

Guidance for eCBHFA volunteers
COVID-19



eCBHFA volunteers are a community's first line of defence in the midst of the global COVID-19 epidemic. This guidance is for active eCBHFA volunteers working with vulnerable groups at the community level to help keep people safe, informed and at ease as the pandemic progresses.

Is your unique circumstance not covered in the guidance? Check out IFRC's Go Platform (go.ifrc.org) for more information and guidance or sign into the [CBHFA page of Facebook](#) to share your challenges and use the CBHFA community to help inform your work. You can also write directly to nancy.claxton@ifrc.org

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Topic 1

What is COVID- 19?

Coronaviruses are a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

They are called “corona” viruses because under a microscope they have the shape of a tiny crown. They are too small to see without a microscope.

A new coronavirus (COVID-19) was identified in December 2019 in Wuhan, China. This is a new coronavirus that has not been previously identified in humans. As of March 2020, experts are still learning how the disease affects humans, who it is most likely to be affected and how to prevent its spread. This guidance will be revised as new developments happen.

What are the symptoms of COVID-19?

People who have the COVID-19 virus may have one or more of the following health issues¹:

- Fever
- Cough
- Tiredness
- Difficulty breathing
- Aches and pains
- Sore throat

Some people with COVID-19 may also have diarrhoea, nausea or a runny nose.

How is COVID-19 spread?

A virus can infect people in many ways, but the COVID-19 virus infects people through tiny droplets passed from a person with the virus to another person’s mouth, nose or eyes. A person who carries the virus may or may not appear to be or even feel sick. But if they have the virus , they can easily pass it to you through droplets. These droplets are shared when the person or someone they were in contact with sneezes, coughs, or if the virus is on their skin and they touch a surface or person and pass the virus on, without even knowing they are doing so.

The COVID-19 virus is highly infectious, which means that it can easily be spread from person to person.

Ways that people are becoming infected with COVID-19 include:

- 1) Through a cough, a sneeze, spitting or by touch - such as shaking hands or a common-touch surface where is infected with the virus.
- 2) Being too physically close to others, especially to those who have the virus. The virus can spread from person to person easily in distances less than one meter
- 3) Not washing hands frequently enough or appropriately. The virus may be able to live for days on surfaces.
- 4) Not washing their hands with soap to remove the virus.

¹ https://www.who.int/health-topics/coronavirus#tab=tab_3

- 5) Touching their face frequently. It is estimated that people touch their face approximately 17 times every hour. Each time you do so, you increase your chance of becoming infected.
- 6) Touching a surface that an infected person previously touched and NOT washing your hands enough to wash the virus away. When you touch a surface that has droplets on it, even if you can't see them, you can become infected. When you touch other items, the virus transfers to the surface you touched and the virus spreads.

Who is most likely to get sick from COVID-19?

We are learning that the anyone can get sick from the virus. We are learning that the people most likely to get very sick or die from COVID-19 are:

- older people (over 60 years of age),
- people with lowered immunity or who may have a health issue already such as diabetes, HIV, tuberculosis, chronic respiratory disease, hypertension etc.

Additionally, people who are most at risk of an infection:

- Caregivers for people with COVID-19
- Health care workers and support teams who may be exposed to COVID-19 regularly.

What is the likelihood of someone dying from COVID-19?

While 40% of people with COVID-19 have mild or no symptoms, another 40% may require some medical care, 15% have a severe infection requiring oxygen and 5% have critical infections, requiring ventilation in a hospital setting².

By comparison, the regular seasonal flu kills 0.1% of the people it infects globally³. COVID-19 can be up to **30-40 times** more deadly⁴, currently killing more than 4% of the people it infects. To make sure that seriously ill patients can be treated, it is important that we keep the numbers of infected people as low as possible. by stopping the spread of the virus.

If I am not in the highest risk group, why should I care about COVID-19?

