces of objects near the patient.
    - All providers must perform hand hygiene before and after all patient care activities.
    - PPE should be removed in an appropriate doffing area to prevent secondary contamination.
    - Providers must exercise caution when performing aerosol-generating procedures and perform them only if medically necessary.
        - An N-95 or higher-level respirator should be worn in addition to other PPE.

        - If performing aerosol-generating procedures, providers should consider having the patient compartment exhaust vent on high.
    - Providers should avoid opening compartments and cabinets unless essential to patient care.
        - Equipment needs should be anticipated and the appropriate tools removed from cabinets prior to placing the patient in the vehicle.
    - After pre-arrival notification, EMS providers should continue to communicate with the designated point of contact at the receiving facility with updates on the patient's condition and ETA to facilitate reception of the patient immediately upon arrival.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

I AM A DENTAL HEALTH CARE PERSONNEL (DHCP). WHAT ARE MY RESPONSIBILITIES IN THE CONTEXT OF COVID-19?

- The CDC has developed recommendations for DHCP during the COVID-19 pandemic.
- As a DHCP, your preventive responsibilities include:
    - postponing elective procedures, surgeries, and non-urgent dental visits;
    - telephone screening of all patients for signs or symptoms of respiratory illness (fever, cough, shortness of breath) and avoid dental care if the patient reports signs or symptoms of a respiratory illness;
    - telephone triaging all patients in need of emergency dental care to assess whether treatment can be delayed; and
    - actively screening everyone (both patients and DHCPs) on the spot for fever and symptoms of COVID-19 before they enter the dental setting;
    - implement source control (require face masks or cloth face coverings) for everyone entering the dental setting (both patients and DHCP), regardless of whether they have COVID-19 symptoms; and
    - sending patients that arrive at your facility with suspected or confirmed COVID-19 home (if not acutely sick) or to a medical facility (if acutely sick).
- If a patient without COVID-19 requires emergency dental care:
    - avoid aerosol-generating procedures whenever possible;
    - use the highest level of personal protective equipment (PPE) available;
    - if the minimally acceptable combination of a surgical mask and a full-face shield is not available, refer the patient to a clinician who has the appropriate PPE.
    - practice strict adherence to hand hygiene before and after contact with patients; and
    - clean and disinfect room and equipment according to the Guidelines for Infection Control in Dental Health-Care Settings - 2003.
- If a patient with a confirmed or suspected COVID-19 requires emergency dental care:

- dental treatment should be provided in a hospital or other facility that can treat the patient;
- Airborne Precautions (an isolation room with negative pressure relative to the surrounding area and use of an N95 filtering disposable respirator for persons entering the room) should be followed.

(CDC Source Page Visited May 12, 2020)

OUR HEALTH FACILITY IS EXPERIENCING STAFFING SHORTAGES DUE TO COVID-19. WHAT STRATEGIES CAN WE USE TO MITIGATE STAFFING SHORTAGES?

- Healthcare facilities and employers, in collaboration with human resources and occupational health services, should plan and prepare for potential staff shortages by:
  - Understanding their staffing needs and the minimum number of staff needed to provide a safe work environment and patient care.
  - Remaining in communication with local healthcare partners that can identify additional healthcare staff (e.g. hiring additional health workers, recruiting retired health workers, using students or volunteers), when needed.
- Strategies for healthcare workers include:
  - Cancelling all non-essential procedures and visits.
    - Shift health workers who usually do non-essential procedures to support other patient care activities.
    - Facilities need to ensure that these health workers have received the appropriate orientation and training to work in these areas that are new to them.
  - Attempt to address social factors that might prevent healthcare workers from reporting to work, such as transportation or housing if health workers live with vulnerable individuals.
  - Request that healthcare workers postpone elective time off from work.
- If necessary, healthcare workers who have had an unprotected exposure to COVID-19 but are not known to be infected may continue to work.
  - These healthcare workers should still report symptoms and temperatures every day before work and wear a facemask for 14 days after the exposure event.
  - If the healthcare worker develops even mild symptoms, they must cease patient care activities and notify their supervisor prior to leaving work. These individuals should be prioritized for testing.
  - If the healthcare worker is tested and found to be infected with COVID-19, they should be excluded from work until they meet all return to work criteria (unless they are allowed to work as described below).
- If shortages continue despite implementing the strategies above, facilities may develop criteria to determine if a healthcare worker with suspected or confirmed COVID-19 (who are well

enough to work) could return to work in a healthcare setting before meeting all return to work criteria.

- Considerations include:
  - Where the healthcare workers are in the course of their illness.
  - The types of symptoms they are experiencing.
  - Their degree of interaction with patients and other healthcare workers in the facility. For example, are they working in telemedicine services, providing direct patient care, or working in a satellite unit reprocessing medical equipment?
  - The type of patients they care for (e.g. immunocompromised patients). These healthcare workers should be restricted from contact with severely immunocompromised patients.
- Facilities should consider prioritizing their duties in the following order:
  - Perform job duties where they do not interact with others, such as telemedicine.
  - Provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
  - Provide direct care for patients with suspected COVID-19.
  - As a last resort, allow healthcare workers with confirmed COVID-19 to provide direct care for patients *without* suspected or confirmed COVID-19.
- Face masks should be worn even when they are in non-patient care areas such as breakrooms.
  - If they must remove their facemask, for example to eat or drink, they should separate themselves from others.
- The healthcare worker should self-monitor for symptoms.

(CDC Source Page Visited May 13, 2020)

THERE IS NO TRANSMISSION OF COVID-19 IN THE AREA, WHAT SHOULD MY FACILITY DO?

- There are four scenarios to consider for the transmission of COVID-19: no cases; sporadic cases; cluster of cases; and community transmission.
- WHO's guidance on immediate public health interventions includes a summary table, irrespective of transmission scenario that identifies the necessary assessments, protocols, and policies to establish, modify, or reinforce for COVID-19.
  - Information on designating COVID-19 treatment areas and maintaining essential health services is also provided.
- If there is no transmission of COVID-19 in your area, the WHO recommends:
  - Setting up screening and triage protocols at all points of access to the health system.
  - Set up COVID-19 telephone hotline and referral system to refer patients to the appropriate destination for clinical assessment and/or testing as per local protocol.

    - Set up COVID-19 designated wards in health facilities.
    - Conducting active case finding, contact tracing and monitoring, quarantine of contacts, and isolation of suspected cases.
    - Start preparing for next scenarios (sporadic cases, clusters of cases, community transmission).
- WHO's Operational considerations for case management of COVID-19 in health facility and community: interim guidance explores two potential pathways a patient will take if they are referred for treatment by their primary doctor or other medical professional: screening and triage, and hub and spoke model (community transmission).

(WHO Source Page Visited May 12, 2020)

INFECTION AND PREVENTION CONTROL

I AM A HEALTHCARE WORKER. WHAT GENERAL PREVENTION MEASURES SHOULD I TAKE?

- Actively screen everyone (healthcare personnel, patients, visitors) for fever and symptoms of COVID-19 before they enter the healthcare facility.
    - For visitors and patients, provide them with a cloth face covering. Medical face masks, if available, should be reserved for healthcare workers.
- Triage all patients at admission and immediately isolate patients with suspected COVID-19.
- Advise all patients to cover their mouth and nose with their bent elbow or tissue when they cough or sneeze. Then advise that they dispose of the used tissue immediately and wash their hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
- Offer a medical mask to patients with suspected COVID-19 while they are in waiting/public areas or in cohorting rooms.
- Perform hand hygiene following the WHO's My 5 Moments for Hand Hygiene approach. Hand hygiene includes:
    - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
    - Use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
    - Wash hands with soap and water when they are visibly soiled.
    - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
- Avoid touching eyes, nose, or mouth with potentially contaminated gloves or bare hands.
- Avoid moving and transporting patients out of their room unless medically needed.

- If transport is required, use predetermined transport routes to minimize exposure for staff and other patients.

- Routinely disinfect surfaces with which the patient is in contact.
- Wear appropriate personal protective equipment (PPE). If PPE is in short supply at your facility, see the following recommendations on how to adapt.
- Airborne-generating procedures are associated with an increased risk of transmission of COVID-19. Provide extra caution when performing these procedures.
- If you start coughing, sneezing or develop fever after you have provided care, **report your illness immediately** to the concerned authority and follow their advice.

(WHO Source Page Visited May 12, 2020)
(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

WHAT PROTECTIVE MEASURES SHOULD I TAKE OR ADVISE OTHER CAREGIVERS TO TAKE?

- Perform hand hygiene after any type of contact with patients or their immediate environment.
  - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol
  - Use alcohol-based hand sanitizer (that is 60% ethanol, or 70% isopropanol alcohol) to clean if hands are not visibly soiled
  - Wash hands with soap and water when they are visibly soiled
  - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands.
- Provide a medical mask to the ill person to contain respiratory secretions.
  - Advise the ill person that they should wear the mask as much as possible.
  - Change the mask daily.
- For those who cannot use a mask, any materials used to cover the mouth and nose should be discarded or cleaned appropriately after use.
- Wear a medical mask that covers your mouth and nose when in the same room as the patient. Do not touch or handle your mask during use.
  - Remove the mask using the appropriate technique—that is, do not touch the front, but instead untie it.
- Use disposable gloves and a mask when providing oral or respiratory care and when handling stool, urine, and other waste.
  - Perform hand hygiene before and after removing gloves and mask (see above).
- Do not reuse masks or gloves.
- Gloves and protective clothing (for example, plastic aprons) should be used when cleaning surfaces or handling clothing or linen soiled with body fluids.

- If using utility gloves, clean them with soap and with 0.1% sodium hypochlorite solution.
- Perform hand hygiene before putting on and after removing gloves.

- Gloves, masks, and other waste generated during home care should be placed into a waste bin with a lid in the patient's room before disposing of it as infectious waste.
- Limit contact and maintain a physical distance of 1-2 meter (3-6 feet)
  - Use a separate bedroom and bathroom.
  - If possible, have the person who is ill stay in their own "sick room" or area and away from others.
  - If possible, have the person who is sick use a separate bathroom.
  - If you have to share space, make sure the room has good airflow. Open the window and turn on a fan (if possible) to increase air circulation.
    - Improving ventilation helps remove respiratory droplets from the air.
    - Eat in separate rooms or areas.
    - The person who is sick should eat (or be fed) in their room, if possible.
  - Handle any dishes, cups/glasses, or silverware used by the person who is sick with gloves.
    - Wash them with soap and hot water or in a dishwasher.
    - Clean hands after taking off gloves or handling used items.
  - Avoid sharing personal items such as dishes, cups/glasses, silverware, towels, bedding, or electronics with the person who is sick
- Track your own health
  - Caregivers and close contacts should monitor their health for COVID-19 symptoms.

(WHO Source Page Visited May 5, 2020)
(CDC Source Page Visited May 5, 2020)

WHAT PERSONAL PROTECTIVE EQUIPMENT (PPE) SHOULD I WEAR WHEN CARING FOR A PATIENT WITH KNOWN OR SUSPECTED COVID-19?

- Respirator (N95, FFP2, FFP3 or higher level respirator) or facemask (if a respirator is not available)
  - Cloth face coverings are **NOT** PPE and should not be worn for the care of patients with known or suspected COVID-19 or other situations where a respirator or facemask is warranted.
  - N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing aerosol-generating procedures.
- Eye protection
  - Goggles or a disposable face shield that covers the front and sides of the face are appropriate.

    - Personal eyeglasses and contact lenses are **NOT** considered adequate eye protection.
    - Remove eye protection before leaving the patient room or care area.
- Gloves
    - Put on clean, non-sterile gloves upon entry into the patient room or care area.
    - Change gloves if they become torn or heavily contaminated.
    - Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.
- Gowns
    - Put on a clean isolation gown upon entry into the patient room or area.
    - Change the gown if it becomes soiled and dispose appropriately.
        - Disposable gowns should be discarded after use.
        - Cloth gowns should be cleaned after each use.
- If there are PPE shortages in your facility, please refer to this section on strategies to optimize available PPE supplies.

(CDC Source Page Visited May 12, 2020)
(WHO Source Page Visited May 12, 2020)

WHAT IS THE CORRECT WAY TO PUT ON (DON) AND TAKE OFF (DOFF) PPE?

- More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example provided by CDC.
    - Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training).
    - Perform hand hygiene using hand sanitizer.
    - Put on an isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel.
    - Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).
        - If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand.
        - Respirator/face mask should be extended under the chin.
        - Both your mouth and nose should be protected.
        - Do not wear a respirator/face mask under your chin or store in a scrubs pocket between patients.*
        - Respirator: Respirator straps should be placed on the crown of head (top strap) and base of neck (bottom strap).
        - Perform a user seal check each time you put on the respirator.

        - Facemask: Mask ties should be secured on the crown of head (top tie) and base of neck (bottom tie).
        - If the mask has loops, hook them appropriately around your ears.
    - Put on a face shield or goggles.
        - Face shields provide full face coverage.
        - Goggles also provide excellent protection for eyes, but fogging is common.
    - Perform hand hygiene before putting on gloves. Gloves should cover the cuff (wrist) of the gown.
        - Healthcare personnel may now enter the patient room.
- More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing provided by the CDC.
    - Remove gloves.
        - Ensure glove removal does not cause additional contamination of hands.
        - Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
    - Remove the gown
        - Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied.
        - Do so in a gentle manner, avoiding a forceful movement.
        - Reach up to the shoulders and carefully pull the gown down and away from the body. Rolling the gown down is an acceptable approach.
        - Dispose in trash receptacle.
    - Healthcare personnel may now exit the patient room.
    - Perform hand hygiene
    - Remove face shield or goggles
        - Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head.
        - Do not touch the front of the face shield or goggles.
        - Remove and discard the respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask.*
        - Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head.
        - Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
        - Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.
    - Perform hand hygiene after removing the respirator/face mask and before putting it on again if your workplace is practicing reuse.*

**Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.*

(CDC Source Page Visited May 13, 2020)

AS A HEALTHCARE WORKER CARING FOR PATIENTS WITH SUSPECTED OR CONFIRMED COVID-19 INFECTION, DO I NEED TO WEAR BOOTS, IMPERMEABLE APRONS, OR COVERALL SUITS REQUIRED AS ROUTINE PERSONAL PROTECTIVE EQUIPMENT (PPE)?

- No. Current WHO guidance for healthcare workers caring for suspected or confirmed COVID-19 patients recommends the use of contact and droplet precautions, in addition to standard precautions which should always be used by all healthcare workers for all patients.
- In terms of PPE, contact and droplet precautions include wearing the following items prior to entering a room where suspected or confirmed COVID-19 patients are admitted:
    - Disposable gloves to protect hands
    - A clean, non-sterile, long-sleeve gown to protect clothes from contamination
    - A medical mask to protect nose and mouth
    - Eye protection (for example, goggles or a face shield)
    - Respirators (for example, N95 masks) are only required for aerosol generating procedures.
- WHO provides a technical guidance package on rational use of personal protective equipment for COVID-19.
    - This document summarizes WHO recommendations for the rational use of PPE in health care and community settings, including the handling of cargo.
    - It is intended for those involved in the distribution and management of PPE, as well as public health authorities and individuals in health care and community settings to understand when PPE use is most appropriate.

(WHO Source Page Visited May 12, 2020)

CAN I STERILIZE AND REUSE DISPOSABLE MEDICAL FACE MASKS?

- No. Disposable medical face masks are intended for a single use only.
    - After use of a disposable medical face mask you should remove the mask using the following techniques:
    - Remember not to touch the front of the mask
    - Remove the mask by pulling the elastic ear straps or laces from behind
    - Immediately dispose of the mask in an infectious waste bin with a lid
    - Perform hand hygiene
        - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.

        - Use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
        - Wash hands with soap and water when they are visibly soiled.
        - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
- WHO provides a technical guidance package focused on advice on the use of medical masks in communities, at home and at health care facilities in areas that have reported outbreaks caused by COVID-19.
    - It is intended for public health and infection prevention and control (IPC) professionals, health care managers, health care workers and community health workers.
- If your facility is in short supply of PPE, please see the following recommendations.

(WHO Source Page Visited May 12, 2020)

Our facility is in short supply of personal protective equipment (PPE). What are some strategies we can use to stay protected during severe shortages of PPE?

- In view of the global PPE shortage, strategies that can facilitate optimal PPE availability include minimizing the need for PPE in health care settings, ensuring rational and appropriate use of PPE, and coordinating PPE supply chain management mechanisms. WHO provides guidance on these strategies here along with effective environmental and administrative controls needed to improve the effective use of PPE.
- Based on current evidence, in consultation with international experts and other agencies in the field of IPC, WHO carefully considered **last-resort temporary measures** in crisis situations to be adopted **only** where there might be serious shortages of PPE or in areas where PPE may not be available.
- WHO stresses that these temporary measures should be avoided as much as possible when caring for severe or critically ill COVID-19 patients, and for patients with known co-infections of multi-drug resistant or other organisms transmitted by contact (e.g. Klebsiella pneumoniae) or droplets (e.g. influenza virus).
- The following measures could be considered independently or in combination, depending on the local situation:
    - PPE extended use (using for longer periods of time than normal according to standards).
    - Reprocessing followed by reuse (after cleaning or decontamination/sterilization of either reusable or disposable PPE).
    - Considering alternative items compared with the standards recommended by the WHO.
    - Using PPE beyond the manufacturer-designated shelf life for a limited time when equipment is in good condition with no degradation, tears, or wear that could affect performance.

- The WHO's technical guidance package on rational use of personal protective equipment for COVID-19 provides detailed measures on the extended use, reprocessing, or use of alternatives for the following PPE:
    - Medical masks
    - Respirators (FFP2, FFP3, N95)
    - Gowns
    - Goggles or safety glasses
    - Face shields
- The WHO has put forward the Essential Supplies Forecasting Tool (ESFT) to help Member States manage essential supplies. It provides detailed quantifications of:
    - Equipment (PPE, diagnostics, biomedical equipment, drugs and consumables)
    - Inpatient beds (total, severe and critical)
    - Tests (for mild, suspected, severe and critical cases)

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

I AM A HEALTHCARE WORKER. WHEN SHOULD I PERFORM HAND HYGIENE TO PROTECT MYSELF AND MY PATIENTS?

- Use the WHO's "My 5 Moments for Hand Hygiene" approach to know when to perform hand hygiene:
    1) Before touching a patient
    2) Before any clean or aseptic procedure is performed
    3) After exposure to body fluid
    4) After touching a patient
    5) After touching a patient's surroundings
- Hand hygiene includes:
    - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
    - Use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
    - Wash hands with soap and water when they are visibly soiled.
    - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.

(WHO Source Page Visited May 12, 2020)

WHAT ARE THE RECOMMENDATIONS ON USE OF CHLORINE FOR COVID-19 HAND HYGIENE?

- The WHO strongly discourages the use of chlorine solutions for hand hygiene.
    - Chlorine solutions carry higher risk of hand irritation and ill health effects, including eye irritation and respiratory problems.
    - Preparing chlorine solutions requires training to reach the correct dose of 0.05%.
    - Even if stored at a cool dry place with a lid away from sunlight, chlorine solutions have to be renewed daily.
    - Simple soapy water solutions do not have any of the above-mentioned health risks and complications.
- The WHO recommends applying standard hand washing techniques.

(WHO Source Page Visited May 12, 2020)

I AM A HEALTHCARE WORKER. WHAT CONTACT AND DROPLET PRECAUTIONS SHOULD I TAKE?

- All individuals, including family members, visitors, and healthcare workers should use contact and droplet precautions before entering the room of suspected or confirmed COVID-19 patients, in addition to using standard precautions.
- Place COVID-19 patients in adequately ventilated single rooms.
    - For general ward rooms with natural ventilation, adequate ventilation is considered to be 60 L/s per patient.
    - When single rooms are not available, patients suspected of having COVID-19 should be grouped together.
- All patients' beds should be placed 1 - 2 meters (3 - 6 feet) apart regardless of whether they are suspected to have COVID-19.
- Where possible, a team of healthcare workers should be designated to care exclusively for suspected or confirmed COVID-19 cases to reduce the risk of transmission.
- Appropriate personal protective equipment (PPE) should be worn.
    - If PPE is in short supply, consider strategies to maximize existing PPE.
- Use of boots, coverall, and apron is not required during routine care.
- Refrain from touching eyes, nose, or mouth with potentially contaminated gloves or bare hands.
- Use designated portable X-ray equipment or other designated diagnostic equipment.
- Avoid moving and transporting patients out of their room or area, unless medically necessary.
    - If transport is required, refer to this section to follow the recommended guidelines on how to transport patients with confirmed or suspected COVID-19.
- Routinely clean and disinfect surfaces with which the patient is in contact.
- Limit the number of healthcare workers, family members, and visitors who are in contact with suspected or confirmed COVID-19 patients.

- Maintain a record of all persons entering a patient's room, including all staff and visitors.

(WHO Source Page Visited May 12, 2020)

WHY DOES WHO RECOMMEND CONTACT AND DROPLET PRECAUTIONS AND NOT ROUTINE USE OF AIRBORNE PRECAUTIONS FOR HEALTHCARE WORKERS PROVIDING CARE TO PATIENTS WITH SUSPECTED / CONFIRMED COVID-19 INFECTION?

- WHO developed its guidance based on the consensus of international experts who considered the currently available evidence on the modes of transmission of COVID-19.
    - This evidence demonstrates viral transmission by droplets and contact with contaminated surfaces of equipment; it does not support routine airborne transmission.
    - Airborne transmission may happen, as has been shown with other viral respiratory diseases, during aerosol-generating procedures (for example, tracheal intubation, bronchoscopy). Thus, WHO recommends airborne precautions for these procedures.

(WHO Source Page Visited May 12, 2020)

WHAT PRECAUTIONS SHOULD I TAKE WHEN PERFORMING AEROSOL-GENERATING PROCEDURES?

- Commonly performed medical procedures that are considered aerosol-generating procedures, or that create uncontrolled respiratory secretions, include:
    - open suctioning of airways
    - sputum induction
    - cardiopulmonary resuscitation
    - endotracheal intubation and extubation
    - non-invasive ventilation (e.g. BiPAP, CPAP)
    - bronchoscopy
    - manual ventilation
- It is uncertain whether aerosols generated from the following procedures are infection:
    - nebulizer administration
    - high flow O2 delivery
- Perform aerosol-generating procedures in an adequately ventilated room – that is, natural ventilation with air flow of at least 160 L/s per patient or in negative- pressure rooms with at least 12 air changes per hour and controlled direction of air flow when using mechanical ventilation.
- Use a particulate respirator at least as protective as a US National Institute for Occupational Safety and Health (NIOSH)-certified N95, European Union (EU) standard FFP2, or equivalent.
    - According to the CDC, if supply shortages exist, N95 or higher level respirators should be prioritized for procedures that are higher risk and generate infectious aerosols.
- Use eye protection (goggles or face shield).
- Wear a clean, non-sterile, long-sleeved gown and gloves.

    - If gowns are not fluid-resistant, healthcare workers should use a waterproof apron.
- Limit the number of persons present in the room to the absolute minimum required for the patient's care and support.
- Clean and disinfect procedure room surfaces promptly.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

How long does an examination room need to remain vacant after being occupied by a patient with confirmed or suspected COVID-19?

- The amount of time that the air inside an examination room remains potentially infectious is not known and may depend on a number of factors including:
    - Size of the room
    - Number of air changes per hour
    - How long the patient was in the room
    - If the patient was coughing or sneezing
    - If an aerosol-generating procedure was performed
- Facilities need to consider these factors when deciding when the vacated room can be entered by someone who is not wearing personal protective equipment (PPE).
- For a patient who was not coughing or sneezing, did not undergo an aerosol-generating procedure, and occupied the room for a short period of time (e.g. a few minutes), any risk for a healthcare worker likely dissipates over a matter of minutes.
- For a patient who was coughing and remained in the room for alonger period of time or underwent an aerosol-generating procedure, the risk period is likely longer.
    - For these higher risk scenarios, it is reasonable to apply a similar time period as that used for pathogens spread by airborne route (e.g. measles, tuberculosis) and to restrict healthcare workers and patients without PPE from entering the room until enough time has passed.
- The CDC provides guidance on the clearance rates under differing ventilation conditions.
- In addition to allowing sufficient time to pass, healthcare workers should clean and disinfect environmental surfaces and shared equipment before the room is used again.

(CDC Source Page Visited May 12, 2020)

Should nasopharyngeal (NP) from patients with known or suspected COVID-19 be collected in an airborne infection isolation room?

- No. According to the CDC, airborne infection isolation rooms for NP specimen collection from a COVID-19 patient is not required.
- NP swabs from known or suspected COVID-19 patients can be performed in a regular examination room with the door closed.

- Healthcare workers in the room should wear all the required PPE when collecting NP swabs.
    - If N95 or higher-level respirators are not available, they should be prioritized for other procedures at higher risk for producing infectious aerosols instead of for collecting NP swabs.

(CDC Source Page Visited May 12, 2020)

What personal protective equipment (PPE) should I, as a healthcare worker, use when performing nasopharyngeal (NP) or oropharyngeal (OP) swabs on patients with suspected or confirmed COVID-19?

- Wear a clean, non-sterile, long-sleeve gown, an N95 or higher-level respirator (or medical mask if respirator is not available), eye protection (i.e., goggles or face shield), and gloves.
    - Personal protective equipment (PPE) use can be minimized through patient self-collection while the healthcare provider maintains at least 1 - 2 meters (3 - 6 feet) of separation.
- Only perform NP and OP swab specimens collection from suspected or confirmed COVID-19 patients if you are well-trained on the procedure.
- Conduct the procedure in a separate room.
- During NP specimen collection, ask the patients to cover their mouth with a medical mask or tissue.
- There is no available evidence that suggests cough generated via NP/OP specimen collection leads to increased risk of COVID-19 transmission via aerosols.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

What precautions should I take when handling laboratory specimens from patients with suspected COVID-19?

- All specimens collected for laboratory investigations should be regarded as potentially infectious.
- Healthcare workers who collect, handle, or transport clinical specimens should follow standard precaution measures to minimize the possibility of exposure:
    - Ensure that healthcare workers who collect specimens use appropriate personal protective equipment (PPE).
    - Ensure that all personnel who transport specimens are trained in safe handling practices and spill decontamination procedures.
    - Place specimen bags (secondary containers) that have a separate sealable pocket for the specimen (a plastic biohazard specimen bag) with the patient's label on the specimen container (primary container) and a clearly written laboratory request form.
    - Ensure that laboratories in healthcare facilities adhere to appropriate biosafety practices and transport requirements.
    - Deliver all specimens by hand whenever possible. DO NOT use pneumatic-tube systems to transport specimens.

- Document clearly each patient's full name, date of birth and "suspected COVID-19" on the laboratory request form.
- Notify the laboratory as soon as possible that the specimen is being transported.

(WHO Source Page Visited May 12, 2020)

What personal protective equipment (PPE) should I wear when transporting patients who are confirmed with or suspected COVID-19 within a healthcare facility? For example, what PPE should be worn when transporting a patient to radiology for imaging that cannot be performed in the patient room?

- Transport and movement of the patient outside their room should be limited to medically essential purposes.
- If transporting a COVID-19 patient, the receiving area should be notified in advance.
- Transport personnel should wear all recommended PPE when preparing the patient for transport.
- The patient should wear a facemask or cloth covering and be covered with a clean sheet.
  - According to the CDC, if the patient is wearing a facemask or cloth face covering, the healthcare worker only requires the use of a facemask.
  - Additional PPE for the healthcare worker should not be required unless there is an anticipated need to provide medical assistance during transportation (e.g. helping the patient replace a dislodged facemask).
- After arriving at their destination, the receiving personnel and the transporter should perform hand hygiene and wear all recommended PPE.

(CDC Source Page Visited May 12, 2020)

What personal protective equipment (PPE) should I wear when providing care to asymptomatic patients with a history of exposure to COVID-19 who are being evaluated for a non-infectious complaint?

- Standard precautions should be followed when caring for any patient.
- Patients with even mild symptoms that might be consistent with COVID-19 should be cared for by a healthcare worker wearing all recommended PPE.
- If the patient is without even mild COVID-19 symptoms then precautions specific to COVID-19 are not required but could be considered by regions experiencing high incidence of COVID-19 in the community.
  - Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19.
  - This underscores the importance of applying prevention practices to all patients including physical distancing, hand hygiene, and surface decontamination.

(CDC Source Page Visited May 6, 2020)

Sanitation, Hygiene, and Waste Management

I AM A HEALTH WORKER. HOW SHOULD I CLEAN SOILED BEDDING, TOWELS AND LINENS FROM PATIENTS WITH COVID-19?

- All individuals dealing with soiled bedding, towels, and clothes from COVID-19 patients should:
    - Wear appropriate Personal protective equipment (PPE), which includes heavy duty gloves, mask, eye protection (face shield/goggles), long-sleeved gown, apron (if gown is not fluid resistant), closed shoes before touching any soiled linen.
    - Place soiled linen in a clearly labelled, leak-proof container (for example, a bag or bucket) and never carry soiled linen against your body.
    - If there is any solid excrement on the linen, such as feces or vomit, scrape it off carefully with a flat, firm object and put it in the commode or designated toilet/latrine before putting linen in the designated container.
        - If the latrine is not in the same room as the patient, place soiled excrement in a covered bucket to dispose of in the toilet or latrine.
    - Wash and disinfect linen: washing by machine with warm water (60-90°C or 140-194°F) and laundry detergent is recommended for cleaning and disinfection of linens.
        - If use of a machine washing is not possible, linen can be soaked in hot water and soap in a large drum, using a stick to stir, avoiding splashing.
        - If hot water is not available, soak linen in 0.05% chlorine for approximately 30 minutes.
        - Finally, rinse with clean water and let linen dry fully in the sunlight.

(WHO Source Page Visited May 12, 2020)

WHAT DISINFECTANTS SHOULD I USE FOR ENVIRONMENTAL CLEANING IN HEALTHCARE FACILITIES WITH SUSPECTED OR CONFIRMED COVID-19?

- WHO recommends that you use the following for environmental cleaning in facilities or homes housing patients with suspected or confirmed COVID-19:
    - 70% Ethyl alcohol to disinfect reusable dedicated equipment (for example, thermometers) between uses.
    - Sodium hypochlorite (bleach) at 0.1% (equivalent 1000ppm) for disinfection of frequently touched surfaces.
    - Sodium hypochlorite at 0.5% (equivalent 5000ppm) for disinfection of frequently touched surfaces in homes or healthcare facilities.
- Please also refer to the guidance here for instructions on how to make diluted household bleach disinfectant for cleaning and guidance on cleaning different types of surfaces .
- For more on best practices for environmental cleaning procedures and programs in healthcare facilities in resource-limited settings, see Best Practices for Environmental Cleaning in Healthcare Facilities in Resource-Limited Settings.

