CAPE COAST TEACHING HOSPITAL

UPDATED COVID-19 RESPONSE STRATEGY

MAY, 2020

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PREFACE

This is the CCTH Covid-19 Response Strategy with guiding protocols developed to guide the staff in preventing, responding and effectively management of COVID-19 cases at the hospital.
The response strategy and guidelines is a working document that would be reviewed whenever necessary based on emerging evidence and research and also based on national and international reviewed standards.

The strategy and guidelines shall be used by all staff, especially the COVID-19 Response Task Team and Front-liners at the facility. The document is in three major parts.

The Part one includes; introduction (brief history of the covid-19), Hospital Strategies, Media Engagement, Command Structure, Management Structure and Operational Structure in response to COVID-19.

The Part two contains the following guiding protocols; Case Definition of COVID-19 (Suspected Case and Confirmed Case), Protocol on Hand Hygiene Protocol, Protocol on use of Personal Protective Equipment According to Healthcare Activities, Protocol on Phone Usage by Staff, Protocol for Contact Tracing, Protocol for CCTH Staff on Quarantine, Protocol for Managing A Suspected Case of Covid-19, Covid-19 Screening Checklist, Covid-19 Medical Officer Review, General Flow for Covid-19 Case Detection, General Flow for Covid-19 Case Detection At A&E Department, Transporting Suspected/Covid-19 Patient(S), Flow of Movement at The Isolation Centre, Flow of Movement at The Treatment Centre, Case Management of Covid-19 Patient – General Protocol, Covid-19 Clinical Management Protocol, Covid-19 Case Management with Surgical Emergency, Covid-19 Case Management with Obstetric Emergency, Protocol on Discharging Patient with Covid-19, Protocol on Breastfeeding During the Covid-19 Outbreak, Coronavirus Sample Collection, Storage; Transport and Protocol on Handling of Patients Who Died of Covid-19 and Protocol On Data Capture, Data Collation, Reporting And Information Dissemination

Part Three is the Log-Frame on the institutional strategies to help in the monitoring and evaluation of strategies, activities and outputs

It is my expectation that, the response strategy and guiding protocols would aid in the efficient and effective prevention, control and the management of the disease.

Thank you.

……..
DR. ERIC KOFI NGYEDU
CHIEF EXECUTIVE OFFICER

1.0 INTRODUCTION

In January 2020, the Health Authorities of China confirmed an outbreak of a novel Coronavirus infection in Wuhan Province in China following a series of reported cases of pneumonia of unknown cause in December 2019. A disease characterized by fever, cough and difficulties in breathing. The World Health Organization called on countries to strengthen prevention and control measures for COVID-19. Following this notification on the outbreak, the Government of Ghana initiated measures to protect the general public from the disease. These measures included alert message sent to all regions in Ghana on the outbreak in addition to guidance information on the disease and enhanced surveillance at points of entry especially the Kotoka International Airport among others. The general public was also advised to adhere to certain measures such as regular washing of hands with soap and water, the use of hand sanitizers, keep a distance of at least one step from a person showing signs of fever, cough and difficulty in breathing among others were put in place as part of prevention. Meanwhile, the government and the Ministry of Health continued to assure the public of their collaboration with partners to prevent and protect against the importation of the virus into the county. However, on March 12th, 2020 the country recorded its first confirmed two cases of COVID-19 through laboratory results received from the Noguchi Memorial Institute for Medical Research.

The Government continued to assure the people of Ghana that she was working assiduously with all Health Partners to ensure the situation is contained. The public was encouraged to take care of their health and that of their families by adhering to the following precautionary measures:

- Regular and thorough washing of hands with soap under running water and use of alcohol-based hand sanitizers.
- Avoid shaking of hands
- Keep a distance of at least two meters from a person with fever, cough, sneezing and difficulty in breathing.
- Be physically active, drink plenty of water, eat healthy, avoid stress and have enough sleep.
- Stay home if you feel unwell with symptoms of fever, cough and difficulty in breathing.

1.1 HOSPITAL STRATEGIES

1.1.1 FIRST HOSPITAL STRATEGIES

In response to the above management extends its compliments to you all and wish to assure you that it is collaborating with Ministry of Health and the Regional Health Directorate provided the needed logistics and other resources needed to combat the spread of the COVID-19. The staff,

patients and the public are advised to adhere to the precautionary measure prescribed above by the government. In response to the latest update by government on measure to combat the COVID-19, management wish to entreat all staff, patients, visitors and patients' relation on the following measures:

- Patient relatives loitering around the hospital compound should be minimized by ensuring that unauthorized persons are not allowed into the wards.
- The Pharmacy Directorate to ensure the availability of all essential medicines in the hospital pharmacies.
- An alternative to institution the collection of funds deposits by relatives for the acquisition of medicines for their patients.
- Reduce the number of visitors who can be allowed to visit a patient at visiting hours to at most two (2) people per patient.
- Engage patient relatives and visitors to communicate management decisions and its importance to their health and that of their sick relatives
- Make announcements on air on the decision to limit the number of relatives and visitors as a precautionary measure to prevent the possible spread of the COVID-19.
- Instituted pre-screening of all patients and visitors coming to the various entry points in the hospital.
- Temporal suspension of foreign trainee programmes until further notice.
- Issue a circular on designated Holding Bays (isolation) and Treatment Centers to staff.
- Establish Case Management Team to work together with the Rapid Response Team.
- Pharmacy Directorate to begin the manufacture of hand sanitizers to augment current stocks.

1.1.2 SECOND HOSPITAL STRATEGIES:

- Suspend all elective surgeries until further notice. However, some specific electives may be performed based on the discretions of the surgeon.
- Specialist OPD services would be only on appointment basis.
- Queuing of patients at the OPD must be regulated by the triage nurses to ensure social distancing directive by the government.
- Heads of department are to discuss with the acting medical director on strategies to re-schedule some of the OPD clinics to the afternoon if possible, to prevent congestion at the OPD.

- Any indication that an in-patient will not be able to pay bills after discharge, should be immediately be reported to management through the social work unit to ensure expedited decision.
- Nurse and other uniform staff may use scrubs when at work to minimize home infection
- Entry points to the hospital would be limited to ensure that all patients and visitors go through pre-triaging. Consequently, the gate at the mortuary and A&E would be closed to pedestrians.
- Also, the door between A&E pharmacy and the Laboratory as well as the door leading to the physiotherapy unit and main pharmacy will be closed to patients and visitors.
- All pedestrians are requested to use the hospital's main OPD gate.
- Any decision or information to the general public by any department should be in consultation with management.
- All staff members are advised to continue to observe the safety measures and self-protection activities.
- Management is and will continue to provide all needed logistics which are required for safety and efficient work environment.

1.2 MEDIA ENGAGEMENT

By way of ensuring accuracy, timely and appropriate information dissemination, all Directors, Deputy Directors, Heads of Departments & Units, and the entire staff is to take note that any information to the media for public consumption should come from the Chief Executive. Also, any decision by various heads, groups and teams to staff should be discussed with the CEO before dissemination.

Additional information

Isolation:

Designated isolation centers are located at;

- Diagnostics block

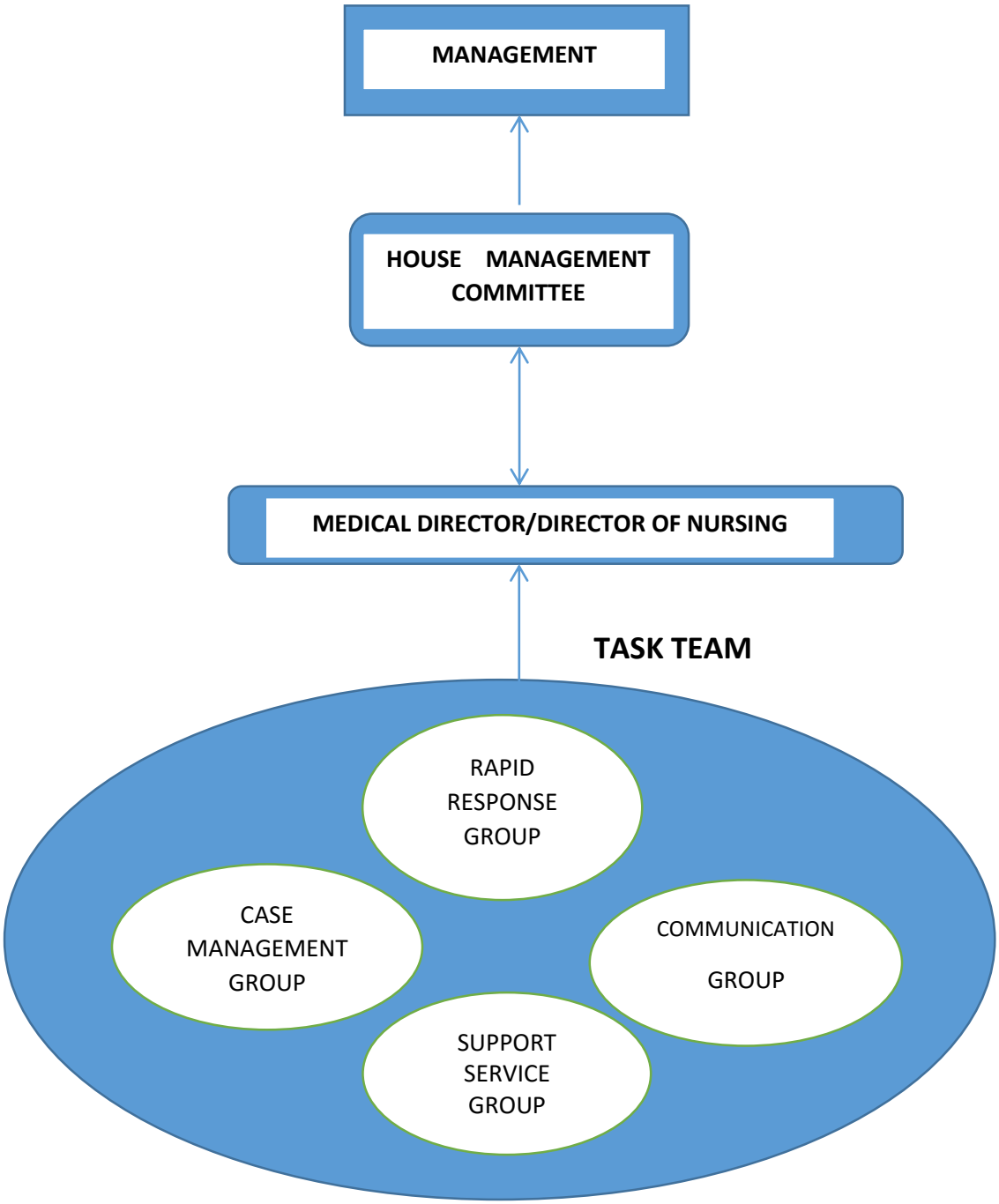
Treatment Centre:

The designated treatment center is the Polyclinic

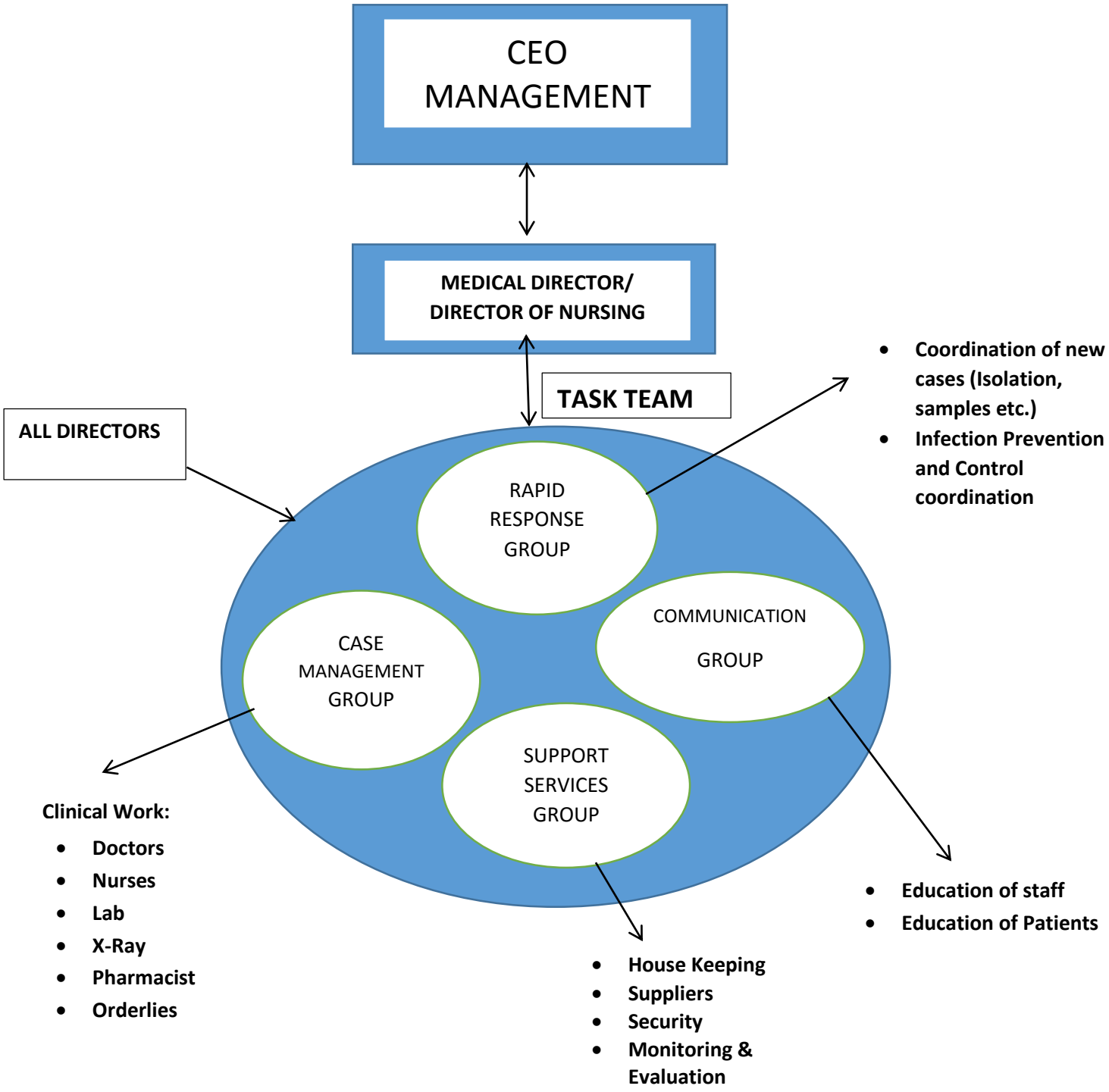
1.3 COMMAND STRUCTURE

As measure to ensure the flow of work and information during this period, following Operational and Management Structures is to be adhered to.

1.4 MANAGEMENT STRUCTURE



1.5 OPERATIONAL STRUCTURE



1.5.1 FUNCTIONS OF THE TASK TEAM:

A. Rapid Response Group:

1. Coordination of new cases (Isolation, samples etc.)
2. Infection Prevention and Control Coordination

B. Case Management Group:

1. Clinical Work (Doctors, Nurses, Lab, X-Ray, Pharmacist, Orderlies)

C. Communication Group:

1. Education of staff
2. Education of Patients

D. Support Services Group:

1. House Keeping
2. Suppliers
3. Security
4. Monitoring & Evaluation

2.0 CCTH GUIDELINES AND PROTOCOL ON THE COVID-19

2.1 INTRODUCTION

The document contains categories of protocol that shall guide the corona virus response plan from case detection, testing, management and transport within and out of the facility.

