CORONAVIRUS-19 (COVID-19) Prevention, Treatment & Protecting Yourself and Others

A Self-Learning Training Curriculum for Community Health Workers & Providers

April 2020
ACKNOWLEDGEMENTS

Medicines for Humanity developed the *Coronavirus-19 (COVID-19) Prevention, Treatment & Protecting Yourself & Others Self-Learning Training Curriculum* in order to facilitate and support community health workers (CHWs) and local providers in MFH projects and others around the world to tackle COVID-19. Content is based on WHO guidelines and information. This curriculum has been updated and expanded including the addition of more modules to account for the evolving nature of COVID-19 and new learnings.

This curriculum was written and produced by Margaret Brawley, MPH, Kristen Fanfant, MPH, Katelyn Gilmore, MPH and Kenneth Muko, Ph.D. of Medicines for Humanity. We kindly thank Angela Stein, Olajumoke Azogu and Saba Waseem from the Palladium Group for their review of the manual and contributions to the Monitoring & Evaluation module.
This curriculum is intended to help health care providers, clinic support staff and community health workers (CHWS) learn about COVID-19 and how to prepare the health facility and the community for addressing this disease. This curriculum can be learned in a half or full day training session. You may pick modules that fit your need.

Given the restrictions on movement and interaction in many countries to prevent the spread of COVID-19, this training curriculum is designed to be a self-guided tool, where individuals can learn on their own. When it is possible, a facilitator may conduct training with a group of people and utilize the facilitator’s guide to assist their instruction of the material.

Each module has:
1) Introduction
2) Learning Objectives
3) Lessons and Content
4) Summary

**Modules 1-10 of the curriculum are intended for CHWs, providers and support staff.** It provides a general overview of COVID-19 and additional information about working with the community.

**Modules 11-13 are intended for providers and health facility managers.** The information focuses on more technical clinical guidance for preparing your facility, infection prevention, treatment of COVID-19, handwashing for providers, and data collection, monitoring and evaluation.

**Module 14 is a reference guide to online health education materials and other informational resources.**

**Tips on How to Distribute this Training Curriculum Virtually and Conducting Follow Up and Mentoring**

Virtual training of CHWs and health personnel is an option when movement of people is restricted by the government. The easiest way is to conduct an interactive group training is through a social media platform that allows sharing of documents, group calls, and group chat. Some common platforms are WhatsApp and Facebook groups. This will require that your attendees have smart phones. Consider these guidelines when doing virtual training to encourage interactive, peer-led training and follow up.
1. Form a group on the virtual platform with CHWs and/or providers, ex. a WhatsApp group. Utilize existing groups when possible.

2. The facilitator (such as the project coordinator) should explain the purpose of the training and the format to the group.

3. The facilitator should send training materials over the platform. For example, a PDF of this curriculum and accompanying posters and brochures can be sent over WhatsApp to group members.

4. Instruct the group members to read through the curriculum and materials before the first meeting.

5. Set a date and time for the first meeting via the digital platform so that everyone is online and can discuss the materials. The facilitator should open by explaining the most important points of the curriculum modules. The facilitator can do this by reviewing each module with the group members, providing key points, asking questions and leading a discussion.

   Facilitators may decide to lead multiple sessions over time instead of teaching the curriculum in one sitting. Facilitators may also prioritize what modules can be taught and assign other modules for individuals to read or learn on their own.

6. Allow group members to respond to each other through text or voice messages to provide peer-communication. The facilitator should monitor and ensure all information shared is correct and up to date.

7. After the training participants should be able to educate community members and patients on what they learned.

8. When possible, the facilitator should have a phone call with each group member review key information, quiz the trainee on what they learned and reiterate the most important points for community education. If the group is large this can be done through individual text messages.

9. The facilitator should then follow up weekly with group participants via the digital platform to determine how educate sessions are being conducted, mentor and support trainees, and address any additional concerns.
Modules for Community Health Workers & Clinical Providers

Facilitator’s Guide for Group Trainings

WHO Health Alert on WhatsApp

Module 1: General Information about Coronavirus-19 (COVID-19)

Module 2: Actions to Prevent the Spread of COVID-19

Module 3: What to Do If You Get Sick? Treatment Recommendations for COVID-19


Module 5: Nutrition and COVID-19

Module 6: Staying Positive & Taking Care of Your Mental Health

Module 7: How to Support & Engage the Community During COVID-19

Module 8: Myths and Misconceptions of COVID-19

Module 9: Stigma and Stereotypes of COVID-19

Module 10: Data Collection, Monitoring and Evaluation at Community Health Clinics

Modules for Clinical Providers & Health Facility Managers

Module 11: Preparation for COVID-19 at Community Health Clinics

Module 12: Management of Severe Acute Respiratory Infection when COVID-19 Infection is Suspected

Module 13: Hand Hygiene: Why, How & When

Module 14: Online Health Education Materials, Resources and References for COVID-19
FACILITATOR’S GUIDE FOR GROUP TRAININGS

This curriculum can be used to train groups of Community Health Workers and/or Clinical Providers. The most important modules for both groups are listed below along with discussion points, questions and activities. To keep trainings short, only focus on these modules. The remaining modules can be read through later, assigned as self-learning homework and used as reference materials.

Facilitation Ideas for Community Health Workers (CHWs) & Clinic Support Staff:

<table>
<thead>
<tr>
<th>Module</th>
<th>Discussion Questions</th>
<th>Suggested Activities</th>
</tr>
</thead>
</table>
| Module 1   | • What have you heard about COVID-19?  
• Where do you hear information about COVID-19? Are those reliable sources with accurate information? Why or why not?  
• How is it spread?  
• What are the most common symptoms of COVID-19?  
• What additional questions are there about COVID-19?                                                                 | Allow everyone to share what they know and where they heard their information. Correct myths and misconceptions. Discuss what are accurate sources of information. |
| Module 2   | • How should you do to prevent the spread of COVID-19?  
• These prevention measures or restrictions may seem severe. Why are they necessary?  
• As a CHW or provider, what equipment or things can you use to protect yourself?                                                                 | Role Play! Ask one person to be the CHW and another person a community member. Practice a discussion about what a family should do to protect themselves. Challenge the CHW with real questions that a community member might ask. |
| Module 3   | • What should someone do if they feel sick?  
• What does it mean to quarantine?  
• Is there a cure or vaccine for COVID-19?  
• At what point do we recommend a person seeks medical attention?                                                                                   | Practice scenarios with role playing as community members who have different symptoms. Ask the CHW to identify what the person should do. Then switch roles. |
| Module 4   | • Does COVID-19 affect pregnant women?  
• Is COVID-19 spread through breastmilk?  
• How does COVID-19 affect children?                                                                                                                      | Discuss different activities and games that children can do to keep busy. Practice a role play on health education with a pregnant or breastfeeding mother. |
| Module 5   | • Why is nutrition important to the body?  
• What would you recommend a family or person eat to stay healthy and fight illness??                                                                 | Review the table with the vitamins and minerals. Ask the group to make a list of the foods available in their community with these vitamins. Discuss different ways that foods could be prepared and cooked. |
| Module 6   | • What are some worries and fears you have about COVID-19?  
• What are some ways people can cope with the stress of this new situation?  
• How can we help ourselves, our friends, family and community to stay positive and mentally healthy?  | Ask participants to make a list of different things/activities a family can do to cope with the stress of staying home. |
| Module 7   | • What are some things you should do when talking to the community?  
• What are some good questions to ask the community and start a discussion?                                                                                | Role Play! Pair up individuals and practice a discussion about COVID-19. Use the steps of engagement to guide the activity. |
Module 8
- What are some myths and misconceptions about COVID-19 in your community?
- Why is it important to dispel myths and misconceptions in the community?

**Make a list** of the different myths and misconceptions that are being discussed in the community. Prepare correct responses.

Module 9
- What is stigma?
- How might people stigmatize or discriminate against people with COVID-19?
- What can you do to help stop stigma?

Role Play some scenarios where someone is stigmatizing a person with COVID-19. How should a health worker respond? What should be said?

Module 10
- Why is data collection so important during this pandemic?
- What are some steps the health facility and its employees can take to strengthen data collection, monitoring and evaluation?

Create a plan of how to improve the data collection process and system for COVID-19. Note data tools needed and how the facility will report referrals and case management to higher authorities.

Facilitation Ideas for Clinical Providers & Health Facility Managers:

<table>
<thead>
<tr>
<th>Modules of Focus</th>
<th>Discussion Questions</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1</td>
<td>How is COVID-19 different from other viral diseases? How is it similar?</td>
<td>Review additional technical guides from WHO as needed. Links are listed in the last module.</td>
</tr>
<tr>
<td>Module 2</td>
<td>What are the actions that must be taken to prevent the spread of COVID-19?</td>
<td>Make a list of steps to take in the health facility to prevent the spread of COVID-19 to patients and health care workers.</td>
</tr>
<tr>
<td>Module 3</td>
<td>When people come to the clinic with symptoms of COVID-19, how to you proceed with care?</td>
<td>Role play scenarios of people experiencing different symptoms &amp; severity of symptoms. See how the clinician would proceed with education and treatment.</td>
</tr>
<tr>
<td>Module 11</td>
<td>What are the priority actions the health facility should take to prepare for case management of COVID-19?</td>
<td>Develop a work plan with action items to prepare the facility for patient distancing, case management, IPC, treatment. Review personal protective equipment (PPE) needs. Practice using masks. Role play provider-patient scenarios and practice communication skills.</td>
</tr>
<tr>
<td>Module 12</td>
<td>What is Severe Acute Respiratory Infection?</td>
<td>Review the interventions for SARI with COVID-19 by do, do not and consider. Develop an IPC plan for the health facility together.</td>
</tr>
<tr>
<td>Module 13</td>
<td>How should health workers wash their hands?</td>
<td>Conduct demonstrations of both types of handwashing with appropriate time.</td>
</tr>
</tbody>
</table>
The World Health Organization (WHO) and WhatsApp have launched a FREE message service that provides the news and information on COVID-19. This service is provided in multiple languages. You can find information on how to protect yourself, common questions, MythBusters, WHO situation reports about the global pandemic, the number of COVID-19 cases and deaths by country, travel advice and updated news.

