

Guideline for Humanitarian Workers and Volunteers in the the New Normal Era of the COVID-19 Pandemic context

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Guideline for Humanitarian Workers and Volunteers in the New Normal Era of the COVID-19 Pandemic context

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Foreword

Praise and gratitude for the presence of Allah the most glorified, the most high, for the completion of this gift, the “Guidelines for Humanitarian Workers and Volunteers in the New Normal era of the COVID-19 Pandemic Context”.

Indonesia's geographical location is situated on the equator and makes Indonesia one of the most vulnerable countries in the world to the threat of disasters, especially disasters caused by nature. Additionally, Indonesia is situated in a zone where there is a lot of seismic activity, often known as the "Ring of Fire". It is this seismic activity or shifting earth plates that often occurs in Indonesia and causes many fatalities in several natural disasters including disasters that occurred in West Nusa Tenggara and Central Sulawesi in 2018. In disaster management, there needs to be an immediate response to help affected communities, including the mobilisation of humanitarian workers and volunteers. In the era of the new normal in the context of the COVID-19 pandemic, humanitarian workers and volunteers are expected to have the ability to act quickly, precisely, effectively, efficiently, and accountably, including protecting themselves from the COVID-19 disease and also preventing transmission of the disease to themselves and to others. In addition to physical health, mental health must also be maintained. On the other hand, the role of humanitarian organisations is increasingly important in ensuring the health and safety of humanitarian workers and volunteers. This is the urgency for these guidelines.

In connection with this, the primary duties and functions of the Directorate of Social Protection for Natural Disaster Victims of the Ministry of Social Affairs, is to natural disasters that occur in Indonesia. The Direktorat, as the Coordinator of the National Evacuation and Protection Cluster together with its partners, has compiled Guidelines for Humanitarian Workers and Volunteers in the Era of the New Normal of the COVID-19 Pandemic context.

This first edition of the Guidelines is aimed at relevant government agencies at the central and regional levels as well as humanitarian organisations / institutions [to use] as a reference in protecting humanitarian workers and volunteers [working in COVID-19 contexts] to carry out humanitarian operations in a safe, comfortable and dignified manner.

To all those who have contributed to the preparation of these Guidelines, I thank you. I hope the Guideline can be put to good use and be a reference in COVID-19 treatment activities, especially in efforts to slow the spread of COVID-19 disease and reduce social consequences that can occur in the community.

Jakarta, 6 May 2020

Director of Social Protection for
Natural Disaster Victims

M. Safii Nasution, A.Ks, MP

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I. Background

Corona Virus Disease - 2019 (COVID-19) has been declared a global pandemic by the World Health Organization or WHO (WHO, 2020). Coronavirus is a zoonosis or virus that is transmitted between animals and humans. The virus and this disease are known to have begun in the city of Wuhan, China in December 2019. As of April 18, 2020, the number of cases of this disease reached 2,261,034 people and has spread across 210 countries, including Indonesia.

On the 13 April 2020, the President of the Republic of Indonesia declared the status of the spreading disease a National Disaster. The President also issued a Presidential Decree No. 9, 2020 on the Task Force for the Acceleration of Handling Covid-19, which is chaired by the Head of the National Disaster Management Agency (BNPB). This Task Force aims to improve national resilience in the health sector; accelerate the handling of COVID-19 through synergy between ministries / institutions and local governments; anticipate the escalation of the COVID-19 transmission; increase the synergy of operational policy making; and, increase readiness and the ability to prevent, detect, and respond to COVID-19.

In order to accelerate the handling of COVID-19, a combination of medical interventions are needed to accelerate treatment and social interventions to slow the spread of the disease. Hence the role of humanitarian workers and volunteers throughout Indonesia across these two types of intervention becomes very important. The *Guideline for Humanitarian Workers and Volunteers in the New Era of the COVID-19 Pandemic Context* was drafted to act as a guide for humanitarian workers and volunteers as well as humanitarian agencies that empower these resources to guarantee the health, safety, and welfare of humanitarian workers and volunteers. This guideline is expected to provide direction to the field technical implementers and relevant stakeholders on efforts to accelerate the handling of COVID-19 in Indonesia.

II. Risk Reduction Management related to COVID-19 Handling Activities

II.1. General Guidelines

Disaster management is a shared responsibility that is not only owned by the government but also all elements and layers of society. Community contribution is possible through the involvement of volunteers, including sign language translators and caregivers who care for the daily lives of individuals in the COVID-19 disaster emergency management process. Volunteers play a vital role because of the large handling needs required in the field and the limited resources available.

According to Law No. 11 of 2009 on Social Welfare, what is meant by Volunteers is a person and/or community group, who can have a background in social work or a non-social work background, but carries out activities in the social field, not in government social agencies, and of their own volition with or without reward.

Based on the definition of BNPB (2010), a volunteer is a person or group of people who sincerely, because of their vocation, give what they have (mind, energy, time, possessions, etc.) to the community as an embodiment of their social responsibility without expectation of rewards (wages), position, power, interests, and/or career. Humanitarian workers, on the other hand, are people who work to receive wages or rewards in other forms, where the profession is related to operations or providing humanitarian assistance under a certain humanitarian organisation. Humanitarian workers and volunteers conduct their work on the foundation of humanitarian principles, namely; humanity, neutrality, impartiality, and independence.

Taking into account the total population of Indonesia, volunteers make up a very large resource in Indonesia. By looking at the current situation, all attainable resources need to be mobilised and utilised to assist in reducing the spread rate. Volunteers can be used in various forms depending on the situational needs and their own capacities. In addition, volunteers are disaster management elements that are closest to the community because they are at the forefront when coming from the local area and hence can provide more value by better understanding the local culture.

