COMMUNICATING WITH COMMUNITIES ON COVID-19
Guide for community health workers, volunteers, and social mobilizers
APRIL 2020
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April 2020  Version 1

This document will be updated based on the evolving situation and needs of frontline workers on risk communication and community engagement.
PURPOSE OF THIS GUIDE

This serves as a guide for community health workers, volunteers, and social mobilizers in communicating with people on COVID-19 and helping them protect themselves and others from the virus.

IMPORTANCE OF COMMUNITY ENGAGEMENT DURING A HEALTH CRISIS

Social mobilization and community engagement are essential to all aspects of the COVID-19 response and will remain so after other response efforts scale down. To stop COVID-19 transmission, communities and individuals themselves must make changes to their social and cultural practices.

Social mobilization and community engagement aim to:

- Help people understand the situation and take actions to protect themselves and others from COVID-19
- Ensure two-way communication between people and service providers
- Ensure that treatment, surveillance, and quarantine services are understood, and meet the needs of communities.
HOW PEOPLE MIGHT REACT DURING A CRISIS

An epidemic may draw the following mixed reactions from the public which hamper efforts to control the further spread of the virus if not addressed.

- **PANIC & FEAR** because of the unknown, fear of falling ill and dying, and losing livelihood.
- **ANXIETY** owing to uncertainty or the rapidly evolving situation.
- **CONFUSION** owing to too much or conflicting information.
- **DISTRESS** from being isolated and grief from losing loved ones.
- **MISTRUST & DOUBT** on efforts to control the spread of the virus.
- **STIGMA** against people or groups associated with the spread of COVID-19.
YOUR ROLE IS IMPORTANT

As health workers, volunteers, and social mobilizers, you are one of the most trusted sources of information in the community and you can play an important role in helping people cope with the situation by:

1. Providing timely, accurate, and life-saving information
2. Demonstrating preventive actions
3. Monitoring and addressing rumors and misinformation
4. Listening to, acknowledging and empathizing with people’s feelings and concerns, and pointing them to mental health resources when needed
5. Improving self-efficacy and recognizing people’s efforts to cooperate
6. Building trust and promoting cooperation in the government’s overall response
1 Use phrases that convey compassion

- I understand your concerns ...
- You have the right to be (sad, angry ...) ....
- I hear what you are saying ...
- Maybe we can discuss possible solutions ...
- I understand that you are worried ...
- In this situation, your reaction is normal ...
- I am concerned about you ...
- With your consent, we would like to ...
- What we can offer is ...
2 Do not preach, teach, and blame people.

3 Listen and respond patiently to people's concerns.

4 If you don’t have the answers, tell them you will try to get an answer and return to them. Consult reliable sources of information such as the DOH website, DOH Facebook page and the PH COVID-19 Health Workers Viber Group.
PROTECT YOURSELF AND OTHERS WHILE ON DUTY

1. Depending on your task and where you are stationed, there is a prescribed personal protective equipment (PPE) for you.

2. Wash your hands with soap and water for at least 20 seconds or if unable to do so, clean your hands with at least 70% alcohol, before and after wearing PPE.

3. Wear, remove, and dispose of your PPE properly according to protocols.

4. Never recycle or reuse disposable PPEs. Clean and disinfect reusable PPE between use.

5. Always put on PPE before touching or coming in close contact with a patient who is or may be infected.

6. Change PPE immediately if it becomes contaminated or damaged.

7. Do not adjust or touch PPE during patient care.
KEY MESSAGES

GENERAL MESSAGES FOR THE PUBLIC

1. More people are being infected with COVID-19.

2. COVID-19 is a respiratory illness caused by a new virus. It spreads fast and can infect anyone, especially those who have underlying health problems, and the elderly.

3. There is no cure for COVID-19 but we can prevent and limit the spread of the virus.

4. The government is working 24/7 to prevent the further spread and mitigate the impact of COVID-19.

5. We need to cooperate and take responsibility to protect yourselves and others from the virus.

SPECIFIC MESSAGES

ABOUT THE SITUATION

a. COVID-19 is a pandemic and the government has declared Code Red Alert Sublevel 2, which means that the COVID-19 virus is spreading in communities.

b. Everyone should practice preventive actions such as proper hand washing, physical distancing, and respiratory hygiene.

c. This situation not only poses serious health threats but also disrupts social and economic activities including work and school attendance, delivery of social services, transportation, business, and production and delivery of goods and services.

d. People are generally distressed and need support during this difficult time.
a. The virus spreads from person to person through:

- Droplets that come from an infected person when he/she talks, sneezes, and coughs. The droplets may enter another person's mouth, eyes, and nose directly or indirectly when another person touches surfaces where the droplets have settled.