2.2 UPDATED CASE DEFINITIONS FOR THE COVID-19 PANDEMIC

As you all know, the COVID-19 outbreak has been evolving around the world and also in our country since the first two cases were recorded on 12th March 2020. It has become imperative that we revise our case definition as we are having evidence of community spread. Again, sometimes we get confused as to who is a contact. This circular seeks to clarify these issues and also share the current case definition according to the WHO guidelines for our use.

2.3.1 SUSPECTED CASE

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.

OR

B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;

OR

C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

2.3.2 PROBABLE CASE

A. A suspect case for whom testing for the COVID-19 virus is inconclusive. a. Inconclusive being the result of the test reported by the laboratory.

OR

B. A suspect case for whom testing could not be performed for any reason.

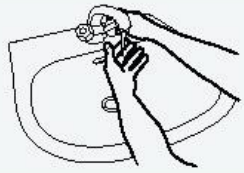
2.4 PROTOCOL ON HAND HYGIENE

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

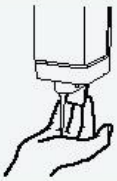
Duration of the entire procedure: 40-60 seconds

0



Wet hands with water;

1



Apply enough soap to cover all hand surfaces;

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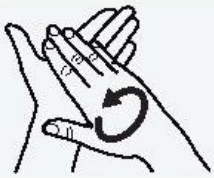
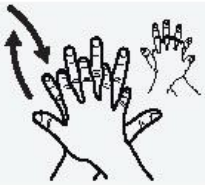


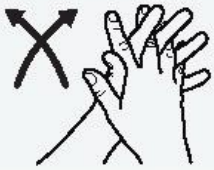
Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4

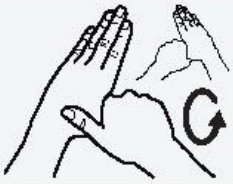


Palm to palm with fingers interlaced;

5

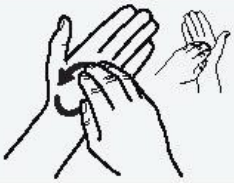
Backs of fingers to opposing palms with fingers interlocked;

6



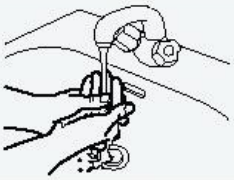
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8

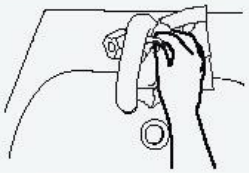


Rinse hands with water;

9

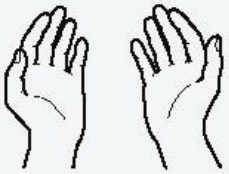
Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

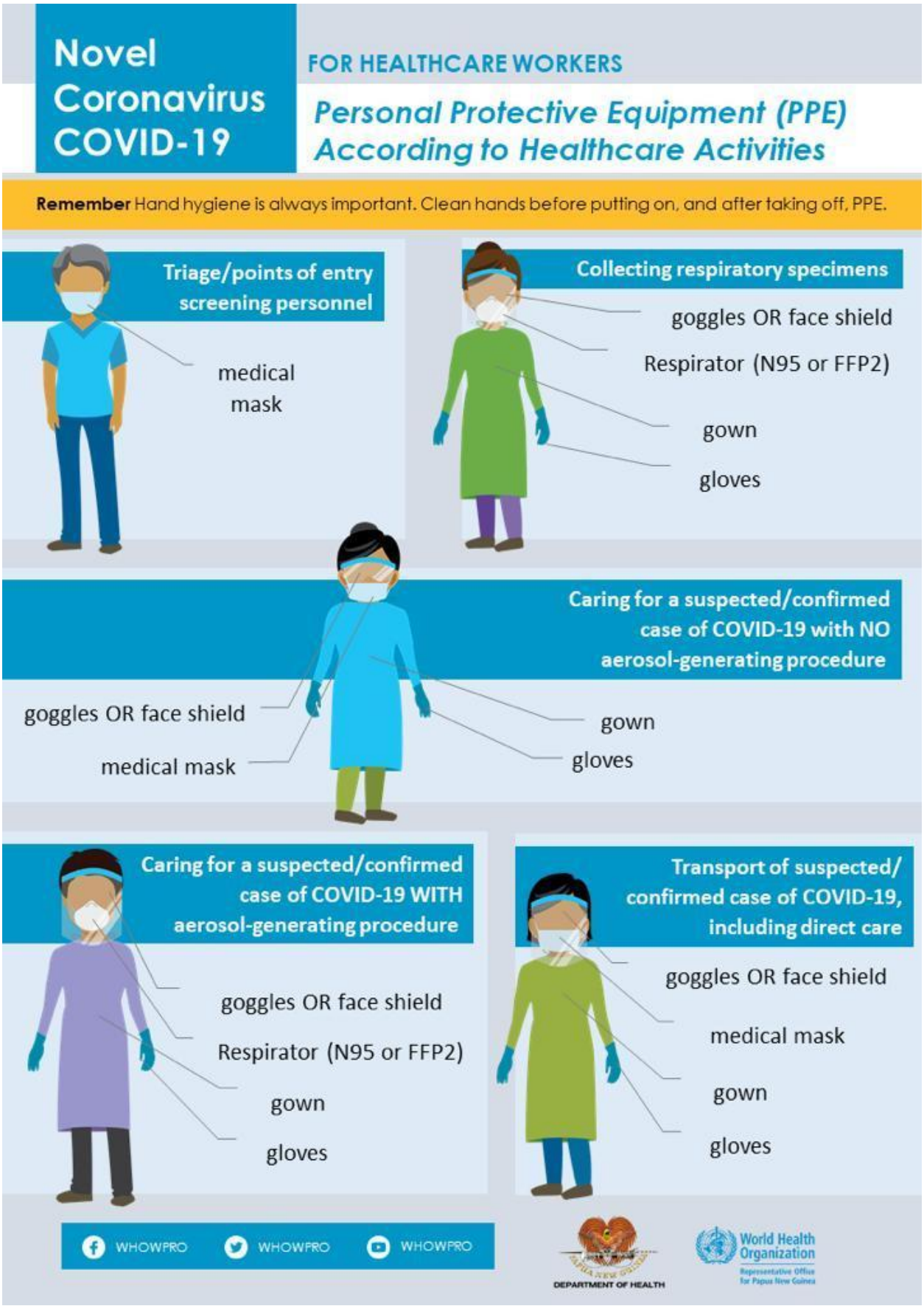
11



Your hands are now safe.

Clean hands are life savers ™

2.5 PROTOCOL ON PERSONAL PROTECTIVE EQUIPMENT ACCORDING TO HEALTHCARE ACTIVITIES



2.6 PROTOCOL ON PHONE USAGE BY STAFF

A. PHONE USAGE AT THE TRIAGE AND OTHER ENTRY POINTS

PRE-TRIAGE AREA:

- Do not use personal phone when wearing full PPEs
- If there is the need to call the rapid response team, use the hospital's approved phone

MAIN TRIAGE AREA:

- Do not use personal phone when wearing full PPEs
- If there is the need to call the rapid response team, use the hospital's approved phone
- Do not use your phone when attending to patients or performing any procedure

B. PHONE USAGE AT THE HOLDING BAY

THE HOLDING BAY WARD:

- Do not enter the wards with your personal phone
- Only use the hospital's approved phone when absolutely necessary

STAFF DUTY STATION/RESTING AREA:

- Ensure proper hand hygiene before handling personal phone/calls
- Always disinfect phone before and after usage

C. PHONE USAGE AT THE TREATMENT CENTRE

STAFF REST ROOM:

- Ensure proper hand hygiene before handling personal phone/calls
- Always disinfect phone before and after usage

TREATMENT WARD:

- Do not enter the wards with your personal phone
- Only use the hospital's approved phone when absolutely necessary
- PUT PHONE ON SPEAKER If there is the urgent need to make or receive a call on the hospital's approved phone whilst working in the treatment ward.

D. DISINFECTION OF PHONES AND GENERAL PROTOCOL ON PHONE USAGE

- Always perform hand hygiene (hand wash or apply hand sanitizer) before touching the phone
- Clean phone with Methylated Spirit or Alcohol wipes and perform another hand hygiene before usage
- Always ensure the phone is disinfected after close of work (when leaving the hospital premises)

2.7 PROTOCOL FOR CONTACT TRACING

A. BEFORE EMBARKING ON CONTACT TRACING

- Pack the needed full PPEs for contact tracers to be used at the field (This must include; N95/face mask, Goggles, gowns and gloves
- Pack needed PPEs for suspected covid-19 cases/clients

B. DURING CONTACT TRACING

- Contact tracers must 'Don' full PPEs before approaching a suspected covid-19 case at the field
- The suspected covid-19 client(s) must also be immediately given facemask from the pack before taking any form of history or before any interaction with them
- Full PPE must be worn before sample is taken from the suspected covid-19 client

C. AFTER CONTACT TRACING

- Doff and properly dispose-off PPEs and used items appropriately
- Ensure proper hand hygiene after doffing of the PPEs
- IN THE EVENT THAT A CONTACT TRACER IS EXPOSED IN ANYFORM;
  - ✓ INFORM THE COORDINATORS OF THE COVID-19 TASK TEAM IMMEDIATELY

Contact of Task Team Coordinators:	**Dr. Salifu Bawa – 0243581884 OR** **Dr. Elizabeth Agyare – 0244837618**

2.8 PROTOCOL FOR CCTH STAFF ON QUARANTINE

RESPONSIBILITY OF THE STAFF:

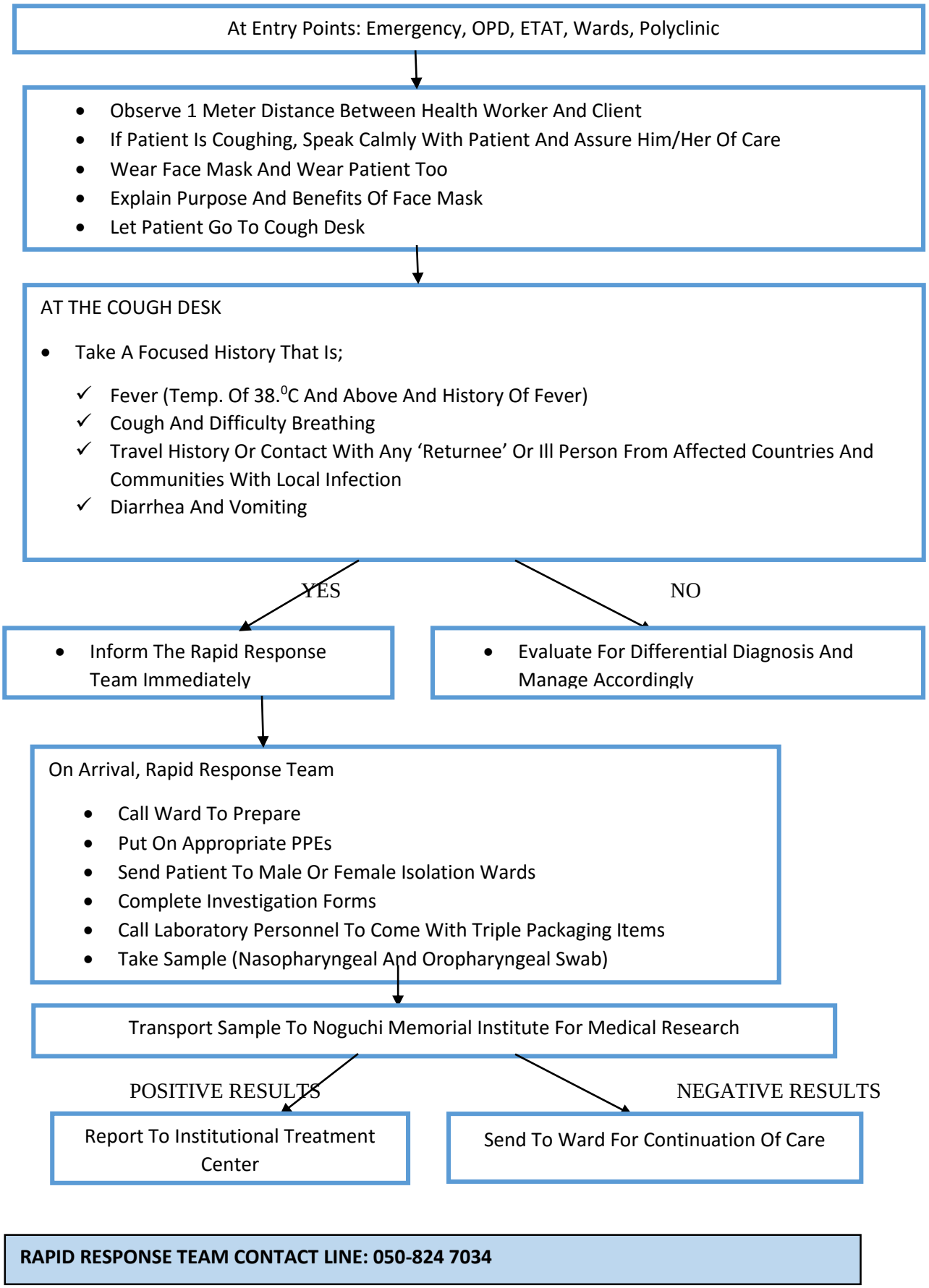
1. Contact the Covid-19 Task Team Coordinator in an event of an exposure where quarantine may be required
2. Inform your immediate supervisor as early as possible
3. Contact the liaison officer from the covid-19 task team
4. Report on any change in one's condition

RESPONSIBILITY OF THE HOSPITAL/TASK TEAM:

1. Task Team Coordinator(s) must inform the head of department of the staff who is to be quarantined
2. Task team's liaison officers must ensure staff in quarantine is/are comfortable and is/are adhering to isolation protocol
3. Assist in providing the basic needs of staff on quarantine e.g. food, toiletries etc.
4. Check up on the staff on quarantine three times every day
5. Provide needed psychological and medical support when necessary
6. Update the hospital management and leader of the task team on the well-being of the staff on quarantine daily
7. Ensure the covid-19 sample of the staff is/are taken

Contact of Task Team Coordinators:	Dr. Salifu Bawa – 0243581884 OR Dr. Elizabeth Agyare – 0244837618
Contact of The Liaison Officers:	Mr. Kafui Akpedonu - O209526079 Miss Doreenda Enyonam Ahiateku - 0244850264 Mr. Clifford Ameyaw – 0547090191 Mr. Sidique A.B. Ishak – 0266362036

2.9 PROTOCOL FOR MANAGING A SUSPECTED CASE OF COVID-19



RAPID RESPONSE TEAM CONTACT LINE: 050-824 7034

2.10 PROTOCOL - COVID-19 SCREENING CHECKLIST

NB: All patients should wear a face mask before entering the triage area

1. Have you experienced any of the following symptoms within the past 14 days?

NB: Temperature measured ……°C
(**38.0 ºC** and above significant finding with infrared thermometer and qualifies for **1 point** even if fever was not circled in the above table)

SYMPTOM	**PLEASE TICK IF 'YES'**	**PLEASE TICK IF 'NO'**
FEVER	◯ 2	◯ 0
CHILLS/SHIVERING	◯ 1	◯ 0
COUGH	◯ 1	◯ 0
SORE THROAT/PAINFUL SWALLOWING	◯ 1	◯ 0
DIARRHOEA	◯ 1	◯ 0
MYALGIA / BODY ACHES	◯ 1	◯ 0
HEADACHE	◯ 1	◯ 0
FATIGUE	◯ **2**	◯ 0
DIFFICULTY IN BREATHING	◯ **2**	◯ 0
DO YOU HAVE TRAVEL HISTORY TO A COVID-19 INFECTED AREA in the last 21days?	◯ 3	◯ 0
HAVE YOU HAD DIRECT CONTACT WITH OF A COVID-19 POSITIVE PATIENT? (Through work or at home)	◯ 3	◯ 0
TOTAL SCORE =		

SCORE RESULTS:

SCORE RESULT	**ACTION TO BE TAKEN**
0 - 1	Patient to proceed into the TRIAGE AREA for continuous care.
2 - 6	Let patient "**WAIT"** at red line, and alert the doctor on duty to review
6 - 18	Move patient to DESIGNATED AREA and alert the Medical Officer on duty. • **NB:** Secondary screening is not needed before calling Rapid Response Team.