COVID-19 is highly infectious and even young, healthy people can fall seriously ill. People may be carrying the virus without feeling sick. This makes it easy for people who seem healthy to pass the disease on to anyone, and especially to people in a risk group.

Not everyone who is in the risk group looks old or ill. Many young people have health problems which aren't obvious, such as diabetes, or they may be undergoing a medical treatment which means their immune system is not working well. This can be true of children, too, as well as the older people in your family or community. That means that we all need to be careful not to pick up and transmit the virus, for everyone's sake. Because COVID-19 is so infectious, even if you do not live with or even near the people who could be at risk, your actions could impact them. How?

² (https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf)

³ <https://bmcinfectdis.biomedcentral.com/articles/10.1186/1471-2334-14-480>

⁴ https://wwwnc.cdc.gov/eid/article/26/6/20-0357_article

Sophie & James

Let's see what this looks like. Here's Sophie. (TOOL)

Sophie is in her mid-30s and healthy and sees little risk in getting COVID-19. She has heard on the news that if she does get infected that symptoms are likely to be pretty mild.

Sophie knows that the risks to her parents and grandparents are great and she has heard that even if she doesn't feel sick, she could pass the virus on to others, so she takes precautions. Sophie stays at home and watches shows that she has been meaning to see, talks with her friends by phone and social media and when she goes outside, she keeps her distance from others, not standing or walking too close to people. She doesn't take public transit but walks to the store, she waves to her friends instead of hugging them, and when she sneezes, she uses a tissue or sneezes into her elbow. She washes her hand twenty seconds with soap and water after using the toilet, before preparing or eating food, after she blows her nose or spits, after she comes in from outside and especially after caring for her mother who has a cold. Sophie has changed her behaviours significantly and feels comfortable in living with her older parents, knowing that she is not putting them at risk.

Look at the tool and point out all the areas where Sophie is preventing the risk of transmitting the virus to herself and those she interacts with.

Now, let's meet James. (TOOL)

James is 18-years-old and is healthy, so he thinks there is no risk in getting COVID-19. He has heard that if he does get infected that the symptoms are likely to be pretty mild.

So James takes no precautions. He touches hundreds of surfaces that others have touched, he only washes his hands after using the toilet, he takes the bus to cafes and hangs out with his friends like normal, he hugs them hello and share glasses, cutlery and plates when they have a meal together. In general, James behaves as he normally would before COVID-19 struck.

Look at the tool and point out all the areas where Sophie is preventing the risk of transmitting the virus to herself and those she interacts with.

Look at the tool and point out all the areas where James is failing to prevent transmitting the virus to himself and those he interacts with. Say what action he should do instead.

Where could you have been infected in your daily interactions?

Every time you touch a surface which has not been disinfected, and every time you touch or stand close to another person – especially someone who has symptoms -you are risking infection with the COVID-19 virus. Over and over with every person you interact with and surface you touch, you are at risk. And somewhere in that chain of events, someone touched a surface you touched or interacted with someone who is a carrier of COVID-19. This virus has such a high infection rate that it has travelled around the world and is working its way towards every town globally. Every time you practice an unsafe behaviour, you are

increasing the likelihood of becoming sick with COVID-19 and/or being a carrier of COVID-19.

When you fail to practice safe behaviours, you are helping it to spread even further - perhaps to your own home.

It all seems like a huge over-reaction. Why should we stay home and practice physical distancing?

Because COVID-19 is so infectious, there is a concern that too many people will become sick and require hospitalisation at the same time. There are only so many hospital beds, hospital staff and equipment to take care of patients in each country. We know that a minimum of 20% of people with COVID-19 become so sick that they need to be cared for in hospital. If the numbers are very high, there may not be enough trained staff and special equipment to care for them all. That means some of them will die. If you live in a place where there are very little resources and equipment, the best strategy is to prevent infection in the first place.

Think about those people most at risk and think about who you know that might be in that risk group like your grandmother, or your girlfriend who survived cancer as a child, or your team-mate who has diabetes. We need to make sure that there are enough resources to treat everyone who is high risk, and that means that everyone needs to try to keep themselves healthy and not spread the virus.