(WHO Source Page Visited May 12, 2020)

I AM A HEALTH WORKER. DO I NEED TO DISINFECT VEHICLES, GOODS AND PRODUCTS COMING FROM COVID-19 AFFECTED COUNTRIES?

- To date, there is no epidemiological information to suggest that you need to disinfect goods, products, or vehicles shipped from COVID-19 affected countries to prevent COVID-19 infection.
    - WHO continues to closely monitor the evolution of COVID-19, and will update the recommendations as needed.
    - Additional resources for best practices for environmental cleaning can be found in the following two documents:
        - Infection prevention and control of epidemic-and pandemic prone acute respiratory infections in health care
        - Best Practices for Environmental Cleaning in Healthcare Facilities in Resource-Limited Settings

(WHO Source Page Visited May 12, 2020)

IS THERE A SPECIAL PROCEDURE REGARDING WASTE PRODUCED BY PATIENTS WITH SUSPECTED OR CONFIRMED COVID-19?

- No. Waste produced during the health care or home care of patients with suspected or confirmed COVID-19 should be disposed of as infectious waste.
    - Currently, there is no evidence that direct, unprotected human contact during the handling of healthcare waste has resulted in the transmission of COVID-19.
- All healthcare waste produced during patient care is considered to be infectious and should be collected safely in clearly marked lined containers and sharpsafe boxes.
    - The waste should be treated, preferably on-site, and then safely disposed of.
- The CDC recommends placing all disposable gloves, facemasks, and other contaminated items in a lined trash can.
    - If possible, dedicate a lined trash can for the person who is sick.
    - Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.
- Waste generated in waiting areas of healthcare facilities can be classified as non-hazardous and should be disposed in strong black bags and closed completely before collection and disposed of in strong black bags and sealed before collection and disposal in municipal waste services.
- The volume of infectious waste is expected to increase, especially through the use of PPE.
    - Therefore it is important to increase capacity to handle and treat this healthcare waste.
    - Alternative treatment technologies, such as autoclaving or high temperature burn incinerators, may need to be procured.
- For more information on disposing of infectious waste, please click here. Or visit CDC website here.

(WHO Source Page Visited May 12, 2020)

(CDC Source Page Visited May 12, 2020)

Are there any special water, sanitation, and hygiene practices for COVID-19?

- The following water, sanitation, and hygiene (WASH)-related actions are recommended by the WHO in healthcare settings:
    - Engage in frequent hand hygiene using appropriate techniques. This is one of the most important measures that can be used to prevent COVID-19 infection.
    - Implement regular environmental cleaning and disinfection practices.
    - Manage feces and urine safely.
    - Safely manage healthcare waste produced by COVID-19 cases.
- WHO guidance on the safe management of drinking water and sanitation services applies to the COVID-19 outbreak.
    - Provide suspected or confirmed COVID-19 cases with their own flush toilet or latrine.
        - Where this is not possible, patients sharing the same ward should have access to toilets that are not used by patients in other wards.
    - Apply proper disinfection protocols for bedpans, surfaces and bodily fluids spills in healthcare facilities to facilitate more rapid die-off of the COVID-19 virus.
    - Manage and treat toilets and pit-latrines in healthcare facilities.
    - Ensure the safe disposal of greywater (wastewater) or water from washing reusable personal protective equipment (PPE), surfaces, and floors.
    - After attending to a dead body of a COVID-19 patient, properly decontaminate the reusable PPE, dispose of infectious waste, and practice proper hand hygiene.
    - The body of a deceased person with confirmed or suspected COVID-19 should be wrapped in cloth or fabric and transferred to the mortuary area as soon as possible.
    - Many co-benefits will be realized by safely managing water and sanitation services and applying good hygiene practices.
- There is no evidence about the survival of the COVID-19 virus in drinking-water or sewage. Risk of COVID-19 transmission through water is expected to be low.
    - Conventional, centralized water treatment methods that use filtration and disinfection should inactivate the COVID-19 virus.
- For more on safe healthcare waste management, see Safe management of wastes from health-care activities: A summary

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

How should I organize the environment to protect others in the home?

- Place the patient in a well-ventilated single room (that is, a room with open windows and an open door).

- Limit the movement of the patient in the house and minimize shared space.
- Ensure that shared spaces (for example, the kitchen and bathroom) are well ventilated (keep windows open).
- Use dedicated linen and eating utensils for the patient. They may be re-used instead of being discarded.
    - Handle any dishes, cups/glasses, or silverware used by the person who is sick with gloves.
    - Wash them with soap and hot water or in a dishwasher.
    - Clean hands after taking off gloves or handling used items. Wash dishes and utensils using gloves with soap and hot water after each use or in a dishwasher.
    - They may be re-used instead of being discarded.
- Everyday, clean and disinfect surfaces that are frequently touched in the room where the patient is being cared for—such as bedside tables, bed frames, and other bedroom furniture and surfaces commonly touched around the house such as tables, door knobs, light switches, handles, desks, toilets, faucets, sinks and electronics.
- Detailed guidance on how to clean and disinfect multiple types of surfaces and make diluted bleach solution at home is available in this guide here.
- If the patient is using a separate bedroom and bathroom, only clean the area around the person who is sick when needed, such as when the area is soiled.
    - If they feel up to it, the person who is sick can clean their own space.
    - Give the person who is sick personal cleaning supplies such as tissues, paper towels, cleaners, soap and water, and appropriate disinfectant. and EPA-registered disinfectants. For more information on disinfectants, refer to the guidance here.
    - If the patient is sharing a bathroom, the person who is sick should clean and then disinfect after each use.
        - If this is not possible, the caregiver and household member should wait as long as possible before entering the bathroom and clean and disinfect the bathroom before use.
- Clean the patient's clothes, bed linen, and bath and hand towels using regular laundry soap and water or machine wash at 60–90 °C (140–194 °F) with common household detergent, and dry thoroughly.
- If the patient is confirmed to have COVID-19 and you are dealing with soiled bedding, towels, and clothes, please refer to guidance here Please also refer to the guidance here.
- Further guidance is available in Best Practices for Environmental Cleaning in Healthcare Facilities in Resource-Limited Settings which was developed by CDC and ICAN in collaboration with WHO.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

CAN PATIENTS WITH SUSPECTED AND CONFIRMED COVID-19 INFECTION BE COHORTED IN THE SAME ROOM?

- Ideally, suspected and confirmed COVID-19 patients should be isolated in single rooms.
    - When this is not feasible (for example, when there is a limited number of single rooms), cohorting is an acceptable option.
- Patients with suspected COVID-19 infection may actually have other respiratory illnesses, and they must be cohorted separately from patients with confirmed COVID-19 infection.
- Ensure that a range of 1 - 2 meters (3 - 6 feet) between beds is maintained at all times.

(WHO Source Page Visited May 12, 2020)

DO ALL PATIENTS WITH CONFIRMED OR SUSPECTED COVID-19 NEED TO BE PLACED IN AIRBORNE INFECTION ISOLATION ROOMS?

- No. According to the CDC, confirmed or suspected COVID-19 patients should be placed in regular examination rooms with the door closed.
- Airborne infection isolation rooms should be reserved for patients undergoing aerosol-generating procedures or for diagnoses such as active tuberculosis.

(CDC Source Page Visited May 12, 2020)

HOW SHOULD I CARE FOR COVID-19 PATIENTS THAT REQUIRE OXYGEN THERAPY?

- Oxygen therapy is recommended for all severe and critical COVID-19 patients.
- Oxygen therapy is the provision of medical oxygen as a health-care intervention. Medical oxygen contains at least 82% pure oxygen, is free from any contamination, and is generated by an oil-free compressor. **Only high quality, medical-grade oxygen should be given to patients.**
- The WHO has interim guidance on oxygen sources and distribution strategies for COVID-19 treatment centers.
- This guidance is intended for health facility administrators, clinical makers, procurement officers, planning officers, biomedical engineers, infrastructure engineers, and policy-makers. It describes how to:
    - quantify oxygen demand;
    - identify oxygen sources (cylinders, concentrators, oxygen plant, liquid oxygen) that are available; and
    - select appropriate sources to best respond to COVID-10 patients' needs, especially in low- and middle-income countries.
- Given the global shortage in equipment needed to treat COVID-19 patients, the WHO urges Ministries of Health to estimate their countries' oxygen needs and recommends using the WHO COVID-19 Essential Supply Forecast Tool (ESFT).

(WHO Source Page Visited May 12, 2020)

Is there a model for setting up an isolation ward and products that are required for caring for people with COVID-19 in a health facility?

- A model for setting up an isolation ward is currently under development.
- PPE specifications for healthcare workers caring for COVID-19 patients can be found in the disease commodity package.

(WHO Source Page Visited May 12, 2020)

Do patients with suspected or confirmed COVID-19 need to be hospitalized if they have mild illness?

- No. Hospitalization may not be required for patients who have mild illness (low-grade fever, cough, malaise, runny nose or sore throat) without any warning signs (shortness of breath or difficulty in breathing), increased respiratory sputum or haemoptysis, gastro-intestinal symptoms such as nausea, vomiting, and/or diarrhea, and without changes in mental status.
- Some patients with initial mild clinical presentation may worsen in the second week of illness.
    - CDC recommends that the decision to monitor these patients in the inpatient or outpatient setting should be made on a case-by-case basis.
    - This decision will depend not only on the clinical presentation, but also on the patient's ability to engage in self-monitoring, the feasibility of safe isolation at home, and the risk of transmission in the patient's home environment.
    - Hospitalization may be required when there is concern for rapid clinical deterioration.
- All patients discharged home should be instructed to return to the hospital if they develop any worsening of illness.
- For more guidance for clinicians caring for patients with severe acute respiratory infection when COVID-19 is suspected—including hospital admission criteria—visit the WHO guidance document on this topic.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

How should I care for non-COVID-19 patients that require face-to-face interaction?

- The CDC has provided guidance on how to handle face-to-face interactions with clients in the clinic and the field during the COVID-19 pandemic that addressed the following.
    - Activities that should receive highest priority will vary with the level of community COVID-19 transmission, characteristics of the priority populations, local capacity to implement activities, and availability of effective interventions.
    - Strategies for when the level of community transmission is none to minimal transmission:
        - Plan for discontinuation of non-essential public health activities.
        - Plan for implementation of flexible work (e.g. telemedicine) and sick leave policies.

        - Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g. phone triage before arrival, triage upon arrival).
        - Isolate patients with symptoms of COVID-19.
        - Within health department settings, implement physical distancing measures, practice hand hygiene, encourage the use of facemasks, increase cleaning and disinfection.
    - Strategies for when the level of community transmission is minimal to substantial transmission:
        - Discontinue non-essential public health activities.
        - Encourage telework options for staff when possible.
        - Encourage strict use of respiratory protection and other PPE when working in close proximity to patients.
        - Encourage strict implementation of phone triage and telemedicine where possible.
        - Isolate patients with symptoms of COVID-19.
        - Implement social distancing practices and place tape on floors to establish proper spacing.
    - Disease-specific priority recommendations based on the level of transmission for:
        - Patients with sexually transmitted diseases (STDs)
        - Patients with tuberculosis
        - Patients with HIV
        - Patients with hepatitis C

(CDC Source Page Visited May 12, 2020)

I AM A HEALTHCARE WORKER PROVIDING CARE FOR A NON-IMMUNOCOMPROMISED COVID-19 PATIENT IN A NON-HEALTHCARE SETTING. WHEN IS IT SAFE TO END THE PATIENT'S ISOLATION?

- CDC has provided guidance on when to end isolation for **non-immunocompromised** patients who are not in healthcare settings.
    - This includes, but is not limited to, at home, in a hotel or dormitory room, or in a group isolation facility.
    - The decision to discontinue home isolation for persons with confirmed or suspected COVID-19 should be made in the context of local circumstances.
    - Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or a test-based strategy.

- Symptom-based strategy. Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:
    - at least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g. cough, shortness of breath); and
    - at least 10 days have passed since symptoms have first appeared.
- **Test-based strategy. Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:**
    - Resolution of fever without the use of fever-reducing medications; and
    - Improvement in respiratory symptoms (e.g. cough, shortness of breath); and
    - Negative results of an FDA Emergency Used Authorized molecular assay for COVID-19 from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).
    - Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.
- Strategies for persons with laboratory-confirmed COVID-19 who have not had any symptoms include test based and time based strategies (either is acceptable depending on local circumstances):
- **Test-based strategy.** Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:
    - Negative results of an FDA Emergency Used Authorized molecular assay for COVID-19 from at least two consecutive respiratory specimens nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).
    - Because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness.
    - Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.
- **Time-based strategy .** Exclude from work until:
    - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
    - If they develop symptoms, then the **symptom-based strategy** or the **test-based strategy** should be used.
    - Because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness.

- Recommendations for discontinuing isolation in persons known to be infected with COVID-19 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been exposed to COVID-19.
    - CDC recommends 14 days of quarantine after exposure based on the time it takes to develop illness if infected.
    - Thus, it is possible that a person known to be infected could leave isolation earlier than a person who is quarantined because of the possibility they are infected.
    - This recommendation will prevent most, but cannot prevent all, instances of secondary spread.
    - The risk of transmission after recovery is likely substantially less than that during illness; recovered persons will not be shedding large amounts of virus by this point, if they are shedding at all.
    - Employers and local public health authorities can choose to apply more stringent criteria for certain persons where a higher threshold to prevent transmission is warranted.
- For certain populations, a longer time frame after recovery may be desired to minimize the chance of prolonged shedding of replication-competent virus. Such persons include:
    - Healthcare personnel in close contact with vulnerable persons at high-risk for illness and death if those persons get COVID-19 and
    - Persons who have conditions that might weaken their immune system which could prolong viral shedding after recovery.
    - Such persons should consult with their healthcare provider; this might include additional PCR testing.
    - Prolonged viral shedding has been demonstrated without direct correlation with replication competent virus.
- For more details on ending a patient's isolation, please read this section in part 2 of the document.

(CDC Source Page Visited May 12, 2020)

I AM A HEALTHCARE WORKER PROVIDING CARE FOR AN IMMUNOCOMPROMISED COVID-19 PATIENT IN A NON-HEALTHCARE SETTING. WHEN IS IT SAFE TO END THE PATIENT'S ISOLATION?

- CDC has provided guidance on when to end isolation for **immunocompromised** patients who are at home.
- Immunocompromised persons include:
    - Patients on medical treatment with immunosuppressive drugs
    - Bone marrow or solid organ transplant recipients
    - Inherited immunodeficiency
    - Poorly controlled HIV.

- Currently, there is limited information available on clinical illness, transmission efficiency, and duration of viral (COVID-19) shedding from immunocompromised persons.
    - Because of the limited information on the duration of COVID-19 shedding in immunocompromised patients, **test-based strategies** are preferred.
    - Test-based strategies are contingent on the availability of testing supplies and laboratory capacity.
- Under the **test-based strategy**, immunocompromised patients should maintain home isolation until:
    - Resolution of fever without the use of fever-reducing medications; **and**
    - Improvement in respiratory symptoms (e.g. cough, shortness of breath); **and**
    - Negative results from an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive upper respiratory swab specimens collected ≥24 hours apart (total of two negative specimens).
- When a test-based strategy is not feasible or desired, healthcare providers can follow the **symptom-based strategy** outlined in the guidance for non-immunocompromised persons.

(CDC Source Page Visited May 12, 2020)

Are specialized or referral hospitals required for patients with suspected or confirmed COVID-19 infection when hospitalization is needed?

- No. Current WHO recommendations do not include a requirement for exclusive use of specialized or referral hospitals to treat suspected or confirmed COVID-19 patients.
    - Countries or local jurisdictions may choose to care for patients at such hospitals if those are deemed the most likely to be able to safely care for patients with suspected or confirmed COVID-19 infection or for other clinical reasons.
    - Regardless, any healthcare facility treating patients with suspected or confirmed COVID-19 should adhere to the WHO infection prevention and control recommendations for healthcare to protect patients, staff, and visitors.

(WHO Source Page Visited May 12, 2020)

Are there online resources for health professionals working with severe acute respiratory infections?

- Yes. The WHO offers a toolkit for clinicians working in acute care hospitals in low- and middle-income countries. The toolkit provides guidance on how to manage adult and paediatric patients with acute respiratory infections, including COVID-19.

(WHO Source Page Visited May 12, 2020)

If a patient tests positive for another respiratory virus, should that exclude COVID-19 as a cause of illness?

- Patients can be infected with more than one virus at the same time.

- Coinfections with other respiratory viruses in people with COVID-19 have been reported, therefore identifying infection with one respiratory virus does not exclude COVID-19 infection.
- For patients co-infected with COVID-19 and pathogens causing severe acute respiratory infection (SARI):
    - Administer appropriate empiric antimicrobials within 1 hour of identification of sepsis. Empiric antibiotic treatment should be based on the clinical diagnosis, local epidemiology and susceptibility data, and national treatment guidelines.
    - Where there is ongoing local circulation of seasonal influenza, empiric therapy with a neuraminidase inhibitor should be considered for the treatment of patients with influenza or at risk of severe disease.
    - Empiric therapy should be de-escalated on the basis of microbiology results and clinical judgment.
- The WHO has a technical manual on how to set up and operate SARI treatment centres in low- and middle-income countries during the COVID-19 pandemic.

(CDC Source Page Visited May 12, 2020)
(WHO Source Page Visited May 12, 2020)

How are COVID-19 patients treated?

- There are currently no drugs, therapeutics, or antiviral drugs available and approved to prevent or treat COVID-19.
    - Several therapies are under investigation as part of the "Solidarity" clinical trial.
- Current clinical management includes infection prevention and control measures and supportive care, including oxygen therapy.
- Corticosteroids are not routinely recommended for treatment of viral pneumonia or acute respiratory distress syndrome (ARDS) due to potential for prolonging viral replication.
    - Corticosteroids were shown to prolong viral replication in MERS coronavirus and influenza.
    - Corticosteroids should be avoided unless they are indicated for another reason (e.g. COPD exacerbation or refractory septic shock).
- There is currently no proof that hydroxychloroquine can cure or prevent COVID-19.
    - The misuse of hydroxychloroquine can cause serious side effects and illness and even lead to death.

(CDC Source Page Visited May 12, 2020)
(WHO Source Page Visited May 12, 2020)

Should angiotensin converting enzyme inhibitors (ACE-I) or angiotensin receptor blockers (ARB) be stopped in patients with COVID-19?

- Currently, the CDC is not aware of scientific evidence establishing a link between ACE-I or ARBs and risk of contracting or severity of COVID-19.
    - WHO released a scientific brief on May 7, 2020 that summarizes the current evidence on the impact of ACE-I and ARBs on severe acute respiratory illness due to COVID-19.
        - It concluded that there is low-certainty evidence that patients on long-term therapy with ACE inhibitors or ARBs are not at higher risk of poor outcomes from COVID-19.
- The American Heart Association, the Heart Failure Society of America, and the American College of Cardiology recommend continuation of ACE-I or ARB medications for all patients already prescribed those medications for indications such as heart failure, hypertension, or ischemic heart disease.
- Cardiovascular disease patients who are diagnosed with COVID-19 should be fully evaluated by a healthcare professional before adding or removing any treatments.

(CDC Source Page Visited May 12, 2020)

DO NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS) WORSEN THE COURSE OF DISEASE FOR PEOPLE WITH COVID-19?

- CDC and WHO are currently not aware of scientific evidence establishing a link between NSAIDs (e.g. ibuprofen, naproxen) and worsening of COVID-19.
    - CDC, FDA, European Medicines Agency, and the WHO are continuing to monitor the situation and will review new information when it becomes available.
- Patients who rely on NSAIDs to treat chronic conditions and have additional questions should speak to their healthcare provider.
- Patients should use NSAIDs according to product labels and advice of their healthcare professional.

(CDC Source Page Visited May 12, 2020)
(WHO Source Page Visited May 12, 2020)

IF I HAVE PATIENTS WITH ASTHMA, DO I NEED TO MAKE ANY CHANGES TO THEIR DAILY ASTHMA PREVENTIVE MANAGEMENT REGIMENS TO REDUCE THEIR RISK OF GETTING SICK WITH COVID-19?

- People with moderate to severe asthma might be at higher risk of getting very sick from COVID-19.
- According to the CDC, the selection of therapeutic options through guideline-recommended treatment of asthma is currently not affected by COVID-19.
- Continuation of inhaled corticosteroids is particularly important for patients already using these medications because there is no evidence of increased risk of COVID-19 morbidity with use of inhaled corticosteroids.
- Patients with asthma but without symptoms or a diagnosis of COVID-19 should continue any required nebulizer treatments.

- Use of the nebulizer in a location that minimizes and avoids exposure to any other members of the household is preferable.
- If using a nebulizer in a healthcare setting, remember to practice the necessary precautions when performing aerosol-generating procedures.

(CDC Source Page Visited May 12, 2020)

Should people with COVID-19 and increased alanine aminotransferase (ALT) or aspartate aminotransferase (AST) be tested for viral hepatitis?

- Yes. For COVID-19 patients with risk factors for viral hepatitis and elevated hepatic enzymes, consider testing them for hepatitis A virus, hepatitis B virus, and hepatitis C virus infections.
- Note that elevated ALT or AST may also be associated with COVID-19 alone and indicate greater severity of illness.

(CDC Source Page Visited May 12, 2020)

Caring for Pregnant Patients

What recommendations are there on the use of facemasks or respirators for healthcare workers caring for pregnant patients with known or suspected COVID-19?

- When available, full personal protective equipment (PPE) should be worn including respirators (or facemasks if a respirator is not available), eye protection, gloves, and gowns should be used for the care of all patients suspected of COVID-19, including women who are pregnant.

(CDC Source Page Visited May 12, 2020)

Is forceful exhalation during the second stage of labor considered an aerosol-generating procedure for respirator prioritization during shortages?

- Based on limited data, forceful exhalation during the second stage of labor would not be expected to generate aerosols to the same extent as other aerosol-generating procedures.
  - Forceful exhalation during the second stage of labor is not considered an aerosol-generating procedure.
  - Respirators should not be prioritized for the second stage of labor over procedures more likely to generate higher concentrations of infectious respiratory aerosols(such as bronchoscopy, intubation and open suctioning) if your facility is experiencing a shortage.
- When respirator supplies are restored, healthcare workers should use full PPE during the second stage of labor, including respirators (or facemasks if respirators are not available), eye protection, gloves, and gowns.

(CDC Source Page Visited May 12, 2020)

Should intrapartum fever be considered as a possible sign of COVID-19 infection?

- Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether a patient should be tested.
    - As part of the evaluation, clinicians are strongly encouraged to test for other causes of respiratory illness and peripartum fever.
    - Fever is the most commonly reported sign of COVID-19.
- Current data suggests that signs and symptoms of COVID-19 are expected to be similar to those for non-pregnant patients, including the presence of fever.
- Other considerations that may guide testing include the level of local community transmission.

(CDC Source Page Visited May 12, 2020)

What guidance is available for labor and delivery for healthcare workers with potential exposure in a healthcare setting to patients with COVID-19 infection?

- Healthcare workers in labor and delivery healthcare settings should follow the same infection prevention and control recommendations and wear the same personal protective equipment (PPE) as all other healthcare workers

(CDC Source Page Visited May 12, 2020)

Dialysis Facilities

Is there a preferred hemodialysis modality (intermittent hemodialysis or continuous renal replacement therapy (CRRT)) for patients with suspected or confirmed COVID-19 in acute care settings?

- Based on the patient's clinical status and the facility's resources, clinicians can decide to provide either intermittent hemodialysis or CRRT to patients requiring hemodialysis.
- For infection control purposes, limit the healthcare personnel exposed to patients with suspected or confirmed COVID-19 to those essential for their care.
    - In the intensive care unit (ICU), CRRT is usually managed by an ICU nurse; therefore use of CRRT may help limit the number of healthcare workers exposed to the patient.
- For ICU patients with end-stage renal disease with a dialysis fistula or graft, clinicians can weigh the risks and benefits of placing a dialysis catheter for CRRT or performing intermittent hemodialysis.

(CDC Source Page Visited May 12, 2020)

When continuous renal replacement therapy (CRRT) is performed, is there a specific recommendation for disposing effluent from patients with suspected or confirmed COVID-19?

- Dialysis effluent from suspected or confirmed COVID-19 patients can be disposed of per standard facility protocols.
- Healthcare workers caring for the patient disposing of effluent from the CRRT machine should wear recommended PPE.

(CDC Source Page Visited May 12, 2020)

WHERE SHOULD INTERMITTENT HEMODIALYSIS BE PERFORMED IN THE ACUTE CARE SETTING?

- For patients with suspected or confirmed COVID-19 requiring intermittent hemodialysis in the acute care setting, dialysis should ideally be performed in the patient's hospital room with the door closed.
    - This serves to limit the patient's movement within the hospital.
- When a patient with suspected or confirmed COVID-19 is being transported to the acute care dialysis unit, ensure healthcare workers adhere to infection control practices while transporting the patient.
    - The patient should wear a facemask during transportation.
- If the acute care dialysis unit has an isolation room, hemodialysis should be performed in the isolation room with the door closed.
- Hepatitis B isolation rooms should only be used for dialysis patients with confirmed or suspected COVID-19 if:
    - the patient is hepatitis B surface antigen positive; **or**
    - the facility has no patients on the census with hepatitis B infection who would require treatment in the isolation room.
- The isolation room should be cleaned after the care of each patient with COVID-19.
- In a situation where there are several patients with confirmed COVID-19 requiring hemodialysis (non-ICU), consider cohorting the patients on the same dialysis shift, preferably the last dialysis shift of the day to allow for terminal cleaning of the dialysis unit following treatment.
    - If possible, patients without COVID-19 should not receive dialysis during the same shift (in the same room).
    - If patients without COVID-19 are dialyzed at the same time in the unit, they should be kept at least 1 - 2 meters (3 - 6 feet) from the COVID-19 patients at all times.
    - Patients with confirmed or suspected COVID-19 should continue to wear their facemask during treatment and practice good respiratory hygiene.

(CDC Source Page Visited May 12, 2020)

WHAT ARE THE RECOMMENDATIONS FOR DIALYSIS STAFF CARING FOR PATIENTS WITH SUSPECTED OR CONFIRMED COVID-19?

- Dialysis staff performing dialysis treatments should use all PPE recommended for the care of patients with suspected or confirmed COVID-19:
    - Facilities should consider prioritizing N95 or higher-level respirators for fit-tested dialysis staff who spend several hours in a patient's room during a dialysis treatment with the door closed
- If possible, dialysis staff should limit time in the room with the patient.

- The facility should consider having dialysis staff observe and monitor the patient through a window, glass door, or camera while keeping the door closed.

(CDC Source Page Visited May 12, 2020)

DO PATIENTS WITH SUSPECTED OR CONFIRMED COVID-19 NEED TO WEAR MASKS DURING THEIR DIALYSIS TREATMENT?

- Patients receiving dialysis in their own room or an isolation room do not need to wear a mask if dialysis staff are working from outside the room.
- If dialysis staff are remaining in the room with the patient, the patient should wear a facemask if tolerated.
- When patients with confirmed COVID-19 are being dialyzed in the acute dialysis unit, the patient should wear a facemask for the duration of treatment.
- Dialysis staff in the room should use all recommended PPE.

(CDC Source Page Visited May 12, 2020)

WHAT ARE THE RECOMMENDATIONS FOR CLEANING AND DISINFECTING THE HEMODIALYSIS MACHINE AND EQUIPMENT AFTER USE FOR SUSPECTED OR CONFIRMED COVID-19 PATIENTS?

- Current standards for routine cleaning and disinfection of hemodialysis equipment are appropriate for COVID-19.
- In room dialysis treatment:
    - It is important to follow your current process for disinfecting hemodialysis equipment, paying attention to infection control practices and ensuring that other equipment or surfaces are not cross-contaminated.
- When the dialysis machine, supplies, and equipment are moved out of a patient's room, the dialysis machine should go through routine cleaning and disinfection procedures.
    - Disposable medical supplies brought to the patient's room should be discarded.
    - All non-dedicated, non-disposable medical equipment used for dialysis treatment should be cleaned and disinfected according to manufacturer's instructions and facility policies.
    - Follow standard operating procedures for the disposal of used PPE and regulated medical waste.
    - Review the dialysis machine's cleaning recommendations to ensure that disinfectants are compatible with the machine. An EPA-registered, hospital grade disinfectant should be used. Treatment on dialysis unit:
    - Any surface, supplies, or equipment such as the dialysis machine, located within 6 feet of symptomatic patients, should be disinfected or discarded appropriately.
    - Disposable medical supplies brought to the dialysis station should be discarded.
    - All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
    - Staff should follow standard operating procedures for the disposal of used PPE and regulated medical waste.

- If linens or disposable cover sheets are used on the dialysis chairs, follow standard procedures for containing and/or laundering used items.

- Continuous renal replacement therapy (CRRT) machines:
  - The CRRT machine should be cleaned and disinfected per routine procedures. An EPA-registered, hospital grade disinfectant should be used. Many CRRT machines do not have internal fluid pathways, so only external surfaces need to be cleaned and disinfected.
  - For touch screens, check manufacturer's instructions for use for compatible products.
  - If the machine has an internal pathway, refer to manufacturer's instructions for disinfection.

(CDC Source Page Visited May 12, 2020)

SAFE HANDLING OF BODIES

ARE THERE SPECIAL PROCEDURES FOR THE MANAGEMENT OF BODIES OF PERSONS WHO HAVE DIED FROM COVID-19?

- No, there are no special procedures for the management of bodies of people who have died from COVID-19.
  - Authorities and medical facilities should proceed with their existing policies and regulations that guide post-mortem management of persons who die from infectious diseases.
- To date, there is no evidence of persons having become infected from exposure to the bodies of persons who died from COVID-19. However, when health care or mortuary staff, or the burial team interact with a body, they should apply the following precautions;
  - Practice hand hygiene before and after interaction with the body and the surrounding area.
    - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
    - Use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
    - Wash hands with soap and water when they are visibly soiled.
    - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
  - Use appropriate PPE according to the level of interaction with the body, including a gown and gloves.
  - If there is a risk of splashes from the body fluids or secretions, personnel should use facial protection, including the use of face shield or goggles and medical mask.

- WHO interim guidance is available and should be consulted by all those who tend to the bodies of persons who have died of suspected or confirmed COVID-19, including managers of healthcare facilities and mortuaries, religious and public health authorities, and families.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

How do I fill out a Medical Certificate of Cause of Death for patients that died of COVID-19?

- WHO has provided international guidelines for certification and classification of COVID-19 as cause of death.
    - The guideline provides instructions for emergency ICD codes along with examples of how to certify the chain of events for death are due to COVID-19.
    - A death due to COVID-19 may not be attributed to another disease (e.g. cancer) and should be counted independently of preexisting conditions that are suspected of triggering a severe course of COVID-19.
    - There should be no period of complete recovery from COVID-19 between illness and death.

