



Guidance for PRP activities during the COVID-19 pandemic

Table of contents

| | |
|--|----|
| 1. Introduction..... | 2 |
| 2. ICRC and non-ICRC rehabilitation centres..... | 2 |
| a) Types of support I and II (PRCs run by the ICRC and PRCs with substantial ICRC support) | 2 |
| ICRC employees and PRC employees | 3 |
| Service users at PRCs..... | 3 |
| Administrative areas..... | 4 |
| Consultation rooms | 5 |
| Environmental cleaning of PRCs..... | 5 |
| b) Types of support III and IV (partial substitution and light support) | 5 |
| c) Referring service users to PRCs | 6 |
| d) Dormitories..... | 6 |
| Laundries | 7 |
| Environmental cleaning..... | 7 |
| 3. Recommendations for social-integration projects..... | 8 |
| 4. Recommendations for educational programmes | 8 |
| a) For students on ICRC scholarships | 8 |
| b) For in-country schools supported by your project..... | 8 |
| 5. Other recommendations for PRP activities during the pandemic | 9 |
| 6. Recovery phase | 9 |
| 7. References..... | 10 |
| Annex 1: ICRC recommendations for PPE during the COVID-19 pandemic | 11 |
| Annex 2 : PRP COVID-19 questionnaire (PRP Lebanon) | 14 |



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29/4/2020

1. Introduction

In March 2020, the World Health Organization (WHO) declared the novel coronavirus disease, COVID-19, to be a pandemic. COVID-19 might have a more significant impact on certain sections of the population – such as people with disabilities – than others (WHO (2020) (a)). People with disabilities are at greater risk of contracting COVID-19 for a number of reasons: it is difficult for them to maintain personal hygiene and apply physical distancing measures; they need to touch things to orient themselves physically and mentally; and health care and information on public health are often not readily available to them. Some of them are also at greater risk of contracting COVID-19 because of their underlying medical conditions (WHO (2020) (a)). And – for various reasons – they might not benefit from the humanitarian assistance and emergency response provided for other people. The pandemic is a major additional burden for people already affected by armed conflict or other situations of violence and exacerbates their vulnerabilities (ICRC (2020) (c)).

In April 2020, the ICRC published a document describing its operational approach to the COVID-19 pandemic. The Physical Rehabilitation Programme (PRP) felt that our colleagues in the field should be given detailed recommendations for carrying out PRP activities in these altered circumstances – that is, during the COVID-19 pandemic. The idea is to maintain and adapt our response while respecting the ICRC's duty of care towards its workforce and the “do no harm” principle.

You will find, in what follows below, recommendations for carrying out PRP activities during the pandemic – suitable for the type of support your project provides for physical rehabilitation services and groups or bodies like disabled people's organizations.

2. ICRC and non-ICRC rehabilitation centres

In countries with confirmed cases of COVID-19, visiting a physical rehabilitation centre (PRC) might increase the risk of infection for people with disabilities and for PRC and ICRC staff. **Nevertheless, the provision of rehabilitation services, when necessary, must be ensured; these services must not be discontinued as they enable people with disabilities to exercise their rights** (OHCHR (2020)); UNICEF (2020)) and are part of essential health services. Any diminution in the importance of rehabilitation services, as an essential element of health care, is likely to have an adverse impact on the prevalence and scale of disability.

In some cases, local or national authorities might require the closure of PRCs; but when that is not the case, measures to prevent the spread of COVID-19 must be put in place.

a) Types of support I and II (PRCs run by the ICRC and PRCs with substantial ICRC support)



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ICRC employees and PRC employees

ICRC staff members' attendance at PRCs must be in line with the recommendations of Health, Management and RH_SAN. A system for rotating staff can be set up to ensure basic services and to prevent the possibility of too many staff members being present at a PRC at the same time.

Furthermore, measures for monitoring the health of staff, and giving them the support necessary, should be put in place:

- Ask staff to report if they have fever or any respiratory illness, and to stay at home if they do; follow up staff who have been absent from work.
- Immediately remove any staff member who is visibly ill at work and refer them to their health-care provider.
- If a staff member of staff is found to have tested positive for COVID-19, help with contact tracing and follow public-health regulations in place (which might necessitate temporarily suspending services).
- Monitor the well-being of staff, regularly and supportively, and foster an environment conducive to timely communication between staff and management.
- Tell service users and employees that they must not touch one another (forbid shaking hands, hugging, kissing, etc.).

