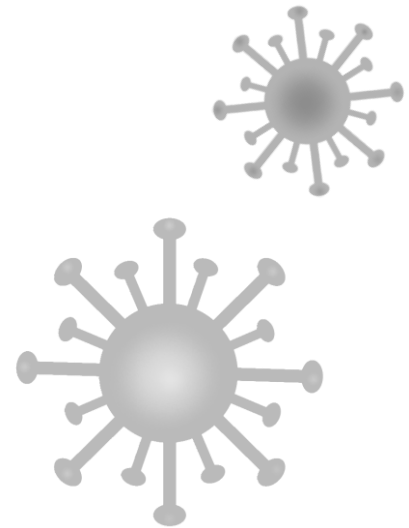


# COVID-19

## Training Modules for Community Workers

(Health Extension Workers and  
Professional Caregivers for the  
Elderly / Infirm)



Version 1.2: October 2020



# Table of Contents

■ <b>Notes for Facilitators</b> .....	2
■ <b>Introduction</b> .....	4
■ <b>Module 1: Overview of COVID-19</b> .....	5
▪ <b>Skills: How to Respond to Misconceptions</b> .....	7
■ <b>Module 2: Identification of Suspected Cases</b> .....	8
▪ <b>Skills: How to Screen for COVID-19</b> .....	10
■ <b>Module 3: Behaviors to Prevent Transmission</b> .....	11
▪ <b>Skills: How to Promote Prevention Behaviors</b> .....	13
■ <b>Module 4: Special Groups</b> .....	14
▪ <b>Planning: Inclusion of Vulnerable Groups</b> .....	17
■ <b>Module 5: Infection Prevention and Control (IPC)</b> .....	18
▪ <b>Skills: How to Use Personal Protective Equipment (PPE)</b> .....	20
■ <b>Module 6: Mental Health &amp; Well-Being</b> .....	22
▪ <b>Review: Recommendations for Community Members</b> .....	24
■ <b>Appendix 1: Steps for Handwashing</b> .....	25
■ <b>Appendix 2: Steps for Using Hand Sanitizer</b> .....	26
■ <b>Appendix 3: How to Make a Cloth Mask</b> .....	27
■ <b>Appendix 4: How to Safely Put on PPE</b> .....	30
■ <b>Appendix 5: How to Safely Take off PPE</b> .....	31
■ <b>Appendix 6: How to Make Strong (0.5%) Chlorine Solution</b> .....	32
■ <b>Appendix 7: Checklist for Long-Term Care Facilities</b> .....	33
■ <b>Works Consulted</b> .....	35

**Sources:** World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), Ethiopian Federal Ministry of Health (FMoH), Ethiopian Public Health Institute (EPHI), John Hopkins University (JHU), Age International, and HelpAge International

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## ■ Preparation

# Notes for Facilitators

## Tips & Schedule

In planning for this training, limit the number of participants to adhere to current local guidelines. Ensure that participants have appropriate space (2 meters) between them in all directions during sessions. Use a room with good ventilation, and screen participants for fever before they enter. Choose a location where there is access to handwashing with soap, or supply hand sanitizer. Provide the appropriate number of materials and PPE for practice.

**Training Method:** There are 6 modules that take 1-2 hours each to complete. You can follow this basic guideline for each session:

1. **Opening:** Ask pairs to discuss questions at the beginning of each module. *(15 minutes)*
2. **Instruction:** Review the information in each module with the participants. You can supplement this section with photos, presentation, or discussion. *(30 minutes)*
3. **Skills/ Planning:** Participants will work together on the skills/ planning section at the end of each module. Ensure that they understand the instructions. *(30-60 minutes)*
4. **Closing:** Ask participants to share their thoughts on the session or their responses to the extension questions. *(15 minutes)*

A 1.5-day training schedule is advised, as it gives extra time for discussion, practice, and planning:

Suggested Training Schedule		
Day	Hours	Topic
Day 1	9:00-10:30	✓ Introduction ✓ Module 1: Overview of COVID-19
	10:30-10:45	Coffee Break
	10:45-12:00	✓ Module 2: Identification of Suspected Cases
	12:00-1:00	Lunch Break
	1:00-2:30	✓ Module 3: Behaviors to Prevent Transmission
	2:30-4:00	✓ Module 4: Special Groups
Day 2	9:00-10:30	✓ Welcome Back ✓ Module 5: Infection Prevention and Control
	10:30-10:45	Coffee Break
	10:45-12:00	✓ Module 6: Mental Health & Well-Being
	12:00-1:00	Lunch Break
	1:00-3:00	Extra time for planning if needed

However, if time is limited, an alternate 1-day training is as follows:

Suggested Training Schedule		
Day	Hours	Topic
Day 1	8:00-9:30	✓ <b>Introduction</b> ✓ <b>Module 1:</b> Overview of COVID-19
	9:30-9:45	<b>Coffee Break</b>
	9:45-11:00	✓ <b>Module 2:</b> Identification of Suspected Cases
	11:00-12:30	✓ <b>Module 3:</b> Behaviors to Prevent Transmission
	12:30-1:30	<b>Lunch Break</b>
	1:30-2:45	✓ <b>Module 4:</b> Special Groups
	2:45-4:00	✓ <b>Module 5:</b> Infection Prevention and Control
	4:00-4:15	<b>Coffee Break</b>
	4:15-5:30	✓ <b>Module 6:</b> Mental Health & Well-Being

Another alternative is for 3-half day trainings with 2 sessions each for 3 days.

## ■ Introduction

# Training Modules for Community Workers

## Novel coronavirus disease (COVID-19) in Ethiopia

In December 2019, the World Health Organization (WHO) was alerted to an outbreak of pneumonia in Wuhan, China. Chinese authorities soon confirmed that these cases were caused by a previously unknown pathogen in the coronavirus family, now called COVID-19. The novel coronavirus quickly spread across borders, due to factors such as its 1) highly contagious nature and its 2) average incubation period of 5-6 days, meaning that people may not develop symptoms and realize they are sick until several days after exposure.

By March, the WHO had declared COVID-19 a global pandemic. By April, the disease had reached more than 210 countries and infected more than 3 million people.

**In Ethiopia:** On March 13, Ethiopia confirmed its first case of coronavirus. Since then, the government has employed several measures to prevent the spread of the disease. There is fear that a crisis could develop in Ethiopia, due to its under-resourced health system, highly communal culture, and a population with weaker immune response due to other diseases.

**Special role of HEWs:** In Ethiopia, health extension workers (HEWs) serve a vital role in community health. They provide basic and essential health services for the local population and are a respected source of health information. With the spread of the pandemic to Ethiopia, HEWs are well-placed to lead messaging and prevention activities at the community level. They can also support disease surveillance and tracking with the local health authorities.

**Special role of Professional Caregivers:** The elderly and people with chronic illnesses (such as heart disease, diabetes, and cancer) are uniquely vulnerable to the novel coronavirus. Data from other countries has shown that people over the age of 60 and those with other health problems are much more vulnerable to severe complications and death from the virus. In fact, many of the worst outbreaks in other countries and highest casualties have occurred in elderly care centers. To prevent deaths and protect these vulnerable groups, professional caregivers should be prepared and properly trained on infection prevention and control.

**Modules:** This manual includes six training modules that cover prevention and control activities, with an emphasis on messaging and protection of high-risk groups. These modules are designed to be practical, with time given in each session to practice new skills and plan. These modules are appropriate for both HEWs and professional caregivers. Trainings should be adapted to meet the local context and needs.

**Note:** As there is currently no known cure for the novel coronavirus, emphasis has been put on preventing and controlling its spread. The situation is developing and much is still unknown about the virus, though scientists are working tirelessly to learn its mechanisms and behavior. Guidelines will need to be updated to reflect new information from the health authorities.

## ■ Practical Training

# Module 1

## Overview of COVID-19

### 1. Opening Questions

- *For pairs:* What do you know about the novel coronavirus? What groups are most at risk? How is it similar and different from the flu?
- *For whole group:* What misinformation or rumors have you heard about COVID-19? Is it important to respond to all misinformation?

### 2. About COVID-19

COVID-19 is an acute respiratory illness caused by a novel human coronavirus (SARS-CoV-2 or COVID-19 for coronavirus disease 2019). It has rapidly spread around the world, disrupting health systems and economies.

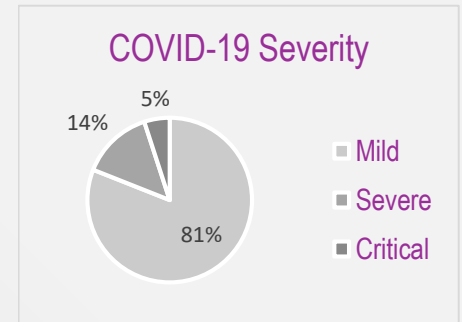
**Incubation Period:** The **incubation period** is the time between disease exposure and development of symptoms. For COVID-19, the average incubation period is **5-6 days**, though it can range between 2-14 days. In other words, people can be infected for several days before realizing they are sick.

**Disease Severity:** Most cases of COVID-19 are **mild** or **moderate** and can be treated from home. The most common symptoms include fever, shortness of breath, and a dry cough. **Severe** cases often require hospitalization and may need supplemental oxygen. **Critical** cases require intensive care, often due to respiratory failure or organ dysfunction. See box to the right for more data.