(WHO Source Page Visited May 12, 2020)

Routine Immunization

What preventative measures should I take to protect myself and my patients while administering vaccines?

- PAHO/WHO recommends continuing essential immunization activities wherever possible during the COVID-19 pandemic to prevent outbreaks of vaccine-preventable diseases.
- Healthcare workers should ensure that they are vaccinated against seasonal influenza themselves, as well as any other routine immunizations they might be missing.
- PAHO recommends that healthcare services that offer vaccination implement the following recommendations:
    - Offering vaccination services outside or in a well-ventilated area
    - Keeping vaccination services separate from other health services, to help keep people who are ill and those who do not have symptoms apart
    - Frequently disinfecting the vaccination area
    - Limiting the number of people who accompany the patient to be vaccinated to one person
    - Ensuring hand sanitizer or hand washing units are available for the public at the entrance of the facility
    - Establishing exclusive vaccination sessions for at-risk groups, such as older people, pregnant women, and those with pre-existing medical conditions

- Scheduling immunization appointments or offering small but frequent immunization sessions to limit crowded waiting rooms

(WHO Source Link Visited May 12, 2020)
(WHO Source Page Visited May 12, 2020)

During the COVID-19 pandemic, should high-risk populations continue to be vaccinated for hepatitis A?

- Yes. People susceptible to hepatitis A virus should receive the hepatitis A vaccine when possible. This includes:
  - people who use drugs (injection or non-injection)
  - people experiencing unstable housing or homelessness
  - men who have sex with men (MSM)
  - people who are or were recently incarcerated
  - people with chronic liver disease and living or working in areas where hepatitis A outbreaks are ongoing
- According to the CDC, routine hepatitis A vaccination of children should continue to the extent possible.
- Please refer to this section on the strategies that should be used when administering vaccinations.

(CDC Source Page Visited May 12, 2020)

Should vaccination of hepatitis B virus-exposed infants continue during the COVID-19 pandemic?

- Yes. According to the CDC and the Advisory Committee on Immunization Practices (ACIP), hepatitis B vaccination of all infants, especially those exposed to hepatitis B virus, should continue.
- Providers using single-component vaccines who are experiencing immunization service disruption should administer hepatitis B vaccine as close to the recommended intervals as possible, including series completion at 6 months. ACIP guidelines
- If post vaccination serologic testing is delayed beyond 6 months after the hepatitis B series is completed, consider administer a booster dose of single antigen hepatitis B vaccine and then ordering post-vaccination serologic testing (HBsAg & antibody to HBsAg [anti-HBs]) 1-2 months after the “booster” dose.

(CDC Source Page Visited May 12, 2020)

Managing stress and communicating with patients (also see Stigma)

How can I best communicate with patients with suspected or confirmed COVID-19?

- Be respectful, polite and empathetic.

- Be aware that suspected and confirmed cases, and any visitors accompanying them, may be stressed or afraid.
- The most important thing you can do is to listen carefully to questions and concerns.
- Use the local language and speak slowly.
- Answer any questions and provide accurate information about COVID-19.
- You may not have an answer for every question: a lot is still unknown about COVID19 and it is okay to admit that.
- If available, share information pamphlets or handouts with your patients.
- It is okay to touch, or comfort suspected and confirmed patients when wearing PPE.
- Gather accurate information from the patient: their name, date of birth, travel history, list of symptoms, etc.
- Explain the healthcare facility's procedure for COVID-19, such as isolation and limited visitors, and the next steps.
- If the patient is a child, admit a family member or guardian to accompany them – the guardian should be provided and use appropriate personal protective equipment.
- Provide updates to visitors and family when possible.
- WHO provides a technical guidance package on risk communication package for healthcare facilities
    - The package contains a series of simplified messages and reminders based on WHO's more in-depth technical guidance on infection prevention and control in healthcare facilities in the context of COVID-19: "Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected".

(WHO Source Page Visited May 12, 2020)

I AM A HEALTHCARE WORKER. HOW CAN I MANAGE MY OWN STRESS DURING THE COVID-19 OUTBREAK?

- For healthcare workers, it is normal to feel under pressure in the COVID-19 situation.
    - This is a unique and unprecedented situation for many healthcare workers, particularly if they have not been involved in similar responses.
- Stress and the feelings associated with it are not a reflection of how well you can do your job.
- Managing your mental health and psychosocial wellbeing during this time is as important as managing your physical health. Follow these tips to help manage stress:
    - Take care of yourself. Use helpful coping strategies such as ensuring sufficient rest and respite during work or between shifts, eat sufficient and healthy food, engage in physical activity, and stay in contact with family and friends.
    - Avoid using unhelpful coping strategies such as tobacco, alcohol, or other drugs. In the long term, these can worsen your mental and physical wellbeing. This is a unique and

unprecedented situation for many healthcare workers, particularly if they have not been involved in similar responses.

- Stay connected with your loved ones through digital methods.

- Some healthcare workers may unfortunately experience avoidance by their family or community due to stigma or fear.
  - This can make an already challenging situation far more difficult.
  - Turn to your colleagues, your manager, or other trusted persons for social support.

(WHO Source Page Visited May 12, 2020)

I AM A HEALTHCARE WORKER. HOW CAN I SUPPORT THE MENTAL HEALTH OF PATIENTS SEEKING CARE DURING THE COVID-19 OUTBREAK?

- Helping to manage the mental health and psychosocial wellbeing of patients is an important consideration during this time. The following are some tips to consider:
  - Use understandable ways to share messages with people with intellectual, cognitive, and psychosocial disabilities.
    - Forms of communication that do not rely solely on written information should be utilized If you are a team leader or manager in a health facility.
  - Understand the best ways to support people with COVID-19, and know how to link them with available resources for mental health and psychosocial support.
    - The stigma associated with mental health problems may cause reluctance to seek support for both COVID-19 and mental health conditions.

(WHO Source Page Visited May 12, 2020)

I AM A HEALTHCARE WORKER, HOW CAN I SUPPORT PATIENTS THAT MAY BE EXPERIENCING GENDER BASED VIOLENCE?

- Although the COVID-19 pandemic has placed an immense burden on health systems, including frontline health workers, there are things that can help mitigate the effects of violence on women and children.
- Health facilities should identify and provide information about services available locally (e.g. hotlines, shelters, rape crisis centers, counselling) for survivors, including opening hours, contact details, and whether services can be offered remotely, and establish referral linkages.
- Health providers need to be aware of the risks and health consequences of violence against women.
  - They can help women who disclose by offering first-line support and medical treatment.
  - First-line support includes: listening empathetically and without judgment, inquiring about needs and concerns, validating survivors' experiences and feelings, enhancing safety, and connecting survivors to support services.
  - The use of mHealth and telemedicine in safely addressing violence against women must urgently be explored.

(WHO Source Page Visited May 12, 2020)

What should I tell other people in the home if I am caring for a patient that has symptoms or confirmed COVID-19 in a home?

- Tell other household members to stay and eat in a different room or, if that is not possible, maintain a physical distance of 1 - 2 meters (3 - 6 feet) from the ill person.
- If possible, use a separate bedroom and bathroom.
    - If you have to share space, make sure the room has good airflow. To increase air flow, open the window and turn on a fan (if possible).
- Limit the number of caregivers and ideally, assign one person as the caregiver who is in good health and has no underlying chronic or immuno-compromising conditions.
    - For more information about those at higher risk for severe illness, refer to the guidance here. Or visit CDC website here.
- Avoid sharing personal items with the person who is sick, including items like dishes, cups/glasses, silverware, towels, bedding, or electronics.
- Avoid having unnecessary visitors to your home, especially people at higher risk for severe illness.
- Watch for warning signs and call their doctor if the person keeps getting sicker. For medical emergencies, call 911 and tell the dispatcher that the person has or might have COVID-19.
    - The CDC identifies emergency warning signs requiring immediate medical attention, including, but not limited to:
        - Trouble breathing
        - Persistent pain or pressure in the chest
        - New confusion or inability to arouse
        - Bluish lips or face

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

Misc.

Do blood centers routinely screen blood products for COVID-19?

- No, blood centers do not routinely screen for blood products for COVID-19.
    - Although RNA fragments of the virus causing COVID-19 were detected in the blood of symptomatic COVID-19 patients, this does not mean that the virus is viable/infectious.
    - In general, respiratory viruses are not known to be transmitted by blood transfusion.

(WHO Source Page Visited May 12, 2020)

When setting up an alternate care site (ACS), what are the infection prevention and control considerations?

- An alternate care site (ACS) is a facility that is temporarily converted for healthcare use during a public health emergency to reduce the burden on hospitals and medical facilities.
    - Examples of ACS include schools, stadiums, hotels etc.
- CDC provides guidance on how to set up these ACS facilities in a way that ensures they can support the implementation of recommended infection prevention and control practices.
    - The guidance does not address other aspects of ACS such as supplies, accessibility, and patient transportation to and from nearby health facilities.
- Depending on needs, ACS could provide three levels of care:
    - **Non-acute care:** low-level care for mildly to moderately symptomatic COVID-19 patients. These patients may require oxygen (less than or equal to 2L/min), but do not require extensive nursing care or assistance with activities of daily living (ADL).
    - **Hospital care:** mid-level care for moderately symptomatic COVID-19 patients. These patients require oxygen (more than 2L/min), nursing care, and assistance with activities of daily living.
    - **Acute care:** higher acuity care for COVID-19 patients. These patients require significant ventilatory support, including intensive monitoring on a ventilator.
- If ACS will be used to care for both confirmed and suspected COVID-19 patients or for patients without COVID-19 who require care for other reasons, additional infection prevention and control considerations will apply.
    - For example, planning would need to address physical separation between the cohorts and assigning different HCP with dedicated equipment to each section.
- The ACS Toolkit is available to provide technical guidance for establishing ACS including considerations for:
    - **Physical infrastructure:** layout, air conditioning and heating, spacing between patients, storage areas, and floors and services.
    - **Services:** food services, environmental services, sanitation, laundry facilities, pharmacy access, and diagnostics.
    - **Patient care:** staffing, infection prevention and control supplies, personal protective equipment (PPE), and hygiene.

(CDC Source Page Visited May 13, 2020)

PART 4: CONTENT FOR SCHOOL ADMINISTRATORS, PARENTS OF STUDENTS, AND CHILDREN

COVID-19 PREVENTION AND CONTROL IN SCHOOLS AND CHILDCARE PROGRAMS

WHAT ARE SOME KEY MESSAGES AND ACTIONS FOR SCHOOL ADMINISTRATORS, TEACHERS, AND STAFF?

- Advise sick students, teachers and other staff to not come to school.
    - As with other respiratory infections like the flu, advise them to seek care early if they are having symptoms and to avoid going to public places to prevent it spreading to others.
- Enforce regular hand washing with soap and safe water for 20 seconds, hand sanitizer that is 60% ethanol, or 70% isopropanol alcohol, or a .05% chlorine solution and, at a minimum, daily disinfection and cleaning of school surfaces
- Provide water, sanitation and waste management facilities and follow environmental cleaning and decontamination procedures
- Promote physical distance of 1 - 2 meters (3 - 6 feet)
- Know the latest facts
    - Understand basic information about COVID-19, including its symptoms, complications, how it is transmitted and how to prevent transmission.
    - Stay informed about COVID-19 through reputable sources such as WHO, CDC, UNICEF, and national health ministry advisories.
    - Be aware of fake information/myths that may circulate by word-of-mouth or online.
    - The CDC has outlined key steps to plan, prepare, and respond to COVID- 2019.
- The CDC provides guidance on what steps school health clinics may take immediately and strategies to prepare for community transmission of COVID-19.
    - CDC has developed a decision-tree to help Institutes of Higher Education (e.g., 2- or 4-year colleges and universities) determine which set of mitigation strategies may be most appropriate for the level of community transmission: (i) when there is no community transmission (preparedness phase), (ii) when there is minimal to moderate community transmission, and (iii) when there is substantial community transmission..
    - CDC has developed a decision-tree to help schools (e.g., child care programs and K-12 schools) determine which set of mitigation strategies may be most appropriate for the level of community transmission: (i) when there is no community transmission (preparedness phase), (ii) when there is minimal to moderate community transmission, and (iii) when there is substantial community transmission.
- The CDC also provides guidance for travelers, including students, staff, or faculty who plan to travel, or have recently traveled, to countries with community spread of COVID-19.
    - Students returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials.

- The CDC also has guidance on foreign exchange and study abroad programs, which states that Institutions of Higher Education may need to postpone or cancel trips that could expose students and staff to potential community spread of COVID-19.

- In light of the school closures in response to the COVID-19 pandemic, the United Nations presents guidance on how to safely reopen schools. This is described further in the section on reopening schools.

(WHO Source page visited May 11, 2020)
(UNICEF Source page visited May 11, 2020)
(CDC Source page visited May 11, 2020)
(CDC Source page visited May 11, 2020)

AS A SCHOOL ADMINISTRATOR HOW CAN I ENSURE THE SAFE OPERATION OF MY SCHOOL?

- Update or develop school emergency and contingency plans in collaboration with your local health department/health authority. Focus on the components or annexes of the plans that address infectious disease outbreaks.
  - Work with officials to guarantee schools are not used as shelters, treatment units, etc.
  - Consider cancelling any community events/meetings that usually take place on school premises, based on risk.
  - Ensure the plan emphasizes everyday preventive actions for students and staff.
  - CDC further recommends that plans include strategies for:
    - Physical distancing and school dismissal that may be used to stop or slow the spread of infectious disease.
    - Continuing education, meal programs, and other related services in the event of school dismissal.
- Reinforce frequent handwashing and sanitation and procure needed supplies.
  - Prepare and maintain handwashing stations with soap and water, and if possible, place alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol in each classroom, at entrances and exits, and near lunchrooms and toilets.
- Clean and disinfect school buildings, classrooms and especially water and sanitation facilities at least once a day, particularly surfaces that are touched by many people (railings, lunch tables, sports equipment, door and window handles, toys, teaching and learning aids etc.) Please also refer to the guidance here.
- Implement physical distancing practices that may include:
  - Staggering the beginning and end of the school day
  - Cancelling assemblies, sports games and other events that create crowded conditions
  - When possible, create space for children's desks to be 1 - 2 meters (3 - 6 feet) apart.
  - Teach and model creating space and avoiding unnecessary touching
- Establish procedures if students or staff become unwell

- Plan ahead with local health authorities, school health staff and update emergency contact lists.
- Ensure a procedure for separating sick students and staff from those who are well – without creating stigma – and a process for informing parents/caregivers, and consulting with health care providers/health authorities wherever possible.
- Students/staff may need to be referred directly to a health facility, depending on the situation/context, or sent home.
- Share procedures with staff, parents and students ahead of time.

- Promote information sharing
  - Coordinate and follow guidelines from the national health and education authorities.
  - Share known information with staff, caregivers and students, providing updated information on the disease situation, including prevention and control efforts at school.
  - Reinforce that caregivers should alert the school and health care authorities if someone in their home has been diagnosed with COVID-19 and keep their child at home.
  - Utilize parent-teacher committees and other mechanisms to promote information sharing.
  - Address children's questions and concerns, including through the development of child-friendly materials such as posters which can be placed on notice boards, in restrooms, and other central locations.
- Adapt school policies where appropriate
  - Develop flexible attendance and sick leave policies that encourage students and staff to stay home when sick or when caring for sick family members.
  - Discourage the use of perfect attendance awards and incentives.
  - Identify critical job functions and positions, and plan for alternative coverage by cross training staff.
  - Plan for possible academic calendar changes, particularly in relation to breaks and exams.
  - The CDC further recommends establishing procedures to ensure students and staff who show symptoms of COVID-19 at school or who arrive at school with these symptoms are sent home as soon as possible.
    - The CDC recommends keeping anyone sick separate from well students and staff until the sick person can be sent home.
    - If a suspected sick student or staff member is confirmed to have COVID-19, the CDC recommends immediately notifying local health officials.
    - Furthermore, the CDC recommends the potential need for an initial short-term dismissal (2-5 days) to allow time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school and for custodial staff to clean and disinfect the affected facilities.

- Monitor school attendance
    - Implement school absenteeism monitoring systems to track student and staff absence and compare against usual absenteeism patterns at the school.
    - Alert local health authorities about large increases in student and staff absenteeism due to illnesses.
- Plan for continuity of learning and research
    - In the case of absenteeism/sick leave or temporary school closures, support continued access to quality education. This can include:
        - Use of online/e-learning strategies
        - Assigning reading and exercises for home study
        - Radio, podcast or television broadcasts of academic content
        - Assigning teachers to conduct remote daily or weekly follow up with students
        - Review/develop accelerated education strategies
    - CDC further suggests that Institutes of Higher Education consider the following approaches:
        - Implement e-learning plans and distance learning options as feasible and appropriate, using existing infrastructure (e.g., Blackboard, Skype, Zoom) to support efficient transition of classes from in-person to distance-based formats.
        - Other student support services such as online library services, print materials available online, phone- or internet-based counseling support, or study groups enabled through digital media.
    - In addition, CDC suggests that Institutes of Higher Education in consultation with the university system determine:
        - How to convert face-to-face lessons into online lessons and how to train faculty to do so.
        - How to triage technical issues if faced with limited IT support and staff.
        - How to deal with the potential lack of students' access to computers and the Internet at home or in temporary housing.
    - CDC also recommends how Institutes of Higher Education may temporarily postpone, limit, or adapt research-related activities (e.g., study recruitment or participation, access to labs) in a manner that protects the safety of researchers, participants, facilities, and equipment.
- Implement targeted health education
    - Integrate disease prevention and control in daily activities and lessons. Ensure content is age-, gender-, ethnicity-, and disability-responsive and activities are built into existing subjects (See Section on specific considerations when speaking with children of different age-groups).

- Address mental health/psychosocial support needs
    - Encourage children to discuss their questions and concerns.
    - Explain it is normal that they may experience different reactions and encourage them to talk to teachers if they have any questions or concerns.
    - Provide information in an honest, age-appropriate manner.
    - Guide students on how to support their peers and prevent exclusion and bullying.
    - Ensure teachers are aware of local resources for their own well-being.
    - Work with school health workers/social workers to identify and support students and staff who exhibit signs of distress.
- Support vulnerable populations
    - Work with social service systems to ensure continuity of critical services that may take place in schools such as health screenings, feeding programs or therapies for children with special needs.
    - Consider the specific needs of children with disabilities, and how marginalized populations may be more acutely impacted by the illness or its secondary effects.
    - Examine any specific implications for girls that may increase their risk, such as responsibility for taking care of the sick at home, or exploitation when out of school.
- CDC further recommends screening children upon arrival (if possible).
    - Persons who have a fever of 100.40 (38.00C) or above or other signs of illness should not be admitted to the facility.
    - Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick.
    - There are several methods that facilities can use to protect their workers while conducting temperature screenings.
    - The most protective methods incorporate physical distancing (maintaining a distance of 6 feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening.
    - More detailed guidance on each method is available here.
    - Alternatively, if barrier/physical controls cannot be implemented during the screening, PPE can be used when within 6 feet of a child. However, reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.
        - If your staff does not have experience in using PPE, check to see if your facility has guidance on putting on PPE and review the CDC's recommended sequences for putting on PPE.
    - When conducting temperature screening
        - Perform hand hygiene
        - Put on disposable gloves.

        - Check the child's temperature
        - If screening via a barrier/partition, reach around the partition or through the window. Make sure your face stays behind the barrier at all times during the screening.
        - If wearing PPE, after each screening, remove and discard PPE, and wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
        - If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
        - If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
        - If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
- For Institutes of Higher Education, the CDC also recommends ensuring continuity of safe housing
    - Work in close collaboration with local public health officials to make all decisions related to on-campus housing.
    - If COVID-19 cases *have not* been identified among residents of on-campus community housing, students may be allowed to remain in on-campus housing.
        - Educate housing residents on the precautions they should take to help protect themselves when there is community spread of COVID-19.
    - If cases of COVID-19 *have* been identified among residents of on-campus community housing, work with local public health officials to take additional precautions.
        - Individuals with COVID-19 may need to be moved to temporary housing locations to self-isolate and monitor for worsening symptoms according to the guidance of local health officials.
        - Close contacts of the individuals with COVID-19 may also need temporary housing so that they can self-quarantine and monitor for symptoms.
    - Residents identified with COVID-19 or identified as contacts of individuals with COVID-19 should not necessarily be sent to their permanent homes off-campus.
        - Sending sick residents to their permanent homes may be difficult and logistically challenging.
        - It may pose a risk of transmission to others either on the way to the home or once there.
        - Institutes of Higher Education should work with local public health officials to identify appropriate housing for the period in which they need to self-isolate and monitor for symptoms or worsening symptoms.

- Ensure any staff remaining to support students in on-campus housing receive necessary training to protect themselves and residents from spread of COVID-19.
    - Staff should also be trained on how to respond if a resident becomes ill.
    - Adequate cleaning and personal hygiene supplies should be made available.

- The CDC also recommends ensuring continuity of meal programs for Institutes of Higher Education.
    - Consult with local health officials to determine strategies for modifying food services.
    - Consider ways to distribute food to students, particularly those who may remain on campus, while classes or other events and activities are dismissed.
    - If there is minimal to moderate or substantial community spread of COVID-19, design strategies to avoid food distribution in settings where people might gather in a group or crowd. Consider options such as "grab-and-go" bagged lunches or meal delivery.
    - If on-campus housing residents have been relocated to temporary alternative housing, consider how meals can be provided to these students.
        - Work with local public health officials to determine strategies for providing meals to residents with COVID-19 or who are being monitored because of contact with persons with COVID-19.

(WHO Source page visited May 11, 2020)
(UNICEF Source Page visited May 11, 2020)
(CDC Source Page visited May 11, 2020)
(CDC Source Page visited,May 11, 2020)
(CDC Source page visited May 11 2020)

HOW CAN I ENSURE THE SAFE OPERATIONS FOR CHILD CARE PROGRAMS?

- Building on the guidance above, the CDC recommends the following additional considerations for child care programs that remain open during the COVID-19 pandemic:
    - Implement social distancing strategies, for example:
        - If possible, child care classes should include the same group each day, and the same child care providers should remain with the same group each day.
            - Consider creating a separate classroom or group for the children of healthcare workers and other first responders.
            - If your program is unable to create a separate classroom, consider serving only the children of healthcare workers and first responders.
            - Keep each group of children in a separate room.
        - Consider whether to change or stop daily group activities that may promote transmission.
            - Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.

        - If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally physical distance of 1 - 2 meters or 3 - 6 feet. Consider placing children head to toe in order to further reduce the potential for viral spread.
        - Consider staggering arrival and drop off times and/or have child care providers come outside the facility to pick up the children as they arrive.
            - Your plan for curbside drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
        - If possible, arrange for administrative staff to telework from their homes.
    - Intensify cleaning and disinfection efforts. Please see here.
    - Modify drop off and pick up procedures
        - Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter.
        - If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
        - Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
        - Have child care providers greet children outside as they arrive.
        - Designate a parent to be the drop off/pick up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars.
            - Ideally, the same parent or designated person should drop off and pick up the child every day.
            - If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for severe illness from COVID-19.
        - Infants could be transported in their car seats. Store car seats out of children's reach.
    - Implement screening procedures upon arrival (as described in the previous section).
    - Maintain an adequate ratio of staff to children to ensure safety.
        - Plan ahead and recruit those with child care experience to ensure you have a roster of substitute caregivers who can fill in if your staff members are sick or stay home to care for sick family members.
    - When feasible, staff members and older children should wear face coverings within the facility.
        - Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.

(CDC Source Page visited May 11, 2020)

AS A SCHOOL NUTRITION PROFESSIONAL OR VOLUNTEER, HOW CAN I PROTECT MYSELF AND SLOW THE SPREAD?

- CDC provides guidance for school nutrition professionals and volunteers, who are working in meal preparation and/or distribution at a school/school district site or other public settings.
- Potential sources of exposure include:
    - Close contact with co-workers, students, and families with COVID-19;
    - Touching your nose, mouth, or eyes after touching contaminated surfaces; or
    - Handling items that others infected with COVID-19 have touched.
- Currently there is no evidence to support transmission of COVID-19 spread through food.
- CDC makes the following recommendations:
    - Notify your supervisor and stay home if having symptoms.
        - Follow CDC-recommended steps if you are sick.
        - You should not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers and state and local health departments.
    - Notify your supervisor if you are well but have a sick family member at home with COVID-19.
    - Clean,and disinfect frequently touched surfaces such as kitchen countertops, cafeteria and service tables, door handles, carts, and trays, throughout the day.
    - Practice proper hand hygiene. With appropriate hand hygiene, gloves are not necessary for workers who are not involved in food preparation.
    - Key times to wash hands include:
        - Before and after work shifts
        - Before and after work breaks
        - After using the restroom
        - Before eating or preparing food
        - Before putting on and after taking off disposable gloves when preparing food
        - After touching objects with bare hands which have been handled by other staff, customers or visitors, such as tables, trays, carts, racks, dishes, cups, utensils, bags, coolers, totes, and trash
        - After blowing your nose, coughing, or sneezing
        - After putting on, touching, or removing cloth face coverings

- Avoid contact with body fluids.
- Do not touch your eyes, nose, or mouth.
- Use tissues when you cough, sneeze, or touch your face. Throw used tissues in the trash, and then wash your hands.

(CDC Source page visited on May 12, 2020)

IS THERE A CHECKLIST FOR SCHOOL ADMINISTRATORS FOR KEY ACTIONS ?

- Promote and demonstrate regular hand washing and positive hygiene behaviors and monitor their uptake. Ensure adequate, clean and separate toilets for girls and boys:
  - Ensure soap and safe water is available at age-appropriate hand washing stations
  - Encourage frequent and thorough washing:
    - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
    - Use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
    - Wash hands with soap and water when they are visibly soiled.
    - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
  - Place hand rub (hand sanitizer) that is 60% ethanol, or 70% isopropanol alcohol in toilets, classrooms, halls, and near exits where possible.
  - Ensure adequate, clean and separate toilets or latrines for girls and boys.
- Clean and disinfect school buildings, water and sanitation facilities, and classrooms at least once a day, particularly surfaces that are touched by many people (railings, lunch tables, sports equipment, door and window handles, toys, teaching and learning aids etc.)
  - Use sodium hypochlorite at 0.5% (equivalent 5000ppm) for disinfecting surfaces and 70% ethyl alcohol for disinfection of small items, and ensure appropriate equipment for cleaning staff. Please also refer to the guidance here.
- Increase airflow and ventilation where climate allows (open windows, use air conditioning where available, etc.).
- Post signs encouraging good hand and respiratory hygiene practices.
- Ensure trash is removed daily and disposed of safely.

(WHO Source page visited May 11, 2020)
(UNICEF Source Page visited May 11, 2020)

CONSIDERATIONS FOR SCHOOL REOPENING IN THE CONTEXT OF THE EVOLVING COVID-19 OUTBREAK

- Deciding to close, partially close or reopen schools should be guided by a risk-based approach to maximize the educational and health benefit for students, teachers, staff, and the wider community, and help prevent a new outbreak of COVID-19 in the community.
    - School reopenings should be guided by the best interest of the child and overall public health considerations.
        - These considerations should be based on an assessment of the associated benefits and risks that are informed by cross-sectoral and context-specific evidence.
    - Factors to consider in a general health risk assessment include epidemiological factors, health system and public health capacities, community engagement and government capacity to sustain social and economic support to the most vulnerable.
    - Six key dimensions to consider when planning for re-opening of schools are: policy, financing, safe operations, learning, reaching the most marginalized and wellbeing/protection.
- National authorities can facilitate a risk-based approach at the local level by offering standard operating procedures or checklists for schools, based on local epidemiology and conditions.
- Decision makers should consider the following when deciding on whether to open or close schools:
    - Current understanding about COVID-19 transmission and severity in children
    - Local situation and epidemiology of COVID-19 where the school(s) are located
        - The local situation and epidemiology of COVID-19 may vary from one place to another within a country. Discussions should be guided by the following questions:
            - What impact is the current epidemiologic situation having on movement in the community?
            - Are movement restrictions in place?
            - Is safe transport available?
            - What is the trend in COVID-19 cases in the area? Is local information on disease trends accessible and reliable?
            - Are public health officials in the community able to quickly detect and respond to new cases, to avert new outbreaks?
            - Is the school able to maintain appropriate collaboration and coordination with local public health authorities (e.g. provide public health officers with information needed to trace contacts if a case or outbreak occurs in the school)?
            - What is the number of staff at risk for severe disease (age-groups and underlying conditions)?

        - What is the number of children with underlying conditions or special needs?
    - School setting and ability to maintain COVID-19 prevention and control measures

- Additional factors to consider in deciding how or when to partially close or reopen schools include assessing what harm might occur due to school closure (e.g. risk of non-return to school, widening disparity in educational attainment, limited access to meals, domestic violence aggravated by economic uncertainties etc.), and the need to maintain schools at least partially open for children whose caregivers are 'key workers' for the country.
- Decisions on reopening will require gathering critical information on how schools, teachers, students and communities are coping with closures and the pandemic.
    - Rapid response surveys of school and local leaders, teachers, students and parents can help provide this information.
    - Based on this information, decision makers must assess how learning and wellbeing can best be supported in each context.
- As a decision maker, you should weigh the benefits of classroom-based instruction vis-à-vis remote learning, against risk factors related to reopening of schools. To do so, you may consider the following questions:
    - How essential is classroom instruction to achieve the respective learning outcomes, recognizing issues such as the importance of direct interaction with teachers for play-based learning with younger children and developing foundational skills?
    - How available and accessible is high-quality remote learning?
    - How long can the current remote learning approach be sustained, including learning achievements, and social-emotional wellbeing, given the domestic pressures on caregivers and other context-specific factors?
    - Do caregivers have the necessary tools to protect children from online harassment and online gender-based violence, while they are learning through online platforms?
    - How are the key transition points on the learning journey (e.g., readiness for school; primary completion and transition; secondary completion and transition to tertiary) affected by the pandemic and responses to it?
    - How ready and able are teachers and educational authorities to adapt to different administrative and learning approaches? Are they able and ready to implement infection prevention and control measures?
    - Are there protection-related risks related to children not attending school, such as increased risk of domestic violence or sexual exploitation against girls and boys?
    - Do school closures compromise other support services provided by schools, such as school health and nutrition activities?
    - What are the social, economic and well-being related implications of children not attending school?

- What is the capacity of the school to maintain safe school operations to mitigate risks, such as social distancing (i.e. size of classroom compared to number of students); and water, sanitation and hygiene facilities and practices?
- What is the level of exposure between the school population and higher-risk groups, such as the elderly and those with underlying medical conditions? If exposure is high, can sufficient mitigation efforts be taken?
- How does the school population travel to and from school?
- What are the community-related risk factors considering epidemiological factors, public health and healthcare capacities, population density and adherence to social distancing and good hygiene practices?

