COVID-19 & Community Health Workers

2-Day Orientation training

[Date]

Introduction

- Community Health Workers (CHWs) are an essential part of the **Partnership to Accelerate COVID-19 Testing (PACT) Initiative**

- Africa CDC set up PACT to drive forward the Africa Union Joint Continental Strategy for COVID-19 which aims to:

    - Prevent the spread of COVID-19

    - Prevent deaths from COVID-19

    - Reduce the social and economic harm linked to with COVID-19 in Africa

- The purpose of this training module is to give CHWs a rapid orientation to work in the COVID-19 response

- It focuses particularly on CHW tasks in the **TRACE** component of PACT as well as how they will support the **TEST** and **TREAT** components
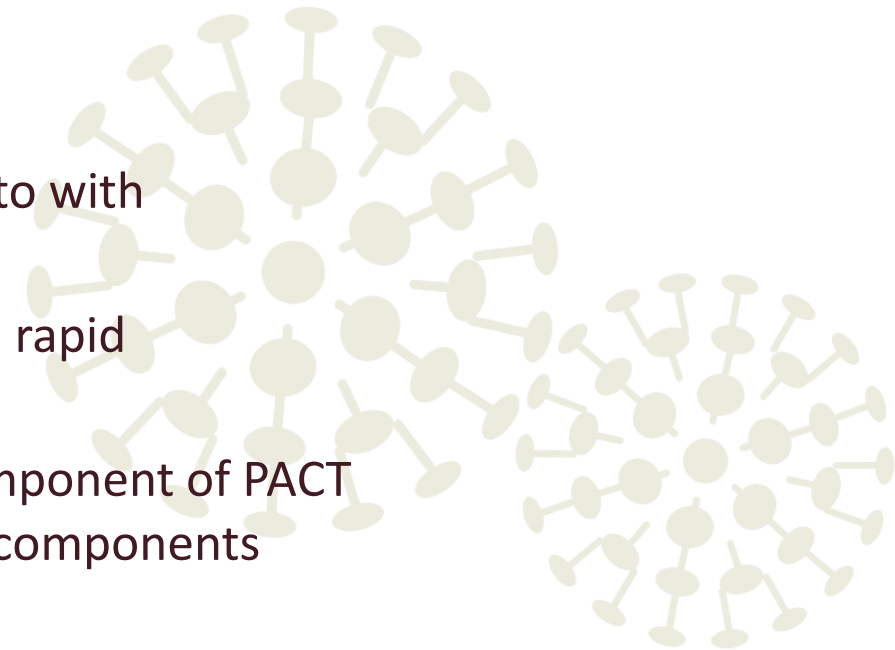
What is a "Community Health Worker"

Different countries describe 'Community Health Worker' differently

Some describe the person doing this work as Community Health Volunteers or Village Health Volunteers or even, simply, Community Workers.

In this training, 'CHW' is a person who:

- Works in their community to improve health and wellbeing

- Is not trained to – and doesn't - take care of patients

- Works to detect diseases in the community

- Brings health information to their community

- Helps carry out programmes such as vaccination campaigns
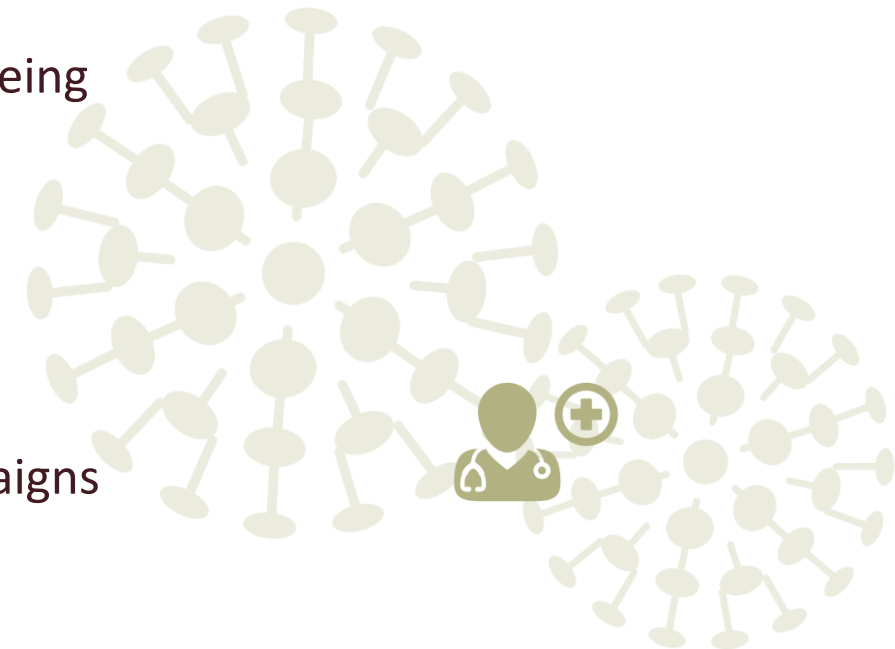
Orientation Training Objectives 1

By the end of this training, participants should:

1. Have a good basic understanding of Coronavirus disease 2019 (COVID-19)

2. Know how it is spread (transmitted)

3. Know about how to prevent the spread of COVID-19

4. Be able to carry out community-based surveillance (CBS)

5. Be able to identify suspect cases of COVID-19

Orientation Training Objectives 2

By the end of this training, participants should also be able to:

6. Perform contact tracing activities effectively

7. Support community members who are contacts in quarantine

8. Support suspect cases who are in home or community facility isolation

9. Have the skills to work with the community on measures to reduce COVID-19 transmission

10. Be able to operate safely within a community while doing their work

Course content

📋 **DAY 1**

Learning about COVID-19, surveillance and working safely in the community

Introduction and Pre-Training test

Session 1: Introduction to COVID-19

Session 2: Why CHWs?

Session 3 Community-based Surveillance

Session 4: Personal security and protection

Session 5: Reducing risk for CHWs

📋 **DAY 2**

CHW work in the COVID-19 response

Session 6: Detecting COVID-19 cases

Session 7: Contact tracing

Session 8: Supporting people in quarantine and home isolation

Session 9: Community engagement

Session 10: Managing psychosocial issues

Wrap up and Post-training Test

DAY 1

Learning about COVID-19, surveillance, and working safely in the community

DAY 1

- Introduction and pre-training test

- **Session 1**: Introduction to COVID-19

- **Session 2**: Why CHWs?

- **Session 3**: Community-based surveillance (CBS)

- **Session 4**: Personal security and protection
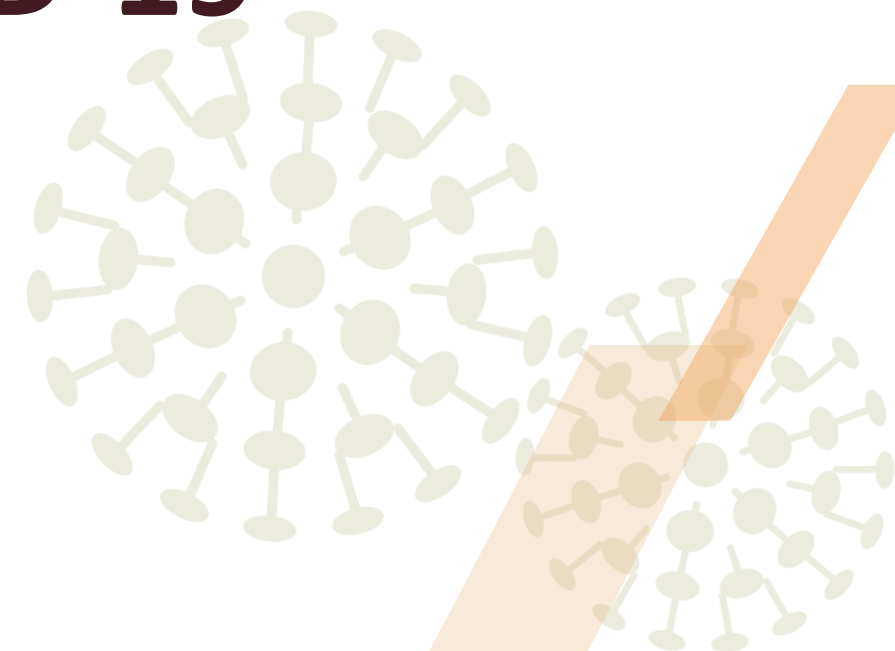
- **Session 5**: Reducing risk for CHWs

Pre-training test : instructions

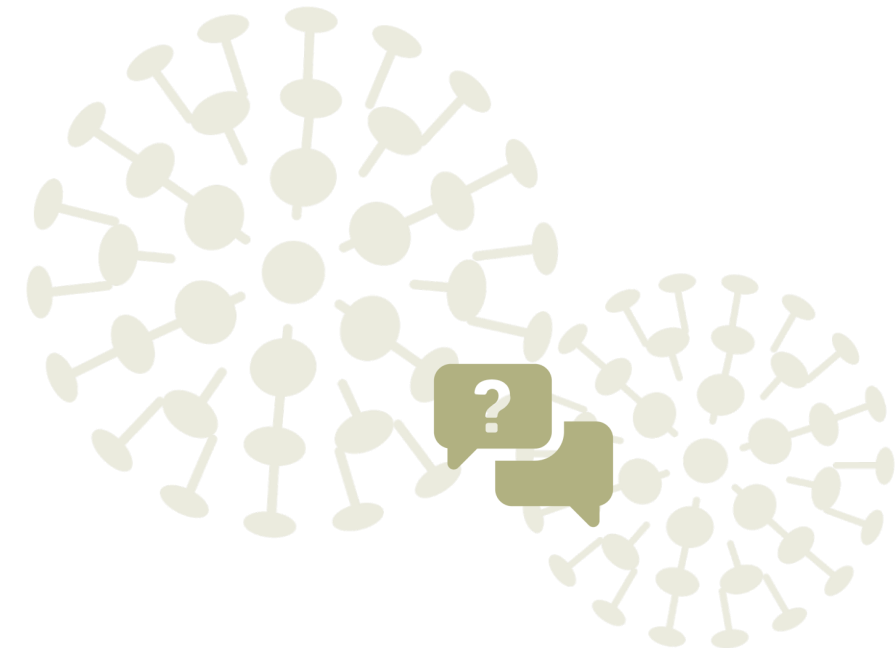- [Trainees will be asked to complete a pre-training test - 15-20 minutes - either on paper or using a smart phone app]
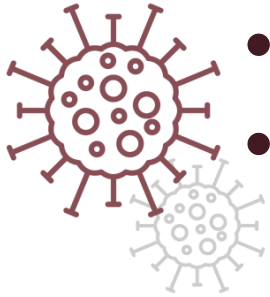
# Introduction to COVID-19

What this session will cover

- What is COVID-19

- How is the virus transmitted

- Who is at higher risk of infection

- How to identify a suspect case

- How the disease develops

- Preventing transmission

What is COVID-19?

- COVID-19 is the disease caused by a new virus known as SARS-CoV-2
- It was reported for the first time in China in December 2019 and has now spread throughout the world
- Africa's first COVID-19 case was reported in Egypt on 14 February 2020
- Today in [country name], there have been [XXX] reported cases
- The disease mainly affects the "respiratory system" – the lungs and airways that allow us to breath
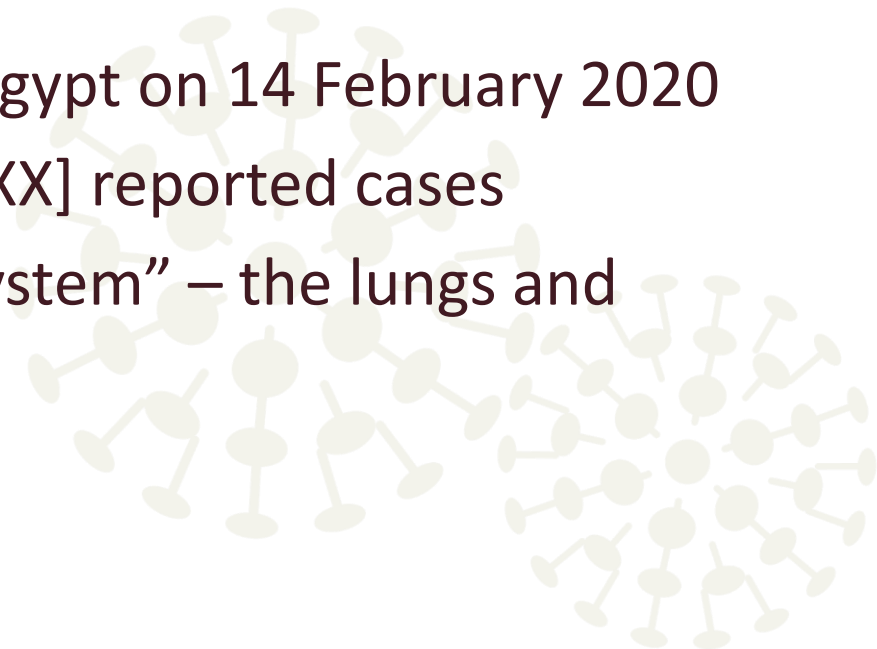
What is the source of COVID-19?

The source of the virus is not yet known

It is known:

- to have originated from an animal source, likely a bat

- the first reported infections in China were linked to a live animal market

- the virus is now spreading from person to person

A lot of investigation is taking place to understand better how the virus is spread

There is also a lot of work going on to try to develop a vaccine to protect people from the virus – but none are available yet

How is the virus transmitted?

- COVID-19 is mainly spread by droplets that come from the nose or mouth of an infected person when they cough or sneeze or speak

- These droplets carry tiny pieces of virus that can infect another person when they breath in, or touch eyes, nose or mouth

- Most droplets travel around 1 metre before falling to the ground or onto a surface

- The virus can only infect someone if it comes into contact with the mouth, nose or eyes.

- People can transfer the virus to their mouth, nose and yes if they touch surfaces where droplets have landed.
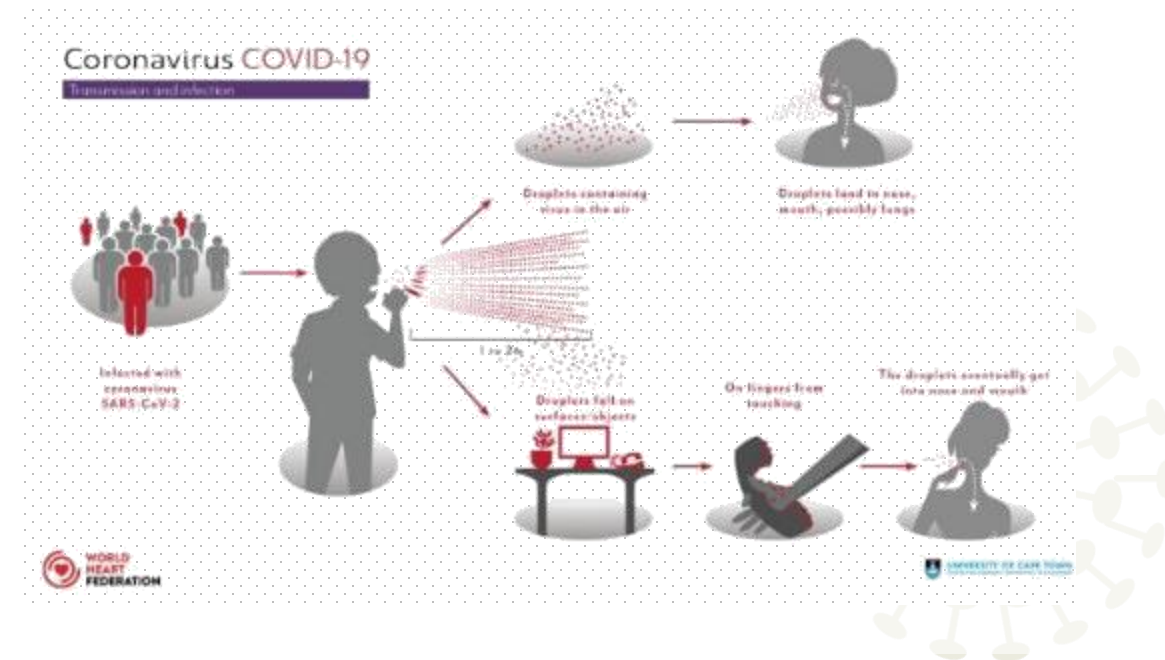
The virus and 'surfaces'

Droplets containing virus can also land on 'surfaces'

- Hands, skin, clothes,

- Door handles, stair rails

- Tables, cupboards, furniture

- Plates, cups, pots, cutlery
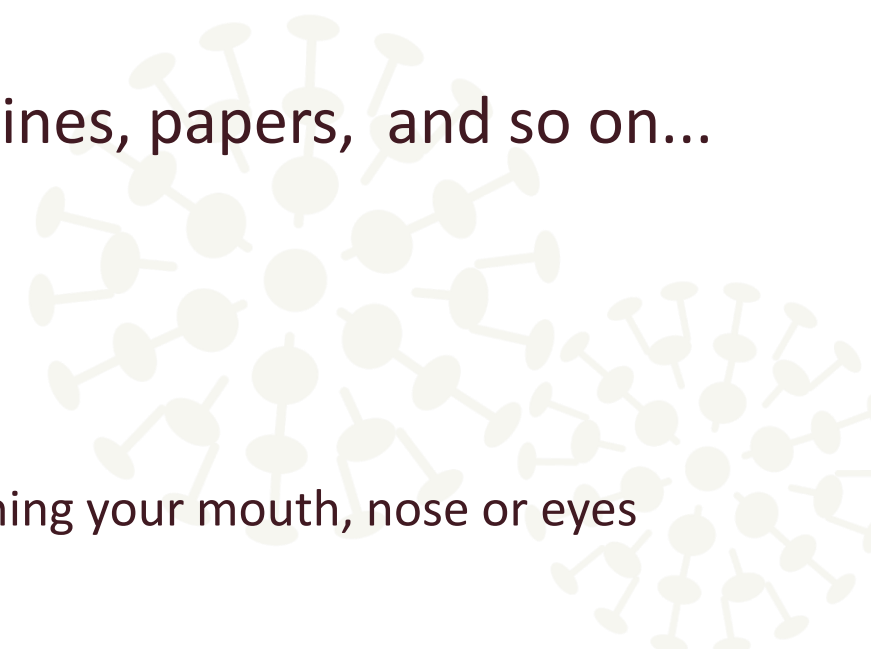
- Magazines, papers, and so on...

Touching an object or surface contaminated with the virus, then touching your mouth, nose or eyes before washing hands can transfer the virus.

Toilets and bathrooms?

- There is some evidence that virus can also be spread by human waste products like faeces and urine.

- Cleaning down bathroom and toilet surfaces regularly with household disinfectants and bleach.

And

- Washing hands after any visit to a bathroom or toilet (normal hygiene advice !)

- Helps reduce the risk of spread through this route

Who has higher risk from COVID-19? - Global

Globally* we see that the following groups are at higher risk of developing symptomatic and severe disease:

Older people : risk of infection increases after 60 years old

People with

- Diseases that affect the lungs (e.g. TB and asthma) or heart,

- Diabetes, kidney or liver disease,

- Conditions that affect the immune system, such as cancer

- People who are overweight

- Men appear to be more vulnerable than women

*This information mostly comes from investigations done in China, the US and
Europe which were affected earlier by the pandemic. Knowledge about COVID-19 is increasing all the time.

Who has higher risk from COVID-19? – Africa

The risk factors that might have most effect for African people are still being investigated, but these are possible factors:

- People with HIV or TB
- People with malaria and other endemic diseases
- People with poor access to water and sanitation
- People living in overcrowded areas
- People who are malnourished or overweight
- People from poorer parts of the community

How is a suspected case of COVID-19 identified?

A person with:

- New and persistent dry cough
- Fever

AND two of the following:

- **Difficulty breathing**
- Sore throat
- Loss of taste and smell
- Tiredness
- Muscle or body aches
- Headache
- Diarrhoea

This is the critical sign for immediate referral to a health facility

How can we know if someone has COVID-19?

- People with symptoms that fit the suspect case definition for COVID-19 should be tested

- A sample is collected by a trained health professional from the person's nose and throat by using a soft swab on a stick

- The sample is analysed in a laboratory using a special test called 'PCR' which looks for the virus

- Other tests, such as Rapid Tests and Antibody Tests, are also starting to be seen – the laboratory will decide which is best

*If testing is not available, the symptoms described on the previous slide will be used to decide if someone is likely to have COVID-19
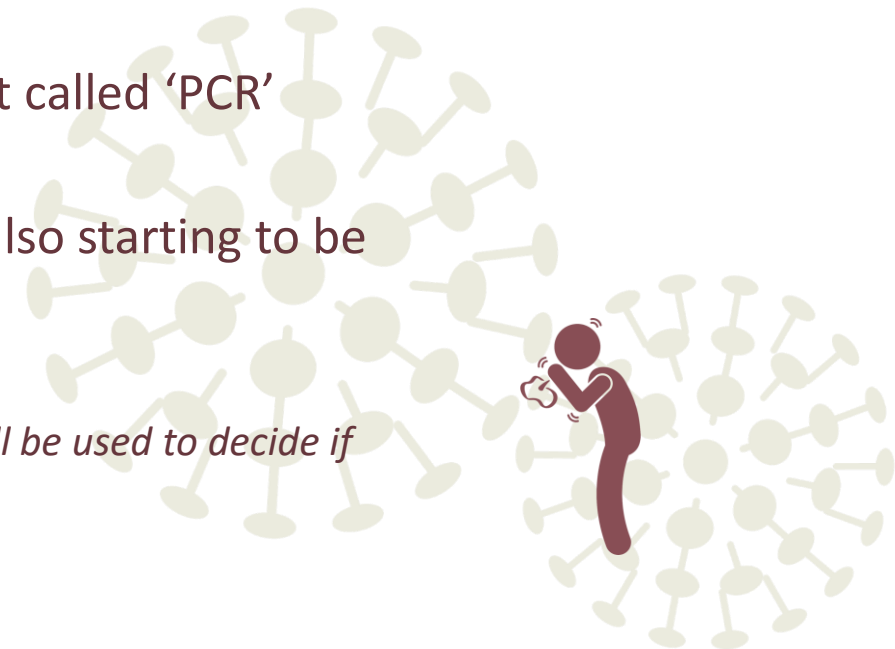
Can infected people without symptoms spread COVID-19?

- **"Pre-symptomatic"** people are individuals who are infected and might go on to develop symptoms of COVID-19

- **"Asymptomatic"** people are individuals who are infected but never develop symptoms

- Studies show that some people without symptoms can spread infection.

- This is why we count 'contact' from 2 days before symptoms start

How the disease develops – Mild & Moderate

From other countries we know that most people (80%) will only develop mild or moderate disease.

1. These people should stay at home and not leave the house, even if symptoms seem minor
   This is called 'home isolation' and is done to prevent more transmission of the virus

2. They should not go to school, work or other public places for 14 days, even if they start to feel better

3. They should maintain hand and respiratory hygiene and physical distancing to prevent further spread

4. If the person starts to have **difficulty breathing,** they should go immediately to the nearest health facility

How the disease develops – Mild & Moderate

When staying at home, the sick person should:

- Try to stay at least two-arm lengths (1 metre) away from other household members,

- Wear a medical or fabric face mask over nose and mouth

- Try not to share household items,

- Wash their hands as much as possible

We will talk more about how to
guide people who have to home isolate tomorrow
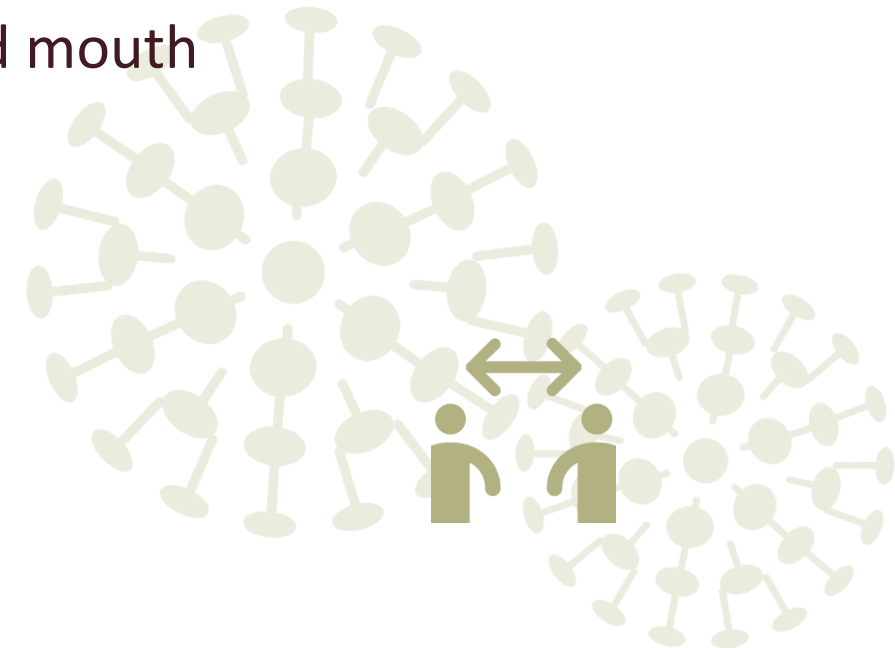
How the disease develops – Mild & Moderate

Around 20% of cases will develop severe illness

1. If a person starts to have **difficulty breathing,** they should cover their mouth and nose with the medical or fabric mask and go **immediately** to the nearest health facility

2. At the health facility, the person should keep a distance of 1 metre from everyone and inform the **first** staff member they see (even a security guard) that they think they may have COVID-19

3. People with more severe symptoms needing medical/nursing care will be admitted.

4. It is possible that family members will not be able to visit the sick person to reduce the risk of spreading the disease

Treating COVID-19

There is currently no specific treatment for COVID-19

For mild cases in home isolation, patients can be advised to:

- drink plenty of liquids,

- take paracetamol or ibuprofen for fever or pain

- eat and rest as well as possible

If the person starts to find it **difficult to breath,** it is important to go **immediately** to the nearest health facility

They should cover their mouth and nose with a medical or fabric mask.

