New Normal

Standard Operating Procedures

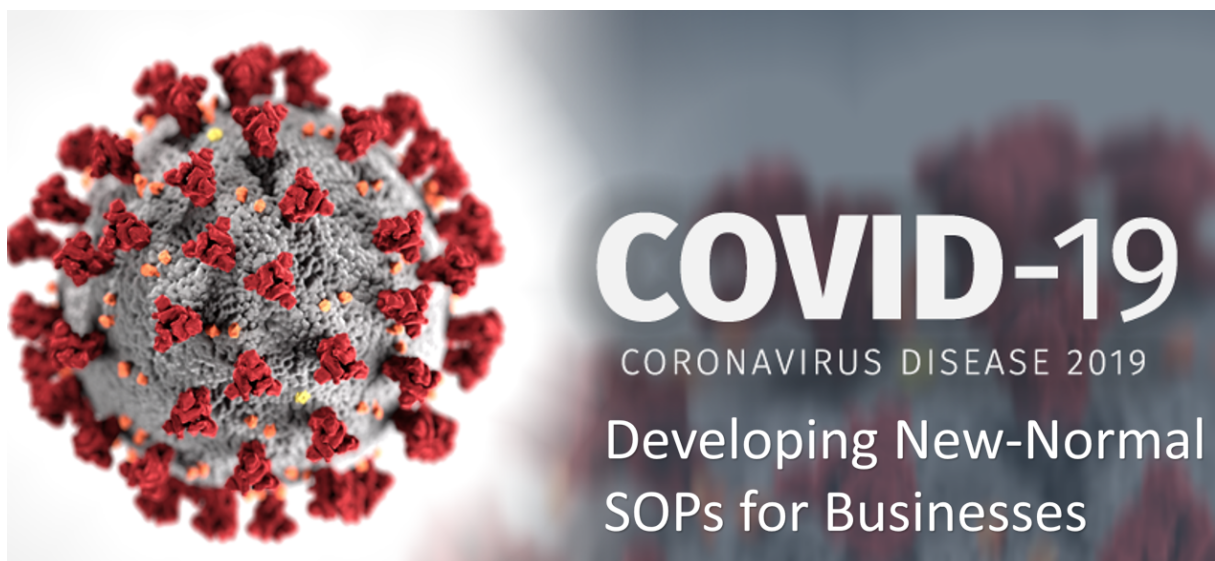For Businesses: PRIVATE MEDICAL CARE

04 September 2020

BCCET • Prospero

Ownership

These standard operating procedures (SOPs) belong to the businesses of Zambia. Together, business experts designed a set of SOPs that, when implemented, have the highest potential of ensuring that businesses that are currently open remain open; and those that are closed re-open in a responsible manner, despite the COVID-19 pandemic.

Acknowledgements

Special thanks are extended to the Business Coalition Council Emergency Taskforce (BCCET), UK Aid and Prospero Zambia for making this initiative possible. To the champions of industry in Zambia that made their COVID-19-adapted SOPs available for case studies and the extraction of best practices, we say a sincere THANK YOU!

Message from the Business Coalition Council Emergency Taskforce (BCCET)

We are all aware of the devastating effects that COVID-19 has had on the Zambian economy. During this trying time, the business community, through BCCET, has strived to find solutions to keep our economy going; preserve jobs and enable a safe working environment. As part of this, we have identified the need for sector-based Standard Operating Procedures (SOPs) to mitigate the fear of doing business and, hence, bring a standardised multi-sector approach to the 'new normal.' As such, we have, in partnership with DFID and Prospero, developed the attached SOP Guidelines for use by the private sector and for onward transmission by the Government of Zambia.

It is our hope that BCCET will continue to supplement Government's efforts to make sure that economic activity continues. This document addresses this issue and also empowers the private sector to take responsibility for implementing these SOPs across multiple industry sectors. This undertaking demonstrates a proactive private sector approach in finding solutions that support Zambia's economic recovery.

Professor Oliver Saasa
Chairman

Ashu Sagar
Vice Chairman Economics

Sam Abrahams
Vice Chairman Medical

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Safety is on everyone – We are only as safe as the least safe member of society.

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INTRODUCTION – New-Normal SOP's – A Business Adaptation to COVID-19

To support the responsible opening up of the Zambian economy during the COVID-19 pandemic, the BCCET and Prospero identified the urgent need to develop a set of standard operating procedures (SOPs). These SOPs were developed to assist employers to prepare their respective workplaces for workers to return and business operations to continue. Many industries/businesses do not have clear guidance on mandatory and recommended best practices for operation under current conditions, so these SOPs will advise industry sectors on how to work safely during the COVID-19 pandemic. The SOPs offer a framework for respective workplaces to protect workers, their families, business clients/customers and the wider community while also protecting livelihoods, jobs and employee productivity.

These SOPs are timely and are urgently required to enable an economically sustainable, proactive and collective approach to opening up the Zambian economy under medical and industry expert guidance.

This SOP compendium primarily focuses on overall sector and sub-sector considerations and does not seek to provide specific guidance on occupational health and safety (OHS) measures on a site-specific basis.
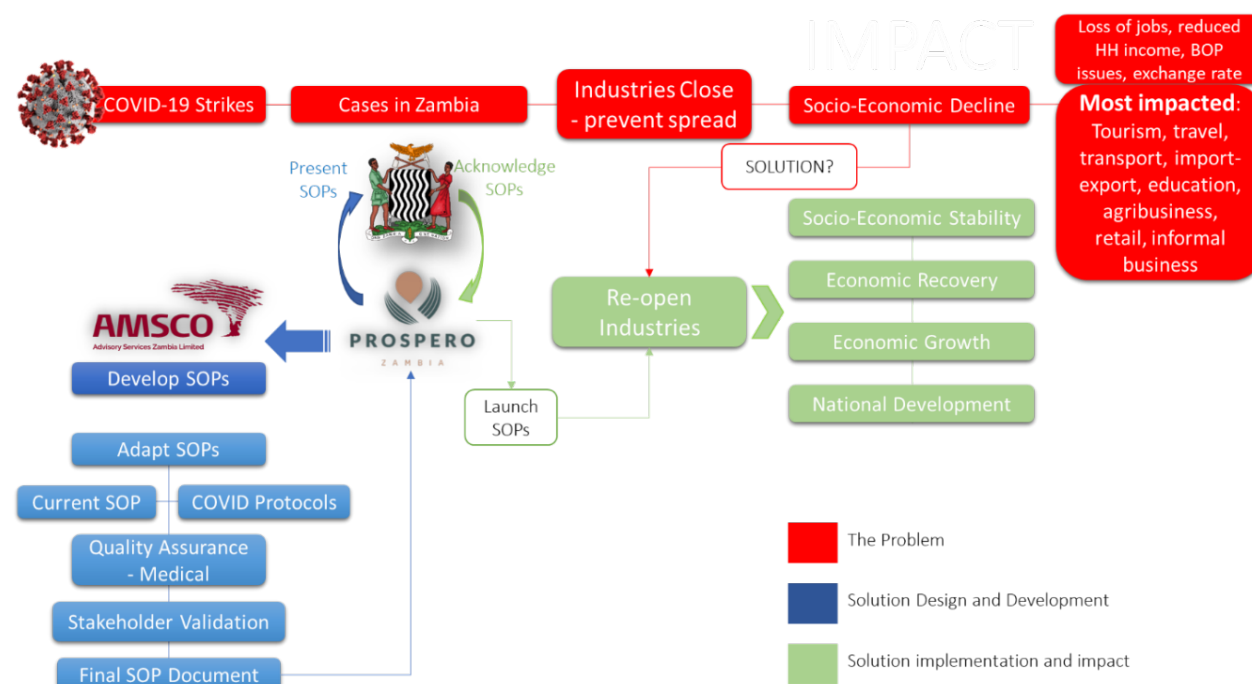
Situational Analysis – How the COVID-19 Pandemic is Affecting Business and Economic Development

As a result of the increase in reported cases of COVID-19, the Government of Zambia moved to introduce Statutory Instruments 21 and 22 of 2020, which empowered various government ministries and agencies to, among other things, close selected sections of the Zambian economy. The abrupt interruption to normal business operations obviously had a substantial impact in terms of economic disruption, as has been the case across the world, resulting in a loss in revenue for numerous businesses. According to the following sources, COVID-19 has impacted Zambia both on social and economic aspects:

Accommodation and food (tourism)	CUTS (2020)	Drop in room occupancy due to social distancing guidelines Anticipated job losses (if cases continue to rise) = 14,297 Anticipated job losses (as a result of full lockdown) = 19,063
	ICA (2020)	At least 700 jobs lost between February and May 2020 (from a sample of 416 companies)
Agriculture	CUTS (2020)	Reduction in labour supply, productivity and exports Anticipated job losses (if cases continue to rise) = 4,683
	ICA (2020)	At least 600 jobs lost between February and May 2020 (from a sample of 416 companies)
Construction	CUTS (2020)	Major projects such as road construction may decline as public funds are diverted towards health and social cash transfer programmes
Manufacturing	CUTS (2020)	Reductions in input imports as well as reduced demand due to reduced domestic and export demand Anticipated job losses (if cases continue to rise) = 3,964
Mining	CUTS (2020)	Zambia's copper exports are likely to reduce further than the 11% decline registered in February 2020 as the impacts of COVID-19 have since intensified Anticipated job losses (if cases continue to rise) = 7,467
	ICA (2020)	At least 200 jobs lost between February and May 2020 (from a sample of 416 companies)
Retail	CUTS (2020)	Import reductions due to COVID-19 restrictions in origin countries Anticipated job losses (if cases continue to rise) = 14,634 Anticipated job losses (as a result of full lockdown) = 29,267

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As key partners in growing an inclusive Zambian economy, Prospero and BCCET recognise the need to ensure that the negative economic impact of COVID-19 is minimised as much as possible. Thus, Prospero engaged the services of AMSCO Zambia to develop helpful industry-level guidelines for business entities to adopt and use as a way to responsibly keep the private sector as productive as possible while reducing the spread of the virus. These guidelines are in the form of SOPs, and have been developed in consultation with key stakeholders in the 13 identified sectors.

