



Wildlife Conservation Society
Uganda Country Program COVID-19 Health, safety, and
Security Guidelines.

September 2020

UGANDA Country Program COVID-19 Health & Safety Guidelines

The Wildlife Conservation Society (WCS) is a nongovernmental environmental organization that has been operating in Uganda for more than 60 years. WCS works to conserve biological diversity and ecosystem function through applied research, management of natural resources and providing technical support to Ugandan organizations and agencies. **VISION:** WCS envisions a world where wildlife thrives in healthy lands and seas, valued by societies that embrace and benefit from the diversity and integrity of life on earth. **MISSION:** WCS saves wildlife and wild places worldwide through science, conservation action, education, and inspiring people to value nature. **GOAL:** The conservation of more than 50 percent of the world's biological diversity while ensuring a positive impact on millions of people globally.

These Uganda Country Program COVID-19 Health, Security & Safety Guidelines (Guidelines) set out the parameters for the COVID-19 health, safety and security plans. These Guidelines include recommendations for safety measures in those plans, along with factors considered in formulating the other elements of the plans. The guidelines are adapted from WCS Global Conservation Program (GCP), Ministry of Health of Uganda, Presidential guidelines and the World Health Organizations. In the case of field activities, particularly research, meetings with our partners and donors, and community engagements, the guidelines benefited from the Standard Operating Procedures (SoP) developed by Uganda Wildlife Authority (UWA) and IUCN. The guidelines will be updated from time to time as needed.

The virus was first reported in Uganda in early March 2020 and the government immediately set up a National COVID-19 Taskforce led by the Ministry of Health with representation from various government institutions, academia and private sector companies to assess the pandemic, support the Ministry of Health to develop and implement the SoPs as well as enforce and monitor public compliance. The national taskforce was replicated the district level, headed by the Resident District Commissioner. The government instituted a national-wide lockdown of economic activities for one month while monitoring the spread of the virus and by June 2020, it started to open up the economy allowing non-essential sectors and workers to operate. By the end of September, Uganda registered 3776 cases out of 411,000 individuals tested and 44 deaths (<https://www.health.go.ug/>). In October 10th, 2020, Uganda has recorded 9422 active confirmed cases out of 501,040 sampled individuals and 85 deaths (Ministry of Health Uganda, 2020: <https://www.health.go.ug/>).

A. Purpose

The purpose of this health and safety plan is to provide the basic information needed to understand Covid-19 infectious disease, and advise our staff, partners and stakeholders on the protocols and procedures that will be followed by the WCS Uganda Program in order to prevent the infection and spread of Covid-19.

Adherence to National guidelines and directives.

All guidelines and directives issued from time to time by the Government of Uganda (GoU) and Ministry of Health (MoH) on COVID-19 shall supersede the WCS SoPs and shall be observed in entirety. However, the WCS SoPs shall be enforced in tandem with the GoU and MoH guidelines.

B. Contact Information

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C. Applicability

The health and safety plan covers all WCS Uganda Program Staff (i.e. Kampala office and field-based staff as well as operations). Specifically, the plan covers WCS staff and partners conducting research in conservation areas and communities, partners participating in WCS-led activities such as meetings, workshops and site visits in the landscapes where we work. It also covers visitors entering WCS office for meetings, consultations, vendor and service providers. The SoPs will help prevent WCS staff from infecting and getting infected by COVID-19.

The Applicable Local Laws Include the following:

- The Public Health (Control of COVID- 19) (Amendment) Rules, 2020.
- Public Health (Prevention of COVID- 19) (Requirements and Conditions of Entry into Uganda) Order, 2020
- The Public Health (Control of COVID- 19) (No. 2) (Amendment) Rules, 2020.
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2. COVID-19 Coronavirus

The Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is a new virus that had not been previously identified in humans and therefore no population-level immunity exists. This virus belongs to the coronaviridae family grouped together in 1968 due to existence of crown-like appearances on their cell membrane. The virus is highly transmissible by way of droplet infections attacking the respiratory, intestinal and brain tissues. Infection from SARS-CoV-2 results in coronavirus disease (COVID-19) which manifests along a spectrum ranging from mild to severe symptoms; in severe cases, death can occur due to complication from the disease. The basic information on Covid-19 coronavirus is provided below and more details are provided on the websites listed in section 9.

A. Symptoms.

The virus that causes Covid-19 is novel and scientists continue to discover new symptoms

- The disease has a wide range of symptoms, with wide range of severity.
- Symptoms may appear 2 - 14 days after exposure to the virus.
- Some infected people never show symptoms (asymptomatic).

- Common symptoms include cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, body aches, sore throat and loss of taste or smell.

The early symptoms of COVID-19, including fever, myalgia, and fatigue might be confused with malaria and other febrile infections. This non-specific presentation can lead to challenges in early clinical diagnosis and management. These features of COVID-19 and the previous experiences of Ebola Virus Disease (EVD) outbreaks, for example, point to the need for malaria-endemic countries to consider preventive measures against not only the COVID-19 threat but also its likely impact on existing malaria control efforts. While most people with COVID-19 develop mild or uncomplicated illness, approximately 14% develop severe disease requiring hospitalization and oxygen support and 5% require admission to an intensive care unit.

Clinical Signs and symptoms of COVID-19:

The following symptoms are compatible with COVID-19 disease fever, cough, myalgia or fatigue, shortness of breath, sore throat and headache. On average it takes 5–6 days from when someone is infected with the virus for symptoms to show, however it can take up to 14 days.

Other symptoms may include: flu-like symptoms, diarrhea and nausea, muscle ache, pneumonia and Acute Respiratory Distress Syndrome (ARDS), renal failure, pericarditis and Disseminated Intravascular Coagulation (DIC).