In hospital, "supportive" care is given for moderate and severe cases. This can include IV fluids, pain relief, oxygen or other breathing support.

Preventing transmission

There is currently no vaccine for COVID-19 so the main ways to prevent infection and reduce the possibility of the virus spreading are to :

- Avoid contact with people who are infected
- Use greetings that do not involve touching the other person
- Increase hygiene measures
  - Hand washing with soap or alcohol-based gel frequently
  - Cover coughs and sneezes either with tissue or elbow
  - Not share items if possible
  - Disinfect surfaces

- Use physical distancing
  - Reduce the number of times people have contact with each other
  - Reduce the amount of time people spend in contact
  - Reduce close contact by using staying 1 metre apart

More about this later

Session summary

In this session we have learnt that:

- COVID-19 is a disease that affects the lungs

- It is spread through droplets of saliva when an infected person coughs, sneezes or speaks

- People can infect others from 2 days before they develop symptoms

- Important symptoms are difficulty breathing, dry cough and fever

- About **80%** of infected people will have mild or moderate symptoms

- About **20%** of infected people will have severe symptoms and need hospital care

- To prevent transmission people must change their behaviour and reduce the contact they have with other people

Session 2

Why are CHWs important in COVID-19?
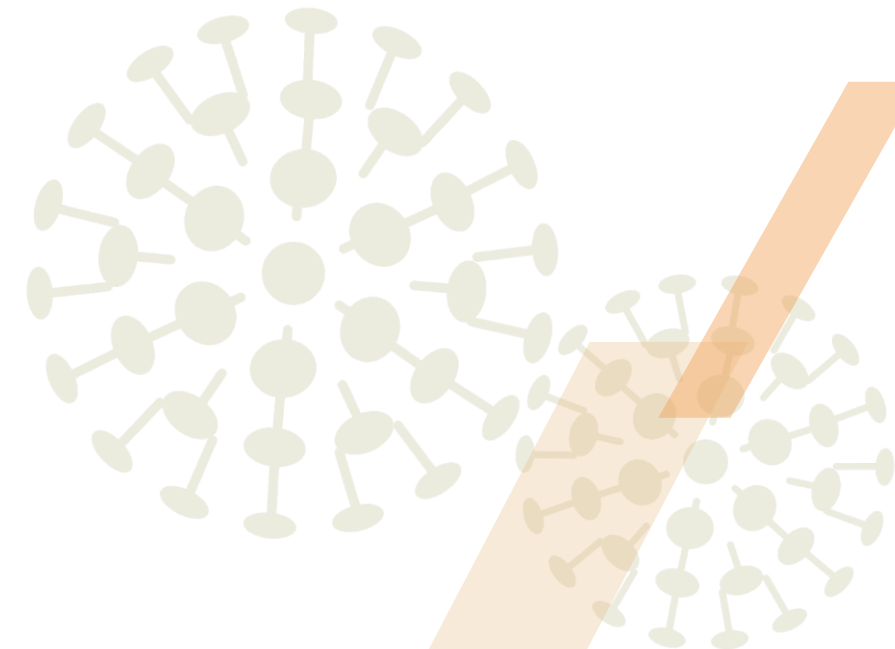
On the frontline with the community

CHWs are on the frontline of helping communities manage their health

They have:

- A close understanding of the community they serve
- A trusted relationship with the community and its members

They can:

- Work with the community to detect outbreaks of disease
- Help the community understand, prevent and respond to diseases
- Guide households on what to do if members are ill
- Serve as link for referrals to health facilities
- Support access to health and social services
- Provide feedback on the community context to improve quality and acceptability of services
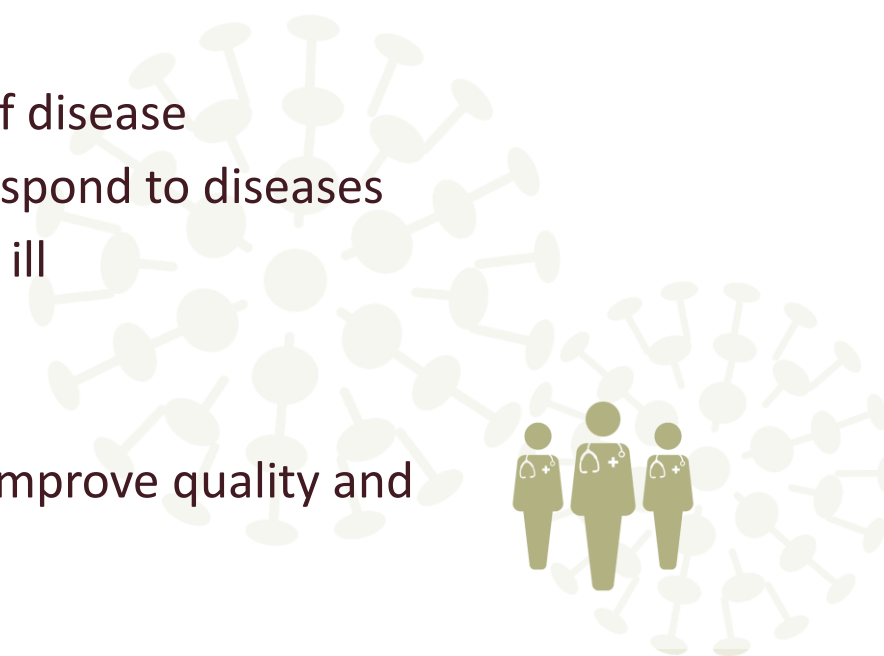
CHW Activities in COVID-19

CHWs have six key tasks in COVID-19:

1. Detecting and reporting suspect cases using community-based surveillance

2. Tracing contacts

3. Creating awareness and understanding of COVID-19

4. Supporting households to manage quarantine and home-based isolation

5. Helping communities to implement measures that will reduce spread of the disease, and find solutions that work for them

6. Mobilise local case detection points such as medicine vendors, traditional healers and private clinics to help identify and refer cases

We will talk about all these tasks over the next two days

Different activities, different tools

To carry out these activities, you will use different tools and approaches including:

- Community-based surveillance

- Active case finding

- Contact tracing

- Awareness raising

- Community engagement

You'll need to know how to report your findings, offer the right support, and protect yourself using the right 'PPE' - personal protective equipment - at the right time

The sessions that follow today will introduce these activities and tools and show you how they are used in the context of COVID-19

Session 3

Community-based Surveillance
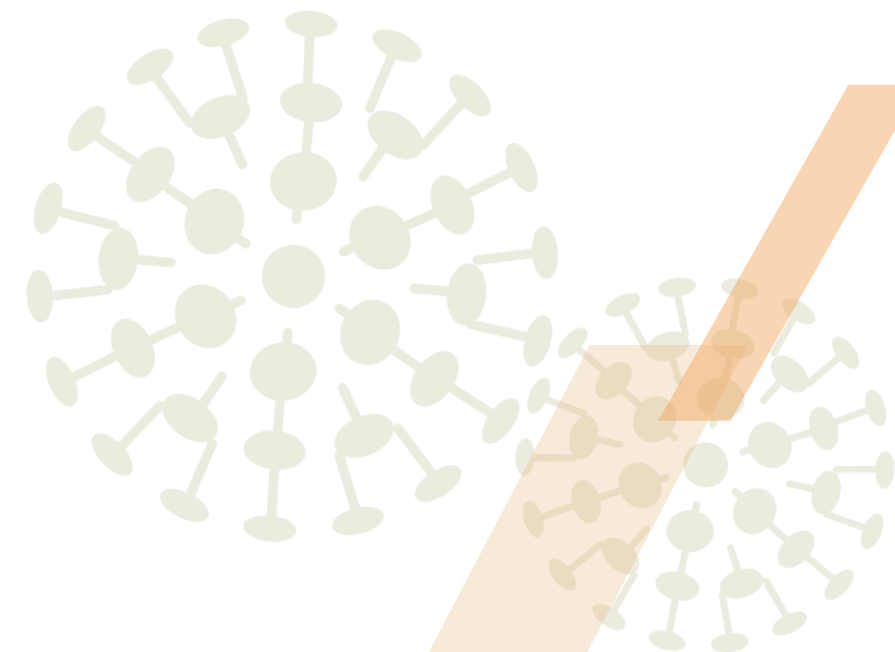
What this session will cover....

- What is Community-based Surveillance (CBS)

- Why it is important?

- What are the key steps to implementing it

- How do CHWs carry out CBS

- Detecting 'signals'

- Reporting what you find
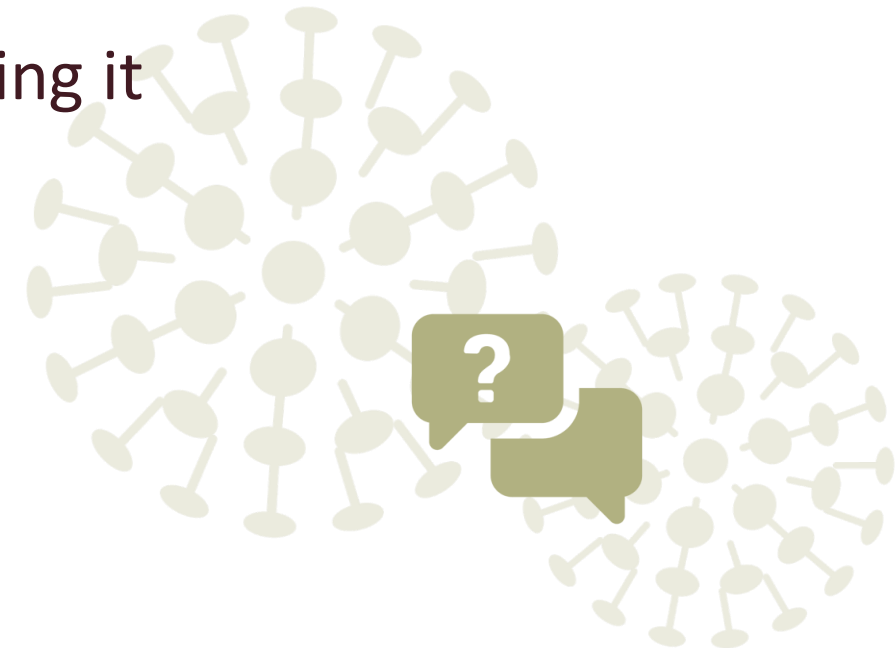
What is Community-based Surveillance?

Community-based surveillance (CBS) is the backbone of CHW work

It is defined as:

"an organized collection, monitoring, assessment and interpretation of data regarding health **signals, events** or **risks** occurring at community level, which may represent **health burden** to the community."

This means using your knowledge and understanding of the community to pick up if unusual numbers of certain illnesses or unusual symptoms are being seen
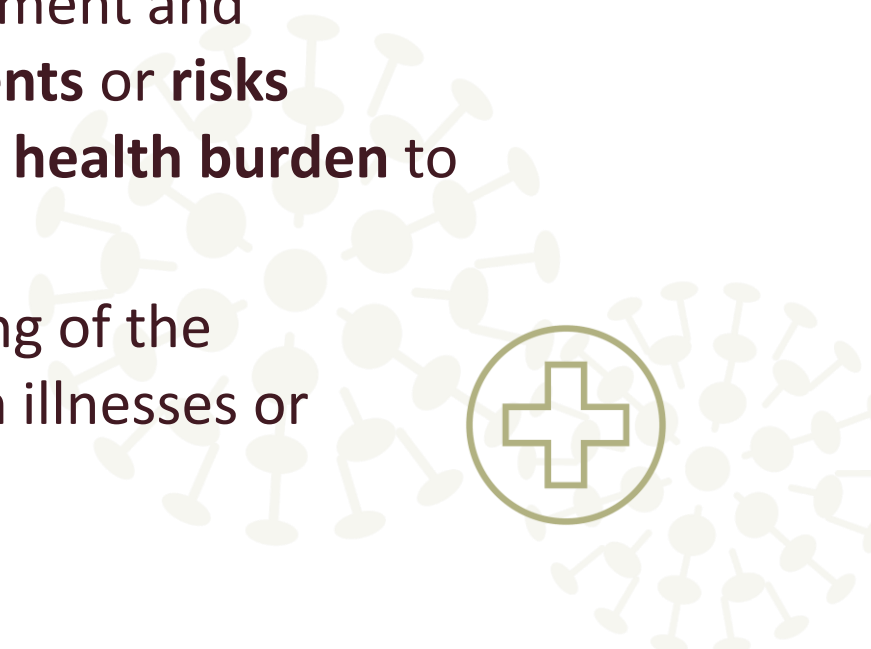
Some important words

- **Surveillance system** : a network that gathers information about the number of cases of different diseases in the population so that unusual changes in cases can be picked up and investigated

- **Signal: signals are like smoke** - things you see or hear in the community that could mean that an event is happening that could affect people in the community. They can be a rumour, or something you saw.

- Event : events are like fires - something that is happening in the community that can spread and cause harm; like fires, events are best managed when they are small. A health event is something that causes or involves the spread of a disease or illness.

- Risk: in health a risk is something that can affect health. It change depending on other factors. E.g. COVID-19 old age is a 'risk' as people who are older have a greater risk of developing severe illness.

Why is CBS useful?

- CBS increases the chance of detecting public health signals and events **early**
    - This helps public health services hear about cases more **quickly**
    - Which means they can respond faster with prevention, control and treatment measures
- When response is **speedy**, it is possible to reduce the number of people who will be affected
- CEBS is helpful where public health and surveillance services are understaffed or limited.
- It can catch information that might be missed if access to healthcare facilities is low

How the progress of outbreak can change when there is early reporting & rapid response at community level

Source: WHO, The World Health Report 2007. A Safer Future: global public health security in the 21st century
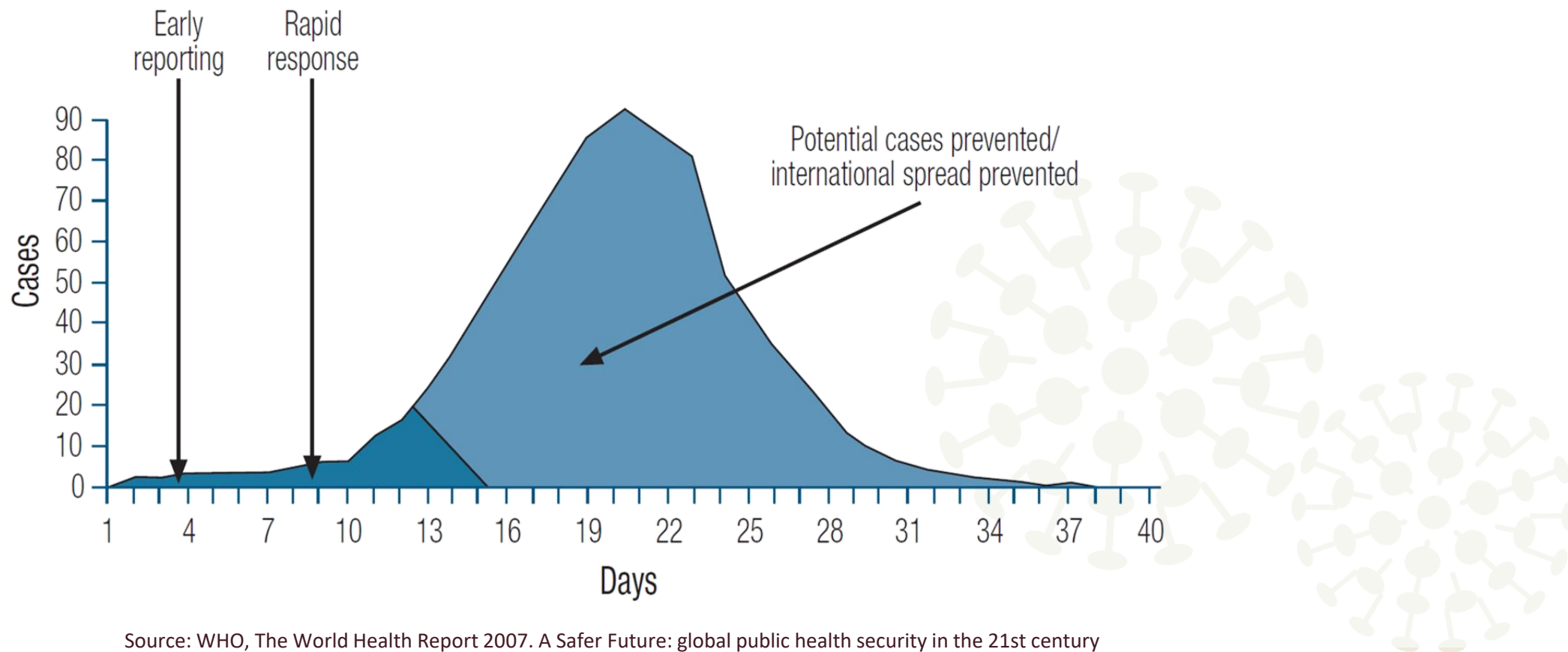
What can increase risk of infectious disease transmission?

Crowding

- Unplanned and crowded urban residential areas
- Crowded markets, workplaces, places of worship, religious and community events
- Frequent social/cultural events (wedding, funerals, festivals)

Travel

- Frequent travel in and between rural and urban settings
- Crowded transport vehicles

Conditions of life

- Insufficient access to water and sanitation
- Limited access to health care services
- Effect of cost on seeking care in good time
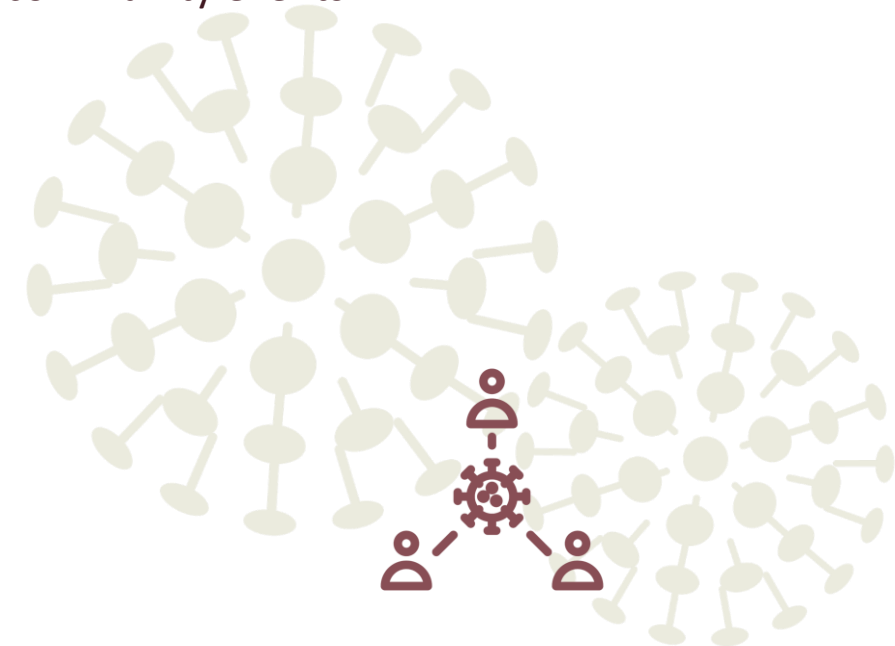
What can increase risk of infectious disease transmission?

Exposure to animals

- Often close contact between humans and animals in compounds, markets, presence of bush/forest
- Movement of animals and traders often long distances and cross border

Cultural practices

- Warm greetings – handshakes, head touches
- Large extended families
- Mass community events such as festivals and funerals
- Religious rituals that involve direct physical contact among leaders and followers

Major steps of CEBS

Public health authorities

CHWs

Assessing information to assign level of risk to events

Verification

Filtering and selection of signals

Signal reporting

Signal detection
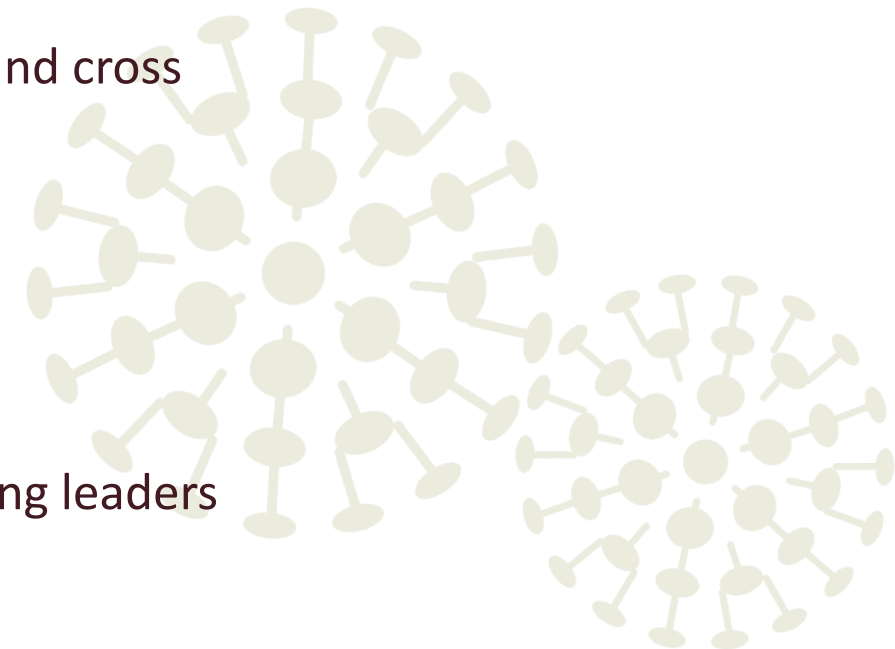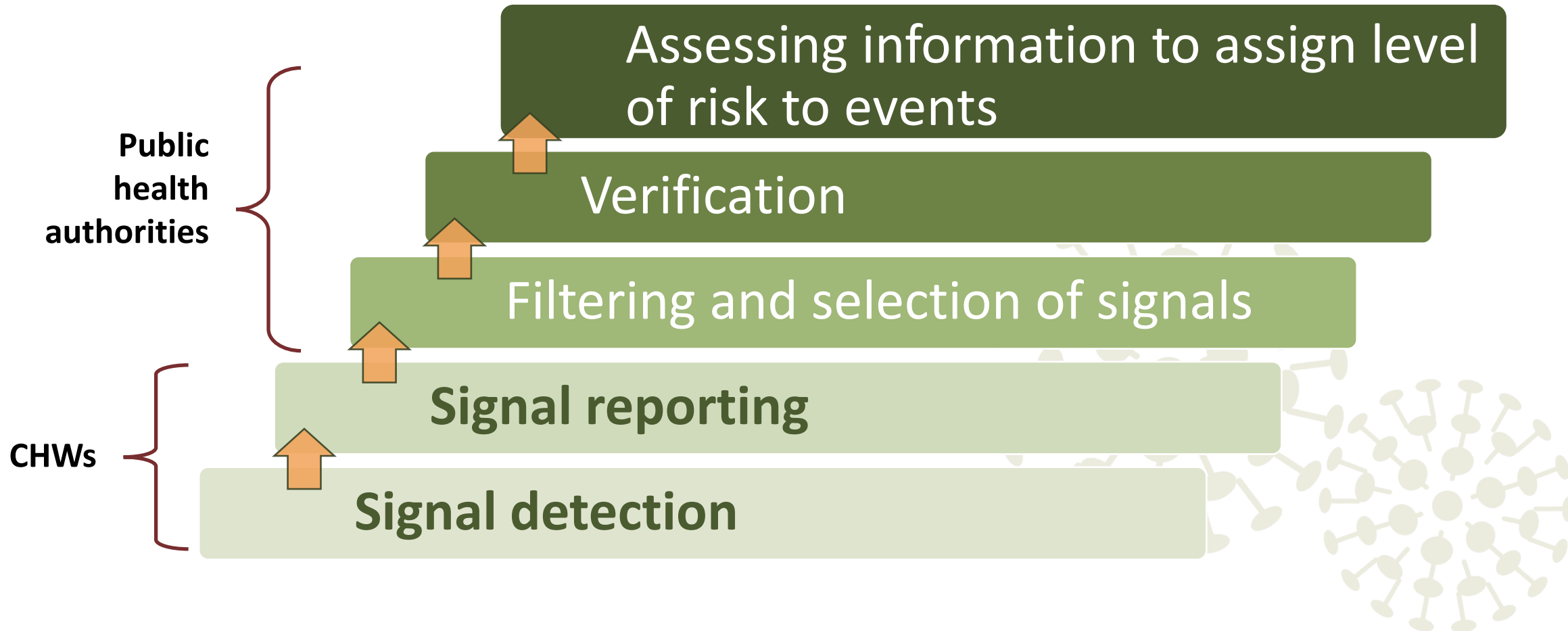
How do CHWs detect signals?