In order to join this FREE service a person must have a Smartphone with the WhatsApp application installed. The user can start a new chat with a new contact and enter the information below depending on the language desired. Once the chat begins, the user will be asked to choose the information he/she would like to learn.

**Arabic**

Send "مرحبا" to +41 22 501 70 23 on WhatsApp

**English**

Send "hi" to +41 79 893 18 92 on WhatsApp

**French**

Send "salut" to +41 22 501 72 98 on WhatsApp

**Italian**

Send "ciao" to +41 22 501 78 34 on WhatsApp

**Spanish**

Send "hola" to +41 22 501 76 90 on WhatsApp
MODULE 1: GENERAL INFORMATION ABOUT COVID-19

Introduction
The information about Coronavirus Disease-19 (COVID-19) continues to evolve as we learn more about the disease and share various experiences globally. This overview is based on guidelines and knowledge developed through April 9, 2020.

Learning Objectives
After this module, you should be able to:
1. Know what COVID-19 is and how it impacts one’s health
2. Understand how COVID-19 is transmitted
3. Identify the 3 common symptoms of COVID-19

Lesson & Content

What is COVID-19?
- It is a highly contagious respiratory disease
- People of all ages can get sick
- Majority of cases are mild (approximately 80%)
- People with cardiovascular disease, respiratory conditions or diabetes, or are 60 years or older are at much greater risk of getting sick and experiencing more severe symptoms.
  - In severe cases, COVID-19 can cause pneumonia, severe acute respiratory syndrome.
  - The disease can lead to death, but this does not happen often.
  - It is especially important that people in these groups follow ALL prevention and treatment guidelines
- Coronaviruses are a large family of viruses found in both animals and humans. Some infect people and are known to cause illness ranging from a cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syn-drome (SARS). (use local names for these diseases)
- The new coronavirus, and its disease (COVID-19), is a new strain of coronavirus first found in Wuhan, China in December 2019.
- There are still some things we don’t know about the virus, but researchers are working hard to find out how to prevent and cure it.

How does COVID-19 spread?
- COVID-19 is passed by respiratory droplets that move from a sick person to others by:
  - Sneezing and coughing
  - Physical touch such as greetings like shaking hands
  - Touching surfaces/objects contaminated with the germs and then touching your eyes, nose or mouth before washing hands.
• Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there the virus can enter the body and make you sick. It is best to avoid physical contact with people or surfaces that may have the virus.

• COVID-19 can spread in any region, regardless of climate or weather.

**What are Symptoms of COVID-19?**

![Symptoms Icons](fever-cough-shortness-breath)

- Symptoms can take between 2 and 14 days to appear. Typically, symptoms appear 4 to 5 days after exposure.
- A person is contagious 2-3 days after exposure, even if they do not show any symptoms. People are also contagious when they have symptoms.
- Almost everyone with COVID-19 gets a fever. If possible, check your temperature twice a day if you are experiencing other symptoms.

**Common symptoms**

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Common Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Fever (above 100.4°F / 38°C)</td>
</tr>
<tr>
<td></td>
<td>Cough</td>
</tr>
<tr>
<td></td>
<td>Sore throat</td>
</tr>
<tr>
<td></td>
<td>Muscle aches/fatigue</td>
</tr>
<tr>
<td>Severe</td>
<td>Dehydration</td>
</tr>
<tr>
<td></td>
<td>Difficulty breathing (i.e. shortness of breath)</td>
</tr>
<tr>
<td></td>
<td>Co-infections (i.e. bacterial infections)</td>
</tr>
<tr>
<td></td>
<td>Pneumonia</td>
</tr>
<tr>
<td></td>
<td>Kidney failure</td>
</tr>
<tr>
<td></td>
<td>Respiratory failure</td>
</tr>
</tbody>
</table>

**Summary**

Understanding what COVID-19 is, how it is transmitted and what the common symptoms are will help you to better serve your community. The first step is knowing, the second is taking action! There are often be confusion and rumors about the disease. People will get a lot of different information from different sources. Some of these sources may give conflicting information. Help others to know the right information.
MODULE 2: ACTIONS TO PREVENT THE SPREAD OF COVID-19

Introduction

It is important to prevent the spread of COVID-19 as it is very contagious and dangerous to certain people like those with poor immune systems, underlying conditions and people over the age of 60 years. We all have a role to play in preventing the transmission of COVID-19 in our communities. Even if we are healthy, we must each do our part to help stop the spread and save the lives of other people in our community.

Learning Objectives

After this module, you should be able to:
1. Practice protective measures to prevent the spread of COVID-19
2. Educate people around you to take the same precautions
3. Understand the importance of hand washing in preventing transmission

Lesson & Content

What Can I Do to Avoid Getting Sick and Prevent Transmission?

1. Wash your hands regularly with soap and running water or alcohol-based rub for at least 20 seconds. Wash your hands:
   - After coughing or sneezing/ touching used tissues
   - Touching shared/ common surfaces or objects
   - Before touching face (mouth, nose or eyes)
   - When caring for the sick
   - Before and after breastfeeding or touching a baby
   - Before, during and after preparing food
   - Before eating
   - After toilet use
   - After handling animals or animal waste
   - After handling garbage
   - After changing diapers
   - Before and after treating a cut or wound

2. When coughing or sneezing cover your mouth and nose with a bent elbow or tissue. Throw tissue in a closed bin immediately after use and wash your hands.
3. Distance yourself from other people by 2 meters. This is called social/physical distancing.

4. Avoid physical greetings and contact with others. Instead of shaking hands, wave, nod or bow.

5. Do not touch your eyes, nose or mouth. We touch our face 23 times each hour with our hands. Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there the virus can enter the body and make you sick.

6. Avoid spitting in public.

7. When going outside, wear a mask, cloth, bandana, scarf or face covering over your mouth and nose to prevent spread of germs between individuals
   - Save N-95 masks and surgical masks for healthcare professionals!
   - Masks, cloths, bandanas, scarves or face coverings need to be fitted around mid-point of nose and below your chin but loose enough to not impair breathing.

8. Do not attend public gatherings or events. Avoid crowded spaces.
   - Limit time or do not go to church services, family gatherings, markets, stores, banks. If you must go out, limit your time in these spaces and keep a physical distance of at least two meters from others.
   - Avoid public transportation, if possible. If you must use them, increase ventilation with open windows and space yourself out from other people.

9. Clean surfaces in your home, work or transportation with cleaning materials. Clean as often as possible. This may help to reduce the germs founds on these spaces.

10. STAY HOME! Your best mode of protection is to stay home as much as possible. Practice social distancing and limit your interaction with those outside of your immediate family.

**Summary**

It may feel silly to practice these behaviors, especially if you are not sick. But knowing and practicing these things will greatly reduce the likelihood of you or others getting COVID-19. Many people may have the virus and not be aware they are sick or not be showing any symptoms. They can still spread the virus at that time. So please do your part to respect these guidelines and help your community stay healthy!

The important steps in prevention are: Stay home and away from other people as much as possible, practice good hand-washing and respiratory hygiene, try not to physically touch others and avoid touching your face, clean surfaces and monitor your own health. Prevention can help save lives, please do your part.
Module 3: What to Do If You Get Sick?
Treatment Recommendations for COVID-19

Introduction
There is no cure or vaccine available for COVID-19 (as of April 2020) and many places do not have tests available. It is safe to assume that if someone is showing all the common symptoms for COVID-19, they should be treated as if they have COVID-19. This module will discuss treatment options for COVID-19 symptoms. People who are sick must stay home in isolation and treat themselves at home until their symptoms become severe and they need medical attention.

Learning Objectives
After this module, you should be able to:
1. Know how to treat COVID-19 symptoms
2. Understand when to seek medical attention at a health facility
3. Know what to do when you think you have COVID-19

Lesson & Content
What Should I Do If I Feel Sick?

- First, don’t panic. Most people who get COVID-19 get mild symptoms and then recover. Some people may not get symptoms at all.

- If you begin to experience the symptoms of COVID-19 you should immediately quarantine yourself. This means you should isolate yourself away from other people (even your own family members when possible.) If you don’t have space to stay away from others, try to maintain a 2-meter distance and practice good handwashing and covering your mouth and nose when sneezing and coughing.

DO NOT GO OUT! STAY HOME!
If you go out, you will expose and transfer the virus to other people!

There are currently no vaccines or cures to treat COVID-19.
Research is currently being done to determine if some medications are effective to stop the virus, but nothing has been proven or approved.

Antibiotics will not kill this virus. Antibiotics treat bacterial infections. COVID-19 is a virus, so antibiotics will not help or work. However, someone with severe symptoms of COVID-19 may get bacterial infections and a health worker may treat that infection with an antibiotic, but the antibiotic will NOT help fight COVID-19.
People sick with COVID-19 should treat the mild symptoms of COVID-19 AT HOME with medicines. Do not go to a health facility with mild symptoms. You will expose other people and health workers will not be able to assist you.

Only people with severe symptoms should visit a health center for medical attention.

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Treatment of Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild Symptoms like:</td>
<td>Pain/fever reducing medicine</td>
</tr>
<tr>
<td>Fever, Runny nose, Cough</td>
<td>Cold/flu medicine</td>
</tr>
<tr>
<td>(Treat yourself at home)</td>
<td>Rest</td>
</tr>
<tr>
<td></td>
<td>Increased fluid intake</td>
</tr>
<tr>
<td></td>
<td>Self-quarantine at home for 14 days</td>
</tr>
<tr>
<td></td>
<td>Wear a mask, if possible, to prevent others getting sick</td>
</tr>
<tr>
<td>Severe Symptoms like: Difficulty breathing, Shortness of breath</td>
<td>Antibiotics to fight bacterial infections</td>
</tr>
<tr>
<td></td>
<td>IV fluids therapy</td>
</tr>
<tr>
<td></td>
<td>Oxygen therapy</td>
</tr>
<tr>
<td></td>
<td>Ventilator (assist during respiratory failure)</td>
</tr>
</tbody>
</table>

(Treat yourself at home)

There is a test for COVID-19, but these tests are not available in most places, which means people should stay home if they are experiencing symptoms.

