

ANNEX 1: Further guidance for National Societies Preparedness

Version 1 – 7 February 2020

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1. Introduction

This annex to the Guidance note for IFRC and National Societies on the Novel coronavirus (2019 nCoV) outbreak¹ seeks to help National Society decision makers and senior management to

- discuss the role of their National Society in relation to the current nCoV outbreak with government authorities and partners;
- assess their National Society's capacity and preparedness to respond to the outbreak;
- identify measures their National Society can take to support prevention, preparedness, detection and response to the current outbreak in their respective countries;
- and prepare their National Society for the outbreak.

2. National Societies' role in epidemic preparedness

The 1918 Spanish Influenza pandemic, which is estimated to have killed between 50 and 100 million people, is one of the main reasons why the IFRC first came into existence. Since this time, IFRC and National Societies have worked closely with key partners such as the World Health Organization to prevent, prepare for and respond to epidemics and pandemics, including recent outbreaks of measles, polio, dengue, cholera, plague, Ebola virus disease outbreaks and the Zika virus disease epidemic.

¹ Available on IFRC's [Go Platform](#). National Society and IFRC staff need to sign up and login to get access to restricted information.

a. National Society mandate

GUIDING QUESTION

⇒ Is the role of the National Society set out in laws, policies and plans relevant to disaster risk management, public health promotion, epidemic risk management and/or social welfare?

The Statutes of the Movement recognize that National Societies cooperate with the public authorities in the **prevention of disease, the promotion of health and the mitigation of human suffering** for the benefit of the community. As auxiliaries to national authorities in the humanitarian field, National Societies agree with national public authorities² on the areas in which they supplement or substitute for public humanitarian services.

Resolution 2 of the 30th International Conference:

*"States and National Societies, the latter as auxiliaries to their public authorities in the humanitarian field, enjoy a **specific and distinctive partnership** at all levels, entailing **mutual responsibilities and benefits**, and based on international and national laws, in which the State and the National Society agree on the areas in which the latter **supplements or substitutes** for public humanitarian services;"*

National Societies support and supplement the public authorities in their humanitarian tasks, including through close coordination, and seriously consider any official requests by the authorities to carry out humanitarian activities within their mandate.

The role of National Societies has evolved over the years responding to changing needs in the humanitarian environment. In the Grand Bargain, a 2016 agreement between some of the largest humanitarian donors and agencies, signatories committed to "**making principled humanitarian action as local as possible and as international as necessary**". The localization agenda intends to enhance local and national responders' capacities, assessing finances, enhancing partnerships, and increasing local coordination and leadership.

The IFRC 2030 Strategy highlights the need for a significant investment in epidemic and pandemic preparedness. This includes investing in local actors, networks and volunteers as frontline responders and early risk detectors.

In recent years the role of National Societies with regard to disaster preparedness and response, community-based health services and epidemic risk management has become significantly more important. The resolution "Time to act: Tackling epidemics and pandemics together" adopted at the 33rd International Conference of the Red Cross and Red Crescent encourages National Societies to work in close coordination with national authorities and other organizations responding to epidemics and pandemics. National Societies are an integral part of Disaster Risk Management systems in their respective countries, and need to ensure strong coordination with their Ministry of Health and other OneHealth partners at all levels to be able to play a significant role in epidemics and pandemics management.

² In protracted crisis settings, countries may not have a stable government with which the National Society can engage and it may be necessary to engage directly with other actors.

b. International Health Regulations (IHR)

GUIDING QUESTIONS

- ⇒ Is the role of the National Society set out in [laws](#), policies and plans relevant to disaster risk management, public health promotion, epidemic risk management and/or social welfare?
- ⇒ Has the National Society been involved in supporting government authorities implement International Health Regulations (IHR)?
- ⇒ Is the National Society part of a government Emergency Operations Centre (EOC) coordinating public health response?
- ⇒ Has the National Society taken part in [a Joint External Evaluations \(JEE\)](#) that might have taken place in their country, or reviewed results of this process?
- ⇒ Is the National Society engaged with a national [OneHealth](#) platform?

