

# Frontline Responders' Safety Guidelines

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## I. Background

National lockdown was announced on 11 August 2020 following the report of a COVID-19 positive case in Gelephu who had come in close contact with people in Thimphu, Gelephu and those along the way. Phuentsholing was subsequently declared as a red zone after a 25-year old loader working in the mini dry port tested positive, following which, community transmission has also been confirmed.

Frontline responders play an important role in attending to emergencies and ensuring the provision/facilitation of seamless essential goods and services to the general public during a lockdown. Therefore, ensuring the safety and welfare of all frontline responders assumes utmost importance.

## II. Objective

The Frontline Responders' Safety Guidelines will outline the common, minimum protocols and measures to be implemented by all agencies on duty during a national lockdown to ensure the safety and welfare of their frontline responders. Ensuring safety and welfare are defined as follows:

- 1. Reduce health risks faced by frontline responders in terms of being exposed to potential COVID-19 positive cases; and minimise the risks of frontliners becoming a source of further transmissions in case any of them are compromised.*
- 2. Ensure that frontline responders work in a safe environment with adequate access to basic amenities such as food, accommodation, and transportation during the discharge of their duties.*

## III. Scope

The guideline shall be applicable to both armed forces and civilian agencies authorized to ensure the implementation of lockdown and facilitate the provision of emergency and essential goods and services.

Apart from medical and health professionals, Armed Forces, Office of the Gyalpoi Zimpon and Office of the De-suung, all other agencies shall be identified and authorised as frontline responders by the National COVID-19 Task Force.

A suggestive list of goods and services is provided below:

1. Health services
2. Security services
3. Druk Gyalpo's Relief Kidu
4. Public utilities (water, electricity, TV cable, sewerage, waste)
5. Financial services
6. Supply and distribution of essential goods & services by Government Agencies and authorized private sector establishments
7. Critical life events facilitators (birth and death)
8. Disaster Management
9. Telecommunication and internet services
10. Social services addressing issues such as domestic violence, drugs, child abuse, alcohol dependency, disabilities, etc
11. Religious/spiritual service

For Thimphu, the authorized frontline responders include the following:

1. Medical and health personnel;
2. Armed Forces (RBG, RBA and RBP);
3. Office of Gyalpoi Zimpon (OGZ);
4. Druk Gyalpo's Relief Kidu (DGRK);
5. Office of the De-suung;
6. Government Ministries and Agencies: Ministry of Health (MoH), Ministry of Agriculture and Forest; Ministry of Economic Affairs, Ministry of Information and Communication;
7. National Land Commission;
8. Thimphu Dzongkhag and Local Government Representatives;
9. Thimphu Thromde;
10. Financial Service Providers (RMA and the Financial Institutions);
11. Bhutan Red Cross Society;
12. Officials manning national helplines - Health Help Center (112, 2121, 6060); National COVID-19 Grievance Redressal Helpdesk (1023); Zoning and Movements Helpdesk (1010);
13. Media personnel;
14. Identified Essential Goods Suppliers and Zone specific outlets and suppliers from the private sector.

#### IV. Implementation Modality

The main modality for the implementation of the Guidelines shall be through “*self-containment*” defined broadly as the segregation of living arrangements between frontline responders and the general public; and segregation of different groups of frontline responders.

The level of segregation will depend on the nature of work and level of interaction between frontliners and the general public. Frontliners are accordingly classified as follows:

1. **Active frontliners** i.e. frontline responders who are required to be actively out in the field and have varying degrees of physical interactions with the general public
2. **Passive frontliners** i.e. frontline responders who do not have physical interactions with the general public and work in contained spaces

The following indicative risk matrix can guide the level and degree of segregation for frontliners:

##### Indicative Risk Matrix for Active Frontliners

**Active frontliners** are frontline responders who are required to be actively out in the field and have varying degrees of physical interactions with the general public

Parameter	Moderate Risk		High Risk		
Nature of Duty:	Packing & processing of essentials for delivery; Food preparation for frontliners	Delivery of essentials to other frontliners	Patrolling	Delivery of essentials to households; Sourcing of supplies for frontliners & public	Crowd/Queue control
Location of Duty:	Containment centers	Open spaces (roads, streets etc)	Hospitals	Isolation facility	Quarantine facility
Level of interaction with public:			Once in a while	Frequent	
Level of interaction with frontliners from other containment centers:	Once in while		Frequent (daily, several times in a week etc)		

**Indicative Risk Matrix for Passive Frontliners**

***Passive frontliners*** are frontline responders who work in contained spaces and do not have to be out in the field.

Parameter	Low Risk	Moderate Risk
Level of interaction with frontliners from other containment centers:	None	Once in a while
Source of meals:	Self-prepared	Catered through common kitchen or other

**Measures for Objective 1: Reduce health risks faced by frontline responders**

1. Agencies must ensure that individuals with pre-existing medical conditions, senior citizens and minors are not enlisted as responders. Similarly, individuals who have pre-existing medical conditions, senior citizens and minors should not volunteer to be a frontline responder.
  
