Republic of Rwanda
Ministry of Health

Rwanda
Biomedical
Centre

Healthy People, Wealthy Nation

STANDARD OPERATING PROCEDURES FOR PREPAREDNESS AND RESPONSE TO CORONAVIRUS DISEASE (COVID-19) OUTBREAK

Corona Virus Disease #COVID19

FOREWORD

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the Coronavirus disease-19 (COVID-19) a Public Health Emergency of International Concern (PHEIC). The outbreak was first reported in Wuhan, Hubei Province of China and has continued to expand with reported cases across China and internationally. Rwanda faces a continuous risk of imported outbreaks such as COVID-19 due to high and rapid mobility of people, and increased trade and commerce between Rwanda and countries affected by outbreaks. The primary objective of the international response to the COVID-19 outbreak remains stopping human-to-human transmission of the virus and caring for those who may become infected.

Against this background, the Government of Rwanda through the Ministry of Health developed a one-year National COVID-19 Preparedness and Response Plan. The proposed interventions are expected to prepare the country to prevent, detect and respond effectively and efficiently to any potential COVID-19 case. The successful implementation of the interventions stipulated in the plan requires multi-sectoral collaboration and active involvement of all health care providers working in different capacities and at different levels within the health sector.

I am delighted to present the Standard Operating Procedures (SOPs) which provide clear direction to enable the different stakeholders to prevent, detect and respond to a COVID-19 outbreak in an organized and timely manner. In this document, a focus has been put on providing SOPs for surveillance, collecting, handling, storage and transport of clinical specimens from Persons Under Investigation of COVID-19; infection prevention and control, case management, psychosocial support, risk communication and community mobilization and data management.

We highly recommend use of this document by the response teams and health workers at national, district, health facility and community levels.

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TABLE OF CONTENTS

ABBREVIATIONS

CIF	Case Investigation Form
ESR	Epidemic Surveillance and Response
MOH	Ministry of Health
NRL	National Reference Lab
PHEIC	Public Health Emergency of International Concern
POE	Points of Entry
RBC	Rwanda Biomedical Center
RCCE	Risk Communication and Community Engagement
RRT	Rapid Response Team
RT-PCR	Real Time Polymerase Chain Reaction
VTM	Viral Transport Media
WHO	World Health Organization

BACKGROUND

In late December 2019, a cluster of patients with pneumonia of unknown cause was reported in Wuhan, Hubei Province of China. On 30 January 2020, the novel coronavirus (initially named 2019-nCoV) was declared a Public Health Emergency of International Concern (PHEIC).

According to WHO (https://www.who.int/emergencies/diseases/novel-coronavirus-2019), as of 1 March 2020, 87, 137 confirmed cases and 2,977 deaths have been reported in 58 countries. Signs and symptoms develop on average 5-6 days after infection, and this incubation period ranges from 1 to 14 days. As infected travelers may appear in any country, preparedness and containment measures are crucial, including active surveillance, early detection, isolation and case management, and contact tracing of COVID-19 infection.

To date, no case of COVID-19 has been reported in Rwanda. The Ministry of Health and Rwanda Biomedical Centre have developed a national preparedness and prevention strategy across the country to strictly prevent any COVID-19 infection. This strategy includes strong screening and detection at all points of entry, response mechanisms at national and district levels, quarantine arrangements, and risk communication and community engagement.
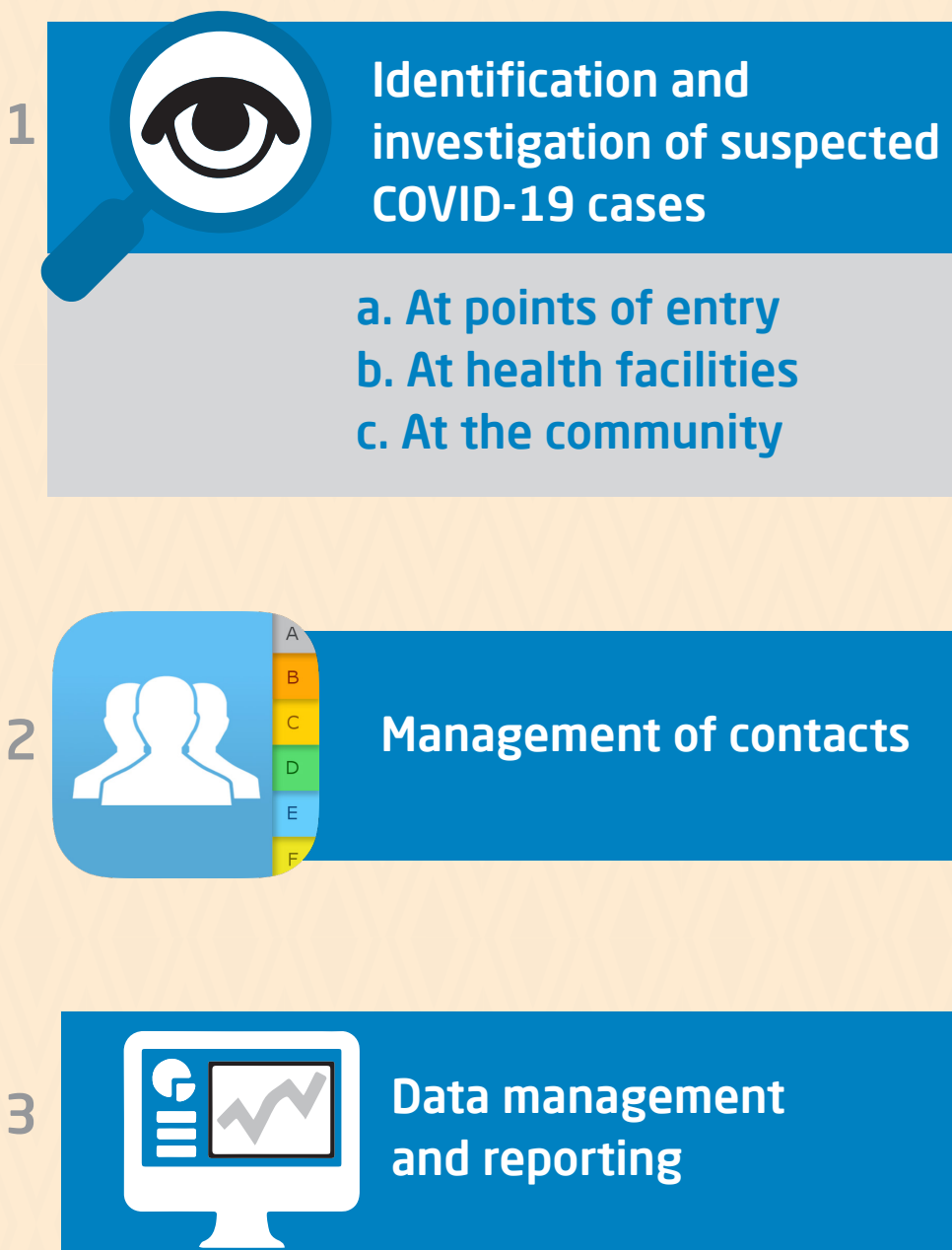
PURPOSE AND SCOPE

The scale and complexity of COVID-19 outbreak in various parts of the world has underscored the need for prompt and effective implementation of evidence-based prevention, detection and containment measures. The ability to rapidly detect, investigate and respond to suspected cases of COVID-19 is a determining factor in outbreak management, and relies on well-established and functional surveillance systems.

The SOPs outline COVID-19 surveillance teams at central, intermediary and peripheral levels for early detection, verification and investigation of COVID-19 potential cases. In addition, this document provides structured guidance to all personnel at referral hospitals, provincial hospitals, district hospitals, health centers, medical clinics, dispensaries, points of entry and community on how to identify suspected COVID-19 cases. The SOPs also describe procedures for data and information management and reporting, and align with the national preparedness and prevention plan.

PROCESS FLOW FOR COVID-19 SURVEILLANCE, DETECTION AND RESPONSE TO SUSPECTED COVID-19 CASES

COVID-19 surveillance and response entails three broad areas with corresponding SOPs covering the following aspects

1 **Identification and investigation of suspected COVID-19 cases**

a. At points of entry
b. At health facilities
c. At the community

2 **Management of contacts**

3 **Data management and reporting**

Detection and investigation of suspected COVID-19 cases

In order to ensure an appropriate and effective detection and investigation of suspected COVID-19 case, the case definition must be strictly adhered to.

COVID-19 Case Definitions

The case definitions are based on the current information available and may be revised as new information accumulates.

The clinical and epidemiological criteria are categorized below for (1) general definition (2) suspected case (3) probable case (4) confirmed case

Phases of Outbreak		
	Pre-Outbreak	**During the Outbreak**
Alert case (general definition)	Any asymptomatic person with travel history to a country/area reporting local transmission of COVID-19 within the past 14 days OR Any asymptomatic person who had contact with a suspect or confirmed COVID case	-
Suspect case	1. A person with fever ($\geq$ 380 C) and at least one sign/symptom of respiratory disease (cough, shortness of breath) AND a history of travel history to or residence in a country/area reporting local transmission of COVID-19, during the last 14 days OR 2. A person with fever ($\geq$ 380 C) and at least one sign/symptom of respiratory disease (cough, shortness of breath) AND who had contact with a confirmed or suspected COVID-19 case within the last 14 days	A person with fever ($\geq$ 380 C) AND at least one sign/symptom of respiratory disease: • Cough • Shortness of breath • Sore throat • Runny nose AND with no other aetiology that fully explains the clinical presentation
Probable case	A suspected case for whom testing for COVID-19 is inconclusive (inconclusive being the result of the test reported by the laboratory).	
Confirmed Case	A suspect case* with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.	