- Surfaces, as the virus can last up to several days on them.

b. The most common symptoms are fever, dry cough, and tiredness. Few patients experience aches and pain, nasal congestion, runny nose, and sore throat. Symptoms may appear between 1 to 14 days after exposure to the virus.

c. Not all people infected with the virus will show symptoms, but they can continue to transmit the virus.

d. Most people who are infected with the virus recover at home without having to go to the hospital. They will just need supportive treatment for the symptoms.

e. Some people develop severe symptoms like difficulty in breathing and need hospitalization. In some cases, the COVID-19 virus can cause pneumonia and even death.
PREVENTION

a. Wash your hands frequently using soap and water. If unable to do so, use 70% alcohol. It would be best to use single-use towel to dry your hands or if not available, air dry them.
b. When coughing or sneezing, cover your mouth or nose with your bent elbow or a tissue. Throw the tissue into a bin. If you cough/sneeze into your hand, don’t touch anything and immediately wash your hands with soap and water.

c. When outside the home, wear a mask and keep at least a one-meter distance from others. Avoid touching your eyes, nose, and mouth. Hands get in contact with many things that can be contaminated with the virus.

d. If you have been to areas with local transmission or had close contact with someone who has or may be infected with COVID-19, inform your local health worker and stay at home for 14 days, without any physical contact with anyone at home (home quarantine) whether or not you are showing symptoms. If you experience shortness of breath within the 14-day quarantine, call your nearest local health worker or local COVID hotlines.

e. Stay updated on the COVID-19 situation in the country and in your community and proactively share correct information from reliable sources such as DOH, WHO, and UNICEF to prevent the spread of rumors and misinformation.
THE GOVERNMENT'S RESPONSE TO COVID-19

a. DOH is responsible for:
   - closely monitoring individuals showing signs of respiratory infection and a history of travel to areas with COVID-19 cases
   - strengthening COVID-19 testing capacity, hospital preparedness, and rapid response
   - regularly updating the public about the COVID-19 situation and preventive actions and responding to key concerns
   - procuring PPEs for frontline workers
   - working with airlines and airport authorities to strengthen border surveillance and heightening its community surveillance
   - providing optimal medical and health care services to COVID-19 patients

b. All local government units and other government agencies including the Department of Social Welfare and Development (DSWD), Department of Agriculture, Department of Education (DepEd), Department of Transportation (DOTr), Department of Trade and Industry (DTI), and the Department of Labor and Employment (DOLE) are also stepping up measures to mitigate the impact of COVID-19.

c. The government needs everyone to cooperate by strictly following guidelines and advisories to control the spread of the virus and mitigate its impact and taking responsibility to protect yourself and others.
**KEY MESSAGES FOR SPECIFIC GROUPS**

1. **ELDERLY & PEOPLE WITH UNDERLYING HEALTH CONDITIONS**

   - Stay at home and limit your exposure to other people.
   - Monitor your health at all times.
   - Eat healthy
   - Continue taking your maintenance medications (if any)
   - Drink 8 to 10 glasses of water daily
   - 150 minutes of moderate-intensity physical activity throughout the week
   - Get enough sleep for about 6 to 8 hours.
   - Stay connected with loved ones

If you experience mild symptoms such as fever or dry cough, call a health worker and self-isolate for 14 days. If your symptoms worsen or if you’re having difficulty in breathing, immediately call your Barangay/City/Municipality COVID-19 hotline for assistance and proper medical attention.
PARENTS/HEADS OF HOUSEHOLDS/HOUSEKEEPERS

a. Clean and disinfect frequently touched surfaces daily such as doorknobs, light switches, and phones. To disinfect, wipe items and surfaces using a cloth soaked in regular household disinfectant solution or a 70% alcohol solution.

b. Practice physical distancing with family members who are sick and have underlying illnesses or the elderly.

c. When going to public spaces, such as grocery stores and drugstores, wear a mask and avoid touching your nose, mouth, and eyes. Make sure to clean your hands before wearing and after disposing the mask. Wash your hands with soap and water afterwards.

d. Remind every member of the household to: frequently wash their hands with soap and water for at least 20 seconds; observe sneeze and cough etiquette; handle food safely and properly; and wear a mask and practice physical distancing when going outside the home.

e. Ensure that supplies such as soap, face masks, alcohol (70% alcohol) or alcohol-based hand sanitizers and disinfectants are available in your home.

f. Ensure good mental health
   - Maintain your regular routines for eating, sleeping, and exercising and continue doing the things you love while staying protected against COVID-19.
   - Stay connected via telephone, e-mail, social media, or video conference.
g. Make sure that your children have enough support during these difficult times.