196 countries have signed up to the [International Health Regulations \(IHR\)](#) in 2005 to work together for global health security. Through IHR, **countries have agreed to build their capacities to detect, assess and report public health events**. WHO plays the coordinating role in IHR and, together with its partners, helps countries to build capacity. IHR also includes specific measures at ports, airports and ground crossings to limit the spread of health risks to neighbouring countries, and to prevent unwarranted travel and trade restrictions so that traffic and trade disruption is kept to a minimum.

The International Health Regulations (IHR 2005) request that States Parties develop, strengthen and maintain their capacity to respond promptly and effectively to public health risks and public health emergencies of international concern. To achieve the mandates of IHR and to address emergencies that have health consequences, many Member States are **establishing or improving their EOCs** to strengthen communications and coordination for effective public health response.

The **Joint External Evaluation (JEE)** is a voluntary, collaborative, multisectoral process to assess country capacity to prevent, detect and rapidly respond to public health risks occurring naturally or due to deliberate or accidental events. The purpose of this external evaluation is to assess country-specific status, progress in achieving the targets under Annex 1 of the IHR, and recommend priority actions to be taken across the 19 technical areas being evaluated. JEE reports are available [online](#) and provide useful information to National Societies about the country's capacity to respond to public health risks. WHO has developed an [IHR monitoring and evaluation framework](#) to provide a country-level overview of the implementation of requirements under the IHR.

c. Global Health Security Agenda (GHSA)

GUIDING QUESTION

- ⇒ Is the country involved in the [Global Health Security Agenda \(GHSA\)](#)?

The [Global Health Security Agenda \(GHSA\)](#) is a group of countries, international organisations, NGOs and private sector companies that have come together to advance a world safe and secure from infectious disease threats. GHSA emphasizes the need for **strong multisectoral engagement**, including human and animal health, agriculture, security, defense, law enforcement, development assistance, foreign affairs, research, and finance sectors, among others. **65 participating countries**, along with 9 international and regional multilateral organizations and institutions, and non-governmental sector partners – including private companies, non-governmental organizations, and academic institutions – are part of GHSA.

3. National Societies' capacity to prepare for and respond to epidemics

GUIDING QUESTIONS

- ⇒ What information is available about the National Society's capacity? (e.g. in the [FDRS database](#))
- ⇒ Is information available about branches, number and competencies of staff and volunteers, assets, etc.?
- ⇒ Are there recent or ongoing NS capacity strengthening processes (e.g. Organizational Capacity Assessment and Certification, Branch Organizational Capacity Assessment (BOCA), Preparedness for Effective Response (PER), Safer Access Framework (SAF))

National Societies may be invaluable in the development of national disaster or development plans, or other plans to augment national capacity to prevent and alleviate human suffering, ensuring community engagement and providing opportunities for coordination and mutual support. However, the auxiliary role is not an automatic guarantee that a National Society will be able to support the humanitarian and development goals of the public authorities at all levels. **To be efficient and successful, a National Society must have the capacity to carry out programmes and activities.**

a. National Societies' Preparedness for Effective Response (PER)

Strengthening disaster preparedness at the global, regional, national and local level is critical to save lives, protect livelihoods and strengthen recovery from disasters and crises. The goal of the [Preparedness for Effective Response \(PER\)](#) approach is to enable National Societies to fulfil their auxiliary role, **by strengthening local preparedness capacities to ensure timely and effective humanitarian assistance.**

The Preparedness for Effective Response approach provides guidance to National Societies on 37 components of a robust [National Disaster Preparedness for Response Mechanism](#), organized in 5 areas:

- policy, strategies and standards,
- analysis and planning,
- operational capacity,
- coordination,
- and operations support.



When engaging in the PER process, National Societies decide which hazards they want to prioritize in their preparedness plans, based on country risk assessments, as well as their mandate, services, ongoing projects and overall capacity.

National Societies already engaged in the Preparedness for Effective Response process can **check the results of their assessment, related priorities and the workplan developed to strengthen their preparedness.** Areas such as analysis and planning or operational capacity – and in particular health in emergencies – are some of the components that can be of greatest support to assess their preparedness to respond to epidemics.