Recommendations for contact tracking

Definition of contact

A contact is a person involved in any of the following (as per WHO guidelines):
Providing direct care for COVID-19 patients without proper personal protective equipment (PPE) or working with health care workers infected

- Living in the same household as a COVID-19 patient within a 14day period after the onset of symptoms.
- Visiting or sharing the same close environment of a COVID-19 patient (including workplace, classroom, or gatherings)
- Traveling together with COVID-19 patient in any kind of conveyance, particularly in in close proximity (1 m)

Identification and Investigation of suspected cases at the Points of Entry (PoE) Screening

The screening will be done in three phases namely: primary screening, secondary screening and tertiary screening.

Primary Screening

- All travelers arriving in Rwanda will be screened at all points of entry (POE)
- Alert cases:
  - Identified by POE screeners/immigration officers
  - Traveler's complete health screening form (electronic entry)
  - Individuals with travel history to country/area reporting local transmission of COVID-19 within 14 days OR those who had contact with a suspect or confirmed case
    - Separate those from other travelers to take them through secondary screening
    - Traveler's presenting with any COVID-19 symptoms coming from countries with confirmed cases will be considered suspect cases
    - Suspect cases will be taken for isolation at nearest hospital for investigation and further laboratory testing

Secondary Screening

- Suspect cases will be taken for isolation at nearest hospital for investigation and further laboratory testing
  1. **If positive:** suspect cases become confirmed case and sent immediately to treatment center
  2. **If negative:** suspect cases remain eligible for active follow-up and provides identification for continued daily monitoring under self-quarantine for 14 days
     a. Location of individual must be accessible by MOH-RBC surveillance Teams
     b. Individual in self-quarantine must wear a mask at all times, self-isolate from others, and call 114 for further

- Any asymptomatic traveler coming from countries with confirmed COVID-19 cases is considered AT RISK and recorded for daily monitoring for 14 days
  1. Individual must take preventive and protection measures
  2. Notify nearest authorities of unusual signs and symptoms

Tertiary Screening

- Performed by clinician at designated or nearest health facility
- Clinician obtains patient's information using COVID-19 case investigation form
  - Suspect cases will be taken for isolation at nearest hospital for investigation and further laboratory testing
  - If patient is considered suspect case, taken for isolation at nearest hospital for management and follow up
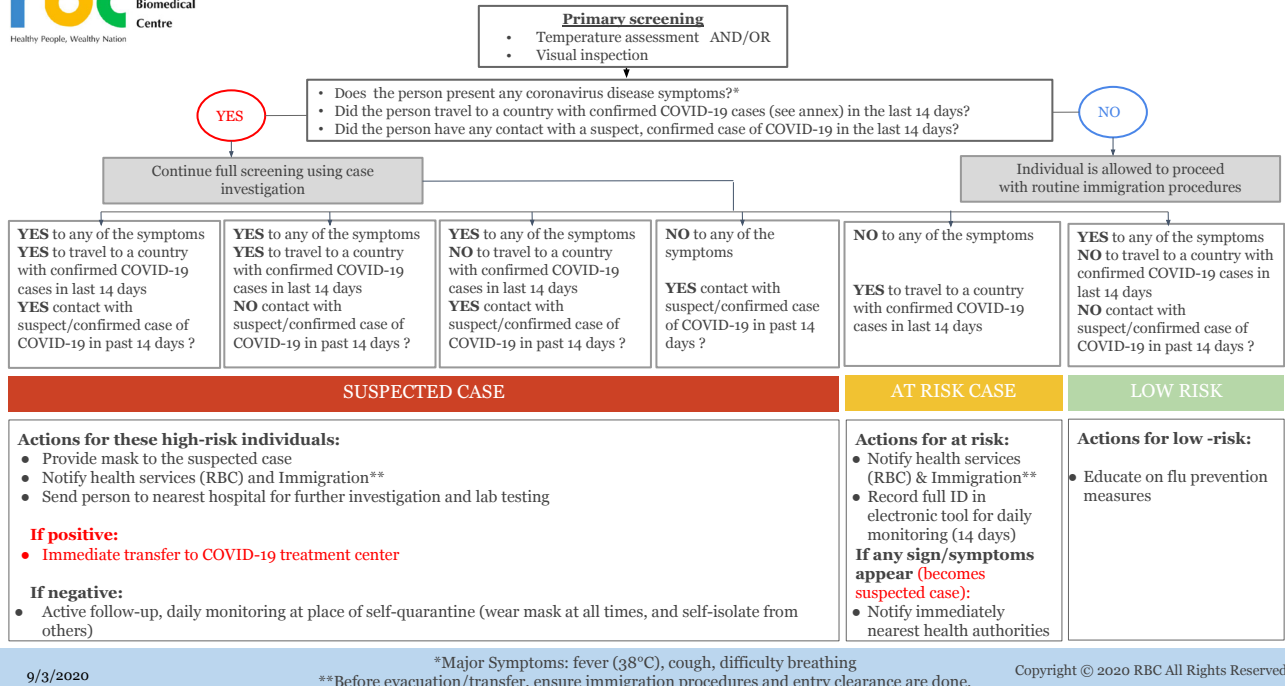
Figure 1: Risk Assessment Algorithm for screening at Points of Entry

Identification and investigation of cases at health facilities

- In the health facilities, suspected cases may be cases that have been referred from points of entry, from other health facilities or it may be patients seeking general care at the facility.
- All health facilities should be able to identify and isolate patients with suspected COVID-19. The case definition must be shared with all health care workers and there should be heightened surveillance in all the health facilities

If any suspected case is identified:

1. Provide the patient with a mask

2. Apply IPC procedures such as wearing a mask and face shield to ensure safety of the health care provider

3. Isolate patient or keep the patient in a "holding area" if there is no isolation unit

4. Explain the purpose of isolation to the patient and family members

5. Notify the District Rapid Response Team (RRT)

6. Complete the COVID-19 Case Investigation Form

7. Interview the patient and/or family members to obtain names and locator information for the patient's close contacts from onset of illness to arrival at the health care facility
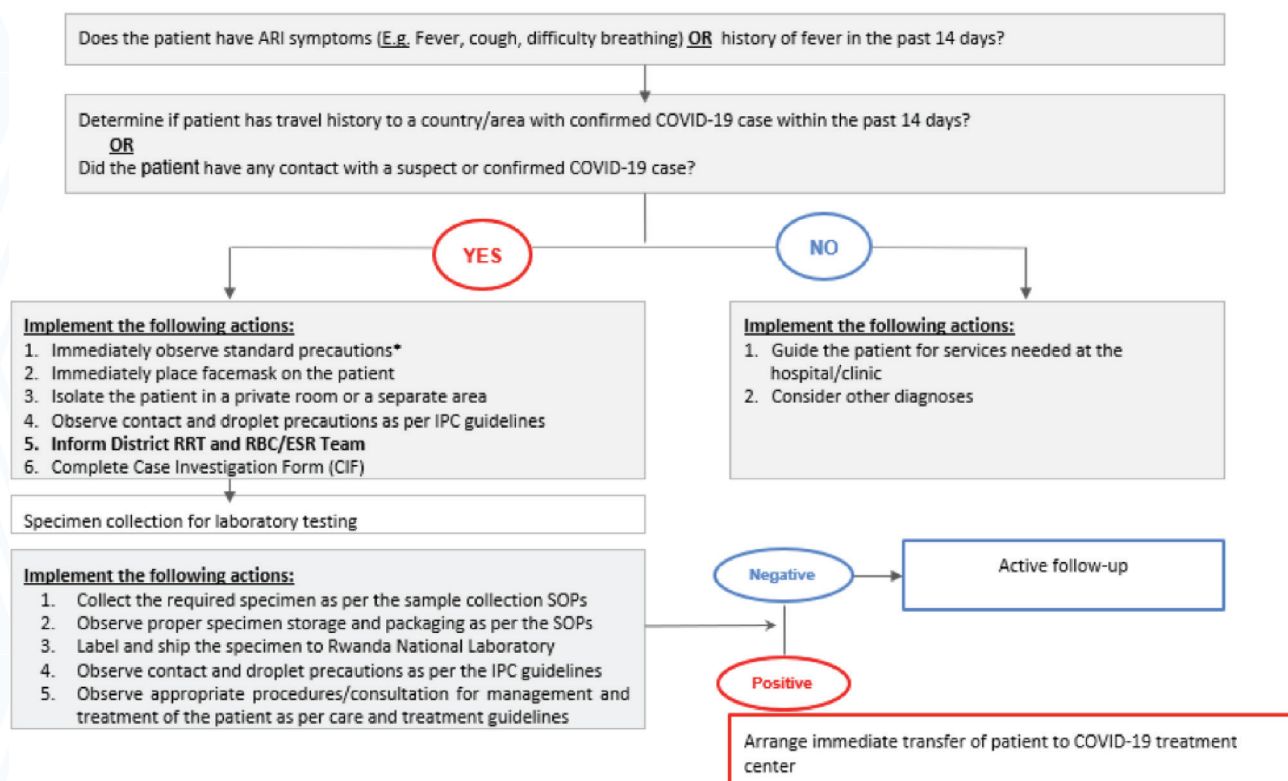
8. Lists all contacts including phone numbers on the COVID contact listing form

9. Collect and transport specimens as per the sample collection and transportation guidelines. If the staff/facility does not have the capacity to collect the samples, the National Reference Laboratory should be informed

10. Enter the Case Investigation Form into e-IDSR and send the hard copy to the National Reference Laboratory along with the sample

11. Hold the patient into the isolation unit until laboratory results are provided

12. If tested positive: Immediately transfer the patient to a COVID-19 treatment center

13. If tested negative: Proceed with normal medical care for other illnesses

The Rapid Response Team (RRT) at their arrival:

1. Collects a clinical sample if sample collection has not been done (See Laboratory SOP)

2. Uses triple packaging to transport and send sample to the National Reference Laboratory (NRL) (See Laboratory SOP)

3. Review and update the case investigation and the contact listing forms

4. When investigation is complete, inform the hospital DG and ESR Division/RBC

5. Ensure the suspect case is reported through eIDSR

6. Arrange transfer of patient to treatment center if patient tested positive for COVID-19

Investigation and management of COVID-19 case at a health facility

The aim of this guideline is to help health care workers in the investigation and management of patients with acute respiratory infections (ARI) due to unknown and known respiratory pathogens and promptly detect COVID-19.

