

## Guidance Note / Prevention and Response to the COVID-19 Pandemic in Shelters, Reception Centres and Hotels.

This paper addresses the specific needs and considerations required in the context of the COVID-19 pandemic in different collective facilities and settlements. This guide is structured around three central blocks: 1) physical space recommendations for the mitigation of COVID-19 pandemic transmission 2) health protocols and flowcharts for the prevention and response to the COVID-19 pandemic 3) specific considerations for risk groups

### Specific objectives

1. Prepare shelters, reception centres and hotel structures (hence forth “collective sites”) to reduce the risks of transmission of COVID-19 infection.
2. Mitigate and reduce transmission risks through appropriate management of physical space.
3. Communicate critical risk and information to all communities, and counter misinformation.
4. Limit human-to-human transmission, including reducing secondary infections among close contacts and healthcare workers, and preventing transmission amplification events.
5. Identify and provide optimized care for infected patients early.

### General considerations

- The legal status of people affected by humanitarian crises, whether recognized or unrecognized, regular or irregular, may determine their level of, ability and willingness to access to health care and other services, the availability of culturally and linguistically-sensitive services to them and their utilisation of these services based on other social determinants (discrimination, criminalisation, exploitation, etc.).
- People living in collective sites are vulnerable to COVID-19 in part because of the health risks associated with movement/displacement, overcrowding, increased climatic exposure due to sub-standard shelter and poor nutritional and health status among affected populations.
- The response strategies must be aligned with the global indications of PAHO/WHO and government and health guidelines, in turn coordinating with national/local humanitarian structures for a multisectoral approach to the response with emphasis on the Health, WASH, Nutrition, CBI, Shelter and Protection sectors.
- A site-specific epidemiological risk assessment needs to be conducted to determine the risk of COVID-19 introduction and propagation, based on the national risk assessment, the epidemiological situation of the area where the site is located, the travel connections between the site, its host communities and areas reporting COVID-19 cases, as well as characteristics of the site which may act as transmission amplifiers.

- It is essential to develop a specific COVID-19 outbreak contingency and response plan for each collective site, in alignment with national and local plans, and based on the prevailing risks, capacities and gaps present at the site level.
- While adaptations of site plans may not be feasible, maximizing site planning for better distancing among residents and crowd management, adherence to infection prevention and control (IPC) standards, strong risk communication and community engagement (RCCE<sup>1</sup>) and a good surveillance system to detect initial cases early can greatly reduce the propensity for COVID-19 to spread within such settings. Appropriate case management can reduce mortality among those infected with the virus.
- Personnel working in collective sites need to understand the risks of COVID-19 introduction and propagation in the site, be trained and monitored on self-protection measures and the rational use of Personal Protection Equipment (PPE) (technical guidance link: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance> )
- Should a COVID-19 case be confirmed at a site, personnel and residents who are identified as contacts shall follow the procedures applied by the country for contacts, for self-quarantine and/or monitoring. There should be mechanisms in place to ensure that residents on isolation are able to continue receiving essential services available on site.
- Provide clear and unequivocal messages focusing on what people can do to reduce risk or which actions to take if they think they may have COVID-19 (see annex 8: Community-based Protection, Risk Communication and Community Engagement).
- It is imperative to take specific protection measures for at-risk groups such as older persons, persons living with HIV/AIDS, persons with cardiovascular disease or weak immune systems (see annex 6: Special considerations for vulnerable and at-risk groups).
- The COVID-19 pandemic requires an assessment of how best to adapt existing services and adopt new services and programmes to better serve children and adolescents and families in times of uncertainty. In addition, the measures used to prevent and control the spread of the virus may expose children and adolescents to further risks. It is important that those working with children and adolescents and vulnerable families are informed about the increased protection risks to children and adolescents that can occur during an emergency (see annex 7: Suggestions for Prevention and Response Support for Children, Adolescents, Families and Alternative Care Providers during COVID-19).

## Shelter and settlement

### *Recommendations:*

Emergency shelter and settlement intervention would have to be closely linked and integrated with the public health response. This would mean the need to develop, under the supervision and leadership of the Ministry of Health, medical care protocols and referral pathways that would minimize the risks of transmission while ensuring specialized medical assistance.

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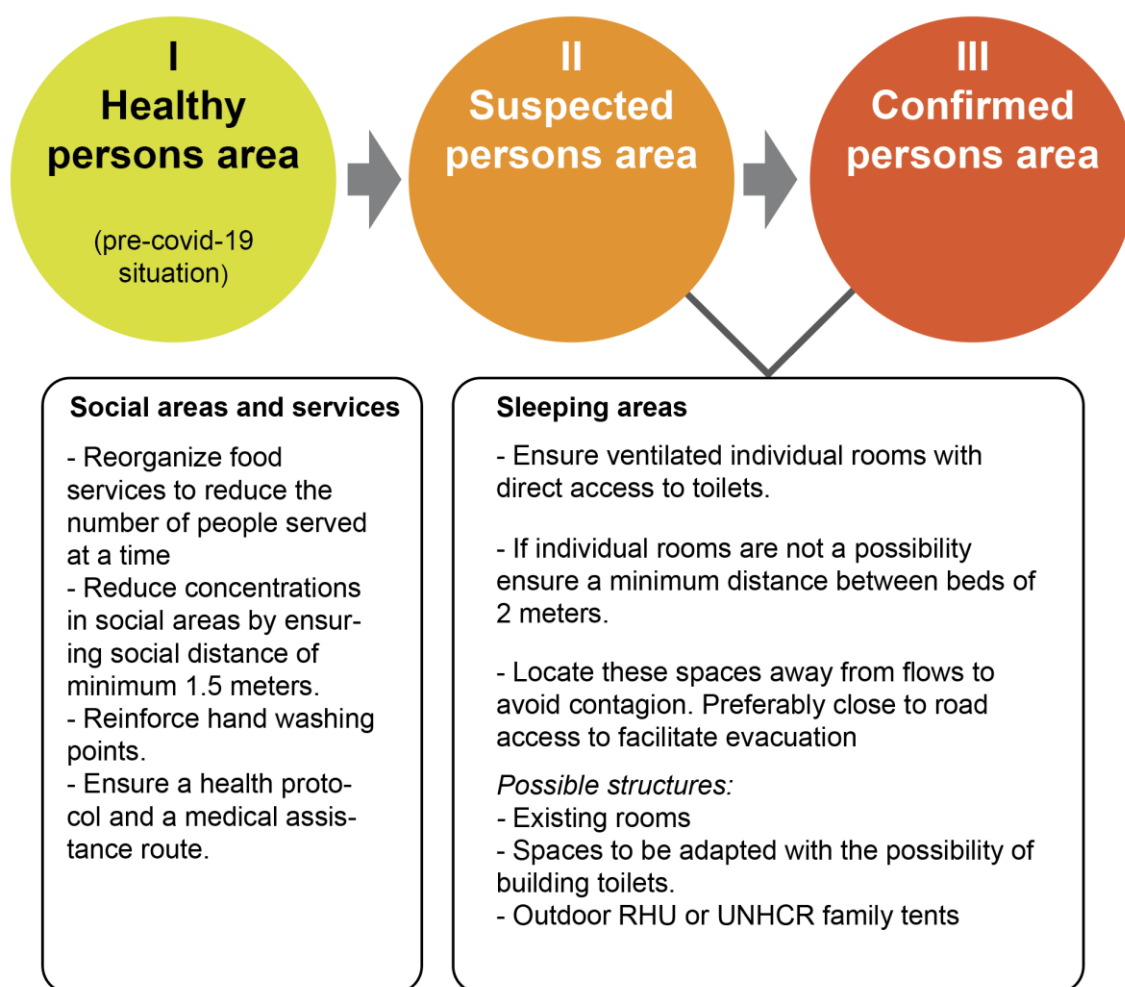
<sup>1</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