Service users at PRCs

Service users may be allowed into PRCs only if both PRC and ICRC staff have access to and wear personal protective equipment (PPE) – medical masks and/or face shields, gloves – and strict infection control and prevention (ICP) measures are in place.

Service users must be screened and prioritized (from 'high' to 'medium' to 'low'). High-priority service users include the following: people in need of assistive devices or whose devices have to be repaired; people who need physiotherapy and whose condition would worsen if they had to do without it; and people who would be made most vulnerable by any disruption of services.

Medium- and low-priority patients should be given access to PRCs only **if the guidelines provided by the International Society for Prosthetics and Orthotics (ISPO) can be implemented and if they sign an 'informed consent' form.**

The following additional measures must be taken to minimize the risk of patients or staff contracting COVID-19 during provision of services:

- The management of the PRC must appoint a staff member to be in charge of ICP; this person will train personnel in hand hygiene and use of PPE.
- PPE should be put on and removed carefully – in accordance with recommended procedures – to avoid contamination; staff should wash their hands before putting on PPE and after removing it; a special waste bin should be available for disposing of used PPE (to prevent reuse and recycling).



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- A hand-washing station should be installed at the entrance of the PRC with signage indicating clearly that everyone **must** wash his or her hands before entering.
- All service users and employees should be screened for symptoms of respiratory illness or fever before entering the PRC. A service user who tests positively for symptoms must not be permitted to enter the PRC, and should be referred to a hospital or COVID-19 centre.
- Ensure that systems are in place for service users presenting symptoms of COVID-19 to be referred to the pertinent hospital or COVID-19 centre.
- Provide training in infection control for all employees and caregivers. The training should include an overview of COVID-19, hand hygiene and other standard precautions, and transmission-based precautions specific to COVID-19. An online training course can be found on the [WHO website](#).

Ensure the following, and advise service users accordingly:

- Assistive devices in use should be disinfected frequently. These devices include wheelchairs, walking canes, walkers, transfer boards, or anything else that is handled frequently and used in public spaces (WHO (2020) (a)).
- When physical distancing is recommended, people who are already more isolated than others will be among those most affected. Ensure that mechanisms for mental-health and psychosocial support (MHPSS) are – when available – accessible to people with disabilities (UNICEF (2020)).
- Where feasible, ensure that additional protective measures are available to people with significant difficulties in moving around, including means of self-care. These people – owing to their dependence on physical proximity to others – may be at greater risk from the virus, and also more likely to have underlying medical conditions (UNICEF (2020)).
- Facilitate sufficient support for people with disabilities who have more complex needs than others, particularly if they are quarantined or isolated; to that end, coordinate the care provided for them by health and social services, families and caregivers.
- Ensure that caregivers and service providers for people with disabilities have access to personal protective equipment at home (for home care), including masks, face shields, gloves and hand sanitizers; consider increasing orders for these products.

Administrative areas

- Service users should wash their hands and disinfect their devices before entering PRCs; they should be able to do all this in a space allocated for the purpose, before entering the reception area. People wearing gloves should remove them before entering the PRC and should not put them back on while inside.
- Service users should be given masks, along with clear instructions on their use and handling during visits.
- The waiting room must never contain more than one user and one caregiver at a time; there should always be a one-hour gap between appointments for service users, to allow enough time for disinfecting the surroundings.
- Service users should not be permitted to handle their records or personal files; only people at the reception desk or in the receptionist's office, and clinical staff, should be allowed to do so.
- If possible, install a Plexiglas protection shield at the reception desk.



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Consultation rooms

All necessary precautionary measures must be taken during any physical examination of a service user, using the equipment recommended in annex 1.

- The consultation room should:
 - contain hand-washing and disinfectant gel, and waste bins with covers
 - be spacious (10 square metres in area)
 - have a good ventilation system with open window(s).
- No more than two staff (one prosthetist/orthotist and one PRP field officer should conduct the multidisciplinary consultation, implementing distancing measures (two metres between people) when physical examination is not necessary.
- All items used during the consultation – treatment table, pens, chairs, goniometer, etc. – should be disinfected after the service user leaves the room.

