

CHECKLIST 1

FOR LOCAL / GRASSROOTS HEALTHCARE PROJECTS,
VOLUNTARY GROUPS & FACILITIES IN LOW RESOURCE
SETTINGS.

Prepare: **Logistically**

Version 1.1

PREPARING FOR COVID-19



Foreword

As the world faces its first pandemic in living memory, it is the most vulnerable communities with little or no access to healthcare who will face the greatest consequences and lives lost. Urgent efforts to mobilise learning and resources for infection prevention and control, the provision of personal protective equipment [PPE] to frontline health workers, as well as concentrated efforts on community awareness campaigns, will provide the greatest first line of defence against COVID-19 and save lives.

Many local and grassroots organisations dealing with this crisis [especially those that are not led by medical experts] are struggling to practically translate and filter out the wealth of information available, often full of medical or technical terms. These four checklists were put together by Doctors Worldwide to provide a starting point for local health projects and facilities in low-resourced settings, who are preparing for COVID-19. We ask that anyone who uses the checklists to get in touch with their feedback so that we may improve them further.

In the absence of a vaccine, humanitarian organisations have a collective responsibility to urgently prepare the local communities, partners and organisations who make up to 90% of the first responders in any worldwide crisis. With governments in lockdown, borders closed and airports grounded, humanitarian organisations are reminded once again that we must fulfil a core role of supporting local partners to stand on their own two feet, and that we must collectively work together as enablers in this worldwide crisis affecting us all.

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Acknowledgement

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The information in this booklet is based on Doctors Worldwide medical and operational experiences gained over the last 19 years since its launch in 2001. In addition, excerpts and passages have been adapted from various sources including: The World Health Organisation COVID-19 Infection Prevention and Control online resources; The African Federation of Emergency Medicine; The UK National Health Service, NHS, COVID-19 online resources; Guidance for Infection prevention and control in healthcare settings 2020 issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS) and Public Health England; Interim Guidance; Tips and Advice on the Use of Personal Protection Equipment for Health Workers Coming into Direct Contact with COVID-19 patients, 3 April 2020, Produced by: Frontline Collaboration Against COVID-19 Humanitarian Analysis, Guidance and Support for NHS Workers, Dr Najeeb Rahman; Scaling up COVID-19 outbreak readiness and response operations in humanitarian situations including camps and camp-like settings Version 1.1 March 2020 IFRC, IOM, UNHCR, WHO; Managing COVID-19 across the Indo-Pacific - A guide for emergency departments with limited resources by the Australasian College for Emergency Medicine (ACEM) Global Emergency Care Committee; The Handbook of COVID-19 Prevention & Treatment from Zhejiang University School of Medicine; Guidance for infection prevention and control in healthcare settings Adapted from Pandemic Influenza; Guidance for the prevention of COVID-19 infections among high-risk individuals in camps and camp-like settings, Version: 31 March 2020, London School of Hygiene & Tropical Medicine

Disclaimer: The advice in this document is based on expert consensus and guidelines/resources from key public health authorities. Doctors Worldwide accepts no responsibility for the accuracy of the content.

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About Doctors Worldwide

Doctors Worldwide is a specialist medical charity based in the UK with a mission to support and collaborate with local communities to build and sustain quality healthcare services in both development and emergency settings. Access to quality healthcare is not a privilege, it is a human right; and we work towards making that a reality - especially for the most vulnerable communities.

Since our launch in 2001, we have delivered more than 95 healthcare projects across Asia, Africa and Central America impacting over 3 million lives and counting.

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We also offer free training on the topics covered in this booklet, get in touch to find out more at info@doctorsworldwide.org

Join Us...

Access Doctors Worldwide team for advice and guidance – join our WhatsApp group using this link > <https://chat.whatsapp.com/C2n8arSy9DJADdN2hTMqW5>

Access Doctors Worldwide online folder for additional resources > email us

CHECKLIST 1 – PREPARING YOUR ORGANISATION - LOGISTICALLY

Preparation is a critical part of strengthening the health systems of your organisation to respond to the outbreak. This checklist is **for both management/organisation staff and your lead medical staff** to help navigate your preparation activities logistically.

