

**Guide for National Society teams including:
health coordinator
supervisors
branch officers
&
volunteers**

**Rapid training for community response to the
COVID-19 coronavirus outbreak**



- * This guide has been written using non-technical terms as much as possible so that National Societies who do not have health teams can provide key messages to help minimise the spread of the virus and maintain a level of personal safety by having a basic understanding of the Coronavirus.
- * As this is a new type of respiratory virus the information continues to be updated. Please check the following websites for updated information
 - <https://go.ifrc.org>
 - <https://www.epi-win.com>

The guide is supported with brief power point presentations on the following topics:

1. Signs and symptoms, transmission of disease and breaking the transmission
2. Prevention and Key messages and Risk Communication and Community Engagement (RCCE)
3. Home care and using PPE (masks), contact tracing and community-based surveillance
4. Introduction to Psychological First Aid in epidemics

Resources developed for the coronavirus to support the NS response:

1. [The COVID-19 outbreak: Guidance note for IFRC and National Societies Version 3 – 7 February 2020](#)

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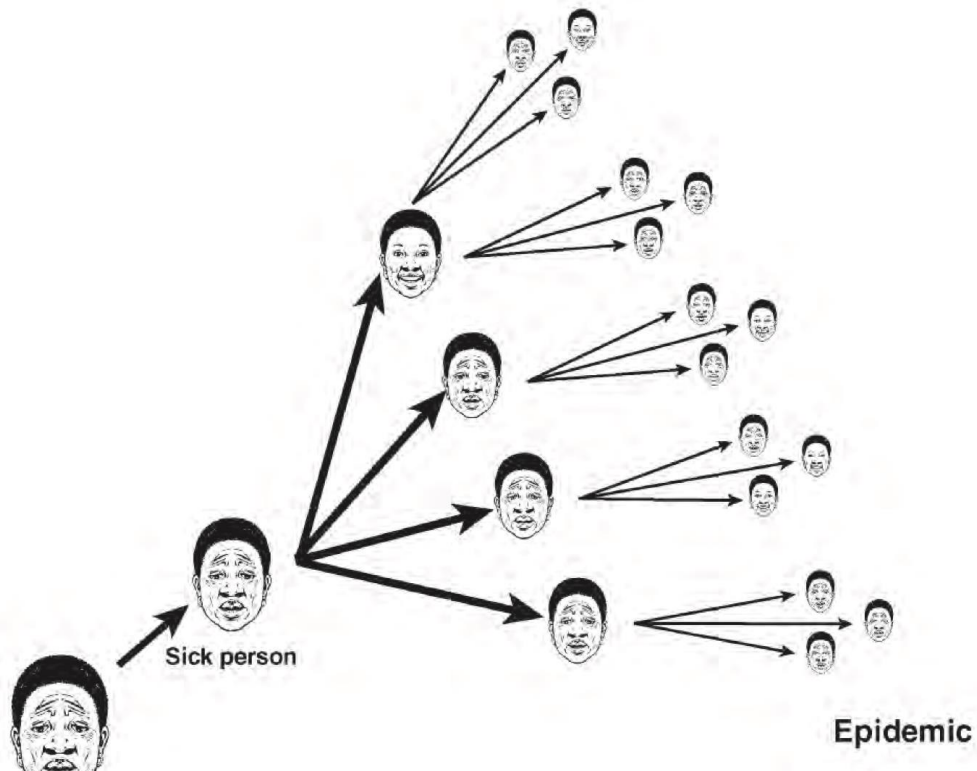
Objective:

- develop basic understanding of the virus
- identify transmission route of the virus and the chain of infection
- develop understanding of key health messages and preventative measures
- define the National Society role in protecting the community
- develop an understanding of:
 - home care
 - use of masks and gloves
 - safe disposal of waste
 - contact tracing
 - Introduction to psychological first aid (PFA) and Risk Communication and Community Engagement

Epidemic – what is it?

An epidemic occurs when many people have the same infection at the same time. More people become infected than in normal situations meaning that support and prevention measures are necessary to try and stop the disease spreading.

An epidemic occurs when there are new germs or the germs maybe stronger or there has been a change in the environment e.g deterioration in water and sanitation or poor hygiene practices)



The spread of disease ECV manual page 11

Coronavirus – what is it?

Coronaviruses are a large group of viruses found in different animals. Sometimes animal coronaviruses can infect people and then spread between people. This is what's happened with the coronavirus disease known as COVID-19.

The coronavirus is a respiratory infection which affects the respiratory (breathing) system. The infection can affect different people in different ways.

It started in China with the Chinese government reporting a cluster of cases in December. Most of the cases and deaths are in China; however, because so many people travel internationally cases have now spread to several other countries. Those people who have become infected in countries outside of China have either recently travelled to China or have come in close contact with those people.

The virus can be mild and look like a common cold or when severe it can cause a serious pneumonia.