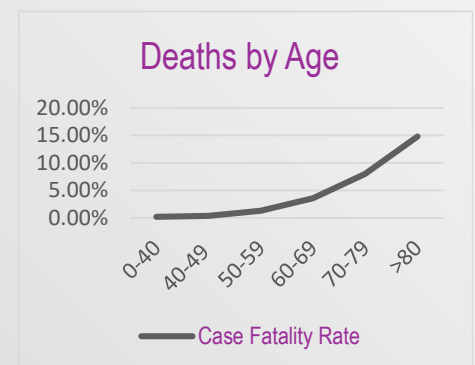
**Risk Groups:** Everyone can get sick from COVID-19, and everyone can spread the disease to other people. However, the risk of severe problems and death increases with age and medical condition. People with heart disease, diabetes, chronic lung disease, and cancer are at especially high risk of severe disease. See box to the right for more data.

## Key Data on Severity

- Data from 44,000 people in China showed disease severity in confirmed cases to be:
  - Mild to moderate: 81%
  - Severe: 14%
  - Critical: 5%



- The percentage of deaths from the total number of cases (**case fatality rate**) is estimated between 1-4%. However, this percentage is much higher in older ages and those with other illnesses.
- Data from China showed that death rate increases by age:



- The COVID-19 death rate was also elevated for people with the following conditions:
  - Heart disease: 10.5%
  - Diabetes: 7.3%
  - Chronic lung disease: 6.3%
  - Cancer: 6%

### 3. Comparison of COVID-19 to Influenza

**Similarities:** COVID-19 and influenza share similar symptoms, as they are both respiratory illnesses that can cause cough, fever, body aches, and fatigue. Both illnesses are transmitted via contact and respiratory droplets. For this reason, similar public health measures are recommended, such as handwashing with soap and respiratory hygiene (i.e. coughing in a tissue/ elbow).

**Differences:** COVID-19 is a new virus with its own characteristics. A few of the major differences between the two diseases are:

- The incubation period for influenza is much shorter, lasting an average of 2 days with a range of 1-4 days. The incubation period for COVID-19 is on average 5-6 days with a range of 2-14 days.
- Based on current data, COVID-19 appears to affect children less than the flu, with the age group between 0-19 especially spared from most serious complications.
- However, COVID-19 affects the elderly and chronically ill people even worse than the flu.
- There are significantly more severe cases that require hospitalization for COVID-19 than for influenza. Due to this reason, the disease has stressed the health system in many countries, where they lack the capacity for so many hospitalizations. Thus, prevention is even more important as both a way to protect vulnerable people and prevent the health system from collapsing.
- Also, the death rate from COVID-19 is estimated between 1-4%, which is significantly higher than the death rate from influenza (0.1%).

### 4. Risk Factors

**Seasonality:** Many people hope that COVID-19 will weaken in warmer months and climates, similar to the behavior of other respiratory diseases. However, there is no data to support that expectation. Both cold and warm countries in both hemispheres have reported serious coronavirus outbreaks (Ecuador and Brazil are two examples of outbreaks in warmer areas).

**Risk to Pregnant Women:** There is limited data on the effects of COVID-19 on pregnancy. However, pregnant women are not currently considered to be at increased risk for severe symptoms of COVID-19.

**Risk Based on Racial/ Ethnic Background:** Everyone can get sick from COVID-19, and everyone can spread the disease to other people. Data from the United States has shown that people of all racial backgrounds are vulnerable to serious disease and death. Of note, black Americans have shown an increased risk in the United States of severe complications from the disease, potentially due to increased poverty and less access to healthcare.

**Risk Based on Gender:** Men and women are equally likely to get the disease. However, among severe cases, men appear to be more at risk. Data from the United States showed that 54.4% of hospitalizations were men.

**Other Risk Factors:** As stated previously, age is a risk factor. Adults over the age of 60 are at increased risk of serious disease and death. In addition, chronically ill people are also at high risk, especially if they suffer from conditions such as heart disease, diabetes, lung disease, kidney disease, liver disease, and cancer. High blood pressure and obesity were also identified as risk factors in an American study.

**5. Treatment:** Currently, there is no cure for COVID-19, though scientists are working to find one. Mild symptoms can be managed from home. Hospitalization may be needed for more severe cases that involve trouble breathing and chest pain.

**Immunity:** According to the WHO, currently there is no evidence that people who recover from COVID-19 have antibodies that protect them completely from a second infection. For other types of coronavirus, scientists have observed that immunity after infection has not lasted very long and sometimes only a few months.

## 6. Skills Practice: How to Respond to Misconceptions

False information has spread rapidly with the virus, due to the disruption it causes and the many unknowns about it. Some of these misconceptions can be damaging to prevention efforts. Since community members see health workers as trusted and respected sources for health information, it is important for them to know how to respond to misconceptions.

**Directions:** *With a partner, one person will act as the community member, and the other person will be the health worker. Act out each misconception. What can you say to correct the other person? Take turns in each role.*

How to Respond to Misconceptions
What would you say?
“Coronavirus is the same as flu! We don’t need to worry about it.”
“It’s a very deadly disease! Half of us will die from it.”
“Many people in Europe died because it’s cold there. It won’t affect hot countries like Ethiopia.”
“I heard that Africans don’t get sick from coronavirus.”
“I’m 70, but I feel healthy! I don’t need to worry about coronavirus.”
“Yes, I was near a sick person, but I don’t feel sick so I don’t need to stay home.”
“It’s better if everyone gets the virus now, so we can all get immunity.”
“I heard that drinking tea/ alcohol/ herbal drink will cure it.”

**Extension:** *What other misconceptions about coronavirus have you heard? Share them with the group and discuss a good response.*



## ■ Practical Training

# Module 2

## Identification of Suspected Cases

### 1. Opening Questions

- *For pairs:* What are common symptoms of COVID-19? Have you seen an increase of these symptoms in your community? When should a person seek medical attention?
- *For whole group:* Have you screened anyone for coronavirus before? What did you ask? Why is it important to screen people for COVID-19?

### 2. Symptoms

**Asymptomatic Cases:** A currently unknown percentage of people with COVID-19 develop no symptoms (**asymptomatic**). Testing data varies widely on the exact number, since asymptomatic people are generally not tested. However, due to the long incubation period, some asymptomatic people may also develop symptoms later.

**Common Symptoms:** Symptoms may appear between 2-14 days after exposure to the virus. Most symptoms are mild. Based on data from China, the most common symptoms (>10%) are:

Common Symptoms of COVID-19	
60-90%	Fever, Dry cough
30-60%	Fatigue, Sputum production
10-30%	Shortness of breath, Muscle or joint pain, Sore throat, Headache, Chills
Other	Temporary loss of taste or smell

**Pneumonia:** Some patients may also develop a mild or severe form of pneumonia from COVID-19, as their lungs fill with fluid and breathing becomes more difficult. Fortunately, most people recover from the pneumonia without long-term problems.

**Severe Symptoms:** Though most cases stay mild, an estimated 15-20% of cases may rapidly deteriorate after 8-12 days and may require hospitalization. For these cases, the pneumonia can be very severe and can result in long-term lung damage and breathing difficulties. Severe cases may require supplemental oxygen.

**Critical Symptoms:** Acute respiratory distress syndrome (ARDS), a type of lung failure, can occur in critical cases. Patients with lung failure may not be able to breathe on their own and may require a ventilator. ARDS can be fatal, and patients who survive may have permanent damage to their lungs. Another possible complication of COVID-19 is sepsis, which occurs when an infection spreads to the bloodstream. Sepsis can cause organ failure. Overall, an estimated 1-4% of cases result in death.

**Note on Special Groups:** Symptoms may appear differently in older people and those with chronic health problems, putting them at risk of missing early treatment. For example, their

## Case Definitions

### For Community-Based Reporting

- **Suspected Case-** Person with difficulty in breathing, fever, cough, or flu-like illness

### For Health Facility Reporting

- **Suspected Case-** Person with fever (>38°C) or history of fever and symptoms of respiratory tract illness e.g. cough, difficulty in breathing

#### AND

- a history of travel to an area reporting local transmission of COVID-19 in the 14 days prior to symptom onset,
  - OR close contact with a person who is under investigation or confirmed for COVID-19,
  - OR severe acute respiratory symptoms that require hospitalization without an alternative diagnosis that fully explains situation
- **Probable Case-** A suspect case for whom testing for COVID-19 is inconclusive
    - OR for whom testing could not be performed.
  - **Confirmed Case-** A person with laboratory confirmation of COVID-19 infection, regardless of any clinical signs and symptoms
  - **Contact-** Person who interacted with a COVID-19 case in the following ways:
    - Close proximity (<2 meters) for more than 15 minutes
    - Direct physical contact (i.e. shaking hands)
    - Direct care

normal temperature may be lower, which will make a slight fever harder to detect. Underlying conditions may mask signs of infection, such as coughing. Instead they may seem more lethargic and weaker than usual.

**When to Seek Medical Attention:** Most COVID-19 cases are mild and can be treated from home. However, a person should seek medical attention if they have:

- Trouble breathing
- Chest pain or pressure
- New confusion
- Blue-colored lips or face (around eyes)
- Inability to wake or stay awake

## 3. Case Identification

**Disease surveillance** is an important practice to monitor the spread of a disease and minimize its impact through case identification, reporting, and response. Surveillance is an essential tool for detecting and monitoring cases. Case definitions for COVID-19 are in the box to the left.

Once a suspected case is identified, immediately call the woreda **Rapid Response Team (RRT)** or health center. Isolate the suspected cases from other family members at home until the RRT arrives.

**Contact Tracing:** When cases are identified, the RRT will conduct contact tracing. **Contact tracing** is the process of tracking down people who may have had contact with an infected person and then screening them for potential infection. A contact can include people from the same household, as well as strangers or acquaintances who had physical contact with the case (handshaking) or spent more than 15 minutes with them in close proximity (<2 meters). Health professionals may also need to be screened if they treated a case without appropriate precautions (PPE).