- **Existing shelters:** Undertake redistribution and rehabilitation measures to ensure continuity in service provision while reducing the risk of transmission of COVID-19. Some of these measures may be: Creation of reception and access control spaces; Creation of isolation and/or evacuation areas where the person suspected or confirmed to have the virus can be located while the health response protocol is activated; Avoid overcrowding (more than 3.5 m<sup>2</sup> per person, guarantee a minimum social distance of 1.5 meters); Ensure natural ventilation of the spaces; Provide isolation spaces for possible COVID-19 carriers until they receive adequate health care and are relocated for isolation/detection/health care.
- **Hotel Accommodation:** Renting functioning hotel structures is proposed. These are ideal spaces for providing accommodation since they minimize the risks of contagion associated with COVID-19 as well as reducing the protection risks inherent in collective accommodations. Appropriate accommodation meeting space requirements and structures in good condition must be chosen as they won't require major adaptations, since it would be very difficult to have construction contractors in the current context of restrictions on free movement.
- It is imperative that site management and handling of protection cases is ensured. Site managers would have to guarantee an environment that meets needs based on gender, age and diversity. Specific measures for the protection of children and the prevention of gender-based violence should be considered, as well as the appropriate referral of beneficiaries to other protection services that may be required, particularly in the case of child protection, including the situation of unaccompanied or separated children, or the needs of survivors of sexual and gender-based violence.
- In the event that the hotel structures are conceived as a model of response for PoC at the border, it is recommended that immigration authorities take responsibility for site and case management. UNHCR would ensure the registration system remotely.
- The authorities and UNHCR would work together on exit strategies so that after 14 days of quarantine, beneficiaries could leave their accommodation in safety and dignity. In this regard, a specific protocol should be developed to address key issues such as: access to documentation, possibility of moving to another place/area of the country, access to emergency health care and/or assistance programmes within the framework of their conditions and/or limitations. A CBI could be considered to ensure access to accommodation and food after the quarantine while promoting the exiting from hotels.
- The success of this model will depend on substantial leadership and coordination among relevant parties. It will be helpful to create a multi-functional working group or committee between the migration authorities, who will manage the emergency sites; the health authorities, who will define the protocols and ensure medical assistance; and UNHCR, who will fund the rental and the food during expenses during the 14-day quarantine, as well as facilitate and accompany the process as much as possible.
- **Emergency cash:** this modality will be instrumental to those who, due to restrictions, have lost the capacity to generate sufficient income to cover their basic needs (rent, food, and others)

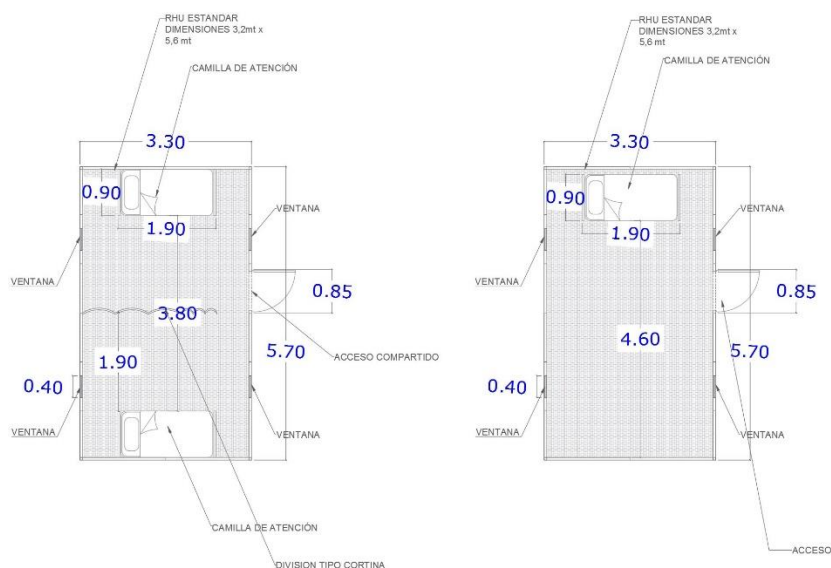
## Spatial and physical needs

*Spatial recommendations for response in collective centres:*

- Reduce and/or maintain the shelter capacity to facilitate the management of the site. Preferably maintain a maximum capacity of 30 people.
- All measures taken in spatial redistribution should be focused in maintaining social distance of minimum 1.5 meters.
- **Spatial relationship diagram:**

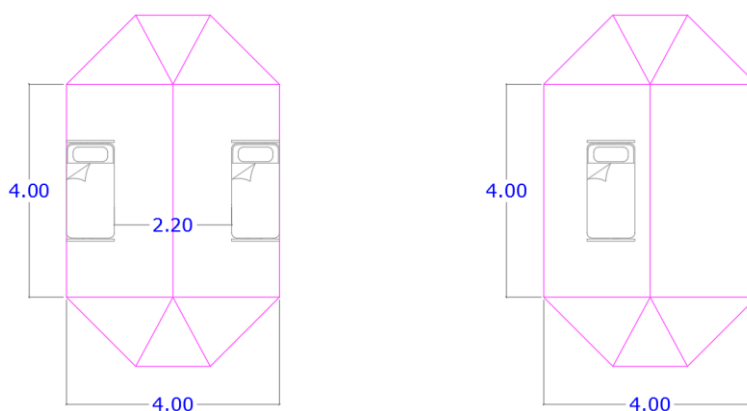


- **Spatial distribution when using RHU:** a maximum of two people per RHU is recommended. There will be factors that make it difficult to comply with this recommendation, such as the need for a patient to be accompanied by a child or the lack of beds for the population in need. As a last resort, one bed should be added per RHU, reaching a maximum of 3 patients per unit
- RHU tutorial assemble video: <https://bettershelter.org/product/>



- **Spatial distribution when using UNHCR family tents:** a maximum of two persons per tent is recommended. For ventilation, it will be necessary to keep the 'doors' closed and ensure that the windows on the wall and ridge are open to promote negative pressure ventilation.

