

Introduction: An important first step in any public health crisis of pandemic nature that can affect anyone is to keep our staff safe. In that respect, this guidance is for Concern staff working in all country programmes, aiming to reduce risk, vulnerability and exposure to Coronavirus / COVID-19. It is also to help facilitate safe referral to a designated COVID-19 testing and treatment centre if a staff member suspects that they have coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment.

We recognise that there can be three scenarios for Concern Staff in their interactions with programme participants during programming in COVID-19:

- a) Where there is No direct contact, No touch with colleagues and target populations necessary during activities;
- b) Where there is close contact but No touch necessary;
- c) Where both close contact and touch is necessary for direct health service delivery;

Every team should consider which of their activities fall under each of these headings, trying to reduce both close contact and the necessity for touch as much as possible. The following provides some specific guidance on each.

Scenario One: This is the most common across our programmes as almost all Concern staff can maintain social / physical distancing within our programmes, and must adapt to Government requirements on the size of gatherings permitted during COVID-19.

The type of activities here include field supervision visits, teacher trainings, organising a farmer field school demonstration, a food or cash distribution, or a health education session. In these cases we suggest:-

- Practice simulations of activities planned for when country 'lockdown' ends in the safer office environment.
- Follow government guidelines on group meetings allowed, and stay aware of the changing situation.

- In some countries, the wearing of non-medical, cloth face masks is now requested when a staff member is outdoors in the community. This may help to reduce the spread of infection in the community by minimising the release of respiratory droplets from infected people. However, it is important to remember these cloth face masks are not standardised and are not intended for use in healthcare settings or by healthcare providers. (See Annex One. ECDC Facemask Infographic).

The use of medical face masks by healthcare workers must be given priority over the use in the community.

*The use of face masks in the community should be **considered only as a complementary measure and not as a replacement for established preventive measures**, as below: physical distancing, respiratory etiquette, meticulous hand hygiene and avoiding touching the face, nose, eyes and mouth.*

Proper use of face masks is key for their effectiveness and safety.

Scenario Two: Close contact / no touch situations may arise where a driver has to take a suspect COVID-19 staff member to a referral clinic, where cleaning staff are working in the office, where a Concern nutrition worker is providing adapted CMAM services or a Concern District Clinical Mentor is supporting Ministry of Health staff in a MoH health facility. In these situations it is important to refer to Coronavirus / COVID 19 Concern Brief, IPC and PPE explained 28.4.2020 (Interim Guidance) and Infection Prevention and Control during Health Care when novel coronavirus (nCoV) infection is suspected (WHO Interim Guidance 19.3.20). In addition:

- Nutrition staff and managers must follow the new Concern ‘Adapting CMAM in the context of COVID-19’ and ‘CMAM Surge Adaptations for COVID-19 Planning’ guides.
- For Concern health staff who need to be inside a health facility, appropriate Personal Protective Equipment (PPE) must be worn based on risk assessment in line with MoH directives in country or the WHO Interim Guidance as below.

Scenario Three: Where close contact and touch is necessary during direct delivery of vaccinations, birth assistance and other essential primary health care or outreach services, basic Infection, Prevention and Control (IPC) measures and standard precautions must be implemented when caring for people with suspected COVID-19. This should include the use of appropriate PPE according to risk assessment and following approved training protocols of the MoH / WHO in country.

Concern can facilitate risk assessments with staff in close contact / touch health service delivery as at 'High risk' or at 'Low Risk' with their staff health service provider / medical clinic in-country or with a partner NGO health service delivery organisation including the district health team.

Refer to Risk Assessment and Management of Exposure of Health Care Workers in the context of COVID-19 (WHO Interim Guidance 19.3.20) <https://bit.ly/3gfQpBq>

*Part 1: COVID-19 virus exposure Risk Assessment Form for Health Care Workers.

It is essential that all staff directly delivering health services be provided an updated for COVID-19, approved 2-3 day IPC training.

In view of the global PPE shortage currently, the WHO recommends ensuring rational and appropriate use of PPE where it is necessary (6th April 2020).

*To guide priority setting for PPE, refer to annexed infographics on
a) recommended PPE for Health Facilities by Target and Setting and
b) recommended PPE for Ambulance or Transfer Vehicle by Target and Activities
(Interim Guidance, WHO, 6th April 2020).*

PPE – the current situation globally and Concern's position

- Concern cannot promise procurement and provision of these items currently due to global shortages and disruption in supply chains.
- There are restrictions to accessing a list of critical PPE items and advocacy for frontline health worker protection is warranted.
- The **WHO** and the **Health Clusters** are coordinating procurement, requirements and allocations of PPE at country level.