Does the patient have ARI symptoms (E.g. Fever, cough, difficulty breathing) OR history of fever in the past 14 days?

Determine if patient has travel history to a country/area with confirmed COVID-19 case within the past 14 days?
OR
Did the patient have any contact with a suspect or confirmed COVID-19 case?

YES

NO

Implement the following actions:
1. Immediately observe standard precautions*
2. Immediately place facemask on the patient
3. Isolate the patient in a private room or a separate area
4. Observe contact and droplet precautions as per IPC guidelines
5. **Inform District RRT and RBC/ESR Team**
6. Complete Case Investigation Form (CIF)

Implement the following actions:
1. Guide the patient for services needed at the hospital/clinic
2. Consider other diagnoses

Specimen collection for laboratory testing

Implement the following actions:
1. Collect the required specimen as per the sample collection SOPs
2. Observe proper specimen storage and packaging as per the SOPs
3. Label and ship the specimen to Rwanda National Laboratory
4. Observe contact and droplet precautions as per the IPC guidelines
5. Observe appropriate procedures/consultation for management and treatment of the patient as per care and treatment guidelines

Negative → Active follow-up

Positive

Arrange immediate transfer of patient to COVID-19 treatment center

Identification and investigation of cases at the community level

Through the risk communication pillar, COVID-19 messages will be shared to communities through different communication media channels to create awareness on COVID-19

This will ensure that the communities are also on the alert and are able to call in the hotline (114) or the community health volunteer in-case of any alert or suspected case. Community Health Workers will play a key role in reporting of any alert or suspect COVID-19 cases and should be sensitized on COVID-19 case definitions.

Community Health Workers (CHWs) procedures to identify alerts

When a CHW receives a patient in his/her home, visits the patient's home, or receives a phone call regarding a suspected case, he/she should perform the following steps:

1. Find out if the patient has any of the symptoms of COVID-19

2. Ask about history of travel to high-risk country in the past 14 days prior to the onset of symptoms

3. If yes to both, then it's a suspected case and the CHW should separate the patient from the other household members

4. CHW should immediately notify the health center and the health center notifies the District Rapid Response Team at district hospital, who will then proceed with further investigation of the case

5. If the suspect case definition is met, the ambulance services is notified and the patient is transferred to a designated isolation facility for further investigation and management as above

Contact tracing

A contact is a person involved in any of the following (as per WHO guidelines):

■ Providing direct care for COVID-19 patients without proper personal protective equipment (PPE) or working with health care workers infected

■ Living in the same household as a COVID-19 patient within a 14 day period after the onset of symptoms.

■ Visiting or sharing the same close environment of a COVID-19 patient (including workplace, classroom, or gatherings)

■ Traveling together with COVID-19 patient in any kind of conveyance, particularly in in close proximity (1 m)

■ Elements of contact tracing:

1. Contact identification and listing

- Contact identification and listing starts once a person is suspected to have COVID-19 (See contact listing form)
- Once a COVID-19 case is confirmed, there is an urgent need to review and update the contact list and conduct contact follow up

2. Contact follow up

- A complete list of contacts is identified by documenting the activities of the case from the onset of illness to isolation
- If possible, the case should be interviewed to seek out information on all persons and places visited since onset of symptoms
- Additional contacts may be added to the contact list as information becomes available
- Contacts should be monitored for 14 days from the last unprotected contact
- Contacts should self-limit travel and movements
- Monitoring will be done by the COVID-19 surveillance team through household visits to check for occurrence of symptoms (See contact follow up form)

■ Contacts should be advised to:

- Remain at home as much as possible for the duration of the follow-up and restrict close contact with other people
- Avoid crowded places, social gatherings and the use of public transport

■ Report any signs and symptoms such as feve, cough, or difficulty breathing immediately to the contact tracer (provide telephone numbers for the contact follow-up team or contact-tracing supervisor)

*Any contact who becomes ill and meets the COVID-19 case definition becomes a suspect case and should be isolated, tested and her contacts identified, listed and traced.

Annexure : Contact listing form for COVID-19

List of contacts for a suspect, confirmed or probable case of the 2019-nCoV Acute Respiratory Disease

ID number of the patient -----------------------------'------------------------------

2019-nCoV patient's information							
Names	Village	Cell	Sector	District	Date of symptom onset	Date of Isolation	Date of death

information of the contact

Names	Gender (male /female)	Age	Phone number	Relationship with the cases	Date of last contact	type of contact* (select all that is applicable referring to the list below)	head of household	Village	Cell	Sector	District

types of contact
1. Caring for, living with, visiting, sharing a health care waiting area or room with a nCoV case
2. Having direct contact with infectious secretions of a nCoV case (being coughed on or sneezed on)

Annexure: Contact Tracing Form for COVID-19

Contact Tracing Form for Coronavirus disease-19 outbreak

DETAILS OF CONTACT TO BE FOLLOWED-UP: Name of traveller/contact: _____ Sex: _____ Age: _____

Village_____Cell_____Sector: _____District: _____

Phone Number: _____

DETAILS OF PATIENT: Name of patient: _____ _____Sex: _____ Age: _____

Village_____Cell_____Sector: _____District: _____

DATE OF LAST VISIT TO CHINA/LAST CONTACT: _____/_____/ _____   Name of contact tracer: _____

Date	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Day of follow-up	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Fever														
Cough														
Shortness of breath														
Sore throat														
Nausea or Vomiting														
Painful muscles or joints														
Weakness														
Diarrhea (non-bloody / bloody)														
Headache														
Other symptoms														
Temperature reading														

Type of Contact

- Providing direct care for COVID-19 patients, working with health care workers infected with coronavirus disease-19, visiting patients or staying in the same close environment as a COVID-19 patient.
- Working together in close proximity or sharing the same environment with a CoVID-19 patient
- Traveling together with a COVID-19 patient in any kind of conveyance
- Living in the same household as a COVID-19 patient within a 14-day period after the onset of symptoms.

COLLECTING, HANDLING, STORANGE, AND TRANSPORT OF CLINICAL SPECIMENS FROM PERSONS UNDER INVESTIGATION OF COVID-19

All specimens collected for laboratory investigations should be regarded as potentially infectious. The guidelines below apply to all medical personnel involved in specimen collection and testing.

1. Specimen collection

a. Specimens from suspect cases are collected using swabs (Dacron or Rayon) and are tested for the virus with nucleic acid amplification tests (NAAT), such as RT-PCR

b. For initial diagnostic testing of COVID-19, the Ministry of Health recommends collecting and testing upper respiratory (nasopharyngeal AND oropharyngeal swabs)

c. Specimens should be collected as soon as possible once a person under investigation (PUI) is identified, regardless of the time of symptom onset

Step 1 - Equipment and materials

Reagents

1) Vial containing VTM (viral transport medium)
2) Bleach 5 %

Supplies

1) Personal protective equipment (mask, gown, gloves, goggles, apron, shoe covers)
2) Sterile polyester fiber tipped swabs for single-use
3) Tools for blood collection
4) Hand towel
5) Tissue for patient to wipe nose after sample collection
6) Disposable tongue depressor
7) Biohazard bag for disposal of non-sharp materials
8) Specimen submission form and case investigation form
9) Pen or marker for labeling of samples

Equipment

1) Coolers
2) Ice packs
3) A refrigerator (4 °C)

N.B:

Personal protective equipment (PPE) such as gloves (powder less) and lab coats must be worn at all times when collecting and/or handling nasal pharyngeal.
DO NOT use cotton swabs or calcium alginate swabs or swabs that have wooden shafts since these may have inhibiting substances for PCR testing.

Step 2- Collection of oropharyngeal swab (OPS)

The operation is to introduce a swab into one nostril and collect epithelial cells and secretions by scraping. Good specimen quality (containing sufficient cells and secretions) and appropriate transport is essential.