- Listen and make time for them. Acknowledge their fears and distress.
- Comfort and calm them down when needed.
- Do not be angry if your child is being aggressive, clingy, or is bedwetting. These are signs of distress. Be patient, help your child adapt and find out what is bothering him or her.
- Stick to their usual routine as much as possible.

3 PEOPLES CARING FOR FAMILY MEMBERS WITH MILD SYMPTOMS

a. Ensure that the sick person stays at home during the home quarantine period unless there is shortness of breath or the overall condition gets worse. If this happens, seek medical attention.

b. Confine the sick person in their own room. If this is not possible, ensure that they practice physical distancing and always wear a mask.
c. Clean and disinfect objects and surfaces that are frequently touched by the sick person at least daily.

d. If using a common family bathroom, clean and disinfect the toilet after each use by the sick person.

e. Use mask and gloves to avoid direct contact with body fluids or contaminated items in their immediate environment such as bed linens.

f. Serve meal trays by the bedroom door for the sick person to pick up. When done, retrieve the used utensils and dishes using disposable gloves to avoid contamination. Wash your hands with soap and water or alcohol-based hand sanitizer afterwards.

g. Do not share utensils, dishes, and drinks with the patient.

4 PREGNANT WOMEN

a. Currently, there is no evidence showing the impact of COVID-19 on pregnant women and unborn babies.

b. Just like everyone else, you should practice proper handwashing, sneeze and cough etiquette, and social distancing.

c. Continue with your prenatal check-ups as scheduled. When experiencing symptoms of COVID-19 or other illnesses, contact your health care provider immediately and follow his/her advice.

d. Continue taking your iron folic acid supplement and eat healthy and nutritious food. Avoid food and drinks high in salt, fat, and sugar.
5 BREASTFEEDING WOMEN WITH COVID-19

a. Breastfeeding is highly beneficial for both mother and baby. Even if infected with COVID-19, you should continue breastfeeding your baby.

b. Wear a mask during feeding and wash your hands with soap and water before and after touching your breasts and your baby. Clean and disinfect surfaces that you have touched.

c. If you are too unwell to breastfeed your baby, you can express and store breastmilk. Ask an adult caregiver to give it to your baby using a spoon or feeding cup whenever needed.

6 LOCAL OFFICIALS AND LOCAL EMERGENCY HEALTH TEAMS

a. Keep everyone in your community, regardless of race, nationality, or ethnicity, informed about the COVID-19 situation and preventive actions according to government protocols. Help them understand why their cooperation is important.

b. Establish hotlines and other ways for people to openly communicate their needs and concerns and give feedback about the response.

c. Implement ways to reduce stigma and discrimination among individuals and groups such as health workers, patients, and those who have recovered.

d. Ensure that frontline workers have access to PPEs, disinfectants, transportation to and from areas of work, and relevant training.

e. Support families that were separated brought by isolation or treatment for COVID-19 and those who have lost their loved ones due to COVID-19.

f. Explain safe and dignified burial protocols to families of people who died of COVID-19.
g. Inform people how and where to access primary health care services and key medicine and supplies such as vaccines, maintenance medications, anti-retroviral drugs, Ready-to-use Therapeutic Food, and family planning supplies.

h. Ensure that response and protective services for victims of gender-based violence and violence against children are available.

i. Set up public handwashing facilities or hand sanitizer stations at the entrances to key public buildings and spaces.