If you believe you have COVID-19 you should isolate yourself in your home for 14 days.

Other people that should self-quarantine or isolate themselves from others for 14 days are those that have:

- Recently returned from travel out of the country, especially to a highly infected area
- If you have been in close contact with someone who has a confirmed case of COVID-19
- If you or a family member you are living with have tested positive for COVID-19
- If you are experiencing symptoms like feeling sick; especially with fever, cough or difficulty breathing

**Summary**

Remember, most people who get COVID-19 will only have mild symptoms. These symptoms must be treated at home. Take steps to prevent exposing other people to the sickness. Monitor your own health, treat yourself, seek medical attention when needed and practice good hygiene to prevent the spread of the disease.
MODULE 4: HOW COVID-19 AFFECTS PREGNANT WOMEN,
BREASTFEEDING WOMEN & CHILDREN

Introduction
COVID-19 is a new virus. New things are being learned about how the virus affects various populations. Maternal and child health providers need to pay particular attention to recommendations for pregnant and breastfeeding women and children. This module provides information on how the virus affects these target populations.

Learning Objectives
After this module, you should be able to:
1. Describe how COVID-19 affects pregnant and breastfeeding women and children
2. Educate people on how pregnant and breastfeeding women and children can avoid getting COVID-19
3. Understand community concerns and provide relevant responses and care

Lesson & Content
Pregnant Women
- Pregnant women can get COVID-19 and develop symptoms. We do not know if pregnant women are at a higher risk for contracting the virus compared to other adults.
- We do know that pregnant women can more easily acquire other viral infections like COVID-19 and respiratory illnesses, such as the flu. Therefore, it is important that pregnant women take extra precautions to avoid illness and notify their healthcare provider for any concerns or symptoms of COVID-19.
- Pregnant women should follow the same infection prevention measures as the general public including:
  o covering their mouths when coughing or sneezing
  o avoiding others who are sick
  o frequent handwashing or use of hand sanitizer
  o stay 2 meters away from people
  o wear handmade face mask or scarf
- Pregnant women should continue to attend regular prenatal care appointments with their healthcare providers to ensure a healthy pregnancy. Areas with access to virtual care can consider video or phone consultations for prenatal care.
- It is unknown whether COVID-19 is passed from mother to child during birth or in the initial postpartum period. Most recent studies show that the amniotic fluid (the fluid surrounding the baby in the mother’s uterus) does not contain the virus. Pregnant women should speak to their healthcare providers to take necessary precautions to prevent infection during childbirth. Facility and hospital-based births are still recommended as the best place to deliver a baby.
Breastfeeding Women

- Current research shows that COVID-19 has not been found in breastmilk.
- Breastmilk provides the best nutrition for infants and protection against many illnesses. Therefore, breastfeeding is still encouraged during the COVID-19 outbreak.
- A breastfeeding woman who was potentially exposed to COVID-19 or who is showing symptoms is recommended to continue providing breastmilk to her child while taking steps to avoid spreading the illness to her child. These precautions include:
  - Thoroughly washing hands before and after breastfeeding
  - Wearing a facemask while breastfeeding
  - Having another person provide expressed milk to the baby
  - If the mother chooses to express milk, she should continue to follow good hygiene practices such as washing hands before and after expressing milk and cleaning any pump parts thoroughly.

Children

- Children of all ages can contract COVID-19. Children do not appear to be at higher risk than adults but can still get the virus and can pass the virus to other people, even when they show no symptoms.
- It is important to teach children how to prevent getting COVID-19 using the same prevention methods as adults (handwashing, covering coughs, avoiding sick individuals).
- Children's toys should also be washed frequently to avoid the spread of the virus.
- Children should continue to attend regular doctor's appointments and keep his/her vaccinations up to date. This will reduce the possibility of infection with other viruses.
- If a child shows symptoms such as fever, cough, or breathing problems, contact a healthcare provider to determine the best treatment options.
- Many children will be affected by school closures. It is important to keep children active and learning while still practicing social/physical distancing. This can include things such as:
  - Playing with siblings within the same household
  - Reading books or magazines together
  - Playing family games
  - Learning how to cook with an adult

Summary

The current knowledge of COVID-19 is that pregnant women and children can acquire the virus but are not at a higher risk than the general population. The virus has not been found in breastmilk or amniotic fluid, so it is not known to be spread through childbirth or breastfeeding. It is important that pregnant and breastfeeding women, children and their caregivers take extra precautions to avoid getting sick and spreading the virus. Providers working in maternal and child health programs should provide additional education to these target populations to encourage women and children to follow the guidance and prevent illness.
**Introduction**

Nutrition plays a major role in a person’s overall health. There are foods and supplements that can help make a person’s immune system stronger. Your immune system fights illnesses. A varied diet along with vitamins and minerals can help the body defend itself (and heal itself) when it is exposed to different bacteria and viruses. There is no specific diet to defend against COVID-19, but there are certain foods and supplements that help a person to stay healthy.

**Learning Objectives**

After this module, you should be able to:

1. Understand how nutritious food can help a person stay well and defend against illness.
2. Identify foods and supplements in your area that can help you stay healthy.

**Lesson & Content**

**Nutrition and Overall Health**

The body’s ability to defend against diseases and viruses depends on many different things including nutrition and overall health. A person can get extra protection from illness by eating a variety of foods, eating foods that are high in nutrients and eating more of certain foods and taking supplements during times of increased risk of infection. Vitamins C, D, E and Zinc are can help increase a person’s immunity against viruses. These vitamins and minerals are also known to help fight off respiratory infections. These vitamins and minerals will **not** treat or cure COVID-19.

However, health experts recommend that taking in more of these vitamins and minerals can make your immune system stronger and help fight illness.

**Nutrient-rich Foods**

Below is a chart of foods that provide information about foods with these vitamins and minerals and the health benefits to the body. When available, people can also take vitamin pills or supplements to increase vitamin intake to the body.

<table>
<thead>
<tr>
<th>Vitamins/ Minerals</th>
<th>Food Sources</th>
<th>Health Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin A</td>
<td>Carrots, spinach, sweet potatoes, mangoes, dark leafy greens, squash and pumpkin</td>
<td>Helps respiratory health and defense.</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>Citrus fruits, strawberries, bell peppers, cauliflower, broccoli, tomatoes, asparagus and sweet potatoes</td>
<td>Reduces lung inflammation which is a common symptom of COVID-19 in severe cases. Builds cells in the immune system.</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>Fish, mushrooms, egg yolks, fortified milk, yogurt, cheese,</td>
<td>Helps the body defend against illness, making you less likely to get sick.</td>
</tr>
</tbody>
</table>
orange juice and exposure to sunlight.

<table>
<thead>
<tr>
<th>Vitamin E</th>
<th>Almonds, whole grains, wheat germ, yams, sweet potatoes and vegetable oil</th>
<th>Helps the body maintain a healthy immune system, especially in older adults.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnesium</td>
<td>Spinach, dairy products, fish, avocados, nuts, sprouts, dark chocolate, coffee, nori, and spirulina</td>
<td>Helps the body metabolize food and maintain a healthy immune system, including fighting viral infections.</td>
</tr>
<tr>
<td>Zinc</td>
<td>Whole grains, lamb, beef, chicken, mushrooms, chickpeas, cashews, almonds, milk and fortified breakfast cereals</td>
<td>Reduces the amount of time someone might be sick with a viral infection if it is taken in a timely manner. Can prevent symptoms from occurring. Sometimes supplements are needed to get enough zinc to make a difference.</td>
</tr>
<tr>
<td>Selenium</td>
<td>Salmon, ham, pork, beef, chicken, eggs, brown rice, cottage cheese, mushrooms, spinach, lentils, milk, yogurt, and bananas</td>
<td>Helps the body fight infection. To get the right amount, it often requires that people take supplements.</td>
</tr>
</tbody>
</table>

**Frequently Asked Question: How much of these foods should I eat to get the most benefit?**

**Answer:** Vitamin and minerals are most helpful to the body when taken in the appropriate daily doses. Eating a variety of foods in your diet and paying attention to not eat too much of one type of food will help to get the right amount of vitamins and not too many of one type.

**Supplements and Medications**

- Multivitamins can help a person get the recommended vitamins and minerals when foods with the vitamin or mineral are not available.
- Medications are not commonly used to help strengthen a person’s immune system. There are currently no medications to treat COVID-19 or provide specific protection against illness.

**Summary**

When educating others on their nutrition and health, make sure to share accurate, relevant and easily understood tips. Focus on the appropriate amounts of these foods and supplements since overdosing does not provide additional benefit and could be harmful. To reduce panic, emphasize that diet is only one factor in a person’s immunity and should be paired with self-care, good hygiene, physical activity and adequate sleep.
MODULE 6: STAYING-positive & Taking care of your mental health

Introduction
Since the beginning of the COVID-19 outbreak, many things in our society have changed and our government is asking us to do things to help protect ourselves and others from getting the disease. Some of that includes staying far away from others, isolating yourself in your home, not going to work, church or other community events and gatherings. Limiting interaction with friends, family and others and not being able to participate in the things we regularly do can affect our mental and physical health over time. But there are things we can do to help ourselves during this difficult time!

Learning Objectives
After this module, you should be able to:
1. Understand different worries and fears people have
2. Know some things people can do to cope with stress
3. REMEMBER: We are all in this together!

Lesson & Content
Worries & Fears About COVID-19
At a time like this it is common for anyone to feel stressed and worried. Some common things people might experience, or fear include:
• Fear of falling ill and dying
• Worry about going to health facilities because they might become infected while there
• Not being able to work and losing their income
• Being socially excluded or put in quarantine because of being associated with the disease
• Feel unable to protect their loved ones and fear of losing loved ones to the disease
• Being separated from loved ones due to quarantine
• Refusal to care for unaccompanied or separated minors, people with disabilities or the elderly due to fear of infection because caregivers are taken into quarantine
• Helplessness, boredom, loneliness and depression due to being isolated

How Can Community Members Deal with Stress During COVID-19?
✓ It is normal to feel sad, distressed, worried, confused, scared or angry during a crisis.
✓ Talk to people you trust. Contact your friends and family.
✓ If you must stay home, maintain a healthy lifestyle. Try to eat a proper diet, sleep, exercise and connect with loved ones in your home. Keep in touch with other family and friends over telephone, email, Facebook or WhatsApp.
✓ Don’t use tobacco, alcohol or other drugs to cope with your emotions.
✓ If you feel overwhelmed and sad, talk to a health worker, social worker or another trusted person in your community (e.g. religious leader or community elder)
✓ Have a plan of where to go and seek help for physical and mental health needs.
✓ Get the facts about your risk and how to take steps to protect yourself. Use sources that you can trust, such as the WHO WhatsApp, WHO website or your government agencies.
✓ Decrease the time you and your family spend watching or listening to upsetting media or news.
✓ Draw on skills that you have used in the past during difficult times to manage your emotions during this outbreak.