1) Ask the patient to sit with his head tilted back
2) Ask the patient to open his mouth and say "aahh" to elevate the uvula
3) Lower the patient's tongue using a tongue blade disposable.
4) Remove the sterile swab from its sheath
5) Rub the swab on the pharyngeal mucosa avoiding any contact with the surface of the tongue. (N.B. This procedure can induce the gag reflex.)
6) Remove the swab and tongue depressor
7) Discard the tongue depressor in a solution of 5% bleach
8) Open the tube containing the transport medium.
9) Dip the swab into the transport medium and break the upper end.
10) Close the tube.
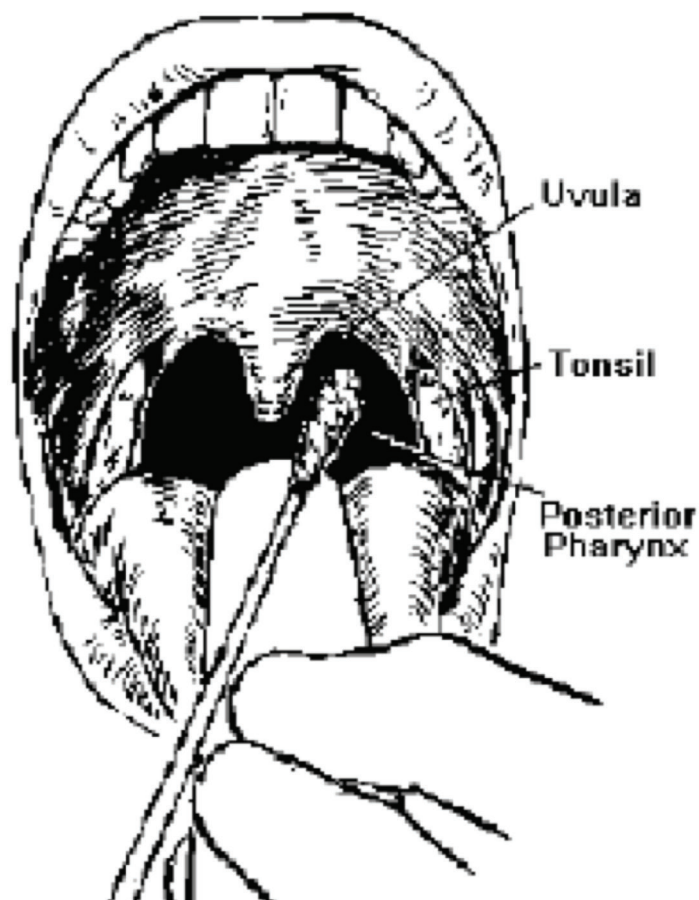
Step 3 - Collection of nasopharyngeal swab (NPS)

1) Ask the patient again to sit with his head tilted back
2) Remove another sterile swab from its sheath
3) Insert the sterile swab into the nostril parallel to the palate and back to the nasopharynx. The swab is inserted following the base of the nostril towards the auditory pit and will need to be inserted at least 5–6 cm in adults to ensure that it reaches the posterior pharynx. (Do NOT use rigid shafted swabs for this sampling method — a flexible shafted swab is essential).
4) Leave the swab in place for a few seconds
5) Slowly remove the swab while slightly rotating it
6) Open the same tube containing the transport medium used before for the oro-pharyngal swab
7) Put the swab in the transport medium and break the upper end.
8) Close the tube
9) Remove gloves
10) Wash hands with soap and water
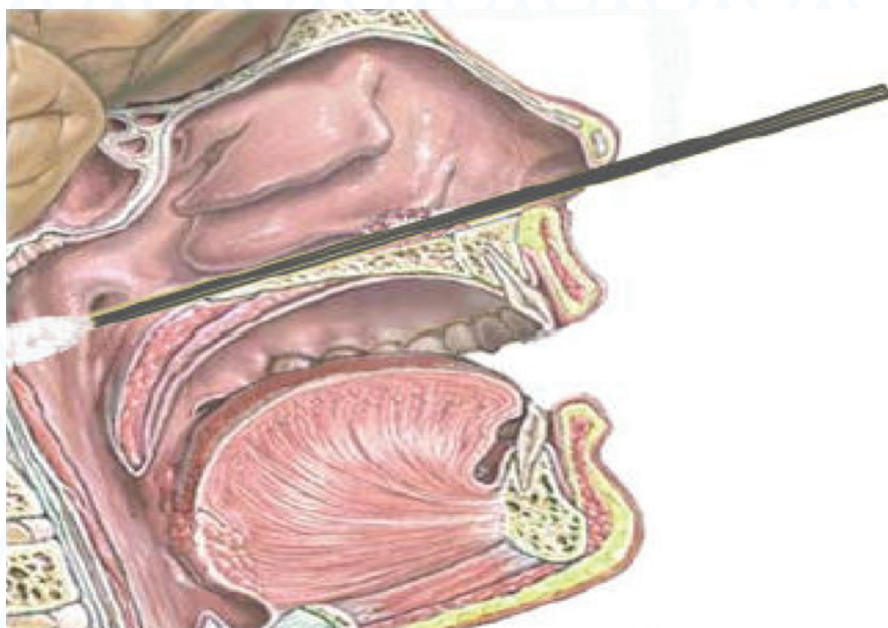
Step 4 - Record keeping

1) Label the sample tube (code, initials, date and sex)
2) Complete the specimen submission form and case investigation form

Step 5 - Transport of specimens

1) Put all (swab transport medium) in the cooler, add ice packs and route at the National Reference Laboratory on the same day as collection. Ensure samples stay at 4 °C
2) If the delivery to NRL is deferred -- keep the specimen at 4 °C for up to 72 hours. Do not forget to label the time of collection storage at 4 °C

INFECTION PREVENTION AND CONTROL (IPC)

Immediate isolation of suspect COVID-19 cases and proficiency in the application of standard precautions are critical elements to prevent the spread of COVID-19 to healthcare workers, patients and visitors. Appropriate selection, donning, doffing and disposal of PPEs to prevent contamination by contact and droplets are the most critical activities for HCW protection because the HCW is handling potentially highly infectious patients in the isolation area.

The below outlines the precaution measures to take in the course of healthcare provider duties and when handling suspected cases, confirmed cases and contacts of confirmed cases. It also stipulates the type of personal protective equipment (PPE) to be worn during routine operations, when handling a suspected case, when handling a confirmed case, and when handling contacts of confirmed cases.

Implementation of IPC measures for patients with suspected or confirmed COVID-19 infection

Staff should wear appropriate personal protective equipment when screening patients at the triage station. Provide medical masks to all patients presenting with flu-like symptoms or reporting possible COVID-19 infection.

IPC in healthcare centers

1. **Ensuring triage, early recognition, and source control (isolation of suspected cases)**

   a. To facilitate the early identification of cases of suspected COVID-19 infection, healthcare facilities should:
      i. Establish a well-equipped triage station at the entrance of health care facility, supported by trained staff
      ii. Institute the use of screening questionnaires according to the updated case definition
      iii. Post signs in public areas reminding symptomatic patients to alert healthcare workers of signs and symptoms

2. **Applying standard precautions for all patients**
   1. Hand and respiratory hygiene
   2. The use of appropriate PPE according to risk assessment
   3. Injection safety practices
   4. Safe waste management
   5. Proper linens
   6. Environmental cleaning and sterilization of patient-care equipment

3. **Ensure that the following respiratory and hand hygiene measures are used**
   1. Alcohol-based hand rubs are preferred if hands ARE NOT visibly soiled
   2. Wash hands with soap and water when they ARE visibly soiled
   3. Ensure that all patients cover their nose and mouth with a tissue or elbow when coughing or sneezing
   4. Offer a medical mask to patients with suspected COVID-19 infection while they are in waiting/public areas or in cohorting rooms
   5. Perform hand hygiene after contact with respiratory secretions
   6. Apply WHO My 5 Moments for Hand Hygiene approach:
      a. Before touching a patient
      b. Before clean or aseptic procedure is performed
      c. After exposure to body fluid
      d. After touching a patient
      e. After touching a patient's surroundings

4. **Environmental precautions**
   a. Limit movement of patients within the health facility to reduce potential infection spread
   b. If a patient must be moved within the health facility, all staff and visitors who come in contact with the patient should wear PPE
   c. Maintain regular environmental cleaning and disinfection measures
   d. Maintain good ventilation, open doors and windows if possible

Contact and droplet precautions

In addition to using standard precautions, all individuals, including family members, visitors and HCWs, should use contact and droplet precautions before entering the room where suspected or confirmed COVID-19 patients are admitted.

1. If possible, place patients in single rooms
2. When single rooms are not available, patients suspected of being infected with COVID-19 should be grouped together
3. Maintain at least 1-meter distance between all patients
4. Where possible, a team of HCWs should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission
5. Equipment should be either single-use and disposable or dedicated equipment (e.g., stethoscopes, blood pressure cuffs and thermometers)
   a. If equipment needs to be shared among patients, clean and disinfect it between use for each individual patient
6. Avoiding moving or transporting patients, unless medically necessary
   a. If transport is required, use predetermined transport routes to minimize exposure for staff, other patients and visitors, and have the patient using a medical mask
7. Ensure HCWs perform hand hygiene and wear appropriate PPE
8. Routinely clean and disinfect surfaces which the patient is in contact

9. Limit the number of HCWs, family members and visitors who are in contact with a suspected and confirmed COVID-19 patient
10. Maintain a record of all persons entering the patient's room, including all staff and visitors

Airborne precautions for aerosol-generating procedures

Some aerosol-generating procedures have been associated with an increased risk of transmission of coronaviruses (SARS-CoV and MERS-CoV), such as tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy.

1. Perform procedures in an adequately ventilated room
2. Use a particulate respirator at least as protective e.g. N95 or an equivalent
    a. When HCWs put on a disposable particulate respirator, they must always perform the seal check
3. Use eye protection (i.e., goggles or a face shield)
4. Wear a clean, non-sterile, long-sleeved gown and gloves
    a. If gowns are not fluid resistant, HCWs should use a waterproof apron for procedures expected to have high volumes of fluid that might penetrate the gown
5. Limit the number of persons present in the room to the absolute minimum required for the patient's care and support

Implementing administrative controls

Administrative controls and policies for the prevention and control of transmission of COVID-19 infections within the healthcare setting include, but may not be limited to:

- Educating patients' caregivers
- Ensuring access to prompt laboratory testing for identification of the etiologic agent
- Preventing overcrowding, especially in the emergency department
- Providing dedicated waiting areas for symptomatic patients
- Appropriately isolating hospitalized patients
- Ensuring adequate supplies of PPE; ensure the adherence of IPC policies and procedures for all facets of health care

Administrative measures related to healthcare workers

- Provision of adequate training for HCWs
- Ensuring an adequate patient-to-staff ratio
- Establishing a surveillance process for acute respiratory infections potentially caused by COVID-19 among HCWs
- Ensuring that HCWs and the public understand the importance of promptly seeking medical care
- Monitoring HCW compliance with standard precautions and providing mechanisms for improvement as needed

Recommendations for outpatient care

The basic principles of IPC and standard precautions should be applied in all health care facilities, including outpatient care and primary care. For COVID-19 infection, the following measures should be adopted:

- Triage and early recognition
- Emphasis on hand hygiene, respiratory hygiene and medical masks to be used by patients with respiratory symptoms
- Appropriate use of contact and droplet precautions for all suspected cases
- Prioritization of care of symptomatic patients
- When symptomatic patients are required to wait, ensure they have a separate waiting area
- Educate patients and families about the early recognition of symptoms, basic precautions to be used and which health care facility they should refer to

IPC at the laboratory/for health care workers collecting laboratory specimen

All specimens collected for laboratory investigations should be regarded as potentially infectious. HCWs who collect, handle or transport any clinical specimens should adhere rigorously to the following standard precaution measures and biosafety practices to minimize the possibility of exposure to pathogens.