Environmental cleaning of PRCs

- Hospital-grade cleaning and disinfecting agents are recommended for all horizontal and frequently touched surfaces (light switches, door handles, bed rails, bedside tables, phones, etc.), and for bathrooms, which should be cleaned when dirty, and at least twice a day.
- Visibly dirty surfaces should first be cleaned with a detergent of commercial manufacture or with soap and water; next, a hospital-grade disinfectant should be used, following the manufacturer's recommendations for volume and contact time; after the passage of the recommended contact time, the disinfectant may be rinsed off with clean water.
- If hospital-grade disinfectants of commercial manufacture are not available, long-term care facilities may use a diluted concentration of bleach to disinfect the environment. The minimum concentration of chlorine should be 5,000 ppm or 0.5%, which is equivalent to a 1:9 dilution of 5% concentrated liquid bleach (WHO (2020) (b)).
- Everything in the physiotherapy room that was used should be cleaned before and after each session with a service user; and crutches, walkers, etc. should not be shared between service users.
- In the workshops, tools that used by many different people must be cleaned and disinfected as often as possible.

b) Types of support III and IV (partial substitution and light support)

When we provide support of type III or IV, our involvement is less substantial and our influence limited. Attendance by ICRC staff members involved in technical monitoring should therefore be kept to a minimum; their attendance at PRCs should follow Health, Management, and RH_SAN recommendations and should be contingent on the availability of PPE. ICRC staff can support the personnel of ICRC-assisted PRCs – those that remain open during the pandemic – in implementing the ISPO's guidelines, the recommendations made by local authorities, and the recommendations listed above for support of types I and II. The government or the PRC's partner should provide PPE for a given PRC's staff; where such support is not forthcoming, the ICRC should, whenever possible, donate the required PPE.



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c) Referring service users to PRCs

Given the risk of spreading the disease even further, we recommend against referring patients to ICRC-assisted and ICRC-run PRCs from elsewhere; patients from other places should be referred to these PRCs only in the most urgent circumstances. Therefore, identifying and referring people with disabilities to rehabilitation services through ICRC-supported programmes carried out by National Red Cross and Red Crescent Societies, disabled people's organizations, or any other local stakeholder should be temporarily suspended. Such activities may resume only after the risks to service users and their communities have been thoroughly assessed with partners, and only when doing so is fully compliant with directives from the country's health authorities.

Service users can be offered alternatives to visiting PRCs, such as:

- telephone consultations, text messaging, and video conferencing via the internet if possible
- remote diagnoses and repairs to devices by teleconsultation for urgent cases
- delivery of equipment that has already been set up for use
- servicing or carrying out minor repairs to devices – if a caregiver can bring the device in question to the centre (to avoid putting people with disabilities at risk of infection)
- provision of resources and equipment to meet immediate needs (crutches, walkers, wheelchairs, etc.).

Where the referral of service users cannot be suspended, make sure to weigh benefits against risks. The following measures should be taken:

- Make a list of service users for gradual intake; rank them in order of priority and update their condition regularly.
- The patient should be asked various questions related to COVID-19 (a pre-screening questionnaire in effect) during the phone call he or she has made to set up an appointment (a questionnaire based on CDC resources is available in annex 2 of this document).
- Service users with the suspicious symptoms listed by WHO will not be given appointments and must wait for 14 days before seeking an appointment.
- Service users who are confirmed to be COVID-19-positive should be referred to a PRC only after they have recovered and, then, only after they have spent 14 days in quarantine.
- Service users with medical conditions or comorbidities such as cardiovascular disease or diabetes, or who are at greater risk of contracting COVID-19 and dying, should not be given an appointment until further notice.
- When feasible, identify taxi companies that employ safe practices and encourage service users or give them financial assistance to take private transport (car, motorbike, etc.).

d) Dormitories

As referrals are not recommended, dormitory facilities should remain closed. If that is not possible, the following hygiene measures must be implemented:

- Put someone in charge of carrying out ICP in accordance with WHO guidelines (WHO (2020) (b)); train service users and staff to monitor ICP implementation, put up posters in the facility, etc.



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- Maintain bed occupancy that is no more than one-third of the usual capacity, in order to enable strict physical distancing.
- Ensure that service users are never less than two metres apart; draw up a rule to that effect and enforce it.
- Require service users and employees to avoid touching one another (e.g. shaking hands, hugging, or kissing).
- Meals should be provided in the restaurant on a rotation basis, so that there are never more than a certain number of people in the same place at the same time. If this is not possible, meals should be served in the patients' rooms.
- Prohibit visitors from entering the dormitory.