Activities That will Help Your Well Being During Home Isolation or Quarantine
✓ Physical exercise (e.g., things you can do in a confined space like stretching, yoga)
✓ Relaxation exercises like breathing, meditation or mindfulness
✓ Reading books, magazines or newspapers
✓ Listening to music and talk shows
✓ Reduce the time spent listening or watching fearful news on COVID-19
✓ Reduce time listening to rumors
✓ Look for information from reliable sources
✓ Reduce time looking for information (only 1-2 times a day instead of every hour)
✓ Talk with friends and family over the phone or on social media

Don’t Forget: Children are Impacted by This Too! What Can Adults Do?
Children may respond to a difficult situation in different ways. They may cling to caregivers, feel anxious, withdraw, feel angry, have nightmares, wet the bed or have lots of mood changes.
Caregivers need to listen to their children and have an understanding attitude.
✓ Children feel better if they can share their feelings in a safe environment. Allow children to play, draw or talk about their feelings. Help children find ways to express feelings in a positive way.
✓ Show your children love and attention.
✓ Children will watch adults and copy what they do. Remember to be calm, speak kindly to them and reassure them.
✓ Make time for children to play and relax.
✓ Keep children close to their parents and family and avoid separating them from their primary caregiver at this time. If there is separation, then work to maintain regular contact.
✓ Keep a regular routine or schedule for learning, playing and relaxing.
✓ Provide facts about what is going on and give clear, child-friendly information about how to reduce the risk of infection and stay safe in words they can understand.
✓ Avoid discussing rumors or unverified information with children.
✓ Do activities that can explain the virus and keep children active like handwashing games with rhymes, imaginary stories about the virus exploring the body, make cleaning the house a fun game, draw pictures of germs and explain about masks and gloves so children are not scared.

Summary
There are many changes to our daily life and this causes a lot of stress. It is important that we take care of our body and our minds during this time. Social distancing means staying physically away from others by 2 meters, but it does not mean you should social isolate! Do not be afraid to talk to others, ask for help and support those in need! We are all in this together and we will get through it.
**MODULE 7: HOW TO SUPPORT & ENGAGE THE COMMUNITY DURING COVID-19**

**Introduction**

CHWs and health care workers are an important part of the community and often a reliable source for information, assistance and comfort, especially during hard times. With COVID-19 being a widespread new disease, we all have an important role to play to educate and inform the community and help them through this time. With proper education, services and supplies, the community’s fear surrounding COVID-19 can be lessened. CHWs and health workers are role models and others will copy their behaviors. Set a good example and let’s do our part to help the community stay strong!

**Learning Objectives**

After this module, you should be able to:

1. Educate community members with accurate and relevant information
2. Prevent panic of community members with reassuring messages
3. Address stigma and myths and misconceptions
4. Confidently answer general questions from community members you serve

**Lesson & Content**

**Key Tips for CHWs, Volunteers and Community Networks**

During a pandemic, there is often confusion and rumors about the disease. People will get a lot of different information from media, friends, family, social media, organizations or other sources. Some of these sources may give conflicting information.

When people have too much information about a problem, it can be hard to identify a solution.

- People might become fearful and mistrust health recommendations. They might resist and deny the situation.
- This can lead to people not using medical help and ignoring life-saving health advice or escape measures (i.e. quarantine) put in place by authorities and health services to prevent spread of the disease.
- Misunderstandings about the disease can lead people to refuse help from health workers. They may even make threats or use violence.
- Fearful people might start mistreating people who have or seem to be sick. This can happen even when they are cured already due to a lack of knowledge about effectiveness of treatment.

Social mobilizers, community workers, peer influencers and volunteers are in the best place to build trust with communities and community leaders. Therefore, it is important to listen to people and respond to their questions, fears and misinformation with fact-checked information that is useful to them. These people have an important role in providing timely and actionable health information, so people know how to protect themselves and stay healthy.
STEP 1: HOW TO ENGAGE – Simple Tips for How to Engage with the Community

• Explain **who you are, which organization you come from and what you do** in the community. This can include:
  - We work to **share correct information** about the new coronavirus disease (COVID-19) and its symptoms. We also work to share what people can do to protect themselves and their communities.
  - To do this, the teams reach out to community members in several ways, such as radio, SMS message, posters, billboards, face-to-face visits, and community meetings.
  - Introduce yourself and show empathy: We understand you are all worried about this new disease. We are here to help you understand it and make sure you know what you can do to protect yourself and others.

• **Understand what people are saying**: Listen first to what people have to say about COVID-19, before sharing what you know.

<table>
<thead>
<tr>
<th>FOUR THINGS ABOUT MYTHS AND RUMORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Myths and rumors often occur when people do not have enough accurate information and understanding about a disease. They can occur when there are strong cultural beliefs surrounding the disease or prevention measures.</td>
</tr>
<tr>
<td>2. Myths or rumors can also happen when contradictory messages are coming from different sources.</td>
</tr>
<tr>
<td>3. Myths and rumors can increase fear among communities, which can unfortunately keep individuals, households and communities from practicing the correct prevention and control practices.</td>
</tr>
<tr>
<td>4. This means that providing accurate information to increase knowledge and understanding about transmission of the new coronavirus disease (COVID-19) becomes important. This can change the myth or misconception.</td>
</tr>
</tbody>
</table>

• **Encourage awareness and action**: Information shared with communities should use simple words and language (don’t use acronyms or ‘foreign language terms’) and include practical advice people can put into action. For example:
  - an instruction to follow (e.g. if you get very sick, seek medical care at hospital)
  - a behavior to adopt (e.g. wash your hands frequently to protect yourself and others from getting sick)
  - information they can share with friends and family (such as where and when to access services)
  - information that addresses myths and misconceptions that are noted in the community

• **Do not only tell people what to do but engage people in a conversation** - first listen, to understand key concerns and questions. Ask people what they already know, want and need to know about COVID-19, Involve them in designing and delivering health activities, because they are more likely to trust you and the information you share, and play an active role in prevention measures.

• **Explain few, clear and simple messages to the community** (including families/care givers, local leaders) in the language they prefer and avoiding technical terms (i.e. transmission, spreading is easier to understand)

• **Make sure everybody has understood your information.** Ask questions to understand levels of understanding
• **Get peers and leaders to talk**: People are more likely to pay attention to information from people they already know, trust and whom they feel are concerned about their wellbeing.

**REMEMBER**
- Be honest when you don’t know something and tell the community that you will try and find out and come back to them
- Do not attach race or location to this disease e.g. the Chinese virus
- Do not refer to people as cases or victims. Talk about people who have or are being treated for COVID-19.
- Do not repeat rumors!
- Talk positively about preventive and treatment measures. For most people, they can safely recover from this disease.

**STEP 2: ASK THE RIGHT QUESTIONS**
Begin by learning more about people’s concerns and what questions they have. Make sure to answer their questions. Here are some questions for starting a dialogue with people and communities.

- What have you heard about this new coronavirus disease (COVID-19)?
- What information would you like to know about the new coronavirus?
- Do you know what the symptoms are?
- Do you know what to do if someone in your family or community gets sick with cold-like symptoms?
- Would you be afraid of someone who has the new coronavirus disease (COVID-19)?
- Do you know how to prevent yourself and your loved ones from contracting the new coronavirus disease (COVID-19)?
- Do people in your community wash their hands regularly? If yes, why? And if no, why not?
- Do people in your community keep a safe distance (i.e. 2 meters – 6 feet from another person) and cover their mouths with a tissue or elbow when sneezing? If yes, why? And if no, why not?
- Do members of your household open windows and doors to let fresh air in and thoroughly clean surfaces to kills germs?
- Do you think there is a group/or person in your community who is responsible for spreading the virus (to check stigmatizing attitudes)? If people refer to Chinese people and/or Asian people, ask an additional question. Why do you think these people are spreading the virus in your community?

**STEP 3: WHAT TO SAY?**
Use the information in these modules to provide correct information about COVID-19. Educate yourself on local updates and relevant information pertaining to availability of care and resources.

**Summary**
Being a community role model and educator is an important job. Make sure to know as much as you can about COVID-19 so that you can provide the information to your friends, families, peers and community. We don’t know everything about COVID-19. Don’t be afraid to say you don’t have an answer. Accurate information and reassuring answers will help our communities stay as calm as possible during tough and uncertain times.
**MODULE 8: MYTHS AND MISCONCEPTIONS OF COVID-19**

**Introduction**

COVID-19 is a new disease. We are learning more about it every day. But often when there are things we don’t know, there are also lots of myths and misconceptions as people share any information they have heard whether it is correct or not. People want to know information so they can protect themselves and others against COVID-19. But the spread of false information is very harmful. Providing correct information and dispelling myths or misconceptions in your community will decrease fear, allow people to be prepared and informed and prevent harm against others.

**Learning Objectives**

After this module, you should be able to:

1. Emphasize correct information and messaging about COVID-19
2. Accurately address questions from your community regarding myths and misconceptions

**Lesson & Content**

**What Information can I trust?**

Information about COVID-19 can be found on the internet on the websites of global health organizations. The World Health Organization (WHO) provides global and country level information on a regular basis. You can also access the WHO WhatsApp. Your government will also have up to date information and guidelines for all health care workers. International health nonprofits also provide accurate information, resources and health education materials in multiple languages. One example is Medicines for Humanity at [www.medicinesforhumanity.org/covid-19-global-pandemic](http://www.medicinesforhumanity.org/covid-19-global-pandemic).