- Ensure that HCWs who collect specimens use appropriate PPE (i.e., eye protection, a medical mask, a long-sleeved gown, gloves)
    - o If the specimen is collected with an aerosol-generating procedure, personnel should wear a particulate respirator at least as protective as a NIOSH-certified N95, an EU standard FFP2, or the equivalent
- Ensure that all personnel who transport specimens are trained in safe handling practices and spill decontamination procedures
- Place specimens for transport in leak-proof specimen bags (i.e., secondary containers) that have a separate sealable pocket for the specimen (i.e., a plastic biohazard specimen bag), with the patient's label on the specimen container (i.e., the primary container), and a clearly written laboratory request form
- Ensure that laboratories in health care facilities adhere to appropriate biosafety practices and transport requirements, according to the type of organism being handled
- Deliver all specimens by hand whenever possible
    - DO NOT use pneumatic-tube systems to transport specimens
- Document clearly on the laboratory request form:
    - Patient's full name
    - Date of birth
    - Suspected COVID-19 of potential concern

IPC at points of entry and for rapid response teams

- Encourage the use of hand and respiratory hygiene at all times
- The screeners at the points of entry should each wear a mask
- Use contact and droplet precautions for suspected cases

COVID-19 Isolation Areas

- The isolation area must be a separate enclosed space
- The isolation area is a dedicated space only for suspect COVID-19 cases and HCWs caring for them
- All the dedicated equipment taken into the room should remain inside, including stethoscopes, blood pressure cuffs, and all cleaning equipment. They should be clearly marked belonging to the isolation room.
- If equipment needs to be shared among patients, clean and disinfect it (eg. by ethyl alcohol 70%) before use on the next patient
- Adjacent to the isolation area should be an area dedicated for HCWs donning of PPE and a separate area dedicated for HCWs doffing of PPE, with full set of recommended materials and posters demonstrating proper donning and doffing procedures
- Equipment needed inside the isolation area:
  - Bed, plastic chair or bench
  - Blankets and sheets
  - Latrine/toilet if not avail a bucket
  - Bucket
  - Trolley
  - Waste bins with plastic bin liner
  - Sharps container
  - Hand washing station
- Patient should be placed in adequately ventilated single room and if there is more than one patient, beds should be separated by one meter and patient should be instructed to remain at least 1 meter apart at all time, avoid touching each other, and sharing any equipment or patient supplies (such as linens, clothing, latrines).
- If the suspect is an adult with a non-suspect child, if possible, a relative or friend must be called to take the child home
- If the suspect is a child with a non-suspect adult, the adult should dress in PPE and remain with the child as a care giver.
- Once patients are in the isolation area, they are not permitted to leave the isolation area, unless accessing bathrooms dedicated to isolated patients, discharged by appropriate authorities or in an ambulance to the COVID-19 treatment site
- Inform the patient about the procedures undertaken
- A trained person should collect samples for testing
- Maintain a registry of patients admitted to the isolation area, including:
  - Name
  - Age
  - Identification number
  - Date and time of admission
  - Date and time of transfer to treatment site
  - Contact details of next of kin

Precautions in isolation area

In addition to using standard precautions, all HCWs should use contact and droplet precautions. However, for aerosol-generating procedures (eg. Tracheal- intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, staff must strictly observe airborne precautions (use of N-95 mask).

Cleaning and Disinfection of isolation area

Routine cleaning and disinfection of patient care equipment and the patient care environment is essential to decreasing the bioburden in a healthcare facility. Many health facilities use contract cleaning staff. They should be trained on cleaning and disinfection and Environmental Health Officer (EHO) should be responsible for the cleaning and disinfection of isolated areas.

Management of waste from an isolation area

1. Cleaning Staff
    a. Designate staff to perform waste management activities in the isolation area
    b. For facilities with contracted cleaning staff, contract cleaning staff should not be used unless the personnel have been specifically trained in working with COVID-19
2. Transportation (ambulances or vehicles) should be dedicated to the transportation of COVID-19 suspect or confirmed patients and not used for any other patients
3. The vehicle should have a separate space for the patient being transported and the driver
4. Staff who have direct physical contact with suspected or confirmed COVID-19 patients (e.g. helping the patient to get into the ambulance; providing care to patients during the transport) should wear full personal protective equipment (PPE)
5. PPE should be always changed and safely disposed of after assisting a patient
6. Ambulances and other vehicles used for patient transport should be cleaned and decontaminated immediately after carrying a suspect, probable or confirmed COVID-19 patient
7. If the surfaces have been soiled with blood or bodily fluids, they should be cleaned twice and decontaminated immediately
8. In case of private vehicle or taxi bringing a suspected COVID-19 case it should be cleaned and decontaminated by the RRT cleaning staff upon arrival

Personal Protective Equipment (PPE)

Steps for donning (putting on) PPE:

1. Before preparing to enter the isolation area, HCWs should:
    a) Gather all necessary supplies
    b) Review the medical chart if necessary (never take medical charts into the isolation area)
2. Remove all personal items (jewelry, watches, cell phones, clothes, shoes, pens)
3. Remove all items from the PPE kit, ensure all elements are of appropriate size and, by visual inspection, are of good quality with no external damage
4. Put on gown
    a) Cover torso from neck to knees, arms to end of wrist, and wrap around the back

    b)   Fasten in back of neck and waist

5. Put on mask or respirator
    a)   Secure ties or elastic bands at middle of the head and neck
    b)   Fit snug to face and below chin
    c)   Fit-check respirator

6. Put on goggles or face shield
    a)   Place over face and eyes

7. Put on gloves
    a)   Extend to cover wrist of isolation gown

8. Remember to
    a)   Keep hands away from face
    b)   Limit surfaces touched
    c)   Change gloves when torn or contaminated
    d)   Perform hand hygiene

Steps for doffing (removing) PPE:

1. Move to designated doffing area
2. Remove gown and gloves
    a)   Peel off gown and gloves and roll inside, out
    b)   Dispose gown and gloves safely
3. Wash hands with soap and water or use an alcohol-based hand sanitizer
4. Remove goggles or face shield
    a)   Remove goggles or face shield from the back by lifting head band and without touching the front of goggles or face shield
5. Remove mask or respirator
    a)   DO NOT touch the front of the mask/respirator, it is contaminated
    b)   If hands become contaminated during removal, wash hands with soap and water or use an alcohol-based hand sanitizer
    c)   Grasp bottom ties or elastic of the mask/respirator, then grasp top ties and remove without touching the front
    d)   Dispose mask/respirator safely
6. Wash hands with soap and water or use an alcohol base hand sanitizer immediately after removing all PPE

COVID-19 Treatment Center

Any confirmed case should be safely transported to COVID-19 treatment center following IPC guidelines for transportation. COVID-19 treatment centers are intended to provide care for confirmed cases of COVID-19. Once the patient is a laboratory-confirmed COVID-19 case, the patient is transferred from the isolation area of the hospital to the COVID-19 treatment center.

The objectives of establishing an COVID-19 treatment center are to:

1. Isolate cases with COVID-19 in order to stop the spread of the disease
2. Ensure that patients with COVID-19 are cared for in an environment which is safe and secure for them and for staff providing healthcare
3. Provide good quality clinical care to patients with COVID-19 and co-existing medical conditions

Initial clinical evaluation of patient

1. Explain to the patient what you are going to do
2. Take a detailed history of the patient and do physical examination system by system, particularly noting respiratory status
3. Ensure that all findings of history-taking, physical examination status are documented in the patient's case file
4. Establish a clinical management plan and communicate it to the patient and document in the patient files
5. Administer any relevant doses of medication and ensure that these are recorded in the drug administration chart

Ongoing care in the COVID-19 treatment center

The clinical team should perform a major ward round at the beginning of each shift and one or two minor ward rounds to review the critically ill patients during each shift.

1. Deceased patients should be documented and moved out of the ward to the mortuary
2. Discussing the needs of each of the admitted patients during early morning staff meetings and change-over meetings between the morning and afternoon shift and between afternoon and night shift
3. Preparing a list of each patient's needs (including laboratory tests or therapeutic interventions to be done for each patient)
4. Dividing the work so that it is clear what every person entering the COVID-19 treatment center is going to do (e.g. how many patients will be treated by each group, how many patients are on the ward)

Assessment of illness severity while in treatment center

During every assessment of a patient with COVID-19 look for the following warning signs of severe disease:

1. Respiratory distress
2. Low oxygen saturation (<90%)
3. Weak pulse (<60 beats/min in adults) or fast pulse (>90 beats/min in adults)
4. Restlessness/agitation, confusion, convulsions, or coma

Preparation for discharge of recovered patients from treatment center

Patients recovering from the clinical symptoms of COVID-19 may be considered for discharge if the following criteria is met:

1. Three or more days without fever or any significant symptom
2. Significant improvement in the clinical condition
3. Two negative PCR tests for COVID-19, 24 hours apart, more than 72 hours after resolution of symptoms
   a. If one PCR test is positive, repeat sampling should be done 48 hours later

Patients deemed to be ready for COVID-19 TC discharge should:

1. Receive appropriate psychological counselling before leaving the facility, psychosocial Team should be informed once the first negative test result is available.