Common symptoms for COVID-19:

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Most common symptoms

- fever
- dry cough
- tiredness

Less common symptoms

- aches and pains
- sore throat
- diarrhea
- conjunctivitis
- headache
- loss of taste or smell
- a rash on skin, or discoloration of fingers or toes

Serious symptoms

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

Seek immediate medical attention if you have serious symptoms. Always call before visiting your doctor or health facility. People with mild symptoms who are otherwise healthy should manage their symptoms at home. On average it takes 5–6 days from when someone is infected with the virus for symptoms to show, however it can take up to 14 days.

B. Person-to-Person Spread. Explain how the COVID-19 virus spreads, including:

Covid-19 is spread in several ways namely

- Between individuals in close physical contact with one another.
- Through respiratory droplets from coughs or sneezes of an infected person.
- Potentially from touching surfaces recently touched by an infected person and then touching ones mouth, nose or eyes.
- People are probably most contagious when they are most symptomatic.
- Contagion is also possible before showing symptoms or by people who never show symptoms.

Current evidence suggests that COVID-19 spreads between people through direct, indirect (through contaminated objects or surfaces), or close contact with infected people via mouth and nose secretions. These include saliva, respiratory secretions or secretion droplets. These are released from the mouth or nose when an infected person coughs, sneezes, speaks or sings, for example. People who are in close

contact (within 1 meter) with an infected person can catch COVID-19 when those infectious droplets get into their mouth, nose or eyes.

To avoid contact with these droplets, it is important to stay at least 1 meter away from others, clean hands frequently, and cover the mouth with a tissue or bent elbow when sneezing or coughing. When physical distancing (standing one meter or more away) is not possible, wearing a fabric mask is an important measure to protect others. Cleaning hands frequently is also critical.

Modes of transmission:

This section briefly describes possible modes of transmission for SARS-CoV-2, including contact, droplet, airborne, fomite, fecal-oral, bloodborne, mother-to-child, and animal-to-human transmission. Infection with SARS-CoV-2 primarily causes respiratory illness ranging from mild disease to severe disease and death, and some people infected with the virus never develop symptoms.

a) Contact and droplet transmission

Transmission of SARS-CoV-2 can occur through direct, indirect, or close contact with infected people through infected secretions such as saliva and respiratory secretions or their respiratory droplets, which are expelled when an infected person coughs, sneezes, talks or sings.

b) Airborne transmission

Airborne transmission is defined as the spread of an infectious agent caused by the dissemination of droplet nuclei (aerosols) that remain infectious when suspended in air over long distances and time.

c) Fomite transmission

Respiratory secretions or droplets expelled by infected individuals can contaminate surfaces and objects, creating fomites (contaminated surfaces).

d) Other modes of transmission

SARS-CoV-2 RNA has also been detected in other biological samples, including the urine and feces of some patients. SARS-CoV-2 transmission appears to mainly be spread via droplets and close contact with infected symptomatic cases. In an analysis of 75,465 COVID-19 cases in China, 78-85% of clusters occurred within household settings, suggesting that transmission occurs during close and prolonged contact. Understanding how, when and in which settings infected people transmit the virus is important for developing and implementing control measures to break chains of transmission.

C. Protocols for a Sick Individual.

- I. An individual who tests positive for the virus or who has symptoms (cough, high temperature) that they suspect may indicate the presence of the virus will be required to immediately isolate and call the MOH Hotline and follow all instructions. The individual should also contact the Country Director and the Project manager (1B above).
- II. If the infected individual is in the office or office vehicle, a thorough cleaning/disinfecting of the office and vehicle will be carried out (see section 3G and 4 below).
- III. An investigation will be undertaken of all potential contacts and if known, these individuals will be informed of their exposure and advised to call the MOH hotline (see Sections 3G and 4 below).
- IV. WCS headquarters (who?) and the Regional Director will be immediately notified of suspected and confirmed COVID infections.

What should I do if I test positive for the coronavirus disease?

If people test positive, they should be isolated and the people they have been in close contact with up to 2 days before they developed symptoms should be sought out, and those people should be tested too if they show symptoms of COVID-19.

WHO also advises that all confirmed cases, even mild cases, should be isolated in health facilities, to prevent transmission and provide adequate care. But we recognize that many countries have already exceeded their capacity to care for mild cases in dedicated health facilities.

3. Reducing Work-Related Exposure to COVID-19

A. Daily Health Screenings

Daily Health Assessment form for all WCS Employees/ partners before they enter office premises:

Managers and Supervisors are responsible for ensuring that the following daily health check is completed for each individual, each day that they work at the office. This form must be completed, signed, and maintained:

- Screening procedures will occur in the morning as staff report for work. The temperature of individual staff members will be taken by thermometer gun and any other symptoms observed will be recorded in a Covid-19 daily screening sheet.
- A positive screening result that is indicated by presence of cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, body aches or sore throat cough will automatically trigger a Covid-19 intervention
 - Staff will be obligated to call the MOH hotline and follow directions. These may include testing and quarantining at home or at one of the Covid-19 isolation units set up by the government of Uganda in designated regions of the country. The office will check-in daily with the quarantined staff member and provide whatever support is needed.
 - The Projects/Office manager will maintain all records including the Covid-19 daily screening sheet.
 - Local travel will be approved by the Country director while international travel will be approved by the Regional director.
- Screening procedures applicable to non-WCS personnel (project partner staff, office visitors, delivery people, etc.):
 - When interacting with non-WCS individuals during activities organized by our office such as meetings and workshops, WCS rules and procedures will be followed
 - If interacting with non-WCS individuals during activities organized by other organizations, we will request and review their procedures and approve staff participation or otherwise depending on the procedures.
 - Delivery people will be expected to deposit their packages outside the main door. If there must be an interaction with staff, they will be expected to wear a mask and use the hand sanitizer placed at the front door
- State procedures and criteria for any emergency exemptions to screening procedures.
 - Screening will not be carried out if staff fall sick at home or in the field. In that case staff will be required to call the Covid-19 hotline and follow instructions.
- Keep records of all health screenings in a manner consistent with local law.