Signal reporting

Signal detection

What is a signal?

Remember

- A signal is a piece of information that might mean something unusual – an event - is happening in the community

Some examples of signals

- Several people from the same community, school or workplace showing similar severe signs or symptoms

- A lot of children absent from school

- A greater than usual number of funerals

- Illnesses after large gatherings

- Unexplained animal deaths over a short period

- High demand for certain medications in markets or pharmacies

How to detect signals in the community - 1

Observe

- Look and ask questions when you see something that might affect health

Listen for 'rumours'

- Information heard from unofficial sources like community talk, social media, radio, newspapers about an illness or an event - which may be true or not

- Talk regularly with people in the community: teachers, preachers, traditional healers, market traders, bus driver, women's groups, animal health workers
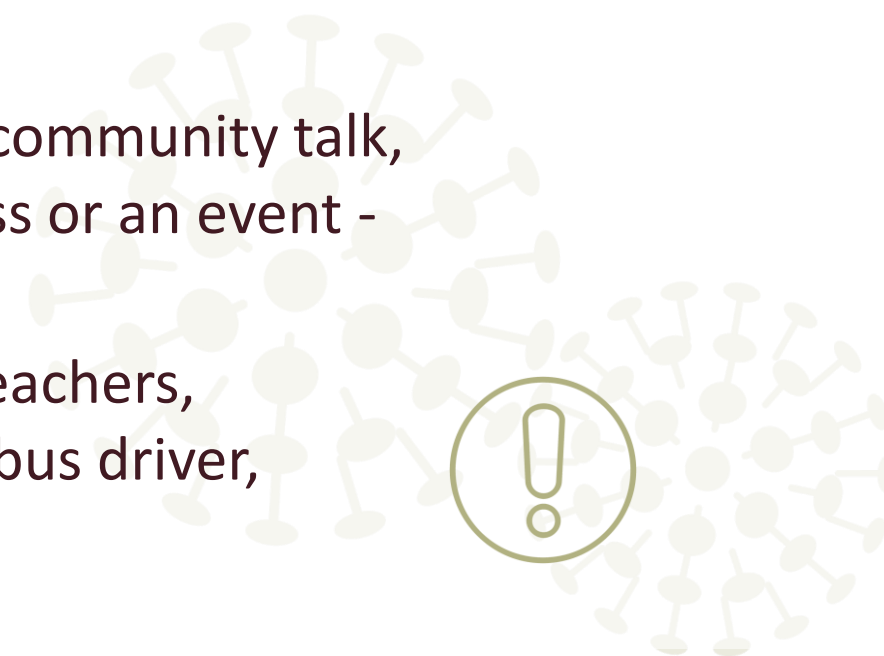
How to detect signals in the community - 2

Keep an eye on community health

- E.g. people with severe symptoms e.g. rash or fevers, or for COVID-19 continuous cough, fever, loss of taste…more of this later

Gather a network of key informants

- Community leaders and others who know the community: they can be a source of information but also a way of checking rumours and getting details

Potential sources of CEBS information

- Community leaders
- Community members
- Social networks
- Media (radio, television, newspapers)
- Internet, blogs
- Religious and community groups and gatherings

Reporting the information you discover

Quick reporting of the signals and event you observe to your supervisor is a key part of your work, so that quick action can be triggered if needed

Each country will have its own 'tools' to help you collect and share information such as :

- ○ A log-book where you record the details under particular headings
- ○ A paper form with the same headings
- ○ Electronic reporting forms that can be used with mobile phones or tablet

- Try to find out information under each of the headings in the form
- Always share with your supervisor quickly even if you are still gathering some information.

How does a CHW report a signal?

Signal reporting

Signal detection

[Space for country CHW reporting tool to be explained]
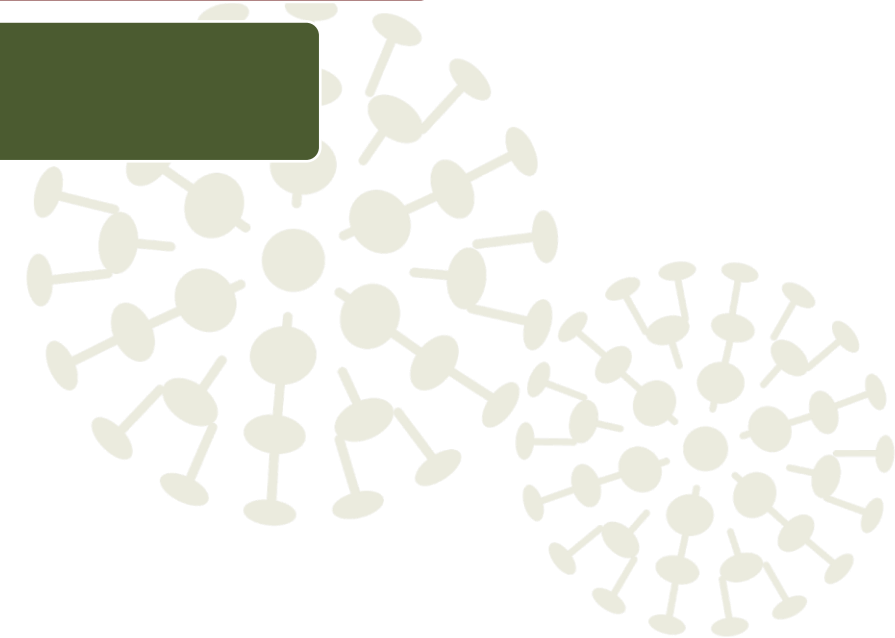
Session summary

In this session, we have learnt that:

- Community-based surveillance increases the chance of detecting outbreaks early and responding quickly

- You can detect a public health 'signal' by:

  - Asking questions when you see or hear something that might affect health

  - Listening and following up rumours

  - Gathering a network of key informants to speak to regularly

- Collecting information quickly and efficiently and sharing it is important

Session 4

Personal Security and Protection
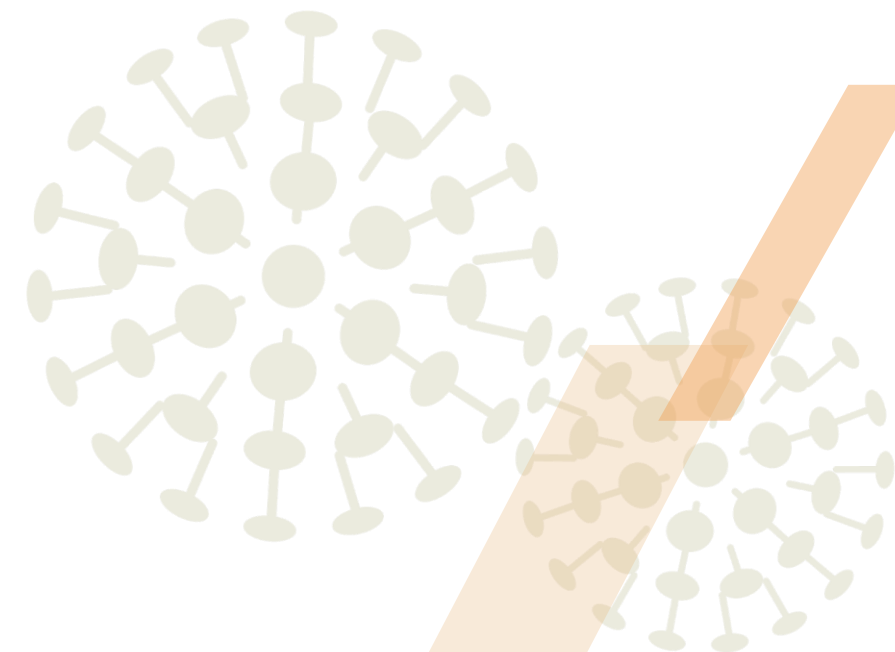
What this session will cover

Naturally as CHWs work in the community, they must not only carry out the prevention measures mentioned in the previous session, but also use other methods to protect themselves from possible infections

Some of these are standard: hand washing is always important in any public health work. And some are more specific to COVID-19.

This sessi

on will talk about:

- Personal Protective Equipment (PPE) for CHWs
- Moving safely in the community
- Managing contaminated surfaces
- What to do if you become ill
- Taking care of yourself

Personal Protection Equipment (PPE) for CHWs

- PPE for people working in the community is different from the equipment used by health workers who giving direct care

- CHW can protect themselves by staying a reasonable distance from people, which health workers cannot

- If you **cannot avoid coming close to someone,** you will need to use PPE

- Different levels of PPE are needed for different situations

- What you wear depends on how close you are going to be to people
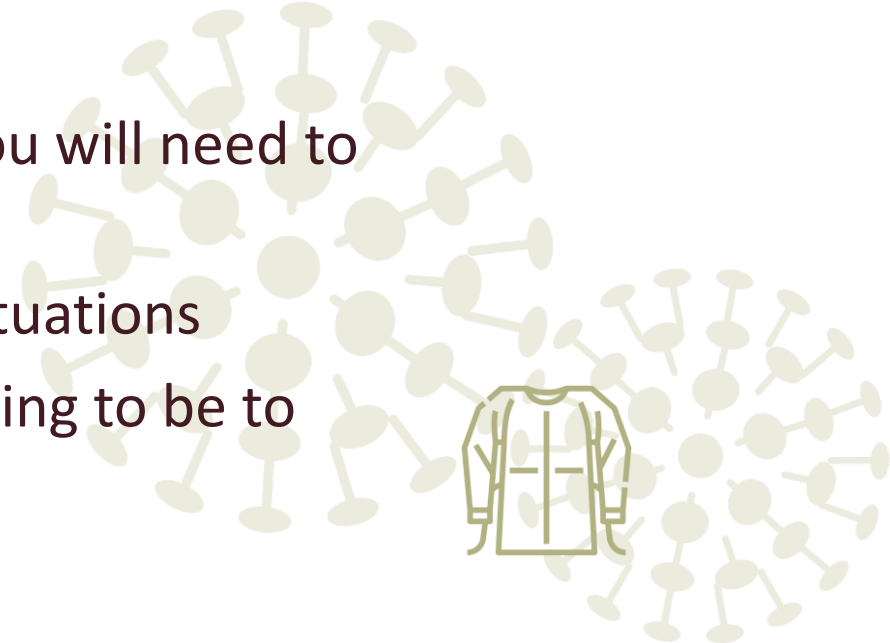
Wear the right PPE at the right time

Moving around in the community

- Wear a medical mask if you are in crowded places and cannot stay 1 metre away from people

- Wear additional PPE only if you need to have direct physical contact with people

** Remember surfaces in public areas may be contaminated so clean your hands regularly

Do not touch your face unless you have washed your hands immediately beforehand
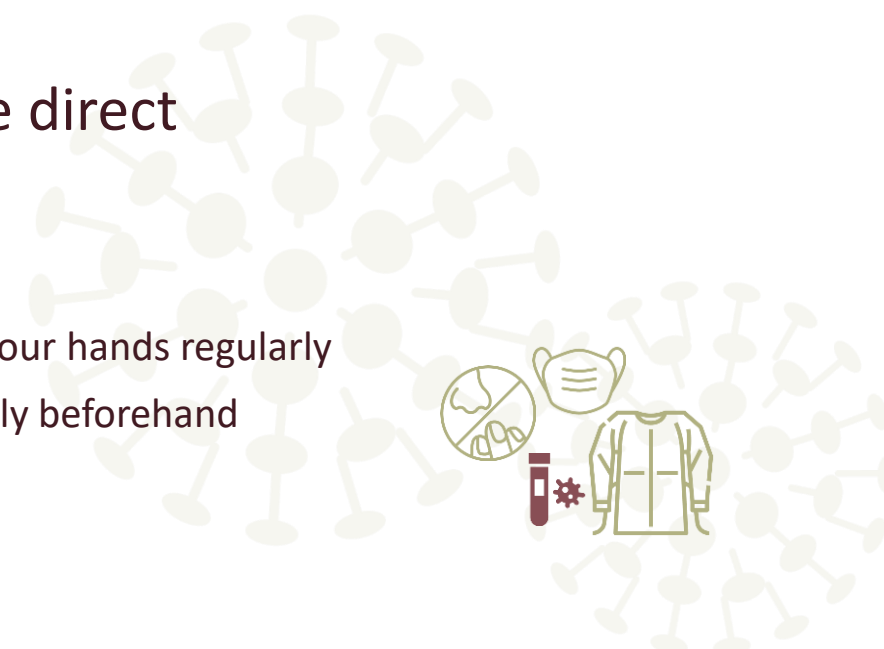
When you can't avoid being close…

If you **cannot avoid coming close to someone**, you will need to wear a medical mask

If it is **essential to have physical contact,** put on:

- ○ A medical mask & eye protection
- ○ Gloves & disposable plastic apron (or a gown*)

It is important to know how to use all items of PPE correctly: particularly how to put it on, remove it, and dispose of it – we will practice this shortly.

Talking to people without symptoms 1

Even if you are talking to people without symptoms, it is important to follow some good practices to reduce any risk of being infected

Follow these guidelines and the ones on the next slide

1. Do in-person interviews outside the house whenever possible

2. If you have to go inside, try to stand where there is good air flow: but ask households to switch fans off

3. Wear a medical mask – explain that this reduces risk for both you and the household members

4. Stay at least two arms' length (1 metre) apart
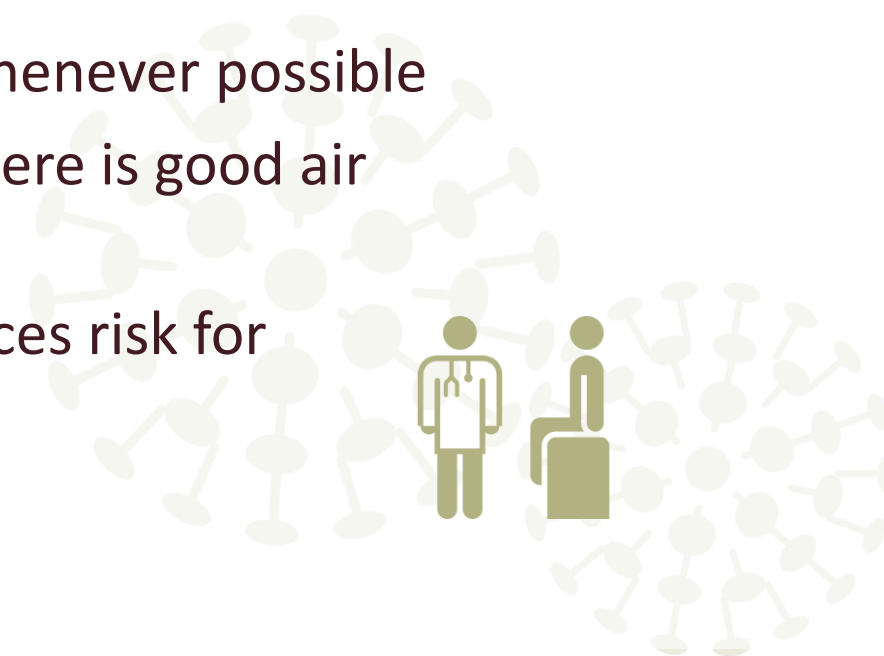
Talking to people without symptoms 2

6. Keep the time you spend to collect information short – if indoors try not to spend more than 15 minutes

7. Always wash your hands with soap, or use sanitizer, before moving to the next point/home

8. Other PPE like gloves is only needed if you think you might have to touch a person

9. Remove and dispose of PPE safely immediately after you have finished touching the person
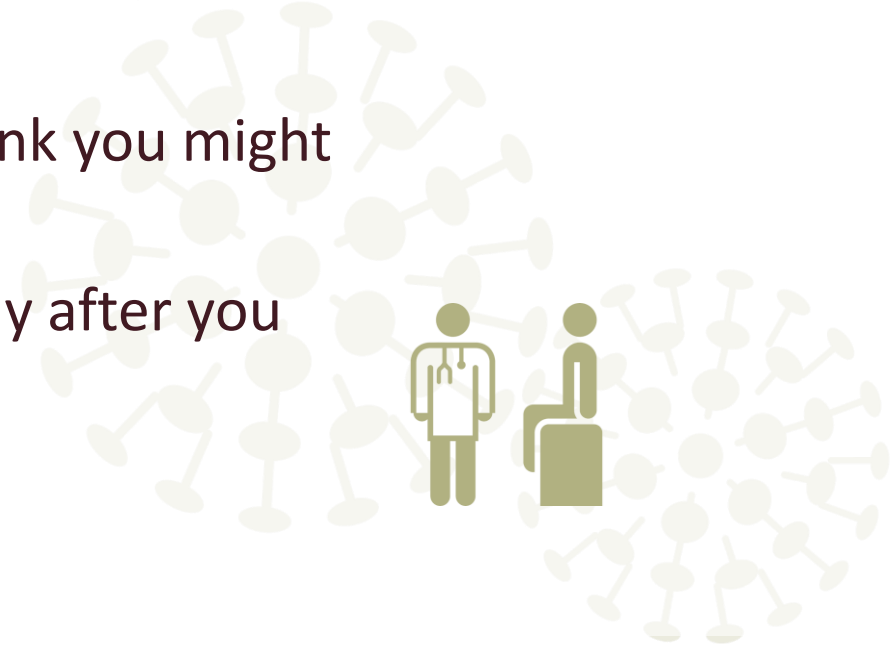
Talking to people with symptoms -1

Talking to people with symptoms means that you must take precautions not to be exposed to infection

Remember infection is spread by droplets that come from a person's mouth and nose when they speak, sneeze or cough, or from touching surfaces where the droplets have fallen

Follow these good practices to protect yourself.

1. Do in-person interviews outside the house whenever possible
2. Only enter the room of someone with symptoms if it is essential
3. **Only provide direct care or assistance if it is immediately essential** – call health facility staff if possible
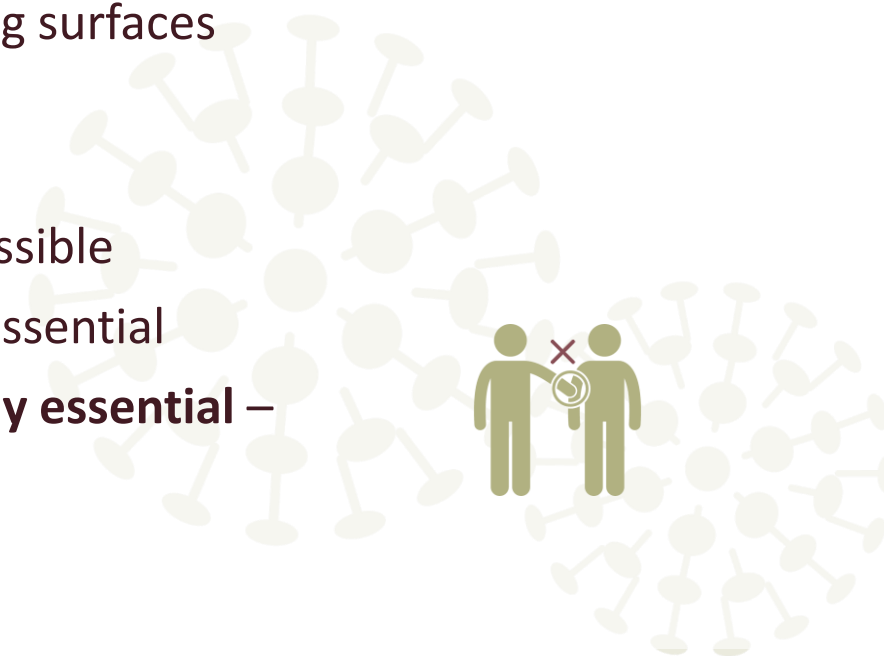
Talking to people with symptoms 2

4. Wear a medical mask if you are just speaking to the person and try to keep 1 metre distance, even inside the house

5. If you need to touch a person with symptoms, put on eye protection, apron and gloves

 ** *Remember CHWs should only provide direct care if it is **urgent***

6. Wash your hands with soap or use sanitizer before putting on PPE and after removing your PPE

7. Remove used PPE before moving to the next place

8. Carry a rubbish bag with you to keep all used PPE and dispose them properly (see waste management slide
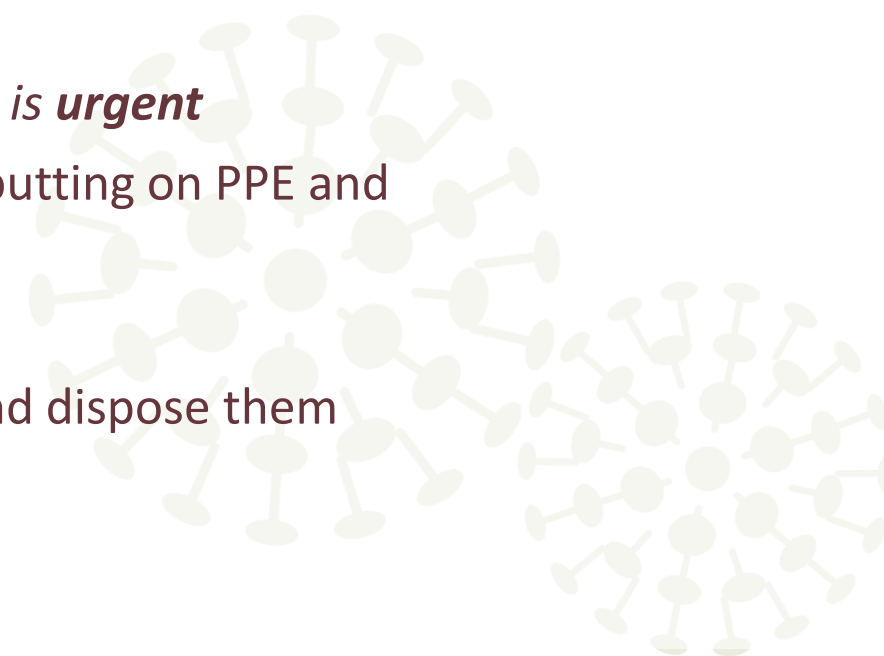
Managing contaminated surfaces

Surfaces can carry virus for some time (hours to days)

"High touch" surfaces like door handles, lift buttons, stair railings, counter tops are the most risky.

The main way to manage contaminated surfaces is to:

Wash your hands as much as possible

- this reduces the risk that you will pick up the virus on your hands and transfer to your mouth or eyes

If you have to spend time in a particular place:

- ○ Clean high touch surfaces with water and detergent,
- ○ Disinfect with a household bleach (0.1% = 400mls bleach to 20 litres of water) for at least one minute
- ○ Wash your hands with soap and water or alcohol-based hand sanitiser after cleaning any surfaces

If you become ill

If you develop any symptoms fitting the case definition of COVID-19:

- Do not visit the community

- Stay at home & practice physical distancing

- Practice cough and sneeze hygiene: by sneezing or coughing into a disposable tissue paper or sneezing into the nook of your elbow

- Inform your supervisor and request a test for COVID-19 if available

- Monitor your symptoms carefully: if you start to find breathing difficult, go immediately to the health facility (wear a mask)

- Make sure your family understand what to do to reduce the risk of transmitting the disease

Session summary

In this session we have learnt that CHW should:

- Stay at least 1 metre away from other people.