PSYCHOLOGICAL CRISIS INTERVENTIONS DURING COVID-19 OUTBREAK

The present guiding principles intend to harmonize the scientific and standardized implementation of psychological crisis intervention related to the COVID-19 infection. Mental health and psychological considerations during a potential COVID-19 outbreak are important to address the well-being of the population and psychological issues that may surface. These guidelines should be implemented under the guidance of trained mental health professionals.

Organization and leadership

The psychological crisis intervention work is led by the National Epidemic Prevention Control Coordination Committee (NEPCC) in response to the COVID-19 infection prevention and control mechanism.
The Case Management and Infection Prevention Control Sub-Committee through Mental Health and psychosocial support team will develop a training plan for psychological crisis intervention for the capacity building of medical and non-medical teams involved in the management of the COVID-19 outbreak.

Basic principles:

1. Integrate psychological intervention into the overall case management, infection prevention and control, and on the premise of reducing psychological damage caused by the epidemic and promoting social stability, adjusts the focus of psychological intervention in a timely manner according to the advancement of epidemic prevention and control
2. Implement classified interventions for different groups to strictly protect the personal privacy of recipients. Both implementation helpers and recipients should take care to avoid re-trauma
3. Understand the mental health of various groups affected by the epidemic, and timely identify high-risk groups based on the information they have, to avoid extreme events such as suicide and impulsive behavior
4. Find out the possible signs of group psychological crisis, report to the working mechanism (lead group,

     command) of the joint prevention and control of epidemic situation in time, and provide suggested solutions

5. Comprehensively apply various psychological crisis intervention technologies and combine them with education to provide mental health services

6. Assess the mental health of the target population, identify and distinguish between the high-risk population and the general population in a timely manner; conduct psychological crisis interventions for the high-risk population and provide mental health education for the general population

General population

1. Understand that the emotional response to an outbreak is a normal stress response, and the constant stream of news may cause the population to feel worried

2. Encourage the public to seek information from the MOH and RBC websites and local health authority platforms, in order to distinguish rumors from facts

3. It is important to encourage the population to protect themselves and to be supportive of local authorities' interventions

Suspected Cases

1. Use decompression behavior and reduce stress, patients may experience fear of discrimination, anxiety, and fluke psychology

2. Reduce anxiety and encourage patient to seek information updates and practical guidance from health professionals and avoid listening to or following rumors that make you feel uncomfortable

3. Although physical contact may be limited, encourage patient to stay connected via e-mail, social media, telephone, and other outlets

Patients in isolation

1. Emphasize that isolation is not only a way to better observe and treat patients, but also a way to protect loved ones and society. Explain the main points of current treatment and the effectiveness of each intervention

2. Be prepared in advance and not be irritated by the patient's worrisome or sad behavior and lose the professional position, such as arguing with the patient or being overly involved

3. Under the premise of understanding the patient, psychological interventions should be given in addition to drug treatment, such as timely assessment of suicide, self-injury, and risk of panic attack, positive psychological support, and no direct conflict with the patient. Seek a psychiatric consultation if necessary. Explain the importance and necessity of isolation and encourage patients to build confidence in positive recovery.

Confirmed patients in treatment center

1. Patient's may experience loneliness, discomfort due to fear of disease, abandonment of treatment, excessive optimism, and high expectations of treatment

2. According to the patient's acceptable level, objectively and truthfully explain the illness and external epidemic situation, so that the patient knows the best

3.   Assist to communicate with external relatives and convey information
4.   Actively encourage patients to cooperate with all the behaviors of treatment
5.   Try to make the environment suitable for the treatment of patient
6.   Seek a psychiatric consultation if necessary

Healthcare workers and related personnel

1.   Conduct psychological crisis intervention training before participating in rescue and response, understand stress response, and learn how to respond to stress and regulate emotions. Conduct preventive interviews and openly discuss feelings, support and comfort, resource mobilization, and help parties prepare psychologically for stress
2.   Eliminate the worries of frontline medical workers, arrange special personnel for logistical support, and staff in the quarantine areas should rotate as often as possible
3.   Schedule reasonably, arrange appropriate relaxation and rest, and ensure adequate sleep and diet. Try to arrange frontline staff at designated hospitals to stay near the hospital
4.   Where possible, encourage workers to keep in touch and communicate with family and the outside world
5.   In case of insomnia, depression, or anxiety, encourage psychological crisis intervention or mental health services. You can call the psychological assistance hotline or provide online psychological services, and face-to-face psychological crisis intervention can be performed in areas where conditions permit
6.   If stress symptoms have occurred, the job should be adjusted in time to seek professional help

People who are in close contact with the patient (family members, colleagues, friends, etc)

1.   Patient's, especially those in isolation, may become anxious, angry, stressed, and withdrawn during the outbreak or when in quarantine. Provide emotional support.
2.   Engage family members and close networks by providing information and encouraging them to practice prevention measures (e.g. handwashing)
3.   Repeat the information whenever necessary. Instructions need to be communicated in a clear, concise, respectful and patient way to both the patient and family, friends, colleagues.
4.   Address concerns to help ease anxiety and encourage methods to help manage emotions during difficult times

DATA MANGEMENT

Data collection and tools

During preparedness activities, different sources of data include:

- COVID-19 screening at Kigali International Airport and other points of entry

- COVID-19 screening in district, provincial and referral hospitals

- COVID-19 daily follow-up in quarantine sites

- COVID-19 case investigation forms for suspected cases

Data collection at points of entry

- Data will be collected during the screening process directly on tablets
- The data collection form is designed on Open Data Kit (ODK) and installed on the screener tablet
- Screening follows the surveillance SOP considering the case definition
  - When the case definition is updated, the data collection form will be subsequently updated
- Control checks are implemented in the ODK to prevent and minimize errors of data collection
- The tablet is linked to the central server to uploaded collected data

Data collection at district, provincial and referral hospitals

- Health facilities have been instructed to ensure patients' travel history to countries where the COVID-19 outbreak was declared is reported
- The total number of patients with any travel history to high-risk countries will be summarized and reported
  - The report will also mention the total number of patients who consulted the same day
- A reporting form was developed into eIDSR platform
  - The IDSR focal person is in charge of compiling the daily report
  - The data manager is responsible of entering data no later than 10:00am the following day

Data collection at quarantine site

- Data will be collected using a follow up form by health providers in charge of quarantine site and entered in ODK form available in tablets
- Suspected cases will be registered in e IDSR form of case investigation and completed by the screening nurse/doctor and entered by a data manager of the hospital

Roles and responsibilities at the central level

- Provide all required materials and tools including tablet, and forms in tablet, IDSR aggregated form tracker forms in the system
- Provide technical assistance for all end users
- Data extraction, management, analysis and dissemination

■ Analysis the global trend of outbreak and provide update on surveillance status in Rwanda

RBC servers

■ The routine data from KIA screening, point of entries, health facilities and community are submitted to the RBC servers for local storage and to the national database center for back up

■ The servers are managed by RBC under Health Information System (HIS)

■ The servers are up 24h/7 day, and the maintenance of servers is the responsibility of RBC/HIS unit

■ The server manager is responsible of availing datasets to the data managers

■ The HIS is responsible of creating forms that are required for data collection using tablets or computers. In additional of linking the tools of data collection with appropriate server within RBC

■ The HIS team is required to avail HMIS data by 2 p.m. for extraction of data from e IDSR

Data management

■ The ESR Division of RBC has primary responsibility for data management and sharing with the data analysts for advanced analysis

■ The data managers are responsible for cleaning and availing the cleaned dataset for analysis and daily reporting on key indicators identified

■ The data manager is responsible for extracting data on servers and sharing a cleaned data set to the analysts every day

■ Data extraction, cleaning, compilation and basic analysis will be done by 5.pm and the date and hour of extraction will be mentioned on the summary

■ The data manager is responsible for providing information related to numbers reported in the system and ensuring that data were collected

Data analysis

Data analysis is performed daily and it includes analysis of national and global available data. The summary results are submitted direct to the top leadership of RBC for decision making.