The forms of services that workers and volunteers can provide, are:

1. Direct in-person services (offline), namely, services provided directly; workers and volunteers dealing directly with clients or beneficiaries.

2. Indirect services (online), namely, services provided using communication media such as telephone, sms, video and so on.

It is important to remember that volunteers must be able to ensure their own safety and security by understanding the situation at hand and the nature of the assignments they will undertake in order to assist and save the community. Volunteering not only benefits the community but also to the volunteers themselves because it helps strengthen an individuals' capacity, develops networks, maintains good goals in life and offers new experiences that are important to use in the future.

II.2. Guidelines for Staff and Volunteers

II.2.i. Preparation Before Commencing Assignment

1. Workers and volunteers sign an assignment approval sheet from the Humanitarian Organisation concerned, and their assignment takes precedence from the local district / city for ease of mobilisation in the area, especially if there are restrictions / quarantines in place of certain areas.
2. Workers and volunteers complete a medical check-up before commencing the assignment. It is important to be honest about your medical history, especially if you have a chronic illness or history of other illness as this is one of the contributing factors when infected with COVID-19. Workers and volunteers must also be honest about their travel history and contact history with other people who may have COVID-19.
3. Workers and volunteers understand and know how to put on, use, and remove Personal Protective Equipment (PPE) in accordance with the level of work risk and the standards set by the [central] government and local governments. Workers must wear masks whilst working and during travel to and from work.
4. Workers and volunteers receive PPE according to the level of work risk and the standards set by the [central] government and local governments.
5. Workers and volunteers understand the facilities / services provided by the humanitarian organisations concerned on the protection of health services and work accident insurance, mental health, and death of workers and volunteers during assignments.
6. Workers and volunteers receive a brief / orientation in accordance with their duties and responsibilities during the assignment of handling COVID-19.

7. The assignment schedule is agreed by taking into account the workload and capacity of each related worker and volunteer.
8. Workers and volunteers understand and are able to maintain their own hygiene and health during the handling of COVID-19. This includes monitoring for any COVID-19 related symptoms and taking action as appropriate to protocol when feeling symptoms related to COVID-19.
9. Workers and volunteers understand the costs of mobilisation and compensation to which they are entitled to receive during their assignment.

II.2.ii. Actions whilst on assignment

Every worker and volunteer in a work area and at risk of COVID-19 exposure is required to take precautionary measures from spreading the COVID-19 disease, namely:

1. Wash your hands regularly with soap and clean running water for at least 20 seconds. If hand washing facilities with soap are not available, use alcohol-based hand sanitisers.
2. Avoid touching eyes, nose, and mouth with your unwashed hands.
3. Keep a 1-2 metre distance from others, including:
 - a. do not shake hands
 - b. avoid close physical interactions with people who have symptoms of illness
 - c. cover your mouth when coughing and sneezing with your upper arms and armpits, or cover with a tissue and immediately throw into the rubbish, and then immediately wash your hands with soap (point a).
4. Immediately shower / bathe and change your clothes as soon as you return home or to the office, after working in risk areas.
5. Using disinfectant, periodically clean and wipe object surfaces that are frequently touched such as tables, chairs, doors, handles, elevator buttons, ATM cards, etc.
6. Maintain your physical and mental condition and build body endurance through a balanced diet, regular physical activity, adequate rest, taking vitamin supplements, not smoking, and controlling existing chronic disease (e.g. Mellitus diabetes, hypertension, cancer, etc.).
7. Maintain communication with fellow colleagues and superiors at all times to monitor yours and each others health and safety.
8. .Respect local customs, respect diversity, and maintain politeness in how you communicate, behave, and dress .
9. Build trust with all parties and involve and empower the people that you are assisting.

10. Recognise the symptoms of psychosocial disorders encountered in individuals or community groups, and refer them to the appropriate service.
11. Communicate to residents that you are or will be assisting about the program that is to be carried out, including the health and safety protocols used.
12. Using journals, assist the tracking process (if needed) to record people who interact with workers / volunteers
13. Avoid things that can endanger both workers, volunteers and the residents that you are assisting, including:
 - a. crowds or gatherings that can cause the spread of the COVID-19 disease
 - b. making residents wait for long periods of time for an activity to be carried out
 - c. making promises that are beyond your capacity and cannot be fulfilled in the future, disagreeing and/or taking negative action
 - d. delivering a speech, action, or body language that can cause stigma or negative perceptions from the people being assisted.

II.2.iii. Actions After Completing Assignment

Every humanitarian worker and volunteer who has finished their assignment from a work area at risk of exposure to COVID-19 is required to take precautions to prevent the spread of the COVID-19 disease, namely:

1. Undertake independent quarantine for 14 days
2. Complete a debriefing which includes discussion on reflections, challenges while on assignment, post-assignment support and direction, as well as feedback and recommendations from volunteers for improving human resource management related to humanitarian workers and volunteers
3. Complete an interview with superiors directly after returning from ones assignment
4. Monitor ones physical and mental condition
5. If feeling unwell / interference, check in with medical personnel / psychologists if necessary

II.3. Guidelines for Families and Relatives

Support from family and close relatives is very important for humanitarian workers and volunteers in a healthy approach to their work. However, there are steps that need to be followed to prevent the spread of the disease to occupants living in the same house.