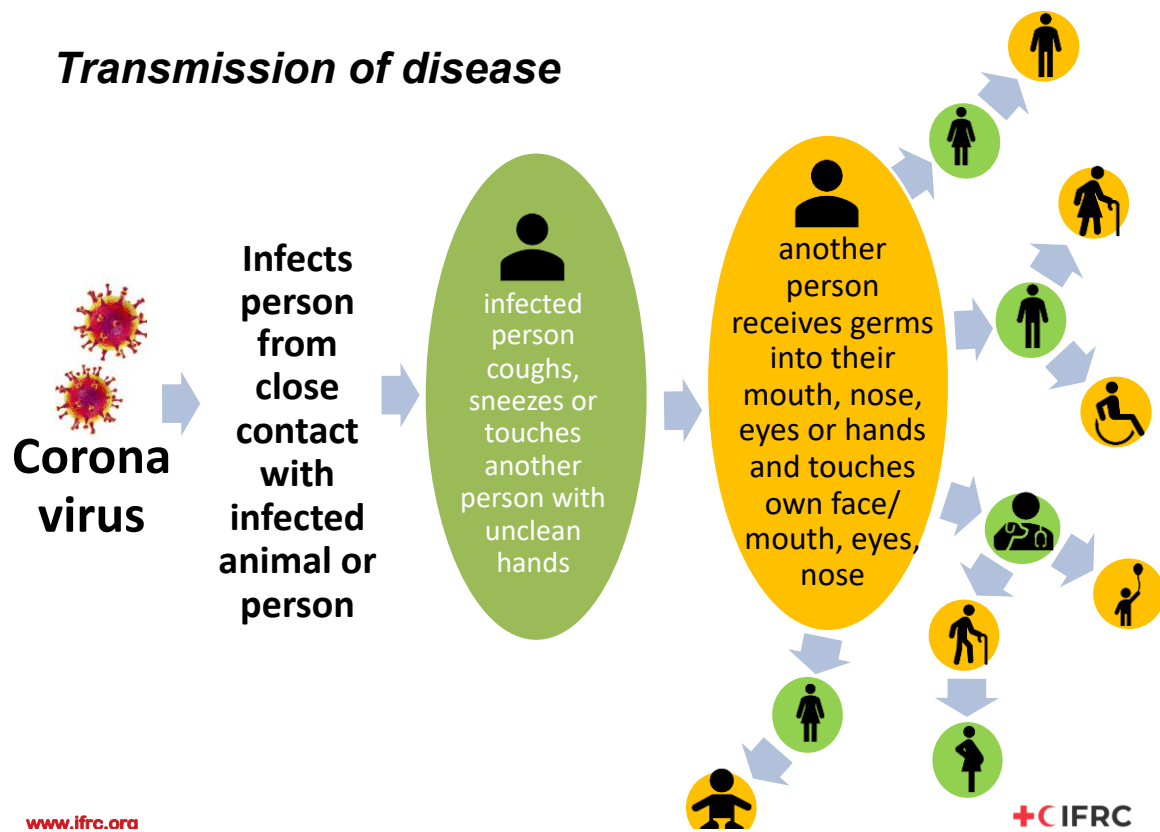
It spreads via droplets mainly from coughing and sneezing and close contact with an infected person. Air droplet transmission occurs when an infected person coughs, sneezes or blows their nose and spreads the germs into the mouth, nose or eyes of another person. Germs can easily spread 1 metre (3 feet) between people. If the infected person has germs on their hands then it can be spread through touching another person's face, mouth or rubbing their eyes or by touching the contaminated surface e.g table, door handle or personal belongings of the infected person.

It is possible that the coronavirus can sometimes spread from someone who has the virus but they don't feel or look sick.

The virus has continued to evolve and may continue to change however the risk of infection amongst the general population in countries other than China is low. The most important action for everyone is to protect themselves by practicing good hand and personal hygiene and maintain social distancing of at least 1 metre when near anyone who is coughing or sneezing or has a fever.

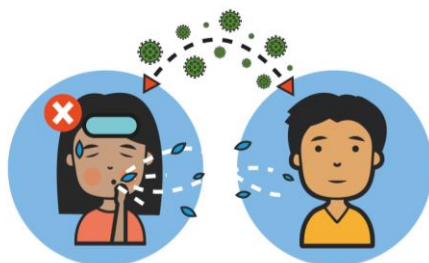
Transmission of the disease

Transmission of disease



How does **COVID-19** spread?

There is a lot we still don't know about COVID-19. What we do know is that this virus spreads when droplets from an infected person enter the eyes, nose or mouth of someone who is healthy.



When an infected person coughs, sneezes or blows their nose, droplets might get into the eyes, nose or mouth of a healthy person.



These droplets can get on other things too, even on the outside of a mask. We don't know how long this virus can survive on a surface, but we know that strong disinfectant (at least 70% alcohol-based) can kill it.

§

Close contact with another person and coughing whilst not covering mouth,



The germs may be on the hands of sick people or things that they have touched and then transferred to a healthy person through shaking hands and then that person touching their mouth, nose or eyes.



Poor coughing practices can increase the risk of disease as germs are spread as air droplets

Signs and symptoms

Symptoms of the virus may include:

Mild

- fever
- cough
- runny nose/ sneezing
- sore throat
- general body aches

Severe (pneumonia)

- high fever
- breathing difficulties – shortness of breath
- worsening cough
- chest pain

Incubation period and vulnerable people

Vulnerable people

- anyone living in or who has recently travelled to China or lives with someone who has recently travelled to China
- healthcare workers

Who is at risk of getting a severe illness?

- older people
- people with chronic medical conditions (such as diabetes, heart disease, respiratory disease)

Incubation period

The incubation period is the time between when the infection gets inside the body and the onset of symptoms of sickness. Current estimates of the incubation period range from 2-11 days, and these estimates may change as more information become available. Based on information from other coronavirus diseases, such as MERS and SARS, the incubation period of COVID-19 could be up to 14 days, but is usually around 5 days.

Why should people with COVID-19 be isolated (quarantined) from others?

Someone with the COVID-19 virus is very contagious and the germs are easily passed from the infected person to others via air droplets when the person coughs, sneezes or through close contact such as kissing. The safest way to protect others is to isolate the sick person away from others while they have symptoms (cough, fevers, breathing difficulties).

Family members who care or live in very close contact become a high risk for getting the virus especially if they do not practice good personal hygiene and do not regularly wash their hands with soap and water.

If the sick family member tests positive for the virus all family members who have been in close contact will be quarantined away from the rest of the community for 14 days (the incubation period). It is important to follow the directions of the MoH regarding contact people.

RCRC volunteers can:

- * encourage the sick person to rest and drink plenty of fluids
- * the sick person should be isolated

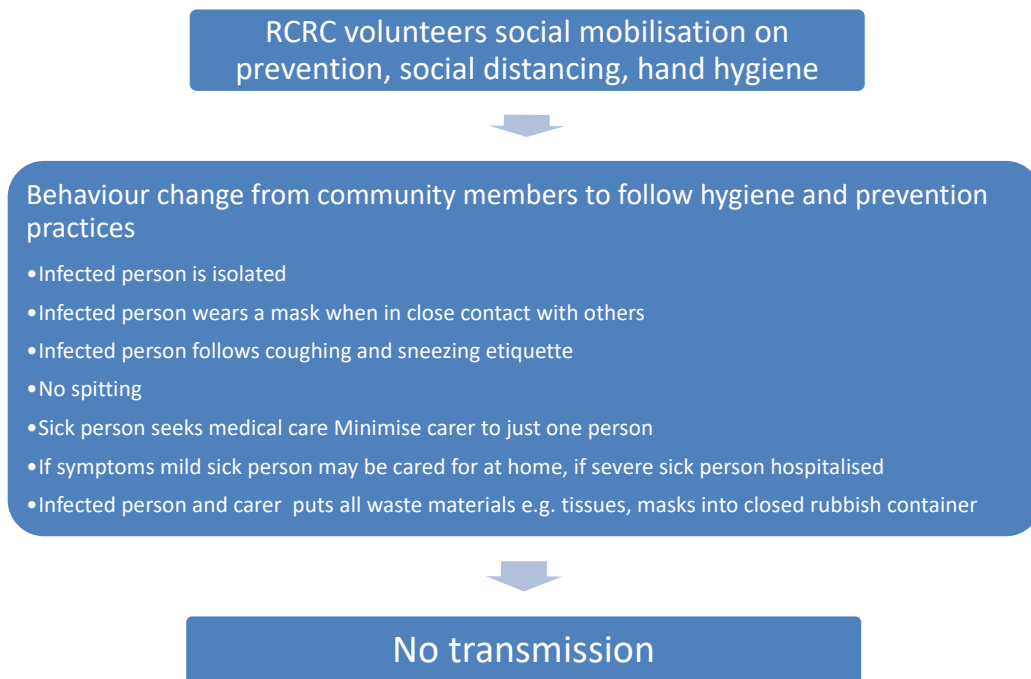
What to do if someone is sick with symptoms that may be COVID-19?