If epidemic risk wasn't originally included in a National Society's risk assessment, or that a National Society has not yet engaged in PER, the [considerations for epidemic preparedness](#) can help guide preparedness actions for the current outbreak.

Please check IFRC's [Go Platform](#) for updated information on the outbreak response, and more details on current risk assessments and scenarios.

b. National Society programmes and services

GUIDING QUESTIONS

- ⇒ Is the National Society
 - implementing community engagement approaches, community-based health/disaster risk reduction programs or providing care in the community services?
 - managing health centres, hospitals, a blood bank, schools or higher education facilities?
 - providing pre-hospital care?
 - providing mental health and psychological support?
 - running school health clubs, fathers'/mothers' clubs, journalists' clubs?
 - incorporating Community Engagement and Accountability (CEA) in its programming?
- ⇒ Which are the critical programs and services that can be expanded or be affected by the nCoV outbreak?
- ⇒ Which partners does the National Society work closely with (government authorities, Civil Protection, UNICEF, Global Fund, GAVI, IFRC, PNS, ICRC, private sector, media, etc.)?

Mapping existing projects, services and key partners will help National Societies define what role they can offer to play.

As auxiliaries to public authorities, National Societies have long been at the forefront of **providing health services** to people in varied settings. In 2017 alone, more than 118 million people were reached by the Health and WASH programmes implemented by National Societies. In low and middle-income countries, community-based health workers (CBHWs), including trained Red Cross Red Crescent volunteers, are often involved in treating TB, malaria, HIV/AIDS, noncommunicable diseases (NCDs), neglected tropical diseases and conditions related to reproductive, maternal, new-born, child and adolescent health, facilitating access to health services and supporting palliative and rehabilitative services. In high and middle-income countries, they play an important role in NCD prevention and curative services, home-based care of older persons as well as community outreach for remote communities, migrant and refugee populations³.

Within the Red Cross Red Crescent network, volunteers work in different roles across a spectrum from pure unpaid “volunteerism” to paid CBHWs. In all scenarios, CBHWs create a bridge between their communities and their local health systems. **Red Cross Red Crescent network volunteers are vital in long-term activities aimed at improving the health of communities, but can also provide a frontline response when emergencies strike.**

Staff and volunteers trained in **community-based health and first aid, epidemic control, psychosocial first aid** and **community engagement and accountability** have skills that can be particularly useful to respond to the nCoV outbreak.

Many National Societies also offer **pre-hospital care, run blood banks, health facilities, schools or higher education facilities including nursing schools**. Such services can become great assets to respond to health emergencies such as the nCoV outbreak.

³ Care in the community: Guidelines for National Red Cross Red Crescent Societies, A community health systems approach 2020, IFRC, 2020

4. National Society potential activities to prepare for and respond to the nCoV outbreak

Red Cross / Red Crescent National Societies should focus on the areas where they can best add value. Where possible, programmatic interventions should link to ongoing NS programming around health preparedness and prevention or other NS preparedness for response initiatives and work with the Ministry of Health and other key partners and initiatives.

