**Evaluation of proposed national program COVID-19 mitigation SOPs for resuming MMDP support for lymphoedema 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 lymphoedema management 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:

* lymphoedema case finding;
* lymphoedema management at health facilities;
* lymphoedema management in the community.

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

* General mitigation measures
* Mitigation measures for lymphoedema case finding
* Mitigation measures for lymphoedema management at health facilities
* Mitigation measures for lymphoedema management in the community

**General mitigation measures**

General mitigation measures are based upon WHO recommendations. They are national in scope and affect all aspects of MMDP work for lymphoedema patients.

|  |  |  |
| --- | --- | --- |
| **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 lymphoedema management 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 lymphoedema 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 lymphoedema case finding**

|  |  |  |
| --- | --- | --- |
| **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 | * Case finding should be conducted house-to-house to prevent mass gatherings * 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 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 lymphoedema management at health facilities**

|  |  |  |
| --- | --- | --- |
| Microplanning for the surgical activities | * SoP considers conducting a lymphoedema facilities survey prior to implementation of lymphoedema services. |  |
| Training of 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 training. If training is to extend beyond one day, cleaning and disinfection to be carried out prior to each training day.   If practical elements form part of the training, SOP specifies health workers should practice lymphoedema management techniques on their own limbs, not anyone else and lymphoedema patients should not be invited to the training for practical demonstrations. |  |
| Basic preventive measures | SoP includes messages on the three basic preventive measures during lymphoedema management:   * Physical distancing: a distance of at least 1 metre (3.3 feet) between any two individuals, except when conducting examination for lymphoedema and during lymphoedema management services * SOP specifies that the duration of contact between a health worker & an individual should be minimized. Contact between any two individuals should be less than 15 minutes. * Respiratory/cough etiquette: health staff and patients confirmed as lymphoedema 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. 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 examiner should clean their hands with soap and water or use a hand sanitizer (60-80% alcohol) (consider WHO 5 moments for hand hygiene for health professionals) |  |
| Health facility | * 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 the health facility. |  |
| 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 lymphoedema cases prior to registration to reduce crowding at the health facility * SoP considers conducting triage of lymphoedema patients travelling from different areas with varying levels of COVID-19 transmission arriving at the health facility * Counselling of lymphoedema 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. * Maintaining at least 1 metre (3.3. feet) distance between any two individuals (consider marking off distances) * Limit the number of lymphoedema cases to examine and potentially manage each day. Coordinate with the case finders to stagger presentation at the health facility.   If self-help groups/community groups are being used. The SoP should document the mitigate measures associated with this to prevent gatherings of persons, in line with national guidelines. |  |
| PPE during lymphoedema management | SoP includes additional PPE for the health workers at the health facility:   * Gloves are required when touching the patient. They should be changed after each patient and used gloves should be disposed of appropriately in a bin with a lid * Facial masks covering the nose and mouth are required. A face shield should be used, if in accordance with national guidelines |  |
| Patient management 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 there is adequate supervision for the resumption of lymphoedema programme activities.   * Supervisors have been provided a copy of a revised supervision checklist, which includes elements related to adherence to SOPs |  |
| Admittance to the health facility | In the event a patient may need to be admitted for stay at the health facility:  SOP establishes schedules for regular cleaning of surfaces, including   * Thorough cleaning and disinfection of hospital wards and toilets used by lymphoedema 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  Wards should be well ventilated, with patients able to maintain physical distancing  SoP documents that lymphoedema 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. |  |
| Any patient 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 lymphoedema and during lymphoedema management * Respiratory/cough etiquette: health staff and patients confirmed as lymphoedema 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 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 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 patient 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 * Facial masks covering the nose and mouth are required. A face shield should be used, if in accordance with national guidelines |  |

**Mitigation efforts applicable to lymphoedema management in the community**

|  |  |  |
| --- | --- | --- |
| Training of lymphoedema patients and caregivers | * 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 training. If training is to extend beyond one day, cleaning and disinfection to be carried out prior to each training day.  If practical elements form part of the training, patients should practice lymphoedema management techniques on their own limbs, not anyone else. If this is not possible, a caregiving member of the household should provide support. |  |
| Basic preventive measures | SoP includes messages on the three basic preventive measures during lymphoedema management:   * Physical distancing: a distance of at least 1 metre (3.3 feet) between any two individuals, except when conducting examination for lymphoedema and during lymphoedema management support. * Respiratory/cough etiquette: health staff and patients confirmed as lymphoedema 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 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 examiner should clean their hands with soap and water or use a hand sanitizer (60-80% alcohol) |  |
| Handwashing facilities | * 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 the household or community site. |  |
| Screening of persons for COVID-19 symptoms | * SOP considers the inclusion of screening individuals for COVID-19 symptoms prior to care being provided. * 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 |  |
| Counselling | * Counselling of lymphoedema cases respects physical distancing and includes information on COVID-19 transmission. |  |
| Case management | SOP minimizes crowding by:   * Maintaining at least 1 metre (3.3. feet) distance between any two individuals (consider marking off distances) * Limit the number of lymphoedema cases to examine and potentially manage each day in accordance with national policies. |  |
| PPE during lymphoedema management | SoP includes additional PPE for lymphoedema management in the communities:   * Gloves are required when touching the patient. They should be changed after each patient and used gloves should be disposed of appropriately in a bin with a lid * A face shield should be used, if in accordance with national guidelines |  |
| Patient management space, equipment and surfaces | SOP establishes schedules for regular cleaning of any equipment used:   * 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 there is adequate supervision for the resumption of lymphoedema programme activities.   * Supervisors have been provided a copy of a revised supervision checklist, which includes elements related to adherence to SOPs |  |