Tabel 1. Protocol when entering the house

Do not touch anything upon arriving home	Remove shoes before entering the house
Take off your clothes and immediately place them in the laundry basket or wash them	Place bags, keys, etc. into a box at the entrance of the house
Immediately shower / bath and clean the entire body with soap	Clean the surfaces of objects brought in from the outside with disinfectant

The steps that need to be taken before greeting and engaging in contact with other occupants of the house are:



klikDOKTER



BNPB

PETUNJUK AMAN MASUK RUMAH

- Masuk rumah jangan sentuh apapun
- Buka sepatu sebelum masuk rumah
- Buka baju lalu segera masukan ke keranjang cucian
- Taruh tas, dompet, kunci, dll ke dalam kotak di pintu masuk
- Segera Mandi
- Jika tidak mandi, pastikan cuci semua area kulit yang terkena paparan udara luar
- Bersihkan handphone atau kacamata dengan alkohol atau disinfektan
- Bersihkan permukaan atau benda yang kamu bawa dari luar dengan disinfektan



Picture 1. Safety instructions on entering the house

Translation of Picture 1:

Instructions for safely entering the house

- Do not touch anything when entering the house
- Take off shoes before entering the house
- Remove clothes and immediately place in the washing basket
- Leave bag, wallet, keys, etc in a box at the front door
- Immediately shower / bathe
- If not showering, ensure to wash all skin areas exposed to the outside air
- Clean handphone and glasses with alcohol or disinfectant
- Clean surfaces or items that you have brought from outside with disinfectant

II.4. Guidelines for Humanitarian Organisations

Institutions or organisations that are currently and/or will empower and mobilise humanitarian workers and/or volunteers in areas at risk of COVID-19¹ exposure, MUST do the following:

1. Form a COVID-19 Transmission Prevention Team and compile guidelines and/or Standard Operating Procedures in handling the COVID-19 pandemic, to which workers and volunteers can use in their organisational environment, especially if the worker and/or volunteer falls into a risky situation, [they can] apply the health and safety protocols (including the use of Personal Protective Equipment) according to the level of risk.
2. Management should always monitor and provide updated information on developments relating to COVID-19 in its assigned area.
3. Prepare and implement campaign material containing “general guidelines” in dealing with COVID-19 in the work environment, referring to information that has been provided by the Task Force for the Acceleration of Handling COVID-19 at the national level and/or Task Force as established by the local government.
4. Ensure that every worker and volunteer who has to work in a risk area understands what COVID-19 is, the dangers and how to prevent the spread of COVID-19 disease, including policies, protocols, and related guidelines issued by the government and world health institutions related COVID-19.
 - a. It is recommended that every worker, volunteer, and vendor sign a statement that they acknowledge and understand the risks they face, are trained and are able to take appropriate steps to prevent the spread of COVID-19.
 - b. It is also recommended that institutions support the efforts of workers and volunteers in maintaining their physical and mental health by providing guidance for physical health and regularly communicating with them to check on the psychosocial condition of each worker and volunteer.
5. Do not treat positive cases with stigma nor as a reason to terminate employment or other sanctions, unless it is done in accordance with the procedures / mechanisms of the appropriate associated government policies.
6. Strive in best effort to arrange for workers and volunteers to work at home and only essential² workers and volunteers work directly in risk areas.

¹ Levels and criteria of risk areas refers to policies that are applied at national or local level.

- a. Consider setting shifts and time rotations to reduce exposure and minimise risk
 - b. Workers and/or volunteers should not use public transportation in effort of avoiding crowds and maintaining distance from others. If you have to use public transportation, health protocols must be implemented, including keeping a safe distance, wearing a mask, and avoiding crowds.
 - c. Arrange times of entering and leaving / going home from the office to avoid rush hours when large crowds using public transportation..
 - d. Ensure that all work areas are clean and hygienic with periodic cleaning using appropriate cleaners and disinfectants. Especially door handles and stairs, elevator buttons, shared office equipment, and other public areas and facilities.
 - e. Maintain workplace air quality by optimising air circulation and sunlight entering the work space.
 - f. Provide hand washing facilities with soap and running water, and putting up educational posters on how to wash hands properly. If possible, provide a hand sanitiser with a minimum alcohol concentration of 70% in the necessary places
 - g. Set a minimum distance of 1-metre between workers for all activities, both indoors and outdoors.
 - h. Encourage the promotion of a Clean and Healthy Lifestyle through a campaign of washing hands with soap, proper cough and sneezing ethics, regular exercise, eating a balanced nutritious diet, avoiding sharing of personal equipment such as prayer equipment, eating utensils, and other things.
7. Ensure that staff, workers, and volunteers are granted their rights, guaranteed by law, to raise objections and refuse to work in a place that is at high risk of COVID-19 dangers without fear of losing their jobs.
 8. Arrange supervision services or assistance services provided by the organisation for workers or volunteers involved in handling the COVID-19 pandemic in their organisational environment.
 9. Ensure that all workers and volunteers are registered and have adequate health insurance that covers care related to COVID-19 disease, or that it complies with policies issued by the local government.
 10. Arrange regional level emergency communication protocols and conduct periodic simulations (phone trees) involving all workers, volunteers, and the Task Force for the Acceleration of Handling COVID-19.

² Essential services have different meanings in each region. Hence, humanitarian organisations need to coordinate with the local Task Force or local government to understand the scope of essential services that are available or apply in that region.