**Contact Management:** Close contacts should be followed up actively for 14 days. They should be advised of their risk and to watch for symptoms. They should avoid gatherings and stay home as much as possible during the 14 days. In particular, they should avoid contact with the elderly and other risk groups. If they see other people or go outside, they should wear a mask. If the contacts develop symptoms, they should self-isolate and call the local health authorities.

**Screening:** Screening is a way for health workers to identify suspected cases. It is especially important in health settings and care homes, wherein patients, visitors, staff, and delivery people should be screened. Screening will include taking a person’s temperature and asking questions to determine if they have symptoms or may have been exposed to COVID-19.

**Recommendations for Surveillance:** If you are conducting disease surveillance in your community, be sure to protect yourself and others:

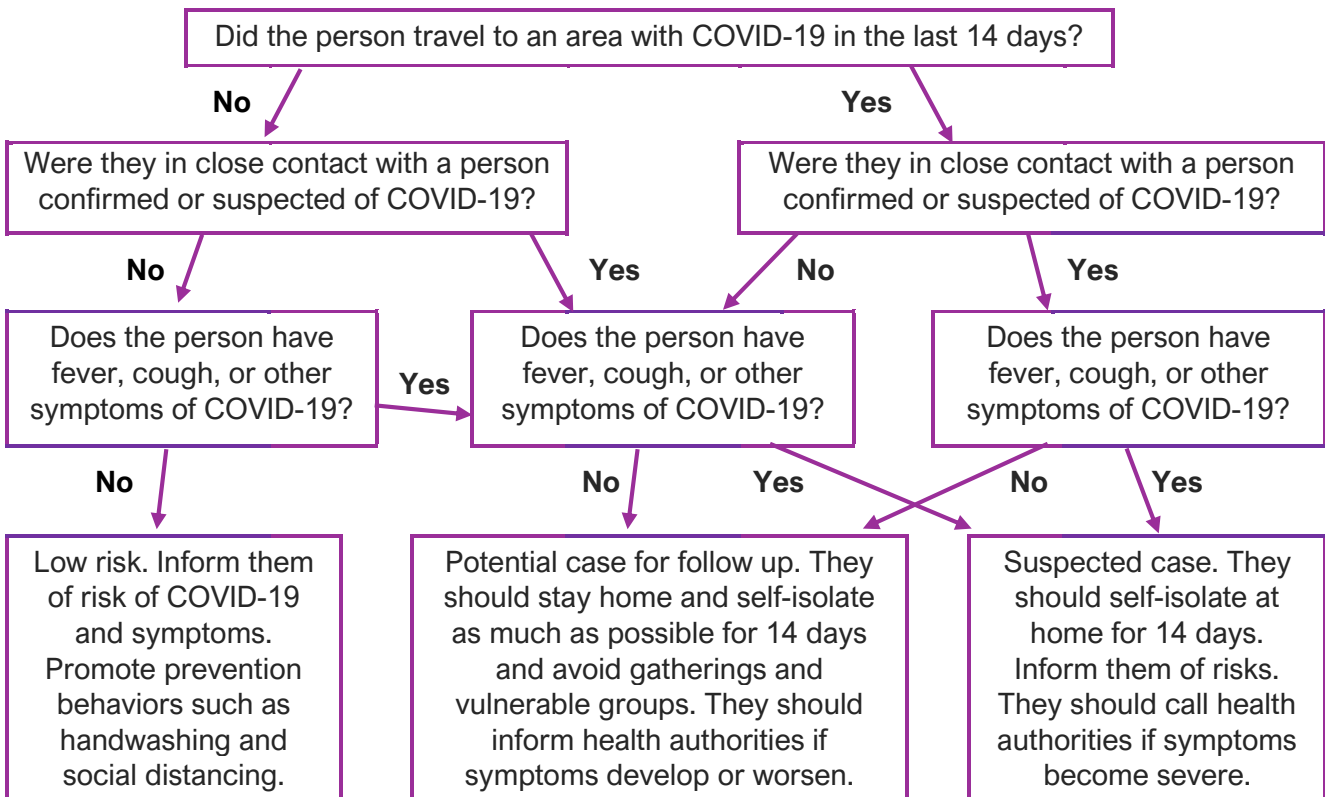
- Wear personal protective equipment (PPE), such as a clean mask and gloves
- Stay at the door of the home and ask for people to come for screening one at a time
- Ensure physical distancing between people
- Try not to touch the door with your hand
- Try not to touch other surfaces in the home
- If safety is a concern, ask for a police escort and maintain physical distancing

**Report Suspected Cases to...**

- Woreda Rapid Response Team
- Local health facility
- EPHI- 8335, 952
- Amhara- 6981
- Tigray- 6244
- Afar- 6220
- Somali- 6599
- Harari- 6864
- Dire Dawa- 6407
- Oromia- 6955
- SNNPR- 6929
- Gambela- 6184

**4. Skills Practice: How to Screen for COVID-19**

**Directions:** *With a partner, practice the screening questions below. One person will be the community member, and the other person acts as the health worker. Switch roles and practice different answers and scenarios.*



**Extension:** *Will it be hard for suspected cases to self-isolate at home in your community? How can the community support the self-isolating cases, while remaining safe themselves?*

## ■ Practical Training

# Module 3

## Behaviors to Prevent Transmission

### 1. Opening Questions

- *For pairs:* Have you changed your behavior due to the COVID-19 pandemic? How have you changed it? Are people in your community aware of the prevention behaviors?
- *For whole group:* Do people in the community practice the behaviors? Which ones are not practiced enough? What are the reasons?

### 2. Transmission

The best way to prevent COVID-19 is to avoid being exposed to it. Therefore, it is important to know how the disease is transmitted. The virus is spread by two main pathways:

- **Close proximity (<2 meters) to respiratory droplets** produced by an infected person when he talks, sneezes, or coughs
- **Touching an infected surface or object** with the virus on it and then touching your face

**Asymptomatic Cases:** Some reports indicate that people with no symptoms can also spread the disease to others. Since people who are infected may not feel sick, prevention measures and physical distancing have been recommended on a large scale.

### 3. Prevention

Recommended behaviors are in the box to the right. The following section will discuss them in more detail:

✓ **Hand Hygiene:** One of the most important behaviors to prevent infectious disease is frequent and proper handwashing with soap. Wash your hands often and at key times:

- Before eating and preparing food,
- After the bathroom,
- After sneezing/ coughing, and
- Before *and* after caring for someone who is sick.

## Prevention Behaviors

Practice these behaviors to prevent COVID-19:



Wash your hands with soap and water often, or use Alcohol-Based Gel (>60%)



Cough or sneeze into your elbow or in a tissue



Maintain a distance of 2 meters with other people



Stay home if you have any symptoms



Clean frequently-used surfaces often



Wear a mask or face covering when in public

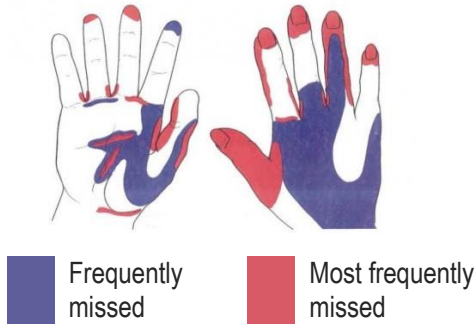


Avoid handshaking

With the spread of COVID-19, it is also recommended to wash hands:

- When you enter a place (home, work) and before you leave.

#### Parts we miss when washing...



The image on the left shows the parts of the hand that most people miss when washing, leaving germs on their skin. For this reason, it is important to wash hands for 20 seconds and target all parts of the hand. The steps are all illustrated in [Appendix 1-2](#), which you can use to show community members and model the steps for them.

If soap and water are not readily available, use a hand sanitizer with at least 60% alcohol. In this method, rub the gel into all parts of your hand until they feel dry.

✓ **Respiratory Hygiene:** Cough or sneeze into your elbow or a tissue. If you cough into your hand, try not to touch anything before washing your hands with soap and water.

✓ **Physical Distancing:** Remember that sometimes people who do not have symptoms (and may not look sick) can also spread the virus. For this reason, try to maintain a distance of 2 meters between yourself and others when you are in public. Keep the distance when you are:

- Waiting in line
- Sitting in a public space or at work
- Walking on the street
- In public transportation

Also, it is important to avoid crowds and large gatherings as much as possible, including in markets and at religious gatherings. If you must go to a public place, go at a time when it is not usually as busy.

✓ **Self-Isolation at Home:** If you have any symptoms, stay home. Even if the symptoms are mild, stay home. Try to find someone to help you get food and other needs during this time. Make sure you drink enough water and have a room with good ventilation. If you see other people, wear a mask. People in your household should also act with extreme caution.

✓ **Cleaning:** Clean frequently touched surfaces daily, such as doors, tables, handles, phones, sinks, etc. It is recommended to wear gloves when cleaning, and wash your hands after.

✓ **Mask-Wearing:** PPE recommendations for health workers are in [Module 5](#). For community members, they do not need a medical mask (N95 or surgical mask). The main reason is to ensure sufficient supply for health workers. However, the government now instructs that community members wear a cloth mask or face covering in public. [Appendix 3](#) gives instructions for making a cloth mask. A few notes:

- Do not place a mask on very young children.
- Do not place a mask on anyone who has trouble breathing, is unconscious, or may not be able to remove it without help.
- The mask is not a substitute for physical distancing. Continue to maintain a 2-meter distance between yourself and others.
- Cloth masks should be clean and dry. Wash masks after use. It is good for community members to have at least two masks that they can rotate wearing.

✘ **Avoid Handshaking:** Close contact should be avoided with people who are not in your household. Find alternative ways to greet people, such as waving or bowing.