The questions below shall be considered by the Project officer/Manager:

Are you currently experiencing any COVID-19 symptoms that cannot be attributed to another health condition? These symptoms include:

- Cough (excluding chronic cough due to known medical condition)
- Shortness of breath or difficulty breathing
- Two or more of the following symptoms:
 - ✓ Fever of 38 degrees centigrade or greater
 - ✓ Chills
 - ✓ Repeated shaking with chills
 - ✓ Muscle pain
 - ✓ Headache
 - ✓ Sore throat
 - ✓ New loss of taste or smell

Have you had contact with positive or suspect-positive COVID-19 individual(s) in past 14 days?

Have you been told to quarantine or self-isolate by a physician or government agent due to COVID-19?

Is the answer to any of the above questions "Yes?" Yes No

If the employee's response is "Yes," the employee shall not report to work or shall be sent home immediately and take appropriate leave.

Body temperature:

Employee Name: Signature:

The above-named individual is approved to work at the office on the date indicated.

Name of Security Person at the gate: Signature:

WCS shall provide guidelines on Do's and Don'ts to every customer/ client/ partner who accesses our office premises. These include the following:

- a) Cover your mouth and nose with tissue or a handkerchief when coughing and sneezing. The handkerchief must be washed and ironed by the user daily.
- b) Wash your hands with soap and water or use an alcohol-based hand rub immediately after using the tissue or handkerchief.
- c) Maintain a distance of 1 meter from anyone who is coughing or sneezing and remind them that they need to have a face mask to avoid infecting others.
- d) Avoid touching your eyes, nose and mouth at all times. Hands touch many surfaces including money which can be contaminated with the virus and you can transfer the virus from the surface to yourself.
- e) AVOID hand-shakes and hugging at all times.
- f) DO NOT SPIT in around office premises. Identify secluded places like pit latrines or toilets for purposes of spitting and wash your hands immediately with soap and water.
- g) If you suspect any person has developed signs and symptoms of COVID-19, immediately call the Ministry of Health toll free lines on **0800-100-066 or 0800-203-033** and alert them about the situation with full address of the suspected case.

B. Hand Hygiene

Interim recommendations on obligatory hand hygiene against transmission of COVID-19

Current evidence indicates that the COVID-19 virus is transmitted through respiratory droplets or contact. Contact transmission occurs when contaminated hands touch the mucosa of the mouth, nose, or eyes; the virus can also be transferred from one surface to another by contaminated hands, which facilitates indirect contact transmission. Consequently, hand hygiene is extremely important to prevent the spread of the COVID-19 virus. It also interrupts transmission of other viruses and bacteria causing common colds, flu and pneumonia, thus reducing the general burden of disease.

Handwashing remains the No. 1 tip for preventing the spread of Coronavirus (COVID-19). It's common sense and it works. However, it must be done properly and with soap and water. When soap and water are not available, the next best option is to use an alcohol-based hand sanitizer.

WCS shall ensure provision of adequate hand washing facilities with soap and water or alcohol-based hand rub. Everyone MUST wash and sanitize before entry to the office and as frequently as possible. Handwashing facilities and alcohol based sanitizers are available at office.

Path to improved health

Proper handwashing not only reduces the spread of Coronavirus (COVID-19), it can prevent the spread of other viral illnesses such as cold and flu. Handwashing also reduces the risk of getting other easily spread infections, such *SARS* (severe acute respiratory syndrome) and *MERS* (Middle East respiratory syndrome)

Handwashing requires five simple steps

- **Wet:** Put both your hands under clean, running water.
- **Lather:** Apply a generous amount of soap to the inside and back of your hands as well as your fingertips. Wash your hands for at least 20 seconds (sing happy birthday) and don't forget to wash under jewelry and fingernails. Your fingertips are especially important as people often put their fingers on their face, nose, and eyes. This is how the virus spreads.
- **Scrub:** Rub both hands together and move your fingertips around both hands. You don't need a scrub brush. You don't need to make harsh, scrubbing movements.
- **Rinse:** Return both hands to the running water and gently wash away the soap.

Dry: Completely dry the water from your hands. Using a disposable towel (paper towel) is best to avoid leaving germs on towels. Air dryers, commonly found in public bathrooms, are also effective.

When do I need to wash my hands?

Handwashing throughout the day is important, but even more important during an outbreak. Always remember to wash your hands in these situations:

After returning from a public outing (grocery store, work, school, concert, sporting activity, hospital, nursing home, etc.).

- Before leaving the bathroom — both at home and in public bathrooms.
- After shaking hands during flu season and virus outbreaks.
- Before, during, and after preparing food, especially raw food.
- Before eating food.

- Before and after caring for someone at home who is sick with symptoms of vomiting or diarrhea?
- Before and after treating a cut or wound.
- After changing diapers or cleaning up a child who has used the toilet.
- After blowing your nose, coughing, or sneezing.
- After touching an animal, animal feed, or animal waste.
- After handling pet food or pet treats.
- After touching garbage.
- After putting on your shoes.
- After using public computers, touching public tables and countertops, cash and coins, other people's phones, etc.

How long should I wash my hands?

- Science has shown that washing your hands for 20 seconds is effective in killing germs. Don't have the patience for this? Experts say that washing your hands while singing Happy Birthday twice makes the experience quick and pleasant.

When should I use hand sanitizer?

- Alcohol-based hand sanitizer (containing at least 60% alcohol) is helpful in protecting against the spread of germs and viruses. However, handwashing with soap and water is still best. **Hand sanitizer** is effective when soap and water are not available. This includes when taking public transportation and it's difficult to get to a bathroom (airplane, train, bus). Carrying a travel size bottle of hand sanitizer makes it easy to disinfect your hands in these situations. Some people use it when they sit down to eat at a restaurant. Others use it when they are in the presence of crowds (games, church service, school meetings).
- Apply a generous drop of hand sanitizer to the palm of your hand and rub it across both hands, front and back, and fingertips.