11. Register everyone who enters and exits the risk area to facilitate tracking if there are individuals who are positive for COVID-19. This data at minimum should include: name, address, telephone number, health condition and medical history, as well as names and telephone numbers that can be contacted in the event of an emergency. Data collection also includes identifying people who are in **high risk groups related to COVID-19**, including: i) People aged 45 years and over; 2) Pregnant women; 3) People who have chronic diseases and other high-risk groups, including:
 - i. heart disease,
 - ii. mellitus diabetes,
 - iii. high blood pressure,
 - iv. asthma,
 - v. Chronic Obstructive Pulmonary Disease,
 - vi. Immune suppression sufferers including HIV/AIDS, cancer therapy and users of corticosteroids or long-term immune-suppressants
 - vii. Autoimmune sufferers
 - viii. Chronic kidney failure
 - ix. Liver disease
 - x. Active smokers
12. Check the health of everyone who enters the risk area, including body temperature. If there are individuals who have the following conditions:
 - a. High fever (body temperature above 38⁰C); or
 - b. Difficulty breathing / shortness of breath; or
 - c. Dry cough; or
 - d. Cold,it is recommended they do not to enter risk areas and consult a doctor.
13. As much as possible, avoid crowds of more than two people and always keep a distance of 1-2 metres from other people.
14. Ensure that everyone in the risk area are vigilant in using Personal Protective Equipment (PPE) in accordance with the level of occupational risk and the standards set by the government and local governments.
15. Ensure there is support for health facilities that is easily accessible in work areas at risk of COVID-19 exposure.
16. Make efforts to help strengthen the psychosocial condition of workers and volunteers, including:

- a. Manage work times so that they are not too long (overtime) which will result in a workers lack of time to rest which can decrease the immune system
 - b. If possible, do not run [overnight] activities that start at night and finish in the morning. If it has to be done, prioritise appointing workers under the age of 45 years.
 - c. Provide sufficient and easily understood information related to stress management, identification of burnout and services available to volunteers
 - d. Promote communication on challenges and successes through a variety of different forums
 - e. After [a workers / volunteers] assignment is completed, ensure there is sufficient time and good media for workers / volunteers to reflect and learn from the situation that has passed. Consider active monitoring of workers and volunteers and ensure early intervention for those in need
 - f. Provide workers and volunteers a break half way through their assignment, [especially] if they feel physically and / or mentally unable to continue the task and need a short break. Even during their time off, the institution or organisation should continues to monitor and provide psychosocial reinforcement to the humanitarian worker or volunteer
 - g. Ensure psychosocial support facilities are available in a variety of media, such as written, audio or video services, to accommodate for the different needs and comfort of each individual in seeking psychosocial support
 - h. Provide access for workers and volunteers to communicate with family and close relatives
17. When conducting a briefing and/or debriefing, as much as possible, use long-distance communication facilitation. Briefing and debriefing materials include reflections, challenges while on duty, support and direction needed as well as feedback mechanisms from workers and volunteers. If done face to face, it can be done in an open space, however, no more than 10 people can attend, and a minimum 2-metre distance must be kept between each person. All participants must wear a mask during the briefing and/or debrief.
18. Provide capacity building to ensure humanitarian workers and volunteers can carry out their assignments in the field.
19. Workers returning from official travel to COVID-19 countries / regions, are required to work from home and independently quarantine. They are to carry out self-monitoring and measure their temperature twice a day for 14 days for any arising symptoms. The

company is required to monitor the workers condition during the quarantine period and follow local government coordination in accordance with the applicable policies.

20. Institutions / companies must ensure that all workers / volunteers who will return to work in their respective work locations are to fulfill the administrative requirements specified by the local government.

III. Personal Protective Equipment³

III.1. Level 1 PPE Recommendations

Tingkat
1

Rekomendasi APD Bagi Tenaga Medis dan Paramedis Berdasarkan Tingkat Perlindungan

Untuk Penanganan COVID-19



Designed by: Natasha Mayandra, S.Ds

Kelompok	Lokasi / Cakupan
<b style="color: #e67e22;">Tenaga Medis dan Paramedis Dokter, Perawat dan Supir ambulans	<ul style="list-style-type: none"> - Tempat Praktik Umum dan kegiatan yang tidak menimbulkan aerosol - Triase pra-pemeriksaan, bagian rawat jalan umum - Supir ambulans yang mengantarkan pasien, tidak kontak langsung, kabin terpisah

³ For more detailed guidance, please use the Personal Protective Equipment (PPE) Guidelines for COVID-19 in Indonesia, compiled by the Task Force for the Acceleration of Handling COVID-19

Translation for Figure 2:

Level 1

PPE Recommendations For Medical Personnel and Paramedics Based on Level of Protection

For Handling COVID-19

3-ply surgical mask

Work outfit / uniform

Single-use rubber gloves

[BOX] Medical Personnel and Paramedics Level 1

(Table) -

Group – Medical personnel and paramedics: doctor, nurse and ambulance driver

Location/scope -

- Public practice and activities that do not cause aerosols
- Pre-examination triage, general outpatient department
- an ambulance driver that transports the patient, not in direct contact, separate cabin

III.2. Level 2 PPE Recommendations

Tingkat 2

Rekomendasi APD Bagi Tenaga Medis dan Paramedis Berdasarkan Tingkat Perlindungan Untuk Penanganan COVID-19



Designed by: Natasha Mayandra, S.Ds

Tenaga Medis dan Paramedis Tingkat 2

Kelompok	Lokasi / Cakupan
<p>Tenaga Medis dan Paramedis Dokter, Perawat, Radiografer, Farmasi, Laboran, Supir ambulans</p>	<ul style="list-style-type: none"> - Pemeriksaan pasien dengan gejala infeksi pernafasan - Pengambilan sampel nonpernapasan yang tidak menimbulkan aerosol - Ruang perawatan pasien COVID-19 - Pemeriksaan pencitraan pada ODP, PDP atau konfirmasi COVID-19 (gown diganti jas lab farmasi) - Tenaga medis yang mengantar pasien ODP dan PDP COVID-19 - Supir ambulans yang membantu menaikan dan menurunkan ODP dan PDP - Petugas farmasi pada bagian rawat jalan (gown diganti jas lab farmasi)

