

D-3830 COVID-19 HEALTH AND SAFETY PROTOCOL



FOR ALL ROTARIANS AND STAFF



Background

The Board of Rotary International approved the following principles:

- RI encourages districts to follow local government recommendations for gatherings.
- The health and safety of all participants in Rotary programs, meetings, and events is of paramount importance.
- No in-person meeting or event shall be mandatory for any Rotary participant who may feel uncomfortable attending because of the pandemic.
- All conveners and organizers of Rotary meetings are strongly encouraged to consider all health concerns in deciding whether to hold in-person meetings.
- All conveners and organizers of Rotary meetings shall fully comply with all health and safety rules in effect in that location.

We take the Coronavirus pandemic very seriously and **want to protect our members, guests, employees, and all our families from the virus.**

We also want to protect Rotary's name and brand from any reputational or public image risk if the good we are doing may be outweighed by concerns over the lack of adherence to health and safety protocol.

We need to change the way we interact with communities for your personal safety and to reduce the risk to the Rotary family and staff and the communities we serve. Where local regulations allow face to face meetings, we wish to support teams working directly with communities and how they could engage communities in safer conditions.

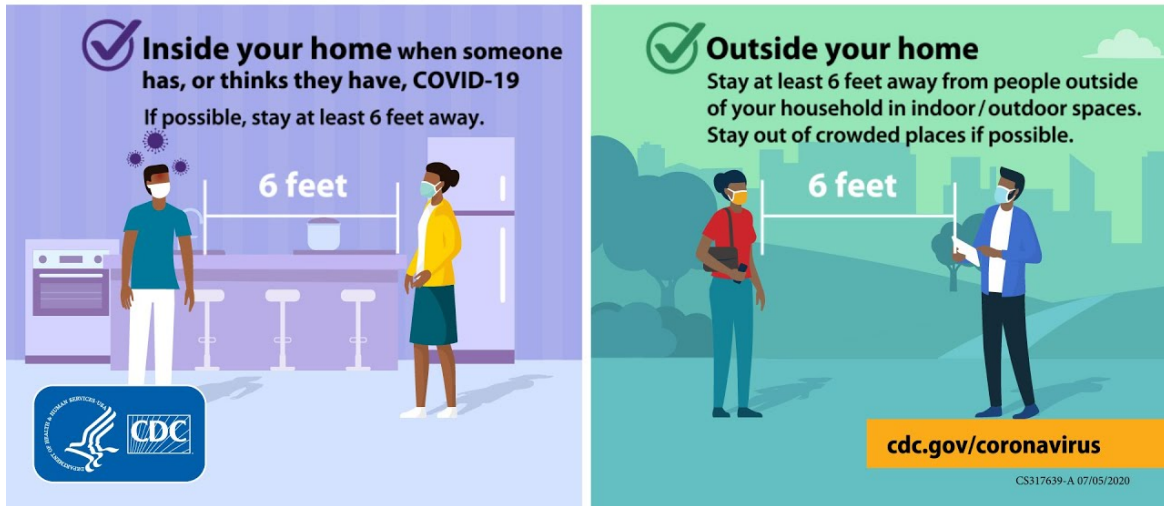
We value our Rotary communities and relationships. To provide an effective and safe environment for interactions, for your personal safety, and to obviate any potential reputational or public image risk against Rotary, **all Rotarians and staff are enjoined to adopt the following health and safety protocol:**

Safety at Rotary Events and Activities



- **Wear Masks and Shields.** Follow your city or barangay regulations on the wearing of facial masks and facial shields. **Rotarians and staff should wear facial masks, and also ask their guests to wear masks.** Clubs conducting events or activities should make masks available to members, staff or guests that do not have a mask, and have hand sanitizers readily available. Rotarians and staff are **highly advised to wear facial shields** regardless of local regulations.
- **Social Distancing.** Adopt physical distancing measures to avoid inhaling or having other contact with liquid droplets that may contain the virus. These measures include:
 - **avoiding body contact**, including shaking hands;
 - maintaining a **distance of at least 2m (6 feet)** between yourself and another person; and
 - **avoiding gatherings of 10** or more
- **Practice Responsible Hand and Respiratory Hygiene.** Covid-19 can be passed through sneezing and coughing.
 - **Use a tissue or a flexed elbow** (not your hands) to cover coughs and sneezes to limit transmission.
 - Hands can transfer Covid-19; therefore, **wash your hands** with soap and water whenever feasible, especially before and after interacting with others. If not possible, use a hand sanitizer.(OXFAM)

KEY TIMES to Practice Social Distancing



Source: CDC

Community Service Projects

Rotarians and staff conducting face-to-face meetings and activities with communities must wear facial masks and are highly advised to wear face shields even if not required by the local authorities. It would also be good practice to bring gloves and hand sanitizers at all times. Many Rotarian and staff volunteers will understandably have concerns about continuing to engage in activities during the outbreak. **A thorough discussion of possible risks should be held, with the opportunity to bow out of volunteering if that would be preferred.**