NB: Explain to patient and proceed with guidelines: *WHAT TO DO WHEN A CASE OF COVID-19 IS SUSPECTED.*

RAPID RESPONSE TEAM CONTACT LINE: 050-824 7034

2.11 PROTOCOL - COVID-19 MEDICAL OFFICER REVIEW

CCTH COVID-19 MEDICAL OFFICER REVIEW

(FOR PATIENTS WHO SCORE 2-6 ON CHECK LIST SCORE)

ADDITIONAL SYMPTOMS:

- CHEST PAIN ☐ YES ☐ NO
- LOSS OF SMELL ☐ YES ☐ NO
- LOSS OF TASTE ☐ YES ☐ NO

ADDITIONAL QUESTIONS:

- Is it likely that you may have **come into contact with someone who has travelled** to or returned from a country/area with local transmission of COVID-19 within the past 14 days?
  ☐YES ☐ NO If YES, state the number of days: _____
- Does your **work include frequent contact** with people who may have travelled to or have returned from countries with active local transmission of COVID-19 within the past 14 days (e.g. airline crew, hotel staff, car rental staff, etc.)
  ☐YES ☐ NO If YES, state the number of days: _____
- Have you come into close contact with anyone with cough, sneezing, breathless or fever in the last 14 days?
  ☐YES ☐ NO If YES, state the number of days: _____
- Axillary temperature (if temperature >37.0 ^{o}C with infrared thermometer): ……..

ADDITIONAL NOTES:

_____

_____

_____

_____

CONCLUSION:	**Suspected for COVID19**	**☐ YES**	**☐ NO**

IF NO, Patient to proceed into the TRIAGE AREA for continuous care.

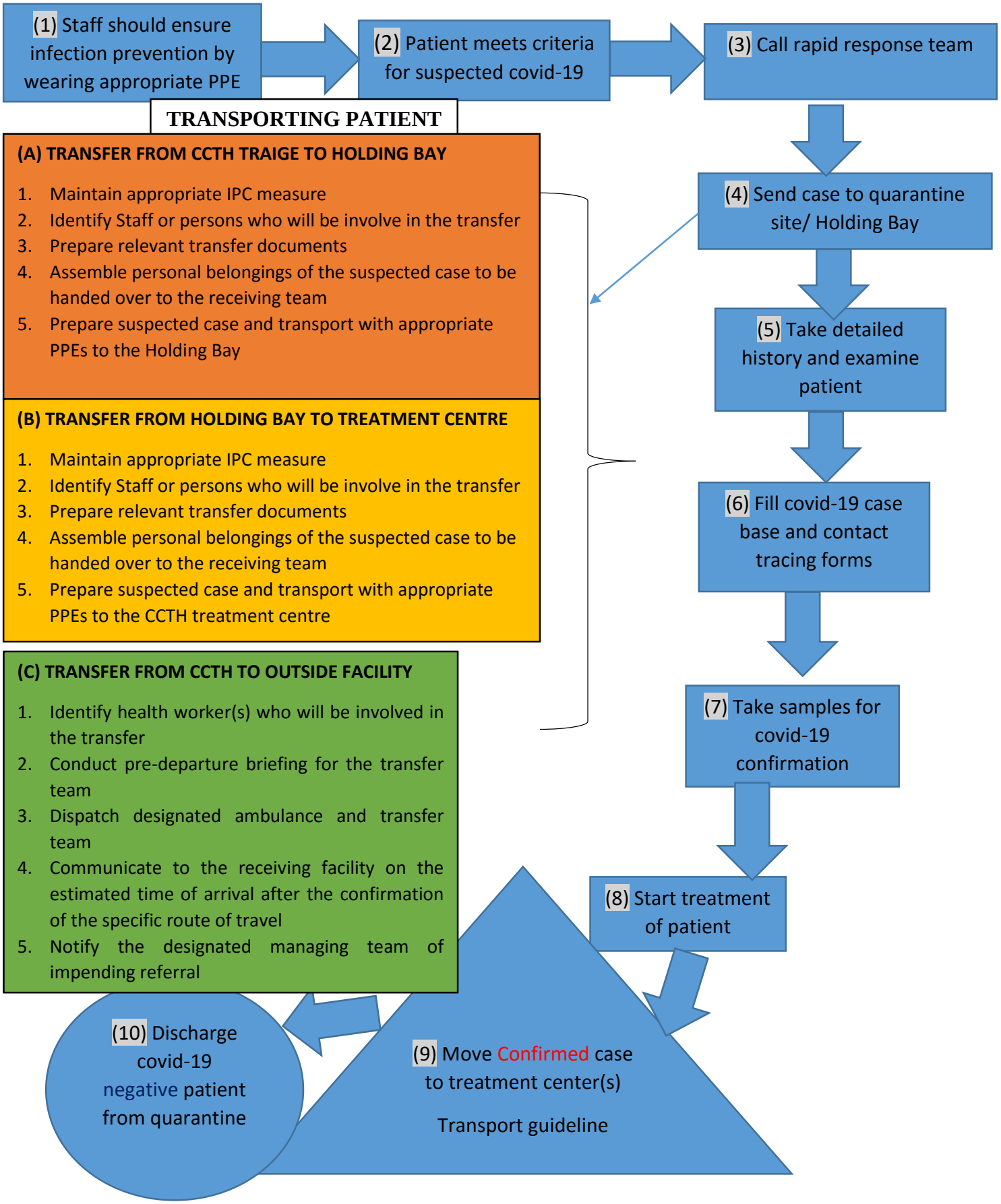
IF YES, Direct patient to DESIGNATED AREA, and alert the RAPID RESPONSE TEAM (RRT). Explain to patient and proceed with guidelines: *WHAT TO DO WHEN A CASE OF COVID-19 IS SUSPECTED.*

IF UNSURE, Discuss with Specialist on Call or call the RRT.

RAPID RESPONSE TEAM CONTACT LINE: 050-824 7034

2.12 PROTOCOL ON GENERAL FLOW FOR COVID-19 CASE DETECTION

2.12.1 PATIENT PRESENTS AT THE HOSPITAL AND IS TRIAGED



2.13 PROTOCOL ON GENERAL FLOW FOR COVID-19 CASE DETECTION AT A&E DEPARTMENT

2.13.1 PATIENT PRESENTS AT THE HOSPITAL ACCIDENT AND EMERGENCY DEPARTMENT– TRIAGE/MEDICAL TENT

1. All patients coming to the Emergency Department, whether walk-in or referred, must first be pre-triaged by the dedicated staff at a safe distance of 6 feet from the patient, using the COVID-19 screening checklist.
2. The relatives accompanying the patient as well as ambulance staff will also have their temperatures checked and asked about travel history.
3. The COVID-19 pre triage screening will then be done:

A. PATIENTS SCORING [0-1] ON COVID-19 SCREENING CHECKLIST:

Patient can proceed into the **TRIAGE AREA** for continuous care after wearing a face mask.
One (1) relative can accompany patient into the Emergency Department if necessary.

B. PATIENTS SCORING [2-6] ON COVID-19 SCREENING CHECKLIST:

- Patient is to wear a face mask and pre-triage nurse is to call the medical officer on duty to perform a secondary assessment using the second page of the screening tool.
- Initial assessment involving questioning should be done at a safe distance of 6 feet.
- If initial assessment by Medical Officer (MO) cannot fully determine if patient is suspicious for COVID-19 or not,
  - ✓ then patient is escorted to the **Infectious Disease Tent (IDT)** by 1 nurse and 1 medical officer.
  - ✓ The nurse is to wait *outside* the tent in their surgical mask, while
  - ✓ the medical officer will assess the patient in full PPE: Hair cover, goggles/face shield, N95 mask and gown.
- A final decision is then made on the patient's COVID status.
  - If patient is **suspicious for COVID 19** and **stable**, patient is reassured and will remain in the tent till Rapid Response Team (RRT) arrives.
  - If patient is **suspicious for COVID 19** and **unstable**, the assisting nurse first asks the pre-triage nurse to alert the Rapid Response Team (RRT) *and then* wears PPE (Hair cover, goggles, N95 mask and gown) to assist Medical Officer (MO) in initiating management until Rapid Response Team (RRT) arrives.
  - If patient is **not suspicious for COVID 19** patient is escorted back to the TRIAGE AREA for continuous care.

Decisions on the COVID status in this subset of patients are to be discussed with the Emergency Specialist (EM) on
duty before calling Rapid Response Team (RRT), unless patient is unstable, in which case priority is given to resuscitation and case can be discussed after RRT has arrived to take over.

C. PATIENTS SCORING [7-18] ON COVID-19 SCREENING CHECKLIST:

- Patient wears a face mask and is escorted to the **Infectious Disease Tent (IDT)** and Rapid Response Team (RRT) notified.
  - If patient is **stable**, patient is reassured and will remain in the tent till Rapid Response Team (RRT) arrives.
  - If patient is **unstable**, the medical officer on duty with one nurse are called to attend to the patient in PPE (Hair cover, goggles, N95 mask and gown).

4. Transport of patient to and from the **Infectious Disease Tent (IDT)** should be done by the admission team in gloves, and face mask. Patient should have his or her hands put together, placed in-between their thighs and kept there during transport.
5. All equipment used in the tent should be disinfected with alcohol, and wheel chair/stretchers with chlorine, after patient taken away by Rapid Response Team (RRT).
6. The same staff can safely care for multiple suspected patients at the tent by maintaining strict IPC practices.
7. Staff in PPE should observe standard IPC precautions to prevent infecting themselves when doffing.
8. Used PPE and other medical waste should be placed in yellow bins at the doffing exit of the tent.
9. All medication and consumables used on patient are to be replaced before concluding work at the tent.
10. All documentation should be postponed until the end of patient care when the staff leave the **Infectious Disease Tent (IDT)**. The clerking will be done by the Medical officer and the Nurse will chart all medication and complete nursing notes.

NOTE:

- ✓ Suspicion of COVID-19 infection is not always a clear-cut decision based on symptoms and signs alone. Any suspicion should be thoroughly thought through and not dismissed.
- ✓ If there is a difference in opinions about returning a patient from the **Infectious Disease Tent (IDT)** to the main Emergency Department, and the Emergency Department medical officer and the Rapid Response Team (RRT) member have contrary opinions, then the case is to be discussed with;
  - ❖ the Emergency Physician on duty (Dr. Ernest Yeboah or Dr. Eszter Momade) by the Medical Officer,
  - ❖ Public Health Clinician (Dr. Salifu Bawa or Dr. Elizabeth Agyare) by the rapid response team member, and
  - ❖ if at deadlock, opinion of a 3rd party (Dr. Emmanuella Amoako or Dr. Soziema Salia) is to be sought before a final decision is made.

2.14 PROTOCOL ON TRANSPORTING SUSPECTED/COVID-19 PATIENT(S)

(A) TRANSFER FROM CCTH TRIAGE TO HOLDING BAY (VIA AMBULANCE OR AMBULATORY)

1. Maintain appropriate IPC measures
2. Identify Staff or persons who will be involved in the transfer
3. Prepare relevant transfer documents
4. Assemble personal belongings of the suspected case to be handed over to the receiving team
5. Prepare suspected case and transport with appropriate PPEs and transport to the Holding Bay

(B) TRANSFER FROM HOLDING BAY TO TREATMENT CENTRE (VIA AMBULANCE OR AMBULATORY)

1. Maintain appropriate IPC measures
2. Identify Staff or persons who will be involved in the transfer
3. Prepare relevant transfer documents
4. Assemble personal belongings of the suspected case to be handed over to the receiving team
5. Prepare suspected case and transport with appropriate PPEs to the CCTH treatment centre

(C) TRANSFER TO THEATRE DESIGNATED FOR SURGERY (GENERAL SURGERY OR C/S) (VIA STRETCHER)

1. Call the receiving theatre to prepare for the patient and to don their PPEs appropriately
2. Maintain appropriate IPC measures
3. Identify Staff or persons who will be involved in the transfer
4. Prepare relevant transfer documents and hand over to the theatre staff
5. Assemble personal belongings of the suspected case/confirmed covid-19 case, label properly (with their names and contact etc.) and hand over the belonging to the Holding Bay staff or the rapid response team whilst patient is sent to the theatre.
6. Prepare and place patient on a stretcher and transport with appropriate PPEs to the theatre designated for either general surgery, C/S or any other emergency surgical procedure required.

TRANSFER FROM THE THEATRE AFTER SURGERY

1. The theatre staff should call the rapid response team for transfer of patient to the Holding Bay or treatment center appropriately.

(D) TRANSFER TO LABOUR WARD DESIGNATED (VIA STRETCHER)

1. Call the receiving labour ward to prepare for the patient and to don their PPEs appropriately
2. Maintain appropriate IPC measures
3. Identify Staff or persons who will be involved in the transfer
4. Prepare relevant transfer documents and hand over to the labour ward staff
5. Prepare and place patient on a stretcher and transport with the appropriate PPEs to the labour ward designated for the normal delivery procedure required.
6. Assemble personal belongings of the suspected case/confirmed covid-19 case in labour to accompany the patient to the labour ward and hand over the belonging to labour ward staff or the rapid response team.

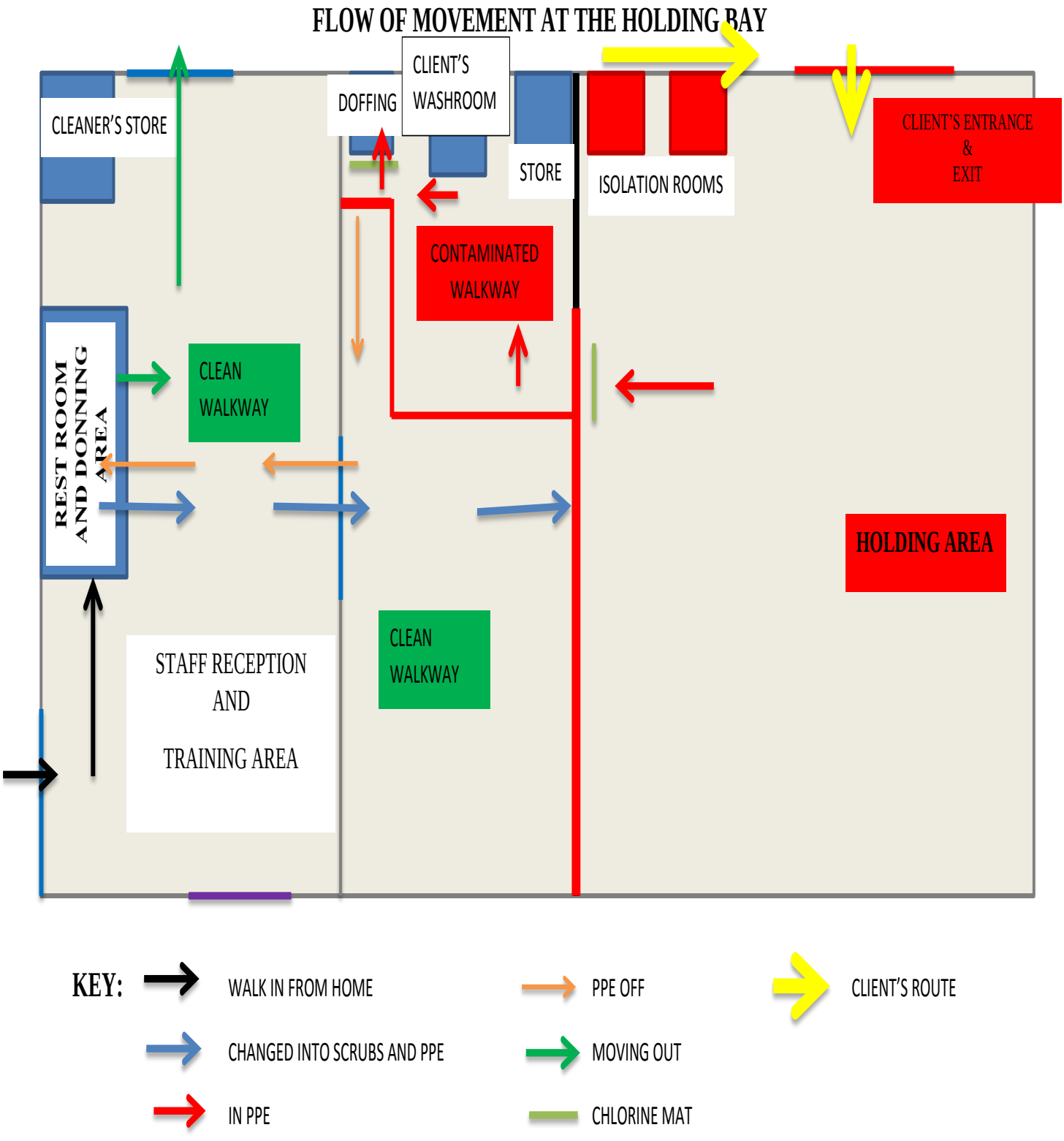
TRANSFER FROM THE LABOUR WARD AFTER DELIVERY

1. The labour ward staff should call the rapid response team for transfer of patient to the Holding Bay or treatment center appropriately.