2. The following precautionary health measures must be strictly adopted by all frontliners irrespective of whether they are active or passive frontliners:
  - a. Wear face mask and/or face shields at all times;
  - b. Practice frequent hand washing;
  - c. Maintain physical distance of a minimum of 2 meters;
  - d. Follow cough etiquette;
  - e. Use alcohol hand rub where access to hand washing facilities are not available;
  - f. Clean tables and frequently touched surface daily; and
  - g. Discard used face masks properly in the dustbin.
  
3. The following measures must be taken in case a frontliner displays COVID-19 related signs and symptoms (fever, cough, unexplained fatigue, etc.):
  - a. The frontliner must refrain from going to work and immediately inform the Health Focal of his/her center. The Health Focal in turn will immediately inform the COVID19 Surveillance and Outbreak Investigation Team of the Ministry of Health and the Management Team of the containment center.
  - b. In line with the protocols of the MoH, the frontliner shall be tested and shifted to isolation or facility quarantine if required.
  - c. The Management Team shall immediately recall all respective frontliners to the containment center, if required by the MoH.

## **Measures for Objective 2: Ensure that frontline responders work in a safe environment with adequate access to basic amenities**

### **1. Containment Centers**

#### **1.1 Definition**

Containment centers refer to work spaces and areas from where the tasks of the frontline responders will be organised and managed. Containment centers can be of two types:

- a. Centers that house work spaces as well as accommodation. Accommodation can be arranged either inside or in the vicinity of the centers ensuring appropriate segregation from the general public. Meals can be provided through kitchens set up in the center or from the nearest common kitchen. It is recommended that active frontliners be housed in such self-contained centers.
- b. Centers that provide only work spaces and meals during the day. Such centers are recommended for passive frontliners.

#### **1.2 Set up and Logistics**

- a. Containment centers shall be set up and managed by the respective agencies.
- b. Containment centers shall be spatially planned with limited interaction of personnel among the centers.
- c. Interactions of frontliners from different containment centers within the same spatial zone or across different spatial zones shall be minimal and limited to pre-identified personnel.
- d. Containment centers that house both active and passive frontliners should have well segregated facilities and safety protocols to minimise interaction between the two categories of frontliners. Interaction, where required, should be guided by relevant SOPs to manage the interactions in a safe manner.
- e. All containment centers shall have a hand washing station and Druk Trace QR code at the point of entry. Visitor logs should also be maintained.

#### **1.3 Key Personnel and Reporting Line**

- a. Each containment center will identify its Management Team and communicate the details and subsequent updates to the Inspection Team.

- b. The centers shall maintain records of all frontliners enlisted in the respective centers. Details such as name, CID, contact number, emergency contact, duration of active duty and movement logs shall be maintained. The data shall be maintained by designated official(s) who will also be responsible for compiling management reports to be submitted to the Management Team and to the Secretariats of the National COVID-19 Task Force.
- c. The Druk Gyalpo's Relief Kidu center will provide interim secretarial support to coordinate the collection and consolidation of information from all centers for submission to the National COVID-19 Taskforce and the Office of the Gyalpoi Zimpon.
- d. The containment centers will establish a clear reporting channel between the Management Team and other designated focal persons within the center.
- e. All containment centers will have one Health Focal Person trained by the Ministry of Health on basic precautionary measures and use of basic personal protective equipment (PPEs). The health focal person will coordinate and communicate with the Ministry of Health and its relevant teams.
- f. The management teams must have instituted a clear backup plan in case either their frontline responders or the entire center becomes compromised. The backup plan should include details of backup manpower and logistics arrangements to ensure continued provision of essential goods and services to the public. The existing centers and accommodations will be vacated and disinfected in line with the MOH's SOP for disinfection before it can be used again.

#### **1.4 Health Safety Measures**

The following health safety measures shall be strictly followed in all containment centers:

1. Entry to the centers shall be allowed only for designated officials and those carrying the authorized identification cards.
2. Centers shall ensure that Druk Trace and/or log books for visitors (name, phone no, CID and local address) are used by all visitors.
3. All responders including authorized visitors will be screened for fever every day while entering the centers.
4. The management team shall ensure continuous supply of water, cleanliness of hand washing station and washrooms, and availability of soap.
5. The management team shall ensure that handrails, door knobs and other frequently touched surfaces in common areas are cleaned daily.