Key things to consider

- Using clean, running water is important. Never wash your hands by submerging them in a basin or bowl of standing water. This water could contain germs that continue to live there. Sometimes, clean running water is affected by natural disasters (tornados, hurricanes, etc.). There is still some benefit to washing your hands with soap in these situation as long as it is running water.
- Avoid touching doorknobs, toilet flush handles, and faucets after washing your hands. Try using a paper towel, the sleeve of your clothing, a scarf, or gloves to protect your hands and fingers against germs.

C. Respiratory Etiquette

Annex 2.1 Recommended Personal Protective Equipment for COVID-19.
 These guidelines are informed by WHO guidance on PPEs for COVID-19 and institutional experiences in US and the UK.

	PPE	Characteristics and how to Use
1	Eye protection (goggles/Face Shield) 	<ul style="list-style-type: none"> - Face shield or goggles can be used - Should adequately protect the healthcare workers conjunctival mucous membranes from splashes - Normal reading glasses are not acceptable as PPE for eye protection so a face shield with anti-fog should be worn over the glasses or goggles big enough to cover the glasses - Goggles must fit comfortably and securely; - Depending on the type of goggles and face shield can be decontaminated and reused.
2	Mouth and nose protection (surgical \ Medical face mask) 	<ul style="list-style-type: none"> - Healthcare workers must cover the mouth and nose to avoid body fluid splashes and droplet spread. - Medical-surgical mask should be fluid-resistant. -The mask should be removed safely and disposed appropriately when soiled to avoid transmissions.
3	Gloves 	<ul style="list-style-type: none"> - Correctly sized latex or nitrile examination gloves should be used to protect hands against both direct and indirect contact. - A new pair of gloves should be used for each patient. Remember that for invasive procedures you need sterile gloves. - DO NOT touch eyes, nose or mouth areas with gloved hands. -Hand washing/rubbing should be done before and after putting on gloves. -Double gloving technique should be utilized for all contact with patient under investigation for COVID-19 or patients with confirmed COVID-19.
4	Body protection (gowns) 	<ul style="list-style-type: none"> - Long-sleeved water-resistant gowns should be used. - Non water resistant gowns such as Cotton can be used if the resistant gowns aren't available. -This PPE does not need to be sterile, unless used in a sterile environment (e.g. operating room).

D. Physical Distancing

WCS shall create and ensure that all staff maintain physical distance at the workplace:

WHO recommends keeping a physical distance of at least 1 meter between each person in all settings, including in workplaces. Because transmission can occur in crowded workplaces, WHO recommends providing sufficient space, at least 10 square meters, for every worker. National recommendations for physical distancing may require greater physical distance and should be complied with.

In order to support compliance with national or local recommendations, WCS shall implement physical distance guidelines in a way that is practical and feasible in the context of work tasks, and which is acceptable to both workers and employers. Stimulate workers to comply with physical distancing norms also at events outside the workplace, in the community, and in dormitories.

Risk assessment and consultation between employers and workers is very important for setting up and implementing physical distancing measures at the workplace. This may require modification of workstations, changing the use of common spaces and transport vehicles, staggered work shifts, split teams and other measures to reduce social mixing at the workplace.

If physical distancing measures at the workplace are not feasible for specific work tasks, consider whether the work can be suspended, and if this is not possible, apply additional protective measures, such as the use of screens, sneeze guards, face masks, enhanced hand hygiene, ventilation and disinfection.

It is important to note that Physical distancing alone can't prevent COVID-19 transmission, it is important that it is combined with other public health measures, such as hand and respiratory hygiene, environmental clean-up and disinfection of commonly touched surfaces and objects, ventilation, wearing face masks and a policy of staying at home if unwell.

E. Meetings and Gatherings:

All staff of WCS While organizing Community meetings/gatherings the following key points shall be taken into Consideration

1. How to manage COVID-19 risk when organizing meetings and events. Why do employers and organizers need to think about COVID-19? Organizers of meetings and events need to think about the potential risk from COVID-19 because:
 - There is a risk that people attending your meeting or event might unwillingly bring the COVID-19 virus to the meeting. Others might be unknowingly exposed to COVID-19.
 - Although COVID-19 is a mild disease for most people, it can make some very ill. Around 1 in every 5 people who catch COVID-19 needs hospital treatment.

A number of measures have to be followed. These are:

- i. Limit meetings to 4 hours maximum with breaks in-between lasting 20 minutes
- ii. Have tea or lunch under strict supervision by the hotel management to ensure social distancing at the service counter and spaced out tables, if lunch and tea must be served or else provide bottled water and packed snacks to each person.
- iii. Bathroom breaks can be taken individually as needed.
- iv. Limit the attendance to a maximum of 30 people with 1-2 staff facilitating.
- v. Can be indoors if hall has at least double the capacity of the number of people attending the meeting. For example, meeting hall capacity should have an area twice the number of 30 people to guarantee recommended social distancing so that chairs can be spaced as much as possible.
- vi. Outdoor meetings for people exceeding 30 will be considered first or else conduct a virtual meeting using Zoom or Microsoft team or a mix of both where key participants get to meet in a room with enough space and the rest of the participants join in online.
- vii. In both cases, use multiple flip charts and only 1 person at a flip chart at a time.
- viii. Provide face masks and a bottle of hand sterilizers at all meeting.
- ix. Avoid bringing people from other areas (keep groups homogenous)
- x. Conduct segregated meetings and within their locations e.g. community meetings with local government officials from the same area, communities from the same village, and rangers from the same sector rather than conduct meetings where we need to bring people from other parts of the country.

The above rules will also apply to our subawardees (e.g. NRCN, RUSI, AWF).

WCS Staff can attend meetings organized by other groups that do not meet the above guidelines if they feel comfortable and can ensure they will wear masks and socially distance themselves (even if others do not).