Translation for Figure 3

Level 2

PPE Recommendations For Medical Personnel and Paramedics Based on Level of Protection

For Handling COVID-19

Eye protection

Head cover

Gown

3-ply surgical mask

Single-use rubber gloves

[BOX] Medical Personnel and Paramedics Level 2

(Table) -

Group – Medical personnel and paramedics: doctor, nurse, radiographer, pharmacy, laboratory assistant and ambulance driver

Location/scope -

- Examination of patients with symptoms of respiratory infection
- Non-breathing sampling that does not cause aerosols
- COVID-19 patient care rooms
- Imaging examination on People in Monitoring, Patients Under Supervision or COVID-19 confirmation (gown replaced by pharmacy lab coat)
- Medical personnel transporting COVID-19 People in Monitoring, and, Patients Under Supervision
- Ambulance driver assists COVID-19 People in Monitoring, and, Patients Under Supervision to enter and exit the ambulance
- Farmasi worker in the outpatient department (gown replaced by pharmacy lab coat)

III.3. Level 3 PPE Recommendations

Rekomendasi APD Bagi Tenaga Medis Berdasarkan Tingkat Perlindungan Untuk Penanganan COVID-19

Tingkat
3



Designed by: Natasha Mayandra, S.Ds

Kelompok	Lokasi / Cakupan
<p>Tenaga Medis Dokter, Perawat Dokter Gigi, Perawat Gigi, Laboran</p>	<ul style="list-style-type: none"> - Ruang prosedur dan tindakan operasi pada pasien ODP, PDP atau konfirmasi COVID-19 - Kegiatan yang menimbulkan aerosol (intubasi, ekstubasi, trakeotomi, resusitasi jantung paru, bronkoskopi, pemasangan NGT, endoskopi gastrointestinal) pada pasien ODP, PDP atau konfirmasi COVID-19 - Pemeriksaan gigi mulut, mata dan THT - Ruang prosedur dan tindakan otopsi pasien ODP dan PDP atau konfirmasi COVID-19 - Pengambilan sample pemapasan (swab nasofaring dan orofaring)

Translation for figure 4:

Level 3

PPE Recommendations For Medical Personnel Based on Level of Protection

For Handling COVID-19

Eye protection and face shield
Head cover / headcap
Gown, coveralls and apron

Boots
N95 mask or equivalent
Single-use sterile rubber gloves

[BOX] Medical Personnel Level 3

(Table) -

Group – Medical personnel: doctor, nurse, dentist, dental nurse, laboratory assistant

Location/scope -

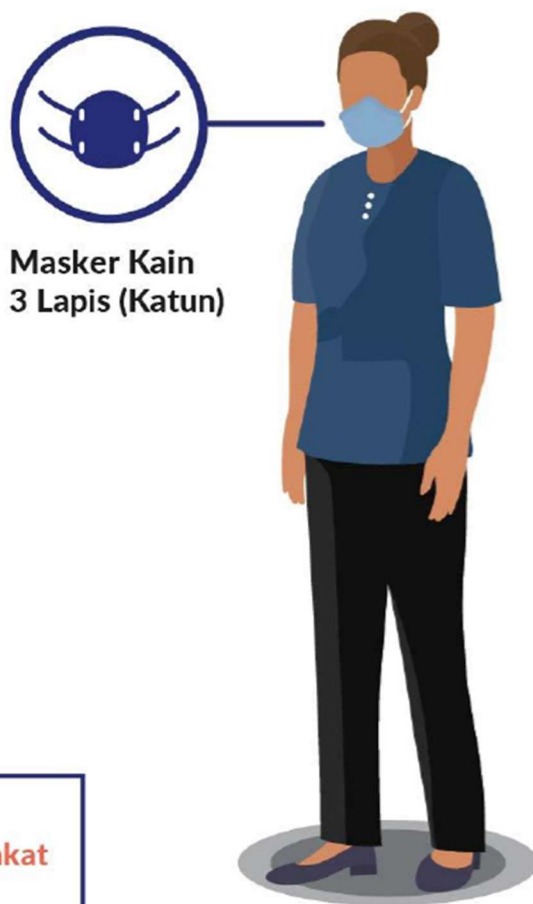
- Procedure room and surgery on People in Monitoring, Patients Under Supervision or confirmed COVID-19 patients
- Aerosol-causing activities (intubation, extubation, tracheotomy, pulmonary resuscitation, bronchoscopy, NGT installation, gastrointestinal endoscopy) in People in Monitoring, Patients Under Supervision or confirmed COVID-19
- Examination of dental, mouth, eyes and ear, throat, and nose
- Respiratory sampling (nasopharyngeal and orotaring swab)

III.4. Community-level PPE Recommendations



Rekomendasi APD Bagi Masyarakat Umum

Untuk Proteksi dan Pencegahan COVID-19



Tingkat
Masyarakat
Umum

Designed by: Natasha Mayandra, S.Ds

Kelompok	Lokasi / Cakupan
Masyarakat Umum	Kegiatan sehari - hari (tempat kerja, berbelanja, mengendarai sepeda motor dll) → APD Masker Kain 3 Lapis (Katun)
	Masyarakat yang menunjukkan gejala demam yang disertai batuk, nyeri tenggorokan, hidung berair, bersin - bersin → APD Masker Bedah 3ply

Note: Masks with a transparent lip area can be used to facilitate communication with people who are deaf / hearing impaired.