Scope of these SOPs

This document contains COVID-19 SOPs for 13 industry sectors listed in Table 1.

Table 1: Important Definitions	
Tourism – Hotels	An establishment providing accommodation, meals, and other services for travellers and tourists. Lodges and Airbnb™ establishments will be grouped under hotels. Meetings, Incentives tours, Conferences and Exhibitions/Events (MICE) services will also be considered here.
Tourism – National Parks	Areas of countryside, or occasionally fresh water, protected by the State for the enjoyment of the general public or the preservation of wildlife. All aspects from entry, accommodation, picnicking, hunting, fishing, camping, hiking, and others, will be considered.
Air Travel	Travel by air aspects will include: At the departure airport (arrival, waiting, processing documents, restaurants, conveniences, baggage checking, exit); on the plane (baggage, conveniences, eating and drinking); and at the arrival airport (arrival, waiting, processing documents, restaurants, conveniences, baggage claim, exit).
Informal Sector	Every sector has an informal sector. For every SOP developed, the informal sector side of it will have its guidelines embedded. It should be noted that this sector is generally unregulated.
Retail	The retail side of business is directly linked to most of the other sectors as part of

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	their supply chain. The following retail constituents will be considered in the development of guidelines for the sector: • Goods: supermarkets, stores, markets (with clear distinction between consumables, equipment and clothing) • Services: automotive, beauty, ICT
Mining	Both small-scale and large-scale extraction is considered. The process from prospecting to production will be included.
Private Medical Care	This sector includes private practice only. For purposes of comparison, public medical SOPs may be reviewed.
Trucking	In the traditional supply chain, trucking facilitates the distribution channel. In these SOPs, trucking will include any vehicle which transports goods between the source of raw materials and the user of the end product.
Clearing	This implies the importation or exportation of goods through a port of entry. Procedures at airports, inland ports and border points will be developed.
Banking and Financial Services	This includes banks and banking halls, ATMs and mobile banks for commercial banking. For mobile money operators, SOPs for kiosks will be the main focus. As microfinance institutions (MFIs) and village banking are more at community level, promoting their services at household level and door-to-door, specific SOPs will be developed.
Education	The sector has very high human-to-human contact of people of varying ages. The SOPs for the education sector therefore cover all stages from reception to tertiary levels, and make reference to staff and students alike.
Agriculture	The main agro sub-sectors will be considered: • Crops: cereals, vegetables and fruits • Livestock: poultry, beef, dairy, pork, and fish
Manufacturing	The major forms of manufacturing apply: consumables (food and beverage), and clothes. Note: The informal sector for manufacturing is vast.
Property Management	This covers residential, commercial and land.
Informal Sector	Each sector has been deemed to have an informal aspect which will be addressed on a sector by sector basis. However, SOPs for markets, bus stations and home-based businesses will be developed.
Construction	The SOPs will focus on building and road construction.

Structure of the SOPs

What is a Standard Operating Procedure?

Standard Operating Procedures are step-by-step instructions for carrying out specific activities within an organization, an industry or a sector. For example, SOPs may describe how food is prepared, packaged and sold, or how products are stocked and restocked.

SOPs are valuable tools that are used to ensure that activities are undertaken consistently and to a high standard. They are used in business to stipulate how the activities will be undertaken. They provide quality assurance that the actions and products will be consistent and therefore comparable and safe.

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Why have Standard Operating Procedures?

The advantages of SOPs are that they:

1. Provide personnel with numbered step-by-step instructions on a specific procedure (or procedure used to carry out a method) with minimum variability;
2. Ensure that the procedures are performed consistently and in compliance with government regulations;
3. Protect the health and safety of personnel by enabling jobs to be carried out in the safest possible way, and ensure that all of the safety, health, environmental and operational information is available to perform specific procedures with minimal impact;
4. Facilitate training in procedures, for both new personnel and for those that need re-training (e.g. after extended absence from a position);
5. Serve as a historical record for use when modifications are made to that procedure and when the SOP is revised;
6. Promote quality through consistent collection of data, even if there are changes in the people undertaking the survey or monitoring; and
7. Encourage improvements and work evaluation by ensuring that the procedures are completed, and can be used in incident investigations to improve operations and safety practices.

About these SOPs

The SOPs are industry and sector specific and take into account local nuances and differences between provinces and districts. All aspects of the supply chain are considered, including customer management, supply management and premises management. The SOPs also provide COVID-19 incident and case management procedures that outline care and risk mitigation, should someone at work be identified as having contracted COVID-19, or is at risk due to being in contact with individual(s) outside of the workplace who have contracted COVID-19.

The industry SOP documents set out guidance on how to work safely and offer practical considerations of how this guidance can be applied in the workplace. Each industry SOP document outlines both Mandatory SOPs and Advisory SOPs.

Each includes (but is not limited to) the following components:

a) Industry level introduction;
b) Overview on how to use the SOP guidance;
c) Overview on the definition of what is meant by components of each industry;
d) How each industry should think about and assess risk;
e) Who should go to work;
f) Social distancing at work;
g) Managing customers, visitors and contractors;
h) Cleaning the workplace;
i) Personal Protective Equipment (PPE) and face coverings;
j) Workforce management;
k) Inbound and outbound goods;
l) Where to obtain further assistance;
m) Appendices: Forms, tools, checklists.

The **SOP guidance document per industry** articulates those that are mandatory according to the government, and some industry standards, and those that are advisory SOPs.

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The SOPs will include the following key sections:

a) Background to the development of New-Normal SOPs;
b) List of sectors, sub-sectors and supply chains;
c) Generic full supply chain SOPs for COVID-19;
d) Specific SOPs (by industry/sector) with embedded COVID-19 protocols;
e) Purpose of the NAMED INDUSTRY SOPs;
f) Introduction;
g) Overview on how to use the SOP guidance;
h) Definitions;
i) Risk assessment and documentation;
j) Work schedules and responsibilities;
k) Specific procedures:
  i. Social distancing at work;
  ii. Managing customers, visitors and contractors;
  iii. Cleaning the workplace;
  iv. Personal Protective Equipment (PPE) and face coverings;
  v. Workforce management;
  vi. Inbound and outbound goods
l) Forms and templates to be used;
m) Where to obtain further assistance;
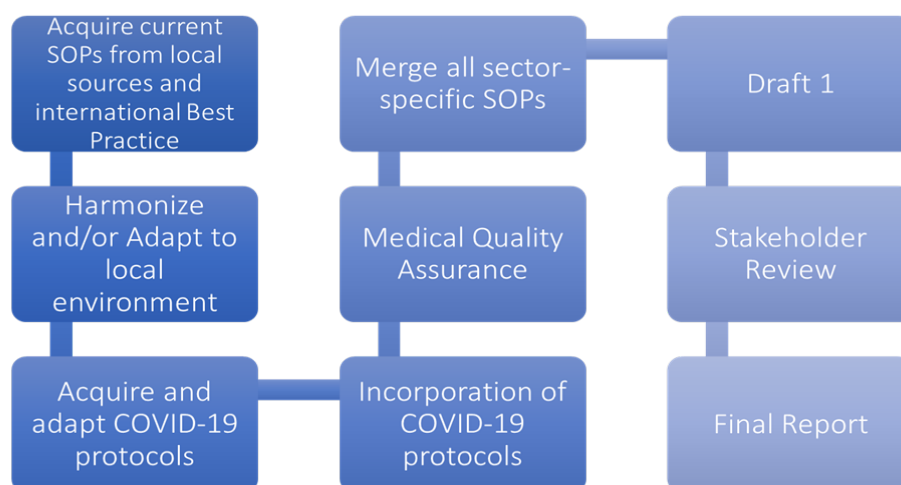n) Appendices: tools, forms, checklist.

Approach

Figure 1: The Approach Layout

The first stage included the review of SOPs currently in use in Zambia and around the globe. Each sector had at least three case SOPs for use in developing a harmonised SOP for their sectors and supply chains. Sector experts in the selected sectors were engaged to utilise their knowledge, experience and networks to access these harmonised best practices. Each industry expert proceeded to embed COVID-19 protocols in the SOP for their sectors and supply chains. Embedded SOPs were then reviewed by a qualified public health practitioner for COVID-19 norms and practices. This was followed by merging all

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the sector-specific SOP documents into one, which was sent to stakeholders for review and validation before finalization.

About COVID-19

What is COVID-19?

COVID-19 is a disease caused by a new strain of coronavirus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV.' The COVID-19 virus is a new virus linked to the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and some types of the common cold.

What are the symptoms of COVID-19?

Symptoms can include a fever, coughing and shortness of breath. In more severe cases, infection can cause pneumonia or breathing difficulties. More rarely, the disease can be fatal. These symptoms are similar to those of the flu (influenza) or the common cold, which are a lot more common than COVID-19. This is why testing is required to confirm if someone has COVID-19.

How does COVID-19 spread?

The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing). Individuals can also be infected by touching surfaces contaminated with the virus and touching their face (e.g., eyes, nose, mouth). The COVID-19 virus may survive on surfaces for several hours, but simple disinfectants can kill it.

Who is most at risk?

We are learning more about how COVID-19 affects people every day. Older people, and people with chronic medical conditions, such as diabetes and heart disease, appear to be more at risk of developing severe symptoms. As this is a new virus, we are still learning about how it affects children. We know it is possible for people of any age to be infected with the virus, but so far there are relatively few cases of COVID-19 reported among children. This is a new virus and we need to learn more about how it affects children. The virus can be fatal in rare cases; so far mainly among older people with pre-existing medical conditions.