Discussion Questions

Discuss with those whom you interact the following questions to ensure understanding of the basics of COVID-19.

- 1) What is COVID-19?
- 2) How is COVID-19 different from the seasonal flu?
- 3) Who is most likely to become sick from COVID-19?
- 4) Who is most at risk for severe infection of COVID-19?
- 5) What would motivate me to take precautions even if I am personally not in the risk group for COVID-19?

Topic 2

Prevention of COVID-19

How can I prevent getting or spreading the virus?

- 1) Use proper sneezing and coughing etiquette by coughing/sneezing into a tissue or by coughing/sneezing into your upper arm or elbow. Throw the tissue away in a covered bin immediately. Use a clean tissue each time. (TOOL)
- 2) Avoid touching your face.
- 3) Practice physical distancing (some people call it social distancing. Either term is fine but we advise you to stay physically apart but try and stay safely socially connected such as at a distance or online). Don't shake hands, hug or kiss others, share food or utensils, food, cups or towels. Stay 1 meter away from others as much as possible. (TOOL)
- 4) Wash your hands often, but at the very least (TOOL):
 - a. before food preparation
 - b. before eating,
 - c. if eating from a communal plate, take food from the communal plate and place individual portions on individual plates
 - d. after blowing your nose, coughing or sneezing
 - e. after using the toilet or changing a nappy.
 - f. After visiting a public space like markets, public transportation, etc.
 - g. Before, during and after caring for a sick person
- 5) Wash your hands thoroughly (TOOL) for at least 20 seconds. Use soap and clean water to ensure you adequately remove any harmful germs, including the COVID-19 virus that may be on your hands from something or someone you touched.

Germs spread more easily from wet skin than from dry skin, so drying your hands completely is an important step. Change your hand towel frequently.

Try to limit touching surfaces as much as possible between hand washings.

- 6) If you do not have soap or water:
 - a. Use an alcohol-based sanitizer. The sanitizer should contain at least 60% alcohol. Cover all surfaces of your hands and rub them together until dry.
 - b. Use soapy water or ash. These are not as effective as handwashing but will suffice until you can access soap and water.
- 7) Regularly clean and disinfect commonly used surfaces that you and others may touch such as doorknobs or handles, light switches, tabletops, toilets, faucets, remote controls, phones.

What should I do if I think I may be sick?

- 1) If you have mild symptoms, stay home. Get into bed and rest.
- 2) If your country provides a hotline of whom to contact, call for advice, guidance on testing or how to receive assistance.
- 3) Try to isolate yourself from others living with you, including sleeping space, toilet space and eating areas.
- 4) Wash your hands frequently with soap for 20 seconds or using a hand-sanitiser with alcohol content over 60%.
- 5) Use disinfecting wipes or a bleach solution to wipe down surfaces you have touched.
- 6) If you have high fever or are having trouble breathing, seek medical attention. Call the hotline, your own doctor, or a clinic. Do not turn up at a hospital or doctor's office unannounced.

To self-isolate: If you can stay in a room with a window and keep the door closed, do so. It is also advised to use a separate bathroom than others, if possible. If not, disinfect all surfaces that have been touched between users. Do not share kitchenware, bedding or towels with anyone else in your home when you have used them. Rest.

How much time is there between becoming infected and becoming sick or being infectious to others?

The time between when the virus gets inside your body and when you start to feel sick is between 2 and 14 days.

The time between when the virus gets inside your body and when you are infectious to others can be right away. Even if you don't feel sick, you can pass the virus on to others. This is why it is best to keep at least one meter distance between yourself and others.

Should I wear a mask to keep safe?

Only if you are sick or taking care of a sick person should you wear a mask. Masks have a high risk of increasing infection because they are not always used appropriately.

