



Country/Region:

Standard Operating Procedures template for COVID-19 acute respiratory disease (Coronavirus)

HOW TO USE THIS DOCUMENT:

This document provides a template and guide for Country and Regional offices to develop contextualised standard operating procedures for COVID-19. It is expected to be completed by HR in collaboration with programme management and signed off for use by the Country or Regional Management Team.

This document itself is not an SOP. It contains key information as recommended by the Oxfam COVID-19 Global Task Force, but this guidance should be contextualised and added to by each country as necessary. In some sections, readers are sign posted to further documents or guidance notes that will assist in their completion of that section. **HR and Managers should read these documents in their entirety and use them for planning.**

SOPs should not be static documents; HR and Management teams must set regular timeframes for reviewing SOPs and updating them in line with the latest Oxfam advisories, or Government recommendations.

It is recommended that each HR and Management team undertakes a 'walk through' or simulation of the SOPs for each section to highlight possible issues, or elements not considered during a desk-based planning exercise.

Explanations and advice for completing each section is given in *italics*. Where Countries and Regions must fill in the correct information according to their context, spaces for this are highlighted in yellow.

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1. Focal Person and Version Tracking

Focal person name and contact: - Insert the name and contact details of the lead person responsible for ensuring overall that SOPs are updated and enforced by the relevant individuals (see below).

Version: Insert a reference to track updates to the document, for example the date and name of the last person to update

Sign off: Insert the name and position of the individual (e.g. Country Director), or group of individuals (e.g. CMT/SMT) who have reviewed and signed off the SOPs in their latest version. The date of sign off should also be included. An example can be found below:

Name	Position	Date of Sign Off
	Country Director	
	HR Manager	
	Programme Manager	

Responsibilities: As the SOPs cover various elements of the working environment, it may be necessary to delegate responsibility for enforcing SOPs to different individuals within the

organisation. It is the Focal Point's responsibility to regularly check in with these individuals for and challenges or changes required.

Responsibility	Name	Position
<i>Vehicle SOPs</i>		<i>Logistics Manager</i>
<i>Field Activities</i>		<i>Programme Manager</i>
<i>Office Management</i>		<i>Office Manager</i>

2. Epidemiology of COVID-19 in Country

Coronavirus Disease, or COVID-19, is a disease caused by the virus SARS-CoV-2; it is a novel Coronavirus, meaning that it is newly discovered, and this is the first known instance of this virus infecting humans.

COVID-19 affects different people in different ways. Most infected people (approximately 80%) will develop mild to moderate illness and recover without hospitalization.

Most common symptoms:

- fever.
- dry cough.
- tiredness
- loss of taste or smell

Less common symptoms:

- aches and pains.
- sore throat.
- diarrhoea.
- conjunctivitis.
- headache
- a rash on skin, or discolouration of fingers or toes.

Serious symptoms:

- difficulty breathing or shortness of breath.
- chest pain or pressure.
- loss of speech or movement.

COVID-19 is highly transmissible, meaning it is very easily passed from person to person. Transmission occurs through three major routes:

- Droplets that can be spread through the air from the coughs, sneezes or speech of an infected person
- Direct contact with an infected person (usually through hands, where an infected person has touched their nose, mouth or eyes, and then touches another, non-infected person, who likewise, touches their nose, mouth or eyes before washing their hands)
- Contact with surfaces touched by an infected person (usually through hands, following the same route above)

On average it takes 5–6 days from when someone is infected with the virus for symptoms to show, however it can take up to 14 days. There is evidence that people who have extremely mild symptoms can transmit COVID-19; it is also possible that COVID-19 can be spread by

people who are pre-symptomatic (i.e. they can pass on the virus before they show any symptoms) or asymptomatic (i.e. they can pass on the virus without showing any symptoms). Currently the evidence base around pre-symptomatic and asymptomatic transmission is small, and more research is needed in this area. Currently those with symptoms present the highest transmission risk.¹

Higher Risk Groups:

COVID-19 is thought to cause serious illness in around 20% of sufferers and current information points to a 'fatality rate' of around 5.6% of all confirmed cases. From evidence to date, some groups are more at risk of more serious illness. They include:

- The elderly (those aged 60+; risk increases with age)
- Those who have underlying health problems – this may include respiratory/lung or heart disease, diabetes, hypertension
- Those with compromised immune systems

Further details on the epidemiology of the disease can be found here (this information is updated every two weeks): <https://oxfam.box.com/s/rgpvs2xpy0x681c3bje3kqygdurs27e6>

Reported COVID-19 cases in country:

The following data at country level should be updated here:

Confirmed number of cases.....