What is the treatment for COVID-19?

There is no currently available vaccine for COVID-19. However, many of the symptoms can be treated and getting early care from a healthcare provider can make the disease less dangerous. There are several clinical trials that are being conducted to evaluate potential therapeutics for COVID-19.

How can the spread of COVID-19 be slowed down or prevented?

As with other respiratory infections like the flu or the common cold, public health measures are critical to slowing the spread of illnesses. Public health measures are everyday preventive actions that include:

- Staying home when sick;
- Covering the mouth and nose with flexed elbow or tissue when coughing or sneezing. Dispose of used tissue immediately;
- Washing hands often with soap and water; and
- Cleaning frequently touched surfaces and objects.

As more is learnt about the new COVID-19, public health officials may recommend additional actions. It is important for businesses and households to stay informed about changes in the characteristics of COVID-19 in order to understand the public health directives and, also, in order to adapt quickly.

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General Guidance for Employers and Businesses

Getting your workplace ready for COVID-19[1]

How COVID-19 spreads

When someone who has COVID-19 coughs or exhales, they release droplets of infected fluids. Most of these droplets fall on nearby surfaces and objects – such as desks, tables or telephones. People could catch COVID-19 by touching contaminated surfaces or objects – and then touching their eyes, nose or mouth. If they are standing within 1 m of a person with COVID-19, they can catch it by breathing in droplets coughed out or exhaled by them. In other words, COVID-19 spreads in a similar way to the flu. Most persons infected with COVID-19 experience mild symptoms and recover. However, some go on to experience more serious illness and may require hospital care. The risk of serious illness rises with age: people over 40 seem to be more vulnerable than those under 40. People with weakened immune systems and people with conditions such as diabetes, heart and lung disease are also more vulnerable to serious illness.

Advice on the following can be found in Appendix 3:

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

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[1] https://www.who.int/docs/default-source/coronavirus/getting-workplace-ready-for-covid-19.pdf

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PRIVATE MEDICAL CARE

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I.   Private Medical Care

A.   SOP for COVID-19 mitigation measures for Private Medical Care

Department: _____

SOP No: _____

	NAME	TITLE	SIGNATURE	DATE
Author				
Reviewer				
Authoriser				

READ BY			
NAME	TITLE	SIGNATURE	DATE

PURPOSE

The purpose of this SOP is to provide guidance on COVID-19 prevention in a Private Medical Care setting.

INTRODUCTION

COVID-19 is a respiratory illness caused by a new virus called SARS-CoV-2. The WHO International Health Regulations Emergency Committee declared the outbreak a public health emergency of international concern on 30 January,2020. The first case in Zambia was detected on 16 March 2020 and on 24 March 2020, the President of the Republic of Zambia gave his first statement on the pandemic and announced measures to reduce the spread of COVID-19 in Zambian communities.

By the nature of its operations and services, a hospital is at a remarkable risk of the spread of COVID-19. Therefore, it is critically important for hospitals to implement procedures that minimise this risk. This SOP aims to provide considerations for private medical services to prevent the rapid spread of COVID-19 in in-patient and out-patient care settings.

SCOPE

This SOP focuses primarily on prevention measures to be taken in private medical care facilities to reduce the spread of COVID-19. The measures described in this SOP apply to all classes of health facilities as defined by the Health Professions Council of Zambia (HPCZ) unless otherwise specified.

DEFINITIONS

In-patient	A patient who lives in a hospital while under treatment
Out-patient:	A patient who attends a hospital for treatment without staying there overnight
Suspected case	a. A patient with an acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath), AND a history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset;

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	OR
	b. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms; OR c. A patient with a severe acute respiratory infection (fever and at least one sign/symptoms of respiratory disease (e.g. cough, shortness of breath) AND no other etiology that fully explains the clinical presentation.
Probable Case	A suspected or probable case for whom testing for COVID-19 is inconclusive or is tested positive using a pan-coronavirus assay and without laboratory evidence of other respiratory pathogens.
Confirmed Case	A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.
Health Care Worker	All paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or their infectious secretions and materials (e.g., doctors, nurses, pharmacists, physiotherapists, laboratory workers, facility or maintenance workers, clinical trainees, volunteers etc.).
PPE	Personal Protective Equipment is specialised clothing or equipment worn by an employee for protection against infectious materials.
IPC	Infection prevention and control is a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers. It is grounded in infectious diseases, epidemiology, social science and health system strengthening. IPC occupies a unique position in the field of patient safety and quality universal health coverage since it is relevant to health workers and patients at every single health-care encounter.
Isolation	Separates sick people with a contagious disease from people who are not sick.
Quarantine	Separates and restricts the movement of people who were exposed to a contagious disease with the objective of monitoring symptoms and early detection of cases.
Clean	Cleaning refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection. Cleaning is an essential first step in any disinfection process.
Disinfection	Disinfection works by using chemicals. This process does not necessarily clean dirty surfaces or remove germs. But by killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.
Triage	Triage is a system of identifying high, medium, and low risk patients and prioritizing care based on this risk.
Classification of Health Facility	As per definition by the Health Professions Council of Zambia (A-E).

PROCEDURES

The management of patients during the COVID-19 pandemic requires that patients who are not infected with COVID-19 are protected from the disease. In this setting, it is critically important that

patients suspected or probably infected with COVID-19 are identified promptly and measures taken to isolate such patients. It is also critically important that diagnosis of COVID-19 is confirmed promptly to allow for appropriate management and transfer to a COVID-19 treatment center.

Private health facilities need to follow guidance contained in the MoH guidelines on Active Screening of COVID-19 in Heath facilities. In brief, the implementation strategy categories testing priority into 3 priorities i.e. Testing Priority 1: addresses COVID-19 testing for inpatient, testing priority 2: addresses COVID-19 testing for any fatality with a respiratory cause of death and testing priority 3: addresses a triage system to screen at the facilities entry point.

A. General Measures

1. Place posters with information on COVID-19 (including respiratory hygiene, hand sanitization, physical distancing etc.)
2. Place hand hygiene stations in several strategic areas in the facility to enable all to <u>wash hands frequently</u>. Use hands-free water and soap dispensers where possible.
3. Display the proper handwashing technique at the handwashing stations (see figure below)

Handwashing Technique

1	Wet hands with water.
2	Apply enough soap to cover all hand surfaces.
3	Rub hands palm to palm.
4	Rub right palm over top of left hand with interlaced fingers, and vice versa.
5	Rub palm to palm with fingers interlaced.
6	Rub backs of fingers to opposing palms with fingers interlocked.
7	Clasp left thumb in right palm and rub rotationally, and vice versa.
8	Clasp fingers of right hand in left palm and rub rotationally and backwards and forwards. Repeat with left fingers.
9	Rinse hands with water.
10	Dry hands thoroughly with single-use towel.
11	Use towel to turn off faucet.
12	Your hands are now safe!

4. Place automated hand sanitiser in triage area, corridors, wards and isolation areas.
5. Place stickers/marks on the floor that indicate <u>1-2 m distancing</u> and also place marks on benches in waiting areas to denote 1-2 m between individuals.
6. Designate a core team or teams who will specifically attended to COVID-19 cases.
   a. A core team should include a member of the hospital management, the hospital infection control team, an infectious disease expert, and if applicable, experts representing the intensive care unit (ICU) and emergency room (ER).
   b. Establish a backup for each of the roles.
   c. Generate a list with the contact details of the core team and backups and ensure it is up to date and easily accessible.

  d. Briefly and concisely document all roles and responsibilities of the core team and maintain centrally.

  e. Core team members should be informed of, and trained in, their roles and responsibilities; maintain a contact list and documentation centrally for easy accessibility.

  f. Designate a place where the core team can meet regularly (optional).

  g. Provide adequate meeting facilities for the core team (e.g. meeting rooms, computers, projectors, boards, phones for teleconference, office supplies) – (optional).

  h. Develop a procedure to keep track and control of documentation (e.g. procedures, meeting notes, training materials, etc. (optional).

  i. Develop a mechanism to keep documentation updated and staff informed on where to find information.

7. Develop an inventory system to track usage and functionality of equipment and supplies used in the COVID-19 response at the facility:

  a. Develop a procurement procedure which can be activated on short notice to acquire the necessary materials and supplies.

  b. Identify alternative suppliers if main suppliers should run out of stock (especially for personal protective equipment (PPE)).

  c. Maintain buffer stock of key supplies (e.g. for hand and respiratory hygiene, PPE, isolation, ICU supplies, mechanical respirators etc.)

  d. Develop and/or implement a stock inventory procedure to monitor and regularly update the inventory.

  e. Develop a plan to track and maintain custody of key supplies (e.g. PPE, ventilators, cleaning and disinfection material, alcohol solution, etc.) to avoid misuse, overuse or theft.

8. Develop daily checklists to monitor infection prevention and control (IPC) in the health facility specifically in designated COVID-19 management areas i.e. triage area, isolation area, ICU, bathrooms, corridors etc.

9. Reception of Patients and Visitors – IPC measures to be initiated upon arrival i.e. ensure they have a <u>face mask</u>, <u>wash hands</u> with soap or sanitise with 60% alcohol before entering the triage station.

10. Triage station: The institution should set up a station where all patients are screened. Complete a screen questionnaire that enables categorization into non-COVID-19 patient, suspect case, probable case and confirmed case.

11. Isolation area(s): Highly recommended that the institution designates and clearly labels an area or multiple areas within the facility that can be used to isolate cases as they are evaluated.