1. **PoES screeners**
   a. Make sure all travelers / passengers are screened and accurate information is entered and immediately sent to the server
   b. Provide orientation to travelers / passengers for actions whenever the person is a suspect or have a travel history in a high-risk country
2. **Health care workers in the consultation rooms (DH, PH RH)**
   a. Asking the travel history of all patients who come for consultation and make a decision using standard case definitions and decision-making algorithm that has been shared to all hospitals
   b. Communicate the IDSR focal person whenever there is a person with a travel history in high-risk country or a suspect case
   c. IDSR Focal person
      1. Work hand in hand with health care workers in the consultation rooms to make sure all suspected cases are isolated and all those with travel history are in quarantine

for 14 days

2. Compile all data from registers and produce data elements and give them to the data manager for data entry. Data elements to be collected include

   a. Total number of people screened

   b. Total number of people with travel history in high-risk country

   c. Total number of people with travel history in high-risk country with at least one symptom

   d. Total number of samples taken

   e. Total number of isolated cases

   f. Number of people put in quarantine

3. DH, RH and PH Data Manager

   a. Enter data in the eIDSR daily before 10:00 am the following day

   b. Double check prior to sending data

   c. Indicators that must be reported every day for Rwanda:

      i. Number of people screened: (POEs , Health facilities, airport)

      ii. Number of people with travel history in high-risk country

      iii. Number of people with travel history and one symptom

      iv. Number of samples taken

      v. Number of people in quarantine

COVID data management flowchart.
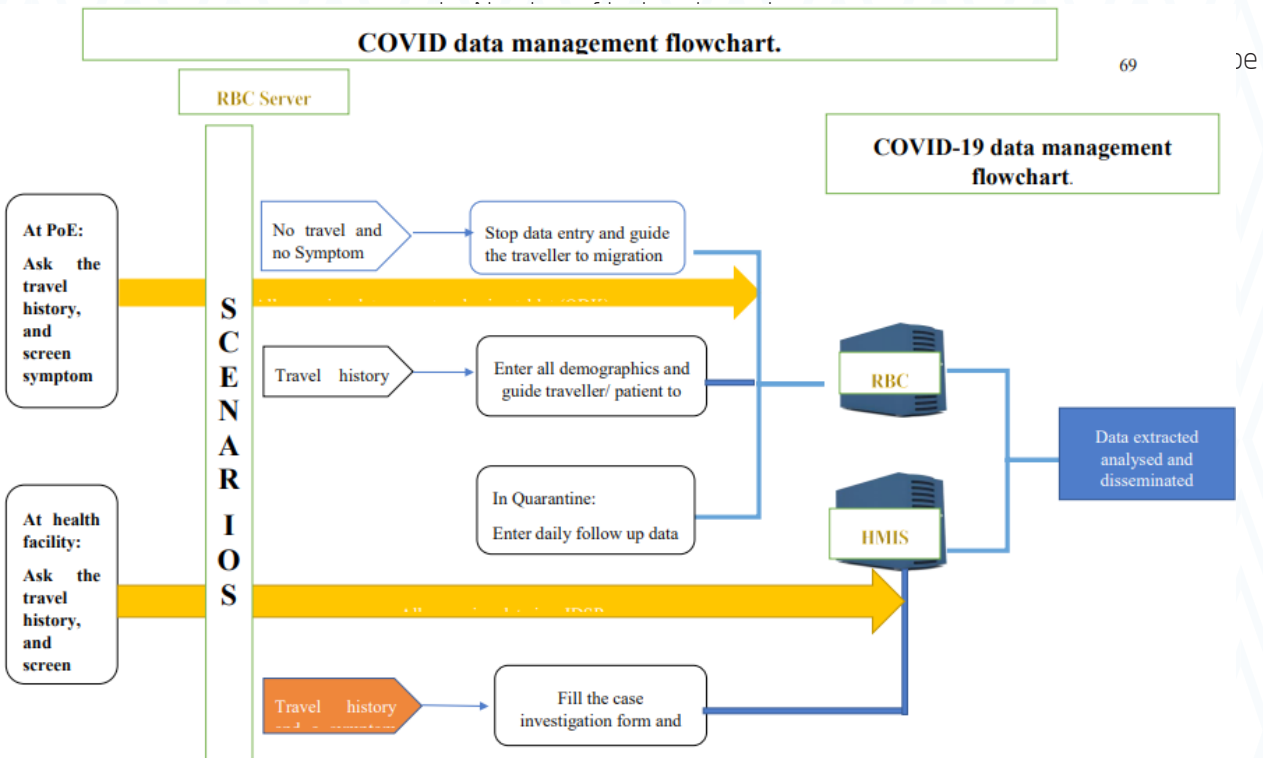
RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

The overall objective of the Risk Communication and Community Engagement (RCCE) team is to contribute to the national preparedness and response activities to halt the introduction of COVID-19 in Rwanda through general awareness and effective evidence based social mobilization, community engagement and public education that supports desired behavior change and communication management.

The RCCE team includes the Ministry of Health, Rwanda Biomedical Centre, Social Cluster Ministries, UN agencies, International NGOs, Security organs, Emergency Management, and the Red Cross.

Community Engagement

It is important to establish methods for understanding the concerns, attitudes, and beliefs of key audiences. An analysis must be done to identify target audiences and gather baseline information about their knowledge and behavior.

1. Social media engagement
2. Proactively inform audiences and collect information
3. Answer all questions and respond to comments
4. Engagement through radio and television programs so people can call in and ask questions
5. Identify community influencers (e.g. community leaders, religious leaders, community health workers, alternative medicine providers) to help with community engagement
6. Identify community networks (e.g. religious groups, youth groups, women's groups) to help with community engagement

Delivering COVID-19 outbreak information to the public through mass media

In line with the MOH instructions for determining the procedures for communicating and managing epidemics in health care facilities, the RCCE team shall follow the following procedures during a COVID-19 outbreak:

■ The Chair of the RCCE team is the Head of Rwanda Health Communication Centre and he/she is responsible for coordination the COVID-19 information to the media

■ The Minister of Health will be the only authority to declare a COVID-19 outbreak (if any) to the general public during an interview and/or a press conference

■ The Director General of Rwanda Biomedical Centre is the knowledgeable and credible person to speak about COVID-19 outbreak and response when it comes to clinical and medical related questions

• He/She may delegate the Division Manager of the Epidemic, Surveillance and Response Division to speak on his/her behalf

■ The Head of Rwanda Health Communication Centre will be the Spokesperson of MOH and RBC during the COVID-19 Outbreak

■ The Director General of the District Hospital is the appointed spokesperson of the Ministry of Health during the COVID-19 Outbreak (if any)

■ A Press Release signed by the Minister of Health will be sent to the general public immediately after confirmation of a COVID-19 case (if any). This will be followed by a Press Conference lead by the Minister of Health to provide more details to the media and the general population

■ The RCCE team will provide daily media talking points to equip all spokespeople with all the current information on the COVID-19 outbreak

■ Preparedness and response updates will be issued by Rwanda Biomedical Centre via its website on daily basis and shared with relevant media houses to provide updates on number of cases and any other related information

■ The RCCE team will update the media contact list to be used and share with all relevant authorities on weekly basis to build public trust and credibility for the COVID-19 outbreak response

■ The list of official spokespersons and their contacts will be shared with all media houses and posted on the RBC COVID-19 special web page

Spokespeople and media relations

While working with the media, the spokespeople should build public trust and credibility for the COVID-19 outbreak response guided by the following:

■ Refrain from lying to the media
■ Refrain from saying "no comment", it is best to always have something to say
■ There is so such thing as "off the record", you will always be quoted
■ Be concise and to the point, always think of the audience at hand
■ Remain calm, confident, and in charge
■ Use simple language, avoid medical jargon
■ Do NOT speculate

■ Do not keep journalists/media waiting
■ Prompt answers to all inquiries
■ Do NOT give last-minute notices to journalists for briefings

The spokesperson prepares COVID-19 outbreak information for the media based on the following:

☐ Current information on the infection including description, how it is transmitted, affected communities and prevention measures
☐ Current and reliable numbers of cases and location
☐ An analysis of the COVID-19 outbreak

Addressing perceptions and managing misinformation

☐ Be prepared to communicate about the first COVID-19 case before the full picture is known by ensuring leaders agree to communicate with affected populations by addressing concerns and questions while offering actions that can be taken to protect their health
☐ Monitor media and social media daily and by gathering feedback from healthcare workers and the hotline (114)
☐ Keep in mind to always establish dialogue in any activity you implement in order to systematically collect and provide answers to all public questions and concerns

Managing misinformation and rumors

☐ Provide timely information to address misinformation
☐ Monitor public perception, misinformation, concerns, and public needs for information
☐ Prepare rumor mitigation plan to resolve public concerns and support responders to have consistency, trustworthy communication

☐ Regularly review the information that we gather about public/community rumors and concerns (daily) to determine:

    a.   What rumors or misinformation is circulating? For each rumor, ask:

        i.   Is the misinformation harmful?

        ii.   Will it lead to harmful action?

        iii.   If so, your health authority must address it and correct it

    b.   Are people worried about issues that are not considered big threats nor realistic risks? Are they not worried about COVID-19 risks that health authorities consider the biggest threats? If so:

      i.   Address public/community worries with respect

      ii.   Communicate information that points to more accurate risk perception

  c.   Does the monitoring reveal questions that your health facility has not answered? If so:

      i.   Find or develop answers, even if questions are unresolved

      ii.   Add answers to talking points, post them on the Ministry of Health and Rwanda Biomedical Centre's websites, and disseminate them through social media and other channels

Procedure to mitigate rumors during COVID-19 outbreak

1. The RCCE team will monitor misinformation and rumor and report daily to understand the source of rumor (person or group of persons, and affiliation)

  a.   This will be done using the hotline (114) and daily media review and monitoring

2. A Daily Report from the hotline (114), will performed by the Call Centre team daily and shared with leadership by 2PM

3. A Daily media Review (online newspapers, radio, TV and social media) will be produced daily and shared with leadership by 9AM

4. The RCCE team will be analyzing the rumor(s) misinformation as follows and report to the leadership the details:
   - Whether the issue is a true situation or false?
   - What damage may arise from the message(s) shared/posted?
   - How many people access/read/comment on the post?
   - What are the comments? Are they confirming similar experiences or contradicting?
   - Analyze the level of influence the source has on public and connection that person has.
   - Conclude if the rumors require immediate attention, or what timeliness means for the case (within 1-6 hours).