#### 4. Strategies for Messaging

Behavior change is not an easy task and involves more than learning the healthy behavior. People also need motivation and practice to change. When you discuss the prevention behaviors with community members, here are some strategies that may help:

- **Model the behavior-** You can show them how to wash their hands or an alternative way of greeting. Let them practice as well.
- **Stress an emotional reason-** Remind people that these behaviors are important for protecting their loved ones who may be at risk.
- **Use social pressure-** Enlist respected community leaders to stress the importance of physical distancing or other behaviors.
- **Use visual reminders (“nudging”)-** Make sure there are visual reminders for people to do the behaviors. For example, paint lines in public spaces to remind people to physically distance. Tape off seats in transportation so people sit apart.
- **Create a routine-** People will remember the behaviors if it becomes a part of their daily lives. Care centers can schedule handwashing at specific times for residents. Children at home can have a schedule to help with cleaning.

#### 5. Skills Practice: How to Promote Prevention Behaviors

**Directions:** *With a partner, pick three of the prevention behaviors. Work together to think of a different strategy that would work for each behavior. What are possible barriers to the behavior for the community? How can you (or the community) address them?*

Behavior	Strategy	Potential Barriers	Solution
_____			
_____			
_____			

**Extension:** *Each pair will present one behavior and discuss their strategy, barriers, and solution.*



## ■ Practical Training

# Module 4

## Special Groups

### 1. Opening Questions

- *For pairs:* In your community, are there many people with disabilities (blind, deaf, difficulty walking, etc.)? Which prevention behaviors will be difficult for them? How will they get important health messages?
- *For whole group:* Are there any migrant workers, refugees, or internally displaced people (IDPs) in your community? Which prevention behaviors will be difficult for them? Do they have access to health services?

### 2. Overview

Many public health interventions are aimed at the general population in order to reach the largest number of people. However, certain groups within a community may have special needs or circumstances that make them unable to participate fully. Some of these groups are highly vulnerable to infection and severe complications from COVID-19, and attention should be given to their special needs.

In addition, an outbreak among one group can quickly spread to the rest of the population. Therefore, it is important that all groups are aware of the risks and are able to practice the prevention behaviors safely.

### 3. High-Risk Groups

**Elderly:** Older adults are at extremely high risk of severe complications and death from COVID-19. In the United States, 80% of the deaths from COVID-19 have been in adults over the age of 65. The risks increase with age, and adults over 80 are at highest risk.

Risks for the elderly include:

- **Disability:** Elderly people are more likely to have problems with their eyesight, hearing, and mobility (i.e. difficulty walking). These problems may prevent them from understanding health information or practicing the behaviors.
- **Language:** Elderly adults are less likely to be literate and more likely to speak local languages, which means they may not understand the health messages.
- **Cognitive impairment:** They are more likely to have memory issues and problems understanding information. They may need extra support to learn and act on new behaviors.
- **Lifestyle:** They may rely on a caregiver or live in a setting where physical distancing is difficult.
- **Mental health:** They are also at high risk of suffering depression and feelings of loneliness, especially if they are isolated from social settings.

## Recommendations

*For high-risk groups:*

- ✓ Communicate health information with people and their families in a way they can understand.
- ✓ Make sure they know safe ways to stay connected to loved ones while physical distancing.
- ✓ Ask them to identify one person who can check on them often and help them with food and other needs.
- ✓ They should also have a plan if this person gets sick.
- ✓ Ensure access to handwashing they can use easily.
- ✓ Teach them simple daily exercises that they can do at home that can help them maintain mobility and reduce boredom.
- ✓ Tell their family or caregiver to work on a **care plan** with them, which lists their health issues, medicines, and contact numbers. This can be helpful if they have an emergency.
- ✓ High-risk groups should avoid crowds. Visitors should also be limited and kept at a distance.
- ✓ If they take medicine regularly, they should get extra medicine, in case quantities or access become limited.
- ✓ They should eat well and sleep well, in order to keep their immune system strong.
- ✓ They should disinfect canes or wheelchairs that are used often.

**People with other health conditions:** People with underlying health conditions are at extremely high risk of severe complications and death from COVID-19. People with heart disease, cancer, diabetes, liver disease, chronic kidney disease, and lung disease are all at high risk. Also, people with a weakened immune system may be unable to fight off the infection, including those with HIV/AIDS and those on prolonged use of corticosteroids.

Many elderly people fall into this category, and the risks are similar. Other risks:

- **Missed symptoms:** Symptoms may appear differently in older and immunocompromised people, putting them at risk of missing early treatment. For example, their normal temperature may be lower, which will make a fever harder to detect. Underlying conditions may mask signs of infection, such as coughing. Instead they may seem more lethargic and weaker than usual.
- **Access to treatment:** They may need medicine or have health appointments that may be difficult to access during this time.
- **Stress:** A healthy lifestyle with a good diet and sleep is important to maintaining a strong immune system for fighting off infection. Stress may weaken their immune system and make them more vulnerable to infection.

**People with disabilities:** People with disabilities may face difficulties in practicing the prevention behaviors, which puts them at higher risk of infection. Risks include:

- **Accessibility:** Handwashing stations may be difficult for some disabled people to use.
- **Masks:** For people with hearing loss, masks may make communication more difficult.
- **Reliance on others:** Some disabled people rely on others to help them, and this situation makes physical distancing difficult.
- **Health messages:** They may not be able to understand health information due to hearing loss, vision problems, or cognitive delays.
- **Health access:** They may have difficulty communicating their symptoms. When they are sick, they may have difficulty traveling to get treatment.
- **Infection control:** It may be more difficult for them to clean and disinfect their environment.
- **Mental health:** The situation may increase feelings of exclusion and loneliness for them.



## 4. Other Vulnerable Groups

There may be other groups in your community that do not have the same access to health services and hygiene materials. These groups include the homeless, internally displaced people (IDPs), refugees, and migrant workers. Their living conditions place them at high risk for infection. Protecting them from COVID-19 also helps protect the rest of the community, as an outbreak can spread quickly beyond groups and without regard to identity or social status.

**Homeless People:** Homeless people often sleep in public spaces and rely on other people for support. Their situation makes them highly vulnerable to infection due to:

- **No separate space:** They may not be able to distance from other people if they live in public spaces. Also, if they are sick, they will not be able to quarantine or self-isolate without a home.
- **Lack of resources:** They may not have access to water and soap for handwashing.
- **Food insecurity:** Due to the restrictions, it may be even more difficult for them to get food, which makes them weaker and more prone to infection.
- **Infection control:** Since they live in public spaces, it will be difficult for them to clean and disinfect.

**IDPs/ Refugees:** IDPs and refugees often live in conditions that place them at high risk of infection, such as:

- **Crowded conditions:** IDPs and refugees may live in crowded camps, where they are not able to distance from others. If they have symptoms, self-isolation will be difficult for them.
- **Lack of resources:** Their camps may not have infrastructure for handwashing or hygiene products.
- **Language:** They may not be able to understand the health information if it is not in their native language.
- **Health access:** They may not feel comfortable accessing health services if they are sick, due to language or cost.
- **Stigma:** They may fear discrimination if they become sick and may avoid disclosing their health status.
- **Mental health:** They may have experienced trauma and be separated from their families. This stressful time may increase their feelings of separation and anxiety.

**Migrant Workers:** Migrant workers face similar challenges to IDPs and refugees, including crowded living conditions, language, and a lack of resources. During this time, they may also experience:

## Recommendations

*For other vulnerable groups:*

- ✓ Reach out to government, religious leaders, and NGOs to see if there are ways to help disadvantaged groups with handwashing, food, and shelter.
- ✓ Make sure they have access to health information they understand about the risks, prevention behaviors, and symptoms.
- ✓ Ensure they know how to access health services.
- ✓ In some cases, a “**buddy system**” may help keep people connected and practicing the healthy behaviors. Two people check in on each other every day, limiting exposure to others and keeping them connected.

- **Food insecurity:** Due to the restrictions, they may not be able to work during this time, putting them at risk of hunger.
- **Travel:** Since travel is restricted, they are not able to return home to their families. This situation can cause added stress.

## 5. Planning: Inclusion of Vulnerable Groups

**Directions:** *Each pair will represent a different group (elderly, disabled, migrants, etc.) How can we include them in the COVID-19 response? How can we adapt the program to fit their special needs? Fill out your ideas in the table below.*

Action Plan for Inclusion of Special Groups	
<b>Vulnerable Group</b>	
<b>Stakeholders to Involve</b> (government, religious, etc.)	
<b>Write actions that the community can take to include the group in the health response. You can refer to the previous sections for guidance, or brainstorm ideas of your own.</b>	
<i>Actions to communicate health messages:</i>	
<i>Actions to ensure access to handwashing:</i>	
<i>Actions to ensure their ability to physically distance:</i>	
<i>Other:</i>	

**Extension:** *Each pair will present their plan. Which ideas did you like the best? Which ideas would work in your community?*

## ■ Practical Training

# Module 5

## Infection Prevention & Control (IPC)

### 1. Opening Questions

- *For pairs:* The government has instructed people to wear masks in public, especially on public transportation. In your community, what percentage of people are wearing masks? Where? What are some reasons why they may not wear masks?
- *For whole group:* Look at the 3 mask-making examples in [Appendix 3](#). Are any of these good options for the community members?

### 2. Scope

This section gives guidance on materials and activities that community health workers and community members can do to break the chain of transmission. This section is not relevant for health centers, as increased precautions are needed for health centers and the direct treatment of COVID-19 patients. On the community level, the resources and access to personal protective equipment (PPE) are much more limited.