12. Train the core team and other health care workers on COVID-19 prevention related procedures e.g. *Curriculum on COVID-19 Training for Health Workers: Preparedness and Response*(7)
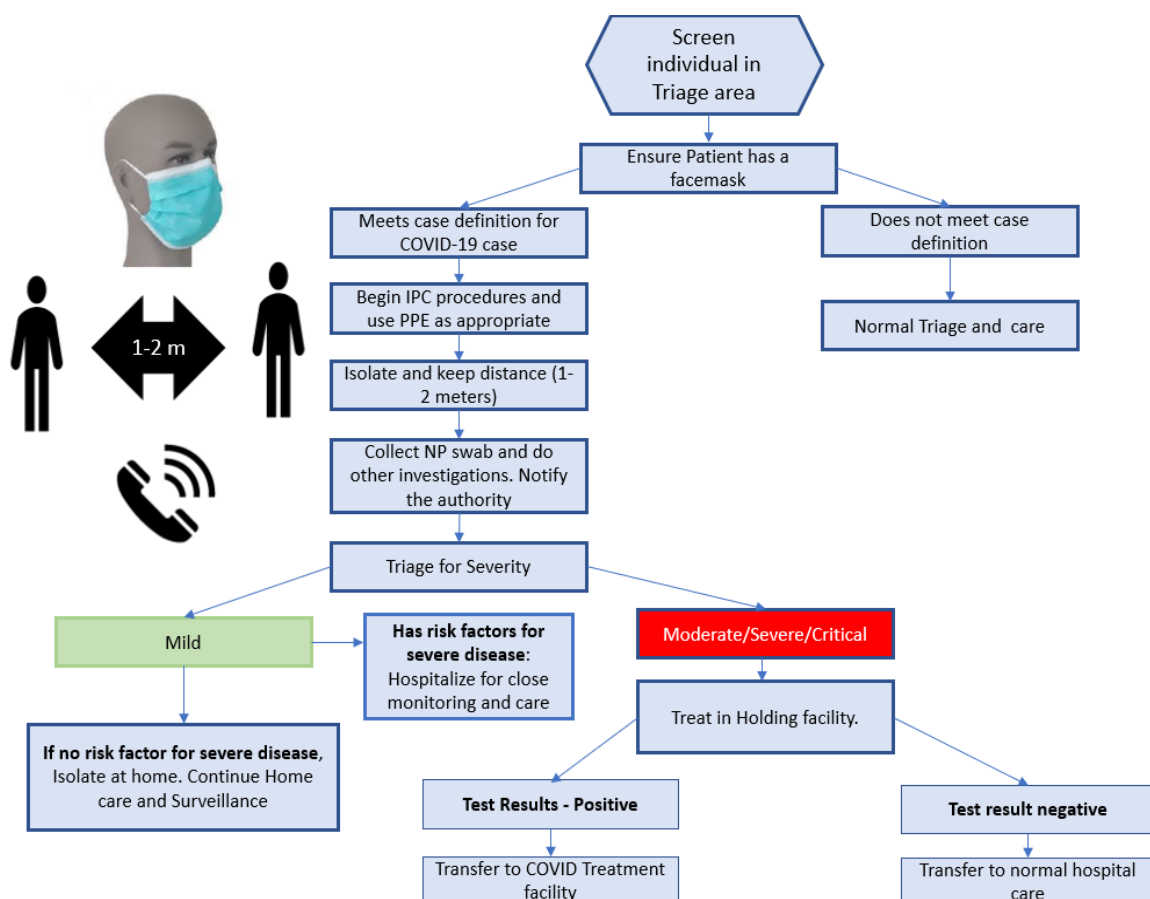
B. **Screening and triage** refers to the processes of identifying patients with suspected, probable or confirmed COVID-19 so they can be properly and immediately cared for. Screening and triage also limits the spread of disease.

1. If possible initiate screening before the patient arrives at your facility over the phone.

2. All health care workers and first responders MUST be aware of the screening method and case definition. They should also know how to protect themselves from the virus.

   a. If the patient is a suspected case or has respiratory symptoms, emergency medical personnel should call the hospital before the patient arrives at the facility.

3. Three steps in screening protocol:

   a. **IDENTIFY** suspected cases by asking patients about their recent travel, contact with COVID-19 patients, and symptoms.

   b. **ISOLATE** the patient who may be a suspected case from other patients.

   c. **INFORM** the person in charge of facilitating correct precautions and testing within the facility i.e. the lead for the core team for COVID-19 management.

Figure: Triage – Patient flow Through Heath Facility

- *NP – Nasopharyngeal swab*

- *Authority – facility in charge, District Health Office (DHO) and Zambia National Public Health Institute (ZNPHI)*

New Normal SOP: PRIVATE MEDICAL CARE

The procedures below detail steps to prevent COVID-19 spread in in-patient facilities i.e. class A facilities settings, and may be applicable in other facility settings. These guidelines have been adapted from CDC interim guidance on Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease (6) and other sources.

C. Patient Placement

1. For patients with COVID-19 or other respiratory infections, evaluate the need for hospitalization. If hospitalization is not medically necessary (i.e. mild disease without risk factors for severe disease), home care is preferable if the individual's situation allows.

2. If admitted, place a patient with suspected, probable or confirmed COVID-19 infection in a single-person room with the door closed. The patient should have a dedicated bathroom. Personnel entering the room should use PPE as described in the section below.

3. If isolation in a single room is not possible, group patients suspected of the virus together, isolated from the rest of the population.

4. <u>Prompt arrangements must be made to transfer confirmed COVID-19 patients who require admission to a COVID-19 treatment facility.</u>

5. As a measure to limit health care worker exposure and conserve PPE, facilities should consider designating entire units within the facility to a core team to care for patients with suspected, probable or confirmed SARS-CoV-2 infection.

    a. Facility management needs to determine how staffing needs will be met as the number of patients with suspected, probable or confirmed SARS-CoV-2 infection increases and if health care workers become ill and are excluded from work.

    b. It might not be possible to distinguish patients who have COVID-19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens might be admitted on the same unit. However, only patients with the same respiratory pathogen may be housed in the same room e.g. a patient with COVID-19 should ideally not be housed in the same room as a patient with an undiagnosed respiratory infection or a respiratory infection caused by a different pathogen.

6. To the extent possible, a patient with suspected, probable or confirmed COVID-19 infection should be housed in the same room for the duration of their stay in the facility (e.g., minimise room transfers).

7. Limit transport and movement of the patient outside of the room to medically essential purposes.

8. Whenever possible, perform procedures/tests in the patient's room.

9. Consider providing portable X-ray equipment in patient cohort areas to reduce the need for patient transport.

10. Communicate information about patients with suspected, probable or confirmed SARS-CoV-2 infection to appropriate personnel before transferring them to other departments in the facility (e.g., radiology) and to other healthcare facilities.

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11. Patients should wear a face mask or cloth face covering to contain secretions during transport.

12. Once the patient has been discharged or transferred, health care workers should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles. After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.

D. **Manage Visitor Access and Movement Within the Facility**
1. Limit visitors to the facility to only those essential for patient's physical or emotional well-being and care (e.g., care partner, parent).
2. Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets.
3. If visitation of patients with COVID-19 infection occurs, visits should be scheduled and controlled to allow for the following:
    a. Facilities should evaluate risk to the health of the visitor (e.g., visitor might have underlying illness putting them at higher risk for COVID-19) and ability to comply with precautions.
    b. Facilities should provide instruction, before visitors enter patients' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient's room.
    c. Visitors should not be present during an aerosol generating procedure or other procedures.
    d. Visitors should be instructed to only visit their patient's room. They should not go to other locations in the facility.

E. **Consider if elective procedures, surgeries, and non-urgent outpatient visits should be postponed in certain circumstances.**
1. Facilities must balance the need to provide necessary services while minimizing risks to patients and health care workers.
2. Facilities should consider the potential for patient harm if care is deferred when making decisions about providing elective procedures, surgeries, and non-urgent out-patient visits.
3. Implement e-Health services (i.e. healthcare services provided electronically via the Internet) particularly for patients with chronic disease conditions and who are stable.
4. Implement drug delivery services (e.g. via courier services or facility arranged delivery mechanism) to enable patients to access their drugs without physically going to the health facility.

F. **Optimise the Use of Engineering Controls and Indoor Air Quality**
1. Optimise the use of engineering controls to reduce or eliminate exposures by shielding health care workers and other patients from infected individuals. Examples of engineering controls include:
    a. Physical barriers and dedicated pathways to guide symptomatic patients through triage areas.
    b. Remote triage facilities for patient intake areas.
    c. If climate permits, outdoor assessment and triage stations for patients with respiratory symptoms.
    d. Vacuum shrouds for surgical procedures likely to generate aerosols.

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e. Reassess the use of open bay recovery areas.
2. Explore options to improve indoor air quality in all shared spaces.
   a. Optimise air-handling systems (ensuring appropriate directionality, filtration, exchange rate, proper installation, and up to date maintenance).
   b. Consider the addition of portable solutions (e.g., portable HEPA filtration units) to augment air quality in areas when permanent air-handling systems are not a feasible option.

G. Infection Prevention Control in In-patient Ward
1. Environmental infection control
   a. Dedicated medical equipment should be used when caring for patients with suspected, probable or confirmed SARS-CoV-2 infection.
   b. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
   c. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
   d. Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed. It is recommended to reference WHO guidance on *"Cleaning and disinfection of environmental surfaces in the context of COVID-19"(8).*
   e. Medical waste (trash) coming from wards treating suspected, probable or confirmed COVID-19 patients is no different than waste coming from wards without COVID-19 patients. The management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures.

2. Implement universal source control measures
   a. Patients and visitors should, ideally, wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a face mask or cloth face covering, as supplies allow.
      i. Patients may remove their cloth face covering when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room.
      ii. Face masks and cloth face coverings should not be placed on young children under the age of 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
   b. Health care workers should wear a face mask at all times while they are in the healthcare facility, **including in breakrooms or other spaces where they might encounter co-workers**.
   c. When available, face masks are preferred over cloth face coverings for health care workers as face masks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.