The World Health Organisation recommends that anyone who has a cough, fever or difficulty breathing should go to a health facility to be checked.

If symptoms are mild and the person does not have other chronic conditions it may not be necessary to stay in hospital. Home care is discussed further on.

- there is no specific medication to treat it
- supportive care (such as treating fever or pain)
- no vaccine as yet (currently in development stage)

Breaking the transmission



The role of National Societies

The RCRC is recognised around the world for its access to and long term work at a community level. The NS works alongside the MoH in the prevention of the spread of the virus and the promotion of preventative measures. Often the Government specifically requests RCRC to take a strong role at the community level.

Programs and roles may be different in countries but all National Societies can assist the Coronavirus response through community based interventions such as:

- delivering key messages re the virus transmission (*see ECV tools below*)
- prevention messages including **hygiene (hand washing) and health promotion (coughing and sneezing etiquette) and disposal of waste materials from sick people** (*see ECV and eCBHFA tools and links*)
- guidance to community members in areas where home care may be an option such as isolating the sick person and identifying one carer, this must follow MoH/WHO recommendations (*see details below*)
- assist in stopping rumours through delivering clear messages


Prevention measures


RCRC have a vital role in helping control the spread of the coronavirus through community engagement and social mobilisation activities, sharing of relevant information and providing support to community members.

It is very important you are seen as a role model in the community by following the key recommendations to protect yourself from contracting the virus and to be seen as an example for the community.

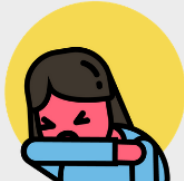
Key messages

Reduce risk of coronavirus infection

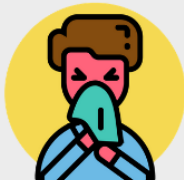




Frequently clean hands by using alcohol-based hand rub or soap and water



When coughing and sneezing cover mouth and nose with flexed elbow or tissue - throw tissue away immediately and wash hands



Avoid close contact with anyone that has fever and cough

Source: WHO

1. Standard hygiene practices

- proper coughing and sneezing etiquette



- avoid close contact with people that are sick with the virus (at least 1 metre – 3 feet)



Too close. Safe distance to keep apart.

- wash hands with soap and water frequently especially after coughing or sneezing or caring for someone who is sick. If soap is not available, ash or alcohol based handgel may be used to wash the germs off hands.
 - avoid unnecessary contact with animals and wash hands with soap and water after contact
 - cook animal products thoroughly
2. If you feel unwell stay home and practice safe social distancing of 1 metre (3 feet) or more
 3. If you are feeling unwell it is recommended to go to a health facility early for testing and treatment – contact the health facility prior to going there and if possible avoid public transport

4. Correct use of a mask if caring for someone sick.
5. Advise people who are sick to wear a clean mask when in contact with other people

Protect yourself and others from getting sick!



Wash your hands:



after toilet use



after coughing or sneezing



when caring for the sick



before, during and after you prepare food



when hands are visibly dirty



before eating



after handling animals or animal waste

Source: WHO

Risk Communication and community engagement

- There are many misconceptions about the virus and some rumours of coverups of the origin and severity of the virus
- This can lead to many negative reactions, mistrust and rumours which can motivate people to not use medical help and ignore life-saving health advice

or even escape measures (i.e quarantine) put in place by authorities and health services to prevent spread of the disease.

- Fearful people might start excluding or mistreating people who have or are perceived to be sick (sometimes even when they have been cured already).
- Inadequate knowledge about the effectiveness of treatment for the novel coronavirus (COVID-19) can also make people mistreat those who have been treated and cured, based on assumption that they are still infectious.

Stigma

- Stigma occurs when people associate an infectious disease, such as COVID-19, with a population, even though not everyone in that group of people is specifically at risk for the disease (for example, people who are Asian, or of Asian descent in Europe).
- In an outbreak, this means people are labelled, stereotyped, separated, and/or experience loss of status and discrimination because of an affiliation with a disease. This can affect those with a disease themselves, as well as their caregivers, family, friends and communities.
- It is unsurprising that there may be confusion, anxiety, and fear among the public. Tragically we are seeing that these factors - confusion, anxiety and fear - are fuelling harmful stereotypes and racism

What is the impact of stigma?

- It is well evidenced that stigma and fear around communicable diseases hamper the - what works is building trust in reliable health services and advice, empathy with those affected, understanding of the disease itself, and adoption of effective practical measures through which people can help keep themselves and their loved ones safe.
- How we talk and communicate about COVID-19 is critical. We should not only in support people to take effective action to help combat the disease, but also avoid contributing to fear and stigma. An environment needs to be created in which the disease and its impacts can be discussed and addressed openly, honestly and effectively

Field staff, volunteers and community members are in the best place to build trust with communities and community leaders. Therefore, it is important to listen to people and respond to their questions, fears and misinformation with fact-checked information that is useful to them.

Social mobilizers, community workers and volunteers have an important role in providing timely and actionable health information, so people know how to protect themselves and stay healthy and have the right tools to help reduce risks and prevent the spread of COVID-19.

STEP1: How to engage?

This section provides a list of key tips and information which can be shared with communities. It is intended as guidance and **should be adapted by national staff** and if needed updated to guide community level activities.