- Questions to consider for school resources and infrastructure include:
  - Does the school have policies and resources in place to ensure appropriate hand and respiratory hygiene, distancing and limiting crowding?
  - Is it possible to access rooms large enough for desk-spacing? Can the school's infrastructure be extended, even temporarily, to provide the space that is needed?
  - Does the school have access to adequate materials and supplies to help prevent transmission, such as well-stocked handwashing stations?
  - Is it possible to reduce class sizes, or alternate the use of facilities daily or weekly by class groups?
  - Does the school have access to a nurse to facilitate the care of sick children?
- Questions to consider for p*olicies for educators and school staff include:*
  - Are policies and procedures in place for the safety of all school personnel, including considerations to protect high-risk individuals (older persons, persons with underlying medical conditions)?
  - Does the school have the capacity to train school staff on safe school operations?
  - Should/could some flexible or partial tele-schooling approaches be implemented or maintained?
  - Does the school have sufficient teachers' capacity to support changes to school timetabling bearing in mind that such changes will also affect other staff?
  - Depending on local context, is it feasible to ask teachers who are at higher risk of severe illness from COVID-19, to support distance teaching instead of in-person teaching?
- Younger children may find it more difficult to adhere to physical distancing of at least 1 metre. For students in higher grades, requirements such as exams should be considered. To assess the school's readiness for safe adjustments, consider the following:
  - Are schools able to adapt classrooms to help students comply with recommended measures?
  - How will playtime/outdoor activities during recreation (where they exist) be adjusted to ensure adherence to recommended measures?

- Are students, parents and teachers willing and well equipped to engage with tele-schooling or similar distance learning strategies, or return to school based on new measures?
- Will there be enough supervision for students of different ages to ensure adherence to recommended measures, including during recreational times and breaks between classes?
- Based on local context and cultural norms, which age groups are considered better suited or higher priority for tele-schooling and which age groups most need face-to-face instruction?
- Are provisions in place to ensure safety/protection in online, virtual spaces?
- Can post-secondary institutions assess the safety (and potential closure or cancelation) of school-hosted venues, events and gatherings and offer the possibility of maintaining physical distancing, including in social situations outside the classroom (e.g. trips, get-togethers)?
- To enable behaviour change, health education and training sessions may need to be offered to personnel. Visual and verbal cues and reminders (e.g. posters) can be provided to encourage students to maintain desired behaviours.

- School closure or re-opening may affect the safety and security of students. Questions to consider include the following:
  - Are children receiving a meal at school? Is there food security at home?
  - Are there enough teachers or staff to run the school?
  - Are there policies in place for teacher and staff safety and well-being? Are they well equipped for preventative and control measures?
  - Are child protection services operational to respond to safety concerns for students at home or at school?
  - Can staff, parents and communities work together to develop local guidance for schools?
  - Are contingency plans in place to counteract harms of educational disruption for the most vulnerable children?

(UNICEF Source Page Visited May 12, 2020)
(WHO Source Page Visited May 12, 2020)

OUR SCHOOLS HAVE BEEN IDENTIFIED FOR REOPENING, WHAT ADDITIONAL CONSIDERATIONS ARE THERE TO ASSESS READINESS AND GUIDE PLANNING?

- Prior to reopening, decision makers (including national level leaders) should:
  - Provide clear guidance on parameters for decision making on school openings.
    - School opening may begin in areas with the lowest rates of transmission and lowest localized risk.

        - School openings can also be staged – for example, they could initially be limited to a few days of the week, or only apply to certain grades or levels.
    - Develop clear and easy-to-understand protocols on physical distancing measures, for example:
        - Prohibit activities that require large gatherings.
        - Stagger the start and close of the school day.
        - Stagger feeding times.
        - Move classes to temporary spaces or outdoors.
        - Have school in shifts to reduce class size.
- Develop detailed protocols on hygiene measures, including handwashing, respiratory etiquette, use of protective equipment, cleaning procedures for facilities and safe food preparation practices.
    - Educate everyone in the school about COVID-19 prevention, this includes appropriate and frequent hand hygiene, respiratory hygiene, mask use if mandated, symptoms of COVID-19 and what to do if you feel sick.
        - Non-contact greetings should also be advised.
        - Offer weekly updates on these as the pandemic evolves.
    - Create a schedule for frequent hand hygiene**,** especially for young children, and provide sufficient alcohol-based rub or soap and clean water at school entrances and throughout the school.
    - Schedule regular cleaning of the school environment daily, including toilets, with water and soap/detergent and **disinfectant.**
        - Clean and disinfect frequently touched surfaces such as door handles, desks, toys, supplies, light switches, door frames, play equipment, teaching aids used by children, and covers of books.
        - Assess what can be done to limit risk of exposure, or direct physical contact, in physical education classes, sports or other physical activities and play in playgrounds, wet areas and changing rooms.
        - Increase frequency of cleaning in gym and sports facilities and changing rooms, provide hand hygiene stations at entrances and exits, establish one-way circulation of athletes through the facilities and limit the number of persons allowed in the locker room at one time.
    - Put in place respiratory and hand hygiene and physical distancing measures in transportation such as school buses, and tips for students on safe commuting to and from school, including those using public transport.
        - Only 1 child per seat and at least 1 metre apart in school buses, if possible.
        - This may lead to a need to increase the number of school buses per school.
        - If possible, windows of the bus should be kept open.

- Develop a school policy on wearing a mask or a face covering in line with national or local guidance.
    - If a child or school staff is sick, she/he should not come to school.
    - Provide **s**ufficient medical masks for those who need it, such as school nurses and children with symptoms.
- Maintain a distance of at least 1 metre between everyone present at school
    - Increase desk spacing (at least 1 metre between desks), stagger recesses/breaks and lunch breaks (if difficult, one alternative is to have lunch at desk).
    - Limit mixing of classes for school and after-school activities.
        - For example, students in a class will stay in one classroom throughout the day, while teachers move between classrooms; or classes could use different entrances, if available, or establish an order for each class to enter and leave the building/classroom
    - Expand high-school timetable, with some students and teachers attending in the morning, others in the afternoon, others in the evening.
    - Consider increasing the number of teachers, if possible, to allow for fewer students per classroom (if space is available).
    - Advise against crowding during school pick-up or day care, and if possible avoid pick up by older family or community members (e.g. grandparents).
    - Minimize shared break times, i.e. alternate when and where classes take lunch.
    - Discuss how to manage physical education and sports lessons.
    - Move lessons outdoors or ventilate rooms as much as possible.
    - Create awareness to ensure the students do not gather and socialize when leaving the school and in their free time.
- Revise personnel and attendance policies to accommodate health related absences and support remote and blended teaching, for example policies should:
    - Protect staff, teachers and students who are at high risk due to age or underlying medical conditions.
    - Plans to cover absent teachers and continue remote education to support students unable to attend school.
    - Accommodate individual circumstances to the extent possible.
    - Enforce the policy of **"**staying at home if unwell**"** for students, teachers or school staff with symptoms. If possible, connect with local organizations to provide home care support and ensure communication between home and school.
    - Create a checklist for parents/students /staff to decide whether students /staff can go to school, and with due consideration for the local epidemiology of COVID-19. The checklist could include:

        - Underlying medical conditions and vulnerabilities, to protect the student/staff;
        - Recent illness or symptoms suggestive of COVID-19, to prevent spread to others;
        - Special circumstances in the home environment, to tailor support as needed;
        - Special considerations regarding school transport as needed.
    - Waive the requirement for a doctor's note to excuse absences when there is community transmission of COVID-19.
    - Consider daily screening for body temperature, and history of fever or feeling feverish in the previous 24 hours**,** on entry into the building for all staff, students and visitors to identify persons who are sick.
    - Ensure students who have been in contact with a COVID-19 case stay home for 14 days.
        - The school officials should notify public health authorities in case of a positive COVID-19 case.
    - Establish procedures for students or staff who have symptoms of COVID-19 or are feeling unwell in any way to be sent home or isolated from others.
- Invest in school water, sanitation and hygiene, and prioritize costs of supplies and services to thoroughly clean and disinfect schools
- Utilize the COVID-19 response as an opportunity to review policies on use of school facilities during emergencies (as shelters, health facilities, quarantine locations, etc.)
- Provide teachers and school leaders with support and training on remote learning and ways to support their students while schools are closed.
    - For example, this could include creating peer groups on mobile platforms or providing phone credits to contact parents.
    - Initiate or continue tele-schooling. or similar method, by blended methods where necessary and possible (e.g. some student groups could take online classes, learn from home through homework assignments, blogs, engage in at home physical activity).
    - If tele-schooling is not possible, invite students to take text-books home or arrange to deliver assignments. Consider radio or television broadcasts of lessons, arrange a buddy system for homework with older siblings at home, or with friends by telephone
    - Ensure age-appropriate and frequent follow-up and support for children out of school and avoid penalizing or stigmatizing such students
- Develop alternative academic calendars based on different public health scenarios and different available for remote learning.

- Ensure continuous and timely payment of teachers' salaries to reduce teacher attrition and promote wellbeing.
- Adapt school opening policies and practices to expand access to marginalized groups such as previously out-of-school children, displaced/migrant children and minorities.
- Consider the impacts on private sector education and possible responsible responses
- Direct education funding to schools hit hardest by the crisis, for example through formula-based funding that prioritizes the most marginalized.
    - Consider mechanisms, like school block grants and cash transfers (conditional or unconditional) for students.

- As a part of the reopening process, decision-makers should:
    - Strengthen communication and coordination channels to engage with communities, parents, and children on education matters.
        - Inform parents about the measures the school is putting in place and ask for cooperation to report any cases of COVID-19 that occur in the household. If someone in the household is suspected to have COVID-19, keep the child home and inform the school.
        - Explain to the students the reason for school-related measures, including discussing the scientific considerations and highlighting the help they can get through schools (e.g. psychosocial support).
        - Make communication available in relevant languages, accessible formats and tailor them to populations of concern
    - Increase safe water, handwashing stations, cleaning supplies and, wherever possible, establish or expand sex segregated toilets including provisions for menstrual hygiene management.
    - Train administrative staff and teachers on implementing physical distancing and school hygiene practices and increase staff at schools as needed.
        - Cleaning staff should also be trained on disinfection and be equipped with personal protection equipment to the extent possible.
    - Provide school leaders with clear guidance to establish procedures if students or staff become unwell (see above).
        - Guidance should include monitoring student and staff health, maintaining regular contact with local health authorities, and updating emergency plans and contact lists.
        - Ensure that school entry immunization checks are in place.
        - Check vaccination status for outbreak-prone vaccine-preventable diseases (e.g. measles) and remind parents of the importance of ensuring their children are up to date with all eligible vaccinations.
        - For school-based immunization programmes, ensure there is a plan for catch-up vaccination if needed.

        - Boarding schools and other specialized institutions will need to extend these considerations to residential facilities, lecture halls, laboratories and other learning facilities for the all-round benefit and safety of students and staff.
    - Schools should also ensure there is space to temporarily separate sick students and staff without creating stigma.
        - Share procedures with staff, parents and students, including advising all sick students and staff to remain home
    - Revise admissions policies and requirements to align with the goals of universal education by eliminating barriers and reducing requirements to entry.
    - Establish or update equivalency standards and official recognition for alternative learning pathways.
    - Equip teachers to deal with both learning recovery and students' mental health and psychosocial needs.
        - Training efforts should explicitly improve teachers' ability to meet students' basic literacy/numeracy and social-emotional needs, particularly in schools with a high proportion of at-risk students.
    - Teachers should be trained to identify age related behavioral and cognitive changes and provide age-appropriate learning support.
    - Implement large-scale remedial programs to reduce learning loss and prevent worsening of learning inequality after school closures.
        - Focus on literacy and numeracy for primary-age children and accessibility accommodations for children with disabilities.
    - Implement accelerated education models to integrate previously out-of-school or over-age children.
    - Increase provision of mental health and psychosocial support services that address stigmatization/discrimination
        - Support children and their families in coping with the continued uncertainties of the pandemic.
    - Conduct a risk assessment for teachers and other staff (considering age, chronic conditions and other risk factors), then implement a staggered approach for returning to school.
    - Re-establish regular and safe delivery of essential services, including critical nutrition, WASH, health services and specialized services for children with disabilities
    - Waive school fees and other costs (school uniforms, etc.) wherever possible and eliminate other barriers to entry to maximize re-enrolment rates.
    - Take specific measures to support girls' return to school through increased community engagement.

(UNICEF Source Page Visited May 5, 2020)
(WHO Source Page Visited May 12, 2020)

- Develop a decision model for reclosing and reopening schools as needed due to resurgence of community transmission.
- Emphasize behavior change to increase the intensity and frequency of cleaning and disinfection activities and improve waste management.
- Encourage the use of hand sanitizer, and where recommended by national authorities, emphasize the importance of proper use of cloth masks.
    - Information on hygiene should be widely available and accessible, including in minority languages or braille, and in child friendly language.
- Increase investments in remote learning to:
    - Prepare for future rounds of school closings.
    - Strengthen teaching and learning where closures remain in effect.
    - Supplement instructional hours with a blended model where schools may be operating on partial or otherwise adapted schedules.
- Include increased funding for teacher capacity-building and training.
- Consider waiving less important examinations to focus resources on ensuring that critically important examinations (e.g., those used for secondary school graduation or university entrance) are carried out in an appropriate and equitable way, with due consideration to physical distancing and other health requirements.
- Consider universal promotion wherever possible and assess students' levels of learning following school closures to inform remedial efforts.
- Implement innovative teacher support methods, for example, online professional development, coaching, or use of tutors to accelerate capacity development plans. .
    - This training and skills building can also be integrated into formal pre- and in-service teacher trainings.
- Share clear, concise and accurate information about COVID-19.
    - Normalize messages about fear and anxiety.
    - Promote self-care strategies not only for students and their families but also teachers and other school staff.
- Ensure health care services are available in schools.
    - If they are not available, strengthen referral systems that are youth-friendly and accessible.
    - These may include services for sexual reproductive health, gender based violence, prevention of sexual exploitation and abuse,
- Prioritize financing to support new recovery needs, especially for disadvantaged students.

        - For example, suspend or temporarily revise performance-based elements in per-capita funding.
        - This can help ensure continued financing and prevent reductions due to lack of achievement or compliance.
    - Ensure learning materials/platforms, information, services and facilities are accessible to people with disabilities.
        - Public health information and communication should be available in multiple, accessible formats, including for those with auditory or visual impairments.
        - Modifications should be made to ensure water, hygiene and sanitation services are accessible.
    - Plan for continuity of assistive services if schools are reclosed.
- Monitor factors such as:
    - Effectiveness of tele-schooling interventions:
        - How well has the school been able to develop tele-schooling strategies?
        - What proportion of children were reached?
        - What is the feedback from students, parents and teachers?
    - The effects of policies and measures on educational objectives and learning outcomes.
    - The effects of policies and measures on health and well-being of children, siblings, staff, parents and other family members.
    - The trend in school drop out after lifting the restrictions.

(UNICEF Source Page Visited May 12, 2020)
(WHO Source Page Visited May 12, 2020)

WHAT ARE SOME KEY MESSAGES AND ACTIONS FOR PARENTS/CAREGIVERS AND COMMUNITY MEMBERS RELATED TO SCHOOLS IN THE CONTEXT OF COVID-19?

- Know the latest facts.
    - Understand basic information about COVID-19, including its symptoms, complications, how it is transmitted and how to prevent transmission.
    - Stay informed about COVID-19 through reputable sources such as UNICEF and WHO and national health ministry advisories.
    - Be aware of fake information/myths that may circulate by word-of-mouth or online.
- Recognize the symptoms of COVID-19 (coughing, fever, shortness of breath) in your child.
    - Seek medical advice by first calling your health facility/provider and then take your child in, if advised. Remember that symptoms of COVID-19 such as cough or fever can be similar to those of the flu, or the common cold, which are a lot more common.
    - If your child is sick, keep them home from school and notify the school of your child's absence and symptoms.

    - Provide reading and assignments so that students can continue learning while at home.
    - Explain to your child what is happening in simple words and reassure them that they are safe.
- Keep children in school when healthy.
    - If your child isn't displaying any symptoms such as a fever or cough it's best to keep them in school – unless a public health advisory or other relevant warning or official advice has been issued affecting your child's school.
    - Instead of keeping children out of school, teach them good hand and respiratory hygiene practices for school and elsewhere:
- Support children to practice frequent handwashing.
    - Step 1: Wet hands with safe running water
    - Step 2: Apply enough soap to cover wet hands
    - Step 3: Scrub all surfaces of the hands – including backs of hands, between fingers and under nails – for at least 20 seconds
    - Step 4: Rinse thoroughly with running water
    - Step 5: When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
    - If soap and water are not readily available, use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
    - Always wash hands with soap and water, if your hands are visibly dirty.
- Support children to practice respiratory hygiene
    - Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
    - Not touching their eyes, mouths or noses if they haven't properly washed their hands.
- Help children cope with the stress
    - Children may respond to stress in different ways. Common responses include:
        - having difficulties sleeping;
        - bedwetting;
        - having pain in the stomach or head; and
        - being anxious, withdrawn, angry, clingy or afraid to be left alone.
    - Respond to children's reactions in a supportive way and explain to them that they are normal reactions to an abnormal situation.
    - Listen to their concerns and take time to comfort them and give them affection, reassure them they're safe and praise them frequently.

- If possible, create opportunities for children to play and relax. Keep regular routines and schedules as much as possible, especially before they go to sleep, or help create new ones in a new environment.
- Provide age-appropriate facts about what has happened, explain what is going on and give them clear examples on what they can do to help protect themselves and others from infection.Share information about what could happen in a reassuring way.
- For example, if your child is feeling sick and staying at home or the hospital, you could say, "*You have to stay at home/at the hospital because it is safer for you and your friends. I know it is hard (maybe scary or even boring) at times, but we need to follow the rules to keep ourselves and others safe. Things will go back to normal soon*."

(WHO Source page visited May 11, 2020)
(UNICEF Source page visited May 11, 2020)

IS THERE A CHECKLIST FOR PARENTS/CAREGIVERS & COMMUNITY MEMBERS ON KEY ACTIONS?

- Monitor your child's health and keep them home from school if they are ill.
- Teach and model good hygiene practices for your children.
  - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
  - Use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
  - Wash hands with soap and water when they are visibly soiled.
  - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
- Ensure that safe drinking water is available and toilets or latrines are clean and available at home.
- Ensure waste is safely collected, stored and disposed of.
- Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze . Then dispose of the used tissue immediately and wash your hands.
- Encourage your children to ask questions and express their feelings with you and their teachers. Remember that your child may have different reactions to stress; be patient and understanding.
- Prevent stigma by using facts and reminding students to be considerate of one another.
- Coordinate with the school to receive information and ask how you can support school safety efforts (though parent-teacher committees, etc.).

(WHO Source Page visited May 11, 2020)

(UNICEF Source Page visited May 11 2020)

As a parent, should I take my child out of school?

- If your child shows symptoms of COVID-19, seek medical care, and follow the instructions from the health care provider.
    - As with other respiratory infections like the flu, keep your child well rested at home while symptomatic, and avoid going to public places, to prevent spread to others.
- When possible, keep your child in class.
- If classes are suspended, follow the guidance of your local and national authorities on how to ensure your children can continue with their education.
    - Ensure appropriate supervision for children who are out of school, to allow for continued education and to protect them from COVID-19, and other potential threats when left unsupervised.
- If your child is staying at home because of school closures, continue teaching him or her good hand and respiratory hygiene practices.

(UNICEF Source page visited May 11, 2020)

As a parent, how do I keep my child safe online while they are at home during the COVID-19 outbreak?

- Keep your children safe with open communication.
    - Have an honest dialogue with your children about who they communicate with and how.
    - Make sure they understand the value of kind and supportive interactions, and that mean, discriminatory or inappropriate contact is never acceptable.
        - If your child experiences mean, discriminatory or inappropriate contact, encourage them to tell you or a trusted adult immediately.
        - Be alert if your child appears to be upset or secretive with online activities or if they are experiencing cyberbullying.
    - Work with your child to establish rules on how, when and where devices can be used.
- Use technology to protect your children.
    - Check that your child's device is running the latest software and antivirus programs, and that privacy settings are on.
    - Keep webcams covered when not in use.
    - For younger children, tools such as parental controls, including safe search, can be helpful.
    - Be cautious of free online educational resources.
        - Your child should never have to provide a photo or their full name to use these resources.
        - Remember to check the privacy settings to minimize data collection.

        - Help your child learn to keep personal information private, especially from strangers.

- Spend time with them online
    - Create opportunities for your child to have safe and positive online interactions with friends, family and you.
    - Help your child recognize and avoid misinformation and age-inappropriate content that may increase anxiety about the COVID-19 virus.
        - Many digital resources from credible organizations like UNICEF and the World Health Organization are available for you and your child to learn about the virus together.
    - Spend time with your child to identify age appropriate apps, games and other online entertainment.
- Encourage healthy online habits.
    - Promote and monitor good behavior online and on video calls.
        - Encourage your children to be kind and respectful to classmates, to be mindful of what clothes they wear and to avoid joining video calls from a bedroom.
    - Familiarize yourself with school policies and helplines to report cyberbullying or inappropriate online content.
    - As children spend more time online, they can be exposed to more advertising that may promote unhealthy foods, gender stereotypes or age-inappropriate material.
        - Help them recognize online ads and use the opportunity to explore together what is wrong with some of the negative messaging you see.
- Let them have fun and express themselves.
    - Spending time at home can be a great opportunity for your children to use their voices online to share their views and support those in need during this crisis.
    - Encourage your child to take advantage of digital tools that get them up and moving, like online exercise videos for kids and video games that require physical movement.
    - Remember to balance online recreation with offline activities, including time outside, if possible.

(UNICEF Source page visited May 11, 2020)

WHAT INFORMATION DO STUDENTS AND CHILDREN NEED ABOUT COVID-19?

- Children and young people should understand basic, age-appropriate information about COVID-19, including its symptoms, complications, how it is transmitted and how to prevent transmission.
    - Keep them informed about COVID-19 with information from reputable sources such as WHO, UNICEF, and national health ministry advisories.

- Be aware of fake information/myths that may circulate by word-of-mouth or online.

(WHO Source page visited May 11, 2020)
(UNICEF Source page visited May 11, 2020)

WHAT CAN I SAY TO CHILDREN ABOUT COVID-19?

- In a situation like this, it is normal to feel sad, worried, confused, scared or angry.
- Know that you are not alone and talk to someone you trust, like your parents or teacher so that you can help keep yourself and your school safe and healthy.
- Ask questions, educate yourself and get information from reliable sources
- Protect yourself and others.
    - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
        - Use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
        - Wash hands with soap and water when they are visibly soiled.
        - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
    - Remember to not touch your face
    - Do not share cups, eating utensils, food or drinks with others.
- Be a leader in keeping yourself, your school, family and community healthy.
    - Share what you learn about preventing disease with your family and friends, especially with younger children.
    - Model good practices such as sneezing or coughing into your elbow and washing your hands, especially for younger family members.
- Remember to be kind to those you know and not to tease anyone about being sick.
    - Remember that the virus doesn't follow geographical boundaries, ethnicities, age or ability or gender.
    - Remember to be compassionate to people who are sick and those who are caring for them
- Tell your parents, another family member, or a caregiver if you feel sick, and ask to stay home.
- There are a lot of stories going around and some may not be true.
- More information about how to communicate with children is summarized in this graphic.

(WHO Source page visited May 11, 2020)
(UNICEF Source page visited May 11, 2020)

ARE THERE SPECIFIC CONSIDERATIONS FOR TALKING TO PRESCHOOL AGED CHILDREN ABOUT COVID-19?

- When talking to preschool aged children:
    - Focus on good health behaviors, Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze . Then dispose of the used tissue immediately and wash your hands with soap.
    - Sing a song while washing hands with soap to practice the recommended 20 second duration.
        - Children can "practice" washing their hands with hand rub (sanitizer).
    - Develop a way to track hand washing and reward for frequent/timely hand washing.
    - Use puppets or dolls to demonstrate symptoms (sneezing, coughing, fever) and what to do if they feel sick (i.e. their head hurts, their stomach hurts, they feel hot or extra tired) and how to comfort someone who is sick (cultivating empathy and safe caring behaviors).
    - Have children sit further apart from one another, have them practice stretching their arms out or 'flap their wings', they should keep enough space to not touch their friends. The physical distance should be 1 - 2 meters (3 - 6 feet).

(WHO Source Page visited May 11,, 2020)
(UNICEF Source Page Visited May 11,, 2020)

ARE THERE SPECIFIC CONSIDERATIONS FOR TALKING TO PRIMARY SCHOOL AGED CHILDREN ABOUT COVID-19?

- When talking to primary school aged children:
    - Make sure to listen to children's concerns and answer their questions in an age-appropriate manner; don't overwhelm them with too much information.
        - Encourage them to express and communicate their feelings.
        - Discuss the different reactions they may experience and explain that these are normal reactions to an abnormal situation.
    - Emphasize that children can do a lot to keep themselves and others safe.
        - Introduce the concept of physical distancing (standing further away from friends, avoiding large crowds, not touching people if you don't need to, etc.)
        - Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze (respiratory hygiene). Then dispose of the used tissue immediately and wash your hands. Supply tissues and closed bins to dispose of them in.
    - Help children understand the basic concepts of disease prevention and control. Use exercises that demonstrate how germs can spread.
        - For example, by putting colored water in a spray bottle and spraying over a piece of white paper. Observe how far the droplets travel.
    - Demonstrate why it is important to wash hands for 20 seconds with soap and water

        - Put a small amount of glitter in students' hands and have them wash them with just water, notice how much glitter remains, then have them wash for 20 seconds with soap and water
    - Have students analyze texts to identify high risk behaviors and suggest modifying behaviors
        - For example, a teacher comes to school with a cold. He sneezes and covers it with his hand. He shakes hands with a colleague. He wipes his hands after with a handkerchief then goes to class to teach. What did the teacher do that was risky? What should he have done instead?

(WHO Source page visited May 11,, 2020)
(UNICEF Source Page Visited May 11, 2020)

ARE THERE SPECIFIC CONSIDERATIONS FOR TALKING TO LOWER SECONDARY SCHOOL AGED CHILDREN ABOUT COVID-19?

- When talking to lower secondary school aged children:
    - Make sure to listen to students' concerns and answer their questions.
    - Emphasize that students can do a lot to keep themselves and others safe.
        - Introduce the concept of physical distancing
        - Focus on covering your mouth and nose with your bent elbow or tissue when you cough or sneeze (respiratory hygiene). Then dispose of the used tissue immediately and wash your hands with soap. Remind students that they can model healthy behaviors for their families.
    - Encourage students to prevent and address stigma
        - Discuss the different reactions they may experience and explain these are normal reactions to an abnormal situation. Encourage them to express and communicate their feelings.
    - Build students' agency and have them promote facts about public health.
        - Have students make their own Public Service Announcements through school announcements and posters.
    - Incorporate relevant health education into other subjects
        - Science can cover the study of viruses, disease transmission and the importance of vaccinations.
        - Social studies can focus on the history of pandemics and evolution of policies on public health and safety.
        - Media literacy lessons can empower students to be critical thinkers and makers, effective communicators and active citizens.

(WHO Source Page visited May 11,2020)
(UNICEF Source Page Visited May 11,2020)

ARE THERE SPECIFIC CONSIDERATIONS FOR TALKING TO UPPER SECONDARY SCHOOL AGED CHILDREN ABOUT COVID-19?

- When talking to upper secondary school aged children:
    - Make sure to listen to students' concerns and answer their questions.
    - Emphasize that students can do a lot to keep themselves and others safe.
        - Introduce the concept of physical distancing
        - Focus on good health behaviors, such as covering your mouth and nose with your bent elbow or tissue when you cough or sneeze . Then you dispose of the used tissue immediately and wash your hands. Supply tissues and closed bins to dispose of them in.
    - Encourage students to prevent and address stigma
        - Discuss the different reactions they may experience and explain these are normal reactions to an abnormal situation.
        - Encourage them to express and communicate their feelings.
    - Incorporate relevant health education into other subjects.
    - Science courses can cover the study of viruses, disease transmission and the importance of vaccinations.
        - Social studies can focus on the history of pandemics and their secondary effects and investigate how public policies can promote tolerance and social cohesion.
    - Have students make their own Public Service Announcements via social media, radio or even local television broadcasting.
        - Media literacy lessons can empower students to be critical thinkers and makers, effective communicators and active citizens.

(WHO Source page visited May 11, 2020)
(UNICEF Source Page Visited May 11, 2020)

PART 5: CONTENT AND TECHNICAL GUIDANCE RESOURCES RELEVANT TO SPECIAL INDUSTRY, RESPONSE ORGANIZATIONS, AND DECISION MAKERS

AIRLINES AND PASSENGER SHIPS

WHAT GUIDANCE OR RESOURCES ARE AVAILABLE FOR AIRLINES AND AIRLINE PARTNERS?

- CDC created the Air Travel Toolkit for Airline Partners to help them reach their travelers and employees with COVID-19 prevention messaging. This toolkit includes:
    - Factsheets for airline customer service and gate agents; airport baggage and cargo handlers; airport custodial staff; airport passenger assistant workers; and aircraft maintenance workers Public service announcements for travelers returning home; COVID-19 readiness; general prevention messages; and a COVID-19 airport announcement.
    - Electronic messages for airport kiosks
    - Sample blogs for airlines to communicate with passengers and crew
    - Social media content
    - Print resources

(CDC Source Page Visited May 12, 2020)

I AM PART OF AN AIRLINE CABIN CREW AND SOMEONE IS DISPLAYING SYMPTOMS. WHAT STEPS SHOULD BE TAKEN?

- Specific guidance on treatment of sick passengers on board of airplanes is available on the International Civil Aviation Organization website and the International Air Transport Association website.
- CDC's interim guidance specific for airlines and airline crew in the context of COVID-19 recommends the following:
    - Report travelers with the following symptoms as soon as possible before arrival:
        - Fever (person feels warm to the touch, gives a history of feeling feverish, or has an actual measured temperature of 100.4°F [38° C] or higher) that has persisted for more than 48 hours
          OR
        - Fever AND one of the following:
            - persistent cough
            - difficulty breathing
            - appears obviously unwell
            - Guidance on how to report to CDC is provided here.