KEY ACTIVITIES THAT NATIONAL SOCIETIES CAN ENGAGE IN

⇒ COMMUNITY PREPAREDNESS

Activities	Target	Useful resources
<p>Risk communications, community engagement and health promotion (check the RCCE guidance for more tips)</p> <p>Understanding of this virus and resulting outbreak is rapidly evolving. Information gaps have led to uncertainty that is currently partially filled by speculation in scientific and public communities. There are many misconceptions about the virus and some rumours of coverups of the origin and severity of the virus. This contributes to many negative effects including stigmatization and discrimination of people from areas affected by the outbreak. Action will require:</p> <ul style="list-style-type: none"> ▪ a comprehensive risk communication and community engagement (RCCE) strategy, including using community engagement and accountability (CEA) methodologies to engage people with timely and trustworthy information about 2019-nCoV, track information gaps and rumours and address misconceptions before they can spread and cause panic. ▪ Encourage general health promotion behaviour changes, focusing on: <ul style="list-style-type: none"> ○ Handwashing ○ Social distancing ○ Care-seeking behaviours by people experiencing respiratory symptoms ▪ Country preparedness and response efforts should be informed by a thorough gender and diversity analysis and social and behaviour change needs which includes: <ul style="list-style-type: none"> ○ knowledge, attitudes, practices and beliefs linked to nCoV ○ Trusted channels to receive information ○ Preferences on how to share feedback ▪ IFRC's community-based health and first aid (eCBHFA) and epidemic control for volunteers (ECV) approaches can be leveraged, to promote appropriate measures at the community level 	<p>General, vulnerable, and high-risk populations</p>	<ul style="list-style-type: none"> ▪ IFRC nCoV RCCE guide ▪ WHO: Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV) (Interim Guidance v2 - 26 Jan 2020) ▪ IFRC: Epidemic Control for Volunteers ▪ IFRC: Community-Based Health and First Aid (CBHFA) modules

<p>to reduce transmission of the virus. Tools used for influenza or other respiratory illnesses are appropriate for use in this outbreak of nCoV as the means of transmission and symptoms are similar.</p>		
<p>Support to caregivers</p> <ul style="list-style-type: none"> Care at home for people suffering from mild or undiagnosed nCoV infection, or those unwilling or unable to seek care, is a likely source of continued transmission of the virus. Behaviour change for home caregivers (e.g. family members) and protections as needed may be important to stop transmission chains. 	<p>High-risk populations</p>	<ul style="list-style-type: none"> WHO: Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts (Interim guidance – 12 Jan 2020)
<p>Emergency social services in case of quarantine, or other emergency measures</p> <ul style="list-style-type: none"> Actions to limit and control the spread of the virus (e.g., by suspending public transportation or restricting essential services) are likely to impact the most vulnerable in affected communities. National Societies may be asked to provide specific technical or supportive services to their respective governments, particularly if the outbreak becomes more generalised or if home monitoring, quarantining, or broader point of control screening is implemented. This can play a significant role in outbreak control activities, by ensuring people affected by these measures are able to meet their basic needs and maintain their dignity. 	<p>Vulnerable affected populations</p>	
<p>Psychosocial support</p> <ul style="list-style-type: none"> Outbreaks create conditions for stress and anxiety, particularly in the absence of clear understanding of ways to reduce risk and protect oneself. In addition to effective and appropriate risk communication, NS are well placed to provide psychosocial support to affected communities. 	<p>General population and targeted populations</p>	<ul style="list-style-type: none"> IFRC psychosocial reference centre website
<p>Other auxiliary roles as agreed with respective governments</p> <ul style="list-style-type: none"> E.g. contact tracing, point of entry/point of control screening 		