Lastly, please remember to follow the **Four DO's and DON'T's for Coronavirus / COVID-19 Prevention**.

This guidance applies for **all Concern staff working in all sectors**:

DO's (for Covid-19 prevention)

Regular Hand Washing (with soap and water, thoroughly for at least 20 secs).

Avoid touching eyes, nose and mouth with unwashed hands.

Respiratory Hygiene (cough / sneeze into a tissue, or your elbow / sleeve, and dispose the used tissue immediately in the nearest waste bin. Wash your hands as soon as you can after.

Social / Physical Distancing (keep at least 1-2 meter / 3-6 feet between yourself and others during this outbreak; Stop handshaking, hugging and social kissing).

DONT's (for Covid-19 prevention)

DO NOT shake hands, or make non-essential close contact with people during this outbreak. If you have fever, cough and / or breathing difficulty, inform your Concern line manager, seek medical care early but

DO NOT go to a hospital or health clinic immediately. Call and follow the directions of Concern's referral doctor, hospital or local medical health service provider / clinic. The country management team will inform Concern Dublin's Health Unit Advisers as appropriate.

DO NOT spread rumours or misinformation on Coronavirus / COVID-19, and do NOT stigmatize people infected or affected. Learn the Facts from evidence informed, reputable sources*. Concern internal guidance is available on the **red COVID-19 Information tile** at <https://concern365.net/>

Key Resources:

- WHO Country & Technical Guidance - Coronavirus disease (COVID-19) <https://bit.ly/3bHEOIA>
- ECDC Infographic (14 April 2020): Using face Masks in the Community <https://bit.ly/2KibXii>
- ECDC Using face masks in the community: Reducing COVID-19 transmission from potentially asymptomatic or pre-symptomatic people through the use of face masks (8 April 2020) <https://bit.ly/3aBwglz>
- WHO Advice on the use of masks in the context of COVID-19 (6.4.20) <https://bit.ly/2xXK0sU>
- Infection Prevention and Control for COVID-19 in Healthcare settings - first update (ECDC 12 Mar 2020) <https://bit.ly/2VxwnKB>
- Infection Prevention and Control during Health Care when novel coronavirus (nCoV) infection is suspected (WHO Interim Guidance 19.3.20) <https://bit.ly/2UQvjky>
- Risk Assessment and Management of Exposure of Health Care Workers in the context of COVID-19 (WHO Interim Guidance 19.3.20) <https://bit.ly/3gfQpBq>
- Rational use of Personal Protective Equipment for Coronavirus disease (COVID-19) and considerations during severe shortages (WHO, 6 April 2020) <https://bit.ly/2yoySWa>
- Concern CMAM Adaptations COVID-19 Version 2 17 April 2020
- Concern CMAM Surge Adaptations for COVID_v1_final 8.4.20
- Concern Coronavirus IPC and PPE Brief - Final 28.4.20
- Concern Health Responses to Coronavirus DOs and DONTs 21.3.20 Final

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Annex One: ECDC Guidance on Use of Face Masks

The use of face masks in public may reduce the spread of infection in the community by minimising the release of respiratory droplets from infected people.



A medical face mask (also known as surgical or procedure mask) creates a barrier between hospital staff and patients by covering the mouth, nose and chin. It is used by healthcare workers to prevent large respiratory droplets and splashes from reaching the mouth and nose of the wearer. It also reduces and/or controls the spread of large respiratory droplets from the person wearing it.

Non-medical face masks (or 'community' masks) include various forms of self-made or commercial masks and face covers made of cloth, other textiles or other materials (e.g. paper). They are not standardised and not intended for use in healthcare settings or by healthcare professionals.


A respirator or a filtering face piece is designed to protect the wearer from exposure to airborne contaminants and is classified as personal protective equipment. Filtering face pieces are mainly used by healthcare workers, especially during aerosol-generating procedures. Valved respirators are not appropriate for use as a means of infection control, as they do not prevent the release of respiratory particles from the wearer into the environment.

The use of **medical** face masks by healthcare workers must be given priority over their use in the community.



The use of **face masks** in the community may be considered when visiting busy, closed spaces such as grocery stores, shopping centres, or when using public transport etc.

Face masks should only be considered as a **complementary** measure and not a replacement for established preventive practices, such as physical distancing, cough and sneeze etiquette, hand hygiene and avoiding face touching.