### 3. Personal Precautions

COVID-19 spreads in two main ways: **1)** via **respiratory droplets** that reach the nose, mouth, or eyes of another person due to close proximity and **2)** via touching **contaminated surfaces or objects**. For this reason, prevention behaviors such as handwashing and physical distancing are especially important for infection prevention and control (IPC). In addition, people can wear personal protective equipment (PPE) as a physical barrier against the disease. The table below lists common examples of PPE and their appropriate setting.

**Recommendations for Personal Protective Equipment (PPE)**

Type	Recommended for	Protection of	For use when
Cloth Mask	Community Members	Mouth, Nose, Chin	In public
Medical Mask	Community Health Workers, Health Centers	Mouth, Nose, Chin	Contact with community members
Respirator (N95)	Health Centers	Mouth, Nose, Chin	Close contact with patients
Gloves	Cleaners, Community Health Workers, Health Centers	Hands	Cleaning, Close contact with patients
Gowns	Health Centers	Upper body, skin, clothes	Close contact with patients
Goggles/ Face Shields	Health Centers	Eyes, Face	Close contact with patients

If PPE is not safely put on and taken off, then the person risks exposure to infection. More information on safely wearing PPE is in [Appendix 4](#) and [Appendix 5](#). The following paragraphs will discuss the community-level PPE in more detail.

**Cloth Masks:** Since people may have the virus and not have symptoms (asymptomatic), it is important for people to wear masks in all public spaces and maintain physical distancing as much as possible. For this purpose, a cloth mask is recommended for community members and can be made at home. A few notes on cloth masks:

- Community members should have at least 2 masks that they can alternate wearing.
- Masks should comfortably cover the mouth, chin, and nose.
- They should not be loose with any gaps between the skin and mask. Adjust them to fit.
- Change the mask if it becomes dirty or wet.
- The mask is not a substitute for physical distancing. Physical distancing should still be maintained in public.
- Do not touch the front of the mask after it is on. If the virus is on the front of the mask, you can spread it.
- Remove the mask from the back by the strings, so that you do not touch the front that may be contaminated.
- Wash the mask after use. Once you remove a mask, you must wash it before wearing it again. Otherwise, you risk infection from handling and wearing a contaminated mask.
- The mask should be clean and completely dry before wearing.

**Medical Masks:** Medical masks should be reserved for health workers, including community health workers when they in contact with potential cases. These masks are made from synthetic materials (not cotton or paper) that are fluid resistant. They offer a higher level of protection than cloth masks. These masks are often disposable after one use.

- Masks should comfortably cover the mouth, chin, and nose.
- They should not be loose with any gaps between the skin and mask. Adjust them to fit.
- Change the mask if it becomes dirty or wet.
- The mask is not a substitute for physical distancing.
- Do not touch the front of the mask after it is on. If the virus is on the front of the mask, you can spread it.
- Remove the mask from the back by the strings, so that you do not touch the front.
- Dispose the mask after use. Once you remove a mask, do not put it back on.
- If it is a reusable mask, follow instructions for sterilizing it before wearing it again.

**Gloves:** Gloves are used to prevent contamination of the hands. If the supply of gloves is limited, reserve them for situations when there is direct contact with bodily fluids, respiratory droplets, or in touching/ cleaning objects that are likely to be contaminated with COVID-19.

- Wash hands before and after wearing gloves. Gloves are not a substitute for hand hygiene and should be used in combination with it.
- Discard gloves after contact with a sick person to prevent transmission.
- Gloves cannot be washed and must be discarded after each use.

#### 4. Environmental Precautions

A recent study found that the virus can live on surfaces from several hours to a few days. For example, the virus can live on plastic for 3 days, steel for 2 days, and cardboard for 24 hours.

Therefore, cleaning and disinfecting surfaces is an important part of infection prevention and control.

**Making a Disinfectant Solution:** Health workers can make their own disinfectant to use in sanitizing surfaces and equipment. Use chlorine solutions to clean and disinfect objects, surfaces, and body fluid spills. These solutions should be prepared every day, since light and heat can weaken them. Safely throw out leftover solution from the day before.

Chlorine Solutions		
Type	Percentage	Disinfects
Mild	<b>0.05% chlorine</b> <i>*More gentle solution that is safer for the skin and body*</i>	Hands, gloves, skin washing, dishes, medical thermometers
Strong	<b>0.2%-0.5% chlorine</b> <i>*Can discolor clothing but recommended for disinfecting objects and surfaces*</i>	Surfaces, medical equipment, dirty linens, shoes, beds
Very Strong	<b>2% chlorine</b> <i>*For high risk contamination as splashes can burn skin and damage eyes*</i>	Body fluid spills (blood, vomit, feces, urine, etc.), dead bodies

If you are preparing chlorine solutions, then work in a well-ventilated room or outside in shade but protected from wind. Wear gloves, goggles, and protective gear to protect from splashes. High concentrations of bleach can burn the skin and damage the eyes. Prepare solutions with clean, room temperature water in plastic containers. Metal can corrode and deactivate the chlorine. Pour in water first and then add the bleach. Mix well. Label the containers with the strength of the concentration. Never mix with other cleaning products, especially products containing vinegar or ammonia. An illustration of the process is in [Appendix 6](#).

To prepare the chlorine solution, use the following formulas:

Formulas for Preparation of Chlorine Solutions	
From a concentrated liquid	$\text{Total Parts of water} = \left( \frac{\% \text{ chlorine in liquid bleach}}{\% \text{ chlorine desired}} \right) - 1$
Example for 5% liquid bleach solution	$9 \text{ parts water for } 1 \text{ part bleach} = \left( \frac{5.0\% \text{ liquid bleach}}{\% 0.5 \text{ desired}} \right) - 1$
From a dry powder	$\frac{\text{Grams}}{\text{Liters}} = \left( \frac{\% \text{ chlorine desired}}{\% \text{ chlorine in powder}} \right) \times 1000$
Example for 35% chlorine powder	$5.7 \frac{\text{Grams}}{\text{Liter}} = \left( \frac{0.2\% \text{ desired}}{35\% \text{ chlorine in powder}} \right) \times 1000$

Store the disinfectant in air-tight, non-metallic containers that are in a ventilated area but away from heat, light, and humidity. If the cleaning area is very dirty, clean it first with soap and water and then use the disinfectant. Linens can be soaked for 10-15 minutes, and let the disinfectant sit on surfaces for 15 minutes as well.

**Cleaning Surfaces:** Here are some general guidelines to follow:

- Wear disposable gloves when cleaning.
- Make a schedule to routinely clean frequently touched surfaces, such as door handles, faucets, tables, desks, chairs, and light switches.
- Make sure to clean other commonly used objects daily, such as canes, wheelchairs, keys, and phones.
- Clean surfaces with soap and water before using bleach.
- Leftover bleach should be stored with a lid and in the shade. If it is disposed, it should be disposed in drains connected to a septic system or in a waste pit.
- Wash your hands with soap and water after cleaning.

**Linens:** Here are some general guidelines to follow:

- If someone is sick, they should not share any of their linens, clothing, or objects before cleaning them properly.
- If linens are contaminated, they should be washed with hot water and soap. Then can then be soaked in chlorine solution and then rinsed with clean water.
- Linens can be dried in the sunlight.
- The graywater with the chlorine should be disposed of safely and in a way that will not leak into drinking water sources, either in drains connected to a septic system or in a waste pit.
- Wash your hands with soap and water after cleaning.

**General:** Other recommendations:

- Make sure there is a safe place to dispose of waste.
- Good ventilation helps remove respiratory droplets from the air. Open a window or turn on a fan when in an enclosed space (home, store, health post).

## 5. Assessment of Long-Term Care Facilities

If there are any elder care centers or other long-term care facilities in your community, it is advised to assess them on IPC and preparedness. A sample checklist is in [Appendix 7](#).

## 6. Skills Practice: How to Use PPE

**Directions:** *Each pair will get masks and gloves. They will take turns and follow the steps in [Appendix 3](#) and [Appendix 4](#) on how to safely put on and take off PPE.*

**Extension:** *What precautions will you take during household visits? What precautions should we have in the health posts?*



## ■ Practical Training

# Module 6

## Mental Health & Well-Being

### 1. Opening

- *For pairs:* The pairs will practice the breathing exercise together from the box to the right. One person leads the exercise first, reading aloud the instructions, and guiding the other person on slowing their breathing and relaxing. Then they switch roles.
- *For whole group:* How did this exercise make you feel? Would you use this exercise with other people? What other calming techniques can you use when you feel stressed?

### 2. General

The disruption and uncertainty caused by the pandemic can negatively impact all people's emotional well-being and mental health. Potential issues include:

- General stress and anxiety
- Worry and fear about your own health or the health of people you love
- Difficulty sleeping or concentrating
- Changes in sleep or eating
- Worsening of physical health problems
- Worsening of mental health problems
- Increased use of tobacco, alcohol, and addictive drugs

General recommendations for coping with stress include:

- ✓ Take care of your health and body by eating and sleeping well.
- ✓ Exercise and enjoy time outside in nature.
- ✓ Take deep breaths, meditate, and stretch.
- ✓ Avoid alcohol and drugs.
- ✓ Find time every day to relax with an activity you enjoy.
- ✓ Share your feelings with people you trust and love (while maintaining physical distancing).
- ✓ Seek and share accurate information, and try not to get stressed by rumors and misinformation.