Checklist 1	To Do	Due for review	In progress	Complete
<p>Reminders</p>				
<ul style="list-style-type: none"> As a local primary care clinic, outpatient clinic, or a local charity healthcare organisation, your role is to; Help limit the spread of the virus through prevention measures as part of the wider efforts in your country or area; Educate the community where you work about the symptoms, precautions and protection against COVID-19; Ensure your clinic [if you have one] is set up to triage and treat only the mild or moderate patient and sending them home to recover [see checklist 2]; Isolate and refer patients who are very sick to the treatment facility. Do not try to treat severe, acute or very sick patients unless you are authorised and equipped to do so by your Ministry of Health/MOH or District Health Office/DHO. 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> Choose who will be in the COVID-19 task team & roles Allocate tasks from the relevant checklists in this booklet Prepare communications to include updates and other initial information for staff Leadership send out communications 			

<ul style="list-style-type: none"> • If a very unwell patient comes to your facility, isolate immediately and arrange to transport them to the treatment facility. Call the treatment facility in advance. Anyone who came into contact with the patient should already have been advised on hand hygiene and respiratory hygiene [see checklist 3]. The transport used must be cleaned after the patient has been dropped off. Drivers must have PPE and some levels of IPC training [see checklist 2. for more information and what you need]. • Appoint a COVID-19 lead person or taskforce/team within your organisation/clinics which includes both medical and management staff. Decide who will be responsible for actioning the different activities on the checklists. • The leadership should send out immediate communication to all the staff to reassure them that actions are going to be taking place [even if you do not yet have all the plans in place]. This will not only reassure your staff who will be looking to the leadership for guidance, it will also help with preparation. • Urgently prepare the provisions and PPE that need to be dispatched to all clinics/facilities [see checklist 3 for items]. • Always follow local Ministry of Health guidance and instructions – they are your first point of call, source of information and resource. 	<ul style="list-style-type: none"> • Prepare for first planning meeting for task team & training • Put together boxes of urgent PPE items & other essentials & arrange transport for immediate dispatch. Use checklist 3 for details including the table in checklist 3 appendix on PPE for different settings 			
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<p>1) What already exists? Avoid recreating.</p>				
<ul style="list-style-type: none"> • Check with your local Ministry of Health [MOH] and District Health Office [DHO] to see what guidance, guidelines, protocols and resources they are providing to local healthcare organisations both private, public and voluntary. Most of these already exist and are usually accessible with some inquiry. • Stay in touch with your local Public Health and Epidemiology office [if it is separate from the MOH] for regular updates and information. • Always source guidance and reliable information directly from your MOH/DHO – avoid social media for advice unless the source is a verified medical source like WHO. • Do not stock pile unnecessary medications or non-medically graded PPE/IPC resources that have not been clinically proven to work. Watch out for scams! 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Contact MOH/DHO • Gather guidance & protocols • Gather additional resources • Find out local public health offices and contact details 			
<ul style="list-style-type: none"> • Your local MOH will organise a dedicated treatment facility to care for suspected or diagnosed patients, as well as the most severe and critical patients. • As part of your community awareness raising messages/campaign, instruct the public to go directly to the treatment facility if they are very sick, and not to go to the local clinics or hospitals. If this is not 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Find out local treatment facility details – location & phone number 			

<p>possible due to distance, speak with your MOH/DHO to see whether they will be providing a more local/accessible treatment facility.</p> <ul style="list-style-type: none"> Find out where the local treatment facilities will be and know the location including any 'hotline' or calling number. If you provide patient transport/ambulance, be ready to prepare it and the drivers [see checklist 3, transport section]. 	<ul style="list-style-type: none"> Decide internally how you will transport severely ill patients & prepare your transport 			
<p>2) Acquire MOH plans and medical resources.</p>				
<ul style="list-style-type: none"> Acquire any operational plans and medical resources being provided by the MOH/DHO as well as staying updated with daily situational reports or updates being provided by your MOH/DHO. This will help make sure your own plans are lining up with what is being done in your area, and reduce any duplication, miscommunication and resource waste. 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> Sign up to daily updates from MOH/DHO Make a list of resources you can access from the MOH/DHO 			
<p>3) Implement MOH plans and instructions</p>				
<ul style="list-style-type: none"> Implement the instructions and guidance from the MOH and DHO as soon as possible. For example, they may organise clinical teams to visit sick patients in their homes, or instruct some activities to stop, or they may ask your organisation to disseminate leaflets and key messages about their COVID-19 action and plans. 	<p>Person/s Responsible:</p> <hr/>			

	<ul style="list-style-type: none"> Implement the daily instructions from the MHO/DHO 			
4) Adapt – if necessary				
<ul style="list-style-type: none"> If your local MOH/DHO does not yet have a plan or guidance in place, look for existing public health guidance online if you have access, and adapt it to COVID-19 outbreak. If that is not possible, use this booklet as a starting point. When using online sources, only use verified medically agreed and reputable sources such as World Health Organisation, African Centre for Disease Control & Prevention, Doctors Worldwide etc. Always use and follow your local MOH/DHO guidance. 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> Access Doctors Worldwide GoogleDrive folder for additional resources. 			
5) Co-ordinate, network & communicate				
<ul style="list-style-type: none"> Are there other similar organisations or members like you? Now is a good time to come together as a network of local/grassroot healthcare providers and charities, and create an emergency response network or wider taskforce. This will allow you all to pool together your resources, learn from one another, and respond as effectively as possible. 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> Find out if there is a national or regional network of clinics/facilities or organisations that already exist & join 			