- Wash hands frequently with soap or use sanitizer and always before moving to the next place

- Avoid physical contact unless it is essential

- Wear medical mask, eye protection, gloves & apron if physical contact cannot be avoided

- Enter someone's house only if necessary and for less than 15 minutes

- Stay at home and immediately inform their supervisor if they develop any COVID-like symptoms

Reducing risk for CHWs
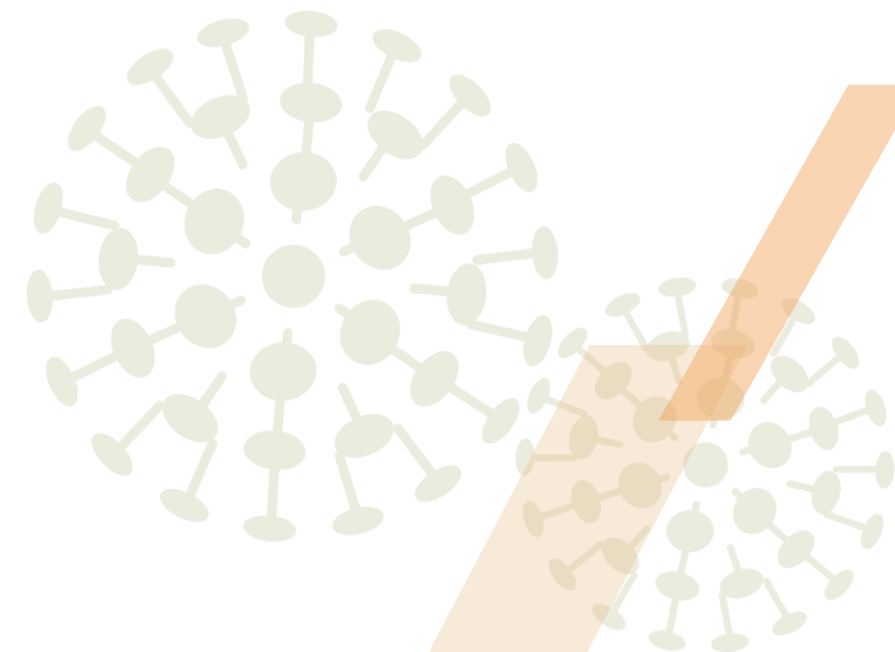
Session summary

The following session covers the practicalities of PPE and other risk reduction practices for CHWs

- 'Hand hygiene' : 5 steps to proper hand washing
- 'Respiratory hygiene' : good cough and sneeze practice
- Putting on and removing face masks
- Putting on and removing gloves
- Disinfecting surfaces
- Waste management

Five steps to proper hand washing

- **Step 1:** Wet hands in running water (warm or cold),

- **Step 2:** Apply enough soap to cover wet hands

- **Step 3:** Rub all surfaces of the hands – including back of hands, between fingers, around thumbs and under nails – for at least 40 seconds

- **Step 4:** Rinse hands thoroughly with running water

- **Step 5:** Dry hands with a clean cloth or single-use towel or air dry
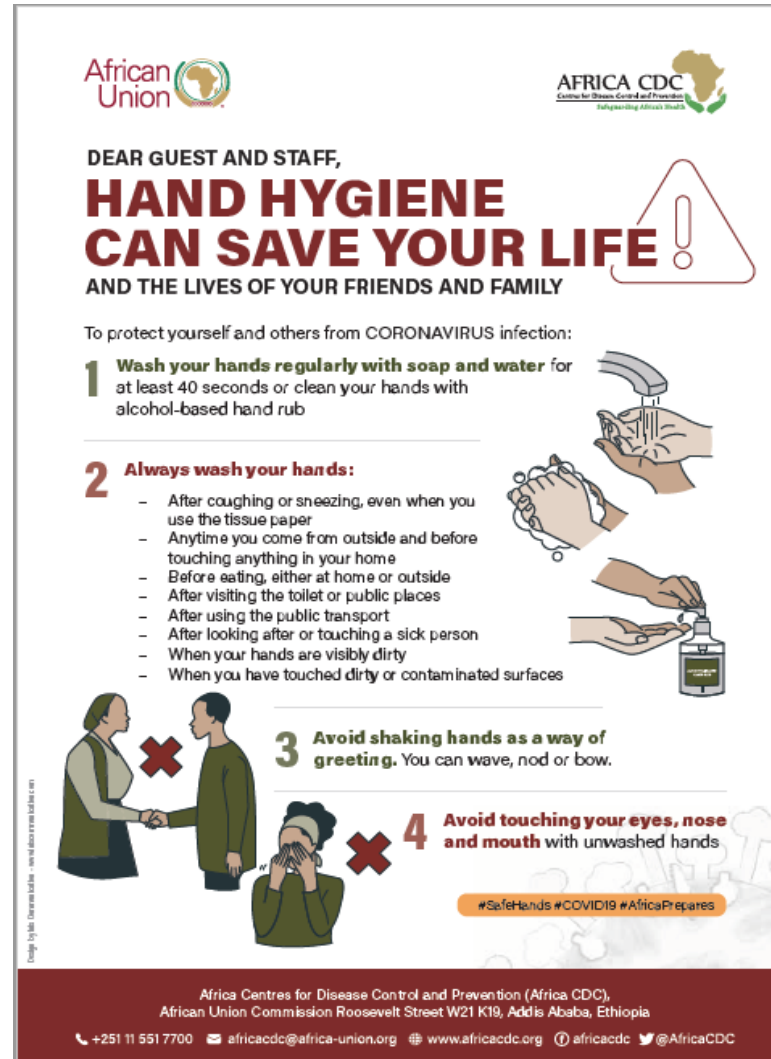
Do the same if you are wearing gloves – gloves protect your hands but can still collect and transfer virus to your face!

USE hand cream if your hands start to feel sore or dry - don't stop washing them!

How to use hand sanitizer

- Apply gel product to the palm of one hand (read the label to learn the correct amount)

- Rub your hands together

- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds

'Respiratory hygiene' Good cough and sneeze practice

- Sneeze or cough into a disposable tissue paper
- Or into the nook of your elbow
- Dispose of the tissue safely (in a bin or in your own rubbish bag)
- Wash your hands with soap or use hand sanitiser immediately afterwards

How to put on and take off face masks
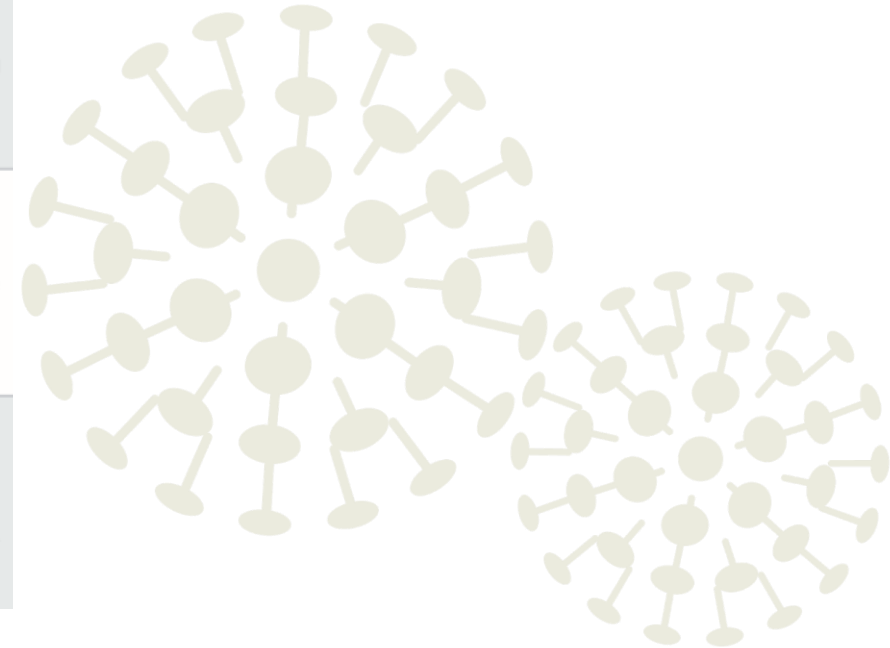
More important things to remember about wearing a face mask!

- Ensure mask covers **your nose and mouth** completely

- **Do not touch the front of the mask** when in place or when removing – this is where virus may be captured

- Change the mask after every four hours or when it becomes **damp**

- **Wash your hands** after removing the mask

- Do not leave used disposable face masks lying around - ensure they are thrown away **in covered waste bins**/containers.

- Wash reusable face masks with soap **as soon as possible** after being used

DOS IN FACE COVERING AND MASK USE

https://africacdc.org/download/simple-instructions-on-how-to-use-a-face-mask/

DON'TS IN FACE COVERING AND MASK USE

https://africacdc.org/download/simple-instructions-on-how-to-use-a-face-mask/

How to wear gloves

- Wear gloves only when you are going to touch contaminated materials/surfaces or provide care for someone who is sick
- Wash hands with soap and water before and after wearing gloves
- Do not touch your face while you have your gloves on
- Gloves come in different sizes; try to get the right size for a good fit.
- Start by identify the thumbs part and put on ensuring each finger fits in, pull down gently and extend to cover wrist
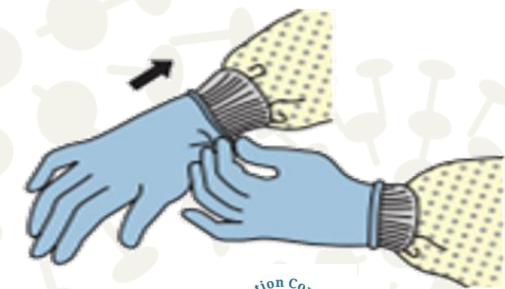
How to remove gloves

Outside of gloves are contaminated!

- Using gloved hands, grasp below the palm area of the other gloved hand, pull over fingers and peel backwards to remove turning inside out, hold removed glove in other gloved hand.

- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove

- Discard removed gloves in appropriate waste container

- Wash hands afterwards

AF CDC
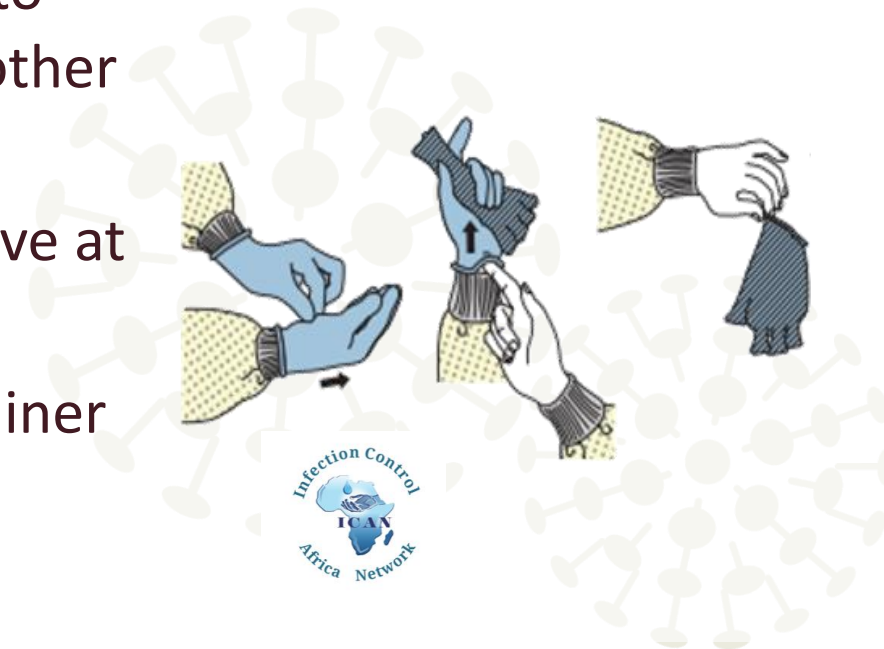
How to put on and remove PPE

- Wash hands with soap and water or sanitizer before putting on and after taking off PPE
- The order for **putting on** PPE if you are interacting with a symptomatic person is
    1. Apron
    2. Mask
    3. Gloves
- The order for **removing** PPE is:
    1. Gloves
    2. Apron: break the ties behind the neck and behind the waist, **do not touch the contaminated front of the apron**
    3. Mask
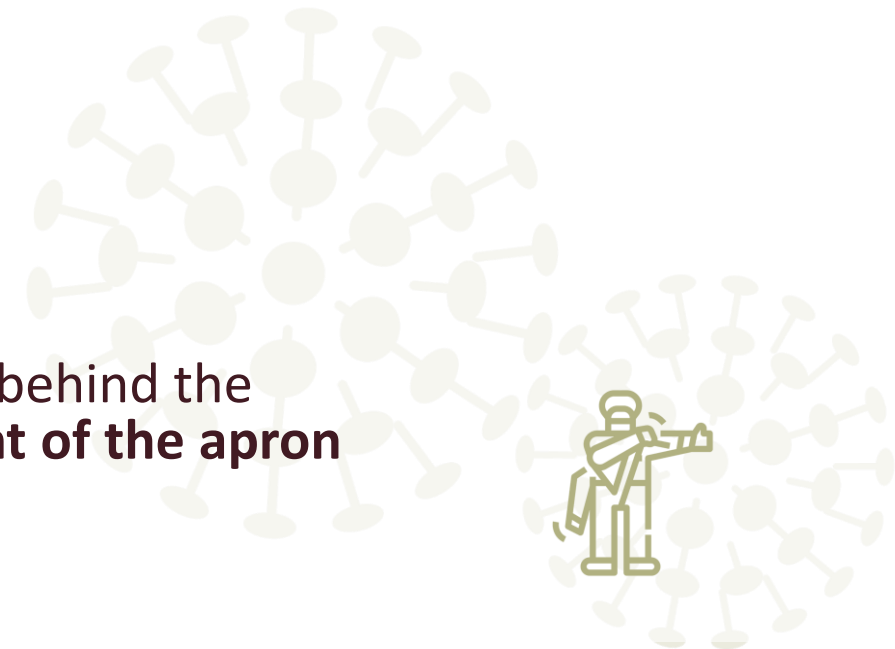
How to take off PPE

- With clean hands, untie or break ties at the back and neck

- Touch only the inside of the gown

- Pull down from neck and shoulders, then arms, turning the gown or apron inside out you remove it

- Do not touch the contaminated front of the apron/gown

- Roll apron/gown into bundle and discard in your clinical waste bag

- Perform hand hygiene
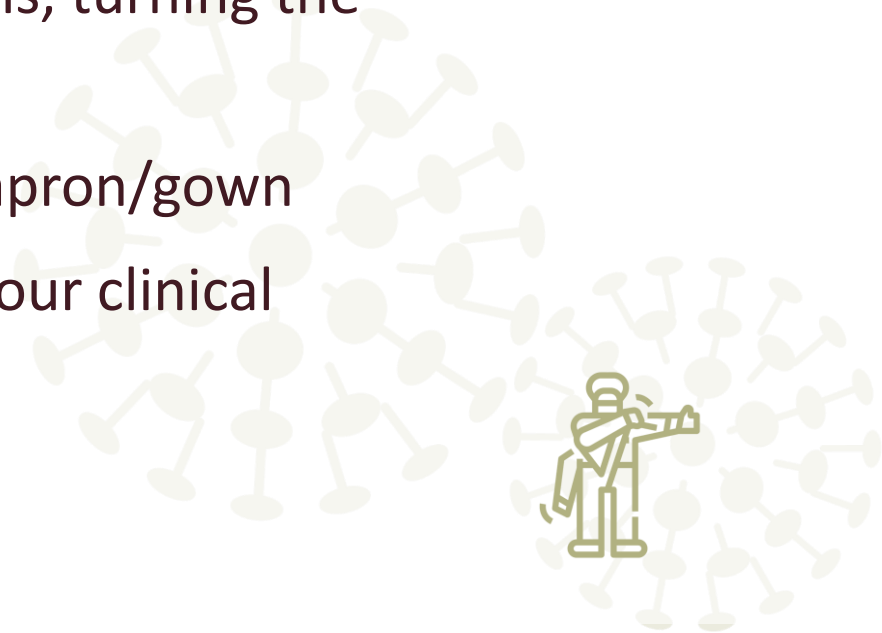
Disinfecting surfaces

- Clean touchable surfaces with water and detergent,
- Disinfect with a household bleach
  - > 0.1% = 400mls bleach to 20 litres of water
  - > for at least one minute
- Wash your hands with soap and water or hand rub after cleaning

MAKING MEDIUM 0.1% CHLORINE SOLUTION

For disinfecting surfaces, floors, larger medical equipment (wheelchairs, beds) and face shields/goggles, 10-minute contact time

STRONG CHLORINE 0.5%   **OR**   **POWDERED CHLORINE (HTH)** 70%

1 TO 4
PART STRONG CHLORINE — PARTS WATER

2 TO 20
TABLESPOONS — LITERS OF WATER

1. STIR WITH A STICK FOR 10 SECONDS
2. COVER WITH A LID
3. LABEL THE BUCKET
4. WAIT 30 MINUTES BEFORE USE
5. STORE AWAY FROM LIGHT AND HEAT

1. STIR WITH A STICK FOR 10 SECONDS
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5. STORE AWAY FROM LIGHT AND HEAT

MEDIUM 0.1% CHLORINE

COVID-19 | RESOLVE | Vital Strategies

When mixing chlorine solution, be sure to wear appropriate PPE (mask, eye protection, heavy-duty gloves, gown, impermeable apron, and boots). Make fresh chlorine solution everyday. Throw away any leftover solution.
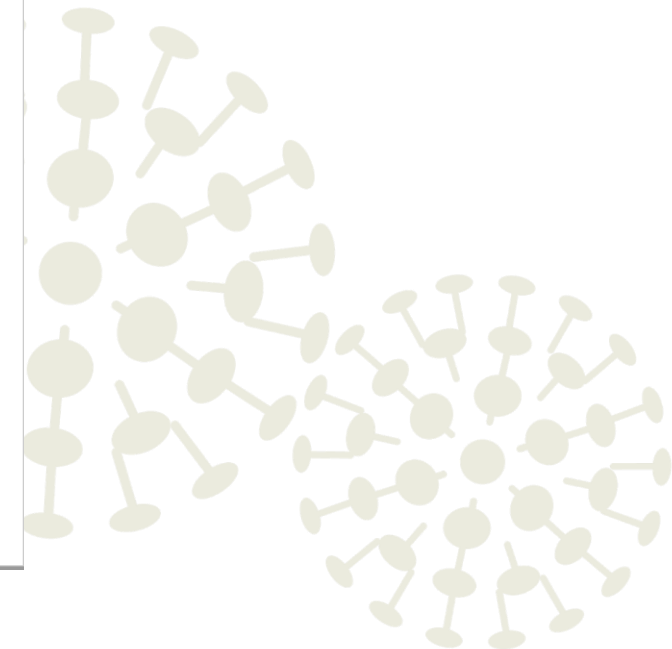
Waste Management

Used PPE may be contaminated with COVID-19.

It should be treated as **"clinical waste".**

This means you should:

- Have access to clinical waste bags - they are often a different colour (e.g.. yellow) and made of heavier plastic
- Put used PPE in the clinical waste bag **immediately** after use (this means you should carry a bag with you!)
- Do not put used PPE in with domestic waste.
- Keep the bag closed and bring it back at the end of the day to the local health facility, or location where it can be disposed of properly
- Do not burn clinical waste bags yourself: this can be toxic

Session summary

In this session, we have learnt:

- The importance of carrying out risk reduction practices well

- The steps to good hand hygiene

- How to contain coughs and sneezes to reduce risk of transmission

- How to put on and take off masks and other PPE

- How to disinfect surfaces

- How to manage Covid-19 contaminated waste

DAY
2

CHW work in the COVID-19 response

Recap Day 1: key points

In day 1 we learnt that:

- COVID-19 is transmitted through droplets of saliva when an infected person coughs, sneezes or speaks

- CHWs use the tools of Community-Based Surveillance to help their community identify cases of disease early

- Finding suspect cases early means they can be tested and isolated quickly so that they don't spread the virus

- There are important measures that a CHW needs to use to protect themselves from infection including:

  - hand and cough hygiene

  - keeping physical distance

  - using protective equipment

In Day 2, we will focus on the work that CHWs do in the COVID-19 response

Session 6: Detecting COVID-19 cases

Session 7: Contact tracing

Session 8: Supporting people in quarantine and home isolation

Session 9: Community engagement

Session 10: Managing psychosocial issues

Wrap up and Post-Training Test

The main activities of CHWs in COVID-19 response are:

- **Detecting suspect cases,** referring them for testing and advising on the need to isolate themselves.

- **Detecting and raising the alert when** cases appear in new areas

- **Tracing contacts** for follow-up in quarantine and symptom-reporting.

- **Community engagement :** creating awareness and understanding of COVID-19 and the measures to reduce transmission.

- **Helping households** to understand and manage quarantine and home-based isolation

- **Helping communities** adapt behaviour to reduce transmission
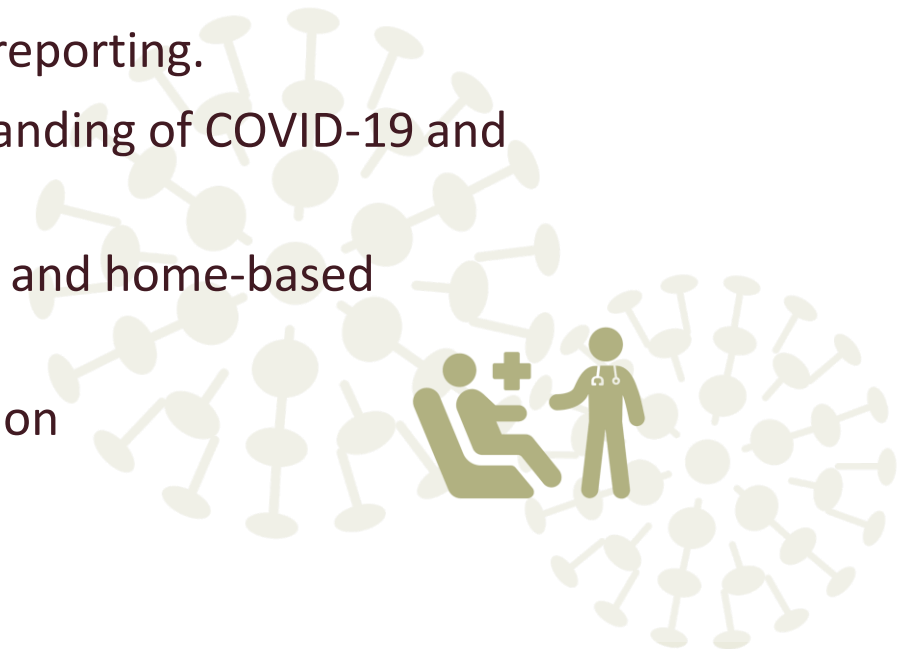
Detecting cases
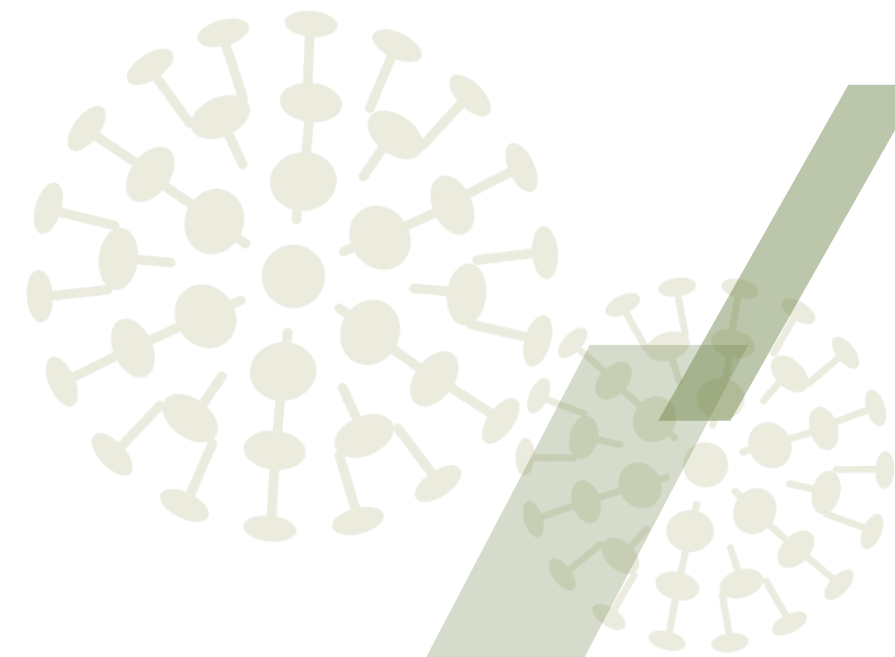
What this session will cover

- Community-Based Surveillance for COVID-19
- Case-finding activities
- What to do when you find a case
- Data collection and reporting
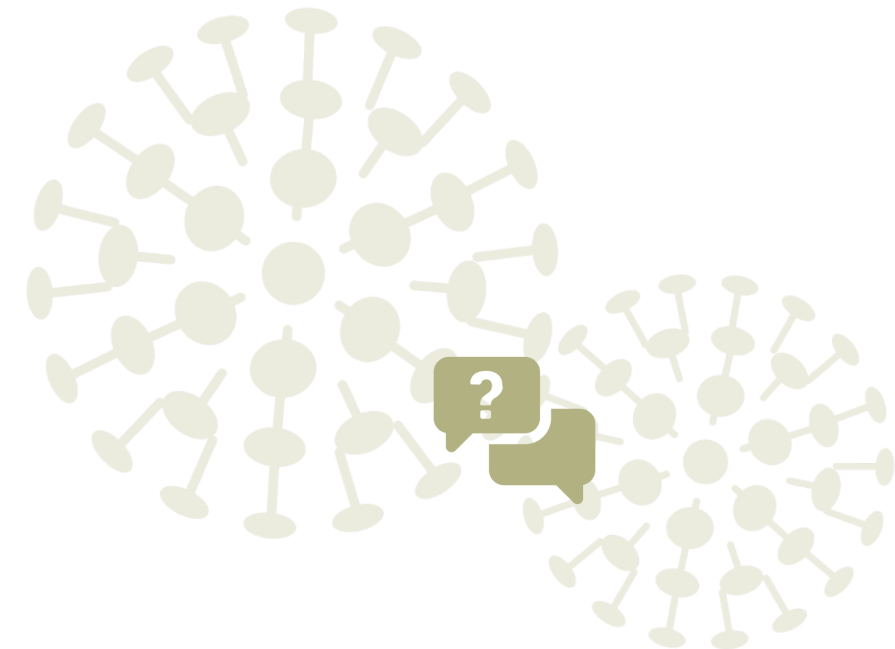
What is a signal?