COMMUNITY AND RELIGIOUS LEADERS

a. Keep your community informed and updated about the COVID-19 situation and help them understand why it is important for them to cooperate.

b. Promote preventive actions such as self-isolation, social distancing, proper handwashing, and cough etiquette.

c. Implement measures to prevent or limit the spread of the virus within your group such as modifying religious rituals/practices and postponing or canceling mass gatherings or meetings.

d. Inform your members who had a family member who died of COVID-19 about the safe and dignified burial protocols. If the protocols violate or are not consistent with your group’s beliefs and practices, discuss with the health workers to agree on how to meet the safety standards.
**FAMILIES OF PEOPLE WHO DIED OF COVID-19**

a. Losing a loved one is sad and difficult for you and your family. It is important to honor and pay your last respects to your loved one who died because of COVID-19 but this should be done in a way that is safe for you, your family, and others.

b. Do not touch, kiss, clean, or wrap the body.

c. Burial or cremation will be done within 12 hours. Only a limited number of family members is allowed to visit the body and will be asked to maintain 1 to 2 meters distance from the coffin.

d. Handling the body of the person who died from COVID-19 entails standard measures and safety protocols that a licensed funeral parlor is trained to do.

e. If any of these violate your cultural or religious beliefs and practices, discuss with religious or community leaders and health professionals in your community to explore alternative ways to ensure a dignified yet safe burial.

**PEOPLE WHO DISCRIMINATE AGAINST INDIVIDUALS AND GROUPS ASSOCIATED WITH THE SPREAD OF COVID-19 (E.G. FRONTLINE WORKERS, PEOPLE WITH OR MAY BE INFECTED WITH COVID-19)**

a. Stigma and discrimination hurt people's feelings. No one deserves to be treated this way.

b. If people are discriminated, they may hide their illness, which worsens their condition while putting more people at risk. They may be discouraged to seek help from others and to practice healthy behaviors.

c. For those people who have recovered from COVID-19, we should celebrate their recovery instead of putting them down.

d. Nobody wants to be infected with COVID-19. Let us spread compassion and kindness to our frontline health workers and others who are caring for those who are sick, people who are or may be infected with COVID-19, and those who have recovered.

For more information on key messages and FAQs, visit https://covid19.healthypilipinas.ph/
COMMUNICATING IN DIFFICULT SITUATIONS

There are challenging situations and topics related to COVID-19 and questions that are difficult to answer. Use the following as your guide on how to respond.

GENERAL TIPS

- Be respectful, polite and empathetic.
- Be aware that people who are suspected or confirmed to have COVID-19, and any visitors accompanying them, may be stressed or afraid.
- Listen carefully to questions and concerns.
- Use local language and speak slowly. Avoid using jargon (like medical terms). Explain the best you can in plain language.
- Answer any questions and provide correct information about COVID-19.
- You may not have an answer for every question. A lot is still unknown about COVID-19 and it is okay to admit that.
- If available, share information pamphlets or handouts with your patients.
- It is okay to touch, or comfort suspect (PUI) and confirmed patients when wearing PPE.
- Gather accurate information from the patient: their name, date of birth, travel history, list of symptoms, among others.
- Explain the healthcare facility’s procedure for COVID-19, such as isolation and limited visitors, and the next steps.
- If the patient is a child, admit a family member or guardian to accompany them – the guardian should be provided and use appropriate personal protective equipment.
- Provide updates to visitors and family when possible.
- Involve your patients in the treatment decision-making process. Make sure that they can voice out their concerns and openly ask questions. You are there to listen and address their concerns.
- Change the focus of any potential miscommunication or argument into action, by giving the patient two or three options with balanced information. It helps to redirect the patient to a solution-focused path.
SCREENING

WHEN SOMEONE IS WORRIED ABOUT THE TESTING PROCESS

Why aren’t they testing everybody?

We don’t have enough test kits. I wish it were different.

Why do the tests take so long?

I know it’s hard to wait. But there is a process that each test has to go through to make sure the results are correct. Those in the laboratories are working very hard to make sure people get their test results as quickly as they can.

How come the politicians got tested?

I can imagine it feels unfair. I don’t know the details, but what I can tell you is that was a different time. The situation is changing so fast that what we did a week ago is not what we are doing today.
I am worried about this new virus. What should I be doing?

You are right to be concerned. Here’s what you can do. Please limit your contact with others—we call it physical distancing. Then you should pick a person who knows you well enough to talk to doctors for you if you did get really sick. That person is your proxy. Finally, if you are the kind of person who would say, no thanks, I don’t want to go to the hospital, you should tell us and your proxy.

I realize that I’m not doing well medically even without this new virus. I want to take my chances at home / in this long term care facility.

Thank you for telling me that. What I am hearing is that you would rather not go to the hospital if we suspected that you have the virus. Did I get that right?