<ul style="list-style-type: none"> • Check such a coordination mechanism or group does not already exist especially for frontline or local in-community facilities/staff. It is likely that national or regional groups do exist– see if you can join those first. • Ensure key information and updates are filtered across to all staff/volunteers on a daily basis. 	<ul style="list-style-type: none"> • If not, map/list all local clinics/facilities, get their contact details and set a date for a meeting • Set meeting agenda. Arrange room to keep everyone 2 metres apart • Ask each clinic to send 1 person to reduce numbers, maintain social/physical distancing of 2 metres • Set up a daily bulletin for your clinics • Swap numbers and email addresses, set up a WhatsApp group or similar if possible 			
<p>6) Do a check of your resources AND capacity</p>				
<ul style="list-style-type: none"> • What resources do you have at the moment? Do an inventory list or check existing inventory lists, supplies, numbers etc. • An inventory list should have a table with the date the inventory is done, the name of the item per line, numbers/stock level of each 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Do an inventory check list of all existing resources/stock 			

<p>item, 'use by' dates [and date, initials and signature of the person who checked the stock each time]. Ideally an inventory list should be stored both electronically and paper format.</p> <ul style="list-style-type: none"> • Highlight the key additional supplies or resources that you will need [see next point]. 	<ul style="list-style-type: none"> • Add a new 'Covid-19' column for the extra resources needed and numbers 			
<ul style="list-style-type: none"> • What additional/new resources do you need? This also includes your essential drugs list, non-medical supplies etc. • Using your inventory list, make a procurement budget list. • Speak to suppliers, purchase stock and have a plan in place to maintain stock levels to avoid stock out. Consider possible travel restriction and impact on the movement of stock. • Ensure you are able to have minimum 3 months of funds upfront. • Not sure what additional resources you need? Speak to your MOH or DHO for a list of additional resources required during the outbreak and ask if they may be able to provide some/all of them. • Ensure as a minimum you have a) personal protection equipment [PPE] for your staff/team b) any infection prevention and control resources [IPC] needed to manage patients and your facility such as cleaning products c) any other resources identified e.g. you may require a larger quantity of essential/existing drugs to manage the symptoms of the virus such as paracetamol for fever. 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Make a minimum 3-month budget using inventory list • Speak to existing and new suppliers for stock level maintenance. • Speak to MOH/DHO for a list of resources they recommend • Read PPE and IPC checklist 3 • Ensure budget includes PPE and IPC items [see checklist 3] • Have minimum 30 days of essential drugs available • Get budget approval 			

<ul style="list-style-type: none"> • Have at least 30 days of essential drugs available in advance if possible. • Read checklist 3 to understand what is PPE and IPC, and what you need. 	<ul style="list-style-type: none"> • Purchase all items and allocate storage area. Keep PPE in a safe, clean place away from patients or people traffic 			
<ul style="list-style-type: none"> • Where and who else can you access resources from e.g. local donors, businesses? During crisis, most people are willing to provide low cost or free resources such as cleaning equipment. • Only source what you need. Keep in mind that it is better to have extra, than to be under-resourced especially in preparation of any unexpected event. Be mindful and considerate, do not be excessive but prepare extra to protect staff and patients. 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Speak to local donors and businesses for additional resources 			
<ul style="list-style-type: none"> • Capacity – check the current staffing levels and prepare rotas. Are any of them at high risk of the virus due to one or more underlying health conditions? Or do they live with anyone at high risk therefore unable to work? Prepare for a 20-50% staff reduction due to the virus. • High risk staff include those who are pregnant, on immunosuppressants or have underlying health conditions. Not sure what underlying health conditions [morbidity/comorbidities] to be aware of? See checklist 2. • During this difficult and uncertain times, we strongly encourage you to continue maintaining staff salaries and supporting your 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Check staffing and rotas for the next 3 months minimum • Identify high risk staff • Have back up staff and rotas ready 			