UNHCR family tents tutorial assemble video: <https://vimeo.com/133428821>



## Case investigation and outbreak rapid response team<sup>2</sup>

- When a COVID-19 case is confirmed at a collective site, contacts need to be identified and monitored for 14 days, even when quarantine or isolation is not possible. Emphasis should be on restriction of contact with others and limiting movements outside the home.
- In each collective site, it is recommended to establish a **rapid response team** (including shelter management staff and staff from the supporting organization of each collective site) that can handle suspected cases and activate protection and isolation measures, as well as coordinating with local authorities.
- It is important to ensure that the screening process covers identification of signs and symptoms of COVID-19, as well as the risks of exposure, for example: observation of visual signs of respiratory illness, coupled with questions on presence of fever or respiratory symptoms, and questions on history of contact with a potential COVID-19 case.
- Temporary isolation needs to be arranged in advance to keep away individuals meeting the case definition of a suspect case from all other residents of the site and host community members until a referral process is completed or a negative result is obtained.

## Infection prevention and control (IPC)

- IPC measures need to be developed for households, as well as for common spaces tailored to the characteristics of each collective site. Residents need to be engaged to ensure adherence to these measures. Standard IPC protocols need to be followed (technical guidance link: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance> ).
- **Preventive and mitigation measures** are key, both in health and community settings. The most effective preventive measures in the community include:
  - ✓ Performing hand hygiene frequently with an alcohol-based hand sanitizer if your hands are not visibly dirty or with soap and water if your hands are dirty;
  - ✓ Avoiding touching your eyes, nose, and mouth;
  - ✓ Practicing respiratory hygiene by coughing or sneezing into a folded elbow or handkerchief, and then immediately discarding the handkerchief;
  - ✓ Wearing a medical mask if you have respiratory symptoms and performing hand hygiene after disposing of the mask;
  - ✓ Maintaining social distance (a minimum of 1.5 m)

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<sup>2</sup> Scaling-Up Covid-19 Outbreak Readiness and Response Operations in Humanitarian Situations, Including Camps and Camp-Like Settings  
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## Case management and continuity of essential health services<sup>3</sup>

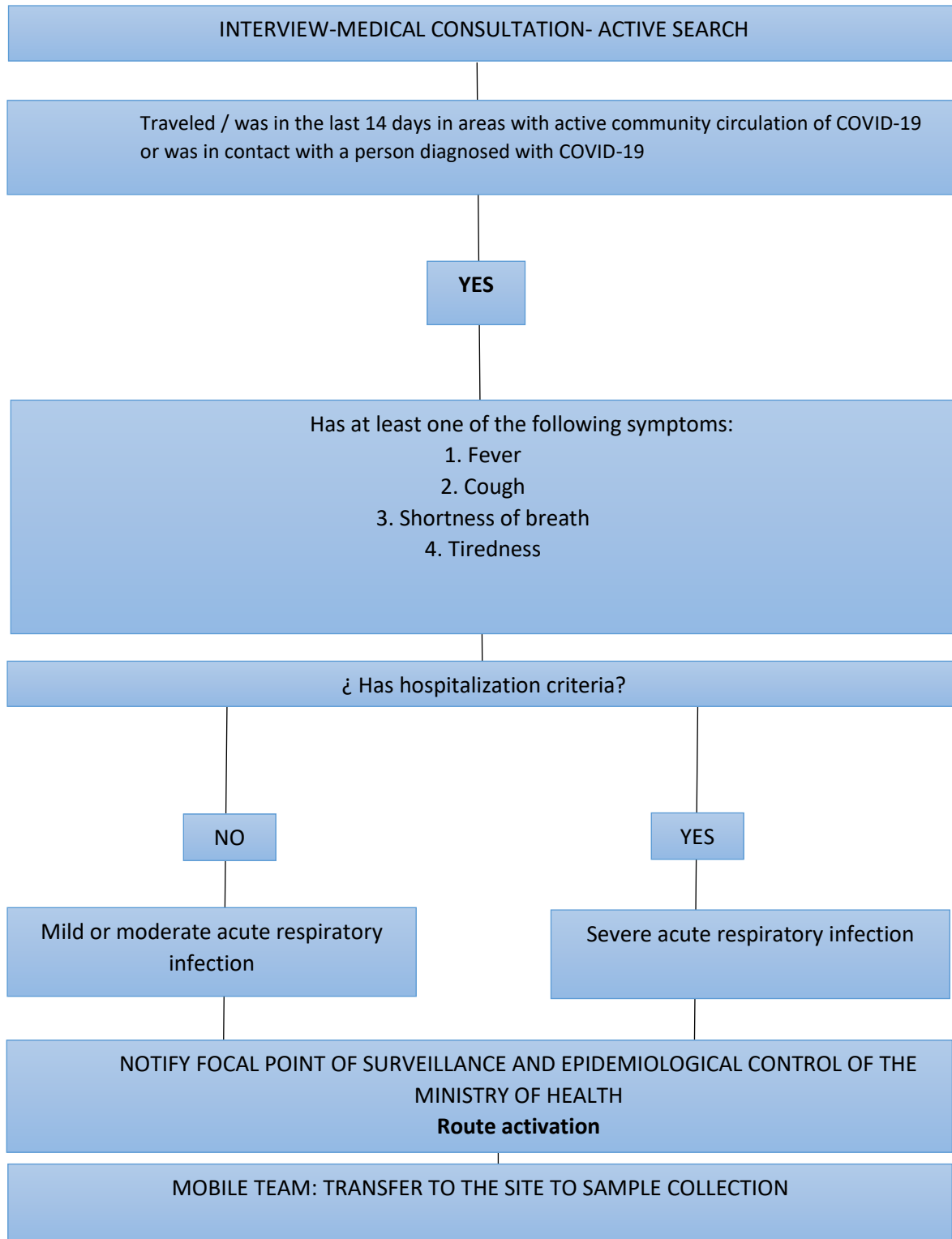
- Health facilities capable of providing clinical care for suspect and confirmed cases of COVID-19 need to be identified, and the necessary coordination established for referral, treatment and discharge.
- Protocols for the management of COVID-19 in pregnancy and delivery need to be developed, in line with national protocols. For example, in the absence of obstetric complications or risk factors, consideration could be given to advising women to stay at home for early labour if limitation of contacts is feasible (complete self-isolation is not advised for labouring women). Access to emergency obstetric care and skilled birth attendance for all deliveries needs to be ensured for all women and girls in need, including post-partum monitoring. In case isolation of COVID-19 confirmed patients is not possible, the recommended 24-hour post-partum monitoring at health facility level may need to be shortened to reduce the risk of transmission to the mother and newborn.
- If someone who is breastfeeding becomes ill, it is important to continue breastfeeding. The baby who has already been exposed to the virus by the mother and/or family will benefit most from continued direct breastfeeding. Hence, any interruption of breastfeeding may actually increase the infant's risk of becoming ill and even of becoming severely ill.
- Measures need to be put in place to limit potential exposure of patients with chronic conditions to COVID-19 infection by reducing visits to health facilities, e.g., by providing three months of treatment for stable NCD patients and those with mental health conditions, HIV and TB and follow up at home by community health workers if feasible. At the same time, the continuous clinical management of individuals with chronic diseases needs to be ensured, especially for conditions that are associated with the more severe forms of COVID-19 and higher risks of death.