Number of deaths.....

You can find country breakdowns here – click on the country name to see more detailed information. You should also use local data sources such as Ministry of Health:

<https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

3. Outbreak Levels

Following WHO, Oxfam is recommending changes to programmes that correspond to four different levels of the outbreak in countries and working areas:

Level 1: Countries with no cases

Level 2: Countries with one or more cases, imported or locally detected, **without cases in Oxfam's area of field work** (i.e. locations where staff are in frequent contact with communities)

Level 3: Countries with clusters of cases, **with cases in Oxfam's area of field work** (i.e. locations where staff are in frequent contact with communities)

Level 4: Countries experiencing large outbreaks, and community transmission in Oxfam's area of field work (i.e. locations where staff are in frequent contact with communities)

For field offices: decision making on the outbreak level should be made by the Area/Programme Manager based on their understanding of transmission in their working area. You should work with these managers to check on the outbreak level in their area every two weeks and update a similar table to the one below:

Field Office/Working Area	Outbreak Level	Last Update

¹ <https://www.bbc.co.uk/news/health-52977940>

4. Current Government Restrictions/Advisories in Place

List here any government restrictions or advisories in place, for example lockdowns, mask use, shielding etc. Add a link to the latest Government issued directives. These should also be used to guide the contents of your SOPs.

5. Minimum preparedness considerations for HR and Staff Welfare Teams

HR and Staff Welfare Teams should ensure that they are proactively preparing for potential issues related to staff illness and welfare. Guidance on key preparations can be found in the 'Supporting Staff Access to Available Medical Services':

<https://oxfam.box.com/s/sa1ewtmav9b1rn8yt8lyfax8vp7uj0cj>

6. Personal precautions for staff (including illness and contact, and welfare / mental health)

All staff should bear in mind that ensuring health and safety of staff is a two-way process, with responsibility being assured with staff contributing to the development of clear and effective procedures and then ensuring that they stay vigilant and act in line with these procedures.

All staff should attend a briefing on 'protecting community facing staff and volunteers' – the briefing materials can be found here:

<https://oxfam.box.com/s/ee4bwfffi6k9ufm8owvw2tmjzt4q80u3>

Staff should be briefed on and adhere to the following procedures:

Personal Precautions – should contain the following information plus any context specific advice:

- Wash your hands regularly with soap and water (for at least 20 seconds) or with an alcohol-based hand rub, especially after coughing and sneezing and before handling and consuming food.
- When coughing and sneezing, use disposable tissues and dispose of them carefully and promptly - if you have no tissues immediately to hand use the inner elbow of your clothing - avoid your hands to cover your mouth.
- Consider carrying an alcohol-based hand sanitizer with you.
- Avoid touching your face, in particular mouth, eyes, nose.
- Avoid close contact with people, maintain at least a 1 metre physical distance and avoid sharing personal items.
- Do not leave your house if you have an symptoms
- Avoid uncooked or raw food, wash vegetables and fruits before eating.
- Avoid unprotected contact with wild or domestic farm animals (alive or dead).

If Staff become ill:

Staff should be briefed on actions to take in case they develop the symptoms listed in the epidemiology section above.

- Staff should stay at home, do not come to work, contact their local health provider and Oxfam HR for advice.
- Staff will need to self-isolate with their household. The symptomatic staff member should self-isolate for at least 7 days or longer if their fever continues. The rest of the household should self-isolate for 14 days. Staff should only come back to work if their fever has gone and they are feeling well.
- All personnel will be regularly asked whether they have been sick, or had a sickness in their family
- Procedures will be put in place for personnel, especially local staff, to inform Project Managers and Team Leaders about illness in their family.
- These concerns must be handled confidentially, and personnel should know that they will be supported through any period of illness; we need to encourage people to report illness to us, and not to hide it.
- People with mild symptoms who are otherwise healthy should manage their symptoms at home.