- In the event of a respiratory illness in flight, the following immediate steps may be taken to reduce exposure and limit transmission to other passengers or aircraft crew,:
    - Designate one cabin crew member to look after the ill traveler, preferably one who has previously interacted with the passenger;
    - Minimize contact of the cabin crew and passengers with the ill person, ideally ensuring a distance of 1-2 meters (3-6 feet) if possible.
        - In all cases, the adjacent seat(s) of the patient should be left unoccupied, if feasible;
        - Passengers seated in the close vicinity should have their information on itinerary and contact details recorded for further follow up, as potential contacts. This information may be collected on a voluntary basis for the remaining passengers;
        - The patient on the aircraft should adhere to respiratory/cough etiquette either by wearing a medical or surgical mask (if available and tolerated) or covering their mouth and nose with their bent elbow or tissue when and then disposing of the used tissue immediately and washing their hands.
        - If the patient cannot tolerate a mask, healthy travelers adjacent to the ill traveler may be offered masks;
    - Treat all body fluids such as snot or saliva, diarrhea, vomit, or blood, as infectious.
        - Use appropriate personal protective equipment (PPE) when dealing with symptomatic patients (medical or surgical mask, hand hygiene, gloves, eye protection, and gown to cover clothing as available);
    - Take care to remove gloves and other PPE carefully and wash hands with soap and water for 20 seconds, or with an alcohol based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol after removing PPE.
    - Handle any blankets, trays, or other personal products used by the patient with respiratory symptoms carefully;
    - Handle all waste in accordance with regulatory requirements or guidelines;
        - Dispose of all items that came into contact with the sick person and any body fluids in a biohazard bag or in a secured plastic bag labeled as biohazard.
    - In case of presence of spills (vomits, blood spills, secretions or others), practice environmental cleaning and spills-management;
        - Clean porous (soft) surfaces (e.g., cloth seats, cloth seat belts) at the seat of the symptomatic passenger(s) and within 6 feet (2 meters) of the symptomatic passenger(s) in all directions.
        - Clean porous (soft) surfaces (e.g. seat covers and carpet) by removing visible contamination if present and using appropriate cleaners that are compatible with aircraft surfaces and components in accordance with the manufacturer's instructions.

- For items that can be laundered, use the warm setting and dry items completely on high heat.

- Clean non-porous (hard) surfaces (e.g., leather or vinyl seats) at the seat of the symptomatic passenger(s) and within 1-2 meters (3-6 feet) of the symptomatic passenger(s) in all directions, including: armrests, plastic and metal parts of the seats and seatbacks, tray tables, seat belt latches, light and air controls, cabin crew call button, overhead compartment handles, adjacent walls, bulkheads, windows and window shades, and individual video monitors.
- Clean non-porous (hard) surfaces with disinfectant products with approved emerging viral pathogens claims that are expected to be effective against COVID-19 and ensure these products are compatible with aircraft surfaces and components.
    - All products should be used according to label instructions (e.g., concentration, application method and contact time, PPE).
- Clean lavatories used by the symptomatic passenger(s), including: door handle, locking device, toilet seat, faucet, washbasin, adjacent walls, and counter.
- Properly dispose of any items that cannot be cleaned (e.g., pillows, passenger safety placards, and other similar items).
- Ground and cleaning crews should not board the plane until all travelers have disembarked.
    - Airlines should train ground and cleaning crews on and require that crew members demonstrate an understanding of when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE.
- Ventilation systems should be kept running while cleaning crews are working aboard the airplane.
- If visible contamination (e.g., a body substance such as blood or body fluids) is present, routine airline cleaning procedures should be followed based on blood or body substance spill management .
- Airlines should ensure workers are trained on the hazards of the cleaning chemicals used in the workplace .
- Cleaning crew should wear recommended PPE for cleaning:
    - Disposable gloves that are recommended by the manufacturer of the disinfectant should be worn.
    - Disposable gowns should be worn while cleaning the cabin and lavatories.
    - If splashing is possible, eye protection, such as a face shield or goggles and facemask may be required according to the manufacturer’s label.
    - Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures (e.g., contact with blood or body fluids without wearing appropriate PPE) to their supervisor.

- Cleaning staff should dispose of PPE and other disposable items used in cleaning following the airline's routine procedures.
- Ground crews assigned to wastewater management operations should follow routine procedures.

- Notify the health authority at the point of arrival. The health part of the aircraft general declaration (Annex 9 of IHR) can be used to register the health information onboard and submit to point of entry health authorities, when requested by the country;
- Ensure the flight crew maintains continuous operation of the aircraft's air recirculation system (HEPA filters are fitted to most large aircraft and will remove some airborne pathogens, depending on the size of the particulate or microorganism).

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

WHAT GUIDANCE IS AVAILABLE FOR PASSENGER SHIP CREW?

- WHO released interim guidance concerning COVID-19 and it is recommended that this guidance be used in conjunction with the WHO Handbook for management of public health events on board ships.
- CDC provides interim guidance specific for cruise ship crews in any international, interstate, or intrastate waterways subject to the jurisdiction of the United States to help prevent, detect, manage and mitigate confirmed and suspected COVID-19 infections during the period of the No Sail Order.
    - This guidance is not intended as, and does not constitute, a comprehensive statement regarding a cruise ship operator's duties and obligations under the No Sail Order.
    - Cruise ship operators should carefully consider and incorporate this interim guidance in developing their own plans.
- Passenger ships sailing on an international voyage should develop a written plan for disease outbreak management that covers the definitions of a suspected case of COVID-19, the definition of close contacts, and an isolation plan. The **outbreak management** plan should include descriptions of the following:
    - the location or locations where suspected cases will be isolated individually until disembarkation and transfer to a healthcare facility;
    - how the necessary communications between departments (for example, medical, housekeeping, laundry, room service) about persons in isolation will be managed;
    - the clinical management of suspected cases while they remain on board;
    - cleaning and disinfection procedures for potentially contaminated areas, including the isolation cabins or areas;
    - how close contacts of the suspected case will be managed;

- procedures to collect Passenger/Crew Locator Forms (PLF);
- how food service and utensils, waste management services and laundry will be provided to the isolated travelers.
- Staff on board should have knowledge of the outbreak management plan and should implement it as required.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 4, 2020)

AS A CRUISE SHIP OPERATOR, WHAT ARE SOME MEASURES I SHOULD CONSIDER WHEN DEVELOPING OUR PREVENTION, MITIGATION AND RESPONSE PLANS?

- CDC recommends the following preventive measures: :
  - Relocating all crew to single-occupancy cabins with private bathrooms.
  - Implementing physical distancing of crew members when working or moving, and modifying meal service to facilitate social distancing.
  - Asking crew to members to wear a cloth face covering when outside of individual cabins.
  - Placing hand sanitizer (containing at least 60% alcohol) in multiple locations to encourage hand hygiene.
  - Cancelling face-to-face meetings and events, and closing crew group settings.
  - Providing thermometers to the crew to enable them to perform twice daily temperature checks.
- CDC recommends adherence to the the following stipulations when disembarking asymptomatic crew for transfer or repatriation:
  - Before disembarking crew, give 72-hour advance notice to the local and state health departments with jurisdiction over:
    - The port of disembarkation
    - The state and county of residence for any US-based crew disembarking for repatriation
  - Notify the respective national public health authorities and adhere to any testing requirements of receiving countries for any repatriated crew based outside of the U.S.
  - Cruise medical staff must screen disembarking crew members for symptoms compatible with COVID-19.
  - Ensure crew members with known exposures to COVID-19 are transported separately from those with no known exposure.
  - Provide face coverings to disembarking crew members or confirm that they have their own face coverings.
  - Instruct disembarking crew members to stay home for 14 days and continue to practice physical distancing after reaching their destination.

- Isolate crew with symptoms or confirmed cases, and quarantine asymptomatic crew of close contacts.
- Ask cruise ship medical centers to follow the operational guidelines to manage suspected or confirmed COVID-19.
    - Ships should carry a sufficient quantity of PPE, medical and laboratory supplies listed on CDC's Interim Guidance for Ships on Managing Suspected Coronavirus Disease 2019.

(CDC Source Page Visited May 4, 2020)

POINTS OF ENTRY

WHAT GUIDANCE IS AVAILABLE FOR THE MANAGEMENT OF ILL TRAVELERS AT POINTS OF ENTRY – INTERNATIONAL AIRPORTS, PORTS, AND GROUND CROSSINGS?

- WHO provides Interim guidance on the management of ill travelers at international ports, airports, and ground crossings in the context of the current COVID-19 disease outbreak. This document provides critical information for:
    - Detection of ill travelers;
    - Interview of ill travelers to determine the possibility of symptoms of and exposure to the virus responsible for COVID-19 disease;
    - Reporting cases with suspected COVID-19 infection;
    - Isolation, initial case management and referral of those with suspected COVID-19 infection.
    - Training of staff and essential safety equipment and practices

(WHO Source Paged Visited May 4 2020)

WHAT ARE ESSENTIAL ACTIONS AND EQUIPMENT NEEDED TO PREPARE STAFF AT POINT OF ENTRY?

- Ports of Entry (POEs) with large volumes of travelers or significant infrastructure (for example, airports) should have at least one healthcare worker on site who is designated to support staff in case they encounter ill travelers or cases of suspected COVID-19 disease that require urgent clinical care.
- Staff should be trained in the following:
    - Conducting interviews
    - Maintaining security
    - Providing transportation to medical facilities for travelers who are being referred for further evaluation or treatment
    - Using adequate hand hygiene techniques,
    - Maintaining a physical distance of 1 - 2 meters (3 - 6 feet) from travelers at all times during the interview process

- Educating patients, their family and travel companions and addressing their concerns
- Source control (that is, providing medical masks to travelers with respiratory symptoms before and during the interview process).
- Instructing ill travelers to cover their mouth and nose with their bent elbow or tissue when they cough or sneeze and then disposing of the used tissue immediately and washing their hands.
- and the need for ill travelers to wear a mask and perform frequent hand hygiene, especially after coughing or sneezing, or touching or disposing of their mask.

- Staff should use handheld no-touch thermometers or thermal imaging cameras.
  - **DO NOT use** manual thermometers that require contact with skin or mucous membranes.
- Ensure a sustained supply of equipment and materials needed to conduct interviews:
  - For hand hygiene, ensure there are adequate supplies of soap and water or an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol).
  - For respiratory hygiene, ensure there are adequate supplies of medical masks and paper tissues.
- Ensure that waste bins with liners and lids are available for disposing of medical masks and tissues; and ensure there is a plan for disposal of this waste in accordance with infectious waste regulations.
- Ensure that cleaning supplies are available, including household cleaner and disinfectant.
- Ensure that there are chairs or beds, or both, in the isolation areas.

(WHO Source Paged Visited May 12, 2020)

WHAT TYPE OF PLANNING IS NEEDED TO PREPARE MY PORT OF ENTRY IN THE CONTEXT OF COVID-19?

- Develop a process to refer exposed travelers, including travel companions of symptomatic travelers with suspected COVID-19 infection, to healthcare facilities for further assessment and treatment.
- Ensure guidelines are available in the interview area about how to clean and disinfect frequently touched surfaces and bathrooms.
- Cleaning should be done three times a day (morning, afternoon, night) with regular household soap or detergent first and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (that is, equivalent to 5000 ppm) should be applied. Please also refer to the guidance here.
  - Personnel who do the cleaning must wear appropriate PPE.
- Establish and maintain a POE public health emergency contingency plan, including nominating a coordinator and contact points for relevant POE, public health, and other agencies (for example, authorities for aviation, the maritime sector, refugees) and services.
- Identify transport that can be used to take suspected cases to the identified healthcare facilities.

- Identify a service provider that can apply the recommended measures to clean and disinfect areas at the POE and on board other conveyances and ensure that the provider manages infected waste properly.
- Develop a process to refer exposed travelers, including travel companions of symptomatic travelers with suspected COVID-19 infection, to healthcare facilities for further assessment and treatment.

(WHO Source Paged Visited May 12, 2020)

How can I detect ill travelers at my point of entry in the context of COVID-19?

- You can detect ill travelers through self-reporting, visual observation or via temperature measurement:
    - Self-reporting: with increased knowledge among travelers of COVID-19 disease, including information communicated through active and targeted risk communications at POEs, individual travelers experiencing signs and symptoms of illness may approach POE authorities for assistance.
        - Travelers who self-report their illness should be managed following the same procedures as used for those who are screened at the POE.
    - Visual observation: Ill travelers exhibiting signs suggestive of COVID-19 disease may be identified by POE personnel as they pass through the entry point.
    - For information about detection via temperature measurement for countries that choose to perform screening, please follow the Updated WHO advice for international traffic in relation to the outbreak of COVID-19.
- When travelers displaying signs of illness are detected by POE health personnel or through temperature measurement, or when travelers experiencing symptoms come forward to seek help from POE health personnel, they and their travel companions need to be advised to move away from other people, and they should be escorted to a dedicated physical structure at the POE for further assessment.

(WHO Source Paged Visited May 12, 2020)

How do I conduct an interview with a traveler at a point of entry about COVID-19?

- Interviews with travelers should include the following:
    - Taking the traveler's temperature using no-touch thermometer technology
    - Assessing the traveler for signs and symptoms suggestive of COVID-19 disease only by interviewing and observing − that is, POE personnel should not conduct a physical examination
    - Taking a travel and contact history through the traveler's completion of the Public Health Declaration Form, and evaluating the answers provided on the form

    - Making any additional observations noted by the interviewer
- Signs or symptoms of illness suggesting respiratory infection should be evaluated, including
    - Fever >38° C or the traveler mentioning feeling feverish
    - Cough
    - Breathing difficulties
- A history of possible exposure to the COVID-19 virus should be evaluated, including
    - Travel to a country with ongoing transmission of the COVID-19 virus 14 days prior to the onset of symptoms
    - A visit to any healthcare facility in a country with ongoing transmission in the 14 days prior to symptom onset; and/or close physical contact during the past 14 days with a traveler suspected or confirmed to have COVID-19 infection
    - A visit to any live animal markets in a country with ongoing COVID-19 virus transmission in the 14 days prior to symptom onset
- The following forms should be submitted to the POE health authority unless the State Party does not require their submission.
    - Aircraft General Declaration form
    - Maritime Declaration of Health

(WHO Source Paged Visited May 12, 2020)

How should isolation, initial case management and referral of a traveler with symptoms of COVID-19 be managed?

- Ill travelers with signs and symptoms indicative of fever or respiratory infection, or both, who have a history of exposure to the COVID-19 virus should be isolated at the POE until they are able to be safely transferred to a healthcare facility for further assessment, diagnosis and treatment.
- During the isolation period, place the traveler in a well-ventilated room (for example, with doors and windows open, weather permitting) that has been designated for patients suspected to have COVID-19 disease.
- If more than one traveler with suspected COVID-19 disease must wait in the same room, ensure there is a physical distance of 1 - 2 meters (3 - 6 feet) between individual travelers.
- Ideally, there should be a dedicated bathroom for use only by people with suspected COVID-19 infection.
- Provide information to patients and their family about the need for isolation, and address patients' and families' concerns
- Point of Entry personnel should instruct those in isolation to:
    - To wear a medical mask while they are waiting for transport to the healthcare facility.

    - Not to touch the front of their mask (if they do touch the front of the mask, they must perform hand hygiene by washing their hands with soap and water for 20 seconds, or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol).
    - If the mask gets wet or dirty with secretions, it must be changed immediately.
    - Practice respiratory hygiene at all times. This includes covering your mouth and nose with your bent elbow or tissue when you cough or sneeze . Then you dispose of the used tissue immediately and wash your hands.
- Not to share spaces with people who are not suspected to have COVID-19 infection (for example, travelers with other illnesses waiting for an interview).
- POE personnel should avoid entering the isolation area where suspected cases are waiting for transport. If they enter an isolation area, they should:
    - Wear a tightly fitted medical mask that covers the nose and mouth when entering the room. The front of the mask should not be touched during use.
        - If the mask gets wet or dirty with secretions, it must be changed immediately.
        - After use, discard the mask in a waste bin, close the lid, and then perform hand hygiene by washing their hands with soap and water for 20 seconds, or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
    - Clean their hands by
        - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
        - Use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.
        - Wash hands with soap and water when they are visibly soiled.
        - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
- Tissues, masks, and other waste generated in the isolation area and by travelers with suspected COVID-19 infection should be placed in a container with a lid in the isolation room and disposed of according to national regulations for infectious waste.
- Frequently touched surfaces in the isolation area—such as furniture, light switches, sinks and bathrooms used by travelers with suspected COVID-19 infection—need to be cleaned three times a day (morning, afternoon, night) by personnel wearing appropriate PPE.
    - Cleaning should be done with regular household soap or detergent first and then, after rinsing with water, regular household disinfectant containing 0.5% sodium hypochlorite (that is, equivalent to 5000 ppm or 1 part to 9 parts water) should be used. Please also refer to the guidance here.

- Travelers suspected to have COVID-19 infection should remain in an area that has a comfortable temperature and good ventilation, that has chairs or other places to sit, and they should be given blankets, as needed.
    - They should also be given food and water as needed and according to their ability to eat and drink; they must be kept in the most comfortable conditions possible.

(WHO Source Paged Visited May 12, 2020)

How can I transport a traveler with suspected COVID-19 from the point of entry to a health facility safely?

- Transportation of ill travelers suspected of COVID-19 to healthcare facilities should occur quickly.
- Identify healthcare facilities that can provide evaluation for, diagnosis of and medical care for people with COVID-19 infection.
- Ensure that safe transport by ambulance is available, if needed.
- Ensure that infection prevention and control precautions are in place, hand hygiene resources and PPE are available, and staff at the healthcare facility and those providing transport are trained in the correct use of PPE; establishing a process to inform the receiving healthcare facility about suspected cases prior to their transfer.
- Address security issues that may arise during the transfer, if applicable.
- Ensure systematic recording of all personnel involved in screening and transporting travelers with suspected COVID-19 infection.
- Transport staff should routinely perform hand hygiene and wear a medical mask and gloves when loading patients into the ambulance.
- If the traveler with suspected COVID-19 infection requires direct care (for example, physical assistance to get into an ambulance) then transport staff should add eye protection (for example, goggles) and a long-sleeved gown to their PPE.
- PPE should be changed after loading each patient and disposed of appropriately in containers with a lid and in accordance with national regulations for disposal of infectious waste.
- The driver of the ambulance must remain separate from the cases (maintaining a physical distance of 1 - 2 meters (3 - 6 feet).
    - No PPE is required for the driver if distance can be maintained.
    - If drivers must also help load cases into the ambulance, they should follow the PPE recommendations in the previous point.
- Transport staff should frequently clean their hands by:
    - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
    - Use an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol if hands are not visibly soiled.·
    - Wash hands with soap and water when they are visibly soiled.

    - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.

- Ambulances and transport vehicles should be cleaned and disinfected, with particular attention paid to the areas in contact with the suspected case.
- Cleaning should be done with regular household soap or detergent first and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (that is, equivalent 5000 ppm or 1 part to 9 parts water) should be applied. Please also refer to the guidance here.

(WHO Source Paged Visited May 12, 2020)

How should I report ill travelers with suspected COVID-19 infection?

- Establish a mechanism for communicating about suspected COVID-19 cases between POE health authorities and transport sector officials (for example, representatives of the national civil aviation and maritime authorities, conveyance operators, and POE operators) and between POE health authorities and national health surveillance systems.
- The following procedures and means of communication should be established.
    - POE health authorities should receive health information, documents, and reports from conveyance operators regarding ill travelers on board, conduct preliminary assessments of the health risk and provide advice on measures to contain and control the risk accordingly.
    - POE health authorities must inform the next POE of ill travelers on board.
    - POE health authorities must inform the community, provincial or national health surveillance system about any ill travelers who have been identified.
- The U.S. Code of Federal Regulations [42 CFR 70.11 and 71.21] contains requirements for reporting deaths and illnesses to CDC that occur on domestic flights between U.S. states and territories, and on international flights arriving in the United States. More information is available here.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

How can travelers be repatriated during the COVID-19 outbreak?

- The following are measures to be adopted before embarkation:
    - Advanced bilateral communication, coordination, and planning with the responsible authorities before departure.
    - The aircraft should be properly staffed with sufficient medical personnel to accommodate the number of nationals anticipated, and that they are outfitted with appropriate PPE and equipment/supplies to respond to illness in travel.
    - The non-medical crew of the aircraft should be properly briefed and outfitted, as well as aware of the signs and symptoms to detect symptomatic passengers for COVID-19.

- Exit screening, for example temperature measurement and a questionnaire, should be conducted before departure for the early detection of symptoms. Screening results should be shared with the receiving country.
- It is advised to delay the travel of the suspected ill travelers detected through exit screening to be referred for further evaluation and treatment.
- If the country decides to put arriving passengers, those not displaying symptoms, in a quarantine facility, the following needs to be considered:
    - Infrastructure: there is no universal guidance regarding the infrastructure for a quarantine facility, but space should be respected not to further enhance potential transmission and the living placement of those quarantined should be recorded for potential follow up in case of illness.
    - Accommodation and supplies: travelers should be provided with adequate food and water, appropriate accommodation including sleeping arrangements and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible, in a language that they can understand and other appropriate assistance.
    - A medical mask is not required for those who are quarantined. If masks are used, best practices should be followed.
- Communication: establish appropriate communication channels to avoid panic and to provide appropriate health messaging so those quarantined can timely seek appropriate care when developing symptoms.
- Respect and Dignity: travelers should be treated, with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by:
    - treating all travelers with courtesy and respect;
    - taking into consideration the gender, sociocultural, ethnic or religious concerns of travelers.
- Duration: up to 14 days (corresponding with the known incubation period of the virus, according to existing information), may be extended due to a delayed exposure.

(WHO Source Page Visited May 12, 2020)

Religious/Faith Leaders and Faith-Based Communities

What guidance is available for religious leaders and faith-based communities in the context of COVID-19?

- The WHO's Interim Guidance provides practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19. It acknowledges the special role of religious leaders, faith-based organizations, and faith communities in COVID-19 education, preparedness, and response.

(WHO Source Page Visited May12, 2020)

WHAT IS MY ROLE AS A RELIGIOUS/FAITH LEADER, FAITH-BASED ORGANIZATION, OR FAITH COMMUNITY DURING COVID-19?

- You play a major role in saving lives and reducing illness related to COVID-19.
- You serve as a primary source of support, comfort, guidance, as well as direct health care and social services for your communities.
- You can provide pastoral and spiritual support during public health emergencies and other health challenges and can advocate for the needs of vulnerable populations.
- By providing clear, evidence-based information to prevent COVID-19, you can promote helpful information, prevent and reduce fear and stigma, provide reassurance to people in their communities, and promote health-saving practices.
- Ensure that any decision to convene group gatherings for worship, education, or social meetings is based on a sound risk assessment and in line with guidance from national and local authorities.
- Ensure safe faith-based gatherings, ceremonies, and rituals when they do occur.
- Ensure that accurate information is shared with communities; counter and address misinformation.

(WHO Source Page Visited May 5, 2020)

WHAT IS MY ROLE AS A FAITH LEADER IN COMMUNICATING HEALTH INFORMATION AND ADDRESSING STIGMA AND DISCRIMINATION TO UPHOLD HUMAN RIGHTS DURING COVID-19?

- You can be a powerful resource for agencies and organizations that are communicating to protect your community from COVID-19.
- You have a particularly important role to play in bringing attention to and inclusion of, vulnerable populations (including minorities, migrants, refugees, prisoners and other people who are marginalized) by:
    - Providing supportive environments
    - Advocating for their rights and access to diagnosis, treatment, and vaccines
    - Sharing evidence-based accurate information
    - Publicly standing against statements and acts that encourage violence and human rights violations against people.
- You can also work with health and development agencies to identify mechanisms to increase access to information and services for vulnerable communities, including those that are provided by faith-based organizations themselves.

(WHO Source Page Visited May 12, 2020)

HOW DO I, A FAITH LEADER, COMMUNICATE HEALTH INFORMATION ABOUT COVID-19?

- Learn the accurate information about how COVID-19 transmits and the appropropriate actions members of your community can take to prevent COVID-19.

- Use faith channels such as organizational web pages; social media; newsletters; emails; phone tree; and faith publications, radio, or other broadcast media.
- Weave COVID-19 messages into sermons and prayers to be shared with communities. It will be important for community members to hear these messages and updates frequently on different channels and message platforms
- Research and become informed on organizations presenting credible information in their communities and join with them, using and endorsing their messages (e.g. WHO, universities, nongovernmental organizations).
- Access guidance in formats and simple language that community members can understand. WHO's guidance has been used this way.
- Become aware of the local and national health authorities websites and other information channels to access local guidance.

(WHO Source Page Visited May 12, 2020)

WHAT STEPS SHOULD I, A FAITH LEADER, AND MY FAITH-BASED COMMUNITY TAKE TO ORGANIZE A GATHERING AND TO REDUCE THE THREAT OF COVID-19 IN THE COMMUNITY?

- If gatherings are permitted, you and your faith-based community should take the following steps to reduce the transmission of COVID-19 in their community.
    - Maintain at least 1 - 2 meters (3 - 6 feet) of distance between people at all times.
    - Prevent touching or kissing of devotional and other objects between people attending faith services by creating new ways for greetings such as replacing hugs, kisses and handshakes with a bow or peace sign.
    - Encourage effective handwashing among participants in faith services and other activities when gatherings are permitted.
    - Encourage participants to cover their mouths and noses with their bent elbow or tissue when they cough or sneeze. Then dispose of the used tissue immediately and wash your hands.
    - Frequently clean AND disinfect worship spaces, sites, buildings, and often-touched objects such as door knobs, light switches, and stair railings.
- If you and your community are not able to perform these steps, then the planned physical gatherings should be cancelled.
- Use this decision tree to aid your decision making regarding hosting a religious event during the COVID-19 Pandemic.

(WHO Source Page Visited May 12, 2020)

HOW DO I CONDUCT FAITH-RELATED ACTIVITIES REMOTELY OR VIRTUALLY IF FAITH GATHERINGS AND SERVICES ARE CANCELLED?

- Use technology to maintain community and continue worship, for example:
    - Video or audio-tape worship services and ceremonies and broadcast or post them on social media

- Use a remote or virtual meeting platform or teleconference facilities for meetings or small group interactive prayer
- Expand use of television and radio channels

- Use low-technology means to maintain faith-based practices in the community, for example:
  - Telephone calls between community members such as paired-prayer
  - Communicating times when your faith community can observe religious practice remotely, such as prayer, at the same time every day or week, despite being physically apart.
  - Encouraging individual and household observance of prayer and other spiritual practices.
  - Compiling and circulating requests for prayers from the community to be supported by all members.

(WHO Source Page Visited May 12, 2020)

WHAT CAN I DO AS A FAITH LEADER TO HELP STRENGTHEN MENTAL HEALTH AND RESILIENCE OF PEOPLE IN THE COMMUNITIES DURING COVID-19?

- Create relationships and connections between people across age groups, professions, and neighborhoods especially between those may be isolated during periods of physical distancing.
- Keep the community connected by checking in individual members, especially individuals who may be living alone, who are elderly, who have disabilities, preferably via phone.
- Create a "calling tree" in which individual members volunteer to phone several other members regularly to check on their well-being.
- Provide encouragement to prevent family separation and promote family based care options in situations where children are separated from their families.
- Promote the sharing of resources to provide for those whose livelihoods are disrupted and who cannot provide for themselves and their families.
- Encourage community members to seek information on the virus at a few, regular, select times a day, and point members to credible sources of information, and to maintain hope by reading sacred texts and guidance from their respective faith traditions.
- Help community members manage their stress during isolation by sharing members credible sources of information, and maintain hope by reading sacred texts and guidance from their respective faith traditions.
- Speak out against any gender based violence and provide support or encourage victims to seek help. In settings where movement restrictions are in place, there is the potential for an increase in violence, particularly against women, children, and other marginalized people.
  - See the guidance on gender based violence for more specific recommendations.
- Provide special prayers, theological and scriptural reflections and messages of hope and comfort for the sick and your community.

(WHO Source Page Visited May 12, 2020)

- Discourage non-essential physical gatherings and organize virtual gatherings through live-streaming, television, radio, social media, etc.
    - Local and national health authorities are the primary source of information and advice about COVID-19 in communities and can provide information about locally mandated restrictions on the movement of people, whether gatherings are permitted and, if so, of what size.
    - Those organizing a gathering should comply with guidance issued by national and local authorities and if a medium or large gathering is planned, the organizers should establish and maintain contact with the authorities in the buildup to and for the duration of the gathering.
- If gatherings are permitted, religious leaders and faith-based communities should take the following steps to reduce the threat of COVID-19 in their community.eep the duration of the gathering to a minimum to limit contact among participants.
    - Maintain at least 1 -2 meters (3-6 feet) of distance between people at all times.
        - If a gathering is planned, consider holding it outdoors. If this is not possible, ensure that the indoor venue has adequate ventilation.
        - Regulate the number and flow of people entering, attending, and departing from worship spaces to ensure safe distancing at all times.
        - Gatherings with few people are better than crowded sessions. Religious leaders and communities of faith should consider multiple services with a few attendees, rather than hosting large gatherings.
        - The numbers and flow of pilgrims at pilgrim sites should be managed to respect physical distancing.
        - Seating or standing of participants in faith services should be at least 1-2 meters (3-6 feet) apart. Where necessary, create and assign fixed seating to maintain safe distances.
        - Identify a room or area where a person could be isolated if he or she becomes ill or begins to develop symptoms.
    - Prevent touching between people attending faith services.
        - Many worshippers share a “sign of peace” during services including handshakes and hugs. These are being replaced by, for example:
            - Eye contact and a bow while saying “the peace” to others.
            - A communal “sign of peace” offered in unison, orally, or through a bow, by the attendees in unison, while staying in place at a safe distance between each other.
            - Any form of culturally and religiously sanctioned alternative that avoids physical contact.

- Prevent touching or kissing of devotional and other objects that the community is accustomed to handling communally.
    - COVID-19 can remain on surfaces such as devotional objects for hours or days. Religious leaders and faith-based communities need to protect their members from becoming infected by avoiding practices involving touching or kissing of such surfaces and helping members accept new ways to revere these objects and symbols safely:
        - Bow before sacred statues or icons, instead of touching them.
        - Receive a blessing from at least 1 m away and avoid the distribution of Holy Communion that involves placing the wafer on the tongue or drinking from a common cup.
        - Consider using individual pre-packaged boxes/servings of religious or ceremonial foods, rather than shared portions from communal containers.
        - Empty fonts of holy water to prevent people from dipping their fingers into a common bowl.
        - Eliminate rituals involving touching such as foot washing and substitute appropriate practices.
        - Encourage worshippers to perform their ritual ablutions at home before attending the place of worship.
- Encourage healthy hygiene among participants in faith services and other activities when gatherings are permitted.
    - Help attendees maintain healthy hygiene practices by providing handwashing facilities for members before and after the service; feet washing facilities for places where worshippers enter barefoot; or by placing alcohol-based hand-rub (at least 70% alcohol) at the entrance and in the worship space.
    - Place disposable facial tissues within easy reach and closed bins for used tissues.
    - Ask worshipers to bring their own personal prayer rugs to place over the carpet for daily prayers.
    - Encourage worshippers to avoid attending worship services if they have any symptoms of COVID-19 or if they have travelled recently to an area with community spread of COVID-19.
    - When attendees enter a site or building barefoot, shoes and sandals should be placed separately and in bags.
    - Provide visual displays of advice on physical distancing, hand hygiene, and respiratory etiquette.
- Frequently clean worship spaces, sites, and buildings
    - Establish routine cleaning with disinfectant of worship spaces, pilgrimage sites, and other buildings where people gather, to remove any virus from the surfaces.