5. Addressing the issue:
   - RCCE team (Call Centre/Media Team) verify whether the issue is related to a responder failure or possible human error
   - If confirmed, use social media to quickly explain the matter by providing the correct protocols and evidence and post on official handles (Twitter, Facebook, website, etc)
   - Include information on alternative solutions that the public need to protect themselves
   - Post positive messages recognizing the public's concerns, and provide guidance for people to take actions to protect themselves and others
   - Use interpersonal communication to address the source of concerns/misinformation/rumors, showing empathy to his/her concern and well-being

° Provide guidance on how he/she should protect his/herself, and politely ask the source to consider removing the message that cause misunderstanding, when possible

Rumor for rumor investigation form for risk communication

1. Age:_____
2. Sex :   Male   Female

3. District/ address :
4. Occupation: health professionals   Civil servant
                       Student   Business
                       Unemployed
5. Question
        General information about COVID- 19 sign and symptoms

        Concerns about travels to and from affected countries

        Concerns about RwandAir not banning flight

        Information about quarantine and isolation

        Other or questions that need explanation, please specify:
    _____
    _____

6. Suggestions
    _____

    _____
7. Were the concerns of the caller addressed properly and fully?
            Yes   no
8. Does the suggestion or the question above need to be addressed by another team
            Yes   no
9. Team referred to : _____
10. Did the team accomplish the given assignment?
            Yes   no
11. Phone number of the client if further update is required: _____

The following questions are used to assess the knowledge of the client and further give information on the disease.

12. Do you know the method of transmission of COVID -19?

13. What are the most common symptoms of COVID – 19?

14. How do you prevent from contracting COVID-19?

15. What is self isolation and self clinical monitoring?

16. What is the protocol at point of entry?

17. What to do during 14 days period?

Rumor Monitoring tool to be produced by the RC&CE team

| Date of rumour | What being report & where | Fact or perception | Sources / channel | Harmful/damaging/ to whom, rate the risks | | | Action (what, when, how, who?) | Resolve | |
				High	mid	low		yes	No

Annex

Command Post

Terms of references for cells

MARCH 20, 2020

Rwanda Joint Task Force COVID-19

On 31 December 2019, Chinese authorities notified the World Health Organization (WHO) of an outbreak of pneumonia in Wuhan City, which was later classified as a new disease: COVID-19. On 30 January 2020, WHO declared the outbreak of COVID-19 a "Public Health Emergency of International Concern" (PHEIC).

The effort to contain the potential spread of Covid-19 in Rwanda is led by the Office of the Prime Minister under the National Epidemic Preparedness & Response Committee (NEPRCC) along with the Ministry of Health, Ministry of Local Government and Security organs.

In the framework of enhancing the NEPRCC, a COVID-19 Joint Task Force Coordination [composed by a Command Post and an Expert Advisory Team] was set up to reinforce leadership and coordination capacities for outbreak preparedness and readiness of Covid-19, and ensure that multi-stakeholder and multi-partner efforts are coordinated and synchronized to implement and scale up COVID-19 preparedness activities as outlined in the national plan.

The following highlights the terms of references for the different cells of Command Post:

1. **Plans Cell**

Current planning

- Coordinate the COVID-19 related preparedness and response short-term (within 24 hours) plans development,
- Collect data to evaluate national COVID-19 preparedness and response plans for the improvement.

Future Plans

- Coordinate the COVID-19 related preparedness and response long-term (1 – 14 days) plans development,
- Adapt alternative plans, strategies, and control operations as deemed necessary

Documentation and Training

- Identify gaps in terms of knowledge and skills, and plan for capacity building in relation to COVID-19 preparedness and response,
- Search and updates on the latest COVID-19 related useful information

2. **Communication Cell**

Awareness and Community Engagement

- Conduct Social media engagement
- Proactively inform audiences and collect information
- Answer all questions and respond to comments
- Engagement through radio and television programs so people can call in and ask questions
- Identify community influencers (e.g. community leaders, religious leaders, community health workers, alternative medicine providers) to help with community engagement
- Identify community networks (e.g. religious groups, youth groups, women's groups) to help with community engagement

Rumors Management

- Listen out for and collect all information on what people are saying about the COVID-19 through the radio, local leaders and any other sources of information;
- Undertake a rapid assessment to understand what the community knows and believes about the disease and what are their sources of information
- Share all rumors with other technical subcommittees for input and clarification;
- Capture and compile all the information coming in and discuss it within the subcommittee for community mobilization;
- Utilize the channels identified in the last rapid Knowledge Attitude and Practice (KAP) assessment to correct, dispel or confirm rumors;
- Prepare a press release on the rumors and share it with all the media houses and journalists on contact list already developed.
- Share all the correct information on rumors with Media, Local leaders with the capacity to disseminate information and who are respected in the communities.
- Share the findings with the local leaders and ask them to help by disseminating the correct information on some rumors.

Media Management Sub Cell

- Produce weekly media engagement plans and ensure their daily implementations
- Negotiate airtime in broadcasting media and space in print and online media
- Develop and disseminate talking points for media interviews and update them regularly with regard to latest developments on COVID-19

- Produce daily briefs on COVID-19 and upload them on RBC website
- Plan press conferences and media trainings
- Facilitate media to obtain interviewees or accurate information on national preparedness and response plans
- Facilitate media coverage of Simulation Exercises that are open to media
- Write and spread press releases
- Peach stories to regional and international media organizations
- Provide to JTF daily reports of activities accomplished

3. Epidemiological Operation Cell

- Ensure operationalization of Epidemiological Operation Sub-Cells
- Manages and coordinates the implementation of Surveillance, Case Management & Laboratory activities within the Sub-Cells
- Provides technical guidance in COVID-19 preparedness and response to Surveillance, Case Management & Lab Sub-Cells
- Coordinates the daily utilization of resources to support requests and inquiries related to COVID-19 preparedness and response
- Inform, coordinates, and enables daily preparedness and response activities.
- Informs Coordinator of COVID-19 Joint Task Force of all information required.

Surveillance

- Ensures proper coordination of COVID-19 surveillance at POEs, Community, Public and Private Health Facilities.
- Collaborate with Plans Cell for development of surveillance preparedness/response plans
- Coordinate the development of COVID-19 surveillance technical documents and tools
- Ensure capacity building of COVID-19 Surveillance at national and decentralized levels.
- Collaborate with Logistic Cell to estimate and quantify surveillance materials
- Ensure multisectoral collaboration in COVID-19 screening at POEs
- Establish mechanism of follow-up, monitoring and self-reporting of people under quarantine

POEs Surveillance

- Organize screening activity at points of entry

- Determine the human resources, materials, equipment and tools required for screening at POEs
- Ensure the liaison between Screeners and involved institutions operating at POEs
- Train screeners and non-medical staff at POEs on COVID-19 surveillance
- Facilitate collaboration of POEs and nearest district hospitals in terms of transfer of suspect cases
- Ensure nearest district hospitals provide medical care to ill travelers and supervise POE's health service activities
- Ensure collection, data quality and timely reporting of screening data
- Develop and ensure compliance of screening with SOPs
- Provide essential health information/instructions to travelers, medical and non-medical at POEs
- Facilitate Ad-hoc screening in community

Community and Health Facility Surveillance

- Oversee the surveillance of COVID-19 at community and health facility levels
- Prepare and Share COVID-19 case definition SOPs and reporting tools to facilitate the case detection in healthcare settings
- Conduct Training of surveillance staff (IDSR FP, data managers, in charge of OPD, emergencies)
- Ensure early detection and triage of COVID 19 cases at all HF
- Ensure compliance of COVID 19 surveillance SOPs at HF
- Coordinate with IPC and case management to avail basic PPEs for screeners
- Establish community based surveillance for COVID-19
- Develop and share simplified case definition for early identification of alert COVID-19 in community
- Build capacity of Community healthcare workers and other relevant CBS focal points in aspects of surveillance and response at community level;
- Regularly strengthen the skills and practices of the focal points in aspects of community based surveillance
- Monitor surveillance and response activities in community including timeliness and completeness of reporting;
- Provide regular and timely feedback to CBS teams
- Educate the community to immediately report an alert case of COVID-19
- Ensure the collaboration between CBS focal points with other local leaders and the nearest health facility

Contact Follow-up and monitoring of self-quarantine

- Develop and ensure compliance of Follow-up and quarantine SOPs
- Liaise with health facilities and POEs to provide daily list people under quarantine (At risk persons and contacts of confirmed cases)
- Ensure daily monitoring of people under quarantine
- Ensure people under quarantine have channel of timely self-reporting
- Alert Rapid Response Team about suspect case under quarantine that require investigation and evacuation to isolation
- Train Follow-up teams
- Provide necessary logistics (material, equipment, communication, transport) to the Follow-up teams

COVID-19 data management

- Provide all required material and tools including Tablets, and Develop ODK,Weltel, IDSR aggregated form tracker forms in the system
- Develop the data collection tools
- Ensure the completeness and timeliness of reports of COVID 19 suspect cases
- Coordinate Data collection at point of entries
- Coordinate Data collection from health facilities both public and private.
- Coordinate Data collection at Quarantine and isolation sites and treatment centres
- Analysis the global trend of outbreak and provide update on surveillance status in Rwanda.
- Working with RBC IT team to ensure back up of COVID-19 data on daily basis.
- Data extraction, management, analysis and dissemination

4. Administration and Logistics Cell

Transport

- Provide transport facilitation for COVID19 activities in the field
- Ensure transportation of suspect cases from PoEs to treatment centers by providing ambulances where needed

Medical equipment and other commodities

- Prepare and avail checklists for needed PPEs and hospital equipment in different scenarios

- Organize and supervisesupplies/ deliveries of equipment and commodities to all sites
- Prepare and avail an updated status of stock on a daily basis, taking into account supplied and utilized items
- Follow up on the procurement process to ensure promptness and availability of requested items
- Conduct/organize site visits to provide technical support on equipment installation and commissioning.

Infrastructure

- Ensure readiness of the isolation and treatment sites
- Review and update bills of quantities for renovation works required to make Kabgayi and Kanyinya sites ready
- Make site visits to assess readiness of sites
- Review the documents submitted by the contractor to be used for payments purpose

Other Logistics activities

- Ensure catering is done for the Command Center staff
- Prepare and purchasing needed logistical items (tent, chairs, coffee maker…)
- Support the Command Center with any other logistical inquiry