Remember

- a **signal** is a piece of information that might mean something unusual – an event - is happening in the community

Some examples of signals

- Several people from the same community, school or workplace showing similar severe signs or symptoms

- A lot of children absent from school

- A greater than usual number of funerals

- Illnesses after large gatherings

- Unexplained animal deaths over a short period

- Unexpected abortions in animals

- Changes in the environment

Detecting COVID-19 signals

In an area where there have not yet been any cases of COVID-19

CHWs should use community event-based surveillance techniques to identify any suspect cases of COVID-19 as early as possible

Look for signals through observing, listening, talking, tapping into community networks

Looking for COVID-19 signals

Observation

- Talk with people in the community: teachers, preachers, market traders, bus driver, women's groups

- Are people travelling back from places where COVID-19 is present?

Rumours

- Listen for rumours of people being ill or dying with severe cough

- Watch social and traditional media

Community health and community networks

- Ask private dispensers and traditional healers about symptoms they are seeing, if there have been increases in respiratory conditions

Follow up any suspect cases and report findings to supervisor
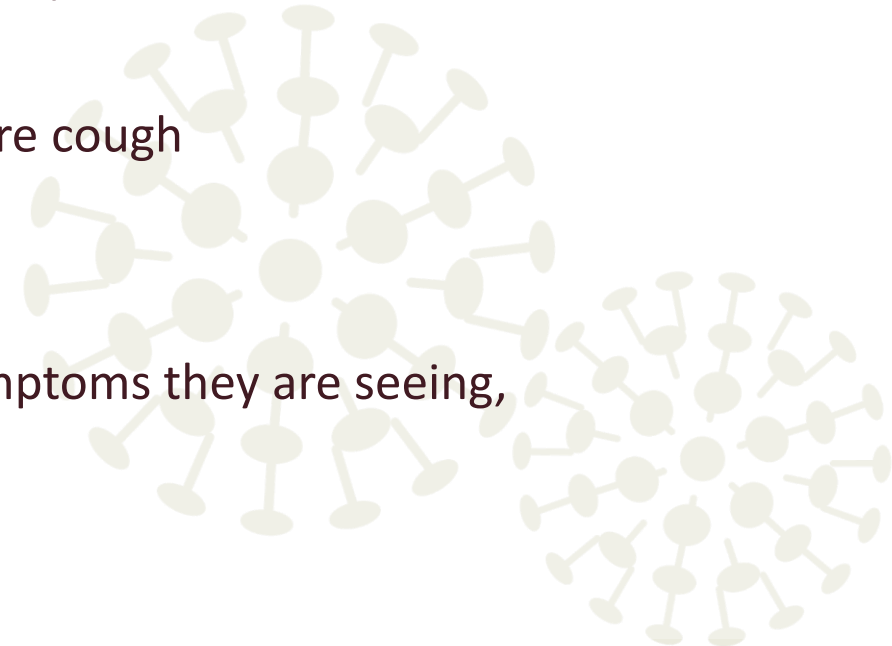
How is a suspected case of COVID-19 identified?

A person with:

- New and persistent dry cough

- Fever

AND two of the following:

- **Difficulty breathing** ⟶

- Sore throat

- Loss of taste and smell

- Tiredness

- Muscle or body aches

- Headache

- Diarrhoea

This is the critical sign for immediate referral to a health facility

Once a COVID-19 case has been found in your area…

Start Active Case Search

The aim is to **find any other cases** as quickly as possible to:

- reduce the time the person is infectious in the community,
- shorten the time from symptom onset to isolation
- and help improve the outcome of the illness through early care

Doing active case search

Consult with local leaders about how best to work with the community to find cases

Talk to the community about why finding cases early is important

Ask community members to tell you, or the nearest healthcare facility, if they think someone in the household has symptoms like COVID-19
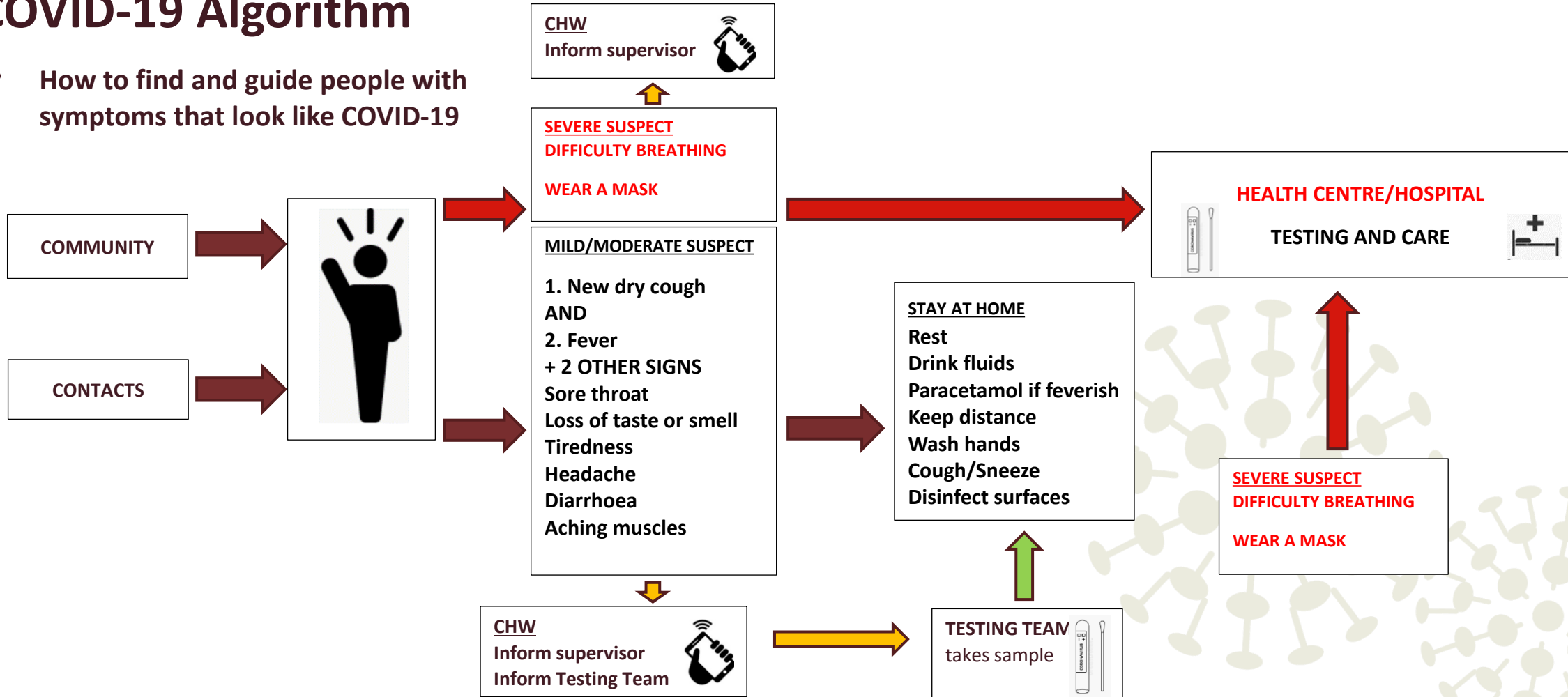
Make regular visits to your areas and key informants and alternative health providers

Assist field investigators when they are investigating around a known case

COVID-19 Algorithm

- How to find and guide people with symptoms that look like COVID-19

CHW
Inform supervisor

SEVERE SUSPECT
DIFFICULTY BREATHING

WEAR A MASK

COMMUNITY

CONTACTS

MILD/MODERATE SUSPECT

1. New dry cough
AND
2. Fever
+ 2 OTHER SIGNS
Sore throat
Loss of taste or smell
Tiredness
Headache
Diarrhoea
Aching muscles

STAY AT HOME
Rest
Drink fluids
Paracetamol if feverish
Keep distance
Wash hands
Cough/Sneeze
Disinfect surfaces

HEALTH CENTRE/HOSPITAL

TESTING AND CARE

SEVERE SUSPECT
DIFFICULTY BREATHING

WEAR A MASK

CHW
Inform supervisor
Inform Testing Team

TESTING TEAM
takes sample

What to do when you find a suspect case

- Explain to the person that they might have COVID-19
- Follow the procedure for referring people for testing in your area
- If the person has mild symptoms, ask them to stay in their home and give advice to the family on how to care for the patient and protect themselves
- If the patient has more severe symptoms or is having difficulty breathing, ask them to cover their mouth and nose and go to the nearest health facility
- Inform your supervisor that you have found a suspect case
- Communicate with community members about the prevention activities required

Data collection and reporting

Signals

It is important to keep a record of the signals you detect and the information you receive

Use a logbook or complete the form (paper or digital) as required by your national authority
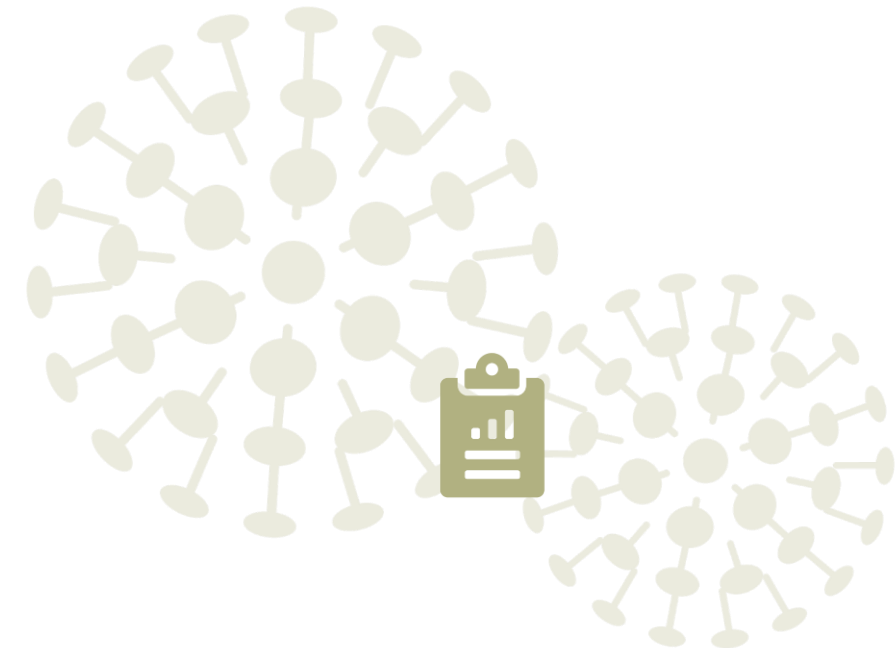
Share your findings regularly with your supervisor

Suspects

If you find a suspect case, call your supervisor immediately

CHW data collection tool

[Insert national CHW COVID-19 data collection tool/form CBS and take participants through each section]

Helping private providers detect & refer suspects

Patent medicine vendors, spiritual and traditional healers, laboratories, and private clinics - all see potential cases

Many COVID-19 cases may visit these providers first, or instead of, a clinic or hospital because of preference or cost

CHWs can help to increase the chance that private providers will look for COVID-19 by :

- Raising their awareness about COVID-19 and how they should protect themselves
- Ensuring they are aware of the case definition of COVID-19
- Asking them to help detect suspect cases
- Ensure they know how to refer suspect cases for testing
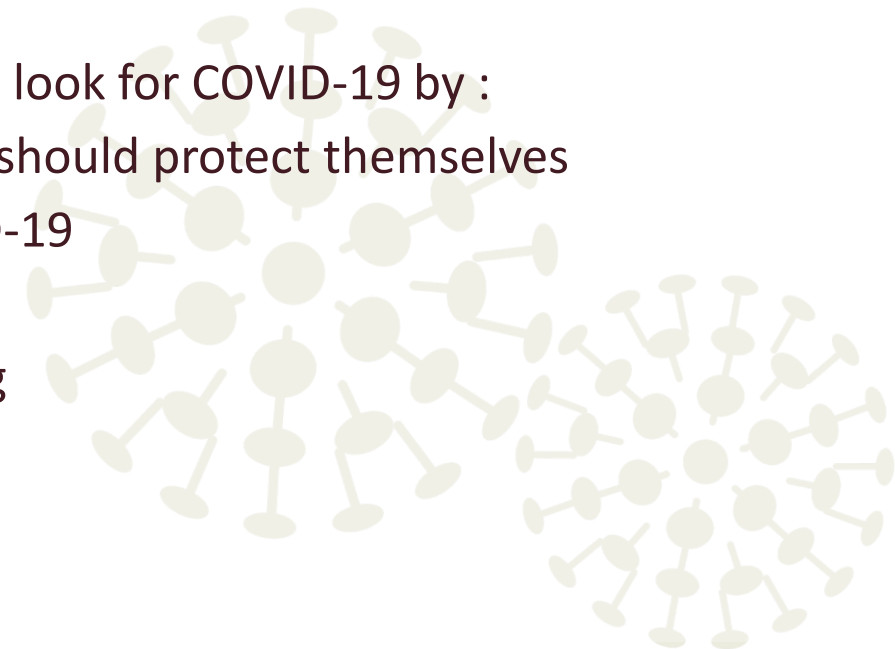
Session summary

In this session we have learned:

- Where to look for 'signals' of a COVID-19 outbreak

- The importance of talking to all sectors of the community

- How to identify a suspect case using the COVID-19 community case definition

- How to do active case searching

- What to do if you find a suspect case

- How to report the information you collect in the community

- How to reach out and support alternative health providers to detect and refer suspect cases
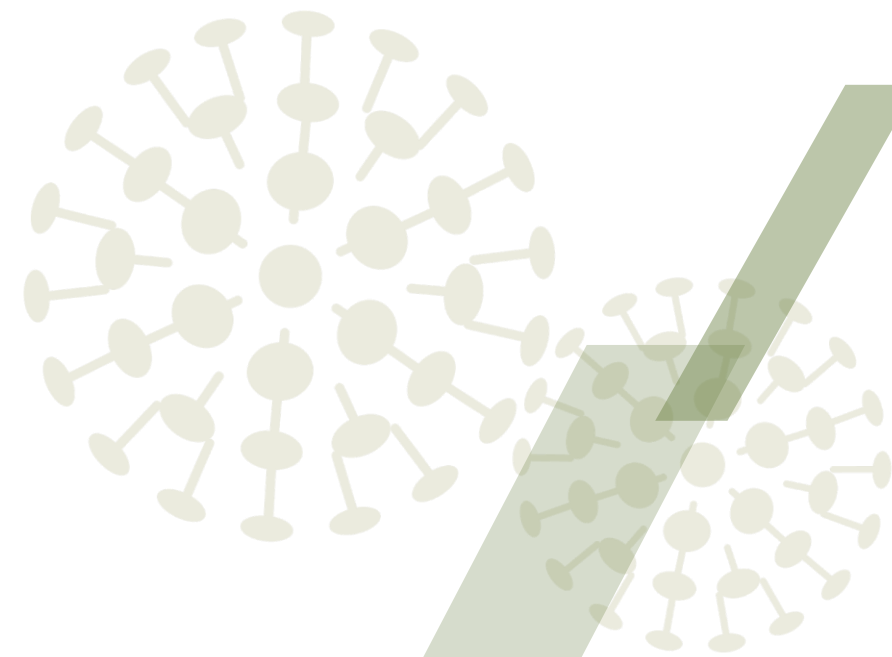
Contact tracing

What this session will cover

- What is a contact?

- What is contact tracing
  - Contact identification
  - Contact listing
  - Contact follow-up
  - Contact discharge

- What a contact should do

Is this person a contact?

Example 1

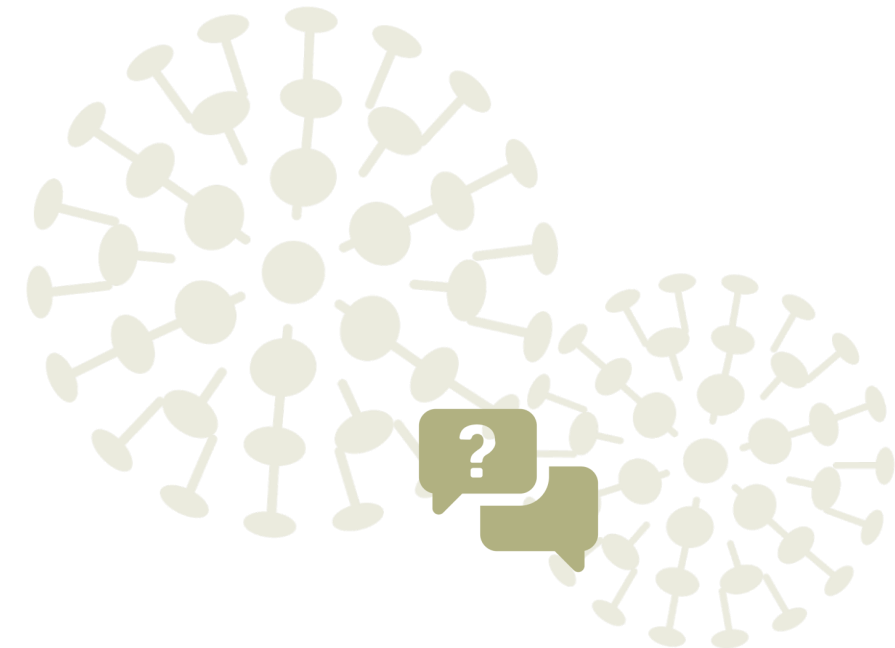John had visited a local shop in the village to buy things for his household. He met Jesica who was the shopkeeper. John handed the list of his needs to Jesica.

Jesica collected the things he needed and packaged them up for John. This took about 20 minutes. While this was happening John and Jesica were standing quite close, less than 1 metre apart, and chatting, telling some stories. Four days later, Jesica was confirmed to have COVID-19 at the health facility.

Question: Would you treat John as contact in this example? Explain your answer

Answer for example 1

- John has been very close to Jesica for more than 15 minutes

- Jesica has been confirmed to have COVID-19.

- Although Jesica was confirmed with the disease more than 2 days after the time she met John, Jesica might have been infected and transmitting the virus at the time she met John, without showing the symptoms

- So John is a potential contact and will be assigned to a contact tracer

We will discuss in detail what contacts need to do and how they are managed by the CHW and contact tracer shortly

Example 2 : suspects? contacts?

Juma is a father of two sons, named Abraham and Baraka, all living in one household.

They all meet in the evening at the dining room (for about 30 minutes) and seating rooms (for about an hour) of their home.

Baraka is in grade 4 and attends school all day on every weekday. The 32 pupils in his class also spend all day at school and return home in the evening. In class, they sit on benches close together

Two days ago, Abraham started feeling tired with fever, cough and sneezing. All other members of his family were healthy, except Juma who lost his sense of smell. Baraka continues to go to school as usual.

Questions: Would you suspect anyone being a COVID-19 suspect case in this example? If yes, who are the suspects? Is there anyone who might be a contact?

If yes, name the suspects and describe all the potential contacts in this example.

Answer for example 2

- Abraham is a COVID-19 suspect because his symptoms are similar to those reported for COVID-19 patients.

- There are a number of contacts in the example.

- Remember, someone who has been close (less than two-arms' length) to a suspect case for more than 15 minutes during the past two days before the suspect started showing the symptoms is a contact.

- These were the conditions at Juma's home and Baraka's school.

- So, in this example the potential contacts are Juma, Baraka and pupils who sit with Baraka in a bench at school.
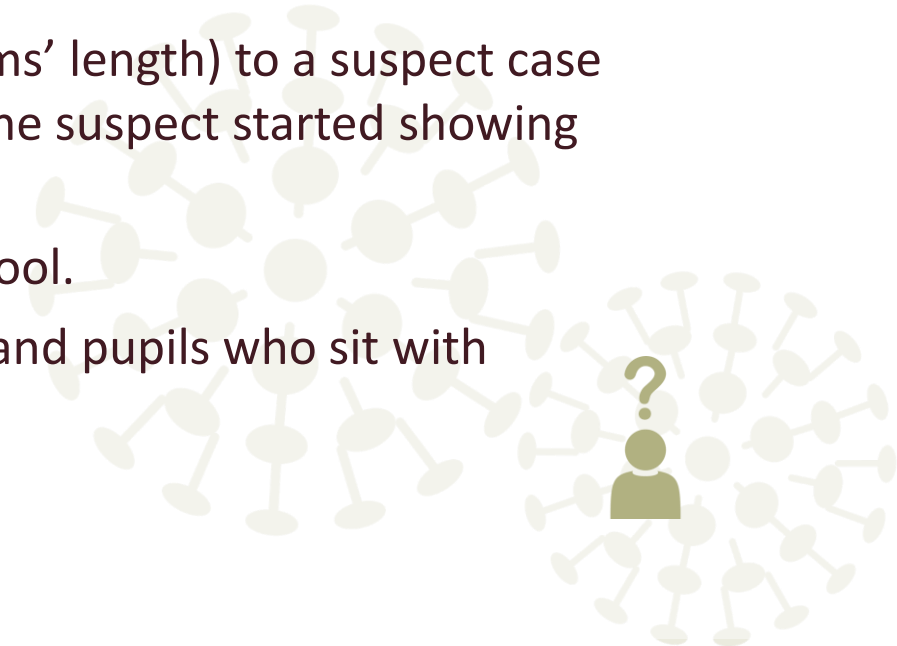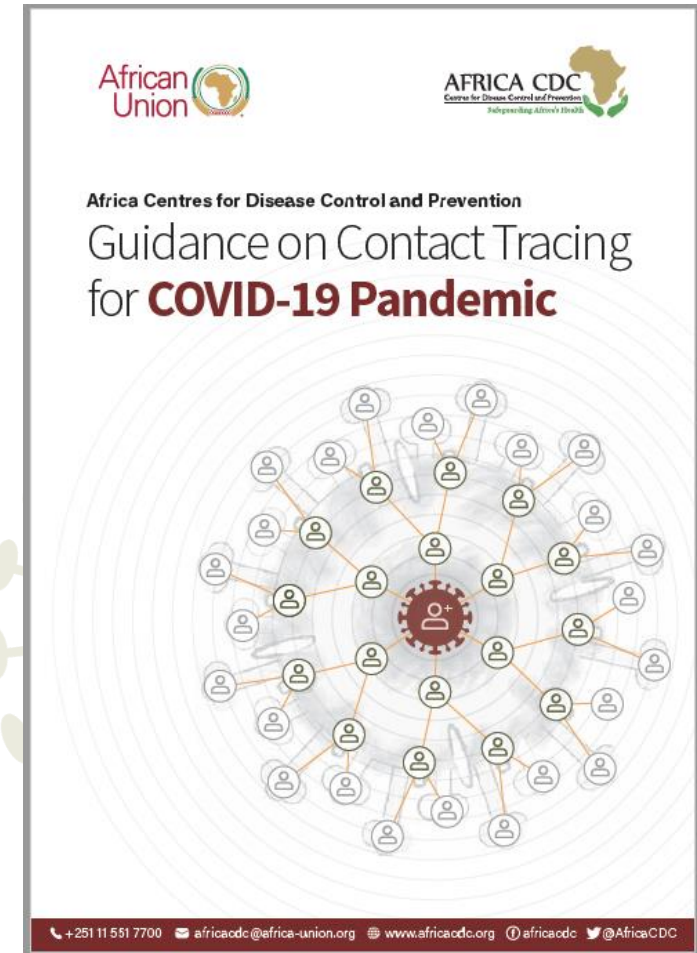
How do you identify a contact?