        - This routine should include cleaning immediately before and immediately after all gatherings.
    - If you are not able to perform these steps to keep your community safe, then the planned physical gatherings should be cancelled.
        - Once decisions have been made, it may be helpful to describe any adjusted practices and measures and visibly present them at the entry of the place of gathering (in writing or drawing).

(WHO Source Page Visited May 12 , 2020)

How should I, as a faith leader, conduct funeral services?

- As a faith leader you can play an important role in helping grieving families to ensure their loved ones receive respectful, appropriate funerals and burials rites.
- It is essential that you know how to safely plan and perform such funeral rituals and services to protect and comfort mourners while showing respect for those who have died without causing infection among mourners.
- When acceptable or appropriate according to respective faith traditions, embalming, burial, and cremation should be allowed for the remains of persons who have died of COVID-19.
- You can work with families to integrate appropriate religious and cultural practices with burial and funeral steps that reduce the chances of COVID-19 infection.
- For example, if washing the body or shrouding are part of faith traditions, modifications will be needed to protect mourners
    - At a minimum, people conducting these activities should wear disposable gloves.
    - If splashing of body fluids is possible, additional personal protective equipment may be required for those participating in the ritual (such as disposable gowns, face shields or goggles and medical masks).
- If the family of the deceased wishes to view the body after its removal from the medical facility where the family member has died, they may be allowed to do so, in accordance with local physical distancing restrictions, with no touching or kissing of the body and thorough handwashing before and after viewing.
- As you modify burial and funeral rites, ensure that those present take extra care to protect children and older adults in attendance.
- If/when health authorities issue guidance limiting in-person funeral prayers, extended family members and friends can offer funeral prayers in place of those who cannot attend.

(WHO Source Page Visited May 12, 2020)

What guidance is available for Ramadan in the context of COVID-19?

- WHO provides Interim Guidance specific for safe Ramadan practices to highlight public health advice for social and religious practices and gatherings during Ramadan.

    - It highlights advice on conducting religious gatherings, overarching considerations, mitigation measures, charity, physical and mental well-being. The guidance can be applied across different national contexts.

- Cancelling social and religious gatherings should be seriously considered. WHO recommends that any decision to restrict, modify, postpone, cancel, or proceed with holding a mass gathering should be based on a standardized risk assessment exercise.
- If cancelling social and religious gatherings, where possible, virtual alternatives using platforms such as television, radio, digital, and social media can be used instead.
- If Ramadan gatherings are allowed to proceed, measures to mitigate the risk of COVID-19 transmission should be implemented.
    - National health authorities should be considered the primary source of information and advice regarding physical distancing and other measures related to COVID-19 in the context of Ramadan. Compliance with these established measures should be assured.
    - Religious leaders should be involved early in decision making, so that they can be actively engaged in communicating any decision affecting events connected with Ramadan.
    - A strong communication strategy is essential to explain to the population the reasons for decisions taken. Clear instructions should be given and the importance of following national policies reinforced.
    - The communication strategy should also include proactive messaging on healthy behaviours during the pandemic and use different media platforms.
- Considerations for physical distancing include:
    - Practice physical distancing by strictly maintaining a distance of at least 1 -2 metres (3 -6 feet) between people at all times.
    - Use culturally and religiously sanctioned greetings that avoid physical contact, such as waving, nodding, or placing the hand over the heart.
    - Stop large numbers of people gathering in places associated with Ramadan activities, such as entertainment venues, markets, and shops
    - The following measures should be applied to any gathering occurring during Ramadan, such as prayers, pilgrimages, and communal meals or banquets.
        - Consider holding the event outdoors if possible; otherwise, ensure that the indoor venue has adequate ventilation and air flow.
        - Shorten the length of the event as much as possible to limit potential exposure.
        - Give preference to holding smaller services with fewer attendees more often, rather than hosting large gatherings.
        - Adhere to physical distancing among attendees, both when seated and standing, through creating and assigning fixed places, including when praying, performing *wudu* (ritual ablutions) in communal washing facilities, as well as in areas dedicated to shoe storage.

        - Regulate the number and flow of people entering, attending, and departing from worship spaces, pilgrimage sites, or other venues to ensure safe distancing at all times.
        - Consider measures to facilitate contact tracing in the event that an ill person is identified among the attendees of the event.
- Considerations for high risk groups include:
    - Urge people who are feeling unwell or have any symptoms of COVID-19 to avoid attending events and follow the national guidance on follow-up and management of symptomatic cases.
    - Urge older people and anyone with pre-existing medical conditions (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer) not to attend gatherings, as they are considered vulnerable to severe disease and death.
- Muslims perform *wudu* before prayers, which helps maintain healthy hygiene. The following additional measures should be considered to encourage healthy hygiene:
    - Ensure that handwashing facilities are adequately equipped with soap and water and provide alcohol-based hand-rub (at least 70% alcohol) at the entrance to and inside mosques.
    - Ensure the availability of disposable tissues and bins with disposable liners and lids, and guarantee the safe disposal of waste.
    - Encourage the use of personal prayer rugs to place over carpets.
    - Provide visual displays of advice on physical distancing, hand hygiene, respiratory etiquette, and general messages on COVID-19 prevention.
- Frequently clean and disinfect worship spaces, sites, and buildings.
    - Enforce routine cleaning of venues where people gather before and after each event, using detergents and disinfectants.
    - In mosques, keep the premises and *wudu* facilities clean, and maintain general hygiene and sanitation.
    - Frequently clean often-touched objects such as doorknobs, light switches, and stair railings with detergents and disinfectant.
- Considerations for charitable giving include:
    - When the faithful give special attention to those who may be adversely affected while distributing their *sadaqat* or *zakah* during this Ramadan, consider the physical distancing measures in place.
    - To avoid the crowded gathering associated with *iftar* banquets, consider using individual pre-packaged boxes/servings of food.
    - These can be organized by centralized entities and institutions, which should adhere to physical distancing throughout the whole cycle (collecting, packaging, storing and distribution).
- Considerations for well being include:

- No studies of fasting and risk of COVID-19 infection have been performed. Healthy people should be able to fast during this Ramadan as in previous years, while COVID-19 patients may consider religious licenses regarding breaking the fast in consultation with their doctors, as they would do with any other disease.
- During the COVID-19 pandemic, many people are restricted in their movements; but, if restrictions allow, always practice physical distancing and proper hand hygiene even during any exercise activity. In lieu of outdoor activities, indoor physical movement and online physical activity classes are encouraged.
- Proper nutrition and hydration are vital during the month of Ramadan. Encourage people to eat a variety of fresh and unprocessed foods every day and drink plenty of water.
- Tobacco use is ill-advised under any circumstances, especially during Ramadan and the COVID-19 pandemic.
    - Frequent smokers may already have lung disease, or reduced lung capacity, which greatly increases the risk of serious COVID-19 illness.
    - When smoking cigarettes, the fingers (and possibly contaminated cigarettes) touch the lips, which increases the likelihood of the virus entering the respiratory system.
    - When waterpipes are used, it is likely that mouth pieces and hoses are shared, which also facilitates transmission of the virus.

- Considerations to promote mental and psychosocial health include:
    - The critical importance of reassuring the faithful that they can still reflect, improve, pray, share, and care – all from a healthy distance, despite the different execution in practices this year.
    - Ensuring that family, friends, and elders are still engaged in light of physical distancing needs to be considered; encouraging alternate and digital platforms for interaction is paramount.
    - Offering special prayers for the sick, alongside messages of hope and comfort, are methods to observe the tenants of Ramadan while maintaining public health.
    - Religious leaders can actively speak out against violence and provide support or encourage victims to seek help.

(WHO Source Page Visited May 12, 2020)

HOSPITALITY AND THE ACCOMMODATION SECTOR

WHAT GUIDANCE IS AVAILABLE FOR THOSE THAT WORK IN THE HOSPITALITY AND ACCOMMODATION SECTOR?

- WHO provides Interim Guidance for Operational considerations for COVID-19 management in the accommodation sector that are relevant to collective tourism accommodation establishments such as hotels and similar establishments, holiday and other short-stay accommodation, and campsites.

- Private tourism accommodation providers are invited to follow the operating guidelines to the greatest extent possible. This guidance addresses the following:
- Management Teams
- Reception and concierge
- Technical and maintenance team
- Restaurants, breakfast, and dining, rooms and bars
- Cleaning and housekeeping
- Recreational areas for children

(WHO Source Page Visited May 12, 2020)

People experiencing homelessness

What guidance is available on protecting people who are homeless from COVID-19?

- CDC provides guidance specific for protecting those experiencing homelessness or without shelter during this outbreak of COVID-19 by addressing the importance of identifying non-congregate settings and alternative homeless services.
- CDC provides interim guidance specific for homeless service providers to plan and respond to COVID-19 in community coalition, communication, supplies, staff considerations, facility layout and procedure considerations.

(CDC Source Page Visited May 12 , 2020)
(CDC Source Page Visited May 12 , 2020)

Homeless services are often provided in congregate settings, which could facilitate the spread of infection, should they stay open?

- Yes. Homeless shelters serve a critical function in our communities, and shelters should stay open unless homeless service providers, health departments, and housing authorities have determined together that a shelter needs to close.
    - Service providers should plan for how they can help people experiencing homelessnes to isolate themselves while efforts are underway to provide additional support.
- Steps shelters can take for safe operation include:
    - Identifying locations to safely isolate those with known or suspected COVID-19 to prevent the spread of infection to others.
        - Decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in a shelter, or be directed to alternative housing sites, should be made in coordination with local health authorities.

        - Community coalitions should identify additional temporary housing and shelter sites that are able to provide appropriate services, supplies, and staffing. Ideally, these additional sites should include:
            - Overflow sites to accommodate shelter decompression (to reduce crowding) and higher shelter demands.
            - Isolation sites for people who are confirmed to be positive for COVID-19.
            - Quarantine sites for people who are waiting to be tested, or who know that they were exposed to COVID-19.
            - Protective housing for people who are at highest risk of severe COVID-19.
            - Depending on resources and staff availability, non-group housing options (such as hotels/motels) that have individual rooms should be considered for the overflow, quarantine, and protective housing sites.
            - In addition, plan for how to connect clients to housing opportunities after they have completed their stay in these temporary sites.
    - Screening incoming guests for any symptoms of COVID-19
    - Providing any person with symptoms of COVID-19 with a facemask, if available, and then directing them to a predetermined place away from others.
        - At this time, it is not recommended to screen incoming guests for COVID-19 using laboratory tests unless directed to do so by local health authorities.
    - Providing individual rooms for those staying at the shelter.
        - If individual rooms are not available, consider using a large, well-ventilated room where beds at least 6 feet apart with temporary barriers.
        - Request all guests sleep head-to-toe.
- Connecting people to stable housing should continue to be a priority, however, if individual housing options are not available, allow people who are living in encampments to remain where they are.
- Encourage people living in encampments to increase space between people and provide hygiene resources needed for handwashing.
- Also see Migrant Camps and Other Fragile Settings.

(CDC Source Page Visited May 12, 2020)

AS A HOMELESS SERVICE PROVIDER, WHAT MEASURES SHOULD I CONSIDER WHEN PLANNING AND RESPONDING TO COVID-19?

- Use the "whole community" approach to involve partners in the development of response plans and to identify additional sites and resources.
    - A community coalition focused on COVID-19 planning and response should include:
        - Local and state health departments

        - Homeless service providers and Continuum of Care leadership
        - Emergency management
        - Law enforcement
        - Healthcare providers
        - Housing authorities
        - Local government leadership
        - Other support services like outreach, case management, and behavioral health support

- Communicate clearly with staff and clients regarding hand hygiene, use of cloth face coverings and physical distancing, and make plans accordingly.
    - Use health messages and materials developed by credible public health sources, such as your local and state public health departments, CDC, or WHO.
    - Post signs at entrances and in strategic places providing instruction on hand washing and coughing etiquette, use of cloth face coverings, and physical distancing.
    - Provide educational materials about COVID-19 for non-English speakers or hearing impaired, as needed.
    - Keep staff and clients up-to-date on changes in facility procedures.
    - Ensure communication with clients and key partners about changes in program policies and/or changes in physical location.
    - Identify platforms for communications such as a hotline, automated text messaging, or a website to help disseminate information to those inside and outside your organization.
    - Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers, volunteers, and those you serve.
    - Staff Considerations:Provide training and educational materials related to COVID-19 to staff and volunteers.
    - Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.
        - Staff and volunteers who are at higher risk for severe illness from COVID-19 should not be designated as caregivers for sick clients who are staying in the shelter.
        - Identify flexible job duties for these higher risk staff and volunteers so they can continue working while minimizing direct contact with clients.
    - Put in place plans on how to maintain social distancing (remaining at least 6 feet apart) between all clients and staff while still providing necessary services.

- All staff should wear a cloth face covering for source control (when someone wears a covering over their mouth and nose to contain respiratory droplets), consistent with the guidance for the general public.
    - Staff who do not interact closely (e.g., within 6 feet) with sick clients and do not clean client environments do not need to wear personal protective equipment (PPE).
- Develop and use contingency plans for increased absenteeism caused by employee illness or by illness in employees' family members.
    - These plans might include extending hours, cross-training current employees, or hiring temporary employees.
- Staff should avoid handling client belongings.
    - If staff are handling client belongings, they should use disposable gloves, if available.
    - Make sure to train any staff using gloves to ensure proper use and ensure they perform hand hygiene before and after use.
    - If gloves are unavailable, staff should perform hand hygiene immediately after handling client belongings.
- Staff who are checking client temperatures should use a system that creates a physical barrier between the client and the screener.
    - Screeners should stand behind a physical barrier, such as a glass or plastic window or partition that can protect the staff member's face from respiratory droplets that may be produced if the client sneezes, coughs, or talks.
    - If physical distancing or barrier/partition controls cannot be put in place during screening, PPE (i.e., facemask, eye protection [goggles or disposable face shield that fully covers the front and sides of the face], and a single pair of disposable gloves) can be used when within 6 feet of a client.
    - However, given PPE shortages, training requirements, and because PPE alone is less effective than a barrier, try to use a barrier whenever you can.
- For situations where staff are providing medical care to clients with suspected or confirmed COVID-19 and close contact (within 6 feet) cannot be avoided, staff should at a minimum, wear eye protection (goggles or face shield), an N95 or higher level respirator (or a facemask if respirators are not available or staff are not fit tested), disposable gown, and disposable gloves.
    - Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated.
    - If staff have direct contact with the client, they should also wear gloves. Infection control guidelines for healthcare providers are outlined here.
- Staff should launder work uniforms or clothes after use using the warmest appropriate water setting for the items and dry items completely.
- Provide staff resources for stress and mental health coping.

- Facility layout considerations:
    - Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g., check-in staff).
        - For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them to at least 6 feet.
    - In meal service areas, create at least 6 feet of space between seats, and/or allow either for food to be delivered to clients or for clients to take food away.
    - In general sleeping areas (for those who are not experiencing respiratory symptoms), try to make sure client's faces are at least 6 feet apart.
        - Align mats/beds so clients sleep head-to-toe.
    - For clients with mild respiratory symptoms consistent with COVID-19:
        - Prioritize these clients for individual rooms.
        - If individual rooms are not available, consider using a large, well-ventilated room.
        - Keep mats/beds at least 6 feet apart.
        - Use temporary barriers between mats/beds, such as curtains.
        - Align mats/beds so clients sleep head-to-toe.
        - If possible, designate a separate bathroom for these clients.
        - If areas where these clients can stay are not available in the facility, facilitate transfer to a quarantine site.
    - For clients with confirmed COVID-19, regardless of symptoms:
        - Prioritize these clients for individual rooms.
        - If more than one person has tested positive, these clients can stay in the same area.
        - Designate a separate bathroom for these clients.
        - Follow CDC recommendations for how to prevent further spread in your facility.
        - If areas where these clients can stay are not available in the facility, assist with transfer to an isolation site.

- Facility procedure considerations:
    - Plan to maintain regular operations to the extent possible.
    - Limit visitors who are not clients, staff, or volunteers.
    - Do not require a negative COVID-19 viral test for entry to a homeless services site unless otherwise directed by health authorities.

- Identify clients who could be at high risk for complications from COVID-19, or from other chronic or acute illnesses, and encourage them to take extra precautions.
- Arrange for continuity of and surge support for mental health, substance use treatment services, and general medical care.
- Identify a designated medical facility to refer clients who might have COVID-19.
- Keep in mind that clients and staff might be infected without showing symptoms.
    - Create a way to make physical distancing between clients and staff easier, such as staggering meal services or having maximum occupancy limits for common rooms and bathrooms.
    - All clients should wear cloth face coverings any time they are not in their room or on their bed/mat (in shared sleeping areas).
    - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Regularly assess clients and staff for symptoms.
    - Clients who have symptoms may or may not have COVID-19. Make sure they have a place they can safely stay within the shelter or at an alternate site in coordination with local health authorities.
    - An on-site nurse or other clinical staff can help with clinical assessments.
    - Provide anyone who presents with symptoms with a cloth face covering.
    - Facilitate access to non-urgent medical care as needed.
    - Use standard facility procedures to determine whether a client needs immediate medical attention. Emergency signs include:
        - Trouble breathing
        - Persistent pain or pressure in the chest
        - New confusion or inability to arouse
        - Bluish lips or face
    - Notify the designated medical facility and personnel to transfer clients that the client might have COVID-19.
- Prepare healthcare clinic staff to care for patients with COVID-19, if your facility provides healthcare services, and make sure your facility has supply of personal protective equipment
- Provide links to respite (temporary) care for clients who were hospitalized with COVID-19 but have been discharged.
    - Some of these clients will still require isolation to prevent transmission.
    - Some of these clients will no longer require isolation and can use normal facility resources.

- Make sure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Provide alcohol-based hand sanitizers that contain at 60% ethanol, or 70% isopropanol alcohol at key points within the facility, including registration desks, entrances/exits, and eating areas.
- Cloth face coverings used by clients and staff should be laundered regularly. Staff involved in laundering client face coverings should do the following:
  - Face coverings should be collected in a sealable container (like a trash bag).
  - Staff should wear disposable gloves and a face mask. Use of a disposable gown is also recommended, if available.
  - Gloves should be properly removed and disposed of after laundering face coverings; wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol. When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and rep
- Clean and disinfect frequently touched surfaces at least daily and shared objects.

(CDC Source Page Visited May 12 April 16, 2020)
(CDC Source Page Visited May 12 May 4, 2020)

ARE THERE INFECTION CONTROL PRECAUTIONS HOMELESS SERVICE PROVIDERS SHOULD TAKE WHEN RECEIVING DONATIONS OF FOOD AND CLOTHING?

- Yes. Please see CDC recommendations for cleaning and disinfection of Community Facilities. Other precautions include:
  - Setting up donation drop-off points to encourage social distancing between shelter workers and those donating.
  - Laundering donated clothing, sheets, towels, or other fabrics on high heat settings, and disinfect items that are nonporous, such as items made of plastic.
- Food donations should be shelf-stable, and shelter staff should take usual food-related infection prevention precautions.

(CDC Source Page Visited May12, 2020)

HOW CAN HOMELESS SERVICE SYSTEMS AND LOCAL HEALTH FACILITIES HELP PEOPLE EXPERIENCING HOMELESSNESS GET TESTED AND ISOLATED LOCATIONS FOR COVID-19?

- Local public health and healthcare facilities will need to work together with homeless healthcare clinics and streed medicine clinics to determine the best location for COVID-19 testing.
- It is important for homeless service systems, local health departments, housing authorities, and healthcare facilities to plan and identify safe locations for those confirmed or suspected COVID-19 to isolate until they meet the criteria to end isolation.

- Isolation housing could be units designated by local authorities or shelters determined to have capacity to sufficiently care for those experiencing homelessnes in isolation to prevent the spread of infection.
- If no other options are available, homeless service providers should plan for how they can help people isolate themselves while efforts are underway to provide additional support.

(CDC Source Page Visited May 12, 2020)

How can people experiencing homelessness protect themselves?

- Many of the recommended prevention behaviors may be difficult for a person experiencing homelessness to practice.
  - Homeless services vary by country and may often be provided in congregate settings, which could facilitate the spread of infection.
  - People experiencing homelessness may have underlying medical conditions or that may cause them to be at higher risk for severe disease.
- Although it may not be possible for people experiencing homelessness to avoid certain crowded locations, actions that are important for people who are homeless to take are:
  - Trying to avoid other crowded public settings and public transportation.
  - Use take-away options for food, if possible.
  - Maintaining a physical distance of 1 - 2 meters (3 - 6 feet) from other people.
  - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol.
  - Covering their coughs and sneezes and washing hands immediately after, if possible.
- If people experiencing homelessness have symptoms of COVID-19, they should alert their service providers such as case managers or shelter staff, or other care providers, so that these staff can help them understand how to find a place away from others to prevent the potential spread of the infection and identify options for medical care as needed.

(CDC Source Page Visited May 6, 2020)

Migrant camps and other fragile settings

What guidance is available on scaling-up COVID-19 outbreak in readiness and response operations in camps and camp-like settings?

- Interim Guidance addresses people in humanitarian situations that may include internally displaced persons (IDPs), host communities, asylum seekers, refugees and returnees, and migrants when in similar situations.

- It provides guidance on Coordination and Planning; RCCE; Surveillance, Case Investigation, and Outbreak Rapid Response Team; Individual Health Screening; Laboratory System; Infection Prevention and Control; Case Management and Continuity of Essential Health Services; and Logistics, Procurement, and Supply Management.

- This document contains technical inputs from, and has been reviewed by, the Health, WASH, Protection, and Shelter Clusters, Gender Based Violence and Child Protection Sub-Clusters, and CwC/AAP Working Group. It links to technical guidance from other sectors, and is intended to be updated and recirculated as necessary.

(UNHCR Source Page Visited May 12, 2020)

WHAT ARE SOME KEY CONSIDERATIONS FOR THOSE WORKING IN CAMPS AND CAMP-LIKE SETTINGS IN THE CONTEXT OF COVID-19?

- Identify and work with local influencers in the site community (such as community leaders, religious leaders, youth and women leaders, health workers, community volunteers) and local networks (women's groups, youth groups, traditional healers, etc.).
- Where and when possible, work with camp management teams, camp/site committees and/or community leaders to carry out consultations on risk assessment, identification of high-risk population group, existing trusted communication channels (formal and informal), and setting up of surveillance focal points per blocks and sections, as well as community task teams, etc.
- Provide clear and unequivocal messages focusing on what people can do to reduce risk or which actions to take if they think they may have COVID-19. Do not instill fear and suspicion among the population.
- Perceptions, rumors and feedback from camp residents and host communities should be monitored and responded to through trusted communication channels, especially to address negative behaviors and social stigma associated with the outbreak.
- Awareness raising activities may also represent an opportunity to include joint messaging and an occasion for MHPSS actors to provide psychological first aid (PFA) to alleviate the stress and anxiety resulting from the situation.

(IASC Source Page Visited May 12, 2020)

WHAT GUIDANCE IS AVAILABLE ON SCALING-UP COVID-19 OUTBREAK IN READINESS AND RESPONSE OPERATIONS IN CORRECTIONAL FACILITIES AND DETENTION CENTERS?

- This webpage provides interim guidance for correctional facilities and detention centers during the outbreak of COVID-19, to ensure continuation of essential public services and protection of the health and safety of incarcerated and detained persons, staff, and visitors.
    - Recommendations may need to be revised as more information becomes available.

(CDC Source Page Visited May 12, 2020)

WHAT GUIDANCE IS AVAILABLE FOR THOSE THAT WORK IN LIVE ANIMAL MARKETS?

- Many coronaviruses do have an animal origin, however to date there is no evidence that animals can transmit the virus. At this point in time, the highest risk of COVID-19 spread is through human-to-human transmission.
- Normal hygienic best practices are advised when interacting with animals. The following general recommendations apply for those that work or visit live animal markets:
    - Anyone visiting live animal markets, wet markets, or animal product markets should practice general hygiene measures, including:
        - Washing hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol after touching animals and animal products,
        - avoiding touching eyes, nose, or mouth with hands, and
        - avoiding contact with sick animals or spoiled animal products.
    - Any contact with other animals possibly living in the market (e.g. stray cats and dogs, rodents, birds, bats) should be strictly avoided.
    - Attention should also be taken to avoid contact with potentially contaminated animal waste or fluids on the soil or structures of shops and market facilities.
    - The consumption of raw or undercooked animal products should be avoided.
    - Raw meat, milk, or animal organs should be handled with care, to avoid cross-contamination with uncooked foods, as per good food safety practices
- Slaughterhouse workers, veterinarians in charge of animal and food inspection in markets, market workers, and those handling live animals and animal products should practice good personal hygiene, including frequent hand washing after touching animals and animal products.
- While professionally handling animals and fresh animal products, they should consider wearing:
    - Protective gowns
    - Gloves
    - Masks
    - Protective clothing should be removed after work and washed daily and remain at the workplace.
    - Workers should avoid exposing family members to soiled work clothing, shoes, or other items that may have come into contact with potentially contaminated material.
- Equipment and working stations should be disinfected frequently, at least once a day.
- Sick animals should never be slaughtered for consumption; dead animals should be safely buried or destroyed and contact with their body fluids should be avoided without protective clothes.
- Veterinarians should maintain a high level of vigilance and report any unusual event detected in any animal species present in the markets to veterinary authorities.

(WHO Source Page Visited May 12, 2020)

Refugees and Migrants in Non-camping Settings

What guidance is available for protecting refugees and migrants from COVID-19 in non-camp settings?

- The WHO published Interim Guidance specific for the preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings.
    - This document offers guidance to Member States and partners to include refugees and migrants as part of holistic efforts to respond to COVID-19 and compliments the Interim Guidance for Scaling-up COVID-19 outbreak, readiness and response operations in humanitarian situations including campas and camp-like settings.
    - It includes tailored recommendations for promoting the health of refugees and migrants through:
        - Coordination and planning
        - Surveillance, case investigation and management, and infection control
        - Points of entry screening and quarantine safeguards
        - Risk communication and community engagement
        - Occupational health and safety measures

(WHO Source Page Visited May 12, 2020)

Veterinary Clinics

What guidance is available for veterinary clinics in the context of COVID-19?

- CDC provides an Interim Infection Prevention and Control Guidance for Veterinary Clinics During the Covid-19 Response for veterinarians and their staff who may be treating or advising on companion animal medical care during the COVID-19 pandemic to
    - Facilitate preparedness and ensure practices are in place in a veterinary clinical setting to help both people and animals stay safe and healthy.
- Veterinary facilities have unique characteristics that warrant additional infection control considerations.
    - At this time, there is no evidence that animals play a significant role in spreading COVID-19.
    - Based on the limited data available, the risk of animals spreading COVID-19 to people is considered to be low.
    - We are still learning about this virus, and it appears that in some rare situations, people can spread the virus to animals.
    - Further studies are needed to understand if and how different animals could be affected by the virus, and the role animals may play in the spread of COVID-19.

(CDC Source Page Visited May 12, 2020)

What do we currently know about animals and COVID-19?

- As the outbreak has evolved, there are now known instances of animals and pets of COVID-19 patients being infected with the disease, however further evidence is needed to understand if animals and pets can spread the disease.
    - Several dogs and cats (domestic cats and a tiger) in contact with infected humans have tested positive for COVID-19. In addition, ferrets appear to be susceptible to the infection.
    - In experimental conditions, both cats and ferrets were able to transmit infection to other animals of the same species, but there is no evidence that these animals can transmit the disease to humans and play a role in spreading COVID-19.
- It is still recommended that people who are sick with COVID-19 and people who are at risk limit contact with companions and other animals.

(WHO Source Page Visited May 12, 2020)

(CDC Source Page Visited May 12, 2020)

What are some clinical signs of COVID-19 for animals?

- The clinical spectrum of illness for COVID-19 in animals remains largely undefined in animals.
- Clinical signs expected to be compatible with possible COVID-19 infection in animals may include
    - Fever
    - Coughing
    - Difficulty breathing or shortness of breath
    - Lethargy
    - Sneezing
    - Nasal/Ocular discharge
    - Vomiting
    - Diarrhea

(CDC Source Page Visited May 12, 2020)

As a veterinary clinic employer, what should I advise to My staff who are sick?

- Ask staff who are sick to stay home.
    - If symptoms appear upon arrival at work or staff become sick during the day, immediately separate them from other employees, customers and visitors and send them home.
- Inform the staff's team members if they have been exposed to a potential COVID-19 case, while maintaining confidentiality.
- Notify the local health department of the potential exposure.

- Implement sick leave policies for your staff.
- Clean and disinfect areas the sick employee visited.

(CDC Source Page Visited May 128, 2020)

ARE THERE ADDITIONAL INFECTION CONTROL CONSIDERATIONS I SHOULD CONSIDER PUTTING IN PLACE FOR MY VETERINARY CLINIC OR PRACTICE?

- To protect staff and preserve PPE, postpone elective procedures, surgeries, and non-urgent veterinary visits, and make a plan to support sick and injured pets through telemedicine and/or curbside services.
    - Prioritize urgent and emergency visits and procedures until regular business operations resume in your community.
        - Use professional judgement when determining whether a case is urgent or non-urgent.
    - Recommend specific PPE based on situational risk factors of companion animal history.
- Screen clinic staff daily, at the beginning of shifts prior to interacting with staff and clients.
- Minimize staff contact with all pet owners. Examples of actions to take to minimize contact with pet owners or other people include:
    - Using telemedicine for consults or to help triage patients. Consult your state requirements for telemedicine and veterinary-client-patient relationship (VCPR) requirements.
    - Scheduling drop-off appointments or receiving animals from their owners' vehicles (also called curbside).
    - Communicating via telephone or video-chat to maintain social distancing.
    - Using online payment and billing to reduce handling credit cards or other potential fomites.
- Have a plan in place to handle animals with confirmed or suspected COVID-19 exposure, or potentially compatible clinical signs.
- Know actions to take if a pet owner has suspected or confirmed COVID-19.
    - Communicate via phone call or video chat to maintain social distancing.
    - Retrieve the animal from the owner's vehicle (also called curbside) to prevent the owner from having to enter the clinic or hospital.
    - Maintain social distancing and PPE recommendations when interacting with clients.
    - Request smaller animals be brought in a plastic carrier to facilitate disinfection of the carrier after use and advise the owner to leave all non-essential items at home to avoid unnecessary opportunities for additional exposure.
    - Every effort should be made to prevent ill persons from entering the clinic, without negatively impacting animal welfare.