(E) TRANSFER FROM CCTH TO OUTSIDE FACILITY (VIA AMBULANCE)

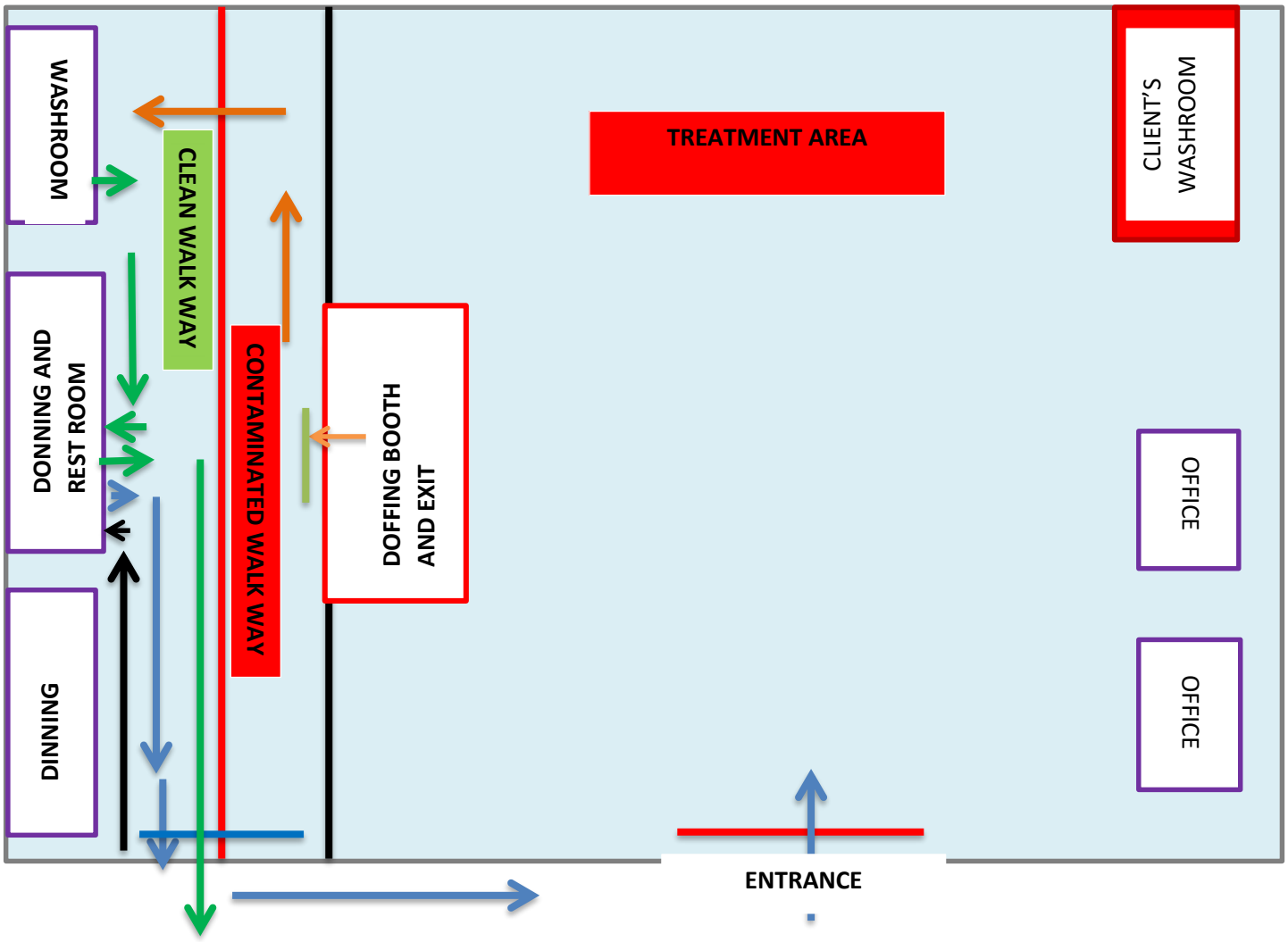
1. Identify health worker(s) who will be involved in the transfer
2. Conduct pre-departure briefing for the transfer team
3. Dispatch designated ambulance and transfer team
4. Communicate to the receiving facility on the estimated time of arrival after the confirmation of the specific route of travel
5. Notify the designated managing team of impending referral

2.15 FLOW OF MOVEMENT AT THE HOLDING BAY



2.16 FLOW OF MOVEMENT AT THE TREATMENT CENTRE

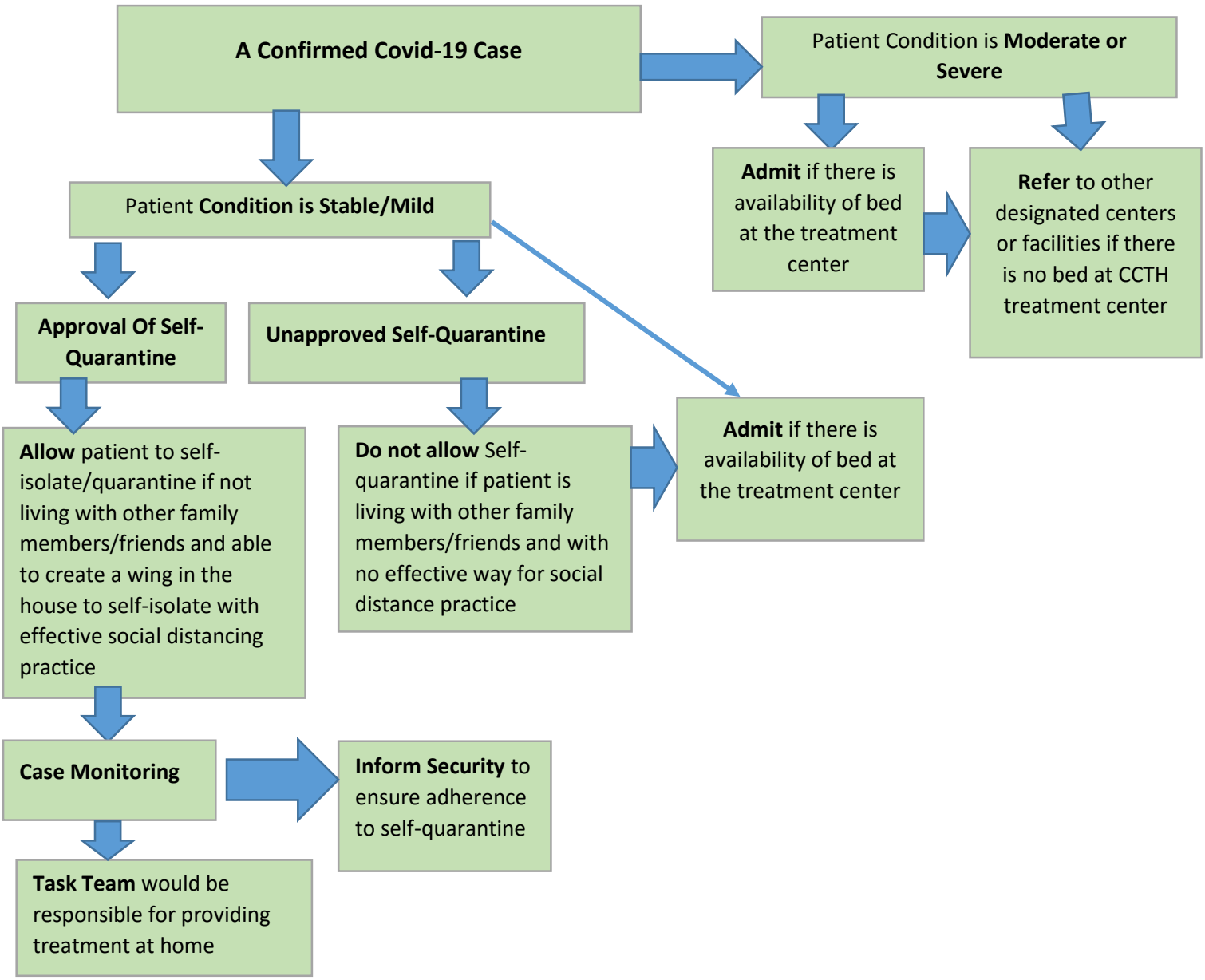
FLOW OF MOVEMENT AT THE TREATMENT CENTRE



KEY:

- WALK IN FROM HOME
- CHANGED INTO SCRUBS AND PPE
- IN PPE
- PPE OFF
- AFTER SHOWER AND MOVING OUT
- CHLORINE MAT

2.17 CASE MANAGEMENT OF COVID-19 PATIENT – GENERAL PROTOCOL



STAFF IN QUARANTINE

WHETHER VOLUNTARY OR MANDATORY QUARANTINE:

1. Inform your immediate supervisor
2. Call the task team liaison personnel for any form of assistance (food, counseling etc.)

CONTACTS OF THE LIAISON OFFICERS:

Mr. Kafui Akpedonu – 0209526079
Miss. Doreenda Enyonam Ahiateku - 0244850264
Mr. Clifford Ameyaw – 0547090191
Mr. Sidique A.B. Ishak – 0266362036

2.18 UPDATED COVID-19 CLINICAL MANAGEMENT PROTOCOL ADAPTED FROM GHS

SUSPECTED COVID-19 PATIENT

A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath);

AND a history of travel to or residence in a country/area reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset.

OR having been in close contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR with severe acute respiratory infection AND requiring hospitalization AND with no other cause that fully explains the clinical presentation.

OR workers in Health facilities exposed to COVID-19 confirmed patients and they develop symptoms of acute respiratory illness

OR was a traveler or close contact in self-quarantine

Wear appropriate personal protective equipment

- **Observe IPC practices**
- **Give face mask to all Patients to wear**

MILD ILLNESS

fever, fatigue, cough (with or without sputum production), anorexia, malaise, muscle pain, sore throat, dyspnea, nasal congestion, or headache.

PNEUMONIA

Adult patient with pneumonia and no signs of severe pneumonia.

Child with non-severe pneumonia has

- cough or difficulty breathing
- fast breathing: fast breathing (in breaths/min): <2 months, ≥60; 2–11 months, ≥50; 1–5 years, ≥40 and
- no signs of severe pneumonia.

SEVERE ILLNESS-
SEVERE PNEUMONIA, ARDS
Adolescent or adult:

- respiratory rate >30 breaths/min,
- SpO2<90% on room air.

Child with:

- central cyanosis or SpO2 <90%;
- severe respiratory distress (e.g. grunting, very severe chest in drawing);
- inability to breastfeed or drink, lethargy or unconsciousness, or convulsions.
- chest in drawing,
- fast breathing (in breaths/min): <2 months, ≥60; 2–11 months, ≥50; 1–5 years, ≥40.

SEPSIS/SEPTIC SHOCK

- altered mental status,
- difficult or fast breathing, low oxygen saturation, reduced urine output,
- fast heart rate,
- weak pulse,
- cold extremities or
- low blood pressure, skin mottling

qSOFA Score for Septic Shock

- Altered mental status (GCS <15)
- Respiratory rate ≥22 per minute
- Systolic blood pressure≤100 mmHg

ADMIT IN TREATMENT CENTRE HDU/ICU

- **Empirical treatment and other routine management of the condition**
- **Organise forCOVID-19 testing**

Hold patient in Treatment Centre

- Organize for COVID-19 test
- Offer supportive treatment (analgesics/antipyretics) Paracetamol avoid Ibuprofen
- Treatment for common local causes of pneumonia

LABORATORY CONFIRMATION

- Organise for laboratory testing

POSITIVE

- Mild illness and pneumonia monitored and manage at the Treatment Center
- Severe illness, manage at the Treatment Centre HDUs/ICUs

NEGATIVE

- Mild illness and pneumonia can be discharged home on medication as per the cause
- Severe illness to be admitted and managed appropriately as per the condition

COVID-19 DISCHARGE CRITERIA

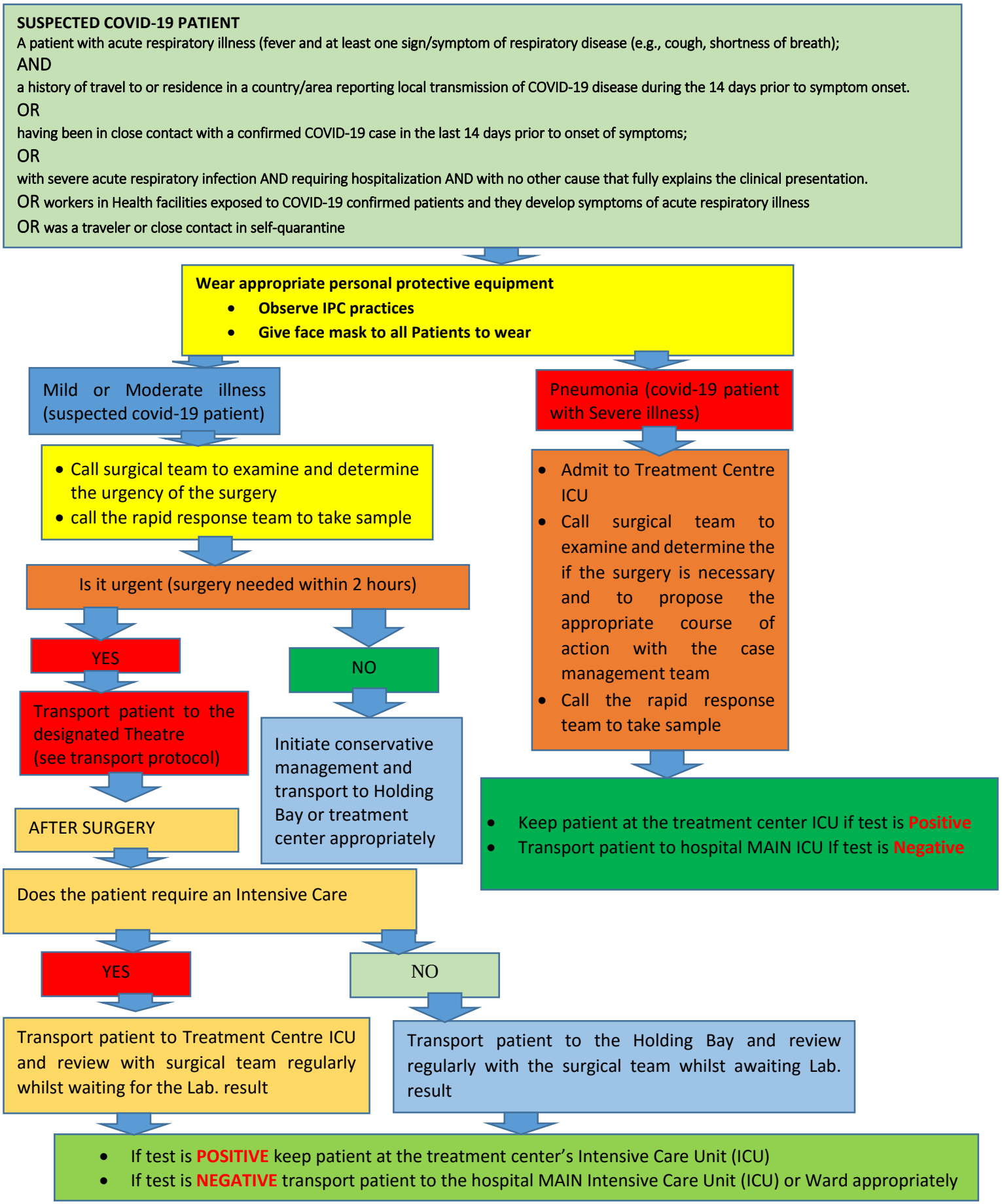
A combination of the following:

- Resolution of fever, without use of antipyretics
- Improvement in illness signs and symptoms as indicated on patient and clinical judgement
- Negative results of laboratory testing for COVID-19 from at least two consecutive sets of paired nasopharyngeal and oropharyngeal (throat swabs) specimens collected ≥24 hours apart (total of four negative specimens—two nasopharyngeal and two throat).