6. The management team shall ensure that all catering service workers wear face masks all times and strictly follow precautionary health measures.
7. The management team shall ensure that their frontline responders maintain physical distance of a minimum 2 meters.

## **2. Accommodation**

- 2.1 While on duty, the respective management teams shall arrange separate accommodation facilities for the frontline responders as follows:
  - a. Accommodation for active frontline responders shall be arranged in their respective containment centers or in the vicinity of the main centers. Frontliners will not return home while on active duty.
  - b. Separate accommodation shall be arranged for passive frontliners who self-assess the need to stay away from home during duty. Inspection teams will also assess whether passive frontliners need to be accommodated away from their family based on observed risks.
- 2.2 Frontliners shall be relieved from duty in line with the protocols of the Ministry of Health. In particular, frontliners in Red Zones shall be quarantined and tested as per the protocols of the MOH. It is recommended that frontliners in high risk areas also be tested and quarantined before being relieved from duty.

## **3. Meals**

- 3.1 All frontline workers shall be served daily meals at their respective containment centers
- 3.2 The meals shall be arranged as follows:
  - a. Through kitchens in the respective containment centers or
  - b. Catered through common kitchens designated and organised by the OGZ
- 3.3 A standard meal menu shall be provided taking into consideration basic nutritional needs
- 3.4 The meals shall be served by designated servers to prevent individuals from handling the ladles.
- 3.5 Kitchen staff and/or caterers should wear all the necessary PPEs (aprons, facemask and gloves).
- 3.6 Utensils and crockeries shall be kept clean at all times; personal crockeries shall not be shared.

#### **4. Transportation**

- 4.1 Designated vehicles shall be identified to take the frontline responders from the containment centers/accommodation to their respective work areas and vice versa.
- 4.2 Movement of personnel and authorised vehicles including private vehicles shall be guided by the SOP of the relevant authority.

#### **V. Inspection and Monitoring**

In order to ensure compliance with the COVID-19 safety and precautionary measures outlined in this Guideline, a team led by the Ministry of Health, Thromde and other relevant stakeholders will be instituted for inspection and monitoring. The team will comprise of a maximum of 5 members. A backup team will also be identified.. A simple checklist will be used to monitor the containment centers (Annexure 1).

##### **Team composition with Mobile Number**

###### **Team 1**

- |   |             |
|---|-------------|
| 1. Rixin Jamtsho, CPO/TAG, Ministry of Health | (17606984)  |
| 2. Sangay Dakpa, Chief TEO, Thimphu Thromde   | ( 77631515) |
| 3. Kinga Gyeltsen, Thromde Health Officer     | (17686440)  |
| 4. Royal Bhutan Police (RBP) representative*  | ( )         |
| 5. DeSuung Representative                     | ( )         |

###### **Team 2**

- |   |             |
|---|-------------|
| 1. Ugyen Tshering, PO/TAG, Ministry of Health | (17500270)  |
| 2. Karma Dorji, PO/IMT, Thimphu Thromde       | ( 77631515) |
| 3. DeSunng Coordinator, Thromde Task Force    | (17686440)  |
| 4. Royal Bhutan Police (RBP) representative*  | ( )         |

- The RBP representative shall be based on the locations of the CPC/zones and will carry out the task as per the SOP for RBP.

The objective of monitoring and inspection is to ensure compliance with the protocols and safety measures outlined in this Guideline. Opportunities will be provided to correct any shortfalls or non compliance.

Depending on the severity of risks resulting from non-compliance, repeated non-compliance shall be penalised as per Section 410 of the Penal Code Act 2011.

##### **Frequency of visits**



The first inspection visit will be conducted within 3 days of the implementation of the Guideline. Thereafter, monitoring visits will be conducted once every two weeks.

### **Monitoring Tool**

- The checklist developed by the COVID-19 Technical Advisory Group will be used for evaluation and monitoring.
- The inspection team shall follow all precautionary measures and utilize personal protective gear while carrying out the monitoring and evaluation should.
- The Health Focal Person of the containment centre will be assigned to conduct self assessments using the same checklist on a daily basis.

### **Reporting**

The findings of the evaluation and monitoring visit shall be submitted to the following COVID-19 Task Force:

- Secretariat to the National COVID-19 Task Force
- Secretariat to the Central COVID-19 Task Force
- Secretariat to the Thimphu Thromde COVID-19 Task Force
- Secretariat to Health Emergency Management Committee

## **VI Implementation**

*This Guideline is issued for implementation with effect from .....*

*The Guidelines will be first piloted in Thimphu and will apply to all agencies and personnel authorised as frontline responders. The Thimphu Thromde has issued around 5077 name cards and 691 vehicle movement passes as of 16th August 2020.*