A contact is :

Someone who has been in **'close contact'**
with a COVID-19 case
in the **2 days before**, or the **14 days after**,
the **start of their symptoms**

Close contact can happen by:

- Being face-to-face within 1 metre for more than 15 minutes with a person with COVID-19

- Having direct physical contact with the person (e.g. hugging, kissing, holding hands)

- Caring for the person without using proper personal protective equipment

- Being in a closed environment with the person, e.g. in a living room, classroom, place of worship, or vehicle

Africa Centres for Disease Control and Prevention
Guidance on Contact Tracing
for **COVID-19 Pandemic**

Example of a contact

Person X has been confirmed to have COVID-19.

Her/his contacts will include:

- All persons living with her/him at home
- All persons who drank with her/him at local pub
- Any health worker who cared for her/him without proper PPE
- Anybody s/he shook hands with
- Team members in sports teams
- The friend who sat opposite her/him in the cafe for 30 minutes

**From 2 days before s/he started showing symptoms
to 14 days after her/his symptoms started**
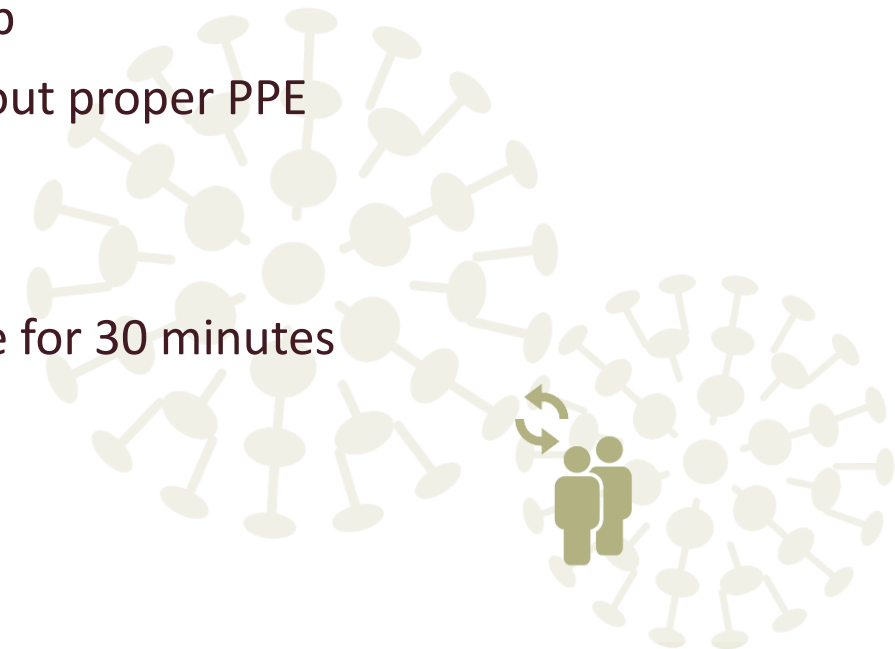
What is contact tracing?

Contact tracing involves:

- **Identifying people** who have been in **close contact** with a case of COVID-19
- **Monitoring their health while quarantined** to see if they develop symptoms

This reduces the risk of infection in the community by :

- **Keeping people who might be infected under observation** until it is clear that they are not infected (14 days)
- **Quickly identifying new cases** so that they can be isolated and receive care

Important things to keep in mind

A contact is <u>not</u> a suspect case

- It is a **healthy person** who may or may not be infected.

Contacts are asked to collaborate:

 For their own benefit

 ➢ so that their own illness can be managed quickly if it occurs,
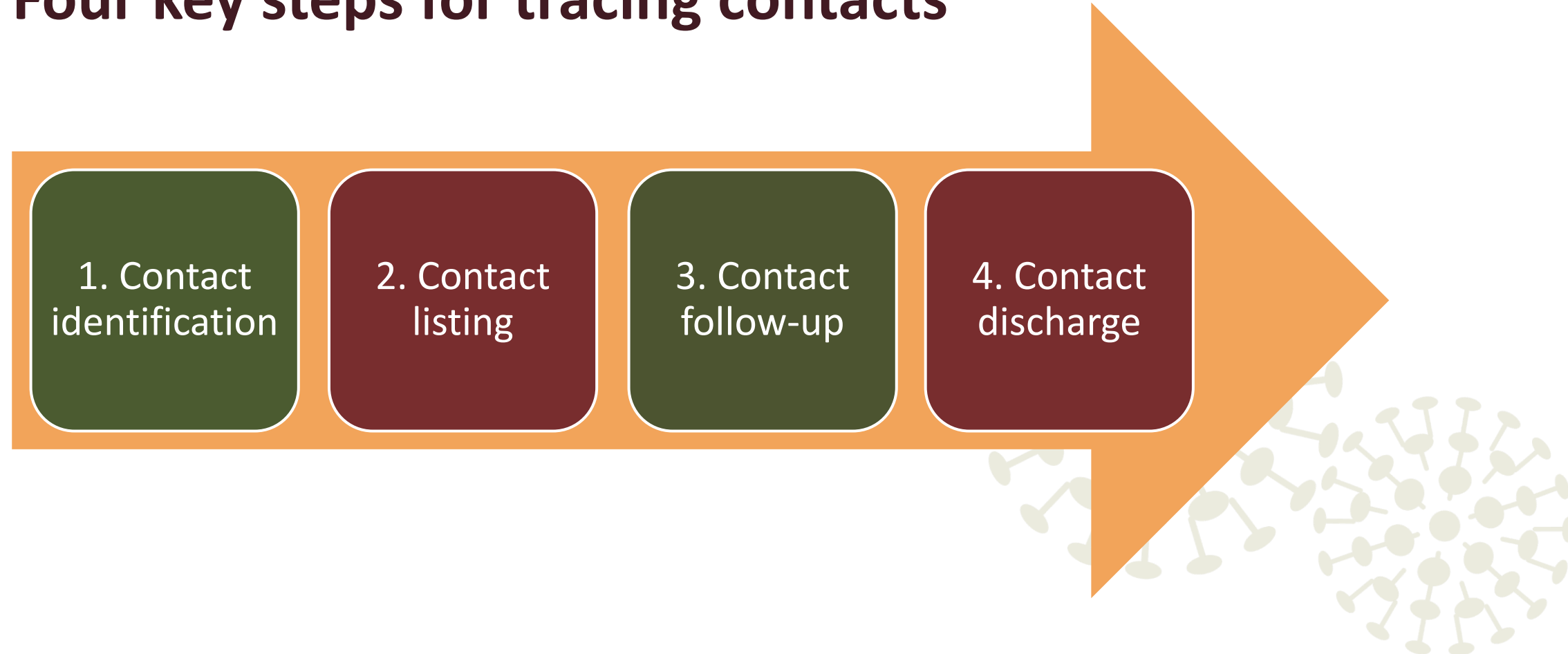
 AND

 For the benefit of the community

 ➢ to reduce the chance of passing the infection to others

Four key steps for tracing contacts

| 1. Contact identification | 2. Contact listing | 3. Contact follow-up | 4. Contact discharge |

1. Contact Identification

Contact <u>identification</u> is usually done by Case Investigators

But CHW can have useful local knowledge and may be asked to help

Contacts are identified by:

> **Asking the case to go through their activities and the people they have been around from 2 days before their symptoms started to 14 days after**

"Walking" systematically through the period with the case can also be helpful

1. Contact Identification : helping cases remember

To help cases remember their contacts, ask about:

- Close family members and people who live in the same household
- Friends and other people who they have visited
- People who they might have spoken to or been in a close situation with for more than 15 minutes such as neighbours, shopkeepers, workmates,
- Places they have visited such as health providers, shops, place of worship, schools, other people's homes
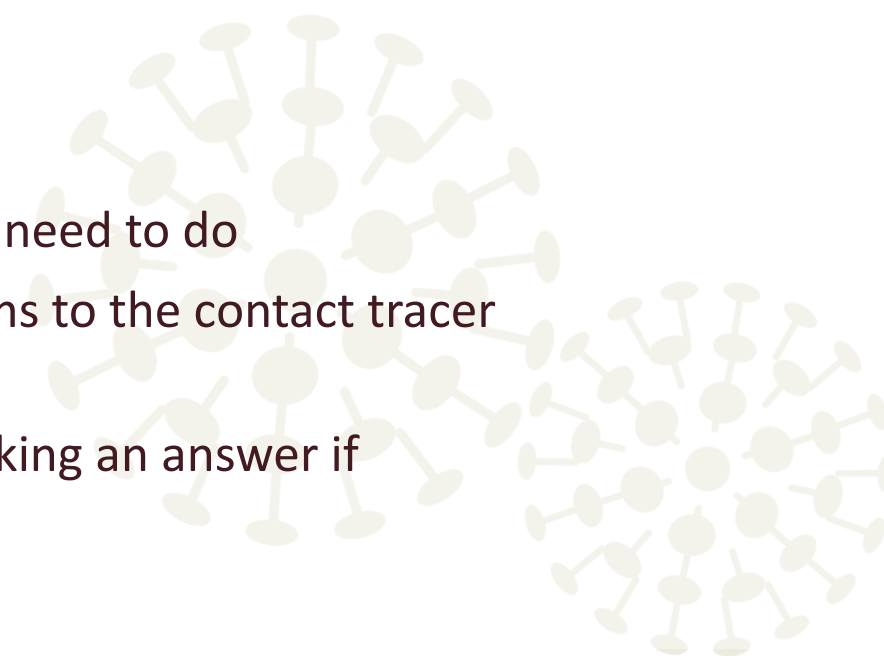
2. Contact Listing

People who fulfill the criteria of being contacts should be listed using a **structured contact listing form**.

The contact list is used to assign contacts to contact tracers for follow up

Contact listing involves:

- Registering each contact on the form list
- Informing the person that they are a contact
- Explaining what being a contact means and what they need to do
- Emphasizing the importance of reporting any symptoms to the contact tracer quickly, even if mild
- Answering any questions that the person has, and seeking an answer if necessary

Example of contact list

A contact list is usually a form where the most important information about each contact can be collected. This includes

- Date, name, address,
- Age, sex, occupation of contact
- Relationship to the case
- Date they were most likely to have been exposed to the case

What a contact should do - 1

- Stay entirely at home or in a designated facility - this is **quarantine**

- Do not have visitors

- Do not prepare or serve food to others

- If there are people living with you who are **not** contacts, try to find somewhere else for them to stay

- Stay at least 1 metre from other people living in the home unless they are also in quarantine.

- Call the CHW or healthcare worker immediately if you develop symptoms

What a contact should do - 2

In the home:

- If possible, stay in a separate, well ventilated room

- Wash hands with soap or use hand sanitizer regularly

- Use disinfectant to wipe down surfaces that you touch

- Use a non-medical or fabric mask if you have any symptoms

- Call the CHW or healthcare worker immediately if you develop symptoms

3. Contact follow up

Contact follow up requires a relationship of trust between contact and tracer.

It is often done by CHWs

The goal is for contacts to:

- Feel comfortable to talk about how they are managing

and

- Inform the contact tracer if they develop symptoms.

**The public health goal** is to know that the contacts are:

- Staying at home and sticking the rules of quarantine
- Are well or, if they have symptoms, are reporting them to the contact tracer

3. Contact follow up : what to check

Ideally contacts are visited daily by the same tracer who checks at each visit if the contact:

- Is still in the same location
- Is well or has any symptoms
- Is taking measures to reduce the risk of transmission of infection in the household
- Has the necessary support
- Has any problems or difficulties that the tracer can help with
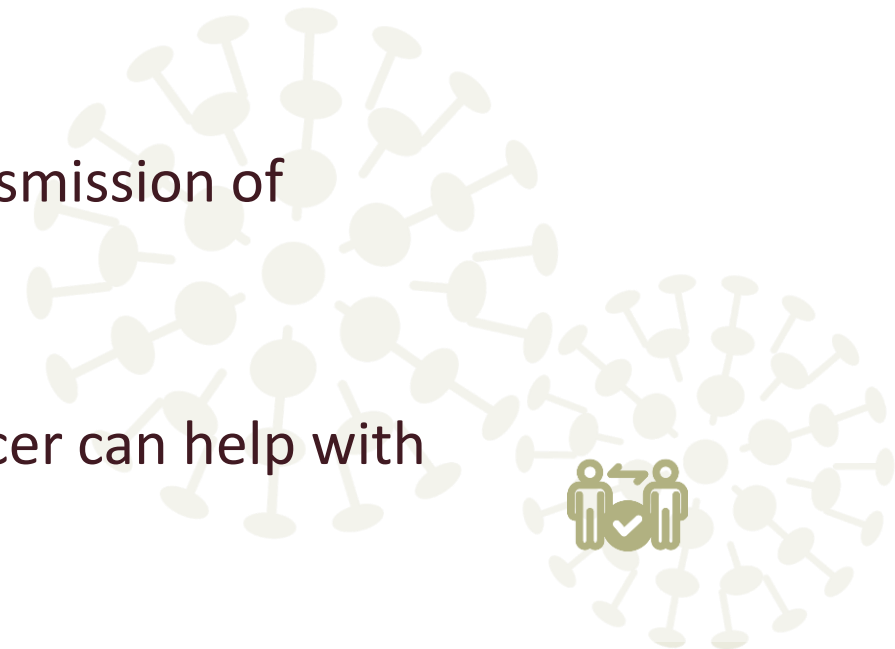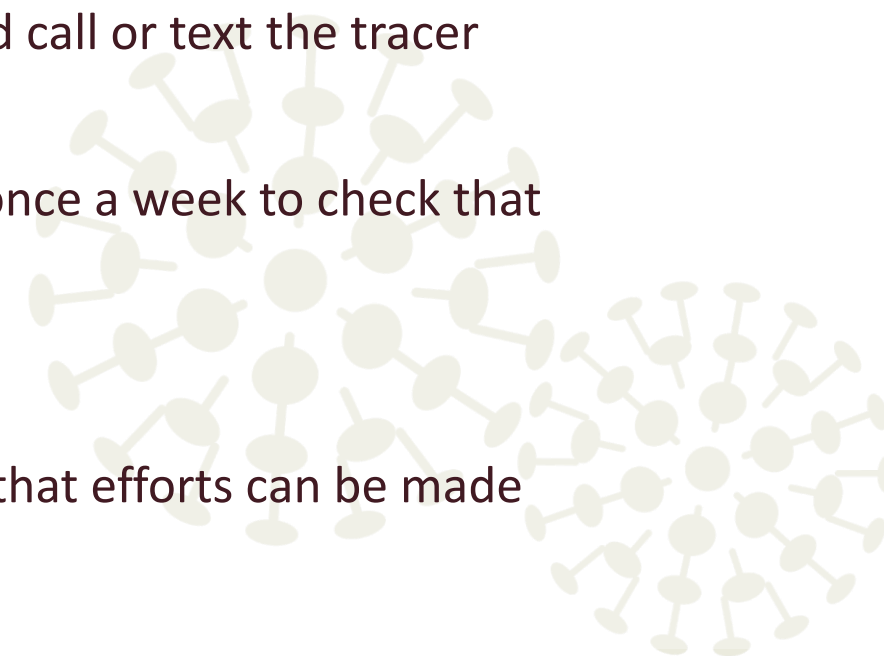
How to do contact follow-up

There are different ways to monitor contacts depending on resources

a) The most effective is to **visit each day and speak directl**y to each contact in the household (keeping the 1 metre distance)

b) Where this is not possible, you may be asked to **call or text** the contact

c) Sometimes contacts may be asked to **'self-report'** and call or text the tracer who only makes contact if they do not.

With b) and c), it is advisable to make a **surprise visit** at least once a week to check that contacts are well and keeping to quarantine

If contacts are not where they should be, it is essential to:

Find out from family or friends where they have gone, so that efforts can be made to follow them up in the new location

Example of contact follow-up form

A follow up form will be provided by your supervisor to record visits, whether the contact was seen or not, and the contact's health status

4. Contact discharge

Contact discharge happens for different reasons:

- The contact finishes his/her 14 days of follow-up

- The contact develops COVID-19 symptoms and so is moved to the case list

- Subsequent investigation shows that the person was not a contact

- Subsequent investigation shows that the case linked to the contact did not have COVID-19

*Your supervisor will provide guidance on contact discharge*

Session summary

In this session we have learned:

- A contact is someone who has had 'close contact' with a COVID-19 case in the 2 days before, or the 14 days, after the start of their symptoms

- Contact tracing involves identification, listing, follow-up and discharge of contacts

- CHWs are important in contact tracing because they have community trust and can offer support

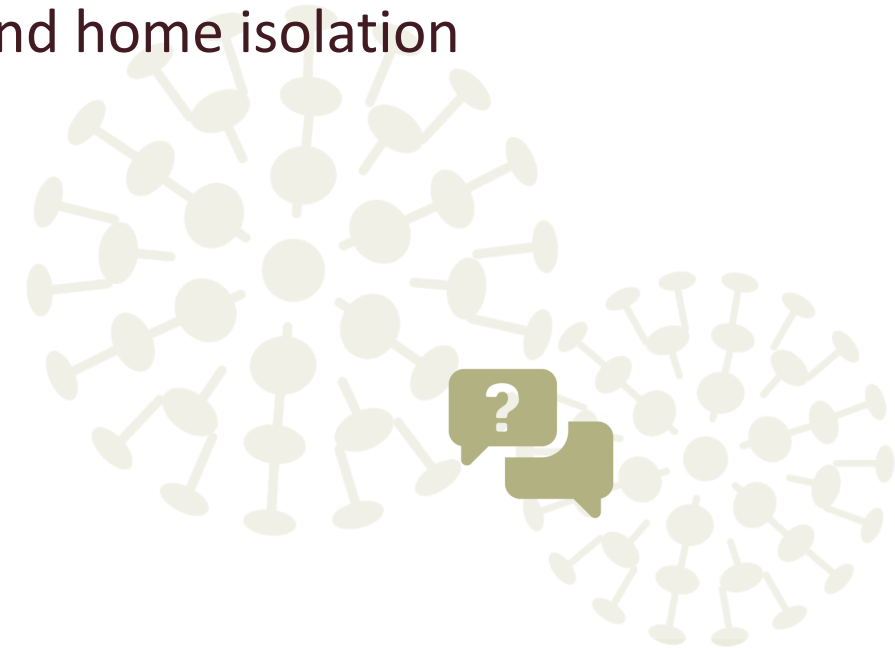- Close follow-up and careful monitoring of contacts is essential to stop spread

Supporting People in Quarantine and Home Isolation
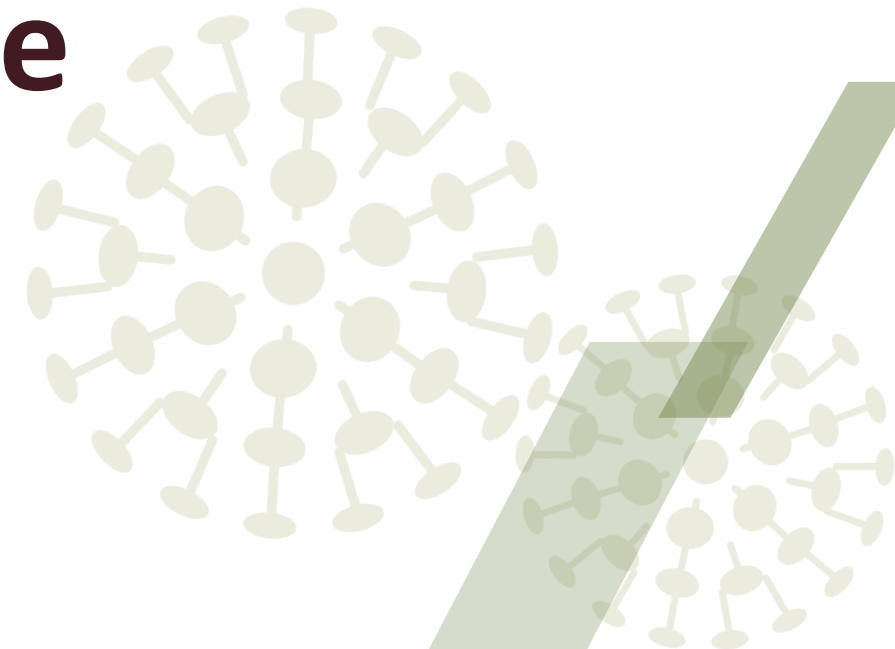
What this session will cover

- What quarantine and home isolation mean
- What households need to know
- How CHW work with people in quarantine and home isolation

Quarantine & Isolation to prevent spread

Quarantine and isolation are VITAL to helping bring the COVID-19 epidemic under control.

They work most effectively when people in the community accept and understand why they are needed

In some countries quarantine and isolation will be at home

In other countries people might be asked to go to a special quarantine or isolation centre
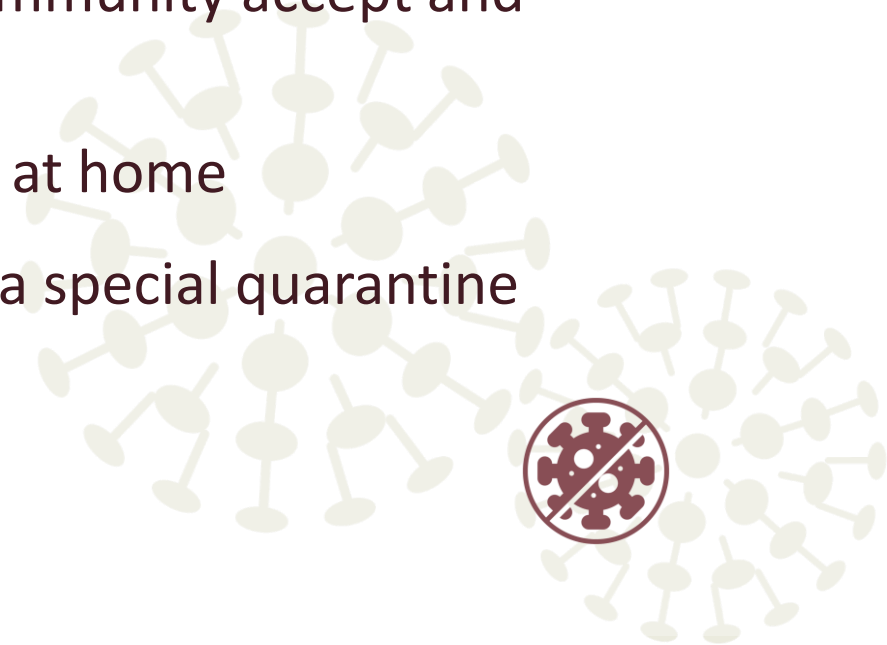
What is the difference between <u>quarantine</u> and isolation?

Quarantine is what <u>**contacts**</u> of a case are asked to do.

- It is a 14-day period

- Where contacts are asked not to leave their homes

- To monitor their symptoms

- And keep communication with their CHW contact tracer

What is the difference between quarantine and <u>isolation</u>?

Home Isolation is what <u>cases</u> are asked to do if they have mild symptoms of COVID-19.