<ol type="i" start="9">
Cloth face coverings should NOT be worn instead of a respirator or face mask if more than source control is needed.

<ol type="a" start="4">
To reduce the number of times HCW must touch their face and potential risk for self-contamination, HCW should consider continuing to wear the same respirator or face mask throughout their entire work shift, instead of intermittently switching back to their cloth face covering.
<ol type="i">
Respirators with an exhalation valve are not recommended for source control, as they allow unfiltered exhaled breath to escape.

Health care workers should remove their respirator or face mask, perform hand hygiene, and put on their cloth face covering when leaving the facility at the end of their shift.
Educate patients, visitors, and HCW about the importance of performing hand hygiene immediately before and after any contact with their face mask or cloth face covering.

3. Hand hygiene

<ol type="a">
Health care workers should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
Health care workers should perform hand hygiene by using alcohol-based hand sanitiser with at least 60-95% alcohol or washing hands with soap and water for at least 20 seconds.
If hands are visibly soiled, use soap and water before returning to alcohol-based hand sanitiser.
Private healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location.

4. Encourage physical distancing

<ol type="a">
When possible HCW should maintain physical distancing i.e. 1 – 2 m from other people or patients.
Examples of how physical distancing can be implemented for patients include:
<ol type="i">
Limiting visitors to the facility to those essential for the patient's physical or emotional well-being and care (e.g., care partner, parent).
Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets.
Scheduling appointments to limit the number of patients in waiting rooms.
Arranging seating in waiting rooms so patients can sit at least 1 – 2 m apart.

Examples of how physical distancing can be implemented for health care workers include:
<ol type="i">
Reminding health care workers that the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions.

    ii.   Emphasizing the importance of source control and physical distancing in non-patient care areas.

    iii.   Providing family meeting areas where all individuals (e.g., visitors, health care workers) can remain at least 1-2 m apart from each other.

    iv.   Designating areas for health care workers to take breaks, eat, and drink that allow them to remain at least 1-2 m apart from each other, especially when they must be unmasked.

5. **Collection of diagnostic respiratory specimens**

   When collecting a diagnostic respiratory specimen (e.g., nasopharyngeal or nasal swab) from a patient with possible SARS-CoV-2 infection, the following should occur:

   a. Specimen collection should be performed in a normal examination room with the door closed.

   b. Health care workers in the room should wear PPE consisting of gloves, gown, a fit-tested particulate respirator (N95 respirator or equivalent or higher-level respirator (or face mask if a respirator is not available), and eye protection (goggles or face shield).

   c. If respirators are not readily available, they should be prioritised for other procedures at higher risk for producing infectious aerosols (e.g., intubation), instead of for collecting diagnostic respiratory specimens.

   d. The number of health care workers present during the procedure should be limited to only those essential for patient care and procedure support. <u>Visitors should not be present for specimen collection.</u>

   e. Clean and disinfect procedure room surfaces promptly once procedure is completed.

6. **Process to respond to SARS-CoV-2 exposures among HCW and others**

   a. Healthcare facilities should notify DHO and ZNPHI about suspected, probable or confirmed cases of SARS-CoV-2 infection.

   b. Precautionary measures described above should be taken to prevent potential exposure of SARS-CoV-2 to others in the facility.

   c. Develop a plan, in consultation with ZNPHI, for how exposures in a healthcare facility will be investigated and managed and how contact tracing will be performed. The plan should address the following:

       i.   Who is responsible for identifying contacts (e.g., Health care workers, patients, visitors) and notifying potentially exposed individuals?

       ii.   How will such notifications occur?

       iii.   What actions and follow-up are recommended for those who were exposed?

   d. Contact tracing should be carried out in a way that protects the confidentiality of affected individuals. Health care workers and patients who are currently admitted to the facility or were transferred to another healthcare facility should be prioritised for notification.

   e. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these, including providing resources to assist health care workers with anxiety and stress.

7. Overview of PPE and its use in the health facility

Personal protective equipment is designed to protect the wearer's skin, eyes, mucous membranes, airways and clothing from coming into contact with infectious agents. Mucous membranes and skin with compromised integrity are portals of entry that are highly susceptible to infectious agents such as COVID-19. It is important to note that the use of PPE is not a substitute for proper infection prevention and control practice. For example, the use of gloves is not a substitute for hand hygiene.

Health care workers who work with COVID-19 patients must be proficient in donning (putting on) and doffing (taking off) PPE and this requires specific training. PPE is recommended in the care and management of suspected, probable or confirmed cases of COVID-19.

8. Who should wear protective clothing?

Select which PPE items to wear based on this assessment:

a. Patients with suspect or confirmed COVID-19 infection should wear a face mask when being evaluated medically.
b. Healthcare workers: All doctors, nurses, and health workers who work in COVID-19 treatment centers must be proficient in donning and doffing PPE and this requires specific training.
c. All support staff who clean the isolation room, handle contaminated supplies and equipment, launder re-usable supplies, and collect and dispose of infectious waste from COVID-19 patients should wear gowns, gloves, and face masks while working in the treatment center.
d. All laboratory staff who handle patient specimens and body fluids from suspected; probable COVID-19 cases should have complete PPEs (gown, gloves, N95, and face shield) on while performing their official duties.
e. Laboratory support staff who clean and disinfect laboratory equipment used to test COVID-19 specimens should have complete PPEs on gown, gloves, N95, and face shield) on while performing their official duties.
f. Safe burial teams who remove bodies of deceased COVID-19 patients and prepare them for burial (gown, gloves, N95, and face shield).

Risk assessment is critical for all activities, i.e. assess each health care activity and determine the PPE that is needed for adequate protection.

The choice and combination of PPE ensemble to be worn in dealing with COVID-19 patients should be based on a careful risk assessment that considers risk of exposure and extent of contact anticipated with blood, body fluids, respiratory droplets, and/or open skin. The PPE is to be worn systematically.

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Personal Protective Equipment (PPE) and Use

PPE	Characteristics and how to use it
Eye Protection (goggles or face shield)	- Used to adequately protect the health care workers' conjunctival mucous membranes from splashes. - Goggles should be preferably used for high-risk situations. - Normal reading glasses are not acceptable as PPE for eye protection so a face shield with anti-fog should be worn over the glasses or goggles big enough to cover the glasses. - Goggles must fit comfortably and securely; each person should have his/her own goggles/face shield with personal names on them. - Condensation of the goggles can be a major problem: it impairs the user's vision and is dangerous but can be minimised by anti-fog spray.
Mouth and Nose Protection (Surgical face mask)	- Health care workers must cover the mouth and nose to avoid body fluid splashes and droplet spread. - Medical-surgical mask should be fluid-resistant with structured design that does not collapse against the mouth.
Respiratory Protection (N95)	- The respirator protects from the inhalation of droplets and particles. - Given that the fitting of different types of respirator will vary for each user, the respirator will require a fitting test in order to find the best match of PPE to user. - A respirator should always be used when performing aerosol-generating procedures in a COVID-19 patient.
Gloves	- Correctly sized latex or nitrile examination gloves should be used to protect hands against both direct and indirect contact. - A new pair of gloves should be used for each patient. Remember that for invasive procedures you need sterile gloves. - DO NOT touch eyes, nose or mouth areas with gloved hands.
Body Protection	- Long-sleeved water-resistant gowns should be used. This PPE does not need to be sterile, unless used in a sterile environment (e.g. operating room). - If water-resistant gowns are not available, single-use plastic aprons can be used on top of the non-water-resistant gowns to prevent body contamination.
Apron	- When the risk of splashes from patient's vomiting, diarrhea or bleeding is high, aprons should be worn over the gown or coverall because fluid-proof aprons provide extra protection of the front part of the body and is easier to replace than a soiled gown or coverall. - Disposable aprons should be used.

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Protective Body Wear (Coverall and Bunny suits)	▪ Disposable coverall or bunny suit made of fabric that is tested for resistance to penetration by blood or body fluids or blood borne pathogens should be worn over scrubs. ▪ This should only be used when there is a risk that the environment is highly contaminated and there will be very close contact with the patient.
Foot Wear	▪ Rubber or gum boots are preferred over closed shoes because they are fluid-proof, easier to clean and disinfect. ▪ They provide optimal protection from splashes/wetness and protect from sharp injuries. ▪ If not available, then wear closed shoes with disposable impermeable shoe covers. ▪ Boots should also be cleaned to remove gross contamination and then disinfected prior to re-use.
Head Cover	The purpose of head covers is to protect the skin and hair from virus contamination with subsequent unrecognised transmission to the mucosa of the eyes, nose or mouth.
Heavy Duty Rubber Gloves	▪ Cleaners, laundry workers and healthcare workers when handling infectious waste (i.e. solid waste or any secretion or excretion of with visible blood) should wear heavy duty rubber gloves over nitrile gloves. ▪ Movement of human remains or performing environmental cleaning activities.

- Before exiting the isolation area, carefully remove PPE and dispose in waste containers in a designated doffing area.
- Do not recycle any single-use PPE.
- Remove PPE under supervision of a trained buddy.
- Avoid any contact with soiled items and areas of the face or skin.
- Place reusable equipment in bin for decontamination.

9. **Use PPE when caring for patients with confirmed or suspected/ probable COVID-19.**
Before caring for patients with confirmed or suspected or probable COVID-19, healthcare personnel must:
   a. Receive comprehensive training on when and what PPE is necessary, how to don and doff PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
   b. Demonstrate competency in performing appropriate infection control practices and procedures.