- Explain **who you are, which organisation you come from and what you do** in the community. This can include:
 - We work to share accurate information about COVID-19 and its symptoms along with what people can do to protect themselves and their communities from it.
 - To do this, the teams reach out to community members in several ways, such as radio, SMS message, posters, billboards, face-to-face visits, and community meetings.
 - **Introduce yourself and show empathy:** We understand you are all worried about this new disease. We are here to help you understand it and make sure you know what you can do to protect yourself and others.
- **Understand what people are saying:** Listen first to what people have to say about COVID-19, before sharing what you know. We might also need to collect information to better understand the community and its concerns, so that we can adapt our activities and information to better meet their needs. The activities can be adapted to what you need most

FOUR THINGS ABOUT MYTHS AND RUMOURS

1. Myths and rumours often occur when people do not have enough accurate information and understanding about a disease, or there are strong cultural beliefs surrounding the disease or prevention measures.
2. Myths or rumours can also happen when contradictory messages are channelled from different sources
3. Myths and rumours can increase fear among communities, which can hamper individuals, households and communities from practicing the correct infection prevention and control practices
4. This means that providing accurate information to increase knowledge and understanding about the mode of transmission of novel Coronavirus (COVID-19) becomes vital, to change the myth or misconception.

- **Encourage awareness and action:** Information shared with communities should use simple words and language (don't use acronyms or 'foreign language terms') and include practical advice people can put into action. For example:
 - ✓ an instruction to follow (e.g. if you get sick, seek medical care at hospital xyz),
 - ✓ a behaviour to adopt (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 XXX).

- ✓ information that addresses myths and misconceptions that are recorded in the community (e.g. it is safe to receive a pack from china as the virus does. coronaviruses do not survive long on objects).

- **Don't only tell people what to do** but engage people in a conversation - first listen, to understand key concerns and questions. Asking people what they already know, want and need to know about COVID-19, and involving them in designing and delivering health activities means they are more likely to trust you and the information you share, and play an active role in prevention measures.
- Explain few, clear and simple messages to the community (including families/care givers, local leaders) in the language they prefer. Use simple language, avoid technical terms e.g transmission, spreading is easier to understand
- Make sure everybody has understood your information. Ask questions to gauge levels of understanding
- **Get peers and leaders to talk:** People are more likely to pay attention to information from people they already know, trust and whom they feel are concerned about their wellbeing.



REMEMBER

- Be honest when you don't know something and tell the community that you will try to find out and come back to them
- Don't attach race or location to this disease e.g the Chinese virus
- Don't refer to people as cases or victims
- Do not repeat rumours!
- Talk positively about preventive and treatment measures. For most people this is a disease they can overcome.

STEP 2: Ask the right questions

Begin by learning more about what people are concerned about and what questions they have. Make sure to answer questions.



REMEMBER - all the information you need to answer these questions and explain more about the novel coronavirus are on page 4.

Key guiding questions for starting a dialogue with people and communities (translate and adapt to local context).

- What have you heard about this new virus (COVID-19)?
- What information would you like to know about coronavirus (COVID-19)?
- Do you know what the symptoms are?
- Do you know what to do if someone in your family or community gets sick with cold-like symptoms?

- Would you be afraid of someone who has COVID-19?
- Do you know how to prevent yourself and your loved ones from contracting COVID-19?
- Do people in your community wash their hands regularly? If yes, why? And if no, why not?
- Do people in your community keep a safe distance and cover their mouths with a tissue or elbow when sneezing? If yes, why? And if no, why not?
- Do members of your household open windows and doors to let fresh air in and disinfect surfaces to kill germs?
- Do you think there is a group/or person in your community who is responsible for spreading the virus (to check stigmatizing attitudes)? If people refer to Chinese people and/or Asian people, ask an additional question. Why do you think these people are spreading the virus in your community?

STEP 3: What to say?

Make sure to check with the Ministry of Health the latest messages. It is key to constantly update messages and frequently asked questions based on new questions, misunderstandings of community members and new health information.

Good health messaging guides the community to adopt healthy behaviours. They allow the population to make positive health choices that benefit themselves, their families and the community.

They should be:

- Accurate
- Clear and simple: so people can easily understand them
- Informative but specific: provide accurate information/descriptions – so that people understand the benefit of the behaviour change and know what actions they should take
- Realistic: so that people can easily achieve the behaviour change

Find out what information and community engagement material exist before creating your own.

Check the [IFRC Guidance on risk communication and community engagement](#)
There is ppt presentation to help with the facilitation of this information called key messages and RCCE

Epidemic Control for Volunteers (ECV) ACTION and MESSAGING TOOLS for volunteers

Community intervention

ECV was created to familiarise NS staff and volunteers about epidemics and provides tools that gives the volunteers key information about preventing the spread of disease in their communities and provide support and information about the virus to the community.

An epidemic occurs when many people have the same infection at the same time. More people become infected than in normal situations meaning that support and prevention measures are necessary to try and stop the disease spreading.

The tools listed below are from the toolkit and the most appropriate to use for the Coronavirus and compliment the information outlined above.

You may choose to use:

- * IEC materials that the MoH is requesting to be used
- * the IFRC posters above
- * or the ECV tools below

Step 1 – make sure you are:

- familiar with the right messages to protect yourselves and model good hygiene to prevent infection (social distancing, when to use masks and gloves, what to do if you find sick people, stigma and social acceptance form others)
- able to give clear prevention messages to community members, tailored to the audience
- able to give clear messages in the event of home-based care to protect members of the community
- have copies of the tools from the ECV kit

Step 2

- * check MoH for existing posters and key messages. RCRC should not develop new information outside the key messages but can tailor MOH messages to a specific audience. For example, you may make a MOH message more child-friendly with more pictures and fewer words.

Tools

- * *The following section lists the tools that can be used to deliver messages and support in the community. A link to access the full tool and/or poster is on page 22.*

Disease tool

Provides the volunteer with an overview of the sickness

- **# 24 MERS – COV** - explains symptoms of the disease and prevention measures during the outbreak. MERS-CoV and this novel coronavirus are very similar viruses and the tool can be used for both.

Message tools

Provides the volunteer with a picture that can be made into a poster to provide messaging at the community level and to support your information in the action tool.