⇒ INSTITUTIONAL PREPAREDNESS

Activities	Useful resources
<p>Infection prevention and control</p> <ul style="list-style-type: none"> ▪ National Societies providing clinical or prehospital services should continue to monitor WHO and their respective Ministries of Health for the latest clinical and infection prevention and control guidance. 	<ul style="list-style-type: none"> ▪ WHO: Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected (Interim guidance – 12 Jan 2020) ▪ WHO: Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected (Interim guidance – 12 Jan 2020) ▪ CDC: Infection control for prehospital emergency medical services (SARS) (no nCoV prehospital guidance available as of 7 Feb)
<p>National Society role, mandate and coordination with stakeholders</p> <ul style="list-style-type: none"> ▪ All National Societies, whether responding or preparing to respond, require enhanced coordination with their respective Ministries of Health and government authorities, including specifically identifying their auxiliary role with regards to pandemic preparedness, prevention and response. ▪ Civil-military or police relations: If a situation escalates, it may take a national security angle, resulting in restrictions that may impact the ability of responders to move. Engagement with the relevant state security entities is necessary to ensure that the humanitarian space is protected. ▪ International Disaster Response Law: The IDRL Checklist and IDRL Model Decree can be used by NS to: <ul style="list-style-type: none"> ○ Help states prepare and address some of the legal and regulatory issues that commonly arise concerning international assistance. These issues relate to the entry of international goods and personnel and the operation of assisting international actors, and also to the coordination of their assistance, especially in the relief and initial recovery period. ○ Advocate for the adoption of an IDRL Decree: In addition to an emergency decree, authorities can adopt an IDRL Decree which provides for the key roles, responsibilities, 	<ul style="list-style-type: none"> ▪ Principles and Rules for Humanitarian Assistance [EN] [FR] [SP] [AR] [RU] ▪ National Disaster Preparedness for Response Mechanism AR EN FR SP ▪ Preparedness for Effective Response Summary AR EN FR SP RU ▪ IDRL Decree: English / Spanish / French / Russian ▪ IDRL Checklist: English / Spanish / French / Russian <p>The IFRC's Disaster Law team can provide support NS in questions related to IDRL:</p> <ul style="list-style-type: none"> ▪ Africa: maria.martinez@ifrc.org ▪ Asia-Pacific: gabrielle.emery@ifrc.org ▪ Americas: sophie.teyssier@ifrc.org ▪ Central Asia: baktiar.mambetov@ifrc.org ▪ Other regions: isabelle.granger@ifrc.org

<p>coordination mechanisms and legal facilities for the effective management of international disaster assistance.</p> <ul style="list-style-type: none"> ○ Propose support from the RC in order to put in place the necessary legal framework for the effective management of international disaster assistance. 	
<p>Business continuity planning</p> <ul style="list-style-type: none"> ▪ Business continuity planning establishes the basis for the organization to continue functioning during the crisis, and recover and resume business processes when programs have been disrupted unexpectedly. Because RC/RC societies play a crucial role in the overall emergency disaster response, disruptions in service should be minimized in order to maintain public trust and confidence in the RC/RC emergency response capabilities. As such, RC/RC management should incorporate business continuity considerations into the overall design of their emergency response model to proactively mitigate the risk of program disruptions. ▪ Today’s changing hazard landscape require the creation of an on-going, interactive process that serves to assure the continuation of an organization’s core activities before, most importantly during, and after a major crisis event. This new challenge goes beyond the mere emergency response plan or disaster management activities that we previously employed. ▪ A dedicated focal point or small cell should be established to work in close coordination with NS leadership, management, technical and operational teams, including support services in preparation, mitigation, response and recovery from a potential epidemic outbreak. 	<ul style="list-style-type: none"> ▪ Guidance for NS is being developed and will soon be shared via the Go Platform (log in to see resources for National Societies).
<p>Contingency planning</p> <ul style="list-style-type: none"> ▪ National Societies currently unaffected but at risk of transmission will also benefit from contingency planning. The contingency planning process can basically be broken down into three simple questions: <ul style="list-style-type: none"> ○ What is going to happen? ○ What are we going to do about it? ○ What can we do ahead of time to get prepared? <p>Developing scenarios is a good way of thinking through possible impacts. On the basis of sensible scenarios, it is possible to develop a plan that sets out the scale of the response and required resources. In order to be relevant and useful, contingency planning must be a collaborative effort. It must be linked to the plans, systems or processes of the government, partners or Movement bodies at all levels – national, regional and global.</p>	<ul style="list-style-type: none"> ▪ IFRC contingency planning guide (including a suggested template) ▪ Emergency Operations Center Guidelines EN FR SP ▪ Collection of training modules on contingency planning.