We are still learning about this virus and new information is coming out daily. Educate yourself often and make sure to pay attention to what is being said in your community and in your country. By knowing what others believe compared to the facts, you can start the “right conversations” regarding COVID-19 and its effect on your community. In addition to knowing the correct information about COVID-19, know what preparation, response and education is available locally so that you can talk to your community about it.

**How to address false information concerning COVID-19**

The best way to address the myths and misconceptions of COVID-19 is to know the facts. Know what myths and misconceptions people are talking about in your community and practice your responses, so that you can address these questions whenever necessary. Correcting the information will help people respond to COVID-19 in the best way possible.
<table>
<thead>
<tr>
<th>Answers to Myths about COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does taking a hot bath prevent COVID-19?</strong></td>
</tr>
<tr>
<td>No. Taking a hot bath will not prevent you from catching COVID-19. Your normal body temperature remains around 36.5°C to 37°C, regardless of the temperature of your bath or shower. Taking a hot bath with extremely hot water can be harmful, as it can burn you.</td>
</tr>
<tr>
<td><strong>Can COVID-19 be transmitted through mosquito bites?</strong></td>
</tr>
<tr>
<td>No, it cannot be transmitted by mosquitoes. The new coronavirus is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose.</td>
</tr>
<tr>
<td><strong>Should we avoid Chinese food?</strong></td>
</tr>
<tr>
<td>COVID-19 is not spread by eating Chinese food or any other type of food. It is safe to eat any fully cooked food in a hygienic and clean environment.</td>
</tr>
<tr>
<td><strong>Can spraying alcohol or chlorine all over your body kill COVID-19?</strong></td>
</tr>
<tr>
<td>No. Spraying alcohol or chlorine all over your body will not kill viruses that have already entered your body. Spraying such substances can be harmful to clothes or your eyes and mouth. Be aware that both alcohol and chlorine can be useful to disinfect surfaces, but they need to be used appropriately.</td>
</tr>
<tr>
<td><strong>Can COVID-19 be transmitted in areas with hot and humid climates?</strong></td>
</tr>
<tr>
<td>Yes, COVID-19 virus can be transmitted in ALL AREAS, including areas with hot and humid weather.</td>
</tr>
<tr>
<td><strong>Can cold weather and snow kill COVID-19?</strong></td>
</tr>
<tr>
<td>No. There is no reason to believe that cold weather can kill the new coronavirus or other diseases. The normal human body temperature remains around 36.5°C to 37°C, regardless of the external temperature or weather.</td>
</tr>
<tr>
<td><strong>Do medications work? Which ones?</strong></td>
</tr>
<tr>
<td>There are currently no vaccines or medications to prevent or cure COVID-19. Antibiotics and antimicrobial medications are only used to treat bacterial infections, not viruses. Use pain/fever reducing medication and cold/flu medication can be used to alleviate mild symptoms.</td>
</tr>
<tr>
<td><strong>Do I need a mask/face covering to protect myself against COVID-19?</strong></td>
</tr>
<tr>
<td>Wearing a mask, cloth, bandana, scarf or a face covering over your mouth and nose is recommended so that you do not spread germs to those around you. It is recommended for people who are sick AND people who are not sick. About 25% of people carry the virus without signs of illness. The best thing you can do to protect yourself from COVID-19 is to wash your hands well and often, avoid public gatherings and events and regularly practice other prevention measures.</td>
</tr>
</tbody>
</table>

**Summary**

If you do not know the answers to questions from your community members, do not guess or perpetuate misinformation. Share what you do know and assure them that you will respond when you have information. Being an active part of the conversation and sharing accurate information on a regular basis is important. People are relying on you to provide education, resources and care during this difficult time.
Introduction

Stigma is the negative association between a person or a group of people who share certain characteristics and/or a specific disease. During an outbreak, like the current COVID-19 pandemic, people can stigmatize certain groups by labelling them, discriminating against them, treating them separately, or demoting their status in the community due to a perceived link to the disease. As health professionals and educators in our communities, we must recognize stigma and work to reduce it. By doing so, treatment and services can be provided to all members of the community, equally and in a timely manner.

Learning Objectives

After this module, you should be able to:
1. Understand the connection between fear, stigma and stereotypes
2. Recognize the common stigma and stereotypes of COVID-19 placed on certain individuals/groups
3. Provide education to community members to reduce the fear of COVID-19 and its associated stigma and stereotypes

Lesson & Content

What is stigma and why do people stigmatize?

- Stigma can take many forms. It can be expressed in the negative language people use, biased media stories and even cause dislike or prejudice against other people.

The impact of stigma and stereotypes on our communities

Some examples of stigma during the COVID-19 pandemic include:

- **Language:** Leaders, the press, social media, and other channels may blame groups of people, such as foreigners in general or Chinese and/or Asian people specifically, and even healthcare workers as being responsible for spreading the disease.
- **Visual portrayals:** The media may reinforce this blame by only showing certain groups of people or professions associated with COVID-19.
- **Consumer choices:** People may avoid specific products or services like Chinese or Asian restaurants and grocery stores because of their presumed association with COVID-19.
- **Housing discrimination:** Individuals may get evicted from their houses by landlords due to the misperception that tenants who work in healthcare pose a risk to others in the building.
- **Physical attacks:** More people fear foreigners and may physically attack those who groups of people who they believe caused COVID-19.
How to address and reduce stigma

Stigmatizing language and actions can come from political leaders, institutions, family members, friends, and the wider community. As a healthcare professional, you are someone who can correct misconceptions and reduce stigma in the community.

- **Know the facts**
  - Watch for rumors and myths that may be in your community as they may cause stigma and stigma-related discrimination

- **Anticipate stigma and be ready to respond**
  - Correct misperceptions, but also acknowledge that people’s feelings and subsequent behavior are very real, even if their underlying assumption is false.
  - Remind them how COVID-19 is spread and how they can protect themselves.
  - Remind leaders of their responsibility to lead a stigma-free response

- **Avoid using language that causes stigma.**
  - Use the proper name of COVID-19 rather than “Wuhan Virus” or “Chinese Virus,” which stigmatize these locations and people.
  - Use people-centered language such as “people with COVID-19,” “people recovering from COVID-19,” or “people who have died from COVID-19” instead of “COVID-19 victims” or “COVID-19 cases”.
  - Avoid blaming specific individuals or countries for “bringing it in” or “not acting quickly enough”.
  - Avoid using images that portray only one group in reference to COVID-19 (e.g., healthcare workers, Asian people)
  - Build empathy by sharing stories from communities being affected by COVID-19, including survivors, healthcare workers, and others.
  - Challenge and correct misconceptions, myths, and rumors that will perpetuate stigma while acknowledging the uncertainty and fear that people are experiencing.
  - Refer to the WHO Social Stigma Associated With COVID-19 and CDC Reducing Stigma webpages for more information and guidance.

| Knowledge is the answer to stigma! |
| It is your responsibility to correct wrong information and stop others from discriminating. |

**Summary**

To reduce stigma, we must educate people about COVID-19, the actions being taken at local and national levels and what resources are available. Without this information, the fear of not knowing what is going to happen leads to stigmatization and stereotypes. Let’s use correct information, proper labeling and wording and not blame others. We are all in this together from a global level to a local level!
Introduction
Collecting data, monitoring and evaluation (M&E) are an important part of understanding the needs in a community and how health services are being used and impacting the community. This module provides some ideas and guidelines for data collection around COVID-19 and monitoring and evaluation of COVID-19 health services. Since the virus is relatively new, information is changing very rapidly. Health care managers and providers must do their best to stay up to date with the new information. Please consult the various resources and references in the last module of this curriculum or look for regular updates with the WHO’s WhatsApp.

These measures should not replace existing mechanisms, processes or data templates, but rather help to integrate information about COVID-19 within your existing M&E system. It is also critical that health facilities follow any and all recommendations from their Ministry of Health.

Learning Objectives
After this module, you should be able to:
1. Understand why it is important to collect data during the COVID-19 pandemic
2. Review and implement ways to strengthen the data collection, monitoring and evaluation at the health facility and in the community for COVID-19.

Lesson & Content
Why do we care about data?
In an emergency situation, it may be hard to understand why health care workers should care about collecting data. Health care workers are already working hard to help serve the population and make people better! But data gives information and evidence to providers and managers to make sure there is optimal healthcare coverage, quality services and the right kind of response to the illness. Data are good quality if they are accurate, complete, timely and consistent. High quality data plays a vital role and helps us to:

- Form an accurate picture of health needs, programs and services in a community
- Informs planning and decision-making at every level of the health system
- Helps to make sure that resources ($, medicines, equipment, etc.) are allocated effectively and efficiently
- Support ongoing monitoring by learning about what works and identifying areas where support and changes are needed.
What kind of data is collected from health facilities and how can COVID-19 data be collected and integrated?

Data is collected at all different levels of the health system. Each level has important information to contribute in terms of understanding service delivery, disease patterns or coverage of health care services.

At community level clinics, there are various ways in which data is collected:

- **Patient card or file** to record patient identification information and details of their diagnosis and treatment of all visits. It might also include results of laboratory tests, drugs prescriptions and money paid.

  **COVID-19 Tips**
  - The patient card is where a health facility can record COVID-19 patient symptoms, treatment and self-isolate/quarantine recommendations.
  - If a facility is conducting contact tracing of possible exposure, this information might also be recorded on a patient card or on a special register for contact tracing.

- **Facility based registers** record conditions that need follow up over a long period such as antenatal care, immunization, TB or chronic illnesses. The details in these registers provide a list of indicators for reporting.