- **# 3 Breastfeeding** - continue breastfeeding during an outbreak unless advised differently as it is clean and nutritious but mother must properly clean the breast first
- **# 8 Washing hands with soap** - washing hands with soap helps stop spreading the coronavirus germs.
- **# 9 When to wash hands** - during times of outbreak it is important to wash hands before and after preparing food, after going to the toilet and after cleaning the baby and before breastfeeding and after touching animals.
- **# 10 Steps for washing hands in epidemics** - this gives a good visual picture for you to practice and demonstrate to make sure people are washing hands long enough to remove germs
- **# 13 Good personal hygiene** - it is important for both volunteers and community members to wash often and keep hands clean to decrease chances of getting sick and spreading the corona germs.
- **# 18 Coughing correctly** - coronavirus is spread by respiratory droplets from coughing and sneezing. This message is very important to demonstrate the best technique to decrease chances of the germ spreading to another person.
- **# 21 Social distancing** - this is an important message for both volunteers and community members to help stop the coronavirus from spreading easily amongst people. The WHO recommendation is a minimum of 1 metre or 3 feet because that's how far the respiratory droplets can travel from coughing and sneezing.
- **# 22 Good ventilation** -this message is important for both volunteers and community members to help stop the coronavirus from spreading easily between people. Volunteers in an office space, vehicle or accommodation need to make sure there is plenty of ventilation/air flow as this can help prevent the spread of germs if someone coughs or sneezes. The same message is for community members that may be living close together in tents or houses.
- **# 24 – Finding sick people** - It is important to know that some people with coronavirus may choose to stay at home. You should advise them to go to the nearest health facility for testing and treatment, if they stay at home it is important they must be isolated from the rest of the family. (We will discuss home care further on).

Action tools

Provides the volunteer with advice on what you need to know and what to do

- **# 3 Communicating with the community** – this tool gives guidance in how the volunteer should communicate with the community during the disease outbreak. It is vital that the messages are clear and there is trust between the NS, the volunteer and the community.
- **# 13 Breastfeeding** - women in the community may be concerned about the safety of breastfeeding because of the coronavirus. At this stage mothers should be encouraged to continue to breast feed to provide their baby with the best and safest nutrition. Any change to this will come from the MoH or WHO
- **# 20 Isolating sick people** - this tool is particularly important during the coronavirus as isolating sick people will help prevent the spread from one person to others. The coronavirus is very contagious to people who come into contact with the sick person. Isolating sick people is one of the best ways to protect the rest of the community. The volunteer role in the community is to:
 - notify the RC health officer of any new cases that you are told about which can then be reported to MoH. It's important to let the health officer know if you are suspicious that there is increasing sickness in a community even if the community don't report it (sometimes they are frightened).
 - provide advice to the family to physically isolate the sick person from the rest of the family, this means creating a physical space separate to the rest of the family
 - provide safe messages on how to care for a sick person, and who should provide care, ideally this should be one family member only who should have PPE (mask and gloves when providing care, frequent handwashing and disinfection of surfaces)
 - provide health messages to the sick person (or carer) on how to decrease chances of the disease spreading – coughing, sneezing and spitting etiquette, hand washing, regular ventilation if possible

*** Note: if the volunteer comes in contact with a sick person they should wear a mask and gloves (this is discussed in more detail further down) and wash their hands frequently*

- **# 26 Coughing etiquette** - this tool is very important during the coronavirus is spread by droplets of saliva, coughing and sneezing. Providing this advice through demonstration is one of the key messages volunteers can provide to community members during the outbreak. Great care should be taken by the volunteer during this session to not put themselves in a situation where people in close contact are all practicing together, instead the volunteer can demonstrate and provide posters to put up in the community with clear instruction.
- **# 27 Shelter and ventilation** – this tool helps explain the need for ventilation. Overcrowded and stuffy living environments germs can spread quicker and more easily as people are living closely together

- **# 28 Social distancing** – this tool is very important as it gives the volunteer information about another way to decrease the chances of the disease spreading by keeping a safe distance from anyone with the coronavirus or anyone who has symptoms of a cold or flu. The safe distance as been determined by WHO is a minimum of 1 metre (3 feet) to minimise the chances of air droplets reaching another person. Social distancing is also about advising people to touch less, e.g avoid hugging, avoid shaking hands and/or kissing someone who is sick. Volunteers can model this behaviour and minimise their risk by not shaking hands or hugging with anyone in the community.
- **# 29 Hygiene promotion** – although the coronavirus is transmitted via air droplets, people can also transmit the germs to others through wiping their mouth, nose or eyes with unclean hands. Hand hygiene is particularly important for all volunteers to practice and be modelled whenever visiting a community to highlight the importance of good hygiene in a disease outbreak.
- **# 34 Handwashing with soap** – washing hands is one of the most important ways to prevent disease transmission. It is very important to remind people that proper handwashing during an outbreak should be very frequent. Explain the frequency of when to wash hands, e.g. after going to the toilet, after cleaning a baby, before breastfeeding (including washing the breast / nipple), before and after preparing and eating food, after returning from the garden, or any time interacting with another person who may have touched you or stood close by. In the case of carers, it is very important the carer washes their hands before and after providing any care to the sick person.
- **# 35 Handwashing in a highly infectious epidemic** – this tool demonstrates the need for volunteers and others to have a high awareness during epidemics that germs can spread very easily and volunteers may be at risk of falling sick when trying to help people.
- **# 43 Social mobilisation and behaviour change** – this tool gives important guidance in how to work with the community to change risky behaviour quickly in order to stop the virus spreading
- **# 44 Sneezing etiquette** - this tool is very important during the coronavirus is spread by droplets of saliva, coughing and sneezing. Providing this advice through demonstration is one of the key messages volunteers can provide to community members during the outbreak
- **# 45 No spitting** - this tool is very important during the coronavirus is spread by droplets of saliva, culturally in some countries it is acceptable to spit but during an outbreak this practice should cease

Additional tools

Community based tools

CBS is a public health approach where communities are mobilised to be aware of potential health risks that require watching (monitoring). RCRC volunteers may be requested to collect and report information about new cases of the virus to their

supervisor who in turn reports to the local health authorities (MoH). The collection of this information at a community level is vital in helping prevent the spread of disease.

- **# 1 Community based surveillance (CBS)** - RCRC may be asked by the MoH to support surveillance activities through community-based surveillance, particularly if you are already working in affected communities. CBS helps detect any changes to health risks or events in communities especially in locations where new cases have been reported. Early reporting of health risks and events can help control the outbreak through sharing of the information to health authorities, allowing for early action and follow up by experts.
- **# 2 Community mapping** – A map can be helpful during preparedness and planning. A map can help the volunteer understand and see where potential risk of infection may take place in the community such as wet markets, areas where people gather like markets, community centres, schools, etc and how to use this information to keep those communities safe.