### General Contingency Measures

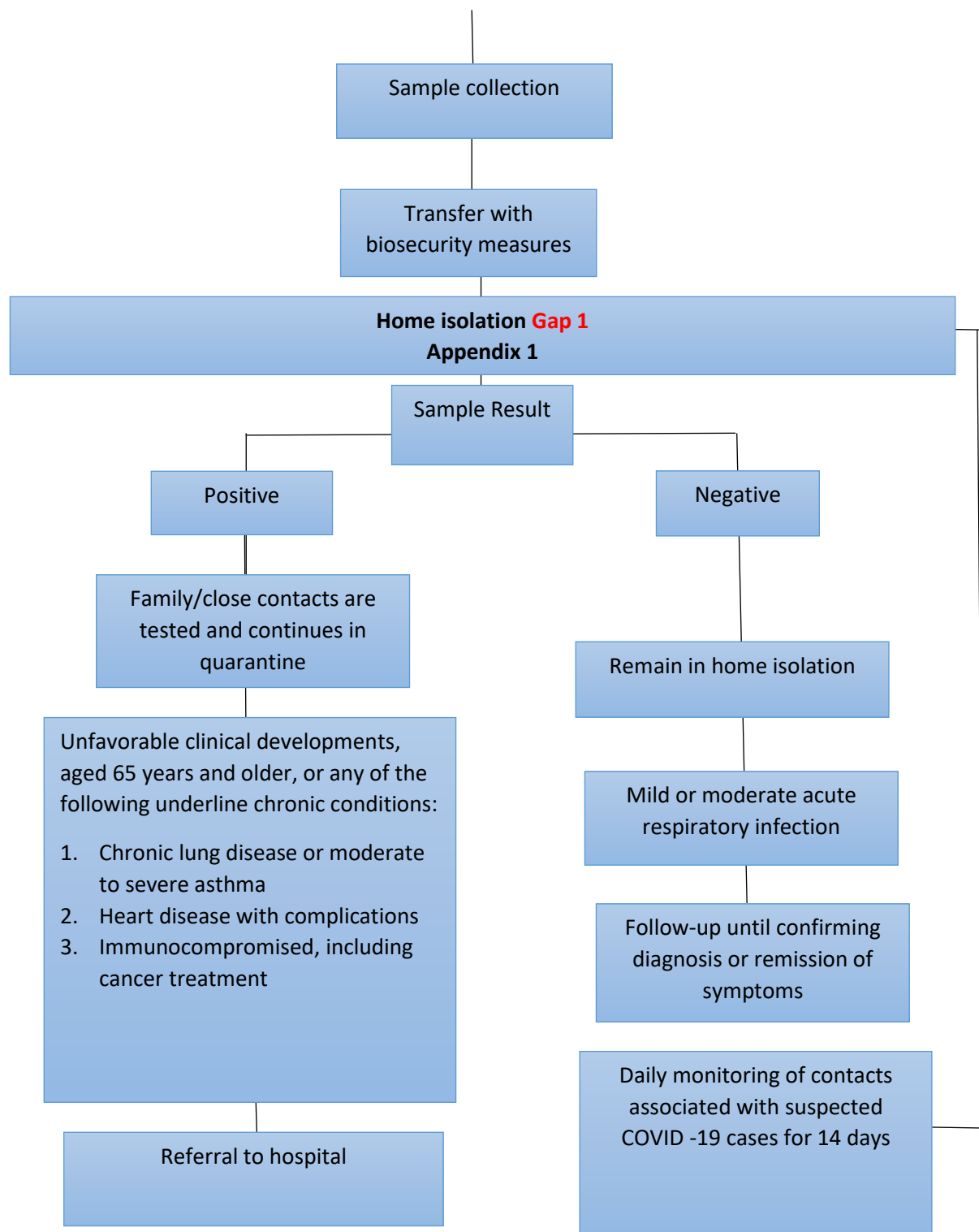
1. **Awareness for responding actors** on the proper identification of cases and implementation of promotion and prevention measures against COVID-19.
2. **Active search for personnel with any respiratory symptoms:** All persons and actors providing support will participate and will notify the health focal point who will activate the route.
3. **Sanitizing points:** The entrance to the shelters and other access points to the interior must have a sink to carry out the sanitation process.
4. **Quarantine measures:** It is recommended that the people housed in the collective centres respect quarantine as a preventive measure.
5. **Promotion and prevention activities for beneficiaries:** Educational talks by age group, general measures (use of masks for beneficiaries with Acute Respiratory Infection/respiratory symptoms and operating personnel in contact with the population) (see annex 7 for prevention messages)
6. **Rescue area:** An area temporarily foreseen to take samples and wait until the transfer to the location where home isolation will be carried out, together with the family of the suspected case. (see Annex 4)

<sup>3</sup> Scaling-Up Covid-19 Outbreak Readiness and Response Operations in Humanitarian Situations, Including Camps and Camp-Like Settings

## Contingency plan flowchart







### Contingency measures for transfer of patients

1. Patient transportation should be performed in a medical ambulance, with the driver's cab physically separated from the patient transportation area.
2. If there is not physical separation between the driver and the patient, the driver must remain separate from the cases (at least 1.5 m distance). No PPE is required for the driver if distance can be maintained. If drivers must also help load cases into the ambulance, they should follow the PPE recommendations.
3. Personnel involved in transport must wear a highly efficient FFP2 mask, an anti-fluid gown, gloves and anti-splash eye protection.
4. Once the transport is finished, the vehicle will be disinfected.