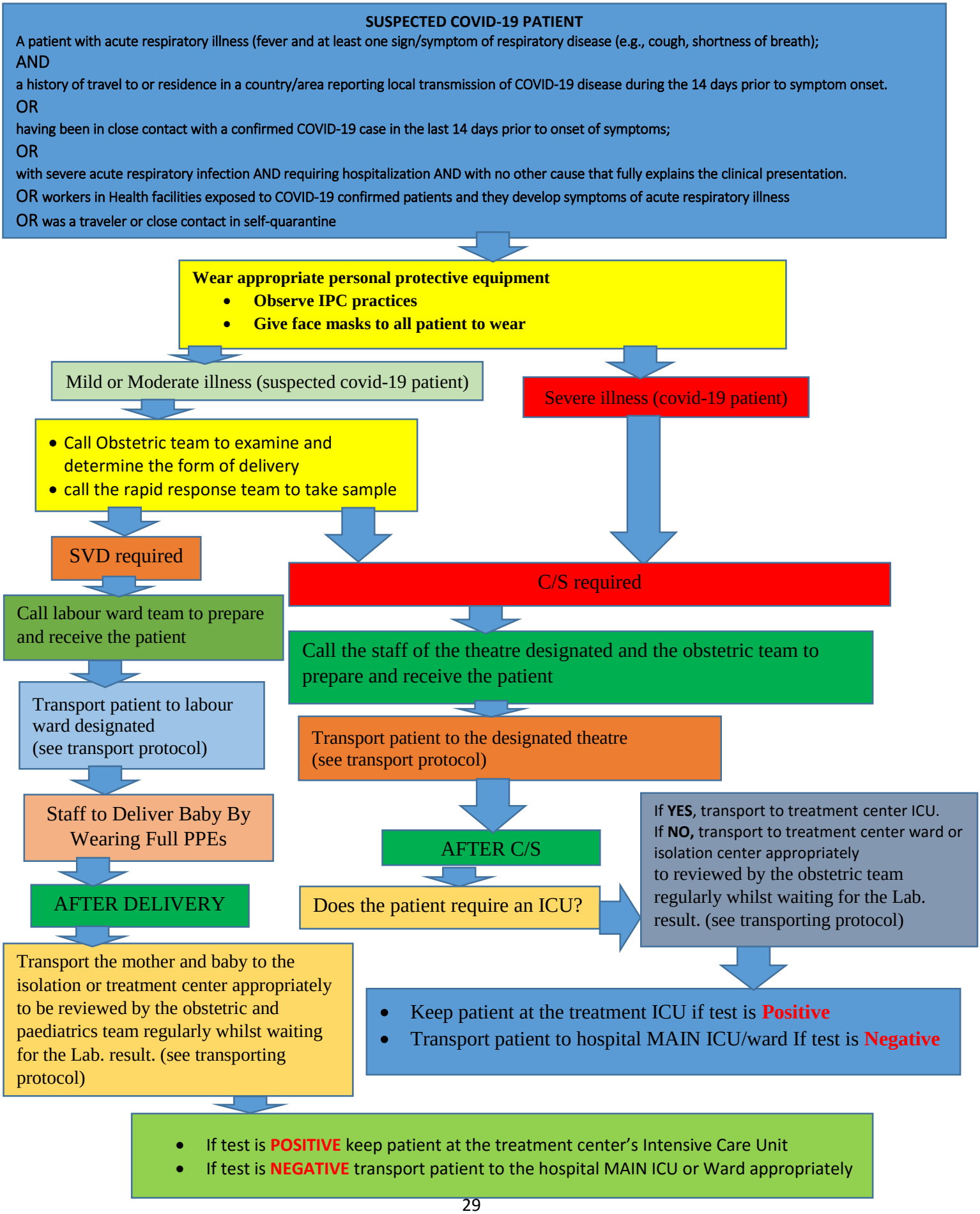
NB: Clinical judgement/patient condition is used to transfer patient within Treatment Centre from ICU/HDU to ward and vice versa). Laboratory confirmation advises need for discharge home. Follow-up as outpatient as need be.

Source: Ghana Health Service, March 2020

2.19 CCTH COVID-19 CASE MANAGEMENT WITH SURGICAL EMERGENCY



2.20 CCTH COVID-19 CASE MANAGEMENT WITH OBSTETRIC EMERGENCY



2.21 PROTOCOL ON DISCHARGING PATIENT WITH COVID-19

A. DISCHARGE CRITERIA FOR COVID-19 PATIENT

COVID-19 DISCHARGE CRITERIA

A combination of the following:

- Resolution of fever, without use of antipyretics
- Improvement in illness signs and symptoms as indicated on patient and clinical judgement
- Negative results of laboratory testing for COVID-19 from at least two consecutive sets of paired nasopharyngeal and oropharyngeal (throat swabs) specimens collected ≥24 hours apart (total of four negative specimens—two nasopharyngeal and two throat).

NB: Clinical judgement/patient condition is used to transfer patient within Treatment Center from ICU/HDU to ward and vice versa). Laboratory confirmation advises need for discharge home. Follow-up as outpatient as need be.

2.22 PROTOCOL ON BREASTFEEDING DURING THE COVID-19 OUTBREAK

- Breastfeeding protects newborns from getting sick and also helps protect them throughout their infancy and childhood. Breastfeeding is particularly effective against infectious diseases because it strengthens the immune system by directly transferring antibodies from the mother.

- **NB: AS WITH ALL CONFIRMED OR SUSPECTED COVID-19 CASES, MOTHERS WITH ANY SYMPTOMS WHO ARE BREASTFEEDING OR PRACTICING SKIN-TO-SKIN CONTACT SHOULD TAKE PRECAUTIONS.**

A. ACTIONS TO BE TAKEN BY HEALTH FACILITIES AND THEIR STAFF

1. Do not promote breastmilk substitutes, feeding bottles, teats, pacifiers or dummies in any part of your facilities, or by any of your staff.
2. Wash your hands thoroughly with soap or hand sanitizer before and after contact with the child.
3. **Ensure the Mother practice respiratory hygiene when handling the child or breast feeding the child.**
4. Initiate breastfeeding within 1 hour of the birth.
5. Routinely clean and disinfect any surfaces you touch.
6. Enable mothers and infants to remain together and practice skin-to-skin contact, and rooming-in throughout the day and night, especially straight after birth during establishment of breastfeeding, whether or not the mother or child has suspected, probable, or confirmed COVID-19.
7. Face shield should be provided to the babies who are covid-19 negative babies for protection
8. The patient mother of the baby or infant or young children with suspected or confirmed COVID-19, should be provided with counselling, basic psychosocial support, or practical feeding support.
9. **NOTE:**
   - **Allow The Mother To Express Milk To Safely Provide Breastmilk To The Infant If She Is Severely Ill With Covid-19 Or Suffer From Other Complications That Prevent Her From Caring For The Infant Or Continuing Direct Breastfeeding.**

   - **If the mother is too sick to breastfeed or express breastmilk;**
     - ✓ **Explore the possibility of re-lactation (restarting breastfeeding after a gap), OR**
     - ✓ **Wet nursing (another woman breastfeeding or caring for your child)**

B. ACTIONS TO BE TAKEN BY BREASTFEEDING MOTHERS

1. Practice respiratory hygiene, including during feeding. If you have respiratory symptoms such as being short of breath, use a medical mask when near your child.
2. Wash your hands thoroughly with soap or sanitizer before and after contact with your child.
3. Routinely clean and disinfect any surfaces you touch.
4. If you are severely ill with COVID-19 or suffer from other complications that prevent you from caring for your infant or continuing direct breastfeeding, express milk to safely provide breastmilk to your infant.

SOURCE: ADAPTED FROM WHO – EASTERN MEDITERRANEAN (2020).

2.23 CORONAVIRUS SAMPLE COLLECTION, STORAGE AND TRANSPORT

2.23.1 GUIDANCE ON SAMPLE COLLECTION

1. Rapid collection and testing of appropriate specimens from suspected cases is a priority and should be guided by a laboratory expert
2. Timely and accurate laboratory testing of specimens from cases under investigation is an essential part of the management of emerging infections
3. Assure SOPs are available and the appropriate staff are trained
4. Available for appropriate collection, specimen storage, packaging and transport

2.23.2 TYPES OF SPECIMEN 1/2

1. Collect specimens from BOTH the upper respiratory tract (URT) (nasopharyngeal and oropharyngeal)
2. AND lower respiratory tract (LRT) (expectorated sputum, endotracheal aspirate, or Broncho-alveolar lavage) for 2019-nCoV testing by RT-PCR
3. Nasal aspirate from Children
4. **DO NOT COLLECT SALIVARY SAMPLE**
5. Whole blood for antigen detection, especially during the first week of illness (Use EDTA tubes to collect blood sample)

2.23.3 TYPES OF SPECIMEN 2/2

1. A single negative test result particularly if this is from an upper respiratory tract specimen does not exclude infection
2. Repeat sampling and testing lower respiratory specimen is strongly recommended in severe or progressive disease
3. Tissue from biopsy or autopsy including from lung

2.23.4 SUMMARY OF TYPES OF SPECIMEN, STORAGE AND TRANSPORT

Specimen type	Collection material	Temperature for transport	Storage till testing
Nasopharyngeal and oropharyngeal swab	Dacron or polyester flocked swabs	4 °C	≤5 days: 4 °C >5 days: -70 °C
Sputum	sterile container	4 °C	≤48 hours: 4 °C >48 hours: –70 °C
Naso-pharyngeal wash/aspirate or Naso-aspirate	sterile container	4 °C	≤48 hours: 4 °C >48 hours: –70 °C
Bronchoalveolar lavage	sterile container	4 °C	≤48 hours: 4 °C >48 hours: –70 °C
(Endo)tracheal aspirate, nasopharyngeal aspirate or nasal wash	sterile container	4 °C	≤48 hours: 4 °C >48 hours: –70 °C
Tissue from biopsy or autopsy including from lung	sterile container with saline	4 °C	≤24 hours: 4 °C >24 hours: –70 °C
Whole blood	EDTA tube	4 °C	≤5 days: 4 °C >5 days: –70 °C

2.23.5 SPECIMEN COLLECTION

1. Use appropriate PPE for specimen collection
2. When collecting URT samples, use viral swabs (sterile Dacron or rayon, not cotton) and viral transport media
3. Do not sample the nostrils
4. In a patient with suspected novel coronavirus (Covid-19) , especially with pneumonia or severe illness, a single URT sample does not exclude the diagnosis, and additional URT and LRT samples are recommended
5. LRT vs URT samples are more likely to be positive

2.23.6 SAFETY PROCEDURES DURING SAMPLE COLLECTION AND TRANSPORT

1. All specimens collected for laboratory investigations should be regarded as potentially infectious
2. Health Care Workers who collect, or transport clinical specimens should adhere rigorously to infection prevention and control guidelines
3. National or international regulations for the transport of dangerous goods
4. (infectious substances) to minimize the possibility of exposure to pathogens
5. Implement the appropriate infection prevention and control precautions
6. Triple package for specimen transport

2.23.7 STORAGE AND TRANSPORT

1. Ensure good communication with the laboratory and provide needed information
2. To assure proper and fast processing of samples and to assure adequate biosafety measures in the laboratory, communication and information sharing is essential
3. Be sure you have alerted the laboratory of the urgency and situation before sending the sample
4. Also assure that specimens are correctly labelled, and diagnostic request forms are filled out properly and clinical information is provided
5. All samples should be sent to Noguchi

2.23.8 CASE BASE FORM INFORMATION

1. Patient information – name, date of birth, sex and residential address, unique identification number
2. Other useful information (e.g. patient hospital number, surveillance identification number, name of hospital, hospital address, room number, physicians' name and contact information, name and address for report recipient)
3. Date and time of sample collection
4. Anatomical site and location of specimen collection
5. Tests requested
6. Clinical symptoms and relevant patient history (including vaccination and antimicrobial therapies received, epidemiological information, risk factors)

2.24 PROTOCOL ON HANDLING OF PATIENTS WHO DIED OF COVID-19

A. RESPONSIBILITY OF THE CLINICAL STAFF

NB: All Staff must continuously adhere to the IPC protocols.

1. Document the time of death immediately patient is pronounced clinically dead by the clinician and inform the task team coordinators for other necessary actions (e.g. communicating to management and family etc.).
2. Contact/call/Inform the transition managers to collect the body and inform them about the person's status (covid-19 positive or covid-19 suspect) so they can don the appropriate PPEs before coming for the body.
3. Label the body for easy identification
4. Pack the person's belongings into a highly infectious clinical waste bag and label appropriately for further disinfection processes by officers responsible.
5. Ensure that the transition managers spray the body with chlorine solution (0.5%)
6. Ensure the body is placed in the approved body bag.
7. After the body is transported away;
   - Disinfect the Patients bed, items and the patient's surrounding/room immediately with chlorine solution (0.5%).
8. Properly document all procedures done appropriately

B. RESPONSIBILITY OF THE TRANSITION MANAGERS/MORTUARY STAFF

When called to collect and transport a patient who died of covid-19 or covid-19 suspect's body;

1. BEFORE SETTING OFF;
   a. All the officers going for the body must wear the appropriate PPEs before getting in contact with the body.
   b. Carry the approved body bag along when going for the body
2. BEFORE TOUCHING THE DEAD BODY;
   c. Spray the whole body with chlorine solution (0.5%)
3. AFTER;
   d. Put the body in a body bag and zip up tight
   e. Transport the body with the designated vehicle and transport to the mortuary.
4. AT THE MORGUE;
   f. Isolate the body at the mortuary cold room

C. RESPONSIBILITY OF THE ENVIRONMENTAL OFFICER AND CCTH BURIAL COMMITTEE

1. Contact the regional covid-19 burial committee
2. Ensure the body is properly kept and prepared for burial
3. Hand over the body to the regional covid-19 burial committee

2.25 PROTOCOL ON DATA CAPTURE, DATA COLLATION, REPORTING AND INFORMATION DISSEMINATION

2.25.1 COVID-19 DATA CAPTURE

SAMPLE TAKING AND DATA CAPTURE:

1. All samples taken must be properly documented in the **SAMPLE REGISTER** at the Laboratory department.
2. The disease control officers in-charge must also capture data on all cases tested.
3. Both the Lab. Personnel and Disease control officers in-charge must ensure daily validation of their data on cases tested.