10. **Donning (putting on the gear):**
More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.
   a. **Identify and gather the proper PPE to don**. Ensure choice of gown size is correct (based on training).
   b. **Perform hand hygiene using hand sanitiser**.

      c. **Put on isolation gown**. Tie all of the ties on the gown. Assistance may be needed by another health care workers .

      d. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a face mask if a respirator is not available)**. If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/face mask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/face mask under your chin or store in scrubs pocket between patients.*

           i. **Respirator**: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.

          ii. **Face mask**: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.

      e. **Put on face shield or goggles**. When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.

      f. **Put on gloves**. Gloves should cover the cuff (wrist) of the gown.

      g. **Health care workers may now enter patient room**.

11. **Doffing (taking off the gear):**

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

a) **Remove gloves**. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).

b) **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. *

c) **Health care workers may now exit patient room.**

d) **Perform hand hygiene.**

e) **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.

f) **Remove and discard respirator (or face mask if used instead of respirator).*** Do not touch the front of the respirator or face mask.

    a. Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.

    b. Face mask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.

Perform hand hygiene after removing the respirator/face mask and before putting it on again if your workplace is practicing reuse.

Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.

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APPENDICES

APPENDIX 1: CORONAVIRUS (COVID-19) GUIDANCE FOR EMPLOYERS

This document has been adapted from lessons learned from the Equality and Human Rights Commission[2] of the UK.

As an employer, you are under legal obligations to ensure the decisions you make in response to coronavirus (COVID-19) do not directly or indirectly discriminate against employees with protected characteristics.

1. Do not make decisions based on protected characteristics
Protected characteristics are:
1. Age
2. Disability
3. Gender Reassignment
4. Marriage and Civil Partnership
5. Pregnancy and Maternity
6. Race
7. Religion or Belief
8. Sex
9. Sexual Orientation

This includes decisions about returning to work, for example who to bring back to the physical workplace, who gets extra hours or who is made redundant.

This would be **direct discrimination**. Examples include:
- A manager asking a female employee working from home to check in with him more than a male employee, because of an assumption that the woman is more likely to be distracted by her children.
- An employer deciding it will no longer recruit candidates from any ethnic minority to front-line roles after finding out some ethnic minorities are disproportionately impacted by coronavirus (COVID-19).
  Employees over 60 not being informed that the physical workplace is reopening, as you do not want them to return because of the potential risk – the employer should consider less discriminatory ways of protecting older employees.

Discrimination arising from a disability
Disabled employees must not be treated unfavourably because of something connected to their disability, where you cannot show that it is objectively justified. This applies if you know or could reasonably have been expected to know that the person is a disabled person. Examples include:

- An employer rejecting a late appeal against redundancy because an employee's learning disability meant they needed extra help – the employee has been treated unfavourably because of something arising from their disability (rather than because of the disability itself).

- An employer dismissing an employee who has been off work for a long period of time due to long-term ill health and is now shielding – the employer must be able to objectively justify any dismissal, including why reasonable adjustments could not be made.
- An employer making redundancies is influenced by discriminatory assumptions about a disabled employee's performance, such as them taking more absence leave than non-disabled employees in the future – the employer should instead use objective selection criteria and ask at least 2 managers to independently score each employee to avoid discriminatory bias.

2. Take into account the needs of individual employees

- Set up work stations, shifts and working from home according to their needs.
- Update risk assessments to consider the disproportionate impact of coronavirus (COVID-19) on specific groups, such as ethnic minorities, pregnant and older workers, and how to mitigate these risks.
- Implement or expand flexible working options to meet the needs of employees. This could include those with parenting or caring responsibilities who may have lost their childcare arrangements. It could also include disabled people and those with long-term illnesses, including mental health conditions – do not make assumptions that remote working automatically benefits everyone.

If you equally apply a policy or practice to everyone, you may place someone with a particular characteristic at a disadvantage. This would be **indirect discrimination,** unless it is objectively justified or you have a real need to apply the policy and do so in a way that is necessary and appropriate. Examples include:

- Requiring all employees to continue to work in front-line, key worker roles – this would have a greater impact on those who need to self-isolate or follow the social distancing guidance more strictly, such as disabled, older or pregnant employees or ethnic minority staff due to the disproportionate impact of coronavirus (COVID-19).
- An employer thinking a fair approach to redundancies would be to review employees' sales figures from the past 2 years, using the lowest as criteria for redundancy – they realise after consulting staff this will disadvantage women who have been on maternity leave, which would be indirect sex discrimination.
- An employer taking over communal staff facilities to create extra work space for social distancing, disadvantaging employees with religious beliefs who lose prayer spaces – this can only be justified if use of these rooms is the only way the employer can ensure employee safety.

3) Communicate with employees

- Involve them in decision-making processes.
- Pay attention to specific communication needs, such as those on maternity leave, disabled employees or ethnic minority staff who may want to raise concerns about the disproportionate impact of coronavirus (COVID-19).
- Have conversations about updated risk assessments, current caring responsibilities and arrangements, wellbeing, mental health and employees' ability to carry out their job.

Examples of effective communication include:

- An employer considering how to provide safety information to all staff, using posters and ensuring they are read to staff with visual impairments – if they had not, they would have been vulnerable to a claim of indirect discrimination.

- An employer carrying out a risk assessment for employees returning to the physical workplace talks to different employee groups and trade union reps to hear different concerns and mitigate any negative impacts.

4. Record your decisions and track their impact

Useful question to ask include:

- Who has been placed on furlough?
- Who has been made redundant?
- Who has been asked to return to the workplace?
- Who has gone on unpaid leave?
- How many reasonable adjustment requests have been approved?
- Who has been offered flexible working patterns?

This will help ensure you're not discriminating against any specific group and may help prove that your decisions are objectively justified.

If you're a public sector employer, you also have requirements under the public sector equality duty to consider the need to avoid discrimination, advance equality of opportunity and foster good relations. Conducting an equality impact assessment should help you to meet these obligations.

Why this is important

There are lots of reasons why following inclusive practices makes good business sense, including:

- Three quarters of employers told us it attracts highly-skilled talent and increases staff commitment and retention
- It builds organisational resilience and reputation as the future of work looks likely to change
- It removes barriers to employment often faced by those with protected characteristics and reduces absence and related costs
- Employers with existing equality action plans have been able to respond quickly and positively to new challenges

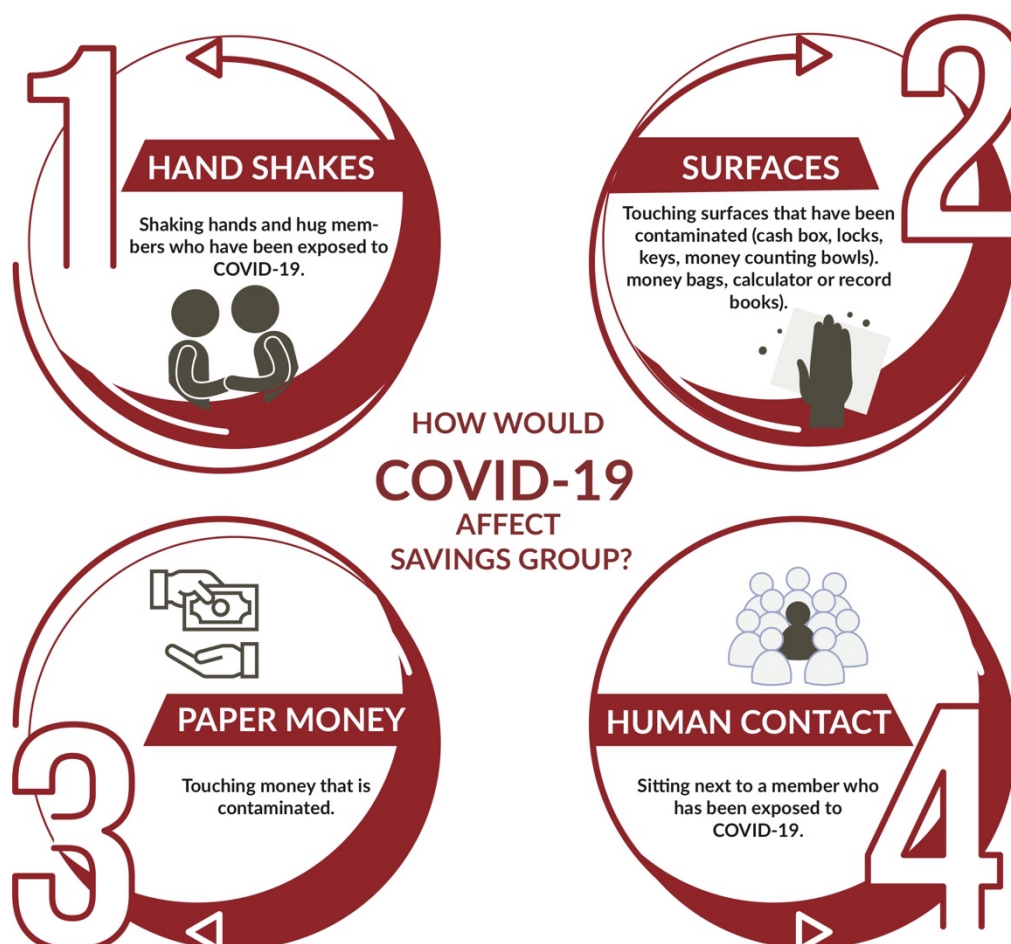If you make decisions that discriminate against an employee, you may be at risk of:

- Having a claim brought against you at an employment tribunal
- Costly compensation fees
- Reputational damage

APPENDIX 2: COVID-19 GUIDELINES FOR SAVINGS GROUPS3

How would COVID-19 affect your savings group?