### **Gap: Isolation Centre**

There should be an isolation centre or place for those patients diagnosed, mildly symptomatic/without risk factors or with clinical symptoms that do not warrant hospitalization and that do not have adequate space to mitigate quarantine so that infections are not spread (see diagram in the section "Space and infrastructure needs")

#### **Annex 1:**

- ✓ Recommendations for isolation in shelter/home

#### **Annex 2:**

- ✓ Management of cleaning and disinfection in home isolation

#### **Annex 3:**

- ✓ Family isolation

#### **Annex 4:**

- ✓ Recommendations for the management of generated waste and disinfection

#### **Annex 5:**

- ✓ Rational use of personal protective equipment (PPE)

#### **Annex 6:**

- ✓ Special considerations for vulnerable and at-risk groups

#### **Annex 7:**

- ✓ Recommendations for Prevention and Response Support for Children, Adolescents, Families and Alternative Care Providers during COVID-19

#### **Annex 8:**

- ✓ Community-based Protection, Risk Communication and Community Engagement

<b>ANNEX 1: Recommendations for isolation in shelter/home</b>
<ul style="list-style-type: none"> <li>✓ <b>Quarantine</b> of persons is the restriction of activities or separation of persons who are not ill, but who may be exposed to an infectious agent or disease, with the objective of monitoring symptoms and early detection of cases.</li> <li>✓ <b>Isolation</b> is the separation of ill or infected persons from others, so as to prevent the spread of infection or contamination.</li> </ul>
<ul style="list-style-type: none"> <li>✓ Patients and shelter residents should be educated about personal hygiene, basic IPC measures, and how to care as safely as possible for persons suspected of having COVID-19 to prevent the infection from spreading to shelter contacts.</li> </ul>
<ul style="list-style-type: none"> <li>✓ Ideally, patient should be placed in a single room with exclusive bathroom, but if that is not possible, beds should be placed at least 1.5 m apart, and bathroom must be disinfected every time it is used it, see Annex 2.</li> <li>✓ Limit the movement of the patient in the house and minimize shared space. Ensure that shared spaces (e.g. kitchen, bathroom) are well ventilated (keep windows open).</li> <li>✓ Transfer to RHU if this is designated as the isolation location.</li> </ul>
<ul style="list-style-type: none"> <li>✓ If and where feasible, a communication link with health care provider or public health personnel, or both, should be established for the duration of the home isolation period, that is, until the patient's symptoms have completely resolved.</li> </ul>
<ul style="list-style-type: none"> <li>✓ Strict follow-up of medical indications, and appropriate medical treatment for existing conditions.</li> </ul>
<ul style="list-style-type: none"> <li>✓ Other shelter residents must settle in different spaces; if this is not possible, they must maintain a social distance (at least 1.5 m) from the persons quarantined.</li> </ul>
<ul style="list-style-type: none"> <li>✓ Permanent use of surgical masks by those with symptoms</li> </ul>
<ul style="list-style-type: none"> <li>✓ Perform hand hygiene frequently, particularly after contact with respiratory secretions, before eating and after using the toilet. Hand hygiene includes either cleaning hands with soap and water or with an alcohol-based hand rub.</li> </ul>
<ul style="list-style-type: none"> <li>✓ Use of disposable materials for serving food.</li> </ul>
<ul style="list-style-type: none"> <li>✓ Do not share personal hygiene or food items with other inhabitants of the shelter.</li> </ul>
<ul style="list-style-type: none"> <li>✓ If required, use disposable tissues and dispose them in plastic bags and handle waste separately. This must be labelled.</li> </ul>
<ul style="list-style-type: none"> <li>✓ Implement hand washing routines with soap and water</li> </ul>
<ul style="list-style-type: none"> <li>✓ The patient's clothing, sheets and dirty towels must be separated and hand washed with soap and water. Dirty clothing should not be shaken and should not come into direct contact with the skin.</li> </ul>
<ul style="list-style-type: none"> <li>✓ The person handling these residues around the patient must have protective equipment such as a mask and gloves.</li> </ul>
<ul style="list-style-type: none"> <li>✓ Conduct family training on hygiene measures, prevention and elimination of waste in order to avoid contagion.</li> </ul>
<ul style="list-style-type: none"> <li>✓ All isolated patients undergo daily medical monitoring by telephone. If during this follow-up any severity criteria are detected, the patient should be referred to the hospital designated by the health authority.</li> </ul>

<b>ANNEX 2: Management of cleaning and disinfection in home isolation</b>
✓ Clean and disinfect frequently touched surfaces such as bedside tables, bedframes, and other bedroom furniture daily with regular household disinfectant containing a diluted bleach solution (1 part bleach to 99 parts water). For surfaces that do not tolerate bleach, 70% ethanol can be used;
✓ Clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant containing a diluted bleach solution (1 part bleach to 99 parts water); if the bathroom/toilet is of common use by all the residents of the collective site, it must be cleaned and disinfected after each use.
✓ Hands should be washed before and after cleaning and disinfection, and gloves should also be used.
✓ Clean clothes, bedclothes, bath and hand towels, etc. used by the patient using regular laundry soap and water or machine wash at 60–90 °C with common laundry detergent and dry thoroughly;
✓ Cleaning personnel should wear disposable gloves when cleaning or handling surfaces, clothing or linen soiled with body fluids and should perform hand hygiene before and after removing gloves.
✓ Depending on the context, household cleaning gloves or disposable gloves can be used. In the first case, after use the gloves should be washed with soap and water and decontaminated with a 0.5% sodium hypochlorite solution. Disposable gloves (e.g. nitrile or latex) should be discarded after use.
✓ An exclusive pedal container must be used in the environment or patient room for opening, with a lid and a black bag, which, once it reaches its ¾ filling or capacity parts, must be closed before leaving the room and be put in a second bag.
✓ The waste generated by the patient, should be as shortest time as possible with other waste from the building, for this reason it is recommended to deliver the waste as soon as possible to the collection times by the company providing the public cleaning services.

<b>ANNEX 3: Family isolation</b>
✓ Seek social distancing for 14 days.
✓ RHU with good ventilation.
✓ Avoid visits from other people to the place of isolation.
✓ Cleaning and disinfection of the isolation area should be carried out daily with the usual disinfectants.
✓ Perform hand washing with water, soap and clean and exclusive-use towels.
✓ Items used for the care of people will be for exclusive use.
✓ Waste must be handled in a differentiated manner (separate bags and cans).
✓ Do not attend any mass events.

✓ Monitoring should take place daily for 14 days.
✓ Deliver food to the RHU, in containers for strict personal use, provided by WFP, Red Cross or other responsible entity for delivery under the implementation of adequate biosecurity materials.
✓ It is possible to use the same bathroom in case of not having the capacity to individualize them, and in given circumstances it should be disinfected after each use.

<b>ANNEX 4: Recommendations for the management of generated waste and disinfection</b>
✓ Make available a lightweight, shock-resistant plastic container, provided with handles that facilitate handling during harvesting, made of rigid waterproof material, easy to clean, and resistant to corrosion.
✓ It is recommended to use bags which are high density polyethylene labelled indicating: the name of the generator, the words BIOLOGICAL WASTE (COVID 2019)
✓ Tighten and secure waste bag with a knot
✓ Remove the waste bag from the waste container
✓ Disinfect the outside of the bag with disinfectant solution
✓ Put the waste bag in another additional waste bag
✓ Tighten and secure the waste bag with a knot
✓ Disinfect the outer waste bag with sanitizing solution
✓ Disinfect the gloves with which you handled the waste with disinfectant solution
✓ Mop and disinfect floor.
✓ Remove the outer gloves.
✓ The CDC (Center for Disease Control and Prevention) recommends disinfecting surfaces and utensils with dilute chlorinated solutions and alcohol solutions of at least 70%.
✓ The generated waste will be transported for final disposal by authorized personnel, following all the indications established by the standard for the management of generated waste.