CASE MANAGEMENT AND DATA CAPTURE:

HOLDING BAY DATA:

1. Capture admission and discharge (A&D) information into the ***A&D REGISTER.***
2. Capture all outcomes of suspected cases (e.g. confirmed cases, negative cases, referred-out, deaths etc.).

TREATMENT CENTER DATA:

1. Capture admission and discharge (A&D) information into the ***A&D REGISTER.***
2. Capture all outcomes of confirmed cases [(e.g. recovered, referred –in/out (to/from Region or home management), deaths etc.)].

HOME MANAGEMENT DATA:

1. Capture all cases information on all cases being managed at home into the ***HOME MANAGEMENT REGISTER***
2. Capture all outcomes of confirmed cases [(e.g. recovered, referred (to region or admitted to CCTH treatment center), deaths etc.)]

DATA ON LOGISTICS/SUPPLIES:

1. All logistics must be requested in the ***REQUISITION BOOK*** to CCTH Medical Stores before issued to centers.
2. All supplied logistics issued to centers must be documented and signed-for by the issuer and receiver in the ***LOGISTICS MANAGEMENT REGISTER.***
3. All suppliers issued by the in-charges (of the treatment center, holding bay and staff quarantine hostel) to individual users must be documented and signed-for in the ***LOGISTICS MANAGEMENT REGISTER***.

RESULT DATA CAPTURE:

1. All results must be documented into the ***CCTH COVID-19 RESULTS REGISTER***

2.25.2 COVID-19 DATA COLLATION

DATA COLLATION:

1. Data on Samples Taken:
    a. The Biomedical Scientist and Disease Control Officers in-charge must collate data on all samples taken (on staff and patients) and submit daily update to RME Unit
2. Data on Results:
    b. The task team coordinator(s) must collate and submit data daily on results of staff and patients to RME Unit
3. Treatment Room and Holding Bay Data:
    c. The in-charges of the above centers must collate and submit daily data update to RME Unit
4. Data on Quarantine:
    d. The task team coordinator(s) must collate and submit daily data update on staff and patients in quarantine to RME Unit

2.25.3 DATA REPORTING AND INFORMATION DISSEMINATION

DATA REPORTING:

1. RME Unit must collate all data received and validate the compiled data with the Task Team Coordinator(s)

DATA DISSEMINATION TO CCTH CHIEF EXECUTIVE OFFICER (CEO):

2. RME Unit must submit daily data update (on all indicators) to CEO for periodic onward submission to key stakeholders e.g. Ministry of Health

DATA DISSEMINATION TO MANAGEMENT AND HEADS OF DEPARTMENTS

3. RME Unit must submit daily data update (on all indicators) to;
    i. All Management Members,
    ii. All Heads of Departments (HODs)
    iii. Chief of Residents

DATA DISSEMINATION TO STAFF

4. RME Unit should submit daily **summary data update** to all staff through the Heads of Departments
5. Management should give weekly coivd-19 situational update to all staff

3.0 CCTH COVID-19 RESPONSE PLAN – LOG-FRAME

Goals	Objectives	Activities	Timelines	Resources	Expected Outcome	Indicators (For M&E)	MoV	Person Responsible
MANAGEMENT LEVEL PLAN								
GOAL: TO EFFICIENTLY AND EFFECTIVELY PREVENT, MANAGE AND ELIMINATE THE SPREAD OF COVID-19 AMONG THE PATIENTS AND STAFF								
1.1 To effectively respond to the Covid-19 among patients and staff	1.1.1 To efficiently and effectively response to the covid-19 outbreak at the institutional level	1.1.2 Develop covid-19 response strategic document and update when necessary (this includes; the management structure and functional structure with the roles and responsibilities)	March-May 2020 and when necessary		Document developed and updated whenever necessary	Availability of document	Availability of covid-19 response strategic document at all directorates and sub-BMC/Units and administration	• Ag. Medical Director • Director of Administration • Ms. Princess Ofori
		1.1.3 To disseminate the CCTH covid-19 response strategy document to key stakeholders appropriately	February and April, 2020 and every time new protocols are developed		Protocols developed and disseminated	• Number of copies printed and disseminated • The cost of printing	Availability of covid-19 response strategic document at all directorates and sub-BMC/Units and administration	• Hospital Management and the Task Team
		1.1.4 Manage information by Communicating to staff and key stakeholders whenever necessary on managements directives and decisions regarding covid-19 response strategies and cases management etc.	Throughout		Key/Relevant information appropriately disseminated to key stakeholders regularly	Frequency of update given to staff by management	Copies of covid-19 updates disseminated to staff	• CEO • All Directors • Dr. Salifu Bawa • Dr. E. Agyare • Ms. Princess Ofori

Goals	Objectives	Activities	Timelines	Resources	Expected Outcome	Indicators (For M&E)	MoV	Person Responsible
		1.1.5 Set up a task team made up of (1) rapid response group, (2) case management group, (3) support service group and (4) communication group with their roles and responsibilities	March 2020		Task team set up and functional	Total categories of staff in the task team	Report on activities performed by task team	CEO
		1.1.6 Procure and or acquire and make available medical equipment and consumables (Gun thermometer, etc.)	Throughout		Needed covid-19 related medical equipment, consumables procured and or acquired	Total number of items procured and or acquired	Logistics management register	• Hospital Management
		1.1.7 Make available PPEs for use	Throughout		Needed covid-19 related PPEs made available for use	Total number of PPEs procured and or acquired and used	Logistics management register	• Ag. Medical Director • Director of Nursing
		1.1.8 **Develop and disseminate the following Protocols:** 1. Protocol on Hand Hygiene Protocol 2. Protocol on use of Personal Protective Equipment According to Healthcare Activities 3. Protocol on Phone Usage by Staff 4. Protocol for Contact Tracing 5. Protocol for CCTH Staff on Quarantine 6. Protocol for Managing A			Protocols developed, disseminated appropriately and being adhered to by staff	Number of protocols developed and disseminated Total printing cost	Availability of copies of the protocols at the centers, all departments and administration	• Ag. Medical Director • Director of Administration • Dr. Salifu Bawa • Dr. E. Agyare • Ms. Princess Ofori • Mrs. Irene Jacobs • Dr. Eszter Momade • Mr. Kafui Akpedonu

Goals	Objectives	Activities	Timelines	Resources	Expected Outcome	Indicators (For M&E)	MoV	Person Responsible
		Suspected Case of Covid-19 7. Covid-19 Screening Checklist 8. Covid-19 Medical Officer Review 9. General Flow for Covid-19 Case Detection 10. General Flow for Covid-19 Case Detection At A&E Department 11. Transporting Suspected/Covid-19 Patient(S) 12. Flow of Movement at The Isolation Centre 13. Flow of Movement at The Treatment Centre 14. Case Management of Covid-19 Patient – General Protocol 15. Covid-19 Clinical Management Protocol 16. Covid-19 Case Management with Surgical Emergency 17. Covid-19 Case Management with Obstetric Emergency 18. Protocol on Discharging Patient with Covid-19 19. Protocol on Breastfeeding During the Covid-19 Outbreak						

Goals	Objectives	Activities	Timelines	Resources	Expected Outcome	Indicators (For M&E)	MoV	Person Responsible
		20. Coronavirus Sample Collection, Storage and Transport 21. Protocol on Handling of Patients Who Died of Covid-19 22. Protocol On Data Capture, Data Collation, Reporting And Information Dissemination						
		1.1.9 Train all staff on covid-19 Infection Prevention and Control and other general IPC practices	March – April, 2020	PPE samples for training and facilitators/training coordinators	All staff trained on the use of PPEs based on their specific roles	Total number of staff trained	Covid-19 training attendance book	• Dr. E. Agyare • Mrs. Irene Jacobs
		1.1.10 Brief the press/media when necessary	Throughout		Press briefing done whenever necessary	• Number of media houses engaged on covid-19 related issues	Media publications links	• CEO • PRO
		1.1.11 Organise weekly task team meeting	Weekly		Meeting held regularly	Number of meetings organized	• Minutes of meeting • Attendance book	• Ag. Medical Director • Director of Nursing • Dr. S. Bawa • Dr. Agyare
		1.1.12 Organise meeting between task team and hospital management	Weekly		Meeting held regularly	Number of meetings organized	• Minutes of meeting • Attendance book	• Ag. Medical Director • Director of Nursing • Dr. S. Bawa • Dr. Agyare
		1.1.13 Organise house management committee meeting whenever necessary	Monthly		Meeting held regularly	Number of meetings organized	• Minutes of meeting • Attendance book	• CEO • Director of Administration
		1.1.14 Designate an area for isolating suspected covid-19 cases and the	February, 2020		Holding bay and treatment centers set up and functional	• Total number of patients admitted to the holding bay and treatment centers	• Duty roster for staff • admission and discharge	• Task team coordinators and • Hospital management

Goals	Objectives	Activities	Timelines	Resources	Expected Outcome	Indicators (For M&E)	MoV	Person Responsible
		treatment of confirmed covid-19 cases				• Number of staff on duty per day/shift	register at the centers	
		1.1.15 Designate one theatre room for performing emergency surgical procedure on covid-19 cases (e.g. C/S, general surgery)	March , 2020		Theatre room designated for use when necessary	Number of covid-19 cases with surgical or obstetric emergencies operated on at the designated theatre	Surgical operation report	• Hospital management • Heads of Surgical and Maternal Health sub-BMCs
		1.1.16 Provide medical tent for pre-triaging and provision of first aid for suspected covid-19 cases	April 2020	• Canopy tent • Beds • Stretchers, medical equipment, logistics etc.	Medical tent provided and set up for temporary management of covid-19 cases	Number of tents provided and cost	• Monitoring report • Availability of medical tent	• Hospital management • Task team coordinators
		1.1.17 Manufacture hand sanitizers at the hospital pharmacy and distribute to all department including the covid-19 isolation and treatment centers	March 2020	Production materials, other logistics and production team	Adequate supply of hand sanitizer to all departments	Number of litters of sanitizers produced for use in the hospital	Production report by Pharmacy directorate	• Director of Pharmacy • Hospital Management
		1.1.18 Compile the list of staff and covid-19 task team for appropriate compensation where ever necessary	March and April 2020	-	Names of the core members of the task team compiled and comprehensive list of all covid-19 related front line staff compiled appropriately	• Number of task team members • Total number of front-line workers entitled	List of frontline staff	• Ag. Medical Director • Director of Nursing

Goals	Objectives	Activities	Timelines	Resources	Expected Outcome	Indicators (For M&E)	MoV	Person Responsible
		1.1.19 Provide CCTV camera at the holding bay and treatment center for monitoring of patients	April 2020	CCTV camera and the personnel to install	Availability of functional CCTV camera at holding bay and treatment center for remote monitoring of the patients on the wards from the nurses' station	Number of CCTV camera installed at the holding bay and treatment center and cost	Presence of a CCTV camera at the centers and the invoice	• Hospital management
		1.1.20 Liaise with UCC-SMS for possible expansion of the holding bay center when necessary	April 2020		Holding bay expansion made possible when needed	Bed capacity of the holding bay	Monitoring report	• Hospital management
		1.1.21 To issue photo staff ID card to all staff	Throughout		Photo Staff ID cards issued to all staff and are being used	• Total number of staff issued with the photo staff ID Card • Total Cost of ID cards	• Distribution list from HR unit • Final report on total cost of staff ID	• Hospital management • DDHR • Head of ICT
		1.1.22 To transport staff to-and-from work daily (starting 20th April 2020)	Throughout the outbreak		Majority of staff benefiting from the free transport to-and-from work daily	Proportion of staff who benefited from the intervention	Survey	• Head, General Administration • Head of Transport
OPERATIONAL PLAN								
	1.2 To prevent infection rate of the covid-19 among staff and patients	1.2.1 Set up and make functional the designated holding bay and treatment centers	April 2020		Holding bay and treatment centers set up and functional	• Total number of patients admitted to the holding bay and treatment centers • Number of staff on duty per day/shift	Admission and Discharge register and the duty roaster of the staff at the centers	• Ag. Medical Director • Director of Nursing • Dr. Agyare • Mr. K. Akpedonu
		1.2.2 Set up critical care (ICU) area at the treatment center	April 2020	• Ventilators • Beds	ICU set up at treatment center	Functional ICU for the treatment of covid-19 cases	Monitoring report	• Dr. S. Lamptey • Ag. Medical Director

Goals	Objectives	Activities	Timelines	Resources	Expected Outcome	Indicators (For M&E)	MoV	Person Responsible
								• Director of Nursing • Dr. E. Agyare • Mr. K. Akpedonu
		1.2.3 Create a temporary waiting area at the main OPD, A&E and at the Polyclinic	March 2020	• Canopy tent • Plastic chairs	Waiting area set up	Number of sits placed at the waiting areas	Monitoring report	• Head, OPD • Head, A&E
		1.2.4 Set up a skills training center towards management of covid-19 cases	March 2020		Skill center established for regular training and practice	• Number of staff trained	Attendance list	• Dr. Elizabeth Agyare • Mrs. Irene Jacobs
		1.2.5 Train all staff on covid-19 prevention and use of PPEs	Throughout		Training organized	• Number of staff trained	Attendance list	• Mrs. Irene Jacobs • Dr. Elizabeth Agyare
		1.2.6 Provide technical assistance in the development and dissemination of need protocols to aid in responding and managing covid-19 cases and issues	Throughout		All protocols needed have been duly developed	Number of protocols developed	Availability of protocols at all directorates and sub-BMC/Units, holding bay and treatment centers	• Ms. Princess Ofori • Dr. Salifu Bawa • Dr. Elizabeth Agyare • Mrs. Irene Jacobs • Dr. Eszter Momade • Mr. Kafui Akpedonu
		1.2.7 Educate the public and clients on the covid-19 through the media (TV, radio) weekly	Throughout	Media airtime	Prevent covid-19 infection among the populace and staff	Number of media houses and facilities visited	Outreach schedule list	Dr. Salifu Bawa
		1.2.8 Use of signage at OPD, A&E and ETAT for educational purposes	Throughout	Educational materials on covid-19		Number of signages mounted for educational purposes		• Dr. S. Bawa • Dr. Agyare • Head, ICT • Mr. Kafui Akpedonu

Goals	Objectives	Activities	Timelines	Resources	Expected Outcome	Indicators (For M&E)	MoV	Person Responsible
		1.2.9 Identify at least 15 Staff for the conduct of contact tracing following a case detection.	Immediately a case is suspected		Effective contact tracing done	Total number of people conducting contact tracing	List of contact tracers	Dr. Salifu Bawa
		1.2.10 Provide contact tracing forms and assign staff to trace contacts (RRT, PH)	Immediately a case is suspected		Effective contact tracing done	Number of forms printed	Invoice	Dr. Salifu Bawa
	1.3 To provide quality care to people infected with covid-19	1.3.1 Develop or adopt and implement the covid-19 treatment guideline	Throughout	Task team (case management and support team)	The covid-19 treatment guideline disseminated and available for use	• Documents on covid-19 treatment guideline available for use • Cost of case management	Documents on covid-19 treatment guideline available at the treatment center and copy at the RME Unit	• Ag. Medical Director • Dr. Ernest Yeboah • Dr. Elizabeth Agyare
		1.3.2 Conduct a simulation exercise	24th March 2020	Covid-19 joint monitoring team	simulation exercise conducted and Task team adequately prepared	Number of simulation exercises done	Report of simulation submitted to management	• Dr. E. Agyare • Dr. S. Bawa • Mrs. I. Jacobs • Ms. Princess Ofori • Dr. Richard Yankah
		1.3.3 Set up a case management team and develop a duty schedule for the team and review when necessary	April 2020	All staff, Rapid Response Team	Existence of a functional case management team providing effective case management to confirmed covid-19 patients at the treatment center and or at home	Number of staff placed on the schedule	Availability of schedule for case management team	Dr. Ernest Yeboah Mr. I. Obiri Addo
		1.3.4 Quarantine and monitor all contacts	Throughout		Contacts of confirmed cases quarantined	Total contacts placed on quarantine and the outcome	Contact tracers report	• Dr. Bawa