- It is a period of at least 7 days AND until the person no longer has symptoms
- People are asked not to leave their homes,
- To practice measures to reduce transmission
- And keep in communication with their CHW

Now we will look at both situations in more detail.
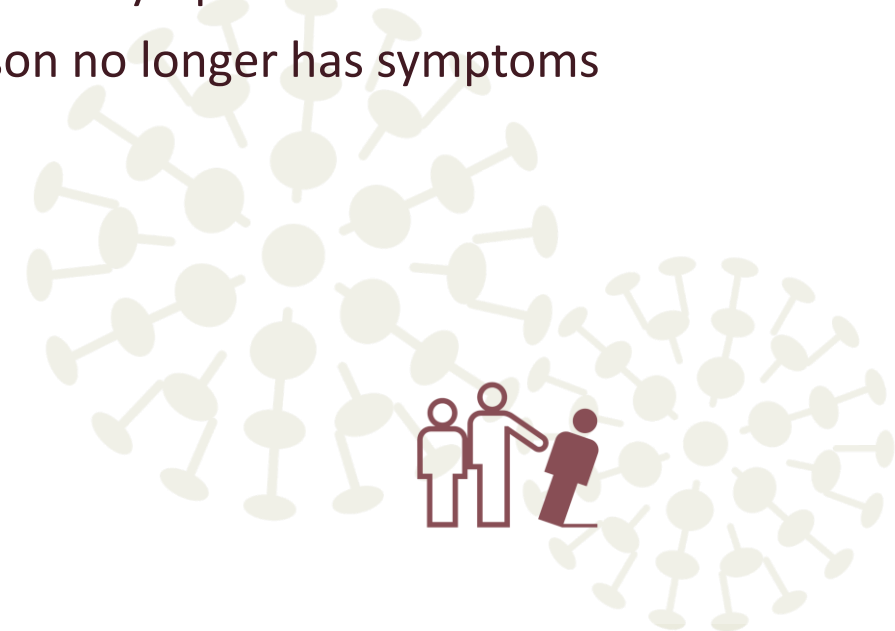
Why Quarantine?

A contact can be infected with COVID-19 even if they don't have symptoms

>> That's why they have to stay at home and monitor their health even if they don't have symptoms

The 14-day period of quarantine is because this is time it takes to be sure that the person will not develop COVID-19 or spread the disease

>> This helps stop the virus spreading in the community

>> And it allows contacts who develop symptoms to be helped quickly

14-day

Quarantine 'rules'

'**Quarantine**' means:

- Stay at home for 14 days

- Have daily contact with the CHW/contact tracer

- Do not have contact with anyone except the immediate household

- Carry out hand hygiene, respiratory hygiene, surface cleaning and distancing where possible to reduce the risk of spreading the virus to others in the household

- Report any symptoms to the CHW/contact tracer
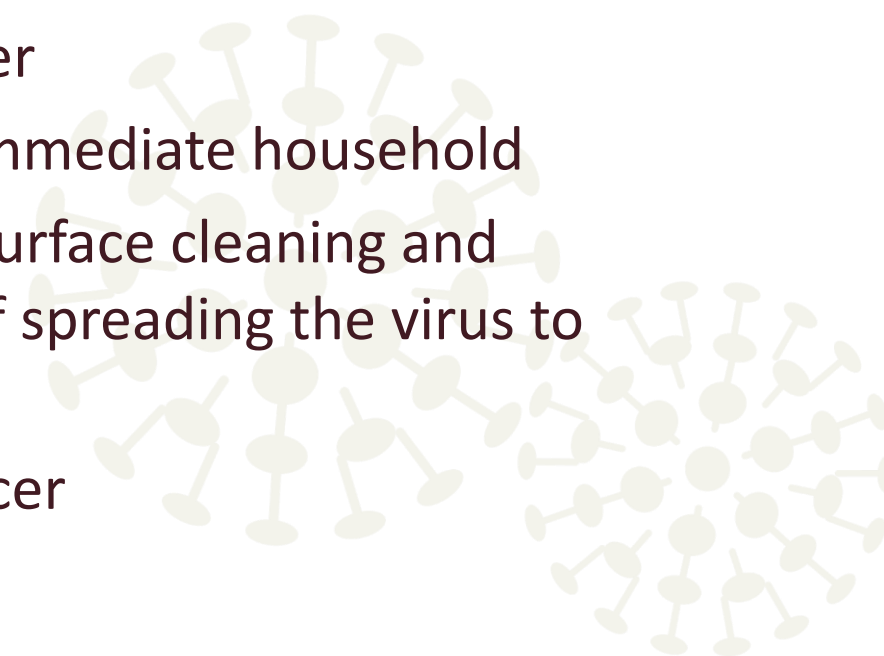
CHW support for contacts in quarantine

CHW should work with people in quarantine by:

- Making daily contact with the person/household for contact tracing

- Talking to contacts about their physical and mental wellbeing

- Ensuring any symptoms are immediately reported to your supervisor and the nearest health facility

- Helping households understand the reasons for quarantine and what will happen if any contact develops disease

- Collaborating with the community to respond to any needs that will make the quarantine more manageable

- Ensuring that contacts are linked into any social and economic support provided by the country
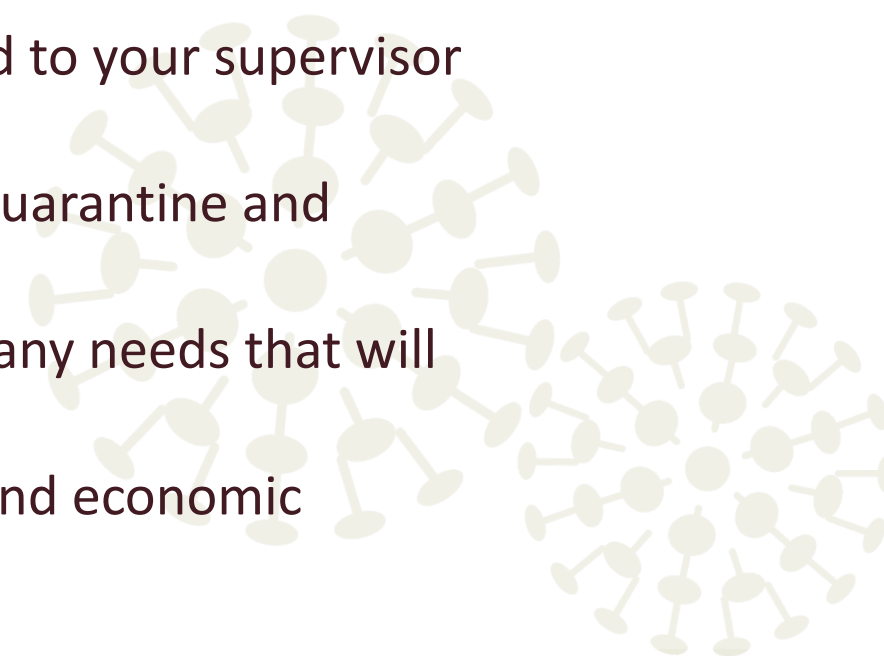
Why home isolation?

Home isolation is the recommended approach for people who have mild symptoms of COVID-19

>> This is because for many people having COVID-19 will be like having a bad cold which can be managed at home

>> It allows health facilities to focus on caring for more severely ill people.

Cases need to isolate for at least 7 days and until they have no more symptoms – so that they don't spread the disease.

7-day

Home isolation 'rules'

Home isolation means:

- Stay at home if mildly ill with COVID-19 for at least 7 days or until no symptoms

- Where possible, the sick person should stay in one room in the home

- Reduce the number of family members who care for, or come close to the sick person - ideally 1 person only

- Carry out hand hygiene, respiratory hygiene, surface cleaning and distancing to reduce the risk of spreading the virus to others in the household

- If symptoms get worse, put on a non-medical or fabric mask, and go to the nearest health centre
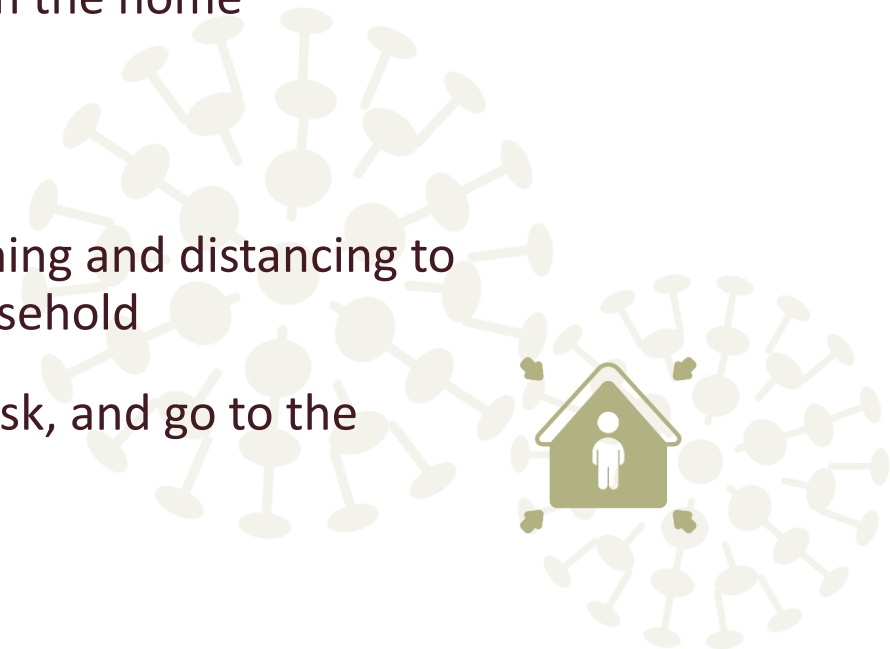
CHW support for cases in home isolation

CHW can work with people in home isolation by:

- Making sure that those who are sick and their household understand why they are being asked to isolate

- Helping them understanding how to best manage the illness

- Helping households access help with the practicalities of everyday life, e.g. medicines, food, communications, work duties

- Encouraging community members to help households manage this period

- Helping households access any financial and social support available

- Helping households find activities to reduce boredom and frustration of isolation and help people keep their isolation

Session summary

In this session, we have learnt:

- Quarantine and Isolation are essential to control spread of COVID-19

- Contacts need to be in quarantine for 14 days because this is the time it takes to know for sure that a person is not infected

- Cases must be in isolation for at least 7 days <u>and </u>until they have no more symptoms so that they do not spread infection

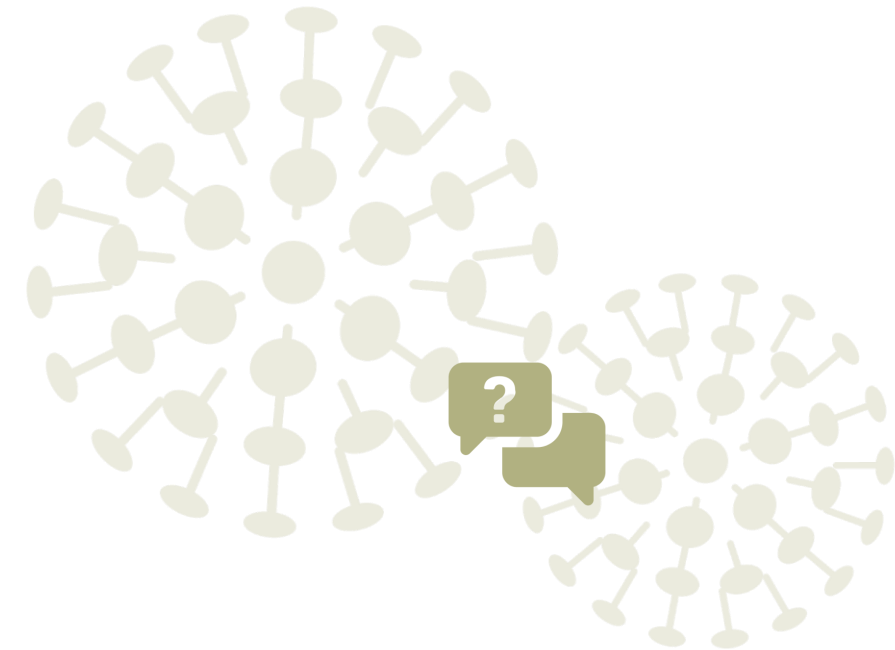- CHWs should work with, and support people, in quarantine and isolation

Community engagement
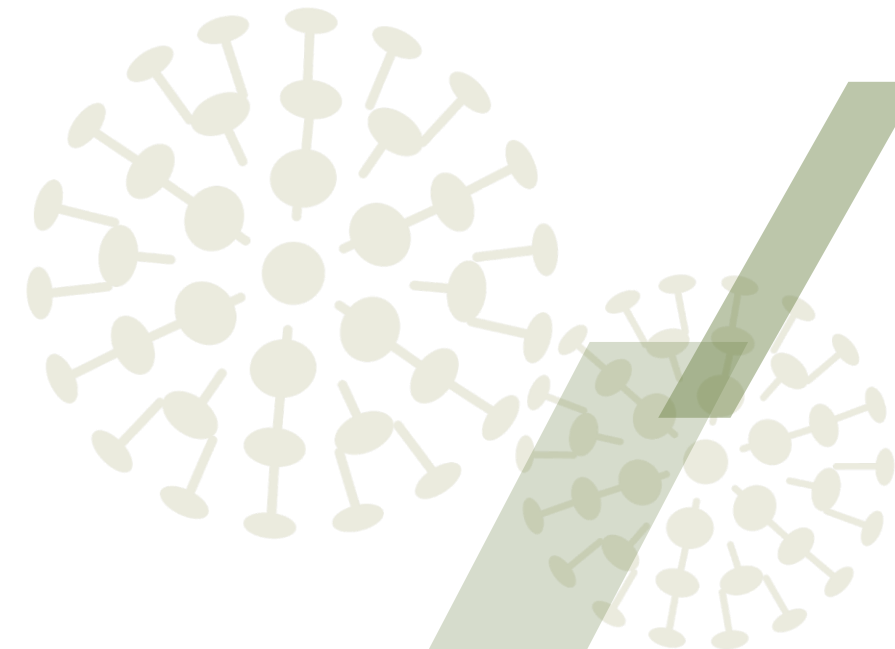
What this session will cover

- Engaging the community

- Working with the community

- Who and how to communicate with

- Encouraging community solutions

- Essential COVID-19 behaviour changes

- Psychosocial issues

Engaging the community for COVID-19

All the activities in the previous sessions rely on having a good relationship with the community

The success of interventions to fight COVID-19 depends a lot on whether people accept the interventions are needed and act on the advice

Community health workers are in a good position to help people come to terms with COVID-19 because you know your community, and can understand their worries and fears
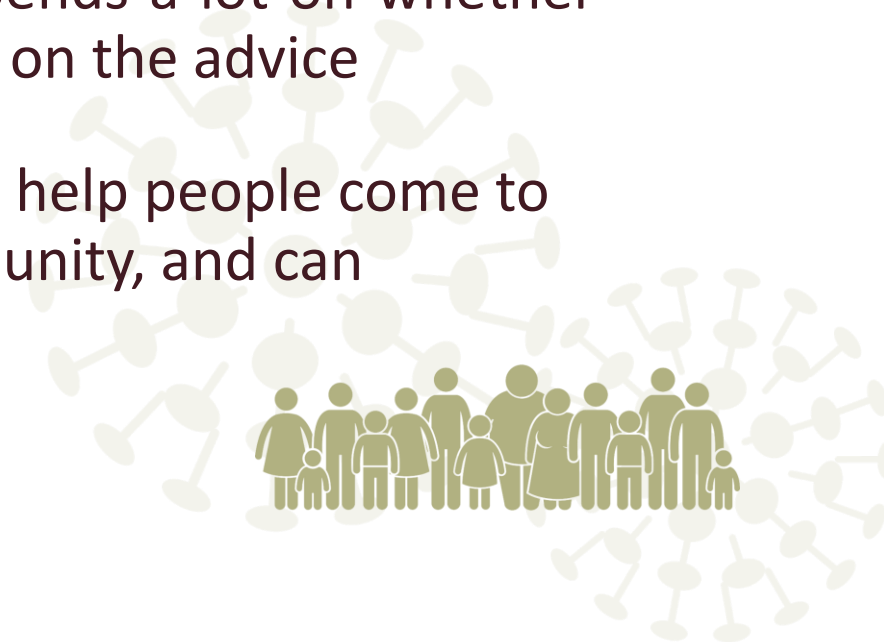
Helping the community understand COVID-19

As a CHW, your role is to help people understand COVID-19 and accept necessary health measures by:

- Being a source of clear information about COVID-19 symptoms and how it is transmitted
- Providing correct information about how to reduce and prevent transmission
- Correcting myths and misconceptions of the disease
- Helping people understand what to do if they become ill
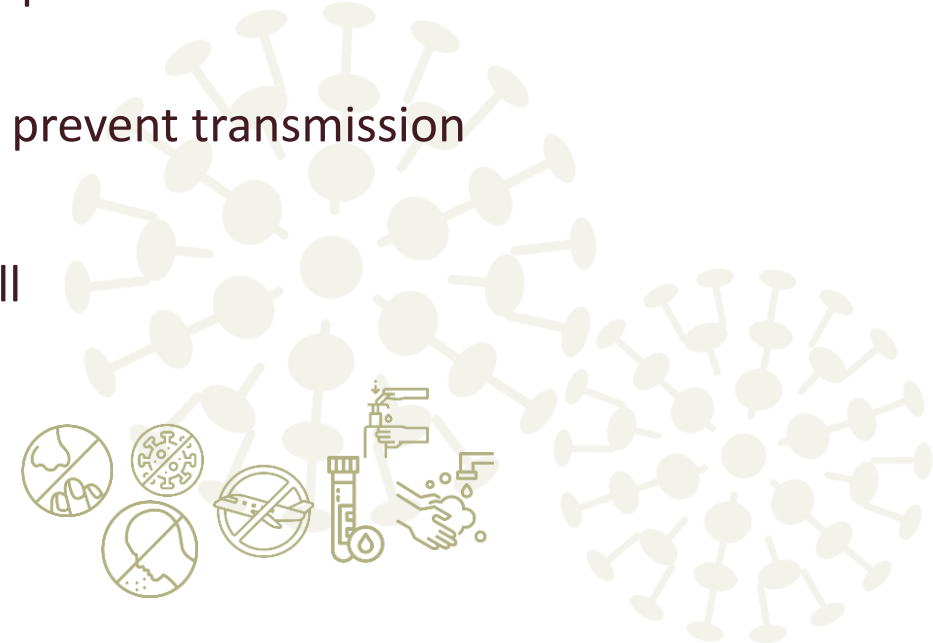
Who should you reach out to?

For CHWs, important partners include:

- Community leaders: political, traditional
- Religious leaders
- Local healthcare workers, pharmacists, lab staff
- Traditional healers, patent medicine vendors
- Teachers
- Youth groups
- Individual households

Plus

- Collaborate with local health care workers to make sure you are passing the same messages
- Ask them to share information, education and communication (IEC) materials
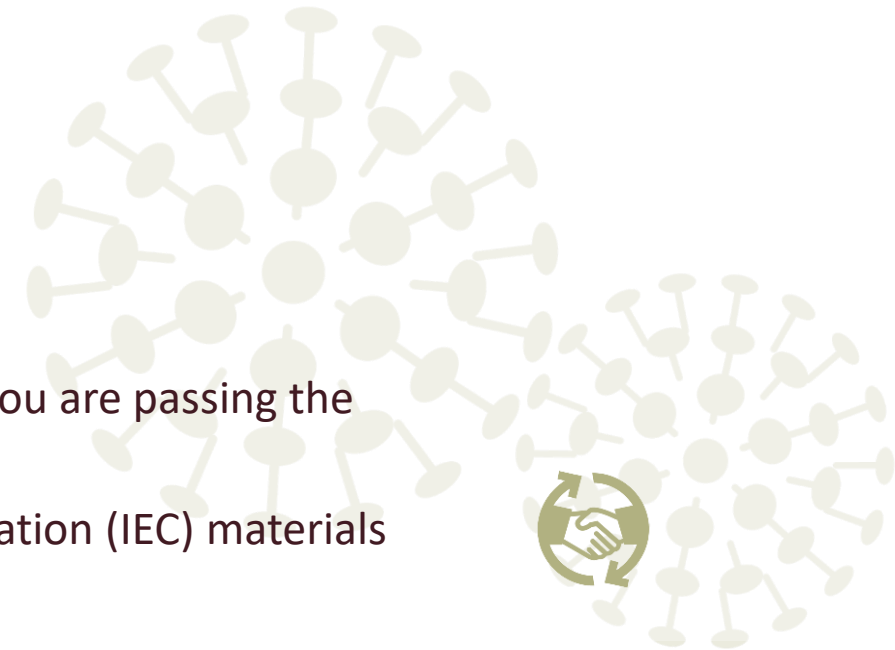
Encourage community to…

- Think of how to make COVID-19 prevention measures work in their situation
- Identify areas at higher risk of transmission and how to reduce the risk there
- Show you the best way of delivering information to different parts of the community

Remember:

- Listen as well as speak
- Ask for input: the best solutions often come from the people affected
- Make sure that people know what you are tasked to do and why so that you reduce any suspicion and fear of your work
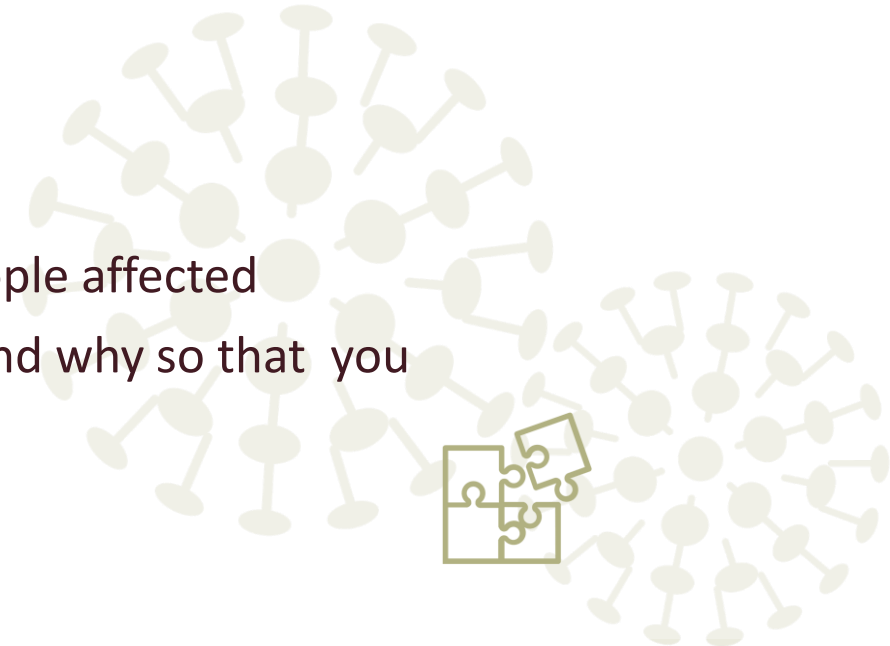
How to communicate

As well as moving around the community, use these tools when available for sharing health messages, and for gathering 'signals'.

- Social media platforms: Facebook, WhatsApp, Instagram...

- Mass media communications : newspapers, radio and television

- Posters or banners in shopping areas, bus terminals, health facilities, worshipping places etc..

- "Town cryers": public announcements using megaphones or loud speakers mounted on a vehicle or motorcycle.

- Village meetings and other public gathering - keeping in mind physical distancing rules
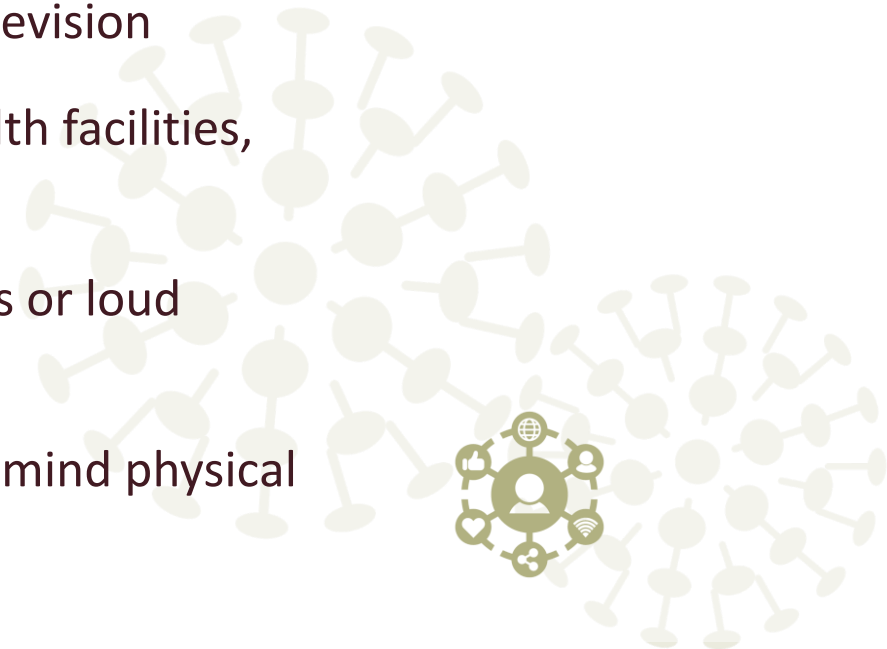
COVID-19 health messages for the community

Health messages need to be stated as clearly and simply as possible
Identify the behaviour change required:

        e.g.   a/ Stay 1 metre away from others
                    b/ Stay at home for 14 days if you are a contact

Explain why:

                    a/To reduce the risk of droplets reaching your face
   b/ So that you won't infect someone else and any symptoms
                    can be quickly followed-up

Answer questions and concerns:

        e.g.   a/ Can I hug someone if I'm wearing a mask?

                    b/ Why 14 days?