### Breathing Exercise\*

*This breathing exercise can be used on oneself or others as a calming technique. Use this script as a guide:*

1. "I'm going to teach you an exercise to use when you are feeling stressed. When we are stressed, our breathing becomes fast and shallow, which makes us feel tense. To relax, we will focus on slowing our breathing."
2. "First relax your body. Shake your arms and legs so they feel loose. Roll your shoulders back, and slowly roll your head side to side."
3. "Now place one hand on your stomach and the other on your chest. When you breathe, feel your stomach rise. Imagine that you have a balloon in your stomach that you are blowing up. When you breathe out, flatten your stomach."
4. "Watch as I breathe slowly and deeply with my stomach."  
*Demonstrate for them.*
5. "Now breathe from your stomach with me. Breathe in through your nose and out from your mouth."
6. "Now let's do it slowly together. 3 seconds to breathe in, 3 seconds to hold it, and 3 seconds to breathe out. I will count with you."
7. "Breathe in 1...2....3...  
Hold..1...2...3... Breathe out...1...2...3.." *Repeat a few times slowly.*
8. "Now you try it on your own." *Give them time to try it.*
9. "You can do this exercise whenever you feel stressed."

\*Adapted from WHO guide on mhGAP

### 3. Health Workers and Caregivers

Health workers are especially at risk of emotional impacts from the pandemic. They are likely to feel added pressure from their supervisors and communities, while they must also adjust to new responsibilities and challenges. People may avoid them, due to fear that they have been exposed to the disease. In addition, they may feel like they are not prepared for their new responsibilities and may also feel stressed that they do not have the resources to do their job properly.

Some recommendations to alleviate the stress:

- ✓ Supervisors should provide training and appropriate resources for their staff. If protective equipment is limited, the staff should reinforce other precautions (such as physical distancing or wearing cloth masks). Reassure your team that their physical safety and health are very important.
- ✓ If you work on a team, schedule a time for colleagues to share experiences and provide emotional support to each other.
- ✓ When you are not working, try to rest and relax. Encourage short breaks during work hours, especially if people feel stressed and overwhelmed.
- ✓ When conducting outreach, partner up team members so they are not alone. This “buddy system” can be a source of emotional support and will help reinforce safety protocols.
- ✓ Communicate accurate information and updates with your team often.
- ✓ If you or someone on your team starts to show symptoms, they should stay home. They should not feel guilty about protecting their health and the health of others.

### 4. Children

Children are likely to feel confused and anxious during this time. The news may sound scary to them, and they may not understand everything that is happening. They have to adapt to the many changes in their daily lives and routines, such as schools closing and not seeing some of their friends and relatives for an uncertain period of time. Children may respond to the stress by becoming clingy, withdrawing, acting angry or agitated, and reverting back to younger behaviors (such as bedwetting).

You can give parents the following recommendations to use with their children:

- ✓ Speak kindly to your children about their fears and concerns. Explain the situation to them in a way that they can understand, and try to reduce their fears and uncertainty.
- ✓ Model positive emotions and safe behaviors for them. Children observe adults for cues on how to act, and your behavior will affect how they react.
- ✓ Help children find creative ways to express their emotions. Give them time to draw, play, dance, or sing how they feel. The creative process can relieve some of their stress.
- ✓ Even if they are not in school, maintain a set routine and schedule every day with times for cleaning, eating, and play. A routine will give them a comforting sense of order.

### 5. Vulnerable Groups

All the groups listed in [Module 4](#) are vulnerable to mental health impacts from the pandemic. Elderly adults, people with disabilities, and those with other health problems may feel isolated and depressed from not seeing their friends as often. The new changes may be difficult for them to adapt to, and they may feel anxious or angry about the situation. A few recommendations to help:



- ✓ Make sure they understand the situation and the risks.
- ✓ Tell them to identify one person (family or other community member) who can check on them at least one time a day, help them with food, and make sure they avoid crowds.
- ✓ Teach them the breathing technique if they feel stressed.
- ✓ Encourage them to exercise as a way to stay healthy and feel less anxious.
- ✓ If they have a phone, tell them to call family or friends when they are feeling lonely.
- ✓ They can relieve stress and feel in control by doing small daily activities, like gardening, cooking, and cleaning.

Furthermore, migrants and homeless people may worry about facing **stigma** if they become sick, and they may not report symptoms due to fear. Stigma can lead to social avoidance by others, denial of services, and even physical violence. A few recommendations to reduce stigma:

- ✓ Maintain the privacy and confidentiality of people seeking healthcare and contacts of a suspected case.
- ✓ Raise awareness of COVID-19 without using fear or blame. Everyone can get sick and spread the disease, and it is not limited to certain groups.
- ✓ Enlist local leaders to speak out against any negative occurrences or harmful rumors in the community.

## 6. Review: Recommendations for Community Members

**Directions:** *This exercise is a review of all previous modules. Each pair will take turns acting out the following scenarios. One person will be the health worker, and the other person will be a community member.*

Scenarios
What would you say? What recommendations can you give?
“I’ve had a fever and cough for a couple of days, but I feel fine besides that.”
“My child has been clinging to me and won’t leave my side since they closed the school. I don’t know what to do with her at home all day.”
“I’m feeling very stressed all the time, and I really worry about my mother who has diabetes and may get sick.”
“Should I wear a mask? I don’t know where to buy one.”
“I heard the migrant workers are the ones spreading the disease!”
“How can I keep my home clean from coronavirus?”

**Extension:** *What did you learn in the training that you will use in your work? What next steps should the community take to prepare for COVID-19? If there is time, work on a plan for the next steps.*

## ■ Appendix 1

# Steps for Handwashing

**Use:** You can use this page as a guide to show and model the steps to community members. It is recommended to wash hands with soap for 20 seconds and target all parts of the hand.



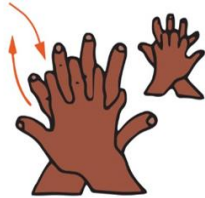
**1.** Wet hands with running water.



**2.** Apply soap.



**3.** Rub hands palm to palm.



**4.** Rub back of each hand with the palm of the other hand with fingers interlaced.



**5.** Rub palm to palm with fingers interlaced.



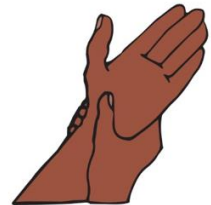
**6.** Rub with backs of fingers to opposing palms with fingers interlaced.



**7.** Rub each thumb clasped in opposite hand using rotational movement.



**8.** Rub tips of fingers in opposite palm in a circular motion.



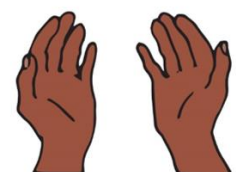
**9.** Rub each wrist with opposite hand.



**10.** Rinse hands with water until all soap is gone.



**11.** Dry thoroughly with a clean towel.

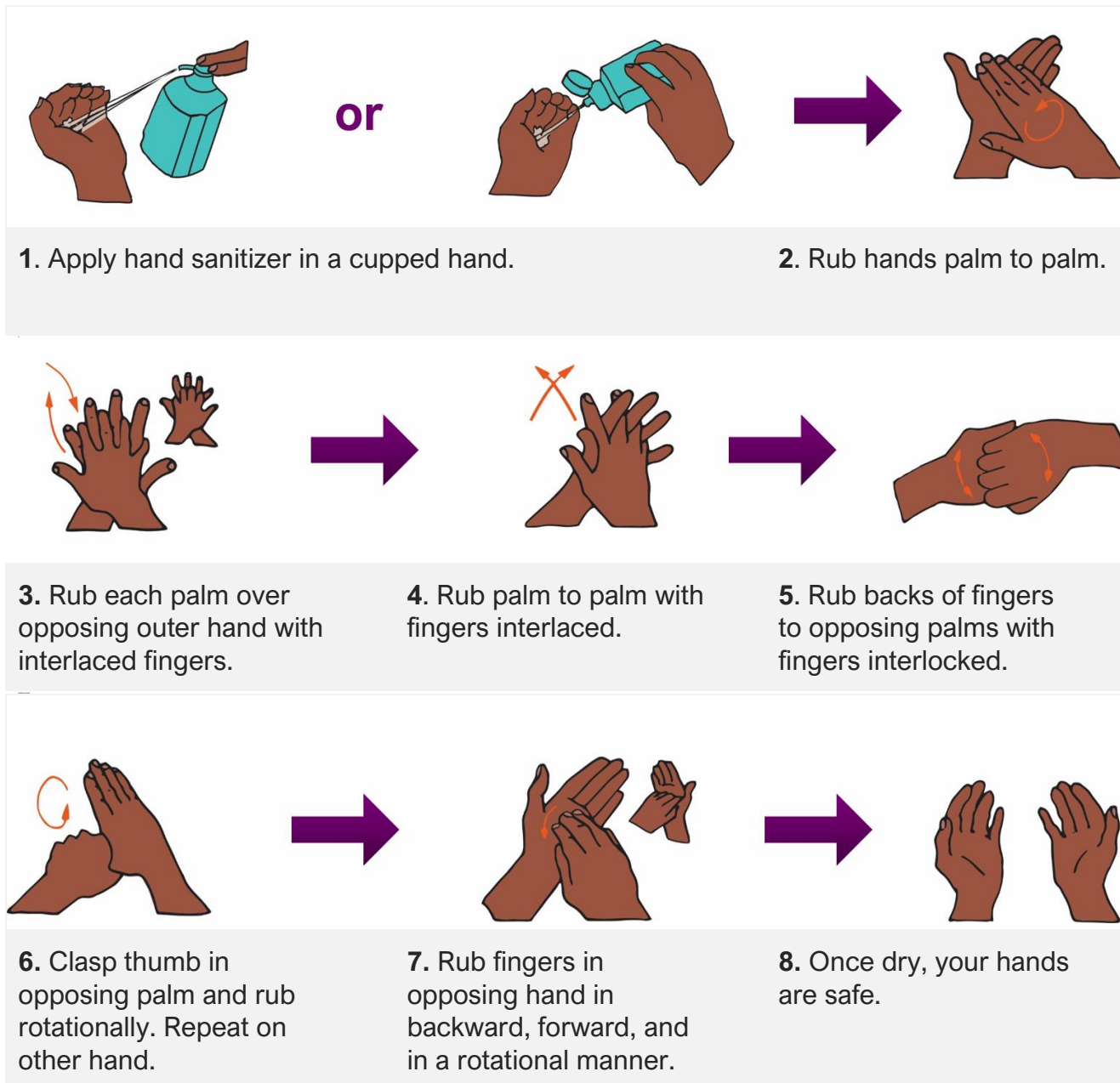


**12.** Your hands are now clean.

## ■ Appendix 2

# Steps for Using Hand Sanitizer

**Use:** You can use this page as a guide to show and model the steps to community members. It is recommended to rub hands with sanitizer for 20 seconds and target all parts of the hand.