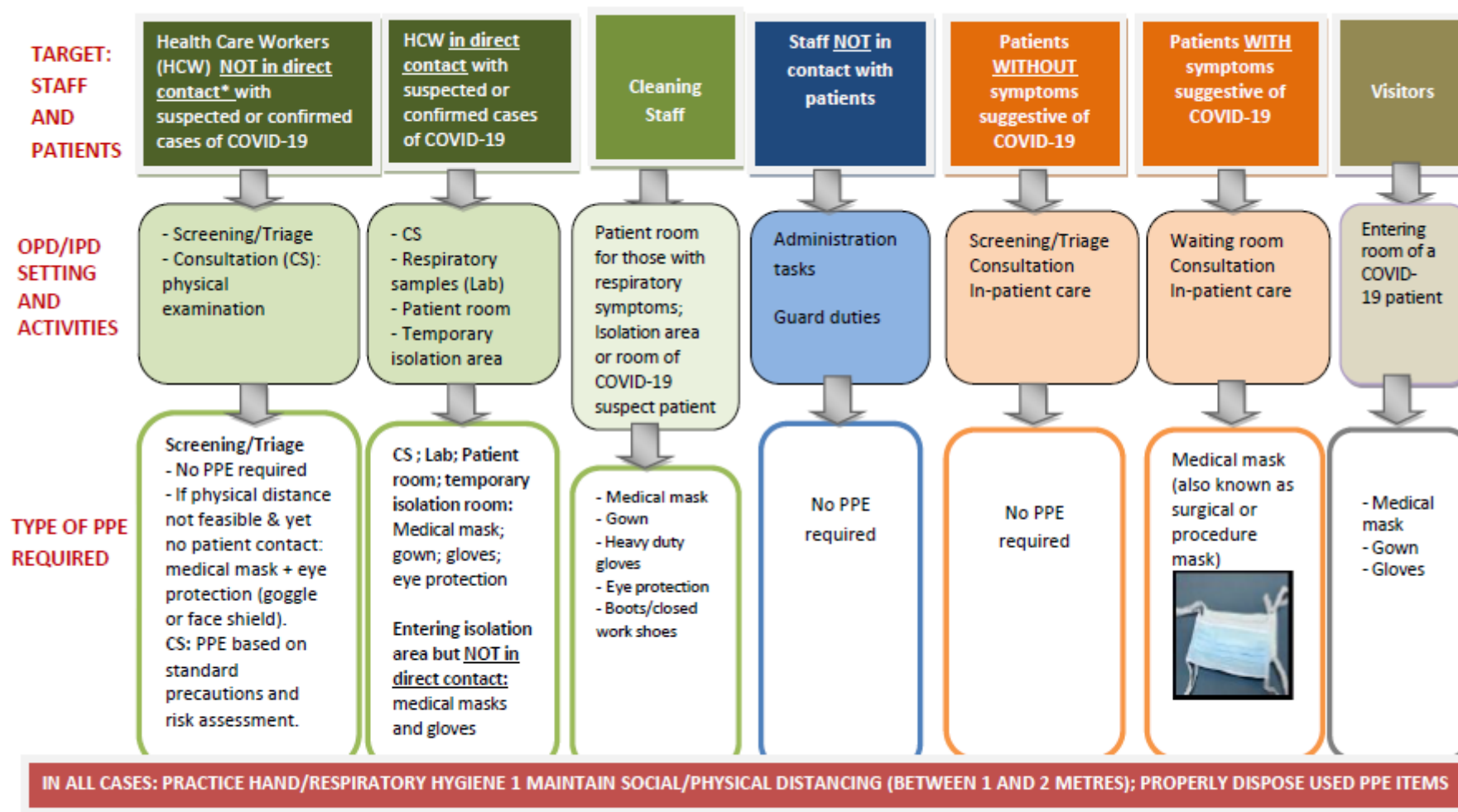
Remember! Proper use of face masks is key for their effectiveness and safety.

-  Make sure the face mask completely covers your face from the bridge of your nose down to your chin.
-  Clean your hands with soap and water or an alcohol-based hand sanitiser before putting the face mask on or taking it off.
-  When taking your face mask off, remove it from behind - be sure not to touch the front of it.
-  If your face mask is disposable, dispose of it in a safe way.
-  If your mask is reusable, wash it as soon as possible after each use with common detergent at 60 °C.
-  Campaigns showing the appropriate use of face masks by the public may improve their effective and safe use.