  **COVID-19 Tips**
  - The health facility may need to consider creating a new register for collecting COVID-19 case data with information on patient names, how presented, how treated, medicines prescribed, if COVID-19 was suspected, tested or confirmed and any quarantine instructions.
  - Collect data as soon possible, even during patient consultations. The sooner data is collected, the more accurate it will be.
  - Consider developing a register for contact tracing of suspected COVID-19 patients. This may include names, phone numbers or emails of people who were in regular contact with the suspected COVID-19 patient. CHWs or clinic staff may then be able to follow up with these people (in person, telephone or via WhatsApp) to advise them on exposure, quarantine measures and signs of illness.
  - Monitor and review the data you are collecting. Make sure to use the data to guide the planning and preparation at your own health facility. Report the data to the proper authorities in the health system, such as number of suspected cases and number of positive test cases (when possible).
  - Take advantage of existing technologies that are free and can be used immediately to help monitoring efforts. There is a WHO WhatsApp group that provides COVID-19 information and guidance, for example.
  - Consider setting up a WhatsApp group for sharing data and information between your CHWs and the health facility or even between your health facility and higher-level health facilities that you report to.
• **Community data collection** around health activities performed in the community, health education, household visits or surveys to understand the health status and needs of the community members.

**COVID-19 Tips**
- Communities are a valuable resource. Ensure your health facility is reporting on COVID-19 cases and messaging with local community leaders, community groups and local government bodies so everyone is aware of what is happening in their own community.
- Ensure CHWs or others working in the community are tracking health education efforts and outreach and conducting outreach with safety precautions and protective gear.

**What should be considered for data collection, monitoring & evaluation of COVID-19?**
Here are some key actions that may help a health facility to collect and manage data, report accurate information to higher level authorities and use the information to make quick changes to services.

**Planning, Management & Training**
- **Identify positions/cadres that require training on the disease.** Consider that this may not just be providers or community health workers, but you might also need to train data managers and support staff so they can accurately integrate disease management into the health facility’s records, systems and processes.
- **Implement standardized training curriculum/materials** mapped to the required cadres.
- **Maintain a training database** with information on who was trained and on what topics/skills.

**Patient Level Monitoring of COVID-19**
- **Recording forms** for clinical episodes of COVID-19 and individual level data are standardized across the clinical condition or location.
- **Standard operating procedures** and eligibility criteria for use of the recording form(s) have been defined.
- Learn if there are standardized indicators for COVID-19 promoted by the Ministry of Health to help streamline the collection, reporting and use of health facility and community level data.
- **Personnel have been trained on the collection of data** and how to input data into the records.
- Guidance is available (or sought out) on how to use and analyze the data in the health facility where it was collected.
- There is a clear understanding of data reporting requirements to higher level facilities or the Ministry of Health and responsible staff for reporting.
- There are guidelines to ensure client confidentiality (e.g. data are kept securely, confidentiality procedures are known and practiced).
**Community-based service data around COVID-19**

- **Conduct a rapid assessment of organizations/institutions** working on COVID-19 in your community and assess how you might work together.

- **Develop a plan to use and disseminate the data** with health care workers and staff within the health facility, to the Ministry of Health and even the community so everyone is aware of the situation.

- **Prioritize phone-based and virtual data collection** processes and applications as much as possible.

- **Prioritize the safety of staff and beneficiaries**, reduce personnel having to make physical field contacts. Postpone unnecessary activities to collect data or monitor.

**Summary**

The more we know, the better we can respond to the needs of the community. Data helps us to understand that need and prioritize available resources. Although other matters may seem more important, take some time to review the data collection, monitoring and evaluation processes at your health facility and plan how to address these data needs.
MODULE 11: PREPARATION FOR COVID-19 AT COMMUNITY HEALTH CLINICS

Introduction
Health care facilities should be prepared for a significant increase of COVID-19 cases while still maintaining provision of essential health services. Triage systems will be needed to reduce the risk of exposing other persons or patients to COVID-19, to prioritize treatment for severe and high-risk patients and to manage demands on staff, facilities and supplies.

Staff should be able to recognize signs and symptoms, identify known complications and administer appropriate treatment while protecting themselves. Preventing infection in health workers and avoiding the spread of COVID-19 among patients is key for successful prevention and response, protects the health work force and maintains confidence in the health care system.

Learning Objectives
After this module, you should be able to:
1. Prepare for case management of COVID-19
2. Aid prevention with infection protection control measures
3. Know how and when to use a mask

* A link to the full WHO reference document, Responding to Community Spread of COVID-19, can be found online at https://medicinesforhumanity.org/covid-19-global-pandemic/

Lesson and Content
Health facilities should take the following recommended actions in order to prepare for case management of COVID-19:

Highest Priorities:
- Set up surge triage, screening areas, treatment and critical care units (including staffing, space and supplies, including oxygen) at health facilities.
- Share guidance with health providers for COVID-19 and severe acute respiratory infections using this curriculum and international/WHO standards, including for community care.
- Make guidance available for home care of patients with mild COVID-19 symptoms and recommend when referral to healthcare facilities is advised if symptoms worsen.
- Support comprehensive medical, nutritional and psycho-social care for people with COVID-19.
- Maintain routine and emergency health serviced provision for the population.

Secondary Priorities:
- Update training of and refresh medical/ambulatory teams.
- Participate in clinical expert networks to aid in clinical characterization of COVID-19, address challenges in clinical care, foster global collaboration.
Health facilities should take the following recommended actions in order to prepare for infection prevention control (IPC) of COVID-19.

Highest Priorities:

- Identify and mobilize trained staff with the authority and technical expertise to implement IPC activities at the health facility.
- Implement triage, early detection, administrative, environmental and engineering controls, personal protective equipment. Provide educational materials for patients and families of symptoms and to practice respiratory etiquette.
- Define patient referral pathways and a plan for ensuring personal protective equipment (PPE) supply management and human resource surge capacity.
- Implement a plan for monitoring health personnel exposed to confirmed COVID-19 cases for respiratory illness and for reporting infections to the Ministry of Health.

Secondary Priorities:

- Monitor IPC and WASH implementation in the health facility and public spaces especially hand hygiene compliance.

### WHO Guidance on the Use of Masks for Health Workers

Wearing a medical mask can help limit the spread of some respiratory disease. HOWEVER, using a mask alone is not guaranteed to stop infections and should be combined with other prevention measures including hand and respiratory hygiene and avoiding close contact (at least 2 meters away from people).

### How to use a mask

If medical masks are worn, it is key to use and dispose of them appropriately to ensure they are effective and avoid any increase in risk of transmission associated with their misuse and incorrect disposal:

- place mask carefully to cover mouth and nose and tie securely to minimize any gaps between the face and the mask;
- while in use, avoid touching the mask;
- remove the mask by removing the laces from behind, while avoiding any contact with the front of the mask.
- after removal or after touching a used mask, clean hands by using an alcohol-based hand rub or soap and water if hands are visibly soiled
- replace masks with a new clean, dry mask as soon as they become damp/humid;
- do not re-use single-use masks;
- discard single-use masks after each use and dispose of them immediately upon removal inside a closed bin.

**Cloth (e.g. cotton or gauze) masks are NOT recommended for use by health workers in a health facility setting as they are not effective.**
Medical masks should be used rationally. This means using medical or surgical masks in healthcare settings and for people who are coughing and sneezing. Avoid unnecessary wastage of precious resources and misuse of masks.

The use of medical masks is advised only in certain settings:

**Health care facilities**

**Individuals with respiratory symptoms:**
- wear a medical mask when moving around the facility, in waiting rooms and in areas where there are suspected or confirmed cases of COVID-19. Use, remove and dispose of the mask appropriately
- Do not wear a medical mask when isolated in individual rooms. Continue to follow guidance on hand and respiratory hygiene

**Health care workers:**
- wear a medical mask in the presence of suspected or confirmed COVID-19 cases; in addition to practicing recommended infection, prevention and control precautions
- use a particulate respirator when performing aerosol-generating procedures

**Community settings**

**Individuals with respiratory symptoms** (for example, sneezing, coughing, runny nose) can wear a medical mask, if available and seek early care. If a medical mask is not available, the person should wear a cloth, bandana, scarf or face covering.

**Healthy individuals with no respiratory symptoms** do NOT need to wear a medical mask! However, they can wear a cloth, bandana, scarf or handmade mask when out in public. This can help them to prevent spreading respiratory droplets to others. Advise people to follow guidance on hand and respiratory hygiene, stay at least 2 meters away from anyone who is coughing and sneezing and avoid crowds and mass gatherings.

**Home care**

**Individuals with suspected COVID-19 infection** who have been advised by health authorities to stay home and not seek treatment, or who cannot access health care should:
- wear a medical mask as much as possible, particularly near other people (if no medical mask is available, use a scarf, bandana, cloth or handmade mask and wash it frequently)
- follow guidance on hand and respiratory hygiene
- stay at least 2 meters away anyone who does not have COVID-19 infection
- keep windows and doors open as much as possible to improve airflow in living space, bathrooms and other places the ill individual will use
Relatives or caregivers to individuals with suspected COVID-19 infection:
- wear a mask, cloth, scarf, bandana or face covering when in the same room as the affected individual. Wash the item immediately after or lay it in the sun.
- throw away any disposable masks or tissues immediately after use and wash hands immediately
- follow guidance on hand and respiratory hygiene
- stay at least 2 meters away from sick individuals
- keep windows and doors open as much as possible to improve airflow in living space

Summary
Health facilities should immediately begin taking steps to prepare for COVID-19 cases even if there are no cases within your community at this time. Advance preparation will help to stop the spread of this disease and allow us to save more lives!

What follows is more guidance in pictures for health workers from WHO.
Novel Coronavirus COVID-19
Preparing for COVID-19 at your healthcare facility

Have a triage station at the healthcare facility entrance, prior to any waiting area, to screen patients for COVID-19. This limits potential infection throughout the health care center.

Post information, like posters and flyers, that remind patients and visitors to practice good respiratory and hand hygiene.

Prepare a well-defined and separate waiting area for suspected cases.

Have alcohol-based hand rub or soap and water handwashing stations readily available for the use of healthcare workers, patients and visitors.

Be alert for anyone that may have symptoms such as cough, fever, shortness of breath, and difficulty breathing.

Protect your workforce
Be ready! Ensure your healthcare and triage workers:

- Are trained on the importance, selection and proper use of personal protective equipment
- Are trained to spot symptoms of a potential COVID-19 infection and offer a medical mask to suspected cases
- Know the case definition and have a decision flow diagram available and accessible for reference at the triage station
- Isolate a suspected case promptly
- Perform hand hygiene frequently

World Health Organization
Western Pacific Region

WHOWPRO WHOWPRO
Novel Coronavirus COVID-19
FOR: HEALTHCARE WORKERS
Protecting yourself at work from COVID-19

Follow the guidance of your healthcare facility management and talk to your colleagues about agreed COVID-19 safety procedures.