- Masks are in short supply and should be saved for sick people and caregivers to ensure that the virus is not transmitted to the most vulnerable.
- Masks are uncomfortable to wear long-term in a way that is safe. People unused to wearing a mask often fail to put it on properly, frequently touch the face of the mask and may not dispose of the mask properly. **These actions increase the risk of infection to others because it actually spreads the virus more.**

Let's Play!

Print the COVID-19 Prevention Game to play in a small group of 1-4 people as led by a volunteer.

Discussion Questions

Discuss prevention measures against COVID-19.

- 1) What are four of the prevention measures to protect yourself from COVID-19?
- 2) Why is handwashing with soap so important?
- 3) How long should you wash your hands with soap?
- 4) How is COVID-19 spread from one person to another?
- 5) What should a person do if they think they may be sick?

- 6) Why do people who are not sick not need a mask?
- 7) What kind of measures do we need to consider as a CBHFA volunteer to ensure that the virus is not spreading through our activities?

Topic 3

Changing Behaviours

eCBHFA volunteers and staff should refresh their knowledge and skills on behaviour change by referring to the eCBHFA Behaviour Change module.

The behaviours that need to be adopted at community level for COVID-19 prevention include:

- Physical distancing
- Frequent and appropriate hand washing with soap
- Sneezing/Coughing/Spitting safely
- Self-isolation if someone becomes sick and extra caution by the caregiver
- Avoid touching face

Stages of Change

In reviewing the stages of change, CBHFA volunteers want to ensure that community members have the (TOOL):

KNOWLEDGE about COVID-19. Information in Topics 1 and 2 will help to address these areas.

Talk with household members about ways to stay informed appropriately as the situation evolves and how to ensure that they are getting accurate information. RCRC is a source of factual updates as is WHO, UNICEF, and Ministries of Health and other sites that are reputable and keep updated information. Discuss the dangers of relying on other sources or through non-reliable social media channels where there can be a lot of misinformation.

APPROVAL of the prevention measures that will keep them safe in the COVID-19 outbreak. To achieve approval, volunteers should appeal to community about ensuring the safety of each person's family and friends. We need to explain that the virus is so infectious that each action an individual takes will make a difference. They can stop the disease, or they can spread it, perhaps to someone they know and care for and perhaps to someone who they will never know but whose life may be affected or destroyed by COVID-19. Because of how infectious this virus is, every person's behaviours actually can impact every one – not only in their home communities but also communities where their families and friends live – either in the next town or halfway across the world.

When volunteers speak to people about COVID-19 they should ask, "Who do you want to protect?"

INTENTION to change their behaviours. Hearing about other people who were affected by spreading of the disease helps to make these interventions necessary. Stories from community members who fell ill or even lost their loved ones to COVID-19 and also stories about lives saved due to preventive measures are a powerful way of persuading people to change their behaviour.

To get people to intend towards a behaviour change, they need to hear the experiences of people like them who either:

- were negatively affected by COVID-19 by not following the preventive behaviours. Either they fell sick or a loved one fell sick and maybe even died.

OR

- Were positively affected by following the preventive behaviours and staying safe from COVID-19 infection.

These first-hand experiences are what nudges people towards INTENTION. These stories can be collected from the community. Note that the stories need to focus on the behaviour causing a positive or negative effect and helping people see the cause and effect.

When volunteers speak to people about COVID-19 they should ask, “What actions are you going to take?”

PRACTICE to change their behaviours. To get people to practice these behaviours, it is critical that we teach them the correct method for each. Practice sessions might include:

- Demonstrating and practicing proper handwashing with soap techniques.
- Discussing and practicing frequency and timing of handwashing
- Demonstrating and practicing wiping down commonly used surfaces
- Demonstrating and practicing proper physical distancing such as by having them stand and hold out their arms to judge safe distancing from others
- Demonstrating and practicing proper sneezing and coughing etiquette.
- Demonstrating and practising proper use and disposal of tissues.
- If spitting is part of the culture, demonstrate and practice alternatives to spitting or spitting etiquette
- Appropriately sharing from a communal plate by demonstrating and practicing using individual plates for placing a portion of food from the communal plate
- Demonstrating and discussing self-isolation procedure
- Demonstrating and practising proper caring for sick people at home

By modelling the behaviour, discussing the behaviour as a group and expecting people to act out a behaviour, with feedback as necessary, the activity sets the pattern in their brain to start forming a new habit. When they practice in a small group, they receive positive feedback and can encourage each other well after the session is over.