Translation for Figure 5:

PPE Recommendations For General Public

For COVID-19 Protection and Prevention

Cloth mask – 3 layered (cotton)

[BOX] General Public Level

(Table) -

Group – General public

Location/scope -

- Daily activities (place of work, shopping, driving a bike, motorbike etc.) → PPE 3-layered cloth mask (cotton)

People who are showing symptoms of fever followed by cough, sore throat, runny nose, sneezing → PPE 3-layered cloth mask (cotton)

IV. Psychosocial Aspects for Workers and Volunteers

Humanitarian workers and volunteers are at risk of being psychosocially affected from the crisis conditions caused by the COVID-19 pandemic, including distress or pressure that can arise in an assignment, especially if working in situations with limited resources and dynamic development situations. They will often experience various negative or unpleasant feelings as a result of various things, for example: dangerous conditions and minimal safety; high demands from superiors, co-workers or the public; and, always having to be ready at all times when someone needs help or support. Working in an emergency context certainly requires strong resilience both physically and mentally. For this reason, social, psychological and biological factors strongly influence a volunteers' resilience in how they deal with the various impacts of pressures that may arise.

Stress usually arises when the demands expected from work cannot be met or exceed the persons capacity or resources. If prolonged or at a high enough severity, stress can cause injury both psychologically and physically. The reactions experienced as a result of the impacts of work or being on the move are actually all very reasonable and can be experienced by anyone. It is not a measure of ones competence as a suitable or unsuitable volunteer. It is not seen as a weakness or failure.

The main way to deal with stress is to realise that it is very likely to occur, to be sensitive to changes in oneself, prepare yourself before becoming a volunteer, and have a variety of strategies to manage any distress in effort to keep yourself balanced – You can still work effectively but remain realistic and psychologically balanced. Denying, ignoring, or enduring [stress or any issue] is not a recommended strategy. If it is forced, the results of ones work will become ineffective and will also impact the beneficiaries / people who being assisted. A "good" worker is knowing when to start, stop, or rest. Taking care of yourself when working is not selfish, but rather a preferred investment because [in outcome] one can work with more "durability" when providing services / helping others.

It is very important for the volunteers to take proactive steps in looking after their mental health. It is just as important that organisational or activity managers honestly inform [workers and volunteers] about the things that they may encounter in their work situation, and in turn strengthen the team by encouraging them to always monitor their health. Training, or a brief orientation is very important to prepare volunteers on the conditions they may face.

In addition, humanitarian workers and volunteers in carrying out their duties must be supervised by professionals based on their respective fields of work. Supervision must include 3 (three) main functions, namely the education function, support function and administrative function. The education function provides reinforcement of the knowledge, skills and values needed by humanitarian workers and volunteers in carrying out tasks. Supportive functions are carried out to increase motivation, work morale and the ability to overcome challenges including dealing with stressful conditions at work. Administrative functions are carried out to ensure that workers and humanitarian volunteers can carry out administrative tasks such as recording and reporting.

IV.1. Maintaining psychosocial mental health conditions at work

To maintain psychosocial and mental health conditions at work, every humanitarian worker and volunteer needs to do the following:

1. Study the field situation before leaving for the assignment.
2. Do not commence [or continue] your assignment if you feel unwell, physically or mentally, and regularly report your health conditions to your supervisor / leader / line manager.
3. Provide services appropriate with your competencies and level of authority. Try not to get too emotionally involved.
4. Prepare emergency contact information in anticipation of the worst.
5. Understand the standards, code of ethics, and principles of humanity before being assigned.
6. Report to the unit / authorities upon arriving in risk areas.
7. Stay connected and maintain relationships with family or those closest to you. Relate what and how you feel to those that you trust and make you comfortable. Exercise regularly.
8. Eat an adequate, nutritious and balanced diet.
9. Rest when possible and get sufficient sleep.
10. Take time to do things that make you happy, like a hobby.
11. Value yourself. Celebrate things that were done successfully. Realise that we do is important and meaningful, even though others do not often value the task or efforts of the work.
12. Help fellow colleagues, look after each other, and share jokes (within reasonable limits) and do not physically / emotionally hurt fellow workers / volunteers

13. Worship and pray regularly
14. Recognise your own symptoms of stress, manage stress with coping [mechanisms] and social support.
15. Communicate with superiors and co-workers, if you are faced with obstacles or the work is too hard. Openly convey any need of medical or psychological services.
16. Form communication groups between workers and volunteers, to offer each other social support, especially in sharing similar experiences.

IV.2. Actions concerning co-workers experiencing stress

If your co-workers are showing symptoms of stress, the things that can be done are:

1. Inform your colleague that you are a friend and ready to hear their complaints.
2. Listen to your colleagues story. Avoid being judgemental, just listen. Try and understand how they feel. If your colleague is not ready to share / talk do not force them.
3. Ask your colleague what you can do to make things better for them, and inform them on what you are willing to do. Avoid making promises that you are unable to fulfill, for example, promising confidentiality when you may need to discuss it [with others].
4. Respect their privacy. If you need to discuss a colleague's problem with someone else, only relate what is relevant.
5. Convey your concerns.
6. Support your colleague in finding professional help or solving the problem.

For workers or volunteers who need psychosocial support services, they can contact competent officers such as services provided by the Indonesian Progressional Social Work Association, Indonesian Psychological Association, Mental Health Nurses Association, or Association of Mental health Specialists,

IV.3. Handling existing stigma with the surrounding community

Social stigma in the context of health is a negative relationship between a person or group of people who share certain characteristics and certain diseases. In a pandemic, this may mean that people are labeled, stereotyped, discriminated against, treated separately, and/or lose their status because they are associated to a certain illness. The current COVID-19 pandemic has triggered social stigma and discriminatory behaviour towards people from certain ethnic backgrounds as well as anyone who is deemed to have made contact with the virus.