Staff should be advised to seek immediate medical attention if they have serious symptoms. The relevant doctor or health facility details should be collated as part of the minimum preparedness considerations above, and the details listed in the key contacts section below.

Further guidance for staff who are ill can be found in the ‘Self-isolation Annex’:

<https://oxfam.box.com/s/j2gpubsjsmmpj94z8la7zxbaigbn2gup>

If staff become ill whilst at work:

Further advice for populating this section can be found in the ‘Self-isolation Annex’: and the Flowchart within this UK based document can be contextualised for use by countries to ensure specific government guidelines are followed:

<https://oxfam.box.com/s/1110yt0nt2c4vsqjlwuhb6mca3ghu5s9>

Further advice on cleaning office spaces if a person is ill with COVID-19 at work, can be found here: <https://oxfam.box.com/s/59alk9ge4up4ob5i16vq0kj6pi18ske0>

If a member of Staff believes they have had contact with a COVID-19 case:

Further advice for populating this section can be found in the ‘Self-isolation Annex’:

<https://oxfam.box.com/s/j2gpubsjsmmpj94z8la7zxbaigbn2gup>, and

Stress during COVID-19 outbreaks

Staff working in a COVID-19 outbreak area will be confronted with several stressors and these stressors can lead to different stress manifestations. Some ways to manage stress are mentioned.

A. Stressors during COVID-19 outbreaks

- Fear of becoming infected
- Personal protection and infection control measures.
- Effect of outbreak on community
- Stigma
- ‘Normal’ stressors for emergencies: long working hours, working in big teams, separation from personal social network, etc.

B. Stress manifestations

- Being afraid of getting infected linked with infecting others.
- Psychosomatic manifestations may occur.
- Cumulative and acute stress reactions: sleep disturbances, tiredness, irritability, poor work performance, reduced concentration and memory, etc.

C. Ways to manage stress

- Obtaining knowledge and understanding the risks give a sense of control and 'all that can be predicted can be better managed'.
- Taking sufficient rest and healthy food for an optimum physical condition.
- Contact with friends and family should be facilitated (possibility of regular phone calls and email contact).
- Individual self-analysis and knowledge about individual signs of stress and coping skills.
- Sharing coping strategies with others: group discussions, individual discussions with other team members and conversations with psychologist (individual and in group).

Counselling support contact details:

The details of counselling services should be added here for reference, and also added to contacts section below.

7. Precautions for the Office (including office reopening)

Key information is listed below, however, this should be adapted to each country context:

- Physical distancing will be priority in each office, the workplace seating should be arranged to maintain a minimum of 1m distance.
- If possible separate entry and exit points
- Avoid face to face meetings unless physical distancing can be maintained,
- Where possible staff should be allowed to work from the office on a rotational basis to avoid overcrowding.
- A hand washing station will be set up at the office entrance and anyone entering the office is required to wash their hands thoroughly with soap and water (especially if the office receives many visitors and there is no handwashing station close to the reception).
- All staff will be provided with alcohol-based hand sanitisers and soap for office use. Hand sanitiser containing 70% alcohol is likely to kill the COVID-19 as long as the hands are visibly clean.
- Offices will be cleaned daily as per normal regime, focus should be placed on high contact areas such as door handles, bannisters and toilets.
- Each office will have a first aid kit and identify a focal point to be responsible for this.
- Cleaning utensils will be kept in good working order and replaced regularly. Waste will be disposed of safely.
- All toilets and sinks must be in good working order with fresh running water from a tap or rinse water and a ladle as an alternative (to be refreshed on a daily basis). Toilet paper must be available at all times.
- All towels for hand drying will be paper/disposable; cloth towels or hand driers **will not be used**. In the absence of any towels, hands will be air dried.
- Soap and hand sanitiser will be available in each toilet and supplies checked regularly by the cleaners/HR focal point.
- A sign indicating that all staff must wash hands after using the toilet will be clearly displayed inside or by the toilet.
- Staff should bring their own food in, catering should not be used, and kitchens should have a maximum capacity to maintain physical distancing,