Practice does NOT include showing them the wrong way to do the behaviour and then correcting them, OR having them guess as to what the correct behaviour should be. This will only cement the wrong behaviour.

Practice is simply showing them the correct way only, having them practice and provide feedback as necessary.

ADVOCACY in promoting the behaviours in all their interactions at home, at work and at play. By continually reinforcing positive behaviours, we can help to slow down the spread of COVID-19.

We want information about how we can protect our communities to spread faster than the virus. Who can you tell about these behaviours so that we all start preventing COVID-19?

SOCIOECONOMIC MODEL (SEM)

In CBHFA, we also focus on addressing the levels of the SEM. (TOOL)

In light of the behaviours to prevent COVID-19 infections, CBHFA volunteers should focus on the Individual and Interpersonal levels of SEM only, taking care to focus on interventions that mobilise community action where appropriate and respect the prevention measures, such as:

- If allowed in your country, conduct Household Visits with small groups per home. Some volunteers have been holding the visits outside where there is sufficient ventilation and space to ensure safety.
- Visit elderly, disabled and sick community members regularly either in person, by phone or SMS, taking precautions when you visit, including physical distancing, proper handwashing before and after the visit, as well as during the visit if you touch your face or items that the person will touch. Ensure that they have access to food and medicine they need or provide a means for them to get them.
- If there is a household with a person who is sick, some volunteers are checking in on these community members through social media, the phone, or even talking across the doorway from outside to inside the house keeping 1-2 meters distance to keep the volunteer safe. Take precautions, but please do not avoid these households.
- Use social media to keep in touch with your community. Some volunteers have developed WhatsApp groups, Line groups, Facebook groups, and Instagram groups to help communities stay informed, stay connected and share needs and messaging.
- Volunteers who have a social media presence are expected to model good online behaviour, share only accurate content and model the Seven Principles. As a volunteer, you are constantly modelling RCRC principles and healthy behaviours, and if any of your followers are your community members, they will value your opinions and news that you share. Reference CEA's guidance on social media for more information.
- Organize with local shopkeepers special shopping hours for vulnerable groups
- Arrange a system to check in and do simple errands for vulnerable people in the community such as shopping, getting water, doing errands.
- Help communities mobilise themselves to help each other, especially those who are in the highest risk groups.

Discussion Questions

Discuss with those whom you interact how they can ensure that they and people they love practice healthy behaviours to prevent COVID-19.

- 1) There are five stages of change. What are they and describe each step a bit.

- 2) How comfortable do you feel in your knowledge about COVID-19 to start practicing the behaviours that were presented in Topic 2?
- 3) Where will you seek out information to stay informed?
- 4) How do people usually move to the APPROVAL and INTENTION Stages? Give an example of how you might help people towards these stages.
- 5) Why is telling people how to stay safe not enough? Why is demonstrating and allowing the household members to practice so important?
- 6) How will you keep yourself safe while supporting the community during COVID-19?
- 7) What two levels of the SEM should RCRC volunteers focus?
- 8) If you are managing your own social media channel, why do you need to keep the Seven Principles in mind always?

Want additional behaviour change guidance for COVID-19?