When you meet as a group, you come from different homes and some members may have been exposed to COVID-19. You are at risk of infection during the meeting if for example, you engage in:

Some of your group members may experience financial difficulties during this period due to loss of income. Restrictions on movements during this period might mean that some group members will not freely go the market to trade, (similarly, buyers will stay at home and not buy goods and services), companies may close and lay off workers and some members may stay at home sick or will be nursing sick family members. This may affect your savings group in the following ways:

The World Health Organisation and Ministry of Health have put in place measures to ensure you, your family and fellow group members are safe and healthy. There are also rules and measures to regulate meetings which everyone must adhere to.

In addition, it is recommended that savings groups also follow the guidelines below.

WHAT CAN SAVINGS GROUPS DO DURING THIS PERIOD?
Meetings

1. Reduce meeting times (e.g., instead of weekly, meet once a month) and encourage only a few members to attend meetings to avoid overcrowding especially if meetings are held in a small room.
2. Practice social distancing – sit at least 1 m from each other. Remember not to shake hands or hug.
3. Members in high risk categories like the elderly, pregnant, sick or having pre-existing health conditions such as diabetes, asthma, bronchitis, cancer and HIV, should appoint a relative or friend they trust to participate on their behalf. Members should also avoid coming to the meeting with children.
4. Please enforce handwashing; provide a handwashing bucket or container with soap/sanitisers for members coming to the meeting. Ensure gloves are available for money counters and persons holding keys to the cashbox. If gloves are not available, use hand sanitisers before and after the meeting.
5. Members, especially money counters should not touch their faces when counting money.
6. If all members have cell phones, consider having a digitised meeting where members send savings, loans and social funds through mobile money or other virtual means. This could be safe but requires that all members learn how to do this properly.
7. Please ensure that your group funds and cash box are always secured.

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8. Your group could also consider safer places to keep the group fund such as in a mobile money account, or microfinance institution or bank.

Social Fund

- Decide on how you will handle social funds to assist members in emergency cases.
- Consider having a special COVID-19 fund.

Savings and Loans

- Continue saving even as little as the minimum share amounts as these will be helpful during the post-pandemic recovery process.
- Where possible, avoid in-person meetings and consider transacting using digital means or mobile money. This could include having a few people collect the funds, record member contributions, and consolidate them. The management committee can then disburse loans and pay out social funds on request.
- In the worst case:
  - Consider revising or rescheduling savings and repayments which could include shorter lending cycles; revised loan terms; lower loan values or stop lending altogether.
  - Where there is an immediate need to access savings or there is a risk of keeping funds in the near term, consider accelerating the share-out. Share-outs should only take place once outstanding loans are repaid.

WHO CAN SAVINGS GROUPS TURN TO FOR FURTHER SUPPORT?

- Follow official Ministry of Health updates to ensure that you comply with all safety measures.
- Contact your savings group trainer if you need any clarifications on the guidelines.

APPENDIX 3: WHO GUIDELINES FOR GETTING YOUR WORKPLACE READY FOR COVID-19

1. Simple ways to prevent the spread of COVID-19 in your workplace

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

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

- Make sure your workplaces are clean and hygienic
  - Surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) need to be wiped with disinfectant regularly
    Why? Because contamination on surfaces touched by employees and customers is one of the main ways that COVID-19 spreads
- Promote regular and thorough handwashing by employees, contractors and customers
  - Put sanitizing hand rub dispensers in prominent places around the workplace. Make sure these dispensers are regularly refilled
  - Display posters promoting handwashing – ask your local public health authority for these or look on www.WHO.int.
  - Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefings at meetings and information on the intranet to promote handwashing
  - Make sure that staff, contractors and customers have access to places where they can wash their hands with soap and water
    Why? Because washing kills the virus on your hands and prevents the spread of COVID19
- Promote good respiratory hygiene in the workplace
  - Display posters promoting respiratory hygiene. Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefing at meetings and information on the intranet etc.
  - Ensure that face masks[4] and/or paper tissues are available at your workplaces, for those who develop a runny nose or cough at work, along with closed bins for hygienically disposing of them
    Why? Because good respiratory hygiene prevents the spread of COVID-19
- Advise employees and contractors to consult national travel advice before going on business trips.
- Brief your employees, contractors and customers that if COVID-19 starts spreading in your community anyone with even a mild cough or low-grade fever (above 37°C) needs to stay at home. They should also stay home (or work from home) if they have had to take simple medications, such as paracetamol/acetaminophen, ibuprofen or aspirin, which may mask symptoms of infection
  - Keep communicating and promoting the message that people need to stay at home even if they have just mild symptoms of COVID-19.
  - Display posters with this message in your workplaces. Combine this with other communication channels commonly used in your organization or business.
  - Your occupational health services, local public health authority or other partners may have developed campaign materials to promote this message

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

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o   Make clear to employees that they will be able to count this time off as sick leave.

2. How to manage COVID-19 risk when organizing meetings and events

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

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

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

Key considerations to prevent or reduce COVID-19 risks

BEFORE the meeting or event

- Check the advice from the authorities in the community where you plan to hold the meeting or event. Follow their advice.
- Develop and agree a preparedness plan to prevent infection at your meeting or event.
    - Consider whether a face-to-face meeting or event is needed. Could it be replaced by a teleconference or online event?
    - Could the meeting or event be scaled down so that fewer people attend?
    - Ensure and verify information and communication channels in advance with key partners such as public health and health care authorities.
- Pre-order sufficient supplies and materials, including tissues and hand sanitiser for all participants. Have surgical masks available to offer anyone who develops respiratory symptoms.
    - Actively monitor where COVID-19 is circulating. Advise participants in advance that if they have any symptoms or feel unwell, they should not attend.
    - Make sure all organisers, participants, caterers and visitors at the event provide contact details: mobile telephone number, email and address where they are staying. State clearly that their details will be shared with local public health authorities if any participant becomes ill with a suspected infectious disease. If they will not agree to this, they cannot attend the event or meeting.
- Develop and agree a response plan in case someone at the meeting becomes ill with symptoms of COVID-19 (dry cough, fever, malaise). This plan should include at least:
    - Identify a room or area where someone who is feeling unwell or has symptoms can be safely isolated or have a plan for how they can be safely transferred from there to a health facility.
    - Know what to do if a meeting participant, staff member or service provider tests positive for COVID-19 during or just after the meeting
    - Agree the plan in advance with your partner healthcare provider or health department.

DURING the meeting or event

- Provide information or a briefing, preferably both orally and in writing, on COVID-19 and the measures that organisers are taking to make this event safe for participants.
    - Build trust. For example, as an icebreaker, practice ways to say hello without touching.
    - Encourage regular handwashing or use of an alcohol rub by all participants at the meeting or event.
    - Encourage participants to cover their face with the bend of their elbow or a tissue if they cough or sneeze. Supply tissues and closed bins to dispose of them in.
    - Provide contact details or a health hotline number that participants can call for advice or to give information.

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- Display dispensers of alcohol-based hand rub prominently around the venue.
- If there is space, arrange seats so that participants are at least 1 m apart.
- Open windows and doors whenever possible to make sure the venue is well ventilated.
- If anyone starts to feel unwell, follow your preparedness plan or call your hotline.
  - Depending on the situation in your area, or recent travel of the participant, place the person in the isolation room. Offer the person a mask so they can get home safely, if appropriate, or to a designated assessment facility.
- Thank all participants for their cooperation with the provisions in place.

AFTER the meeting

1. Retain the names and contact details of all participants for at least 1 month. This will help public health authorities trace people who may have been exposed to COVID-19 if one or more participants become ill shortly after the event.
2. If someone at the meeting or event was isolated as a suspected COVID-19 case, the organiser should let all participants know this. They should be advised to monitor themselves for symptoms for 14 days and take their temperature twice a day.
3. If they develop even a mild cough or low-grade fever (i.e. a temperature above 37°C) they should stay at home and self-isolate. This means avoiding close contact (1 m or nearer) with other people, including family members. They should also telephone their healthcare provider or the local public health department, giving them details of their recent travel and symptoms.
4. Thank all the participants for their cooperation with the provisions in place.

3. Things to consider when you and your employees travel

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

- **While traveling:**
  - Encourage employees to wash their hands regularly and stay at least 1 m away from people who are coughing or sneezing
  - Ensure employees know what to do and who to contact if they feel ill while traveling.
  - Ensure that your employees comply with instructions from local authorities where they are traveling. If, for example, they are told by local authorities not to go somewhere they should comply with this. Your employees should comply with any local restrictions on travel, movement or large gatherings.

- **When you or your employees return from traveling:**
    - Employees who have returned from an area where COVID-19 is spreading should monitor themselves for symptoms for 14 days and take their temperature twice a day.
    - If they develop even a mild cough or low grade fever (i.e. a temperature above 37°C) they should stay at home and self-isolate. This means avoiding close contact (1 m or nearer) with other people, including family members. They should also telephone their healthcare provider or the local public health department, giving them details of their recent travel and symptoms.