Facemasks:

The World Health Organisation (WHO), have specified that the widespread use of masks by healthy people in the community setting is not yet supported by high quality or direct scientific evidence and there are potential benefits and harms to consider. However, taking into account the available studies and growing compendium of observational evidence they have updated

the guidance to advise that to prevent COVID-19 transmission effectively in areas of community transmission, governments should encourage the general public to wear masks in specific situations and settings as part of a comprehensive approach to suppress SARS-CoV-2 transmission.

Government country guidance should be followed as to whether facemasks should be used on public transport/travelling to and from the office and when working in the office.

For Meetings

Key information is listed below, however, this should be adapted to each country context:

- Minimise physical contact during meetings; do not shake hands.
- Keep at least a 1 metre distance between participants.
- Look for signs of illness in the people you are meeting and do not be afraid to challenge them about these signs of illness.
- Use hand sanitiser or wash hands before and after the meeting; all participants should do the same
- Coordination meetings should only be attended by key personnel. Attendance to other meetings should try to be kept to a minimum and for essential staff only.
- Oxfam workshops/training should only be organised if physical distancing can be maintained.

Office Reopening

Further advice for populating this section can be found in the 'Return to Work' guidelines:

<https://oxfam.box.com/s/69qjiue9ytd9s2cudap7tm22qbfvdtm>

8. Precautions for field activities

Key information is listed below, however, this should be adapted to each country context:

- All community facing staff should attend the 'Protecting Community Facing Staff' briefing and sign an acknowledgement form. *The details of this briefing can be found here:* <https://oxfam.box.com/s/ee4bwfffi6k9ufm8owvw2tmjzt4q80u3>
- A handwashing facility with soap/alcohol gel will be available at key locations, and community facing staff should carry and be encouraged to use these regularly
- For community facing staff cloth face masks should be used as per the [guidance](#) and training provided. *Further details on use of masks can be found here:* <https://oxfam.box.com/s/ee4bwfffi6k9ufm8owvw2tmjzt4q80u3>
- Each field base will have a first aid kit and identify a focal point to be responsible for this.
- All staff will be provided with alcohol-based hand sanitisers and soap for use. Hand sanitiser containing 70% alcohol is likely to kill the COVID-19 as long as the hands are visibly clean
- Any toilets and sinks for staff use must be in good working order with fresh running water from a tap or rinse water and a ladle as an alternative (to be refreshed on a daily basis). Toilet paper must be available at all times.
- All towels for hand drying will be paper/disposable; cloth towels or hand driers **will not be used**. In the absence of any towels, hands will be air dried.
- Soap and hand sanitiser will be available in each toilet and supplies checked regularly by the cleaners/HR focal point.

- A sign indicating that all staff must wash hands after using the toilet will be clearly displayed inside or by the toilet.
- Staff should bring their own food in, catering should not be used and kitchens should have a maximum capacity to maintain physical distancing.

Restriction of Movement

All staff should restrict movement in public places if possible such as going to cafes/bars/markets/church and using public transport in accordance with local government guidelines. If attending/using any of the above then the usual health and safety precautions should be taken – no physical contact, washing hands etc.

Further guidance for populating this section can be found in the [‘protecting community facing staff guidance’](#):

9. Precautions for Accommodation

Key information is listed below, however, this should be adapted to each country context:

- A handwashing facility with soap/alcohol gel will be available at each residence.
- All toilets and sinks must be in good working order with fresh running water from a tap or rinse water and a ladle as an alternative (to be refreshed on a daily basis). Toilet paper must be available at all times.
- Each residence will be cleaned on a daily basis with focus should be placed on high contact areas such as door handles, bannisters and toilets. Cleaning utensils will be kept in good working order and replaced regularly. Domestic waste will be disposed of safely.
- Cleaning staff should ensure good hand hygiene. If cleaning following a suspected or confirmed case of COVID-19, appropriate personal protective equipment should be used. *Further guidance on this can be found in the [Cleaning Guide](#):*
- Rodent and vermin control measures will be implemented as necessary.
- Other than for sudden security reasons (e.g. regrouping before evacuation), residents will not share rooms and will not sleep in public areas like living rooms.
- To the extent possible, all residences will have one bathroom per room.
- Shared cloth towels will not be used. In the absence of any paper towels, hands will be air dried.
- Soap and hand sanitiser will be available in each toilet and supplies checked regularly.
- Plates, cutlery and glasses should be allocated to one person where possible and cleaned with a suitably powerful commercial detergent.
- Any hotel accommodation used to house Oxfam staff must be of a reasonable standard and must have private bathrooms.

10. Precautions for vehicles

Key information is listed below, however, this should be adapted to each country context:

All vehicles will be equipped with:

- Hand sanitizers – everyone must use this on entering the vehicle.
- Standard safety/maintenance equipment - tools (incl. shovels), spare wheels, first aid kits, water (5 gallons), torch and batteries.
- Mobile phones and a means to charge them from the car battery.
- All vehicles will be cleaned between passengers with normal household detergents.
- Where possible, windows should remain open during travelling, and those using the vehicle should wear cloth masks
- At least a 1 metre distance should be maintained between driver and passenger. Where possible only one passenger should be in the vehicle.

11. Precautions for Travellers

Key information is listed below, however, this should be adapted to each country context:

NB: Travel is currently only allowed for those travelling on COVID-19 related deployments, repatriation and R&R in certain circumstances

Pre-Travel Considerations:

- Staff must be up to date with all their relevant vaccinations and feel fit to travel. Staff should not travel if they are unwell and/or have flu like symptoms.
- All travellers must have a pretravel briefing.
- All staff should have read the COVID-19 fact sheet and FAQs before travel and have a good understanding of the disease.
 - Fact sheet: <https://oxfam.box.com/s/tix4zifhsa0xip9t9aiocvemzmybw08h>
 - FAQ's <https://oxfam.box.com/s/yb7bp8h4z8ukn3fxv3qlx1almoz9qgvn>
- For staff being deployed, the following [process](#) should be followed and a [pre travel declaration](#) should be signed
- Those at risk or in vulnerable groups should ideally be reviewed by a doctor to see if they are fit to travel.
- All staff need to ensure they are covered by and are aware of contact details for Oxfam health insurance.

Quarantine Procedures in Country:

List here any government processes for quarantine of travellers in place, for home-isolation and reporting, testing or quarantine facilities. Add a link to the latest Government issued directives. These should also be used to guide the contents of your SOPs.

R&R Travel:

Further advice for populating this section can be found in the [‘Rest and Recuperation Guide’](#):

Medical evacuation Procedures:

List here any government, coordinated NGO or Oxfam Affiliate processes for medical evacuation for internationals/nationals in place. Add a linked to the latest information and processes to be used. These should also be used to guide the contents of your SOPs

12. Contact list and key information

Key information is listed below, however, this should be adapted to each country context:

Medical insurance Contact: - ensure all providers are listed here with their contact details according to which affiliates are being covered.

Local Medical Provision – Doctors, hospitals, pharmacies etc.

13. Resources and tools for adaptation

Country essential Information: <https://oxfam.box.com/s/2i6ij64z2wdl0lhr2uyfkhdy0nhfptq3>

Cleaning guides: <https://oxfam.box.com/s/59alk9ge4up4ob5i16vq0kj6pi18ske0>

Flow chart for unwell staff in the office:

<https://oxfam.box.com/s/nn5i1kofejfm9ark15i0a212cpukmsf8>

Self-isolation annex: <https://oxfam.box.com/s/j2gpubsjsmmpj94z8la7zxbaigbn2gup>

Travel process: <https://oxfam.box.com/s/2omupsly35fkpletltwzqn7vkhog3t89>

WAF return to office checklist: <https://oxfam.box.com/s/wpu0ffrwn3c2xiylvjad5x1lism25rcu>