If a service user is suspected of having COVID-19, the following steps should be taken:

- Cover the service user's face with a medical mask and isolate him or her.
- If possible, move the presumed COVID-19 patient to a single room; if that is not possible, cover that service user's face, and the faces of all those sharing that room, with a medical mask.
- Notify local authorities of any suspected case of COVID-19, and quarantine residents when the service user in question begins to show respiratory symptoms.
- Ensure that the service user is tested for COVID-19 and refer him or her to the pertinent hospital.
- Notify the service user and staff members promptly if the COVID-19 test is positive.

Laundries

- Soiled linen should be placed in clearly labelled, leakproof bags or containers, after carefully removing any solid excrement and putting it in a covered bucket before disposing of it in a WC or latrine.
- Machine washing with laundry detergent and warm water at 60–90°C (140–194°F) is recommended. The clothes can then be dried according to routine procedures.
- If machine washing is not possible, bed-linen can be soaked in hot water and soap in a large drum; use a stick to stir and be careful not to splash. The drum should then be emptied, and the bed-linen soaked in 0.05% (500 ppm) chlorine for approximately 30 minutes. Finally, the bed-linen should be rinsed off with clean water and allowed to dry fully in the sun.
- For further details, please refer to [the WHO's infection prevention and control guidance for long-term care facilities in the context of COVID-19](#).

Environmental cleaning

- Please see the recommendations for PRCs; they apply here as well.
- Cleaners and people handling soiled bedding, laundry, etc. should wear PPE, including face masks, gloves, long-sleeved gowns, goggles or face shields, and boots or closed-toe shoes. They should carry out the proper procedures for hand hygiene before putting on their PPE and after removing it.



3. Recommendations for social-integration projects

- Links to videos for at-home sports training for athletes with physical disabilities – including many exercises that can be done without sports equipment, since very few PRP-supported players have access to sports wheelchairs, basketballs, footballs, etc. at home – are being gathered from expert trainers throughout the world and will soon be distributed to PRP managers. If possible, please distribute these among the athletes supported by your PRP project, through inclusion-focused ICRC staff or local partners. It will help athletes maintain their physical fitness, sports skills, and, just as important, their motivation and psychological well-being.
- Ensure that PRP-sponsored students with disabilities have access to their educational institution's curriculum and – if possible – to the tools necessary for remote study (if required by their institution).
- Discuss, with the EcoSec coordinator, the cases of people referred by the PRP for support under microeconomic initiatives; and make use of the [EcoSec guidelines](#).

4. Recommendations for educational programmes

a) For students on ICRC scholarships

- Consider carefully whether it is at all necessary to provide scholarships for study abroad before the end of 2020; and whether this can be postponed to 2021, to avoid risks related to the pandemic. Any such assessment should take into account the fact that most schools attended by these scholarship students are in low and middle-income contexts that might not be able to cope with additional waves of COVID-19.
- For students enrolled in training programmes abroad who have had to return home because of COVID-19-related confinement measures, ensure – to the greatest extent possible – that they follow the online training activities set up by their schools. Stay in close contact with schools for updates on measures to continue training and on the prospects for resuming normal activities. If students are asked by their schools to return, get in touch with these institutions – before deciding whether to send students back – to ensure they have put in place measures to prevent COVID-19; and if students are to be quarantined after their arrival in the country, get detailed information on quarantine conditions. If possible, for students who have returned home, arrange clinical placements at PRCs supported by your PRP project, provided the necessary preventive measures are in place. Lastly, we recommend that they continue to receive their monthly stipends for the duration of their confinement.

b) For in-country schools supported by your project

- Provide as much support as possible for implementing – as needed – the protective measures mentioned in previous chapters.
- The protective measures described in previous chapters are applicable to ICRC staff working at or visiting schools that remain open during the pandemic period.