4. Getting your workplace ready in case COVID-19 arrives in your community

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

Remember:

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

How to stay informed:

Find the latest information from WHO on where COVID-19 is spreading: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/ Advice and guidance from WHO on COVID-19 https://www.who.int/emergencies/diseases/novel-coronavirus-2019 https://www.epi-win.com/

APPENDIX 4: SUMMARY OF SECTOR SUPPLY CHAINS

Sector	Sub-Sector	Supply Chain Node
Manufacturing	Consumables	Raw Material → Transporter (Loading, In-Transit, Off-loading) → Warehouse/Storage → Retailer/Wholesaler → MANUFACTURER → Package → Transporter → Wholesaler → Retailer → Buyer
	Textile	Cloth Manufacturer → Package → Transporter → Wholesaler → Retailer → Buyer
	INFORMAL	Raw Material → Transporter (Loading, In-Transit, Off-loading) → Warehouse/Storage → Retailer/Wholesaler → Home-based/Market MANUFACTURER → Package → Transporter → Buyer
	Paper and Printing	Raw Material → Transporter (Loading, In-Transit, Off-loading) → Warehouse/Storage → Retailer/Wholesaler → MANUFACTURER → Package → Transporter → Wholesaler → Retailer → Buyer
Retail	Supermarket	MANUFACTURER → Package → Transporter → Wholesaler → Retailer → Buyer
	INFORMAL	
	Clothes	
	Stationery	
Air travel	Airport	Passenger: Home (packing) → Bus/taxi → Check-in → Lounge/Duty Free shopping → Boarding → On-Board → Disembarkation → Immigration → Baggage Claim → Bus/Taxi
	Carrier	Cargo: Owner (packing) → Transport → Inspection → Customs → Loading → Stowing → unloading → inspection → customs → delivery/transport
Banking/Financial	Micro-Finance	N/A
	Mobile Money	Deposit: Client → Teller → Next Client or Bank or Immediate Use Withdrawal: Previous client/Bank/Home Safe → Client → transaction
	Commercial Bank	Inside Bank: Deposits/BOZ Acquisitions → Vault → Teller → Client → Transaction Auxiliary Bank: Deposits/BOZ Acquisitions → Vault → ATM → Client → Transaction
Property Management	Residential	• Commercial – Staff: Home → Bus/Taxi/own vehicle → Short Walk → Office → Desk/Station
	Commercial	• Commercial – Client: Home → Bus/Taxi/own vehicle → Short Walk → Office → Waiting room → Meeting room
	Land	• Commercial – Changing tenants (1): Old tenant → Movers/Transport → New Location → Unload → Unpack → Set-up/Decor • Commercial – Changing tenants (2): New tenant → signs lease → Movers/Transport → New Location → Unload → Unpack → Set-up/Décor • Buyer/Seller → Sellers Vehicle → Viewing property →
Tourism	Hotels and Lodges	From Air Travel: Arrival → baggage → Check-in → Room → Amenities → Check-out → taxi/bus
	National Parks	Home/Hotel/Lodge → Tour Guide/Hired/Own Vehicle → Park gate → picnic/camp site → Exit
	Restaurants	Home/Hotel/Lodge/Office → Bus/Taxi/own vehicle → table → Amenities → Exit
	Bars	Home/Hotel/Lodge/Office → Bus/Taxi/own vehicle → table/bar → Amenities → Exit

Sector	Sub-Sector	Supply Chain Node
	MICE	Home/Hotel/Lodge/Office → Bus/Taxi/own vehicle → registration → meeting room → amenities → exit
Trucking and Clearing	Collection and Packaging	Hired Truck: Owner of truck → transporter → Client Location → Pack → Load → in-transit → off-load Owned Truck: Client Location → Pack → Load → in-transit → off-load
	In Transit	
	Port of entry/exit	Packing → Loading → Transport → [Airport: off-load from transport →] Inspection → Customs → Loading → Stowing → unloading → inspection → customs → delivery/transport
Agriculture	Crops	Harvest at Farm → Transporter (Loading, In-Transit, Off-loading) → Warehouse/Storage → Retailer/Wholesaler → MANUFACTURER → Package → Transporter → Wholesaler → Retailer → Buyer
	Milk	Milking at Farm → Transporter (Loading, In-Transit, Off-loading) → Warehouse/Storage → Retailer/Wholesaler → Processor → Package → Transporter → Wholesaler → Retailer → Buyer
	Fish	Harvest at Farm → Transporter (Loading, In-Transit, Off-loading) → Warehouse/Storage → Retailer/Wholesaler → Processor → Package → Transporter → Wholesaler → Retailer → Buyer
	Chicken	Dressing → Transporter (Loading, In-Transit, Off-loading) → Warehouse/Storage → Retailer/Wholesaler → Processor → Package → Transporter → Wholesaler → Retailer → Buyer
	Meat	Farm → Transporter (Loading, In-Transit, Off-loading) → Abattoir → Warehouse/Storage → Retailer/Wholesaler → Processor → Package → Transporter → Wholesaler → Retailer → Buyer
Private Medical Care	Clinics and Hospitals	• Out-patient: Home/Referral → Ambulance/public/private transport → waiting room → exam room → Exit • In-Patient: Home/Referral → Ambulance/public/private transport → waiting room → exam room → Admitted → Amenities/services → discharged → Ambulance/public/private transport → Home
Mining	Above Ground	• Mining Staff: Home → Transport → Changing Room → on-site vehicle → work station → equipment → Loading → Processing → Transporter → Port
	Under Ground	• Admin Staff: Home → Bus/Taxi/own vehicle → Short Walk → Office → Desk/Station
	Gold, Coal, Copper	• Service providers: Home → Bus/Taxi/own vehicle → Short Walk → Duty Station
Construction	Road, Building	Home → Transport → Changing Room → on-site vehicle → work station → equipment
Education	All levels	Home/Office → Bus/Taxi/own vehicle → registration → class room → amenities → exit
Informal Sector	Markets	Home → Public transport → orders on-site (usually from wholesalers) → transport → market → display → on-site packaging → buyer
	Bus stations, Buses and Taxis	Passenger/Driver/Conductor → Bus → numerous unpredictable bus stops → walk → destination (via other stops)
	Home Based Businesses	Raw Materials → Processing/production → Packaging → Delivery to client/Client collection → Buyer

APPENDIX 5: RISK ASSESSMENT TOOL – THINKING ABOUT RISKS ASSOCIATED WITH COVID-19

Company name: Assessment carried out by:
Date of next review: Date assessment was carried out:

What are the hazards?	Who might be harmed and how?	What are you already doing to control the risks?	What further action do you need to take to control the risks?	Who needs to carry out the action?	When is the action needed by?	Done

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APPENDIX J1: CHECKLIST FOR THE PRIVATE MEDICAL SECTOR

The COVID-19 threat has imposed a new way of carrying out business operations (New Normal). This may be a permanent normal for a long time to come. In figuring out supply chain solutions, responsible supervisors of operations will have to expand upon existing safety protocols and change their Occupational Safety by deploying plans to protect the customers, clients, patrons, employees and indeed all supply chain players and the general public while the provisions of Zambian regulatory laws will still apply. The checklist below could be used by other sectors in a customised way to suit their operations.

MANAGEMENT	HOURLY	DAILY	WEEKLY	AS NEEDED	PROCESS OWNERSHIP	COLLABORATIONS/PARTNERS
1. **Attendance Guidelines** a. Screening and Triage Protocol for patients b. Temperature checks (staff) c. Self-check procedures d. Oversight and management of symptoms among staff	✓	✓			-Dedicated Core team to manage COVID-19 -Health Care Workers - Collect data on employee illness, tracing activity and report to HR, HR Staff follow up with affected employees and families. - Collect data on inpatient and outpatient symptoms and tracing activities and when necessary, contacts	Hospital Management (CEO, HR management, matron or in-charge, departmental heads use internal communication Daily, weekly and hourly employee data is aggregated by HR and internal communication done to provide updates to all staff
2. **Premises/Business/Company Response in an event of confirmed case of COVID-19** a) Report to public health team/authorities b) Quarantining and contact tracing procedure c) Stagger the shifts d) Communicate to the public through media about the cases				✓	Core Team Lead i.e. Hospital manager/CEO General Manger/CEO, Top Management Team	HR and Internal Communication

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3.Staff and Client personal Hygiene a) Regular handwashing b) Hand sanitisation: How, when, and where c) Hand sanitiser areas/stations d) Reporting, entering premises, during and on leaving work premises	✓				Human Resource and Core team, Departmental heads	All employees All patrons, customers
4. Sourcing, Distribution, receiving materials for use as Personal Protective Equipment (PPEs)guidelines		✓			Purchasing and Safety Managers	Internal communication, Inventory database management and use of checklists to track PPE, IPC items and other consumables
5. PPE supply: Face Masks, Gloves, Shields, a) Check condition and fit for use of PPEs b) Care and cleaning			✓		Core team, Safety managers HR Manager Operations Mangers	All employees
6. Enforcing Social and Physical Distancing Measures a) Workplaces b) During meals c) Check-ins and check-outs d) Registration and reception areas e) Waiting rooms f) Seats and sitting arrangements g) At dining tables h) Counters and tills i) Queuing		✓			Department managers and HR Managers	HR Manger or assigned employees
7. Cleaning and Disinfecting a) Waste bins availability b) Waste handling and removal and disposal c) During shifts changes d) Door handles and knobs, rails and work stations e) Desk work areas. Computer keyboards/ digital buttons and switches f) Paper work handling, copiers, faxes, (office machines)		✓			Safety Managers and HR, Housekeeping, General workers	Internal communication

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g) Workshop tools h) Trolleys and shopping baskets i) Common use telephone j) Tills, elevators, rails k) Kitchens					
8. Handling Deliveries/Supplies a) Trucks b) Small packages/parcels (courier services) mails, food services, shop floor fulfilment merchants		✓			Purchasing Managers	HR and assigned employee
9 Signage and Markings a) Apply to visitors and delivery staff b) For staff on spacing floor marks c) Digital information on COVID-19 awareness d) Strategic information posters for public		✓			Hospital manager /Matron or hospital in charge, Departmental heads	Internal communication
10. Emergency Phone Number a) Family members b) First response c) Premises Reaction Health team phones d) COVID-19 MoH Hotlines		✓			Core Team, Safety Managers and HR	All employees
11. Management Team Communication with a) Staff b) Suppliers c) Distributors d) Customer/clients/visitors e) Community representatives/public health team on COVID-19 from MoH			✓		Hospital managers, CEOs with HR and Communication Dept. or Public Relations	Department Manager
12. Remote Work Staff Policies or Staff Working from Home		✓			HR Managers	Hospital management, Department Managers

External References

World Health Organisation, WHO COVID-19 and Food Safety: Guidance for Business
Return to work Checklist template

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