ACTIVITY	PROTOCOL/GUIDELINES
<p>Small Gatherings of up to 10 in a group</p>	<ul style="list-style-type: none"> • Hold in a space that allows for physical distancing of 2m/6 feet between participants and has good ventilation, preferably outside • Where weather does not permit being outside or opening windows, ensure the space is large enough for physical distancing • Ensure handwashing facilities are available and ask each participant to wash hands on entering and exiting the group • Advise participants who feel sick to remain at home and not attend the session • At the end of the session, clean any regularly touched surfaces with disinfectant
<p>Turnover Ceremonies and Household/Project Visits</p>	<ul style="list-style-type: none"> • Avoid body contact, such as shaking hands, and practice good respiratory hygiene. • Avoid contact – leave any items at a table or door for them to collect, rather than handing over. • Do not enter a house hold or small venue, conduct discussions from the doorway where possible. • Practice physical distancing, maintaining 2m/6 feet distance

	<p>between participants</p> <ul style="list-style-type: none"> • Ensure frequent hand hygiene either by using hand sanitizers or water and soap. • Avoid touching your face. Cover your nose and mouth with a tissue or your bent elbow when coughing or sneezing
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Working with People with Covid-19


• Contact Tracing

- If you or someone in your club is feeling ill, or have had contact with someone who has confirmed Covid-19 symptoms, **stay at home, isolate** and take care of yourself.
- If you show symptoms of the virus, **seek medical attention immediately** by calling your medical provider and following your local health authority's guidance.
- Further, **immediately report your condition to your club leadership** so that contact tracing can be performed on persons who may have come in contact with you and such person can be properly quarantined. (See DOH Infographics below)




COVID-19 TERMINOLOGIES IN CONTACT TRACING






Contact Tracing – this is the identification, listing, and follow-up of persons who may have been close contact with a confirmed COVID-19 case. This is an important step in containing outbreaks of infectious diseases.




Close Contact – this refers to a person who may have been in close contact with a probable or confirmed case within 2 days before onset of illness of the confirmed case until he/she tests negative on laboratory confirmation or other approved laboratory tests, such as:

- Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes; or
- Direct physical contact with a probable or confirmed case; or
- Direct care for a probable or confirmed COVID-19 patient without using proper PPEs.



Confirmed COVID-19 Case – this refers to any individual who tested positive for COVID-19 through laboratory confirmation at the national or subnational reference laboratory or at a DOH-certified laboratory testing facility.



Probable COVID-19 Case – this refers to a suspect case who fulfills any of the following:

- Suspect case with an inconclusive COVID-19 test result; or
- Suspect case who tested positive for COVID-19 but not done in a national or subnational reference laboratory nor was it done in an accredited laboratory for COVID-19 confirmatory testing; or
- Suspect case who died without undergoing any confirmatory testing.



COVID-19 TERMINOLOGIES IN CONTACT TRACING



Suspect COVID-19

Case – this refers to a person who presents with any of the conditions:

a. All persons with Severe Acute Respiratory Illness (SARI) with NO other cause to fully explain the clinical presentation.



b. All persons with Influenza-like Illness (ILI) with any of the following:
1. With NO other etiology that fully explains the clinical presentation AND with travel history to or residence in an area with reported local transmission of COVID-19 during the 14 days before onset of symptoms; or
2. With contact to a confirmed or probable COVID-19 case during the 14 days prior onset of symptoms.



c. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any of the following conditions:

1. Aged 60 years and above;
2. With comorbidities;
3. Assessed with a high-risk pregnancy; and/or
4. Health worker



- **Challenge stigma.** Correct any misinformation that may cause stigmatization of certain groups or individuals. Ensure that this is corrected in the communities. (See [Box 1 below](#))

Box 1: Dealing with Stigma

Stigmatization of groups of people can cause those stigmatized to avoid seeking help if they get sick, and lead to their exclusion from aspects of community life or lead to violence. Some simple ways to minimize and address stigmatization are:



Don't refer to the virus as belonging to someone or a group of people. Don't call people with the virus 'cases', or 'suspects'. Instead refer to 'people with the virus'.



Don't talk about 'infecting others' or 'spreading the virus'. Instead talk about transmission in more general terms.



Don't share personal details (names, locations) of people who are, may be or have been sick with anyone other than key team members and medical providers. When providing support to households with the virus, do so discreetly and with small teams to minimize attention. Seek to also support surrounding households as a community support mechanism.



Don't spread misinformation or rumors. While there is much unknown about the virus, experts are learning every day. Check the sources of your information and make sure that they are reliable. Spreading false information only creates panic. Remember: it's ok to say 'I don't know'.

Be positive! Share good news – such as examples of neighbors supporting each other – as well as information on the response.

Source: IFRC, UNICEF, WHO (2020).

[Social Stigma associated with COVID-19: A guide to preventing and addressing social stigma](#)