Stigma can:

- Encourage people to hide a disease to avoid discrimination
- Prevent people from seeking immediate treatment
- Prevent people from adopting healthy and hygienic behaviours

Things that can be done to reduce the risk of stigma and rejection of volunteers from the surrounding community, include:

1. Map out sources of support

- a. Identify community groups that can provide support to workers and volunteers in the event of rejection or stigma.
- b. Provide knowledge-based information through education to relevant communities
- c. If there is a stigma-related rejection from a certain group, provide [this group] education material or bring in (or refer) a community-trusted speaker or other party

2. Provision of tools and facilities

- a. Accommodation facilities need to be provided so that workers and volunteers can temporarily isolate themselves from their families and reduce concerns of transmitting the disease to family and their communities in the surrounding area. This will also help reduce the possibility of volunteers being exposed to rejection or stigma raised by the surrounding community.
- b. Encourage open discussion about the conditions / situation of workers and volunteers to create cultural normalisation amongst the community
- c. Spread news on the positive things that have been done by workers and volunteers, especially their role in helping the community.

IV.4. Communication with family and relatives

1. Why communication with family and close relatives is important?

The feeling of being a part of a family or community is a protective factor that is very helpful to increase one's resilience. The role of the family as one's closest institution strongly influences the psychosocial health of workers and volunteers; [hence] communication with family and relatives is an important thing that needs to be done.

2. Forms of communication with family and relatives in the context of COVID-19
 - a. Workers and volunteers can make videos of their daily routines / activities and share with their families, offering peace of mind for their families
 - b. Communicate constructively and relate to family and relatives. Sharing or listening to family members' stories and giving support to one another will be very helpful. Praising each other also encourages motivation and relieves pressure
 - c. If possible to do remotely, continue to share and do activities that are usually done with your family such as praying, or recreational activities
 - d. Share positive information that you have experienced during your assignment as well as answers or solutions to concerns that the family may raise

3. What can be done to help workers and volunteers communicate with their families and close relatives?
 - a. Involve family and close relatives when making decisions to participate as workers and volunteers, and openly inform them of the process along with the risks and consequences of the assignments
 - b. Ensure recording the correct contact details of family members or relatives who can be contacted by telephone every day
 - c. Provide access [time and facilities] to volunteers so they can communicate with their family and close relatives
 - d. Ensure to upkeep regular contact and connection with family

IV.5. Support from Supervisors

Supervisors play an important role for humanitarian workers and volunteers in maintaining the psychosocial conditions and mental health at work. The following are things that need to be considered by supervisors and leaders / line managers / coordinators in their indirect role as supervisors:

1. Conduct regular meetings with humanitarian workers and volunteers who are responsible for knowing the mental and physical health conditions of workers.
2. Provide information that is obtained from official sources only (such as the Task Force, Ministry of Health / local health office, WHO, etc.).
3. Ensure workers and volunteers have the contact numbers of those who can support them in their assignments.

4. Develop a system of rewards and appreciation that is fair and in accordance with the work.
5. Establish a *buddy system* among workers and volunteers to assist in detecting indications of psychosocial and mental health problems among workers, as well as to develop support groups for workers and volunteers.
6. Ensure that workers and volunteers understand their workload and that they must inform [their supervisors] if they experience work *overload* including *burn out*.
7. Ensure [to implement] a rotation system between workers and volunteers so that workers have enough time to rest.
8. Conduct regular capacity strengthening and enriching [activities] to improve work capabilities related to facing new challenges in the field.
9. Work together with workers and volunteers especially on tasks / assignments that are considered difficult if only done by the workers and volunteers [themselves].
10. Encourage supervision among colleagues or fellow supervisors.
11. Provide support in the form of professional assistance to humanitarian workers and volunteers in need.
12. Develop a mechanism of routine debriefing, conducting discussions and sharing about difficulties experienced at work.

V. When Workers or Volunteers are exposed to People without Symptoms, People in Monitoring, Patients under Supervision, or Confirmed COVID-19 cases

If humanitarian agencies or organisations find / receive information on workers or volunteers meeting the criteria as a Person without Symptoms, Person in Monitoring, Patient under Supervision or a confirmed COVID-19 case, steps must be taken to prevent the spread of the COVID-19 disease, as stated in the Minister of Health Decree no.

HK.01.07/MENKES/328/2020 or other most recent / up to date national or local policies.

Attachments:

V.1. Code of Ethics for Humanitarian Workers and Volunteers

V.1.i. Code of Conduct for Humanitarian Workers and Volunteers

1. The mandate / calling of humanity comes first

2. Assistance is provided regardless of the race, ethnicity, or nationality of the recipient and without favouritism⁴
3. Assistance priorities are determined solely based on need
4. Assistance will not be used for political or religious purposes
5. Acting not as a policy tool for foreign governments / other countries
6. Respect local cultures and customs
7. Build in disaster response based on local capabilities
8. Involve beneficiaries in emergency management assistance programs
9. Reduce vulnerability in future disasters and meet basic needs
10. Be accountable to those helped and to those who provide resources
11. Treat survivors as dignified humans, not as objects that have lost all hope

V.1.ii. Code of Ethics for the Volunteer Task Force for the Acceleration of Handling COVID-19

The volunteer status of the Task Force for the Acceleration of Handling COVID-19 can be terminated (deleted) if it is proven that you are:

1. Doing things that are against the law in Indonesia
2. Conduct terrorism activities
3. Commit immoral actions and harm others
4. Using any type of alcohol, narcotics, and addictive substances that are prohibited

V.2. Situations that can Affect the Psychosocial Condition of Workers and Volunteers

Several situations can affect the psychosocial conditions of a worker and volunteer, including;

- a. Fatigue as a result of workload and long work hours
- b. Insufficient sleep, where volunteers might have to work long shifts, limiting their time to sleep or rest
- c. Repetitious tasks or activities over long periods of time can cause feelings of monotony
- d. Hunger and thirst, caused by limited time to eat or prepare or access healthy food and drinks
- e. Use of self-protection equipment over long periods of time can have a physical impact or cause discomfort

⁴ Including differences in gender, disability, age, religion and ethnicity.