Goals	Objectives	Activities	Timelines	Resources	Expected Outcome	Indicators (For M&E)	MoV	Person Responsible
		1.3.5 Isolate and manage all suspected and confirmed cases	Throughout		All suspected and confirmed cases isolated	Number of cases suspected and confirmed cases isolated and being treated	Case management report	• Dr. Agyare • Dr. Ernest Yeboah
		1.3.6 Intensify supervision of staff especially at the OPD, A&E, isolation and treatment centers	Throughout		Staff using protocol effectively	Total protocols disseminated to departments	Monitoring report Availability of protocol at the critical areas	• Task team coordinators • Heads of Departments • In-charges • IPC coordinator • RME Unit
ENVIRONMENTAL PLAN								
	1.4 To ensure effective prevention and control of the spread of covid-19 in the hospital environmental (i.e. covid-19 dead bodies, clinical areas contaminated etc.)	1.4.1 Develop and disseminate a protocol on handling covid-19 dead bodies by clinical staff	April, 2020		The virus outbreak would be brought under control and possibly eliminated	No. of planned disinfection exercise carried out	Clinical report at the treatment center, holding bay, and OPD	• Mr. Emmanuel Koomson • Ms. Princess Ofori • Director of Administration • Ag. Medical Director • Dr. S. Bawa • Dr. E. Agyare
		1.4.2 To dispose-off COVID-19 infectious waste in line with the national guidelines on infectious waste disposal	Daily				Environmental officers report	• Mr. Emmanuel Koomson
		1.4.3 To disinfect the Holding Bay, Treatment Centre and medical tent being used for covid-19 regularly	Throughout the outbreak (Continues and real time disinfection)				Environmental officers report	• Mr. Emmanuel Koomson
		1.4.4 Disinfect the clinical areas (e.g.	Every two weeks				Environmental officers report	• Mr. Emmanuel Koomson

Goals	Objectives	Activities	Timelines	Resources	Expected Outcome	Indicators (For M&E)	MoV	Person Responsible
		OPD, Triage and walkways, etc.)						
		1.4.5 Disinfect the mortuary regularly	Throughout (Real time disinfection)				Environmental officers report	• Mr. Emmanuel Koomson
		1.4.6 Disinfect the ambulance/hearse or any other vehicle used for transporting suspected or confirmed covid-19 cases	Throughout (As and when it occurs)				Environmental officers report	• Mr. Emmanuel Koomson
MONITORING AND EVALUATION PLAN								
2.0 To determine how efficiently and effectively the hospital covid-19 strategies have been implemented over the period of the outbreak and determine the relevance of specific strategies for possible review	2.1 To monitor and evaluate all the hospital's covid-19 strategies put in place by the hospital to respond to the covid-19 outbreak at the facility	2.1.1 Set up a joint monitoring team and conduct periodic joint monitoring exercise and weekly monitoring meeting to assess and possibly review the implementation of the hospitals covid-19 response strategies	Throughout the outbreak		All strategies implemented as planned	Number of monitoring exercises conducted	Monitoring report	• RME unit & • The Task team coordinators
		2.1.2 Conduct random monitoring in relation to covid-19 and report appropriately	Periodically		All protocols and hospital management's directives and planned activities have been implemented as planned	Number of random monitoring exercises conducted	Monitoring report	• RME unit

Goals	Objectives	Activities	Timelines	Resources	Expected Outcome	Indicators (For M&E)	MoV	Person Responsible
		2.1.3 Organise joint monitoring meeting	Weekly		Meeting organised regularly and issues raised addressed and or reported to management	Number of joint monitoring meetings held	Minutes of meetings	• Ms. Princess Ofori • Dr. Agyare • Dr. Bawa • Ms. Priscilla Etuah
		2.1.4 Capture covid-19 related data and collate and report appropriately to key stakeholders	Daily and weekly		Data on all cases captured and report appropriately to key stakeholders	**1. Suspected Covid-19 Cases** a. Total Suspected Cases b. Total Number of samples taken c. Number of new samples taken d. Total No. of tests repeated **2. Test Results:** *a.* New Results Received b. Total Results Received c. Total Number of Negative Cases d. Total Number of Positive Cases e. Results Pending **3. Repeated Test Outcomes** a. Total No. of tests repeated b. Number of positive results c. Number of negative d. Number of repeated test results pending **4. Confirmed Case Management** *a.* No. of positive cases from CCTH	CCTH covid-19 database at RME Unit	• Ms. Princess Ofori • Ms. Priscilla Etuah • Dr. E. Agyare • Dr. S. Bawa

Goals	Objectives	Activities	Timelines	Resources	Expected Outcome	Indicators (For M&E)	MoV	Person Responsible
						b. Number of cases from Region *c.* No. of recoveries *d.* Total No. of active Cases Being Managed ***Case Management by CCTH*** *a.* New No. of Case(s) Being Managed by CCTH at Home *b.* Total No. of Cases Being Managed by CCTH at Home ***Referral In*** a. No. of new cases referred to CCTH from the region for management b. Total No. of Cases referred to CCTH from the Region for Management ***Referral Out*** a. No. of new cases CCTH referred to the region for management b. Total No. of Cases CCTH Referred to The Region for Management **5. Case Admission** ***Treatment Centre:*** *a.* No. of New Admission at the Treatment Centre		

Goals	Objectives	Activities	Timelines	Resources	Expected Outcome	Indicators (For M&E)	MoV	Person Responsible
						b. Current Case(s) at The Treatment Centre c. Total no. of Admissions at The Treatment Centre d. Total No. of Discharges at the Treatment Centre ***Holding Bay*** a. Number of New Admission at the Holding Bay b. Current Holding Bay Cases c. Total Admission at the Holding Bay d. Number of new discharges e. Total Number of discharges at the holding bay f. Number of absconded patients ***Mortalities at Holding Bay*** a. Number of New Death(s) at The Holding Bay b. Total Number of Deaths at The Holding Bay ***Mortalities at Treatment Centre*** a. No. of New Death(s) at The Treatment Centre b. Total No. of Deaths at The Treatment Centre **6. Cases on quarantine**		

Goals	Objectives	Activities	Timelines	Resources	Expected Outcome	Indicators (For M&E)	MoV	Person Responsible
						a. No. of suspected cases currently in mandatory quarantine *b.* No. of cases out of quarantine c. Total no. of cases in quarantine **7. CCTH Staff** ➢ Total number of staff samples taken ➢ Number of new staff sample taken ➢ Total number of staff who tested negative ➢ Total number of staff who tested positive ➢ Total number of staff who results are pending ➢ Number of new staff gone into quarantine today ➢ Total number of staff currently in quarantine		

4.0 APPENDIX

4.1 CCTH RAPID RESPONSE TEAM TRAINING SCHEDULE FOR SUB-BMCs AND UNITS

NO.	SUB-BMC	DATE FOR TRAINING
1.	Out-Patient Department (OPD)	10th February, 202
2.	Accident and Emergency	11th February, 2020
3.	Child Health (Paedics)	21at February, 2020
4.	Surgery	3rd March, 2020
5.	Maternal Health (Obs. &Gynae)	4th March, 2020
6.	Internal Medicine	5th March, 20202
7.	Rapid Response Team	9th March, 2020
8.	DEENT & Public Health	11th March, 20202
9.	Technical Services, Cleaners, Security Personnel & record staff	16th March, 2020
10.	Diagnostics including pathology/mortuary	
11.	Psychology	
12.	Administration	
13.	Physiotherapy	

4.2 FIRST CASE DEFINITION OF COVID-19 DEVELOPED

4.2.1 SUSPECTED CASE

A person presenting with: **fever (≥38^{0}C)** or history of fever and symptoms of respiratory tract illness e.g. cough, difficulty in breathing **AND** in the last 14 days before symptom onset, a history of travel from China or **other affected** countries

OR

Fever (≥38^{0}C) or history of fever and symptoms of respiratory tract illness e.g. cough, difficulty in breathing **AND** in the last 14 days before symptom onset, close contact with a person who is under investigation or confirmed for covid-19.

4.2.2 CONFIRMED CASE

Suspected case with laboratory confirmation of covid-19.

4.3 FIRST CCTH COVID-19 SCREENING CHECKLIST DEVELOPED

1. Have you experienced any of the following symptoms within the past 14 days?

FEVER	☐ YES	☐ NO
COUGH	☐ YES	☐ NO
SORE THROAT	☐ YES	☐ NO
PAINFUL SWALLOWING	☐ YES	☐ NO
SNEEZING/RUNNY NOSE	☐ YES	☐ NO
DIFFICULTY IN BREATHING	☐ YES	☐ NO

2. Have you travelled to or returned from a country/area* with local transmission of COVID-19 within the past 14 days?

☐YES ☐ NO

3. Is it likely that you may have come into contact with someone who has travelled to or returned from a country/area* with local transmission of COVID-19 within the past 14 days?

☐YES ☐ NO

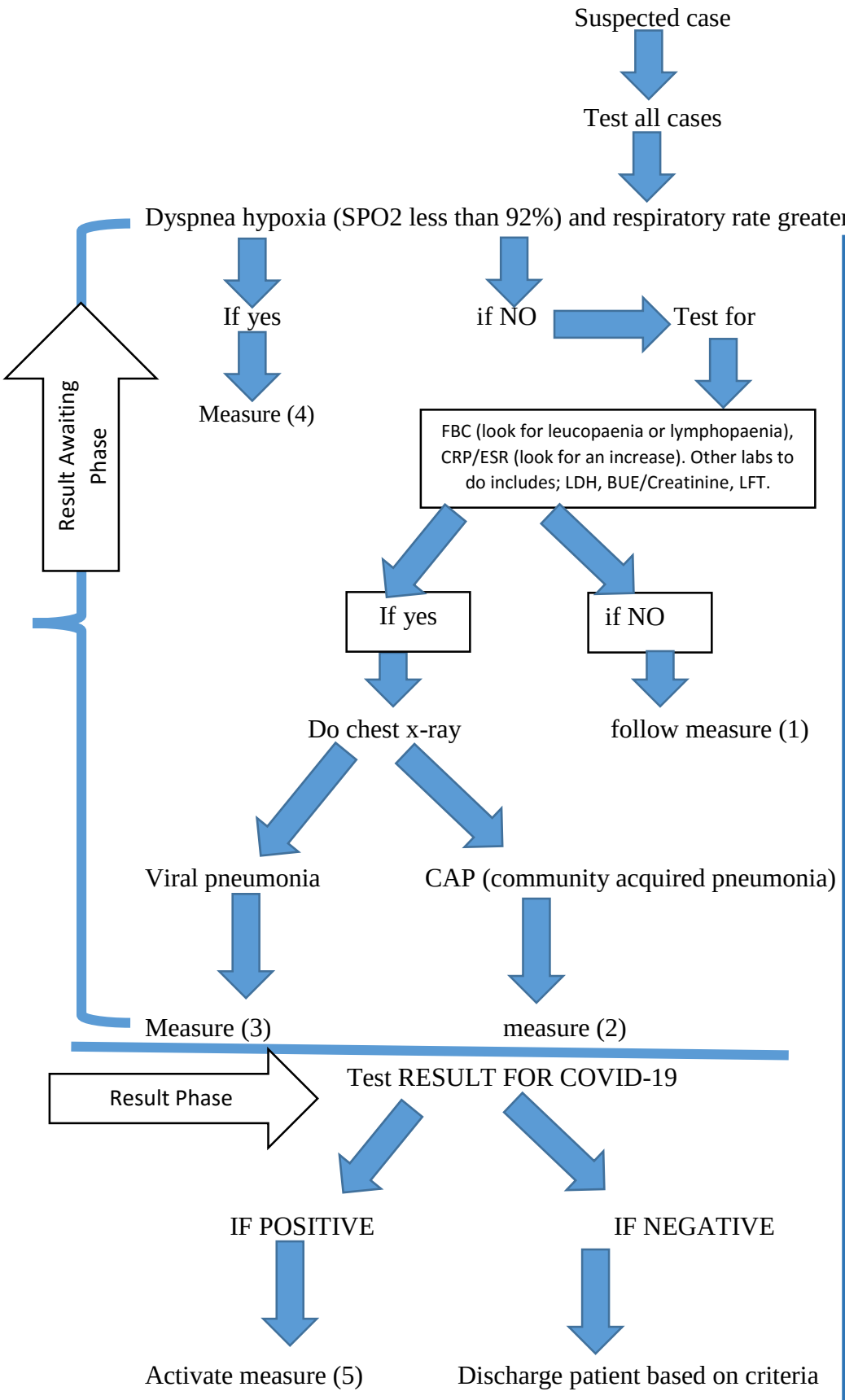
4. Does your work include frequent contact with people who may have travelled to or have returned from countries* with active local transmission of COVID-19 within the past 14 days (e.g. airline crew, hotel staff, car rental staff, etc.)

☐YES ☐ NO

Temperature measured ……°C

IF THE ANSWER TO **ANY** OF QUESTION 1 IS **YES**, PLUS ANY **YES** FOR QUESTION 2, 3 OR 4, PATIENT MAY NEED TO BE SCREENED FOR COVID-19.

4.4 FIRST COVID-19 CASE MANAGEMENT PROTOCOL - FOR ADULT (13years And Above)



MEASURE – 1:

1. Self-quarantine
2. Oral antibiotics if needed
3. Home care and counselling

MEASURE - 2:

1. If mild, resort to measure (1)
2. If CURB-65 is greater than or equal to 2, or any other sign of severity, the ADMIT Patient, ISOLATE, administer IV antibiotics, supportive therapy.