### Annex 5: Rational use of personal protective equipment (PPE)

PPE includes gloves, medical masks, goggles or a face shield, and gowns, as well as specific procedures, respirators (i.e., N95 or FFP2 standard or equivalent) and aprons.

Based on the available evidence, the COVID-19 virus is transmitted between people through close contact and droplets, not by airborne transmission. The people most at risk of infection are those who are in close contact with a COVID-19 patient or who care for COVID-19 patients.

PAHO/WHO recommends the use of PPE to health personnel, to personnel who work in health facilities where COVID-19 patients are cared for, to the COVID-19 patients and to the personnel who care for them. For others, it is recommended to reinforce the social distance of 1.5 m, frequent hand washing with soap or alcohol-based hand sanitizer and not touching your eyes, nose or mouth.

It is up to the organizations and personnel that maintain direct contact with persons of concern during their assistance activities to increase the protection measures with medical masks, gloves and protective glasses.

Staff who work in collective settings should take precautions to protect themselves and residents through frequent hygiene measures such as washing hands with soap and water for at least 20 seconds and using an alcohol-based hand sanitizer. It is also recommended to change clothes when entering the shelters to avoid introducing contaminated items from the street.

**Table 1. Recommended type of personal protective equipment (PPE) to be used in the context of COVID-19 disease, according to the setting, personnel and type of activity(\*)**

Community			
Setting	Target personnel or patients	Activity	Type of PPE or procedure
Home / Collective Settings	Patients with respiratory symptoms.	Any	Maintain distance of at least 1.5 m. Provide medical mask when possible, except when sleeping.
	Caregiver	Entering the patient's room, but not providing direct care or assistance.	Medical mask
	Caregiver	Providing direct care or when handling stool, urine or waste from COVID-19	Gloves Medical mask Apron (if risk of splash)

		patient being cared for at home.	
	Healthcare workers	Providing direct care or assistance to a COVID-19 patient at home	Medical mask Gown Gloves Eye protection
<b>Public areas</b> (e.g., schools, shopping malls, train stations).	Individuals without respiratory symptoms	Any	No PPE required

<b>Points of Entry of PoC</b>			
<b>Setting</b>	<b>Target personnel or patients</b>	<b>Activity</b>	<b>Type of PPE or procedure</b>
<b>Administrative Areas</b>	All staff	Any	No PPE required
<b>Screening Area</b>	Staff	First screening (temperature measurement) not involving direct contact.	Maintain distance of at least 1.5 m. No PPE required
	Staff	Second screening (i.e., interviewing passengers with fever for clinical symptoms suggestive of COVID-19 disease and travel history).	Medical mask Gloves
	Cleaners	Cleaning the area where passengers with fever are being screened.	Medical mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes
	Staff	Entering the isolation area, but not providing direct assistance.	Maintain distance of at least 1.5 m.

<b>Temporary isolation area</b>			Medical mask Gloves
	Staff, healthcare workers	Assisting passenger being transported to a healthcare facility.	Medical mask Gown Gloves Eye protection
	Cleaners	Cleaning isolation area	Medical mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes
<b>Ambulance or transfer vehicle</b>	Healthcare workers	Transporting suspected COVID-19 patients to the referral healthcare facility.	Medical mask Gowns Gloves Eye protection
	Driver	Involved only in driving the patient with suspected COVID-19 disease and the driver's compartment is separated from the COVID-19 patient.	Maintain distance of at least 1.5 m. No PPE required
		Assisting with loading or unloading patient with suspected COVID-19 disease.	Medical mask Gowns Gloves Eye protection
		No direct contact with patient with suspected COVID-19, but no separation between driver's and patient's compartments.	Medical mask
	Patient with suspected COVID-19 disease.	Transport to the referral healthcare facility.	Medical mask

\* In addition to using the appropriate PPE, frequent hand hygiene and respiratory hygiene should always be performed. PPE should be discarded in an appropriate waste container after use, and hand hygiene should be performed before putting on and after taking off PPE.



## Annex 6: Special considerations for vulnerable and at-risk groups

### Older persons

The current outbreak of COVID-19 is especially dangerous for older persons, having a disproportionately negative impact on their health. While older persons in shelters and care facilities are particularly vulnerable to COVID-19, there are several measures that can be taken to reduce the risk and ensure their well-being.

Regular communication with older persons and populations at risk is one of the most important measures to help prevent infection, save lives and minimize adverse outcomes. Information should be provided in multiple formats and in local languages to address the barriers that older persons often face related to literacy, language and disability.

During an outbreak, specific measures to support older persons should be implemented. These include access to alcohol-based hand sanitizers when access to water is scarce, access to social support and essential supplies for older persons in quarantine or self-isolation and a proportionate and non-discriminatory approach to restrictions on freedom of movement.

The involvement of shelter staff and the community is essential to ensure the well-being of all during the response, especially older persons.

### Recommendations<sup>4</sup>

- The following measures should be considered when there are older persons in shelters, reception centres and hotels:
- If possible, staff should check the body temperature of older residents in the morning and afternoon.
- Staff should be aware of the mental health and well-being of older persons. Showing affection can help relieve anxiety.
- Older residents and staff should be well fed.
- Facilities should be kept warm and spaces should be regularly ventilated.
- Staff should try to maintain the normal schedule and daily routine of older residents.
- If possible, staff should organize or facilitate online contact between older residents and their family and friends (via Skype, WhatsApp and other similar platforms). This will help relieve stress and isolation.

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<sup>4</sup> Recommendations from the COVID-19 Guide in humanitarian contexts (<https://www.helpage.org/silo/files/covid19-en-contextos-humanitarios.pdf>) and COVID-19 caring for older people in residences and family settings (<https://www.helpage.org/silo/files/covid19-y-cuidados-en-residencias-de-mayores-aplicable-a-entornos-familiares.pdf>)

- All persons entering collective sites/shelters should consider whether they have had any contact with persons who are infected or could be infected before entering a shelter where older persons are present. If they think they may have had contact with an infected person, they should not enter the premises.
- The delivery of goods and merchandise should be restricted to a single entry. If a service provider or carrier needs access to the shelter, staff should ask if they have symptoms such as fever, cough or difficulty breathing. If they have any of these symptoms, they should not be allowed access to the premises.



**Helping older people cope with stress during outbreaks**

- Older adults, especially in isolation and those with cognitive decline/dementia, may become more anxious, angry, stressed, agitated, withdrawing, overly suspicious during the outbreak/while in quarantine
- Recommendations for older people in residential care (e.g., assisted living, nursing homes), community-dwelling
- Share simple facts about what is going on and give clear information about how to reduce risk of infection in words older people with/without cognitive impairment can understand. Repeat the information whenever necessary.
- Older people might not be familiar with the use of protective devices or prevention methods or refuse to use them.
- Instructions on how to use protective devices need to be communicated in a clear, concise, respectful and patient way.

