**Evaluation of proposed national program COVID-19 mitigation SOPs for resuming MMDP support for hydrocele patients**

**Evaluator:**

**Date:**

**Country:**

**SOP documents to be reviewed:**

1. **SoP**

Mitigation measures should be implemented to decrease risk of transmission of SARS-CoV-2 in conjunction with hydrocele surgical activities. The reviewer should have copies of the standard operating procedure (SoP). The SoP should include sections related to the activities being conducted.

This could include:

* hydrocele case finding;
* hydrocele pre-operative assessments (verification), surgeries at the health facility and post-operative follow-up.

In accordance with this, the evaluation is divided into three areas:

* General mitigation measures
* Mitigation measures for hydrocele case finding
* Mitigation measures hydrocele pre-operative assessments (verification), hydrocele surgeries conducted at the health facility and post-operative follow-up

**General mitigation measures**

General mitigation measures are based upon WHO recommendations. They are national in scope and affect all aspects of hydrocele work, such as case finding, surgeries, social mobilisation activities, meetings, trainings and patient follow up.

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| **Area** | **Considerations** | **Evaluator Comment** |
| Infection prevention and control | * Policies and actions applied to the SOP for the planned NTD activity is consistent with national rules and regulations and existing WHO COVID-19 guidance (e.g. about use of masks, hand sanitizers, and hand washing) * SoP specifies national policy on the use of facial covering by health workers and volunteers. |  |
| Service delivery strategies | * SOP mentions increases made to the timeframe, the number of health staff or community health workers for the planned activity to compensate for delays due to physical distancing and other restrictive measures |  |
| Community engagement and risk communication | * SOP mentions community leaders and trusted actors as being included in planning and implementation of the activity, as well as in communicating plans to the target population * SOP specifies messaging that is tailored to facilitate acceptance of changes and modifications from pre-COVID-19 procedures, and building confidence in the ability of the health system to manage the risk of SARS-CoV-2 transmission during the planned activity * SOP specifies that all health workers involved in MMDP activities for hydrocele are trained to convey messages on COVID-19 in line with national policies and regulations (e.g. on public health and social measures, on actions to take for suspected cases and contacts of cases) |  |
| Supervision and feedback | * SOP specifies how supervision and monitoring of MMDP hydrocele activities will be applied * Feedback mechanism established with the aim of identifying, reporting and correcting any problems occurring during the planned activities |  |
| People with COVID-19 symptoms | * Anyone with COVID-19 symptoms is advised to seek care, as recommended by the national regulations, and should suspend their involvement in any planned activity. |  |

**Mitigation measures applicable to hydrocele case finding**

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| **Area** | **Considerations** | **Evaluator Comment** |
| Training venue | * SOP specifies that training is to be held outdoors. If indoor venues are proposed, use of a well-ventilated area identified, and the training should be conducted in the shortest timeframe possible) * SOP specifies schedules for cleaning and disinfection of the training venue prior to case finder training. If training is to extend beyond one day, cleaning and disinfection to be carried out prior to each training day. |  |
| Basic preventive measures | Case finder training conveys messages on the three basic preventive measures during case finding:   * Physical distancing: a distance of at least 1 metre (3.3 feet) between any two individuals * Respiratory/cough etiquette: case finder instructed to cover their mouth and nose with their bent elbow when they cough or sneeze. Case finders should avoid touching their eyes, nose and mouth. They should also avoid physical gestures such as hugs and handshakes. * Hand hygiene practice: regularly and thoroughly wash your hands with soap and water. After examination of each patient the case finder should clean their hands with a hand sanitizer (60-80% alcohol) |  |
| Selection of case finders | * SOP specifies that case finders and trainers should be instructed to not be involved in training if they experience any symptoms of respiratory illness * SOP specifies that people with higher risk of transmitting SARS-CoV-2to be advised that they should not be trained as case finders   + higher risk includes those with COVID-19 symptoms, contacts of COVID-19 cases during their period of quarantine, or those coming from areas with community transmission of COVID-19 * SOP specifies that people with higher risk of developing severe illness from COVID-19 advised that they should not be trained as case finders   + higher risk includes those aged ≥60 years or with pre-existing medical conditions such as hypertension and diabetes mellitus). |  |
| Case finding | * SOP should document the process in place for screening individuals for COVID-19 symptoms prior to case identification. * If screening is positive, the individual will be referred for COVID-19 services * SOP specifies that the duration of contact between a case finder & an individual should be minimized. Contact between any two individuals should be less than 15 minutes. * SoP states that examination should be outside. If this is not possible due to privacy, this should be conducted in a well-ventilated room whilst respecting social distancing measures * SoP states that the case finder does not touch the patient |  |

**Mitigation efforts applicable to hydrocele pre-operative assessments (verification), hydrocele surgeries conducted at the health facility and post-operative follow-up**