MEASURE - 3:

1. Isolate, respiratory quinolones, supportive therapy

MEASURE – 4:

1. Admit, isolate, antibiotics, supportive therapy
2. Manage according to clinical syndrome

MEASURE - 5:

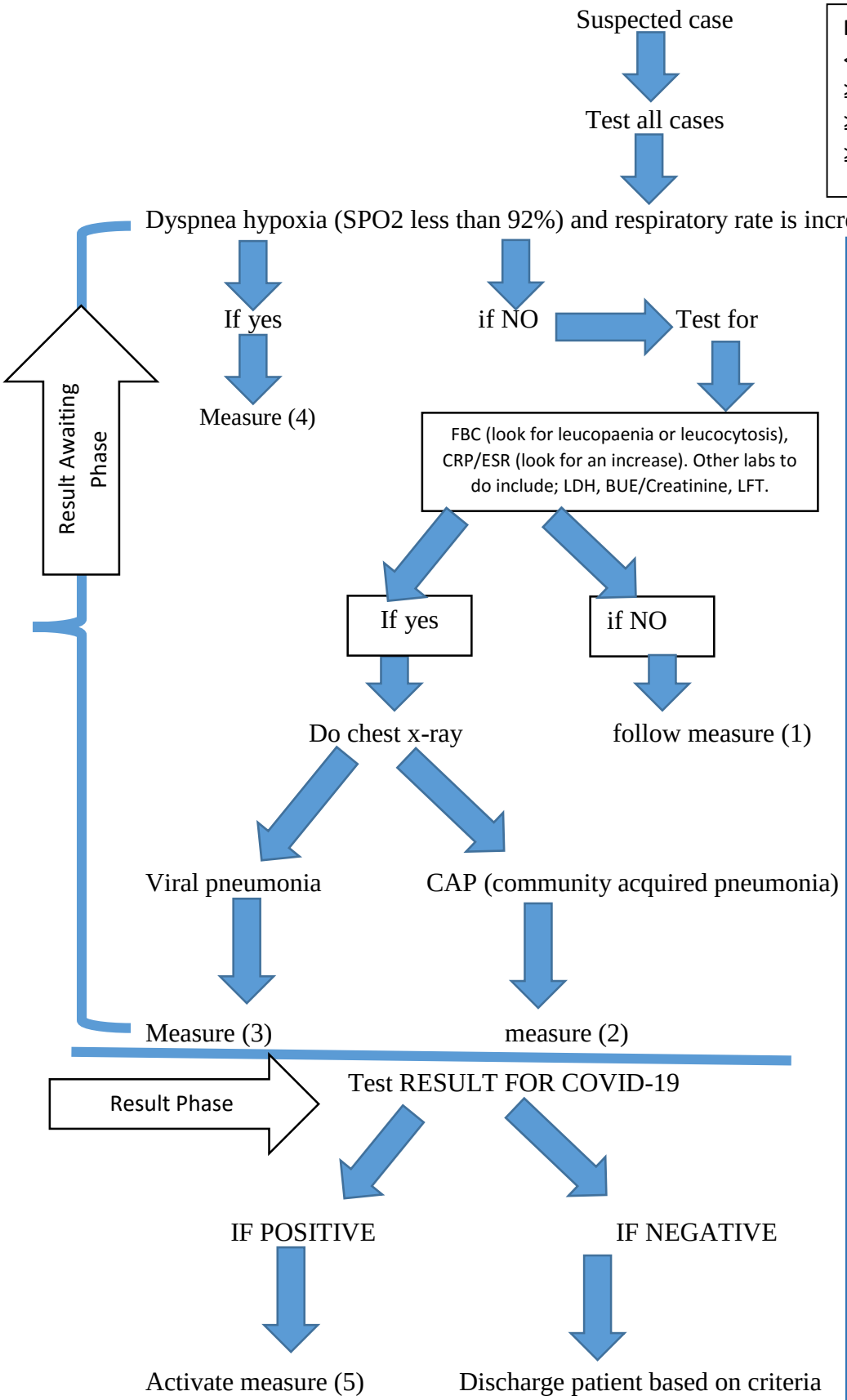
1. Mild cases (URTI only) tablet chloroquine phosphate 500mg bid for five days + oral Oseltamivr 150mg bid for five days
2. Severe cases (Pneumonia) tablet chloroquine phosphate 500mg bid for 10 days + oral Oseltaminvr 150mg bid for 10 days or any protease inhibitor for 10 days

DISCHARGE CRITERIA:

1. If Covid-19 positive, repeat every three days until negative then discharge based on clinical response.
2. If Covid-19 negative, repeat after 24 hours if positive, follow (1) above, if negative discontinue isolation.

Note: Samples should be both nasopharyngeal and oropharyngeal swabs.

4.5 FIRST COVID-19 CASE MANAGEMENT OF COVID-19 – CHILD < 13 YRS



Respiratory Rate is increased if:

< 2 months: > 60 breaths/min

≥2 months to < 1 year: > 50 breaths/min

≥1 year to 6 years: > 40 breaths /min

≥6 years to <13 years: > 30 breaths/min

MEASURE – 1:

1. Self-quarantine
2. Oral antibiotics if needed
3. Home care and counselling

MEASURE - 2:

1. If mild, resort to measure (1)
2. If Severe Pneumonia – cough or difficulty in breathing PLUS any of the following: central cyanosis, Sats< 92%, severe chest in-drawing / grunting, any General Danger Sign – (inability to drink, lethargy or unconsciousness, or convulsions): ADMIT Patient, ISOLATE, administer appropriate IV antibiotics, supportive therapy.

MEASURE - 3:

1. Isolate, supportive therapy, +/- antibiotics

MEASURE – 4:

1. Admit, isolate, antibiotics, supportive therapy
2. Manage according to clinical syndrome

MEASURE - 5:

No specific licensed treatment available for children as limited evidence currently available but drugs used for adults may be modified for children – (See Adult Treatment Algorithm). Check a paediatric drug formulary for appropriate weight-based or Body Surface Area dosages.

DISCHARGE CRITERIA:

1. If Covid-19 positive, repeat every three days until negative then discharge based on clinical response.
2. If Covid-19 negative, repeat after 24 hours if positive, follow (1) above, if negative discontinue isolation.

Note: Samples should be both nasopharyngeal and oropharyngeal swabs.

4.6 GETTING YOUR WORKPLACE READY FOR COVID-19

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease in Hubei Province, China to be a Public Health Emergency of International Concern. WHO stated there is a high risk of the 2019 coronavirus disease (COVID-19) spreading to other countries around the world.

WHO and public health authorities around the world are taking action to contain the COVID-19 outbreak. However, long term success cannot be taken for granted. All sections of our society – including businesses and employers – must play a role if we are to stop the spread of this disease.

How COVID-19 spreads

When someone who has COVID-19 coughs or exhales they release droplets of infected fluid. Most of these droplets fall on nearby surfaces and objects - such as desks, tables or telephones. People could catch COVID-19 by touching contaminated surfaces or objects – and then touching their eyes, nose or mouth. If they are standing within one meter of a person with COVID-19 they can catch it by breathing in droplets coughed out or exhaled by them. In other words, COVID-19 spreads in a similar way to flu. Most persons infected with COVID-19 experience mild symptoms and recover. However, some go on to experience more serious illness and may require hospital care. Risk of serious illness rises with age: people over 40 seem to be more vulnerable than those under 40. People with weakened immune systems and people with conditions such as diabetes, heart and lung disease are also more vulnerable to serious illness.

This document gives advice on:

1. Simple ways to prevent the spread of COVID-19 in your workplace
2. How to manage COVID-19 risks when organizing meetings & events
3. Things to consider when you and your employees travel
4. Getting your workplace ready in case COVID-19 arrives in your community

1. SIMPLE WAYS TO PREVENT THE SPREAD OF COVID-19 IN YOUR WORKPLACE

The low-cost measures below will help prevent the spread of infections in your workplace, such as colds, flu and stomach bugs, and protect your customers, contractors and employees.

Employers should start doing these things now, even if COVID-19 has not arrived in the communities where they operate. They can already reduce working days lost due to illness and stop or slow the spread of COVID-19 if it arrives at one of your workplaces.

- Make sure your workplaces are clean and hygienic

    - Surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) need to be wiped with disinfectant regularly
    - Why? Because contamination on surfaces touched by employees and customers is one of the main ways that COVID-19 spreads

- Promote regular and thorough hand-washing by employees, contractors and customers
    - Put sanitizing hand rub dispensers in prominent places around the workplace. Make sure these dispensers are regularly refilled
    - Display posters promoting hand-washing – ask your local public health authority for these or look on www.WHO.int.
    - Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefings at meetings and information on the intranet to promote hand-washing
    - Make sure that staff, contractors and customers have access to places where they can wash their hands with soap and water
    - Why? Because washing kills the virus on your hands and prevents the spread of COVID19
- Promote good respiratory hygiene in the workplace
    - Display posters promoting respiratory hygiene. Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefing at meetings and information on the intranet etc.
    - Ensure that face masks[1] and / or paper tissues are available at your workplaces, for those who develop a runny nose or cough at work, along with closed bins for hygienically disposing of them
    - Why? Because good respiratory hygiene prevents the spread of COVID-19
- Advise employees and contractors to consult national travel advice before going on business trips.
- Brief your employees, contractors and customers that if COVID-19 starts spreading in your community anyone with even a mild cough or low-grade fever (37.3 C or more) needs to stay at home. They should also stay home (or work from home) if they have had to take simple medications, such as paracetamol/acetaminophen, ibuprofen or aspirin, which may mask symptoms of infection
    - Keep communicating and promoting the message that people need to stay at home even if they have just mild symptoms of COVID-19.
    - Display posters with this message in your workplaces. Combine this with other communication channels commonly used in your organization or business.
    - Your occupational health services, local public health authority or other partners may have developed campaign materials to promote this message
    - Make clear to employees that they will be able to count this time off as sick leave.

[1] Ordinary surgical face masks rather than N95 face masks

2. HOW TO MANAGE COVID-19 RISK WHEN ORGANIZING MEETINGS & EVENTS

Why do employers and organizers need to think about COVID-19?

Organizers of meetings and events need to think about the potential risk from COVID-19 because:

- There is a risk that people attending your meeting or event might be unwittingly bringing the COVID-19 virus to the meeting. Others might be unknowingly exposed to COVID-19.
- While COVID-19 is a mild disease for most people, it can make some very ill. Around 1 in every 5 people who catch COVID-19 needs hospital treatment.

Key considerations to prevent or reduce COVID-19 risks

BEFORE the meeting or event

- Check the advice from the authorities in the community where you plan to hold the meeting or event. Follow their advice.
- Develop and agree a preparedness plan to prevent infection at your meeting or event.
    - Consider whether a face-to-face meeting or event is needed. Could it be replaced by a teleconference or online event?
    - Could the meeting or event be scaled down so that fewer people attend?
    - Ensure and verify information and communication channels in advance with key partners such as public health and health care authorities.

o Pre-order sufficient supplies and materials, including tissues and hand sanitizer for all participants. Have surgical masks available to offer anyone who develops respiratory symptoms.

- Actively monitor where COVID-19 is circulating. Advise participants in advance that if they have any symptoms or feel unwell, they should not attend.
- Make sure all organizers, participants, caterers and visitors at the event provide contact details: mobile telephone number, email and address where they are staying. State clearly that their details will be shared with local public health authorities if any participant becomes ill with a suspected infectious disease. If they will not agree to this they cannot attend the event or meeting.

- Develop and agree a response plan in case someone at the meeting becomes ill with symptoms of COVID-19 (dry cough, fever, malaise). This plan should include at least:
    - Identify a room or area where someone who is feeling unwell or has symptoms can be safely isolated o Have a plan for how they can be safely transferred from there to a health facility.
    - Know what to do if a meeting participant, staff member or service provider tests positive for COVID-19 during or just after the meeting

- Agree the plan in advance with your partner healthcare provider or health department.

DURING the meeting or event

- Provide information or a briefing, preferably both orally and in writing, on COVID-19 and the measures that organizers are taking to make this event safe for participants.
    - Build trust. For example, as an icebreaker, practice ways to say hello without touching.
    - Encourage regular hand-washing or use of an alcohol rub by all participants at the meeting or event
    - Encourage participants to cover their face with the bend of their elbow or a tissue if they cough or sneeze. Supply tissues and closed bins to dispose of them in.
    - Provide contact details or a health hotline number that participants can call for advice or to give information.
- Display dispensers of alcohol-based hand rub prominently around the venue.
- If there is space, arrange seats so that participants are at least one meter apart.
- Open windows and doors whenever possible to make sure the venue is well ventilated.
- If anyone who starts to feel unwell, follow your preparedness plan or call your hotline.
    - Depending on the situation in your area, or recent travel of the participant, place the person in the isolation room. Offer the person a mask so they can get home safely, if appropriate, or to a designated assessment facility.
- Thank all participants for their cooperation with the provisions in place.

AFTER the meeting

1. Retain the names and contact details of all participants for at least one month. This will help public health authorities trace people who may have been exposed to COVID-19 if one or more participants become ill shortly after the event.
2. If someone at the meeting or event was isolated as a suspected COVID-19 case, the organizer should let all participants know this. They should be advised to monitor themselves for symptoms for 14 days and take their temperature twice a day.
3. If they develop even a mild cough or low-grade fever (i.e. a temperature of 37.3 C or more) they should stay at home and self-isolate. This means avoiding close contact (1 meter or nearer) with other people, including family members. They should also telephone their healthcare provider or the local public health department, giving them details of their recent travel and symptoms.
4. Thank all the participants for their cooperation with the provisions in place.

3. THINGS TO CONSIDER WHEN YOU AND YOUR EMPLOYEES TRAVEL

Before traveling

- Make sure your organization and its employees have the latest information on areas where COVID-19 is spreading. You can find this at https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/ o Based on the latest information, your organization should assess the benefits and risks related to upcoming travel plans.
- Avoid sending employees who may be at higher risk of serious illness (e.g. older employees and those with medical conditions such as diabetes, heart and lung disease) to areas where COVID-19 is spreading.
- Make sure all persons travelling to locations reporting COVID-19 are briefed by a qualified professional (e.g. staff health services, health care provider or local public health partner)
- Consider issuing employees who are about to travel with small bottles (under 100 CL) of alcohol-based hand rub. This can facilitate regular hand-washing.

While traveling:

- Encourage employees to wash their hands regularly and stay at least one meter away from people who are coughing or sneezing o Ensure employees know what to do and who to contact if they feel ill while traveling.
- Ensure that your employees comply with instructions from local authorities where they are traveling. If, for example, they are told by local authorities not to go somewhere they should comply with this. Your employees should comply with any local restrictions on travel, movement or large gatherings.

When you or your employees return from traveling:

- Employees who have returned from an area where COVID-19 is spreading should monitor themselves for symptoms for 14 days and take their temperature twice a day.
- If they develop even a mild cough or low grade fever (i.e. a temperature of 37.3 C or more) they should stay at home and self-isolate. This means avoiding close contact (one meter or nearer) with other people, including family members. They should also telephone their healthcare provider or the local public health department, giving them details of their recent travel and symptoms.

4. GETTING YOUR WORKPLACE READY IN CASE COVID-19 ARRIVES IN YOUR COMMUNITY

- Develop a plan of what to do if someone becomes ill with suspected COVID-19 at one of your workplaces
    - The plan should cover putting the ill person in a room or area where they are isolated from others in the workplace, limiting the number of people who have contact with the sick person and contacting the local health authorities.
    - Consider how to identify persons who may be at risk, and support them, without inviting stigma and discrimination into your workplace. This could include persons who have recently travelled to an area reporting cases, or other personnel who have conditions that put them at higher risk of serious illness (e.g. diabetes, heart and lung disease, older age).
    - Tell your local public health authority you are developing the plan and seek their input.
- Promote regular teleworking across your organization. If there is an outbreak of COVID-19 in your community the health authorities may advise people to avoid public transport and crowded places. Teleworking will help your business keep operating while your employees stay safe.
- Develop a contingency and business continuity plan for an outbreak in the communities where your business operates
    - The plan will help prepare your organization for the possibility of an outbreak of COVID19 in its workplaces or community. It may also be valid for other health emergencies
    - The plan should address how to keep your business running even if a significant number of employees, contractors and suppliers cannot come to your place of business - either due to local restrictions on travel or because they are ill.
    - Communicate to your employees and contractors about the plan and make sure they are aware of what they need to do – or not do – under the plan. Emphasize key points such as the importance of staying away from work even if they have only mild symptoms or have had to take simple medications (e.g. paracetamol, ibuprofen) which may mask the symptoms
    - Be sure your plan addresses the mental health and social consequences of a case of COVID-19 in the workplace or in the community and offer information and support.

- For small and medium-sized businesses without in-house staff health and welfare support, develop partnerships and plans with your local health and social service providers in advance of any emergency.
- Your local or national public health authority may be able to offer support and guidance in developing your plan.

Remember:

Now is the time to prepare for COVID-19. Simple precautions and planning can make a big difference. Action now will help protect your employees and your business.

How to stay informed:

1. Find the latest information from WHO on where COVID-19 is spreading: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/
2. Advice and guidance from WHO on COVID-19 https://www.who.int/emergencies/diseases/novel-coronavirus-2019 https://www.epi-win.com/
3. Breastfeeding advice during the COVID-19 outbreak http://www.emro.who.int/nutrition/nutrition-infocus/breastfeeding-advice-during-covid-19-outbreak.html