Check out:

<https://blogs.bmj.com/bmj/2020/03/11/slowing-down-the-covid-19-outbreak-changing-behaviour-by-understanding-it/>

<https://www.sciencedirect.com/science/article/abs/pii/S1057740815001102>

Topic 4

Working with Community and your MOH

eCBHFA volunteers can work with their branch office to assist their communities with activities including:

- If allowed, safely conducting household visits for up to four household members at a time and delivering key messages.
- Checking with your Ministry of Health for country-specific COVID-19 messaging and making sure that what you say and do is in line with your government's policy. For example, if you are in a country where people are restricted from leaving their homes, do not try to conduct household visits, but deliver your messages in other ways.
- Some ways that you can reach people with messages that doesn't involve close contact might include social media channels, radio shows, SMS, WhatsApp groups, hotlines. Access guidance on using social media for COVID-19⁵.
- In households where a person has some of the COVID-19 symptoms and you or a family member suspects a COVID-19 infection, provide:
 - guidance to household members on safe home care including isolating the sick person, identifying one carer, and cleaning common surfaces regularly
 - Guidance to the caregiver on how to limit their face-to-face interaction with the sick person, wash their hands before and after each visit to their room, and disinfecting common surfaces.
 - Information about the person's symptoms to the local health system.
 - Ongoing check-ins to see how else they may need support, including food delivery, fetching water, garbage disposal, psychological first aid, etc.
- Identifying and stopping rumours that lead to misinformation about COVID-19, how it is transmitted and how to prevent it. Clarify incorrect information and deliver clear messages. Do not argue with the rumour, just provide the correct information.

What should I do if people are restricted from leaving their homes where I live?

In some countries currently, Red Cross Red Crescent volunteers have special clearance to be in the community to do lifesaving work. Preventing the disease is one of the most important activities that RCRC does. Check with your branch what allowances CBHFA volunteers have in working directly at community level.

If the Red Cross Red Crescent does not have special permission, do not try to conduct household visits, but explore other ways to inform communities including social media or dropping off information on the virus, prevention and what to do if someone is sick in people's mailboxes.

In some National Societies, CBHFA volunteers have set up systems to indicate which houses have received a wellness check, either physically or virtually to ensure full coverage. CBHFA volunteers are incredibly resourceful and you know your community best, so discuss ways

⁵ http://prddsgofilestorage.blob.core.windows.net/api/sitreps/3972/Tips_on_using_social_media_for_COVID-19_FINAL.pdf

that you can ensure that your community is receiving the information and support they need, especially vulnerable groups.

What should I do if there are sick community members or people that I suspect may have COVID-19?

Check with your MOH on local guidance on how to support the sick. WHO recommends that people with fever, a cough and who are having difficulty breathing should call their government hotline or call their doctor. 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 but who is able to breathe fine and does not have other chronic conditions, a volunteer may advise them to stay home and be cared for at home. If a person does stay at home to recover with these symptoms, the CBHFA volunteer should notify the local health facility who is sick, where they are and that they are being cared for at home to provide support as needed and to allow the MOH to capture this data for a better response.

Inform the household of any existing government hotlines for COVID-19 to access the most up-to-date information and guidance.

A member of the sick person's 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 prevention and control measures to care safely for the sick person and prevent the spread of infection to others in the home. The caregiver should receive ongoing support through the process and follow the health care staff recommendations, including isolation when appropriate.

Guidance for Home Caregivers

When advising a family in providing home care to a person sick or suspected to be sick with COVID-19, it is important to provide them with information on how to care for the person and how to stay safe while doing so. Coach them through the following guidance and leave them with a copy of the guidance and your contact details, the hotline number and the number for the local hospital for follow-up. Check in regularly or make sure that someone else will to make sure they have the support they need.

Additional guidance available⁶.

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 caregiver who provides food and assistance).

⁶ [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

- The caregiver 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 is more than one person sick, WHO recommends they are staying **at least 1 metre (3 feet) apart**.
- Hand hygiene should be practiced frequently, and especially before and following all contact with sick people.
- 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 contact the health facility or Ministry of Health first and follow the guidance provided. If instructed to go to the doctor, notify the health facility when and how they are coming and avoid any form of public transport.