<p>staff. There will be a secondary impact of this crisis such as on jobs, food production and trade, and further increasing the already existing challenges of malnutrition, disease etc.</p>				
<p>7) Map your vulnerable & high-risk patients</p>				
<ul style="list-style-type: none"> • Map your vulnerable population/patients – those who have underlying health conditions or comorbidities as well as the elderly are at greater risk of serious complications and death as a result of COVID-19. It is strongly advised to protect these individuals away from the public and other people where possible - see your local/national guidance. • Check your registers and patient records and prepare to provide additional support where possible. • Vulnerable people also include those that are poor and have breadwinners/earners who are at high risk – consider providing food packages and other community support particularly if they are self-isolating. Local humanitarian groups or charities may be providing support. Implement IPC when providing this service. See checklist 3 for IPC as well as checklist 2. • Consider the place they are living and whether it is possible to isolate the individual. It may be difficult especially in packed townships, densely populated areas or camps. If isolating the high risk is not possible, have a separate corner or area where others do not enter or go near, maintain social/physical distancing of 2 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Check existing registers and patient records of high risk and vulnerable patients • As a team, discuss what additional support you can provide or source from other local organisations, government and charities • Arrange local announcement and awareness raising messages [see checklist 4] 			

<p>metres, and practice regular hand hygiene and respiratory hygiene. Consider putting up a temporary barrier or curtain if possible. See checklist 2 for further guidance and about outdoor space.</p> <ul style="list-style-type: none"> As much as possible, consider wide public awareness messages as a core component of your activity as a means to prevent and reduce the spread of the virus through preventative actions e.g. social distancing, hand hygiene etc. See checklist 4. 				
<p>8) Establish your monitoring & evaluation + surveillance</p>				
<ul style="list-style-type: none"> Begin establishing your metrics or monitoring/evaluation system [M&E] which will assess effectiveness and impact of your plans e.g. no. of covid-19 patients suspected daily, no. of patients treated, no. of patients referred to a treatment facility, age, morbidity, mortality. Not all facilities or organisations have the resources or capacity to do M&E. Utilise your patient registers and data clerks in the clinics and any other existing resource that could be used. It is essential that you provide time for qualitative forms of evaluation e.g. having daily staff meetings/debriefs to discuss cases, sharing feelings/thoughts, suggesting ideas or ways something can be improved. Having these recorded can provide valuable information for future learning e.g. how to manage an emergency in the future [see appendix for a 'thinking tool' to use in future]. 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> Identify who will look at existing registers and data and design the M&E/recording system Speak to Doctors Worldwide for support Build in daily staff debriefs and how you will capture some of the information from these meetings 			

<ul style="list-style-type: none"> Surveillance – does your activity or clinic regularly send daily or weekly information to your Ministry of Health, national health coordinating teams or public health body? If not, now is the time to find out how to do this and establish these actions in your work as part of the wider country and government initiative. Data and knowledge provides guidance to a country to plan and actively respond to any health trends and challenges, and prepare a stronger health system. 	<ul style="list-style-type: none"> Speak with MOH about which systems and resources are available for you to do public health and community surveillance data activities in your project or clinic 			
<p>9) Carry out a risk assessment</p>				
<ul style="list-style-type: none"> Assess and list each healthcare activity that you do and identify the risks to each, and what appropriate actions to take. Assess the levels/types of personal protective equipment [PPE] needed for protection regardless of the isolation status. This is part of your risk assessment. See checklist 3 for further information on what is PPE and what PPE you need according to your activity. Risks also include not having access to safe running water for hand hygiene, lack of space for safe distance between patients, running out of funds to provide care, infection or death of staff, risk of spreading infection by volunteers or visitors etc. Appropriate actions to take could include closing your project/facility temporarily, joining with other local facilities or organisations to pool resources together from one site, stopping 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> Do a risk assessment Carry out any actions identified 			

<p>volunteers from taking part for a while, fundraising, continuing only essential/vital services etc.</p> <ul style="list-style-type: none">Note that there is an additional risk assessment required for patient care and treatment – see next checklist.				
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APPENDIX 1

In this section you will find additional resources as part of your project or ongoing organisational development. We have also included larger versions of the diagrams, images and tools for use and printing.

1 Thinking Tool Template

This cycle represents the principles in managing an emergency



Emergency Management	What will my facility / organisation do?
<p>Prevent: Actions or strategies you can take to help prevent and reduce the impact of an emergency e.g. <i>vaccinating staff/team</i></p>	<p>Actions we will take to prevent or reduce the impact of an emergency ...</p>
<p>Preparedness & Readiness: Actions that can be taken before an emergency occurs e.g. <i>protective equipment for staff available, implementing hand hygiene for patients upon arrival, strong IPC measures in place</i></p>	<p>Actions we will take before and emergency happens are ...</p>
<p>Response: Actions that can be taken in response to a known or suspected event/crisis</p>	<p>Actions we will be taking in response to a crisis are ...</p>
<p>Recovery: Returning to normal after a crisis with the aim of 'building back better' e.g. evaluating what happened, what prevention activities to continue or implement, analyse and discuss the efforts and effectiveness, what can be done better for next time etc.</p>	<p>Actions that can be done better / differently / continue ...</p>



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