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#COVID19

Annex Two: The Recommended Use of PPE

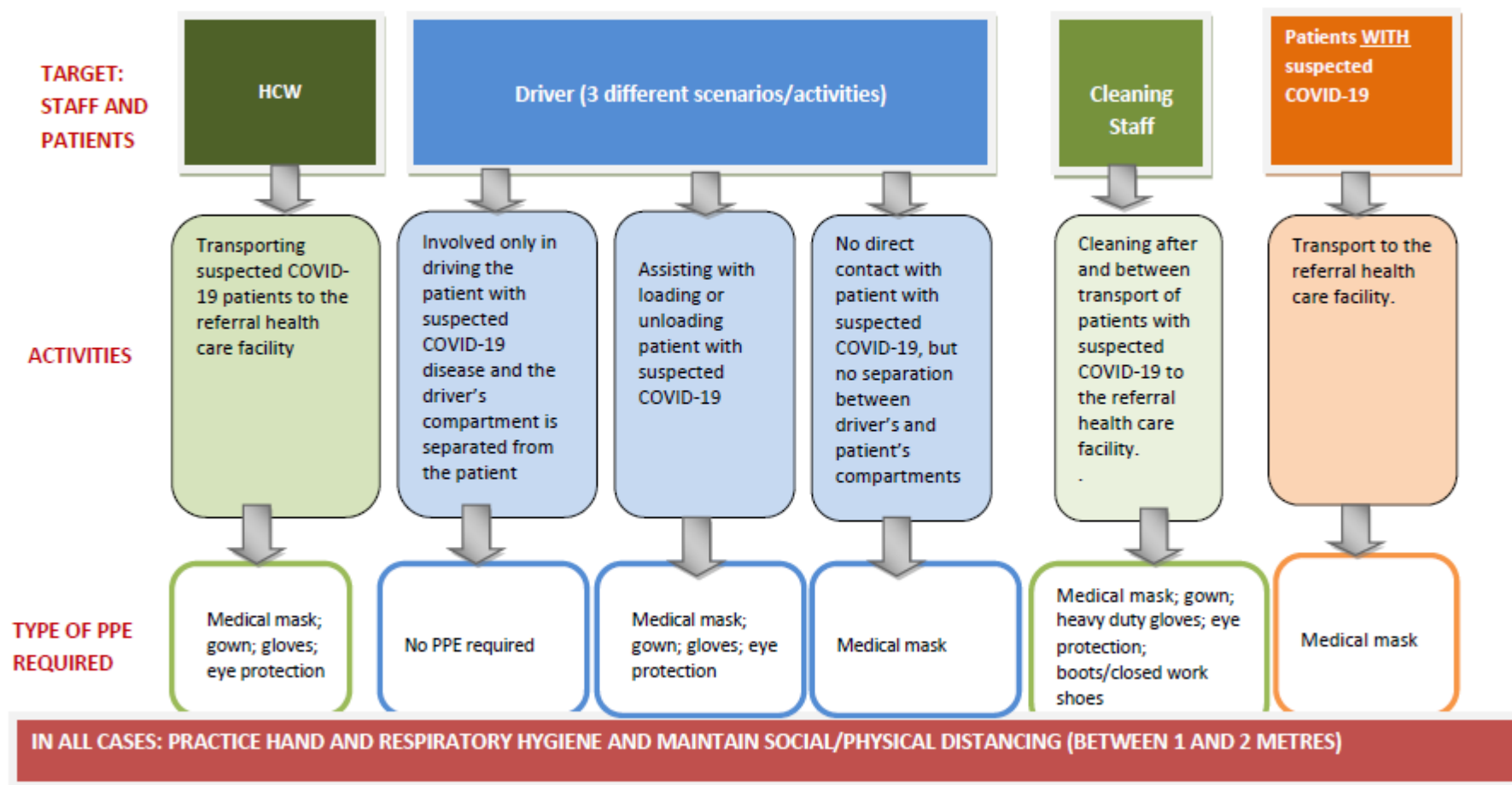
RECOMMENDED PPE FOR HEALTH FACILITIES BY TARGET AND SETTING - WHO¹



¹Source :WHO (2020). Rational use of PPE during COVID-19 and considerations during severe shortages, Interim guidance 6 April 2020

*: NOT in direct contact category includes the use of no-touch thermometers and limited observation and questioning, all while maintaining a spatial distance of at least 1 m.

RECOMMENDED PPE FOR AMBULANCE OR TRANSFER VEHICLE BY TARGET AND ACTIVITIES - WHO²



²Source :WHO (2020). Rational use of PPE during COVID-19 and considerations during severe shortages, Interim guidance 6 April 2020