## ■ Appendix 3

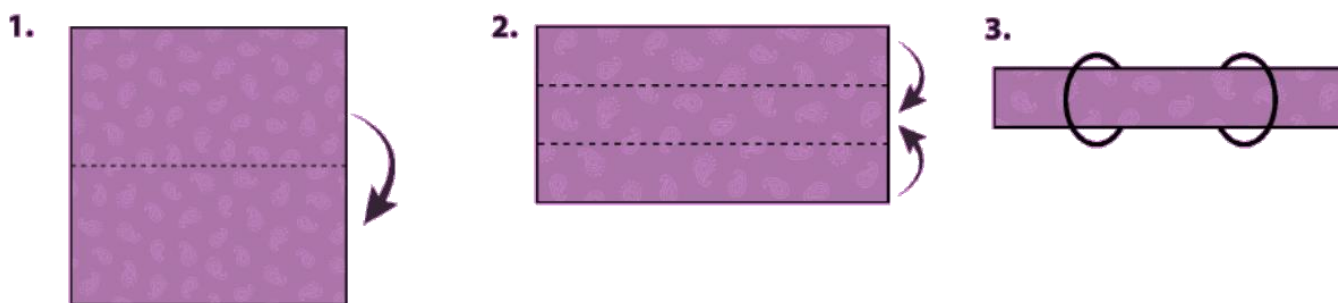
# How to Make a Cloth Mask

**Use:** Health workers should wear medical masks, if they are available. However, community members can make and use cloth masks to prevent the spread of disease. Three methods for making cloth masks are below. Use clean cloth and wash between uses.

### ■ Method 1: Bandana Face Mask (no sewing) \*

Materials:

- Cloth, size 50cm square
- 2 elastic hair ties **or** rubber bands
- Scissors (if you are cutting your own)



1. Fold cloth in half.

2. Fold top down toward the middle. Fold the bottom up.

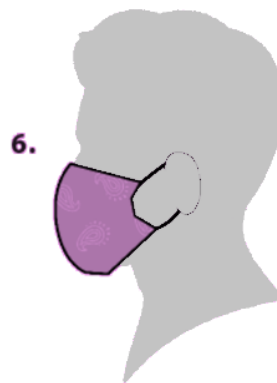
3. Place the hair ties or rubber bands about 15cm apart.



4. Fold the sides to the middle.

5. The bands will go behind the ears.

6. Adjust it to cover your nose, mouth, and chin.



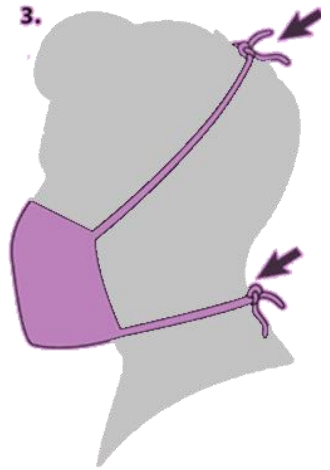
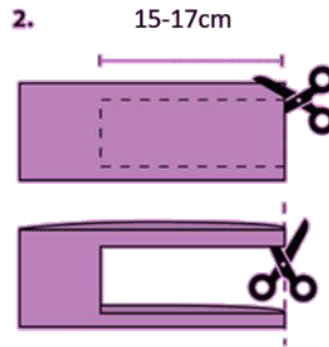
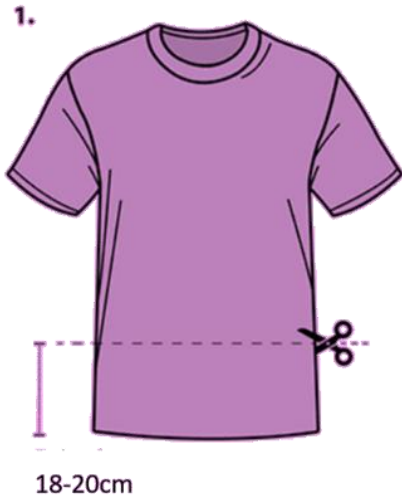
\*Pictures and steps adapted from the CDC

**Note:** Method 2 may not provide as much protection, since it is only a single layer of cloth.

## ■ Method 2: T-shirt Face Mask (no sewing)\*

### Materials:

- Clean T-shirt
- Scissors



1. Cut off the whole bottom of the t-shirt, 18-20cm up.

2. Cut out a rectangle that is 15-17cm long from the back to make strings. Then cut the strings in half so they can be tied.

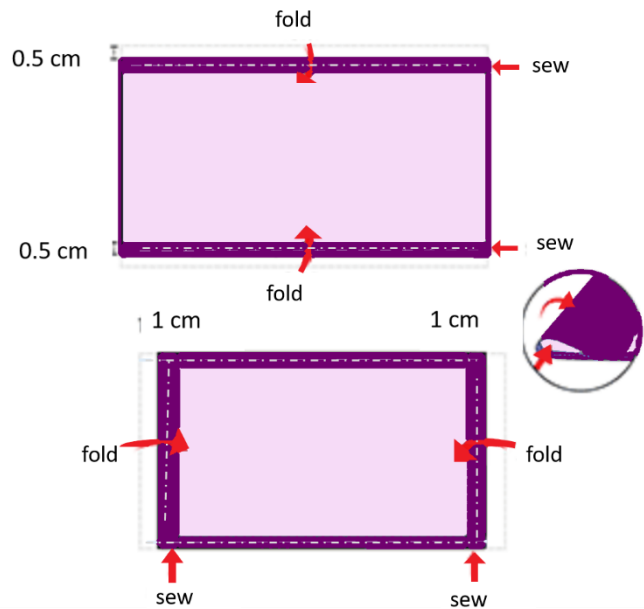
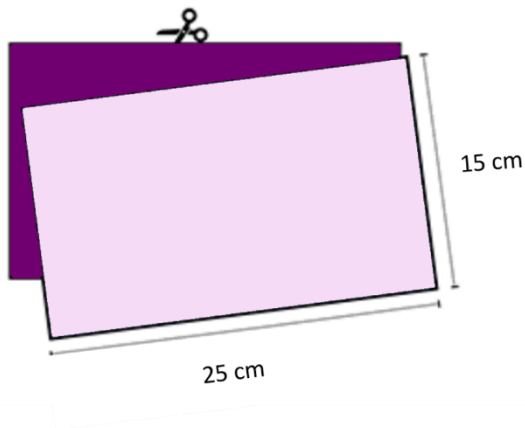
3. Tie strings around neck, then over the top of your head.

\*Pictures and steps adapted from the CDC

### Method 3: Sewn Face Mask\*

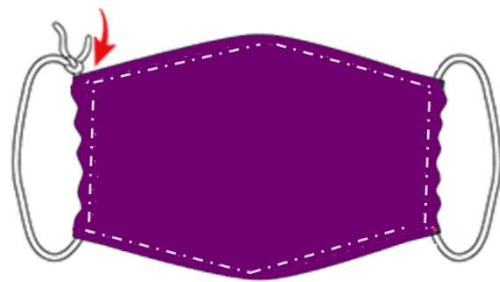
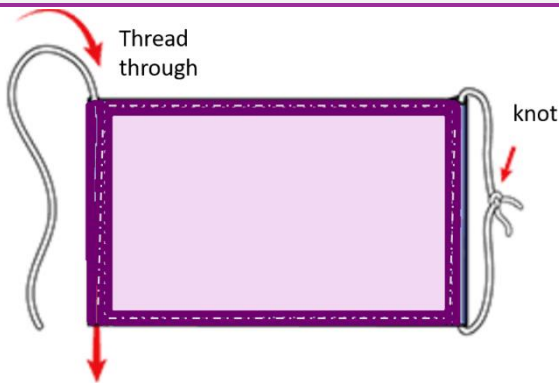
#### Materials:

- 2 pieces of cloth, size 25cm x 15 cm
- 2 pieces of elastic, 15cm long **or** 2 long pieces of string, 60cm long
- Scissors
- Needle and thread (*sewing machine if available*)



**1.** Cut out two 25-by-15-cm rectangles of cotton fabric. Stack the two rectangles so that you can sew them together like it is one piece of fabric.

**2.** Fold over the long sides 0.5 cm and sew. Then fold down the short sides 1 cm and sew. Both pieces of fabric are now sewn together.



**3.** Run a 15-cm elastic band through the hem on each side. Use a needle to thread it through. These will be the ear loops. Tie the ends together tightly.

--If you use a long string, run it through the hem. In this case, do not tie the strings until you wear it. The bottom string will tie around the neck and the bottom above the head.

**4.** Tuck the knot into the side. Adjust so the mask fits your face. You can sew the elastic in place to keep it from slipping.