Protective Equipment for the Sick Person and the Caregiver

Masks

- In the isolation area, the sick person does not need to wear a mask. If they must use a room shared with others such as a toilet, they should wear a mask for when they are in the common area only.
- The caregiver should wear a mask and be shown how to wear it 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 caregiver 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.
- When finished caring for the person masks should be disposed of properly (waste pit or burned) and hands washed with soap.

Gloves:

- Avoid contact with bodily fluids, particularly mucus, spit, snot, etc. 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.

Other

- It is **NOT** recommended the caregiver wears gowns, aprons or boots when caring for a sick person.
- It is recommended all waste materials (gloves, masks, tissues) should be disposed into a lined container that can be disposed of safely.

Infection prevention and control

Anyone touching a person known to have COVID-19 should:

- Wash hands with soap and water after contact
- If they were wearing a mask at the time, safely remove and 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 with at least 70% alcohol, sanitising handrub or 2% bleach solution.

- Clean with soapy water and then 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 a 2% bleach solution.
- Frequently wash clothes, towels and bedlinen with soap or detergent and hot water. Dry in a dryer on hottest setting or in the sun.

Personal Protective Equipment (PPE)

Masks

There is a global shortage of masks at the moment. This may mean they are difficult to access for people who critically need them like health care workers. Masks are also rather expensive and can be difficult to get. Some people may try to save money and re-use a used mask or wear a used mask inside out, but this actually increases risk. Finally, masks are not very comfortable to wear and many people tend to touch their faces and the mask often to try and make it more comfortable – this also increases risk.

If you are sick, caring for a person who is sick or you have been instructed to wear a mask by your health facility:

- Wash hands before putting on a mask.
- Place mask carefully covering the mouth and nose and tie securely so there are no gaps between the face and the mask. A poorly fitting mask decreases its effectiveness and risks transmission of germs.
- While wearing a mask, avoid touching the mask, especially the front of the mask.
- When using a mask, replace the mask with a new one if it becomes damp. 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; clean hands with alcohol-based hand rub or soap and water.

Hand hygiene

- If touch is unavoidable, you can reduce COVID-19 transmission from touching someone AS LONG AS YOU WASH YOUR HANDS APPROPRIATELY WITH SOAP AND WATER AFTER CONTACT.
- Hand hygiene should be performed frequently using soap and water.
- Avoid touching your face. If you tend to touch your face, come up with a strategy to reduce the touching and to wash your hands more frequently.
- Gloves only need to be worn if there are inadequate hand hygiene facilities or if you are caring for a sick person. If gloves are worn during patient care dispose of them properly after use, and thoroughly wash hands with soap. Do not wear gloves all day – this means you are less likely to wash your hands as frequently as needed.

Contact tracing

- 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 and 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 MoH and may involve monitoring the health of identified contacts every day to note if they have developed any symptoms.

Psychosocial support

- Outbreaks create conditions for stress and anxiety, particularly in the absence of clear understanding of ways to reduce risk and protect oneself.
- All CBHFA volunteers and RCRC should be familiar with providing [Psychological First Aid \(PFA\), available in the Basic First Aid module](#). The COVID-19 pandemic is very stressful for communities.
- When people are asked to stay at home, it is important to remember that home is sometimes not a safe place for all people. Stress, economic concerns and increased home responsibilities can sometimes lead to an increased risk of gender-based or domestic violence in the home. Apply psychological first aid when speaking to people about their worries and know where to refer them for their safety.
- In addition to effective and appropriate risk communication, NS teams are well placed to provide **psychosocial support** to affected communities.

Ready to start?

Step 1 – make sure you are:

- aware of any existing misinformation about COVID-19 in the community to tailor your messages. Be aware that people are typically defensive of their understandings and research shows that directly confronting them with ‘You are wrong’ can have the opposite effect. Instead use any information you gather as a way to tailor your messages to teach the proper information and behaviours.
- familiar with the correct information to protect yourselves and model good hygiene to prevent infection (physical distancing, when to use masks and gloves, what to do if you find sick people, stigma and social acceptance from others). Information changes regularly, so stay well-informed.
- 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
- Aware of the households with vulnerable populations such as the elderly, disabled, or people with health issues.
- Make sure your plan does not risk your personal safety.