- If an ill pet owner must enter the clinic:
    - Have the person wear a cloth face covering over his or her nose and mouth. Be prepared to provide a face covering to the ill person if they do not have their own.
    - Direct the pet owner and patient to a single exam room or isolation room.
    - Limit the number of veterinary staff that enter the room, handle the animal, or interact with the pet owner and wear appropriate PPE as described below.
    - Clean and disinfect the room, surfaces, supplies, floor, and equipment located within 6 feet of ill pet owners after they leave.
- If you are a mobile or house call veterinarian and are called upon to evaluate a sick or injured companion animal in the home of a COVID-19 patient:
    - Enter the home only if absolutely necessary. AVMA suggests that mobile and house call veterinarians consider examining companion animals in their vehicle, outside, or seek the assistance of a local clinic.
    - If you must enter the home where someone is sick with COVID-19, wear appropriate PPE.
    - PPE should be donned before entering the home and removed only after leaving the home, following appropriate donning and doffing procedures.
        - Veterinarians should be aware of the current shortage of PPE due to the high demand for PPE in human healthcare settings. Veterinarians should consider their current PPE supply and rate of PPE use and review Strategies for Optimizing the Supply of PPE. Consider using reusable PPE where possible.
        - Veterinarians and their staff should review the concepts in the NASPHV Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel
        - This document outlines routine infection prevention practices designed to minimize transmission of zoonotic pathogens from animals to veterinary personnel. These guidelines are applicable regardless of ongoing infectious disease outbreaks but are especially important during an outbreak of an emerging infectious disease such as COVID-19.
        - CDC recommendations for PPE based on companion animal history is available here.
    - If there is a sick person in the home, ask the sick person(s) to confine themselves to another room in the house if possible.
    - If not possible, ask them to wear a cloth face covering and maintain a distance of at least 1-2 meters (3-6 feet).
    - Be prepared to provide a face covering to the ill person if they do not have their own.

        - Minimize contact with other household members, even if they appear healthy, as person-to-person transmission can occur before symptom onset.
        - Wash hands immediately after removing PPE, handling the animal, or interacting with a sick person or household contact.
            - If soap and water are not readily available, use a hand sanitizer that contains at least 60% ethanol, or 70% isopropanol alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Critical workers, like veterinarians and their staff, can be permitted to continue to work following a potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the workplace.
- Veterinarians should contact their state public health veterinarian or other appropriate authority for their locality.

(CDC Source Page Visited May12, 2020)

LABORATORY TESTING

WHAT GUIDANCE IS AVAILABLE FOR THOSE WORKING IN LABS IN THE CONTEXT OF COVID-19?

- WHO provides a technical guidance package Laboratory testing for 2019-nCoV in humans that address the following:
    - Laboratory testing for COVID-19 in suspected human cases.
    - WHO interim guidance for laboratory biosafety related to COVID-19 virus.
    - Molecular assays to diagnose COVID-19 virus.
    - Laboratory Assessment Tool for laboratories implementing COVID-19 testing
    - WHO reference laboratories providing confirmatory testing for COVID-19.
    - Advice on the use of point-of-care immunodiagnostic tests for COVID-19 in a research setting.
    - Please refer to the source website for detailed information.
- CDC provides interim guidance and resources for laboratory professionals working with specimens from persons under investigation (PUI) for coronavirus disease 2019 (COVID-19).
- CDC also released new interim guidelines specific for collecting, handling, and testing clinical specimens from persons for COVID-19, which addresses:
    - Options for collection of specimens of different types
    - Safety precautions for collecting and handling specimens
    - Guidance on properly handling bulk-packaged sterile swabs for specimen collections
    - General guidelines for respiratory specimens collection, storage and shipping
    - Please also check this CDC's guidance for who should be tested, and priorities for testing

(WHO Source Page Visited May 12, 2020)

(CDC Source Page Visited May 12, 2020)

(CDC Source Page Visited May 7, 2020)

(CDC Source Page Visited May 7, 2020)

WHAT ARE WHO AND CDC RECOMMENDATIONS ON IMMUNODIAGNOSTIC AND SEROLOGY LABORATORY TESTS FOR COVID-19?

- The WHO's advice on the use of point-of-care immunodiagnostic tests for COVID-19 highlights the following points:
    - At present, based on current evidence, WHO recommends the use of new point-of-care immunodiagnostic tests only in research settings.
    - These tests should not be used in any other setting, including for clinical decision-making, until evidence supporting use for specific indications is available.
    - WIth the limited data now, WHO does not currently recommend the use of antigen-detecting rapid diagnostic tests for patient care, although research into their performance and potential diagnostic utility is highly encouraged.
    - Based on current data, WHO does not recommend the use of antibody-detecting rapid diagnostic tests for patient care, but encourages the continuation of work to establish their usefulness in disease surveillance and epidemiologic research.
- The CDC has released information about its new laboratory test - Serology Testing for COVID-19, and highlights the next steps:
    - Currently, CDC's serologic test is designed and validated for broad-based surveillance and research purposes to provide information needed to guide the response to the pandemic and protect the public's health.
        - This test is not currently designed for individual use, i.e., to test people who want to know if they have been previously infected with the virus.
    - Commercially manufactured antibody tests check for SARS-CoV-2 antibodies in individuals and are available through healthcare providers and commercial laboratories.
        - Results from the initial federal evaluation will be updated as more tests are evaluated.
    - It typically takes one to two weeks after someone becomes sick with COVID-19 for their body to make antibodies; some people may take longer to develop antibodies.
    - Depending on when someone was infected and the timing of the test, the test may not find antibodies in someone with a current COVID-19 infection.

(WHO Source Page Visited May 12, 2020)

(CDC Source Page Visited May 12, 2020)

PUBLIC HEALTH AUTHORITIES AND DECISION MAKERS

WHAT GUIDANCE IS AVAILABLE FOR PUBLIC HEALTH AUTHORITIES AND DECISION MAKERS ON THE USE OF MASKS?

- WHO provides guidance for decision makers regarding recommending the use of medical and non-medical masks by the general public here.

(WHO Source Page Visited May 12, 2020)

What can I do as a Policy Maker to make sure people can access contraception and family planning information and services?

- Plan and develop innovative strategies to ensure as many eligible people as possible can access information and contraception during this period.
- Increase use of mobile phones and digital technologies to help people make decisions about which contraceptive methods to use, and how they can be accessed.
- Enable health care workers to provide contraceptive information and services as per national guidelines to the full extent possible. This is particularly important where pregnancy poses a high risk to health.
- Expand availability of contraceptive services (including both information and methods) through places other than healthcare facilities, such as pharmacies, drug shops, online platforms and other outlets. This can be with or without prescription depending on national guidelines and contraceptive methods.
- Relax restrictions on the number of repeat issues of prescription-only hormonal contraceptives that can be issued.
- Ensure access to emergency post-coital contraception, including consideration of over the counter provision.
- Enable access to contraception for women and girls in the immediate postpartum when they may access health services.
    - See this document for more information related to family planning and contraception.

(WHO Source Page Visited May 12, 2020)

What can I do as a policy maker to address gender based violence?

- Governments and policy makers must include essential services to address violence against women in preparedness and response plans for COVID-19, fund them, and identify ways to make them accessible in the context of physical distancing measures.
- Humanitarian response organizations need to include services for women subjected to violence and their children in their COVID-19 response plans and gather data on reported cases of violence against women.
    - See this document for more information related to gender based violence.

(WHO Source Page Visited May 12, 2020)

What guidance is available to assist me when considering how to safely adjust public health and social measures (PHSM) as the COVID-19 outbreak evolves in my country?

- WHO provides interim guidance for national authorities and decision makers in countries that have introduced large scale public health and social measures (PHSM) and need to adjust them, while managing the risk of resurgence of cases.
    - This guidance addresses 4 previously defined transmission scenarios to describe the dynamic of the epidemic: no reported cases (whether truly no cases or no detected cases), sporadic cases, clusters of cases, and community transmission.
    - A country or area can move from one transmission situation to another (in either direction) while experiencing different situations at subnational levels. Each transmission scenario requires a tailored control approach at the lowest administrative level.
    - Although it is unknown how the pandemic will continue to evolve, three outcomes can be envisaged:
        i. complete interruption of human-to-human transmission;
        ii. recurring epidemic waves (large or small); and
        iii. continuous low-level transmission.
    - Based on current evidence, the most plausible scenario may involve recurring epidemic waves interspersed with periods of low-level transmission.
    - The guidance has been developed in the context of these scenarios and will be updated as knowledge of the dynamics of the pandemic evolves.
- WHO's scientific brief emphasizes that there is currently no evidence that people who have recovered from COVID-19 and have antibodies are protected from a second infection. When adjusting PHSM for the next phase of the COVID-19 response, country governments should be aware that the detection of antibodies could NOT serve as the basis for an "immunity passport" or "risk-free certificate" that would enable individuals to travel or to return to work.

(WHO Source Page visited May 5, 2020)
(WHO Source Page Visited May 12, 2020)

WHAT GUIDANCE IS AVAILABLE TO FACILITATE DECISION MAKING ON THE REOPENING OF SCHOOLS?

- WHO, UNICEF and IFRC have issued guidance on the prevention and control of COVID-19 in schools.
- Deciding to close, partially close or reopen schools should be guided by a risk-based approach to maximize the educational and health benefit for students, teachers, staff, and the wider community, and help prevent a new outbreak of COVID-19 in the community.
    - Factors to consider in a general health risk assessment include epidemiological factors, health system and public health capacities, community engagement and government capacity to sustain social and economic support to the most vulnerable.
    - Six key dimensions to consider when planning include: policy, financing, safe operations, learning, reaching the most marginalized and wellbeing/protection.4
- National authorities can facilitate a risk-based approach at the local level by offering standard operating procedures or checklists for schools, based on local epidemiology and conditions.

- Decision makers should consider the following when deciding on whether to open or close schools:
    - Current understanding about COVID-19 transmission and severity in children
    - Local situation and epidemiology of COVID-19 where the school(s) are located
    - School setting and ability to maintain COVID-19 prevention and control measures
- Additional factors to consider in deciding how or when to partially close or reopen schools include assessing what harm might occur due to school closure (e.g. risk of non-return to school, widening disparity in educational attainment, limited access to meals, domestic violence aggravated by economic uncertainties etc.), and the need to maintain schools at least partially open for children whose caregivers are 'key workers' for the country.
- More information is provided in Part 4 of this document.

(WHO Source Page Visited May 6, 2020)

WHAT GUIDANCE IS AVAILABLE FOR ME IF I AM A LEADER AND POLICY MAKER IN CITIES AND URBAN SETTLEMENTS?

- WHO released interim guidance to support local authorities, leaders and policy makers in cities and other urban settlements in:
    - Identifying effective approaches taking into consideration urban vulnerabilities in planning for urban preparedness for COVID-19.
    - Implementing recommended actions that
        - Enhance the prevention, preparedness and readiness for COVID-19 and similar events in urban settings.
        - Ensure a robust response and eventual recovery.
    - Preparing for future emergencies.
- Preparedness in cities and other urban settlements is critical for effective national, regional and global responses to COVID-19.
- These settings face unique dynamics that affect preparedness:
    - They serve as travel hubs, have a higher risk of disease spread due to high population densities, and many have extensive public transport networks.
    - Diverse subpopulations have different sociocultural needs and contain vulnerable groups.
        - Some live in crowded and substandard housing, lack access to safe water, sanitation and hygiene facilities, and those in informal settlements are also more often unemployed or dependent on informal economies.
    - Cities also have centres for advanced medical care and are critical to broader health systems.
- To be effective, any public health measure must be implementable and designed in a way that will promote willingness to comply. Urban authorities should:

- adopt a coordinated multisectoral, whole-of-government and whole-of society approach;
- promote coordination and coherence in measures across governance levels;
- identify existing hazards and vulnerabilities;
- identify and equitably protect vulnerable subpopulations;consider diverse social and cultural interactions with health issues, norms and perceptions;
- consider the extent of reliance on the informal sector or economy;
- consider the most appropriate means of communication of information;
- ensure continued provision of essential services;
- ensure that health facilities are prepared for COVID-19 and identify and mobilize additional resources;
- ensure adequate housing, reduce risk of homelessness and anticipate outward migration and mobility;
- ensure that due consideration is given to maintaining good mental wellbeing;
- ensure that measures are rooted in a robust evidence-base as far as possible and account for the resulting impact on lives and livelihoods.

- In addition to the COVID-19 strategic preparedness and response plan (SPRP) and the COVID-19 strategy update, there are four key areas that local authorities of cities and urban settlements should focus on in ensuring preparedness for a robust response to COVID-19:
  - Coordinated local plans in preparation for effective responses to health risk and impacts;
  - Risk and crisis communication and community engagement that encourage compliance with measures;
  - Contextually appropriate approaches to public health measures, especially physical distancing, hand hygiene and respiratory etiquette; and
  - Access to health care services for COVID-19 and the continuation of essential services.
- During recovery or between epidemic peaks, cities and other urban settlements should refer to the interim guidance on adjusting public health and social measures in the context of COVID-19, in ensuring that the stepping down of measures is in keeping with the considerations described, is balanced against the risk of disease resurgence, and ensures that any escalation of spread can be rapidly detected.
- More information about each of these considerations is addressed in the guidance.

(WHO Source Page Visited May 8, 2020)

WHAT GUIDANCE IS AVAILABLE FOR DECISION-MAKERS AND MANAGERS TO STRENGTHEN THE COMMUNITY-BASED HEALTHCARE?

- This joint WHO, UNICEF and IFRC interim guidance is specific for strengthening community-based health care including outreach and campaigns in the context of COVID-19. The guidance

addresses the specific role of community-based health care in the pandemic context and outlines practical recommendations for decision makers and managers at the national and subnational levels:

  - To help keep community and health workers safe;
  - To maintain continuity of essential services;
  - To ensure an effective response to COVID-19;

- Adaptation of this guidance to resource context will be essential to avoid placing unrealistic expectations on local community health care team.
- This guidance contains two parts:
  - Part 1 outlines basic principles and practical recommendations that support decision-making.
  - Part 2 addresses COVID-19 in the context of different life course phases and highlights disease-specific considerations for adapting community-level outreach activities and campaigns.

(WHO Source Page Visited May 12, 2020)

WHAT ARE CURRENT GUIDELINES FOR CONTINUING ROUTINE IMMUNIZATION PROGRAMS AND VACCINE-PREVENTABLE DISEASE SURVEILLANCE?

- Immunization is a core health service that should be prioritized for the prevention of communicable diseases and safe guarded for continuity during the COVID-19 pandemic, where feasible.
  - Immunization delivery strategies may need to be adapted and should be conducted under safe conditions, without undue harm to health workers, caregivers and the community.
  - In circumstances where immunization services must be diminished or suspended, countries should reinstate and reinvigorate immunization services at the earliest opportunity to close immunity gaps, once reduced local transmission of the COVID-19 virus permits primary health care services to resume.
- Vaccine preventable disease (VPD) surveillance should be maintained and reinforced to enable early detection and management of VPD cases, and where feasible, contribute to surveillance of COVID-19.
- National authorities will need to continuously monitor the dynamics of COVID-19 in their country or region.
  - National Immunization Technical Advisory Groups (NITAGs) have an important role in providing advice with respect to the maintenance, adaptation, suspension and/or reinstatement of immunization services.
- If provision of immunization services is negatively impacted by COVID-19, countries will need to design strategies for catch-up vaccination for the period post COVID-19 outbreak and make plans which anticipate a gradual recovery.

    - Implementation of catch-up will require strategies to track and follow-up with individuals who missed vaccinations, assess immunity gaps, and re-establish community demand. Innovation and creativity will be required.
    - If resources for catch-up are limited, catch-up immunization activities should place priority on outbreak-prone VPDs such as measles, polio, diphtheria, and yellow fever.
- The decision to maintain immunization services are influenced by several factors:
    - Local physical distancing rules.
    - Local burden of vaccine-preventable diseases (VPDs).
    - Status of local COVID-19 transmission.
    - Population characteristics (e.g. demographics and migration patterns).
- Where health services are operational (e.g. adequate human resources, adequate vaccine supply), fixed site immunization services and VPD surveillance should be carried out while maintaining physical distancing measures and appropriate infection control precautions.
- CDC provides specific recommendations for childhood immunizations during COVID-19:
    - Scheduling non-COVID-10 children in the morning and suspected and/or confirmed COVID-19 patients in the afternoon.
    - Separating patients spatially, placing suspected and confirmed COVID-19 patients in different areas of the clinic.
    - Collaborating with providers in the community to identify separate locations for holding visits for non-COVID-19 children.
    - If a practice can provide only limited visits for non-COVID-19 children, healthcare providers are encouraged to **prioritize newborn care and vaccination of infants and young children (through 24 months of age)** when possible.
- Activities that require community interaction (e.g. outreach or mobile services) must be assessed in the local context and should be adapted to ensure the safety of the health workers and community.
- Immunization of vulnerable populations at increased risk of morbidity and mortality due to VPDs should be prioritized for vaccination against outbreak-prone diseases such as measles, polio, diphtheria, and yellow fever.
- Where feasible, influenza vaccination of health workers, older adults, and pregnant women is advised.
- Countries should implement effective communication strategies and engage with communities to allay concerns, enhance community linkages and re-establish community demand for vaccination.
- For information on safe administration of vaccines see here.

(WHO Source Page Visited May 12, 2020)
(CDC Source Page Visited May 12, 2020)

- The WHO advises to *temporarily suspend the conduct of mass vaccination campaigns* due to the increased risk of promoting community circulation.
- Countries should monitor and re-evaluate at regular intervals the necessity for the delay of mass vaccination campaigns.
- Under circumstances of a vaccine-preventable disease (VPD) outbreak, the decision to conduct outbreak response mass vaccination campaigns will require a risk-benefit assessment on a case by case basis.
    - The assessment should evaluate the risks of a delayed response against the risk associated with an immediate response, both in terms of morbidity and mortality for the VPD and the potential for further transmission of the COVID-19 virus.
        - Should an outbreak response vaccination campaign be pursued, stringent measures are required to uphold standard COVID-19 infection prevention and control, adequate handling of injection waste, protect health workers and safeguard the public.
        - Should an outbreak response vaccination campaign be delayed, a periodic assessment based on local VPD morbidity and mortality as well as regional and international epidemiology will be required to evaluate risk of further delay.

(WHO Source Page Visited May 4, 2020)

First Responders and Law Enforcement

What guidance is available for first responders in the context of plan, prepare and respond to COVID-19?

- CDC provides a list of guidance and supportive documents for first responders including law enforcement, fire services, emergency medical services, and emergency management officials respectively. Please see this site for more information on specific guidance.

(CDC Source Page Visited May 8, 2020)

Case management and surveillance

What technical guidance is available for those working on surveillance and case management for COVID-19?

- The WHO provides the following technical guidance packages. Please refer to the specific documents for details. Included on this website are the following:
    - Contact tracing in the context of COVID-19. This document provides guidance on how to establish contact tracing capacity for the control of COVID-19.
    - Considerations in the investigation of cases and clusters of COVID-19 This document offers operational guidance or the rapid investigation of suspected COVID-19 cases after an alert or signal. It is a tool to be used by local, regional, or national health authorities that addresses considerations in investigating cases of COVID-19.

- Surveillance for human infection with COVID-19. This document provides an overview of surveillance strategies toconsider as part of comprehensive national surveillance for COVID-19. It emphasises the need to adapt and reinforce existing national systems where appropriate and to scale-up surveillance capacities as needed.
    - Global Surveillance for human infection with coronavirus disease (COVID-19). This document provides guidance on implementation of global surveillance of COVID-19.
- Reporting form templates that should be used to report every case of COVID-19 include:
    - Case based reporting form
    - Data-dictionary for case based reporting form
    - Aggregated weekly reporting form
- Operational considerations for COVID-19 surveillance using GISRS. This document is intended for the Ministry of Health and other government officials responsible for COVID-19 and influenza surveillance and summarizes the operational considerations for leveraging influenza surveillance systems to incorporate COVID-19 testing.
- Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19). The purpose of this document is to offer guidance on quarantine measures for individuals in the context of COVID-19.
    - It is intended for those responsible for establishing local or national policy for quarantine of individuals, and adherence to infection prevention and control measures.
- Several early investigation master protocols or master forms for COVID-19 are available for countries on the WHO Website.

(WHO Source Page Visited May 12, 2020)

Food and Agriculture Systems

What guidance is available for those working in the area of food security and food systems in the context of COVID-19?

- The WHO and the United Nations Food and Agriculture Organization provides information in response to frequently asked questions on this webpage.
- The WHO is providing guidance for food businesses to:
    - protect food workers from contracting COVID-19
    - strengthen food hygiene and sanitation practices
    - maintain the integrity of the food chain
    - ensure adequate and safe food supplies are available for consumers.
- There is no evidence to date of viruses that cause respiratory illnesses being transmitted via food or food packaging.

    - Coronaviruses cannot multiply in food; they need an animal or human host to multiply
- It is imperative for the food industry to reinforce personal hygiene measures and provide refresher training on food hygiene principles to eliminate or reduce the risk of food surfaces and food packaging materials becoming contaminated with the virus from food workers.
- WHO strongly advises the food industry to introduce physical distancing and stringent hygiene and sanitation measures and promote frequent and effective handwashing and sanitation at each stage of food processing, manufacture and marketing.
    - These measures will protect staff from spreading COVID-19 among workers, maintain a healthy workforce, and detect and exclude infected food handlers and their immediate contacts from the workplace.
- Food workers including: food handlers, people who directly touch open food as part of their work; staff who may touch food contact surfaces or other surfaces in rooms where open food is handled including managers, cleaners, maintenance contractors, delivery workers, and food inspectors should:
    - be aware of and recognize the symptoms of COVID-19.
        - Food business operators need to produce written guidance for staff on reporting symptoms and on exclusion from work policies.
    - Stay home when feeling unwell.
    - Practice proper handwashing.
    - Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands.
    - Clean AND disinfect frequently touched surfaces daily (tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks).
    - Avoiding close contact with anyone showing symptoms.
    - Use disposable gloves.
    - Maintain physical distancing in the work environment,
        - Stagger workstations on either side of processing lines so that food workers are not facing one another.
        - Provide PPE such as face masks, hair nets, disposable gloves, clean overalls etc.
        - Limit the number of staff in a food preparation area at any one time.
        - Space out workstations, which may require reduction in the speed of production lines.
        - Organise staff into working groups or teams to facilitate reduced interaction between groups.
- WHO recommends the following during the transport and delivery of food ingredients and food products:
    - Drivers and staff should not leave their vehicles during delivery.

- Drivers should use a hand sanitizer before passing delivery documents to food premises staff.
- Drivers need to be aware of physical distancing when picking up deliveries and passing deliveries to customers.

- WHO recommends the following practical measures for retail food premises
  - Regulating the numbers of customers who enter the retail store to avoid overcrowding.
  - Managing queue control consistent with physical distancing advice both inside and outside stores.
  - Providing hand sanitizers, spray disinfectants and disposable paper towels at store entry points.
  - Introducing plexiglass barriers at tills and counters as an additional level of protection for staff.

(WHO Source Page Visited May 12, 2020)

WHAT GUIDANCE IS AVAILABLE FOR MEAT AND POULTRY PROCESSING FACILITIES?

- The CDC provides Interim Guidance specific for meat and poultry processing workers and employers to prevent, protect, plan, control and manage for COVID-19 since multiple outbreaks of COVID-19 among meat and poultry process facility workers have occured recently.

- CDC recommends the meat and poultry processing facilities prevent and control worker infection in the following ways:
  - Modify the alignment of workstations, including along process lines, if feasible, so that workers are at least 6 feet apart in all directions.
  - Use physical barriers to separate meat and poultry processing workers from each other, if feasible.
  - Consider consulting with a heating, ventilation, and air conditioning engineer to ensure adequate ventilation in work areas.
  - Minimize air from fans blowing from one worker directly at another worker. Personal cooling fans should be removed from the workplace to reduce the potential spread of any airborne or aerosolized viruses.
  - Place handwashing stations or hand sanitizer with at least 60% alcohol in multiple locations to encourage hand hygiene.
  - Add additional clock in/out stations, if possible, to reduce crowding in these areas or consider touch-free methods for workers to clock in/out.
  - Stagger worker's arrival, departure, and break times to avoid congregations of workers in parking areas, locker rooms or break areas.
  - Provide visual cues as a reminder to workers to maintain social distancing.
  - Educate workers to avoid touching their faces until after thoroughly washing their hands upon completing work and/or removing PPE.

- CDC recommends wearing cloth face coverings as a protective measure in addition to social distancing. It is important when social distancing is not feasible based on working conditions.
    - Note that cloth face coverings are not PPE and they are not appropriate substitutes for PPE such as respirators (like N95 respirators) or medical face masks (like surgical masks) in workplaces where those are recommended or required to protect the wearer.
- CDC recommends meat and poultry process employers to regularly clean and disinfect tools of intensive operations, including at least as often as workers change workstations or move to a new set of tools.
    - Disinfect frequently touched surfaces in workspaces and break rooms at least once per shift, if possible.
- CDC recommends employers to screen meat and poultry processing workers for COVID-19 symptoms. Example options include:
    - Screen prior to entry into the facility.
    - Provide verbal screening in appropriate languages to determine whether workers have had any COVID-19 symptoms in the past 24 hours.
    - Check temperatures of workers at the start of each shift to identify anyone with a fever of 100.4°F or greater.
- CDC recommends employers conduct a hazard assessment to determine if hazards are present, or are likely to be present, for which workers need PPE.

(CDC Source Page Visited May 12, 2020)

PUBLIC OR PRIVATE COMMERCIAL BUILDING AND PUBLIC TRANSPORT FACILITY

WHAT GUIDANCE IS AVAILABLE FOR PUBLIC OR PRIVATE COMMERCIAL BUILDINGS AND PUBLIC TRANSPORT FACILITIES?

- The WHO provides guidance for Member States to improve hand hygiene practices widely by providing universal access to hand hygiene locations in public and private spaces to help prevent the transmission of the COVID-19 virus.

(WHO Source Page Visited May 12, 2020)

HOW CAN MEMBER STATES IMPROVE ACCESS TO HAND HYGIENE LOCATIONS TO PROMOTE HAND HYGIENE PRACTICES WIDELY?

- Provide universal access to public hand hygiene stations in public or private places and any public transport facility.
    - One or several hand hygiene stations (either for handwashing with soap and water or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol alcohol) should be placed in front of the entrance and exit of every public or private commercial building.

- When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.

- Provide hygiene facilities at all transport locations, and especially at major bus and train stations, airports and seaports.
  - The quantity and usability of the hand hygiene stations should be adapted to the type and number of users to better encourage use and reduce waiting time.
  - The installation, supervision, and regular refilling of the equipment should be the overall responsibility of public health authorities and delegated to building managers.
- The use of public hand hygiene stations should be obligatory before passing the threshold of the entrance to any building and to any means of public transport during the COVID-19 pandemic.

(WHO Source Page Visited May 12, 2020)

Parks and Recreational Facilities

What guidance is available for administrators in parks and recreational facilities to prevent the spread of COVID-19?

- This CDC webpage provides guidance specific for administrators in park and recreational facilities to manage the use of local, state and national parks.

(CDC Source Page Visited May 12, 2020)

Update

What should I do to prevent the spread of COVID-19 for park visitors?

- If you are a park administrator,
  - Display posters and signs throughout the park to frequently remind visitors to take steps to prevent the spread of COVID-19. Information may include:
    - Staying home if you are sick or do not feel well, and what to do if you're sick or feel ill.
    - Using physical distancing and maintaining at least 1-2 meters (3-6 feet) between individuals in all areas of the park.
    - Covering coughs and sneezes with a tissue, then throwing the tissue in the trash.
    - Washing hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.
    - Using hand sanitizer that contains at least 60% alcohol if soap and water are not available.
    - Avoiding touching eyes, nose, and mouth with unwashed hands.

- Maintain and ensure the restrooms are:
    - Operational with functional toilets
    - Cleaned and disinfected regularly, particularly high-touch surfaces such as faucets, toilets, doorknobs, and light switches.
    - Stocked with supplies for handwashing, including soap and materials for drying hands.
    - Oftentimes restroom facilities without running water, such as portable toilets and vault toilets, are not stocked with hand hygiene products. Encourage visitors to be prepared to bring their own hand sanitizer with at least 60% alcohol for use in these facilities.
- Monitor areas where people are likely to gather and consider temporary closure to support social distancing practices.
- Monitor directives issued at the national, state, and local levels related to limiting the size of gatherings.
- Keep swimming pools properly cleaned and disinfected.
- Be prepared to postpone or cancel larger events or gatherings and postpone or cancel organized sports
    - In general, most organized activities and sports that are held on park fields, open areas, and courts are not recommended during times in which individuals are encouraged or required to practice physical distancing.
    - These activities and sports typically require coaches and athletes who are not from the same household or living unit to be in close proximity, which increases their potential for exposure to COVID-19.
    - Park administrators should monitor directives issued at the national, state, and local levels related to limiting the size of gatherings.
    - These directives can inform decisions about limiting participation for those sports and activities that exceed the maximum number allowed.
    - Until local public health officials have coordinated with organizers to determine if/when it is safe to participate in such activities, all should be postponed or canceled.

(CDC Source Page Visited May 12, 2020)

WHAT SHOULD I DO TO KEEP MY PARK STAFF INFORMED ABOUT COVID-19 AND PREVENTIVE ACTIONS?

- Provide staff with up-to-date information about COVID-19 and park policies on a regular basis.
- Learn about the effective COVID-19 prevention actions you and your staff can take to protect yourselves and your community.
- Communicate to park staff the importance of practicing healthy hygiene habits such as:

    - Wash hands with soap and water for 20 seconds or with an alcohol-based hand rub (sanitizer) that is 60% ethanol, or 70% isopropanol.
    - Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands
    - Maintain physical distance of 1 - 2 meters (3 - 6 feet) between you and other people.
- Use flexible sick-leave and telework policies, especially for staff at higher risk for severe illness with COVID-19.
    - Remind staff to stay at home if they are sick.
    - Identify staff whose duties would allow them to work from home and encourage teleworking when possible.
    - Consider offering revised duties to staff who are at higher risk of severe illness with COVID-19.
- If staff develop a fever, cough, or shortness of breath while at work, have them immediately put on a face mask (if available), isolate them, have them return home from the park as soon as possible, and ask them to follow national guidelines.
- If a staff member has a confirmed COVID-19 infection, inform other staff about their possible exposure to the virus, while maintaining confidentiality as required by your country's national policy.