Key considerations to prevent or reduce COVID-19 risks BEFORE the meeting or event:

- Avoid physical gatherings whenever possible (tele-meetings preferred).
- When physical gatherings are necessary, limit number of attendees as much as possible and require hand hygiene, respiratory etiquette, physical distancing, face coverings and cleaning/disinfecting as described in this Section 3 to the maximum extent possible.
- The Regional Director after review by the Country Director will authorize conferences and other external meetings at which WCS safety plan measures are not being followed.
- Food at gatherings, including at field locations will only be provided in individually packed containers and beverages will be bottled
- Check the advice from the authorities in the community where you plan to hold the meeting or event. Follow their advice.
- Develop and agree a preparedness plan to prevent infection at your meeting or event.
 - ✓ Consider whether a face-to-face meeting or event is needed. Could it be replaced by a teleconference or online event?
 - ✓ Could the meeting or event be scaled down so that fewer people attend?

- ✓ Verify information and communication channels in advance with key partners such as public health and health care authorities.
- ✓ Pre-order sufficient supplies and materials, including tissues and hand sanitizer for all participants. Have surgical masks available to offer anyone who develops respiratory symptoms.
- ✓ Actively monitor where COVID-19 is circulating. Advise participants in advance that if they have any symptoms or feel unwell, they should not attend.
- ✓ Make sure all organizers, participants, caterers, and visitors at the event provide contact details: mobile telephone number, email, and address where they are staying. State clearly that their details will be shared with local public health authorities if any participant becomes ill with a suspected infectious disease. Anyone who does not agree to this condition cannot attend the event or meeting.

F. Face Coverings

Types of face coverings/ masks deemed acceptable:

Face masks are a simple way to help decrease coronavirus transmission and save lives. According to the Center for Disease Control and Prevention, wearing a face mask in public places has been shown to reduce the spread of COVID-19, because those who are pre-symptomatic can spread the virus before showing symptoms. However, some masks are more effective than others as explained below:

Fabric/cloth masks:

Fabric or cloth masks trap droplets that are released when the person wearing the mask sneezes, coughs or talks. They reduce the spread of viruses, are easy to purchase or make, and can be washed and worn again. It's also important for the wearer to avoid touching their masks, and if they do, to sanitize or wash their hands after. Additionally, if a cloth or fabric mask becomes wet or dirty, it's important to switch to a clean one. These masks should not be shared.

Surgical masks:

Surgical masks — also called medical masks — are loose-fitting and disposable. They protect the nose and mouth from coming into contact with droplets that could carry germs. They're made to protect you from sprays or splashes that could enter the nose or mouth. These masks are also able to filter out large particles in the air, and can make sure droplets from the wearer aren't being spread. These masks are single-use only.

N95 masks:

N95 masks provide a higher degree of protection than a surgical mask or cloth mask because they can filter out both large and small particles when the wearer breathes. They're called N95 masks because they're designed to block 95% of particles or liquids that may come in contact with your face. However, these masks are not for general public use and should be reserved for healthcare workers and other medical first responders. They're also incompatible with children or people with facial hair. Healthcare providers are fit tested for these masks, and like surgical masks, they're intended to be single-use only, though researchers are examining effective ways to clean these masks.

Face masks with valves:

These masks may make it easier to breathe out, but as the wearer is doing so, they're also exhaling their germs into the air around them. Increasingly more medical facilities around the country have banned the

use of masks with valves. They do a good job protecting the wearer, but because of the one-way valves, they don't offer much protection to the people around the wearer. If the wearer is contagious, either knowingly or unknowingly, they could still be spreading the virus to others around them. Since the main reason to wear a mask is to protect others, a simpler mask with a filter may be a better choice

The correct procedure of wearing triple layer surgical mask:

- Perform hand hygiene.
- Unfold the pleats; make sure that they are facing down.
- Place over nose, mouth and chin.
- Fit flexible nose piece over nose bridge.
- Secure with tie strings (upper string to be tied on top of head above the ears –lower string at the back of the neck.)
- Ensure there are no gaps on either side of the mask, adjust to fit.
- Do not let the mask hanging from the neck. 8. Change the mask after six hours or as soon as they become wet. 9. Disposable masks are never to be reused and should be disposed off.
- While removing the mask great care must be taken not to touch the potentially infected outer surface of the mask
- To remove mask first untie the string below and then the string above and handle the mask using the upper strings.

Disposal of used masks: Used mask should be considered as potentially infected medical waste. Discard the mask in a closed bin immediately after use.

How to clean, disinfect and dry your cloth mask

- Although it may be time-consuming to wash reusable masks daily, after each use, Medical experts say this healthy habit is essential to prevent germ transmission. "Have a few extra face masks on hand so they can be rotated,". "That way you will always have a fresh, clean mask ready to use."
- According to medical experts, Masks made from a cotton material stand up best to hand or machine washing with bleach or other disinfectants. "These fabric masks are the easiest to clean and dry properly,".

WCS will regularly provide free face masks to all staff. All staff of WCS are encouraged to always put on Masks whenever they are in public social distance is not possible.

G. Cleaning and Disinfecting

Cleaning and disinfecting:

- Wear disposable gloves to clean and disinfect.
- Clean surfaces using soap and water, then use disinfectant.
- Cleaning with soap and water reduces number of germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces.
- Practice routine cleaning of frequently touched surfaces.
 - More frequent cleaning and disinfection may be required based on level of use.

- Surfaces and objects in public places, such as shopping carts and point of sale keypads should be cleaned and disinfected before each use.
- High touch surfaces include:
 - Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfection of common public places including offices/ conference rooms. Coronavirus Disease 2019 (COVID -19) is an acute respiratory disease caused by a novel Coronavirus (SARS-CoV-2), transmitted in most instances through respiratory droplets, direct contact with cases and also through contaminated surfaces/objects. Though the virus survives on environmental surfaces for varied period of time, it gets easily inactivated by chemical disinfectants. In view of the above, the following guidelines are to be followed, especially in areas reporting COVID-19. For ease of implementation the guideline divided these areas into (i) In door areas including office space/ conference rooms and (ii) public toilets.

(i) Indoor/ office space/ conference rooms:

Indoor areas including office spaces, including conference rooms should be cleaned every evening after office hours or early in the morning before the rooms are occupied. If contact surface is visibly dirty, it should be cleaned with soap and water prior to disinfection. Prior to cleaning, the worker should wear disposable rubber boots, gloves (heavy duty), and a triple layer mask.