Step 2

- check your Ministry of Health (MOH) for tools and key messages that you might use. CBHFA volunteers can use the messages in this toolkit and at IFRC, and 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.
- Prepare the tools you may need. You may use the tools in this toolkit from the ECV toolkit or any tools from reputable source such as IFRC, WHO, UNICEF, and your Ministry of Health. It is strongly advised to not use tools from other unrecognised sources.

Step 3

- Identify your health promotion strategy in light of the current situation in your community.
- Identify and share your NS’ strategy to address how to support people who need to self-isolate at home and monitor their progress.
- Keep yourself safe at all costs.
 - Stay at least 1 meter from all people.
 - Gather in groups of no more than 5 people total and when doing so, keep your distance.
 - Do not touch others, even if socially expected. Practice new ways to greet people without touching.
 - Wash your hands with soap regularly
 - Wear protective equipment when necessary as outlined above, but be aware that your actions are modelling for others how they should protect themselves. For example, using a mask at inappropriate times or improperly using and disposing of the mask are teaching bad and unsafe habits to your community.

Resources and References

- *IFRC: [Community-Based Health and First Aid \(CBHFA\) modules](#)*
- [IFRC psychosocial reference centre](#) website
- [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 \(2020\)](#)
- *IFRC: [Epidemic Control for Volunteers](#)*
- [IFRC GoPlatform](#) / [Risk Communication and Community Engagement \(2020\)](#)

ANNEX A

Using ECV?

ECV is an excellent tool available in [English](#), [French](#), [Spanish](#) and [Arabic](#) that can be tailored to respond to epidemics like COVID-19. While COVID-19 is not specifically covered, the tools below can be used to teach communities about COVID-19.

Not sure how to use the ECV?

Simply click on the following links to access the tools that can be used.

Tools needed:

Understand Disease tool

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

Community 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.

- **# 8 Washing hands with soap** - washing hands with soap helps stop spreading the COVID-19 virus 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 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 COVID-19 germs.
- **# 18 Coughing and sneezing correctly** - COVID-19 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 COVID-19 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 COVID-19 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 COVID-19 may choose to stay at home. Depending on your country's current protocols, you may advise them to go to the nearest health facility for testing and treatment. Then, if they stay at home, it is important that they be isolated from the rest of the family, but receive support as needed.

Volunteer 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.
- **#19 Psychosocial support (psychological first aid)** - this tool helps volunteers to talk to community member who are experiencing increased stress and anxiety because of COVID-19 and its effects on day to day life. The Look, Listen, Link approach helps the volunteer to identify when someone needs support, and link them to services if needed. Volunteers should consider, as part of "LINK" what hotlines are available in country to know what to do if they are sick, where people can get help if they are at risk of are experiencing violence in the home and practical information for meeting essential needs (for example, special shopping hours for the elderly, home delivery services etc).
- **# 20 Isolating sick people** - this tool is particularly important during the COVID-19 as isolating sick people will help prevent the spread from one person to others. The COVID-19 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 form 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 caregiver) on how to decrease chances of the disease spreading – coughing, sneezing and spitting etiquette, hand washing, regular ventilation if possible

- **# 26 Coughing etiquette** - COVID-19 virus 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.
- **Sneezing etiquette and spitting etiquette tools.**
- **# 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 COVID-19 or anyone who has symptoms of a cold or flu. The safe distance as been determined by WHO to be 1-2 metres apart to minimise the chances of air droplets reaching another person. Social distancing (which we now refer to as physical distancing since we want people to stay physically apart but remain socially connected) 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 COVID-19 is transmitted via air droplets, people can also transmit the germs to others through wiping their mouth, nose or eyes with their 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 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