I don’t want to come to the end of my life like a vegetable being kept alive on a machine. [in a long term care facility or at home]

I respect that. Here’s what I’d like to propose. We will continue to take care of you. The best case is that you don’t get the virus. The worst case is that you get the virus despite our precautions—and then we will keep you here and make sure you are comfortable for as long as you are with us.
I am this person’s proxy / health care agent. I know their medical condition is bad—that they probably wouldn’t survive the virus. Do you have to take them to the hospital?

It is so helpful for you to speak for them, thank you. If their medical condition did get worse, we could arrange for hospice (or palliative care) to see them where they are. We can hope for the best and plan for the worst.

**TRIAGING**

● WHEN YOU’RE DECIDING WHERE A PATIENT SHOULD GO

**Why shouldn’t I just go to the hospital?**

Our primary concern is your safety. There is a possibility for you to get sick even more in a hospital, whether it be from COVID-19 or other illnesses, if you didn’t need to be hospitalized in the first place. The safest way is to call the DOH Telemedicine hotlines or your BHERT to confirm your condition with a medical professional. It will be faster for you and others.

**Why are you keeping me out of the hospital?**

I imagine you are worried and want the best possible care. Right now, the hospital has become a dangerous place unless you really, really need it. The safest thing for you is to ___.
ADMITTING

● WHEN YOUR PATIENT NEEDS THE HOSPITAL, OR THE ICU

Does this mean I have COVID19?

We will need to test you with a nasal and throat swab, and we will know the result by tomorrow or the day after. It is normal to feel stressed when you are waiting for results, so do things that help keep your mind off this.

How bad is this?

From the information I have now and from my exam, your situation is serious enough that you should be in the hospital. We will know more within the next few days while in our care, and we will update you regarding your condition.

Is my grandfather going to make it?

I imagine you are scared. Here's what I can say: because he is 90, and is already dealing with other illnesses, it is quite possible that he will not make it out of the hospital. Honestly, it is too soon to say for certain.
[When a COVID-19 patient is in the hospital/relative of a patient asks to visit] Are you saying that no one can visit me?

I know it is hard to not have visitors. The risk of spreading the virus is so high that I am sorry to say we cannot allow visitors. They will be in more danger if they come into the hospital. I wish things were different. You can use your phone, although I realize that is not quite the same.

How can you not let me in for a visit?

The risk of spreading the virus is so high that I am sorry to say we cannot allow visitors. We can help you be in contact electronically. I wish I could let you visit, because I know it’s important. Sadly, it is not possible now.

COUNSELING

• WHEN COPING NEEDS A BOOST, OR EMOTIONS ARE RUNNING HIGH

I’m scared.

This is such a tough situation. I think anyone would be scared. Could you share more with me?
I need some hope.

Tell me about the things you are hoping for? I want to understand more.

You people are incompetent!

I can see why you are not happy with things. I am willing to do what is in my power to improve things for you. What could I do that would help?

I want to talk to your boss.

I can see you are frustrated. I will ask my boss to come by as soon as they can. Please realize that they are juggling many things right now.

Do I need to say my goodbyes?

I’m hoping that’s not the case. And I worry time could indeed be short. What is most pressing on your mind?
DECIDING

WHEN THINGS AREN’T GOING WELL, GOALS OF CARE, CODE STATUS

I want everything possible. I want to live.

We are doing everything we can. This is a tough situation. Could we step back for a moment so I can learn more about you? What do I need to know about you to do a better job taking care of you?

I don’t think my spouse would have wanted this.

Well, let’s pause and talk about what they would have wanted. Can you tell me what they considered most important in their life? What meant the most to them, gave their life meaning?

I don’t want to end up being a vegetable or on a machine.

Thank you, it is very important for me to know that. Can you say more about what you mean?
I am not sure what my spouse wanted—we never spoke about it.

You know, many people find themselves in the same boat. This is a hard situation. To be honest, given their overall condition now, if we need to put them on a breathing machine or do CPR, they will not make it. The odds are just against us. My recommendation is that we accept that he will not live much longer and allow him to pass on peacefully. I suspect that may be hard to hear. What do you think?

NOTIFYING

- WHEN YOU ARE TELLING SOMEONE

Yes I’m his daughter. I am 5 hours away.

I have something serious to talk about with you. Are you in a place where you can talk?

What is going on? Has something happened?