Main COVID-19 behaviour changes that you will need to explain to community members

- Hand hygiene

- Cough and sneeze hygiene

- Wearing face covering

- Avoiding touching

- Cleaning surfaces

- Physical distancing

- Isolation when sick

- Quarantine if contact

- Protecting people at high risk

- Alerting when someone has COVID19-like symptoms
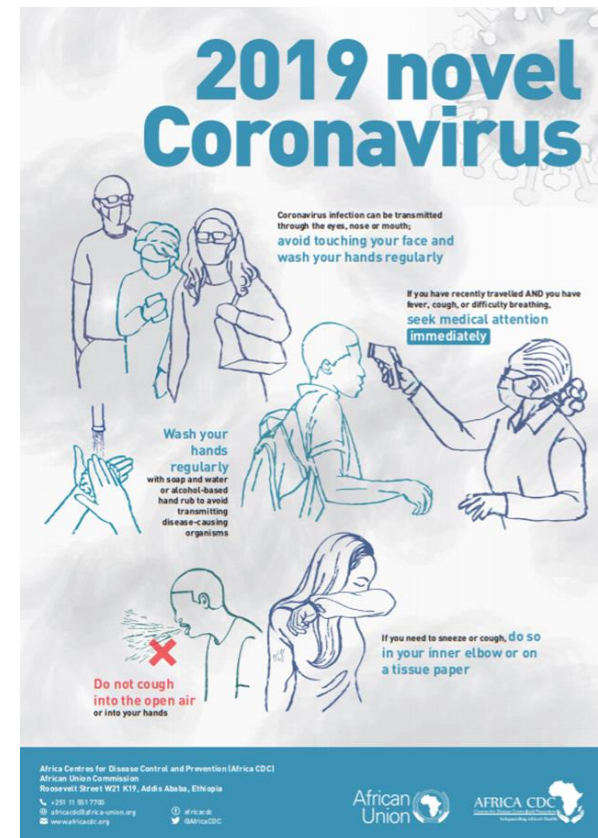
Hand hygiene

Hands are the easiest thing to clean, but also the easiest to be contaminated

Make sure you spend about 40 seconds to do all these steps

Wet Hands with warm water

Apply Soap

Lather soap and rub hands palm to palm
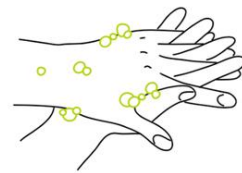
Rub in between and around the fingers

Rub back of each hand with palm of other hand

Rub fingertips of each hand in opposite palm

Rub each thumb clasped in opposite hand

Rinse thoroughly under running water

Pat hands dry with paper towel

Turn off water using paper towel

Cough and sneeze hygiene

Use of Masks and Face Coverings

Tips for avoiding touch

Sensitize the community to:

- **Avoid touching your own nose, mouth and eyes**

    - Keep hands below shoulder level whenever possible

- **Avoid close contact greetings**

    - Develop and use alternative greetings, e.g. elbow bumping, head bowing.

    - Explain why you are not engaging in close contact greeting to make it normal and acceptable

- **Avoid touching surfaces at risk of contamination**

    - Find ways to avoid commonly touched surfaces where possible

    - Avoid handling other people's personal objects, e.g. phones, keys, pens,

    - If you can't avoid - keep hands away from face and wash as soon as possible etc.
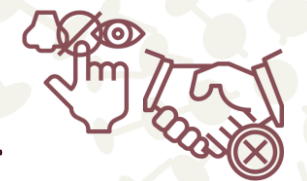
Decontaminating surfaces

Sensitize the community to:

- Be aware of surfaces that may have been contaminated

- Understand that the virus can last from several hours to days on some surfaces

- Disinfecting surfaces can kill the virus

- Use water and detergent, then household bleach (400ml diluted in 20 litres of water) to wipe 'high touch' surfaces regularly

- Where resources are limited, or surfaces can't be disinfected: wash hands often and avoid touching the face (mouth, nose, eyes)

Physical distancing

'Physical distancing' is an intervention that is important to reduce the speed that the virus is passed from person to person.

It aims to reduce:

- The number of contacts people have

- How close they are to each other

- How long they are in contact for

These are the driving factors of spread

How to physical distance

Sensitize the community to:

- **Avoid crowds where possible**

  - Shop and travel at less busy times

  - Avoid crowded transport if possible: wear a mask if you can't

  - Don't plan work, social or sporting activities that involve physical gathering

  - Postpone family gatherings or limit numbers and use distancing

- **Maintain personal distance**

  - Keep a distance of at least two-arms length (1-metre) from other people

  - Where this is not possible, wear a mask if you are not at home

  - Avoid standing or sitting in an area with someone with signs of COVID-19
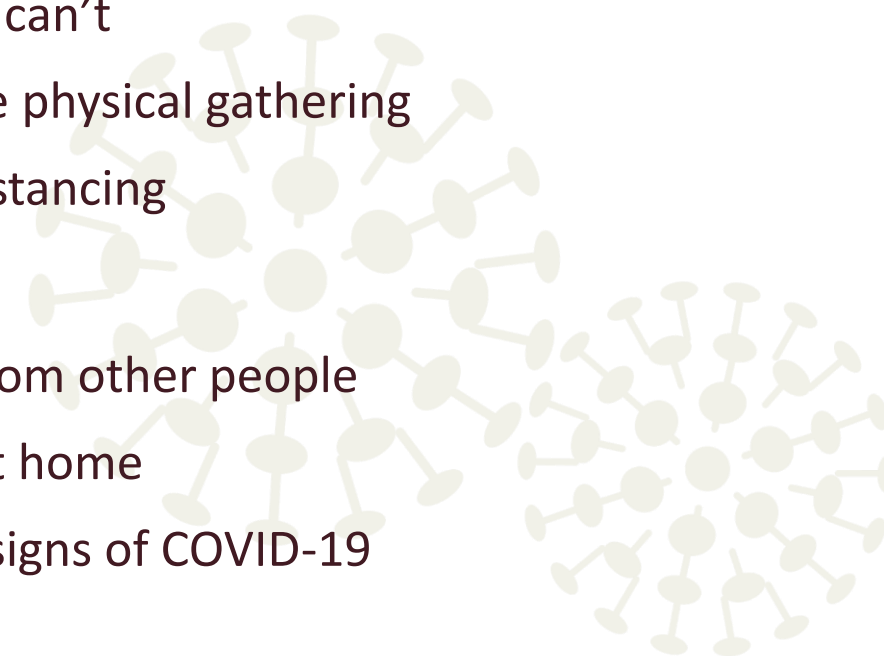
What people need to know about contacts

Sensitize the community that:

- A 'contact' is someone who has been **close** to a case of COVID-19 in the 2 days before or the 14 days after the start of their symptoms

- A contact might be infected with COVID-19 even if they don't have symptoms yet - that's why they have to stay at home and monitor their health

- When people are identified as contacts, they will be asked to:

  - Quarantine' themselves at home

  - Not have contact outside of immediate family

  - Follow the guidance outlined the previous session
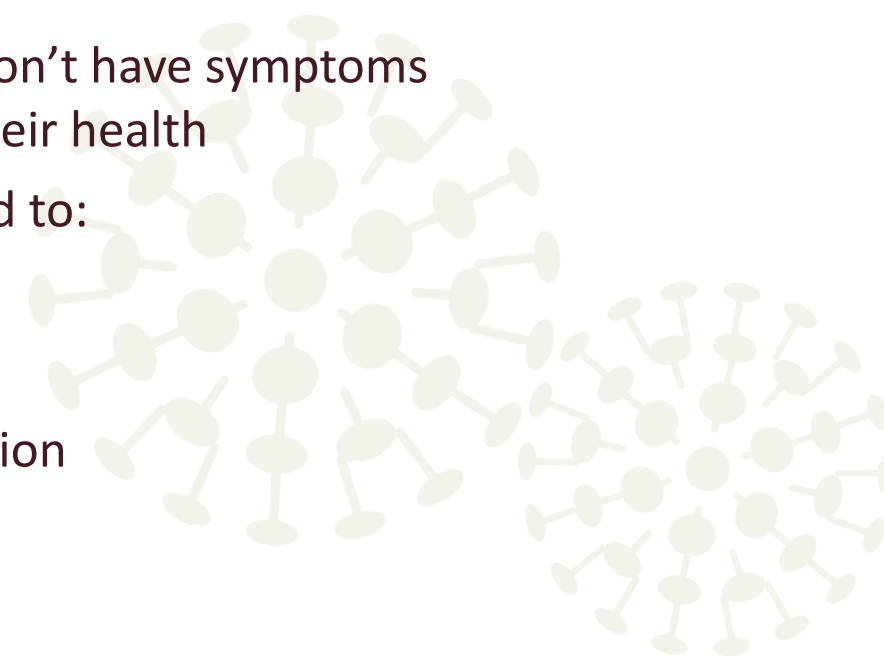
Being 'close' means

- Being face-to-face within one metre and for more than 15 minutes
- Having direct physical contact with the person (e.g. hugging, kissing, holding hands)
- Caring for the person without using personal protective equipment
- Being in a closed environment with the person, e.g. in a living room, classroom, place of worship, or vehicle

What people need to know about becoming a case

Sensitize community members to:

- Inform the CHW If anyone develops symptoms of COVID-19

- Be prepared to give a swab from the nose and throat for testing to a health worker, who will be wearing PPE

- Isolate at home if mildly ill - the CHW will inform the health facility

- Go to the health facility if symptoms are moderate or severe

- Make sure nose and mouth are covered before leaving the house
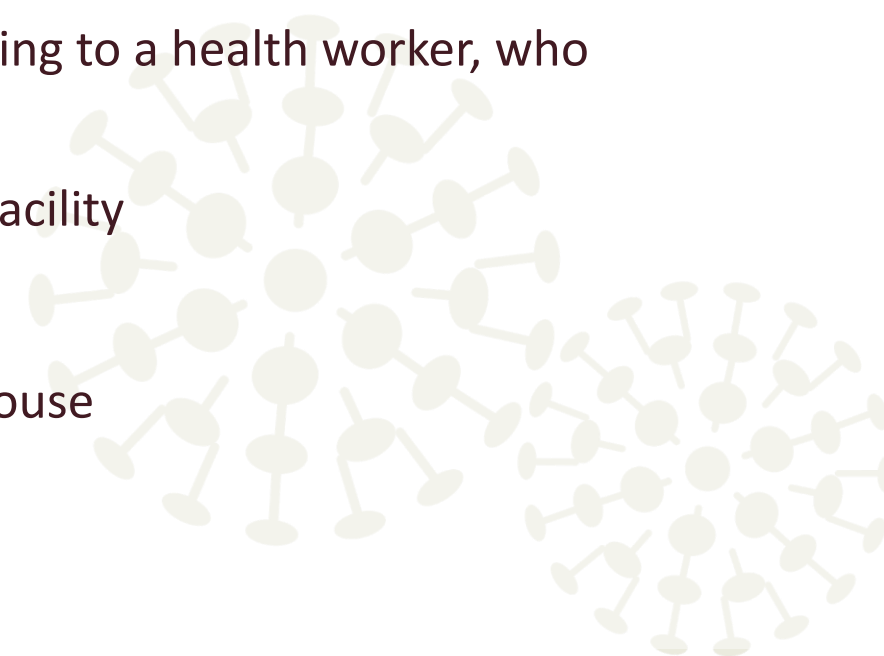
What people need to know about becoming a case

When isolating at home :

- Where possible, have the sick person stay in one room

- Try to have only one family member caring for and in close contact with the sick person. If not caring try to stay 1 metre away

- Increase hand washing, good cough/sneeze practice and start disinfecting surfaces

Why early alert on any COVID-like symptoms is important

To encourage people to report any symptoms early to the CHW or to a health facility, explain that:

- Early detection means the person can be isolated and tested quickly

- This reduces the amount of time they are infectious in the community and prevents spread to others

- When the person is isolated early, the spread of the virus is slowed

- It also means people with more severe illness can get care more quickly

Session summary

In this session, we have learned :

- The more people understand and accept the measures to control COVID-19 the more successful control of the epidemic can be

- CHW need to explain, demonstrate and help people understand and use the important measures to reduce risk

- Behaviour changes are needed to help control the infection in the community

- Why community members should report symptoms to the CHW early
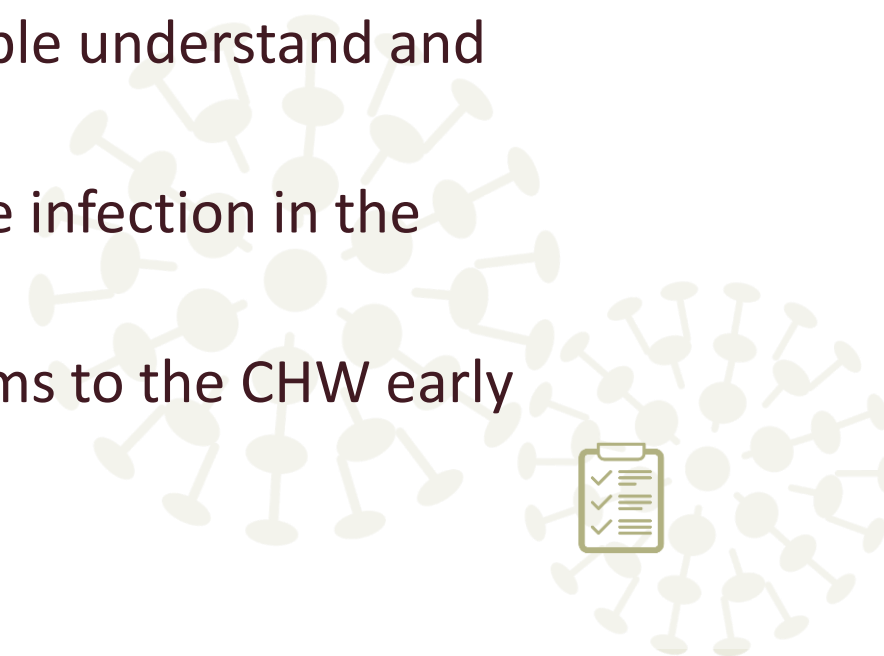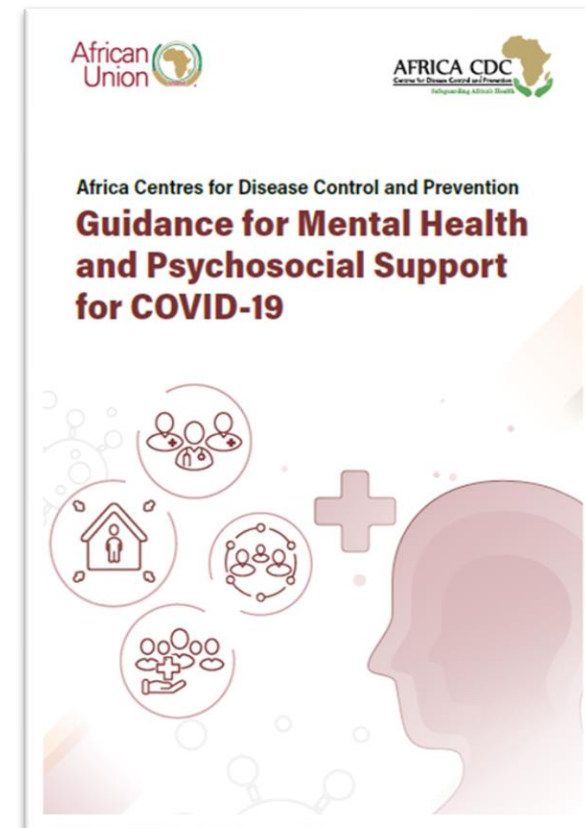
Session 9

Psychosocial issues
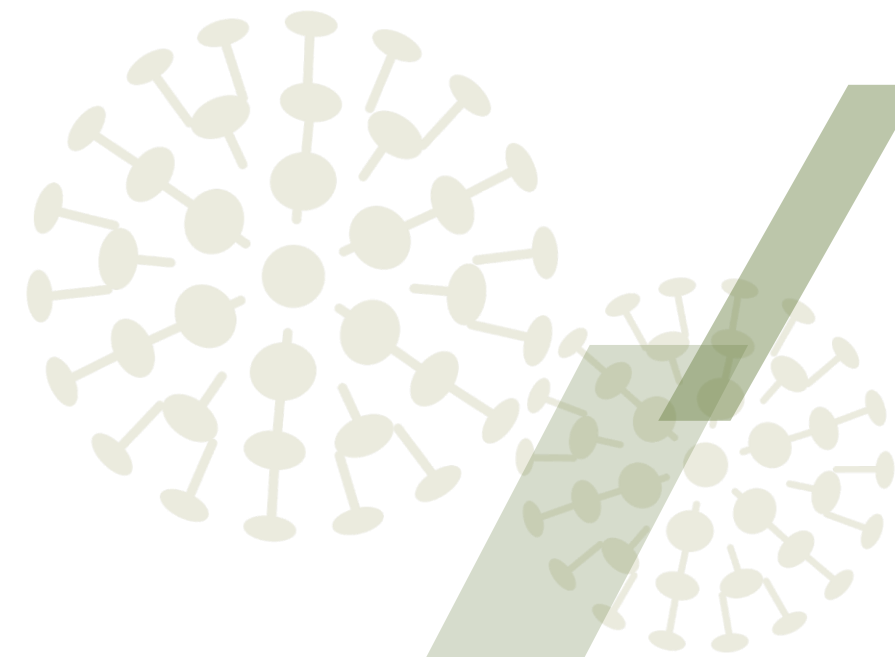
Managing psycho-social issues

Uncertainty, fear of infection and the difficult restrictions on life in the COVID-19 epidemic can raise levels of community and individual stress.

These factors can also lead people to look for someone to blame - this encourages stigma and discrimination.

Managing psycho-social issues

As a CHW, you can help reduce these effects by:

- Providing clear information about COVID-19 to fight misinformation and stigma
- Not linking COVID-19 disease to any age or population group, financial status, or health condition
- Not referring to people with COVID-19 as victims
- Encouraging people to ask for help and advice from health services rather than self-testing

Community support systems

Interventions such as quarantine, isolation, physical distancing put a heavy burden on people, particularly people who are socially or physically vulnerable.

Some ways to counter this are:

- Encourage community groups to establish networks to support each other and provide assistance where needed (e.g. shopping, making meals, helping maintain livelihoods,

- Encourage people to check up on each other by telephone, and keep an eye on those who are more vulnerable, such as children, pregnant women and elderly

- Support community groups to find solutions to manage difficulties created by COVID-19 that work in their situation

- Encourage activities which take the mind off the epidemic, e.g. distanced singing

One important last thing…..

**COVID-19 is not the only disease circulating!**

Fevers, diarrhoea, rashes and other symptoms can indicate other serious diseases and outbreaks

        e.g.. malaria, measles, cholera, yellow fever tuberculosis, HIV ……

Make sure you keep your eyes open for all kinds of symptoms

Encourage the people affected to seek health care

And report what you have seen to your supervisors so they can guide you
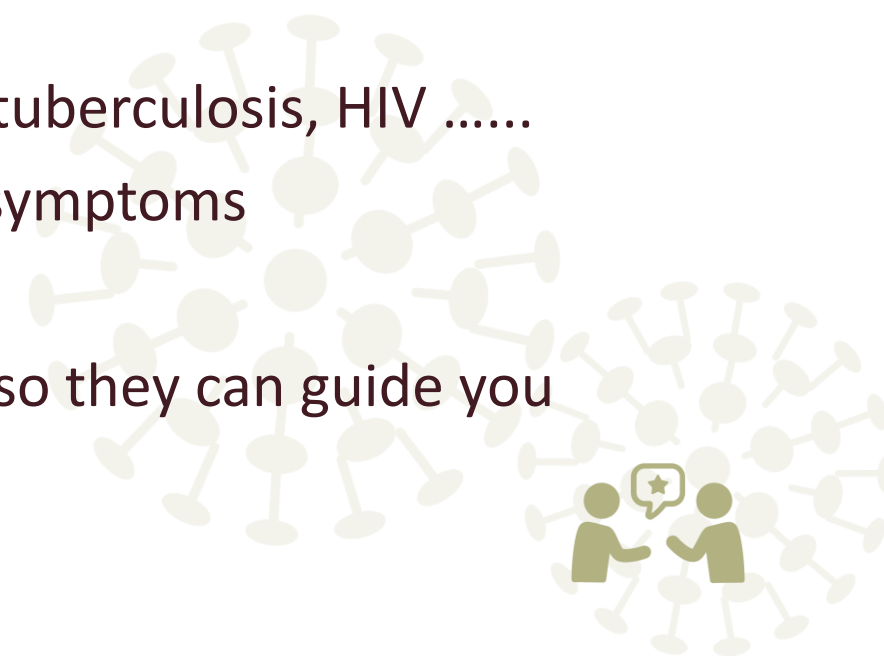
Recap Day 2: key points

In day 2 we have learnt:

- The importance of talking to all sectors of the community when looking for signals of a COVID-19 outbreak
- Use of the COVID-19 community case definition to identify and search cases
- How to report the information you collect in the community
- What contact tracing involves and how it should be carried out
- About quarantine and home isolation and why they are important to control spread of COVID-19
- How to engage community for the success of interventions to control COVID-19
- How to manage psycho-social issues

Post-training test
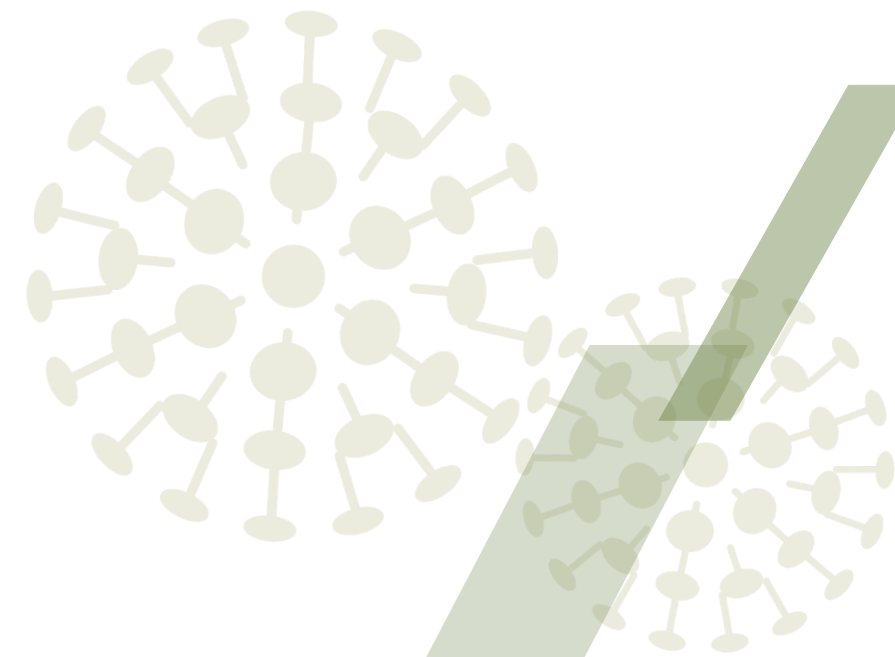
Acknowledgements

- Africa Centre for Disease Control and Prevention (Africa CDC)
- Southern Africa Centre for Infectious Disease Surveillance (SACIDS)
- UK Public Health Rapid Support Team (UK-PHRST)
- US Centers for Disease Control and Prevention (US-CDC)