\*Pictures and steps adapted from the CDC

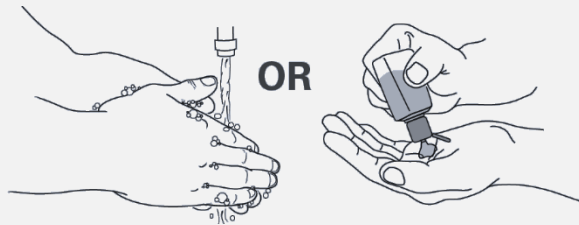
## ■ Appendix 4

# How to Safely Put on PPE (Mask & Gloves)\*

**Use:** You can use this page as a guide for yourself or others.

### 1. Do Hand Hygiene

- Wash your hands with soap and water.
- Or apply alcohol-based hand sanitizer.



### 2. Put on Mask

- Check the mask to make sure it is clean and has no holes or tears.
- Find the top and outside of mask. On medical masks, the outside is usually colored, and the top is stiffer.
- Put the mask on, and make sure it covers nose, chin, and mouth.
- The mask should **not** be loose. Check that there are no big gaps between your mask and face.



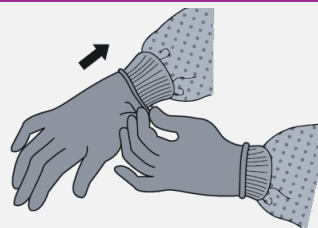
### 3. Use Mask Safely

- Do not touch the front of it once it is on.
- Change masks if it gets wet or dirty.
- Make sure to keep your mouth, nose, and chin covered by the mask, when you are around other people.



### 4. Put on Gloves

- Put on gloves.
- Pull them over the wrists on your sleeves.



### 5. Check

- Make sure that your PPE is on correctly!

\*Pictures and steps adapted from the CDC



## ■ Appendix 5

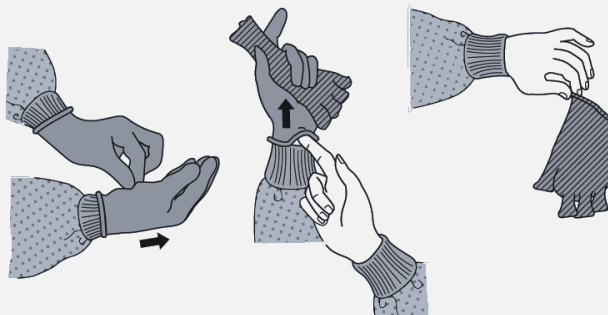
# How to Safely Take off PPE (Mask & Gloves)\*

**Use:** You can use this page as a guide for yourself or others.

### 1. Take off Gloves

**\* The outside of the gloves is now contaminated- DO NOT TOUCH with bare hands!**

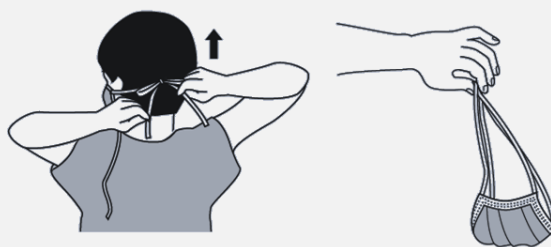
- With a gloved hand, grab the palm of the other gloved hand and take off the first glove.
- Hold the removed glove in the gloved hand.
- Slide fingers of ungloved hand under the remaining glove at the wrist and pull up the second glove over the first glove.
- Discard gloves in a waste container.



### 2. Take off Mask

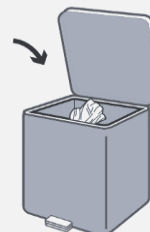
**\* The front of the mask is contaminated — DO NOT TOUCH!**

- Untie or pull off the straps from the back.
- Discard it in a waste container (if disposable), or put it in the laundry.



### 3. Dispose Single-Use Items

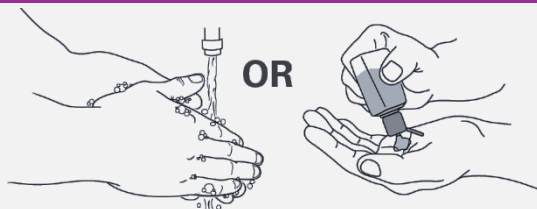
- Discard gloves (and single-use masks) in a waste container.



### 4. Do Hand Hygiene

**\*Immediately after removing PPE!**

- Wash your hands with soap and water.
- Or apply alcohol-based hand sanitizer.



### 5. Wash Mask (if re-usable)

- Wash mask with soap and water.
- Let it dry completely before using again.

\*Pictures and steps adapted from the CDC



■ Appendix 6

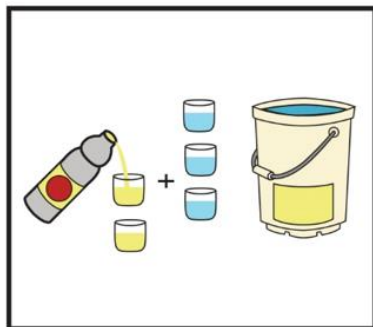
# How to Make Strong (0.5%) Chlorine Solution

**Use:** This page shows basic steps for making a strong disinfectant that is useful for disinfecting surfaces and objects. For other percentages, adjust the amounts using one of the formulas in [Module 5](#).

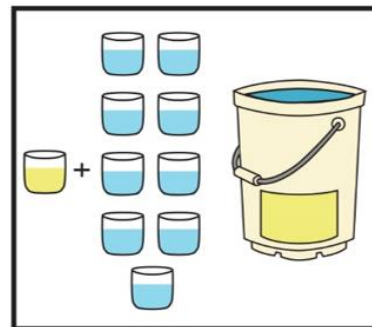
From 1.25% bleach	From 5% bleach
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**1.** Before preparing, put on PPE that covers your skin, mouth, and eyes.



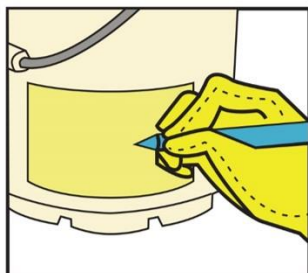
**2a.** Pour 2 parts liquid bleach (1.25%) and 3 parts water into a bucket. Repeat until full.



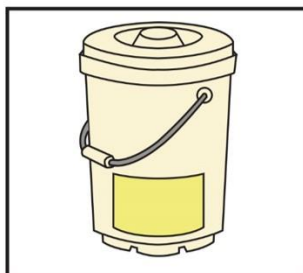
**2b.** Pour 1 part liquid bleach (5%) and 9 parts water into a bucket. Repeat until full.



**3.** Stir well for 10 seconds.



**4.** Label bucket "Strong 0.5% Chlorine Solution for Cleaning."



**5.** Cover bucket with lid.



**6.** Store the bucket in shade. Do not store it in direct sunlight.



**Supplies needed:** Measuring cup or liter bottle, bucket with lid, water, liquid bleach, stick for stirring, label and pen.



**CAUTION:** Do not drink chlorine water. Do not put it in your eyes or mouth.

\*Pictures and steps adapted from the CDC\*

## ■ Appendix 7

# Checklist for Long-Term Care Facilities

**Use:** You can use this sheet at elder care centers (and other long-term care facilities) to assess their preparedness for COVID-19.

<b>I. General</b>	
Name of center: _____	Number of staff/ volunteers: _____
Number of residents: _____	Number of residents >60 years old: _____
Number of residents with disabilities/ health problems: _____	
<input type="checkbox"/> The center is in contact with relevant authorities (health bureau) and receiving updates.	
<input type="checkbox"/> The center is connected to a health center in the area that can provide healthcare for residents if needed.	
<input type="checkbox"/> The staff received training related to COVID-19.	
<b>II. Water and Hygiene Materials</b>	
<input type="checkbox"/> There is a handwashing station at the center.	
<input type="checkbox"/> There is always soap available at the handwashing station.	
<input type="checkbox"/> There is always water available at the handwashing station.	
<input type="checkbox"/> The station is accessible and easy to use for most residents.	
<input type="checkbox"/> There is a staff member who helps disabled residents wash their hands at key times.	
<input type="checkbox"/> Residents and staff are encouraged to wash their hands several times a day.	
<b>III. Infection Prevention and Control (IPC)</b>	
<input type="checkbox"/> There is a focal point on IPC at the center= a person who checks to make sure all appropriate precautions are being followed.	
<input type="checkbox"/> Staff have access to masks, gloves, and other PPE materials.	
<input type="checkbox"/> Staff follow guidelines on how and when to wear PPE.	
<input type="checkbox"/> The center is cleaned daily. Door handles, wheelchairs, handrails, faucets, chairs, and tables are cleaned with disinfectant regularly.	
<input type="checkbox"/> Waste is disposed of regularly.	
<input type="checkbox"/> Residents who become sick have an isolation room they can be in until they are moved to a health center.	
<input type="checkbox"/> The isolation room is ventilated.	
<input type="checkbox"/> The center will notify local authorities immediately if there are any suspected cases at the center.	
<input type="checkbox"/> If residents are transported from the center, they wear a mask.	
<b>IV. Residents</b>	

- Residents receive information and guidance on COVID-19.
- Residents are able to exercise outside.
- The center is well-ventilated.
- Residents eat at different times, so they are not crowded together.
- Residents maintain a safe distance (at least 1 meter) between each other.
- Residents are assessed for fever and symptoms at least one time a day.
- Residents receive emotional support.

#### **V. Staff**

- Staff and volunteers have been trained on COVID-19 and precautions to take.
- Staff and volunteers are updated regularly on health information and protocols.
- Staff and volunteers are checked daily for temperature and symptoms.
- Any staff with symptoms must go home and not return to work until the symptoms resolve and the recommended time has passed.
- Employees have breaks and opportunities for safe social support.
- Older employees and staff with health issues take extra precautions.

#### **VI. Visitors**

- There are restrictions on visitors due to COVID-19.
- All visitors are screened before they enter the center.
- Visitors wash hands when they enter the center.
- Visitors wear a mask when they are in the center.
- Visitors maintain a safe distance from residents.

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