When entering a room with a suspected or confirmed COVID-19 patient, put on:
- disposable gloves
- a clean, long-sleeve gown
- medical mask that covers your mouth and nose
- eye protection such as goggles

Remember
Personal protective equipment should be changed between use and for each different patient. If utilizing single-use personal protective equipment (e.g., single-use masks, gloves, face shields) dispose in a waste bin with a lid and wash your hands thoroughly. Anything single-use cannot be reused or sterilized!

If performing an aerosol-generating procedure, such as intubation, use a particulate respirator such as an N95 – do a seal check!

Boots and coverall suits are not required.

Remember
Don’t touch your eyes, nose or mouth with gloves or bare hands until proper hand hygiene has been performed.

If you start coughing, sneezing or develop fever after you have provided care, report your illness immediately to the concerned authority and follow their advice.

My 5 Moments for Hand Hygiene
Use alcohol-based hand rub or wash hands with soap and water:
1. Before touching a patient
2. Before engaging in clean/aseptic procedures
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings

World Health Organization
Western Pacific Region

WHO/WPRO WHO/WPRO WHO/WPRO
Novel Coronavirus COVID-19

FOR HEALTHCARE WORKERS

Personal Protective Equipment (PPE) According to Healthcare Activities

Remember: Hand hygiene is always important. Clean hands before putting on, and after taking off, PPE.

Triage/points of entry screening personnel
- medical mask

Collecting respiratory specimens
- goggles OR face shield
- medical mask
- gown
- gloves

Caring for a suspected/confirmed case of COVID-19 with NO aerosol-generating procedure
- goggles OR face shield
- medical mask
- gown
- gloves

Caring for a suspected/confirmed case of COVID-19 with aerosol-generating procedure
- goggles OR face shield
- Respirator (N95 or FFP2)
- gown
- gloves

Transport of suspected/confirmed case of COVID-19, including direct care
- goggles OR face shield
- medical mask
- gown
- gloves

World Health Organization
Western Pacific Region
Communicating with patients with suspected or confirmed COVID-19

- Be respectful, polite and empathetic
- Be aware that suspected and confirmed cases, and any visitors accompanying them, may be stressed or afraid
- The most important thing you can do is to listen carefully to questions and concerns
- Use local language and speak slowly
- Answer any questions and provide correct information about COVID-19
- You may not have an answer for every question: a lot is still unknown about COVID-19 and it is okay to admit that
- If available, share information pamphlets or handouts with your patients
- It is okay to touch, or comfort suspected and confirmed patients when wearing PPE
- Gather accurate information from the patient: their name, date of birth, travel history, list of symptoms...
- Explain the healthcare facility’s procedure for COVID-19, such as isolation and limited visitors, and the next steps
- If the patient is a child, admit a family member or guardian to accompany them – the guardian should be provided and use appropriate personal protective equipment
- Provide updates to visitors and family when possible
Coping with stress

It is normal to feel sad, stressed, or overwhelmed during a crisis.

Talk to people you trust or a counsellor.

Maintain a healthy lifestyle: proper diet, sleep, exercise and social contacts with friends and family.

Don’t use alcohol, smoking or other drugs to deal with your emotions.

If you have concerns, talk with your supervisor, and if you start feeling unwell tell your doctor immediately.
MODULE 12: MANAGEMENT OF SEVERE ACUTE RESPIRATORY INFECTION WHEN COVID-19 INFECTION IS SUSPECTED

Introduction
This module is intended for clinicians taking care of adult and pediatric patients with Severe Acute Respiratory Infection (SARI) when COVID-19 infection is suspected. It is not meant to replace clinical judgment or specialist consultation but rather to strengthen clinical management of these patients and provide to up-to-date guidance. Best practices for SARI including infection prevention control (IPC) and optimized supportive care for severely ill patients are essential.

Learning Objectives
After this module, you should be able to:
1. Understand the management of SARI when COVID-19 is suspected
2. Properly manage patients with COVID-19 and SARI.
3. Understand when to refer patients to higher levels of care.

* A link to the full WHO document, Clinical management of severe acute respiratory infection when novel coronavirus infection is suspected, Interim guidance of January 28, 2020 can be found online at https://medicinesforhumanity.org/covid-19-global-pandemic/

Lesson & Content
These symbols are used to flag interventions:
✓  Do: the intervention is beneficial (strong recommendation) OR the intervention is a best practice statement
×  Don’t: the intervention is known to be harmful.
=  Consider: the intervention may be beneficial in selected patients (conditional recommendation) OR be careful when considering this intervention.

Triage: early recognition of patients with SARI associated with COVID-19
✓  Triage: recognize and sort all patients with SARI at first point of contact with health care system. Consider COVID-19 as a possible etiology of SARI under certain conditions. Triage patients and refer for emergency treatments based on disease severity.

COVID-19 infection may present with mild, moderate, or severe illness. Severe illness severe pneumonia, ARDS, sepsis and septic shock. Early recognition of suspected patients allows for timely initiation of IPC. Early identification of those with severe manifestations (see below) allows for immediate care treatments and safe, rapid admission (or referral) to intensive care unit. For those with mild illness, hospitalization may not be required unless there is concern for rapid deterioration. All patients discharged home should be instructed to return to hospital if they develop any worsening of illness.

Definition of patients with SARI, suspected of COVID-19 infection:
An acute respiratory infection (ARI) with history of fever or measured temperature ≥38 C° and cough; onset within the last “10 days; and requiring hospitalization. However, the absence of fever does NOT exclude viral infection.
Clinical syndromes associated with COVID-19

<table>
<thead>
<tr>
<th>Uncomplicated illness</th>
<th>Patients with uncomplicated upper respiratory tract viral infection, may have non-specific symptoms such as fever, cough, sore throat, nasal congestion, malaise, headache, muscle pain or malaise. The elderly and immunosuppressed may present with atypical symptoms. These patients do not have any signs of dehydration, sepsis or shortness of breath.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild pneumonia</td>
<td>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): &lt;2 months, ≥60; 2–11 months, ≥50; 1–5 years, ≥40 and no signs of severe pneumonia.</td>
</tr>
<tr>
<td>Severe pneumonia</td>
<td>Adolescent or adult: fever or suspected respiratory infection, plus one of respiratory rate &gt;30 breaths/min, severe respiratory distress, or SpO2 &lt;90% on room air. Child with cough or difficulty in breathing, plus at least one of the following: central cyanosis or SpO2 &lt;90%; severe respiratory distress (e.g. grunting, very severe chest indrawing); signs of pneumonia with a general danger sign: inability to breastfeed or drink, lethargy or unconsciousness, or convulsions. Other signs of pneumonia may be present: chest indrawing, fast breathing (in breaths/min): &lt;2 months, ≥60; 2–11 months, ≥50; 1–5 years, ≥40. The diagnosis is clinical; chest imaging can exclude complications.</td>
</tr>
<tr>
<td>Acute Respiratory Distress Syndrome</td>
<td>Onset: new or worsening respiratory symptoms within one week of known clinical insult. Chest imaging (radiograph, CT scan, or lung ultrasound): bilateral opacities, not fully explained by effusions, lobar or lung collapse, or nodules. Origin of edema: respiratory failure not fully explained by cardiac failure or fluid overload. Need objective assessment (e.g. echocardiography) to exclude hydrostatic cause of edema if no risk factor present. Oxygenation required</td>
</tr>
<tr>
<td>Sepsis</td>
<td>Life-threatening organ dysfunction caused by a dysregulated host response to suspected or proven infection, with organ dysfunction. Signs of organ dysfunction include: 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, or laboratory evidence of coagulopathy, thrombocytopenia, acidosis, high lactate or hyperbilirubinemia.</td>
</tr>
<tr>
<td>Septic Shock</td>
<td>Persisting hypotension despite volume resuscitation, requiring vasopressors to maintain</td>
</tr>
</tbody>
</table>

Immediate implementation of appropriate IPC measures

IPC is a critical and integral part of clinical management of patients and should be initiated at the point of entry of the patient to hospital (typically the Emergency Department). Standard precautions should always be routinely applied in all areas of health care facilities. Standard precautions include hand hygiene; use of PPE to avoid direct contact with patients’ blood, body fluids, secretions (including respiratory secretions) and non-intact skin. Standard precautions also include prevention of needle-stick or sharps injury; safe waste management; cleaning and disinfection of equipment; and cleaning of the environment.
# How to implement infection prevention and control measures for patients with suspected or confirmed COVID-19

| At triage | Give suspect patient a medical mask and direct patient to separate area, an isolation room if available. Keep at least 2 meters distance between suspected patients and other patients. Instruct all patients to cover nose and mouth during coughing or sneezing with tissue or flexed elbow for others. Perform hand hygiene after contact with respiratory procedures generating an aerosol. |
| Apply droplet precautions | Droplet precautions prevent large droplet transmission of respiratory viruses. Use a medical mask if working within 1-2 meters of the patient. Place patients in single rooms, or group together those with the same etiological diagnosis. If an etiological diagnosis is not possible, group patients with similar clinical diagnosis and based on epidemiological risk factors, with a spatial separation. When providing care in close contact with a patient with respiratory symptoms (e.g. coughing or sneezing), use eye protection (face mask or goggles), because sprays of secretions may occur. Limit patient movement within the institution and ensure that patients wear medical masks when outside their rooms. |
| Apply contact precautions | Droplet and contact precautions prevent direct or indirect transmission from contact with contaminated surfaces or equipment (i.e. contact with contaminated oxygen tubing/interfaces). Use PPE (medical mask, eye protection, gloves and gown) when entering room and remove PPE when leaving. If possible, use either disposable or dedicated equipment (e.g. stethoscopes, blood pressure cuffs and thermometers). If equipment needs to be shared among patients, clean and disinfect between each patient use. Ensure that health care workers refrain from touching their eyes, nose, and mouth with potentially contaminated gloved or ungloved hands. Avoid contaminating environmental surfaces that are not directly related to patient care (e.g. door handles and light switches). Ensure adequate room ventilation. Avoid movement of patients or transport. Perform hand hygiene. |
| Apply airborne precautions when performing an aerosol generating procedure | Ensure that healthcare workers performing aerosol-generating procedures (i.e. open suctioning of respiratory tract, intubation, bronchoscopy, cardiopulmonary resuscitation) use PPE, including gloves, long-sleeved gowns, eye protection, and fit-tested particulate respirators (N95 or equivalent, or higher level of protection). (The scheduled fit test should not be confused with user seal check before each use.) Whenever possible, use adequately ventilated single rooms when performing aerosol-generating procedures, meaning negative pressure rooms with minimum of 12 air changes per hour or at least 160 liters/second/patient in facilities with natural ventilation. Avoid the presence of unnecessary individuals in the room. Care for the patient in the same type of room after mechanical ventilation commences. |

Abbreviations: ARI, acute respiratory infection; PPE, personal protective equipment

## Early supportive therapy and monitoring

- Give supplemental oxygen therapy immediately to patients with SARI and respiratory distress, hypoxemia, or shock.
- Use conservative fluid management in patients with SARI when there is no evidence of shock.
✓ Give empiric antimicrobials to treat all likely pathogens causing SARI. Give antimicrobials within one hour of initial patient assessment for patients with sepsis.