## LGBTI Persons

In the context of the COVID-19 pandemic, LGBTI persons face protection risks and increased exposure to violence, abuse and discrimination. In addition, LGBTI+ persons living with HIV face increased protection issues due to limited access and availability of treatment, medication and psychosocial support.

Stigma, discrimination and xenophobia against LGBTI people are issues of concern, especially against trans women, and a latent risk during this outbreak of COVID-19.

## Recommendations

- It is important to update and activate referral pathways for the assistance and protection of LGBTI+ persons who are discriminated against because of their sexual orientation or gender identity.
- Advocate for the inclusion and non-discriminatory access of LGBTI+ refugees, asylum seekers and migrants in national response plans, mechanisms and referral pathways.
- Ensure counselling and psychosocial support services for those affected.
- Disseminate key messages on non-discrimination for relevant LGBTI+ people living with HIV during this pandemic.
- LGBTI+ people of concern living with HIV should take all recommended preventive measures to minimise exposure and prevent infection.
- Activate LGBTI+ community support networks to provide assistance and support to persons of concern, adapting these modalities to current national situations and measures to safeguard the safety of all members.
- Share with shelters, reception centres and hotels information about organisations working with the Regional Network for the Protection of LGBTI+ Refugees, Asylum Seekers and Migrants in Latin America (in Spanish, Red Regional de Protección de

Refugiados, Solicitantes de Asilo y Migrantes LGBTI+ en América Latina) so that they can contact these organisations directly and expand their protection networks.

## Persons Living with HIV/AIDS

Persons with HIV/AIDS may be at increased risk of contracting COVID-19 especially where they may have a suppressed immune system. In many cases, people living with HIV/AIDS (PLHIV) have other respiratory, cardiac, diabetes and other conditions that make them more vulnerable.

In the case of refugees and migrants living with HIV/AIDS who have limitations in accessing the health care system or antiretroviral drugs, they may be at greater risk of suffering more severe symptoms of COVID-19. National security restrictions and mobility may pose a greater risk to those who cannot approach health facilities or who have difficulty in receiving a resupply of drugs.

Stigma, discrimination, xenophobia and exclusion of people of concern living with HIV/AIDS increase when they are affected by the virus. This could lead to further denial of health services and treatment or difficulties in accessing them.

As UNAIDS has pointed out, stigma can:

- Push people to hide the disease to avoid discrimination
- Prevent people from seeking medical care
- Discourage people from adopting healthy behaviours

### Recommendations:

- Ensure that reliable and confidential communication channels exist and that prevention and mitigation messages and recommendations on COVID-19 reach people with HIV/AIDS.
- It is essential that people living with HIV do not interrupt ARV treatment to ensure 100% adherence.
- PLHIV should take all recommended preventive measures to minimize exposure and prevent infection.
- PLHIV should know how to contact health centres or specialists working in the field of HIV/AIDS if they need guidance and/or support.
- Disseminate key messages about non-discrimination towards people of concern living with HIV during this pandemic.
- UNHCR and its partners should advocate for people of concern living with HIV to be able to exercise their right to health and treatment. A people-centred approach is central to the response to COVID-19 and HIV.
- Regular communication with networks of people of concern living with HIV is essential to monitor their situation, along with partners and specialized organizations working on HIV/AIDS prevention and response.
- Map and share contacts of organizations working in the field of HIV/AIDS or networks of PLHIV with people in shelters so that they can coordinate with them directly or

through phone calls and seek support if necessary (e.g., special deliveries of medications to their place of residence or designated collection points that are not overcrowded).

- Share secure telephone numbers of specialized organizations so that affected PLHIV can voice their concerns while the outbreak persists and have access to regular psychosocial support.

## Persons with Disabilities

People with disabilities are at greater risk of exposure to COVID-19 due to barriers to accessing preventive and mitigating information, services and, in some cases, due to dependence on physical contact and the environment. Refugees, asylum-seekers and migrants with disabilities are often invisible or not served in a timely and appropriate manner, and even more so in the midst of a global pandemic that includes, in many countries, restrictions on services, mobile services and other means that may be relevant to persons with disabilities.

### Recommendations:

- As much as possible, try to consult regularly with persons with disabilities (and seek alternative ways of doing so taking into account practical obstacles and constraints in the current context) about their current situation, needs, abilities and priorities in order to address their most urgent needs. Do not assume what they want or need.
- Information and key messages should be tailored to the needs of all persons of interest with disabilities (including sensory, intellectual, cognitive and psychosocial disabilities) and shared in different accessible formats and technologies, including digital media. Some of the formats include closed captioning, sign language, Braille and audio messages, among others. These should include messages about the measures imposed in the country and key prevention messages from WHO/PAHO.
- Identify potential barriers to access services: mobility limitations, physical and health accessibility and communication barriers, among others.
- Continue close coordination and communication with specialized networks and organizations working on the protection of persons with disabilities at the national level (e.g. Humanity Inclusion), ensure inclusive public health measures and care during the pandemic.

#### Supporting the needs of people with disabilities

- People with disabilities and their caregivers face barriers that could prevent them from accessing care and essential information to reduce their risk during the COVID-19 outbreak.
- Accessible communication messages need to be developed, including considerations for people with disabilities (including sensory, intellectual, cognitive and psychosocial disabilities).
- Caregivers need to be moved into quarantine, plans must be made to ensure continued support for people with disabilities who need care and support.
- Community based organizations and leaders in the community can be useful partners in communicating and providing MHPSS support for people with disabilities who have been separated from their families and caregivers.



## **Annex 7: Recommendations for Prevention and Response Support for Children, Adolescents, Families and Alternative Care Providers during COVID 19<sup>5</sup>**

### **Children, Adolescents and Families**

The COVID-19 pandemic requires an assessment of how best to adapt existing services and adopt new services and programmes to better serve children and adolescents and families in times of uncertainty.

#### *Impact on Children and Families*

The measures used to prevent and control the spread of the COVID-19 virus can expose children and adolescents to protection risks. Social distancing and quarantine measures, while necessary to slow the spread of the virus, can also adversely affect children and their families in different ways. It is important that those working with vulnerable children and adolescents are informed about the increased risks of protection that can and do occur during an emergency and when families, caregivers, and communities are under stress.

Refer to this Interagency [Technical Guide](#)<sup>6</sup> on Child Protection during the COVID-19 pandemic.

COVID-19 can quickly change the context in which children live. Quarantine and social distancing measures, such as closing schools and community centres, service limitations, prohibiting family visits to children in alternative care and general restrictions on movement can disrupt children's routines and social support provided by their families. It also places new concerns on parents and caregivers who may be unprotected or out of work.