- Start cleaning from cleaner areas and proceed towards dirtier areas.
- All indoor areas such as entrance lobbies, corridors and staircases, escalators, elevators, security guard booths, office rooms, meeting rooms, cafeteria should be mopped with a disinfectant with 1% sodium hypochlorite or phenolic disinfectants. The guidelines for preparing fresh 1% sodium hypochlorite solution.
- High contact surfaces such elevator buttons, handrails / handles and call buttons, escalator handrails, public counters, intercom systems, equipment like telephone, printers/scanners, and other office machines should be cleaned twice daily by mopping with a linen/absorbable cloth soaked in 1% sodium hypochlorite. Frequently touched areas like table tops, chair handles, pens, diary files, keyboards, mouse, mouse pad, tea/coffee dispensing machines etc. should specially be cleaned.
- For metallic surfaces like door handles, security locks, keys etc. 70% alcohol can be used to wipe down surfaces where the use of bleach is not suitable.
- Hand sanitizing stations should be installed in office premises (especially at the entry) and near high contact surfaces.
- In a meeting/conference/office room, if someone is coughing, without following respiratory etiquettes or mask, the areas around his/her seat should be vacated and cleaned with 1% sodium hypochlorite.
- Carefully clean the equipment used in cleaning at the end of the cleaning process.
- Remove PPE, discard in a disposable PPE in yellow disposable bag and wash hands with soap and water.

In addition, all employees of WCS should consider cleaning the work area in front of them with a disinfecting wipe prior to use and sit one seat further away from others, if possible.

(ii) Public/ office toilets:

Public toilets Sanitary workers must use separate set of cleaning equipment for toilets (mops, nylon scrubber) and separate set for sink and commode). They should always wear disposable protective gloves while cleaning a toilet.

Hard (non-porous) surfaces

- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer's instructions for cleaning and disinfection products used. Clean hands immediately after gloves are removed.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- **Disinfect with a household disinfectant on [List N: Disinfectants for use against SARs-CoV-2](#)^{external icon}**, the virus that causes COVID 19. Follow the manufacturer's instructions for all cleaning and disinfection products. Read the product label for the correct concentration to use, application method, and contact time.
- Diluted household bleach solutions can be used if appropriate for the surface. Unexpired household bleach will be effective against coronaviruses when properly diluted:
 - ✓ Use bleach containing 5.25%–8.25% sodium hypochlorite. Do not use a bleach product if the percentage is not in this range or is not specified.
 - ✓ Follow the manufacturer's application instructions for the surface, ensuring a contact time of at least 1 minute.
 - ✓ Ensure proper ventilation during and after application.
 - ✓ Check to ensure the product is not past its expiration date.
 - ✓ Never mix household bleach with ammonia or any other cleanser. This can cause fumes that may be very dangerous to breathe in.
- Prepare a bleach solution by mixing:
 - ✓ 5 tablespoons (1/3rd cup) of 5.25%–8.25% bleach per gallon of room temperature water or
 - ✓ 4 teaspoons of 5.25%–8.25% bleach per quart of room temperature water
- Bleach solutions will be effective for disinfection up to 24 hours.
- Alcohol solutions with at least 70% alcohol may also be used.

Cleaning soft surfaces:

For soft surfaces such as carpeted floor, rugs, and drapes the following should be done:

- Clean the surface using soap and water or with cleaners appropriate for use on these surfaces.
- Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

Cleaning Electronics:

For electronics, such as tablets, touch screens, keyboards, remote controls, and ATM machines

Consider putting a wipeable cover on electronics.

Follow manufacturer's instruction for cleaning and disinfecting.

If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.

Laundry (Cleaning clothing, towels, linens and other items):

- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- Wear disposable gloves when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick can be washed with other people's items.
- Do not shake dirty laundry.
- Clean and disinfect clothes hampers according to guidance above for surfaces.
- Remove gloves, and wash hands right away.

Cleaning and disinfecting your building or facility if someone is sick:

- Close off areas used by the person who is sick.
 - Companies do not necessarily need to close operations, if they can close off affected areas.
- Open outside doors and windows to increase air circulation in the area.
- Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- Vacuum the space if needed. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter, if available.
 - Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
 - Wear disposable gloves to clean and disinfect. For soft (porous) surfaces such as carpeted floors or rugs, clean the surface with detergents or cleaners appropriate for use on these surfaces, according to the textile's label. After cleaning, disinfect with an appropriate EPA-registered disinfectant on **List N: Disinfectants for use against SARS-CoV-2**[external icon](#). Soft and porous materials, like carpet, are generally not as easy to disinfect as hard and non-porous surfaces. EPA has listed a limited number of products approved for disinfection for use on soft and porous materials on List N. Follow the disinfectant manufacturer's safety instructions (such as wearing gloves and ensuring adequate ventilation), concentration level, application method and contact time. Allow sufficient drying time if vacuum is not intended for wet surfaces.
 - Temporarily turn off in-room, window-mounted, or on-wall recirculation HVAC to avoid contamination of the HVAC units.
 - Do NOT deactivate central HVAC systems. These systems tend to provide better filtration capabilities and introduce outdoor air into the areas that they serve.
 - Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.
- Once area has been appropriately disinfected, it can be opened for use.
 - Workers without close contact with the person who is sick can return to work immediately after disinfection.

- If more than 7 days since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

When cleaning observe the following:

- Regular cleaning staff can clean and disinfect offices/ community spaces.
 - Ensure they are trained on appropriate use of cleaning and disinfection chemicals.
- Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
 - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- Wash your hands often with soap and water for 20 seconds.
 - Always wash immediately after removing gloves and after contact with a person who is sick.
 - Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

Additional considerations for employers:

- Educate WCS workers performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions on what to do if they develop symptoms within 14 days after their last possible exposure to the virus.
- Develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks.
 - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard.
- Comply with OSHA's standards on Bloodborne Pathogens
- including proper disposal of regulated waste, and PPE.