I am calling about your father. He died a short time ago. The cause was COVID19.
[Crying]

I am so sorry for your loss. [Silence][If you feel you must say something: Take your time. I am here.]

I knew this was coming, but I didn’t realize it would happen this fast.

I can only imagine how shocking this must be. It is sad. [Silence] [Wait for them to restart]

ANTICIPATING

● WHEN YOU’RE WORRYING ABOUT WHAT MIGHT HAPPEN

What you fear:
That patient’s son is going to be very angry.

What you can do: Before you go in the room, take a moment for one deep breath. What’s the anger about? Love, responsibility, fear?
What you fear: I don’t know how to tell this adorable grandmother that I can’t put her in the ICU and that she is going to die.

What you can do: Remember what you can do: you can hear what she’s concerned about, you can explain what’s happening, you can help her prepare, you can be present. These are gifts.

What you fear: I have been working all day with infected people and I am worried I could be passing this on to the people who matter most.

What you can do: Talk to them about what you are worried about. You can decide together about what is best. There are no simple answers. But worries are easier to bear when you share them.

What you fear: I am afraid of burnout, and of losing my heart.

What you can do: Can you look for moments every day where you connect with someone, share something, enjoy something? It is possible to find little pockets of peace even in the middle of a maelstrom.

What you fear: I’m worried that I will be overwhelmed and that I won’t be able to do what is really the best for my patients.

What you can do: Check your own state of being, even if you only have a moment. If one extreme is wiped out, and the other is feeling strong, where am I now? Remember that whatever your own state, that these feelings are inextricable to our human condition. Can you accept them, not try to push them away, and then decide what you need.
GRIEVING

WHEN YOU’VE LOST SOMEONE

What I’m thinking: I should have been able to save that person.

What you can do: Notice: am I talking to myself the way I would talk to a good friend? Could I step back and just feel? Maybe it’s sadness, or frustration, or just fatigue. Those feelings are normal. And these times are distinctly abnormal.

What I’m thinking: OMG I cannot believe we don’t have the right equipment / how mean that person was to me / how everything I do seems like its blowing up

What you can do: Notice: am I letting everything get to me? Is all this analyzing really about something else? Like how sad this is, how powerless I feel, how puny our efforts look? Under these conditions, such thoughts are to be expected. But we don’t have to let them suck us under. Can we notice them, and feel them, maybe share them?

And then ask ourselves: can I step into a less reactive, more balanced place even as I move into the next thing?
COMMUNICATING IN SPECIFIC SITUATIONS

CASE MANAGEMENT

Ensure that personal details remain confidential and are only used for case management purposes by authorities. Unauthorized disclosure of private and confidential information about a patient’s medical condition or treatment is punishable by law.

Here’s what you can do when you are notified that a sick person has been reported in your area and when an ambulance has been dispatched.

1 Before the ambulance arrives

a. The sight of an ambulance in the community and health workers in full PPE can be a fearful experience. Listen to the family’s concerns and help them to stay calm.

b. Help community members understand that the sick person has not yet been confirmed to have COVID-19. This will only be confirmed after testing.

c. Explain that to stay protected, they should not touch the sick person or their body fluids and items they have touched. They should also keep a safe distance of at least one meter away from the sick person.

d. Explain the process to manage expectations and reduce fear. For example, explain that ambulance team members will be in full PPE and the procedures for transporting the patient to a quarantine center.
When the ambulance arrives

a. Make introductions and help facilitate the conversation between the ambulance team and the family. Ask for the ambulance siren to be switched off after arrival.

b. Stay with the ambulance team to support them in providing compassion and support while the family member is taken from the home.

c. DO NOT act as an ambulance team member.

During the patient’s stay in the quarantine center

a. Update the family on the status and location of the patient.

b. If one or both parents are admitted to a quarantine center, seek relatives who can take the child or children back home but ensure that they go with the personal protection kit.

- If no relatives are available to take them back home, refer them to barangay officials to assist in interim foster care.
- Ensure that other family members or relatives are aware of the whereabouts of the child, provided that it is in the child’s best interests, and facilitate contact between the family and child as often as possible during the interim care period.

c. There are cases of violence that may have not been reported during this critical time. Inform people that reporting and referral services are continuing amidst the COVID-19 situation.
4 After the stay in the quarantine center is completed by the patient

Help discharged patients, who were tested negative and are under or completed 14 days of self/home isolation, in reintegrating into the community by explaining to community members that they no longer have COVID-19 and addressing community concerns, fears, and stigma.