✗ Do not routinely give systemic corticosteroids for treatment of viral pneumonia or ARDS outside of clinical trials unless they are indicated for another reason.
✓ Closely monitor patients with SARI for signs of clinical deterioration, such as rapidly progressive respiratory failure and sepsis, and apply supportive care interventions immediately.
✓ Understand the patient’s co-morbid condition(s) to tailor the management of critical illness and appreciate the prognosis. Communicate early with patient and family.

Considerations during pregnancy and delivery for women with suspected or confirmed COVID-19

- The above IPC measures should be taken when providing care to pregnant women with suspected or confirmed COVID-19 cases prenatally, during intrapartum care, and postpartum.
- All healthcare providers and accompanying birth assistants should wear proper personal protective equipment when attending to a woman with COVID-19.
- Current guidance does not recommend immediate Cesarean section for pregnant women with COVID-19. C-section should be performed in medically necessary cases.
- Facilities providing delivery care to pregnant women should isolate pregnant women with confirmed or suspected COVID-19 based on facility resources and space.
- Separation of mother and baby for suspected COVID-19 cases should be done on a case by case basis. The benefits and risks should be discussed with the mother.
- If the baby is isolated from the mother, the healthcare staff should treat the baby as a suspected case and use proper PPE when providing care. Family members providing care should also use proper PPE.
- If the mother does not need to be separated from the baby, or if space is unavailable, precautions should be taken to avoid transmission from mother to baby including:
  - Separation of at least 6 feet
  - Use of a curtain between mother and baby, if possible
  - Hygiene care for the mother including washing hands before and after handling or feeding the baby.

Summary

Health providers should follow these WHO guidelines when treating patients and refer patients with severe illness to higher level facilities for treatment. Please refer to the full WHO document, *Clinical management of severe acute respiratory infection when novel coronavirus infection is suspected, Interim guidance of January 28, 2020*, for more details as needed. This can be found at https://medicinesforhumanity.org/covid-19-global-pandemic/.
Module 13: Hand Hygiene: Why, How & When

Introduction

Thousands of people die every day around the world from infections acquired while receiving health care. Hands are the main pathways of germ transmission during health care. Hand hygiene is the most important measure to avoid the transmission of harmful germs like COVID-19 and prevent health care-associated infections.

Learning Objectives

After this module, you should be able to:

1. Know the proper approach to hand hygiene on a regular basis
2. Understand the WHO Hand Hygiene tips and techniques

* A link to the full WHO document, Hand Hygiene: Why, How & When can be found online at https://medicinesforhumanity.org/covid-19-global-pandemic/

Lesson and Content

How should a health worker wash his/her hands?

- Clean your hands by rubbing them with an alcohol-based rub, as the preferred means for routine hygienic hand antisepsis if hands are not visibly soiled. It is faster, more effective, and better tolerated by your hands than washing with soap and water. (See diagram on following pages)

- Wash your hands with soap and water when hands are visibly dirty or visibly soiled with blood or other body fluids or after using the toilet. (See diagram on following pages)
Hand Hygiene Technique with Alcohol-Based Formulation

**Duration of the entire procedure:** 20-30 seconds

1a. Apply a palmful of the product in a cupped hand, covering all surfaces;
2. 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. Once dry, your hands are safe.
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;
2. 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.

Hand care
- Take care of your hands by regularly using a protective hand cream or lotion, at least daily.
- Do not routinely wash hands with soap and water immediately before or after using an alcohol-based handrub.
- Do not use hot water to rinse your hands.
- After handrubbing or handwashing, let your hands dry completely before putting on gloves.

Please remember
- Do not wear artificial fingernails or extenders when in direct contact with patients.
- Keep natural nails short.
My 5 Moments for Hand Hygiene

Use alcohol-based hand rub or wash hands with soap and water:

1. Before touching a patient
2. Before engaging in clean/aseptic procedures
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings
1. Before touching a patient

**WHY?** To protect the patient against colonization and, in some cases, against exogenous infection, by harmful germs carried on your hands

**WHEN?** Clean your hands before touching a patient when approaching him/her.

**Situations when Moment 1 applies:**
- Before shaking hands, before stroking a child's forehead
- Before assisting a patient in personal care activities: to move, to take a bath, to eat, to get dressed, etc.
- Before delivering care and other non-invasive treatment: applying oxygen mask, giving a massage
- Before performing a physical non-invasive examination: taking pulse, blood pressure, chest auscultation, recording ECG

2. Before clean / aseptic procedure

**WHY?** To protect the patient against infection with harmful germs, including his/her own germs, entering his/her body

**WHEN?** Clean your hands immediately before accessing a critical site with infectious risk for the patient (e.g., a mucous membrane, non-intact skin, an invasive medical device).

**Situations when Moment 2 applies:**
- Before brushing the patient's teeth, instilling eye drops, performing a digital vaginal or rectal examination, examining mouth, nose, ear with or without an instrument, inserting a suppository / pessary, suctioning mucous
- Before dressing a wound with or without instrument, applying ointment on vesicles, making a percutaneous injection / puncture
- Before inserting an invasive medical device (nasal cannula, nasogastric tube, endotracheal tube, urinary probe, percutaneous catheter, drainage, disrupting / opening any circuit of an invasive medical device for food, medication, draining, suctioning, monitoring purposes)
- Before preparing food, medications, pharmaceutical products, sterile material

3. After body fluid exposure risk

**WHY?** To protect you from colonization or infection with patient's harmful germs and to protect the health-care environment from germ spread

**WHEN?** Clean your hands as soon as the task involving an exposure risk to body fluids has ended (and after glove removal).

**Situations when Moment 3 applies:**
- When the contact with a mucous membrane and with non-intact skin ends
- After a percutaneous injection or puncture: after inserting an invasive medical device (vascular access, catheter, tube, drain, etc.) after disrupting and opening an invasive circuit
- After removing an invasive medical device
- After removing any form of material offering protection (gown, dressings, gloves, sanitary towel, etc.)
- After handling a sample containing organic matter, after cleaning excreta and any other body fluid, after cleaning any contaminated surfaces and soiled material (soiled bed linen, dentures, instruments, urinal, bedpan, lavatories, etc.)

4. After touching a patient

**WHY?** To protect you from colonization with patient germs and to protect the health-care environment from germ spread

**WHEN?** Clean your hands when leaving the patient's side, after having touched the patient.

**Situations when Moment 4 applies, if they correspond to the last contact with the patient before leaving him / her:**
- After shaking hands, stroking a child's forehead
- After you have assisted the patient in personal care activities: to move, to bathe, to eat, to dress, etc.
- After delivering care and other non-invasive treatment: changing bed linen as the patient is in, applying oxygen mask, giving a massage
- After performing a physical non-invasive examination: taking pulse, blood pressure, chest auscultation, recording ECG

5. After touching patient surroundings

**WHY?** To protect you from colonization with patient germs that may be present on surfaces / objects in patient surroundings and to protect the health-care environment from germ spread

**WHEN?** Clean your hands after touching any object or furniture when leaving the patient surroundings, without having touched the patient.

**This Moment 5 applies in the following situations if they correspond to the last contact with the patient surroundings, without having touched the patient:**
- After an activity involving physical contact with the patient's immediate environment: changing bed linen with the patient out of the bed, holding a bedrail, cleaning a bedside table
- After a care activity: adjusting portiion speed, clearing a monitoring alarm
- After other contacts with surfaces or inanimate objects (note – ideally try to avoid these unnecessary activities): leaning against a bed, leaning against a night table / bedside table

*NOTE: Hand hygiene must be performed in all indications described regardless of whether gloves are used or not.*
Hand washing is one of the best prevention methods for reducing the spread of COVID-19 in our communities. That is why proper hand hygiene is so important. With no cure or vaccine available, prevention is the better than treatment. Do your part to practice good hygiene and encourage others to do the same.
MODULE 14: ONLINE HEALTH EDUCATION MATERIALS, RESOURCES AND REFERENCES FOR COVID-19

You can find links to each of the materials below and listed resources and references online at Medicines for Humanity COVID-19 webpage

https://medicinesforhumanity.org/covid-19-global-pandemic/

Health Education Materials for Clinics & Community from MFH

Materials are currently available in English, French, Spanish, Haitian Creole and Arabic.

COVID-19 Overview Poster

COVID-19 Prevention Poster

Tri-fold Brochure for Community Members on COVID-19

Animated 90 Second COVID-19 Public Service Announcement Video for Community Members
General References

- WHO COVID-19 Overview https://www.who.int/health-topics/coronavirus

Health Worker Resources

- WHO Free Online COVID-19 courses https://openwho.org/courses
- WHO Hand Hygiene Tools & Resources https://www.who.int/gpsc/5may/tools/en/
- WHO The COVID-19 risk communication package for healthcare facilities https://iris.wpro.who.int/handle/10665.1/14482