Links to ECV tools

Volunteer actions

- [1 - Community-based surveillance](#)
- [2 - Community mapping](#)
- [3 - Communicating with the community](#)
- [4 - Referral to health facilities](#)
- [5 - Volunteer protection and safety](#)
- [6 - Using personal protection equipment \(PPE\) for highly infectious diseases](#)
- [19 - Psychosocial support \(Psychological first aid \(PFA\)\)](#)
- [20 - Isolating sick people](#)
- [26 - Coughing etiquette](#)
- [27 - Shelter and ventilation](#)
- [28 - Social distancing](#)
- [29 - Hygiene promotion](#)
- [34 - Handwashing with soap](#)
- [35 - Handwashing in a highly infectious epidemic](#)
- [39 - Preparing and using disinfectants](#)
- [41 - Handling and slaughtering animals](#)
- [43 - Social mobilization and behaviour change](#)
- [44 - Sneezing etiquette](#)
- [45 - Spitting etiquette](#)

Volunteer messages

- [3 - Breastfeeding](#)
- [8 - Washing hands with soap](#)
- [9 - When to wash hands](#)
- [10 - Steps for washing hands in epidemics](#)
- [13 - Good personal hygiene](#)
- [18 - Coughing correctly](#)
- [21 - Social distancing](#)
- [22 - Good ventilation](#)
- [24 - Finding sick people](#)

Disease tool

- [24 - Middle East respiratory syndrome coronavirus \(MERS-CoV\)](#)

for more information

IFRC: [Epidemic Control for Volunteers](#)

IFRC: [Community-Based Health and First Aid \(CBHFA\) modules](#)

Home based care

Safety of Volunteers and Carers

WHO have released information regarding recommended protection for anyone caring for a sick person who may have the Coronavirus.

The following notes have been modified from and are the recommendations from the World Health Organisation (WHO):

- WHO: [Home care for patients with suspected novel coronavirus \(nCoV\) infection presenting with mild symptoms and management of contacts](#) (Interim guidance – 20 Jan 2020)
- WHO: [Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#) (Interim guidance – 12 Jan 2020)
- WHO: [Risk communication and community engagement \(RCCE\) readiness and response to the 2019 novel coronavirus \(2019-nCoV\)](#) (Interim Guidance v2 - 26 Jan 2020)

WHO recommends that people with fever, cough and difficulty breathing or who have been exposed to someone with the Coronavirus should go to a health facility. However, we know that due to remoteness, lack of enough resources and access difficulties that some community members may have to stay at home.

If a community member is far from a health facility and has MILD symptoms and does not have other diseases the person may want to stay at home. However, the RCRC volunteer should notify the local health facility that there is a sick person in the community with symptoms of the virus so that they can be followed up. This information is then able to be captured to better inform how the MOH can respond most effectively.

When someone is sick and staying home, a member of the family who is well should be chosen as the carer and all other family members and friends should stay away from the sick person. The volunteer should give household members information about personal hygiene, basic infection and control measures, how to care safely for a sick person with the virus and how to prevent the spread of infection to others in the home. The carer should receive ongoing support through the process.

Home care requires the following:

- An area to isolate the sick person (this means that the sick person physically stays away from all other members of the family except for the carer).
- The carer ideally should be in good health.
- There should **NOT** be any visitors allowed.
- When possible the room or tent should have ventilation so that air flows
- If there are more than one person sick then WHO recommends they are laying **at least 1 metre (3 feet) apart**.

- The carer should wear a mask and shown how to fit them properly when caring for the sick person/s. The mask should be tightly fitted to the face when in the same room with the sick person.
- The carer should be taught how to properly put on and take off the mask, when they should replace the mask, and how to dispose of used masks properly. The carer should be reminded not to touch their face or the mask when it is on. If gets wet or dirty with secretions it should be changed straight away.
- It is **NOT** recommended the carer wears gowns, aprons or boots when caring for a sick person.
- Hand hygiene should be practiced frequently, and especially before and following all contact with sick people.
- When finished caring for the person masks should be disposed of properly (waste pit or burned) and hands washed with soap
- Avoid contact with bodily fluids, particularly respiratory secretions. It is advised to use disposable gloves when providing oral or respiratory care or when handling any other bodily fluids. Gloves should be disposed of properly straight away.
- It is recommended all waste materials (gloves, masks, tissues) should be disposed into a lined container that can be disposed of correctly
- All other people in the house become contacts and this means they should be monitored for symptoms for 14 days. If anyone else develops symptoms, they should go to a health facility straight away. If possible, notify the health facility they are coming and avoid any form of public transport.
- The sick person should have their own eating and drinking utensils that are not shared with anyone else.

Infection prevention and control

Anyone touching a sick person should follow strict hand hygiene practices e.g. wash hands with soap before and after touching the person. There is very little reason for a volunteer to touch a sick person but if so if they should:

- wear a mask (this helps decrease the spread of the germs and decrease the risk of the volunteer becoming sick).
- wash hands with soap and water before and after contact
- dispose of the mask properly
- avoid exposure to sick people's personal items such as eating utensils and dishes, cigarettes/lighters, toothbrush, bed linen, phone, clothing, personal effects). Eating utensils and dishes should be washed with soap and water after use. Disinfect other surfaces using an alcohol-based wipe or a clean cloth dampened with rubbing alcohol or sanitising handgel.
- disinfect surfaces such as any furniture the sick person is using every day (table, toilet) using an alcohol-based wipe or a clean cloth dampened with rubbing alcohol or sanitising handgel.

- Frequently wash clothes and bedlinen with soap or detergent and water. Dry in the sun.

Case management and referral

- * There should be a mechanism in place for the volunteer to notify their supervisor if they are aware of:
 - increase in numbers of sick people with respiratory symptoms in the community
 - a case for the first time in a community
 - if a sick person is choosing to stay at home and be cared for by a family member
- * the supervisor should communicate any of this information to the health contact person at the MoH

Messages for a sick person staying at home

- * rest and stay away from others in the community
- * drink plenty of fluids
- * how to manage a fever
- * how to manage dehydration

ECV tools for managing a fever and dehydration

<https://ifrcgo.org/ecv-toolkit/action/managing-fever/>

<https://ifrcgo.org/ecv-toolkit/action/giving-oral-rehydration-solution-ors/>

Personal Protective Equipment (PPE)

Masks

Any volunteer who may need to wear a mask should be shown the correct way to put it on, how to remove it and dispose of it prior to having any contact with sick people in the community.

Masks are effective only when used in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water and good mask hygiene.

- Masks **SHOULD BE OFFERED** to sick people and worn as much as tolerated. Promotion of hand hygiene, coughing and sneezing etiquette should also be taught by the RCRC volunteer.