Recommended Disinfectants for surface cleaning to prevent coronavirus disease pandemic:

In non-health care settings, sodium hypochlorite (bleach / chlorine) may be used at a recommended concentration of 0.1% or 1,000ppm (1 part of 5% strength household bleach to 49 parts of water). Alcohol at 70-90% can also be used for surface disinfection. WCS will ensure that the right quality of disinfectants and face masks are procured for use by staff and communities attending our meetings. Surfaces must be cleaned with water and soap or a detergent first to remove dirt, followed by disinfection. Cleaning should always start from the least soiled (cleanest) area to the most soiled (dirtiest) area in order to not spread the dirty to areas that are less soiled.

H. Improvements to Building Systems

Key Information for WCS Office Buildings:

During the COVID-19 pandemic, office building employers, owners and managers, and operations specialists can take the following steps to create a safe and healthy workplace for workers and clients.

COVID-19 workplace health and safety plan.

WCS shall Maintain social distancing of 6 feet between employees, where possible.

- ✓ Install transparent shields or other physical barriers where possible to separate employees and visitors where social distancing is not an option.
- ✓ Arrange chairs in reception or other communal seating areas by turning, draping (covering chair with tape or fabric so seats cannot be used), spacing, or removing chairs to maintain social distancing.

Use methods to physically separate employees in all areas of the building, including work areas and other areas such as meeting rooms, break rooms, parking lots, entrance and exit areas, and locker rooms.

- ✓ Use signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to show where to stand when physical barriers are not possible.
- ✓ Replace high-touch communal items, such as coffee pots and bulk snacks, with alternatives such as pre-packaged, single-serving items. Encourage staff to bring their own water to minimize use and touching of water fountains or consider installing no-touch activation methods for water fountains.

Consider taking steps to improve ventilation in the building, in consultation with an HVAC professional, based on local environmental conditions (temperature/humidity) and ongoing community transmission in the area:

- ✓ Increase total airflow supply to occupied spaces, if possible.
- ✓ Consider using natural ventilation (i.e., opening windows if possible and safe to do so) to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow.

Administrative controls: Change the way people work

Encourage employees who have symptoms of COVID-19 or who have a sick family member at home with COVID-19 to notify their supervisor and stay home.

- ✓ Employees who appear to have symptoms when they arrive at work or who become sick during the day should immediately be separated from others, provided a face mask if they are not using one, and sent home with instructions and guidance on how to follow-up with their healthcare provider.
- ✓ Sick employees should follow CDC-recommended steps. Employees should not return to work until they meet the criteria to discontinue home isolation, in consultation with their healthcare provider.

- ✓ Perform enhanced cleaning and disinfection after anyone suspected or confirmed to have COVID-19 has been in the workplace.
- ✓ Consider conducting daily in-person or virtual health checks (e.g., symptoms and/or temperature screening) of employees before they enter the work site.

Develop and implement a policy to prevent employees from gathering in groups while waiting for screening, and maintain a 6-foot separation between employees.

Alternatively, consider having employees perform self-checks at home before heading to the office.

Stagger shifts, start times, and break times as feasible to reduce the number of employees in common areas such as screening areas, break rooms, and locker rooms.

Consider posting signs in parking areas and entrances that ask guests and visitors to phone from their cars to inform the administration or security when they reach the facility.

Clean and disinfect high-touch surfaces at WCS offices.

- ✓ Follow, and maintain a plan to perform regular cleanings of surfaces to reduce the risk of people's exposure to the virus that causes COVID-19.
- ✓ At least daily, clean and disinfect all surfaces that are frequently touched by multiple people, such as door handles, desks, light switches, faucets, toilets, workstations, keyboards, telephones, handrails, printer/copiers, and drinking fountains. More frequent cleaning and disinfection may be required based on level of use.
- ✓ If hard surfaces are dirty, clean them using a detergent or soap and water before you disinfect them.

All WCS employees shall create enough time to wash their hands and access to soap, clean water, and paper towels.

- ✓ Remind employees to wash their hands often with soap and water for at least 20 seconds. If soap and water are not available, they should use hand sanitizer with at least 60% alcohol.

WCS shall establish policies and practices for social distancing while at office:

- ✓ Remind employees that people may be able to spread COVID-19 even if they do not show symptoms. Consider all close interactions (within 6 feet) with employees, clients, and others as a potential source of exposure.
- ✓ Discourage handshaking, hugs, and fist bumps.
- ✓ Encourage the use of outdoor seating areas and social distancing for any small-group activities such as lunches, breaks, and meetings.

For employees who commute to work using public transportation or ride sharing, consider offering the following support:

- ✓ If feasible, offer employees incentives to use forms of transportation that minimize close contact with others (e.g., biking, walking, driving or riding by car either alone or with household members).

- ✓ Ask employees to follow the CDC guidance on how to protect yourself when using transportation.
- ✓ Allow employees to shift their hours so they can commute during less busy times.
- ✓ Ask employees to wash their hands as soon as possible after their trip.

WCS shall avail and encourage all staff to use no-touch trash cans when possible.

WCS Supervisors and Managers should regularly remind employees to avoid touching their eyes, nose, and mouth.

I. Special Considerations

All individuals accessing the office premises must undergo temperature screening.

Ensure work areas are clean and hygienic – regularly clean all surfaces with disinfectant (soap and water or JIK) (e.g. desks and tables, telephones and keyboards, kitchens/canteens) at least two times a day.

Regularly clean and disinfect (soap and water or JIK) all toilets, floor surfaces; and frequently touched surfaces like doorknobs/handles, tables and chairs with disinfectant or soap and water.

Provide adequate waste management facilities (waste bins and bin-liners, cans) and ensure availability of properly protected/trained waste handlers with gloves, masks, aprons and protective overalls.

Staff are encouraged to avoid overcrowding and body contact. Keep minimum distance of one meter between each other.