<ul style="list-style-type: none"> ▪ National Response Teams: Identify the current capacity of National Society response teams, especially teams trained in Health in Emergencies or Epidemic Control for Volunteers. Plan their deployment according to the different scenarios, including their protection and well-being (see more information in Checklist: Mobilization of Personnel for novel coronavirus response (2020.2.5 ver1.)) ▪ Community engagement and accountability: To ensure a community-centred approach which is crucial to building trust and acceptance especially among those in areas under lockdown. ▪ Food and household economic security: Lockdown of an area may result in increase in prices of food and essential household items since markets will be impacted with demand exceeding supply. With labour affected, the ability of some families to maintain household economic security will be impacted. Those who rely on daily wages will have no means to purchase essentials or even access medical services. 	
<p>Operations Support</p> <ul style="list-style-type: none"> ▪ Security: There will be a need to reinforce security regulations and compliance so that safety of personnel is not impacted. This may be because of trust issues (among community members), built-up frustration (for those in areas under lockdown) among other factors. ▪ Staff and volunteer management: National Societies need to carefully manage responders, both staff and volunteers, when preparing for and responding to the Coronavirus outbreak. Risk needs to be re-assessed regularly, and action taken to either limit exposure or enhance safety and protection measures. ▪ Logistics: With lockdown of an area, the supply chain of essential items may be disrupted. This may impact the local branch of the National Society including in obtaining essential supplies. ▪ Communications: Need to continue media monitoring and sharing aligned messaging to demonstrate National Society actions in response or preparedness with the support of IFRC and PNS. In addition to having key messages, relevant crisis communication measures will continue to be developed covering scenarios such as if National Society responders are infected while on duty. Linkages with CEA will be important to address rumours. 	<ul style="list-style-type: none"> ▪ Checklist: Mobilization of Personnel for novel coronavirus response (2020.2.5 ver1.) ▪ Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus (2020) ▪ Volunteering in Emergencies (2012) ▪ Volunteers Stay Safe! (2012) ▪ IC Resolution on the safety and security of humanitarian volunteers (2015)

SPECIAL NOTE: MASS DISTRIBUTION OF PERSONAL PROTECTIVE EQUIPMENT (PPE) (E.G. FACE MASKS)

- ⇒ There is no evidence that nCoV can be spread through the air.
- ⇒ Likewise, there is no evidence that mass distribution of face masks, medical/ surgical masks, or particle filtering masks to the general public reduces risk of transmission of nCoV.
- ⇒ PPE like particle filtering masks (e.g. N95) or respirator masks require specific training and fitting to have any benefit and to prevent the risk of harm.
- ⇒ Evidence shows that using a mask incorrectly may actually increase the risk of transmission of respiratory viruses, rather than reducing it.
- ⇒ In situations of pandemic or potential pandemic, it is expected that there will be global shortages of PPE stock. Large-scale incorrect or inappropriate use of PPE, such as by members of the general public at low risk of exposure, risks decreasing the PPE stock available to healthcare providers and others at high risk, and contributing to the spread of the epidemic.

General public

- ⇒ Mass distribution of masks may contribute to panic and confusion, and dilute the impact of health promotion messaging that is based on evidence.
- ⇒ Based on current evidence and understanding of nCoV and other coronaviruses, generalised use of masks it is at best not helpful, and at worst harmful.
- ⇒ In the absence of specific guidance from MOH and/or WHO recommending the use of masks by healthy people, IFRC recommends against programming to support this.

People experiencing symptoms of respiratory illness

- ⇒ People with cough, runny nose, or other symptoms of respiratory illness who cannot seek medical care should, first, reduce contact with other people, and second, wear a mask when they must be near other people.

Direct clinical or supportive care

- ⇒ Any distribution of masks should be targeted at people providing direct clinical or supportive care to people experiencing respiratory symptoms.
- ⇒ If masks are to be used:
 - Must be in addition to generalised measures to prevent human-to-human transmission, particularly handwashing and other proven infection prevention and control methods.
 - Must be properly worn, removed, and disposed of in order to avoid the risk of increased transmission associated with incorrect use and disposal.

5. Checklist: Mobilization of Personnel for novel coronavirus response (2020.2.5 ver1.)

This checklist is intended to assist National Societies manage responders, both staff and volunteers, when preparing for and responding to the Coronavirus outbreak. It is recommended to use this checklist as a suggested consideration point and adapting them to the needs of your operation and your responders. The safety and care of the responders must always remain the highest priority for all National Societies.