Technique – mask management

- To be effective, wash hands before putting on a mask.
- A mask not fitted properly will decrease its effectiveness and risk transmission of the germs
- If the mask has a metal strip at the top of it make sure that part goes over the top of the nose, sometimes pinching this on your nose helps fit it more securely and decreases any gap

- Place mask carefully covering the mouth and nose and tie securely so there are no gaps between the face and the mask.
- While wearing a mask, avoid touching the mask, especially the front of the mask
- Replace the mask with a new one as soon as it is damp and do not re-use single-use masks.
- To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin
- After removal or whenever you inadvertently touch a used mask, clean hands by using soap and water
- Different types of masks are effective for different lengths of time with most being no more than 1 hour (try and find out how long the mask is effective for when they are distributed).

When to use a **mask**



1. If you are healthy, you need only to wear a mask if you are taking care of a person with suspected 2019-nCoV infection



3. Masks are effective only when used in combination with frequent hand-washing with alcohol-based hand rub or soap and water



2. Wear a mask if you are coughing or sneezing



4. If you wear a mask then you must know how to use it and dispose of it properly

Source: WHO

How to put on, use, take off and dispose of a mask



1. Before putting on a mask wash hands with alcohol-based hand rub or soap and water



4. Replace the mask with a new one as soon as it is damp and do not re-use single-use masks



2. Cover mouth and nose with mask and make sure there are no gaps between your face and the mask



5. To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; wash hands with alcohol-based hand rub or soap and water



3. Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water

Source: WHO

Gloves/ hand hygiene

- Hand hygiene should be performed frequently using soap and water
- Gloves do not have to be worn unless adequate hand hygiene facilities are not available, or if you are caring for a sick person or you are cleaning respiratory secretions or oral fluids. If gloves are worn during patient care they should be immediately disposed of properly after use, followed by handwashing with soap.

There is a powerpoint presentation to help with the facilitation of this information called 'RCRC home care for coronavirus patients'.

Contact tracing, active case finding, and community-based surveillance

- Surveillance is the detection, reporting, and monitoring of health events in a community. Surveillance helps us make decisions about the right interventions and health messaging needed during a response.
- It helps during the epidemic to assess and monitor the evolution of disease and direct the response appropriately. Formal data collection regarding epidemics is usually undertaken by Health Ministries or specific agencies who analyse this information to help direct the response.
- Volunteers may be asked to complement formal data collection through “active case finding” by undertaking house to house visits or visiting community areas and identifying cases and outbreaks, and reporting appropriately.
- There is passive surveillance—responding to reports or rumours of disease—and active surveillance—actively seeking cases and reporting these events.
- Referral to health facilities is also part of the surveillance process
- Sometimes you may be asked to undertake contact tracing- find contacts of sick people who might be carrying the disease or are also sick, to educate or refer them. All household members living with an infected person or who has recently interacted with a sick person should be considered as a contact and at possible risk of infection. Their health should be monitored for 14 days from the last day of possible contact with the sick person.
- RCRC volunteers may be asked to be part of contact tracing. This will be determined by the Ministry of Health and may involve monitoring the health of identified contacts every day to note if they have developed any symptoms.
- If any of the contacts develop symptoms of respiratory sickness they should go to a health facility to be checked or notify the health contact by phone. (there should be instructions given in advance as to what to do/where to go to for medical attention).

When to consider community-based surveillance for COVID-19?

Epidemic status	CBS action
Community transmission	Shift existing CBS programming from passive to active surveillance and include the global community case definition for cough and difficulty breathing (or existing MOH community case definition for pneumonia or acute respiratory infection). CBS should not be initiated for the first time.
Local transmission from imported case	If your NS is already conducting CBS, shift from passive to active CBS in any geographic area where there has been high rates of transmission between the original imported case(s) and their friends, family members or other known contacts.
One or several imported cases	If your NS is already conducting CBS, shift from passive to active CBS in geographic area where the imported cases were found.

	If your NS is already planning or considering CBS programming, consider speeding-up protocol development/ implementation and include community case definitions related to pneumonia / acute respiratory infection in the health risks being detected by volunteers
Countries at high risk of importation	If your NS is already doing CBS, include local community case definitions related to pneumonia / acute respiratory infection under passive surveillance. If your NS is already planning or considering CBS programming, consider speeding-up protocol development/ implementation and include community case definitions related to pneumonia / acute respiratory infection in the health risks being detected.
Preparedness (all other countries)	If your NS is already doing CBS, include community case definitions for health risks related to pneumonia / acute respiratory infection under passive surveillance. If your NS is already planning for CBS programming, consider conducting an assessment for CBS feasibility and suitability.

Psychosocial support

- Outbreaks create conditions for stress and anxiety, particularly in the absence of clear understanding of ways to reduce risk and protect oneself.
- it is normal for community people to become worried and scared during an epidemic
- it is common for rumours to start and this can lead to mistrust between the community and those who are delivering the messages, this can lead to a high risk of the outbreak spreading if people don't believe the public health messages. (see risk communication below)
- When there is a contagious disease volunteers are at risk of being rejected in their own community because of fear of them bringing the sickness to their own place of living
- It's important for volunteers to have training in Psychological First Aid (PFA) - [check the CBHFA Psychological and Basic First Aid materials](#) where possible or at least be aware that this can be a high stress situation and teams going out to communities should have an opportunity to discuss and debrief regularly.
- In addition to effective and appropriate risk communication, NS teams are well placed to provide psychosocial support to affected communities.

[IFRC psychosocial reference centre](#) website

Resources list

Further information can be found in resource links below. This guide has been developed from these resources.

- IFRC: [Epidemic Control for Volunteers](#)
- IFRC: [Community-Based Health and First Aid \(CBHFA\) modules](#)
- [The COVID-19 outbreak: Guidance note for IFRC and National Societies Version 3 – 7 February 2020](#)
- [IFRC COVID-19 RCCE guide](#)
- WHO: [Home care for patients with suspected novel coronavirus \(nCoV\) infection. presenting with mild symptoms and management of contacts](#) (Interim guidance – 20 Jan 2020)
- WHO: [Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#) (Interim guidance – 12 Jan 2020)
- WHO: [Risk communication and community engagement \(RCCE\) readiness and response to the 2019 novel coronavirus \(2019-nCoV\)](#)
- <https://go.ifrc.org>
- <https://www.epi-win.com>

Other useful references

- [Volunteering in Emergencies \(2012\)](#)
- [Volunteers Stay Safe! \(2012\)](#)
- [IC Resolution on the safety and security of humanitarian volunteers \(2015\)](#),
- [IC Resolution on Time to act: Tackling epidemics and pandemics together \(2019\)](#)
- [Preparedness for Effective Response: considerations for epidemics \(2020\)](#)
- Draft Standards on volunteer safety and security (2020)

ANNEX 1: Key messages and Frequently Asked Questions

(to be adapted based on the Ministry of Health guidance).