(CDC Source Page Visited May 12, 2020)

MALARIA

WHAT GUIDANCE IS AVAILABLE FOR THOSE WORKING ON MALARIA IN THE CONTEXT OF COVID- 19?

- WHO guidance for tailoring malaria interventions in the COVID-19 response encourages the continuation of malaria services in the context of the current COVID-19 pandemic.
    - This document provides overarching principles as well as specific technical guidance for malaria interventions, including prevention of infection and disease, care and treatment of cases, testing, clinical services, supply chain and laboratory activities, during this time of the evolving COVID-19 pandemic.
    - Measures proposed apply to countries working to eliminate malaria or prevent re-establishment of transmission.
    - The WHO provides guidance in the form of a question and answer page available in English, French, Spanish, Arabic, Chinese and Russian
- Malaria Social and Behaviour Change Program Guidance in the Context of COVID-19 released by the Roll Back Malaria Partnership to End Malaria identifies general behavioural considerations for implementation of the WHO guidance.
    - It recommends that community-level social and behavior change activities that involve interpersonal communication or convening people in one place promoting the uptake of malaria prevention, testing, and treatment be temporarily curtailed in favour of mass, mid-, digital, and social media approaches.

(WHO Source Page Visited May 7, 2020)
(WHO Source Page Visited May 12, 2020)
(Roll Back Malaria Partnership to End Malaria Source Page Visited May 7, 2020)

ARE THERE ANY CHANGES IN GUIDANCE WITH RESPECT TO MALARIA DIAGNOSIS AND TREATMENT IN THE CONTEXT OF COVID- 19?

- No. WHO guidance remains the same. Countries should not scale back efforts to detect and treat malaria; doing so would undermine the health of many infected with a potentially life-threatening disease.
- As signs and symptoms of malaria and COVID-19 can overlap (such as a fever), public health messages will need to be adapted in malaria-endemic settings so that people who have a fever are encouraged to seek immediate treatment rather than stay at home. Without prompt treatment, a mild case of malaria can rapidly progress to severe illness and death.

(WHO Source Page Visited May 12, 2020)

SHOULD CORE MALARIA VECTOR CONTROL INTERVENTIONS BE MAINTAINED IN THE CONTEXT OF COVID- 19?

- Yes. WHO strongly encourages countries not to suspend the planning for – or implementation of – vector control activities, including ITN and IRS campaigns.
- WHO also advises that these services should be delivered using best practices to protect health workers and communities from COVID-19 infection.
- Modifications may be needed to minimize exposure but vector control activities should continue.

(WHO Source Page Visited May 12, 2020)

SHOULD MALARIA PREVENTIVE THERAPIES BE MAINTAINED IN THE CONTEXT OF COVID- 19?

- Yes. WHO recommends that the delivery of intermittent preventive treatment in pregnancy (IPTp), seasonal malaria chemoprevention (SMC), and intermittent preventive treatment in infants (IPTi) should be maintained.
- Best practices for protecting health workers – and other front-line workers – from COVID-19 must be followed.
- These and other core malaria prevention tools reduce the strain on health systems in the context of the COVID-19 response.
- Tailoring malaria interventions in the COVID-19 response includes specific guidance on how to deliver preventive therapies for pregnant women and young children in ways that protect health workers and communities against potential COVID-19 transmission.

(WHO Source Page Visited May 12, 2020)

WHAT ADDITIONAL SPECIAL MEASURES RELATED TO MALARIA MAY BE NEEDED IN THE CONTEXT OF COVID- 19?

- A temporary return to presumptive malaria treatment, or the use of mass drug administration – which have proved useful in some previous emergencies - may also be considered in the context of COVID-19.

- Presumptive malaria treatment, or treatment of a suspected malaria case without the benefit of diagnostic confirmation (e.g. through a rapid diagnostic test) is typically reserved for extreme circumstances, such as disease in settings where prompt diagnosis is no longer possible.
- Mass drug administration (MDA) is a WHO-recommended approach for rapidly reducing malaria mortality and morbidity during epidemics and in complex emergency settings. Through MDA, all individuals in a targeted population are given antimalarial medicines – often at repeated intervals – regardless of whether or not they show symptoms.
- Such special measures should only be adopted after careful consideration of 2 key aims:
    - Lowering malaria-related mortality, and
    - Keeping health workers and communities safe.
- WHO is exploring concrete proposals for when and how to activate such measures; guidance will be published in due course.

(WHO Source Page Visited May 12, 2020)

WHY IS THERE CONCERN ABOUT THE SPREAD OF COVID-19 IN MALARIA-AFFECTED AREAS?

- Experience from previous disease outbreaks has shown the disruptive effect on health service delivery and the consequences for diseases such as malaria.
    - For example, the 2014-2016 Ebola outbreak in Guinea, Liberia and Sierra Leone, undermined malaria control efforts and led to a massive increase in malaria-related illness and death.
- A new modelling analysis from WHO and partners, published on 23 April, found that the number of malaria deaths in sub-Saharan Africa could double in 2020alone if there are severe disruptions in access to insecticide-treated nets and antimalarial medicines due to COVID-19.
- These projections reinforce the importance of sustaining efforts to prevent, detect and treat malaria during the pandemic.
- Protective measures should be utilized to minimize the risk of COVID-19 transmission between patients, communities and health providers.
- As noted above, WHO and partners have developed guidance on how to safely maintain malaria prevention and treatment services in COVID-19 settings.

(WHO Source Page Visited May 12, 2020)

HAVE THERE BEEN DISRUPTIONS IN THE GLOBAL SUPPLY OF MALARIA-RELATED COMMODITIES AS A RESULT OF COVID-19?

- Yes. There have been reports of disruptions in the supply chains of essential malaria commodities as a result of lockdowns and from suspension of the importation and exportation of goods in response to COVID-19. These have impacted:
    - Long-lasting insecticidal nets
    - Rapid diagnostic tests

- Antimalarial medicines

- WHO and partners are working to ensure the availability of key malaria control tools, particularly in countries with a high burden of the disease.

(WHO Source Page Visited May 7, 2020)

WHAT IS WHO'S POSITION ON THE USE OF CHLOROQUINE AND HYDROXYCHLOROQUINE IN THE CONTEXT OF THE COVID-19 RESPONSE?

- WHO is following the ongoing clinical trials being conducted for treatment and/or prevention of COVID-19. Currently, there is insufficient data to assess the efficacy of either of these medicines in treating patients with COVID-19, or in preventing them from contracting the coronavirus.
- Chloroquine is currently recommended by WHO for the treatment of *P. vivax* malaria. In the context of the COVID-19 response, the dosage and treatment schedules for chloroquine and hydroxychloroquine that are currently under consideration do not reflect those used for treating patients with malaria.
- The ingestion of high doses of these medicines may be associated with adverse or seriously adverse health outcomes.

(WHO Source Page Visited May 12, 2020)

WHAT IS WHO'S POSITION ON THE USE OF ARTEMISIA PLANT MATERIAL FOR THE PREVENTION OR TREATMENT OF MALARIA AND/OR COVID-19?

- The most widely used antimalarial treatments, artemisinin-based combination therapies (ACTs), are produced using the pure artemisinin compound extracted from the plant *Artemisia annua*. In recent years, some news reports have suggested that a range of non-pharmaceutical products made from *Artemisia* plant material – such as herbal teas and tablets – may be effective in preventing or treating malaria.
- WHO urges extreme caution over reports touting the efficacy of products made from *Artemisia* plant material may also have a preventive or curative effect on COVID-19.
    - As explained in a WHO position statement, there is no scientific evidence base to support the use of non-pharmaceutical forms of *Artemisia* for the prevention or treatment of malaria.
    - There is also no evidence to suggest that COVID-19 can be prevented or treated with products made from*Artemisia*-based plant material.

(WHO Source Page Visited May 12, 2020)

PEPFAR PROGRAM

WHAT GUIDANCE IS AVAILABLE FOR PROJECTS THAT ARE SUPPORTING PEPFAR PROGRAMS IN THE CONTEXT OF COVID-19?

- PEPFAR Technical Guidance highlights issues and guiding principles for the provision of HIV services in PEPFAR-supported countries. This Technical Guidance is updated routinely.
- Evidence on the impact of COVID-19 amongst PLHIV is still scarce. There is currently no direct evidence that people with HIV are at higher risk of COVID-19, or of severe disease if affected.
- PEPFAR outlines its guidance principles as follows:
    - Protect the gains in the HIV response.
    - The safety of PEPFAR-supported staff must be assured. If client services cannot be adapted to be performed safely, they should not be performed.
    - Reduce risk of transmission of COVID-19 among clients served by PEPFAR and PEPFAR-supported staff.
- An extensive set of recommendations can be found in the PEPFAR Technical Guidance to answer more specific questions related to PEPFAR-funded programs in the context of COVID-19.

(PEPFAR Source Page Visited May 12, 2020)

PART 6: TOOLS AND RESOURCES ON MESSAGING

Coordinated, consistent, and accurate messages are critical to providing effective communication response, enabling multiple stakeholders to speak and engage the public and communities with one clear voice across all channels of communication. Technical information alone, even if in simple, understandable language, is unlikely to prompt significant behavior change. In addition to providing essential health information that is actionable, it is important that messages and the interventions through which they are delivered are designed:

- with respect for the community values
- to communicate care and concern
- take into account the local context, culture, and potential stigma associated with the emergency; and
- be used as part of a responsive, two-way exchange with those at risk.

The series of tools[4] presented in this section can help you use the information in this guide to adapt and create messaging appropriate to different interventions and target audiences relevant to your context.

TOOL: THE DO'S AND DON'TS OF EFFECTIVE RISK COMMUNICATION MESSAGE DEVELOPMENT

Principles of Effective Risk Communication Message Development: The Do's and Don'ts[5]	
The *Do's* for Message Content	***Do Not***
• Provide **simple, easy-to-do actions** that the public can perform to reduce risk. • Develop **concise** messaging by presenting one main idea at a time that is **focused** on ***what*** people need to know and do, ***why*** they should do it (benefits and risks), and ***how*** they should do it. • **Acknowledge** the **emotions** (fear, anxiety and sadness) that people may experience as a result of the outbreak. • **Acknowledge the uncertainty** linked to the outbreak and its evolution. • Share what **we know at this time, what we do not yet**	• Provide background information, as this may distract audiences from the key messages. • Develop long messages that address more than one issue at once. When we are scared or anxious it is difficult to take in or remember a lot of information. • Deny uncertainty around the

[4] This package of tools were developed with contributions from the OFDA-funded READY Initiative where Johns Hopkins Center for Communication Programs serves as a consortium member. They should be used in alignment with WHO's RCCE technical guidance for Covid-19:

[5] Content for this table is largely adapted from the Johns Hopkins Center for Communication Program's SBCC in Emergencies Implementation Kit: https://sbccimplementationkits.org/sbcc-in-emergencies/. Some examples were drawn from https://data2.unhcr.org/en/documents/download/74766 .

know, and what is being done to obtain more information. ● **Dispel rumors, myths, and misinformation** with a response that is leveled and proportionate to the scope of the incorrect information. ● Recognize that **animals and the environment** are an **important and valuable** part of people's livelihoods and culture. ● **Work closely** with risk communication stakeholders and relevant coordinating and technical working groups to **ensure recommended behaviors are feasible** in country or localized contexts where messages will be used. ● **Work closely** with risk communication stakeholders and relevant coordinating and technical working groups to collaboratively **agree and prioritize on the smallest possible number of contextually appropriate behaviors** that can be reinforced across all partners and channels.	disease and outbreak, as this affects your credibility. ● Speculate about any issue relating to the emergency, or worst case scenarios. ● Provide information that is dishonest, unproven or factually incorrect. ● Blame individuals, organizations or institutions for the emergency. ● Offer promises that cannot be guaranteed.
The *Do's* for Message Framing	***Do Not***
● Ensure that messages instill **confidence** by giving action steps and essential health information in a **positive way** that **reinforces the specific behavior to practice**, for example "in case of fire *use the stairs"* instead of "don't use the elevator". ● Use **simple language** that can be understood by a student in primary school while maintaining the accuracy and integrity of the concept. ● Maintain **consistency in phrasing**. ● **Appeal to emotions** and sense of individual and collective **responsibility**. ● **Use personal pronouns** like "we" to reinforce credibility and support. ● **Respect** cultural beliefs and values.	● Fuel fear and anxiety, they are likely already elevated. ● Use language that can be interpreted as judgmental or discriminatory. ● Use technical jargon and complex, technical words. ● Use humor. We rarely get jokes when we are feeling desperate or vulnerable.
The Do's for Message Resources and Dissemination	***Do Not***
● **Use national-level messages guides** with messages that have been vetted for technical accuracy. If none exist, use global-level messages developed by WHO or CDC. ● Develop messages **taking into consideration the communication channels** to disseminate them. ● **Repeat the message** across multiple channels **frequently** to increase the reach of the message ● Use **evidence-based data** to inform messages and ensure technical information is aligned with WHO for consistency. ● Link **messages to available services** and resources and	● Reference or link to unconfirmed, unreliable, or out-of-date sources for information on the outbreak.

coordinate closely with partners and response coordination platforms to **identify opportunities for complementary interventions** beyond communication that may support the adoption of priority prevention behaviors, such as structural interventions or others known to be effective for short term habit formation.	

MESSAGE MAPS

WHAT IS A MESSAGE MAP?

- A message map is a roadmap for displaying detailed, organized responses to anticipated questions or concerns. Well-constructed and accessible message maps are useful tools during an emergency that, if shared with partners and stakeholders, can support harmonized messages.
- Message maps are developed for each intended audience segment. There are generally three levels to a message map:

Level 1

Audience:	***Insert the audience to whom this message map is addressed.*** *It can be as broad as "the general public," or more specific. For example, the media, decision makers or at-risk individuals. Each message map should target ONE audience only.*	**Level 2**
Concern or Question:	***Insert ONE anticipated concern or question*** *that the audience is likely to have regarding the emergency. Examples include: "What does one do to stop the outbreak?"; "What are the signs and symptoms of COVID-19?"*	**Level 3**

Key Message 1: *Insert one message that can help answer the selected concern/question.*	**Key Message 2:** *Insert a second message that can help answer the selected concern/question.*	**Key Message 3:** *Insert a third message that can help answer the selected concern/question.*

Supporting Points:	**Supporting Points:**	**Supporting Points:**
Write between two and five points with information that supports and clarifies the key message.	*Write between two and five points with information that supports and clarifies the key message.*	*Write between two and five points with information that support*

How to develop a message map[6]

Message maps are generally designed following seven recommended steps. For the case of emergencies, an additional step has been adapted to ensure timely updates to the map. It is recommended that partners and stakeholders convene and create message maps together to ensure harmonization from the outset.

Step	Details
Identify audiences (or stakeholders)	Stakeholders include the general public as well as other interested parties who are in some way affected by the emergency. Examples include at-risk individuals, service providers, journalists and authorities. The list of stakeholders for a message map generally includes more parties than the intended audiences of a social behavior change (SBC) strategy. As the emergency evolves the communication response becomes more focused through a SBC strategy in which primary and influencing audiences are identified.
Identify anticipated questions and/or concerns	A list should be developed of potential questions and concerns relating to the emergency that each major group of stakeholders is likely to have.
Identify frequent concerns	From the list of questions and concerns produced under point 2, select the most common categories of underlying concerns for each stakeholder. These common concerns will form the first level of the message map. Examples of common categories include health risks, safety, environment, ethics, livestock or pets, religion.
Develop key messages	For each concern, identify a maximum of three key messages that respond to it. These key messages make up the second layer of the message map.
Develop supporting information	For each key message identified in step 4, identify key supporting facts.
Contextualizing messages	As messaging strategies evolve and become tailored to different audiences, also consider risk perceptions; knowledge about causes, symptoms, and transmission; beliefs, attitudes and concerns about these causes, symptoms and transmission; rumors or misinformation; social and cultural norms around behaviors and practices; habits; and key barriers and facilitators, including structural barriers that may inhibit practices.
Conduct pretesting	The pretest should be conducted both with technical experts to ensure that the information is factually correct, and with representatives of the target stakeholder group to ensure that it is understood and received as intended.
Update and disseminate the maps	Even when maps are developed jointly with partners and stakeholders, they should be shared among all partners and parties involved in communication. In emergency settings, a system should also be set up to update message maps with the most current information on the outbreak and disseminate the revised message maps partners to ensure continued coordination and harmonization of messages amongst communication partners.

[6] http://rcfp.pbworks.com/f/MessageMapping.pdf

Directions: Complete this worksheet together with stakeholders to promote a broad exchange and analysis. Wherever possible, access evidence-based data to complete this worksheet.

Brainstorm with your team to name all possible audiences that are in some way affected by the emergency. Consider some of the following categories of stakeholders to prompt your thinking; however, you may wish to add other categories specific to your context.

Category	Stakeholders/Audiences	Concerns/Questions
Individuals directly or indirectly affected	*[E.g., Persons who have been in close contact with individuals who have had COVID-19 – persons who have recently traveled to Hubei, China]*	
At-risk and vulnerable individuals	*[E.g., Everyone is at risk. Elderly and people with underlying conditions (e.g., heart disease, diabetes) have been shown to be more at risk for severe disease.]*	
Healthcare	*[E.g., healthcare workers, etc.]*	
Education	*[E.g., School administrators, teachers, students, parents of school-aged children]*	
Government	*[E.g., Ministry of Health, Ministry of Education, Military, etc.]*	
Decision makers/ influential individuals	*[E.g., Parent-teacher associations, respected religious leaders, respected/trusted cultural leaders, etc.]*	
Response teams, organizations	*[E.g., Case management, surveillance, IPC, food security, etc.]*	
Other		

- To help you identify possible concerns or questions an audience may have relating to the emergency, consider the various aspects that may be impacted by the outbreak or that impact the way the individual responds to the outbreak.
    - Coordination with various sectors – contact tracers, burial teams, psychosocial teams, case management, as well as social mobilizers, hotline operators or social scientists – often helps identify these.
    - For each audience, list possible concerns or questions relating to the following areas: access to information, ethnicity, gender, health, susceptibility, economics/income generating activities, religion, trust, safety/security, livestock, other.

- Review the questions/concerns in the table above and select the ones that you believe to be most pertinent. For each selected audience and question/concern, use the tables below to develop:
    - Three key messages that answer that question/concern
    - Three supporting facts for each key message, addressing **what** people need to know and do, **why** they should do it (benefits and risks), and **how** they should do it.
    - Be sure to align your messages and facts with the most updated information on the outbreak as provided by the WHO, MOH or other reliable sources of information.

Audience:		
Concern or Question:		
Key Message 1:	**Key Message 2:**	**Key Message 3:**
Supporting Points:	**Supporting Points:**	**Supporting Points:**

You will need to repeat this process for each audience.

CONTEXTUALIZING MESSAGES

- Messages will need to be contextualized to ensure they are culturally and linguistically relevant, and consider current behaviors, practices, attitudes, concerns, stigma, and rumors and misinformation.
- As messaging strategies evolve and become tailored to different audiences, also consider the following information in relation to the audience. Where possible, use recent research/evidence to inform your messages:
    - What are their general **risk perceptions, emotions and fears associated with the outbreak**?
    - What is their level of **knowledge about causes, symptoms and transmission**?
    - What are their **common beliefs, attitudes and concerns about these causes, symptoms and transmission?**
    - What **rumors or misinformation** are prevalent and need to be addressed?

- What are the dominant **social and cultural norms around behaviors and practices** linked to the outbreak?
- What are the **dominant current behaviors**?
- What are the **key barriers and facilitators** to the desired behavior?

Data Source	Details
Rapid Needs Assessment	Provides insights and understanding about a range of factors that affect behaviors related to an outbreak and about how to best support the population to reduce their risk. Dedicating even just a few days to a needs assessment is important to obtain information about how households and communities perceive a potential or outbreak, what they know and do about it, what barriers and facilitators exist to the adoption of protective behaviors, and how cultural and social dynamics influence them. Equipped with this knowledge, program managers and implementers can develop targeted interventions and messages to support the success of all response efforts.
Secondary data with epidemiological data	Often used to assess information that already exists about demographic, geographic, behavioral and social factors that affect how people respond to an outbreak. Data to review can include WHO Situation Reports on the outbreak and other related data about the outbreak, such as inter-border exchanges that may affect how the disease spreads. Other examples of useful secondary data include knowledge, attitudes and practice (KAP) surveys, media consumption studies and project reports from organizations working in the affected areas. DHS data can provide information on literacy levels and health practices and behaviors.
Knowledge, Attitudes, and Practices (KAP) surveys	Representative of a specific population to collect information on what is known, believed, and done in relation to a particular topic. In an outbreak response, knowledge is usually assessed to see how far community knowledge corresponds to biomedical concepts. Typical questions include knowledge about causes and symptoms. Knowledge that deviates from biomedical concepts is usually termed as *beliefs*. Attitude has been defined as "a learned predisposition to think, feel and act in a particular way towards a given object or class of objects." As such, attitude is a product of a complex interaction of beliefs, feelings, and values.[7] Keep in mind that with KAP survey findings, there may be considerable gaps between what is said and done, and a lack of cultural/religious/social context. Knowledge is generally a poor predictor of behavior.
Social Science studies	These studies might focus on culture and society, social risk factors and mechanisms for disease transmission, local cultural interpretations of disease and response interventions, and the functioning of the health system and local structures of power and authority. Studies by social behavior change experts, social scientists and/or medical anthropologists can fill in the gaps of KAP studies, particularly where geographic areas of an outbreak are more defined. This information can be essential in developing effective community engagement and health promotion strategies, and ensuring response pillars are fit-for-purpose at the local level.

[7] https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-692

These data can then be analyzed as such. This is an ***illustrative*** example.

Type of research	Location	Target group addressed by research	Relevant key findings	Barriers and facilitators	Implications for messaging	Citation/date
Media reports and DHS	Country-wide	Households	79% of men and 61% of women across the country have access to a mobile phone. Data specific to the region affected is not available. 99% of households have a TV. Access to the internet is high (78%) nation-wide, and social media usage is high among youth (15-25) at 68% 3% of women and 1% of men are illiterate	Facilitators: Social media among youth and mobile phone use and Web-based options nationwide is relatively high and should be explored	Mobile phone, TV and social media options should be considered for messaging and monitoring but regional data must be assessed	XYZ Media (2015) DHS, 2014
KAP data on hygiene practices and rapid assessment data	Six southern provinces	Households	Handwashing with soap widely practiced Poor access to disinfectants, and poor knowledge of surface cleaning Respiratory hygiene not practiced – not a common practice Belief that gargling with saltwater protects against COVID-19 Fear of health centers and health practitioners (stigma) Housing is crowded/small posing challenges for social isolation practices Pre-school age children are expected to stay in the home (potential exposure to ill family members) Visiting the ill is a very important cultural practice. May people cannot afford to stop work Existing strong social networks and religious leaders Those who are not severely ill may want to practice their religious practices	Facilitators: Handwashing is culturally accepted and widely practiced. Doctors/health-workers are trusted (but feared). Barriers: Housing makes it difficult to practice social isolation; fear/sigma around health centers/workers; rumors & misinformation on prevention practices, habit of not using respiratory etiquette.	Provide the public with accurate prevention information and links concerns with services. Recruit role models such as celebrities to model examples of good hygiene practices, maintaining hand washing and diffusing newer practice of respiratory hygiene – mnemonic devices for developing good habits. Religious leaders can promote this practice. Social media and mass media campaign can reduce stigma and address rumors and misinformation. Work with community leaders to engage communities in feasible social isolation actions: e.g., using a sheet to separate people who have COVID-19	XYZ NGO, October 2019 KAP, November 2019

- Social mobilizers, community workers and volunteers have an important role in providing timely and actionable information and promoting community dialogues with trusted community leaders to identify key knowledge gaps and address fears and anxiety. It is important to consider the following.

- **Engage families and communities in a dialogue** to share information and understand key concerns and questions, rather than telling people what to do. Asking people what they know, want and need, and involving them in designing and delivering COVID-19 related activities improves the effectiveness of our community interventions and sustains necessary changes.
- **Recruit and support peers and leaders to deliver messages**: People are more likely to pay attention to information from people they already know, trust and whom they feel are concerned about their wellbeing
- **Encourage awareness and action:** communication and community engagement typically contains information targeted to communities and should be action oriented, including:
    - an instruction to follow (e.g. if you get sick, seek medical care at hospital x),
    - a behavior to adapt (e.g. wash your hands frequently to protect yourself and others from getting sick…) and information they can share with friends and family (such as where and when to access services, e.g. treatment is free of charge and available at health facilities).

COMMUNICATION CHANNELS

- Some messages will not be appropriate for every channel of communication. Messages should be created with consideration of audience needs and **intervention activity.**
- Understanding the behaviors, knowledge, aspirations, and feelings of an audience can help identify messages and activities that resonate and motivate behavior change. It also informs the selection of approaches and delivery channels to which audiences are more likely to respond for the desired changes to occur.

WHAT IS A COMMUNICATION CHANNEL?

- A communication channel is a medium or method used to deliver a message to the intended audience. A variety of communication channels exist, and examples include:
    - **Mass media,** such as television, radio (including community radio) and newspapers
    - **Community engagement**, also known as social mobilization with two-way participation that fosters community ownership, such as community dialogues, listening groups or action planning
- **Print media**, such as posters, flyers and leaflets
- **Social and digital media,** such as mobile phones, applications and social media
- **Inter-Personal Communication**, such as door-to-door visits, phone lines and discussion groups
- Different channels are appropriate for different audiences, and the choice of channel will depend on the audience being targeted, the messages being delivered and the context of the emergency. Using a variety of channels or a channel mix, is recommended so that messages can be reinforced through multiple sources.

TOOL: CHOOSING THE APPROPRIATE COMMUNICATION CHANNEL

Channel	In an outbreak context, this channel is most appropriate for…
Community Engagement	● Engaging communities ● Promoting discussion and reflection among communities about the issues or regarding the adoption of complex prevention practices (ex. changes to burial practices, mixing chlorine solutions) ● Modeling behaviors ● Communicating with low literacy and/or hard-to-reach audiences
Mass Media	● Raising awareness across audiences (informing and educating) ● Modeling behaviors ● Reducing stigma and taboos ● Communicating with low literacy audiences ● Obtaining wide regional and national reach ● Rapid and/or frequent information sharing
Print Media	● Supporting other communication channels ● Providing more detailed information on a particular topic that individuals can look through at home ● Providing information about personal and confidential issues ● Engaging with policy and decision makers
Social & Digital Media	● Obtaining a large reach (if Internet is widely available and accessible) ● Promoting discussions through chat rooms or email exchanges ● Providing information about personal and confidential issues
Interpersonal Communication	● Creating a two-way communication process with the audience ● Engaging community members and creating community action plans ● Promoting discussion, reflection and challenging dominant norms ● Informing and educating (increase knowledge) ● Imparting skills ● Discussing sensitive topics

PRETESTING MESSAGES AND MATERIALS

- Messages and materials, however clear and eye catching they may appear, always need to be pretested.
    - Pretesting involves measuring the reaction of a selected group of individuals representing the intended audience, to draft materials, concepts or messages before they are produced in final form and disseminated.

- Unfortunately, the importance of pretesting is often ignored due to time or budget constraints, or due to the belief that the information and materials are suitable for serving their intended purpose.
    - In emergencies, foregoing pretesting may be even more common as key information needs to be conveyed quickly and in a timely manner.
- Pretesting, however, is an essential component of all communication messages and materials and ensures that what is designed is really suitable for the intended audiences.
    - Even quick methods of pre-testing, such as rapid listening groups with different people nearby, can provide useful insight into how a behavior is understood or a message is perceived.
    - Pre-testing helps ensure that your messages and materials have been contextualized properly.
    - Even during the most critical of times, we recommend that programmers try to get hold of key audience members to ensure that messages serve the purpose for which they are intended. See the tool on the following page for recommendations on what aspects of messages and materials to pretest.

TOOL: SAMPLE QUESTIONS FOR PRETESTING

Aspect to Be Pretested	Description	Sample Questions
Attractiveness	Whether the message/material commands attention	- What do you like about this message/material? - What do you not like about this message/material? - What was the first thing that caught your eye?
Comprehension	Whether the information is understood as intended	- What does the message/material say? - Who do you think the message/material is speaking to? - What words/sentences/images are difficult to understand?
Acceptance	Whether the material is culturally and socially acceptable	- Is there anything about this message/material that you find offensive or inappropriate? - Is there anything about this message/material that someone in your community may find offensive or inappropriate?
Relevance	Whether the information is of interest to the intended audience	- What type of people do you think should read/watch this message/material? - In what way are those people different from you or the same as you?
Call to Action	Whether the audience understands the call to action	- What does the message/material ask the audience to do?

Persuasion	Whether the key benefit is persuasive and appealing to the intended audience	- Why do you think you should do what the message/material asks you to do? - How likely are you to do that and why?
Stigma	Whether the message promotes stigma	- Is there anything about this message/material that makes you feel anger, judgement or fear for a certain person or group of people?
Improvement	If and how the material needs to be improved	- What would you change in this message/material to make it more appealing to you? - What information do you think is missing? - What else, if anything, would you like to include in this message/material?

TOOL: MESSAGE DEVELOPMENT CHECKLIST

Before finalizing your message and associated materials, ensure that:	✓
All messages and materials	
Are accurate	
Are presented in clear language, without technical jargon or complex words	
Acknowledge feelings of fear and uncertainty, without elevating either	
Are written in a way that communicates empathy for the audience	
Are expressed in a concise manner, with only the information the audience needs to know	
Do not promote stigma or discrimination against a certain group(s) of people	
Were developed after considering feasibility of actions, cultural and religious practices, perceived risks and barriers and facilitators	
Are clear and attractive in presentation	
Considers different cultural context and linguistics	
Preventative Action Messages	
Indicates the audience(s) for which the action is appropriate	
Has a clear and feasible call to action	
Is aligned with messages from other key actors (WHO, MOH, local partners), to avoid confusion	
Links to available services and resources	
Provides information on how and why as appropriate	
Outbreak Updates & New Information Messages	
Addresses current concerns of the community/public	

Clearly communicates what is known and not known about the disease and outbreak at the time	
Explains what is being done to understand the outbreak further	
If dispelling rumors, myths or misinformation, does so in a manner that is understanding, and not accusatory	
Indicates where to find the most updated information	
Additional Considerations for Messages Prior to Dissemination	
Is contextualized according to local culture and available resources; linguistic preferences;and current data on behavior change and social science data	
Is appropriate in length, format and content for the media channel/delivery method	
Has been pre-tested with key audience(s) and revised to incorporate and address feedback received	