Regularly update of employees with information on COVID-19 as provided by the Ministry of Health.

Travel outside the country by WCS staff is currently banned unless extremely essential like ill health.

Amend workplace policies to enable employees work from home in the event of outbreak.

4. Contact Tracing for Individuals Confirmed or Suspected Positive

Contact tracing is one of the critical surveillance strategies for controlling the spread of COVID-19. Contact tracing is a process of monitoring persons who have been in exposed to another person infected with a specific disease. Contact tracing involves identification, listing and follow-up of persons who came into contact with an infected person. Within the context of COVID-19, a contact is an individual who has experienced the following exposures during the two days before or 14 days after the onset of symptoms of a confirmed or probable case:

- Face-to-face contact with a confirmed or probable case within a distance of one meter
- Direct physical contact with a confirmed or probable case
- Direct care for a patient with confirmed or probable COVID-19 diagnosis without proper personal protective equipment
- Other situations such as closed environment (shared transport, places of worship, classrooms, hospital waiting rooms)

The purpose of contact tracing during the COVID-19 outbreak is to aid early detection and prompt isolation of new cases. With person-to-person transmission, new cases are more likely to emerge among contacts. It is critical that all potential contacts of suspect, probable and confirmed COVID-19 cases are systemically identified and put under observation for 14 days from the last day of contact. Due to their potential to develop COVID-19 and hence propagate the epidemic, it is extremely important that contacts strictly restrict their movements and exercise social distancing until they complete follow-up. During contact tracing, contacts are monitored for signs and symptoms COVID-19 and specimens are also taken tested in a laboratory to confirm whether the contact is negative or positive.

Elements of contact tracing

Contact tracing is broken down into three basic elements: contact identification, contact listing and contact follow-up.

Contact identification: This is an essential part of epidemiologic investigation for all cases meeting the standard/surveillance case definitions of COVID-19. The cases are classified as suspected, probable or confirmed. Identification of contacts is done by asking about the activities of the case and the activities and roles of the people around the case from the time of illness.

Contact listing: All persons considered to have had significant exposure are listed as contacts, using the contact listing form. Efforts are made to physically identify every listed contact and inform them of their contact status. Contact identification and listing, including the process of informing contacts of their status, should be done by the epidemiologist or surveillance officer.

Contact follow-up: The epidemiologist/surveillance officer responsible for contact tracing should assemble a competent team comprising local surveillance and appropriate community members to follow up all the listed contacts. Follow up can be done by local surveillance staff/health workers from health facilities, community health workers, and volunteers such as health partners and community leaders.

During home visits, teams should observe the following:

- ✓ Avoid direct physical contact like shaking hands or hugging.
- ✓ Maintain a comfortable distance (more than 1 meter) from the person.
- ✓ Avoid entering the residence.
- ✓ Avoid sitting on chairs offered.
- ✓ Avoid touching or leaning against potentially contaminated objects.
- ✓ Eat earlier to resist the temptation of eating or drinking while visiting contacts.
- ✓ If the contact is visibly ill, do not attempt to take their temperature, but notify your supervisor.
- ✓ As part of the overall safety of the response team, all members of the contact tracing team should monitor their own temperature every morning.

5. Accommodating People with Special Needs or Limitations

While the COVID-19 pandemic threatens all members of society, persons with disabilities are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response. In the rare case that an individual cannot abide by specific

elements of the safety plan, the individual may request an accommodation (e.g. condition preventing prolonged wearing of mask). Upon receiving the accommodation request, the Country Director and Projects/Office manager will review the request and undertake an evaluation. Should the request be found reasonable, an exemption will be issued and a solution will be found for this accommodation.

6. Commuting and Travel

- Safety advice for commuting or traveling via public transportation to, from and during work, and for other travel or transport in the course of GCP activities, will include:
 - Mandated hand hygiene, respiratory etiquette, physical distancing and face coverings as described in Section 3 above to the maximum extent possible.
 - The Projects/Office manager will compile and update travel rules specific to the type of travel (air, train, ferry, bus or boat) whether in-country or international travel and ensure the staff are aware of these rules and reminded prior to commencing on any trip.
- Staff re-entry into the country where based are required to follow restrictions or quarantine requirements applicable for travel of the country, including return from leave.
 - Individuals returning from outside their base country must quarantine for 14 days before returning to a WCS facility or having contact with other WCS personnel.
- Commuting or traveling is prohibited in the following circumstances.
 - If a staff member tests positive, is sick or shows symptoms or has had close contact with an infected person, they may not travel except unless in the case of a medical emergency and in that case travel must be authorized by the Regional Director.

7. Training

- Staff members must complete COVID-19 safety training.
- Copies of training materials and training attendance records will be maintained by the Projects/Office Manager.

8. Communication

- Copies of the COVID-19 safety plan will be emailed to each staff member and provided as a hard copy to the janitors and field staff and maintained and updated, including key laws or government pronouncements by the Projects/Office manager.
- A group meeting will be held to introduce the plan and communication and updates will be provided on a regular basis.
- Posters on use of masks, hand hygiene and respiratory etiquette will be placed in the front room, kitchen and bathrooms to explain and reinforce safety behavior.
- At every monthly staff meeting, the Country Director will debrief staff about the COVID-19 cases and any major developments within the country and any communication from WCS NY will be highlighted. During this meeting, staff will be reminded about the COVID-19 SoPs.

9. Other Related Documents

The Links to relevant laws include the following:

<https://ulii.org/ug/legislation/statutory-instrument/2020/52>

<https://ulii.org/ug/legislation/statutory-instrument/2020/57>

<https://ulii.org/ug/legislation/statutory-instrument/2020/58>

<https://www.wcs.org/get-involved/updates/a-primer-on-the-coronavirus>
<https://www.health.go.ug/>
<https://www.ugandawildlife.org/covid-19-sops>
<https://www.iucn.org/resources/covid-19-resources>
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
<https://www.usaid.gov/coronavirus/latest-news>