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| Microplanning for the surgical activities | * SoP includes conducting a Hydrocele Health Facility Assessment in each facility prior to implementation of surgeries. |  |
| Training of surgical staff | * SOP specifies that training is to be held outdoors. If indoor venues are proposed, use of a well-ventilated area identified   SOP specifies schedules for cleaning and disinfection of the training venue prior to surgical staff training. If training is to extend beyond one day, cleaning and disinfection to be carried out prior to each training day.  If practical training is to be conducted, it should be noted that there will be adherence to the hydrocele surgery SOP for mitigating measures. |  |
| Basic preventive measures | SoP includes messages on the three basic preventive measures during surgery:   * Physical distancing: a distance of at least 1 metre (3.3 feet) between any two individuals, except when conducting examination for hydrocele and during surgery * Respiratory/cough etiquette: health staff and patients confirmed as hydrocele cases instructed to cover their mouth and nose with their bent elbow when they cough or sneeze. Everyone should avoid touching their eyes, nose and mouth * Hand hygiene practice: regularly and thoroughly wash your hands with soap and water. After examination of each patient the examiner should clean their hands with soap and water or use a hand sanitizer (60-80% alcohol) |  |
| Surgical venue | * SOP specifies that hand washing facilities with soap and water or hand sanitizers (60-80% alcohol) or chlorinated water (water solution of sodium hypochlorite, 0.05%) are available at registration and inside, just prior to operation. |  |
| Screening of persons for COVID-19 symptoms | * SOP considers the inclusion of screening individuals for COVID-19 symptoms prior to registration. * If screening is positive, the individual will be referred for COVID-19 services; consider identifying an isolation space/room for people screening positive who cannot leave the site immediately |  |
| Triage and counselling | * SoP considers conducting triage of hydrocele cases prior to registration to reduce crowding at the health facility * SoP considers conducting triage of hydrocele patients travelling from different areas with varying levels of COVID-19 transmission arriving at the health facility for surgeries * SoP includes the provision of face masks for all cases confirmed to have hydrocele. * Counselling of hydrocele cases respects physical distancing and includes information on COVID-19 transmission. |  |
| Registration & crowd control | SOP minimizes crowding by:   * Limiting the number of family members accompanying the person to undergo examination and management to only one companion. Ideally, the case finder will provide this accompaniment * Maintaining at least 1 metre (3.3. feet) distance between any two individuals (consider marking off distances) * Limit the number of suspected cases to examine and potentially manage each day. Coordinate with the case finders to stagger presentation at the health facility. |  |
| PPE during surgery | SoP includes additional PPE for the surgical team:   * Gloves are required for the surgeon and assistant. They should be changed after each patient and used gloves should be disposed of appropriately in a bin with a lid * The surgeon should use a face shield, if in accordance with national guidelines for surgery |  |
| Surgical space, equipment and surfaces | SOP establishes schedules for regular cleaning of equipment and surfaces, including   * Thorough cleaning and disinfection before the first case and after each case. * Equipment and surfaces should be cleaned with water and soap or a detergent, followed by a disinfectant; safe waste management protocols must be followed * For disinfection, use 70% ethyl alcohol for equipment and sodium hypochlorite at 0.1% (equivalent to 1000 ppm) for surfaces |  |
| Supervision | SoP ensures that each surgical team has a supervisor attending for the resumption of hydrocele programme activities.   * Supervisors have been provided a copy of a revised supervision checklist, which includes elements related to adherence to SOPs |  |
| Surgical wards | SOP establishes schedules for regular cleaning of surfaces, including   * Thorough cleaning and disinfection of hospital wards and toilets used by surgical patients * Equipment and surfaces should be cleaned with water and soap or a detergent, followed by a disinfectant; safe waste management protocols must be followed   For disinfection, use 70% ethyl alcohol for equipment and sodium hypochlorite at 0.1% (equivalent to 1000 ppm) for surfaces  Surgical wards should be well ventilated, with patients able to maintain physical distancing  SoP documents that hydrocele patients will have an assigned ward with toilet and washing facilities, and will not come into contact with COVID-19 cases (confirmed or suspected) during their hospital stay. |  |
| Post-operative follow-up | SoP includes messages on the three basic preventive measures during post-operative follow-up:   * Physical distancing: a distance of at least 1 metre (3.3 feet) between any two individuals, except when conducting examination for hydrocele and during surgery * Respiratory/cough etiquette: health staff and patients confirmed as hydrocele cases instructed to cover their mouth and nose with their bent elbow when they cough or sneeze. Everyone should avoid touching their eyes, nose and mouth   Hand hygiene practice: regularly and thoroughly wash your hands with soap and water. After examination of each patient the examiner should clean their hands with soap and water or use a hand sanitizer (60-80% alcohol)  SoP includes additional PPE for the clinician conducting post-operative follow-up:   * Gloves are required for the examination. They should be changed after each patient and used gloves should be disposed of appropriately in a bin with a lid |  |