A. Emergency Plan			
	Vol.	Staff	
Prior	X	X	<input type="checkbox"/> Have you defined what activities your NS will take on in a response to the virus, define roles that staff and volunteers can take on, and carry out a proper risk assessment with mitigation plan? <ul style="list-style-type: none"> Which roles of the above can be filled by staff/ existing volunteers / and with new volunteers with little introduction?
	X		<input type="checkbox"/> Does your society have an adequate emergency plan which includes volunteer management aspects?
	X		<input type="checkbox"/> Have you discussed plans, responsibilities and challenges with your country's public authorities regarding volunteer provided services and support?
	X		<input type="checkbox"/> Is there a mechanism for coordinating with other volunteering organizations and relevant government agencies?
	X	X	<input type="checkbox"/> Do you have policies or include in the emergency plan: <ul style="list-style-type: none"> How you will provide food, water, accommodation (if necessary) to staff and volunteers; limit for volunteering hours, and rotation of staff members; Clear guidance on a potential change in the volunteer status to that of an employee if the volunteer is asked to work as many hours as an employee and ensures that the employment complies with national law; Policy on per diem/allowance for volunteers Reimbursement of expenses; Relevant safety procedures and protocols, including the use of any necessary protective equipment
During	X	X	<input type="checkbox"/> When conducting operational assessment and monitoring, do you assess the conditions and mobilisation of staff and volunteers?
	X	X	<input type="checkbox"/> Do you systematically revise safety procedures and protocols, including from staff and volunteers' feedback?

B. Recruiting / Mobilisation

	Vol.	Staff	
Prior	X	X	<input type="checkbox"/> Have you checked your local labour law, to be clear what roles require specialized skills? <ul style="list-style-type: none"> • Have you checked your labour law relating to tasks that volunteers can and cannot carry out?
	X		<input type="checkbox"/> Do you have an accessible, up-to-date volunteer database? <ul style="list-style-type: none"> • Does the database include contact details and specific volunteers' skills and competencies?
		X	<input type="checkbox"/> Do you know the specific skills and competencies of your staff member?
	X		<input type="checkbox"/> Do you need to recruit new volunteers to manage this operation? Or are existing registered volunteers sufficient?
	X		<input type="checkbox"/> Do you have a position on whether you accept spontaneous volunteers? <ul style="list-style-type: none"> • If not, do you know how to communicate and where to refer to them? • If yes, do you have a system in place to assess, register, brief, train and manage a large number of new volunteers, which meet minimum screening procedures?
	X		<input type="checkbox"/> Are you prepared for an increased activity level? Do you have a scale-up plan for recruitment of volunteers within your NS?
During	X		<input type="checkbox"/> Have you communicated clearly to existing volunteers about the needed skills for the operation and how they can engage?
	X		<input type="checkbox"/> If you are recruiting new volunteers, did you: <ul style="list-style-type: none"> • conduct basic screening? • ask them to sign the Code of Conduct or equivalent? • provide them with basic on-boarding training/information, including their roles and responsibilities?
		X	<input type="checkbox"/> Do you have a clear management structure in place, with clear appointed supervisors responsible for staff well-being?
	X		<input type="checkbox"/> Do you have a clear management structure in place, with clear appointed leaders/supervisors responsible for volunteer activities and well-being?
	X	X	<input type="checkbox"/> Have you provided staff and volunteers with necessary information and communication materials? <p>REFERENCE:</p> <ul style="list-style-type: none"> ▪ Epidemic Control for Volunteers (https://ifrcgo.org/ecv-toolkit/) ▪ Community-Based Health and First Aid (CBHFA) modules

C. Briefing

	Vol.	Staff	
During	X	X	<input type="checkbox"/> Have you briefed staff and volunteers on the operation context? Such as: <ul style="list-style-type: none"> • the disease outbreak; • operational updates; • the tasks they are expected to engage in; • the cultural and/or political context in which they will work; • quality and accountability standards; • respect of the 7 fundamental principles in action (e.g. non-discrimination); • complaints and feedback mechanisms; • how to cope with emotional reactions to difficult circumstances; and • on health-related issues and how to protect themselves (including anti-transmission protocol)?
	X	X	<input type="checkbox"/> Have you shared “Key Messages of the operation” for both staff and volunteers, so they are clear on what and what not to communicate?
	X	X	<input type="checkbox"/> Do staff and volunteers understand security plans and follow the rules and regulations accordingly?
	X	X	<input type="checkbox"/> Are staff and volunteers given an opportunity to ask questions to ensure they have a clear understanding of the situation and can say if they do not feel they have had the necessary training or support to effectively carry out their duties?