Children and families who are already vulnerable due to socio-economic exclusion, living in overcrowded environments, or who are already separated, are at particular risk of disruption to protection and care. For example, parents may lose their jobs, causing both economic and emotional impact. Panic can lead to caregivers paying less attention to children. With schools closed and children and adolescents confined, parental anxieties and frustrations may increase, triggering higher levels of violence, abuse or neglect against children and adolescents.

However, difficult times are also opportunities to recognize resilience in the children and families with whom we work. While we must recognize the additional risks, it is also important to balance this with a concerted effort to recognize, build on and utilize the strengths of children, families and communities. We must be proactive in helping families make decisions about their own care and well-being, access essential learning and services, and implement good hygiene and parenting practices.

### **Recommendations**

- Uncertainty and changes in routine can cause anxiety and fear in children. Design simple messages to reassure them and help parents or other caregivers respond positively to the information and emotional needs of children. Identify strategies to provide psychosocial support to children, especially those in quarantine. See some examples [here](#) and [here](#) from IASC and Plan International on psychosocial support for

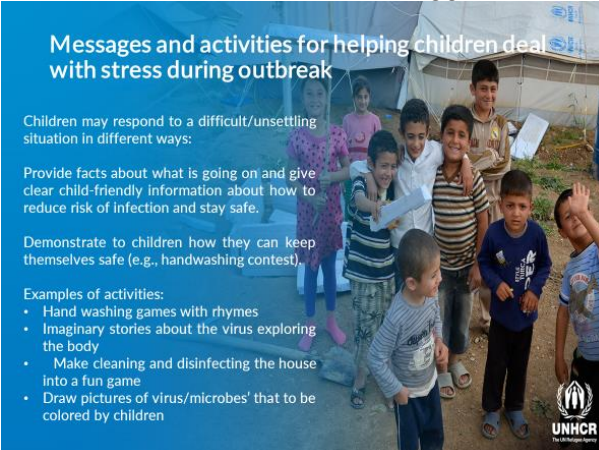
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<sup>5</sup> Suggestions for prevention and response support for children, adolescents, families and alternative care providers during COVID-19. USAID, GHR Foundation, Changing the Way We Care, Lumos, Maestral, Mac Arthur Foundation

<sup>6</sup> The Alliance for Child Protection in Humanitarian Action, Technical Note: Protection of Children during the Coronavirus Pandemic, Version 1, March 2019. <https://alliancecpha.org/en/COVID19>

children highlighted in Intervention 3 and [here](#) for UNICEF suggestions for adolescents.

- Make sure you have key child-friendly messages about COVID-19, including on hand washing, hygiene and social distancing. Keep them simple so that children understand them. More examples can be found [here](#).



**Messages and activities for helping children deal with stress during outbreak**

Children may respond to a difficult/unsettling situation in different ways:

Provide facts about what is going on and give clear child-friendly information about how to reduce risk of infection and stay safe.

Demonstrate to children how they can keep themselves safe (e.g., handwashing contest).

Examples of activities:

- Hand washing games with rhymes
- Imaginary stories about the virus exploring the body
- Make cleaning and disinfecting the house into a fun game
- Draw pictures of virus/microbes that to be colored by children

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- Provide recreational and learning activities for children in isolation. The following links provide online learning resources for young children that use visual imagery to introduce basic math, science, social studies, art and health concepts to younger students: [Learning Media](#)
- Provide children and adolescents in shelters with items to support their hygiene, health and well-being while in care, e.g. soap, hand sanitizer, educational materials and recreational supplies such as sports equipment, games or puzzles. This should include the provision of handwashing stations that are child-friendly, carried out in close collaboration with WASH service providers.
- In the event that caregivers become ill, work with them to outline and identify alternative care solutions that may be needed if they become ill, are quarantined, hospitalized, or worse.

## Annex 8: Community based Protection, Risk Communication and Community Engagement

### Community-based Approach

Refugees, displaced persons, asylum-seekers and migrants may face limitations in access to basic services, including health services, in addition to being exposed to very difficult living conditions that put them at greater risk of suffering from COVID-19.

Placing communities at the centre of our interventions generates more effective and sustainable protection outcomes by identifying protection challenges through consultation and strengthening local resources and capacities. A community-based approach in the context of COVID-19 can help address the protection issues that persons of concern may face in communities. This, together with access to accurate information, enables people to make informed decisions to protect themselves and their families. Working with specific groups with an age, gender and diversity (AGD) approach, allows for the identification and analysis of risks, needs and challenges faced by specific communities and groups.

In order to ensure the continuation of protection activities in the context of COVID-19, including risk communication and community engagement (RCCE), community-based protection (CBP) and accountability to affected populations (AAP), among others, UNHCR and its partners are implementing prevention and mitigation measures, developing alternative means of communication with communities and working with and mobilizing key actors, including by adapting access to information, guidance, support and services by prioritizing the needs of those most at risk.

## Recommendations

- Identify and work with local influencers in collective sites/shelters (such as community leaders, religious leaders, health workers and community volunteers) and local networks (women's groups, youth groups, traditional healers, etc.). Whenever possible, work with shelter staff or community leaders to consult on risk assessment, identification of population groups at higher risk, existing channels of trusted communication, and the establishment of neighbourhood- and section-based surveillance focal points and community task forces, etc.
- Community-mobilisation approaches and risk communication information from national health authorities and WHO should be used and adapted according to the specific information needs and perceptions of local residents and their host communities. Information sharing should take into account languages understood, levels of literacy, access to communication channels and barriers to prevention within different groups.
- Provide clear and unambiguous messages that focus on what people can do to reduce risk or what actions they should take if they believe they may have COVID-19. Do not instil fear and suspicion in the population. Do not use medical language in communication with the general public (e.g., say "people who may have COVID-19" instead of "suspected cases").
- Perceptions, rumours and feedback from residents in collective sites/shelters and host communities should be monitored and responded to through trusted communication channels, especially to address negative behaviours and social stigma associated with the outbreak.
- Establish a large-scale community commitment to adopt social and behavioural change approaches to ensure community and individual preventive health and hygiene practices in accordance with national public health containment recommendations.

For messages on COVID-19 and its prevention visit the following link:

[https://pandemic.intlsos.com/-/media/pandemic/files/pan-comms-new-coronavirus/intlsos-coronavirus-disease-2019\\_talk\\_simplified\\_v3\\_spanish.pptx?la=en](https://pandemic.intlsos.com/-/media/pandemic/files/pan-comms-new-coronavirus/intlsos-coronavirus-disease-2019_talk_simplified_v3_spanish.pptx?la=en)

## Communication & Community Engagement

- Emphasis on hand washing and respiratory hygiene measures and early symptom identification.
- Ensure adequate access to clean water and waste disposal in the community; soap, narrow necked water containers, and covered buckets for households
- Assess at country-level measures that should be put in place to **reduce the risks of transmission** at refugee sites, including increased hygiene measures.
- Sharing of **adequate and correct information in applicable languages** with refugees and other PoCs will be very important during this period to reduce panic and minimize stigmatizing responses.