5 If a patient dies in the quarantine center

a. Inform the family, with empathy, that the patient has died in the quarantine center and provide information on how the body will be handled with dignity and respect.

b. Link surviving family members to other services such as mental health and psychosocial support (MHPSS).

CONTACT TRACING

1 Before the surveillance team or the contact tracing team arrives

a. Help the family stay calm. Explain that what is about to happen is a standard procedure and no one is in trouble. This is being done to limit the spread of the virus so it would be helpful if they told the truth.

b. Remind the family that they should feel free to express their concerns or let you know if they are feeling uncomfortable with the questioning.

c. Explain that everyone who has had contact with someone who has or may be infected with COVID-19 must observe the 14-day quarantine for their own and their community’s health and safety. Make it clear that this does not mean they will all contract COVID-19.

d. Listen to the family’s concerns and answer questions.
2 During the initial contact tracing visit
   
a. Remind the family that they may ask any questions about the process.

   b. Listen and facilitate to help trained professionals get the information they need in a way that is respectful and compassionate. Look for signs of discomfort and look for ways to allay fear and anxiety.

   c. Help engage others in the household for a fuller account of the circumstances, using your experience, trust, and knowledge of the community.

   d. DO NOT take on the role of the contact tracing officer. DO NOT burden the family or community by asking them to recount the details of the events that took place over and over again.

3 After the surveillance visit or initial contact tracing visit
   
a. Work with the family and community to coordinate any additional visits in such a way that communities are not over-burdened by outsiders and visitors.

   b. Follow up with the households and ask people if they have any questions they did not feel comfortable asking at the time of the visit, but which they might want to share privately.

HOME QUARANTINE

Who is under monitored home quarantine:

Any person who traveled to areas with COVID-19 transmission and/or had close contact with a confirmed case and does not show any signs and symptoms within 14 days after travel or exposure.

Any person who traveled to areas with COVID-19 transmission and/or had close contact with a confirmed case and with mild symptoms within 14 days after travel or exposure.

Any person with symptoms such as fever, and dry cough.
Before the quarantine

a. Listen to community members, answer questions, and help them to stay calm. Express concern and sympathy.

b. Prepare the family for what they can expect during the quarantine. Explain that everyone must observe the 14 days of quarantine for their own and their community’s health and safety.

c. Discuss the signs and symptoms of COVID-19 and what to do if signs or symptoms occur.

d. Explain the quarantine process, including:

   - what a quarantine is and why it is important
   - duration of the quarantine
   - how to stay safe during quarantine
   - how the family can communicate with family members in the quarantine center
   - signs and symptoms of severe disease to watch out for:
     - Adults: Difficulty breathing, shortness of breath
     - Children: Difficulty breathing, inability to drink or breastfeed, lethargy, unconsciousness, convulsions
   - how to contact BHERT

   e. DO NOT raise expectations about the food/non-food items that a family will receive.

   f. DO NOT take on the role of a quarantine officer.
2 During the quarantine

a. Provide up-to-date information to families on the quarantine process and protocols.

b. Be a key point of contact with families, keep returning to troubleshoot problems, and provide two-way information flow.

c. Check with family members who have sick relatives in the quarantine facility to make sure the family is updated on the status and location of the patient.

d. Link community members to other services including mental health and psychosocial support (MHPSS) when needed.

3 After the quarantine

Support people who have completed quarantine to reintegrate into the community and help reduce stigma and discrimination.

SAFE AND DIGNIFIED BURIAL

1 Express compassion and condolences for the family's loss.

2 Explain that all bodies will be prepared for a safe and dignified burial, whether or not they died of COVID-19.

3 Listen to the family’s concerns. Help the family to contact a religious leader if requested.

4 Discuss with the family that while tradition is important, everyone must find a way to respect the dead and observe burial rites without putting themselves or anyone else in danger of catching COVID-19.

5 Remind the family that they may ask questions about the process.

6 DO NOT act as a member of the personnel handling the body.
REFERENCES

COVID-19 – NOVEL (new) CORONAVIRUS: KEY TIPS AND DISCUSSION POINTS
For community workers, volunteers and community networks. IFRC, WHO, and UNICEF.

COVID-19 Infection Prevention and Control (IPC) Guidelines for Home and Community Settings (draft).
Department of Health, UNICEF, and WHO.


Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus. IFRC.