- f. Fear of the threat and danger of increasing the risk of exposure to the virus
- g. Working closely in a team of different cultural backgrounds over a long period of time can sometimes cause tension among individuals
- h. Possible or close encounter with an aggressive and uncooperative society
- i. Working in isolated situations where access to resource support is limited
- j. Uncomfortable work environment conditions such as too hot, too cold or noisy
- k. Sudden [and/or unexpected] organisational management changes and/or assignments
- l. Experiencing constant pressure or stress that is unrecognised, managed or help is not sought.

Basically, stress can encourage us to increase performance if it is addressed positively. However, if stressors and demands are combined and exceed the capacity or resources of an individual, it can cause a significant decrease in ones performance, health and well-being. This can have an impact causing poor decision-making, loss of important information or cause frustration and irritability, which can trigger conflict with other team members. For this reason it is important for volunteers to be equipped with the resources and techniques to effectively manage and deal with stress or demands that arise in order to improve health and a sense of satisfaction and pride in completing their work, despite difficulties.

V.3. Psychosocial impacts of work situations on humanitarian workers and volunteers

Issues that arise to the assignments and roles of humanitarian workers and volunteers if they are not recognised or overcome will result in a number of problems. These problems will make it difficult for humanitarian workers and volunteers to carry out their roles properly, or even [result in] serious psychological problems that could make it difficult to live normal and happy lives. Changes that occur and must be considered include:

Physical / Behavioural Changes	Emotional Changes	Changes in Mindset aspects
<ul style="list-style-type: none"> a) Excessive fatigue b) Loss of appetite or changes in eating habits c) Difficulty sleeping or changes in sleeping habits d) Headaches e) Inpatient f) Increased blood pressure 	<ul style="list-style-type: none"> a) Feelings of helplessness b) Overwhelmed c) Feeling incapable of overcoming the problem d) Quickly offended e) <i>Mood swings</i> f) Decreased work motivation g) <i>burned out</i> h) Tendency to separate from other people 	<ul style="list-style-type: none"> a) Confusion b) Difficulty making decisions c) Difficult solving problems d) Memory loss e) Difficulty concentrating

g) Easy to get sick, like the flu or stomach upset		
h) Changes in smoking habits		
i) Changes in consumption of alcohol and drugs		

If these changes are not attended to, further problems will occur, including: burnout and compassion fatigue (tired of caring).

Burn-out is physical, emotional and mental fatigue experienced by people with a long term involvement in a situation that requires long term emotional involvement. Burnout occurs when problems at work continually arise and are difficult to overcome

Another thing that humanitarian workers and volunteers can experience is compassion fatigue (tired of caring). Humanitarian workers and volunteers often complain about this while carrying out their duties directly, namely: providing help to people or the community. Empathy and exposure of humanitarian workers to the difficulties of the person or community they are accompanying are at the core of the concept of caring fatigue. Developing empathy for people / communities assisted on the one hand helps workers and humanitarian volunteers understand the traumatic experiences of people or the community but on the other hand empathy causes stress also experienced by workers and humanitarian volunteers. Humanitarian workers and volunteers are also prone to experience caring fatigue because they have experienced stressful experiences similar to those of the person being accompanied. In addition, experiences of stress experienced by volunteers and humanitarian workers in the past that cannot be overcome often reappear in the minds of humanitarian workers through interactions with the person or community being accompanied.

V.4. Valuing Diversity

Every humanitarian worker and volunteer must respect the diversity at the operating location. Things to take into consideration, include:

- a. language
- b. educational background
- c. experience
- d. skills and knowledge
- e. gender
- f. tribe

- g. type of disability
- h. age
- i. social economic status
- j. beliefs
- k. marital status
- l. sexual orientation
- m. lifestyle
- n. learning style
- o. work style

V.5. Reference list or Guidelines

1. BNPB, 2010, Disaster Management Volunteer Basic Module
2. Taks Force for the Acceleration of Handling COVID-19, April 2020, Standard Personal Protective Equipment (PPE) for Handling COVID-19 in Indonesia
3. Minister of Health RI Decree, no. HK.01.07/MENKES/328/2020 on Guidelines for the Prevention and Control of Corona Virus Disease 2019 (COVID-19) in Offices and Industrial Workplaces in Support of Business Sustainability in the Pandemic Situation.
4. Guidelines for Social Work Practices in the COVID-19 Situation: Specific for Indonesian Social Workers. March 2020. Indonesian Professional Social Work Association.
5. Guidelines for Mental Health and Psychosocial Support during the COVID-19 Pandemic. 2020. Ministry of Health RI.
6. Indonesian Psychology Faculty Crisis Centre (2011). Psychosocial Practioner Course Module.
7. Indonesian Red Cross (PMI), April 2020, Volunteer Protocol for Handling COVID-19.
8. Sphere, 2018, Humanitarian Charter and Minimum Standards in Humanitarian Response
9. Law No. 11 2009 on Social Welfare.