Make sure to update this part of the document based on new questions, misunderstandings of community members and new health information.

What is the novel coronavirus disease (COVID-19)?

- Coronaviruses are a large family of viruses found in both animals and humans. Some infect people and are known to cause illness ranging from a cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). (use local names for these diseases)
- The new coronavirus and its disease (COVID-19) is a new strain of coronavirus first found in Wuhan, China in December 2019.
- There are still some things we don't know about the virus, but researchers are working hard to find out how to prevent and cure it.

How dangerous is it?

- For most people, coronavirus is mild and similar to a cold (runny nose, fever, sore throat, cough and shortness of breath);
- It can be more severe for some persons and can lead to pneumonia or breathing difficulties.
 - For example, older people, and people with weak immune system or existing illnesses (such as diabetes, high blood pressure and heart or lung disease) appear to be more vulnerable to becoming severely ill with the virus.
- The disease can lead to death, but this is rare.

How does someone get the virus?

- A healthy person can get the virus from an infected person. The virus spreads through direct contact with 'drops' of saliva containing the virus. These fluids come out of the nose or mouth.
 - For example, when an infected person coughs or sneezes, these droplets can enter the eyes, nose or mouth of another person or
 - If an infected person sneezes and coughs into their hands and touch another person or a surface
 - When a person touches surfaces and objects that are contaminated by those droplets. It is not yet known if and how long the virus lasts on surfaces, but alcohol-based hand gel can kill it.
- The new coronavirus is usually transmitted through **close contact** with an infected person, for example, when caring for them. "Close contact" means physically touching

them, touching items they have used or coughed on, or spending a lot of time within 1 metre of them while they are sick.

What can I do to protect myself and my family?

Here are five precautions you and your family can take to avoid infection:

1. **Wash your hands** frequently using soap and water. If soap is not available, alcohol-based hand gel may be used to wash away germs.
2. **When coughing or sneezing, cover your mouth or nose with your bent elbow. or a tissue** Try to not sneeze and cough into your hands because then you will spread the virus with your hands. Throw the tissue into a bin. If you cough/sneeze into your hand, don't touch anything and immediately wash your hands with soap and water.
3. **Avoid close contact** with anyone who is coughing, sneezing, or sick. Keep at least 1 metre (3 feet) distance and encourage them to go to a nearby healthcare center.
4. **Avoid touching eyes, nose and mouth.** Hands touch many things which can be contaminated with the virus.
5. **Go to the doctor** if you have a fever, cough or feel that it is difficult to breathe. This is the best way to look after yourself and stop the infection spreading to your family and others. Make sure to first call the doctor and let them know your symptoms so you don't infect other people.



Coughs/sneeze into your bent elbow or a tissue to stop spreading the germs.



REMEMBER: older people and people with health issues are more likely to get sick. We need to protect them and stop spreading germs!

What should I do if a family member or I have symptoms?

- Seek medical care early if you or your family member has a fever, cough or difficulty breathing.
- Call your doctor or health provider before coming to the clinic. You should also call if you have travelled to an area where the new coronavirus disease (COVID-19) has been reported, or if you have been in close contact with someone who has travelled from one of these areas and has symptoms.



REMEMBER - If an infected person does not go to the health centre or ask for help they may be at higher risks of becoming very ill and spreading the virus.

You can find more information on the WHO site (in several languages) <https://www.epi-win.com/>

Frequently Asked Questions about COVID-19

Is the new coronavirus disease (COVID-19) very contagious/ is it easy to get the virus??

Coronavirus is harder to catch than you think. It takes close, direct contact with a sick person (or with objects and surfaces the person has used) to become infected with the virus. Many of the people who get the disease are caregivers and family members caring for a sick person without personal protective equipment.

Can I get the new coronavirus disease (COVID-19) by talking to someone or sitting next to them?

You are very unlikely to catch the virus by talking to people, walking in the street or shopping in the market or another crowded space. Being nearby a person generally doesn't spread the virus. There is no change you will get the virus if you have not travelled to the affected countries recently or have not been in contact with a person who is sick with coronavirus.

Are there any specific medicines to prevent or treat the new coronavirus?

The disease can be treated and many people have already recovered from it. While there is no specific medicine recommended, those infected with the virus should receive care to relieve and treat symptoms. Those with severe illness should get care in a hospital.

Is there a vaccine?

There is no vaccine yet because this is a new virus. It takes time to develop a new vaccine that is efficient and safe. Researchers are working on it.

Does having a COVID-19 patient in a hospital in my country put all people at risk?

Hospitals are prepared to care for patients with infectious diseases. Having a patient of the new coronavirus disease (COVID-19) in a hospital means they will receive the right treatment to help them get healthy and prevent the disease from spreading.

Should we avoid people coming from China?

We should use the same protective measures with any person (no matter the nationality, origin, etc) who may be sick and have symptoms similar to a cold (runny nose, fever, sore throat, cough and short-ness of breath). These include washing hands often with water and soap or alcohol-based hand gel to wash the germs off hands; keeping a distance from anyone who is coughing, sneezing, or sick (at least 1 metre (3 feet) distance and encouraging them to go to a nearby healthcare center.

Should we avoid Chinese food?

The new coronavirus disease (COVID-19) is not spread by eating Chinese food. It is safe to eat any fully cooked food in a hygienic and clean environment.

How can I keep my child safe?

It is important to teach your children to wash their hands regularly with soap and water or alcohol-based hand sanitiser. You should also teach them to cough/sneeze into their bent elbow or into a tissue and put the tissue directly into the garbage and wash their hands right after. Keep windows open at home and on public transport so the air circulates and carries germs away!

Do I need a mask to protect myself against COVID-19?

No, the best thing you can do to protect yourself from the new coronavirus disease (COVID-19) is to simply wash your hands well and often.

- If you're healthy, you only need to wear a mask if you are taking care of a person that might have COVID-19.
- If you are sneezing or coughing often, you should wear a mask so that you don't spread the virus through coughing or sneezing around other people or onto surfaces.