D. Taking care of volunteers/Safety net for volunteers

	Vol.	Staff	
Prior	X	X	<input type="checkbox"/> Do you have a system in place to communicate quickly with local branches and volunteers? Has this system been tested?
	X	X	<input type="checkbox"/> Do you have a system in place to provide PSS during and after the operation, for staff and volunteers? <ul style="list-style-type: none"> • Are volunteer managers trained in and able to provide PFA to support volunteers in distress? REFERENCE: http://pscentre.org/
	X	X	<input type="checkbox"/> Are self-care and violence prevention in the workplace available?
	X	X	<input type="checkbox"/> Are complaints and feedback mechanisms in place to protect staff, volunteers and the communities they serve? And are all volunteers made aware of these and how to use them?

During	X	X	<input type="checkbox"/> Do you have adequate insurance coverage for both accident and liability for all staff and volunteers mobilised for the operation? And have you ensured that they understand their coverage? <ul style="list-style-type: none"> • Volunteers and their families should be protected if: <ul style="list-style-type: none"> ○ They fall ill with disease, and are unable to work or the disease is fatal, or ○ They are injured in an accident or killed while performing their duties, or ○ They cause damages or injuries to others during their duties. • In case of no health insurance coverage, have you worked with your government to cover your staff and volunteers under your national health ministry?
	X	X	<input type="checkbox"/> Are your staff and volunteers provided with appropriate personal protection equipment to do their tasks efficiently and safely? (consider what your volunteers can and cannot do without appropriate PPE)
	X		<input type="checkbox"/> Have you set a limit for volunteering hours according to relevant national legislation?
	X		<input type="checkbox"/> Do you ensure that volunteers are given rest and recovery?
		X	<input type="checkbox"/> Have you set a rotation system for your staff to avoid burnout and are given rest and recovery?
	X	X	<input type="checkbox"/> Are your staff and volunteers provided with appropriate visibility items and identification material recognised by authorities?
	X	X	<input type="checkbox"/> Do you have an incident reporting system and procedures to collect, record and report staff and volunteer incidents?
During /After	X		<input type="checkbox"/> Have you assigned a contact point, in case volunteers become unwell during or after their volunteering service? Have you disseminated this contact point to volunteers?

E. Communication

	Vol.	Staff	
During	X	X	<input type="checkbox"/> Do you have space for daily debriefing and learning from staff and volunteers? <ul style="list-style-type: none"> • Do you give time for staff and volunteers to reflect on what happened, and a space to share challenges and request help or guidance or support?
	X	X	<input type="checkbox"/> Is a strong system in place to communicate the messages of your National Society with the public and create a safer working environment for the staff and volunteers by explaining their role and function?
	X	X	<input type="checkbox"/> Are staff and volunteers kept updated about any changes to the rules, regulations, plans or security environment?

	X	X	<input type="checkbox"/> Do you regularly share updated “Key Messages of the operation” so both staff and volunteers are well informed on what and what not to communicate?
After	X		<input type="checkbox"/> When volunteers finish their work, do you thank and recognise them?
	X		<input type="checkbox"/> Do you ask for evaluation and feedback from the volunteers? <ul style="list-style-type: none"> • What value did volunteer involvement add to the response? • Were volunteers well managed?

USEFUL RESOURCES:

- [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)
- [Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus](#) (2020)
- [Preparedness for Effective Response: considerations for epidemics](#) (2020)
- Draft Standards on volunteer safety and security (2020)

Please use [this form to provide feedback](#) or request different information or analyses in future guidance notes and annexes.