5. Other recommendations for PRP activities during the pandemic

It is important to make sure that people with disabilities, caregivers and health workers are aware of all disability-related COVID-19 measures:

- Together with Accountability to Affected People (AAP) – if an AAP delegate is available – ensure that the ICRC’s response is inclusive and that people with disabilities are not left out of EcoSec, WatHab or Protection programmes. In addition, make sure that health-care facilities treating COVID-19 patients are accessible to people with disabilities.
- Identify people with disabilities in prisons and other correctional facilities, and work with the authorities concerned to implement infection-control measures; together with Protection, identify potential contingencies.
- Deliver information on preventive measures and hygiene in a manner that is easily understood and inclusive. Do not rely solely on oral or written means of communication; whenever necessary, use methods suitable for people with intellectual, cognitive and psychosocial impairments (see the example in the PRP wiki [here](#)).
- Prepare and distribute informational materials to health workers on the potential consequences of COVID-19 – health-related and social – for people with disabilities, to ensure that the latter are not discriminated against when seeking care.
- Conduct additional training sessions – and, if possible, develop online modules – for new staff and for those who will take on expanded roles (WHO (2020) (b)); one example is the Physiopedia online training course – [Role of physiotherapy during COVID-19](#) – for rehab professionals during the COVID-19 pandemic.

6. Recovery phase

When the measures imposed by the local authorities – such as confinement – are softened, service provision and referrals may resume, but this must be done gradually, as infection is still possible. PPE must still be available and the number of service users at any given PRC kept to a minimum, to ensure physical distancing. Certain studies (Talan (2020)) suggest that COVID-19 could have neurological consequences, such as strokes. As a result, more service users might need rehabilitation. Clear referral mechanisms should be put in place with hospitals, to provide early rehabilitation and avoid further complications for these service users.

As stated in the ICRC’s operational guidance for the COVID-19 pandemic, we must take a long-term perspective and incorporate the effects of the pandemic on the resilience of people with disabilities. COVID-19 might have added to or modified their needs, and regular monitoring, after the pandemic, may be necessary.

One last recommendation: consult the [PRP Wiki](#) regularly, for the latest developments in the response to COVID-19.



7. References

Talan, J. (2020), " COVID-19: Neurologists in Italy to colleagues in US: Look for poorly-defined neurologic conditions in patients with the coronavirus":

<https://journals.lww.com/neurotodayonline/blog/breakingnews/pages/post.aspx?PostID=920>

Handicap International (2020), "Brief guidance note: A disability inclusive COVID19 response, Syria"

ICRC (2020) (a), "Recommended PPE during the COVID-19 pandemic":

https://collab.ext.icrc.org/sites/TS_ASSIST/activities/HEALTH/Epidemics_and_Pandemics/COVID_19/ICRC_PPE_use_Covid_19.pdf

ICRC (2020) (b), "Introductory Video to ICRC's Guidance Document on COVID 19: Inclusive Programming" online available from <https://communities.ext.icrc.org/videos/2581>

ICRC (April 2020) (c), *The ICRC'S Operational Approach to the COVID-19 Pandemic*:

https://collab.ext.icrc.org/sites/TS_OP_DIR/OurDepartment/Communication/Important%20messages%20to%20Delegations/COVID19/ICRC_COVID19_Operational%20Approach_16.04.2020_final.pdf

International Disability Alliance (2020), "Toward a disability-inclusive COVID19 Response: 10 recommendations from the International Disability Alliance":

http://www.internationaldisabilityalliance.org/sites/default/files/ida_recommendations_for_disability-inclusive_covid19_response_final.pdf

ISPO (2020), "Suggestions for Prosthetic Orthotic Clinics that Must Remain Open During the COVID-19 Pandemic":

https://collab.ext.icrc.org/sites/TS_ASSIST/activities/PRP/PRP_Covid_Response/ISPO_P_and_O_Clinics_Covid.pdf

OHCHR (2020), "Joint Statement: Persons with Disabilities and COVID-19 by the Chair of the United Nations Committee on the Rights of Persons with Disabilities, on behalf of the Committee on the Rights of Persons with Disabilities and the Special Envoy of the United Nations Secretary-General on Disability and Accessibility":

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25765&LangID=E>

UNICEF (2020), "COVID-19 response: Considerations for children and adults with disabilities":

https://www.unicef.org/disabilities/files/COVID-19_response_considerations_for_people_with_disabilities_190320.pdf

WHO (2020) (a), "Disability considerations during the COVID-19 outbreak": <https://www.who.int/who-documents-detail/disability-considerations-during-the-covid-19-outbreak>

WHO (2020) (b), "Infection prevention and control guidance for long-term care facilities in the context of COVID-19": https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf

World Confederation for Physical Therapy (2020), "Physiotherapy management for COVID-19 in the acute hospital setting: Recommendations to guide clinical practice":

https://www.wcpt.org/sites/wcpt.org/files/files/wcptnews/images/Physiotherapy_Guideline_COVID-19_FINAL.pdf



Annex 1: ICRC recommendations for PPE during the COVID-19 pandemic

| Health-care facilities: Outpatient facilities | | | |
|---|---------------------------------------|--|---|
| Consultation room | Health workers | Physical examination of patients with respiratory symptoms | Medical mask Gown Gloves Eye protection |
| | Health workers | Physical examination of patients without respiratory symptoms | Medical mask Gloves |
| | Patients with respiratory symptoms | Any | Medical mask, if tolerable |
| | Patients without respiratory symptoms | Any | No PPE required |
| | Cleaners | After and between consultations for patients with respiratory symptoms | Medical mask Gown Heavy-duty gloves Eye protection (if there is a risk of splashing) Boots or closed-toe shoes |
| Waiting room | Patients with respiratory symptoms | Any | Medical mask, if tolerable. Move the patient immediately, to an isolation room or some other area away from others; if this is not feasible, ensure that there is always a distance of at least one metre between this patient others. |
| | Patients without respiratory symptoms | Any | No PPE required |
| Administrative areas | All staff, including health workers | Administrative tasks | No PPE required |
| Triage | Health workers | Preliminary screening not involving direct contact | Maintain distance of at least one metre No PPE required |
| | Patients with respiratory symptoms | Any | Maintain distance of at least one metre Medical mask, if tolerable |
| | Patients without respiratory symptoms | Any | No PPE required |
| Detention health facilities | | | |
| Triage | Health workers | Preliminary screening (if not done at earlier stage, i.e. when detainees have direct access to the prison's health facility), not involving direct contact | Maintain distance of at least one metre No PPE required |



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| | Detainees without fever or respiratory symptoms | Any | No PPE required. |
| | Patients without respiratory symptoms | Any | No PPE required |
| | Patients with respiratory symptoms | Any | Maintain distance of at least one metre Medical mask, if tolerable |
| Consultation area, including systematic medical examination on arrival | Health workers | Physical examination of patients with respiratory symptoms, ideally in designated room | Medical mask Gown Gloves Eye protection |
| | Health workers | Physical examination of patients without respiratory symptoms | PPE according to standard precautions and risk assessment |
| | Patients with respiratory symptoms | Any | Medical mask, if tolerable |
| | Patients without respiratory symptoms | Any | No PPE required |
| | Cleaners | After and between consultations for patients with respiratory symptoms. | Medical mask Gown Heavy-duty gloves Eye protection (if there is a risk of splashing) Boots or closed-toe shoes |
| Waiting room | See under “Health-care facilities: Outpatient facilities” | | |
| Laboratory | See under “Health-care facilities: Inpatient facilities” | | |
| Patient isolation area and patient rooms | All staff | Entering the isolation area, but not providing direct assistance | Medical mask Gown Gloves Eye protection |
| | All staff | Assisting in moving detainees into the isolation area or in transferring them to a referral health facility | Medical mask Gown Gloves Eye protection |
| | Health workers | Providing direct care to COVID-19 patients | Medical mask Gown Gloves Eye protection (goggles or face shield) |
| | Health workers, and only in exceptional circumstances (patients requiring such procedures should be in hospital) | Aerosol-generating procedures performed on COVID-19 patients | N95 respirator or FFP2 gown Gloves Eye protection Apron |
| | Cleaners | Cleaning isolation area | Medical mask Gown Apron |



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| | | | Heavy-duty gloves Eye protection (if there is a risk of splashing) Boots or closed-toe shoes |
| Quarantine area | All staff | Any | Maintain distance of at least one metre No PPE required |
| | Detainees with no COVID-19 symptoms | Any | Maintain distance of at least one metre No PPE required |
| | Detainees developing COVID-19 symptoms | Any | Medical mask Move them immediately to patient isolation area |
| | Cleaners | Cleaning quarantine area | No PPE required (unless COVID-19 symptomatic case detected: see under 'Patient isolation area and patient rooms') |



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Annex 2 : PRP COVID-19 questionnaire (PRP Lebanon)

PRP COVID-19 questionnaire

